

# MSI: Engaging the Private Sector for Maximum Impact and Reach

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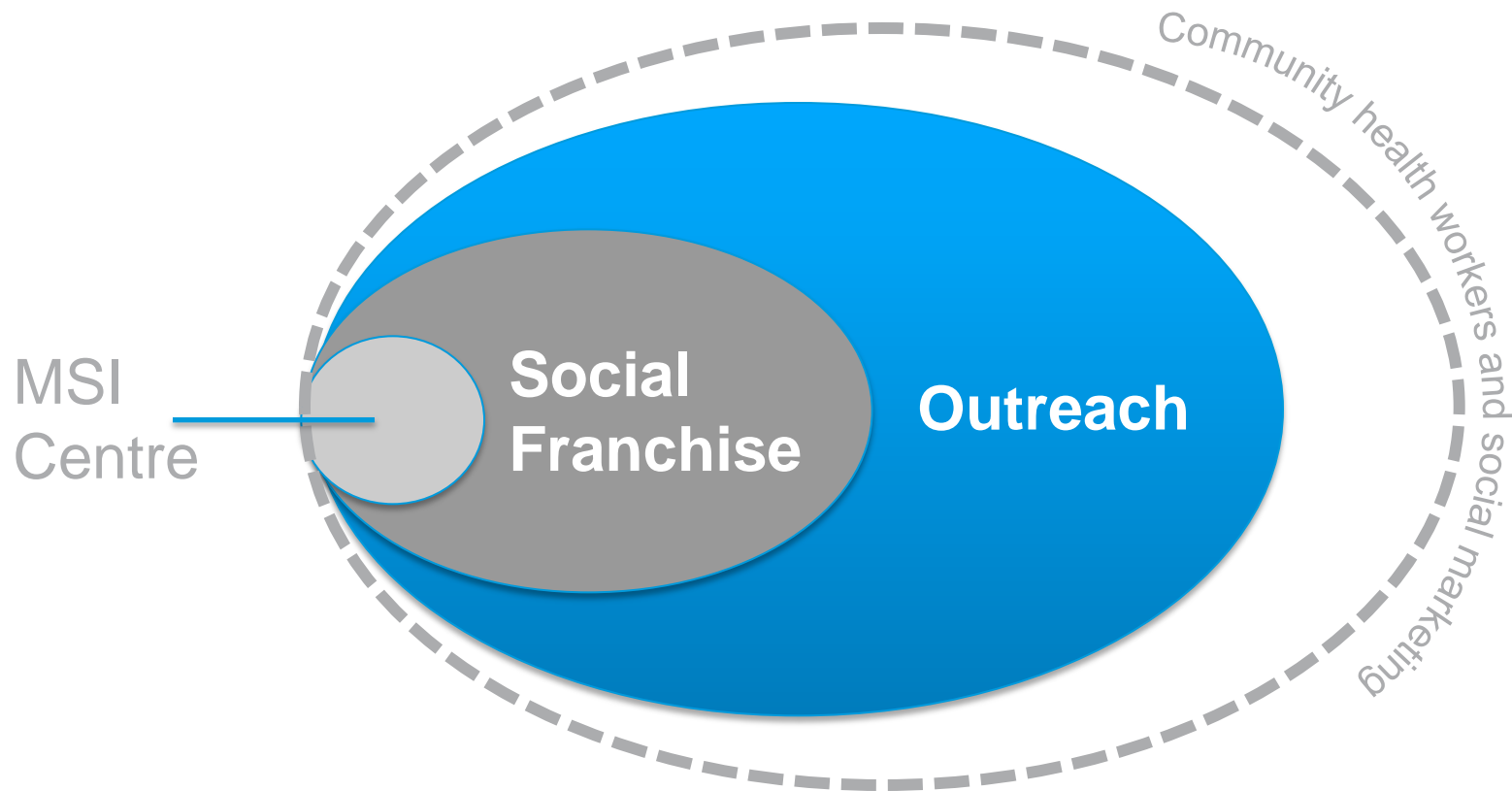


# MSI's Impact: 2012 Global Results



	<b>2012</b>	<b>2013 (annualized)</b>
<b>Estimated number of people using an MSI-supplied method of contraception</b>	<b>13,600,000</b>	<b>15,400,000</b>
<b>Estimated number of maternal deaths averted</b>	<b>11,300</b>	<b>13,750</b>
<b>Estimated number of unwanted pregnancies prevented</b>	<b>5,300,000</b>	<b>6,064,000</b>
<b>Estimated savings to families and healthcare systems</b>	<b>£226,000,000</b>	<b>£263,000,000</b>

# MSI's Business Model



# Social Franchising: Engaging private providers

- Builds on existing private sector health seeking behaviour
- Organizes private sector providers into networks
- Supportive partial franchise model (adds on to existing services offered)
- Delivers priority clinical services close to the client
- Recognizable brand
- Quality marker

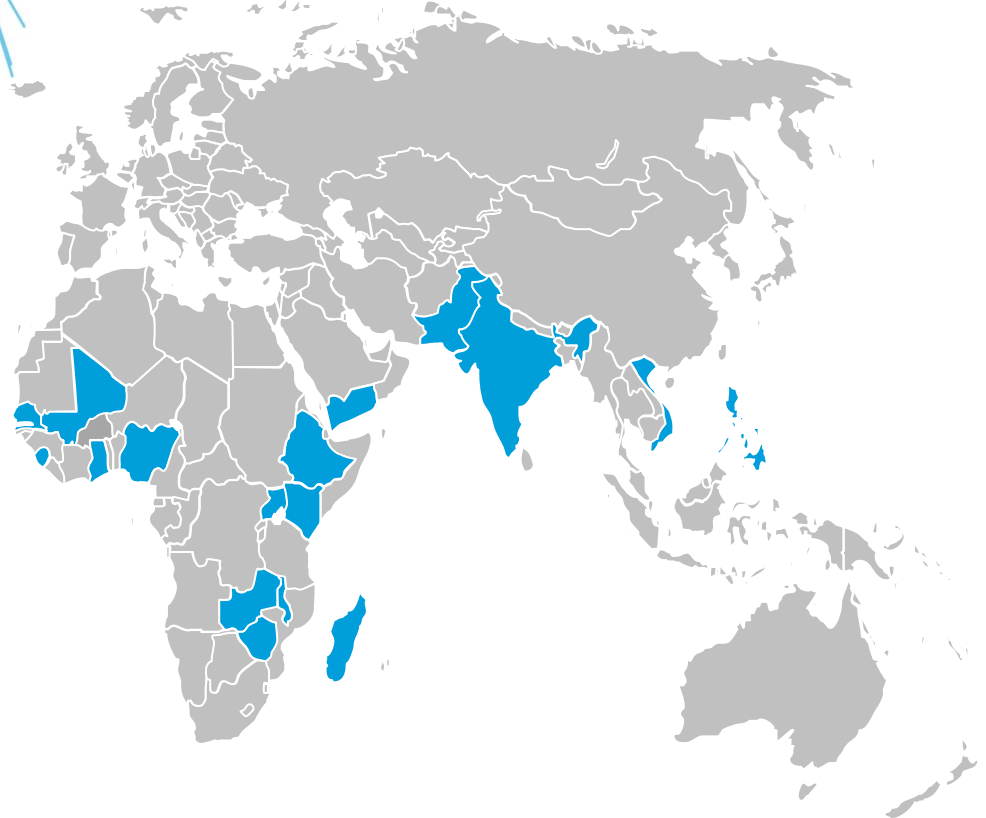


# BlueStar

Healthcare Network



**AMUA**  
Family Planning Clinic • *Jipangie Maisha*



Current MSI BlueStar =  
17 countries and 3000+ providers



## Benefits to the Provider

- Training
- Branding/Marketing
- M&E Supervision
- Commodities

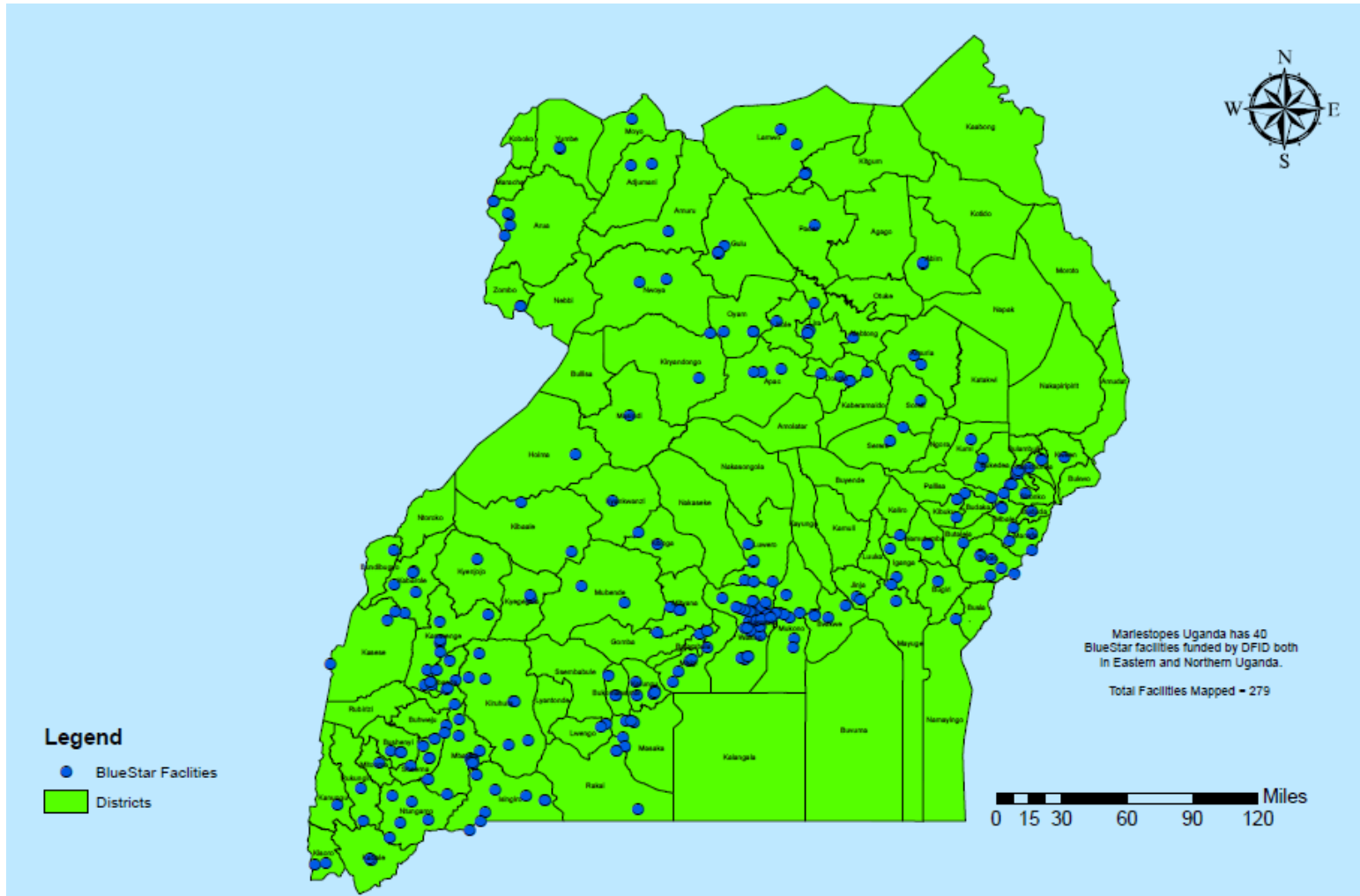


## Benefits to the Client

- Improved knowledge and practices of service providers
- Expanded choice of FP methods
- Greater access to services and providers



# Social Franchises increasing access



# Who are our social franchise providers?

- Private, mid-level providers (midwives, nurse or doctor) licensed to operate their own practice
- Located in low-income areas and/or who are motivated and willing to serve the low income population
- Offer some SRH services, but not the full range
- Geographically removed from MSI centres
- Provider selection includes consideration of client preference.
- Providers who are accessible during different seasons





# Provider Profile: Dr. Rakotondrazaka Lalatiana

- Dr. Lalatiana BlueStar Madagascar member since inception in 2009
- Only doctor in his peri-urban area serving population of 4,000
- Added family planning to mix of general health services
- Vouchers added to BlueStar network in Madagascar in order to better reach men and women who find it difficult to access affordable quality family planning services



*“There is a huge demand for affordable services in this area. I can now supply those services and the voucher helps remove financial burdens for the poorest.”*

# Who is a 'typical' MSI social franchise client?



I am **29** years old.

I am **married**.

I have **2** children.

I am **not** currently employed.

I have completed **some secondary school**.

I own a **mobile phone** and enjoy watching **television**.

A **friend** of mine told me about MSI.

*11% of SF clients live in extreme poverty (under \$1.25/day) and 48% live in poverty (under \$2.50/day).*



# 2012 Impact

We estimate that in 2012, MSI's social franchising network providers achieved the following impact:

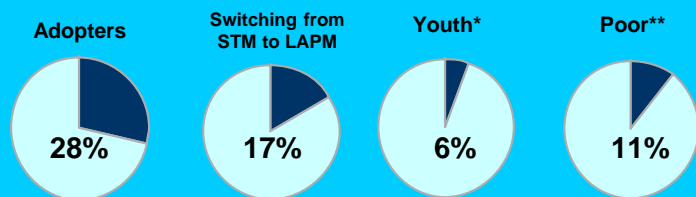
- Unintended pregnancies averted: 851,000
- Maternal deaths averted: 1,700
- Child deaths averted: 12,800
- Unsafe abortions averted: 353,000
- Direct healthcare costs saved: £36,529,500



# 2012 exit interview results across social franchises

## Achieving High Impacts

Percentage of SF clients who are...



\*Under age 20. \*\*Living under \$1.25/day or MPI poor (Source: PPI or MPI)

## Quality of Care

Clients reporting follow-up instructions:

**91%** (SF)

Clients who would recommend MSI:

**99%** (SF)

## Travel Time

Median time to social franchises:

**14 minutes**



Clients heard about us most often from a person who used the service.



## Client-Centred Services

Clients' **most important reasons** for choosing MSI services were:

- **The location was nearby**
- **Good reputation / knows the facility**

Clients were **least satisfied** with:

- **Price**
- **Waiting time**

And **most satisfied** with:

- **Friendliness and respect of providers and staff**
- **Privacy**



# Advantages are strong, but challenges remain

- Sustainability;
- Financial barriers for clients;
- Financial barriers for providers still prevent them from providing services;
- Quality assurance and monitoring and compliance;
- Creating demand;
- Efficient systems at large scale.



# Lessons learned

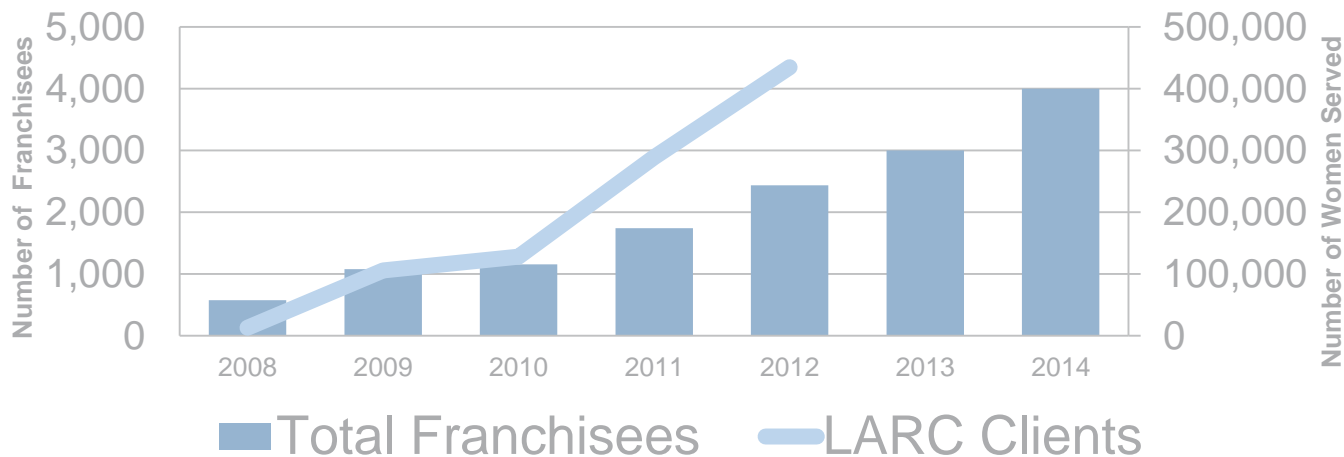
- Model has evolved from ‘bringing FP/SRH to the private sector’ to thinking about influencing a health market – affecting positive change in supply, demand and policy areas at once;
- In some countries, private sector franchising is not an ideal model for reaching our clients and MSI has since adapted its approaches.





# Conclusion

- Engagement can facilitate greater efficiencies in national health systems and improve access, equity, sustainability, accountability and quality.
- Successful partnerships are needed to achieve national impact
- For MSI, private sector engagement has led to increased impact:



# Thank you



Tajaajiloota KILINIKA BILUU ISTAARIIN  
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- Tajaajila gorsa wal-hormaata

