

## **MSI Reproductive Choices (MSI) and the Danish International Development Agency - Expanding Access to Sexual Reproductive Health and Rights Globally 2023-2025 Project Proposal**

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**Duration:** 1<sup>st</sup> January 2023 to 31<sup>st</sup> December 2025

**Funding request:** DKK 75,000,000 (DKK 25,000,000 per year)

### **1. Introduction**

This project document outlines the background, rationale and justification, objectives, and management arrangements for the proposed Expanding Access to Sexual and Reproductive Health and Rights Globally project.

MSI is a leading sexual and reproductive health and rights (SRHR) organisation and one of the world's largest providers of high quality, affordable contraception, safe abortion and other integrated SRHR services, with a strong focus on global and national advocacy for women and girls' right to access safe abortion. In 2021 alone, MSI contributed to averting over 14 million unintended pregnancies, 39,000 maternal deaths and 6.6 million unsafe abortions. Denmark has supported MSI since 2009.

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.<sup>1</sup> Most of these countries are on the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) list as Official Development Assistance (ODA) eligible recipients. While MSI undertakes some income generating activities, the Danish funds for this project will exclusively be allocated to MSI's non-profit work supporting delivery of SRHR services to the poorest and most marginalised communities in countries on the OECD DAC list for eligible countries for ODA and creating an enabling environment at policy, partner, and community level which supports people to realise their SRHR.

### **2. Context, strategic considerations, rationale**

#### **The case for investment in SRHR**

The combined actions of civil society, governments, and development institutions over the past 50 years has unlocked opportunities and possibilities for women and girls across the globe. Yet, we still have a long way to go before all women and girls have the power and the means to bodily autonomy and to 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, which also references reproductive rights. 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 and climate crises. Analysis from MSI

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<sup>1</sup> MSI's global partnership is comprised of branch offices in 22 countries and 43 locally registered 'Marie Stopes' organisations (see all countries in our 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.

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.<sup>2</sup>

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 and it is vital that SRHR is not forgotten as countries try to recover from the pandemic and work towards scaling up investments through universal health coverage.<sup>3</sup> This could be exacerbated by the growing impact of humanitarian crisis (such as the current situation in Ukraine) and food insecurity as world hunger has increased (from 8.4 to around 9.9 percent) in 2020 under the shadow of the pandemic leading to the diversion of donor funding from the SRHR field.<sup>4</sup> There has also been a rise in the opposition to SRHR significantly limiting the capacity of women and girls to exercise their reproductive rights. As a result, the next decade presents the global community with daunting challenges in terms of tackling inequality and poverty, political instability, economic uncertainty, and climate emergency.

Millions still have little or no access to critical SRH services. While contraception and safe abortion provision are basic and essential health services, globally 218 million people want to be using modern contraception but have no access<sup>5</sup>, and unmet need is particularly high among the poorest and most marginalised communities, and young people.<sup>6</sup> Women living in poorest regions are three times more likely to face unintended pregnancy as those in the richest regions. 60% of these unintended pregnancies end in an induced abortion<sup>7</sup> 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).<sup>8</sup> 5% to 13% of maternal deaths are due to unsafe abortions and at least 22,800 women die each year from unsafe abortions.<sup>9</sup>

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. Teenage pregnancies are also rooted in gender inequality, which is further perpetuated by the severe adverse consequences for girls and their communities. 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 15–19-year-old girls globally. Adolescent girls are likely to have longer or obstructed labours, increasing the risk of mortality or the development of debilitating conditions or disability (such as obstetric fistula). 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 – by supporting girls to access reproductive choice and access to a quality education, evidence shows we can increase gender equality and break cycles of poverty. 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. Matriculation further has a multi-generational impact as educated mothers are more than twice as likely to send their children to school.<sup>10</sup> Lower education or lack of participation in the labour force also results in lower agency and limited bargaining power in the household. Preventing teenage pregnancy reduces the

<sup>2</sup> MSI 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>

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

<sup>4</sup> The State of Food Security and Nutrition in the World 2021, <https://www.fao.org/3/cb4474en/online/cb4474en.html#>

<sup>5</sup> <https://www.guttmacher.org/fact-sheet/investing-sexual-and-reproductive-health-low-and-middle-income-countries>

<sup>6</sup> Seeing the Unseen, State of the World Population 2022, UNFPA; [https://www.unfpa.org/sites/default/files/pub-pdf/EN\\_SWP22%20report\\_0.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/EN_SWP22%20report_0.pdf)

<sup>7</sup> WHO preventing Unsafe Abortion, 2020 <https://www.who.int/news-room/fact-sheets/detail/preventing-unsafe-abortion>

<sup>8</sup> Guttmacher Institute Adding It Up Report 2019, <https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019>

<sup>9</sup> WHO preventing Unsafe Abortion, 2020 <https://www.who.int/news-room/fact-sheets/detail/preventing-unsafe-abortion>

<sup>10</sup> Plan International (2012) Because I am a girl: State of the World's Girls.

risk of gender-based violence as child brides are twice as likely to face domestic abuse than women who marry later in life<sup>11</sup>.

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

In 2022, around 35 million girls and young women in humanitarian settings will be in urgent need of SRH information and services<sup>12</sup>, and vulnerable to unwanted pregnancies, unsafe abortion, sexual and gender-based violence (SGBV) as well as early and forced marriage. Actual access to SRHR services in humanitarian contexts is frequently inadequate, despite the guidance of the Minimum Initial Service Package (MISP) for SRH in crisis situations.

Despite this huge need, SRH remains drastically underfunded even though investment in family planning (FP) is a 'development best buy'<sup>13</sup>. Every \$1 invested in meeting the unmet need for contraceptives yields in the long-term \$120 in accrued annual benefits: \$30-50 in benefits from reduced infant and maternal mortality \$60-100 in long-term benefits from economic growth.

### 3. Justification for investment in MSI: MSI and Denmark Strategic Alignment

The work of MSI and its global and national partners is critical to achieving and maintaining 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. This included 17.3 million clients who accessed contraception, safe abortion (SA), or post-abortion care (PAC) services. This represents 67,000 clients supported with reproductive choices every day. 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.

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.' Both Access and Enabling pillars have equal weight as we cannot achieve reaching the hardest-to-reach clients without a strong organisation and SRHR foundation.

In Denmark's strategy for development cooperation, **The World We Share**, Denmark commits to using development cooperation to prevent and fight poverty and inequality, conflict and fragility,



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

<sup>12</sup> OCHA. *Global Humanitarian Overview 2021*. (2021) <https://gho.unocha.org/>

<sup>13</sup> 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.>

displacement, and irregular migration. There is also a clear commitment to lead the fight to stop climate change. Human rights and democracy are key cross cutting themes for all Danish development cooperation, reflected through the particular focus on the rights of women and girls and the most vulnerable groups. *MSI2030* and its alignment to Denmark's strategic priorities is presented below. **This alignment is closest across *MSI2030's* Access Pillar 1 – Leave No-One Behind and Enabling Pillar 2 – Partnerships and Advocacy, and it is the work under these pillars that would be 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, and girls' and women's rights, the meaningful participation of young people, and free civil societies in an era of digitalisation.

MSI's work under Pillar 1 will represent more than 80% of MSI's effort under *MSI2030*, serving clients, who live in the hardest to reach locations (including areas affected by humanitarian crisis) and who have no access to alternative quality public or private SRHR services. Without access, these clients lack the power to make decisions about their own bodies, including whether or when to become pregnant. The lack of this power, which influences so many other facets of life, from education to income to safety, leaves women unable to shape their own lives. Working in partnership with government (*see cross-cutting below*) MSI already reaches millions of people who are often left behind by public healthcare systems. We do this by operating mobile outreach teams that provide free, quality, and comprehensive FP and SA/PAC services to rural and remote communities in collaboration with public health authorities and/or by working directly with a health system at national and sub-national levels to improve services provision of public health 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**. Of these clients, 55% of MSI's clients didn't know of another provider through which they could receive an FP or SRH service and 42% were living in multidimensional poverty.

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**. Using an intersectional approach, MSI will build on the partnership with Leonard Cheshire Disability forged under the Women's Integrated Sexual Health (WISH) programme to strengthen inclusivity of services and overcome stigma and social norms around disability, sexuality and sex which create barriers to people accessing services.

MSI's Leave No-One Behind approaches acknowledge that **adolescents** have the most limited access to SRHR education, information, and services. In 2021, 1.7 million of MSI's clients were adolescents – a group often excluded from sexual and reproductive healthcare, but for whom MSI has tailored programmes and approaches to ensure that young people can determine their own futures. Under *MSI2030*, MSI will expand its focus on adolescents even further, so that 50% of clients are young people under the age of 25, and 20% are adolescents under 19 years. This reflects Denmark's emphasis on the importance of working to ensure a better future for young people. By providing adolescents with adolescent-friendly comprehensive information and services, MSI enables especially girls to stay in school, pursue a career, and determine their own futures. As highlighted in *The World We Share*, access to education and staying in school also protects girls from early or forced marriage and reduces their risk of experiencing gender-based violence.

Learnings from MSI's review with the Danish MFA (*see below*) highlighted that the focus of support to MSI should be on Pillar 1 'Leave No One Behind and that we should continue to enhance and build on our Public Sector Strengthening (PSS) strategy. *MSI2030* articulates a comprehensive approach toward improving and strengthening delivery of SRH services, working in partnership with governments to strengthen all levels of

the health systems. MSI is now expanding our PSS strategy to move beyond just outreach and facility level interventions to become a fully integrated **health system strengthening (HSS) approach**.

While MSI continues to deliver outreach in areas where public sector cannot reach, our HSS approach expands our focus on district level capacity to continue supporting quality delivery at facility level, maintaining service readiness and health worker confidence to provide the best quality care, and creating clear pathways to sustainability of HSS 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 increased their capacity to apply quality improvement methodologies, stewardship, and oversight, while at national level, MSI provided technical support to the development and operationalisation of training curricula, quality protocols, processes, and structures. Through *MSI2030*, MSI will expand its support, sharing MSI's technical expertise on adolescent and disability-friendly services and social norms change with public sector partners.

Partnership and collaboration are at the centre of *MSI2030* and key to long-lasting, impactful change therefore MSI will work even more closely with other **national and sub-national governments, other 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 our evidence across local and national level technical working groups, contributing our data and expertise into planning, budgeting and monitoring cycles and to strengthen accountability for the resources available for SRH.

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 as MSI knows 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 despite a high degree of need. MSI has developed a SGBV basic care package (based on World Health Organisation [WHO] 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 climate policies in adaptation and conservation expressly mention SRHR as a key strategy, and that national adaptation policies from the most affected countries recognise SRHR as critical. As shared with Danida in March 2022, as part of a 'Strategic Conversation on Climate Change', 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.

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

***MSI2030* Enabling Pillar 2** aims to overcome the range of legal, policy and structural barriers to accessing high quality rights-based information and services and closely aligns with Denmark's strategic commitment to partnerships. MSI works with global, national, and local grassroots communities to deliver services and influence change. A key focus of Denmark's strategy is on fostering dynamic partnerships in a changing world. It mentions strong, locally based civil societies as being able to make demands, promote change, and think innovatively.

Under *MSI2030*, MSI will continue to consistently leverage its position as a global SRH service provider to advocate for the SRHR of women, girls, and the most marginalised left behind in the societies in which it works. However, this can only be achieved through partnerships. Strong partnerships are a key driver to



accelerate legislative and policy change to increase access to SRHR, and to advance the argument for inclusion of SRHR services in any health funding mechanism, whether donor, third party, private or public. MSI will nurture partnerships 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) to be 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.

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 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. For example, MSI's experience leading and participation in consortiums such as the WISH programme and the UKAID Connect humanitarian and climate change resilience programme, has resulted in learning related to poverty measurement and mapping, delivering inclusive services, social norms change and the intersection between SRHR and resilience which is being integrated into consortium partner programming and shared more widely across the sector.

## ➤ OTHER STRATEGIC PILLARS

**While this investment will be used exclusively to enhance access for hard-to-reach women and adolescent girls and earmarked for Access Pillar 1 'Leave No One Behind' and Enabling Pillar 2 'Partnerships and Advocacy', MSI addresses access to SRHR holistically in a country to ensure SRH is widely available and that we provide support and recognition to the private health care sector which is needed to achieve Universal Health Coverage (UHC). Under *MSI2030* MSI will continue to 'Strengthen the Private Sector Provision' (Pillar 2), as summarised here (to provide a full picture of the extent of MSI's contribution to UHC).** 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. MSI aligns with Denmark's aim to build strategic public-private partnerships to bring about sustainable development. For example, in Ghana and Pakistan, MSI has worked to integrate SRH services into UHC, expanding access through facilitating the participation of small businesses such as dispensaries in national health insurance schemes as providers of

SRH services. MSI's income generating centres<sup>14</sup> 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 ensure access and skills for surgical abortion are maintained in the countries where they are operating.

MSI2030's Pillar 3, 'Client Powered SRHR' cuts across MSI's private sector and Leave No-One Behind work, ensuring that safe, essential information and products are available how and when women need them. MSI works to ensure that women can get advice in making their reproductive choices, including by harnessing digital technology for example through MSI's contact centre network, which opens access and delivers quality SRH information, follow-ups, and referrals. MSI's strategy includes enhancing and developing telemedicine technology to provide remote access to medical consultation and assistance, improving client experience, safety and ultimately health outcomes. It also explores how MSI can 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.

MSI's partnership approaches link closely to MSI's work under **MSI2030's Enabling Pillar 3, 'Transformational Organisation'** which focuses on how MSI will grow and develop itself to shift the centre of gravity towards country programmes, invest in MSI's people and embrace the 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.

#### ➤ Recent Reviews of MSI's Approach and Programmes

During April and May 2021, the Danish MFA undertook a comprehensive mid-term review to assess the performance of MSI in delivering results under its engagement with Danida from 2018 to 2020 and included a performance audit. The review team (RT) commended MSI's capacity to deliver safe, quality and client centred SRH services, with robust quality assurance systems. MSI's engagement and strategic approach was assessed as strongly aligned to the MFA's priorities, in particular the mutual interest areas of advocacy, public sector partnerships and leaving no one behind, which should be prioritised in future agreements. The RT also recommended that MSI continue to strengthen its collaboration with organisations representing vulnerable or marginalised groups, presence across the humanitarian development nexus working in fragile contexts, as well as innovations such as telemedicine. Financial, programme management, and monitoring structures at MSI were assessed as robust, appropriate, and efficient, with strong risk management and safeguarding procedures. 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.

## 4. Project Objectives

The overall objective for Denmark's engagement with MSI is to promote women and girl's SRHR. The specific objective of this project will be to **increase access to sustainable SRH service provision in a supportive SRHR policy environment** (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:

<sup>14</sup> 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.

Reduced Inequalities, and 17: Partnerships for Goals. This objective aligns with the *MSI/2030* strategic plan, with a focus on Access Pillar 1: Leave No-One Behind and Enabling Pillar 2: Partnerships and Advocacy.

MSI will implement this work through the Blue Door Fund (BDF). The BDF was established by MSI to effectively manage and distribute flexible funding and allocate it across the MSI partnership. This enables MSI to reach clients who would otherwise have been missed, filling gaps in critical service provision and testing innovations to better serve women and girls.

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 health impacts, meaning results can be attributed to each individual donor. Denmark's contribution to the BDF will be earmarked for country programmes applying for needed investment in their 'Leave No One Behind' work and their 'Partnership and Advocacy' work. 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

## 5. Theory of change and key assumptions

In summary, through MSI's proven approaches (**inputs**) to serving the poorest and most marginalised, client powered SRHR and advocacy, this investment will achieve (**outputs**) '*Increased access to modern methods of contraception and access to safe abortion for women and girls and the removal of legal and policy restrictions to increase access to comprehensive SRHR*'. These outputs can be measured by the number of clients receiving MSI enabled services supported by Denmark and the number of legal and policy restrictions MSI has contributed to removing. The achievement of these outputs will contribute to the overarching **outcome** of '*Increased access to sustainable SRH service provision in a supportive SRHR policy environment*', with clear results related to the number of unintended pregnancies and abortions averted. This outcome feeds into the overarching **impact** of *gender equality and SRHR for women and girls* and contributes to the achievement of the SDGs at **goal** level.

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 that 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 Danida grants was 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 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, and the potential impact of the current situation in Ukraine. Through this programme of work, 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), this project 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 and support for SRHR is critical to 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, contraception. Without intervention, this number could increase to over 300 million by 2030. Through increasing access to sustainable SRH service provision in a supportive SRHR policy environment (outcome) MSI will ensure the necessary building blocks to ensure gender equality and SRHR for all especially the hardest to reach women and girls.

### Outcome: Increased access to sustainable SRH service provision in a supportive SRHR policy environment

Demand for 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 to access services at all levels. This requires inputs to address social norms and other community level barriers to accessing services, to 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 sexual and reproductive health SRH services. The combined service delivery and advocacy inputs that MSI will deliver globally because of this investment 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 outcome, MSI will focus on two outputs, achieved through a focus on two of the Pillars of the *MSI2030: Your Body, Your Choice, Your Future* strategy. Several potential activities (**inputs**) are identified as illustrative of how this investment could be used to achieve the defined outputs.

**Output 1: Increased access to modern methods of contraception and access to safe abortion for women and girls** will focus upon support of **MSI 2030 Pillar 1: Leave No-One Behind**. MSI will work through partnerships to strengthen SRHR at all levels of national health systems while filling gaps in provision. Activities will aim to reach the poorest urban and rural communities where many clients served meet or exceed the national poverty line and “last mile” communities in hard-to-reach areas who have no alternative access to care. Some examples of activities are:

- **“Last-mile” service delivery** - developing and diversifying how services are delivered depending upon partnerships available and the most appropriate delivery approach (for example, mobile outreach, MSI Ladies<sup>15</sup>, etc.) for a particular context.
- **Social norms change and community engagement** - working with local partners and Human Centred Design experts to design and implement community-based mobilising and context-specific social norm change approaches, sharing examples of good practise across the MSI global partnership.
- **Integrated SRH services** - where possible integrating broader SRH services (e.g., cervical cancer screening and preventive treatment, syndromic testing and treatment of sexually transmitted infections), into service delivery; integrating with other programmes e.g., for HIV and human papillomavirus vaccination programmes where this can expand access.
- **Partnerships for SGBV and other health (including mental health) services** – connecting with other groups and partners to ensure referrals to quality services and support for women who are survivors of SGBV and who have other health (including mental health) needs that MSI cannot address directly.
- **Adolescent SRHR** - shaping adolescent 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.
- **Strengthening the health system** – partnering with government to strengthen the capacity of health workers, managers and ultimately the health system itself to deliver quality SRH services including:
  - Direct training on delivery of quality contraceptive choice and abortion, support to ensure SRH information is incorporated within health management information systems, and that commodities and supplies are monitored and managed.
  - 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.
- **Displaced communities** – working with governments and local partners 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.
- **Disability** - establishing partnerships with local organisations of persons with disabilities for demand generation, to deliver more inclusive services, and to facilitate discussions targeting negative community attitudes; contributing to the evidence base on intersectional approaches in SRHR.
- **Digital innovation** – MSI will continue to innovate to bring information and services closer to clients, leveraging MSI’s contact centres to connect with the people MSI serve and ensure the clients voice remains at the heart of MSI’s digital transformation and service delivery

**Output 2: National and sub national policy and legal restrictions to SRHR that MSI country programmes have contributed to removing** will focus upon activities in support of *MSI 2030 Pillar 5: Partnerships and Advocacy*. Advocacy and partnership efforts will contribute to an enabling environment where the rights of

<sup>15</sup> MSI-Ladies are trained community-based healthcare providers (nurses, midwives) who deliver discreet, accessible, and affordable services door-to-door or from their own homes to women and girls within their communities.

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. Some examples of activities are:

- **Amplify the voice and solutions of the client and provider** - clients and health workers can influence policy discussions, for more effective national/regional government understanding of SRHR needs.
- **Establish new and strengthen existing partnerships** - engaging at the political level to remove the structural barriers to women's empowerment and create a supportive policy environment for the fulfilment of SRHR. Planned advocacy initiatives include working with partners to reform restrictive abortion laws in Senegal, Sierra Leone, Malawi, and Zimbabwe, and to enable access to comprehensive sexual education for in- and out-of-school young people in Ghana.
- **Building advocacy capacity of local civil society** – strengthening the advocacy 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.
- **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.
- **Policy and regulation for service delivery** - 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 SRHR policies.
- **Operationalisation of policy and regulation** – engaging to ensure policy is institutionalised 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** – MSI will champion the use of routine data and data analytics for improved decision making to drive quality improvements. There will be greater sharing of evidence and insights across MSI and beyond to enhance programme design and adoption of best practices in SRHR delivery.
- **Law Policy and Access Tool** - a regularly updated country-level mapping of the SRHR enabling environment and analysis of progress towards achieving universal access to SRHR, the tool will be used to inform advocacy priorities and opportunities.
- **National Accountability for SDG commitments** - holding governments to account for the protection and fulfilment of reproductive rights for all, in accordance with the SDGs, ICPD+25, FP2030 and Generation Equity Forum commitments.
- **Global advocacy for SDG 3.1, SDG 3.7, and SDG 5.6 (Universal Access to SRHR)** - There are currently numerous global events and crises that are causing major development and geo-political shifts. In the current context, governments and development donors need to make tough decisions about what to prioritise - MSI will hold them to account for their SRHR commitments and ensure that the services MSI provides with its partners are focused on contributing to the SDGs related to SRHR.
- **Withstanding global shocks** - As global powers such as the US question women's right to choose, the loss of Roe v Wade will embolden opposition movements in the countries in which MSI works and could serve as a chilling effect on national governments. MSI continue to support and mobilise resilient national movements through MSI's advocacy to withstand this shock.

## 6. 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 one outcome, 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 and Outcome level will be at MSI global level and will not be attributable directly to this investment.

To understand if MSI service output is leading to increased access to modern methods of contraception for women and girls, and increased access to safe abortion, MSI will measure **the number of FP and Comprehensive Abortion Care/Post-Abortion Care (CAC/PAC) client visits** under Pillar 1, the % of clients who are under 25, and the Pillar 1 countries which are focusing their service delivery on adolescents and people living in poverty. These indicators relate directly to Pillar 1 service delivery. MSI indicators to track the output on removal of legal and policy restrictions to increase access to comprehensive SRHR are **the number of national and sub national policy or legal restrictions to SRHR that MSI country programmes have contributed to removing** and **the number of MSI country programmes who conduct joint advocacy activities with at least one local organisation through a signed MoU, agreed terms of reference or a shared workplan**.

<b>Outcome</b>	Increase access to sustainable SRH service provision in a supportive SRHR policy environment
<b>Outcome Indicator</b>	(A) # unintended pregnancies averted (B) # unsafe abortions averted
<b>Output 1</b>	Increased access to modern methods of contraception for women and girls, and increased access to abortion.
<b>Output 1 Indicator</b>	<ul style="list-style-type: none"> <li>• # clients reached via Pillar 1 channels</li> <li>• % clients aged under 25 years</li> <li>• % of country programmes in which adolescent reach meets or exceeds the national FP demand coming from adolescents</li> <li>• % of country programmes with % of Pillar 1 clients living in severe poverty meets or exceed the national average</li> <li>• % of health providers competency assessed for every service they provide</li> </ul>
<b>Output 2</b>	National and sub national policy and legal restriction to SRHR that MSI country programmes have contributed to removing
<b>Output 2 Indicators</b>	# MSI country programmes who conduct joint advocacy activities with at least one local organisation through a signed MoU, agreed terms of reference or a shared workplan

Please also see elaborated Results Framework in annex 3.

## 7. Inputs/budget

<b>Outcome:</b> Increase access to sustainable SRH service provision in a supportive SRHR policy environment	<b>Total (GBP)</b>	<b>Total (DKK)</b>
2023	£2,829,011	25,000,000
2024	£2,829,011	25,000,000
2025	£2,829,011	25,000,000
<b>Total</b>	<b>£8,487,034</b>	<b>75,000,000</b>

This new grant from Denmark will fund multiple MSI key implementation mechanisms to the Organisation for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC) –

OECD/DAC – approved countries.<sup>16</sup> The Danish share of MSI’s funding support in country programmes is estimated to be 2%, based on the 2021 budget.

MSI will implement this project through its established Blue Door Fund (BDF), an internal mechanism which collects unrestricted/lightly restricted investments to MSI from a variety of donors including but not limited to the Foreign, Commonwealth & Development Office, Norwegian Agency for Development Cooperation, Global Affairs Canada, and Danida, into one global mechanism. The funds are then accessed by MSI’s country programmes to deliver sustainable health impact where needed most, to support transformational or catalytic growth, or to provide ‘bridge’ funding to continue vital services when follow-up institutional funding is very likely to be secured but there is a funding gap to bridge.

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.

## 8. Institutional and Management arrangement (\*)

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

<sup>16</sup> <http://www.oecd.org/dac/stats/officialdevelopmentassistance/definitionandcoverage.htm>,  
<http://www.oecd.org/development/financing-sustainable-development/development-finance-standards/daclist.htm>



MSI partnership, donors, as well as with partners like the United Nations Population Fund (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 we are 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.

## 9. Financial Management, planning and reporting

Procedures and minimum requirements pertaining to:

### (i) Disbursements

<b><i>Period</i></b>	<b><i>Payment amount</i></b>	<b><i>Estimated date</i></b>	<b><i>Contingent upon</i></b>
1 Jan 2023 – 31 Dec 2023	25,000,000 DKK	TBD	Signature of agreement
1 Jan 2024 – 31 Dec 2024	25,000,000 DKK	1 Sept 2023	Receipt of 2022 MSI annual report, audited financial statements
1 Jan 2025 – 31 Dec 2025	25,000,000 DKK	1 Sept 2024	Receipt of 2023 MSI annual report, audited financial statements

Immediately after receiving a payment MSI must forward a receipt to Danida.

### (ii) Partner procedures pertaining to financial management

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

### (iii) 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. The GSC analyses consumption and dispatch data for all countries to ensure the optimum quantities that maximise value for money are ordered, efficient and effective logistics operations are achieved, and common supply chain risks (such as temperature excursion or deviations) are prevented or mitigated. The team is well trained in goods distribution practice and undertake weekly and monthly reviews of supply chain-related data, including quality issues, complaints, and continuous improvements initiatives, to ensure preventative and corrected measures and actions to any existing or potential threats to performance are provided.

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.

## **10. 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
- 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. Throughout the world there are adults who may be subject to a

greater risk of abuse, harassment, bullying, or sexual exploitation due to their own circumstances or a context outside of their control. 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. MSI is well respected and recognised as a key partner in most countries we work 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 strong and increasingly focused. The opposition is, to a large extent, 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 and 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.

MSI believes that women should be able to exercise their right to access, safe, high-quality sexual and reproductive healthcare, including information and signposting to abortion care and provision of abortion and PAC services. For this reason, 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%.<sup>17</sup> 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. Countries will need to continue to work towards achieving universal health coverage inclusive of SRH.

#### *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. Every day, more than 500 women and girls in countries with emergency settings die during pregnancy and childbirth, due to the absence of skilled birth attendants or emergency obstetric procedures, and due to unsafe abortions (UNFPA, 2018b). Women are disproportionately affected by conflict and more likely to be displaced and suffer sexual and GBV. Reaching displacement-affected women 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.

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<sup>17</sup> UNFPA, State of World Population Report, *Unfinished Business: the pursuit of rights and choices for all*, 2019

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.

## **11. 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 this investment) 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.

### **Annexes:**

Annex 1: Context Analysis

Annex 2: Partner Assessment

Annex 3: Theory of Change, Scenario and Result Framework

Annex 4: Risk Management

Annex 5: Budget Details

Annex 6: List of Supplementary Materials

Annex 7: Plan for Communication of Results