

Africa Regional Consultation on Achieving MDG 5

Access to Maternal Health through Private Delivery of Care, Partnerships and Social Business Solutions

The Potential of Social Franchising as an Innovative SRH Service Delivery Model

Getachew Bekele

Senior Regional Advisor for Africa, MSI

March 27-28, 2012, Kampala, Uganda

Contextualising the Issue

Three interrelated basic facts:

1. Maternal health in Africa:

- The overall condition is devastating
- Progress in MDG 5 -“the heart of the MDGs”- disheartening
- Most SSA countries are off track although some are making progress
- A critical factor remains lack of ACCESS

2. Public sector

- Provides disproportionate no. of preventive services→strain/inefficiency

3. Private sector

- A major player in in health system
- Remains underutilised for SRH services - due to both demand side and supply side constraints in the health market

Solution: partner creatively and **innovatively** with the private sec -PPP

MSI and its Innovative Approaches

- Social business: business principles for social goal
- Mission: *Children by choice not chance*
- Innovative practices:
 - Service delivery/provider: Paramedicalisation/Task sharing
 - New financing mechanism: voucher/demand side financing
 - Technological innovations: eHealth-Mobile/SMS
 - Service delivery channel: **Social Franchising (SF)**
 - Adapting commercial F model to achieve social goals
 - Adding a min SRH package to ongoing clinical services- Partial F
 - Components: Selection, Training, Recruitment, Contracting, Accreditation, Branding, Promotion, Demand generation, Supplies/Equipment, Standardisation, Supervision/ Monitoring, [De-franchising-withdrawal of accreditation]

SSA: Location of Social Health Franchises

(Courtesy: Khama Rogo, MD, PhD)

There are 27 SHFs in 19 countries; 3500 service outlets; Majority by MSI and PSI

Kenya (5) has the highest number; most countries have one or two

90% are Fractional SHF, majority focus on FP/RH

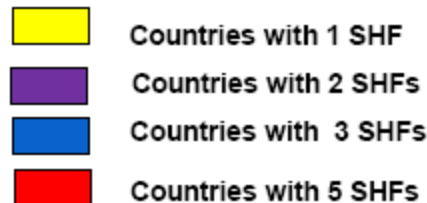
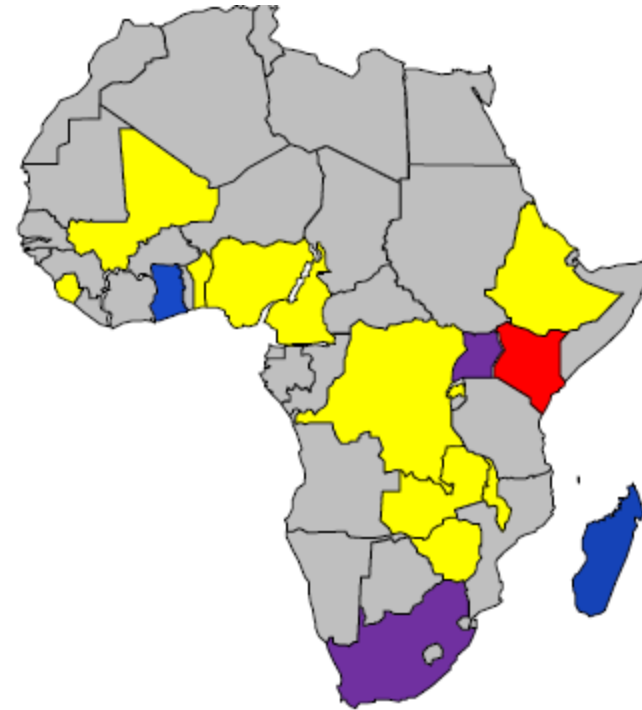
Predominantly donor funded

Over 90% owned by INGOs

>3.5m clients served in 2010

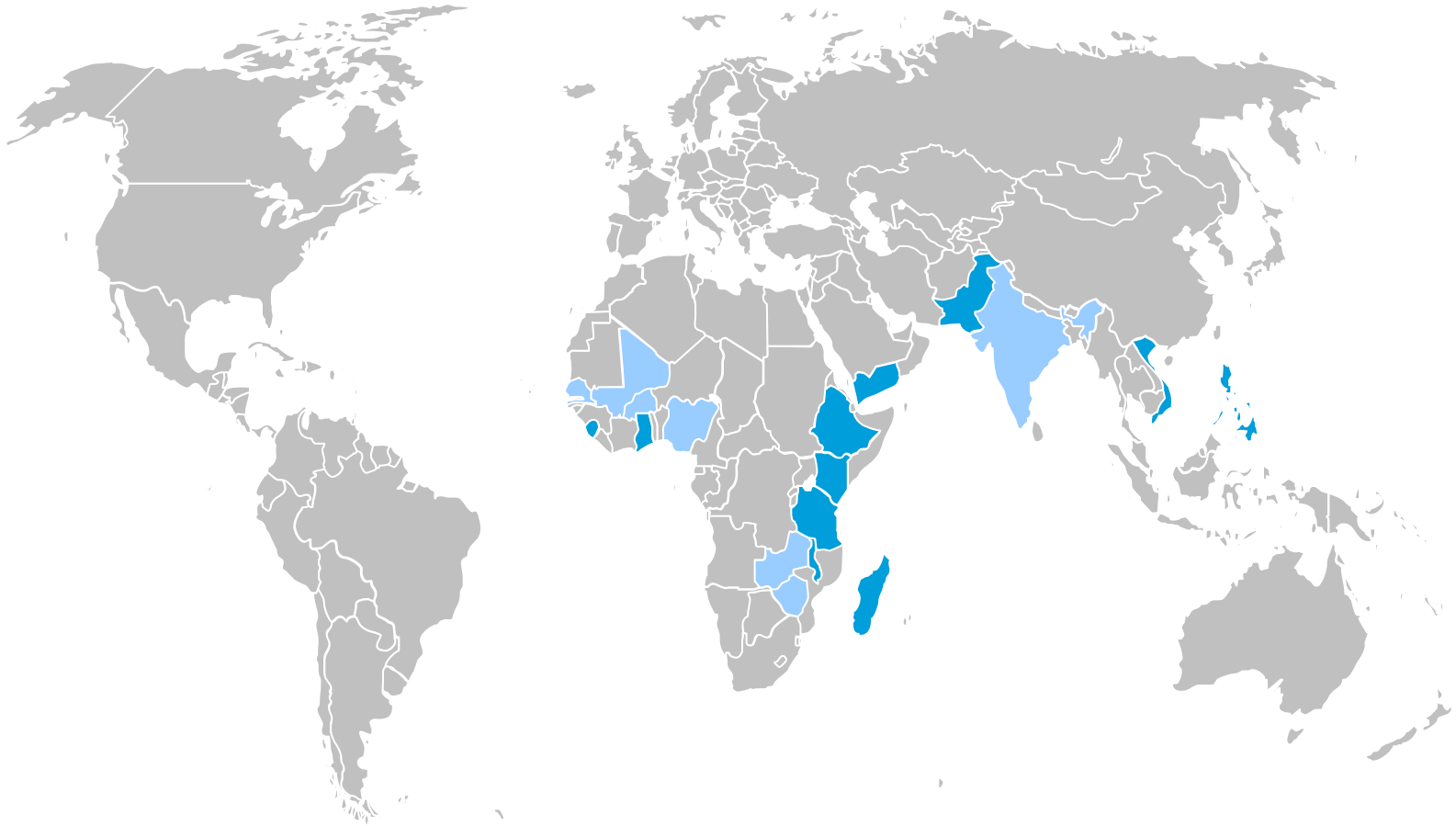
USD20>40m estimate budget in 2010

Scanty SHF activity in Francophone Africa



3

MSI BlueStar Networks



Current MSI BlueStar programmes = 10 countries

Start Up programmes in 2012 = 10 countries

The “Four Pillars” of SF-AQEC



- Access
- Quality
- Equity
- Cost-effectiveness

MSI's BlueStar franchisees: Profile and Health Outcomes (end of 2011)

Total no. of franchisees: 1,775 in 10 countries

Franchisees' type: Clinics, Pharmacies, Chemical shops,
Drug stores

Service mix:

Core services/ RH: FP, Safe abortion (where
legal)

Other services/MH: PAC, EC, Safe delivery,
PPH, STI, PMTCT, Pap
smear, ANC, PNC, Male
circumcision

Annual contribution: 2.1 million CYPs

Challenges

- Ensuring the model delivers what is promised
- Achieving the *double bottom line (DBL)*: financial returns (profitability) & social return/dividend
- Monitoring compliance: geographically dispersed networks and remote settings
- Standardisation Vs country-/area-specific peculiarities
- Rethinking sustainability/ownership: largely donor-funded and INGOs-owned
- Redefining donor relationship: Donor-funded Vs donor-driven

The Way Forward

- Enhanced PPP: engagement of the private sector (SF,...) to increase NH impact
- Creating synergy with other innovative approaches/interventions: Voucher scheme, National Insurance scheme, Task sharing, mHealth
- Integration of SF into the Health system
- Research undertaking on SF: for evidence-based advocacy and up-scaling
- Documenting and sharing good practices and lessons learned – to leapfrog/avoid common pitfalls
- A paradigm shift in thinking: a sense of urgency/business-not-as-usual/innovativeness

**Thank
you**

