



# A GLOBAL COMMITMENT TO SAFETY

**CLINICAL QUALITY REPORT 2024**



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# THE PROMISE OF SAFETY:

## A WORD FROM THE GLOBAL MEDICAL DIRECTOR

**Growing up in a remote village in Sri Lanka, every visit to a health facility filled me with a quiet worry. It wasn't just the reason for the visit itself; it was the unspoken understanding that safe and effective care was never a guarantee. You might be fortunate enough to meet a clinician with a patient-centred approach, on a day when supplies were readily available, and find a pharmacy stocked with quality medicines. But that was never a given, and people had accepted this as their lived reality of healthcare.**

Over my twenty-five years of working across the globe, I've observed this same acceptance in many places. These are often communities we consider less fortunate, resource-limited, or facing significant poverty. Places where people feel they must be content with whatever care they receive, where patients have accepted that they deserve less. At MSI, we wholeheartedly disagree.

No matter which country an MSI client is from, whether they live in an urban centre or a rural village, or if they're seeking an IUD or a vasectomy – and regardless of whether they're paying themselves, or their care is funded by a government or health insurance scheme – we are unwavering in our commitment to offering one set of uncompromising standards in the care they receive. Across 36 countries, MSI provides care to over 90,000 clients every single day, and our goal is for each of them to receive a level of care that meets MSI's exceptional standards. Why? Because how we provide services is as important to us as how many we provide, and every person deserves high-quality, client-centred care.

It's famously said that "quality is doing the right thing when nobody is watching you." Building on that wisdom, we at MSI believe that providing safe and high-quality services to the thousands of clients

who come to MSI teams every day is possible only when we've cultivated a culture where all MSI service providers and support teams believe in and commit to our standards of care.

As a global organisation providing contraception, abortion and post-abortion care across six continents, it's crucial that safety and quality are deeply woven into our culture. As we serve the 90,000 clients who seek our services each day, we hold a firm belief that every single one of those clients deserves the same unwavering standards of safety and care. This report outlines our significant achievements in clinical safety and showcases the robust systems we employ across borders to ensure that every MSI client is offered the same standard of clinical safety, no matter who they are and where they live.

**Dr Dhammika Perera, MBBS MPH FFPH PhD**

Global Medical Director

**ACROSS 36 COUNTRIES, MSI PROVIDES CARE TO OVER 90,000 CLIENTS EVERY SINGLE DAY, AND WE ARE LASER-FOCUSED ON ENSURING THAT EVERY CLIENT RECEIVES A LEVEL OF CARE THAT MEETS MSI'S EXCEPTIONAL STANDARDS.**

# CLIENT SAFETY: RISING ABOVE THE SOFT BIGOTRY OF LOW EXPECTATIONS

## A WORD FROM THE CHAIR OF THE BOARD OF TRUSTEES

**At MSI, we believe deeply in the inherent dignity and worth of every individual. This belief fuels our mission and shapes every aspect of the care we provide. Tragically, in healthcare settings around the world, there's a subtle but pervasive injustice that often goes unchallenged: the quiet assumption that those from resource-poor settings or disadvantaged backgrounds somehow deserve a lesser standard of care. This isn't always overt discrimination, but rather a soft bigotry of low expectations, leading to discrepancies in safety, quality, and respect. It's a reality we, at MSI, refuse to accept.**

We firmly believe that your gender, where you are born, your economic circumstances, or the political landscape of your country should never dictate the quality or safety of the healthcare you receive. Every person, without exception, deserves the very best that we can offer. This conviction is at the heart of MSI's commitment to our clients worldwide.

That's why, across all 36 countries where we operate, and for every single one of the 90,000-plus clients that we serve daily, MSI is dedicated to offering a single standard of care and safety. We proactively implement rigorous clinical protocols, investing in continuous clinical competency management, ensuring consistent supply chains, and fostering a culture where excellence is non-negotiable. Whether a client seeks contraception in a bustling city or post-abortion care in a remote village, they will encounter the same unwavering

dedication to their safety, their well-being, and their right to dignified, high-quality healthcare.

This report isn't just a compilation of our achievements. It showcases the systems and values that allow us to provide truly equitable care, transcending borders and socio-economic divides. We are immensely proud to stand by our principle: every MSI client, every day, deserves the highest standards of clinical safety, simply because they deserve to.

**Frank Braeken**

Chair of the Board of Trustees

**WE FIRMLY BELIEVE THAT YOUR GENDER, WHERE YOU ARE BORN, YOUR ECONOMIC CIRCUMSTANCES, OR THE POLITICAL LANDSCAPE OF YOUR COUNTRY SHOULD NEVER DICTATE THE QUALITY OR SAFETY OF THE HEALTHCARE YOU RECEIVE. EVERY PERSON, WITHOUT EXCEPTION, DESERVES THE VERY BEST THAT WE CAN OFFER. THIS CONVICTION IS AT THE HEART OF MSI'S COMMITMENT TO OUR CLIENTS WORLDWIDE.**





## 2024 IN NUMBERS

**23.8m**

client visits

**99,500**

clinical competency  
assessments carried out

**128**

external clinical quality  
assessments conducted

**13,400**

providers  
competency assessed  
in every service

**8,000**

internal clinical  
quality assessments  
conducted

**51**

abortion medication  
samples tested for  
quality assurance

# ONE MSI: ENSURING CLINICAL QUALITY THROUGH MUTUAL SUPPORT

## 78 INTERVENTIONS IN 2024

From peer-led quality technical assistance (QTA) sessions that share best practice, to business-to-business (B2B) trainings delivered from one country to another, the MSI partnership is harnessing the power of internal expertise to improve clinical quality across all of our programmes.

### Case Study 1

Malawi to Sierra Leone



**Malawi trained clinicians in Sierra Leone on tubal ligation (TL).**

"MSI Sierra Leone had to discontinue TL services due to a lack of trained providers. During my training in Malawi, I served 13 clients in five days under the supervision of competent clinical trainers. We are grateful for this opportunity, which has allowed us to resume TL services in Sierra Leone after nearly two years."

**Dr N'falie Ibrahim Sesay, Clinical Quality Director, MSI Sierra Leone**

### Case Study 2

Burkina Faso to Niger



**Burkina Faso's Quality Assurance Assistant Odile Fande supported MSI Niger with a training of trainers.**

"The training gave me the opportunity to share my knowledge and experience with fellow trainers while gaining insights into Niger's training practices. This exchange was invaluable and strengthened our understanding of best practices."

**Odile Fande, Quality Assurance Assistant, MSI Burkina Faso**

### Case Study 3

Mali to Madagascar



**Mali's Quality Assurance Manager Dr Brahima Bocoum conducted Madagascar's centres & outreach clinical audio video assessment (CAVA).**

"Dr Brahima's constructive feedback following the assessment was highly encouraging for both providers and supervisors in our programme. All providers have implemented his post-CAVA recommendations, which we expect will enhance their practices and reduce the risk of incidents."

**Jasmin Velo, Training Centre & Clinical Lead, MSI Madagascar**

### KEY

- Peer Quality Technical Assistance (Peer QTA)
- Peer Clinical Audio Video Assessment (Peer CAVA)
- Technical Assistance (TA)



## Case Study 4

### Pakistan to Afghanistan



**Pakistan's Quality Training Lead Amina Majeed supported Afghanistan with clinical trainers' endorsement.**

"The support from Amina strengthened our skills as clinical trainers and enabled us to learn and implement new techniques. I firmly believe that collaboration between country programmes enhances both trainers' and trainees' capacities, fostering greater learning and skill development."

**Deputy Clinical Quality Lead, MSI Afghanistan**

## Case Study 5

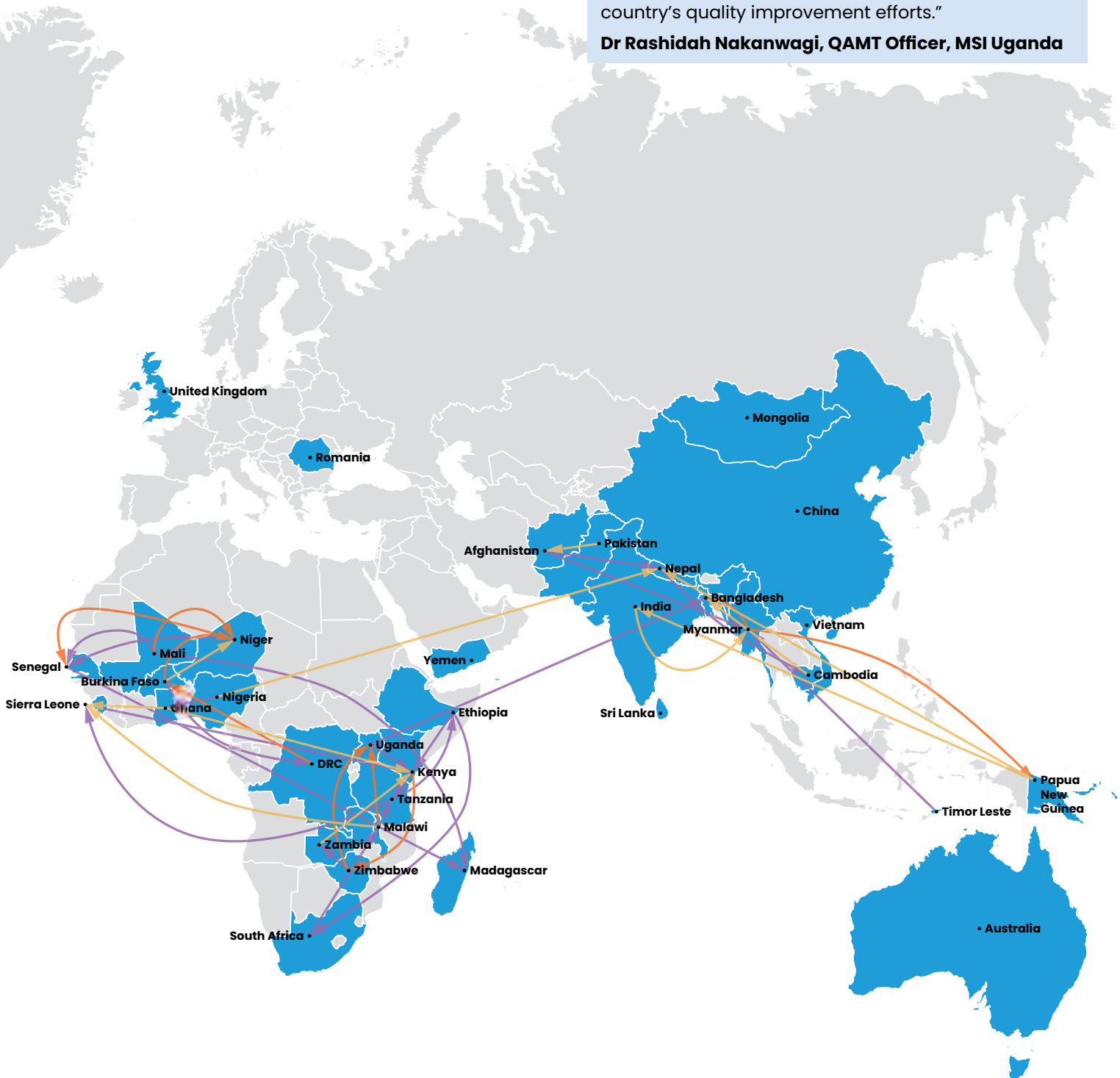
### Uganda to Kenya



**Uganda virtually supported Kenya's clinical audio video assessment (CAVA).**

"A CAVA can be challenging due to network disruptions and the long, unconventional working hours caused by time zone differences. However, I deeply value the opportunity it provides to exchange ideas on overcoming clinical quality challenges while respecting diverse cultural and contextual differences. I strongly support country programmes assisting one another, as this collaboration fosters knowledge-sharing that can significantly enhance a country's quality improvement efforts."

**Dr Rashidah Nakanwagi, QAMT Officer, MSI Uganda**





## A SINGLE CLINICAL COMPETENCY STANDARD

**Having a single standard across the MSI partnership allows us to provide similar safety and efficacy levels to all our clients, regardless of their location. To achieve this, we define a single clear competency standard for each service. Our competency management system is designed to ensure that every service provider develops and maintains the same high level of competency.**

MSI mandates that each provider's competency is assessed for each service before they can offer that service to clients independently. Only those who independently demonstrate the required competencies are authorised to deliver care. Providers' competencies are reassessed **at least once a year** by certified MSI assessors. In 2024, 99,554 clinical competency assessments were carried out for 13,824 providers across the MSI partnership and public health providers we work with.

MSI ensures consistency across assessments by implementing the following measures:

- **Standardised Assessment Checklist:** Every competency assessment follows a standardised checklist covering key skills, knowledge, and attitudes required for quality service delivery.
- **Assessor Qualification & Certification:** To conduct competency assessments, assessors must be certified in the relevant service, complete an assessor development training, and renew their certification annually through an online refresher course.
- **Centralised Competency Database:** Each country maintains a standardized MSI competency database that tracks provider proficiency across all services. This system plays a critical role in continuous competency development and ensuring service quality.
- **Competency Accuracy Validation:** MSI employs the **competency accuracy** process, where observed competencies from external quality audits are cross-checked against competency records in the database. This triangulation allows MSI to verify the reliability of internal assessments and implement corrective actions where necessary.

**PROVIDERS' COMPETENCIES ARE REASSESSED AT LEAST ONCE A YEAR BY CERTIFIED MSI ASSESSORS.**

**IN 2024, 99,554 CLINICAL COMPETENCY ASSESSMENTS WERE CARRIED OUT FOR 13,824 PROVIDERS.**



# STANDARDISED CLINICAL QUALITY AUDITS

**To deliver safe, high-quality clinical care, MSI conducts structured Clinical Quality Audits (CQAs) across its service delivery sites globally. From Papua New Guinea to Bolivia, these assessments are carried out using the same standards and checklists. These audits promote consistent adherence to MSI's clinical policies and guidelines, to keep our clients safe.**

Each year, all MSI service delivery sites receive an internal clinical quality audit. In addition, a sample of sites in each of our 102 service channels is assessed by an assessor independent of the programme. In 2024, MSI conducted:

- 8,083 internal audits across country programmes
- 128 external audits, covering 620 service delivery sites and 31 support offices

These audits have been instrumental in driving continuous improvement. By identifying non-compliance with clinical standards and benchmarking performance, CQAs enable targeted interventions that enhance client outcomes, reduce clinical risk, and optimise operational efficiency.

To ensure consistency, reliability, and comparability of audit outcomes, MSI has invested in standardising its clinical quality audit processes. Key enablers include:

- **Standardised Assessment Checklist:** All audits—internal and external—are conducted using a single checklist aligned with MSI's clinical policy and global standards.

- **Standardised Action Plans:** Post-audit interventions are structured through specific, measurable, and time-bound action plans. This facilitates focused quality improvement and reinforces accountability at the site level.
- **Assessor Qualification and Certification:** Internal auditors are experienced clinicians who complete specialised assessor training. To maintain quality and consistency, their certification is renewed annually via an online refresher course. MSI's Global Medical Development Team provides ongoing support to internal assessors.
- **Centralised Audit Data Management:** Each country programme maintains a cloud-based database of audit findings, using standardised formats. This centralised system supports real-time monitoring, cross-country learning, and data-driven decision-making.

**128 EXTERNAL AUDITS, COVERING  
620 SERVICE DELIVERY SITES AND  
31 SUPPORT OFFICES**



# EMBEDDING STANDARDISATION AT THE CORE OF PRODUCT SAFETY

**Our clients will only receive the level of care and safety that they deserve if all pharmaceutical products, surgical instruments and commodities are of good quality. That is why we maintain rigorous systems that assure us that the products we use meet our standards.**

All the contraceptive and abortifacient medicines and devices we use come from manufacturers who are WHO-prequalified, approved by a Stringent Regulatory Authority, meet UNFPA ERP Level 1 or 2, or have been greenlighted using our Quality Assurance Risk Management Approach (QARMA).

We maintain a comprehensive database of approved suppliers that includes hundreds of manufacturers of essential sexual and reproductive health products and thousands of manufacturers of ancillary medicines. No country team sources from outside of this list. In the rare instances where procurement from an approved manufacturer is not feasible, country teams apply for a product quality exemption that MSI will investigate. The procurement will only move forward if the manufacturer and the product are approved.

In addition, we maintain other product quality assurance systems:

- **Q-Trak Database:** All country programmes use Q-Trak, MSI's online database, to self-report key medicines that they use. The accuracy of Q-Trak entries is verified during annual external clinical quality audits, and compliance with approved sourcing is reviewed biannually. This process fosters a culture of adherence to MSI's product quality standards across all MSI teams.
- **Medical Abortifacient Testing:** Even products from good manufacturers can lose efficacy due to heat, moisture and dust. Every year, we test misoprostol tablets and mifepristone-misoprostol combination packs across countries, using samples drawn from our clinics, warehouses and from pharmacies that sell our products. These samples are then tested in WHO pre-qualified laboratories to see if storage and transport conditions have compromised product integrity.
- **Standardised Audit Tools:** We use standardised checklists to assess product quality during both internal and external clinical quality audits. These checklists are aligned with MSI's quality standards for manufactured products, for storage conditions, for inventory management, and for documentation practices.
- **Product Related Incident Reporting:** All MSI teams follow a robust, standardised system to report product quality concerns and product-related clinical incidents. All reported incidents are recorded in a global database, enabling regular analysis to identify trends and address safety concerns. Where appropriate, incidents are also reported to manufacturers to support corrective action and continuous quality improvement.



**WE MAINTAIN A COMPREHENSIVE DATABASE OF APPROVED SUPPLIERS THAT INCLUDES HUNDREDS OF MANUFACTURERS OF ESSENTIAL SEXUAL AND REPRODUCTIVE HEALTH PRODUCTS AND THOUSANDS OF MANUFACTURERS OF ANCILLARY MEDICINES.**



## A STANDARDISED APPROACH TO CLINICAL RISK MANAGEMENT

**Every clinical service carries some risk. However, at MSI, we strongly believe that no one should face an unnecessary risk. As the resources available for providing care get squeezed by the external funding situation, it becomes ever more important that we know where to invest our quality assurance resources. Our global clinical risk profiling system allows us to do just that, showing us where to focus.**

Accurate data gathered through reliable systems can paint a picture of quality that supersedes continents. That is why all MSI teams that deliver clinical services continuously record and report carefully selected and standardised clinical data points. These data streams feed into MSI's clinical risk profiling system, which shows us where clinical risk is higher and why.

MSI currently provides our services across a variety of channels. Our clinical risk profiling system calculates the inherent clinical risk within each of these channels. Using data from our clinical quality assurance mechanisms that include internal and external clinical quality audits, competency assessments, and incident management, the system then calculates the proportion of each channel's risk that is mitigated in each quarter. These calculations show how our service channels compare in terms of service risk but also show us which components in each channel are being managed well and which need attention.

The quarterly clinical risk profiling reports allow MSI to recognise what works well and what does not, allowing us to carefully direct finite resources to keep clients as safe as possible.

Clinical risk profiling findings are reported to the Board of Trustees, ensuring senior-level oversight and reinforcing our commitment to the proactive management of clinical risks across every location that we provide services in.

**OUR GLOBAL CLINICAL RISK ASSESSMENTS ALLOW US TO FOCUS OUR RESOURCES MOST EFFECTIVELY TO KEEP CLIENTS SAFE.**

# SAFE AND COMPASSIONATE MATERNITY CARE FOR EVERY BIRTH

**MSI is dedicated to delivering outstanding maternity care across all its facilities.**

Currently MSI runs 20 maternities across seven countries (Ethiopia, Uganda, Tanzania, Kenya, Madagascar, Yemen and Bangladesh). In 2024, we attended 17,595 deliveries and provided 108,656 antenatal care visits.

## Safety standards and clinical governance

MSI maternities adhere to international best practices. Each facility complies with stringent safety standards and clinical governance processes. Regular audits, inspections, competency assessments, and continuous learning through incident reporting ensure that obstetric care is always at the highest standard.

## Preparedness and emergency management

8–10% of pregnancies experience a life-threatening complication, with hemorrhage and hypertensive disorders leading the causes of maternal deaths.<sup>1</sup> A large proportion of these occur unexpectedly, and even under the supervision of the most experienced clinicians, cannot be prevented. Therefore, MSI teams are always ready for early identification and management to avoid negative outcomes. MSI obstetric training is based on the Advanced Life Support in Obstetrics (ALSO) curriculum and emphasises a simulation-based approach. It exposes maternity teams to realistic and immersive real-life scenarios for obstetric emergencies like postpartum haemorrhage (PPH), shoulder dystocia, eclampsia or neonatal resuscitation. Teams engage in these simulations every six months, receiving constructive feedback from an experienced obstetric facilitator to enhance performance both individually and as a team.

**MSI MATERNITIES STRIVE FOR EVERY BIRTH BEING NOT JUST SAFE BUT ALSO A POSITIVE AND RESPECTFUL EXPERIENCE.**

## Safety meets person-centred care

Childbirth and pregnancy are not “just” a medical event. While technical expertise and strict quality assurance mechanisms are crucial to save the lives of women and babies, they are not enough to ensure a positive experience. At the core of MSI's maternity services is a deep commitment towards respectful maternal and newborn care (RMNC) and a zero tolerance approach towards any form of obstetric violence.

Although RMNC is now widely considered a priority in obstetric care, there was a gap in resources and support tools for healthcare providers in diverse contexts to facilitate changes in long-established practices. In 2022, MSI developed a dedicated training for RMNC. It supports breaking traditional power dynamics in maternity care, supporting providers in RMNC practices such as birth companions, humanised deliveries and C-Sections, pain management and tailored birth plans. A formal evaluation of the toolkit showed that it improved provider attitudes and practices. Patients reported better maternity care experiences.<sup>2</sup>

In addition to the training, we gathered direct insights from the women themselves to determine if the efforts so far are meeting their needs. In 2023, MSI introduced a dedicated client feedback system tailored specifically for maternity care. It includes carefully designed questions to assess various aspects of RMNC practices.

Client feedback has been crucial in empowering women and enhancing person-centred maternity care. Teams can identify areas for improvement and adapt practices accordingly.

In essence, MSI's global maternity network blends safety standards with compassionate, person-centred care.

<sup>1</sup> Global and regional causes of maternal deaths 2009–20: a WHO systematic analysis. Cresswell, Jenny A et al. The Lancet Global Health, Volume 13, Issue 4, e626 – e634)

<sup>2</sup> Roemer M, Pasos UER, Wanyama I, Lubambi E, Argenziano A, Weber PL. When addressing resources is not enough: lessons learned from a respectful maternal and neonatal care provider training intervention evaluation in Kenya and Tanzania. BMC Pregnancy Childbirth. 2024 May 14;24(1):359. doi: 10.1186/s12884-024-06555-3. PMID: 38745117; PMCID: PMC11094886.





## A CALL ON THE THIRD DAY: KEEPING OUR TUBAL LIGATION CLIENTS SAFE

**MSI provides tubal ligation services to hundreds of thousands of women every year. Tubal ligations are a quick, safe and highly effective contraceptive choice. As with all clinical procedures, though, it carries some risk.**

One of the rare but serious risks of tubal ligation is intestinal perforation. It can lead to peritonitis and sepsis, which can be fatal. Importantly, a perforation is not always immediately visible and often becomes clinically evident only on the second or third day after the procedure.

Recognising this critical window, we have introduced a simple yet powerful safety measure: a follow-up call on the third day after a client receives their TL. This allows us to say 'hi' and, make sure that clients do not have any early warning signs of a developing infection. Where we

think there is even a slight risk, we quickly refer that client for further care, thereby avoiding the infection from getting a foothold.

We have made these follow-up calls a part of our routine care. That has allowed us to act quickly and keep our clients safer. Early results show that it enables fast clinical intervention, reduces the severity of complications, and prevents life-threatening outcomes. It shows how a small change—timed right—can make a big difference in keeping our clients safe.

**RECOGNISING THIS CRITICAL WINDOW, WE HAVE INTRODUCED A SIMPLE YET POWERFUL SAFETY MEASURE: A FOLLOW-UP CALL TO ALL OUR TL CLIENTS ON THE THIRD DAY AFTER THEIR PROCEDURE.**



## STRENGTHENING INTERNAL ASSESSMENTS: PRACTICAL SOLUTIONS FROM COUNTRY PROGRAMMES

**Across our programmes, clinical teams are taking bold and practical steps to improve the quality of internal clinical quality assessments, ensuring our clients remain safe and our services remain client centred.**

In **Tanzania**, a hub-and-spoke model is helping strengthen competency assessments for providers based in low-volume facilities. By temporarily assigning providers to high-volume sites, the team ensures a steady client flow and timely assessments. This cost-efficient approach helps ensure that all providers, regardless of their location, receive the feedback and support they need to deliver high-quality care.

MSI Tanzania is also investing in the skills of its internal assessors. Last year, the team brought together assessors from across maternity, centre, and outreach channels for a national conference. The sessions focused on enhancing technical skills and building confidence in conducting accurate and reliable assessments, laying the groundwork for more consistent internal review practices across the board.

**Myanmar** is strengthening peer learning through cross-visits, where clinical assessors observe and support one another in real time. This collaborative approach helps identify and close quality gaps while building a strong network of assessors who learn from shared experiences. Last year, Myanmar also convened a clinical supervisor workshop focused on improving the quality of internal assessments and reinforcing the programme's clinical governance and supportive supervision systems.

**Nigeria** is addressing workforce challenges by training and recruiting 49 part-time clinical consultants to take on dual roles as clinical quality auditors and trainers. This approach is helping manage staff attrition while scaling up support for new site setup, timely competency assessments, and independent quality checks. These consultants are now key drivers in advancing MSIN's quality agenda and embedding a strong, sustainable culture of quality across the program.

# FROM THE FIELD: HOW OUR COUNTRY TEAMS ARE SAFEGUARDING PRODUCT QUALITY

**Ensuring that the products used in service delivery are safe, effective, and well-managed is central to the quality of care we provide. Clinical teams are taking practical, hands-on steps to maintain high standards of product quality, from storage through to service delivery. Here's how our programmes are approaching it.**

**In Mali**, the team conducts quarterly checks at the central store to monitor and maintain product quality. These reviews cover storage conditions, cold chain temperatures, and the safe disposal of expired items. These simple spot checks play a critical role in protecting clients by ensuring that every product used remains safe and effective.

**In South Africa**, the procurement lead, together with centre managers, carries out regular physical inspections, at least twice a year, with a move toward quarterly visits. A key focus is keeping the online product quality

management system, Q-Trak, updated so that all items are tracked accurately. This helps prevent errors when suppliers or product specifications change and provides the team with a clear, real-time view of stock levels and needs.

These are just two examples of how country teams are safeguarding product quality every day. Their behind-the-scenes efforts directly support safe, high-quality care on the frontlines, ensuring clients receive the services they deserve.



MSI's country-led efforts to embed quality and safety into everything we do are anchored in peer learning, practical innovation and a shared goal to continuously improve.

Underpinning our clinical quality is our commitment to putting the needs of our clients first. This means respecting our clients as active partners in their own services, caring about who they are, what happens to them, and how they feel before, during and after they receive a service from us.

