

The Effectiveness of Clinic Franchising Programs:
A Proposal for Evaluation and Capacity Building

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To

The Population Program
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From

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1 Background

Clinic franchising programs to improve people's access to family planning/reproductive health (FP/RH) services are the recipients of a large and growing stream of funding from donor agencies. Clinic franchising programs are often established to enhance the efforts of pre-existing social marketing programs, and in some cases, government systems of service provision. When they work well, they marry what are traditionally considered public sector goals for enhancing social well-being, with the expertise, energy, management style, and cost recovery capacity of the private sector. Contacts with international non-governmental organizations and funding agencies suggest such a trend, with many of them currently developing new franchising projects. The latter would benefit from exposure to earlier projects and their lessons learned.

Despite the recent large influx of funding, particularly from Packard Foundation's Population Program, relatively few comprehensive evaluations with a strong scientific design have been undertaken to date to document the successes and failures of these programs. Because a variety of different programs co-exist under the rubric of franchising schemes, involving different ownership arrangements (e.g., extent of licensing and owner financing) and different types of providers (e.g., doctors, nurses, midwives, etc.), even less is known about the specific configuration of program components that make for more or less successful initiatives in different contexts. Key questions remain to be answered regarding provider attrition, effectiveness of cost recovery, quality of care, and populations served.

Franchising programs create networks of practitioners, drawing on those in either the private or public sectors, with the intent of using existing capacities and providers more efficiently to provide higher quality FP/RH services. These programs employ market techniques to identify clinics in the franchise with a logo (or other marketing tool) that is in turn associated with the provision of a defined set of quality FP/RH services. These logos are, for example, displayed in television commercials, posted on clinic signboards, printed on socially marketed products, or painted on billboards and walls. Most programs also attempt to enhance clinic functioning by improving some combination of skills, for example, the providers' level of training in the delivery of FP/RH services, their quality of care and counseling skills, and/or their management and financial capacities. Parent programs often assume a key responsibility of demand creation, i.e., active promotion and advertising of clinic and provider outlets. The expanded provision of FP/RH services under clinic franchise programs pays potential dividends to participating providers, whose clientele may increase substantially, further raising their flow of revenues.

The Packard Foundation is currently supporting, or planning to support, a variety of franchising programs in many of its focus countries (Ethiopia, India, Mexico, Nigeria, Pakistan, and Philippines). These programs include major national initiatives that promise to address a substantial proportion of demand for contraceptives. For example, the Foundation is currently contributing funding to a national program in Pakistan (Social Marketing Pakistan, an affiliate of Population Services International) that provides over one-fifth of the contraceptives used in that country in 1998. Support of franchising programs requires substantial financial commitments by the donor community. A standardized scientific comparison of these programs would provide information useful to

guide programmatic and resource allocation decisions. Individual analyses of project effectiveness can be used by participating franchising programs to improve their services and expand their capacity. Findings from a comparative evaluation would also be of broader use to the range of other international nongovernmental organizations planning to implement similar franchising programs in other country settings.

2 Project Objectives and Plan of Action

The Clinic Franchising Evaluation (CFE) project would be based at the Carolina Population Center, University of North Carolina at Chapel Hill, and involve collaboration with the USAID-funded MEASURE Evaluation project, also administered by the CPC. Both projects have a primary focus on monitoring and evaluation of population and health programs. The four-year CFE project's purposes are two-fold:

- To assess comparatively across as many as six of Packard's priority countries the overall level of effectiveness and cost-effectiveness of clinic franchising programs in improving the delivery of family planning services and increasing the use of contraception among individuals.
- To assist Packard franchising program grantees to appropriately identify and document their "best practices" and "lessons learned" to expand and improve their service capacity in effective ways.

The project's plan of action will:

- Involve a diversity of Packard Foundation grantees, franchising strategies and countries, to maximize learning from differences across institutions, programs and settings. Involving participating organizations early in their award implementation period will help keep them engaged throughout.
- Generate high-quality, useful data capable of supporting scientific analyses and studies and reports for dissemination
- Maintain a steady flow of outputs at the beginning, middle and end for institutional learning and capacity building among participating organizations
- Adopt a flexible posture in order to address individual country and program needs
- Build the capacity of local research agencies, selected to partner with franchise grantees, to manage field implementation of the study under coordination by the CFE project
- Emphasize the dissemination of lessons about clinic franchise programs' effectiveness through a wide variety of channels, e.g., stakeholder meetings and workshops, professional presentations and publications, electronic and hardcopy bulletins, and published briefs.

3 Operational Definition of Clinic Franchising Programs for FP/RH Services

The working definition for clinic franchising programs is: *an organization that invites clinics into a network of providers which, if they practice the program of service delivery proffered by the franchise, can in turn use the franchiser's name and logo.*

This type of franchising not only grants the right to use the name and sell any products or services of the implementing agency (e.g., social marketing products) but also enables the transfer of clinical and management skills to the participating clinics. Specifically the franchiser allows the transfer of its operating systems, technical expertise, marketing systems, training, management methods, clinical practices, quality of care requirements, etc., to its members. The franchiser trains the participating clinic initially and provides it with ongoing training and support throughout the life of the franchise agreement.

4 Participating Clinic Franchising Programs

Capturing diverse franchising experiences is crucial if the results from this evaluation effort are to influence change ultimately at a system, policy or donor agency level. In order to maximize on learning opportunities from variable experiences across organizations, programs and settings, the CFE project plans to recruit a diverse set of grantees, franchising strategies and countries to participate. For example, to have regional representation, we will want to enlist the involvement of up to six clinic franchising programs in developing regions (Asia, Africa and Latin America) funded by the Packard Foundation or on a selective basis, by other donors.

Packard-funded programs to be recruited for participation include:

- Green Star, Social Marketing Pakistan/Population Services International (Pakistan)
- Janani Project (Bihar, India)
- FriendlyCare Foundation, Inc. (Philippines)
- Pathfinder International (Ethiopia)
- Marie Stopes International (Ethiopia)

5 Elements in Project Evaluation

The outputs envisioned for this project are detailed in Table 1 which also identifies the implementation responsibilities of the various partners. In addition to the Carolina Population Center, which will have primary coordinating and technical support responsibility, the franchising programs and local research firms will share in the implementation responsibilities for the effectiveness evaluation. At each country site, the Packard-funded franchising grantee will engage a local research firm over the four years to assist in all stages of the impact evaluation—design, instrument development, fieldwork, data analysis and reporting, and dissemination. Packard Foundation involvement at all stages will also be crucial to the overall utility of the effectiveness evaluation. Costs for the participation of the local research firms and the clinic franchising grantee in this cross-country evaluation are expected to be borne by the latter.

The major elements of the evaluation are:

- *Literature review*
A literature review of clinic franchising and social marketing programs will be conducted to refine a common definition of such programs and identify their essential elements and evaluation issues.
- *Donor agency review*
This effort will be implemented by Packard Foundation Population program staff with technical support from the CEF project, as requested. Major international donors will be contacted to obtain their insights on funding clinic franchising schemes, with these summarized in a report. Donors will be queried about such aspects as the extent of

their financial support for CF programs, acceptable types of CF programs, factors perceived important to the success and effectiveness of clinic franchising programs, evaluation experiences, and questions as yet unanswered that may be addressed by the present effort.

- *Omnibus rider surveys*

In many of the six countries reputable research firms or national statistical offices conduct omnibus surveys that allow the purchase of question space or inclusion of specialized rider modules. Respondents to these omnibus surveys are usually individuals from a national probability sample of households. The Clinic Franchising Effectiveness project plans to design a core module of questions to assess survey respondents' recognition and knowledge of franchising programs' logos and service content. It will include the module in as many of the six country settings as have acceptable-quality omnibus surveys. Research firm associates would be engaged to draft country reports on the findings, in collaboration with the clinic franchising programs. These survey modules would be conducted in years 1 and 4 to observe change over time in the public's knowledge of and preferences for clinic franchising efforts.

- *Clinic Franchising Program Evaluation*
 - 1) **Evaluation instruments.** With the stakeholder organizations in each of the participating countries (5 or 6), the CFE project will jointly design a standard set of questionnaires to be used for annual monitoring of franchising programs' services. Questionnaires to be administered at the service outlets, such as client exit interviews (also known as client intercept surveys), and with community respondents will be developed to assess service capacity and costs, consumer preferences and community-based awareness and relative use.

 - 2) **Data collection.** To evaluate the effectiveness of clinic franchising programs, it will be necessary to compare their performance with other service delivery sites, drawing from the public and non-profit sectors. Expected improvements in franchised clinic performance measured over time may parallel, over- or under-perform levels in non- franchising programs, including Ministry of Health clinics. Knowing how well clinic franchising programs perform necessitates assessing performance change at their counterpart outlets. Thus, the service delivery point (SDP) sample will need to be designed with probability sampling procedures that maximize on the statistical representativeness of the distribution of SDPs by type, in CF grantees' project area locations. A sample of SDPs from the clinic franchising program and the public, non-profit non-governmental and commercial sectors will be drawn. Each SDP will be surveyed annually with interviewers stationed for a pre-specified number of consecutive days (2-3) to interview clients purchasing FP/RH and other services from sampled SDPs. To the extent a recent Demographic and Health or like survey has been conducted in the country, its sample clusters will form the underlying frame for the baseline and annual follow-up assessments. The cluster listings permit community-based interviews with individuals to track awareness and knowledge of local FP/RH service delivery options. The overall design for data collection permits replication and follow-up in years 2 to 4. Annually collected data collected will be analyzed regularly to enable continuous capacity building.

The expected sample sizes are 200 SDPs, 600 clients, and 3000 community respondents for each annual assessment in each country setting. Local research firms and designated clinic franchising grantee staff will be trained by the CEF

project staff to field, analyze and report on the assessments annually. Annual reviews of the findings will occur at scheduled workshops that involve evaluation personnel from all six franchise grantees, research firms, the CEF project researchers, and Packard Foundation staff, as well as other interested and/or invited experts.

Further technical details of the impact evaluation are provided in Appendix 1.

- 3) **Reports.** A range of report types is envisioned and detailed in Tables 1 and 2.
- a) Project-level evaluation reports, focusing on individual clinic franchising programs in each country, will be prepared jointly by the CF program, research firm, and CFE project staff. Annual versions of these reports will focus on CF program processes and performance, with the evaluation of their effectiveness reserved for the Year 4 report.
 - b) Comparative evaluation reports, addressing selected key themes, such as type of practitioner, service mix, facility type, or consumer demand, will be prepared by Year 4.
 - c) Case studies, describing selected issues of various clinic franchising programs will be prepared in Years 3 and 4 to be used by Packard Foundation's population leadership training programs. The case studies and associated teaching materials will highlight design and operational issues for private sector family planning service delivery.

One special type of case study to be prepared will be the "Model Program" design that can be used by organizations planning to undertake a similar program effort or wishing to improve an ongoing franchising project. The Model Program description should be written accessibly and detail the design and management of a high-performing clinic franchise program.
 - d) Bulletins, each no longer than 2-4 pages in length, reporting on the progress of the CF programs and unique findings, will be prepared four times annually for dissemination electronically to a project listserve and in hardcopy.
 - e) Reports on lessons learned, relating selected practice issues observed from monitoring the performance of CF programs (e.g., expansion of consumer demand, social marketing of products, cost recovery methods). These reports will be comparative across the CF programs and produced semiannually over the four years.
 - f) Comprehensive evaluation, reporting in Year 4 on the net effects of the CF programs on contraceptive use, service provision capacity and quality, and cost-effectiveness, across the 5-6 country settings. This report will draw on the annual series of data acquired over the CFE project and integrate its evaluation findings with others reported in interim years (detailed in the foregoing reports).
 - g) Professional journal publications and presentations, credibly and jointly authored among stakeholder organization representatives, reporting scientifically on the evaluation's findings over time. Such permanent documentation is key to sharing the results in future years when project records and reports are no longer readily accessible.

- h) Doctoral dissertations, permitting interested graduate students in project countries access to the evaluation data for specialized analyzes (at no cost to the project)

6 Participation of Clinic Franchising Programs

Up to six organizations receiving funding from the Packard Foundation for a clinic franchising project will be asked to participate in the Clinic Effectiveness project. These in-country organizations will be major participants in all aspects of study design, analysis and utilization of findings. The organizations will be asked to participate in planning workshops, advise on the evaluation design, participate in the selection of an in-country research organization with which to collaborate, and assist in data collection and reporting. Participating organizations are expected to utilize the 3% set-aside from their Foundation grants to support all in-country and workshop participation expenses of their staff and the partner research organization (including training, fieldwork, travel, data analysis and reporting).

7 Meetings and Workshops

Three types of meetings or workshops are envisioned: an advisory or steering committee meeting in years 1 and 4; annual workshops with staff from stakeholder organizations (CFE project, CF grantees, research firms, and Packard Foundation); and ad-hoc dissemination meetings to donor agencies or national policy makers on evaluation results. For the latter, a final conference will be organized to present the findings of the project, oriented around major themes emerging over the course of research and analysis.

The first steering committee meeting will focus on developing a consensus definition of a clinic franchising program; identifying their common elements; developing a conceptual framework for assessing the effects of clinic franchising program; nominating other donors and experts to invite to participate; and drafting the multi-year agenda for the evaluation.

The purpose of the initial workshop of stakeholders will be to launch the evaluation design with participating organizations and other invited experts and donor agencies. This workshop's agenda will include: exchange of information among CF grantees on key aspects of their programs; input to the drafted conceptual framework; identification of key issues, problems and information needs; self-identification of key program-level levers for improving existing systems; finalization of research questions to be addressed in the evaluation; and drafting of a dissemination plan. Interim workshops will convene participating organizations to review annual progress, comparative findings, and draft reports.

8 Implementation

Technical support and coordination for the Clinic Franchise Effectiveness project will be provided through the Carolina Population Center, drawing upon University of North Carolina at Chapel Hill faculty and research staff who are also involved in the MEASURE Evaluation Project. Dr. Amy Tsui, CPC Director and Professor of Maternal and Child Health, will serve as the project's principal investigator. Research staff involved in MEASURE Evaluation (e.g., Drs. Rodney Knight, Gustavo Angeles or Catherine Knight) and research assistance from the CPC will be asked to assist with the different aspects of the CEF study, particularly in training partner organizations' staff in data collection, entry and analysis. The CEF project staff will work closely with Packard Foundation Population program staff in conducting this evaluation.

9 Budget

The estimated budget is provided in Table 3.