



Reaching underserved communities with government-led outreach services in Nigeria

Key learnings

MSI Nigeria works with the government to strengthen health systems, training providers to deliver sexual and reproductive health services, providing resources, and supporting capacity-building across public health facilities. In 2018, MSI Nigeria launched the 'In-Reach' initiative in partnership with the Nigerian government – public sector providers deliver their own outreach services with MSI's support.

The initiative has established a framework for integrating outreach services within the health system strengthening model, demonstrating a successful way to empower local providers and promote national ownership of outreach services to reach underserved communities. Health providers from 2,400 public facilities have conducted 49,000 'In-Reach' sessions, providing services to 2 million clients and generating over 6 million CYPs since 2021.

The challenge

Rural communities in Nigeria often face significant challenges in accessing quality healthcare, with approximately 8.6 million women in rural areas experiencing a demand for contraception in 2024. While the public sector had previously conducted outreach efforts, these initiatives lacked adequate resources and coordination.

At MSI, we are dedicated to addressing these gaps. Our 2030 strategy emphasises the principle of 'Leave No One Behind' by developing programmes that reach marginalised communities. These gaps are commonly addressed through outreach efforts delivered by MSI's own teams and supported through donor funding. However, we also aim to establish public sector partnership models that promote national ownership of sexual and reproductive healthcare, ensuring sustainable access to high-quality services. To this end, Nigeria launched the 'In-Reach' initiative in 2018, where public sector sites run their own outreach services supported by MSI Nigeria.

What we did

Through this scheme we have supported 2,400 public healthcare providers to deliver services across remote communities outside their base facilities, reaching 2 million clients who otherwise would not have had access to contraception.

1

Planning & Coordination

Since 2018, MSI and the Nigerian government have implemented 'In-Reach' services at 25% of public sector facilities. An annual workplan is developed to identify underserved communities and areas with the most significant unmet family planning needs. This workplan facilitates the strategic mobilisation of resources and commodities to 'In-Reach' locations which are adjusted based on evolving community needs.

To avoid duplication of services with MSI Nigeria's outreach sites, strong coordination is maintained. An annual scheduling meeting involves key stakeholders including the Family Planning Coordinator and State Coordinator to collaboratively plan activities and ensure comprehensive coverage. MSI Nigeria outreach teams do not provide services within the designated public sector site areas, maintaining a clear separation.

2

Community Mobilisation

Community mobilisation and demand generation efforts are initiated one to two weeks prior to 'In-Reach' activities through social and behavioural change communication (SBCC) initiatives. SBCC Officers engage with existing community structures including government health promoters to make sure communities are informed of their choices.

Mobilisation techniques include community dialogues, one-on-one interpersonal communication, and organised group meetings with women's associations, men's groups, and youth associations. Adolescent-specific mobilisation such as visiting schools and vocational groups also occur depending on location.

3

In-Reach Conducted

'In-Reach' services are typically provided at public health facilities within a community that does not currently offer family planning services, particularly long-term options. Alternative venues, such as community halls or chiefs' residences, may also be used if they meet clinical standards for space, cleanliness and privacy.

Each session is conducted by one trained provider from the public sector site, who is skilled in long-term contraceptive provision and has undergone post-training supervision. A single provider can facilitate one 'In-Reach' session per day, with all necessary commodities supplied by the government and transport costs supported by MSI Nigeria. Comprehensive services are offered during these activities, with both long- and short-term contraceptive options and post-abortion contraception.

4

Clinical Quality Assurance & Data Monitoring

Approximately **25%** of 'In-Reach' activities are monitored by MSIN Nigeria staff to ensure adherence to quality assurance standards. Additionally, regional quality advisors conduct periodic reviews of these services. Clinical concerns are addressed through collaborative supervision sessions involving the Family Planning Coordinator and representatives from the Ministry of Health. Issues can be escalated for further discussion, ensuring a responsive approach.

Data from each 'In-Reach' session is collected using client intake forms and subsequently entered into a mobile application developed by MSI Nigeria, which shares data with the support office. This information contributes to a dashboard used to track the impact of services, facilitating ongoing assessment and improvement.

What we found

We analysed routine data collected by the 'In-Reach' teams from May 2021 to October 2024.

Across three years, providers from 2,400 public health facilities supported by MSI have conducted 49,000 service delivery sessions through their own activities.

They have delivered services to 2 million clients, generating over 6.4 million CYPs.

Of clients who opted for a long-term contraceptive, an average of 87% chose an implant and 13% chose an IUD.



What this means

This initiative integrates MSI's traditional outreach approach with our health systems strengthening efforts, successfully demonstrating how outreach services can be incorporated into our health system strengthening framework. It has led to the establishment of sustainable outreach services that operate independently of donor funding, facilitated skill transfer to local providers, and empowered governments to take ownership of healthcare delivery. The success of this initiative is also helping the government of Nigeria to reach its goal of increasing mCPR to 27% by 2030.

Lessons learned on implementing government-led outreach services

- ✓ Government collaboration and ownership are crucial for success.
- ✓ Careful planning and coordination with MSI teams to avoid duplication of services and ensure comprehensive coverage.
- ✓ Workplan of outreach sites which prioritises contraceptive access for clients in areas unable to visit public sector sites.
- ✓ Build government capacity for commodity procurement and logistics ownership to ensure sustainability before MSI support is able to be withdrawn.



(CYPs) is a measure that estimates the protection from pregnancy provided by contraceptive methods during a one-year period.¹

More information

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