MATERNAL HEALTHCARE MARKETS EVALUATION TEAM

SOCIAL FRANCHISING FOR MATERNAL HEALTH IN INDIA: Findings from an impact and process evaluation

May 2018

This policy brief highlights findings from an impact and a process evaluation of the Matrika programme, a multi-faceted social franchise model to improve maternal health in Uttar Pradesh, India. Matrika aimed to address maternal health by improving the quality of care in public and private facilities and empowering women to demand quality care.

Clinical social franchising is an organisational model that applies the principles of commercial franchising for socially beneficial goals. It has been applied to a wide range of health services, and is one of the fastest growing strategies to engage with the private sector. In 2015, there were as many as 83 active programmes in low- and middle-income countries, with most of the funding coming from international donors.

Maternal health care in Uttar Pradesh

Uttar Pradesh is India's most populous state with more than 200 million people. Maternal and infant mortality remain high – the maternal mortality ratio is 258 deaths per 100,000 live births and the infant mortality rate is 64 deaths per 1,000 live births. The private health sector is extensive and diverse, ranging from sophisticated tertiary hospitals to alternative systems of medicine and unqualified rural health providers. Almost 70% of women give birth in a health facility in Uttar Pradesh. The public sector accounts for 66% of facility births and the private sector 34%.

Matrika Social Franchising Model

The Matrika programme had three components: (1) establish the Sky social franchise network of private health-care providers and functional referral centres; (2) strengthen capacity of, and linkages between, rural private and public sector health-care providers to offer high-quality services; and (3) improve community awareness, demand, and linkages with maternal health services among rural populations. The intervention was implemented in three districts of Uttar Pradesh by World Health Partners (the franchisor) in partnership with Pathfinder International, between 2013 and 2016.

The Sky social franchise network comprised three levels of health provider (Figure 1). SkyCare were rural health providers, who along with community health workers known as ASHAs, encouraged women to use maternal health services. SkyHealth were small clinics owned by individuals with formal or alternative traditional medical qualifications. Their role was to provide antenatal care and telemedicine consultations. At the highest level, social franchise clinics were private hospitals offering delivery and emergency obstetric care.

What we did

The impact evaluation aimed to determine whether the social franchise model could improve the quality and coverage of health-care services along the continuum of care for maternal, newborn, and reproductive health. We conducted a quasi-experimental study to compare changes over time in outcomes between intervention and comparison areas. Using household surveys, we interviewed 7,054 women who had recently given birth in 180 communities.

To capture the full range of benefits and unintended consequences of the programme, we measured 57 outcomes to do with health care use, quality of care, patient experience, patient knowledge, and financial strain. We also carried out a process evaluation with the aim of explaining the effectiveness findings.

What we found

Impact evaluation findings suggest that the Matrika social franchise model was not effective in improving the quality and coverage of maternal health services. Facility births increased slightly in intervention areas and remained the same in comparison areas, suggesting no impact on facility births (Figure 2). Findings also indicate no differences in antenatal care, delivery care, and newborn care outcomes between women exposed to the programme and women in comparison areas (Figure 3).

Figure 1: The Sky Social Franchise

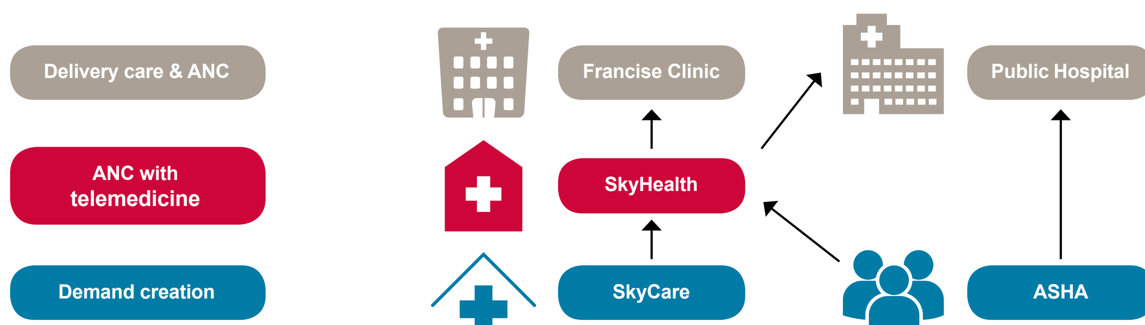

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Figure 2: Facility births in intervention and comparison areas

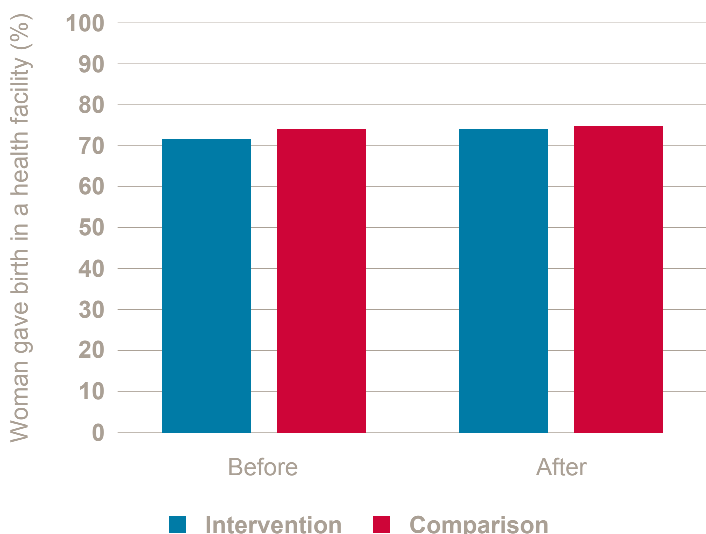
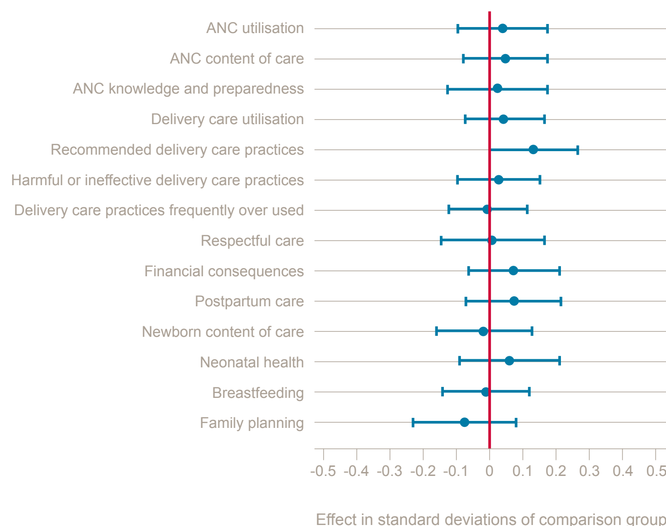


Figure 3: Effect of Matrika on summary measures of outcomes



What we learned

Findings from the process evaluation provide insights into why the programme did not improve the quality and coverage of maternal health services in the population.

Not enough women sought antenatal care from Sky providers

- While the franchisor achieved its health provider recruitment targets, the competitive nature of the market for antenatal care meant social franchise providers achieved very low market share. SkyHealth centres captured 3% of the market for first ANC visits amongst women living in close proximity. The market was much more competitive than anticipated.
- Despite the Sky providers being branded, community awareness of the franchise was low and the brand was not perceived as a signal of quality. Only one in ten women reported knowing that there was a Sky provider in their village
- Mechanisms for encouraging women to attend antenatal care services were ineffective. Most SkyCare providers had limited experience working in the area of maternal health. Community health workers had divided loyalties taking women to public and other private facilities which also paid incentives.

Women did not follow the intended referral pathways

- Referral linkages between Sky providers of antenatal care and public or private delivery care providers were too weak to influence women's decision on where to seek delivery care.

Improving quality of care was a huge challenge

- While training was widely implemented, evidence on the influence of quality improvement activities was mixed.
- Clients valued the Sky telemedicine feature, but network connectivity and other technical problems limited its utility as a way to improve the quality of antenatal care.

Policy implications

- The findings should place a higher burden of proof on policymakers and funders who propose investing in social franchising for maternal health.
- At the design stage of a project it can be extremely useful to develop a theory of change and critically probe each of the intended pathways of impact to ensure the programme is well conceived.
- It is important to understand market conditions and what patients value, and rigorously test new technologies before they are implemented at scale.
- In contexts where the reputation of the provider is paramount, patients may not recognise the brand of a social franchise as a signal of quality.

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Related publications: Tougher S, et al. (2018) Effect of a multifaceted social franchising model on quality and coverage of maternal, newborn, and reproductive health-care services in Uttar Pradesh, India: a quasi-experimental study. Lancet Global Health.

Penn-Kekena L, et al. (2018). Process evaluation of a multi-faceted social franchising model to improve maternal health: evidence from a mixed-methods study in Uttar Pradesh, India. Submitted.

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