





Speakers



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Our Global Challenge

Dr. Samukeliso DubeExecutive Director



MSI's Health Systems Strengthening – what are we learning?

Anna MackaySenior Director, Global Programmes and Philanthropy

How has MSI's approach evolved?

Bottom-up partnerships with governments in

23 countries



6000+ public sector facilities

working with 10,000+ providers



Last year we supported governments to reach

6.1 million clients:

800,000 were

adolescents



8 out of 10

clients were from a community left behind by the health system



Seeing a step-change in access and equity:

up to 80% increase in adolescent reach



In Nigeria, we are working with the government to meet

25% of national contraceptive demand

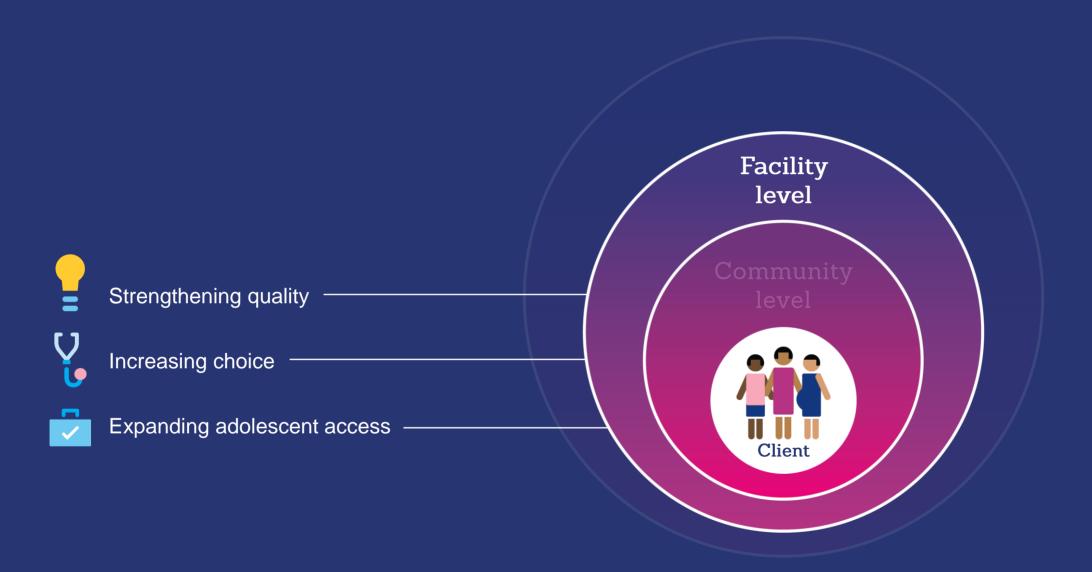


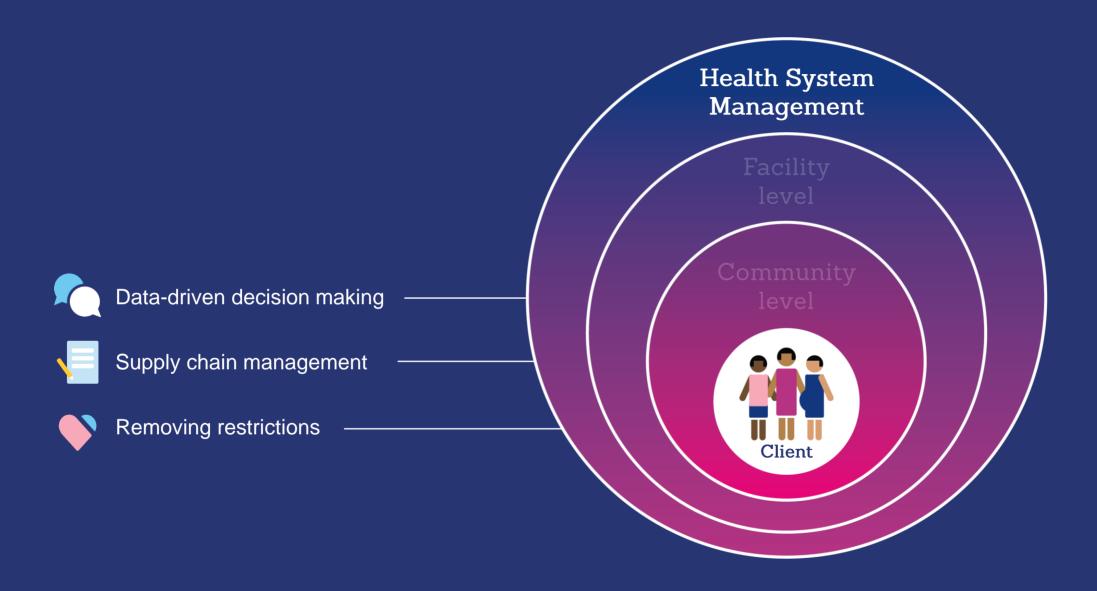


MSI's Health Systems Strengthening – what are we learning?

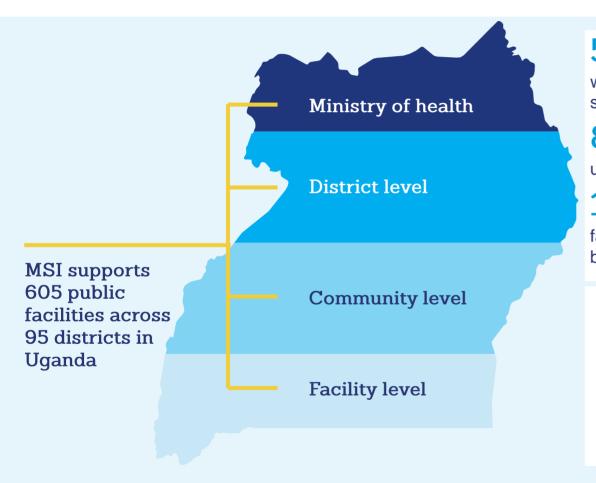
Dr Carole SekimpiSenior Country Director MSI







MSI is supporting governments to increase and sustain choice, quality and reach



500,000

women and girls accessed services last year

82% were from underserved communities

17% are now adolescents, far exceeding national benchmark of 10%

30% increase

in women & girls seeking services

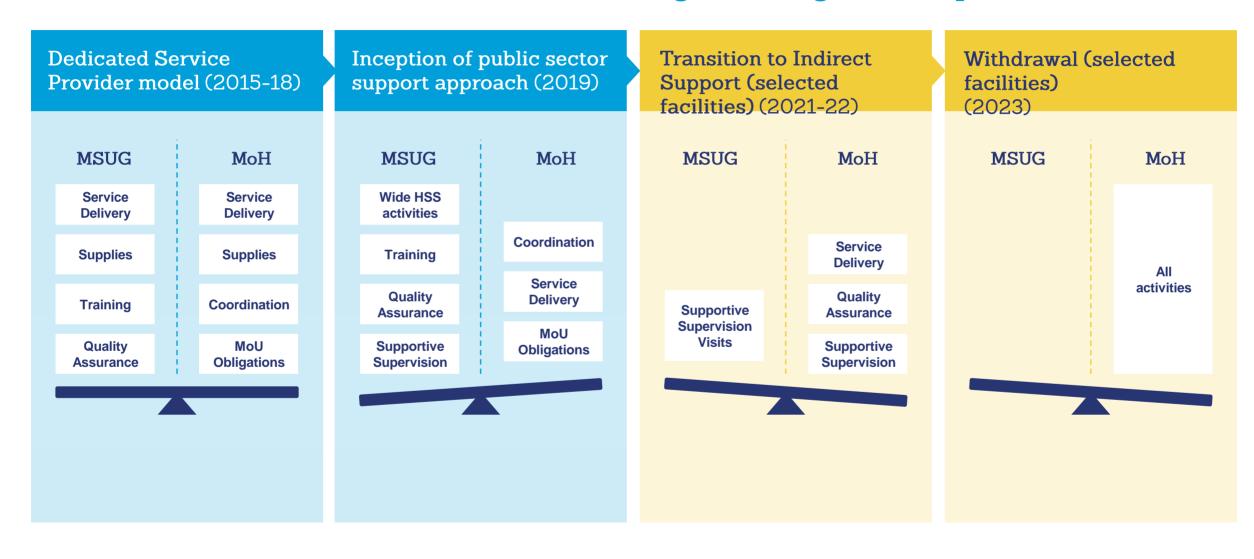
Facilities have maintained high client levels and adolescent reach in the year since MSI Uganda transitioned to a lighter touch support model

As one government provider in Bunyangabo shared,

66

These trainings have helped us improve our services and the quality we offer our clients. We can now counsel on and provide any method confidently and clients are able to select any family planning method they want."

Tailored transitions for sustainable change: the Uganda experience





Learnings from Ghana

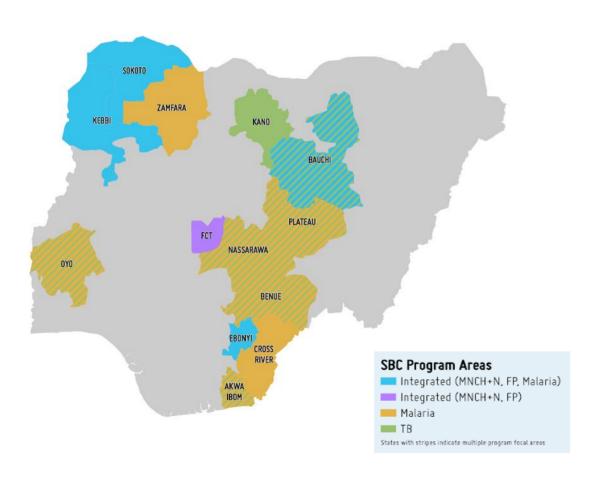
Dr Claudette DiogoLogistics and Supply Manager Programme Manager,
Family Planning Ghana Health Service



Driving Sustainable Demand in Nigeria

Dr Abdulrahman ZaggaState Lead, Breakthrough Action-Nigeria (BA-N)

Breakthrough ACTION Nigeria - at a glance



Project Duration: 2018 – 2025

Overview

Breakthrough Action Nigeria (BAN) is USAID's flagship Social and Behaviour Change project.

The overarching goal is to strengthen 17 health behaviours in family planning and reproductive health, maternal new-born and childheath, malaria and TB.

The project's key objectives are to:

Strengthen public sector systems for oversight and co-ordination of social and behaviour change at the national and sub-national levels.

Improve individual and social determinants of health

17 Priority Health Behaviors

Childbirth	First 6 months	6 - 24 months	2 – 5 years
Delivery at health facility and/or with a skilled attendant	Breastfeed exclusively for six months after birth	Feed adequate amounts of nutritious, age-appropriate foods to children from 6 to 24 months of age, while continuing to breastfeed	
Provide essential newborn care		Seek prompt and appropriate ca	re for signs and symptom of diarrhea
immediately after birth		Seek prompt and appropriate care for sign	ns and symptom of acute respiratory infection
Initiate breastfeeding within 1 hour after delivery	Adhere to full course of Seasonal Malaria Chemoprevention (SMC) 3 – 59 months		
Full vaccinations per Nigerian policy			
Use a modern contraceptive method, including long-acting reversible contraceptives (LARCs), to avoid pregnancy for at least 24 months after a live birth			
	Delivery at health facility and/or with a skilled attendant Provide essential newborn care immediately after birth Initiate breastfeeding within 1 hour after delivery Use a modern contrace	Delivery at health facility and/or with a skilled attendant Breastfeed exclusively for six months after birth Provide essential newborn care immediately after birth Initiate breastfeeding within 1 hour after delivery Adhere to full continuous per Nigerian policy Use a modern contraceptive method, including long-acting reversible	Delivery at health facility and/or with a skilled attendant Breastfeed exclusively for six months after birth Provide essential newborn care immediately after birth Provide essential newborn care immediately after birth Adhere to full course of Seasonal Malaria Chemoprevention (course of Seasonal Malaria Chemoprevention (cou

Sleep inside insecticide-treated nets (ITNs), Seek prompt and appropriate care for fever, Test before treatment, Adhere to full course of artemisinin-based combination therapy

BA-N's Coordinated Multi-Channel Approaches for Integrated SBC Intervention

Community Social Behavior Change

Community Capacity and Sustainability

Women Empowerment Group

Mass Media

Mobile/Digital

Provider Behavior Change

Religious Leaders Advocacy/SBC-ACG Coordination with USAID IPs

Strengthening government capacity



Partnerships to expand mentorship and supportive supervision in Ethiopia

Jemal Kassaw EngenderHealth

Partnership to expand Catchment Based Clinical Mentorship and Supportive Supervision in Ethiopia

£70 million invested as financial aid to the MoH

Provider

Skills of primary level providers

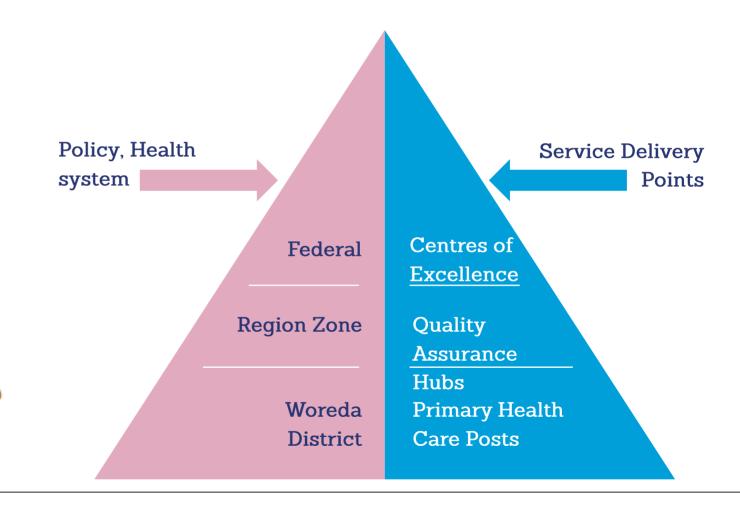
Products

Availability of commodities at primary health posts

Place

Readiness of primary health posts

Referrals and linkages between primary health posts and citizens



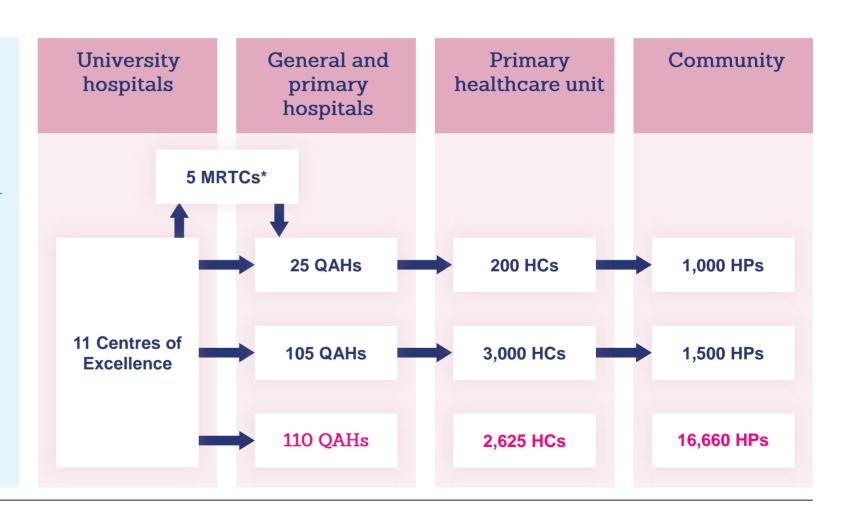
Catchment based clinical mentoring and supportive supervision model

Support the with virtual technology

From phone follow up, SMS, using social medial platforms, and setting up/piloting video conferencing

Centres of Excellence with clustered Quality Assurance Hubs have telegram group

5 Centres of Excellence and 18 Quality Assurance Hubs have selected, equipped with video conferencing facilities and virtual mentoring

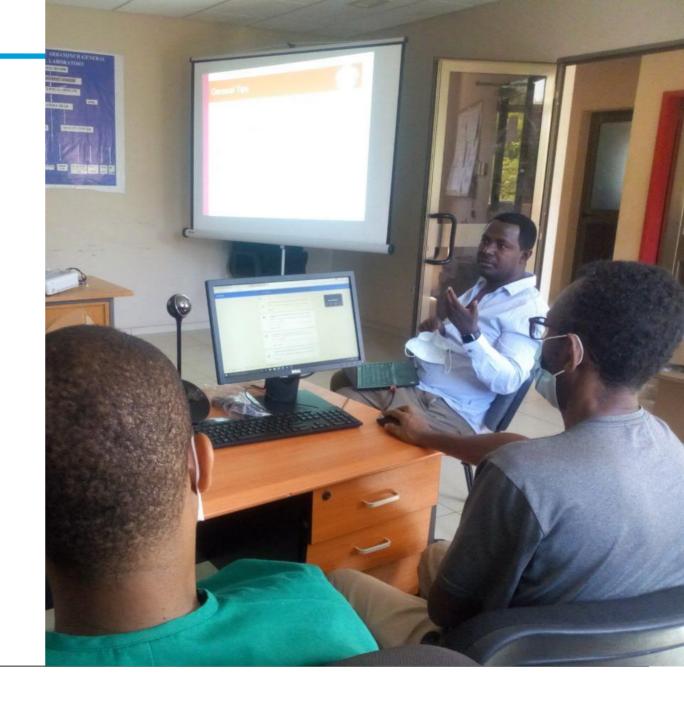


Digital Health – Modeling innovation and use of technology

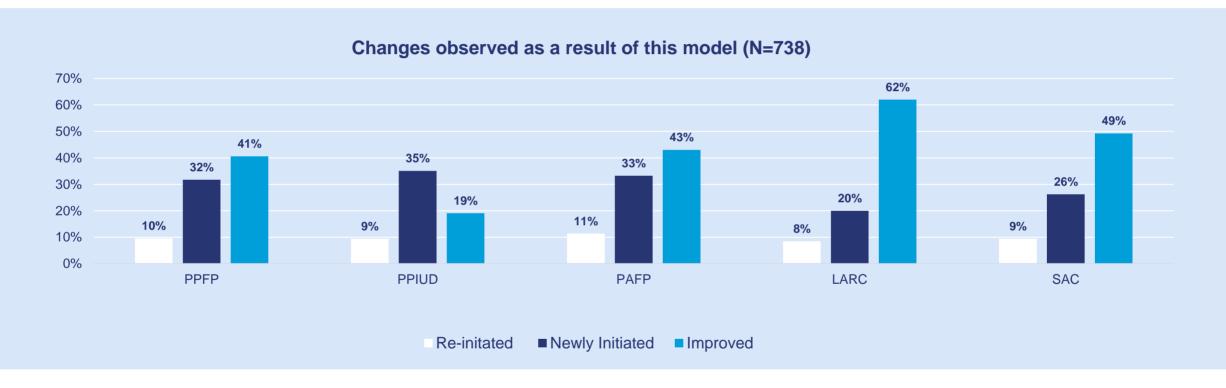
Support with virtual technology

From Phone follow up, SMS, using of social medial platforms like telegram group, up to setting up/piloting video conferencing

- Centers of Excellence with its clustered Quality Assurance Hubs have telegram group
- Based on assessment, 5 Centers of Excellence and 18 Quality Assurance Hubs have been selected, equipped with video conferencing facilities and successfully run with virtual mentoring



Improved family planning and abortion services at public health facilities



Key lessons

01

The model strengthened sustained capacity in the public health system

02

Catchment Based Clinical Mentorship improves the skills of providers at last mile primary health care units

03

Virtual mentoring such as video conferencing and similar platforms can be used in future













Anna Mackay
Senior Director, Global Programmes and Philanthropy

Key Learnings

Intentional partnerships and monitoring to ensure last-mile impact:
A key enabler to increase reach and impact





Pairing Clinical
Training with VCAT
and client feedback:
Enhances
providers' ability to
deliver high quality,
client-centred,
rights based
services



Evidence-based advocacy:
Use data and research to inform policy and practice changes



Successful transition to government ownership is complex, gradual and not always linear



Thank you for joining

We look forward to continuing the conversation



