

MSI: Engaging the Private Sector for Maximum Impact and Reach

Michael Holscher,
Senior Vice-President &
Director of International Programmes

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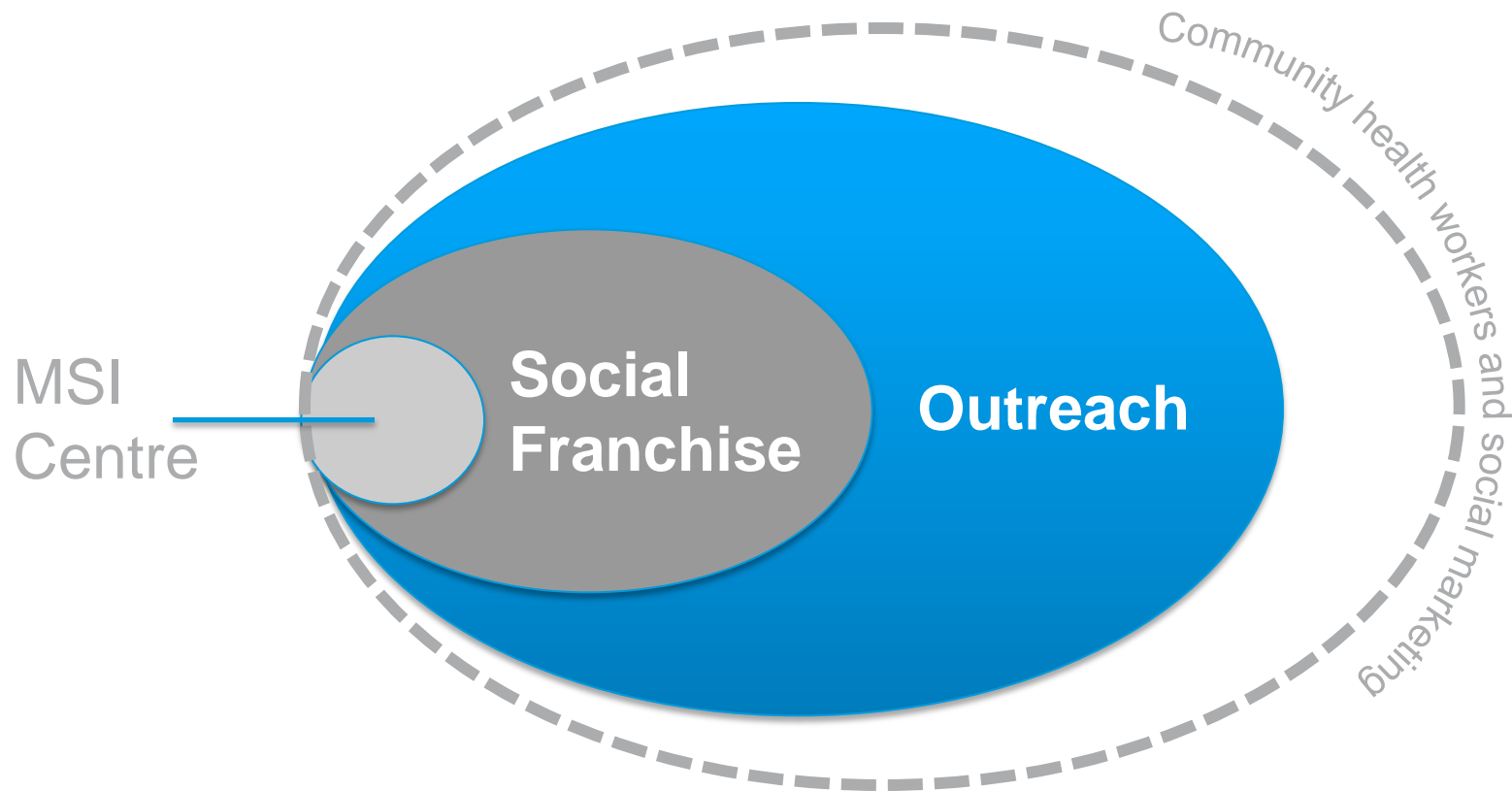


MSI's Impact: Global Results



	2012	2013
Estimated number of people using an MSI-supplied method of contraception	13,600,000	15,700,000
Estimated number of maternal deaths averted	11,300	14,000
Estimated number of unwanted pregnancies prevented	5,300,000	6,100,000
Estimated savings to families and healthcare systems	£226,000,000	£268,000,000

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



MARIE STOPES
INTERNATIONAL

AMUA
Family Planning Clinic • *Jipangie Maisha*



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Current MSI BlueStar =
17 countries and 3000+ providers



Benefits to the Provider

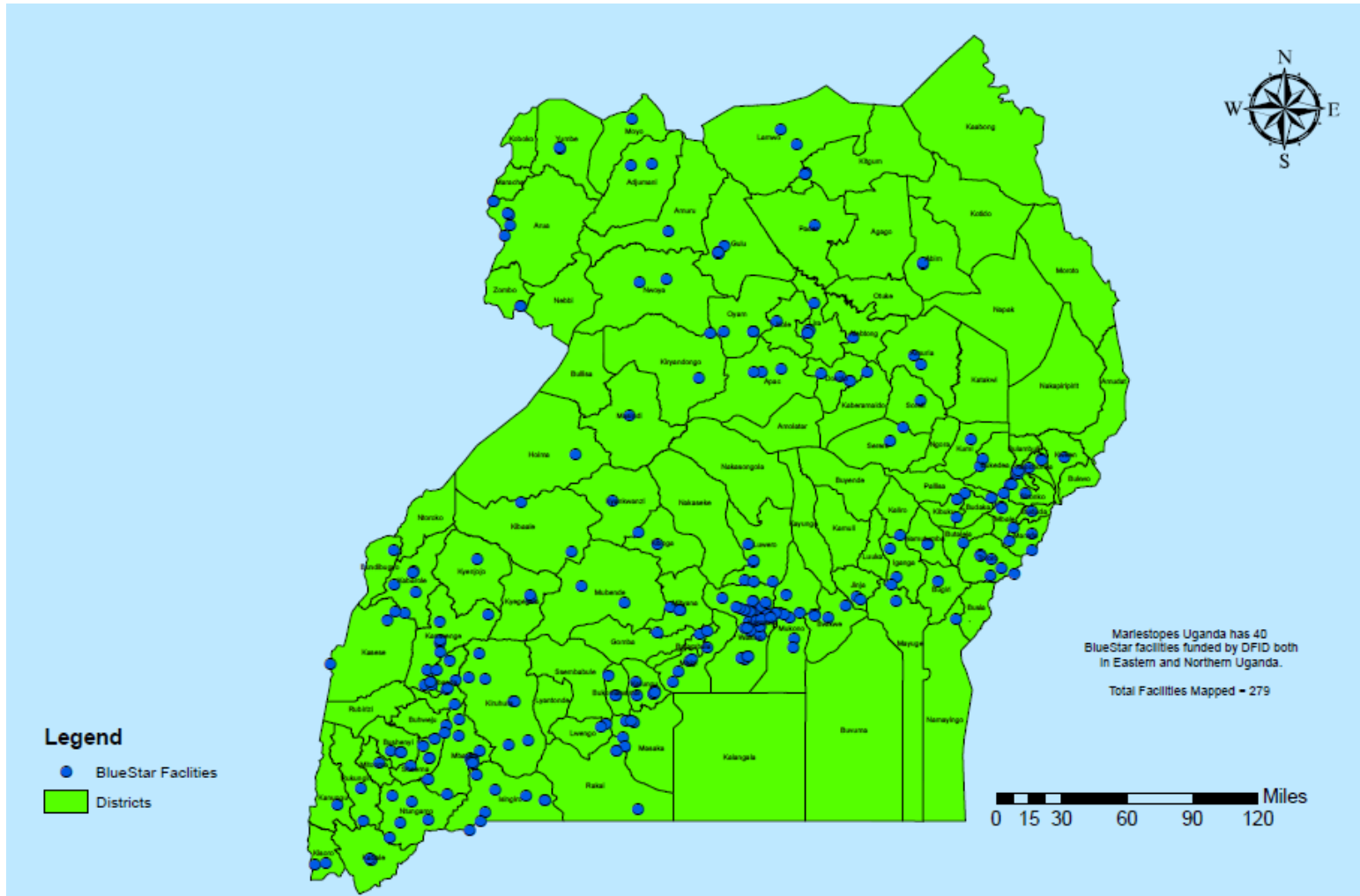
- Training
- Branding/Marketing
- M&E Supervision
- Commodities



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).



2013 Impact

We estimate that the services provided by MSI's social franchising network in 2013 will achieve the following impact:

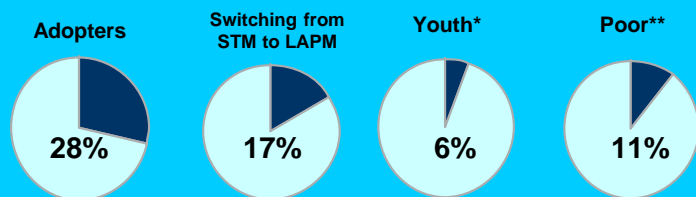
- Unintended pregnancies averted: 1,230,000
- Maternal deaths averted: 2,500
- Child deaths averted: 22,200
- Unsafe abortions averted: 379,000
- Direct healthcare costs saved: £52,830,000



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)

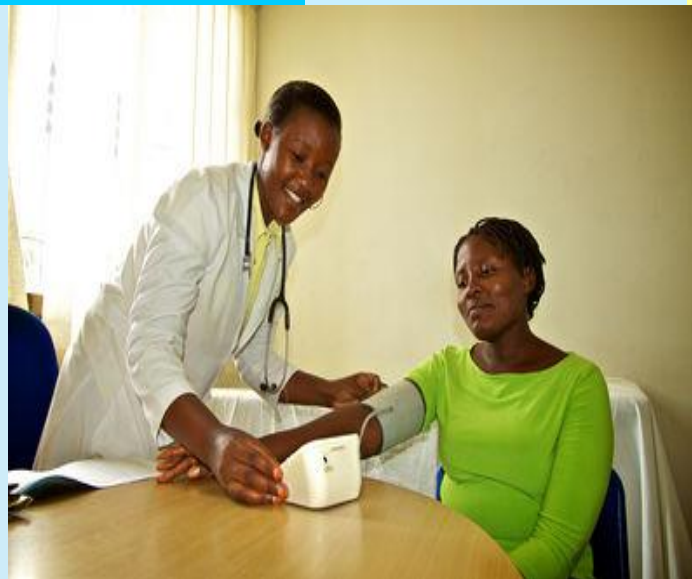
Travel Time

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.



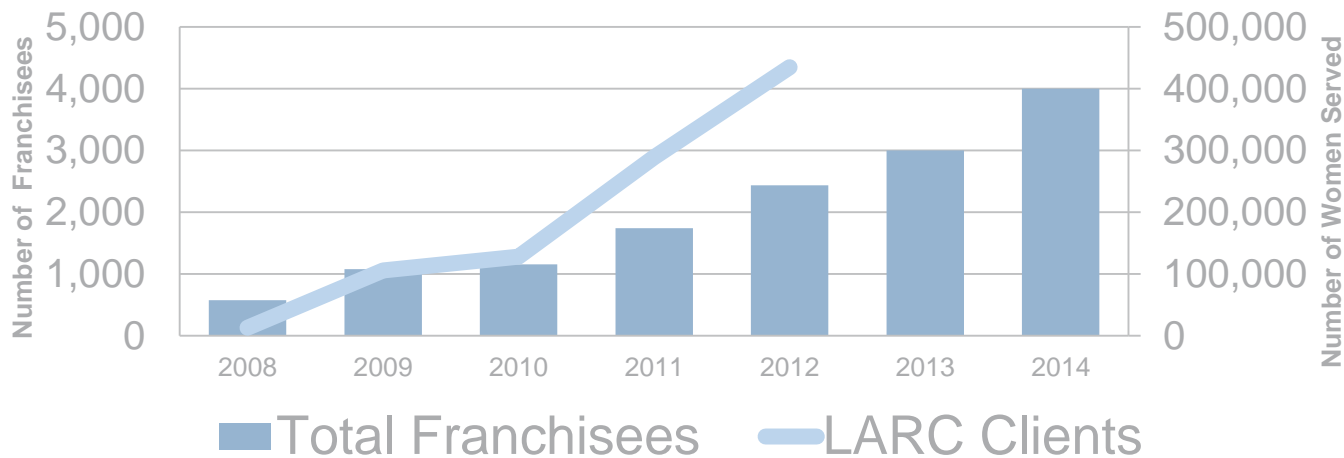
Lessons learned

- 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
Kennaman
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- Tajaajila gorsa wal-hormaata

