MSI REPRODUCTIVE CHOICES

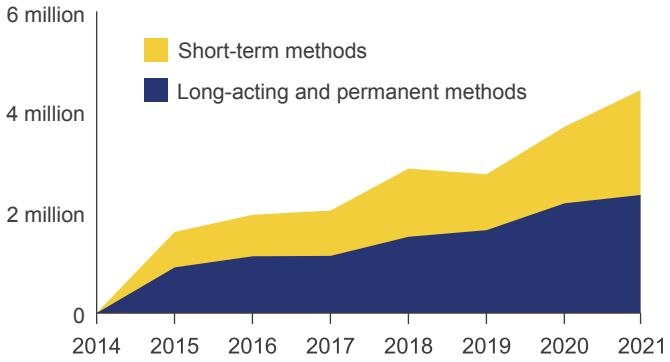
MSI AND HEALTH SYSTEM STRENGTHENING:

OUR APPROACH, RESULTS AND VISION FOR SUSTAINED SRH ACCESS

At MSI we understand what it takes to reach the most marginalised with sexual and reproductive healthcare. We're now partnering with governments in 22 countries to scale up public sector Sexual and Reproductive Health (SRH) access in rural areas, with bottom-up partnership models that empower communities and providers and bolster health systems.

In 2021, we supported over 10,000 government health workers across 5,300 facilities to reach **4.9m women and girls with sexual and reproductive healthcare at an average cost of £6.50 per client. 8 out of 10 clients were from a community often left behind by the health system.** These partnerships are accelerating rural SRH access and uptake: in Nigeria, where MSI supports facilities across 35 states, **the average number of women and girls taking an FP service has more than doubled at MSI-supported facilities**[1]. This MSI-Nigerian government partnership is now meeting an estimated **25% of total national FP demand**. By galvanising community demand and facility capacity, and shifting health management systems to focus on the end-user, **governments can accelerate cost-effective access to sexual and reproductive health care**: meeting unmet demand for contraception, achieving significant economies of scale and realising the benefits of upstream health systems investment.

Clients taking up contraceptive services in MSI-supported government facilities, by method



WE'RE WORKING WITH GOVERNMENTS IN 22 COUNTRIES TO DRAMATICALLY SCALE UP PUBLIC SECTOR SRH ACCESS AND USE IN RURAL AREAS

MSI'S HEALTH SYSTEMS STRENGTHENING APPROACH

We take a bottom-up approach, working at the district, facility and community level to drive demand and build provider skills to deliver client-centred, equitable sexual and reproductive healthcare. Facility and district government staff and community health workers have worked alongside our outreach teams for years and trust us. We work with them to increase community awareness, build provider skills, quality assure services and support data-driven decision making. We then partner with district and national governments and partners to strengthen management, training and supply systems, to shift policies and increase domestic financing. Our approach is context-specific, co-designed with government, and iterative.

"I DIDN'T HAVE MUCH CONFIDENCE IN OFFERING LONG-TERM METHODS OF FAMILY PLANNING, BUT SINCE WE STARTED PARTNERING WITH MSI, THEY TRAINED US, I BECAME CONFIDENT AND I ALSO STARTED TRAINING MY FELLOW SERVICE PROVIDERS. PREVIOUSLY, CLIENT COUNSELLING WAS POOR AND SERVICE DATA QUALITY WAS ALSO NOT GOOD, BUT THERE'S BEEN GREAT IMPROVEMENT."

Annet Kabanyaka, a public sector midwife in Kabarole, Uganda, who accessed training with MSI.

How is our approach different?

Focus on the end user: everything we do is informed by its measurable impact on last-mile women and girls

Provider-level perspective: we are an organisation made up of over 5,000 local service providers. We understand the challenges of delivering last-mile sexual and reproductive healthcare, and how to build provider confidence

Proven ability to deliver last-mile quality, equity and contraceptive choice at scale: we adapt and scale best practice from our own last-mile delivery models, from clinical mentorship to adolescent reach

Longstanding relationships across all levels of government, from facility staff to Ministry of Health trainers to national technical working groups, so that we can support policy change from pilot to roll-out

Data-driven decision-making: we support government providers, managers and leaders to put client-centred data at the heart of decision-making

[1] FP client numbers rose from an average of 22/facility/month prior to MSI support, to 60/facility/month after three years of support (national HMIS data analysis)

HOW DOES OUR APPROACH CATALYSE AND SUSTAIN RURAL SRH SERVICE ACCESS AND USE?

COMMUNITY

1. A step-change in demand for contraception, which creates its own momentum:

- Improved provider confidence and competence in providing a range of contraceptive methods
- Increased community-level momentum around contraceptive use, reducing need for awareness building activities over time
- Improved cost-effectiveness of public sector contraceptive provision through economies of scale (the majority of SRH provision costs are fixed, so increased take-up reduces cost per user)

In Nigeria, we have seen an **169% increase** in the number of women and girls taking up contraceptive services at MSI-supported government facilities, with similar gains seen in other country contexts. These gains are maintained over time, even as MSI inputs reduce.

FACILITY

2. Expanding access for the underserved: we help governments to reach rural adolescents and other marginalised groups with the sexual and reproductive healthcare they want

Working alongside government community mobilisers, our teams garner community support for adolescent sexual and reproductive healthcare through tailored messaging developed with community leaders. Using sensitisation and mentoring, we then support government providers and mobilisers to become champions for adolescent-friendly counselling and services.

In Senegal and Nigeria, we've seen a **50% increase** in the proportion of adolescents accessing SRH services from MSI-supported government providers (2017-2021): in Nigeria this translates to **180,000 additional adolescents reached**.

FACILITY

3. Providing more choice to women

We support providers to offer high quality counselling and a range of contraceptive methods, so that **clients leave with a method that suits their needs and understands likely side-effects, improving the likelihood that they continue using the method and encourage peers to take up contraception.** We support governments to introduce new technologies in the public sector, to empower women through self-care.

On average, almost **two thirds of women and girls** seeking contraception in an MSI-supported government facility chose a LARC from the expanded choice available – **double the national proportions**.

In Malawi, where MSI is supporting the government to scale up Sayana Press delivery, ~40 % of Sayana Press clients opted for self-injection, generating government buy-in for self-injection through a sustainable, scaled delivery platform.

FACILITY HEALTH SYSTEMS MANAGEMENT

4. Strengthening Quality

We monitor quality and strengthen government quality assurance systems so that quality improvement is sustained.

MSI Ethiopia, the Ministry of Health and partners established 110 government Quality Assurance Hubs overseeing **3,500 Health Centres and 15,000 Health Posts**, and integrated Values Clarification and Attitude Transformation (VCAT) into government training to improve client-centred care.

MSI Vietnam worked with the Ministry of Health to institutionalise quality assessments and supported Provincial and District Supervisors to supervise **2,500 providers in 1,600 facilities** across 21 Provinces to provide implants and IUCDs, expanding method choice.

HEALTH SYSTEMS MANAGEMENT

5. Supporting data-driven decision-making at all levels

We share data and local implementer perspectives in national technical working groups, working with partners to share data, flag implementation challenges and problem solve

MSI Ethiopia improved use of regional-level data for government decision-making to strengthen the government's safe abortion budgeting process.

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HEALTH SYSTEMS MANAGEMENT

6. Tailored transitions for sustainable change:

Once there is community-level momentum around SRH use and government provider competence is built, our teams shift to lighter-touch support models, supporting district officers to supervise facilities whilst continuing to monitor delivery and quality. With partners, we work towards sustained improvements in critical processes, from supply chain to public purchasing mechanisms, which influence government healthcare delivery costs.

In Uganda, facilities have maintained similar high contraceptive use and adolescent reach in the year since MSI Uganda transitioned away from facility support to a lighter touch model.

In Ghana, we worked with the government and partners to demonstrate the benefits of including FP in the National Health Insurance (NHIA) benefits package and successfully advocate for national scale-up, enabling women and girls across Ghana to access a choice of contraceptives **free of charge** from public and private providers.

"I WANT TO COMPLETE UNIVERSITY, GET A JOB AND GET MARRIED, BEFORE I THINK ABOUT CHILDREN. I CHOSE THE IUD - SOME OF MY FRIENDS WERE ALREADY USING IT AND SAID IT WAS GOOD. NOW I ENCOURAGE MY FRIENDS TO USE CONTRACEPTION TOO. I'D LIKE TO THANK THE HEALTH WORKERS FOR VISITING OUR SCHOOL AND EDUCATING US. THESE SERVICES HAVE HELPED ME REMAIN IN SCHOOL AND PREPARE FOR A GOOD FUTURE."

Rachel, 18 (pictured), accessed contraception with public sector providers trained by MSI Uganda

THE FUTURE: TOWARDS SUSTAINED NATIONAL OWNERSHIP OF QUALITY LAST-MILE SRH SERVICES

Our client-driven government partnership approach has been highly impactful for underserved women and girls, and catalytic in generating community and facility momentum around SRH use. We are now working with governments and partners to test pathways to a point where this momentum can be sustained without MSI support.

From Sierra Leone to Uganda, Nigeria to East Timor, our vision is to empower district and state government teams to sustain client-centred sexual and reproductive healthcare without capacity support. In Sierra Leone, we work through a consortium approach providing holistic support to government; In Nigeria we have a strong history of facility level support and will test transition models on a state by state basis; in Uganda, we are scaling a tried and tested 'light touch' model. We will continue to evolve our models based on the needs of the governments and contexts within which we work, to ensure we are meeting the needs of clients in the most effective and sustainable way possible.

Above: A Ugandan Ministry of Health provider delivers contraceptive counselling to a client, following training with MSI.

What would it take to scale our government partnership in Nigeria?

With an investment of £10m/year over 5 years, we could expand our partnership with the Nigerian government to meet the SRH needs of **9 million** underserved women and girls, meeting **50% of total national FP demand** at a cost of **under £6 per client**. This would have profound impacts on women and girls, communities, health systems and demographic pathways:

- Averting **60,000 maternal deaths** & **13m unintended pregnancies**
- Enabling **400,000 girls to stay in school** (each additional year in school **increases earnings by 10-25%**)
- **Saving $875 million** in healthcare costs
- Building resilience, including to future climate shocks, by helping to lift an estimated **3.7 million families out of extreme poverty**
- Bend the demographic curve, **increasing national contraceptive use by 30%**
- Make significant progress towards Sustainable Development Goals (targets **3.7** and **5.6**)

FROM SIERRA LEONE TO UGANDA, NIGERIA TO EAST TIMOR, OUR VISION IS TO EMPOWER DISTRICT AND STATE GOVERNMENT TEAMS TO SUSTAIN CLIENT-CENTRED SEXUAL AND REPRODUCTIVE HEALTHCARE WITHOUT CAPACITY SUPPORT.