Executive summary

Social Franchising Evaluations

A Systematic Review

Given the increased urgency to meet the Millennium Development Goals, there is growing agreement that the non-state sector must be engaged in low- and middle-income countries and social franchising, a system of contractual relationships modelled after a commercial franchise but designed to serve a social purpose, generally funded by development partners and implemented by a Non-Governmental Organization, presents itself as one such mechanism. Social franchises can provide subsidised or tiered pricing of services so that services are affordable to populations with diverse socio-economic status.

Typically, social franchising includes:

- training (e.g. in clinical procedures, business management)
- protocolised management (e.g. for antenatal care, childhood diarrhoea)
- standardisation of supplies and services (e.g. birthing kits, HIV tests)
- monitoring (e.g. quarterly reports to franchiser, reviews)
- branding (e.g. use of a logo on signs, products, or garments)
- network membership (e.g. more than one franchisee in the organisation).

What are the conclusions of this systematic review?

Reach: Social franchising was not related to increases in client volume across settings or to increased use of STI (sexually transmitted infection) treatment.

Quality of Care: Franchise providers were more likely to be trained than non-franchise private providers but that training was associated with government service rather than the franchise. Patient perceptions of quality of care were mixed, although in one case, franchise providers were more likely to be described as having a caring manner.

The effect of social franchising on health and health-related behaviour outcomes was addressed by a few studies of knowledge and use of modern family planning methods among franchise clients. However, these studies were not sufficiently rigorous to draw conclusions about effects.

Equity was addressed in most of the literature, presenting mixed results for franchises reaching the young, the poor and the illiterate across settings. Clinics set in low-income urban areas did not necessary serve the target low-income group.

What are the implications for policy and research?

For policy

The overall evidence supporting social franchising is weak and does not provide insight into implementation issues such as adherence to service protocols and the impacts of marketing or training, which casts doubt on the meaningfulness of reports about reach and satisfaction. Further, the dearth of economic evaluations in the field of social franchising is daunting in that franchising consists of a financial investment both on the side of the franchisee and the franchisor. The economic aspects of this mechanism should be more fully

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evaluated before recommendations toward future implementation or scaling up can be made.

For research

There is a need for independent rigorous evaluations to collate what can be learnt from how social franchises operate and assess their effects, whilst protecting commercial interests.

Models to be evaluated should have sound theoretical bases for improving quality of services and access by poorer populations and be evaluated for their implementation (adherence and integrity), adoption by franchisees, service users' utilisation and satisfaction, sustainability, and agreement on measurable and testable social franchising activities and goals.

What are these conclusions and implications based upon?

Our review asked:

1. What is the scope of the literature addressing the reach (adoption by franchisees and service users), implementation (adherence and integrity), sustainability and effects of social franchising?
2. Does this literature describe in detail testable models of social franchising, their theoretical bases and measures of social franchising activities and goals?

We searched nine major databases, the sites of development partners engaged in social franchising, and contacted relevant authors as necessary in order to find research to include in this review. We found three systematic reviews and nine evaluations of social franchises.

The quality of the systematic reviews was judged with the Assessment of Multiple Systematic Reviews (AMSTAR) measurement tool. The quality of primary research evaluations was judged in terms of their:

1. independence
2. robustness of reporting the model of social franchising
3. robustness of reporting the study design and methods
4. robustness of the data analysis
5. reporting on confounding factors.

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