

Government social franchising: using private sector approaches to improve the public sector provision of reproductive healthcare in Viet Nam

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SUMMARY

The Vietnamese Government has set up an innovative social franchise network. Marie Stopes International Viet Nam collaborated with the Government to apply the best of private sector franchising to improve public sector services.

The franchised network initially included 38 commune health stations. Accredited and trained public sector workers at these commune health stations provided a high quality service under the brand 'Tinh Chi Em' (or 'Sisterhood'). The franchise network increased the uptake of services from 2,200 in July 2007 to 10,000 in November 2008. It has also improved the perception of Government health services.

This case study outlines the key components of this innovative approach and shows how private sector principles can successfully be applied to public sector healthcare.

Introduction

Since 1986, Viet Nam has undergone rapid economic growth and political reform. Maternal and child health has improved nationally during this time. However, many Vietnamese still face an unmet need for effective contraception and other reproductive health services. For example, too few pregnant women in Viet Nam currently receive prenatal care or the services of a health professional during childbirth.¹ Viet Nam also currently has a high abortion rate of 2.5 per woman per lifetime.²

The Vietnamese Government has set clear targets to increase access to reproductive health and family planning services in order to improve maternal and child health. In particular, the Government has targeted universal access to quality reproductive health services throughout the country.³ To achieve this, the Government has recognised the need to strengthen the local level provision of healthcare currently supplied by commune health stations (CHSs) and to improve the public perception of them.

All CHSs provide reproductive health and family planning services in their role as primary healthcare providers. However, CHSs located close to a district health clinic or provincial hospital are prohibited from providing delivery services. Coverage by CHSs is high. In rural areas, 94% of communes have their own CHS.⁴ Furthermore,

the services provided by CHSs to people living within the same residential commune are fully or partially subsidised by the Government.⁵

However, CHSs are under-utilised.⁶ Many Vietnamese people believe that they provide poor quality services.⁷ For example, many associate CHSs with outdated equipment, limited drugs and supplies⁸, as well as unqualified staff who often place government quotas ahead of client satisfaction.⁹ As a result, many people prefer to visit private clinics, district hospitals or provincial hospitals.¹⁰ In some instances, they administer medicines themselves.¹¹ This in turn places a strain on those health providers that are viewed positively by the public and contributes to poor reproductive health.

To strengthen and increase the use of CHSs, Marie Stopes

International Viet Nam (MSI Viet Nam) and the provincial health departments in Khanh Hoa and Da Nang implemented a partial social franchise with funding from Atlantic Philanthropies.

This franchise network incorporated 38 CHSs and was the first of its kind globally.¹² It was only the second time that social franchising had ever been adapted for the public sector.

The Government social franchise network

The provincial health departments in Khanh Hoa and Da Nang were franchisors of the Government social franchise (GSF) network. They invited 10 CHSs in Da Nang and 28 CHSs in Khanh Hoa to join the network as franchisees. These 38 CHSs were located in rural and semi-urban areas and each was designed to serve 2,000 families.¹⁶ All invited CHSs had met or were able to implement a number of quality standards. These included high quality building facilities and waiting areas, social marketing training and a service quality evaluation programme.

In February 2007, all franchised CHS staff completed extensive training on social franchising and marketing, financial sustainability, care quality, branding, customer service and clinical standards. This training was conducted by a network of 25 provincial master trainers who had been trained by MSI Viet Nam.

What is social franchising?

'Social franchising' is based on the concept of franchising in the business sector, where a successful business replicates their business model elsewhere. Social franchising groups existing service providers under a shared brand to form a network of practitioners that offer standardised services. Service providers can benefit from social franchising through training, technical assistance, brand promotion, increased clientele and revenue as well as subsidised supplies.¹³ Social franchising can have the following benefits:

- increase the use of existing services
- improve the knowledge and practices of service providers¹⁴
- expand the number of services available
- improve users' perceptions of, and satisfaction with, service quality¹⁵
- give clients greater access to referral networks.

Marie Stopes International (MSI) uses franchising to provide reproductive health and family planning services in more than 1,000 clinics across Asia and Africa. Under partial franchising, only a portion of all services offered by each service provider come under the shared brand.

The network was given the brand name 'Tinh Chi Em' (which means 'Sisterhood') and the positioning statement 'understanding, privacy and devotion in health care'. This branding was developed in consultation with women of reproductive age, who were the intended client base of the GSF network. The branding sought to emphasise the empowerment of women through reproductive health and family planning services. It also sought to communicate closeness, friendliness and caring – attributes that the women expected when receiving reproductive health and family planning services from CHSs.

All franchised CHSs were renovated. In particular, the waiting areas were decorated and designed to provide a comfortable setting for clients. New medical equipment and furniture replaced older items and trees and/or flowers were planted outside each building. A comment

Why is Tinh Chi Em innovative?

This is the first time that private sector principles of partial franchising have been applied to the public sector. Family planning and reproductive health services provided by primary care facilities were standardised and marketed under the Tinh Chi Em brand. In doing so, all franchised CHS staff completed extensive training on social franchising and marketing, financial sustainability, care quality, branding and customer service.

box or book and a poster listing the '10 rights of clients' were placed in clear sight in each waiting area.

Finally, several workshops were conducted to obtain support for the GSF network and the brand from key stakeholders, including government officials, health authorities and CHSs.

The GSF network was launched in July 2007 when 10 franchised CHSs opened in Da Nang and five opened in Khanh Hoa.

The remaining 23 franchised CHSs in Khanh Hoa were opened in late September and early November 2007.

Female clients were encouraged to visit franchised CHSs with their partners and families to gain awareness of all the available services. The GSF network was also marketed extensively through road shows, media tours, leaflets, banners, local newspapers, a website and a television documentary. All communication



materials were pre-tested with the target audience to ensure they were relevant culturally and contextually. Each franchised CHS also recruited and trained two 'brand ambassadors' to encourage women and their families through face-to-face communications to visit and/or refer others to franchised CHSs.

Once the GSF network was launched, MSI Viet Nam provided ongoing coordination, technical support and advice to franchised CHSs. MSI Viet Nam also coordinated refresher training for franchised CHS staff and monitored and evaluated services to help improve the GSF network.

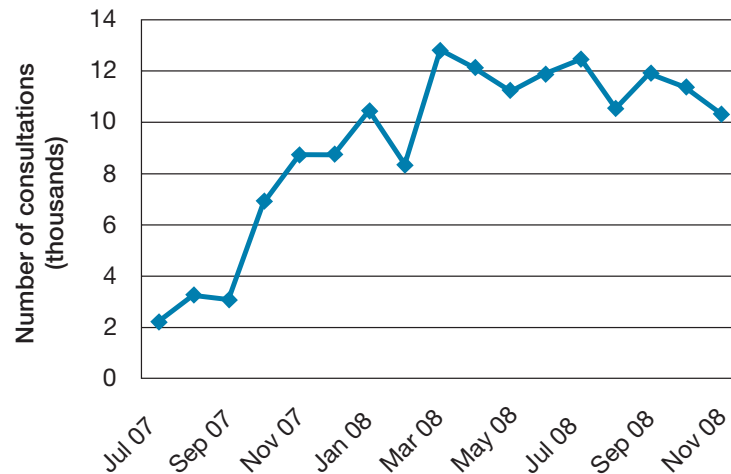
Results

The GSF network successfully strengthened and increased the use of CHSs. For example, the number of all services provided at franchised CHSs increased four-fold between July 2007 and November 2008. The number of family planning and reproductive health services provided during the same period increased from 2,200 to 10,000 (see Figure 1).

Given the increased use of CHSs, the waiting time in some franchised CHSs did become longer. However, few clients complained about this in qualitative evaluations. Instead, most clients appeared to be satisfied with the service provided. For example, clients spoke positively of the enhanced appearance, facilities and equipment at franchised CHSs and identified an improvement in staff service attitudes.¹⁷

The GSF network also improved the public perception of franchised CHSs. For example, people who

Figure 1: Increase in family planning and reproductive health services at franchised CHSs between July 2007 and November 2008



had not used a franchised CHS associated it with a high level of service quality and expertise. Indeed, it was this improved perception that caused many new clients to visit a franchised CHS instead of the private clinic or provincial hospital that they normally attended.¹⁸

The GSF network also achieved two additional key outcomes. First, it successfully established a team of provincial master trainers who can continue to deliver high quality training to CHS staff. Second, the marketing of the GSF network appears to have improved many women's health-seeking behaviour.



One qualitative evaluation found that women of reproductive age were highly aware of the Tinh Chi Em brand and its services. As a result, many women claimed to care about their health more now and to visit their local CHS more frequently.¹⁹

Conclusion

The GSF network successfully strengthened and increased the use of CHSs in Viet Nam. Client satisfaction increased and the public perception of franchised CHSs improved significantly. The GSF network shows, therefore, that partial franchise principles can be adapted to improve public sector family planning and reproductive health services in a developing country setting.

Indeed, the provincial health departments in Khanh Hoa and Da Nang built upon this success by extending the GSF network to a further 38 CHSs in 2009. In addition, three other provinces in Viet Nam (Thai Nguyen, Thua Thien Hue and Vinh Long) plan to implement a Tinh Chi Em branded GSF network.

Recommendations

The GSF network could be adapted to other settings. Countries that wish to apply partial franchise principles to the public sector should consider the following recommendations:

- all franchise staff should receive extensive training on social franchising and marketing, financial sustainability, care quality, branding, customer service and clinical standards. In doing so, staff service attitudes should be considered to be as important as clinical or technical expertise
- any improvement in the quality of care should be complemented by social marketing and communication efforts to improve clients' perceptions of service quality and to promote quality services in wider communities
- all branding, social marketing and communication activities should be pre-tested with the target audience to ensure they are culturally and contextually relevant
- the quality of care must be ensured at all times through ongoing monitoring and evaluation as well as refresher training courses for all staff.

Finally, future models based upon the GSF network may be able to generate income through user fees, which in turn could be reinvested in facilities, technology and equipment. Some franchised CHSs applied user fees for some services. Despite doing so, the number of clients still increased. This suggests that clients are willing to pay for high quality services at an affordable price. Further research on the viability of user fees is needed. However, this adaptation could provide a sustainable business model that would provide revenue for clinics and subsidise more needy clients.

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