The 8th International Social Innovation Research Conference

Growing and scaling social impact session

Expected and less expected impacts of the innovative healthcare franchising in Vietnam

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Presentation outline

I. Introduction

II. Literature review

1.Definitions of social franchising

2.Clinical social franchising in developing countries

III. Method

IV. Findings

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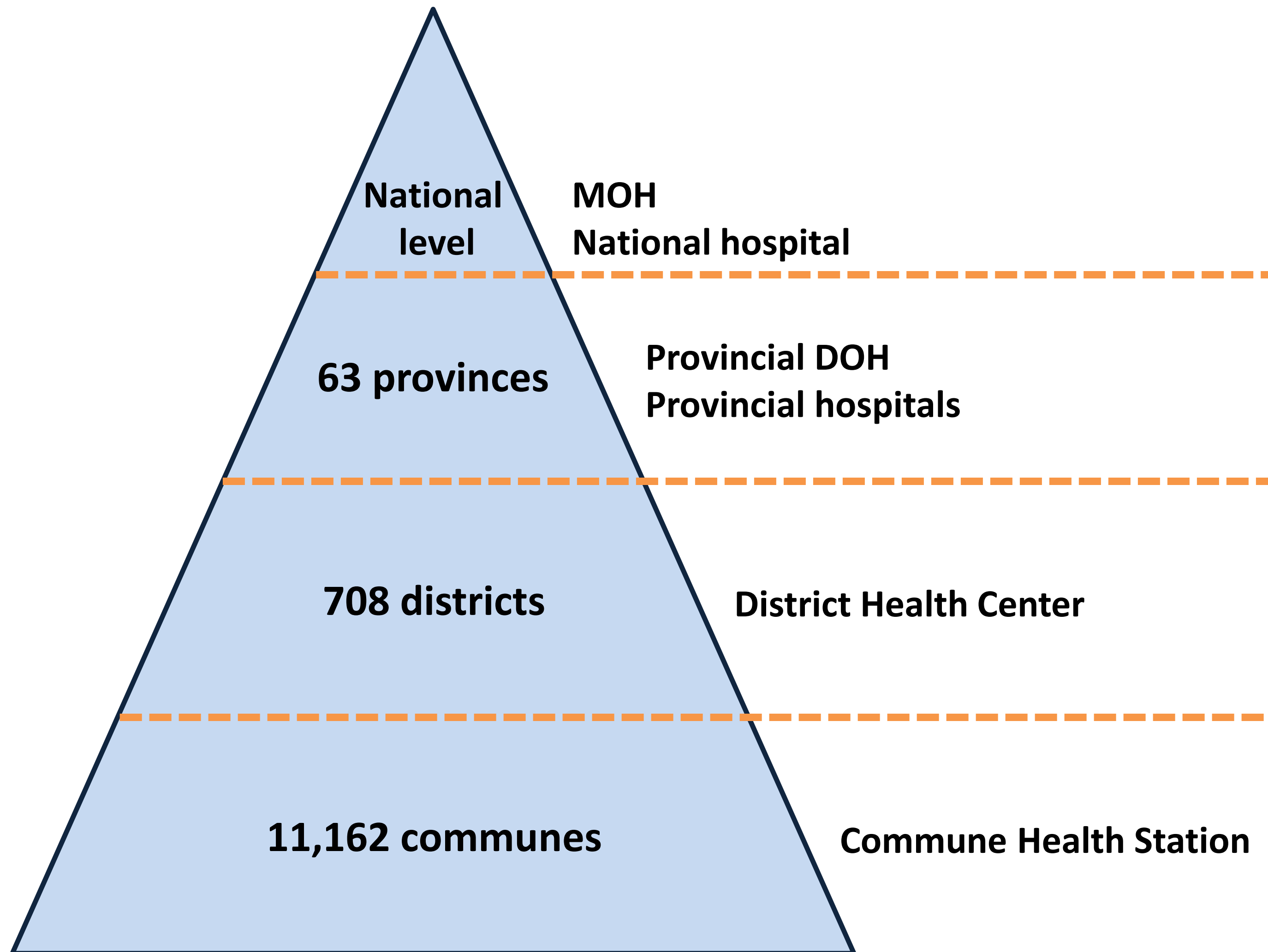
I. Introduction



The health system hierarchy of Vietnam

Source: Ministry of Health

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I. Introduction

Marie Stopes International Vietnam

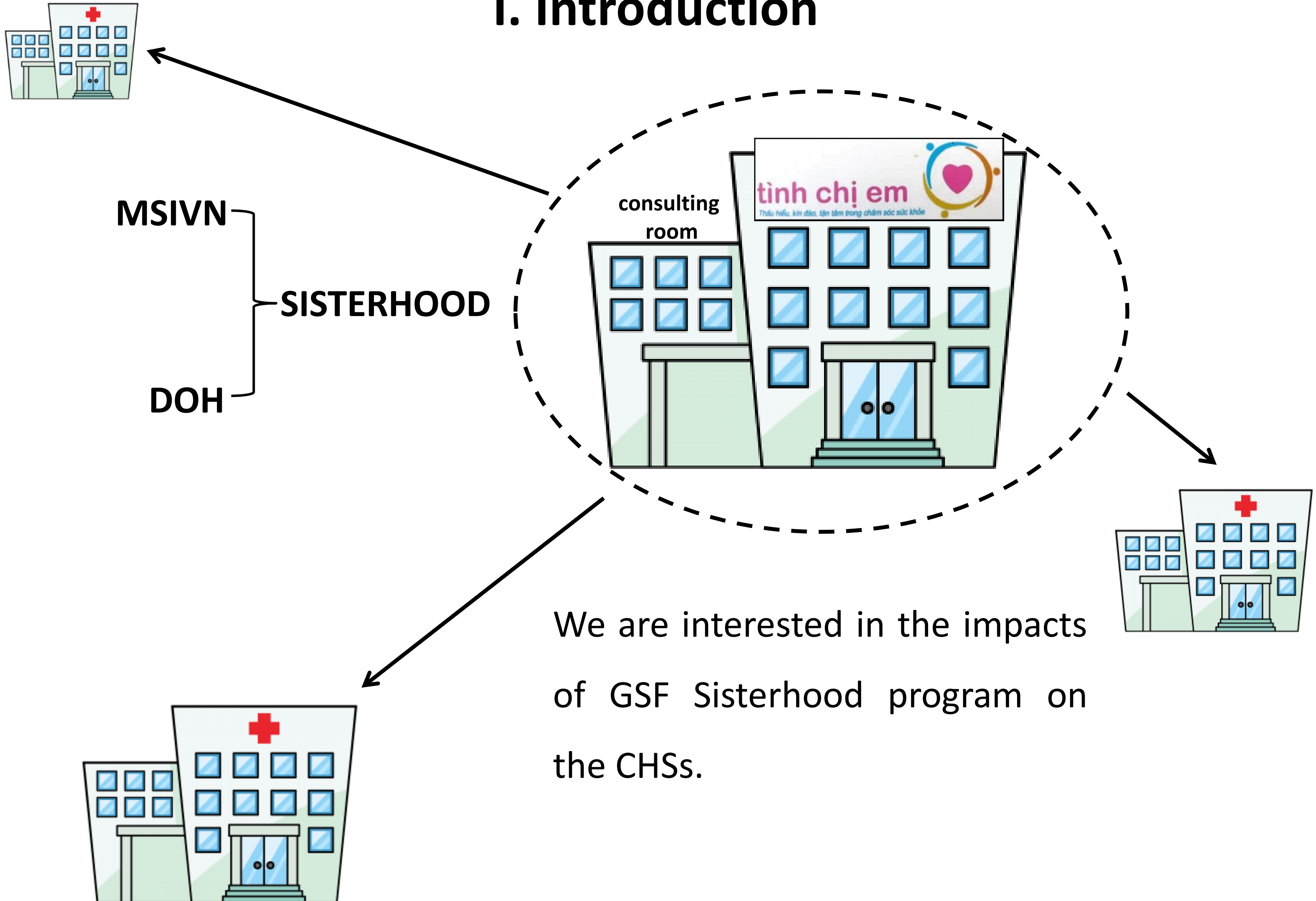
- NGO, >20 years with Vietnam in RHFP sector.

- Pioneer organization, initiatives for Vietnamese health system.

→ Understanding the difficulties of the CHSs, an initiative:

- Introducing social franchising concept
- Collaborating with the DOH

} "Sisterhood" GSF network


I. Introduction
MSIVN
SISTERHOOD
DOH
consulting room
tình chị em
We are interested in the impacts of GSF Sisterhood program on the CHSs.

II. Literature review

1. Definitions of social franchising

- "Social replication", "business-format franchising", "microfranchising" are not "social franchising".

- One of the definitions: "An adaptation of commercial franchising in which the developer of a successful social concept (franchisor) enables others (franchisees) to replicate the model using a proven system and a brand name to achieve a social benefit. Social franchising can be defined as a system of contractual relationships, which uses the structure of a commercial franchise to achieve social goals" (Tracey and Jarvis (as cited in Volery and Hackl 2010, p.1)).

II. Literature review

2. Clinical social franchising in developing countries

- Family planning services and reproductive health care.

- Common questions: service quality, client perception about service quality and the brand, client satisfaction, service access, etc.

- Ngo, Alden, et al. (2009); Ngo et al. (2010) and Ngo, Phan, et al. (2009) : examined the impacts of GSF in Vietnam.

III. Methods

- Qualitative method.
- Data: official documents, observations, 18 individual and group semi-structured interviews
    + December 2015 and January 2016,
    + Hanoi (the capital of Vietnam) and three provinces Thai Nguyen, Yen Bai and Vinh Long,
    + 19 informants (8 franchisors and 11 franchisees).
- Visited and worked with:
    + HQ and provincial office (MSIVN),
    + DOH,
    + 4 CHSs (one after MSIVN left).

IV. Findings

CHSs before Sisterhood program

Lack of:

- Infrastructure,

- Perception about service quality,

- A private consulting room and a relationship between health workers and their patients.

IV. Findings

CHSs since Sisterhood program was established

Expected impacts

1. ***Changes in appearance, reception and communication***
2. ***Changes in non-clinical activities of medical staff***
3. ***Changes in clinical activities of medical staff***
4. ***"Sisterhood" consulting room and its impacts on the whole franchised CHS***

Less expected impacts

5. The impacts of franchised CHSs and "Sisterhood" consulting room on other non-franchised CHSs (less expected impacts)

IV. Findings

1. Changes in appearance, reception and communication

- Appearance: beautiful, clean and tidy with a “Sisterhood” consulting room inside.

- Reception: health worker(s), welcoming women from the entrance.

IV. Findings

1. Changes in appearance, reception and communication

- Appearance: beautiful, clean and tidy with a "Sisterhood" consulting room inside.

- Reception: health worker(s), welcoming women from the entrance.

- Communication:

  + many activities,

  + village medical staff as brand ambassadors.

IV. Findings

2. Changes in non-clinical activities of medical staff

- Perception of health workers: considering "patient" as "client" ("customer-oriented changes").

"Changes in perception are the most important facts; changes in thought, in client approaches, in working methods. That's the most valuable fact of the program, I think. The program supports in the equipment, in … small financial aid, report activities, brand ambassadors, etc. that's not essential. The importance is, medical staff of the Commune Health Stations, of the District Health Centers, they understand working methods, customer orientation, considering clients as the center in services providing activities. That's effective and sustainable. Supporting in the infrastructure, the equipment, after a while, it will not exist. I think it's the best point." [#2, DOH Project Coordinator]

IV. Findings

2. Changes in non-clinical activities of medical staff

- Perception of health workers: considering “patient” as “client” (“customer-oriented changes”).

- Attitude of health workers: all friendlier and more approachable.

- Relationship health workers - clients.

IV. Findings

3. Changes in clinical activities of medical staff

- Sterilization, medical waste treatment process (having incinerators).

- Refresher courses.

- Provincial master trainers: “taking hand – guiding work”.

- “Supervision – support” as “a need”.

→ “Restoring public confidence”.

IV. Findings

4. "Sisterhood" consulting room and its impacts on the whole franchised CHS

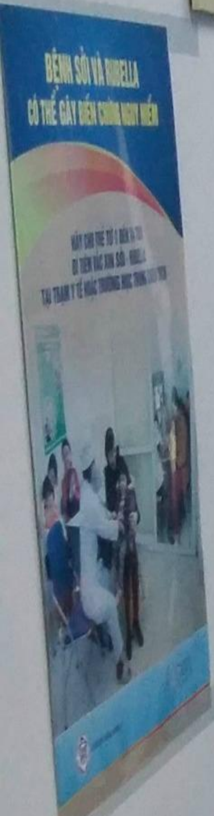
- Activities of the CHS: step by step.

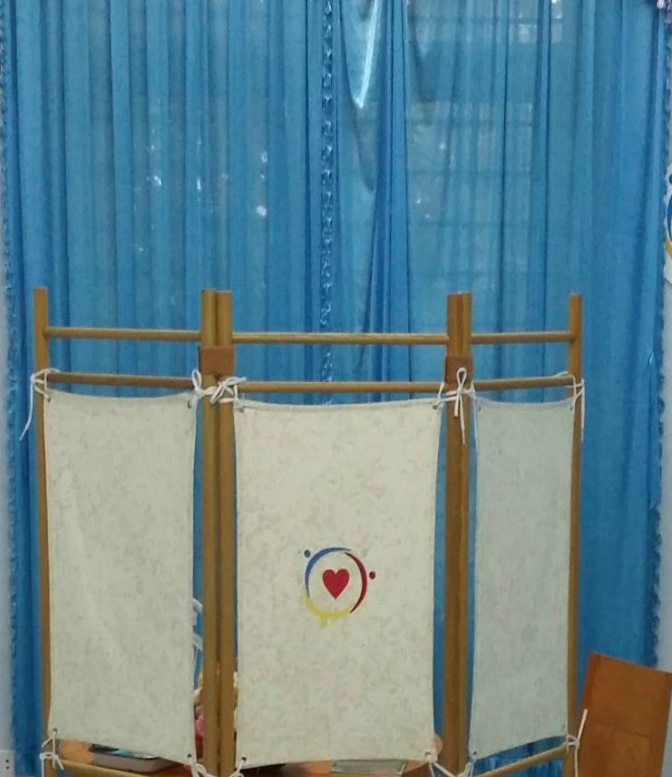
- Clients: requesting services like the room, "empower clients".

- Perception of counseling importance. Spreading to other rooms/services.

- Working methods of the room: for clients of other fields.

→ Beneficiaries are clients.


BỆNH SỞI VÀ RUBELLA
CÓ THỂ GÂY BIẾN CHỨNG NGUY HIỂM



IV. Findings

5. The impacts of franchised CHSs and "Sisterhood" consulting room on other non-franchised CHSs (less expected impacts)

- Reputation: attracting clients from non-franchised communes

→ "Healthy competition".

"I didn't induce the clients, from non-franchised communes, to go to franchised communes. The clients, they talked to each other then they came here because of the reputation of the brand and the station." [#11, "Sisterhood" room consultant of Luong Thinh CHS]

- Interesting impacts: transferring within the State health system (promotion).

Thank you for listening

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