MSI REPRODUCTIVE CHOICES

12 MILLION SAFE SERVICES

CLINICAL QUALITY REPORT 2020

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INTRODUCTION
FROM THE GLOBAL MEDICAL DIRECTOR

MSI Reproductive Choices is a global provider of sexual and reproductive health services that delivers client-centred services to over a million women each month, always keeping in mind that every service that we provide and how we provide it revolves around our clients. Delivering sexual and reproductive health services at our scale takes an organisation-wide mindset that puts clinical quality and client safety at the heart of what we do. MSI maintains a strong clinical governance system that watches over these pillars, headed by our Board sub-committee on clinical governance. With our Chief Executive Officer, the Chair of the Board of Trustees and myself as members, this sub-committee signals the commitment to maintaining the quality and safety of MSI's services and products at the highest level.

MSI continuously improves the quality, safety, and efficacy of our services. The approach we use to "raise the bar" rests on a cycle of activities across multiple pillars. It starts with regularly reviewing and revising our world-class clinical guidelines, which we then use to develop training packages. The "clinical training cascade" of master trainers and clinical trainers that we maintain use those training tools to keep our thousands of service providers competent year after year. We maintain simple but strict pharmaceutical and medical product standards, making sure that every pill, injection, and contraceptive device administered to our clients does its job safely and effectively. Our robust clinical audit systems closely look at thousands of service delivery locations each year, seeking gaps and ways to improve them. Each of the 17,000+ service providers that we recruit or train and supervise are assessed each year in a standardised manner to make sure that they remain competent in each and every service that they are expected to provide. We maintain a competency-based training system that is resource efficient, using competency assessments to identify service providers in need of full or refresher trainings and addressing those gaps. Meanwhile, those providers found to be fully competent are permitted to carry on providing critical sexual and reproductive health services until their next annual assessment. This approach helps us conserve finite resources that we can then use to expand our service delivery. We have engrained a culture of "no blame" among our service providers, empowering them to acknowledge mistakes and take accountability for their errors. Clinical incidents are reported and reviewed, and learnings from those reviews shared across MSI, reducing the chances of those errors being repeated. Finally, our clinical risk profiling system shows the levels of clinical risk that exist in each service delivery channel of each MSI programme, allowing us to implement risk mitigation strategies and keep our clients safe.

At MSI we never lose sight of the fact that each client who looks to us for sexual and reproductive healthcare aims to improve their quality of life with the choices we offer. This adds to the responsibility that we feel for keeping them safe. We firmly believe that each of our clients deserves an excellent client experience rooted in safe and effective services. Whether it is a client who walks in to one of our urban health centres or a rural client who attends a visit from one of our mobile service delivery teams, or someone who seeks care at a government-run or private health facility where MSI trains and supervises providers of sexual and reproductive care services, we expect the service to be delivered safely and respectfully, and for the client's life to be improved as a result of turning to us. Our strong and committed clinical teams and our leadership will always be there to protect our clients, offer services of quality, and do all we can to see them leave our care having received the support they want and deserve.

Dr Dhammika Perera, MBBS MPH FFPH PhD
Global Medical Director

AT MSI WE NEVER LOSE SIGHT OF THE FACT THAT EACH CLIENT WHO LOOKS TO US FOR SEXUAL AND REPRODUCTIVE HEALTHCARE AIMS TO IMPROVE THEIR QUALITY OF LIFE WITH THE CHOICES WE OFFER. THIS ADDS TO THE RESPONSIBILITY THAT WE FEEL FOR KEEPING THEM SAFE.

INTRODUCTION
FROM THE CHAIR OF THE BOARD OF TRUSTEES

In 2020, a year in which a pandemic raged across the globe, MSI Reproductive Choices clinicians still managed to provide over 12 million contraceptive, obstetric, safe abortion and post-abortion care services to our clients. This would be a considerable achievement in a normal year, let alone one during which movement was severely restricted.

What makes this scale of service provision even more extraordinary is the level of quality of care provided. As you will see throughout this report, our clinical teams strive to ensure that over 17,000 providers are assessed annually for the quality of services they administer, and that our clients receive only the most rigorously assessed sexual and reproductive health products and medicines. The client's choice remains firmly at the centre of our services, and every single one is offered a range of methods that best fit with their lifestyle preferences and needs, including long-acting contraceptives that they might not be able to access otherwise.

MSI's Board is committed to ensuring the delivery of outstanding care across the partnership. Once every four months, the International Clinical Governance Committee, comprising of myself, several members of the Board, MSI's CEO, Global Medical Director and a number of senior clinical experts, convenes to review the global picture of clinical quality across the partnership. These findings are taken directly to the Board and acted on as necessary. Quality is embedded from provider level right up to the highest levels of the Board.

And yet there is still ground to cover. Globally, some 35 million women will resort to an unsafe abortion procedure in the next 12 months. Another 218 million will not be able to access the method of contraception that they want. Our teams are committed to reaching these women, often in remote settings, whilst ensuring that each service is provided at the highest possible level of care.

As the pandemic continues to restrict movement, we innovate: task-shifting to nurse-led care where there may be a shortage of doctors, or rolling out remote audits to ensure that no MSI provider operates without an up-to-date clinical competency assessment.

Assuring these levels of quality at scale is a significant undertaking, but we are committed to do so to ensure that every client goes away feeling empowered, happy and respected. I for one feel incredibly proud to sit as Chair of the Board of Trustees for an organisation that holds clinical quality to such high standards.

Glenda Burkhart
Chair of the Board of Trustees

HOW WE RESPECT
OUR CLIENTS' CHOICES

Our clients are at the heart of everything that we do, and we ensure that this is woven into every aspect of our service delivery. From comprehensive contraceptive counselling to respectful maternity care, clients' wishes and lifestyle preferences are taken into account at every stage of their journey with us.

Based on their lifestyle choices and preferences, tailored contraceptive counselling is provided on the most suitable methods for the client. Where we deliver safe and post-abortion care, we ensure that wherever possible, clients are counselled sensitively and given the choice between a surgical termination or a medical procedure, depending on their eligibility and the option that best suits their lifestyle. In our Obstetrics channel, our clinicians are with clients through every step of their pregnancy, from preparing a birth plan detailing the client's needs and wishes, to ensuring optimum care and comfort for the mother and newborn following delivery. Comprehensive information is given in clear, simple language on benefits, risks, and potential side effects of any service or product, and clients are always given the opportunity to ask questions or voice any concerns.

Our providers know how to assess for capacity, confirming that the client has not only understood the information, but that the decision has not been made on their behalf by a partner or family member, before taking the client's informed consent for any service.

The continuum of care doesn't end when our clients leave the point of service delivery. Our providers and contact centres remain available to guide clients or assuage any worries, whether they are concerned about side effects from a contraceptive method or are looking for guidance on breastfeeding as part of post-partum care. We actively encourage clients to give feedback on our service provision via a number of channels. This feedback is taken on board at each point of service, with suggestions reviewed and acted upon on a monthly basis.

HOW WE KEEP OUR CLIENTS SAFE

Client care starts with evidence-based best practice, which is embedded into each and every one of our clinical policies and guidelines for not only our core services, but also for client counselling and informed consent, pain management, infection prevention, product quality and medical emergency management. Our guidelines are adapted as appropriate to ensure the highest quality services in the contexts in which we operate, and are routinely updated. These documents in turn form the basis of our accompanying clinical training packages and competency assessment approach.

No MSI provider is permitted to provide clinical services without first undergoing a competency assessment in each service they intend to provide. Using a rigorous set of checklists detailing the client's journey through a service, providers are marked against each step of the procedure they are being assessed on. Providers are graded as either level 1 competent (able to provide services independently), level 2 (able to provide services under supervision) or level 3 (unable to provide services and requires further training).

Client-centred care is assessed both via the competency of the provider, as mentioned above, and through annual Quality Technical Assistance (QTA) and, more recently, Clinical Audio-Visual Assessments (CAVA). These allow us to not only observe the technical quality of service provision, but also the respectful provision of care, and that the provider listens to the client's experiences of pain and comfort throughout the procedure and adjusting pain management options as they go.

2020 SNAPSHOT

17,060 clinical providers in our databases

80% competency assessed for every service they provide

CASE STUDY: VIETNAM

MSI's work in strengthening the public health sector is nowhere more apparent than in our Vietnam programme. MSI Vietnam has managed to maintain high clinical quality standards and competency assessment coverage across a network of nearly 4,000 Ministry of Health clinicians, many of whom provide more complex services such as manual vacuum aspiration, tubal ligation and IUD insertion. Between 2016 and 2020, the number of public sector providers competency assessed for every service they provide increased from 30% to 95%, and last year the team conducted clinical quality audits on 2,483 public sector service delivery sites.

"Given the limited national financial resource for contraception, MSI Vietnam's work has made an important contribution to increased availability of and access to quality contraceptive services amongst women living in rural areas in Vietnam." says Nguyen Thi Bich Hang, the programme's country director.

HOW WE BUILD CAPACITY
WITHIN OUR COUNTRY PROGRAMMES

Case study 1
Sierra Leone

2 38

- **Master trainers: 2**
- **Clinical trainers: 38**

"We ensure that our clinical trainers maintain their competency levels by supporting them to take the role of lead trainers, so that they can plan and conduct clinical trainings. After being competency assessed for their skills in delivering training, they are also given constructive feedback using the SBI (situation, behaviour, impact) model."

Octavia Johnson, Master Trainer

Case study 2
Nigeria

2 61

- **Master trainers: 2**
- **Clinical trainers: 61**

"Being a master trainer has improved my capacity to support other trainers in the effective design and implementation of clinical trainings at scale. Increasing the number of competent clinical trainers who can keep up with the high demand in our public sector strengthening channel has also helped us manage our annual training plans better."

Kingsley Odogwu, Master Trainer

Case study 3
Malawi

2 13

- **Master trainers: 2**
- **Clinical trainers: 13**

"Before taking part in the master trainer programme there were very few clinical trainers in the Malawi programme, and as a result, providers did not have the opportunity to be updated on best practice in service delivery. Training was only classroom-based, which had less impact. Now we have a number of master trainers available to conduct training of trainers, which was previously only conducted by the Global Medical Development Team. Our providers are now effective supported by clinical trainers."

Tonex Kanthonga, Master Trainer

"We ensure that our clinical trainers maintain their competency levels through continuous supportive supervision and making sure their competency assessments are up-to-date for the services they provide; ensuring that timely support is given following continuous supportive supervision action plans and competency assessment results; and having a WhatsApp forum where we discuss issues."

Dumbo Issa, Master Trainer

Case study 4
Zimbabwe

1 9

- **Master trainers: 1**
- **Clinical trainers: 9**

"Having master trainers in our programme reduces costs because most of our training of trainers are now done locally at no extra cost to the programme, and clinical trainers don't have to travel to other programmes. It's also given us a sense of ownership as we can assess our clinical trainers regularly."

Mavis Mabedhla, Clinical Trainer

Case study 6
Myanmar

2 16

- **Master trainers: 2**
- **Clinical trainers: 16**

"After participating in a training of trainers, clinical trainers can provide competency-based training under the supervision of a master trainer. During this supervision, the master trainer can identify any gaps to be improved on in order to maintain their training competency, which they can reflect on and integrate into their performance in future trainings."

Khin Than Po, Master Trainer

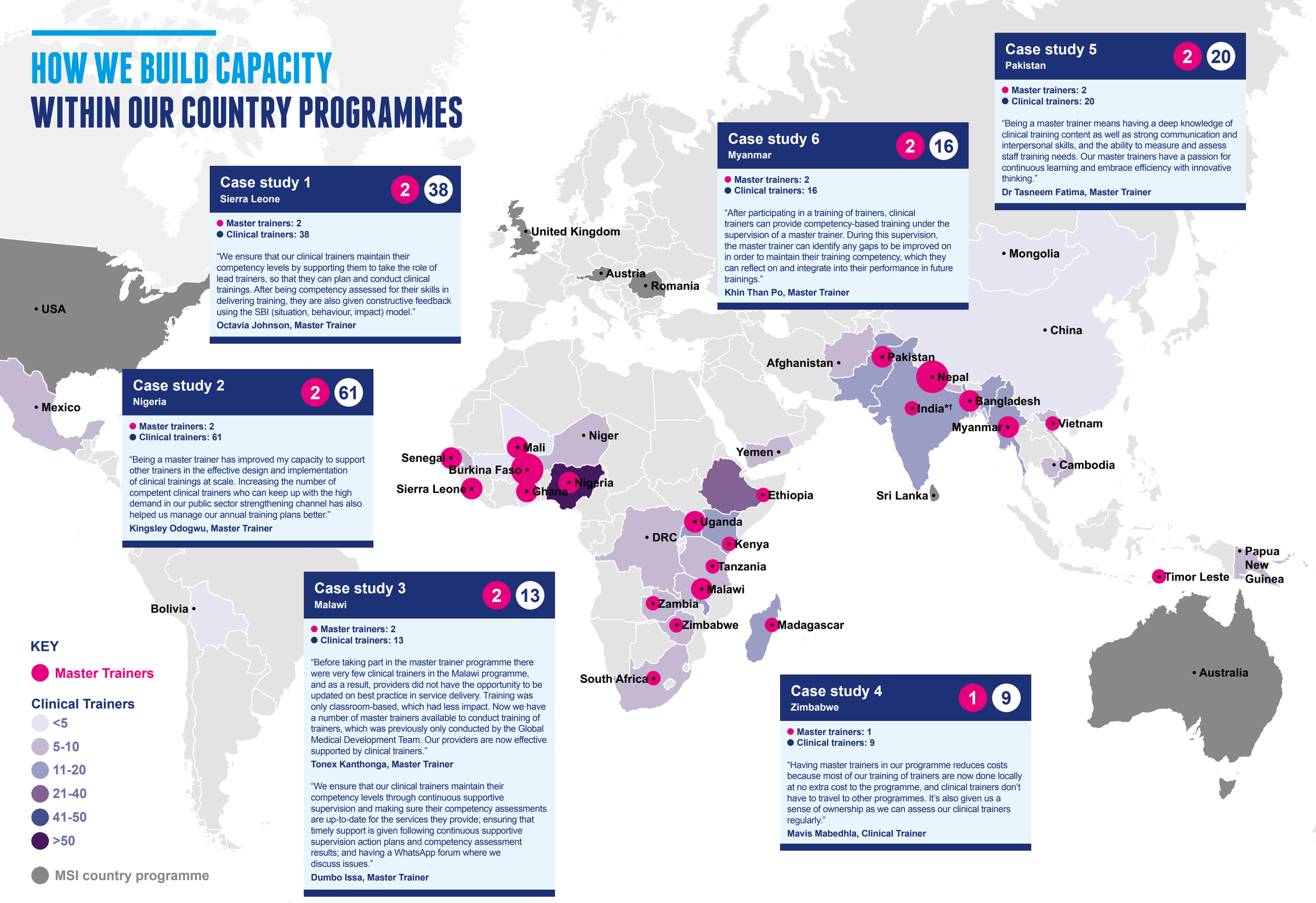
Case study 5
Pakistan

2 20

- **Master trainers: 2**
- **Clinical trainers: 20**

"Being a master trainer means having a deep knowledge of clinical training content as well as strong communication and interpersonal skills, and the ability to measure and assess staff training needs. Our master trainers have a passion for continuous learning and embrace efficiency with innovative thinking."

Dr Tasneem Fatima, Master Trainer



HOW WE INVEST IN OUR PROVIDERS

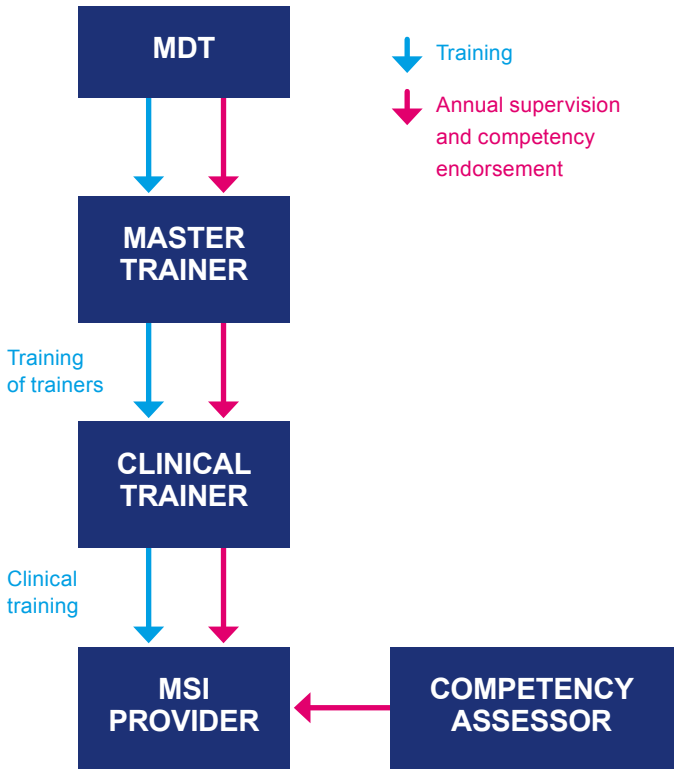
Our clinical providers are our most valuable resource. Not only do they provide services to thousands of clients on a daily basis, but those showing exceptional levels of client care are invited to participate in global quality assurance initiatives.

Our master trainers and clinical trainers are essential to the maintenance of our clinical training cascade. Clinical trainers are clinicians with level 1 competency in the service they wish to train in, and must be able to deliver feedback in a supportive, constructive manner. These trainers are trained by our global network of master trainers, who in turn gain the skills required to conduct trainings of trainers (ToT) at an annual workshop. Following the workshop, the master trainers are observed conducting ToTs and subsequently endorsed by our Regional Medical Advisors.

The importance of strong clinical and master trainers is no more stark than within our Public Sector Strengthening (PSS) channel. MSI clinical trainers have been instrumental in training thousands of Ministry of Health providers in contraceptive and safe abortion and post-abortion care service provision.

Finally, our network of peer assessors supports our Regional Medical Advisors in conducting QTA visits and CAVAs. These individuals are selected by their programmes for their high levels of clinical competency and objectivity for an annual workshop, the most recent of which took place in Zimbabwe. Not only are the peer assessors able to support the larger picture of MSI's quality assurance, they are also more empowered to conduct internal audits within their own programmes, and implement improvements more effectively.

MSI'S CLINICAL TRAINING CASCADE



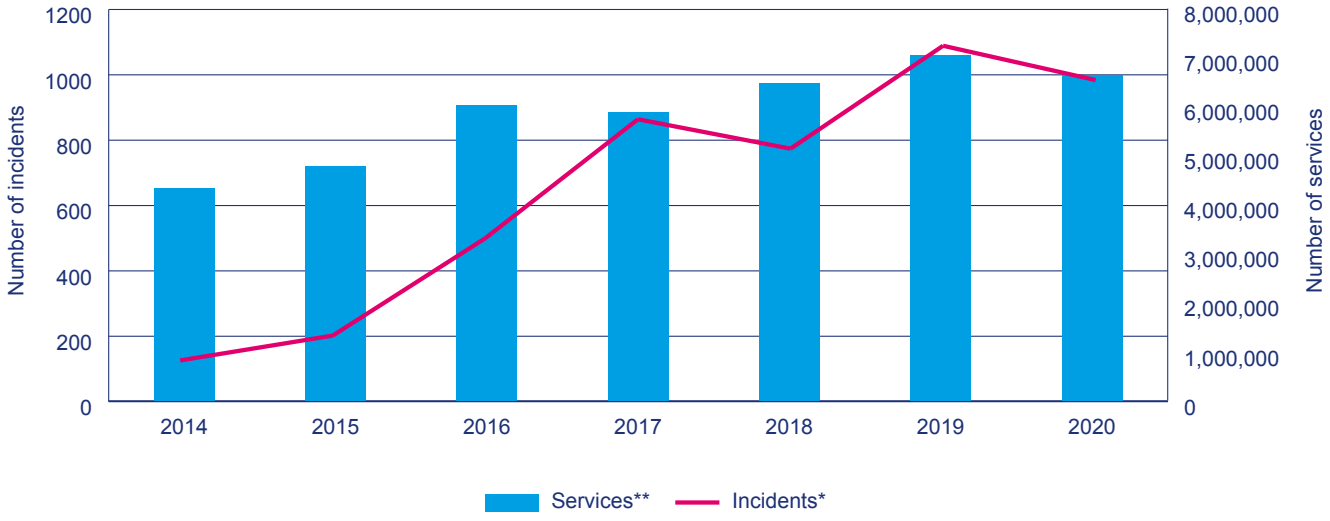
HOW WE LEARN FROM OUR MISTAKES

We don't often think of the word "incident" as positive, but clinical incident reporting is one of our key mechanisms for learning and growth. By learning from incidents, we can prevent them from recurring.

MSI instills a "no-blame" culture across its provider network, which ensures that our clinicians feel safe and empowered to acknowlege and take accountability for any errors in service provision. Critical incidents are escalated to and reviewed by a panel of experts from MSI's Global Medical Development Team, who carry out an extensive root cause analysis and review of the documentation before providing clinical teams with feedback and an action plan for improvement.

In 2019, the Medical Development Team defined a set of benchmarks for expected incident rates for IUD insertion, manual vacuum aspiration and tubal ligation based on available clinical evidence. These benchmarks aimed to destigmatise incident reporting by showing providers that clinical incidents are an unavoidable part of clinical practice. Since this point, reporting has edged closer to the expected rates year on year, with a slight drop in 2020 in line with reduced service volumes due to COVID-19. Additionally, agreement on the classification of incidents (red, amber or green) between clinical teams and the Medical Development Team has markedly improved over time, pointing to a clearer understanding of what each incident type entails.

INCREASES IN CLINICAL INCIDENTS VOLUNTARILY REPORTED TO GLOBAL THE MEDICAL DEVELOPMENT TEAM



CASE STUDY : INDIA

One of MSI's Indian programmes, the Foundation for Reproductive Health Services India, began to embrace a "no-blame" culture a few years ago, to great effect. Incident reporting was an area that the team had historically struggled with, but Dr Rashmi Ardey, their Director of Clinical Services, has encouraged providers to report and regularly discuss the root causes of incidents.

As a result, FRHS has seen critical incident reporting increase more than tenfold over the past 5 years. "Whenever an incident occurs, I ask the team concerned to discuss it in the monthly meeting immediately following the incident. This ensures that the team discusses the incident while it is fresh in everyone's mind and it is discussed again after receiving MDT feedback. This double discussion helps the team analyse better what are the gaps and how they can be addressed," says Dr Rashmi.

Most recently, this has led to an impressive drop in critical incidents that could have been avoided. Following extensive discussion and careful supervision of clinical providers, the number of potentially avoidable incidents occurring in the programme dropped by 11% between 2019 and 2020.

HOW WE USE ONLY THE BEST PRODUCTS FOR OUR CLIENTS

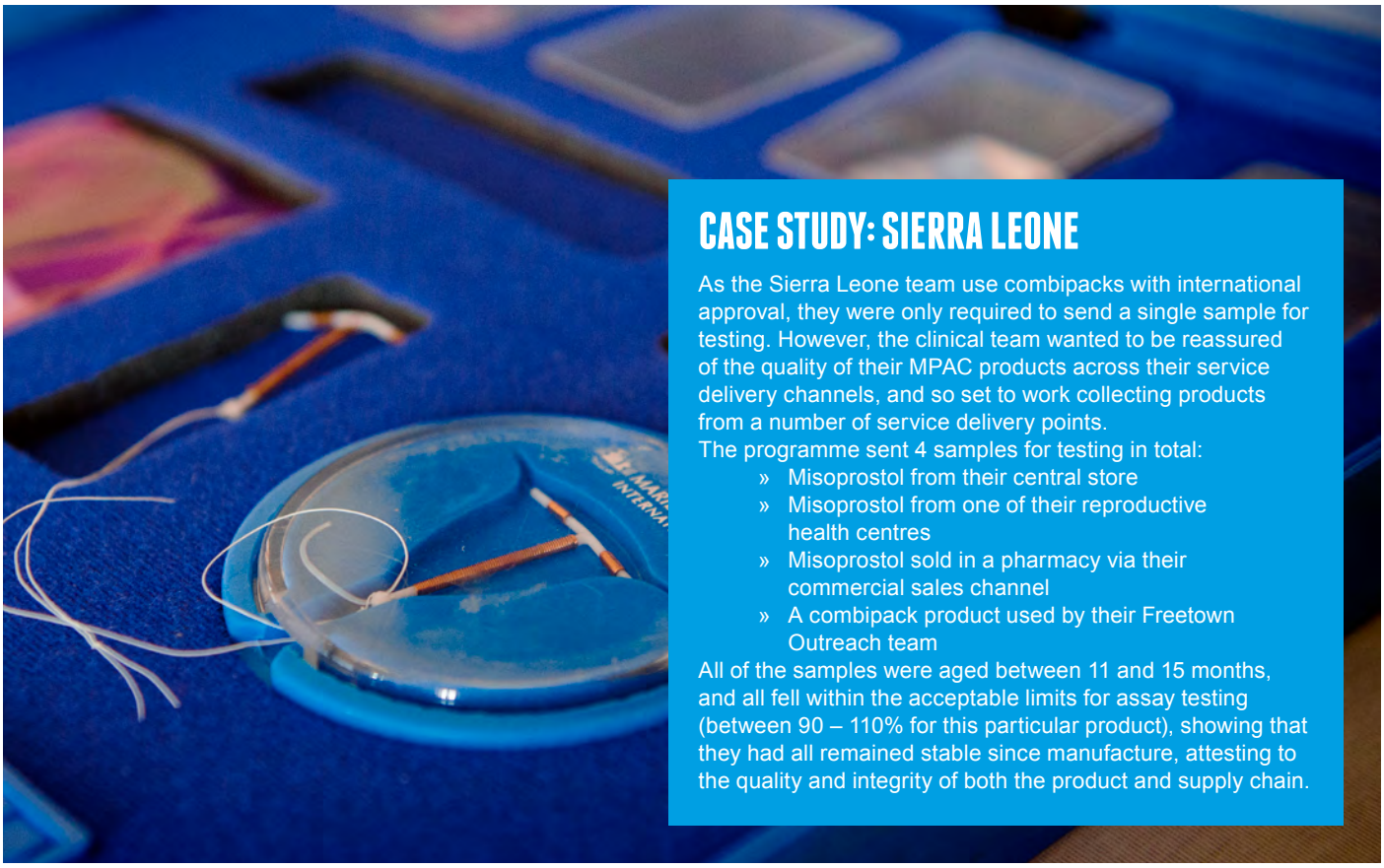
Good quality products save lives, and MSI's efforts to assure and maintain the quality and integrity of our medical supplies are sector-leading. All of our clinical teams are expected to use internationally-approved SRH and key ancillary products in their service provision.

We monitor product quality via a number of internal mechanisms:

- **Q-Trak:** an internal system in which clinical teams record the product type, formulation, manufacturer and provenance of all key SRH and key ancillary products in use in the programme. These are stringently checked against our internal standards for approved products. Q-Trak submissions are reviewed and feedback sent back twice per year.
- **Quality control field testing:** an initiative in which our programmes send samples of medical abortifacient products (mifepristone, misoprostol or mife-miso combipacks) directly from their service delivery sites to a WHO-prequalified laboratory for testing. The samples must be aged at least 6 months, and by taking them from the point of care, we are able to verify the quality of the product as close to the moment of client administration as possible.
- **Clinical audio-visual assessments of central stores and the storage facilities of teams in the field:** a complement to the main clinical audits of service delivery sites, these "mini-CAVAs" give us the opportunity to corroborate the information collected in Q-Trak with what we see in the field. Where discrepancies between Q-Trak submissions and mini-CAVAs are noted, teams are provided with short action plans to improve product sourcing and quality.

All of this allows us a holistic view of the supplies used across our service delivery networks, as well as their storage conditions.

Where products that do not already have international approval cannot be sourced, we use an innovative matrix approach. The Quality Assurance Risk Management Approach (QARMA) matrix examines both the quality of the manufacturer (via Good Manufacturing Practice audit or report) and of the product itself (via a review of the dossier), in addition to the product's specific risk characteristics. When viewed together, these factors allow us to make a risk-based decision regarding the use of the product. In late 2020, an article on the QARMA matrix and our field testing initiative was published in the International Journal of Gynaecology and Obstetrics.



CASE STUDY: SIERRA LEONE

As the Sierra Leone team use combipacks with international approval, they were only required to send a single sample for testing. However, the clinical team wanted to be reassured of the quality of their MPAC products across their service delivery channels, and so set to work collecting products from a number of service delivery points.

The programme sent 4 samples for testing in total:

- Misoprostol from their central store
- Misoprostol from one of their reproductive health centres
- Misoprostol sold in a pharmacy via their commercial sales channel
- A combipack product used by their Freetown Outreach team

All of the samples were aged between 11 and 15 months, and all fell within the acceptable limits for assay testing (between 90 – 110% for this particular product), showing that they had all remained stable since manufacture, attesting to the quality and integrity of both the product and supply chain.

HOW WE'RE LOOKING TO 2021 AND BEYOND

The Medical Development Team's clinical evidence branch keeps its finger on the pulse of innovations in the SRH and wider health sector, ensure that the most cutting-edge advancements in care are combined with real-world best practice in our clinical guidance. Over the past year, the team has critically appraised evidence on new contraceptive technologies, pre-exposure prophylaxis for HIV and treatment options for subfertility. Our focus on research has also led to the addition of guidance to our clinical safe abortion and post-abortion care guidelines guidelines on administration of simultaneous mifepristone-misoprostol administration for induced abortion. We constantly look for more effective and efficient ways to assure quality of care across some challenging contexts.

The past year in particular has thrown up some challenges to monitoring and maintaining clinical quality. With international travel restrictions making it near impossible for regional medical advisors and assessors to conduct overseas technical assistance visits and competency assessments, the team was pushed to find creative remote solutions to maintain quality assurance systems. In mid-2020 the first remote competency assessments and internal clinical quality audits were carried out in Nepal and Malawi. These have since been scaled up to full clinical audio-visual assessments (CAVA), covering the competency assessment and quality assurance of all core clinical services. To ensure the safety of clients and staff members as COVID-19 took hold, mini-CAVAs focussing on infection prevention measures were also carried out in several programmes. The process allows MDT's pool of remote assessors unobtrusively observing clinical services via video link. In addition to saving time and money, and reducing our carbon footprint, CAVA will allow us to triangulate the findings alongside other data systems such as the Q-Trak system for recording products used in service provision, and to continually improve the quality of the assessments themselves. CAVA will be rolled out across the full partnership in 2021, with over 100 remote assessments set to be completed.

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MSI Reproductive Choices
1 Conway Street
Fitzroy Square
London W1T 6LP
United Kingdom

Telephone: **+ 44 (0)20 7636 6200**
Email: **info@msichoices.org**

www.msichoices.org
twitter.com/msichoices
instagram.com/msichoices

Registered charity number: 265543
Company number: 1102208