

# HER CARE, HER VOICE

**Clients are our compass:** A global summary of MSI Contraceptive Client Exit Interview Insights

MSI
REPRODUCTIVE
CHOICES



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# 250,000 clients have told us **who they are,** how they decide on reproductive health services, and whether the care they received from MSI protected their autonomy. Here's what we've learned about **their journey.**

Every day, more than 100,000 clients come to MSI for reproductive health services, whether to a clinic in Freetown, Sierra Leone, an outreach site in rural Madagascar, or an MSI Lady's doorstep in Nigeria. We know about the services we provide, but service statistics alone cannot tell us the full story of a client's journey: how she found us, what brought her through the door, whether she received the care she wanted, and whether she felt informed, respected and free to choose her healthcare.

For the past 15 years, MSI has utilised Client Exit Interviews to listen to women immediately after they have received a service, asking the questions that matter most: Who is she? How did she hear about us? Did she get what she came for? Was she treated with dignity and respect? Would she come back? And, above all, did she feel that she had agency throughout the process?

More than 250,000 clients have shared their experiences with us, making MSI's Client Exit Interviews one of the largest and longest-running client experience datasets in global sexual and reproductive health.

In 2025 alone, we heard from 12,000 contraceptive clients across 22 country programmes, and across three service delivery approaches:

- **Outreach** – where our mobile teams travel to rural communities to provide essential services
- **MSI Ladies** – our network of trained, community-based healthcare providers who deliver care door-to-door in their own neighbourhoods
- **Public Sector Strengthening (PSS)** – where we partner directly with government-run facilities to train public providers and build sustainable, long-term capacity within national health systems

This brief follows the journey of clients who participated in MSI's 2025 Client Exit Interviews, providing insights into how they first heard about a service, how they made decisions, what happened during their visit, and what changed afterwards. It illustrates what 2025 data tells us about access, quality and autonomy in clients' own words.

## MSI'S CLIENT EXIT INTERVIEWS

**REPRESENTATIVE**

**Random and cluster sampling across each country's delivery approach**

**INDEPENDENT**

**Administered by trained external interviewers**

**ETHICAL**

**Ethics-board reviewed, fully informed consent, anonymous and unlinked to health records**

**COMPARABLE**

**Core questions held stable for 15 years, across countries, and service approaches**

*MSI has published its full CEI methodology, questionnaire and sampling guidance as an open toolkit, so any organisation, government or researcher can use or review the same survey.*

**250,000**

**clients interviewed**

**15 years**

**of comparable annual data**

**200**

**questions to ask clients**

# Her journey

**01 She hears about us**
usually within her own community

**02 Who she is**
the client left behind by other systems

**03 She decides**
sometimes before she even reaches us

**04 She chooses**
preference, counselling and choice

**05 She is cared for**
quality that protects autonomy

**06 Her life after**
what the service unlocks

**07 Why this matters**
and what we will do next



# 01 SHE HEARS ABOUT US
## – usually within her own community

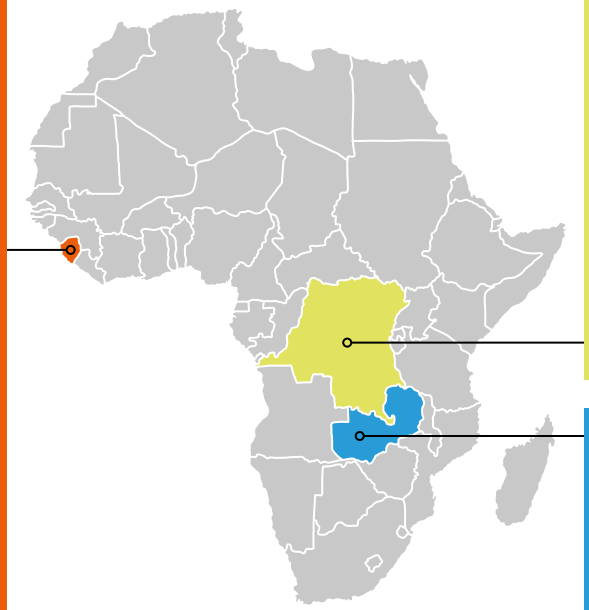
Most often, a woman's journey to receiving care from MSI begins with a conversation or educational talk with people she knows and trusts in her community.

**In 2025, 60% of clients reported engaging with an MSI information source before their visit. Among those who identified the source, community-based engagement and mobilisation accounted for the largest share (38%), followed by loudspeaker announcements (29%).** These findings highlight the central role that trusted, community-based engagement plays in raising awareness of reproductive health services.

Across MSI programmes, we ensure that information is delivered by people who understand local realities and can respond to the barriers women face. Community-based mobilisers provide accurate information, address myths and misconceptions, answer questions, and connect women and girls to services.

Where social norms restrict people's access to reproductive choice, MSI works with influential community leaders to foster more supportive environments.

**SIERRA LEONE**
In Sierra Leone, MSI's Back-to-School campaign combines school engagement, radio messaging and referrals to youth-friendly services to reach adolescents with reproductive health information and care. Designed to address barriers such as stigma, misconceptions and limited access to services, the campaign has been highly effective, with adolescents accounting for more than half of outreach clients during campaign periods, compared with around 40% during the rest of the year.



**DEMOCRATIC REPUBLIC OF THE CONGO**
For adolescents, trusted peers are important. In the Democratic Republic of the Congo, MSI's Big Sisters model trains young women from the same communities to support girls with information, guidance and reassurance, helping them overcome fears and seek care with confidence.

**ZAMBIA**
In Zambia, community leaders participate in exercises designed to build understanding of adolescents' reproductive health needs, helping create greater acceptance of young people's access to services.

Beyond MSI's community engagement efforts, there's another powerful motivator that drives people to access our services: word-of-mouth recommendations from loved ones. **In 2025, 31% of clients reported that they were referred by a friend or family member who had previously used MSI services.** This is particularly important when MSI brings services to new communities, where referrals from satisfied clients can build trust, increase awareness and encourage more women to seek care.

# 02 WHO SHE IS
## – the client left behind by other systems

Reaching the people and communities who face the greatest barriers to reproductive healthcare is central to MSI's mission. To track our reach, we define **high-impact clients** as individuals facing at least one major barrier to accessing care – specifically adolescents, people living in multidimensional poverty, adopters (people not previously using a modern method), or clients with no knowledge of alternative providers in their area.

Year after year, our data shows that MSI consistently reaches populations that traditional health systems struggle to serve. In 2025, **82% of survey respondents were high-impact clients.** Specifically, over half were not using a modern contraceptive method prior to their visit, 54% knew of no other provider for the service they received, one in three were living in multidimensional poverty, and nearly one in six were adolescents. For these clients, MSI is not simply another provider; we offer an essential gateway to care that might otherwise remain entirely out of reach.

To bring these high-impact numbers to life, we look closely at poverty – the single largest dimension of underserved need across MSI's data. Poverty remains the root driver of health inequity, creating financial and geographic barriers that keep basic healthcare out of reach. Levelling the playing field requires purposefully designing healthcare programmes that go where the need is greatest.

Our Client Exit Interviews show that MSI's **mobile health outreach programmes** are consistently our most effective channel for reaching women in the poorest communities. Overall, outreach reaches **3.5 times more clients** living in severe multidimensional poverty than our private-sector approaches, and **1.5 times more** than public-sector approaches.

Reaching these remote communities is often assumed to be prohibitively expensive, but our data disproves this false choice between equity and efficiency. It shows that a service delivered by mobile outreach can protect a couple from an unintended pregnancy for **$5 per year on average,** all while delivering high-quality products, informed choice, and person-centred care that meets client demand.

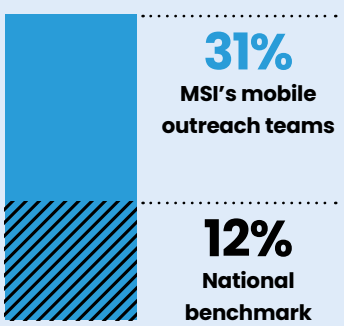
**57%**
**were not using a modern method before this visit (adopters)**

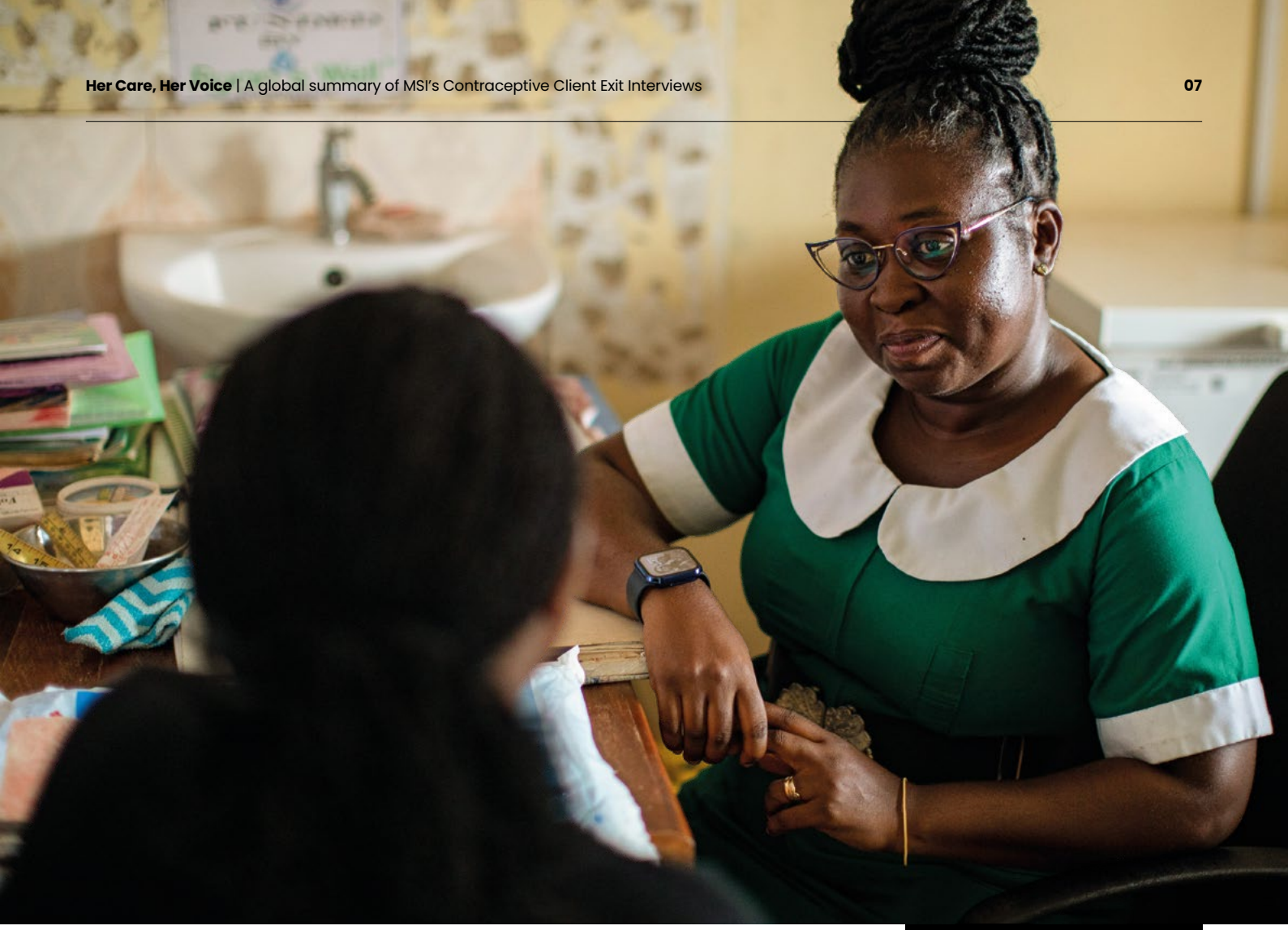
**54%**
**know of no alternative provider for the service received**

**1 in 3**
**live in multidimensional poverty (MPI)**

**1 in 6**
**are adolescents, aged under 20**

In Nigeria, for example, **31% of MSI outreach clients live in multidimensional poverty, compared to a national benchmark of 12%** (which measures the overall percentage of women in poverty of reproductive age who use modern contraception). Reaching 2.6 times more women in poverty than the national average demonstrates that MSI is actively pushing past existing health system boundaries to serve those most in need.





# 03 SHE DECIDES

## – sometimes before she even reaches us

The next part of the journey is decision-making: whether a client is able to make and act on a family planning decision that is genuinely her own.

**In 2025, 89% of clients arrived with a specific method in mind.** That tells us many clients are not passive recipients of care; they come with preferences, questions and intentions already formed. But the data also reminds us how much work remains.

**Around one in five clients still report that someone else in their life strongly shaped the decision for them.** For MSI, this is where Client Exit Interview data becomes more than a measure of service quality; it helps us identify the communities where decision-making power is still constrained, where partner, family or social norms may limit women's reproductive autonomy, and where we need to invest more deeply in social norms work, male engagement, couple communication and community dialogue.

Our goal is not simply to deliver a method when a client arrives – it is to strengthen the conditions around her so that decisions about family planning can be informed, voluntary and genuinely led by her.

**89%**

**arrive with a specific method in mind**

**97%**

**receive exactly that method**

# 04 SHE CHOOSES
## – preference, counselling and choice

Autonomy is not found in one singular moment in a client's journey. It starts with being able to decide to seek healthcare, continues through the consultation, and extends beyond the visit if a client can switch, stop or seek support whenever her needs change.

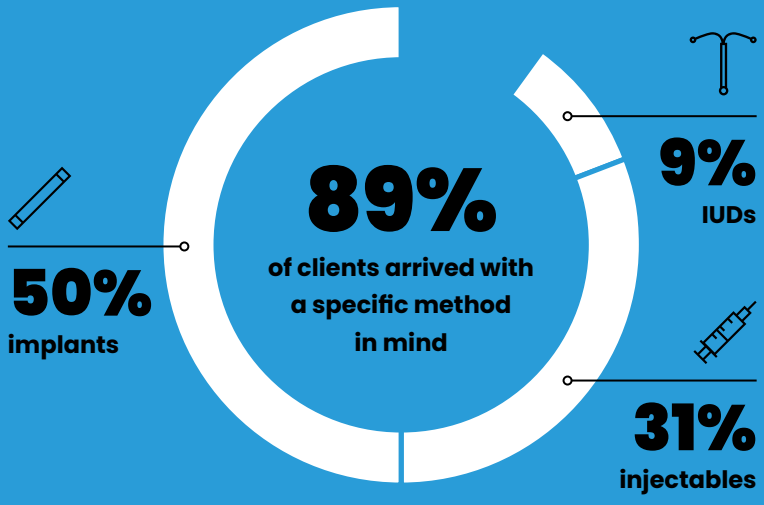
Through our Client Exit Interviews, we ask clients whether they had a contraceptive method in mind before coming to us. **In 2025, 89% of clients arrived with a specific method in mind, most commonly implants (50%), injectables (31%) and IUDs (9%).** Overall, 97% left with the method they had planned to use, while 3% changed their mind in the process, and more than half of family planning clients chose a long-acting method.

This suggests that many women come to MSI having already made a decision about what is right for them. Often, that preference has been shaped before the appointment through conversations with friends, sisters and other trusted people in the community, or through information shared by mobilisers about the options available. Our role is not to direct that choice, but to ensure it is informed, supported and respected.

**High-quality contraceptive counselling transforms a client's personal preference into a fully informed choice.** MSI tracks this using the Method Information Index Plus (MII+), a global standard that measures whether a client received full counselling on alternative methods, side-effect management, and method switching.

Under MII+ a client must receive all key details to be considered fully informed. **In 2025, MSI achieved a 75% MII+ score, meaning three-quarters of our clients received comprehensive counselling.** This is roughly twice the average reported in the Demographic Health Surveys (DHS) highlighting MSI's commitment to client-centred, high-quality care.

## IN 2025:




**97%**
of clients left with the method they had planned to use

**3%**
of clients changed their mind in the process

**>50%**
of family-planning clients chose a long-acting method

**75%**
of clients received comprehensive counselling (MII+ score)

The results are encouraging, including for adolescents, people living in poverty and people with disabilities. However, the data also highlights opportunities for improvement. Some clients are still not receiving clear information about managing side effects or switching methods, particularly in some public-sector facilities supported by MSI. Country programmes are already using these findings to strengthen refresher training and supportive supervision so that counselling remains consistent and client-centred.

Clients should be able to discontinue or remove a method whenever they choose. For users of long-acting contraception, this means knowing exactly where to go to have their method removed. **In 2025, 57% of clients using long-acting and reversible methods of contraception were advised that they could have their method removed by government providers, and 35% were directed to MSI services.** By linking removal pathways to local health systems, MSI helps ensure that support remains available long after the initial appointment.

# 05 SHE IS CARED FOR
## – quality that protects autonomy

Autonomy also depends on how a client is treated; whether she feels respected, informed, listened to and free to ask questions. This is why our Client Exit Interviews look beyond service numbers and ask clients directly about their experience.

**In 2025, more than 90% of clients reported feeling respected, informed, understood and free from judgement.** These experiences matter because they create the conditions for informed choice. When clients feel safe and respected, they are more able to express preferences, ask questions and make decisions that are right for them.

**The data also shows that quality builds trust. While 98% of clients reported being satisfied with the service they received, 77% said they would return to MSI for future care, while 71% said they would recommend MSI to others.** The difference between satisfaction, intention to return and willingness to recommend warrants further exploration. It may reflect differences between personal trust in a service and comfort discussing it with others, although the Client Exit Interview data do not establish the reason for the gap.[1] This suggests that personal trust in a service and willingness to recommend it publicly are not always the same thing. In some settings, reproductive health remains a sensitive topic, and clients may feel more comfortable seeking care themselves than discussing it openly with others.

Taken together, these findings highlight that respectful treatment, non-judgemental counselling, privacy and trust are some of the most important ways that autonomy is protected and sustained throughout a client's journey.

1 Poverty is from Citation: Alkire, S., Kanagaratnam, U., and Suppa, N. (2023). A methodological note on the global Multidimensional Poverty Index (MPI) 2023 changes over time results for 84 countries. OPHI MPI Methodological Note 57, Oxford Poverty and Human Development Initiative. ©2018 University of Oxford

# 06 HER LIFE AFTER
## – what the service unlocks

Contraception transforms lives in deeply personal ways – opening doors to education, supporting work and livelihoods, and enabling healthier families. Through MSI's Client Exit Interviews, we look beyond clinical delivery to measure what truly matters: the client's own perspective. We ask women directly how their care will positively shape their future, ensuring our success is measured by her voice, her goals, and her judgement.

The averages don't always show demographic realities. **Clients living in severe poverty are 63% more likely to say the service will help them work or find employment; for them, contraception can be the difference between achieving economic stability or not.**

**Similarly, adolescents are more than twice as likely to say it will help them stay in education; for them, it can be the difference between finishing school and leaving early.** The same service, received at different points in life, can unlock very different futures.

**67%**
**expect a positive impact on managing their family**

**64%**
**expect a positive impact on their health**

**37%**
**expect a positive impact on work and employment**

**29%**
**expect a positive impact on education**





# 07 WHY THIS MATTERS
## – and what we will do next

This brief has followed the journey of women who used MSI contraceptive services in 2025, from how they first heard about MSI's reproductive healthcare, to the choices they made, the experience they received, and the opportunities they believe it will create in their lives. Across each stage of that journey, it's clear that quality care is about more than providing a service. It is ensuring that every woman can make informed decisions, access the care she wants, and have her choices respected.

Client Exit Interviews help us understand whether that is happening in practice. They highlight where we are succeeding, where clients continue to face barriers, and where we need to improve. In 2025, the findings pointed to opportunities to strengthen counselling around side effects, method switching and follow-up support, while continuing to build on the strong levels of trust and informed choice reported by clients across our programmes. Conducting these interviews has also shown that in-depth client insights are integral to the success of our service delivery, prompting us to consider how we can also capture them within our routine systems.

**After 15 years and more than 250,000 interviews, clients themselves are the best source of insight into the quality of care we provide. Their experiences help us understand not only what services were delivered, but whether those services expanded choice, protected autonomy and responded to what matters most to them.**

We have published the full **client exit interview toolkit online** for others to use. Most importantly, we will continue listening to clients and acting on what they tell us.



MSI REPRODUCTIVE CHOICES

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