

Developing and Launching the Government Social Franchise Model for Reproductive Healthcare in Vietnam

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Background

- Franchising of health facilities has increased provision and use of reproductive health and family planning (RHFP) services in several low- and middle-income countries
- Implementation of social franchising involves three strategic initiatives: making new services available, assuring service quality and increasing awareness and use of services
- While the social franchise model has been successfully applied in several private sector projects, it has rarely been used within the public healthcare sector
- This case study traces the development and launch of a Government Social Franchise (GSF) network designed to deliver high quality, affordable RHFP services to lower income clients through communal health stations in Vietnam



State Commune Health Services in Vietnam: The Challenges

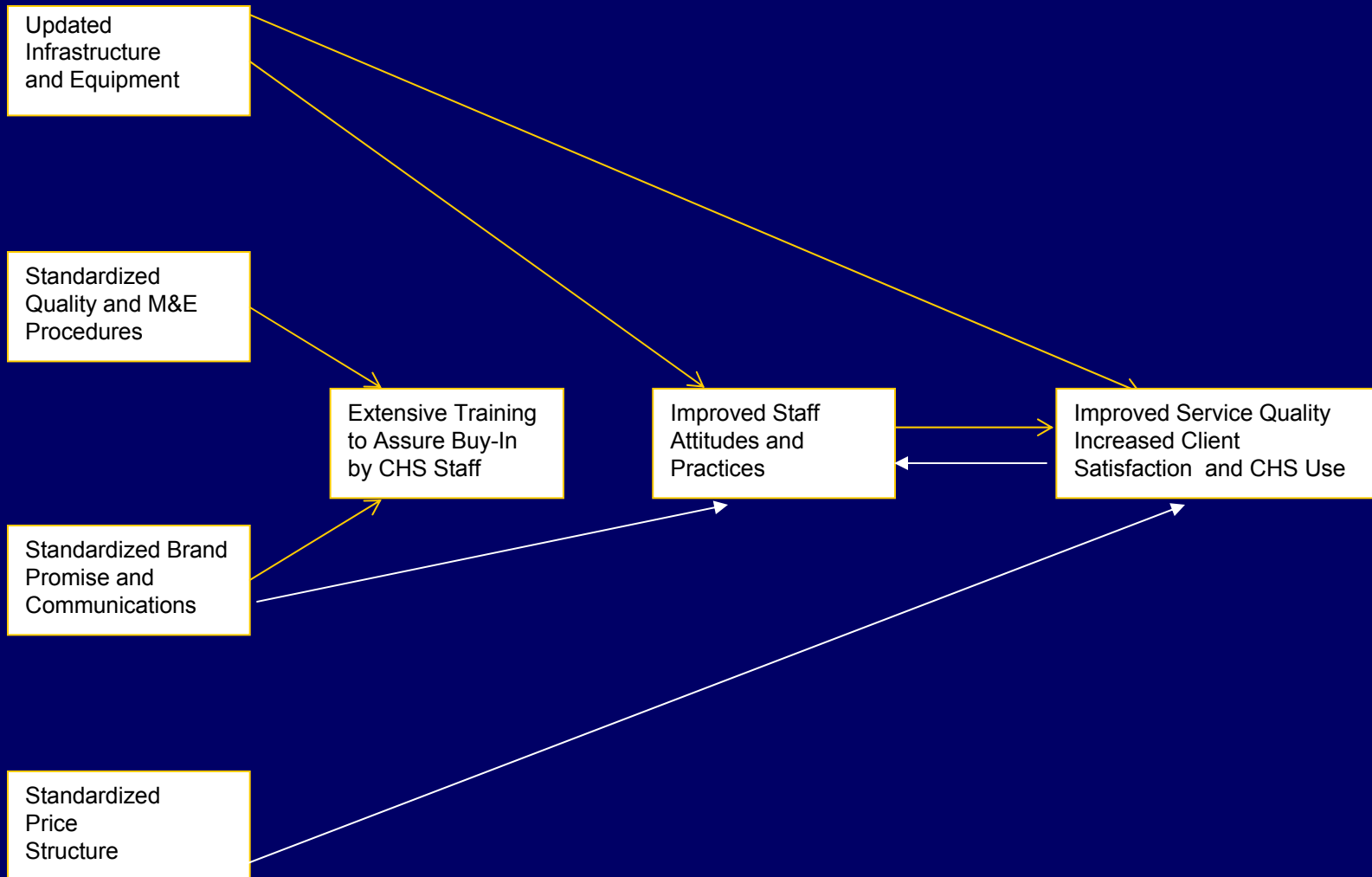
- Health sector reform in early 1990's, introducing user fees in state health facilities and legalizing private practices
- Local CHS services remained fully or partially subsidized and CHS infrastructure, equipment and staff expertise failed to keep pace with the other sectors
- This resulted in lower client perceptions of service quality and public clinic use
- Increased patient visits to pharmacies and private medical providers for RHFP services
- A high proportion of patients began bypassing lower level clinics to seek health care at provincial and central-level hospitals



Social Franchise Response

- Marie Stopes International Viet Nam [MSIVN]) and two provincial health departments with assistance of international and local consultants developed new model of fractional (partial) social franchising for publicly provided RHFP services
- Improve service quality and client satisfaction
- Increase RHFP utilization at the CHS

Conceptualization of the GSF Model



Franchise Member Selection Criteria

- CHSs had to first be invited by the franchisor: Invitations were extended to 10 CHS's in Da Nang and 28 in Khanh Hoa.
- All CHS invitees had either met or had the potential to meet the standardized 'brand promise' within the early stages of the GSF launch:
 - upgraded building facilities and waiting areas
 - completion of social marketing and quality of care training
 - adoption of service quality evaluation program
- No member fees were requested



Staff training and Branding

- CHS staff training for all CHS franchise staff on social franchising and marketing, quality of care and clinical training
- GSF branding program, namely, *Tinh Chi Em* (Sisterhood)
- The “branded room” was designed as a physical representation of the brand promise and key values - a comfortable place where clients would be respected and treated with understanding

Tinh Chi Em Branded Room





Counseling at Tinhchiem CHS





Launching the GSF Model

- The GSF network was formally launched in July, 2007 with the opening of 10 franchises in Da Nang and 5 in Khanh Hoa
- Extensive external marketing activities including road shows, media tours of the social franchise network and dissemination of print media
- Two paid “brand ambassadors” in all communes with GSF franchises were recruited and trained to target segments (i.e., women, their partners and other family members) through face-to-face communications to visit and refer others to the GSF clinics.
- Brand ambassadors provided a direct brand communication channel and helped establish a referral network.



Post-launch Evaluation Methods

- Key informant interviews with key stakeholders
- Focus groups with clients and staff
- Semi-structural observations at CHS
- Intercept interviews in places where communication activities took place
- Desk review of project documents and materials (e.g., reports, manuals, and guidelines)

Evaluation Results –Staff Training

- Increased staff internalization of GSF parameters such as the *Tinh Chi Em* brand promise of high levels of RHFP service quality, including clinical expertise, quality equipment and personal caring
- CHS staff were more likely to perceive benefits in managing RHFP services (and the entire clinic) as market-oriented businesses
- Staff described mission not only as meeting public health quotas but also as meeting and exceeding client expectations in order to attract more clients
- Staff also developed positive attitudes toward communicating with potential clients about the CHS and came to see this activity as a central aspect of their job.
- Fewer complaints from clients



Evaluation Results – Branding

- Staff and clients reported that the GSF brand name, *Tinh Chi Em (Sisterhood)* was impressive & communicated intended brand benefits and values
- The name of the brand was culturally appropriate
- Its presentation and logo (e.g., color, images, and decoration) were also viewed as meaningful and impressive
- The name, *Tinh Chi Em*, was said to reflect friendliness, coziness, sharing and caring that clients want to receive (generally agreed they did receive) when visiting their local CHS.



Evaluation Results: Communication Campaign

- Promotional materials and activities were easy to understand and provided useful information
- Target audiences interviewed were able to recall messages provided in the materials (e.g., new services offered at their local CHS, where and when they should go for a specific RHFP service, etc.)
- The brand's positioning statement, '*understanding, privacy and devotion in healthcare*' (thau hieu, kin dao, tan tam), was memorable and to the point



Evaluation Results: Client Perceptions about RHFP Services

- Improvements in appearance and facilities (e.g., new or newer looking buildings, tidier rooms, cleaner equipment and more comfortable waiting areas)
- The staff reportedly became friendlier, more caring and more enthusiastic, as well as more professional in sharing their clinical expertise and client communications
- Clients also reported a willingness to pay extra service fees for what they viewed as higher quality services
- Many reported shifting from private providers and/or their district health center to the local CHS for RHFP services



Challenges

- Formalization of CHS service fees caused staff to be concerned that their clinic would lose clients to non-franchise CHSs with “free” services
- Implementation of the approved standardized fee regimen has proven difficult in one of the two provinces (Khanh Hoa) and this has led to delay of the clinic employee incentive program
- Lack of human resources in Franchise CHSs
- Clients became sensitive to service quality
- Substandard equipment that doesn't meet expectations for quality service
- RHFP offerings have differed to some degree across CHS franchisees



Social Franchising and Social Marketing Implications

- Clients do not appear to value "free" services (associated with low quality), but prefer high-quality services at affordable prices (Product)
- The decision to standardize CHS service fees has and will continue to play a vital role in the successful launch of the GSF network (Price)
- Use of fractional SF model allowed use of pre-existing infrastructure saving resources (Place)
- Positive responses to communication activities and materials indicate that, for the most part, the brand promise was well-received by clients and staff (Promotion)

Conclusions

- This study shows the extent to which social franchise principles can be adapted to work effectively in the government sector in a developing country
- Focused on meeting and exceeding client expectations through the development of appropriate training strategies and incorporation of high quality RHFP services at the CHS level, the GSF model appears promising
- Specifically, initial evaluation indicates the GSF model will increase lower income segment access to affordable, high-quality RHFP services at the local level, reducing burdens on provincial and central public hospitals