

# **Social Franchising**

## ***Priorities for the Future***

**- Vinit Sharma**

**UNFPA – APRO, Bangkok**

1. All governments are committed to the provision of health care to their populations
2. Due to limited resources, it is usually not possible for governments in the developing world to provide health care to all

3. The idea of partnership with the private sector evolved to:
  - increase access
  - improve quality
4. The concept of public private partnership has undergone remarkable positive transformation over the years

Inherent in this concept are also the ideas of:

- Corporate social responsibility
- Social marketing
- Social franchising

# Historical Perspective - 1



● *....sellers of commodities (such as soap) are generally effective while sellers of social causes are generally ineffective.. [G.D.*

*Wiebe, 1952]*

● *.....you can sell a presidential candidate like you sell soap ... [Joe McGinniss, 1968]*

***everything and anything can be sold by following the right approach***

# Historical Perspective - 2



*....the more the conditions of the social campaign resemble those of a product campaign, the more successful the social campaign ... [Philip Kotler, Gerald Zaltman, 1969]*

# The Requisite Conditions -1



- Real or psychological ***monopolization*** - a condition marked by the absence of counter propaganda
- ***Canalization*** - or re-shaping of of existing attitudes
- ***Supplementation*** – programmes of face to face communication / contacts
  - Lazarsfeld and Merton (1949)

# The Requisite Conditions - 2



- **The Force** – the intensity of the person’s motivation toward the goal
- **The Direction** – how & where the person might go to consummate the motivation
- **The Mechanism:** an agency that enables the person to translate motivation into action
- **Adequacy & Compatibility:** the ability and effectiveness of the agency in performing its task
- **Distance:** the estimate of energy and cost required to consummate the motivation in relation to the reward

# Sales v/s Marketing



A **sales** orientation considers the job as one of finding customers for existing products and convincing them to buy these products

*It is implied here that a new product is not being developed, but rather trying to sell an existing one with the suggestion that this is somewhat **new and improved***

A **marketing** concept calls for most of the effort to be spent on discovering the wants and needs of a target audience and then creating the goods and services to satisfy them

# Social Marketing



## *Social marketing focusses on behavior as its bottom line*

- social marketing programmes influence behaviour – they do not always change it
- social marketing seeks to influence voluntary behavior
- social marketing seeks to benefit target consumers and / or the society as a whole, **NOT** the marketer

# The Progress



- 1988 – The Blue Circle Network (BKKBN, Indonesia)
- 1994 – Sangini Social Franchise – Nepal; 1995 – Greenstar – Pakistan

There were about 10 social franchises until 2003, 10 more added during 2004 – 2007 and 22 new franchises were started during 2008 – 2011

As of 2012 – about 74 programmes in 40 countries – mostly in S Asia followed by SE Asia and Africa

## *Addressing human rights and equity:*

- Increasing access – financial (subsidized products); geographical
- Increase availability - Making services more widely available; impressive coverage; increase utilization
- Increase client volume; client satisfaction; improve client health knowledge and behaviour

# Strengths / Positives



## *Addressing human rights and equity:*

- Provide more than 5 methods of contraception – wider choice
- Increased job opportunities and employment
- Expanding the contraceptive market
- Increasing the use of FP

# Limitations / Negatives



- Making services more widely available v/s making new services – have not substantially expanded access to services but rather recruit existing providers into the network or merely shift users from one source of care to another available;
- no new clinics have been set up in places where they did not exist earlier; non – availability in rural and hard to reach areas

# Limitations / Negatives



- Client's inability to pay for services – utilization of services by low income groups significantly lower than utilization by relatively better off groups – higher utilization could also be because client's pay for the services
- Mixed results for quality of care (studies show positive client satisfaction – but providers' technical competence and quality of equipments and medications not studied)

# Limitations / Negatives



- Mixed results about franchises reaching young people, poor and illiterate clients
- Prices recommended by franchiser NOT displayed in the clinics; Overcharging
- Assessment of population level health outcomes
- No improvements in coverage for maternal health care though positive improvements in newborn and child care – though majority provide RH services

# Limitations / Negatives



- Reaching men
- Cost effectiveness
- Referrals and management of complications
- Long term sustainability – sustaining provider interest and involvement
- Quality of care and maintaining provider skills; managing expanding networks
- Method mix v/s bias
- Targets and results