

MSI's Health System Strengthening approach

Examples from the field

MSI Reproductive Choices is working with governments in 23 countries to scale up public sector sexual and reproductive health (SRH) access through a Health System Strengthening approach that is focused on ensuring that we “leave no one behind”.

Our approach works with Ministries of Health at a national and regional level to support the delivery of quality contraception and Safe Abortion / Post Abortion Care services through improved supply management, building provider competence and skills in long acting contraceptive methods and post abortion care service provision, expanding access to choice, and by building community-level momentum around SRHR support use.

This technical brief provides an overview of MSI Reproductive Choices' (MSI's) Health System Strengthening (HSS) approach in Nigeria, Sierra Leone, Niger, Mali, Senegal, Burkina Faso and The Democratic Republic of Congo (DRC) and how we transition our support over time. This brief explores learnings from the field and outlines where the focus of our work will be moving forward to reach our vision of [women and girls accessing high quality contraception and Safe Abortion / Post Abortion Care in the public sector](#).

In 2023 MSI reached

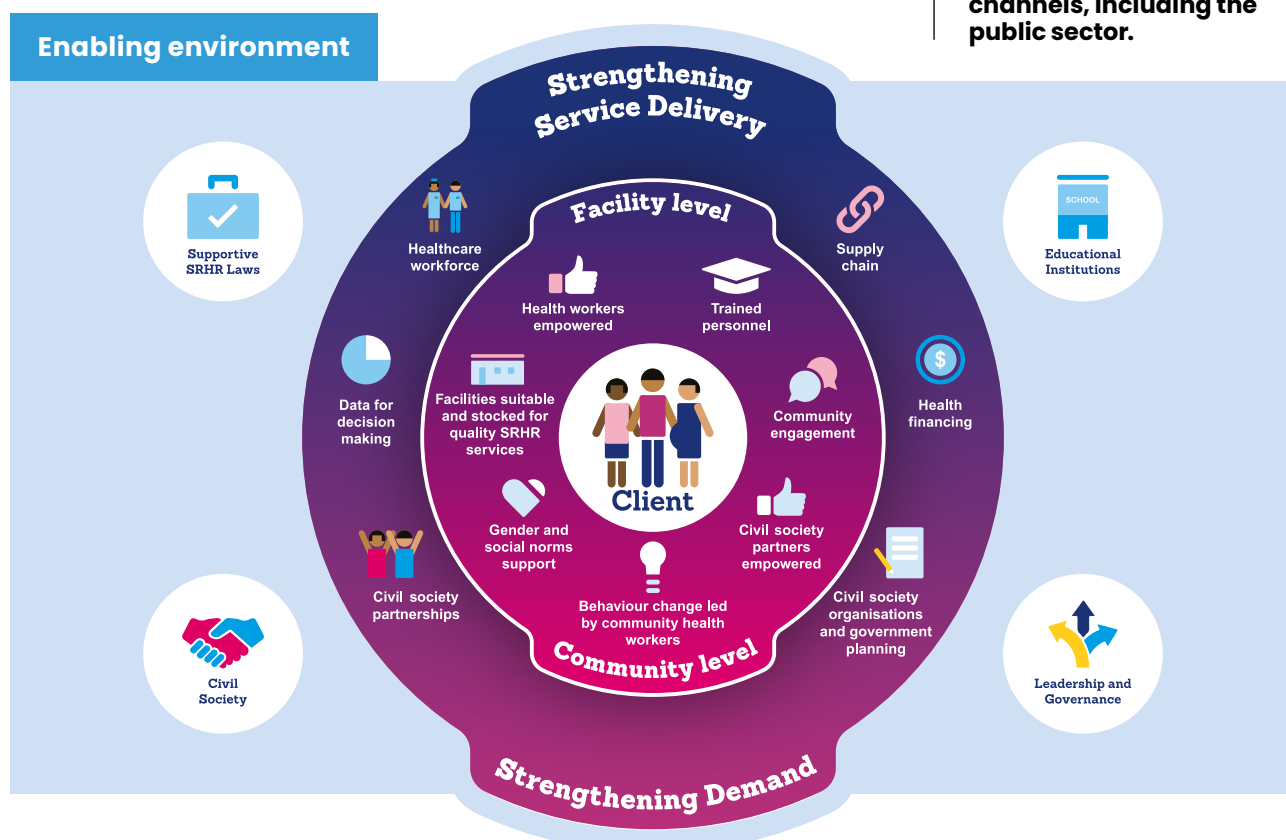
23.3m
clients and

averted
16.5m
unintended pregnancies

9m
unsafe abortions and

37,500
maternal deaths

through all service delivery channels, including the public sector.

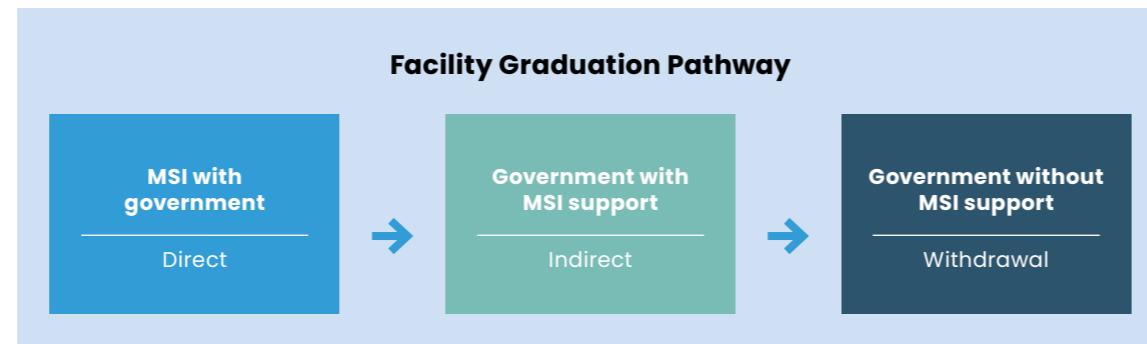


Transition approach

Through our Health System Strengthening approach, we use facility level expertise in clinical quality, data quality and consistent supply chain. We work intensively with facilities whilst provider confidence and competency increase, capacity strengthening government supervisors to autonomously provide ongoing support.

Once 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 community support that influence government healthcare and reduce delivery costs.



What have we learned so far?

iAspire Mentorship Programme in Senegal

MSI Senegal works in close collaboration with the Directorate of Maternal Health, the Director of the Department of Contraception, the Regional Medical Directors and Coordinators of Reproductive Health to understand the priorities of the government and to work to address those in partnership.

To support the MoH in management issues around the availability of quality providers and high rates of mobility, MSI has launched a mentorship program for newly qualified midwives. It enrolls the midwives in an internship and supports skills building on contraceptive services.

Through this programme, MSI trains newly qualified midwives in clinical quality, inventory management, data validation and client record keeping.



MS Senegal is such a supportive partner – we are working towards the same goals. They support us with our agenda and our needs. It is a true partnership – we are a family.”

Dr Marieme, Director of Ministry of the Direction Mother and Child



MSI Nigeria's partnership with the MoH

In 2022, MSI Nigeria evolved its approach to working with the public sector, towards a more Health System Strengthening approach.

Working with Master Trainers from the MoH enabled the successful reduction of MSI support and as of the end 2023 over 2,100 of the 2,700 facilities MSI Nigeria works with are receiving only light touch support.

Building on this approach, they successfully advocated for a more comprehensive support team at State level and the creation of Quality Assurance Teams (QATs). State led QATs are now supporting 100 facilities in a pilot phase providing logistics support and are fully accountable for capacity strengthening, supportive supervision, competency assessment, demand generation, micro-teaching, data collection and other technical functions to the state.

MSI Nigeria has supported almost **15,700,000** people access high quality sexual and reproductive health services through

2.6 million client visits at

2,700 public sector facilities across

35 of the 36 states in Nigeria since 2016

Community Engagement

As well as working directly with the facility, we also seek to increase overall community support for sexual and reproductive health. This ensures sustained demand for the services on offer in the public sector and helps to expand access to services for more vulnerable groups. MSI Social and Behavioural Change (SBC) and

marketing teams work with a range of stakeholders and partners, including government community health workers, traditional and religious leaders and other influencers. Leveraging local knowledge and experience, teams use a range of strategies to engage community members and help address and overcome barriers through

SBC activities. As well as addressing individual barriers, such as knowledge and awareness, time is also taken to understand the impact of social norms and community expectations on SRH decision-making. Community gatekeepers are trained and mobilised to help address social norms and promote reproductive health.



La Famille Ideale and Husband Schools

La Famille Ideale is a suite of participatory tools for use by community mobilisers in Niger, Burkina Faso, Senegal and Mali. A game and facilitated couples' conversation target adolescents directly as well as their husbands and other key influencers. It explores who can use contraception, when and for what reason and involves everyone in discussions around contraception.

The "Husband School" addresses gender norms in Mali and Niger that hold men as the decision-maker in reproductive health. It is a voluntary, community-based intervention delivered by men to men through three channels:

- 1 household visits for husband and couples;
- 2 group education and dialogue sessions to discuss decision-making power and shared responsibility for family well-being; and
- 3 targeted advocacy with community influencers.

The model husbands report feeling a sense of support, pride and camaraderie, there are many more men in the community who would like to join their efforts.

Both these approaches aim to enact change not just at the individual or interpersonal level, but also at the community level.



At a national level, we work with the MoH to identify and address barriers to access at facility level, using our in-depth knowledge from the field.

In the DRC, the maternal mortality rate is 846 per 100,000 live births (World Bank 2022) and unsafe abortion is the second leading cause of maternal mortality in the country, according to the DHS 2013-2014. To help contribute to improve women’s access to safe and quality abortion

services in DRC, MSI DRC and partners advocated for the inclusion of training modules for service providers as part of their pre-service training. Two new SRHR modules are now included in the training curriculum of nurses and midwives at Universities / Higher Institutes of

Medical Technology. These courses, Notions of Sexual and Reproductive Health Rights (Module 1) and Comprehensive Woman-Centred Abortion Care (Module 2), provide guidance on SRHR and on the MoH norms and standards for the provision of safe abortion services.

Next steps

As our transition approach grows across the partnership and we move to a lighter touch model in more countries, we are conducting reviews of the impact of this model at a national, district and facility level to understand the lasting impact of our intervention at a demand and supply side.

This analysis will capture government empowerment and autonomy and the impact of our intervention on clinical outcomes. Through our work we have been able to scale up access to post abortion care in the public sector, we will continue to work with the public sector to increase this access, ensuring that women have access to high quality post abortion care within their communities.

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.”

