

# Social Franchising as a Strategy for Expanding Access to Reproductive Health Services

## A case study of the Green Star Service Delivery Network in Pakistan

### Background

Pakistan has a population of 162 million (PRB, 2005). A high total fertility rate (4.8) combined with a young population (about 42% below age 15) put Pakistan's population growth rate at about 2.4% per year – higher than any other large Asian nation. Gross national income per capita in purchasing power parity (GNI PPP) is currently just US\$2,160, and an estimated 66% of the population lives on less than \$2 per day. About 90% percent of Pakistan's population lacks access to a clean drinking water source.

Despite these challenges, national trends in family planning use are positive, with fertility rates declining and contraceptive use increasing by about 0.7% per year. As of 2003, the CPR was about 28% (20% for modern methods), a major increase over the 11.8% reported in 1990 when an interest in social franchising first emerged. As of 2003, about 32% of women say that they are currently sexually active, do not wish to become pregnant at this time, but are not using a family planning method.

Among women using contraception, a large proportion (27%) relies on traditional methods of family planning. The remaining women use surgical contraception (25%), condoms (20%), IUD (12.7%), oral contraceptives (7.3%), and injectables (9.4%). Moreover, contraception continuation among users of spacing methods is high, with side effects being the primary reason for discontinuation. The low rate of contraceptive use has been attributed to insufficient public sector supply of family planning services; inconsistent availability of contraceptives; and a lack of accurate, reliable information about family planning methods – for health providers as well as clients.

Within Pakistan, inconsistent strategies and weak implementation have resulted in ongoing program failures. Resource constraints have also placed serious limitations on the

public sector's ability to provide access to quality reproductive health services. However, the private sector accounts for nearly two-thirds of all health expenditures in the country, with about 80,000 registered medical doctors and a range of other providers of varying qualifications. Yet, the private sector, while playing a significant role in health care delivery in Pakistan, has only limited involvement in the provision of family planning services. Reluctance among private sector providers to deliver family planning services is based on their lack of training in and practical exposure to family planning practice, which is considered low-prestige.

## Social Franchising

Population Services International (PSI) and its local affiliate, Social Marketing Pakistan (SMP), designed the Green Star Network of family planning service providers in 1995 to contribute to the Government of Pakistan's family planning strategy by complementing its rural-based public services expansion with an urban-based private sector strategy. The Green Star Network was designed to harness the potential of private sector health providers who are willing to upgrade their knowledge and skills in order to add family planning to the services they offered. The goal of the network was to contribute to increased contraceptive use by making high-quality family planning services and products more widely available and affordable to low-income people throughout urban Pakistan.

The network was designed around the concept of franchising to provide functioning service delivery points with a standard package of high-quality reproductive health services. Partnerships were formed between SMP (the franchiser) and selected providers (franchisees) with the agreement that these providers would integrate a defined package of services, and deliver them according to the high-quality standards established by SMP. In return, the provider/ franchisee receive specialized support, training, and rights to the franchise brand for as long as the franchisee maintains minimum quality standards. The franchisee also benefits from the brand equity, indicating quality and reliability, created by the franchiser.

Keys to the success of the franchising concept are:

- Business format - which includes a standard package of care and an understanding of the costs and income associated with the service
- Brand promotion and development - Green Star advertising and promotion of franchise outlets and products marketed under Green Star logo and brand name
- Quality assurance - through selective recruitment, staff trainings, facility upgraded, field support, management information systems, monitoring quality of care, and referral.

Providers in the network began by offering a comprehensive package of family planning services that included the provision of counseling, hormonal methods prescription and administrations and IUDs. Over time, variations in the package were added to accommodate a broader range of service providers and thereby the expansion of the

network. The network now includes three different service delivery packages, offered by four types of service providers, all targeting services within low-income urban areas:

- Family planning counseling and the provision of hormonal methods and the IUD provided by licensed female medical doctors and by selected female paramedics operating privately owned clinics
- Family planning counseling and provision of hormonal methods by licensed male or female physicians not currently interested in the IUD, as well as by paramedics such as Lady Health Visitors and midwives operating out of private clinics
- Family planning counseling and referral provided by licensed pharmacists operating privately owned pharmacies in low-income urban areas Additional services added over time include voluntary surgical contraception, treatment of sexually transmitted infections, maternal and child health services, and postabortion care.

### **Improved Coverage and Quality of Family Planning Services**

In its first five years of operation (1995-2000), the Green Star Network grew to include more than 11,000 private health providers in more than 40 cities, receiving more than 10 million client visits per year. A wide variety of studies have shown that Green Star has improved quality of care through the increased skills and competency levels of its providers. An assessment in 1997 concluded:

- The availability of IUDs and hormonal contraceptives increased by 80% in Green Star clinics.
- By the end of Green Star's first year of operation, providers gave information about three or more contraceptive methods to 86% of "mystery" family planning clients.
- Detailed explanations were given about the IUD to 70% of family planning clients and about injectables to 60%.

During this time, the use of oral contraceptives increased by 29%, injectable use by 40%, and IUD use by 62%. Specifically, the SMP sold more than 148,000 IUDs, with the sale of Multiload increasing from only 80 in 1995 to 55,553 in 2000. This is in addition to the approximately 756,000 IUDs provided in the public sector in the same year. Given the effort on quality assurance, IUD continuation rates have increased from 39% to 47%. Green Star's strategy for achieving and sustaining positive public health impact over time is to minimize its financial vulnerability by:

- Maximizing efficiency and controlling costs through sound financial management
- Developing a diversified funding mix
- Maximizing sales revenues from socially marketed products in a manner consistent with serving the poor

The challenges the franchising network faces over time include:

- Compliance with quality standards. For example, many doctors lack confidence in their skills in inserting IUDs and therefore tend to promote other methods. Likewise, client follow-up is weak.
- Mechanisms to control prices. For example, prices charged for Multiload IUDs are often higher than those recommended by the SMP recommendations. Yet, there is no evidence that pricing at Green Star outlets has posed a barrier to use among the poor.
- Need for immediate results. It is difficult to maintain provider motivation without a perceived reward, e.g., increased number of clients. Training on the IUD takes longer than that for the provision of oral contraceptives.
- Maintaining provider skills. The network has to develop a formal mechanism to ensure that franchise members are able to practice the skills they acquire in training, whether for IUD provision, postabortion care, or other services.
- Managing a rapidly growing network. Monthly supervision is not possible with a large network, so they are focusing on learning from high- and low-performing outlets to synthesize lessons. Decentralizing training to local NGOs also allowed the program to support local capacity for service.
- Sustaining provider involvement. The key is keeping providers involved in the development of the network, through protocol development, referral systems, and support. Using competency-based training as well as lifelike pelvic Zoe models and hand-held uteri for developing clinical skill was important for provision of IUD services.

## Conclusions

Evidence from the Green Star Program suggests that social franchising with private providers is a sustainable strategy for repositioning and enhancing the role of the IUD in national programs, even in challenging social settings. However, once the local business model is developed, the only way to prove the viability of the model is to test it to ensure that all the functional components are operational and, when taken together, achieve the desired result. Focusing on the device alone is clearly insufficient. Franchising can be expanded only when the results are promising but, once launched, scale-up is often quite rapid. The benefits of the franchising strategy are readily seen in the number of clients serviced and the range of services provided.

## References

McBride J. and R. Ahmed, 2001, Social Franchising as a Strategy for Expanding Access to Reproductive Health Services, Commercial Marketing Strategies, Washington DC.

Population Reference Bureau (PRB). 2005. World Population Data Sheet, Washington, DC.

United Nations. 2005.

[http://www.un.org/esa/population/publications/contraceptive2003/WallChart\\_CP2003.pdf](http://www.un.org/esa/population/publications/contraceptive2003/WallChart_CP2003.pdf).