

Social Franchising:

Improving quality and expanding
contraceptive choice in the private
sector

August 23rd, 2018



Martyn Smith, FP 2020, Facilitator

Martyn Smith serves as the Managing Director for Family Planning 2020. He has extensive leadership experience in the family planning and reproductive health sectors, including social marketing, in both Africa and Asia across the last 10 years, with a further 10 years of international experience in both the private and NGO sectors across three continents. Martyn led and transformed Marie Stopes International organizations in India and Sierra Leone and has also worked with PSI in Namibia on bed net and condom social marketing programs.



- **Welcome and Introduction**
- **Presentations**
- **Q & A**
- **Closing**

Before we Begin



Webinar will be
recorded



Submit your questions
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after the presentations



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SOCIAL FRANCHISING: IMPROVING QUALITY AND EXPANDING CONTRACEPTIVE CHOICE IN THE PRIVATE SECTOR

Martyn Smith

August 23, 2018



www.familyplanning2020.org

INTRODUCTION TO WEBINAR – I

What are High Impact Practices (HIPs)?

- Evidence-based family planning practices vetted by experts and documented in an easy-to-use format.
- The [HIP briefs](#) can be used for advocacy, strategic planning, program design, looking at research gaps, to inform policies and guidelines, and to support implementation.

INTRODUCTION TO WEBINAR – 2

Briefs are grouped into three primary categories:

- **Enabling Environment:** Systems or structural interventions which affect factors indirect to contraceptive use
- **Service Delivery:** Changes in the organization of services which directly affect access, availability, and quality of family planning services
- **Social and Behavior Change:** Interventions which directly affect knowledge, attitudes, behavior, and social norms that influence contraceptive use

INTRODUCTION TO WEBINAR – 3

- Today's webinar will focus on [Social Franchising: Improving quality and expanding contraceptive choice in the private sector](#) a brief in the Service Delivery group
- This brief is ranked as a **PROMISING PRACTICE**. A promising practice has limited evidence, with more information needed to document implementation experience and impact. The HIPs Technical Advisory Group recommends that such promising practices be promoted widely, provided they are implemented within the context of research and are carefully evaluated in terms of both impact and process.

INTRODUCTION TO WEBINAR – 4

Today's Learning Objectives:

- Participants have a better understanding of the Social Franchising brief
- Share implementation successes and challenges in using social franchising at the global and country levels

What is the promising high impact practice in family planning service delivery?

Organize private providers into branded, quality-assured networks to increase access to provider-dependent contraceptive methods and related services.

Background

A social franchise is a network of private-sector health care providers that are linked through agreements to provide socially beneficial health services under a common franchise brand.¹ This type of network can be particularly important for expanding availability and improving the quality of family planning services in the private sector, particularly for provider-dependent methods such as intramuscular injectable contraceptives, contraceptive implants, and intrauterine devices (IUDs). This brief describes the potential impact of social franchising on key family planning outcomes. It also provides useful guidance on how social franchising can be used to increase access to high-quality family planning products and services.



Photo credit: Julia Caesar Karaja

Even though private providers are a common source of family planning services, many do not offer a full range of methods. Independent private providers may lack training and support to offer provider-dependent methods; they may find commodities for these methods prohibitively expensive and accessing free or subsidized stocks difficult and time consuming; and some note low demand for these methods among their clientele (see Figure 1). Nonetheless, failure to offer these methods within the range of services available represents a missed opportunity to leverage existing health care infrastructure and client health-seeking behaviors to expand access to a broad range of family planning methods.

Most social franchise networks are managed by a nongovernmental organization (NGO), referred to as the "franchisor." The franchisor provides several benefits to franchisees, which often include clinical training, supportive supervision, and quality assurance mechanisms; business skills development and mentoring; access to affordable contraceptive and other health commodities; and support for family planning awareness raising and demand creation within the franchisees' catchment areas.^{2,4} Franchisors often brand franchisees to signal to clients quality and affordability at franchisee clinics.

Social Franchising

POLL

HIPS: CRITICAL ROLE OF HIPS IN ACHIEVING COUNTRY FP2020 GOALS

- Knowledge and evidence one of four FP2020 pillars
- Working with countries to identify key strategic points to integrate High Impact Practices
 - Commitments, Costed Implementation Plans (CIPs), and Action Plans
- HIPS Advisor helps to strengthen engagement with FP2020 country focal point structure (government, donor, and civil society focal points)

SOCIAL FRANCHISING – GLOBAL PERSPECTIVE

FP2020 Commitment-making countries (n=42) with Social Franchising:

	FP2020 Commitments	Costed Implementation Plans	Country Action Plans
Anglophone Africa	Kenya, Somalia, Uganda		
Francophone	Senegal	Benin, Cote d'Ivoire, Guinea, Madagascar, Mali, Mauritania, Senegal, Togo	Burundi, Cameroon, DRC, Madagascar, Senegal, Togo
Asia	India	India	India

Today's Panelists



Sarah Thurston
PSI



Tesfaye Mesele
MSI - Ethiopia



Daniel Crapper
PSI - Myanmar

Sarah Thurston, PSI

Sarah serves as Senior Technical Advisor for Population Services International, PSI-SIFPO2, working across a range of interventions to strengthen private health sector delivery of family planning method choice, including through social franchising. With 13 years' experience in technical and programmatic roles focused on West Africa and South Asia, Sarah has worked and published on social franchising, public-private partnerships, health financing, and commodity security for large service delivery organizations like PSI and MSI and in humanitarian assistance.




Social Franchising HIP Brief: Author's Perspective

Sarah Thurston, Senior Technical Advisor, Family Planning
Population Services International



E-S
MEDICAL
CLINIC





Background and impetus for the SF HIP brief

- Scope and scale of social franchising globally
- How does a HIP brief contribute?
- What does a *promising* practice mean?





Social Franchising Overview

- Defining the practice
- Partners and value proposition
- Key implementation activities

What does the evidence show?



- 1** Improves quality of clinical FP services
- 2** Increases FP client loads at SF clinics
- 3** Supports utilization of voluntary LARC methods
- 4** Can improve FP access for underserved populations
- 5** May increase mCPR in communities served

What top 'how to' tips can implementers share?



- 1** Franchisee clinic selection matters immensely
- 2** Consider combining SF with demand-side interventions, e.g. vouchers
- 3** Consider a broad range of franchised services and support

Future of the practice

- SF brief outlines key outstanding research questions
- SF networks becoming more flexible, look different in different country contexts
- SF networks serving to link private clinics with domestic health financing, such as national health insurance schemes
- Learn more: Social Franchising for Health e-Learning Course
www.globalhealthlearnings.org/courses/socialfranchising



Daniel Crapper, PSI-Myanmar

Daniel has over eighteen years of management and leadership experience in both the private and not-for-profit sectors, creating long term strategic visions for organizations to enable them to expand health impact, foster innovation, build meaningful relations with government stakeholders, and raise funding from a wide portfolio of donors. Daniel has managed a diverse portfolio of projects, including social marketing and social franchising of HIV, reproductive health, malaria and maternal/child health services. He holds a bachelor's and master's degree in Economics from Cambridge University.





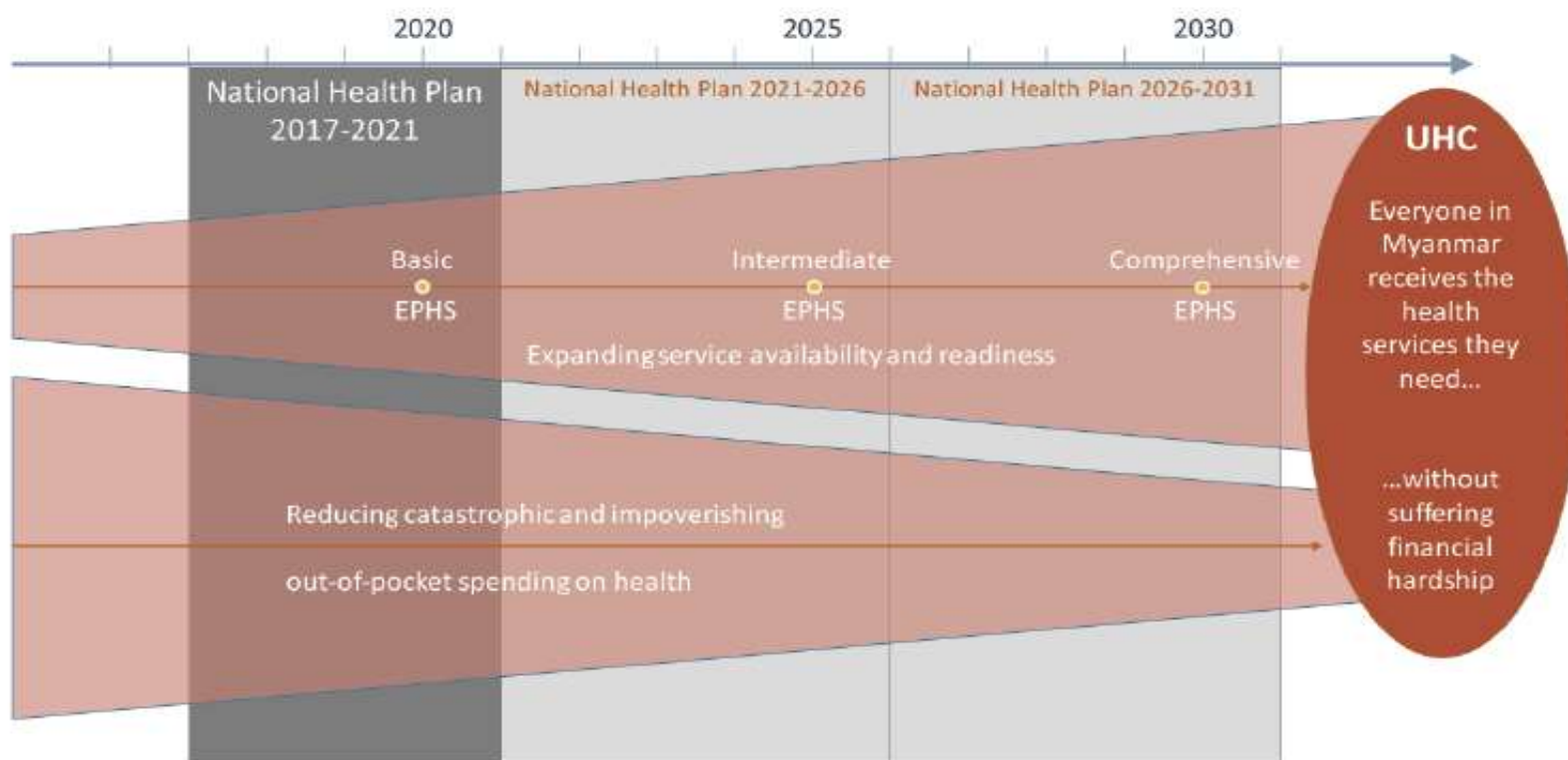
Using strategic purchasing to improve health outcomes and increase access to family planning in the private sector in Myanmar

Daniel Crapper, Deputy Country Representative,
PSI/Myanmar dcrapper@psimyanmar.org

HIPs Webinar on Social Franchising, August 23, 2018



Myanmar has a bold vision for UHC by 2030



But there is a long way to go

“Attainment of universal health coverage in Myanmar in the immediate future will be very challenging as a result of the **low health service coverage, high financial risk**, and **inequalities in access to care**. Health service coverage and financial risk protection for vulnerable, disadvantaged populations should be prioritised.”

Progress towards universal health coverage in Myanmar:
a national and subnational assessment

Su Myat Han, Md Mizanur Rahman, Md Shafiur Rahman,
Khin Thet Swe, Matthew Palmer, Haruka Sakamoto,
Shuhei Nomura, Kenji Shibuya

www.thelancet.com/lancetgh Published online July 25, 2018



What is strategic purchasing?

Strategic purchasing aims to increase health system performance through the effective allocation of financial resources to providers. This process involves three sets of explicit decisions:

- Which interventions should be purchased?
- How they should be purchased, including contractual mechanisms and payment systems
- From whom they ought to be purchased in light of providers' relative levels of quality and efficiency



The Sun Quality Health Network



High Coverage of the Network

- Social Franchise network of 1200+ primary care clinics in urban and peri-urban areas
 - Members of SQH Network are Private General Practitioners
- Focused on sexual and reproductive health, HIV, malaria, tuberculosis, non-communicable diseases and child health



Hypothesis

Strategic purchasing arrangements can improve health and family planning outcomes for low-income clients and achieve good value for money for public subsidy.

In particular they can:

- Increase the range of services provided
- Decrease out of pocket payments
- Decrease the time to seek treatment at a GP from the start of signs and symptoms





So what exactly does this look like for Su Su?

Access to low cost quality health care

- at a clinic of her choice
- close to her community
- for a wide range of FP options and illnesses
- from a friendly provider
- without financial hardship





NAME: Su Naing Win
DOB: 15-04-1990
ID: 456789123456
FAMILY ID: A12



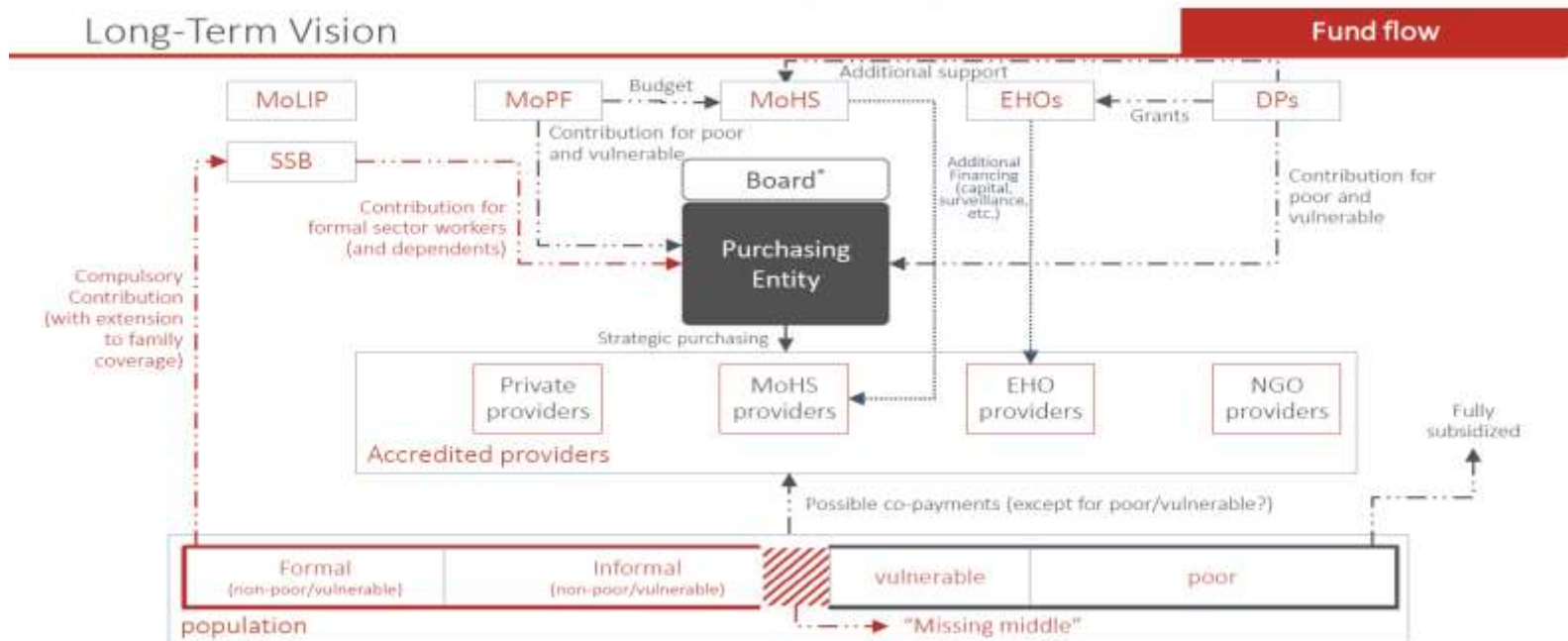


What does this look like for Dr Myo Myat?

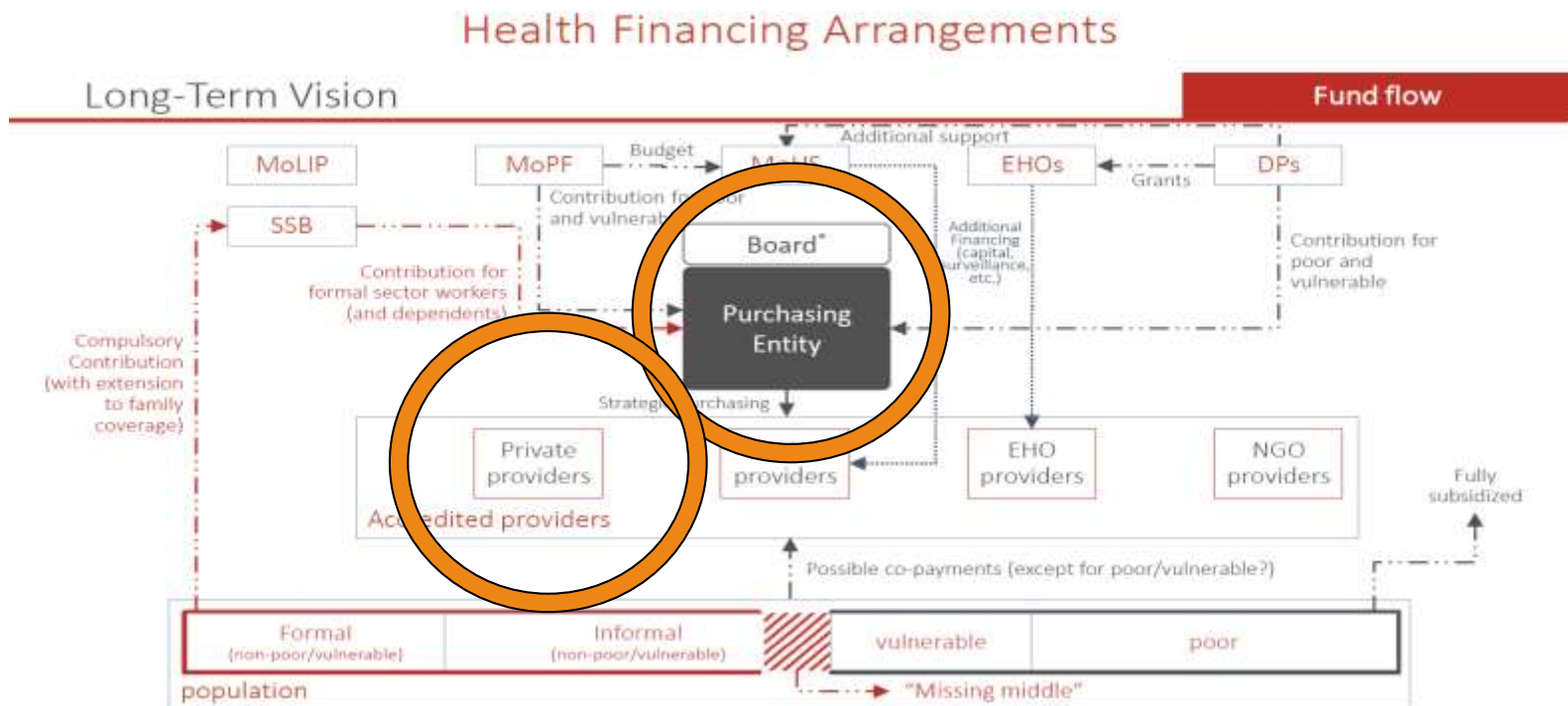


What does this mean for the Government?

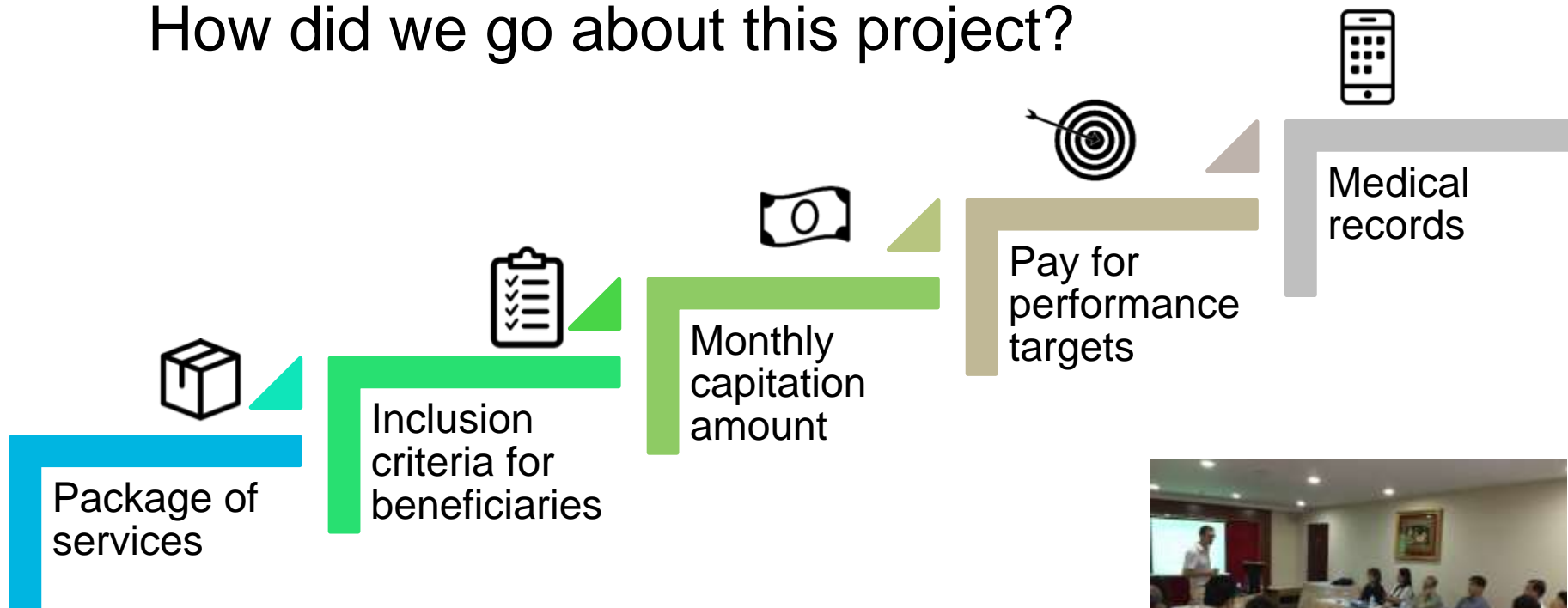
Health Financing Arrangements



What does this mean for the Government?



How did we go about this project?



- Adoption of an Implementation Research Approach
- Formation of a national scale-up committee
 - GoM, Donors, NGOs
 - Myanmar Medical Association



Scale-up Management committee has met 4 times

Package of Services (co-payment 500 kyats)

Core Package

- Maternal and Women Health (family planning short term method, + ANC, PNC and Child Delivery Support)
- Under 5 Child Health (pneumonia, diarrhea, nutrition)
- Communicable Diseases (TB screening, STI, Malaria)
- NCDs (Hypertension, Diabetes)
- General Illness
- GBV
- Counseling

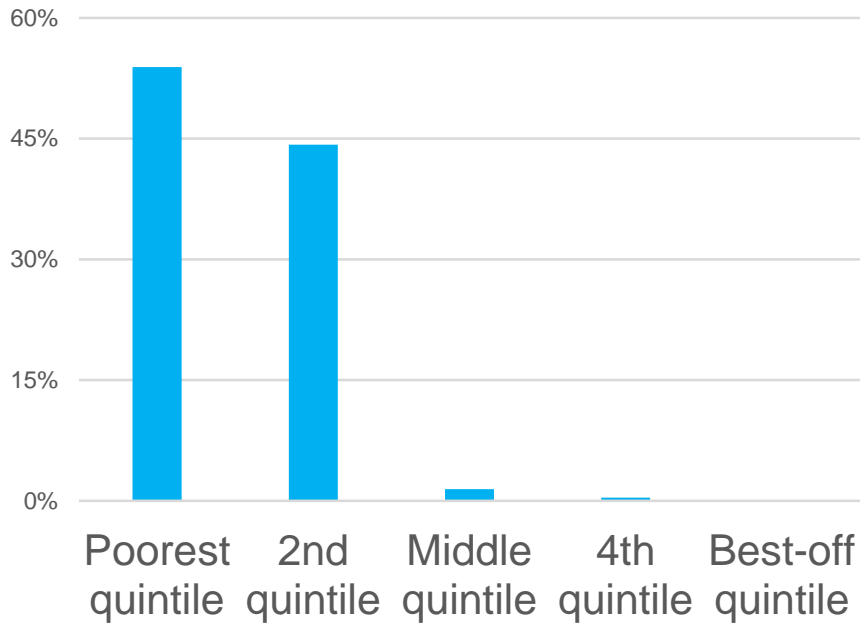
Enhanced Package

- Family planning long term method (IUD, Implant)
- Cervical cancer screening by VIA
- TB treatment
- HIV testing and ART

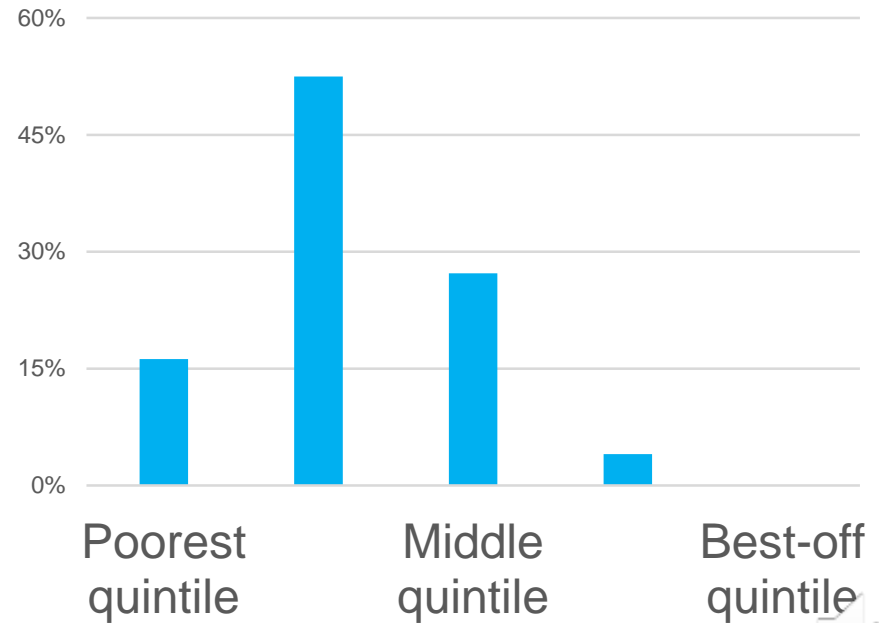


Did we reach poor people?

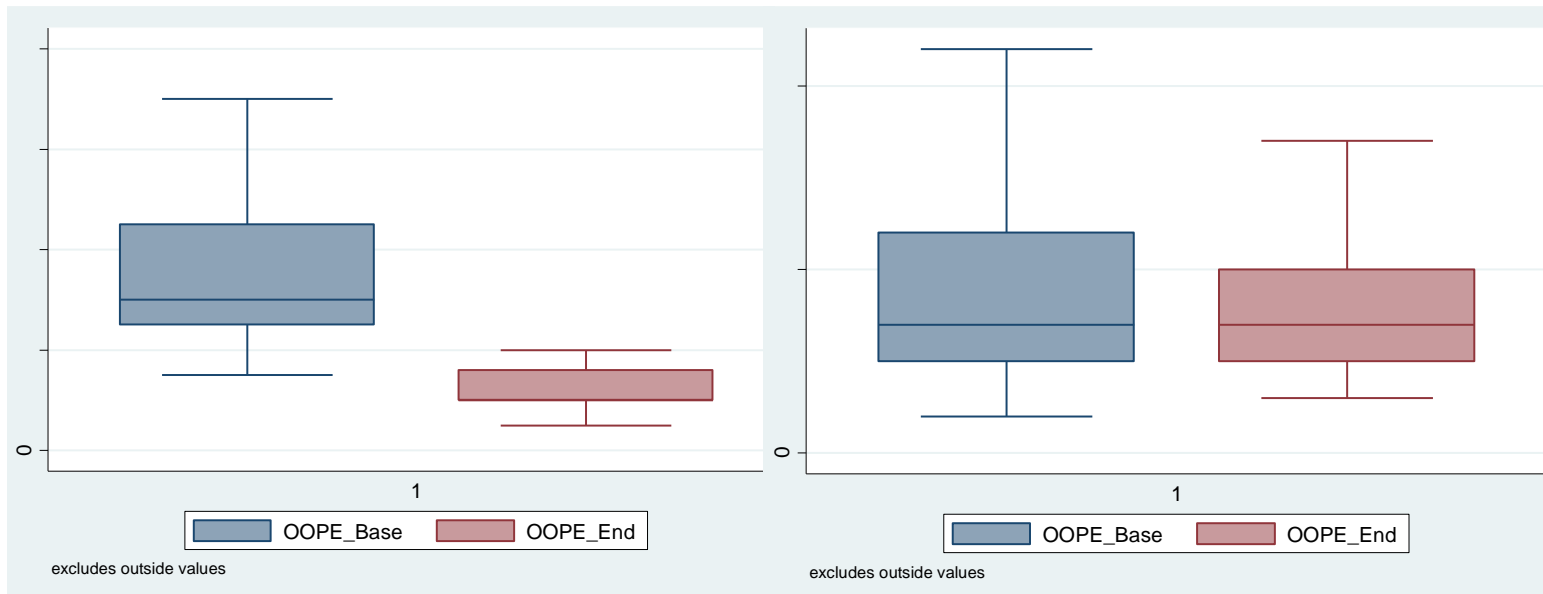
Socio-Economic Profile_DB (N=1243)
(Reference: Yangon Population)



Socio-Economic Profile_SPT (N=1263)
(Reference: Yangon Population)



Can we reduce costs for beneficiaries?



Private Clinics → New SUN Care Clinics

Private Clinics → Private Clinics



How much does it cost?

Year	Project Site	Beneficiary Coverage to date	Services	Cost Per Capita Per Month (USD)
2018 (June)	Yangon (5 providers)	7,004	<ul style="list-style-type: none">• Package of Services• Child Delivery Support• USG Examination	0.65
2018 (June)	Chin (2 providers)	2,923	<ul style="list-style-type: none">• Package of Services	0.64
2019	Ayeryawaddy (12 providers)	n/a	<ul style="list-style-type: none">• Package of Services	n/a



What we are learning...

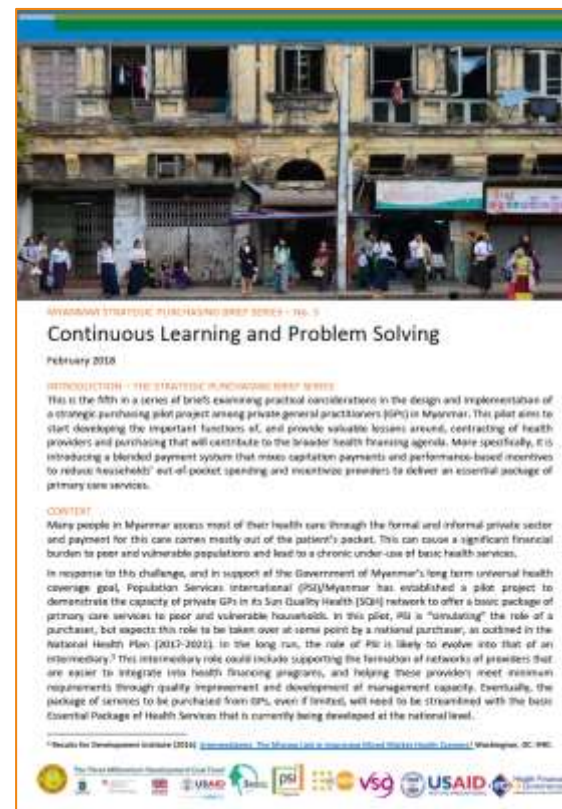
- The importance of continuous learning and problem solving
- The importance of continuous engagement with stakeholders
 - Upwards with government, donors and partners
 - Downwards with doctors, clients and the community
- We can reach the poorest of the poor
- Proximity, provider preference and community involvement is critical.
- The disease profile we modelled – including the number of clinic visits and proportion of health services/diseases did not happen as expected
- How to contract with providers – and when to remove them
- How much these schemes cost to operate
- What kind of perverse incentives may be generated, and how to minimize them



Learning Brief Series

- No 1 – Package of Services
- No 2 – Calculating a Capitation Payment
- No 3 – Targeting Poor Households
- No 4 – Introducing Performance-Based Incentive
- No 5 – Continuous Learning and Problem Solving
- No 6 – Routine Data Collection and Exchange (will be disseminated soon)

<https://www.psi.org/publication/myanmar-uhc-brief-series-1/>







Thank you!



Tesfaye Mesele, MSI - Ethiopia

Tesfaye works for MSI Ethiopia as Director of private sector support and informatics. He introduced a new social franchise strategy for Marie Stopes International Ethiopia in 2017, which brings massive change on individual franchisee quality and productivity improvement. Tesfaye has substantial experience on health sector development particularly on the health and livelihood of women and children. Currently, Tesfaye's focus is on health care financing and social franchise business sustainability to increase access to equitable SRH services.



Social Franchising:

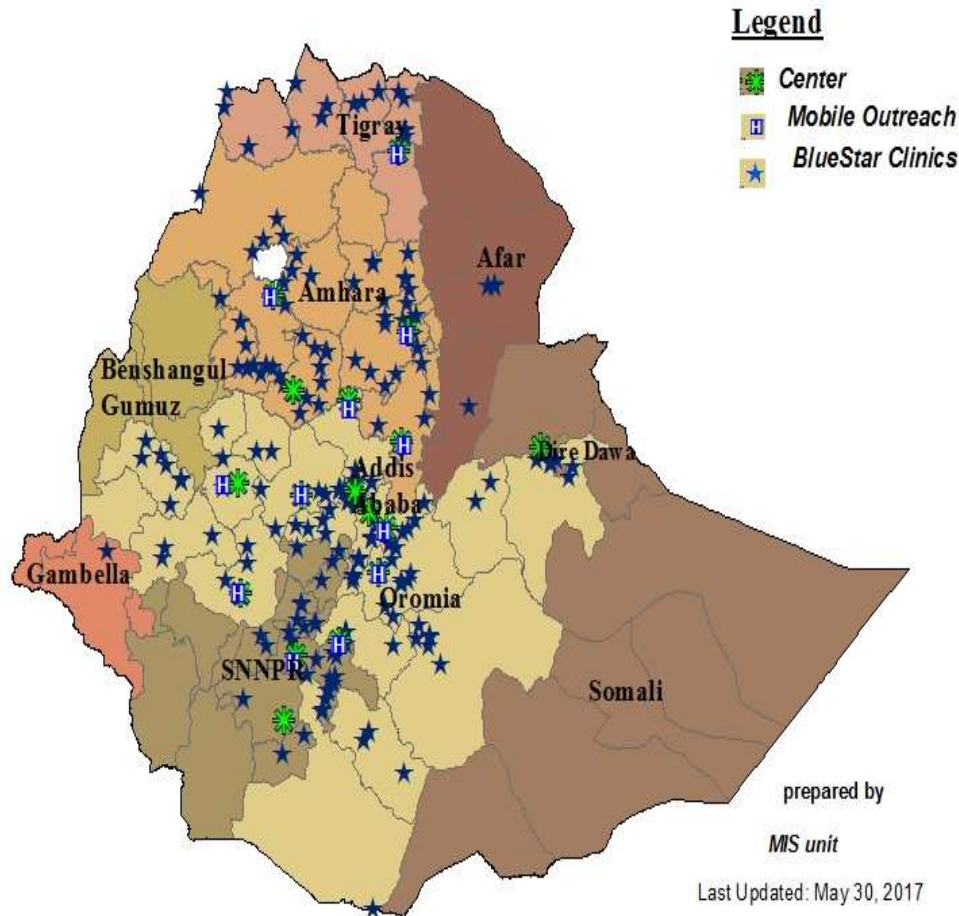
Take franchisees on structured capacity building journey leads to sustainable FP service provision

Marie Stopes Ethiopia: Case study

Tesfaye Mesele
Director of Private Sector Support
Aug 23, 2018

Background

Marie Stopes Ethiopia (MSIE), intervention area map.



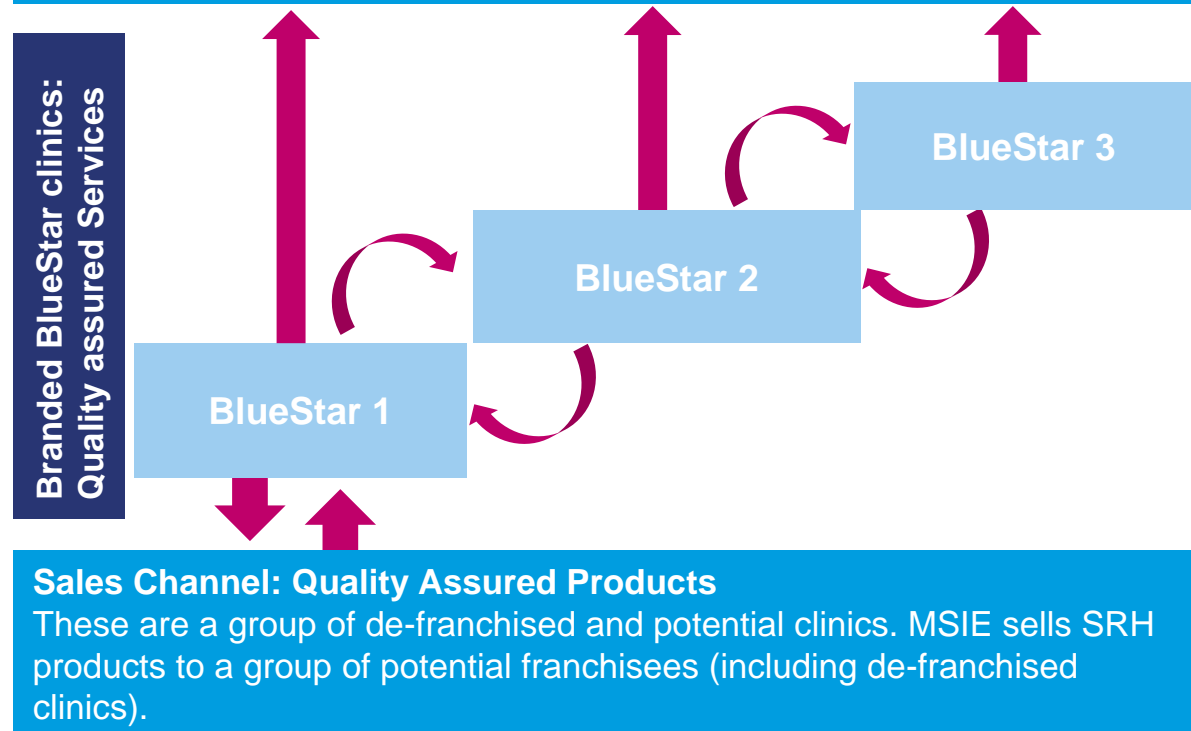
- In 2008, MSIE began franchising private healthcare clinics in order to expand access to quality FP services
- The franchise grew to 200 clinics within the first two years and reached 600 by mid-2016.

Tiered structure

This approach is to deliver the kind of client experience that we believe is critical for creating sustainable demand for FP

MSIE's Community of Matured SHR Providers: Premium network.
These matured SRH providers will retain access to MSIE products and other support as long as they remain active providers of quality SRH services

- Franchisee support package develops as capacity develops.
- Progression to next level is based on performance in a variety of KPI's
- Each level offers more benefits than the previous, in order that continuous motivation is present
- Graduation out of the system allows resources to be re-deployed to new clinics.



MSIE new SF model: tiered structure network

Why do this?

- The franchisees' status must reflect productivity and quality
- It is a path to sustainable franchise network: as clinics graduates we free-up resource and reallocate for the one which needs more
- The provider behavior and existing relationship with MSIE needs to be revitalized

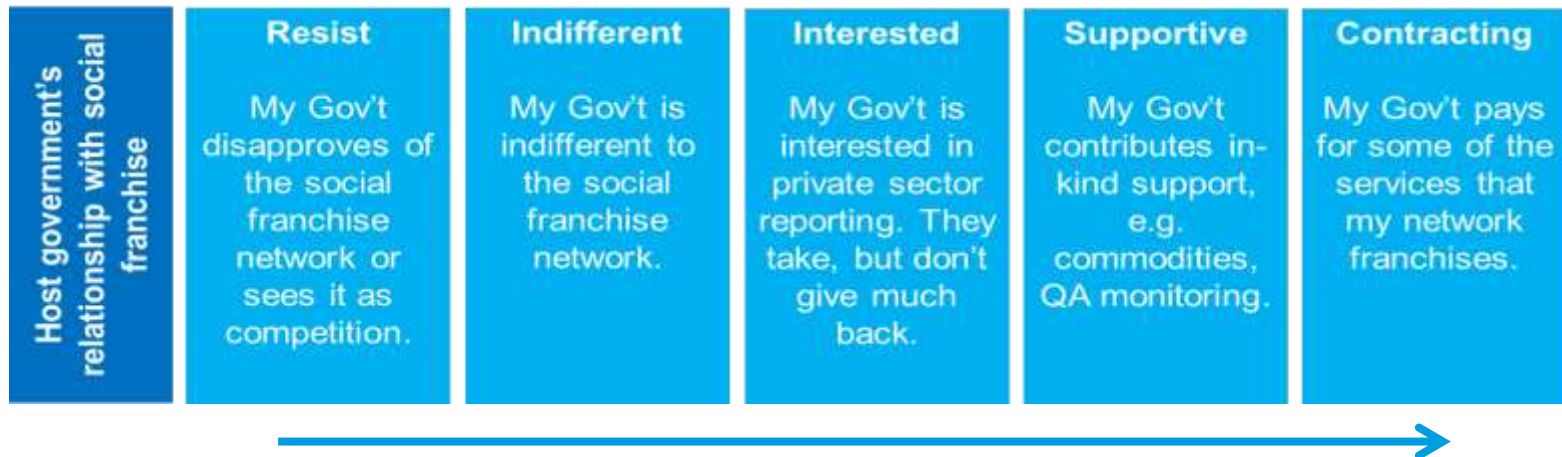
What is the benefit?

- Improve provider motivation
- Increase productivity and quality
- Enhance peer-to-peer support
- Take franchisees on structured capacity building journey
- Facilitate selection of franchisees for health insurance and other demand-side financing schemes.

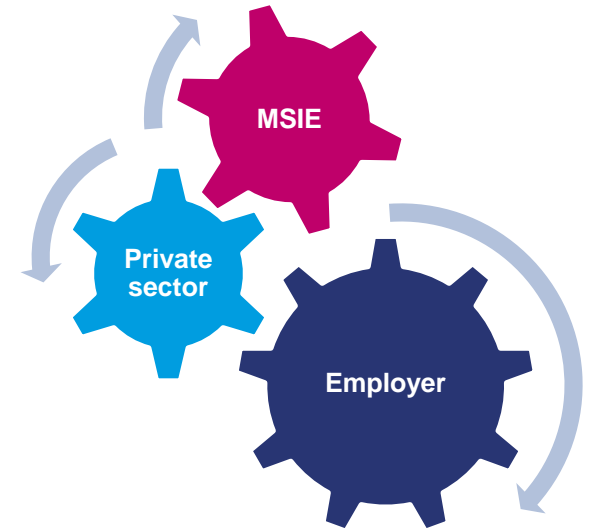
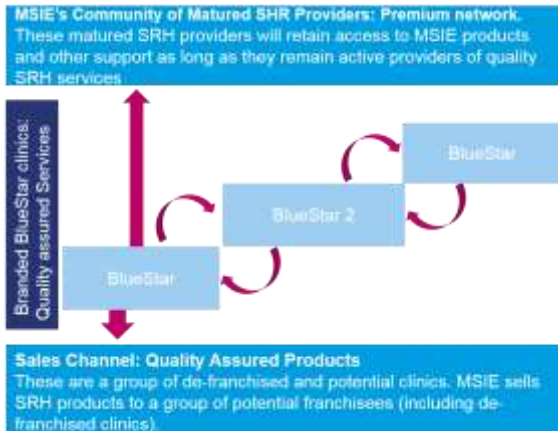
Encourage Public Private Partnership (PPP)

- Many governments are increasingly supportive of public-private partnership, especially to tackle specific issues, e.g. adolescent SRH.
- In Ethiopia the government is “interested” stage.
- MSIE continue to advocate for increased PPP, especially for national health insurance or community based health insurance to work with private clinics.
- The first PPP guideline is being developed
- Inclusion of private clinics in health insurance schemes will encourage long term sustainability of the services.

Government – private sector engagement spectrum



Sustainability approach



Model 1: Graduation model

Through the structured capacity building journey, graduated clinics can provide SRH service independently.

Model 2: Franchisee pay to Franchisor

Franchisee pays to franchisor (MSIE) as a royalty fee for the BlueStar brand. Alternatively, cost-sharing approach will be considered.

Model 3: Workplace program

Employers have capacity and interest to cover the health care cost of their employee. Referral linkage between workplaces and BlueStar clinics.

Thank you

Tesfaye.Mesele@mariestopes.org.et

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sector

Q & A

Before we close:



Recording will be shared tomorrow.

Also find it here:

<http://www.fphighimpactpractices.org/briefs/social-franchising/>



Presentation available here:

<http://www.fphighimpactpractices.org/briefs/social-franchising/>

For more information, please visit:

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THANK YOU

