MSI REPRODUCTIVE CHOICES

Delivering Cost Effective Impact: An Investment in Reproductive Health in Sierra Leone

An MSI Sierra Leone outreach vehicle crosses a river in Bonthe District to an outreach session on a remote island.

Submitted by MSI Reproductive Choices

September 8, 2025

MSI Reproductive Choices (MSI), is pleased to submit this proposal on behalf of MSI Sierra Leone (MSSL) for $3,000,000 over 30 months to support five outreach teams to reach more than 265,000 clients with family planning (FP) services focusing on underserved women and girls in Tonkolili[1] , Port Loko, Kailahun, Kono and Bonthe Island, Sierra Leone. Through support of these outreach teams, using MSI's Impact 2.6 Estimator[2] tool we estimate that the services provided will generate the following impact:

Impact Metric	Impact Delivered	Cost per impact to GiveWell	Cost per Impact with full value of commodities[3]
Couple Years of Protection (CYPs)	583,531	$5.14	$7.66
Disability-Adjusted Life Years (DALY)	450,537	$6.66	$9.9
Maternal Deaths Averted	375	$8,000	$11,920
Unintended Pregnancies Averted	286,600	$10.47	$15.59
This project will also save an estimated $17.7m in direct healthcare costs			

Investing in sexual and reproductive health (SRH) services saves lives, empowers young women to pursue their education, and supports them in caring for their families—creating lasting benefits for individuals, families, and entire communities.

Please find below details of our proposed project.

Background

Since 2000, Sierra Leone has made significant progress in reducing maternal mortality[4]; yet the lifetime risk of women dying during childbirth in Sierra Leone is still 1 in 52[5], and maternal deaths account for 36% of all deaths amongst women ages 15-49.[6] This causes immense suffering for women, their children and their families. High unmet need for contraception, which is 34.2% nationally[7], unintended pregnancy, adolescent pregnancy, and unsafe abortion rates combined with a shortage of trained healthcare professionals create significant barriers to accessing SRH services like contraception, especially in rural areas. These barriers result in unnecessary suffering and deaths, and reduced opportunities for women and girls. While Sierra Leone has made remarkable progress in reducing maternal deaths, the rate still

remains high. The Maternal Mortality Ratio (MMR) declined from 443 deaths per 100,000 live births in 2020, to just 354 per 100,000 live births in 2023, according to data from the UN MMEIG and confirmed by UNFPA.

---

[1] The Koinadugu outreach team has been removed from this proposal and replaced by the Tonkoli outreach team. This is because another donor has stepped in to cover the Koinadugu area.

[2] We recognize that GiveWell is developing their own modelling that may result in different impact estimates.

[3] $3m is the direct cost to GiveWell for this project. The total value of the program is $4.4m including the value of donated commodities and approximately $627,987 in commodities we will likely have to purchase that we will seek other funding for.

[4] World Bank Gender Data Portal. Sierra Leone | World Bank Gender Data Portal

[5] Shafiq Y, Caviglia M, Juheh Bah Z, Tognon F, Orsi M, K Kamara A, Claudia C, Moses F, Manenti F, Barone-Adesi F, Sessay T. Causes of maternal deaths in Sierra Leone from 2016 to 2019: analysis of districts' maternal death surveillance and response data. BMJ Open. 2024 Jan 12;14(1). Accessed from Causes of maternal deaths in Sierra Leone from 2016 to 2019: analysis of districts' maternal death surveillance and response data - PMC

[6] UNICEF. Maternal, Neonatal, Child and Adolescent Health | UNICEF Sierra Leone

[7] Statistics Sierra Leone Stats SL and ICF. 2020. Sierra Leone Demographic and Health Survey 2019. Freetown, Sierra Leone, and Rockville, Maryland, USA: Stats SL and ICF.

Since 1986, MSSL has been providing contraception and other SRH services, contributing to significant reductions in maternal mortality and morbidity. Over the last 35 years, MSSL known locally as “de mammy for welbodi” or “the mother of health” has established itself as a household name. Today we are the largest non-governmental provider of voluntary SRH services in the country, providing an estimated 40% of all FP services in Sierra Leone.

In 2024 alone, MSSL served more than 536,000 clients, of which 32% were under the age of 20. Using MSI’s Impact 2.6 Estimator, we estimate that the services provided in 2024 achieved the following impact:

- Prevented an estimated 333,000 unintended pregnancies
- Prevented an estimated 750 maternal deaths
- Delivered 881,000 FP CYPs
- Saved an estimated $21.2 million in direct healthcare costs

Since 2020, MSSL has reached 1.5 million clients with FP, safe abortion and post-abortion care (SA/PAC) and other SRH services, 65% of whom received services through MSSL’s mobile outreach service delivery model. Without MSSL supported services, we estimate that the national modern contraceptive prevalence rate (mCPR) would be 7 percentage points lower in 2024 – from 27% to 20% mCPR.

Technical Approach

MSI’s mobile outreach model is our most effective service delivery model for reaching marginalized and underserved populations including adolescents, people living in poverty and communities who know of no other provider of the SRH services MSI provides. In 2024 80% of MSSL outreach clients were high-impact:

- 40% did not know of any other provider to get the service they received by the outreach team;
- 45% were FP adopters;
- 36% were adolescents (under 20 years old);
- 31% were living in severe poverty.

MSSL currently operates 13 mobile outreach teams that provide services in remote, rural locations (see map on right).

This proposal requests the support of the teams in Tonkolili, Kono, Bonthe Island, Port Loko, Kailahun. These outreach teams are currently supported through an internal MSI investment, and this proposed funding would ensure that these teams can continue reaching high-impact clients over the next two and a half years. Tonkolili, Port Loko, Kailahun, Kono and Bonthe Island are MSSL’s priority districts for outreach as they have high unmet need for FP and low mCPR. Amongst married women aged 15-49, the average mCPR is only 21% across all five districts[8].

Outreach team model:

[8] Statistics Sierra Leone Stats SL and ICF. 2020. Sierra Leone Demographic and Health Survey 2019. Freetown, Sierra Leone, and Rockville, Maryland, USA: Stats SL and ICF.

Each mobile outreach team consists of two nurses, responsible for direct service provision, a driver assistant, and a data administrator who handles client data input and manages all other operational and administrative tasks. MSSL has also trained permanent method service providers who offer tubal ligation services on outreach. Each team serves an average of 1,500 clients every month and provides services out of both public sector facilities as well as outreach tents when there is limited infrastructure available. Approximately half of all service sites are set up using outreach tents.

MSSL outreach teams typically allocate about eight hours for each site visit, which includes approximately two hours for travel time as many sites are in remote locations. In Sierra Leone, outreach teams generally visit sites 4 times a year. This is to ensure that all women and girls who need a method are able to get one, and so that clients wishing to switch methods, or stop using a method, so that they can become pregnant for example, can have their method removed. Additionally, approximately 43% of all methods delivered by MSSL outreach teams are short-term methods (oral contraception and injectables) and so returning more frequently ensure clients continue to be safeguarded against an unwanted pregnancy through regular access to their method of choice.

MSSL employs various models of outreach to meet clients where they are. For example, while providing services in public facilities, known as Peripheral Health Units (PHU), MSSL delivers on-the-job mentorship for long-acting reversible methods of contraception (LARC) provision for public providers. This approach increases choice for clients as public facilities are not always equipped nor trained to deliver LARC, benefiting women, girls and their communities for years to come. In addition to supporting service delivery, public providers are also often actively involved in client flow management on Outreach days. Typically, there will be up to 2 public sector midwives or nurses who support client triage and registration, managing client flow, and supporting infection prevention and control measures.

MSSL outreach teams also use a "camping" model, in which teams stay overnight at designated locations to ensure that services are available at a time convenient for all potential clients such as in the evening and early morning. Another strategy used in Sierra Leone is the split team model, which divides the main outreach team into two groups, enabling service delivery at multiple sites simultaneously.

In addition, teams engage in special market day visits and participate in campaigns like "Back to School," to reach adolescents. MSSL reaches the highest proportion of adolescents across the countries where MSI works, with more than 35% of all clients across all channels being under 20 years of age.

All service delivery channels including Outreach are supported by MSSL's toll-free free ***'3535'*** **contact centre hotline** for clients, which provides information on voluntary FP services, follow up care for clients and referrals for voluntary FP.

Site Selection:

Outreach sites are selected in close coordination with the District Health Medical Team (DHMT) and local community leaders, community health champions and other local partners in the SRHR space through site mapping and based on demand for FP. MSSL holds an annual meeting during which a review of available data is done to determine areas where there are limited options for services, and communities that have been underserved. Data sources and other information/factors considered include:

- National Health Management Information System (NHMIS) and relevant demographic surveys (NDHS).
- Contextual knowledge of the districts and communities provided by local government officials including communities without alternative access to LARC services.

Demand generation and counselling

To generate demand for outreach services, MSSL uses a diverse set of strategies to raise awareness in communities. Community Based Mobilizer and along with the designated Behavior Change Communicator (BCC) officers (both employed by MSSL), carry out pre-community engagement and mobilization activities usually a month in advance as well as two to three days prior to service delivery. Mobilizers also conduct day-of mobilization through megaphones and vehicle public address systems to ensure that the community is well informed of the team's visit**.**

In addition to CBMs and BCC officers MSSL also leverages government-paid community health workers (CHWs) and other public health staff to carry out mobilization, community sensitization, and demand creation. These individuals are already embedded within their communities and are funded through public health budgets, which reduces duplication of costs for MSI.

Examples of demand generation activities in advance of outreach days in Sierra Leone include:

- School health clubs and back to school campaigns. MSSL BCC teams and CBMs speak directly to students during assemblies and support the creation of school clubs to champion youth SRH. MSSL also implements an annual Back to School Campaign which is a mixed-media demand generation and sensitization campaign. Using radio commercials and school talks, adolescents are referred to youth-friendly services.
- Male engagement. MSSL works through male community groups (known locally as kedas), where male leaders and trusted representatives facilitate male-only discussions on reproductive health and contraceptive use. This peer-led approach helps build buy-in and credibility among men.
- Community meetings, which is where up to 43% of our clients first hear about MSI services.
- We also use mixed media approaches including radio and loudspeaker announcements as well as social media advertisements.

Immediately prior to each outreach session, group education sessions, led by an outreach provider, are held. During the group education session, the provider usually starts each session talking about the benefits of contraception in general. Then our providers will use this session to walk through each of the methods available and the basics of how they work, including, for example, condom demonstrations. Providers generally use the MSI FP flipchart and/or Choice Kit so that people can see and interact with the methods

In addition to the guidelines, providers use counselling flip charts and the MSI Choice Kit during counselling to support conversations. These flipcharts and the Choice Kit provide visual aids to guide group and 1:1 counselling and conversation.

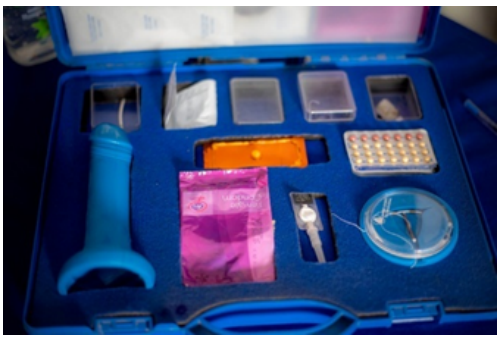

Figure 1 Provider conducting group counselling

Figure 2 MSI's Choice Kit showing various FP methods

Following the group education session clients receive individual counselling in a private area by a trained provider. During this conversation, a client's fertility needs, medical eligibility, side-effect tolerance and personal preferences are reviewed against available FP methods that meet her unique needs. The client will have an opportunity to ask any questions or voice concerns, following which she will select a method of her choosing. If at any time a client decides not to take up the method of contraception, she is free to leave.

Monitoring and Clinical Quality Assurance

Throughout the year, MSSL implements various measures to ensure continued compliance with best clinical and data practices and to ensure our services are client-centered and high quality. These include:

- **Supportive Supervision Visits** to operational outreach sites by the clinical and operations teams to check in and provide support to service delivery teams in order to maintain the highest level of clinical competency, Level 1, and/or attain proficiency after the initial training and competency assessment.
- Every provider's **competency is assessed** in each service they provide at least once a year and based on the outcome, the relevant support provided to them.
- **Data Quality Audits (DQAs)** are conducted quarterly to evaluate levels of data compliance.
- **Quarterly Clinical internal Audits (CQIA):** clinical teams perform quarterly spot checks across outreach sites; competency assess team members and report findings from the visits. The outreach teams are evaluated for quality service delivery including counselling, effective data practices, and adherence to best clinical practices

MSSL's outreach channel also conducts an annual 5-day clinical refresher training, and operations review meeting for outreach service providers. This training serves as a platform to train, re-assess competency, introduce new updates, and refresh providers on MSI's policies, guidelines, standard operating procedures, and general expectations.

MSSL also leverages a robust internal M&E system to refine, inform and adapt outreach strategies over time or on the go.

- **Client Level Information Centre (CLIC+):** This is the core service delivery application used by the outreach teams for recording client visits. Data from each outreach team's laptop syncs with a central server daily. This data management platform enables MSSL to generate real-time insights regarding service uptake, method selection, client demographics, and geographic location. Data from CLIC is used by MSSL to analyze service delivery trends, which helps MSSL's program and business planning processes.
- **Client Exit Interviews:** This is an annual survey with the primary purpose of determining client experience during service delivery. Information from the CEI supports MSSL teams in improving client experiences and advancing the continuum of care.
- **Mystery Client Visits:** Data from annual mystery client visits helps MSSL understand service provider performance and quality of service from a client's perspective and identify service quality gaps. MSSL utilizes MCS data to make real-time decisions to mitigate identified risk(s). MSSL will conduct mystery client visits annually under this grant.
- **Quality Technical Assurance:** MSSL utilizes annual QTA reports and recommendations to improve clinical quality in line with MSI global standards. MSI's approach to QTA is anchored in a dual system of internal and external clinical audits designed to uphold and enhance service quality across its global programs. Internally, QTAs are conducted annually by MSSL's in-country clinical quality teams at each service point, using standardized checklists to assess clinical governance, service delivery, and client safety through direct observation and process reviews.

These audits inform site-specific quality improvement plans and are often paired with immediate technical assistance to resolve issues on the spot. Externally, MSSL deploys Clinical Audio-Visual Assessments (CAVAs), a remote-friendly audit framework which enables MSI's Medical Development Team (MDT)-trained assessors to evaluate a sample of sites annually using visual indicators and checklists. This layered system ensures that both internal teams and external reviewers contribute to a robust quality assurance process, with findings disseminated across operational and program staff to guide decision-making and maintain high standards of care.

MSSL also employs a tracking system (Trackpoint), to monitor the movement, mileage, and fuel consumption of each outreach vehicle. Additionally, there is an internal system in place to monitor fuel consumption by each team, with fuel allocations based on their geographical locations, helping to analyze usage patterns.

Impact

MSI measures the success and impact of our mobile outreach teams through performance management, fleet management, data collection and analysis which enables impact assessments and resource optimization, adaptation to changing needs. We monitor progress against key performance indicators using MSI's bespoke data management tools like the Client-Level Information Center (CLIC+) and InforBI and address under-performance with corrective action plans. To gather client feedback on satisfaction with, and quality of, services, MSSL conducts annual client exit interviews (CEIs). We assess the impact of our programs to ensure positive outcomes, optimize resources to maximize impact, and adapt strategies to meet changing community needs.

With an estimated budget of $3,000,000 over 30 months, supporting five outreach teams in Sierra Leone, we anticipate reaching more than 265,000 clients and delivering the following impact:

Service Estimates	**2026 (Jan-Dec)**	**2027 (Jan- Dec)**	**2028 (Jan –Dec)**	**Total (Jan2026-Dec 2028)**
Clients reached	100,091	110,102	55,049	265,241
Adolescent clients (at least 30% of all clients reached)	30,027	33,030	16,514	79,571
CYPs generated	220,200	242,224	121,107	583,531

Impact Metric	**Impact Delivered**	**Cost per impact to GiveWell**	**Cost per Impact with full value of commodities[9]**
Couple Years of Protection (CYPs)	583,531	$5.14	$7.93
Disability-Adjusted Life Years (DALY)	450,537	$6.66	$10.27
Maternal Deaths Averted	375	$8,000	$12,337

[9] $3m is the direct cost to GiveWell for this project. The total value of the program is $4.4m including the value of donated commodities and approximately $627,987 in commodities we will likely have to purchase that we will seek other funding for.

Unintended Pregnancies Averted	286,600	$10.47	$16.1
This project will also save an estimated $17.7m in direct healthcare costs			