

# Transforming Access through Partnership: MSI's approach for Health System Strengthening

For many people, their closest, affordable provider of sexual and reproductive healthcare services is a public sector facility, but these services may be limited or stigmatised. MSI works with governments and other partners to reach the most under-served with high quality sexual and reproductive health and rights (SRHR) to transform access.

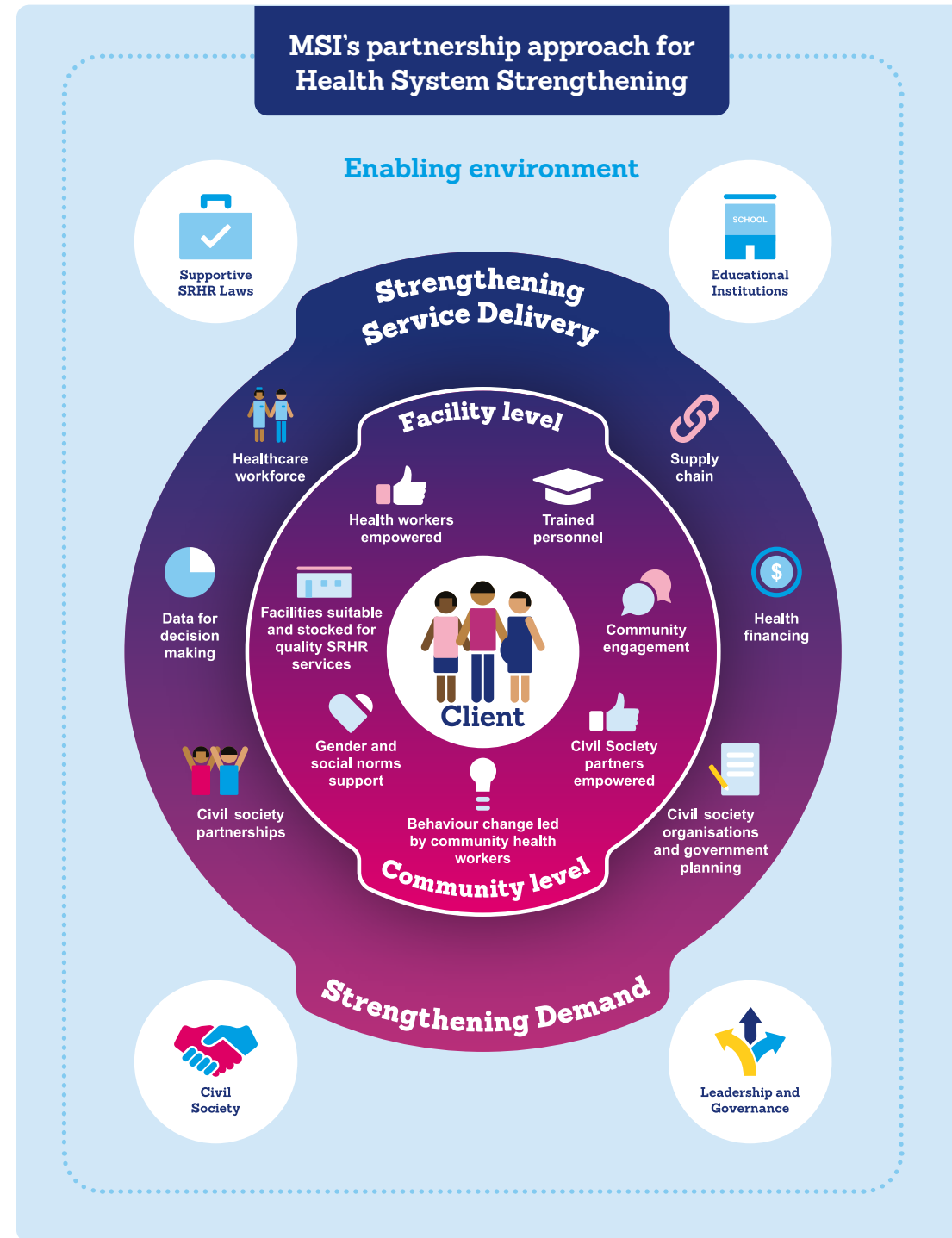
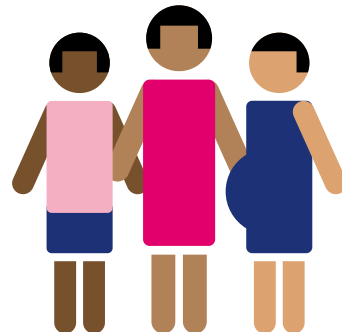
This Health System Strengthening approach has been born out of our longstanding outreach service provision and relationships with government providers and clients. We have drawn on decades of experience within the communities we serve to create a sustainable approach to ensuring “we leave no one behind”.

Today, we are working with governments in 23 countries to dramatically scale up public sector sexual and reproductive health (SRH) access at “last mile” locations, through “ground-up” partnership models which engage and empower civil society. Communities and providers; strengthen district leadership and bolster health systems for a more sustainable future.

This document outlines our vision for the future and explains our partnership approach with a call to action for even more synergistic collaboration.

## Our vision

**“All women and girls have the ability and agency to access quality SRHR, empowering them to make decisions about their sexual and reproductive health, and access high-quality services that meet their needs, ensuring their rights are respected and protected.”**

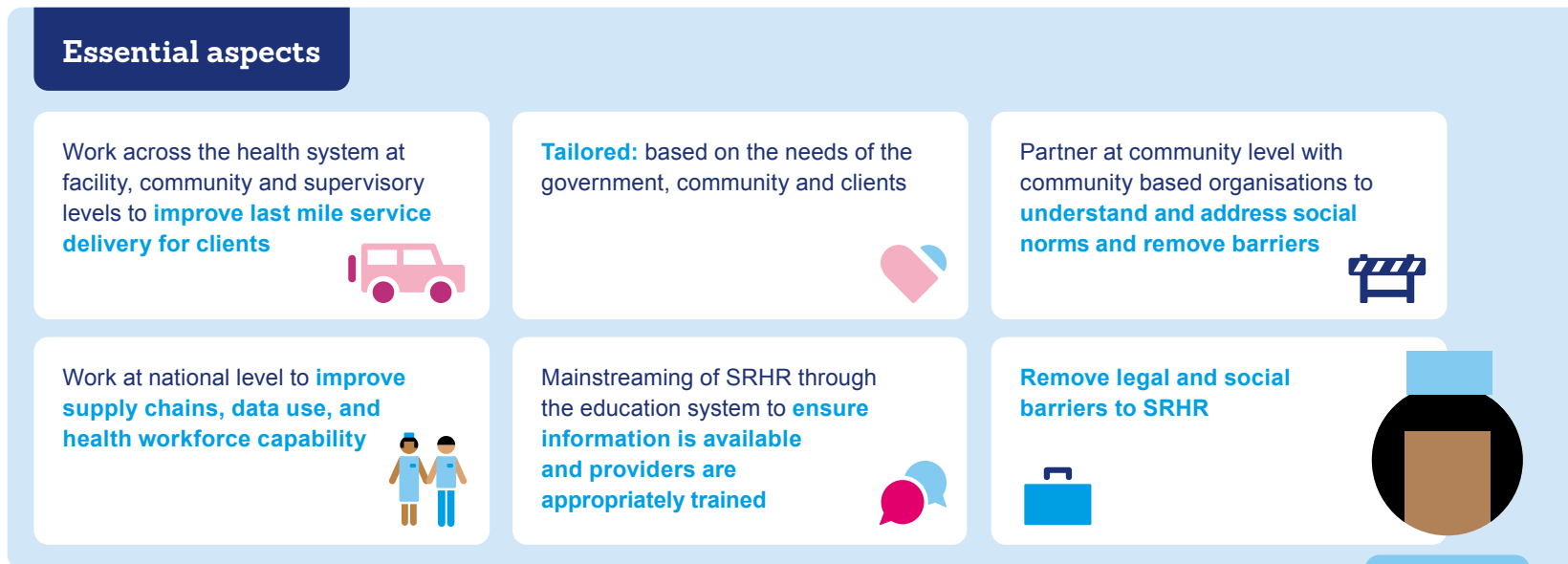


# Our approach: essential aspects of our Health System Strengthening framework

Health System Strengthening is a continuous process of improvement, adapting to each country's specific needs and challenges. Our clients are our priority, so they sit at the centre of our framework and approach. There are three main levels of intervention, at the community, facility and system levels, which all support an enabling environment.

Working at district, facility and community levels helps drive demand and build provider skills and confidence to deliver client centred services.

Facility and district government staff and community health workers have often worked alongside MSI outreach teams for many years and know and trust us, so it becomes easier to collaborate to build capabilities such as:



Rigorously monitoring impact on service uptake, client demographics and experience helps create the data and insights to strengthen management and supply systems, all helping to shift policies to expand access within primary healthcare. Promoting government and community leadership of demand generation activities and supporting structures that focus on behaviour change helps build capacity and support for community health workers (CHWs) and civil society organisations (CSOs).

Both groups are instrumental in positively engaging district and community leaders to support shifting social norms and deliver upon gender and equity commitments.

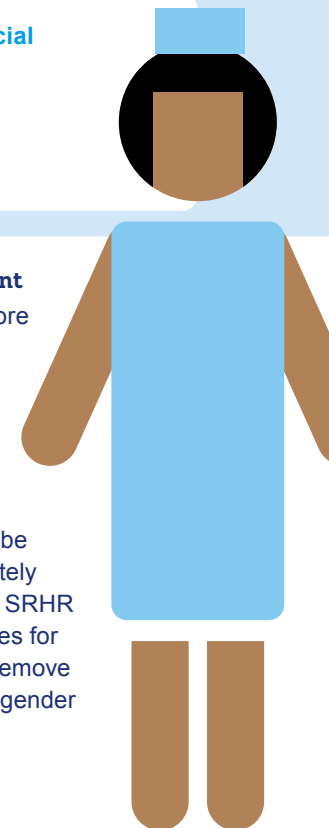
## System Strengthening (District, Subnational, Regional, and National levels)

Strong relationships and use of MSI data with ministries of health and education, especially through technical working groups, improves data quality, which in turn supports national supply chain forecasting and planning to reduce facility stock-outs.

Client-centred quality is at the heart of MSI's work. Through clinical mentorship and training we build the capacity of trainer supervisors to create a strong facility support structure. By improving provider confidence and competence, clients are more likely to leave with a method that suits their needs, improving the likelihood of method continuation and positive recommendations to peers.

## Enabling Environment

We help to create a more enabling environment by working with civil society and governments to remove restrictive SRHR policies; to advocate for SRHR to be prioritised and adequately resourced; to increase SRHR information and services for young people; and to remove stigma and barriers to gender equality and SRHR.



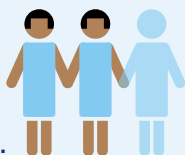
# What MSI Health System Strengthening looks like on the ground

Every country is different. But there are common success factors across all these examples:

- 1 evidence based with data being used to measure results and to inform stakeholder decision making
- 2 trusted government partnerships, creating joint ownership from the start

## Two thirds choose long acting and reversible contraception (LARCs)

MSI is helping to expand method choice. On average, almost two thirds of women and girls seeking contraception in an MSI-supported government facility chose a LARC, double the proportions nationally.



## 20%-40%

**increase in family planning takeup** Across programmes in Uganda, Nigeria, Senegal and Ghana, we've seen a **20% to 40% increase** in the number of women and girls taking up contraceptive services at MSI-supported government facilities (2018-2021). These gains are maintained over time even as MSI inputs reduce.

## +43%

**Sayana Press self-injection** In Malawi, MSI supports the Ministry of Health to scale up Sayana Press delivery. Over 43% of Sayana Press clients opted for self-injection, generating government buy-in for self-injection through a sustainable, scaled delivery platform.



## 80% increase in adolescents

In Nigeria, there was an 80% increase in the proportion of adolescents accessing SRH services from MSI-supported government providers (2018-2022).

## Improve client-centred care

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 providers' values clarification and attitudes transformation into government training.



## Expanding method choice

MSI Vietnam worked with the Ministry of Health to embed competency assessments and quality assessments and supported provincial and district supervisors to supervise 2,500 providers in 1,600 facilities across 21 provinces to provide implants and intrauterine contraceptive devices (IUCDs), expanding method choice.

MSI supports

**10%** sites  
**33%** FP services  
**>50%** LARCs



In Nigeria, MSI supported 10% of all public sector facilities, who delivered **nearly a third of all family planning services provided by the public sector and more than half of all long-acting and reversible contraceptive services** in the country in 2021.



“Since we started partnering with MSI Uganda, they trained me, and I became confident in offering long-term methods of family planning. As a district trainer, I now mentor my fellow service providers in delivering these methods.”

Annet, a public sector midwife in Kabarole, Uganda

## Strengthening supply chain mechanisms



In Uganda nearly 1/4 of public facilities do not have supplies to provide implants. MSI collaborated with MoH at national and district level to rollout a national warehouse system making stock tracking easier. Tools developed by MSI were adopted by MoH to include maternal and child healthcare commodities.

# The future: towards sustained access of quality last-mile SRH services

Our models are dynamic and diverse, rooted in each country's context, to meet the needs of clients and governments in the most effective and efficient way possible. Sustainable financing for SRHR remains a big question with governments facing ongoing commodity security and human resource challenges; and active opposition to service provision. Learning and working together will enable a stronger public health service to meet all future challenges.

## Tailored transitions for sustainable change

Once there is community-level momentum around SRH service use and government provider confidence and competence is built, our own 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, and demand mobilisation that influence government healthcare and reduce delivery costs.

## Impact

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 working with governments and partners to test pathways to an endpoint where this momentum can be sustained without MSI support.

## In 2022:

 we supported over **10,000** government health workers

 across **6,400** facilities

 to reach **6.1m** women and girls with sexual and reproductive healthcare

 almost **one in three** clients reached are multidimensionally poor

## What the future could look like

**To scale and reach 50% of total national family planning demand 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 family planning demand at an additional cost of under £6 per client served.** This would have a profound impact on women and girls, communities, health systems and in meeting the demographic dividend.



Averting  
**60,000 maternal deaths and 13 million 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**

**Increasing national contraceptive use by 30%**

Make significant progress towards  
**Sustainable Development Goals**  
(targets 3.7 and 5.6)

Building resilience, including to the climate crisis, by helping to lift an estimated  
**3.7 million families out of extreme poverty**

## To discuss our work further:

### MSI Reproductive Choices

1 Conway Street  
Fitzroy Square  
London W1T 6LP  
United Kingdom

Telephone: + 44 (0)20 7636 6200  
Email: [partnerships@msichoices.org](mailto:partnerships@msichoices.org)  
[www.msichoices.org](http://www.msichoices.org)

Registered charity number: 265543  
Company number: 1102208

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