

A conversation with Marie Stopes International, June 21, 2017

Participants

- Jim Klein – Executive Director, Marie Stopes International U.S.
- Elise Moylan – Interim Senior Manager of Institutional Partnerships, Marie Stopes International
- Meghan Blake – Director, Institutional Partnerships, Marie Stopes International
- Tom Ellum – Outreach Channel Director, Marie Stopes International
- John Lotspeich – Director of Partnerships and Resource Mobilisation, Marie Stopes International
- Josh Rosenberg – Senior Research Analyst, GiveWell
- Chelsea Tabart – Research Analyst, GiveWell

Note: These notes were compiled by GiveWell and give an overview of the major points made by Jim Klein, Elise Moylan, Meghan Blake, Tom Ellum, and John Lotspeich.

Summary

GiveWell spoke with Mr. Klein, Ms. Moylan, Ms. Blake, Mr. Ellum, and Mr. Lotspeich of Marie Stopes International as part of its investigation into giving opportunities in family planning. The conversation focused on Marie Stopes International's outreach program.

Outreach program

Marie Stopes International staff told us that its outreach program is the best potential fit for GiveWell's process. The outreach program includes 520 teams globally that operate using various models, depending on context, for example:

1. Classic outreach: In low-resource settings, the teams arrive at a site that does not have family planning services and offer those services for 4-20 days.
2. Light outreach: In peri-urban settings, the teams attend locations that already offer family planning services and offer methods of contraception that are not normally available in those locations, such as intrauterine devices (IUDs) and implants.

Each of these models includes a demand generation component.

Program cost and room for more funding

Marie Stopes International staff estimate the cost of protection at \$4.33 per couple per year, though this estimate does not include the cost of all support services. The full cost, including country, regional, and central office costs, is roughly £6.60

(approximately \$8.70 at the current exchange rate). The program reaches about 2.5 million clients per year.

Partly due to the Mexico City Policy, also known as the Global Gag Rule (an executive order that blocks international organizations like MSI from receiving U.S. government funding if they provide or discuss legal abortion care, even with their own resources), Marie Stopes International has significant room for more funding for its outreach program, particularly in countries in the Sahel region of Africa. About half of any additional funding that it receives would go to support its outreach programs in Mali, Senegal, and Niger. Marie Stopes International would also like to continue to invest in its program in Madagascar, where 90% of its clients are ultra-poor, as well as in Kenya.

Impact evaluation

Marie Stopes International is working with Avenir Health to develop the first impact evaluation that assesses what proportion of the increase in contraceptive prevalence in an area where Marie Stopes International worked was caused by its outreach program. This was inspired by the increase in the contraceptive prevalence rate in Senegal from 6% to 12% after Marie Stopes International began a program there. No other family planning non-governmental organizations were working in the area during this time.

Marie Stopes International's regular data collection involves interviewing a random sample of clients on a) which method(s) of contraception they are using, b) the client's demographic characteristics, and c) whether or not they are a new user of modern contraceptives in general and their current method in particular. It also collects data on metrics such as whether outreach vehicles are following the pre-agreed schedule to assess outreach performance and provides ongoing performance management. We did not discuss how this would impact quality control.

Marie Stopes International thinks that in the absence of its programs, people in the places where it works would have some access to short-term contraceptive methods but limited access to long-term or permanent methods and healthcare providers trained to implement them.

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