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Influence of social franchising strategy on uptake of family planning services: a survey of Tunza Family health network in Nyanza, Kenya

By Ombogo Joshua Marwanga

Abstract

Social franchising has been employed in the provision of health services since the 1990s, the health services being; voluntary testing and counseling of HIV/AIDS, cervical cancer screening and family planning. It is an emerging technique used by governments and AID donors, to improve quality and accessibility of these health services in developing countries. Tunza Family Health Network, a franchise run by an NGO, Population Services International (PSI) was established in Kenya in the year 2009, but this far no evaluation research has been done to establish whether it has any influence on uptake of family planning services, which is measured in terms of product/service range and client volumes. This necessitated the research survey to determine the whether the business model is achieving the overall objective of increasing the uptake of family planning services. The conceptual framework was based on correlation of the study variables. The study area was Nyanza region, estimated to be 16,162 square km with a population of 4,392,196 (as per 2009), in which there are 28 franchise clinics, which constituted the study sample. Primary data was collected, using a questionnaire, which was administered to the service providers of the 28 clinics in the Nyanza region. Secondary data was collected from the clinic records and Ministry of Health district records. Data analysis was done using SPSS, for descriptive and inferential statistics. To validate the questionnaire a sample of it was tested with four providers (clinics), and the results used to refine the questionnaire. The results are presented in the form of tables, graphs, pie charts, frequencies, percentages and narrations, which form the basis of the discussions. The study findings revealed that the Tunza Family Health Network, as a social franchise, has been effective in expanding the contraceptive range thus broadening client choice and spurred an increase in the number of FP services consumers. As a result, the franchise members are earning more in terms of increased revenues. The overall impact of the business model, is that, it has increased the general uptake of family planning services, satisfying the main objective of social franchising. These findings will provide reference material to the franchisor (PSI) for program auditing, the government, private providers and other NGOs for analyzing choices related to social franchises, the network member providers to demonstrate the benefits gained from their association with the franchise organization. In academics, it will add up to the knowledge pool on social franchising.

Key Word; Social Franchising; Contraceptives; Family Planning Services; Strategy

Citation Format

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By Ombogo Joshua Marwanga

Introduction

Background of the Study

Family planning (FP) is not only a key intervention for improving health, but it is also a key strategy for the achievement of national and international development, including the Millennium Development Goals (MDGs) (National Family Planning Guidelines for Service Providers, 2008). In the Kenyan National Reproductive Health Policy (Ministry of Health, 2007), FP is regarded as a human right. However there is a gap between levels of knowledge among the populace and the actual use of the services. As a solution, the many players in provision of FP services have adopted various models such as creation of special FP clinics in government facilities, Community Based Distribution (CBD) of FP products strategy and social franchising, in the attempt to improve access and quality of FP services aimed at increasing usage.

Franchising is a business model in which a parent company (franchisor) allows smaller entrepreneurs (franchisees) to use the company's brand name, strategies and trademarks; in exchange, the franchisees pay an initial fee and royalties based on revenues. The parent company also provides the franchisees with support, including advertising and training, as part of the franchising agreement. A number of factors have made franchising a successful business model: accelerated new store expansion, because much of the investment capital and many of the management decisions come from local franchise owners, distribution of fixed costs across many outlets provides economies of scale in purchasing and advertising which only large networks can provide, and the financial risks and rewards associated with local ownership assure that franchise operators will work hard with a lower level of supervision than would be needed in a company-owned chain of stores (Kotler, 2006)

Social franchising uses franchising methods to achieve social rather than financial goals, through influencing the service delivery systems of the private sector. While the concept of social franchising is being proposed in connection with an increasing range of services, from drinking water distributors to voluntary testing and counseling for HIV/AIDS (LaVake, 2003), the majority of experience to date comes from family planning service franchises, and this context forms the basis for this study.

Strategy is defined by Chandler (1962) (as cited by Barnart, 2012), as the determination of the basic long-term goals of an enterprise, and the adoption of courses of action and the allocation of resources necessary for attaining these goals. Porter (as cited by Thompson, Peteraf, & Strickland, 2011) developed Chandler's definition further, to define strategy as a broad formula for how a business is going to compete, what its goals should be, and what policies or means will be needed to achieve those goals. Several other definitions of strategy have been developed such as; strategy, defined as the overall plan for deploying resources to establish a

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favorable position (Grant & Jordan, 2010), strategy as an action plan of a company for outperforming its competitors and achieving superior profitability (Thompson *et al*, 2011), strategy seen as large-scale future-oriented plans for interacting with the competitive environment to achieve company objectives (Pearce & Robinson, 2010) and strategy viewed as the ideas, decisions and actions that enable a firm to succeed (Dess *et al*, 2012). In all these definitions, the common tenet is the formulation of future-oriented plans for the success of a firm

Family planning social franchise programs adapt the commercial franchising model to create networks of private medical practitioners offering a standard set of services under a shared brand. Franchise members are offered training programs, brand and commodity advertising, inter-franchise referrals and referral fees, follow-up and on-site technical support, opportunities for professional networking and exchange, and subsidized equipment, medicine and contraceptives. In return, providers may be required to meet sales quotas, maintain specific levels of service quality and pay franchise fees (Montagu, 2002).

Central cogs for the success of the social franchising business strategy are; Standardization of Services – a business model which includes a standard package of care and an understanding of the costs and income associated with the service. Brand promotion and development - advertising and promotion of franchise outlets (clinics) and products marketed under the franchise logo and brand name. Quality assurance - through selective recruitment, provider trainings, provision of subsidized equipment, medicines and contraceptives, field support, management of information systems and monitoring quality of care.

The first generation of social franchise programs was funded by USAID in 1990s in the Philippines and Mexico in order to expand markets for clinical family planning services (Smith, 1997). Franchises for family planning or reproductive health now exist in Mexico, India, Pakistan, the Philippines and Kenya. A number of these have now expanded their brands to include cervical cancer screening and HIV/AIDS voluntary counseling and testing (Montagu, 2002). How effective this model has been in increasing access and quality of sexual and reproductive health products and services, is the subject of studies, researches and reviews by many scholars and researchers as cited in the literature review.

Population Services International (PSI), is a non-profit group that develops and implements programs worldwide to empower low-income individuals and communities to lead healthier lives. It is the leading social marketing organization in the world, with projects in more than 50 countries spanning five continents. PSI designed the Tunza Family Health **N**etwork (TFHN) of family planning service providers to contribute to the Government of Kenya's family planning goals by complementing its public facility- based family planning service provision strategy with an urban and peri urban-based private sector strategy

The Tunza Family Health Network is constituted of private providers (doctors, clinical officers and nurses) who are tasked to provide quality family planning products and services, as a fractional service (Fractional Franchising). The focus was on both short-term family planning methods (condoms, injectables and oral pill) as well as long-term family planning methods (Intrauterine device and implants).

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In setting up the Tunza Family Health Network, providers are selected using a set selection criteria, then invited to join the network and finally sign a memorandum of understanding (MOU), outlining the rules of engagement in the social franchise set up. The selected providers were then taken through a contraceptive technology training to improve their FP provision skills, counseling skills and record keeping and business running skills. After the training, the network members were provided with subsidized equipment, medicines and contraceptives. Additionally, the franchisor (PSI) subsidizes the fee clients are charged on all the franchised products and services. For purposes of monitoring quality of service, a team of Tunza network doctors, visit the outlets (clinics), monthly, for skill development and adherence to set standards of service quality in all franchise outlets. Marketing of the franchise was done through the creation of a brand, using wall branding of all clinics with Tunza logo, advertising of the brand on radio, television, print media and billboards and community mobilization. All these were geared towards increasing the flow of clients into Tunza clinics.

The Tunza Family health network had grown to 185 franchisees in the whole country by the end of 2011, with most clinics located in low-income neighborhoods in urban and peri-urban areas. The primary population target is low income women of reproductive age. Nyanza province, the area of study has twenty eight (28) of these franchise clinics. As a source of revenue, the franchisor charges a yearly membership fee of one thousand shillings (Kshs 1000).
The major objectives of the Tunza Family Health Network, were to generate high FP client volumes and subsequent high clinic revenues. As to whether these objectives have been met, has not been determined yet. These are the facets of the Tunza Family Health Network that this research endeavored to investigate.

Statement of the Problem

The Tunza Family Health Network was established to bridge the gap between knowing and practicing through; increasing accessibility and quality of family planning products and services through the private sector. As secondary objectives, the private sector was to benefit through increased clients in the clinics and subsequent improvement of revenues.

Though the family planning social franchise has been in existence since 2009 in Kenya, the researcher found little documentation of franchise members' perspective on the impact this business model has had on the uptake of family planning services, especially on the facets of the range of family planning product and service consumed, the number of family planning clients attending the clinics and the revenues generated thereof. This research focused on determining the influence of the business model on the uptake of FP services, through FP products range consumed and the franchise clinics' consumer volumes and generated clinic revenues, from a purely franchise members' perspective.

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Objectives of the Study

The overall objective of the study is to evaluate the impact of social franchising as a business model, on the uptake of family planning services with reference to Tunza health network in Nyanza region.

The specific objectives are;

- **i)** To determine whether the social franchising business model has spurred any changes in the range of contraceptives taken by consumers.
- **ii)** To investigate if there is a relationship between the social franchising model and the number of clients seeking reproductive health services at the franchise clinics.
- **iii)** To establish if there is a relationship between social franchising and franchise clinic revenues.

Research Questions

- **i)** Does the social franchising business model have a positive influence on the range (types) of contraceptives consumed?
- **ii)** Has the social franchising business model spurred any changes in consumer volumes seeking family planning services?
- **iii)** Has social franchising business model had any influence on franchise clinic revenues?

Scope and Limitations of the Study

The study focused Tunza Family Health Network (THN), a network consisting 28 franchisees in Nyanza region that are registered, trained and supervised monthly, given supplies regularly, are well branded and have a community mobilizer at their disposal. The entire population formed the study sample of twenty eight (28) clinics.,

Limitations of the study were; first, the small number of franchisees in Nyanza province, may not be fully representative and generalized to the entire population in the country. Second, the research questionnaires were administered by the researcher. This was quite costly in terms of time and money since the franchise clinics are spread across the Nyanza region an area of 16,162 square kilometers. Third, determining accuracy of both primary and secondary data was difficult since record keeping at both the clinic and the Ministry of health records department was not up to standard. The study was primarily focused on the service providers in the franchise clinics. The improvement of quality or lack of thereof could not be objectively determined, since the recipients of the services were not interviewed.

Justification of the Study

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The findings of the research will be valuable to; first, the franchisor (PSI), the findings will form a basis for an audit of the objectives vis-à-vis the results and resources input vis-à-vis the outcomes. This will help to improve on implementation strategies and focus the organization's resources on strategies that are the most effective in attaining the organization's objectives. Second, the findings will contribute to the reference pool for government policy makers, NGOs and commercial firms engaged in social courses. They (findings) will provide a context for analyzing choices of whether or not to implement health-related social franchises in the quest to decrease the unmet need in family planning services. Third, the findings will help private providers to make informed choices when considering joining any healthcare social franchise, as the findings demonstrate the benefits that the network franchise member derive from their association with the franchise organization. Lastly, the findings add to the knowledge pool of social franchising business model and it's effectiveness in provision of family planning services.

Literature Review

Social Franchising

The widely accepted definition of a franchise comprises 'a contractual relationship between a franchisee (usually taking the form of a small business) and a franchisor (usually a larger business) in which the former agrees to produce or market a product or service in accordance with an overall 'blueprint' devised by the franchisor' (Stanworth *et al.* 1995).

Franchises can either be stand-alone franchises or fractional franchises. A stand-alone franchise exclusively promotes and sells the goods and services of the franchisor such as Nandos (Innscor Kenya). A fractional franchise adds a franchised service or product to an existing business, creating additional income for the franchisee and using existing business assets: building and shared utilities. This is common in social franchises (Kotler & Armstrong, 2008).
Social franchising is a contractual relationship wherein an independent coordinating organization (usually a non-governmental organizations, or private company) offers individual independent operators the ability join into a franchise network for the provision of selected services over a specified area in accordance with an overall blueprint devised by the franchisor. The franchisors offer; professional training, brand advertisements, subsidized or proprietary supplies and equipment, support services, and access to professional advice. Members also gain beneficial spin-off effects such as increased consumer volume, increased revenues and improved reputation due to brand affiliation (McBride 2001; Stephenson 2003).

According to Ngo *et al* (2010), implementation of social franchising involves three strategic initiatives: improving service quality, increasing service availability and actively promoting the new franchise brand. It is due to quest to achieve these initiatives that a number of international NGOs (Marie Stopes, Population Services International) and governments (Vietnam, India) have adopted the social franchising business model in provision of sexual and reproductive health services (RHS).

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Social Franchising for Family Planning Services

Peters, *et al* (2004) conducted a systematic review of literature from 1980 to 2003 to assess the effectiveness of private sector strategies for sexual and reproductive services (SRH) in developing countries. The strategies examined were regulating, contracting, financing, franchising, social marketing training and collaborating. Most literatures were descriptive papers. Using study design to rate the strength of evidence, they found that the evidence about effectiveness of private sector strategies on SRH services is weak. Nearly all studies examined short-term effects, largely measuring changes in providers rather than changes in health status or other effects on beneficiaries. Five studies with more robust designs (randomized controlled trials) demonstrated that contraceptive use could be increased through supporting private providers, and showed cases where the knowledge and practices of private providers could be improved through training, regulation and incentives. Their conclusion was that, although tools to work with the private sector offer considerable promise**,** without stronger research designs, key questions regarding their feasibility and impact remain unanswered.

Clinical franchising often takes the form of a fractional model where franchised services are added to an existing medical practice, but also can exist as a standalone practice wherein the site exclusively provides franchise supported services or commodities (Koehlmoos, 2009). The Tunza family health network under study, takes the fractional franchising model.

Empirical Evidence of the Benefits Of Social Franchising

Montagu (2002), notes that the primary advantage of social franchising business model, is the potential for fast, low risk expansion through local ownership, backed by a recognized brand with well-established attributes desired by consumers. These are benefits attributed to the franchisor.

For the clients, franchising of reproductive health and family planning services in the private sector improves quality and access which consequently increases utilization as supported by researches by Ngo (2010), Mc Bride (2001) and Koehlmoos (2009). Benefits attributed to the franchise network members (providers) are; training programs, brand and commodity marketing, access of subsidized equipment, medicine and contraceptives, increased range of contraceptives provided and consumed , which consequently broadens the clients' FP choice (McBride,2001 and Smith, 2001), increased FP consumer volumes (Montagu, 2002 and Ngo, 2010) and increased clinic revenues (Smith, 2001 and Stephenson, 2004).

1. Increased Uptake of Contraceptives in Volumes and Range

In a review of client choices among private providers in Kenya, Pakistan and Bihar, India, Montagu (2002) noted that service quality was seen as an important factor for choice, and an association was identified between high estimation of quality and the use of franchised services.

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The opportunity therefore exists for franchised networks to increase their client volumes through an investment in the provision of quality reproductive health services (Stephenson et al, 2004).
PSI research on their social franchise in Pakistan, the Green Star, found out that the franchise outlets experienced an increase in the number of family planning clients. During the network's first year, the number of family planning clients seen by franchise providers and paramedics more than doubled, from 1.8 to 4 per day. The total number of clients coming to these clinics (for any reason) increased from 14 to 19 per day (Agha *et al*, 1997).

In other studies by Ngo et al(2010) of a Government Social Franchising (GSF) in Vietnam, the study found positive associations between Government Social Franchising membership and client volumes as reported by the clinics at the end of the evaluation period.
All these studies support the presumption that there is a positive relationship between social franchise membership and high FP consumer volumes.

On range of contraceptives, McBride et al (2001) did an evaluation of the Green star Network in Pakistan, in addition to reviewing a wide variety of studies on the network and noted that Green Star had improved the quality of care through increased skill and competency levels of providers. This was backed by the following findings; availability of IUDs and hormonal contraceptives increased by 80 percent in Green Star clinics, the availability of client's choice of method increased from 76 percent to 96 percent and that providers gave information about three or more contraceptive methods to 86 percent of mystery FP clients.
Tsui, (2002) did an evaluation of three family planning franchises; Janani network of India, Green Star Network in Pakistan and Biruh Tesfa network in Ethiopia. He found that these franchises provide more reproductive health services than do other private providers, evidence that supports the assertion that social franchising does increase the number of clients seeking franchised services. These findings point to the conclusion that social franchising increases the range of FP services provided and consumed at franchise clinics.

2. Increased Clinic Revenues

There is evidence that social franchising can be financially and institutionally sustainable. Ultimately sustainability will depend on the users' willingness to and ability to pay. The institutional sustainability of social franchising is greatly assisted where the franchise is fractional, that is, added to an existing financially viable business. Financial sustainability is grounded in the evidence that people are prepared to pay for good quality services (Smith, 2001).
In a review of six health networks, Stephenson et al (2004) noted that, relative to non-franchised private health establishments, franchise membership is also associated with an expanded range of family planning brands and subsequently the potential for increased revenue through raised client volume. The study recommended that franchise networks should capitalize further on their service marketing potential by expanding the range of reproductive health services available through their franchisees, thereby generating higher reproductive health client volumes and hence higher clinic revenues.

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Conceptual Framework;
The conceptual framework is based on empirical literature on social franchising of FP services and its influence on consumer volumes. The variables in the study will include; the element mix needed to set up the franchise network (independent variables), the expected yield in terms of services at the provider level (intervening variable) and the final intended outcomes (dependent variables). The relationship of the variables can be schematically conceptualized as follows;

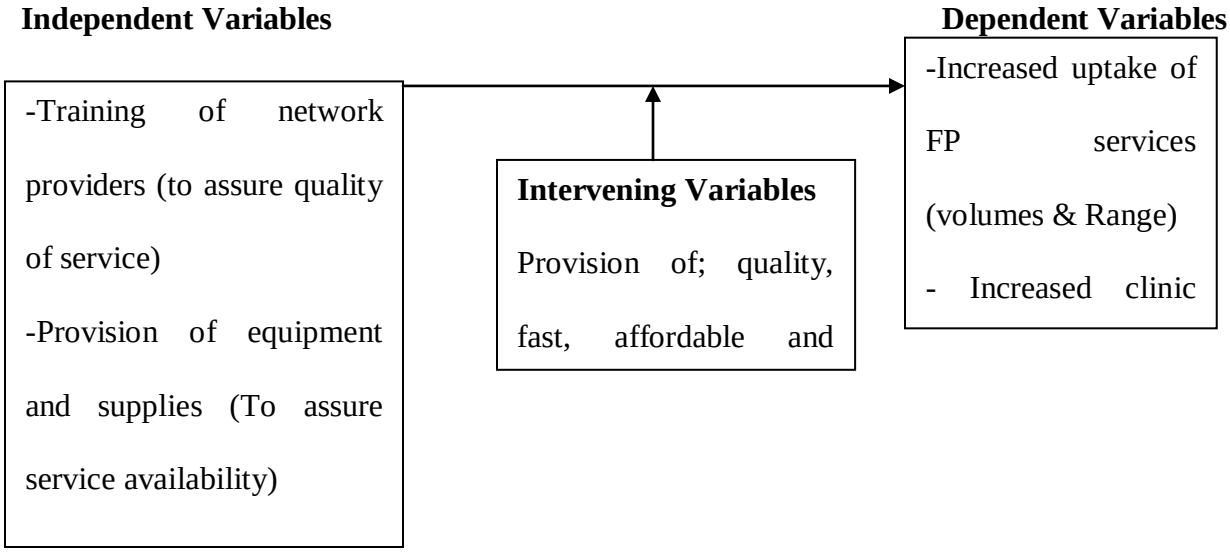

Figure 1: Conceptual Framework Schematic
Source: Self Conceptualization.

This research investigated whether the relationship indicated in the conceptual framework existed and the strength of the relationship if there's any.

Research Methodology
Research design
The study employed a mixed research design, both qualitative and quantitative. to collect and analyze views of the social franchise members (providers), about the impact the business model

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has had so far on the range of FP products and services consumed, client volumes and clinic revenues. It also focused on the provider perspective, with comparisons between pre-franchising and post-franchising periods. The study was carried out by way of questionnaires and interviews. The results were analyzed into descriptive and inferential statistics.

Target Study Population
The study targeted all twenty eight (28) franchise members under the Tunza Family Health Network in Nyanza (an area estimated to be 16,162 square km with a population of 4,392,196).. These are private clinics in which the providers have been trained, given equipment and FP provisions by the franchisor (PSI) as well as given marketing support in terms of clinic branding and community mobilization.

Sampling Frame and Data Collection
The sample size constituted the entire population of 28 registered private clinics that are fractional franchises in the Tunza network in Nyanza region. Thus representation was 100%. The providers of these clinics were interviewed by the help of structured questionnaires which were administered by the researcher. The study employed purposeful sampling of the entire population of Tunza Family Health Network clinics (members). This is because; first, the population wasn't too large, hence choosing a smaller sample would have resulted in a huge error margin.

Primary data was collected from the 28 respondents (Tunza Family Health network clinics) using a questionnaire which had both structured and unstructured questions. The questionnaires were administered by the researcher, and the respondents were the clinic owners or administrators in the twenty eight (28) clinics. Secondary data was gathered from clinic family planning registers and annual financial clinic records, for the period from 2007 to 2010, using pre-designed template. This data was corroborated with the data at the Ministry of Health database at the district level.

Instrument Reliability and Validity
Reliability is a measure of the degree to which a research instrument yields consistent results or data after trials. The developed questionnaire was administered to a sample of four franchise members who qualified to be included in the population sample, but the outcomes were not included in the final data collected. The pre-test was repeated after a month to determine the consistency of results. The results yielded a Cronbach Alpha test coefficient of 0.87, indicating a high degree of reliability of the data to be collected.
Before the actual data collection took place, the researcher tested how the data to be collected will reflect on the stated variables. This was done by administering the questionnaire to a sample of four franchise members who qualified to be included in the population sample, but the outcome was not included in the final exercise. From the analyzed results of this pre-test, the conclusion was that the data represented the variables under study to a degree of 95%.

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Data Analysis

The data generated from structured questionnaires was recorded and coded into SPSS Version 13 Package. Results were analyzed using both descriptive and inferential statistics expressed in percentages and presented using tables, bar charts and graphs.

To test the relationship between the variables, the data was cross-tabulated, using 2x2 tables. Data analysis using Simple table analysis, yielded probability (P) values, that indicated the level of statistical significance of the relationship of the variables. The interpretation of the P values is that, if $P < 0.05$, the level of statistical significance is high, that is, whatever outcomes observed in dependent variables, they have been influenced by the effects of independent variables. This was useful in comparative analysis of the two periods under study, that is, the period of two years (2009-2010) the Tunza program has been implemented, against two years (2007-2008) preceding the Tunza network's implementation. This was useful in determining the whether the implementation of the Tunza network had influenced the observed outcomes in the data analysis.

Data Presentation

Data was presented in form of descriptive statistics e.g. graphs, pie charts, tables and percentages, for all the dependent variables' outcomes. Graphical presentations of performances of the clinics over the two periods was presented, to illustrate the influence social franchising has had since implementation of the Tunza network.

Research Ethics

In this research, the researcher acknowledged authors of any work done before that has been quoted in this report. Secondly, the respondents were informed to their right to voluntary and informed consent. Also the confidentiality of their responses was assured.

Results and Discussion

Characteristics of the Respondents

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The clinic population sampled comprises of all franchisees under the Tunza Health Network in Nyanza province. They constitute the entire population within the province. The respondents were clinic owners who are trained service providers or employees who are trained service providers in the clinic.

The majority of the health facilities interviewed were in the urban areas at 39%, 36% were from peri-urban and 25% from the rural areas. The figure 1, below shows the location of the clinics that were interviewed. It was noted during data collection, that all the clinics were located in low income areas. This is in line with the focus of the franchisor on low income women.

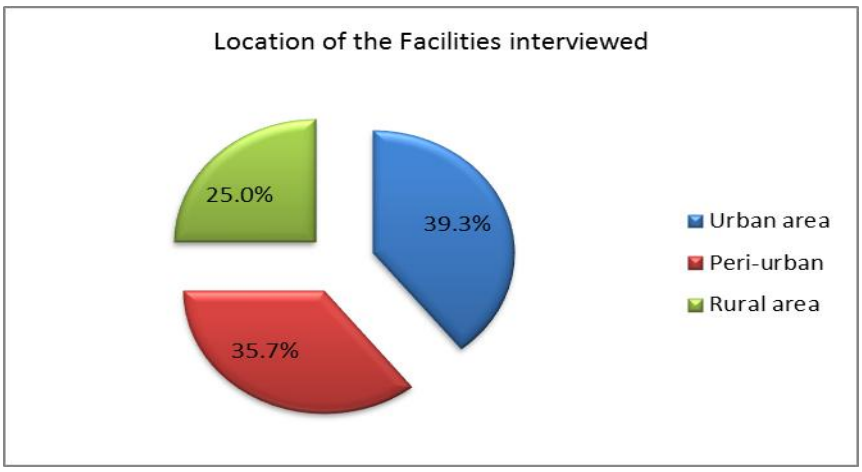

Figure 1:Location of facilities interviewed

Source; Survey data (2011)

A big number of the clinics had practiced for more than five years, at 78.6%, with 7.1% for 5 years and only 14.3% of the facilities had been in for less than 5 years. The figure 2, below illustrates the distribution of period the clinics had been in practice.

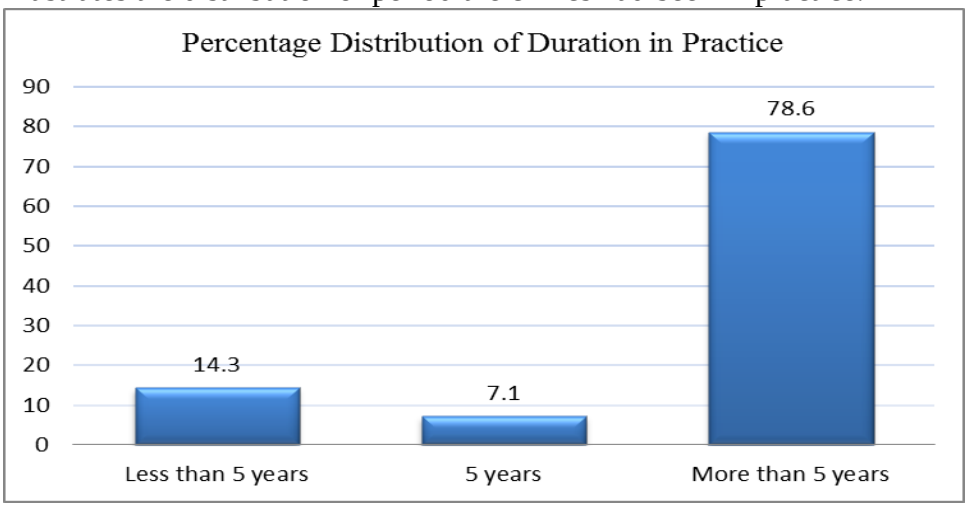

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Figure 2: Duration that the health facilities have been in practice

Source; Survey data (2011)

The duration of practice of the facilities, was important to this study as it gives an indication of the stability of the clinic as a business entity as a going concern. The assumption in this study is that the longer the period the clinic has been in practice the stable it is and the better the providers as are equipped to notice differences brought about by a fractional franchise.

Duration of membership in the network was also determined. About half 50% of the interviewees had been members of the TFHN for 2 years and 39.3% been members of the network for more than 2 years, only 10.7% had been franchisee of less than two years. It was noted that the facilities that had been members in the network for two years and more, could clearly enumerate the changes they've experienced under the network, more than those who have been in the network for less than two years.

The setting up of the Tunza network

This research sought to determine whether the franchisor had instituted all the facets that build a social franchise, whether these were enough to motivate the current members to join and how each facet compares to the others in motivational value.

It was noted that all the providers had received training in the core areas of Clinical Family Planning Skills Update and Client counseling. It was noted that most providers regarded customer service training as auxiliary to the above two. Hence, though only sixty four percent (64%) of the members had received training in customer service, the remaining thirty six percent (36%) didn't feel left out as they didn't regard this as a core factor to the success of their businesses. The table below shows the distribution of the areas of training that the facilities had received.

Table 4.1.1.1: Areas of Training received by the facilities

Areas of training received by the facilities	Frequency	Percentage
Clinical Family Planning Skills Update	28	100%
Client counseling training	28	100%
Customer service training	18	64%

In terms of marketing, it was noted that the franchisor was running mass media campaigns (radio, television and print) in addition to billboards, wall branding and interpersonal communications in the form of community mobilization, which was focused on, since it is not obvious and uniform as the other facets of marketing.

Community mobilization was in the form of a mobiliser attached to the clinic who refers clients clients to the clinic for services. Eighty two percent (82%) had a community mobilizer at their disposal. In terms of monthly supportive visits, provision of family planning equipment, FP products supplies and infection prevention chemicals seventy five percent (75%) of the providers felt they were adequate. In the 'others' category which constituted four percent (4%), forms of support cited were, linkage to the ministry of health (MoH) for FP products support and linkages

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to other Tunza network members, for purposes of learning from each other . This is shown in table 4.1.1.2

Table 4.1.1.2: Support the clinics receive from the Tunza network

Support the clinics receive from the Tunza network	Number	Percentage
Community mobilization	23	82%
Monthly supportive visits	22	79%
FP equipment provision	21	75%
FP products supplies	21	75%
Infection prevention equipment and chemicals	21	75%
Other	1	4%

Quality of service is a core pillar in the growth of a social franchise as cited in the literature review. Hence the study sought to determine whether the Tunza network strove to maintain the quality standards, that had been set from the onset, through deliberate qualitative actions. Thus the study sought to confirm whether the franchisor was instituting these actions to enforce quality of service.

Seventy nine percent (79%) of the members cited monthly visits by Tunza staff and regular FP updates and provision of FP supplies and equipment. 68% of the respondents stated that monthly franchisee reports are ways of enforcing quality, since at the time of collection, guidance is given on issues where the provider in not proficient, especially on data quality.

Social franchising and the range of contraceptives consumed

The data established that 67% of the facilities started offering an expanded range of contraceptives after joining the Tunza network. Figure 3 below illustrates the percentage distribution of the facilities that were offering the same range of family planning services prior to joining the Tunza health network.

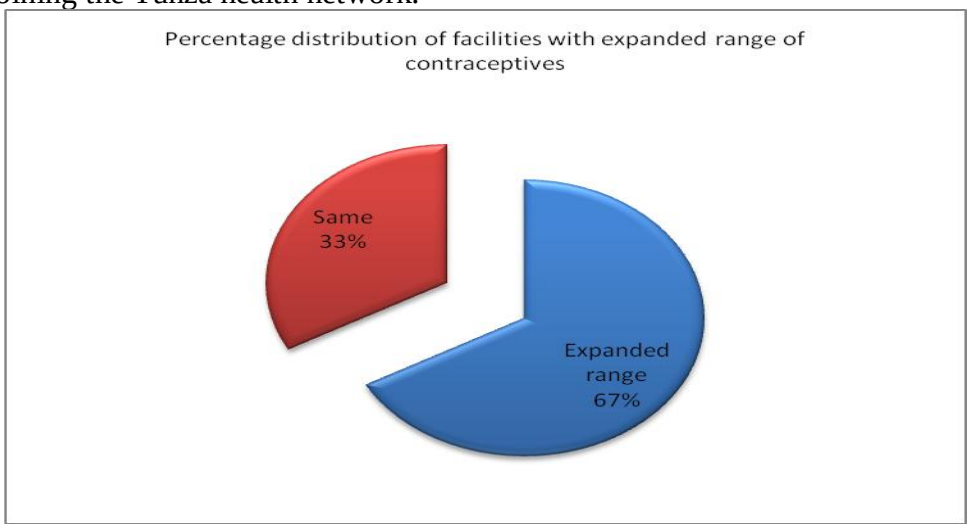

Figure 3: Percentage distribution of facilities with expanded range of contraceptives.

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Fifty percent (50%) started offering intra-uterine contraceptive devices (IUCDs), 46.4% more health facilities are now offering implants, while 3.6% more have joined the facilities offering the daily pills and the 3 month injection. This is shown in figure 4.

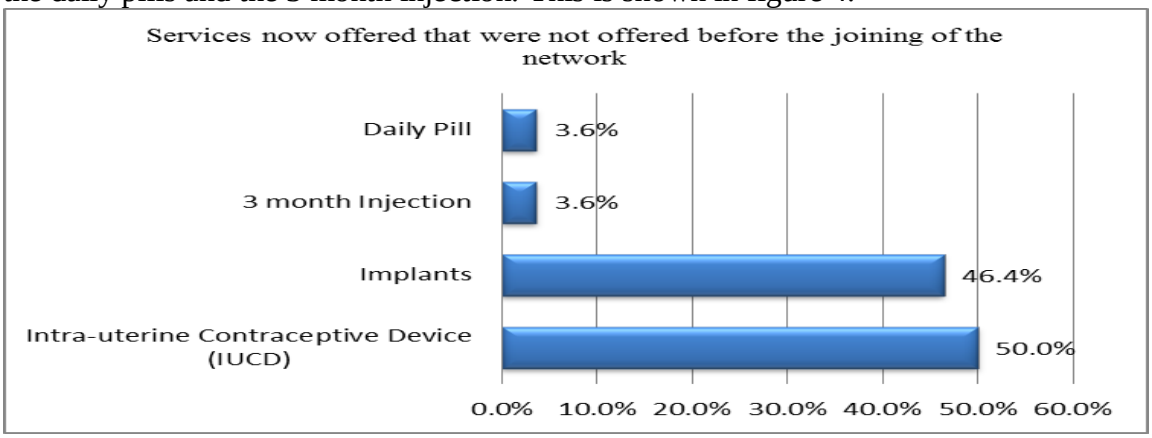

Figure 4: Percentage increment in services now offered

Source: Survey data (2011)

The likely reasons for increased range of contraceptives consumed were; affordability at 75%, the contraceptives offering satisfaction to client at 61%, the contraceptives being viewed as safe and effective at 57%, while 43% stated that the improved marketing and advertisement was a likely reason for the increased range of contraceptives consumed

Social franchising and clinic client volumes

The number of clients seeking FP services, increased throughout the Tunza spectrum as shown in figure 5. The data comprises cumulative data of two years before joining Tunza and two years after joining Tunza network.

Before joining Tunza network, 64.3% of the clinics were seeing less than 10 clients and after joining the franchise only 28% of the clinics were seeing less than 10 clients. Before the Tunza network was developed, there were no clinics seeing more than 50 clients a day, but after the joining the network 10.7% of the clinics were seeing more than 50 clients a day. These findings illustrate that there is a significant increase in the number of clients, for both curative and family planning services, that are visiting Tunza network clinics.

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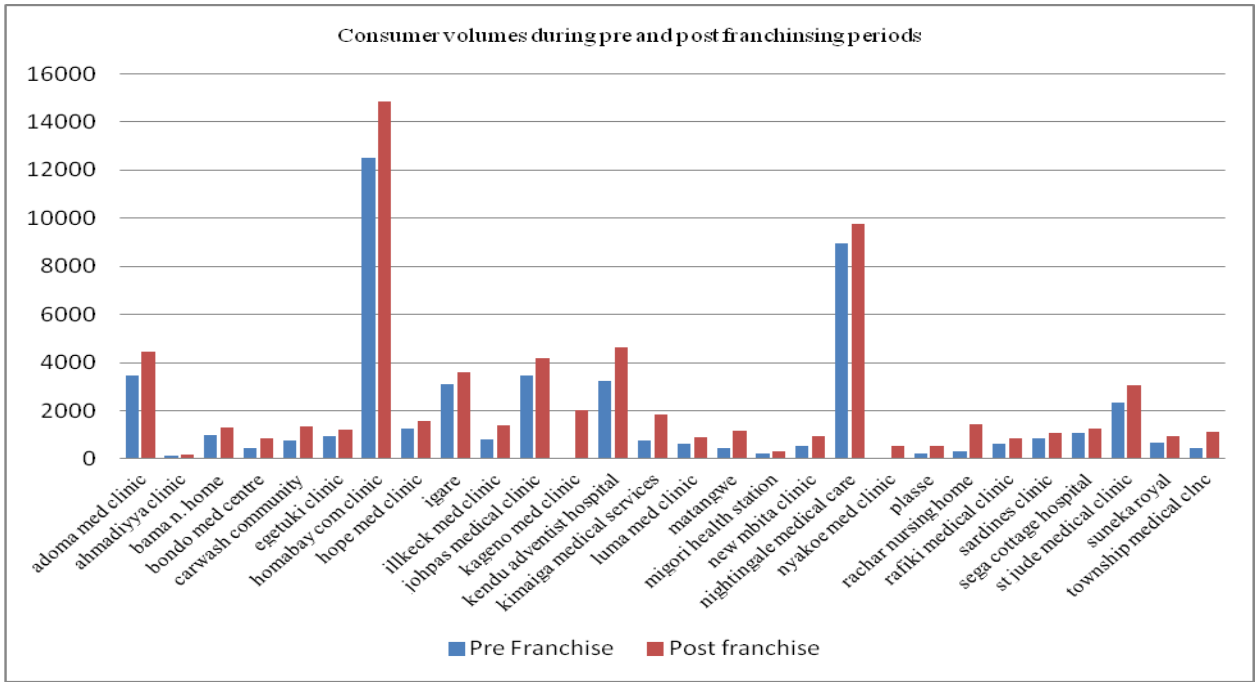

Figure 5: Cumulative FP consumer volumes for pre and post franchising periods
Source: Survey data (2011)

Social franchising and clinic revenues

After joining the Tunza franchise, forty six percent (46%) earned revenues of between KShs 50,000 to KShs 100,000, and another twelve percent (12%) gained into the KShs 100,001 – 200,000 brackets. This gives a combined percentage of 58% of those clinics earning more than KShs 50,000 after joining the Tunza network. However, even those who still earned less than Kshs 50,000 after joining the Tunza network noted that they had experienced an increase albeit a marginal one. This gave rise to 92% of the franchisees who stated that they had realized an increase in revenues after joining the network.

Figure 6, illustrates the percentage of members within the identified categories of earnings.

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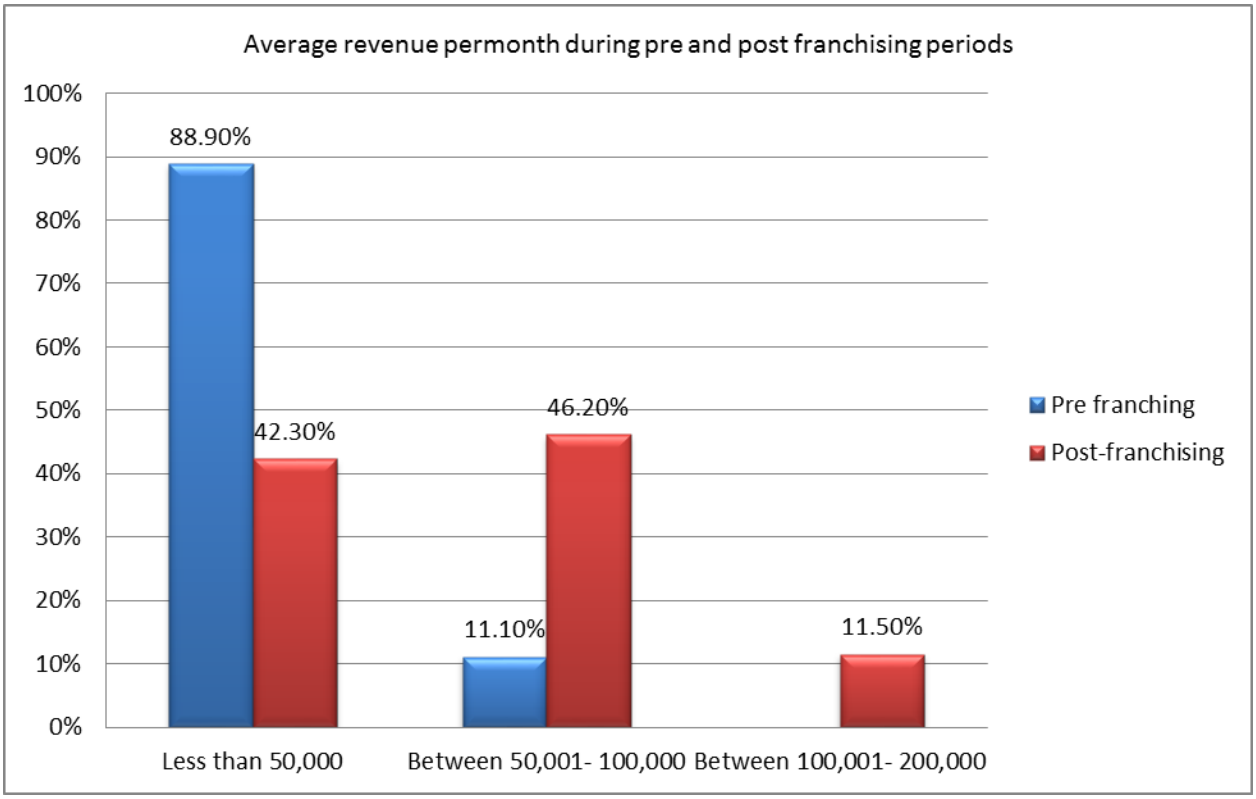

Figure 6: Average revenue per month for pre and post franchising periods
Source: Survey data (2011)

The increase in revenue during the post-franchising has period has helped most providers to institute some changes or generally spurred in the clinics. It was noted that, a majority of the providers (84.0%) used the increased revenues to improve service delivery.

In conclusion, when comparing the pre and post franchising period, 93% of the respondents stated that there was more revenue generated in the post franchising period than during the pre franchising period.

Discussion of the Findings

It was established that for a social franchise, the franchisor implemented all the required fundamentals, such as standardization of services, brand promotion and development, quality assurance and training.

The research established that range of products available in the Tunza network clinics had expanded. In testing the relationship of between expanded range of contraceptives and the franchise model, probability (P) analysis, yielded values for both implants (0.0007) and IUCDs (0.001) that indicated a significant increase in the number of facilities offering these services. These were indicative of a strong relationship between introduction of social franchising business model and the expanded range of contraceptives consumed in these clinics.

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On client volumes in Tunza clinics, the research also established that, there was a general increase in the number of clients in the post Tunza period for both FP and curative services Analysing this data yielded a P value of 0.0007, indicating that there is a significant influence of the social franchising on increase of FP client volumes in these clinics. This research also established that, there was a general increase in generated revenues from both family planning and curative services in the franchise clinics after joining the Tunza network. Analysis of the data using Simple Table Analysis yielded a P value of 0.005. This is indicative that there is a significant positive influence of the Tunza network on the increased income of these clinics.

Summary, Conclusions And Recommendations

Summary of Study Findings

This research established that the franchisor (PSI) instituted all the fundamentals of the social franchise business model; selection and recruitment of facilities, standardizing FP services, training of the service providers, providing equipment and FP products and marketing of the network through the Tunza brand name, as stipulated by Montagu (2002) and Stephenson (2004).

The location of the facilities, 39% are in urban areas, 36% in peri-urban and 25% in rural areas. Of those in urban and peri-urban areas, they are located in in low income areas. This is consistent with the franchisor target population – the low income earners. In the objective of establishing whether the social franchising business model has spurred any changes in the range of contraceptives consumed, this study found that, there is a cumulative 67% improvement in the range of FP products and services accessible and consumed by clients.

The objective of establishing if there is a relationship between the social franchising model and the number of clients seeking family planning services at the franchise clinics was attained by the finding that, there is a general increase of the number of clients seeking FP services as cited by 93% of the facilities. In investigating relationship between social franchising and franchise clinic revenues, the research established that, ninety three percent (93%) of Tunza network members have increased revenues. This is a finding that compares revenues of the clinics between the pre and post franchise periods. These research findings point to a cumulative increase in all the variables under study, thus providing credible answers to the research questions.

Conclusions

The overall conclusion is that, the Tunza Family Health Network, as a social franchise, has been effective in expanding the contraceptive range thus broadening client choice and spurred an increase in the number of FP services consumers. As a result, the franchise members are earning more in terms of increased revenues. The overall impact of the business model, is that, it has increased the general uptake of family planning services

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Recommendations

There are only 28 franchise clinics in Nyanza province with a population of 4,392,196 people. Of this population, women of reproductive age who us any contraceptive to control births, are and only 37% (KDHS,2008/2009). On average, 33,697 women of reproductive age, access FP services at the Tunza clinics per year (Survey data, 2011). This indicates that to reach more women, and make a bigger impact in supporting the government in FP services provision, the franchisor needs to scale up in size. The scaling up will also optimize on resources used in establishing, building and marketing of the Tunza brand name .

Suggestions for further research

There is need to conduct a research to determine whether the improvement of quality of FP services is real or perceived. Real quality improvement will ensure growth and sustainability of the franchise in the long-term as opposed to perceived quality improvement which is valuable only in the short-term.

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