



Social franchising at PSI

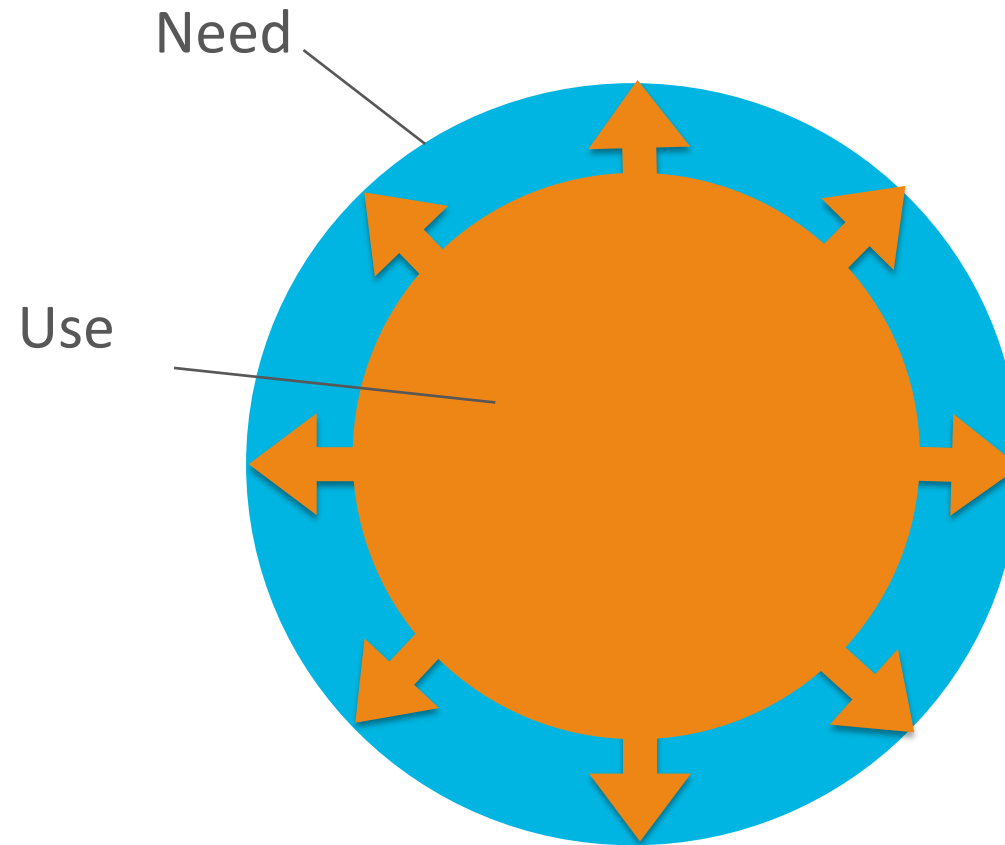
Anna Gerrard, Global Social Franchise Manager

Our objective is to increase access to and use of quality health services by harnessing the market for a strengthened health system



Who is the market failing and how?

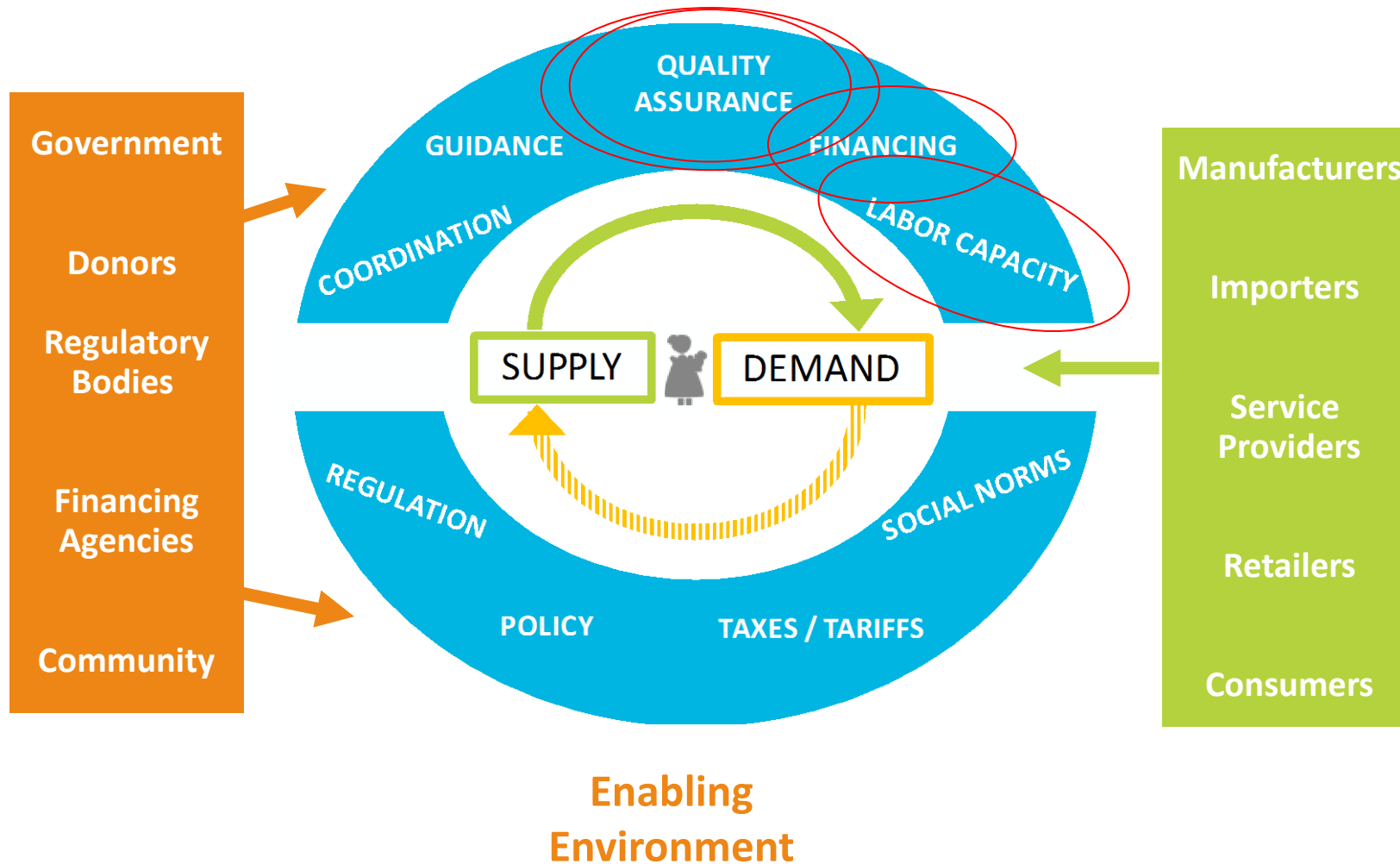
Who is the Market Failing?



Robust analysis
using different
lenses

- ✓ Age
- ✓ Gender
- ✓ Geography
- ✓ Risk behaviors
- ✓ Wealth Quintile

How is the Market Failing?



PSI's core business involves capacity building...



A day in the life of Leena...

Who do I visit today?



Which checklist am I using?

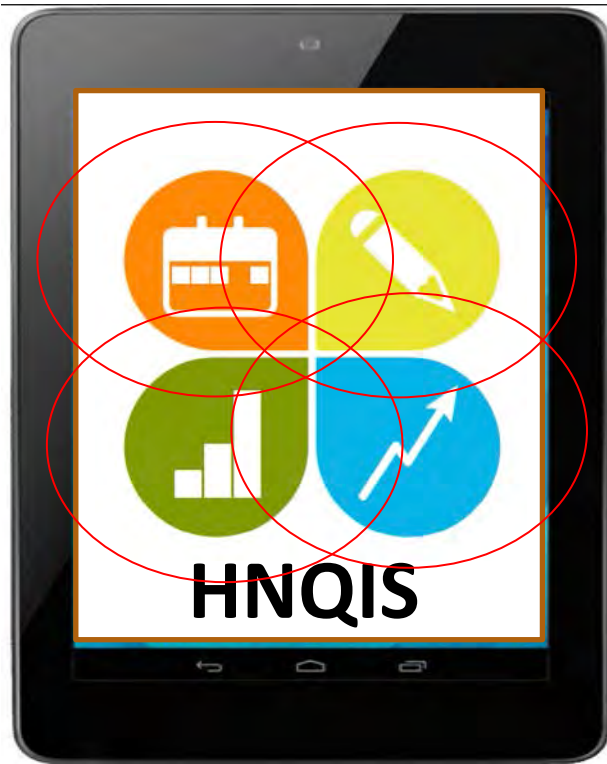


How can I help the provider to improve?



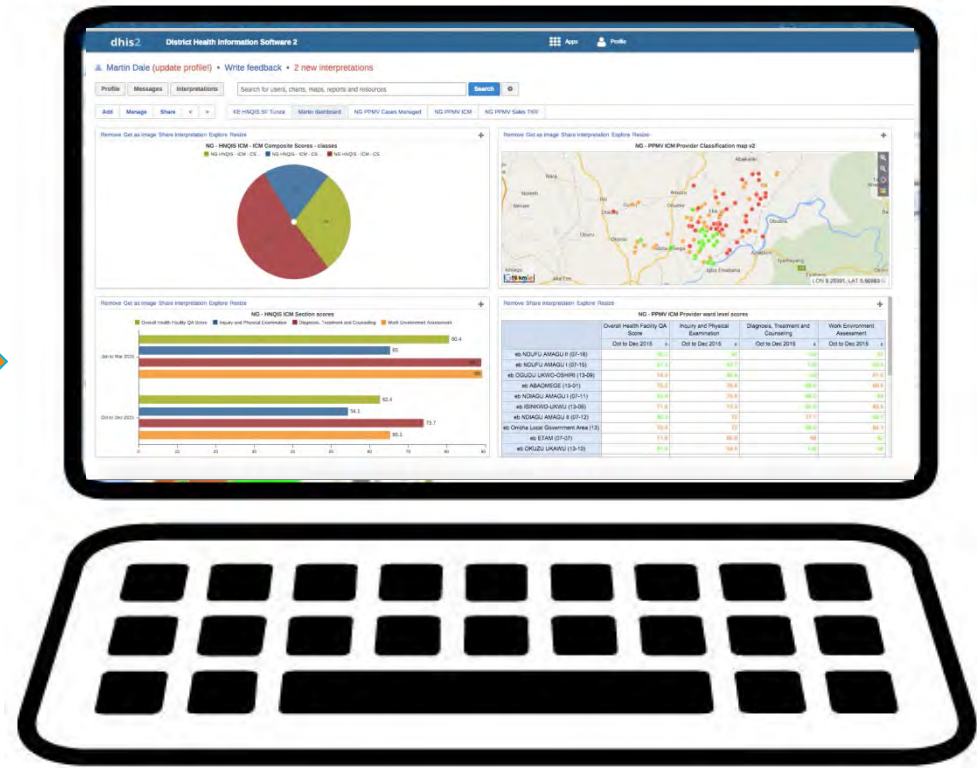
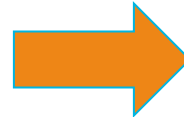
How do I make use of all this data??

Solution for Leena



- Offline capabilities
- Tailored to Leena's network
- Day to day work support tool
- All relevant info at fingertips

Solution for Quality Managers



- Access to all Quality Officers data
- Tailored dashboards
- Custom reports

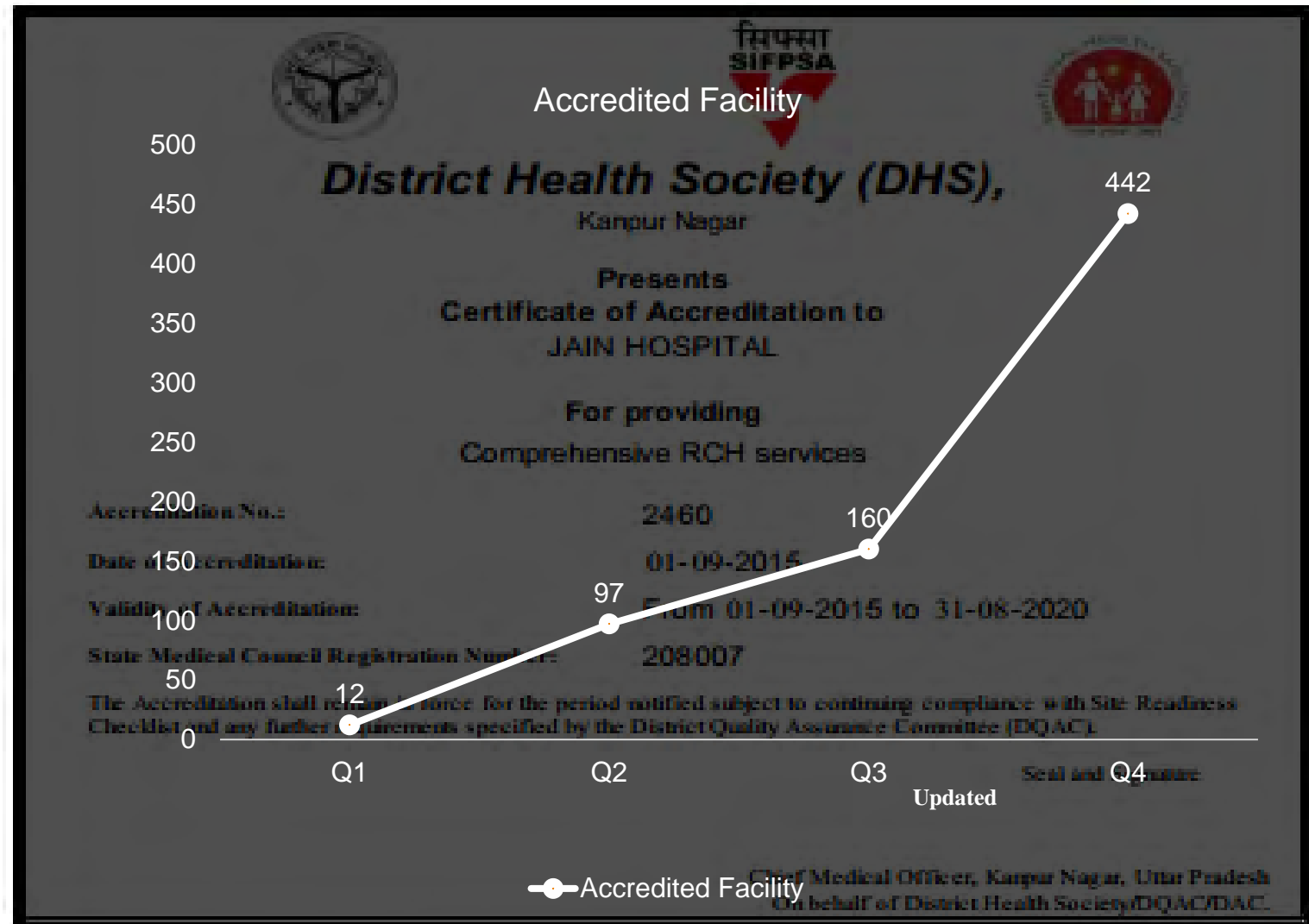
Our understanding of the FP market

- Validity of accreditation was limited to one year
- Manual and tedious accreditation system never attracted private sector providers. So, they were not linked to State repayment mechanisms and out-of-pocket costs remained high for consumers
- Private sector providers did not have access to government schemes
- Multiple contradictory government orders and guidelines for family planning
- Private sector did not fully engage in FP services even after multiple attempts in UP.

Accreditation

Key Factors contributing to increase

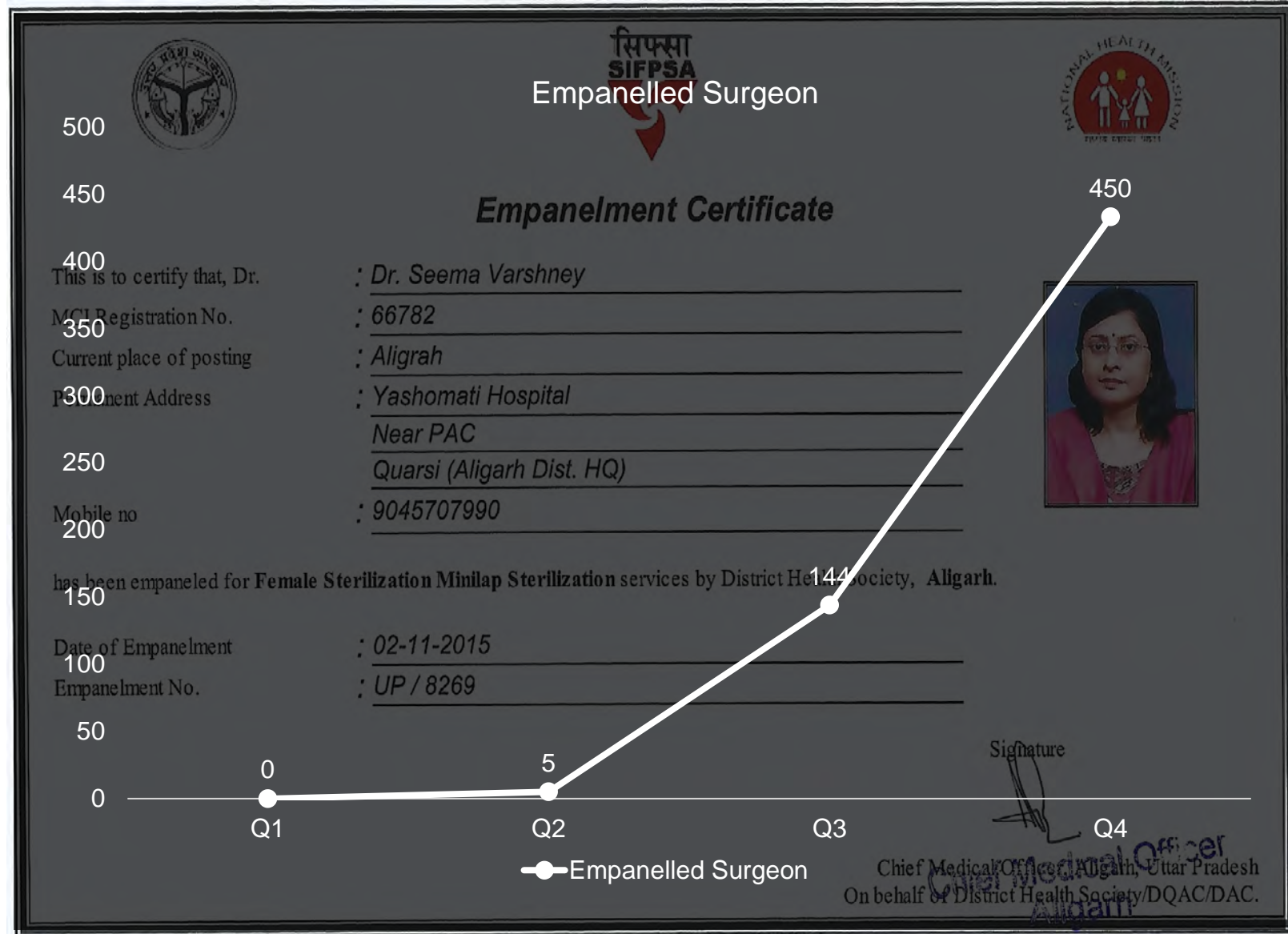
- State and district level training
- Publicizing web portal
- Quarterly review of progress by state
- Support to facilities by project
- Public private interface at district and state level



Empanelment

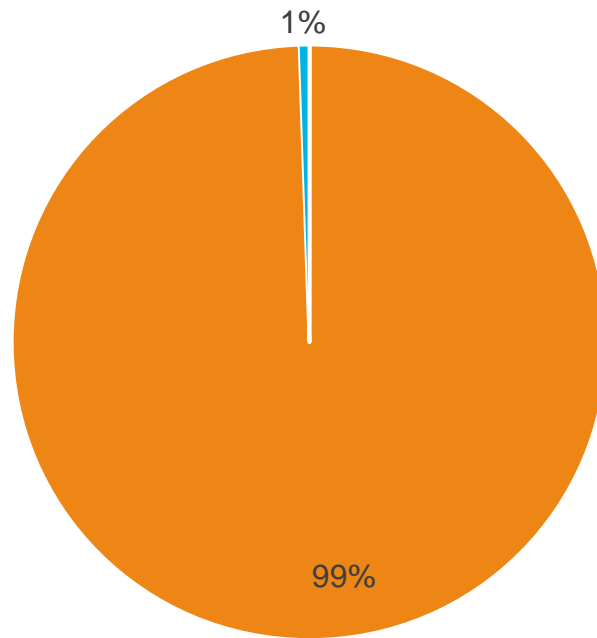
Key Factors contributing to Increase:

- State and district level training
- Publicizing web portal
- Individual consultations with providers
- Support to providers by project
- Public private interface at district and state level



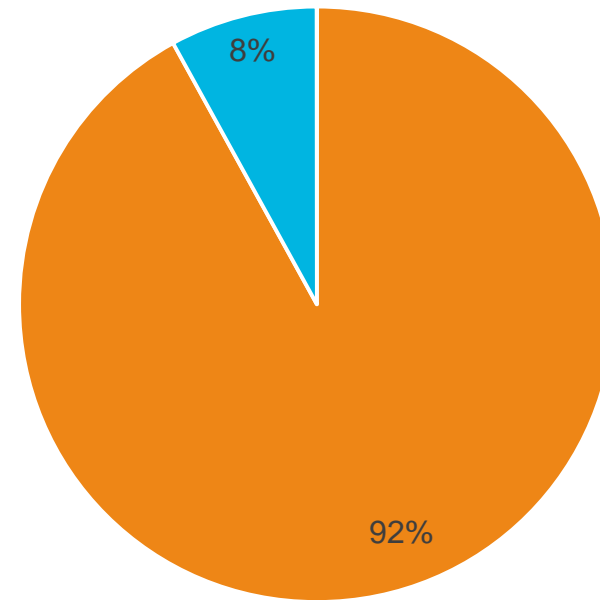
Private Sector Contribution in Female Sterilization

FY-2014-15



■ Govt Facilities ■ Pvt Contribution

FY-2015-16

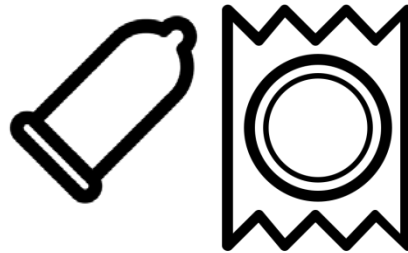
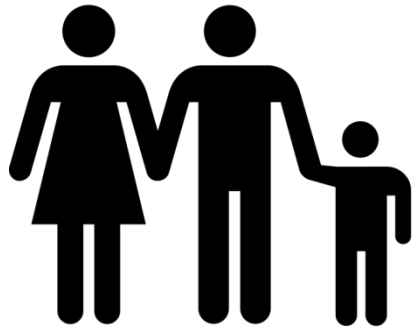


■ Govt Facilities ■ Pvt Contribution

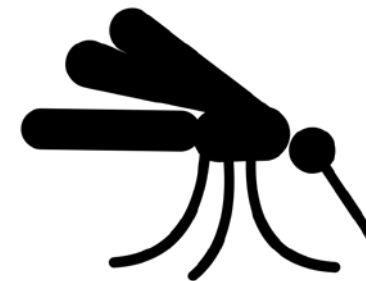
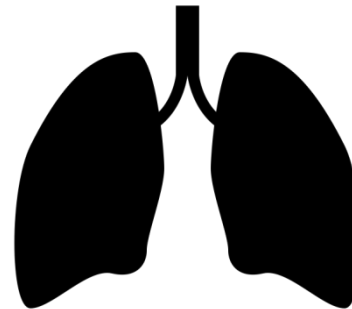


Cost-effectiveness?

The integration of services



Family Planning, Other Sexual and Reproductive Health, HIV/AIDS, Maternal and Child Health, Diabetes, Cervical Cancer, Tuberculosis, Malaria



Cost effectiveness of implementing integrated management of neonatal and childhood illnesses program in District Faridabad, India. PLOS One. 2016.

57,384 illness episodes were averted and 76,158 DALYs were achieved. The incremental cost of integrating was \$34.50 per life year gained and \$1,110 per infant saved

An effective model for the integration of modern family planning services into community-level HIV programming for female sex workers in Ethiopia. PSI. 2016

The total program cost per beneficiary served with modern FP services was approximately \$13.01, excluding FP commodity costs.



In summary

Cost effectiveness can take many forms:

- Effective and efficient quality assurance systems
- Working in partnership to encourage effective health systems
- Integrating a wide range of health services