

Ministry of Foreign Affairs – Department for Migration, Stabilisation and Fragility (MNS)

Meeting in the Council for Development Policy on 15 March 2023

Agenda Item No. 9

- 1. Overall purpose:** *For discussion and recommendation to the Minister*
- 2. Title:** Support to MSI Reproductive Choices 2023-2026
- 3. Amount:** Total amount of grant: DKK 100 million (2023-2026)
- 4. Presentation for Programme Committee:** 23 June 2022
- 5. Previous Danish support presented to UPR:** No, this is the first presentation to the Council for Development Policy.

Denmark's Support to MSI Reproductive Choices 2023-2026

Key results:

- Increased access to sustainable sexual and reproductive health (SRH) service provision, in particular modern methods of contraception, and increased access to safe abortion for women and girls, with a focus on leaving no one behind.
- Promotion of a supportive sexual and reproductive health and rights (SRHR) policy environment, including removal of legal and policy restrictions to comprehensive SRHR.

Justification for support:

- MSI Reproductive Choices (MSI) supports Denmark's objectives to ensure gender equality and SRHR of women and girls and ensuring that the hardest to reach women and girls can freely access modern methods of contraception of their choice, as well as access to safe abortion.
- MSI is capable of reaching large numbers of women and girls and plays a vital role in ensuring access to SRH services, including for young people and persons with disabilities. MSI's service provision fills gaps where no other public or private service providers are present. MSI has a presence in fragile and hard to reach areas and multiple service channels, including affiliated local organisations.
- MSI has a strong focus on public health system strengthening as well as an advantageous position to advocate for removal of legal and other restrictions on access to SRHR.

Major risks and challenges:

- Ensuring that national governments and donors remain committed to progress on advancing SRHR / MSI advocacy efforts will remain a critical component in MSI's work.
- Allegations towards MSI of unlawful abortions, coercion or misinformation about side effects and clinical incidents / Clear processes are in place for managing reputational risks.
- Re-emergence of COVID-19 pandemic could affect MSI's supply chain and ability to deliver.

File No.	2023-3399				
Country	Interregional				
Responsible Unit	MNS				
Sector	Reproductive Health				
Partner	MSI Reproductive Choices (previously called 'Marie Stopes International')				
	DKK million	2023	2024	2025	2026
Commitment	25*	25*	25*	25*	100*
Projected disbursement	25*	25*	25*	25*	100*
Duration	2023-2026				
Previous grants	Since 2010, MSI has received 394 mil. DKK				
Finance Act code	06.36.03.11				
Head of unit	Marianne Kress				
Desk officer	Lene Aggernæs				
Reviewed by CFO	YES: Antonio Ugaz-Simonsen				

Relevant SDGs [Maximum 1 – highlight with grey]

 No Poverty	 No Hunger	 Good Health, Wellbeing	 Quality Education	 Gender Equality	 Clean Water, Sanitation
 Affordable Clean Energy	 Decent Jobs, Econ. Growth	 Industry, Innovation, Infrastructure	 Reduced Inequalities	 Sustainable Cities, Communities	 Responsible Consumption & Production
 Climate Action	 Life below Water	 Life on Land	 Peace & Justice, strong Inst.	 Partnerships for Goals	

Objectives

Overall objective: Expand access to SRHR, especially for women and girls, in countries on the OECD DAC list for eligible countries for Official Development Assistance.

Specific objective: Increase access to sustainable SRH service provision in a supportive SRHR policy environment, in countries eligible for Official Development Assistance.

Environment and climate targeting - Principal objective (100%); Significant objective (50%)

	Climate adaptation	Climate mitigation	Biodiversity	Other green/environment
Indicate 0, 50% or 100%	0	0	0	0
Total green budget (DKK)	0	0	0	0

Justification for choice of partner:

MSI is a leading SRHR organisation, operating in 37 countries with more than 9,000 staff members in place to reach its vision "By 2030, no abortion will be unsafe and every individual who wants access to contraception will have it". MSI has a clear added value with its large outreach through diverse service delivery channels and capacity building of public health systems, ensuring access to SRH services for the poorest and marginalised, including in fragile and climate-affected countries. By this, MSI is also well positioned to do local and global advocacy for SRHR.

Summary:

MSI is a large service provider in the field of SRHR, contributing to SDG 3 and 5. In accordance with Danish priorities as a strong global advocate for SRHR, MSI works to reach the most vulnerable and marginalised groups and address the more sensitive aspects of SRHR, including access to safe abortion and access to contraception, including for young people and persons with disabilities.

Budget (engagement as defined in FMI):

Engagement 1 – Increased access to quality SRHR services (by MSI and through public sector)	DKK 85 million
Engagement 2 - Removal of legal and policy restrictions to increase access to SRHR	DKK 15 million
Total	DKK 100 million

* Subject to parliamentary approval

Coverpage

See Appropriation Cover Note

F2 Number: 2023-3399

Date: 15.03.23

**Denmark's support to
MSI Reproductive Choices 2023-2026**

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DENMARK'S SUPPORT TO MSI REPRODUCTIVE CHOICES 2023-2026

1. INTRODUCTION

This programme document outlines the background, rationale, justification, objectives, and management arrangements for the support to MSI Reproductive Choices (MSI) from 2023-26, in total DKK 100 mil. (DKK 25 mil. annually). Denmark has supported MSI since 2010, and the programme document covers a new phase of Danish support over a four-year period. The programme document is an annex to the legal bilateral agreement with MSI and constitutes an integral part hereof together with the annexes.

The overall objective for Denmark's engagement with MSI is to expand access to sexual and reproductive health and rights (SRHR) globally, especially for women and adolescent girls most in need.

MSI is a leading SRHR organisation and one of the world's largest providers of high-quality contraception, safe abortion and other SRH services, with a strong focus on global and national advocacy for women and girls' right to access safe abortion. While MSI undertakes some income generating activities, MSI is a not-for-profit entity and registered as a Charity Organisation in the UK, employing more than 9,000 people across 37 countries.¹ Of these, 32 are on the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) list as Official Development Assistance (ODA) eligible recipients and the majority are fragile countries.

The Danish funds for this project will exclusively be allocated to MSI's non-profit work in countries on the OECD DAC list of eligible countries for ODA and will be earmarked within two pillars of MSI's work:

- 1) Access Pillar 'Leave No-one Behind': supporting delivery of SRH services to the poorest and most marginalised communities in countries on the OECD DAC list of eligible countries for ODA
- 2) Enabling Pillar 'Partnership and Advocacy': creating an enabling environment at policy, partner, and community level which supports people to realise their SRHR.

2. CONTEXT AND RATIONALE

Despite progress over the last 50 years, there is still a long way to go before all women and girls have the power and means to achieve bodily autonomy and make informed decisions about their SRHR. The Sustainable Development Goals (SDGs) explicitly recognise sexual and reproductive health (SRH) as essential to equitable, inclusive development and women's empowerment, through SDG 3, Good Health and Well-being, and SDG 5, Gender Equality.

Millions still have little or no access to critical SRH services. Globally 218 million people want to be using modern contraception but have no access,² and unmet need is particularly high among the poorest and most marginalised communities, and young people.³ Women living in the poorest regions are three times

¹ MSI's global partnership is comprised of branch offices in 22 countries and 43 locally registered 'Marie Stopes' organisations (see all countries in the global partnership [here](#)). MSI branches and local organisations are known within the partnership as Country Programmes. Branches are local offices of MSI, and affiliates are independently registered national organisations that are affiliated to MSI and have independent national boards.

² <https://www.guttmacher.org/fact-sheet/investing-sexual-and-reproductive-health-low-and-middle-income-countries>

³ Seeing the Unseen, State of the World Population 2022, UNFPA; https://www.unfpa.org/sites/default/files/pub-pdf/EN_SWP22%20report_0.pdf

more likely to face an unintended pregnancy as those in the richest regions. 60% of these unintended pregnancies end in induced abortions,⁴ and 35 million abortions in low to middle income countries (LMICs) are unsafe (half of all 69 million abortions that occur in LMICs each year).⁵ 5% to 13% of maternal deaths are due to unsafe abortions and at least 22,800 women die each year from unsafe abortions.⁶

To achieve the SDGs, it is necessary to identify and address the barriers to access SRHR, which include income inequality, low health system capacity, lack of trained providers, commodity challenges, legal barriers, lack of youth- and disability-friendly services, social norms that prevent people accessing services, insufficient comprehensive sexuality education, and the impacts of humanitarian crises caused by violent conflicts and climate change.

Analysis from MSI across 26 climate impacted countries found that since 2011, an estimated 14 million women are at risk of losing access to contraception due to climate related displacement over the next decade.⁷ The growing impact of humanitarian crisis and food insecurity has led to the diversion of donor funding from the SRHR field.⁸ In 2022, around 35 million girls and young women in humanitarian settings will be in urgent need of SRH information and services,⁹ and vulnerable to unwanted pregnancies, unsafe abortion, sexual and gender-based violence (SGBV). Actual access to SRH services in humanitarian contexts is frequently inadequate.

A decade of progress in reproductive health, maternal health, and child health has been stalled or reversed by COVID-19. 90% of countries are still reporting one or more disruptions to essential SRH services.¹⁰ There has also been a rise in the opposition to SRHR significantly limiting the capacity of women and girls to exercise their reproductive rights.

By 2030, adolescents will comprise 50% of sub-Saharan Africa's population, yet this age has the least access to SRH information and services. In low and middle-income countries, 14 million adolescents who want to prevent unintended pregnancy have no access to modern contraception. High rates of teenage pregnancy are associated with a range of issues and complications during pregnancy and childbirth is the leading causes of death for 15 to 19-year-old girls globally. Furthermore, it is estimated that one-third of teenage pregnancies end in unsafe abortion, increasing the risk of severe complications and in the worst-case maternal mortality. The link between education and access to SRHR is clear. Each additional year of education can increase a woman's earnings by up to 20%, but lack of access to SRHR is driving rates of unplanned teenage pregnancy, causing up to 4 million teenage girls in Sub-Saharan Africa to drop out of or be excluded from school every year.¹¹

Persons living with disabilities represent an estimated 15% of the world's population – one billion people. They have the same rights and SRH needs as non-disabled people, but continue to encounter multiple and significant societal, environmental, physical, and individual barriers to SRH services, leading to increased vulnerabilities and poor health outcomes.

⁴ WHO preventing Unsafe Abortion, 2020 <https://www.who.int/news-room/fact-sheets/detail/preventing-unsafe-abortion>

⁵ Guttmacher Institute Adding It Up Report 2019, <https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019>

⁶ WHO preventing Unsafe Abortion, 2020 <https://www.who.int/news-room/fact-sheets/detail/preventing-unsafe-abortion>

⁷ MSI's The Impact of the Climate Crisis on Reproductive Choice 2021: <https://www.msichoice.org/media/4296/the-impact-of-the-climate-crisis-on-reproductive-choice-final.pdf>

⁸ The State of Food Security and Nutrition in the World 2021, <https://www.fao.org/3/cb4474en/online/cb4474en.html#>

⁹ OCHA. *Global Humanitarian Overview 2021*. (2021) <https://gho.unocha.org/>

¹⁰ United Nations Department of Economic and Social Affairs, Sustainable Development, Goal 3 Overview, <https://sdgs.un.org/goals/goal3>

¹¹ <https://www.girlsnotbrides.org/learnings-resources/child-marriage-and-health/gender-based-violence-and-child-marriage/>

Despite this huge need, SRH remains drastically underfunded even though investment in family planning (FP) is a 'development best buy.'¹² Every \$1 invested in meeting the unmet need for contraceptives in the long-term yields \$120 in accrued annual benefits: \$30-50 in benefits from reduced infant and maternal mortality and \$60-100 in long-term benefits from economic growth.

3. JUSTIFICATION FOR INVESTMENT: MSI AND DENMARK STRATEGIC ALIGNMENT AND STRATEGIC CONSIDERATIONS

Gender equality and the rights of women and girls is a cross-cutting priority of the Denmark's strategy for development cooperation *The world we share*. Gender equality and women's empowerment is seen as contributing to increased growth and more equal, free, safe and democratic societies. The Strategy underlines how Denmark will continue to lead the way in the global fight for gender equality and protection of girls and women's rights, with a particular focus on SRHR.

The work of MSI and its global and national partners is important to ensuring SRHR in the face of current global challenges. In 2021, in partnership with governments, civil society organisations and implementing partners, MSI supported 19.4 million people to access SRH information and services across 37 countries. MSI estimates that these services in 2021 prevented more than 14.1 million unintended pregnancies and 6.6 million unsafe abortions, saving the lives of 39,500 women.

MSI has been a valued partner for the MFA since 2010. The partnership has yielded good result in terms of direct service delivery for vulnerable populations, including in hard to reach areas, and capacity building of public health systems, as well as joint advocacy efforts nationally and globally. Furthermore, MSI is a go-to partner for technical insights (see more on in section 4).

Danish priority areas for the support to MSI include:

- Increased access to SRH services: Denmark firmly believes that everyone is entitled to information and access to all SRH services, including modern methods of contraception and safe abortions.
- Improving sexual and reproductive rights globally and locally by securing the legislative frameworks and addressing the barriers for fulfilment of SRHR including negative gender norms within societies.
- A special focus on leaving no one behind by ensuring SRHR for young people, the hard to reach, and the most vulnerable, with a focus on intersectional vulnerability such as poverty, disability, sexual orientation and gender identity, refugee status, internal displacement etc.
- Localisation: ensuring local ownership and sustainability through partnerships with local actors. A special focus should be public health system strengthening and partnerships with local civil society organisations, including women-led organisations.
- Humanitarian-development nexus and climate change: While MSI is not a humanitarian organisation, MSI works in countries affected by fragility, conflict and climate changes related disasters. In these contexts, resilience strengthening and reaching those furthest behind and in hard to reach areas remain essential.

Complementarity with other Danish Ministry of Foreign Affairs (MFA) engagements: For Denmark, it is important to ensure complementarity and synergy of Danish supported partners, in view of *Doing Development Differently*. MSI is assessed as fitting well into the portfolio of Denmark's partners in the SRHR arena, which consists of inter alia the UN Population Fund (UNFPA), the multi donor SRHR fund AmplifyChange, the International Planned Parenthood Federation (IPPF) and the Danish Family Planning Association (Sex & Samfund).

¹² UNFPA, *Investing in Family Planning is a Best Buy*, June 2017, <https://www.unfpa.org/resources/investing-family-planning-best-buy#:~:text=Family%20planning%20is%20a%20good,entire%20communities%20and%20nations%20thrive>.

MSI's added value is its focus on quality service provision, including safe abortion, and large outreach through multiple service provision channels, while also having strong relationships with health authorities and a focus on public health system strengthening. Furthermore, MSI is recognised among SRHR organisations as a provider of data and technical insight.

Synergy between support to MSI and other MFA engagements is apparent on different levels: MSI is an implementing partner of UNFPA and moreover receives SRH commodities to be used in the service provision via the Danish supported UNFPA Supplies programmes. MSI can, to a larger extent, be more vocal and advocate behind the scenes for safe abortion than what is possible for UNFPA. MSI has close working relationships globally and locally with IPPF, including on advocacy, regulated by common agreements which is also evidenced by the two organisations working together on joint projects funded by other donors. While IPPF and MSI share similar mandates in their work on service provision and advocacy, they have different strengths: whereas IPPF has global presence with member associations working on a broad range of thematic SRHR issues, MSI is more narrowly focused on contraception and access to safe abortion and is present in 37 countries. Both MSI and IPPF provide quality and rights based services though MSI's clear added value is their unwavering commitment to provide access to safe abortion.

As for Danish bilateral engagements, MSI is supported bilaterally by Denmark's embassy in Tanzania and has outreach to several other Danish embassies, which can help reinforce Danish advocacy and provide the embassies with specialised insights on the local SRHR situation when needed. This was evident when MSI presented its work in Burkina Faso to high-level Danish visitors in October 2021. The technical insights from MSI can be used by embassies in their country programme components on gender equality and SRHR. Synergies between Danish diplomatic efforts on the SRHR agenda and the work of MSI will be pursued.

In 2020, MSI launched its new 10-year strategy **MSI2030: Your Body, Your Choice, Your Future**. Its underlying vision is that by 2030, no abortion will be unsafe, and everyone, regardless of background, should be able to choose whether and when to have children. To achieve this, the strategy is focused on six pillars for success, three 'access' pillars: 'Leave No One Behind', 'Strengthening the Private Sector', and 'Ensuring Client-powered SRHR', and three 'enabling' pillars: 'Funding the Mission', 'Partnership and Advocacy', and 'Organisational Transformation.' Access and Enabling pillars have equal weight as reaching the hardest-to-reach clients cannot be achieved without a strong organisation and SRHR foundation.

It is the Access Pillar 1 'Leave No-One Behind' and Enabling Pillar 2 'Partnerships and Advocacy', that is the focus of Denmark's investment in MSI.

➤ ACCESS PILLAR 1 'LEAVE NO-ONE BEHIND'

Access Pillar 1 aims to expand access to SRHR for people living in poverty and the most marginalised communities and closely aligns to Denmark's strategic commitment to helping people 'where it is hardest', to ensure gender equality, the rights of girls and women, the meaningful participation of young people, and free civil societies in an era of digitalisation.



MSI's work under Pillar 1 focuses on serving clients, who live in the **hardest to reach locations** (including areas affected by humanitarian crisis and conflict) and who have no access to alternative quality public or private SRH services. By working in partnership with government (*see cross-cutting below*) MSI currently reaches millions of people who are often left behind by the public sector. This is done by operating mobile outreach teams that provide free, quality, and comprehensive FP and safe abortion/PAC services to rural and remote communities in collaboration with public sector authorities and/or by working directly with a health system at national and sub-national levels to improve services provision of public sector providers and embed quality standards and training for SRH provision within the health system. In 2021, over 70% of MSI's contraceptive services were delivered to those underserved communities. MSI's experience in reaching the most underserved gives MSI a firm evidence base that is used at the core of MSI's advocacy priorities.

MSI's Leave No-One Behind approaches acknowledge that **adolescents** have the most limited access to SRHR education, information, and services. MSI has tailored programmes and approaches to ensure that young people can determine their own futures. MSI reinforces adolescent SRHR by advocating for policies that enable access to comprehensive sexuality education and aim to remove restrictions that prevent adolescents from accessing SRH services. This means working in partnership with national adolescent rights groups to advocate for policy and regulation that enables access and engages in values clarification approaches to help unpack bias against adolescent SRHR.

In 2021, 4% of MSI's clients identified as living with disability and under *MSI2030* MSI is committed to providing **disability-friendly and inclusive services**. By using an intersectional approach, MSI will strengthen inclusivity of services and overcome stigma and social norms around disability, sexuality and sex, which create barriers to people accessing services.

MSI is expanding its **Public Sector Strengthening work** to a fully integrated health system strengthening approach. MSI does this by being a critical and trusted partner of the Ministry of Health in the countries where the organisation works and ensuring that it partners with government at national, provincial, district, and facility levels. While MSI continues to deliver outreach in areas where the public sector cannot reach, MSI also supports strengthening of the public sector delivery capacity at district level to ensure continuous quality delivery at facility level. Support is made to creating clear pathways to sustainability of health system improvements when MSI steps back. In 2021, MSI supported 5,283 public health facilities through training, competency assessment, and mentoring of public sector providers to deliver standardised, quality assured SRH counselling and services. MSI worked with sub-national level authorities to strengthen and increase their capacity to apply quality improvement methodologies, stewardship, and oversight. At national level, MSI provided technical support to the development and operationalisation of training curricula, quality protocols, processes, and structures. MSI will expand its support, sharing MSI's technical expertise on adolescent and disability-friendly services and social norms change with public sector partners.

Partnerships and collaboration are at the centre of *MSI2030* and critical to ensuring long-lasting, impactful health system change. As such, MSI will work even more closely with other **national and sub-national governments and health systems strengthening partners, donors, and civil society** to complement, leverage and amplify their work and contribute to a resilient health system. This includes sharing MSI's evidence across local and national level technical working groups, contributing MSI's data and expertise into planning, budgeting, and monitoring cycles and sharing evidence with CSO partners to ensure governments are held to account if they fail to deliver quality health services for their citizens (*see partnerships and advocacy section below*). MSI also collaborates with UN agencies at country level, including UNFPA. Through MSI's engagement in the UNFPA commodity quantification process and sharing evidence on commodity availability in the hardest to reach areas, MSI works with local partners, government and UNFPA to improve access to modern forms of contraceptive commodities for all women and girls.

Aligning with Denmark's focus on gender equality and the rights of women and girls in **humanitarian action**, and based on MSI's experience in countries such as Afghanistan, Myanmar and Yemen, MSI is expanding specialist provision of SRH services to conflict- and displacement-affected women and girls, acknowledging that they are at higher risk of unintended pregnancy, maternal deaths, and SGBV and that there is lack of access to high-quality, comprehensive SRH information and services in these settings, despite a high degree of need. MSI has developed a SGBV basic care package (based on World Health Organisation guidelines) and is an active and vocal advocate in partnership with humanitarian organisations for comprehensive SRH for displacement-affected people including **climate-change affected communities**. Since 2011, climate change-related displacement has disrupted contraceptive access for 11.5 million women in countries where MSI is present. MSI is partnering to try and ensure that climate finance and national climate policies in adaptation and conservation expressly mention SRHR as a key strategy in terms of strengthening resilience of the population. MSI does not recognise contraceptive services as a means for climate mitigation; for MSI the links between SRHR and climate are around climate adaptation, contributing to the resilience of women and girls while supporting communities to protect natural resources through conservation.

MSI has also supported the production of global standards and guidelines, such as the Minimum Initial Service Package for SRH in Crisis Situations and the inclusion of SRH in the Humanitarian Charter and Minimum Standards in Humanitarian Response Handbook. MSI is an active participant in the Inter-Agency Working Groups on contraceptives, safe abortion, and supplies, as well as of the Global Health Cluster. As part of the latter, MSI is an active member of the core group and expert advisory group for the development and dissemination of a package of high-priority health services in humanitarian settings (H3 package).

MSI country programmes are engaged within humanitarian clusters and planning initiatives at country level. For example, in Yemen, MSI Yemen (MSIY) is a full member of the national Health Cluster and the SRH sub-working group. MSIY is also an active participant of regional coordination mechanisms such as subnational Health Clusters in Hudaydah and Aden. MSIY has strong relationships with local NGOs. MSIY uses these networks, as well as the close relationship with the authorities both nationally and at the local field levels to identify gaps in the humanitarian response to ensure there is no duplication of efforts. MSIY's strength has been the ability to fluidly adapt to constantly changing circumstances. MSI Afghanistan, MSI Burkina Faso and MSI Ethiopia are also active participants in their respective health clusters.

➤ **ENABLING PILLAR 2 'PARTNERSHIP AND ADOVACY'**

MSI2030 Enabling Pillar on Partnership and Advocacy aims to overcome a range of legal, policy and structural barriers to accessing high quality rights-based information and services that closely aligns with Denmark's strategic commitment to partnerships. As a service provider MSI has access to extensive data, which identifies the critical gaps in SRHR policy/regulation, making MSI well positioned to champion these gaps and offer solutions to governments. MSI also uses evidence to strengthen its advocacy work in partnership with other national CSOs to ensure that efforts to strengthen the health system are sustainable and rights-based, and to advocate for SRHR laws, policy, and regulation which creates an enabling environment for SRHR. MSI's partnerships with community based civil society supports the representation of community and health worker voices into this process. MSI is well placed to act as a conduit between civil society and government, mobilizing support for technical policy solutions, which if supported and operationalized by governments, can reduce practical barriers to accessing SRHR information and services.

MSI works with a range of different stakeholders, at local, national, regional, and global level. At local level, MSI will partner more openly and effectively including being a more thoughtful partner, working with and learning more from MSI's grassroots partners to support the voice of smaller civil society organisations (CSOs) so that they are heard in national and global forums. At national level, MSI will continue to engage in

government technical working groups related to reproductive health, contraception, or comprehensive abortion care. Equally, MSI will strengthen partnerships with organisations and networks delivering education, livelihoods, conservation, and other programmes where there is an intersection with SRH and opportunities to create referral pathways, leverage MSI approaches and amplify impact. At regional level, MSI will work closely with a range of regional partners, including the Ouagadougou Partnership, Asia Safe Abortion Partnerships, the African Federation of International Gynaecologists and Obstetricians, the West Africa Health Association, and the Asia Pacific Alliance, to share learnings and to maximize MSI's collective impact. MSI's approach is to add value through provision of data and evidence, identifying advocacy priorities, filling gaps, and improving co-ordination.

At the global level, MSI engages in platforms including FP2030 and the Gender Equality Forum led by UN Women and engages in country level advocacy to raise awareness of national SDG and other commitments made. Globally, MSI is an active advocate in the UNFPA supplies partnership advocating for the commodity needs of NGO service providers including in the UNFPA Supplies Steering Committee and the Strategy and Planning Committee and coordinates closely with other NGO partners in this space.

In 2021, MSI has contributed to ten changes in policy, law, regulation or financing including in Bangladesh, Ghana, Uganda, Zambia, Sierra Leone, Ethiopia, and India. In 2021 MSI also developed a Legal and Policy Assessment Tool, which helps country programmes to identify policy pathways that will increase access to SRHR, monitor progress and backsliding in national contexts and track MSI's contribution. Building on these successes, under *MSI2030* MSI will continue to play an important role in tackling and mitigating anti-choice opposition, in ensuring services stay up and running, and in sharing positive SRHR narrative and combatting stigma. Specifically, MSI will work closely with partners to hold the line on existing national and international commitments, policies and human rights obligations through strengthening partnerships and the provision of data and evidence. MSI works to strengthen the voice of local CSOs through sharing tools, resources, and intelligence with local partners. MSI often provides secretariat support to local advocacy networks and increasingly has been engaged in strategy support processes, advocacy capacity assessments, strengthening plans, while supporting with the development of advocacy interventions and materials.

MSI is a learning organisation, and this has been a core strength in MSI's ability not only to deliver quality, accessible services but also monitor and measure its impact. Through *MSI2030*, MSI will focus on sharing its quality measures, insights, models, and learnings more openly to improve programming, remove barriers to SRHR and influence policy.

➤ MSI'S WORK OUTSIDE THE PROPOSED PROJECT

While the Danish support will be earmarked for Access Pillar 1 'Leave No One Behind' and Enabling Pillar 2 'Partnerships and Advocacy, MSI's other work includes **support to the private health care sector** as part of achieving Universal Health Coverage (UHC). This includes work with insurance authorities and national governments to develop regulation for the implementation of UHC priorities to ensure complementary public and private sector delivery of contraception, abortion, and post-abortion care in UHC, ensuring that schemes are sustainable, leave no one behind, and deliver comprehensive services. MSI will ensure access to a range of high quality integrated SRH services, including safe abortion and maternity services through centres that charge for services, or accept vouchers for those who cannot pay, and are working towards financial sustainability. This aligns with Denmark's aim to build strategic public-private partnerships to bring about sustainable development. MSI's income generating centres¹³ also form the backbone of its service delivery network, as hubs for training of all MSI staff (and non-MSI providers) including those delivering on Leave No-One Behind activities, and as referral centres for MSI and other providers. Crucially, they also

¹³ As per MSI's status, all income generated is allocated towards increasing access to contraception and safe abortion in country programmes in developing countries, in line with MSI's charitable objectives.

ensure access and skills for surgical abortion are maintained in the countries where they are operating. It is important to recognise that there are multiple market segments for SRH health care across the private and public sector. MSI works in both, strengthening country health systems holistically and ensuring there are not duplicative parallel structures, but rather complementary market segmented access points.

MSI works to develop and enhance **telemedicine** and technology to provide remote access to medical assistance. MSI also works to better collect and use client data to inform the quality of all MSI services and respond to its clients' experiences. This resonates strongly with Denmark's focus on development in an era of digitisation. The use of client data to improve services means that MSI also must ensure client data protection. MSI does this by establishing clear data protection guidelines and ensuring all staff working with data go through comprehensive data protection and client confidentiality training.

MSI's also has a focus on 'Transformational Organisation', which focuses on how MSI develops itself to shift the centre of gravity towards country programmes, invest in MSI's people and embrace diversity. Supporting Denmark's fight for climate, nature, and the environment which aims to halt irreversible damage, build resilience, speed up the green transition, and secure access to energy and clean water for the poorest people, MSI is also committed under this Pillar to reducing the **carbon footprint** of its operations.

4. RECENT REVIEWS OF MSI'S APPROACH AND PROGRAMMES AND LESSONS LEARNED

During April and May 2021, the Danish MFA undertook a **comprehensive mid-term review** to assess the performance of MSI in delivering results through its engagement with Denmark between 2018 and 2020, including a performance audit. The review team concluded that MSI was an important partner in the portfolio of SRHR organisations supported by of Denmark, with an added value in its ability to reach women and adolescent girls with SRH service provision, as well as a provider of data and technical insight. The review team commended MSI's capacity to deliver safe, quality and client centred SRH services, and assessed the financial, programme management, and monitoring structures at MSI as robust, appropriate, and efficient, with strong risk management and safeguarding procedures. All relevant recommendations have been addressed in the programme document. Please see more in annex 8 on Overview of mid-term review follow-up.

Other reviews carried out recently by MSI's donors include the multi-country WISH Programme funded by the Foreign Commonwealth and Development Office (FCDO), which scored A+, the highest possible score.

The appraisal of the proposal listed a number of recommendations which have all been addressed in the document to the extent possible. Please see Annex 9 for an overview of recommendations.

Since 2009, Denmark has had a strong partnership with MSI. From 2010-2015 with development cooperation grants; and since 2015, MSI's locally registered Marie Stopes Tanzania has received bilateral funding from Denmark's Embassy in Dar es Salaam. In the period of 2018-22, MSI was on the Financial Act, supported with DKK 25 mil. annually in core funding. The previous multi-annual contribution was core funding governed by an organisation strategy for MSI. To count for the fact that MSI also has engagements in countries not being ODA recipients, it has been decided to instead use a programme modality for the proposed contribution. MSI has also received additional funding to scale up services during the COVID-19 pandemic.

Danish Support to MSI HQ in million DKK since 2010

2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
22	11	0	36.5	41.5	41.5	0	0	25	25	37	50	25

Danish Support to MSI Tanzania in million DKK

2015	2016	2017	2018	2019	2020	2021	2022
12	8	10	10	10	10	20	10

Lessons learned from previous Danish engagements with MSI are very positive and with good results achieved. In 2021 alone, according to MSI's data, the Danish contribution to MSI averted 282,000 unintended pregnancies. With the support of Denmark, MSI has strengthened its advocacy work and thus the focus on the rights component of SRHR. MSI has demonstrated a will to evolve, innovate and adapt to new initiatives and realities while maintaining a focus on its core business. This includes telemedicine and outreach to clients via social media, and adapting the organisation's work to deliver in a context of violent conflicts and displacement and well as climate change disasters.

MSI has been a valuable partner in joint advocacy efforts, including co-organizing events with high-level Danish participation. The visit to MSI's mobile clinics by high-level Danish representatives in 2021 was very successful and of mutual benefit.

MSI's knowledge products are of great value for the MFA. MSI has also been a much appreciated source of information on technical issues upon request. This includes on thematic issues such as the connection between SRHR and climate change and standards for terminology. It will be important for Denmark to continue to leverage on the technical insights and advocacy role of MSI in this next phase of multi-annual support.

In terms of administration, a lesson learned, to which the review also pointed, is the need for Denmark to monitor MSI's reports against the indicators reflected in the results framework, including ensuring that updated indicators are received. The review also pointed to the high salary level as an area of concern, while at the same time recognising the need for competing with the private sector for some positions. A lesson learned is for Denmark to work closely with likeminded donors to continue to follow-up on this issue (please see more on donor dialogue under section 9).

5. PROJECT OBJECTIVES

The overall objective for Denmark's engagement with MSI is to expand access to SRHR, especially for women and adolescent girls, in countries on the OECD DAC list for eligible countries for Official Development Assistance.

The specific objective of this project will be to **increase access to sustainable SRH service provision in a supportive SRHR policy environment**, in countries on the OECD DAC list for eligible countries for Official Development Assistance. (see 'outcome' level in Theory of Change below).

This is core to MSI's mandate, both as a frontline organisation delivering SRH services, including the provision of contraception and safe abortion, and as a national and global advocate for women and girls' rights. MSI's mandate aligns with four of the SDGs 3: Good Health and Well-being, 5: Gender Equality, 10: Reduced Inequalities, and 17: Partnerships for Goals. The objective aligns with the *MSI2030* strategic plan, with a focus on Access Pillar 1: Leave No-One Behind and Enabling Pillar 2: Partnerships and Advocacy.

6. THEORY OF CHANGE AND KEY ASSUMPTIONS

The full Theory of Change can be found in annex 3.

In summary, MSI Reproductive Choices (MSI) recognises that progress towards gender equality and SRHR for the hardest to reach women and girls (**Impact**) is critical to achieving the SDG commitments of reducing global maternal mortality (SDG3.1) and ensuring universal access to SRH services through national (SDG3.7) and global commitments (SDG5.6) (**Goal**).

MSI's Theory of Change reflects MSI's experience that, to achieve transformation in gender equality and SRHR, interventions need to address both accessibility of quality SRH services including modern methods of contraception and access to safe abortion (**outcome 1**), as well as the policy and regulatory environment (**outcome 2**) necessary for the delivery of comprehensive, quality SRH services across the health system including through public sector as well as private and NGO-led services for the poorest and most marginalised.

Through MSI's proven approaches (**inputs**) to serving the poorest and most marginalised, this investment will achieve (**outputs**) '*Increased access to quality SRH services for the hardest to reach delivered by MSI*' (**output 1.1**) and '*Increased access to quality SRH services in the public sector*' (**output 1.2**), thereby working towards increased access to quality SRH services including modern methods of contraception and access to safe abortion for women and girls (outcome 1). Through inputs which leverage MSI's combined advocacy and evidence expertise, MSI will achieve '*Strengthened local partnerships to support SRH services, social norms shifts and policy change*' (**output 2.1**) which will enable MSI and its partners to contribute to the removal of legal and policy restrictions to increase access to comprehensive SRHR (outcome 2).

Underpinning these results is the assumption that service delivery, social norms, information, and advocacy activities can continue, and security and other threats (for example, those related to the global pandemic) do not restrict levels of provision. MSI has adapted to continue service delivery throughout COVID-19 and continues an agile approach to sustaining access to information and services in the face of external risks, while prioritising keeping teams and clients safe. MSI recognises that future crises could impact on its ability to drive change, for example challenges related to climate change and other weather-related adverse events but is committed to operational and programmatic flexibility that enables it to continue to adapt and respond quickly to ensure vital SRH services are maintained. The flexibility of previous Danish grants has been critical to MSI's ability to rapidly shift the organisation's approach in these situations including during COVID-19.

Another critical assumption underlying the Theory of Change is that political will and budgets remain available for SRHR in the countries where MSI works, as these are continually under threat. Recent threats to aid budgets for SRHR have included the impact of the COVID-19 pandemic, the potential impact of the current situation in Ukraine and the ripple effect of the Roe v. Wade decision in the US. Through the Danish support, MSI will continue to work with partners to hold decision makers to account for their investment in SRHR and to maintain momentum behind SRHR with policy makers, media, and other civil society.

The components of the Theory of Change are described in more detail below:

Goal

As the world works towards the SDGs, MSI is contributing to four SDGs: 3: Good Health and Well-being, 5: Gender Equality, 10: Reduced Inequalities, and 17: Partnerships for Goals.

Through contributing to gender equality and SRHR for all (Impact), the Danish support directly contributes to the achievement of the following specific three SDG targets (Goal):

- 3.1 – By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
- 3.7 – To ensure universal access to SRH services and the integration of reproductive health into national strategies and programmes.
- 5.6 – To ensure universal access to SRHR in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action, and the outcome documents of their review conferences.

Impact: Ensure gender equality and SRHR for all so that the hardest to reach women and girls can freely access the SRH services they need

Focus on and support for SRHR is critical to achieve effective development cooperation. There are still over 35 million unsafe abortions undertaken every year and over 218 million women and girls want, but have little or no access to, modern forms of contraception. Without interventions, this number could increase to over 300 million by 2030. Through increasing access to quality SRH services and creating a supportive SRHR policy environment (outcomes) MSI will ensure the necessary building blocks to ensure gender equality and SRHR for all especially the hardest to reach women and girls.

Outcomes:

1. **Increased access to quality SRH services including modern methods of contraception and access to safe abortion for women and girls**
2. **Removal of legal and policy restrictions to increase access to comprehensive SRHR**

Demand for SRH services is greater than ever as income inequality rises and half the world's population is under the age of 25. Quality service delivery is essential to meeting this demand but cannot be delivered without a supportive environment for women and girls which addresses the social norms and other community level barriers to accessing services, as well as a policy and regulatory environment that is supportive of SRHR through to adequate resources for health. Funding this will be a challenge, with domestic financing key to increasing access to sustainable SRH services. The combined service delivery and advocacy outcomes that MSI will deliver globally through Danish support will contribute to increasing access for all women and will be adapted to deliver change for women despite the increasingly complex global and national political and operating environments.

Outputs and inputs

To achieve the project outcomes and overall impact, MSI will focus on three key **outputs**, achieved through a focus on two of the Pillars of the *MSI2030: Your Body, Your Choice, Your Future* strategy related to Leaving No-One Behind (MSI2030 Access Pillar 1) and Partnerships and Advocacy (MSI2030 Enabling Pillar 1). A number of activities (**inputs**) are identified as illustrative of how this investment can be used to achieve the defined outputs.

Through delivery of last mile services to people with no alternative access to SRH services through the public sector or other providers, MSI will ensure **increased access to quality SRH services for the hardest to reach (output 1.1)**. It will achieve this through the inputs including, but not limited to:

- Last Mile service delivery – to reach people not only in the **geographically hardest to reach** areas, but also in other locations where specific groups find it difficult to access existing services. Depending on the context this may be achieved through approaches including mobile outreach, social franchises and MS Ladies – single operators, often midwives, who operate door to door or from their home to deliver discreet services to those who find it difficult to access a health facility.

- Shaping **adolescent SRHR** service provision based on MSI data and evidence of what works, testing new service models to meet the diverse needs of adolescents, sharing good practise with global and national partners including governments.
- Working with governments and local partners to strengthen access for **displacement-affected communities**, to improve SRH knowledge, advise partner humanitarian organisations on integrating SRH including access to safe abortion in their programming, provide direct SRH service delivery through mobile outreach teams, and generating insights on service delivery preferences amongst displacement-affected populations.
- **Using evidence** e.g. to strengthen best practice, identify poverty hotspots and generate population profiles which present poverty, age, disability and other disaggregated data about clients to ensure the hardest to reach in a community really are benefiting from SRH services
- Establishing **referral networks** with other partners for services MSI cannot deliver directly such as for SGBV or wider SRH services, to ensure all women's health and psychosocial needs can be met.

MSI will also work in partnership with Ministries of Health at national and sub-national level to ensure health workers are trained, quality assessed, equipped and supported to deliver quality SRH services and client-centred counselling for all people, resulting in **increased access to quality SRH services in the public sector (output 1.2)**. It will achieve this through partnering with government to deliver health systems strengthening inputs which strengthen the capacity of health workers, managers and ultimately the health system itself to delivery quality SRH services. These include, but are not limited to:

- **Technical SRHR training** to improve technical capacity to delivery of quality contraceptive choice (including long-acting methods) and abortion, alongside support to ensure SRH information is incorporated within health management information systems and that commodities and supplies are monitored and managed.
- **Strengthening supervision and management support at sub-national/district level** so health management teams are able to continue delivery of high-quality support to health workers, maintaining and strengthening SRHR skills and competencies and sustaining improvements in the quality of SRH services across the health system.
- Sharing evidence from last mile districts/health facilities to **inform planning and budgeting**, and to strengthen accountability for the availability of the trained staff, equipment, commodities, and consumables required to deliver quality care.
- Participating in **Technical Working Groups** and other platforms to share technical expertise, evidence, and insights with government, donors and other health systems strengthening partners.
- Influencing/leading on the development of **national training materials and service delivery guidelines** that embed quality SRH within the health system.

Inputs which will be undertaken in both output 1.1 and output 1.2 contexts include:

- **Client centred care, youth friendliness and disability inclusive approaches** which address the community and provider biases which prevent all people, but especially the most marginalised, from accessing both public sector (1.2) and MSI delivered (1.1) services.
- Targeted **engagement with community leaders** and partners will be critical to strengthen demand for SRHR and methods such as co-design/ human centred design with communities will be used where appropriate to identify approaches to **challenge harmful gender and social norms** which prevent access to SRHR in the communities where services are available, including access to both public sector and MSI delivered services.
- MSI will also strengthen its **contact centre** network, which provides information and services by phone or social media and widens access to SRHR information and services for anyone with access to a phone.
- Where appropriate, digital and other **innovations** which strengthen access to SRHR information and services will be trialed or rolled-out in locations supported by this grant as a further means to strengthen access especially for the poorest and most marginalised.

Through initiating new, and strengthening existing, partnerships with other community and national stakeholders, MSI will **strengthen local partnerships to support SRH services, social norms shifts and policy change (output 2.1)**. Local partners are defined as organisations based in the country of implementation, and led, by individuals from the country or region that are the focus of the work and who hold decision-making power. Advocacy and partnership efforts will contribute to an enabling environment, where the rights of women and girls are respected, which will in turn enable MSI to ensure increased access to sustainable SRH service provision and facilitate sustainable access to modern methods of contraception, abortion and delivering impact for women and girls and hard-to-reach populations.

MSI will achieve output 2.1 through inputs, which will all be achieved together with a diverse range of partners. These include, but are not limited to:

- **Establish new and strengthen existing partnerships**, participating in and driving where appropriate **advocacy networks** for the removal of structural barriers to women's empowerment, including clinical and policy restrictions to SRHR, and to create a supportive policy environment for the fulfilment of SRHR.
- **Amplify the voice and solutions of the client and provider**, leveraging MSI's clinical and service delivery expertise and position within the health system so clients and health workers can influence policy discussions, for more effective national/regional government understanding of SRHR needs.
- **Building partnerships beyond health** for example to enable access to comprehensive sexuality education for in and out of school youth.
- **Building advocacy capacity of local civil society**, strengthening capacity of local partners to shift policy norms in support of SRHR; supporting local civil society networks acting as conveners for SRHR advocacy in the countries where MSI works and to **engage with media partners** to increase visibility and accountability for the fulfilment of SRHR
- Leveraging local partnerships to nurture and **mobilise community champions** to normalise and destigmatise SRHR from the grassroots and up.
- Engage with **national champions** including **religious leaders** and **parliamentarians** to influence governmental decision makers from both the executive and the legislative.
- Increasing visibility and **accountability for national SRHR commitments** as well as **accountability for global commitments** such as the SDGs (SDG 3.1, SDG 3.7, and SDG 5.6 - Universal Access to SRHR).
- **Advocate for adequate resourcing for health**, supporting civil society's voice in planning, budgeting, monitoring cycles; advancing the argument for the inclusion of SRH services in any health financing mechanisms at national and local levels, including health insurance.
- Use MSI's role as a bridge between global and local stakeholders to ensure that global guidance and best practice is leveraged to support national **policies and regulations for SRHR service delivery**; engaging to ensure policy is institutionalised and operationalised in the health system through the budgets, strategies and workplans that govern health system priorities at sub national level, and it is translated into greater choice for women and girls.
- **Invest in and share MSI's data, insights, and models**, championing the use of routine data and data analytics for improved decision making and sharing evidence with advocacy, government, SRHR/health systems strengthening and education partners, including to inform guidelines and regulations that strengthen the quality of SRH services which are developed in association with ministries and professional bodies.
- Continue to support and mobilise resilient national movements through **MSI's advocacy to withstand global shocks**, such as any potential spill-over from US developments on abortion with the Roe vs. Wade abortion decision.

7. SUMMARY OF THE RESULTS FRAMEWORK

For results-based management, learning, and reporting purposes, Denmark will base the actual support on progress attained in the implementation of the programme as described in the documentation. Progress will be measured through MSI's monitoring framework focusing on two outcomes, the corresponding outputs, and their associated indicators and yearly targets.

To align MSI project objective with the SDGs the impact indicator is **the number of maternal deaths averted**, which contributes to the SDG 3.1 target to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030. To ensure MSI achieves the outcome of increasing access to sustainable SRH service provision in a supportive SRHR policy environment, MSI will measure **the number of unintended pregnancies averted**, and **the number of unsafe abortions averted**. Note that reporting at Impact, Outcome, and Output level will be at MSI global level and will not only be attributable to the Danish support.

To understand if MSI service output is leading to increased access to quality SRHR for women and girls, and increased access to safe abortion (outcome 1), MSI will measure **the number of FP and Comprehensive Abortion Care/Post-Abortion Care (CAC/PAC) client visits**. Under output 1.1, MSI will measure the % of MSI Country Programmes in Africa region where last mile service delivery reaches and/or exceeds national poverty line measure through MPI, the % of Pillar 1 clients that report living with disability, the % of clients aged under 25 years old, and the % of country programmes in which adolescent reach meets or exceeds the national FP demand coming from adolescents. To measure how MSI is supporting increased access to quality SRHR through the public sector (output 1.2), MSI will measure the % of health providers in the public sector that MSI works with who are competency assessed for every service they provide, and # number of public sector sites supported by MSI.

MSI indicators to track the output on removal of legal and policy restrictions to increase access to comprehensive SRHR (outcome 2) are **the number of country-level policy or legal restrictions to SRHR that MSI country programmes have contributed to removing**. To ensure strengthened local partnerships to support SRH services, social norms shifts, and policy change (output 2.1), MSI will measure the number of MSI Country Programme partnerships for **service delivery**, the number of MSI Country Programme partnerships for **demand generation**, and **the number of MSI country programmes undertaking joint advocacy activities**¹⁴ with national and local partners.

Project Impact	Ensure gender equality and sexual and reproductive health and rights for all so that the hardest to reach women and girls can freely access the SRH services they need	Links to Danish policy: SDG5 and especially SRHR is central to the Danish development strategy and seen as central to reaching all other SDGs
Impact Indicator	# maternal deaths averted # unintended pregnancies averted # unsafe abortions averted	
Outcome 1	Increased access to quality SRH services including modern methods of contraception and access to safe abortion for women and girls	Women and girls' right to choose is a fundamental human right, also in humanitarian settings.
Outcome 1 Indicator	# clients reached via Pillar 1 channels	

¹⁴ Advocacy Activities include removal of policy restrictions on SRHR in laws, regulations and guidelines, government guidelines or training curricula that prevent the provision of rights-based contraception or safe abortion services.

Output 1.1	Increased access to quality SRH services for the hardest to reach delivered by MSI	Leave no one behind is a key priority for Denmark, ensuring that adolescent girls, young people, people living in poverty and other marginalised and vulnerable groups have access to SRHR.
Output 1.1 Indicators	% of MSI Country Programmes in Africa region where last mile service delivery reaches and/or exceeds national poverty line measure through MPI ¹⁵ % of Pillar 1 clients that report living with disability % of clients aged under 25 y/0 % of country programmes in which adolescent reach meets or exceeds the national FP demand coming from adolescents	
Output 1.2	Increased access to quality SRH services in the public sector	Public health system strengthening is another key priority for Denmark, ensuring increased and sustainable access to SRHR
Output 1.2 Indicators	% of health providers in the public sector that MSI works with who are competency assessed for every service they provide # number of public sector site supported by MSI	
Outcome 2	Removal of legal and policy restrictions to increase access to comprehensive SRHR	Denmark attaches great importance to local ownership and support to civil society groups.
Outcome2 Indicator	# Country-level policy and legal restrictions to SRHR that MSI country programmes have contributed to removing	
Output 2.1	Strengthened local partnerships to support SRH services, social norms shifts, and policy change	
Output 2.1 Indicators	# Number of MSI CP partnerships for service delivery # Number of MSI CP partnerships for demand generation # MSI country programmes undertaking joint advocacy activities ¹⁶ with national and local partners	

Please also see elaborated Results Framework in annex 3.

8. INPUTS/BUDGET

Outcome: Increase access to sustainable SRH service provision in a supportive SRHR policy environment	Total (DKK)
2023	25,000,000
2024	25,000,000
2025	25,000,000
2026	25,000,000
Total	100,000,000¹⁷

¹⁵ Note, it is only this poverty indicator which refers to Africa only as this data is only available for Africa programmes

¹⁶ Advocacy Activities include removal of policy restrictions on SRHR in laws, regulations and guidelines, government guidelines or training curricula that prevent the provision of rights-based contraception or safe abortion services.

¹⁷ The figures in the table are subject to parliamentary approval of the Danish Finance Act of every year.

	2023 (GBP)	2024 (GBP)	2025 (GBP)	2026 (GBP)	Total (GBP)	Total (DKK)
Outcome 1: Increased access to quality SRH services including modern methods of contraception and access to safe abortion for women and girls						
Total Outcome 1	2,296,203	2,346,203	2,296,203	2,296,203	9,234,813	79,050,000
Outcome 2: Removal of legal and policy restrictions to increase access to comprehensive SRHR						
Total Outcome 2	407,418	407,418	407,418	407,418	1,629,673	13,950,000
Total Direct Costs	2,716,122	2,716,122	2,716,122	2,716,122	10,864,486	93,000,000
Indirect costs (7%)	203,498	207,262	203,498	203,498	817,757	7,000,000
Total budget 2023 - 2026	2,907,120	2,920,960	2,907,120	2,907,120	11,732,243	100,000,000

The new grant from Denmark will fund MSI work in countries on the OECD DAC list of eligible countries for ODA¹⁸. The Danish share of MSI's funding support in country programmes is estimated to be 6.2%, based on the 2022 actuals.

Please see annex 5 on budget for a more detailed budget, including a breakdown of funding per output, as well as an overview of other income. It has been agreed with MSI that the budget is kept general, as it is not possible for MSI to capture the data in a more detailed fashion, due to the chosen mechanism of allocating the funding to country programmes on their request via the Blue Door Fund (see more below).

9. INSTITUTIONAL AND MANAGEMENT ARRANGEMENTS

Monitoring and entry points for dialogue between Denmark and MSI: MSI's Board of Trustees is the highest decision-making body in MSI. It consists of eight members who all have senior leadership experience and are leaders in their field. There are no donors represented in the Board of Trustees and consequently Denmark's possibility to exert influence has been carefully considered. MSI hosts an annual donor meeting where the organisation discusses strategy, performance, global trends, and priorities with the donors and partners. Denmark will participate in the donor meetings and it is a solid forum for donors to get insights into MSI, to engage, and give recommendations. In addition to this, Denmark will have annual bilateral donor consultations with relevant MSI leadership and will furthermore continue the regular strategic dialogue on technical level both in headquarter and when relevant at field level. Denmark has in 2022 initiated a likeminded MSI donor group which will have regular calls, including on the issue on the level of salaries of the MSI top management, which was a point of concern in the mid-term review from 2021. ODA-funds like the Danish contribution do not go to bonus packages of the MSI senior management.

Denmark will carry out a mid-term review of MSI in 2024. It will include assessment of the relevance and need for update of the results framework, as well as assessment of MSI's partnership advocacy approach. The MFA will further have the right to carry out any technical or financial supervision mission that is considered necessary to monitor or evaluate the implementation of the project/programme.

Blue Door Fund: The Danish funding to MSI will be allocated through MSI's Blue Door Fund (BDF) (also known as 'the Investment Fund'), the same modality used by MSI for the internal allocation of the Danish funding for MSI 2018-22. The BDF was established by MSI as a central mechanism to effectively manage and distribute lightly restricted and unrestricted investments from a variety of donors, across MSI programmes. Donors include the UK Foreign, Commonwealth & Development Office, Norwegian Agency for

¹⁸ <http://www.oecd.org/dac/stats/officialdevelopmentassistance/definitionandcoverage.htm>,
<http://www.oecd.org/development/financing-sustainable-development/development-finance-standards/daclist.htm>

Development Cooperation, Global Affairs Canada, and Denmark. The funds are pulled into one global mechanism and are then accessed by MSI's country programmes to deliver sustainable health impacts where needed most.

Each year, MSI determines which countries will receive funding. Country programme applications to the BDF align with the countries' annual business plans and funding pipelines, highlighting the countries' successes, goals, funding gaps, and other potential funding opportunities. The allocation of funds is competitive and driven by impact, equity, and cost efficiency measures. Country programmes submit their requests for funding by the end of September, award decisions are made by end of October, and implementation starts in January. The process is overseen by MSI's Investment Committee, which is made up of MSI global leadership from across divisions and regions.

The BDF process is designed for:

- Strategic service delivery - delivering impact where needed most
- Sustainability investments - supporting transformation of services and service models to ensure sustainability beyond project funding periods
- Innovation investments - testing out new and innovative ways of delivering services
- Emergency bridging - providing bridge funds to continue vital services where gaps between funder contracts would leave women without access to services

Funding for the BDF comes from a range of private and government donors. MSI has implemented robust monitoring systems to make sure that the BDF can be traced to specific activities and impacts, meaning results can be attributed to each individual donor. It is thus possible for MSI to follow the requirements of Denmark by reporting on the specific allocation and use of the Danish funds against the results framework. Denmark's contribution to the BDF will be earmarked for country programmes in countries on the OECD DAC list of eligible countries for ODA applying for needed investment in their 'Leave No One Behind' work and their 'Partnership and Advocacy' work to fit under outcome 1 and outcome 2 of this programme.

All MSI programmes are supported by a variety of teams based in the Global Support Office who contribute towards effective programme management by supporting implementing country programmes. This project will be supported by key teams including:

- The Government and Multilateral (GML) programmes team ensures Denmark's funding is used in a way that aligns to its strategic objectives. The GML team is responsible for conducting regular check-ins with country programmes to monitor progress to ensure delivery of outputs, addressing issues related to implementation (including developments of risks), drawing lessons, and ensuring dissemination of learning, and providing advice on potential adaptations to the project for the achievement of outcomes. They serve as the stewards for government donor funded projects and maintain donor relationships.
- The Regional Support Team is responsible for working closely with country programmes and helping them establish and stay on course to their business plans, ensuring programmes are being implemented in an effective, efficient, and sustainable way.
- The Regional Advocacy Team is responsible for helping country programmes identify and advocate to maintain or change country specific policy or legal frameworks related to SRHR. They also track global policies, multilateral, and bilateral policies and agreements related to SRHR, and represent MSI in global or regional forums related to SRHR.
- MSI's Medical Development Team provides training and remote support to ensure the project maintains standards of exceptional clinical quality, client safety, and client experience. Country programmes receive direct support for ensuring annual quality technical assessments are done to a high standard, supportive supervision and refresher training is conducted where needed, and clinical incidents are reported accurately and dealt with swiftly.

- The Donor Finance Team will provide direct financial oversight and support on management accounting, month and year end accounting, donor reporting, annual financial business plans, internal audit, preventing fraud, and monitoring ongoing financial performance.

MSI is committed to measuring results with tools and processes that can clearly demonstrate MSI's contribution to global health impacts and that can be used to share learning and best practices across the MSI partnership, donors, as well as with partners like the UNFPA, WHO, and other NGO partners engaged in strengthening SRHR. Consequently, the organisation collects data and monitors progress toward MSI's strategy using a wide variety of tools, as well as utilising and contributing data to country Health Management Information System (HMIS) so as to avoid duplication of effort:

- Service delivery data is collected through MSI's management information systems, which shows the number and type of services, as well as basic client demographics, provided monthly.
- The Client-level Information Centre (CLIC) increases speed and efficiency in data collection, facilitates better analysis to inform programmatic decision-making.
- Annual client exit interviews (CEIs) are conducted across the MSI partnership, to assess the demographic profile of clients, past FP use, levels of client satisfaction, and aspects of quality of care. CEI data is essential to measuring key indicators to make sure MSI is reaching the most marginalised.
- Impact 2 is a tool for estimating the impact of SRH service uptake in reducing maternal mortality, reducing unsafe abortion, and increasing contraceptive prevalence at a national level. It enables MSI to estimate its past, current, and future contributions to national FP use and contraceptive prevalence, as well as the wider health and economic impacts of these services.
- MSI conducts client follow-up surveys that capture clients' experience. It provides information about client satisfaction and quality of care.
- To ensure clinical quality throughout its programmes, MSI conducts both internal (clinical quality internal audits) and external (quality technical assistance (QTA)/clinical audio-visual assessments (CAVA)) checks. As a result of the COVID-19 pandemic, MSI has also moved to the use more CAVAs, which enable MSI to assess quality of service delivery remotely. CAVAs have proved to be essential during the pandemic and in supporting humanitarian crisis.

10. FINANCIAL MANAGEMENT, PLANNING AND REPORTING

MSI will make the following annual reporting:

- 1) MSI global annual report and global audited financial statements, specifying the Danish contribution as income
- 2) A short 1-2 pager on the results achieved as per the Results Framework in annex 3, including a short narrative with explanations where/if targets indicators were not reached. A revised Results Framework for the coming year if needed.
- 3) A short 1-2 pager on the allocation details of the funds, including which country programmes were supported and for what.
- 4) Updated budget overview (the use of funds and expected allocation of funds between outcomes and output for the coming year).

Narrative progress reports and financial reports

<i>Reporting period</i>	<i>Due date</i>	<i>Reports due</i>
1 Jan 2023 – 31 Dec 2023	30 June 2024	Reporting documents as described in points 1-4 above
1 Jan 2024 – 31 Dec 2024	30 June 2025	Reporting documents as described in points 1-4 above
1 Jan 2025 – 31 Dec 2025	30 June 2026	Reporting documents as described in points 1-4 above
1 Jan 2026 – 31 Dec 2026	30 June 2027	Reporting documents as described in points 1-3 above

Accounting and auditing: Both parties will strive for full alignment of the Danish support to the implementing partner rules and procedures, while respecting sound international principles for financial management and reporting.

Procedures and minimum requirements pertaining to disbursements

<i>Period</i>	<i>Payment amount</i>	<i>Estimated date</i>	<i>Contingent upon</i>
1 Jan 2023 – 31 Dec 2023	25,000,000 DKK	1 Sept 2023	-Signature of agreement -Receipt of 2022 MSI annual report, audited financial statements -Updated budget overview
1 Jan 2024 – 31 Dec 2024	25,000,000 DKK	1 Sept 2024	Receipt of 2023 MSI annual report, audited financial statements -A short 1-2 pager on the Results Framework follow up - A short 1-2 pager on the allocation details of the funds - Updated budget overview
1 Jan 2025 – 31 Dec 2025	25,000,000 DKK	1 Sept 2025	Receipt of 2024 MSI annual report, audited financial statements -A short 1-2 pager on the Results Framework follow up - A short 1-2 pager on the allocation details of the funds - Updated budget overview
1 Jan 2026 – 31 Dec 2026	25,000,000 DKK	1 Sept 2026	Receipt of 2024 MSI annual report, audited financial statements -A short 1-2 pager on the Results Framework follow up - A short 1-2 pager on the allocation details of the funds

Immediately after receiving a payment MSI must forward a receipt to the Danish Ministry of Foreign Affairs.

Partner procedures pertaining to financial management

If MSI is to enter into a partnership with a partner organisation to help with technical assistance or implementation, partnership mapping will be conducted, and clear terms of reference and scopes of work will be established.

Procurement

MSI is committed to going where other providers cannot or will not go, reaching last mile communities with high-quality, comprehensive, inclusive, and non-judgmental services. This results in complex local and international supply chain operations. For this reason, MSI country programmes have established strong reputations as a trusted partner of their national governments and often work alongside them to deliver services to clients. The MSI Global Supply Chain (GSC) team manages the procurement of core and socially marketed products for all MSI country programmes. From a social marketing perspective these products are sourced from well-established manufacturers who carry quality seals including WHO Pre-Qualification and Stringent Regulatory Authority Approval, as well as those emerging manufacturers in the industry who MSI actively works with to obtain the standards.

MSI also works directly with donors and governments to jointly quantify the annual demand in each respective country that donors such as the UNFPA work in. Through close contact with the UNFPA Commodity Securities Branch in New York and the UNFPA Procurement Services Branch in Copenhagen, MSI proactively triangulates data on availability of FP supplies and ensures the commodity security to over 49,950 supply chain touch points in 22 countries. These touchpoints include but are not limited to warehouses, mobile outreach teams, and static centres. To ensure value for money and that donors can track their products through to consumption, MSI conducts quarterly reporting on inventory levels, consumption rates, and projected spikes in demand to ultimately prevent or mitigate stock outs, bottlenecks, and redirect the products to locations or settings with the highest need.

11. RISK MANAGEMENT

MSI has developed a comprehensive risk register (Annex 4) to manage and mitigate contextual, institutional, and programmatic risk. MSI is committed to establishing an organisational culture where risk management is an integral part of every activity, and all staff understand they have a role to play in ensuring risks are managed effectively. MSI has strong systems in place for continuous identification, management and monitoring of risks according to six risk categories (external context, reputation, delivery, operational, fiduciary, and safeguarding).

Institutional Risks

MSI's safeguarding processes are widely disseminated and understood. These include training of staff members and member associations, monitoring and review of safeguarding action plans, implementation of reporting mechanisms, and launch or revision of relevant policies (safeguarding, anti-slavery, anti-trafficking, etc.). MSI promotes a culture of openness and willingness to report actual incidents, concerns, perceived risks, and actual or near miss mistakes so that lessons may be learned, shared, and action taken to minimise the likelihood and/or magnitude of future adverse outcomes.

As in any organisation, MSI is at risk of exposure to fraud and bribery as well as mismanagement. MSI has zero tolerance towards corruption, fraud, and bribery. MSI has developed a comprehensive anti-fraud and bribery programme that has been rolled out to all country programmes and the training is mandatory for all staff in the programme directorate and is available on an online platform in multiple languages. The programme consists of four policies: Anti-fraud and bribery, Conflict of interest, Gifts and entertainment, and Whistleblowing. There are clear internal policies and processes for dealing with allegations of fraud and bribery. These cover aspects such as: protecting people who speak up, conducting investigations, acting on the findings of investigations, and reporting to donors.

MSI recognises that living a life free from harm and abuse is a fundamental human right, and an essential requirement for health and well-being. Safeguarding adults is about protecting the safety and well-being of all adults and providing additional measures to protect those least able to defend themselves from harm or abuse. MSI conducts in-depth investigations into alleged violations and those who were found to be in violation have faced disciplinary measures that included warning, dismissal, and other measures. Furthermore, MSI recognises the importance of zero tolerance and preventing sexual exploitation and abuse (SEA). MSI does not have a designated SEA policy because the prevention of sexual exploitation and abuse is covered in several of MSI's policies, and the channels for communicating any incidents of SEA are made clear to all staff and clients, including a dedicated hotline, *Safecall*. The policies that include SEA are:

- MSI Code of Conduct
- MSI Dignity at Work policy
- MSI Speaking Up policy
- MSI Child Safeguarding policy
- MSI Global Policy Statement - Equality and Diversity
- MSI Duty of Care

- Anti-Modern Slavery and Trafficking and Policies and Procedures

There is proactive management of the risks, and active dissemination the “speaking up” policy and toll-free numbers, and fast and appropriate incident reporting. Risk management performance is monitored by the Audit Committee. MSI seeks to reduce risks that are a threat to the delivery of objectives and put in place actions that address the likelihood and impact of each risk to an acceptable level.

Contextual Risks

Political

MSI works closely with the government in the respective country programmes. An underlying assumption for the continued progress is that the national governments remain committed to progress towards gender equality. While the environment in which MSI works is constantly shifting, MSI works to maintain commitment to SRHR by continued engagement and advocacy with key stakeholders and provincial leaders, including religious leaders and politicians. MSI is well respected and recognised as a key partner in most of the countries the organisation works in, and MSI’s advocacy work has been instrumental in creating continued commitment to SRHR. Advocacy efforts remain a critical component of the work of MSI.

In many of the countries where MSI operates, the opposition against SRHR is well organised and includes well-planned communication strategies to undermine the work and reverse legislation. One of the well-known strategies towards MSI is allegations of unlawful abortions, coercion, or misinformation about side effects and clinical incidents. This could be a potential threat to reputation and programming, but MSI has a strong preparedness for managing campaigns against contraception and safe abortion as well as managing reputational risks. There are clear processes in place that will ensure an appropriate response and as well as internal support to mitigate the situation.

Due to the sometimes sensitive nature of MSI’s work, there is the potential that communities will reject programme activities and wider social norms change, or that women and girls may be stigmatised or placed at risk for accessing MSI services. The acceptability of the project is key to its success and to achieving the aims, and for moving towards gender equality. To avoid this, MSI will work with local communities to ensure activities remain socially and culturally acceptable, working with key stakeholders and duty bearers such as religious leaders, men, and boys. The advocacy work conducted under this project will also contribute towards creating an enabling policy environment to ensure that progress made is supported by law. MSI will also ensure that women and girls who access SRH services are not at risk, using internal safeguarding mechanisms and by adhering to client safety measures and patient confidentiality. This is also the case for protection of sensitive data.

MSI will continue to monitor the evolution of the political situation in the USA, the rescinding of *Roe v Wade* and the potential impact of the reinstatement of the Mexico City Policy. To mitigate the devastating effects of this, MSI will develop joint advocacy strategies in partnership with key local, national, regional, and global stakeholders, closely collaborate with other government and the donor community in general to help protect vital services for the world’s most vulnerable women and girls.

Economic

In most developing countries access to SRH care is lowest among the poorest 20% of households and highest among the richest 20%.¹⁹ Financial costs to health services can be a barrier but poverty is also linked to numerous social, institutional, political, geographic, and economic forces that can limit access. Although MSI aims to serve the poorest, income inequality could increase, creating larger numbers of poor people who do not have access to care. MSI will continue to advocate for achieving universal health coverage inclusive of SRH.

¹⁹ UNFPA, State of World Population Report, *Unfinished Business: the pursuit of rights and choices for all*, 2019

Societal

Restrictive SRHR policies and operating environments can present challenges to service delivery as everything is done in partnership with local stakeholders. Focused advocacy is implemented to create change for restrictive policies or legal frameworks; however, it is not just supportive policy and legal frameworks that is needed, but positive societal opinions towards SRHR. Advocacy, behaviour change, and gender transformative approaches are often needed to ensure service delivery is supported. Increased desire for FP is often linked with gains in socio economic growth so as things improve in other areas of development, MSI also expects the demand for SRH services to increase.

Humanitarian

Ongoing conflicts in some countries where MSI works could significantly impact the scope and coverage of MSI's operations. The existence of conflict can affect normal life of clients and their ability to access SRH services, as well as affecting planned operational activities. Reaching displacement-affected women and girls in conflict settings is more difficult and puts additional costs and pressure on implementing teams, but MSI is confident to reach these populations through its mobile service delivery approach and via partnerships with other organisations working in humanitarian settings.

Environmental

Countries are progressively adopting adaptive and mitigating climate change measures. Weather-related catastrophes have a devastating effect on communities and countries, disrupting the provision and access to services. These disasters can often create internal displacement, which turns into an additional burden for accessing health services.

The spread of COVID-19 worldwide has impacted countries in an unprecedented manner. Lockdown measures and reducing movement has affected communities and people's economic activity and consumption. While the world is progressively overcoming the severe pandemic, a further outbreak of current or new variants can be expected to have a similar effect as seen over the last two years. New lockdown measures can derive difficulties in accessing health services, especially FP and SA/PAC services. Also, governments will prioritise responses efforts to new outbreaks over SRH. However, MSI assumes people will continue to get vaccinated and vaccinations will continue to remain protective.

As pandemics disrupt world economies there has been significant impact on the provision of SRH services. Changes in the exchange rate or inflation can affect the prices of SRH commodities or disrupt local supply chains as manufacturers experience difficulties in providing commodities. The cost of freight is constantly increasing, making the cost of commodities more expensive.

Potential Risks for the Danish MFA

There is a minor risk that the salary level of the executive level of MSI could become a reputational risk for Denmark's engagement with MSI. While Danish funds do not contribute to bonus packages of the executive level, the Danish MFA is following the salary developments closely and the MFA has initiated a dialogue among donors on the issue in order to have a common approach.

12. EXIT STRATEGY / SUSTAINABILITY

Sustainability is at the core of MSI's thinking and *MSI2030* lays out pathways to sustainability throughout. The 'pathway to sustainability' for MSI's Leave No-One Behind approach is to work in partnership with governments to build capacity, gap-fill where necessary, and provide continued support at national levels as needed as government capacity grows to deliver high-quality comprehensive SRH services in their countries.

MSI's centre networks (which are not a focus of the Danish support) will continue to move towards financial sustainability through service diversification, the roll-out of marketing campaigns, and accelerating health financing opportunities. This will take centres into a position for the adoption of alternative, non-donor funded mechanisms, such as private contracts and national health insurance schemes. By generating service income, centres can re-invest money into providing services for those that cannot afford them.

To complement the strengthened private and public sectors, MSI also retains a strong focus on advocacy and the creation of an enabling environment to support service delivery and ensure that SRHR is supported and advocated for by governments and local communities. This project will build upon the strengths of MSI's advocacy activities and catalyse upon recent wins, such as the inclusion of clinical methods of FP in Ghana's National Health Insurance Scheme.

While national ownership of SRHR and full sustainability of services are the goal of MSI, MSI recognises that current health systems do not support everyone, and some women and girls still need MSI's support. Whilst MSI works towards this long-term goal, MSI will continue to focus on increasing access to those that need it most, including last mile service delivery to those that are beyond the reach of existing health services.

ANNEX 1: CONTEXT ANALYSIS

1. Overall Development Challenges, Opportunities and Risks

In 2019, the Nairobi Summit took place to celebrate the twenty-fifth anniversary of the landmark Programme of Action adopted at the 1994 International Conference on Population and Development (ICPD). In 2021 the first report of the High-Level Commission on the Nairobi Summit on ICPD25 Follow-up, found progress on some of the Nairobi commitments, but overall noted a harrowing setback in sexual and reproductive health and rights around the world, and called for an ambitious, deliberate, and comprehensive action to achieve sexual and reproductive justice for all, in particular women and girls. The report noted that the global COVID-19 pandemic showed glaring inequities for people who face different, intersecting forms of discrimination based on their gender, race, age, disability, poverty, and status as a migrant or refugee. It recognised that there are still constraints on quality and access to sexual and reproductive health (SRH) care and that there have been developments to defund sexual and reproductive health and rights (SRHR). It noted that if the ICPD Programme of Action and the 2030 Agenda for Sustainable Development are to be achieved there needs to be continued accountability from relevant partners, including governments, civil society, the private sector, academia, the United Nations and other international bodies to join forces in order to accelerate action. The work of MSI Reproductive Choices (MSI) has direct impact on answering the Commission's call for action.

In many of the countries where MSI works, people are living in poverty and the pandemic has led to increased poverty levels. While in 2019, 478 million people in Africa lived in extreme poverty, it is estimated that in 2021, 490 million people live under the poverty line of 1.90 PPP\$/day, and this is 37 million people more than what was projected without the pandemic. Women and girls are most likely to be poor. Having access to contraception can help people escape poverty by choosing to have fewer children and creating opportunity for women to work. Women and girls are responsible for the bulk of unpaid care and domestic work that contributes to their family, community, and the economy. Access to comprehensive SRH services will allow girls to stay in school and help address gender inequality. The project will focus on making SRH accessible in partnership with national health systems and advocate for SRH to be included in universal health coverage (UHC).

According to the 2020 Africa Sustainable Development Report African governments, the African continent is only halfway towards achieving the SDG goals and targets by 2030. This project's goal works towards helping to achieve SDGs 3, 5, and 10.

List the key documentation and sources used for the analysis:

- UNCTAD Facts and Figures
- A Tale of Two Continents, Fighting inequality in Africa, OXFAM
- [UNECA](#)

2. Political Economy and Stakeholder Analysis

In many countries where MSI works there are stable enough governments that regime change does not drastically affect the service provision, however, it is important to continually focus the advocacy efforts with local governments on SRHR, as regimes are constantly changing and new politicians often need education on why SRHR is so important.

MSI also works in countries where there has been regime breakdown, like Afghanistan. MSI still delivers services by functioning as a private provider with the support of donors to reach those most in need via MSI's mobile outreach teams and static centres.

Stakeholder analysis

Due to the nature of the programming, interventions focus heavily on women and girls and their access to services, but MSI also actively engages men and boys, not only for the benefit of women but also to address men's family planning (FP) needs, and gender equity. MSI tries to shape the thinking that contraception is solely a female responsibility and provides comprehensive male method choices. Providers organise specific, male-only information sessions if desired or deemed necessary by the community. MSI also designs marketing and community mobilisation campaigns targeting men specifically.

Recognising that gender is often one of multiple forms of discrimination that impact on both women and men, MSI has developed programmes that are specifically tailored to different marginalised groups. For this action, MSI will employ a total community approach, working with clients as well as community leaders, decision-makers, and gatekeepers, including but not limited to husbands, fathers, mothers, mothers-in-law, religious leaders, and traditional healers. This approach enables MSI to effectively shift gender norms, break down gender inequity, and support positive change in women's lives.

Real change can only come about when policy, legal, and regulatory environments allow women to make the choices, when stigma is removed and when there is a focus on transformational impact that goes beyond short-term health outcomes. Therefore, MSI plays an ever-more active role in helping to remove restrictions and to ensure that the progressive policies that do exist are understood and implemented to their fullest extent.

3. Fragility, Conflict and Resilience

In some countries, MSI provides access to quality FP and SRH services to conflict- and displacement-affected people in government-controlled areas or areas held by armed opposition groups. MSI considers 'conflict- and displacement-affected people' as all those directly affected by active conflict, displacement, or natural disasters, internally displaced people (IDPs), refugees, returnees, stayees, as well as host communities. Depending on the context, services are provided by outreach teams or MS Ladies. Urban refugees or IDPs can also be served by static centres.

In conflict-affected regions of Africa, civilians are facing a dramatic protection crisis in an increasingly volatile context. More than 1 in 10 people living in West and Central Africa (i.e., over 61 million people) will require assistance and protection in 2022. Violence has uprooted more than 15 million people — 2 million more people than one year ago. Insecurity and violence threaten access to health, water, sanitation and hygiene services, depriving communities of access to vital services, increasing human rights violations, and jeopardizing social cohesion. Close to 5.8 million people have been forced to flee their homes across the Sahel in 2021 — more people than ever before. This large-scale displacement places additional strain on weak services and scarce natural resources and often, SRH can become a secondary focus, although it should remain essential.

Violence and climate shocks are driving a dramatic food crisis. Across the region, more than 58 million people are facing severe food insecurity, the highest number recorded since 2016. Close to 14 million

people are acutely food insecure in the Sahel – more than double the number of two years ago. In the Central Sahel (i.e., Burkina Faso, Mali, and western Niger), insecurity has rapidly deteriorated, and displacement has increased by 30 per cent between 2020 and 2021. MSI is currently exploring new partnerships to develop programming that integrates nutrition and SRH.

List the key documentation and sources used for the analysis:

- [UNOCHA](#)

4. Human Rights, Gender, Youth and applying a Human Rights Based Approach

MSI's work is anchored in the firm belief that women's rights are human rights, and the organisation applies this feminist perspective to ensuring an enabling environment for women and girls to exercise those rights with freedom and dignity, free of judgment and reprisal.

Women's and adolescents' right to contraceptive information and services is grounded in basic human rights protections and MSI ensures that the global frameworks that articulate SRHR are implemented, promoted and claimed at individual, local, and national level, upholding the principles of equal access, non-discrimination, inclusion, and accountability.

Through this project MSI will address the following human rights:

The rights to life and health are central to the enjoyment of all other human rights, and access to contraceptive information and services bears directly on the enjoyment of these rights. The Human Rights Committee has indicated that the right to life should not be narrowly interpreted. Both the Committee on Economic, Social and Cultural Rights (ESCR Committee) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) Committee explicitly recognise that the right to health includes SRH and that contraceptive information and services are necessary to fulfil this right. Legal and practical barriers to contraceptive information and methods lead to higher rates of unwanted pregnancies – with the attendant risks of unsafe abortion or maternal mortality and morbidity – violating women's and adolescents' rights to life and health.

The right to equality and non-discrimination, which underpins the right to access contraceptive information and services. The rights to non-discrimination and equality not only prohibit discriminatory laws and policies, but also require affirmative measures to combat socially and culturally ingrained discrimination to achieve substantive equality. Laws and policies that deny women and adolescents access to contraceptive goods and services — for instance, by prohibiting certain contraceptive methods, such as emergency contraceptives, or by requiring spousal or parental authorisation — constitute discrimination. Additionally, practical barriers to accessing contraceptive information and services often stem from socially or culturally ingrained discrimination, and states must take steps to eliminate these barriers to ensure women's and adolescents' access to contraception. Such access is central to achieving women's and adolescents' participation as full and equal members of society.

The rights to privacy and to determine the number and spacing of children. CEDAW and other international and regional human rights treaties explicitly recognise a woman's rights to determine the number, spacing, and timing of her children and to have access to information and services necessary to exercise that right. The right to privacy, protected by other key international and regional treaties, protects the right of individuals and couples to make fundamental decisions about their private lives without government interference, and decisions about whether and when to start a family falls within the protected zone of privacy. Women's enjoyment of these rights is incumbent on access to contraceptive information and services without undue interference in their ability to

select a contraceptive method that works for them. Restrictions on access to certain contraceptive methods and coercive FP policies impair the ability of women to make informed, autonomous decisions about their personal lives and health and violate these rights.

The rights to information and education including SRH information and education, includes seeking, receiving, and imparting information and education on SRH, including contraceptive information. A comprehensive understanding of safe and effective contraceptive methods is essential for women and adolescents to protect their health and make informed decisions about sexuality and reproduction. Women must have information about contraceptives and their use, and guaranteed access to comprehensive sexuality education (CSE) and FP services to be able to make informed decisions regarding the contraceptive method that is appropriate for them. CSE can delay the onset of sexual activity, increase the use of contraception, and lead to fewer sexual partners, with significant benefits for the overall well-being of women and adolescents. Inadequate counselling and information on contraceptive methods or a failure to implement CSE in schools violates the rights to information and education and has negative consequences for women's and adolescents' other fundamental rights.

Women and adolescents have a right to enjoy the benefits of scientific progress, particularly when such advances may be integral to the fulfilment of other rights. Technological innovations open the door for safer, more effective contraceptive methods; yet a variety of factors can inhibit women's and adolescents' ability to benefit from these advances, limiting their ability to access contraceptive methods that may be safer or more suitable for their needs. Prohibitively high costs of newer contraceptive methods, for example, may result in low-income, adolescent, or other marginalised groups of women being compelled to choose outdated or unsuitable contraceptive methods and may reinforce social and economic inequalities.

The right to be free from torture or cruel, inhumane, or degrading treatment prohibits actions that cause physical or mental suffering or lasting physical or psychological effects and extends to actions within medical institutions. Policies and practices that infringe on women's and adolescents' right to make voluntary and informed decisions regarding their sexuality and reproduction may violate these prohibitions. Women and adolescents must receive contraceptive information and services in a manner that facilitates autonomous decision making about whether and when to use contraceptive methods, as well as the choice of method.

MSI will continue to collaborate with key stakeholders for all these issues, including nationals and sub-national level governments as duty-bearers, and clients and their communities as rights holders.

Gender

Women's SRHR are integral to the effective realisation of gender equality. The absence of available, accessible, acceptable, and high-quality SRH services threatens women's bodily integrity, their health, their freedom to make life decisions, their ability to participate fully in political, social, and economic spheres, and their overall agency. A woman's right to safe and legal abortion is a fundamental component of the protection of comprehensive sexual and reproductive rights, and vital to the protection of her health and freedom. By investing in increased access to FP, and SA and challenging barriers to access for vulnerable groups, particularly young people, MSI not only improves the health and socio-economic outcomes by preventing unintended pregnancy and unsafe abortion, but also contributes to transformation of cultural and gender dynamics.

MSI addresses gender when designing, implementing, monitoring, and evaluating FP and SRH programmes and activities to ensure equity in access and benefits for men and women. While expanding accessibility and availability of services, MSI simultaneously works with grassroots CBMs and community structures to tackle cultural barriers, damaging gender norms, and lack of

awareness and knowledge that prevent women from realising their SRHR, which if not available, limit the prospect of achieving gender equality. In addition, MSI uses its wealth of routine data and client feedback to advocate to governments to remove restrictions to women's access to SRHR, including discriminatory policies around spousal and/or parental consent for SRH access, restrictions on SA access, and to increase budgetary considerations for women's health and rights. To transform the environment, achieve long-term sustainable results and health impact, successful interventions need to address the supply side and demand side barriers to change, as well as develop a supportive operating and policy context.

Youth

Adolescents (15-19-year olds) have consistently higher proportions of unmet demand for FP than other age groups. Globally, 20 million adolescents have unmet need for contraception; in Sub-Saharan Africa, an estimated 62% of sexually active adolescents wanting to avoid pregnancy experience unmet need. Among adolescents in most African countries, rural, married adolescents with children have the highest unmet need. Teenage pregnancies are rooted in, and perpetuate, gender inequality, which is further perpetuated by the severe adverse consequences for girls and their communities:

- **Health** – Adolescent girls are more likely to have long and obstructed labours due to their smaller body and immature pelvis. This not only increases their risk of death, but also their risk of developing debilitating conditions such as obstetric fistula. It is estimated that one-third of teenage pregnancies end in unsafe abortion. Pregnancy during adolescence also carries the risk of children born with low birth weight, increased child morbidity, and poor nutritional outcomes, including stunting.
- **Economic** – Many pregnant teenage girls are forced to leave school and are not supported to return after the birth. Therefore, early childbearing reduces the educational and employment opportunities for girls. Lower education or lack of participation in the labour force also indirectly results in lower agency and limited bargaining power in the household, as well as often leading to income and food insecurity. Matriculation also has a multi-generational impact as educated mothers are more than twice as likely to send their children to school.
- **Social/ gender inequality** – Early childbearing often results in early or forced marriage, therefore preventing teenage pregnancy also reduces risks of GBV as child brides are twice as likely to face domestic abuse than women who married later. Furthermore, the number of years a person spends in school has been shown to have a positive correlation with a decrease in both victimisation and perpetration of physical and sexual violence.

MSI adapts its service delivery channels to meet the diverse needs of adolescent groups: urban and rural, married and unmarried, mothers and non-mothers, out-of-school and in-school, disabled and non-disabled. To ensure adolescent-friendly services, providers are equipped with values clarification and attitude transformation (VCAT) trainings. In many contexts, providers and mobilisers have also been trained in the soft skills of tailoring their messages to the needs and aspirations of the adolescent, and delivering information and services outside of a traditional healthcare setting, providing pop-up services linked to adolescent focused events, or combining FP service delivery with less stigmatising services such as immunisation days for young mothers. Furthermore, in many country programmes MSI engages peer educators such as pro-choice young people and adolescent FP champions.

Human Rights Based Approach (MSI Rights Framework)

All MSI interventions and programmes are based on the MSI rights framework, which contains the following principles:

- **Acceptability** – MSI facilities and providers respond to the unique needs of clients, respecting their individuality and personal circumstances. MSI upholds confidentiality, medical ethics, and

individual preferences, and is sensitive to gender, age, disability, sexual diversity, and life-cycle requirements. MSI supports other private and public providers to ensure client-centred care across the health system.

- Accessibility – MSI shapes health systems and enabling environments to make SRHR information and services affordable and sustainable and works with both the private and public sectors to ensure information is provided in a way that is consistent with the needs of the individual and the community. Services are accessible without stigma and discrimination and are provided through multiple channels to ensure clients can access services on their own terms and at times that work for them.
- Agency and autonomy – MSI supports women, girls, men, and boys to make informed decisions without discrimination or third-party interference. Marginalised and vulnerable people are empowered to access services and challenge inequalities. MSI advocates for the removal of policies, laws, and practises which limit women's agency by preventing women from accessing SRHR services and information.
- Availability – MSI ensures that healthcare facilities, trained and willing providers, and contraceptive methods are available so that individuals can access a full choice of contraceptive and SA/PAC services in a range of geographical locations.
- Empowerment – Through provision of correct and comprehensive information and quality services, MSI clients are empowered to make decisions that work for them.
- Equity and non-discrimination – MSI provides access to high-quality, safe contraception information and services free from stigma, judgement, or discrimination, regardless of gender, age, background, location, ethnicity, education, disability, sexual orientation, HIV status, and economic or marital status. MSI is focused on driving equitable access, reaching underserved communities. MSI also works to remove barriers that perpetuate inequity and restrict access for marginalised groups and advocates for social change to challenge inequity in the long-term.
- Informed choice – Comprehensive, client-centred counselling supports women to make decisions that are right for them, supporting the right to informed choice, understanding, full consent, and informed decisions.
- Quality – The delivery of safe and effective services responsive to women's preferences is multifaceted and includes, but is not limited to, choice, clear and medically accurate information, equipped and technically competent providers, and client-provider interactions that respect informed choice, privacy, and confidentiality. MSI is at the forefront of piloting new technologies and ensuring drug and equipment quality through rigorous product quality standards.
- Transparency and accountability – MSI recognises its role as a duty bearer and holds itself accountable to the rights of its clients through accessible feedback and complaint mechanisms and client participation in programme design, implementation, monitoring, and evaluation. Client satisfaction drives quality benchmarking. MSI also advocates for accountability across the health system, pushing national governments to fulfil their obligations on SRH information, services, and supplies. At facility level MSI is committed to sharing data and results with the communities served. MSI is also committed to aid transparency, sharing data through global platforms such as the International Aid Transparency Initiative and Every Woman Every Child.
- Voice and participation – MSI programmes are designed, monitored, and evaluated through a consultative and participatory process, directly involving intended (potential) clients and communities. Client feedback feeds into intervention design to help build bespoke solutions, including for youth, poor communities, and marginalised populations.

By giving a choice and voice to women as well as by providing them with access to and control over their SRHR, MSI promotes gender equity and equality.

MSI believes that healthcare facilities, trained providers, and contraceptive methods should be non-discriminatory and accessible to all, regardless of their background or abilities and regardless of physical, economic, socio-cultural, or informational barriers. To facilitate this, MSI takes a variety of measures, including but not limited to:

- Ensuring centres and outreach clinics are physically accessible, even for people with reduced mobility. Considering the areas that MSI operates in, the basic state of pavements and roads might be a limiting factor, but MSI will ensure the buildings and facilities are not unnecessarily challenging;
- IEC materials are often designed with pictograms rather than text, to accommodate illiterate clients;
- Values clarification and attitude transformation (VCAT) trainings are a key tool to ensure client-centred care and that the rights of women accessing services are respected. MSI pays special attention to highlighting the right of women and girls with disabilities to FP, SA, and PAC; and
- Disaggregating all routine data systems by age and sex and working to ensure all primary research is conducted inclusively with clients of all ages, genders, sexual orientation, and ability, to ensure that feedback from all clients is considered when designing and implementing programmes.

In partnership with international and local advocacy organisations and SRH and SA organisations, MSI works across governments and health systems to positively influence legislation, policy, and regulation to remove restrictions around FP, SA, and PAC, create an enabling environment, and support and uphold the rights outlined above.

Safeguarding

As a global organisation that provides SRH services to millions of people each year, MSI recognises the duty of care to ensure that all clients and staff are adequately safeguarded whilst in MSI care. MSI ensures that these commitments are embedded in the day-to-day programmes.

MSI has a zero-tolerance approach to the abuse or exploitation of children, clients, and/or staff. MSI ensures its employees, contractors, and programmes do not harm clients or staff and measures to prevent harm and abuse are in place and operational. MSI never knowingly employs a known abuser or exploiter and will not turn a blind eye or tolerate any form of behaviour that abuses, neglects, or exploits children or clients or staff. Since August 2018, all MSI employees are required to sign the Code of Conduct (CoC). Country directors (CDs) are responsible for ensuring 100% compliance. Training on the CoC and Speaking Up has been completed in all countries.

The CoC serves as the umbrella document, under which MSI has developed specific policies such as the child safeguarding, vulnerable adult safeguarding, anti-modern slavery, and anti-bullying, and harassment. The policies set out in a systematic way how MSI staff, MSI affiliates, social franchise providers, and partner organisations will operate to safeguard and promote the welfare of clients and staff. The organisation ensures all staff are: 1) aware of the problem of abuse and the associated risks; 2) what constitutes as abuse; 3) what will not be tolerated by MSI; and 4) MSI's internal incident reporting mechanisms and follow-up. MSI and its affiliates will comply with national laws, guidelines, and legal requirements in the investigation and follow-up.

All reports are registered in a safeguarding register, investigated, and when proof is found, action will be undertaken. The country offices and global support office (GSO) will report incidents to the board and to donors.

5. Inclusive sustainable growth, climate change and environment

While Africa has contributed negligibly to the changing climate, with just about two to three percent of global emissions, it stands out disproportionately as the most vulnerable region in the world. This vulnerability is driven by the prevailing low levels of socioeconomic growth in the continent. While climate change is global, the poor are disproportionately vulnerable to its effects. This is because they lack the resources to afford goods and services they need to buffer themselves and recover from the worst of the changing climate effects.

Climate change exacerbates existing gender inequalities, with women displaced on the frontlines of its impact, bearing the heaviest consequences. Yet, when women lead in crises, entire communities benefit, and more effective and sustainable solutions are found. Providing comprehensive SRHR to women affected by climate change could lead to them having more agency and the ability to have a seat at the decision making table when it comes to climate responses.

MSI is currently developing a strategy on its contribution and role in addressing the global climate crisis and a position paper on the links between FP and climate change, resilience, adaptation, and conservation. The paper will look at the role of women as agents of climate change adaptation strategies: if women are enabled to control their reproductive lives, they are better able to access community leadership positions and influence climate change agendas and measures. MSI believes that the realisation of SRHR can contribute to climate change adaptation and conservation programmes, and increase their effectiveness by:

- Reducing vulnerabilities and increasing individual, family and community resilience to climate-related (and other) shocks, and
- Increasing opportunities for women to participate in climate and conservation planning, decision making, and implementation, which has been proven to increase programme effectiveness.

This is based on the links that exist between SRHR, gender equality, and improved development outcomes. As such, MSI aims to work with partners focussed on women's economic empowerment, challenging gender norms, climate-resilient livelihoods, and infrastructure development in an integrated manner. MSI's role will be to contribute its SRHR knowledge and operational expertise within broader adaptation and resilience programmes. MSI will also be looking at developing indicators that measure the impact that speaks to both climate change and SRHR outcomes, as well as advocate at national levels to get SRHR into climate adaptation policies and plans.

MSI is also cognisant of its own impact on the environment and is committed to implementing environmentally friendly policies across the partnership. MSI is a member of the Energy Savings Opportunity Scheme (ESOS) in the UK and one of the founders of the Population and Sustainable Development Alliance, whose mandate is to promote and support SRHR within the framework of global environmental agendas, including the international response to climate change, waste production levels, and carbon emission.

To mitigate its impact on the environment, MSI is implementing policies around:

- Reducing carbon emission by using fuel efficient vehicles and route-planning and updating fleet management policies;
- Recruiting local rather than international staff and supporting regional learning and assistance;
- Promoting remote technical assistance and capacity building support through investment in improved IT systems;
- Monitoring the carbon footprint of international travel and implementing policies that minimise air

travel and promote carbon-efficient route planning;

- Using innovative web-based technologies and online training tools, and making data readily available to local teams through SMS, digital reporting, and information systems, thereby reducing the needs to travel as extensively;
- Using green energy solutions in offices and service delivery points; and
- Implementing environmentally effective waste management measures, including minimising waste through strong forecasting and supply chain management tools to prevent over-stocking or waste as a result of expired products.

MSI's provision of clinical services generates waste and has environmental consequences, for which the organisation has developed the MSI's Guidelines for Clinical Waste Management. These guidelines describe in detail the arrangement for segregating, handling, storage, and disposal of all types of waste generated in healthcare facilities and ensures all waste management measures comply with the national protocols.

Relevant references

- UNEP
- Care report calls for gender transformative response to climate displacement: <https://careclimatechange.org/new-care-report-calls-for-urgent-gender-transformative-response-to-climate-displacement/>
- Introduction to gender and climate change: <https://unfccc.int/gender>

6. Capacity of public sector, public financial management and corruption

MSI's approach to Public Sector Strengthening is one of partnership. MSI strives to improve public provided SRH services and solidify SRHR within a country's universal health coverage plans. MSI's Public Sector Strengthening approach works at multiple levels of a health system to ensure long term sustainability, with MSI eventually not being needed. The first step in working with a country's health system is to carry out an assessment of the capacity of the public sector, the state of public financial management, a corruption diagnostic, with emphasis on SRH services. This type of assessment informs us what type and at what level support is needed by a government. The range of support varies and can go from providing gap filling services to national level guidance how to integrate comprehensive SRH.

7. Matching with Danish strengths and interests, engaging Danish actors and seeking synergies

The key Danish objectives to ensure gender equality and the SRHR of women and girls will be supported by this project. Denmark has placed SRHR centrally in its Strategy for Development Cooperation, and as one of the leaders of the Generation Equality Forum's Action Coalition on bodily autonomy and SRHR, Denmark has confirmed its position as a strong and leading global advocate for SRHR and is well positioned to continue advocating and supporting progress towards gender equality and women's rights at a global level.

The Danish support will enable MSI to improve access for women and girls, adolescents, and those who are hard-to-reach, and at the same time advocate at community, regional, national, and global levels to remove barriers that prevent women from exercising their SRHR and promote awareness of rights and positive shift in gender norms. As such, the programme directly fulfils Denmark's vision of an equitable and just global growth and poverty reduction, with women's empowerment at its heart. This in turn aligns with four of the SDGs 3: Good Health and Well-being, 5: Gender Equality, 10: Reduced Inequalities, and 17: Partnerships for Goals, which are also central to Denmark's Strategy for Development Cooperation.

MSI is assessed as fitting well into the portfolio of Denmark's partners in the SRHR areas, which consists of inter alia the UN Population Fund (UNFPA), the International Planned Parenthood Federation (IPPF), the multi donor SRHR fund AmplifyChange, and the Danish Family Planning Association (Sex & Samfund). MSI's added value in comparison with other Danish partners is its focus on quality service provision, including safe abortion, and large outreach through multiple service provision channels, while also having strong relationships with health authorities and a focus on public health system strengthening. Furthermore, MSI is recognised among SRHR organisations as a provider of data and technical insight.

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Synergy between support to MSI and other Danish engagements is present on different levels: MSI is an implementing partner of UNFPA and moreover receives SRH commodities to be used for the service provision via the Danish supported UNFPA Supplies programmes. MSI can to a larger extent be more vocal as well as behind the scenes advocate for safe abortion than what is possible for UNFPA. MSI has close working relationships globally and locally with IPPF, including on advocacy, regulated by common agreements which is also evidenced by the two organisations working together on joint projects funded by other donors. As for Danish bilateral engagements, MSI is supported bilaterally by Denmark's embassy in Tanzania and has outreach to several other Danish embassies, which can help reinforce Danish advocacy and provide the embassies with specialised insights on the local situation for SRHR when needed. This was evidenced when MSI presented its work in Burkina Faso to the Danish Minister for Development and the Crown Princess Mary of Denmark during their travel to the country in October 2021. The technical insights from MSI can be used by the embassies in their country programme components on gender equality and SRHR. Synergies between Danish diplomatic efforts on the SRHR agenda and the work of MSI will be pursued.

ANNEX 2: PARTNER ASSESSMENT

1. Brief presentation of partner

MSI is a leading sexual and reproductive health and rights (SRHR) organisation and one of the world's largest providers of high quality, affordable modern forms of contraception, safe abortion and other integrated SRHR services, with a strong focus on capacity building of public health systems as well as global and national advocacy for women and girls' SRHR including right to access safe abortion. Denmark has supported MSI since 2010.

Summary of partner capacity assessment

MSI is overall assessed as a valuable and important partner, with an engagement that is closely aligned with Danish priorities. The organization has an added value compared to other of Denmark's SRHR partners with its frontline role in provision of quality SRH services for women and girls in developing countries, especially the provision of safe abortion. This includes filling gaps where public SRH providers are not present, including with a presence in hard to reach areas via the organization's multiple service channels, including by local organizations affiliated with MSI. Furthermore, MSI has a strong focus on public health system strengthening, strengthening the capacity of the public health sector facilities in delivering SRH services.

The assessment is supported by a MFA mid-term review of MSI finalised July 2021. The Mid-term review also concluded that MSI is widely acknowledged for its advocacy role and provider of data and technical insight. Finally, the Mid-term review concluded that MSI holds strong capacities to deliver quality SRH services based on a robust quality assurance system, and has solid and efficient financial and programme management capacities.

MSI is present in several countries affected by climate change and conflict. MSI is assessed as having a solid capacity and experience in adapting to humanitarian crisis mode of operating, including reaching internally displaced populations in hard to reach areas as well as participation in humanitarian coordination fora in specific crises.

2. Summary of key partner features

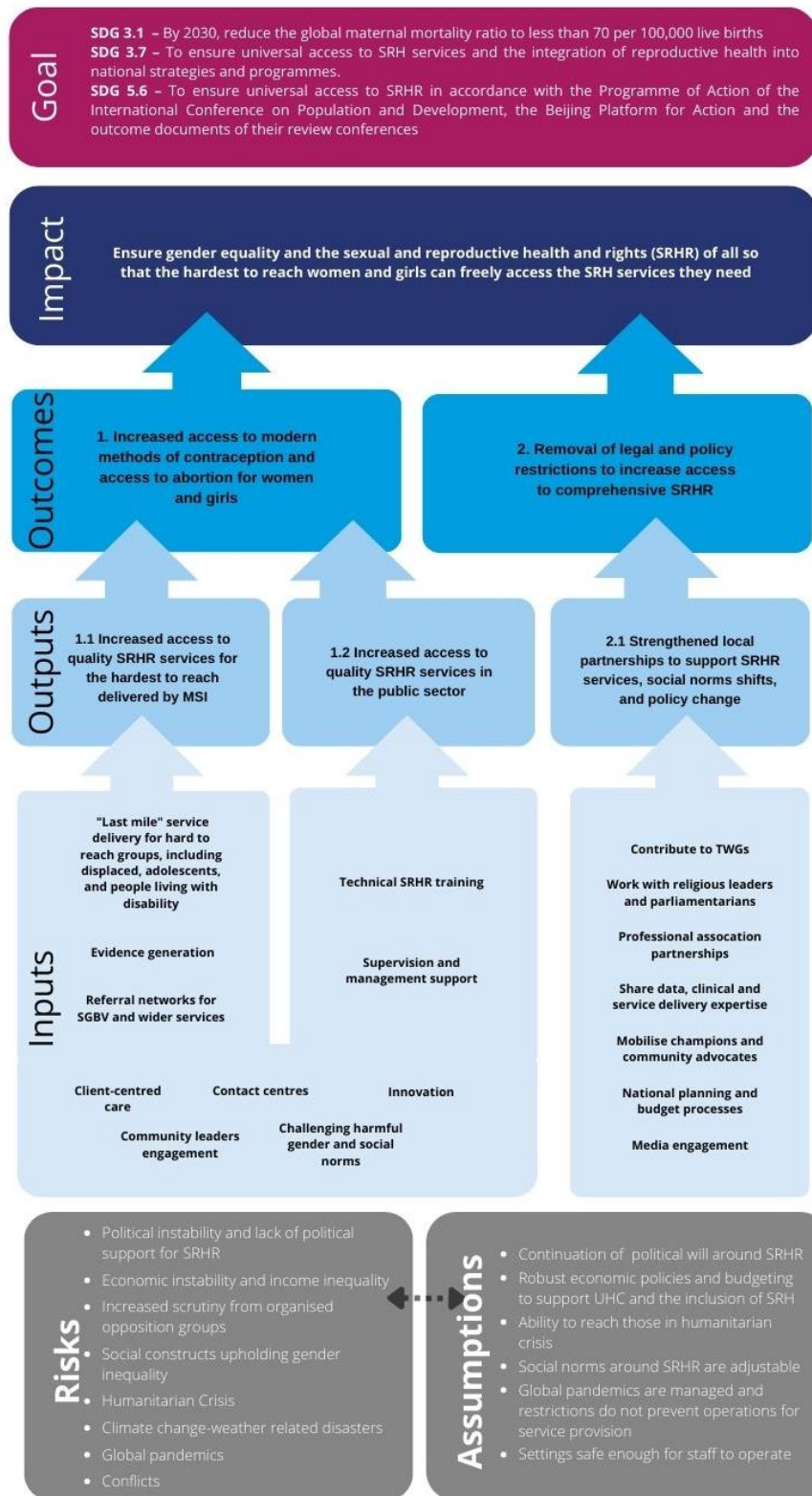
Name of Partner	Core business <i>What is the main business, interest and goal of the partner?</i>	Importance <i>How important is the project/programme for the partner's activity-level (Low, medium high)?</i>	Influence <i>How much influence does the partner have over the project/programme (low, medium, high)?</i>	Contribution <i>What will be the partner's main contribution?</i>	Capacity <i>What are the main issues emerging from the assessment of the partner's capacity?</i>	Exit strategy <i>What is the strategy for exiting the partnership?</i>

MSI	<p>Delivery of comprehensive quality SRH services, especially family planning and safe abortion. Removal of restrictions to access to SRH services, including advocacy for improving of legislative frameworks.</p> <p>MSI's goal is to ensure that no abortion will be unsafe and everyone will have access to contraception.</p>	<p>High. Although MSI receives a large amount of donor funds, much of the funding is very restricted as opposed to lightly restricted. MSI's ability to remain agile and support the country programmes filling service gaps is dependent on less restricted programme funding such as the Danish contribution.</p>	<p>High. The outputs to be delivered by MSI are their annual impact figures based on the indicators MSI track in their overall strategy.</p>	<p>Delivery of high-quality SRH services, including contraception, safe abortion and post-abortion care; advocacy for increased access to SRHR; as well as advocacy towards creating less restrictive SRHR policies.</p>	<p><u>Strengths:</u> capable of reaching large numbers of women and girls with high quality SRH services across countries due to multiple provider channels. Filling gaps where no other public or private service providers are present, while also strengthening capacity of public health systems. A strong provider of data and technical insight. MSI has robust quality assurance systems, and solid and efficient financial and programme management capacities.</p> <p><u>Weaknesses:</u> Predominantly focused on contraception, and safe abortion. Adjacent activities</p>	<p>No special measures. Denmark is a relatively small donor to MSI (6.2% of funding support to country programmes), and MSI is also strengthening income generating activities with the purpose of sustainability. MSI is also working on public health system strengthening which has a lasting impact.</p>
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					<p>prioritised only if funder requires.</p> <p>High salary levels of the top management could deter donors.</p> <p><u>Opportunities:</u> Has the ability to expand their reach by forming strategic partnerships with implementers in other sectors.</p> <p><u>Threats:</u> Environments in which they work could become more restrictive. A re-emergence of the Covid pandemic could affect their supply chain and ability to deliver.</p>	
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ANNEX 3: THEORY OF CHANGE AND RESULTS FRAMEWORK

Theory of change



Theory of Change Narrative:

Note: this Theory of Change describes the range of activities/inputs that MSI uses to expand access to SRHR. As the Danida funding is designed to be used flexibly, according to gaps identified by MSI country programmes throughout the course of the grant, the actual activities funded will reflect some of the inputs described here but not necessarily all - as inputs will be context specific, dependent upon the gaps the grant is being used to fill.

MSI Reproductive Choices (MSI) recognises that progress towards gender equality and SRHR for the hardest to reach women and girls (**Impact**) is critical to achieving the SDG commitments of reducing global maternal mortality (SDG3.1) and ensuring universal access to SRH services through national (SDG3.7) and global commitments (SDG5.6) (**Goal**).

This Theory of Change reflects MSI's experience that, to achieve transformation in gender equality and SRHR, interventions need to address both accessibility of quality SRH services including modern methods of contraception and access to safe abortion (**outcome 1**), as well as the policy and regulatory environment (**outcome 2**) necessary for the delivery of comprehensive, quality SRH services across the health system including through public sector as well as private and NGO-led services for the poorest and most marginalised.

Through delivery of last mile services to people with no alternative access to SRH services through the public sector or other providers, MSI will ensure **increased access to quality SRH services for the hardest to reach (output 1.1)**. It will achieve this through delivering services which are able to reach people not only in the geographically hardest to reach areas, but also in other locations where specific groups such as **adolescents** or **displaced communities** find it difficult to access existing services. Depending on the context this may be achieved through approaches including mobile outreach, social franchises and MS Ladies – single operators, often midwives, who operate door to door or from their home to deliver discreet services to those who find it difficult to access a health facility. MSI will use evidence to identify poverty hotspots and generate population profiles which present poverty, age, disability and other disaggregated data about the clients it is serving to ensure it really is the hardest to reach within a community who are benefiting from MSI's services. For services that MSI cannot deliver directly such as for SGBV, wider SRHR or primary health care (PHC) services, MSI will establish referral networks with other partners to ensure all women's health and psychosocial needs can be met.

MSI will also work in partnership with Ministries of Health at national and sub-national level to ensure health workers are trained, quality assessed, equipped and supported to deliver quality SRH services and client-centred counselling for all people, resulting in **increased access to quality SRH services in the public sector (output 1.2)**. This includes through **Technical SRHR training** to improve technical capacity to delivery comprehensive SRH services including long-acting methods of contraception and safe abortion. However, it also requires **supervision and management support at sub-national/district level**, so health management teams are able to continue delivery of high-quality support to health workers, maintaining and strengthening SRHR skills and competencies and sustaining improvements in the quality of SRH services across the health system.

Inputs which will be undertaken in both output 1.1 and output 1.2 contexts are **client centred care, youth friendliness and disability inclusive approaches** which address the community and provider biases which prevent all people, but especially the most marginalised, from accessing both public sector (1.2) and MSI delivered (1.1) services. Targeted **engagement with community leaders** and partners will be critical to strengthen demand for SRHR and methods such as co-design/ human centred design with communities will be used where appropriate to identify approaches to **challenge harmful gender and social norms** which prevent access to SRHR in the communities where services are available, including access to both public sector and MSI delivered services. MSI will also strengthen its **contact centre** network, which provides

information and services by phone or social media and widens access to SRHR information and services for anyone with access to a phone. Where appropriate, digital and other **innovations** which strengthen access to SRHR information and services will be trialled or rolled-out in locations supported by this grant as a further means to strengthen access especially for the poorest and most marginalised.

Through these inputs contributing to outputs 1.1 and 1.2 and increasing the ways in which clients can access high-quality SRHR information and services, MSI will work towards **increased access to quality SRH services including modern methods of contraception and access to safe abortion for women and girls (outcome 1)**.

Through initiating new, and strengthening existing, partnerships with other community and national stakeholders, MSI will **strengthen local partnerships to support SRH services, social norms shifts and policy change (output 2.1)**. Local partners are defined as organisations based in, and led by, individuals from the country or region that are the focus of the work and who hold decision-making power.

Engaging with a diverse range of partners will contribute to a stronger and more cohesive civil society that can be mobilised to advocate for the **removal of clinical and policy restrictions** to SRHR and hold governments to account for the fulfilment of reproductive rights. As a service provider, MSI will bring clinical and service delivery expertise and will leverage the unique access to policy debates afforded to those that are active within the health system to advocate for the removal of policy restrictions to SRHR. MSI's credibility is further strengthened through **sharing data, clinical and service delivery expertise** with both health system strengthening and advocacy partners for example through engaging with national and sub-national (where relevant) **Technical Working Groups** to share MSI's evidence and insights with government, SRHR/health and education partners, and feeding that same evidence into guidelines and regulations that strengthen the quality of SRH services which are developed in association with ministries and **professional bodies**.

MSI will leverage local partnerships to nurture and **mobilise community champions** to normalise and destigmatise SRHR from the grassroots up and engage with **national champions** including **religious leaders** and **parliamentarians** to influence governmental decision makers from both the executive and the legislative.

We will participate in and drive, where appropriate, **advocacy networks for policy and regulatory change**, engaging with media partners and investing in capacity building of civil society networks to increase visibility and **accountability for national SRHR commitments** as well as **accountability for global commitments such as the SDGs**. Through these inputs, and combining MSI's advocacy and evidence expertise, MSI and its partners are able to contribute to **the removal of legal and policy restrictions to increase access to comprehensive SRHR (outcome 2)**.

By the combined approach of creating an improved enabling environment (*Outcome 2*) and strengthening access to SRH services through both the public sector and MSI service delivery channels (*Outcome 1*), with Danida support MSI will be able to contribute to increased **gender equality and the sexual and reproductive health and rights of all so that the hardest to reach women and girls can freely access the SRH services they need (Impact)**.

Results Framework

Note: all results in this framework are to be reported on at MSI level i.e., total results from ODA-eligible countries which contribute to Pillar 1 'Leave No-One Behind' of MSI's 2030 strategy.

Project	Expanding Access to Sexual and Reproductive Health and Rights (SRHR) Globally
Project Impact	Ensure gender equality and sexual and reproductive health and rights (SRHR) for all so that the hardest to reach women and girls can freely access the SRH services they need.
Impact Indicator	# of maternal deaths averted # of unintended pregnancies averted # of unsafe abortions averted

Outcome 1	Increased access to quality SRH services including modern methods of contraception and access to safe abortion for women and girls	
Outcome Indicator	# of clients reached via Pillar 1 Channels	
Baseline	2022	8.7 million
Target	2023	8.87 million
	2024	9.05 million
	2025	9.23 million
Output 1.1	Increased access to quality SRH services for the hardest to reach delivered by MSI	
Output indicator	(A) % of MSI Country Programme in Africa region where last-mile service delivery reaches and or exceed national poverty line measured through MPI ^{1,2} (B) % of Pillar 1 clients that report living with disability (C) % of clients aged under 25 y/o (D) % of country programmes in which adolescent reach meets or exceeds the national FP demand coming from adolescents ³	
Baseline	2022	(A) 60% (B) 4% (C) 45% (D) 37%
Target	2023	(A) 62% (B) 4% (C) 46% (D) 37%
	2024	(A) 66% (B) 5% (C) 47% (D) 44%

¹ Targets for this indicator are conservative and focused on Africa region due to the complexities of measuring poverty – for more detail see “Using the MPI to maximise equitable programming in a flagship sexual and health [programme](#), which was recently published by Oxford University journal Dimensions (October 2022 | Number 14 Multidimensional Poverty Peer Network (MPPN)).

² Note, it is only this poverty indicator which refers to Africa only as this data is only available for Africa programmes.

³ 10 countries out of 27 countries were used for the baseline number

	2025	(A) 68% (B) 5% (C) 48% (D) 48%
Output 1.2	Increased access to quality SRH services in the public sector	
Output indicator	(A) % of health providers in the public sector that MSI works with who are competency assessed for every service they provide (B) # Number public sector sites supported by MSI	
Baseline	2022	(A) 83% (B) 5,283
Target	2023	(A) 84% (B) 10,724
	2024	(A) 85% (B) 21,771
	2025	(A) 86% (B) 44,195
Outcome 2	Removal of legal and policy restrictions to increase access to comprehensive SRHR	
Outcome indicator	# Country-level policy and legal restrictions to SRHR that MSI country programmes have contributed to removing	
Baseline	2022	5
Target (cumulative)	2023	9
	2024	13
	2025	17
Output 2.1	Strengthened local partnerships ⁴ to support SRH services, social norms shifts, and policy change	
Output indicator	(A) # Number of MSI Country Programme partnerships for service delivery (B) # Number of MSI Country Programme partnerships for demand generation (C) # MSI country programmes undertaking joint advocacy activities ⁵ with national and local partners	
Baseline	2022	(A) 2022 baseline data being collected (B) 2022 baseline data being collected (C) 2022 baseline data being collected
Target (cumulative)	2023	(A) TBD (from baseline) (B) TBD (from baseline) (C) TBD (from baseline)
	2024	(A) TBD (from baseline) (B) TBD (from baseline) (C) TBD (from baseline)
	2025	(A) TBD (from baseline) (B) TBD (from baseline) (C) TBD (from baseline)

⁴ Local partners are defined as organisations based in and led by individuals from the country or region that are the focus of the work and who hold decision-making power

⁵ Advocacy Activities include removal of policy restrictions on SRHR in laws, regulations and guidelines, government guidelines or training curricula that prevent the provision of rights-based contraception or safe abortion services.

ANNEX 4: RISK MANAGEMENT

Contextual risks

Risk Factor	Likelihood	Impact	Risk response	Residual risk	Background to assessment
<i>Political</i>					
Political instability at the local and national level interrupts the ability to implement project activities.	Likely	Major	In the event of political instability, MSI will continue to engage key stakeholders and provincial leaders, including religious leaders, to ensure that project activities can continue. MSI might need to shift the focused advocacy efforts depending on what is happening politically in a country. In the event of civil unrest, staff movement is restricted to essential travel only, curfews are imposed, and risks are identified and communicated.	Short-term risks are reduced substantially due to selection of safe areas. However, general risk remains but can be acted upon quickly as MSI closely monitor and manage project with MSI's country programmes.	In most countries where MSI works, MSI can continue operations despite political instability, but MSI might have to adapt their approaches.
State failure	Unlikely	Major	In the case of state failure, MSI will temporarily scale back services until the situation is better understood. Hibernation, suspensions, and even closure of some services may be necessary.	Dependant on country context, risk remains high in the long term. MSI may have to reduce or stop service delivery in the short term, impacting progress.	MSI might need to stop its core operational approaches but could operate new models that are responsible to an unstable state if there is funding to support these efforts.
Lack of political support	Likely	Minor to Major	In some locations where MSI works there might be lack of support SRHR. If support is limited, extra advocacy work on SRHR will be required and this	Continued lack of support or growing lack of support could lead to more restrictive policies restricting SRHR.	If no efforts to maintain political support for SRHR are done it is very likely that more restrictive

			would have minor impact, however, in other locations where there is severe lack of support the affects can be major.		policies would appear as opposition to SRHR is mobilising worldwide.
Political transition	Likely	Minor	In some countries there is constant turnover of politicians, and it means advocacy work is never finished and the headway made with one politician will need to begin again when someone new takes the position. This means MSI's workplans for advocacy are continuous as MSI knows it is a constant necessary step to achieve SRHR	Efforts made can sometimes have little affect if the politician loses their position.	It is important to work with un-elected staff of governments to ensure good will towards SRHR remains in government agencies.
<i>Economic</i>					
Income inequality	Likely	Minor	Access to SRH services is generally lowest amongst the poorest and the gap between the richest and the poorest could grow creating less access for more people as income is linked to numerous social, institutional, political, geographic, and economic forces. In MSI's behaviour change activities make linkages with improvements to livelihood. MSI also makes sure to work in partnership with governments and universal health care (UHC) initiatives to ensure the poor have access to services.	Free SRH services or those included in UHC might not come to fruition and private services might be too costly for a larger percentage of people if income inequality continues to grow.	Maintaining private sector pathways to care and free public sector pathways can ensure more services for all based on individuals' ability to pay.
Destabilised Economies	Unlikely	Major	Through conflict, political shifts, or inflation, economies can breakdown creating risks to services delivery as costs might	Supply chains could be affected as countries might not be able to	

			become unmanageable or supplies might not be accessible. In all of MSI's programming, MSI will ensure inflation is accounted for and secure products for MSI's country programmes.	obtain supplies and medication.	
<i>Societal</i>					
Organisational and staff vulnerability to reprisals from communities or government due to restrictive SRH policy and operating environment	Unlikely	Major	MSI works closely with local governments as well as Ministries of Health to ensure that local governments have oversight on project activities and that approaches align with local legislation. Advocacy efforts will be implemented as need around policy and behaviour change communications (BCC) strategies will be developed in collaboration with the government and other safe abortion/post-abortion care stakeholders. MSI ensures funding is available for legal support if needed.	Residual risk is low as MSI maintains connections to local and national governments and has correct protocols in place to respond to any disagreement or incident. Longer term risks remain moderate as opposition to SRHR continues to grow, and governments may change.	
Social constructs upholding gender inequality	Likely	Minor	As programming works to address changing social norms this risk should not impede programming, however some deeply imbedded social norms can take a long time to change.	There could be new social norms developed that hinders SRHR.	For demand for SRHR to be maintained or increased BCC might not be enough to create lasting change and working in partnership with those doing gender transformative activities would create stronger outcomes.
<i>Humanitarian</i>					

Displacement-affected populations	Likely	Minor	In some countries where MSI works there are and will be displaced-affected populations who might not be able to access health systems easily as they are not in their homelands. They can be harder to reach and will require services, sometimes outside of country health systems. MSI's mobile operation teams are able to reach these populations as they can work within and outside of health systems.	Sometimes displaced populations can be displaced for generations and gap filling services will not be enough to address their needs.	Advocacy efforts for integration into health systems of displacement-affected populations might also be needed.
Emergency or conflict crisis	Likely	Minor	In some countries MSI where works people will be affected by emergency or conflict crisis and basic healthcare needs might be a struggle to meet or there could be chaos and security issues and getting SRH services to these populations might be difficult. MSI works in partnership with other humanitarian organisations to ensure safe delivery of SRH services by combining efforts or providing specialist SRH skills to existing humanitarian response programmes.	Populations experiencing a crisis might be forced into continual migration and could be hard to locate and reach.	
<i>Environment</i>					
Natural disasters and annual seasonal weather patterns could affect target areas and	Likely	Major	Annual contingency plans will be developed as part of emergency strategies to ensure that services continue to be delivered to affected populations in the event of a natural or environmental disaster. Mobile teams can adapt to reach clients.	Short-term risks are reduced substantially due to selection of safe areas. However general risk prevails but can be acted upon due to initiation of close monitoring.	

delays or disruptions to project implementation could occur.			Contingency generators, food, and water are kept on site.		
Risk of damage to surrounding environment through project activities	Unlikely	Major	To mitigate this risk, the management, disposal, and destruction of waste will comply with international protocols and standards and MSI guidelines for the management of clinical waste.	Most of the project activities, including, training, awareness raising, and advocacy activities, have a negligible environmental risk if standards and protocols are applied to programming.	
Global Covid-19 pandemic	Likely	Major	As the world has just experienced a global pandemic it is likely that new strains could arise in the time frame of this project and that vaccine rates might not be high enough or there might be inadequate protection policies forcing lockdowns and hindering service provision. MSI will mitigate these risks by ensuring country programmes can deliver SRH services as essential services or via telemedicine.	Post lock downs there could be delays in supply chain.	
<i>Security</i>					
Conflict	Dependent on location	Major	Staff are trained in crisis management. Country programmes coordinate with MSI's Security Team in the event of an emergency; country level evacuation plans, emergency supplies, escape routes and 'loss of contact' protocols are in place. In high-risk areas offices, clinics	Short-term risks are reduced substantially if project is implemented in safer areas. However general risk prevails but can be acted upon due to initiation of close monitoring.	

			and vehicles are located in low profile premises. Staff are trained in security and in emergency responses. Physical security systems including fire alarms, satellite phones, metal doors and bars on windows in place.		
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Programmatic risks

Risk Factor	Likelihood	Impact	Risk response	Residual risk	Background to assessment
UNFPA/government provided commodities are no longer available	Likely	Major	MSI will undertake regular monitoring of stock of essential commodities and supplies, ensure engagement in national quantification processes, and will leverage global relationships to advocate for uninterrupted supply. Whilst continuing to advocate for adequate budget allocation to family planning/SRH by the governments. Where gaps in supply are identified relevant country budgets will be realigned to address additional costs.	Risk can still remain high, particularly in UNFPA categorised group 3 and 4 countries. MSI is well prepared to respond to this in the short term and has sufficient supply. Longer term risk can remain as supply chains continue to be impacted by cuts and COVID-19.	More countries are looking into the development of essential SRH medications within their own borders and MSI will help facilitate regional collaboration for these efforts to help with supply chain issues.
High turnover of staff or change in leadership	Unlikely	Minor	MSI has country level leadership structures and globally oversight in place. Staff training and onboarding of new staff is well implemented, and policy and procedures are	There can be delays in MSI's speed of delivery due to vacant positions or difficulties in hiring.	

			in place for these type of activities.		
Low desire of staff to work in rural areas	Likely	Major	Training, supervision, and compensation in the form of appropriate packages/ salaries are used to remedy poor staff distribution	This is also true for public government providers and while MSI can support the capacity building of the public sector in rural areas it also becomes important to help government work on retention issues.	
Experiencing low levels of service provider capacity/quality	Unlikely	Major	Annual internal clinical quality audits, competency assessments, and retraining are conducted regularly. Values clarification and attitudes transformation (VCAT) training conducted to ensure services remain inclusive to marginalised groups, including adolescents and persons living with disability.	While MSI can conduct assessments around quality it is important that these skills are also transferred to the public sector. This is accounted for in MSI's public sector strengthening approach.	
Reduced staff capacity due to covid-19 – providers may become unwell or unable to work due to restrictions	Likely	Major	MSI is regularly monitoring the situation regarding COVID-19 to ensure the safety of staff and clients. Measures to respond to this crisis include provision of personal protective equipment and psychological support to staff; regular monitoring of stock of essentials commodities and supplies	As COVID-19 restrictions are reduced across the world, the risk to MSI's programmes is low. Risk of staff becoming unwell remains in the short term.	

			to prevent stock outs; regular remote support through phone calls.		
Transportation – check points/roadblocks, traffic accidents, and vehicle breakdowns	Likely	Minor	Drivers and staff are trained in check point protocol and documentation. First aid training is given to all drivers, radios and kits are available in all vehicles, and accidents are logged. Basic mechanical training is provided to drivers and vehicles are equipped with toolkits, fuel, and spare parts.	Risk still remains and may have a short-term impact but long-term risk to ability to achieve programmatic aims reduced as drivers can prepare for and mitigate the impact of any potential incident.	
Sexual harassment, abuse, or exploitation of clients	Unlikely	Significant	MSI requires all programme staff to adhere to MSI's safeguarding policy and undergo annual safeguarding training and mentorships. Extensive background checks conducted and MSI requires all staff to sign MSI Code of Conduct. All staff and clients made aware of MSI's Speaking Up system.	Risk reduced due to strict and comprehensive recruitment policy; however, risk cannot be prevented completely. Longer term risk of reputational damage remains.	
Currency devaluation	Likely	Minor	Currency and inflation forecasts used for the budget are still reasonable considering current rates however there is still uncertainty around the Brexit and MSI will	Residual risk still considerable but mitigating measures should prevent any long-term impact.	

			<p>monitor the impact of this which could be significant. Centralised liquid assets held in hard currency and converted on operational needs basis to mitigate against hyperinflation and stepped devaluations. Where rates are volatile, soft currency purchased on competitive exchange rate brokering to optimise funds received. Adapt programme designs and budgets where necessary. Monitoring of rates, budget impacts, monitor burn rates in the foreign currency</p>		
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Institutional risks

Risk Factor	Likelihood	Impact	Risk response	Residual risk	Background to assessment
Fraud and corruption	Unlikely	Minor	MSI has an anti-fraud and bribery policy which is applied to all staff members.	By following recruitment protocol and ensuring all staff are trained in the Anti-Fraud and Bribery policy, long term residual risk should be low. Incident reporting and fast action would lead to the minimal impact on reputation and programming	
Handling sensitive data	Unlikely	Major	MSI has a Data Privacy Programme in place applies to all staff and has clear plans in place in the event of a data breach. All client data is stored in secure systems.	By following data privacy policies and training all staff in how to handle sensitive and confidential data responsibly, and what to do in the event of	

				a data breach, long term residual risk should be low.	
Reputation – MSI provides services in areas where abortion is highly restricted or legally restricted.	Unlikely	Major	MSI has a clear communications plan in place for managing incidents and leaderships is able, credible, and well prepared to position and represent in public. MSI recruitment policies reference 'pro-choice' and all staff are made aware of legality/operational environment and risk.		
Reputation – High salary levels of MSI executive level could deter other donors and become a reputational risk for Danish MFA.	Unlikely	Minor	While Danish funds do not contribute to bonus packages of the MSI executive level, the Danish MFA is following the salary developments closely and the MFA has initiated a dialogue among donors on the issue in order to have a common approach.		

ANNEX 5 – BUDGET DETAILS

This annex provides information on the budget for Denmark's proposed contribution as well as overview of other MSI income.

Table 1: Denmark's contribution support to MSI 2023-26 (Project Specific)	2023 (GBP)	2024 (GBP)	2025 (GBP)	2026 (GBP)	Total (GBP)	Total (DKK)
Outcome 1: Increased access to quality SRHR services including modern methods of contraception and access to safe abortion for women and girls						
<i>Output 1.1 - Increased access to quality SRHR services for the hardest to reach delivered by MSI</i>	1,534,331	1,534,331	1,534,331	1,534,331	6,137,325	52,535,500
<i>Output 1.2 – Increased access to quality SRHR services through the public sector</i>	761,872	761,872	761,872	761,872	3,047,488	26,086,500
MFA Review/audit		50,000			50,000	428,000
Total Outcome 1	2,296,203	2,346,203	2,296,203	2,296,203	9,234,813	79,050,000
Outcome 2: Removal of legal and policy restrictions to increase access to comprehensive SRHR						
<i>Output 2.1 - Strengthened local partnerships to support SRHR services social norms shifts, and policy change</i>	407,418	407,418	407,418	407,418	1,629,673	13,950,000
Total Outcome 2	407,418	407,418	407,418	407,418	1,629,673	13,950,000
Total Direct Costs	2,716,122	2,716,122	2,716,122	2,716,122	10,864,486	93,000,000
Indirect costs (7%)	203,498	207,262	203,498	203,498	817,757	7,000,000
Total budget 2023 - 2026	2,907,120	2,920,883	2,907,120	2,907,120	11,682,243	100,000,000

MSI Reproductive Choices' (MSI) total annual income in 2021 amounted to approximately DKK 2,24 billion (GBP 293,515,000). MSI operates with two types of donor funding:

1. Restricted grants or contracts are received from donors, these funds include specific requirements on how and where the funding will be used.
2. Unrestricted funding agreements are received from donors, which have no or very limited (such as geographical region) requirements on how the funding is used. One way these funds are managed is through the MSI Blue Door Fund, an internal funding mechanism, which allocates funding to country programmes.

MSI's financial management system is set up to differentiate clearly between the different income sources and expenditures. The system can track expenditures by donor and thus ensure that donor funding for development is allocated for the intended purpose. Surplus generated in the commercial programmes is reinvested into those commercial programmes to strengthen sustainable access to contraception and safe abortion in those developing countries, which means that there is no profit generated. The table below presents a breakdown of the income for the years 2020 and 2021 based on the first two years of the *MSI2030* strategy.

Table 2 is reflective of all income from all funding streams.

Table 2: Annual Income from all sources	2020 (GBP)	2021 (GBP)	Comments
Income from Donations	10,036,000	10,778,000	Unrestricted donations from predominantly institutional donors, private funders and individual giving
Income from Charitable Activities	277,266,000	271,377,000	Grant income (mainly restricted) and service income
Investments	861,000	733,000	Bank interest, distribution and dividend income and rental income
Other income	6,277,000	7,741,000	Management fees, COVID support from national government and profit or loss on fixed assets
Total	294,440,000.00	290,629,000.00	Overall income - MSI partnership

Table 3 displays MSI's total grant income for 2022 and MSI's project income for 2023 and 2024, including an indication of what percentage the Danish contribution comprises.

Table 3: Annual spend/forecast by donor	Donor Income	Estimations	Estimations
<i>Donor income is inclusive of government funders and private foundation funders</i>	2022	2023	2024
Total donor income (2022) and budget/forecast (annualised* 2023)	£151,770,212	£153,221,772	£171,131,551
Government donors only	£84,845,364	£73,942,930	£73,942,930
Government donors as % total	56%	48%	43%
Denmark annual contribution	£5,220,451	£2,920,561	2,920,561
Denmark contribution as % all government donors	6.2%	3.9%	3.9%
Blue Door Fund mechanism**	£17,100,000	£19,120,561	£19,120,561
Denmark annual contribution to BDF	2,902,526	£2,920,561	£2,920,561
Denmark contribution as % of BDF	16.9%	15.3%	15.3%
Denmark bilateral funding (Tanzania)	2,317,925	0	0

* Annualised budgets show forecast spend per donor for the calendar year, therefore 2023 forecast will show estimated spend against Denmark's grant during 2023 only.

** Note the BDF mechanism comprises income from a range of funding streams including government donors, trusts/foundations and private philanthropy.

ANNEX 6 – LIST OF SUPPLEMENTARY MATERIALS

#	Document / Material	Source
1	MSI 2030, Global Strategy	https://www.msichoice.org/who-we-are/our-global-strategy/
2	MSI's Spotlight webinar series	https://www.msichoice.org/news-and-insights/the-spotlight-blog/2020/11/msi-reproductive-choices-spotlight-event-series/
3	MSI's Advocacy Achievements in 2021	https://www.msichoice.org/news-and-insights/resources/msis-advocacy-achievements-in-2021/?&subjectMatter=&resource=&year=&keyword=
4	Her Body, Her Future: The role of reproductive choice in girls' access to education	https://www.msichoice.org/news-and-insights/resources/her-body-her-future-the-role-of-reproductive-choice-in-girls-access-to-education/
5	The Impact of the Climate Crisis on Reproductive Choice	https://www.msichoice.org/news-and-insights/resources/the-impact-of-the-climate-crisis-on-reproductive-choice/?&subjectMatter=&resource=&year=&keyword=
6	Reproductive Choice for All: Leaving no one behind in reproductive healthcare	https://www.msichoice.org/news-and-insights/resources/reproductive-choice-for-all-leaving-no-one-behind-in-reproductive-healthcare/?&subjectMatter=&resource=&year=&keyword=
7	Nothing about us without us	https://www.msichoice.org/news-and-insights/the-spotlight-blog/2021/12/nothing-about-us-without-us-3-lessons-on-delivering-disability-inclusive-reproductive-healthcare/?page=0
8	A gendered crisis	https://www.msichoice.org/news-and-insights/the-spotlight-blog/2021/11/a-gendered-crisis-supporting-survivors-with-reproductive-health-and-rights/?page=0
9	Why we need to make reproductive justice part of the climate conversation and action plan	https://www.msichoice.org/news-and-insights/the-spotlight-blog/2021/11/why-we-need-to-make-reproductive-justice-part-of-the-climate-conversation-and-action-plan/?page=1
10	COP26 Side Event – Removing barriers to health and education	https://www.msichoice.org/news-and-insights/the-spotlight-blog/2021/11/cop26-side-event-removing-barriers-to-health-and-education/?page=1
11	Three ways the climate crisis impacts reproductive choice	https://www.msichoice.org/news-and-insights/the-spotlight-blog/2021/10/three-ways-the-climate-crisis-impacts-reproductive-choice/?page=1
12	Their Future: 3 lessons on expanding choice for rural adolescents	https://www.msichoice.org/news-and-insights/the-spotlight-blog/2021/8/expanding-choice-for-rural-adolescents/?page=1
13	As governments commit to gender equality, let's keep reproductive choice on the agenda	https://www.msichoice.org/news-and-insights/the-spotlight-blog/2021/6/as-governments-commit-to-gender-equality-let-s-keep-reproductive-choice-on-the-agenda/?page=2

ANNEX 7: PLAN FOR COMMUNICATION OF RESULTS

What? (the message)	When? (the timing)	How? (the mechanism)	Audience(s)	Responsible
Track and show MSI's global impact in improving access to sexual and reproductive health services and policy.	Annually	MSI will produce a global impact report that highlights MSI's global impact on indicators identified in MIS's 2030 strategy, working closely with Denmark's Ministry of Foreign Affairs (MFA) on how best to promote and share MSI's impact for the work Denmark has supported		MSI's Government and Multilaterals Team, Evidence and Impact team and Global Communications team MFA
Showcase MSI's research/insights/achievements	As relevant	MSI will participate in conferences and webinars with partners and other organisations in the SRHR space as well as share information with relevant departments in the MFA.	International Federation of Gynecology and Obstetrics, IPPF, WHO, Amnesty Int., UK Royal College of Obstetricians and Gynaecologists	MSI Advocacy team MFA
Organise field visits	As requested	MSI will work with the MFA as well as other donors and partners to see first-hand the work that MSI does in country programmes, to learn from, and highlight project success and failures.	Donors and partners	MSI country programme teams MFA
Key learnings and achievements of the project	As relevant	Key learning and achievements will be disseminated through MSI internal communications channels/newsletter, externally published stories, news, and updates about MSI programming on MSI's external website. Moreover through providing technical briefings to global partners like UNOCHA cluster meetings, UNFPA supplies meetings, or targeted advocacy publications for national governments.	MSI staff at global and country programme level, the public, and key stakeholders.	MSI Communications team with support from technical teams
Dissemination of project achievements and impact data	As relevant	Through ongoing reporting and presentations to MFA.	MFA and other MSI donors and partners, wider public health/SRH community, and the public	MSI's Government and Multilaterals Team, Communications Team and Donor

				engagement teams. MFA
Share SRHR expertise	Throughout the year	<p>MSI will engage in key conferences within the SRHR space such as She Decides, Women Deliver and ICFP, but also through adjacent sectors like climate negotiations. Potential for joint side events with MFA.</p> <p>MSI participated in COP 2022 and will continue at future COP events.</p>	<p>I.a. International Federation of Abortion and Contraception Professionals, Amplify Change, Asia Pacific Conference on RSHR, International Social Behaviour Change Communication Summit, and Reproductive Health Supplies Coalition</p>	<p>MSI's Government and Multilateral Teams, Technical Services Division, Resilience, Advocacy and Partnerships and Global Communications Teams.</p> <p>MFA</p>