



2017

# A Review of Social Franchising Innovations at PSI

# Background: The need for social franchising

The supply of high quality, affordable health services fails to keep pace with need in many developing countries with overburdened public health systems. For example, more than 220 million women and girls around the world have an unmet need for family planning.

In developing markets, the private sector is often a major provider of health products and services. The private sector serves 37 to 39% of contraceptive users across sub-Saharan Africa, the Middle East, Asia and Latin America, including 15 to 25% of users in the poorest quintile.<sup>1</sup> This trend holds in low- and middle-income countries, in both urban and rural areas, for low and high socioeconomic groups.<sup>2</sup>

However, because the private sector often remains under-supported and under-regulated, its providers can lack incentives to deliver quality health care, and have limited access to professional development opportunities.<sup>3</sup> These challenges can ultimately reduce access to affordable, quality health services for people who need them.



Photo credit: Sala Lewis/PSI

ACRONYM	DEFINITIONS
CYP	Couple-years of protection against unintended pregnancy
DALY	Disability-adjusted life years
HNQIS	Health Network Quality Improvement System
LARCs	Long-acting reversible contraceptives
PSI	Population Services International
QA	Quality assurance
TB	Tuberculosis
VMMC	Voluntary medical male circumcision

<sup>1</sup> Campbell OMR, Benova L, Macleod D, Goodman C, Footman K, Pereira AL, et al. Who, What, Where: an analysis of private sector family planning provision in 57 low- and middle-income countries. *Trop Med Int Health*. 2015 Dec;20(12):1639–56.

<sup>2</sup> Montagu DD, Anglemeyer A, Tiwari M, Drasser K, Rutherford GW, Horvath T, Kennedy GE, Bero L, Shah N, Kinlaw HS (2011) Private versus public strategies for health service provision for improving health outcomes in resource-limited settings: a systematic review. San Francisco, California: Global Health Sciences, University of California, San Francisco. Available from: <http://escholarship.org/uc/item/2dk6p1wz>

<sup>3</sup> Bishai D, PhD, Shah N, Walker D, Brieger W, Peters D. Social Franchising to Improve Quality and Access in Private Health Care in Developing Countries. *Harvard Health Policy Review*. 2008. Spring;9(1):184-197

# Harnessing the market to strengthen health systems

Social franchising works to strengthen mixed health systems by bringing together providers—commonly from the private sector—into a quality-assured health network to deliver health services by established standards. Common features of social franchising include: clinical training and supportive supervision, assistance to clinic owners to build sustainable businesses, marketing and demand creation, and mechanisms to make services affordable for clients.<sup>4</sup>

With franchising, organizations like Population Services International (PSI) seek to:

- Improve clients' access to convenient and high-quality affordable care at a convenient one-stop shop that meets a family's wide range of health needs;
- Provide relief for the overburdened public health system by sharing the client load with an organized and regulated private health sector.

## Social franchise networks make a significant contribution to health coverage, including access to family planning.

- Globally in 2015, franchises contributed a total of 2.54 million couple-years of protection (CYPs) against unintended pregnancy.<sup>5</sup>
- A study conducted by PSI showed that for women living in Kenya, having access to a social franchise is correlated with increased use of more effective and cost-effective long-acting reversible methods of contraceptives (LARCs) including an increase in LARC use among young women aged 18-24.<sup>6</sup> LARCs and

## Social franchising brings health care providers together into a quality-assured network.

permanent methods accounted for 97% of the CYPs provided by franchises worldwide in 2016.<sup>7</sup>

- Social franchising also has the potential to reach additional users in a health market, contributing to an increase in national contraceptive prevalence. The Social Franchising Metrics Working Group piloted an approach to measuring “additionality” by calculating the number of additional family planning adopters over a baseline, while adjusting for continuing users, provider-changers, and discontinuers. Through this method, they estimated that five franchise networks in Kenya increased the number of family planning users nationally by roughly 270,000 users from 2012 to 2015. This model for measurement of additionality is still being tested and refined.<sup>8</sup>
- A PSI study in Myanmar showed that in 2012, the Sun Quality Health Network social franchise provided 1.5 million reproductive health consultations, which made up 13% of the national family planning service provision. The study found that the franchise increased optimal treatment for childhood diarrhea with oral rehydration solution and zinc, improved quality of providers' abilities to correctly diagnose and treat pediatric malaria, and contributed to equity by reaching low-income patients in urban areas.<sup>9</sup>

<sup>4</sup> Thurston S, Chakraborty N, Hayes B, Mackay A, Moon, P. *Glob Health Sci Pract* June 1, 2015 vol. 3 no. 2 p. 180-194. Available from: <http://www.ghspjournal.org/content/3/2/180.full.pdf+html?sid=4e668441-be38-49af-9c5e-bcd86da8f050>

<sup>5</sup> Viswanathan, R., Behl, R., and Seefeld, C.A. (2016). *Clinical Social Franchising Compendium: An Annual Survey of Programs: findings from 2015*. San Francisco: The Global Health Group, Global Health Sciences, University of California, San Francisco. Available from: <http://sf4health.org/sites/sf4health.org/files/sf4h-social-franchising-compedium-2016.pdf>

<sup>6</sup> Chakraborty et al. *Journal of Health, Population and Nutrition* (2016) 35:19 DOI 10.1186/s41043-016-0056-y Chakraborty et al. *Journal of Health, Population and Nutrition* (2016) 35:19 DOI 10.1186/s41043-016-0056-y

<sup>7</sup> Viswanathan, R., Behl, R., and Seefeld, C.A. (2016). *Clinical Social Franchising Compendium: An Annual Survey of Programs: findings from 2015*. San Francisco: The Global Health Group, Global Health Sciences, University of California, San Francisco. Available from: <http://sf4health.org/sites/sf4health.org/files/sf4h-social-franchising-compedium-2016.pdf>

<sup>8</sup> Viswanathan, R., Behl, R., and Seefeld, C.A. (2016). *Clinical Social Franchising Compendium: An Annual Survey of Programs: findings from 2015*. San Francisco: The Global Health Group, Global Health Sciences, University of California, San Francisco. Available from: <http://sf4health.org/sites/sf4health.org/files/sf4h-social-franchising-compedium-2016.pdf>

<sup>9</sup> Montagu D, Longfield K. Private sector healthcare in Myanmar: Evidence from the Sun social franchise. (2013) Research Gate. Available from [https://www.researchgate.net/publication/258100411\\_Private\\_Sector\\_Healthcare\\_in\\_Myanmar\\_Evidence\\_from\\_the\\_%27Sun%27\\_Social\\_Franchise](https://www.researchgate.net/publication/258100411_Private_Sector_Healthcare_in_Myanmar_Evidence_from_the_%27Sun%27_Social_Franchise)

# Taking social franchising to the next level

Since establishing its first social franchise in 1995, PSI has expanded to become the largest social franchisor for health in the world. PSI operates franchises in 24 countries throughout Asia, Africa, Latin America, and the Caribbean. In 2016, the 10,524 franchised clinics in PSI's networks saw 6.7 million client visits.

To help families and individuals access healthcare in a convenient and affordable way, many PSI franchisees offer increasingly integrated health services. This offering includes a wide range of modern family planning methods alongside services for malaria, HIV, tuberculosis, and in some countries, maternal health. Integrating service delivery can improve clients' access to timely care and make more efficient use of limited resources in a health system.<sup>10</sup>

PSI applies a market development lens to understand the gaps and opportunities in the health sector of each setting where PSI works. There is no one-size-fits-all solution to any health system challenge, so diverse models of social franchising are needed to respond to diverse challenges across countries. This programmatic brief highlights four models across all health areas—three of which are being tested to improve the sustainability and equity of franchising, and one of which is a cross-cutting approach to support quality improvement.

From 2010-2016, PSI provided more than 32.5 million CYPs through social franchising.



Photo credit: Miguel Samper/PSI

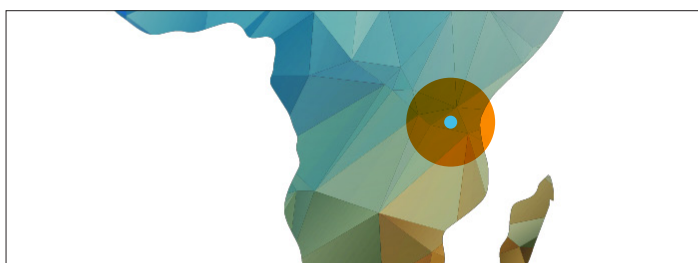
<sup>10</sup> World Health Organization. (2015). WHO global strategy on people-centered and integrated health services.



Map of PSI-affiliated social franchise networks offering services in 2017

COUNTRY	SOCIAL FRANCHISE
Benin	Protection de la Famille (ProFam)
Burundi	Tunza Family Health Network (Tunza)
Cambodia	Sun Quality Health Network
Cameroon	ProFam
Dominican Republic	Red Segura
Democratic Republic of Congo	Réseau Confiance
El Salvador	Red Segura
Guatemala	Red Segura
Honduras	Red Segura
Kenya	Tunza
Madagascar	Top Réseau

COUNTRY	SOCIAL FRANCHISE
Malawi	Tunza
Mali	ProFam
Myanmar	Sun Quality Health Network
Nepal	OK
Nicaragua	Red Segura
Niger	ProFam
Nigeria	Healthy Family Network
Pakistan	Sabz Sitara Network/Greenstar
South Africa	New Start South Africa
Tanzania	Familia
Uganda	ProFam and Tunza
Vietnam	Good Health Great Life
Zimbabwe	New Start, New Life, ProFam



# 1. A new value proposition in East Africa

## SERVICES OFFERED THROUGH EAST AFRICA'S SOCIAL FRANCHISE NETWORKS

COUNTRY	FAMILY PLANNING	HIV TESTING	VOLUNTARY MEDICAL MALE CIRCUMCISION (VMMC)	TB	SAFE MOTHERHOOD	CERVICAL CANCER	MALARIA
Burundi	•	•		•			
Kenya	•	•	•	•	•	•	•
Malawi	•	•					
Tanzania	•					•	
Uganda	•				•	•	•

In East Africa, approximately 50% of women of reproductive age access health services through the private sector. In 2015, PSI's social franchises in Burundi, Kenya, Malawi, Tanzania and Uganda—supported by multiple donors—provided more than 354,000 individuals with voluntary family planning services.

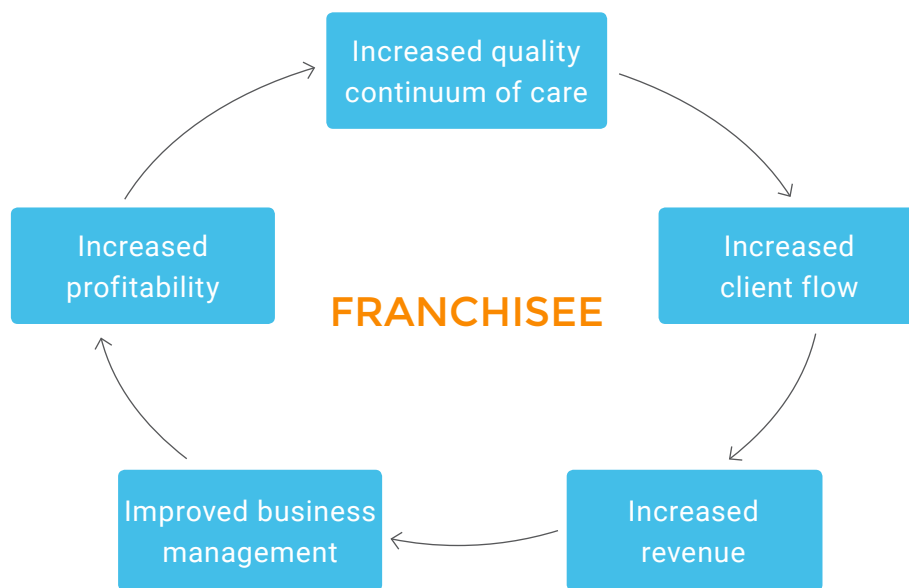
With rising population health needs, many East African economies growing, donor funds under pressure, and countries looking to strengthen their national health systems, there is a strong case for increasing the financial sustainability of social franchising in East Africa. PSI conducted in-depth market research in 2015-2016 and is using the findings to inform a new relationship with many of its social franchises in East Africa based on a regional, financially viable social enterprise called Tunza. This social enterprise will aim to increase cost recovery and self-sufficiency of the franchise.<sup>11</sup>

### CHALLENGES FACED BY PRIVATE HEALTH CLINICS AND ADDRESSED BY THE TUNZA SOCIAL ENTERPRISE INCLUDE:

- Limited access to affordable capital
- Limited ability to engage in formal, national health financing schemes
- Limited business skills among private health professionals
- Inefficient supply chains leading to expensive drugs
- Lack of marketing and business development plans

The Tunza Social Enterprise model provides quality health services, seeks to ensure prices remain affordable to those paying out of pocket, and increasingly links franchisees to demand-side financing, such as government-run health financing schemes to serve those who cannot pay out of pocket. PSI will test for the first time whether the costs of running the franchise program can be covered by charging private sector providers, through revenue-sharing, for their membership in the network. This approach is initially being piloted with a selection of providers in Tanzania, Malawi and Uganda.

<sup>11</sup> Social franchising: a blockbuster to address unmet need for family planning and to advance toward the FP2020 goal. Glob Health Sci Pract. 2015;3(2):147-148.



## IMPROVEMENTS EXPECTED THROUGH THE TUNZA SOCIAL ENTERPRISE MODEL

Business modeling with countries in East Africa showed that if PSI could establish Tunza as a regional social enterprise, increase the revenue streams and decrease the cost drivers, then the Tunza Social Enterprise could become operationally profitable in five to six years. Through this model, PSI aims to help franchisees serve more clients, improve the quality and scope of health services and keep clients' out-of-pocket expenses at a minimum through linkages to third party payers.

To make the Tunza Social Enterprise attractive for providers, PSI first visited the highest impact franchise providers across the region, and surveyed them to learn more about what they wanted in a franchising value proposition. The needs expressed by providers resulted in PSI developing a value proposition that offers franchisees: improved business systems, increased client flow, linkages to third party payers, access to quality and affordable medicines, clinical quality improvement and access to affordable business capital. Tunza Social Enterprise is also responding to these needs by providing franchisees with marketing, linkages to demand-side financing schemes (such as insurance empanelment), electronic medical record systems, and reduced pricing on essential drugs through either regionally pooled procurement, or "buying clubs" that bring together the purchasing power of groups of providers.

For those franchisees who have demonstrated the ability to make the greatest impact on health, PSI offers this value proposition to become part of a sustainable Tunza Social Enterprise that, in turn, helps them become better business managers and grow their health practices. Segmenting providers who are best poised to operate within the Tunza Social Enterprise not only caters to those providers who are ready, but also helps PSI to identify other providers who could benefit from more training and guidance before joining.

PSI helps these providers work toward the same goal of joining the Tunza Social Enterprise at a later time. When and if such providers are ready to be graduated to the social enterprise, they will be appropriately supported to do so. This segmentation allows PSI to offer more targeted support to smaller health facilities to deliver a quality, affordable health impact by using a model closer to the subsidy-dependent social franchising of recent decades. As PSI caters to both groups of providers, it will continue to ensure that all providers benefit from recent innovations that enhance the efficiency and effectiveness of this work.

**TUNZA SOCIAL ENTERPRISE VALUE PROPOSITION:  
WORKING WITH FRANCHISEES TO STRENGTHEN AND GROW THEIR HEALTH PRACTICES**

IMPROVED BUSINESS MANAGEMENT SYSTEMS	QUALITY IMPROVEMENT	AFFORDABLE QUALITY PRODUCTS	INCREASED CLIENT FLOW
<ul style="list-style-type: none"> <li>• Clinic management systems linked to DHIS2</li> <li>• Business management skills</li> <li>• Link to formal public or private health financing opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Improved efficiencies in quality assurance with on-the-job training and support</li> <li>• Support adding health services</li> <li>• Annual quality audit</li> </ul>	<ul style="list-style-type: none"> <li>• Discounted essential medicines, consumables, and equipment with credit facility</li> <li>• Inventory management</li> </ul>	<ul style="list-style-type: none"> <li>• Increased brand quality and perception</li> <li>• Linkages to health financing</li> <li>• Strategic marketing support</li> <li>• Training of mobilizers</li> </ul>

To begin the transition to the new Tunza Social Enterprise model, PSI established partnerships with select, existing franchisees across Kenya, Malawi, Uganda, and Tanzania who reported willingness to pay initiation fees and agreed to share some of their incremental increase in revenue if the social enterprise could increase their revenues. By making it more attractive for private providers to be a part of the franchise, the model will test whether the franchisor services can transition from reliance on donor subsidy to funding generated from an increase in revenue for the provider, ultimately providing clients with an enhanced one-stop-shop for primary health services with fast, friendly, affordable, quality services.

The newness of this model may present unique challenges: While many donors in East Africa will still need to offer free products and services for short-term health impact, this can potentially complicate incentives for providers to support the greater financial sustainability of social franchising. Linking networks of providers to third party payer schemes—a common practice in other well-developed health markets—will be relatively new to many market players in this region. "However, in a market where the economy is stronger and growing more rapidly, investing in business systems and revenue sharing in the private health market has the potential to foster new

relationships, develop new practices, and increase trust between private and public sectors. PSI's market research suggests that in order for social franchising to make sustainable contributions to health systems strengthening and universal health coverage, a social enterprise model may be an effective path forward.

Working towards this more sustainable social franchising model starts with improving quality assurance systems, business systems, training and management, and increasing client flow through linkages to third-party payers and marketing.





## 2. Moving toward a business format franchise model in Latin America

### RED SEGURA FRACTIONAL FRANCHISE NETWORK SERVICES OFFERED

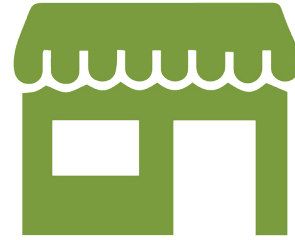
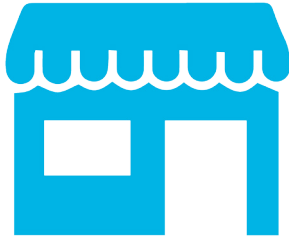
COUNTRY	FAMILY PLANNING	HIV TESTING	VOLUNTARY MEDICAL MALE CIRCUMCISION (VMMC)	TB	SAFE MOTHERHOOD	CERVICAL CANCER	MALARIA
Guatemala	•						
Nicaragua	•	•		•	•	•	•
El Salvador	•				•		

As in other regions, PSI's social franchise in Latin America is considered "fractional." This means that under the regional brand name Red Segura, PSI works with existing private providers in Guatemala, El Salvador, and Nicaragua to strengthen or expand a fraction of the health services they offer, with a focus on voluntary family planning. In a fractional franchise, a franchisor provides the training, quality assurance, and other support to introduce a new product or service, like LARCs within the context of informed choice, to a franchisee who sees value in adding that product or service to his or her broader offering.

Through fractional franchising in 2015, Red Segura reached 80,000 women with information and education about family planning, and provided approximately 28,000 services. In order to cost-effectively scale up social franchising and health access in the region, PSI is pursuing a business format franchise strategy in Latin America, under the same Red Segura brand.



Photo credit: Juan José Amaya Amador



### FRACTIONAL FRANCHISE

Franchisor provides the training, quality assurance, and other support to introduce a new product or service to a franchisee who sees value in adding that product or service to its broader offering.

### BUSINESS FORMAT FRANCHISE

Franchisor provides access to a proven business model and brand in exchange for royalties.

In a business format franchise, the franchisor provides franchisees with access to a proven business model and brand in exchange for royalties. PSI is testing whether the business format will enable the franchise to expand faster through this model as independent franchisees establish and invest in the business. By building a model that aims to address both business and health needs, PSI aims to benefit surrounding communities through access to providers who are invested for the long term.

As a first step, PSI has opened model clinics in the Dominican Republic and Honduras to test and refine the business format prior to replicating it through franchising. Services offered in these model clinics include primary care, family planning and reproductive health services, pharmacy services (medicines, diagnostic services), and gender-based violence screenings and referrals. At the model clinics, early stage results show that 36% of clients come from the lowest two wealth quintiles in urban areas, indicating a trend toward greater equity. In addition, 100% of clients at the model clinics reported that they were happy with the cost they paid for their services.

The next step is to continue improving clinic operations with the goal of reaching profitability and to document key aspects for replication through franchise manuals. PSI will then expand the business format franchise by presenting qualifying fractional franchisees from the existing Red Segura network with an opportunity to start their own health businesses.

This model has the potential to pave the way for a future in which clients are empowered to make informed decisions about high quality health services from a thriving healthcare marketplace. By integrating services, guaranteeing consistency of products for clients, and offering a standardized operating model for franchisees (thereby increasing the value of being part of the network), this model has the long-term potential to increase financial sustainability for all who are involved.

### 3. Testing a capitation model in Myanmar



**SUN QUALITY HEALTH NETWORK SERVICES OFFERED**

COUNTRY	FAMILY PLANNING	HIV TESTING	TB	CERVICAL CANCER	SAFE MOTHERHOOD	MALARIA
Myanmar	•	•	•	•		•

PSI operates a social franchise network across Myanmar called Sun Quality Health. With 1,555 providers across 213 (of around 330) townships, the network offers franchised voluntary family planning, reproductive health, tuberculosis, HIV, cervical cancer, and child health services.

In Myanmar, nearly 80% of all health care services are accessed through the private sector.<sup>12</sup> PSI aims to increase clients' access to an affordable range of voluntary family planning methods and other health services through social franchising of private clinics. Evidence shows that private healthcare providers can benefit from joining a franchise: One study in Myanmar demonstrated that monthly client volume and revenue for family planning services increased for the first four years of joining a social franchise network.<sup>13</sup>

Though historically Myanmar has had low government investment in healthcare, recently the new government of Myanmar and the Ministry of Health announced a commitment to universal health coverage. To support this commitment, PSI is conducting a pilot with five Sun Quality Health clinics in Yangon to test how to best contract private general practitioners who provide family planning services and primary care; how to identify and successfully reach low-income beneficiaries with subsidies; and how to create a strategic purchasing system to reduce out-of-pocket expenditures while increasing timely access to quality care for low-income families.

In this pilot, PSI purchases health services on behalf of patients, who access services through a health card that acts like an insurance card, entitling each family to a package of services, either for free or with a small co-payment. This reduces costs for those most in need and minimizes delays in seeking treatment.

For providers, a monthly capitation payment replaces the existing fee-for-service payment: Providers are paid a fixed amount per month per registered patient, and deliver the agreed service package to all eligible beneficiaries who seek services. This package of services will include family planning, HIV, TB, cervical cancer, child health, and malaria services, for which PSI has established training, clinical standards, and monitoring tools. PSI will also explore using enhanced primary care packages, to include services such as antenatal care, delivery, postnatal care, vaccinations, nutrition, screening for non-communicable diseases, gender-based violence response, and adolescent-friendly services.

In this model, a monthly capitation payment replaces the existing fee-for-service payment.

<sup>12</sup> Schlein, K., Drasser, K., and Montagu, D. (2010). Clinical Social Franchising Case Study Series: Sun Quality Health, Population Services International/Myanmar. San Francisco: The Global Health Group, Global Health Sciences, University of California, San Francisco

<sup>13</sup> Beyeler N, York De La Cruz A, Montagu D (2013) The Impact of Clinical Social Franchising on Health Services in Low- and Middle-Income Countries: A Systematic Review. PLoS ONE 8(4): e60669. doi:10.1371/journal.pone.0060669

## CRITICAL PLANNING STEPS FOR THIS MODEL



Participating providers will choose how many patients to accept under this payment scheme, with registrations capped at around 1,000 households per provider. This could encourage providers to add capacity within their franchises through hiring other health workers to accommodate higher patient loads. Community members are eligible for coverage only if they have been identified by PSI as poor and at risk.

To address potential weaknesses in the capitation system, a quarterly pay for performance structure will include objectives for meeting pre-defined quality standards and demonstrating that eligible clients are not being denied services. Providers will maintain a register of all eligible beneficiaries indicating their payment/exemption status, as well as a daily patient log recording patient name, registration number, age and sex, reason for attendance, diagnosis, and actions taken. Using an electronic patient data tracking system, aided by the use of low-cost retinal scanning technology, PSI will pilot a simple tablet-based electronic patient data tracking system, with appropriate training and support to ease data collection burden on providers.

Using implementation research to rapidly adjust if necessary, PSI will incorporate tools to measure access, equity, cost effectiveness, and quality into monitoring and evaluation. Baseline and ongoing service data will be analyzed, along with initial patient registration information, provider follow-up surveys, and use of standard equity tools to compare socio-economic status of beneficiaries with national Demographic and Health Survey data. PSI will also look at cost per disability-adjusted life year (DALY) and make financial projections at the end of the project to model potential costs of a future, more scaled intervention.

Through this pilot, PSI aims to provide low-income families with a simple and affordable package of healthcare that includes family planning alongside other primary health services at franchised clinics. The pilot will also provide evidence for greater understanding of the role of private sector stewardship and strategic purchasing.

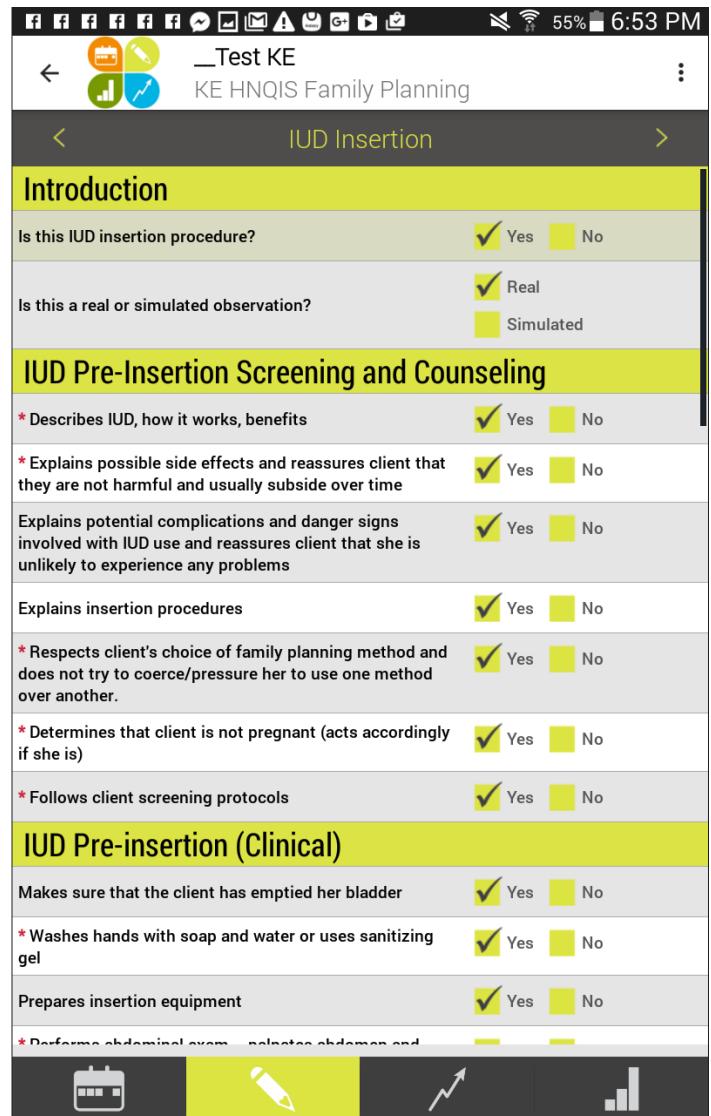
# 4. Global: Advancing technology to improve quality and assist decision making

As social franchises grow in scale and scope, quality standards need to remain high. For franchisors using paper-based systems to supervise franchisees, growth can come with challenges like delays in monitoring data to make informed decisions. In order to address these and other challenges, PSI has established the Health Network Quality Improvement System (HNQIS), which is designed to work with PSI's other quality assurance tools and resources to support quality improvement across all health areas, including family planning, delivered by network providers. With four modules on planning, quality assessment, provider improvement, and performance monitoring, this electronic tablet-based application is principally focused on enabling quality assurance (QA) officers to support the following functions:

**1. Effectively plan support visits to franchisees, prioritizing where support is required and where it will have the most impact:** HNQIS goes beyond digitizing important information, and helps QA officers and supervisors to effectively target their support. The system allows prioritization of supportive supervision visits, assesses providers' compliance with QA standards, provides on-the-spot technical reinforcement to improve providers' knowledge and technical skills, and monitors providers' quality improvement in service delivery. The system contains standardized checklists, in line with internationally accepted protocols to ensure that PSI's QA standards are aligned across all regions.

## A Portion of a Checklist in HNQIS

*Method-specific checklists are used only after a client receives comprehensive counseling and has selected her preferred method.*



## **2. Undertake assessments with comparable scoring and benchmarking mechanisms:**

PSI recognizes that clinical quality can be defined in many ways, and that there is an increasing need to compare quality within health care networks to better allocate resources. To address this, a standard scoring system within HNQIS allows comparability of scores from quality assessments over time and within networks. Scoring a quality assurance visit using standard metrics allows PSI to discuss quality among its network providers. All steps deemed as critical to ensure client safety are identified, and are designated as 'must follow' steps in every procedure. Providers who are not able to complete all critical steps adequately are identified as needing immediate support and become the highest priority for future supportive supervision visits.

## **3. Consistently and effectively provide feedback and coaching following assessments:**

Technical feedback prompts providers on how a particular step should be conducted or the rationale behind why a step is considered to be a critical step. This helps address a provider's ability to correctly conduct a procedure. In cases where a provider's motivation is identified as a barrier to adopting a desired behavior, then a more comprehensive provider behavior change communication strategy will be used to motivate providers to improve their performance.

## **4. Monitor performance of providers over time in order to understand the return on their support efforts:**

Used in conjunction with other tools and resources in PSI's quality assurance framework, HNQIS also helps QA managers assess the quality-related trends that are happening among their supervisors and providers by showing historical scores that providers have obtained during quality assessment visits over time. Providers are grouped based on their score, which helps to easily see the providers' quality in the network and assists in determining corrective steps when needed.

HNQIS is fully functional without Internet connectivity and operates off an Android application linked with the information management system DHIS2, which is a tool for collection, validation, analysis, and presentation of aggregate statistical data, tailored to integrated health information management activities. The application enables PSI programs to track performance of individual providers and clinics in its social franchise networks, and incorporates service statistics and results of supportive visits to help identify trends and prioritize supervisory visits.

Strengthening the quality of services in the private sector has been a significant cost driver for franchisors such as PSI. HNQIS will increase the cost-effective use of resources by ensuring quality assurance and improvement measures are taken where they are needed most. In addition, the tool acts as a practical and affordable job aid to supervisors working with private providers.

# Looking forward

As health markets and the donor landscape change, PSI will continue to creatively adapt its approaches, including social franchising, to ensure that people have access to the quality health products and services they need, at a price they can afford.

The brief has highlighted just four of the innovations that will shape PSI's work in social franchising now and in the future. Much of the strength of social franchising draws on core business principles such as standardization, branding, efficient coordination, and strength at scale. Many of the new directions in social franchising are grounded in understanding the incentives and motivations for both the franchisor and the franchisee.

The range of social franchising progress is wider and more complex than illustrated by the four examples in this brief. PSI, along with other organizations, are working on additional innovations in social franchising. For example, PSI is currently working on:

- Using social franchising principles and practices with public sector facility sites in Zimbabwe and the Democratic Republic of Congo<sup>14</sup>
- Facilitating public-private partnerships for health with local-level public financing bodies in Uganda, Tanzania, and Nigeria
- Fostering mixed delivery models by working with private providers in India to receive public funding to offer voluntary family planning methods
- Working with government-approved networks of private pharmacies in Laos to support the development and strengthening of a quality-assured mixed health system
- Improving quality with independent certification/ accreditation schemes, including international schemes such as SafeCare in Uganda
- Practicing any social franchising principles among networks of drug shops and pharmacies.

PSI will continue to work toward increasing impact, quality, equity, and cost-effectiveness of this evolving approach. It will share lessons learned from these and other social franchising experiences to contribute to the wider knowledge base of the global health community as we work together to achieve Family Planning 2020 commitments and the quest for universal health coverage enshrined within the Sustainable Development Goals.

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<sup>14</sup> Mooney, A. Jackson, A. (2017) Shaping the Family Planning Market by Strengthening the Public Sector. Population Services International.



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