To Improve the Reproductive Health of People in Pakistan
Registered in 1990, MSS is a subsidiary of Marie Stopes International (MSI), a UK based organization with partners in 43 countries around the globe

**MSS vision**

Improved Reproductive Health of people in Pakistan

**MSS Mission**

Is to be the leading, effective and enduring contributor towards improving the reproductive health of the people in Pakistan
MSS Today

82 Centers Providing Quality Services

200 Suraj Franchise

CSM A Social Marketing Organization

1038 Dedicated Team Members
Marie Stopes Society (MSS) Since 1992 & Service Delivery Channel & Model

<table>
<thead>
<tr>
<th>Province</th>
<th>Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sindh</td>
<td>32</td>
</tr>
<tr>
<td>Punjab</td>
<td>35</td>
</tr>
<tr>
<td>Balochistan</td>
<td>8</td>
</tr>
<tr>
<td>Khyber Pakhtunkhwah</td>
<td>11</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>86 / 73 Districts</strong></td>
</tr>
</tbody>
</table>

**Private Providers**

- **MSS Centers**
- **Lady Health Worker (LHW)**
- **Outreach in partnership with Goverment (OWG)**
- **Community Based Mobilizers (CBM)**
- **Registered with Government RHB Centers**

Map of Pakistan showing service delivery channels.
Paying for performance: Findings of an 18-month assessment of the effectiveness of demand side output-based intervention to long-term family planning franchise services in Pakistan

Syed Khurram Azmat, Waqas Hameed, Mohsina Bilgrami, Ghulam Mustafa, Jamshaid Asghar, Wajahat Hussain, Muhammad Ali, Aftab Ahmed
SURAJ Social Franchise

- Addressing the reasons of unmet need especially in the rural areas of Pakistan

- **Access**
- **Quality**
- **Cost**
- **Equity**
Objective of the SURAJ Model

- Train, accredit and support local private health care providers to enhance their capacities and businesses in remote, semi urban and urban areas to strengthen quality RH/FP Services.

- Address the current demand and Unmet Need of the underserved communities.

- Launch an Output Based Aid (OBA) Voucher Scheme to let poor women receive free quality contraceptive services, especially for IUDs.
Rural Franchising Model

“To Measurably Improve health of communities by enhanced communications, quality RH/FP services and free coupons at door step of the most underserved communities of rural Pakistan”
SURAJ Social Franchise

Background of Private Providers

• Working in hard to reach areas
• Available Nurses, midwives, LHVs
• Low or no focus on FP services
• Poor knowledge and Skills
• Pathetic facilities in most cases
• No focus on quality
SURAJ Social Franchise Components

- Identify community provider
- Training/ refreshers
- External Accreditation/ Post test
- Franchise agreement and Branding
- Marketing
- Output Based Aid Voucher scheme
- Commodity Security
- Quality Assurance and supervision (External and Internal). Backup support through 24/7 toll free number
- Monitoring and Evaluation
SURAJ Social Franchise

Private Providers Role

- Pay annual franchising fees
- Buy supplies
- Provision of ST and LTM services – vouchers/out-of-pocket payments
- Record keeping (stocks, services etc)
- Ensuring client satisfaction and continuity to contraceptives
- Maintaining Quality Standards
- Making her available for refreshers, validation, quality audit
- Upgrade facility and purchase the requisites
- Benefiting through 24/7 toll-free number
SURAJ Social Franchise

Field Worker Marketing Role

- Trained on community Mobilization and sensitization
- Voucher distribution and ensuring redemption
- Refer clients to the private providers
- Follow-up of clients to ensure continuity and side-effect management
SURAJ Social Franchise

- Free voucher for ST/LTM
- Poverty assessment tool and capacity to benefit assessment
- Redeemable only at the franchise private provider
- External validation
## SURAJ Social Franchise Network

### Private Providers (PP)

<table>
<thead>
<tr>
<th>Year</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>56</td>
<td>100</td>
<td>110</td>
<td>More than 200</td>
</tr>
</tbody>
</table>

### 35 Districts

### 3 PROVINCES
**SURAJ Social Franchise Network**

**Before and After joining SURAJ Network**

* Average number of IUD per month per provider

<table>
<thead>
<tr>
<th>Year</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011 (YTD)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3*</td>
<td>24*</td>
<td>36*</td>
<td>41*</td>
<td>45*</td>
</tr>
</tbody>
</table>

Total LTM clients 142,876 since 2008

35% free from Voucher
Introduction of the Study

Study Rationale:

- Lacking of rigorous evidence from well-designed studies of the effectiveness of franchising in lower-income countries in general and specifically for family planning services.

Study Objective:

- To assess the effectiveness of partial social franchising model in meeting the need of reproductive health services in rural Pakistan by promoting the use of long-term contraceptive using output-based aid.
Introduction of the Study

Outcome indicators:

- Increase in the total number of new IUD clients compared to the control provider areas
- Increase in contraception knowledge and practices
- Increase in the number of new family planning clients
- Clients switch from other local private providers to the MSS Private Provider
- Marketing agents within the MSS Private Provider model refer a majority of the IUD users
Methodology

**Design:** 18-month pilot quasi-experimental (intervention vs control) - ‘before and after’ mixed method study with sequential implementation and triangulation

**Intervention period:** 18 month (Feb 2009 – Aug 2010)

**Area selection** – the selected study districts/area

<table>
<thead>
<tr>
<th>Description</th>
<th>Name of Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>Badin (Sindh)</td>
</tr>
<tr>
<td></td>
<td>Jhang (Punjab)</td>
</tr>
<tr>
<td>Control</td>
<td>Dadu (Sindh)</td>
</tr>
<tr>
<td></td>
<td>Khanewal (Punjab)</td>
</tr>
</tbody>
</table>

*8 providers intervention districts and 8 providers control districts*

*The control and the intervention areas are selected on the basis of similar social economic indicators total fertility rate, contraceptive prevalence, number of hospitals, number of basic health facilities etc*
Methodology

Provider selection criteria:

- The areas where the private provider MSS catchments do not overlap with any other fellow Private Providers in the MSS network
- To reduce cost, the study aimed to include more private providers in fewer districts which will also improve the power of the study
- Private providers must be accessible to the support office teams for monitoring purposes
- Selection based on similar experience and training
Methodology

**Instrument:** Structured questionnaire used in PDHS 2006-07 was adapted, pre-tested and used for this study.

**Sampling:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Baseline</th>
<th>End-Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systematic Sampling</td>
<td>Every 2(^{nd}) household</td>
<td>Every 3(^{rd}) household*</td>
</tr>
<tr>
<td>Sample (approx.)</td>
<td>4,992</td>
<td>4,003</td>
</tr>
<tr>
<td>Control</td>
<td>2,509</td>
<td>2,019</td>
</tr>
<tr>
<td>Intervention</td>
<td>2,483</td>
<td>1,984</td>
</tr>
<tr>
<td>Private Provider’s</td>
<td>312/PP approx.</td>
<td>250/PP approx.</td>
</tr>
</tbody>
</table>

*In end-line survey the sample size was reduced therefore every 3\(^{rd}\) household was surveyed to increase the representativeness*
Methodology

Data collection and management:

- Local experienced enumerators were hired and trained for the survey data collection
- Visual FoxPro version 6.0 for double data entry and cleaning.
- Statistical Package for the Social Sciences 17.0 (SPSS) was used for analysis

Data Analysis:

- Simple descriptive and cross-classification analysis was used. Chi-square and McNemars test was applied to test the change in the key outcome indicators.
## RESULTS: Contraceptive Use

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Intervention (N=4467)</th>
<th>Control (N=4528)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline (N=2483)</td>
<td>End line (N=1984)</td>
</tr>
<tr>
<td></td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>CPR (combined)</td>
<td>27.2</td>
<td>48.0**</td>
</tr>
<tr>
<td>Modern Method</td>
<td>18.4</td>
<td>43.2**</td>
</tr>
<tr>
<td>Pills</td>
<td>2.0</td>
<td>5.3**</td>
</tr>
<tr>
<td>Condom</td>
<td>5.4</td>
<td>11.4**</td>
</tr>
<tr>
<td>IUD</td>
<td>1.9</td>
<td>13.7**</td>
</tr>
<tr>
<td>Injection</td>
<td>2.1</td>
<td>5.7**</td>
</tr>
<tr>
<td>Female Sterilization</td>
<td>7.0</td>
<td>6.0</td>
</tr>
<tr>
<td>Male Sterilization</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Traditional Method</strong></td>
<td><strong>8.8</strong></td>
<td><strong>4.8</strong>**</td>
</tr>
<tr>
<td>Periodic Abstinence</td>
<td>0.0</td>
<td>0.9**</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>8.5</td>
<td>3.6**</td>
</tr>
<tr>
<td>Others</td>
<td>0.3</td>
<td>0.4</td>
</tr>
</tbody>
</table>

*Significant  
**Highly significant
## RESULTS: Source of Getting FP Method

<table>
<thead>
<tr>
<th>Source of getting FP services</th>
<th>Intervention (N=4467)</th>
<th>Control (N=4528)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline (CPR=676) n (%)</td>
<td>End line (CPR=953) n (%)</td>
</tr>
<tr>
<td>Walking client</td>
<td>--</td>
<td>3.8</td>
</tr>
<tr>
<td>Voucher</td>
<td>--</td>
<td>15.0</td>
</tr>
<tr>
<td>Referred by Field Worker</td>
<td>--</td>
<td>32.1</td>
</tr>
<tr>
<td>Marketing</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Private Hospital/Clinic</td>
<td>16.1</td>
<td>10.0</td>
</tr>
<tr>
<td>Government Hospital/RHSC</td>
<td>27.4</td>
<td>16.0</td>
</tr>
<tr>
<td>Friends/Relative/Husband</td>
<td>17.0</td>
<td>9.0</td>
</tr>
<tr>
<td>Others*</td>
<td>10.9</td>
<td>14.1</td>
</tr>
<tr>
<td>Missing</td>
<td>28.6</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>676 (100)</td>
<td>953 (100)</td>
</tr>
</tbody>
</table>

*Drug store, Traditional Birth Attendant, NGO, LHW, Hakim/Homeopathic
RESULTS: Women with Unmet Need

### Intervention
- Baseline: 34.5%
- Endline: 22.2%

### Control
- Baseline: 35.2%
- Endline: 29.8%

Both are significant.
RESULTS: Family Planning Method

<table>
<thead>
<tr>
<th>Method</th>
<th>Intervention</th>
<th>Control</th>
<th>Baseline</th>
<th>Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modern</td>
<td>18.4</td>
<td>24</td>
<td>43.2</td>
<td>26.2</td>
</tr>
<tr>
<td>Traditional</td>
<td>8.8</td>
<td>4.8</td>
<td>4.5</td>
<td>3.5</td>
</tr>
</tbody>
</table>

Intervention vs. Control
RESULTS: Awareness of Family Planning

Both are significant
THANK YOU