

GOVERNMENT SOCIAL FRANCHISING

Sexual Reproductive Health in Vietnam

The 90 million population of Vietnam is predominantly young (58% under 25) and includes many women of reproductive age (28.9%/approximately 25 million). The national Maternal Mortality Ratio of 67 per 100,000 births has remained relatively unchanged between 2006 and 2011. The Infant Mortality Ratio stands at 15.5 per 1000 births. The current national Contraceptive Prevalence Rate (CPR) of 79% represents only use amongst married couples. The high rate of abortion, with estimates at 2.5-2.8 per woman per lifetime, indicates that the CPR is lower amongst other population groups, particularly youth.

Meeting the nation's sexual reproductive health (SRH) and family planning (FP) needs persists as a pressing challenge for the state and an important strategy for the achievement of the Millennium Development Goals. This is especially the case for vulnerable population groups, including rural and ethnic minority communities, as they experience a growing disproportionate burden of Vietnam's poor health and social outcomes in a context of increasing disparity. Strengthening health service delivery at the community level is acknowledged as the key for improving health outcomes for these groups.



Underutilisation of Commune Health Stations

In Vietnam, Commune Health Stations (CHS) are the first access point to primary healthcare services, including state subsidized short term and long acting FP methods. However, many CHS fail to meet community expectations in terms of modern medical equipment and technology, range of drug supplies, and levels of staff expertise. Due to perceptions of low quality, these services are often bypassed with preference towards care from district or provincial public hospitals, resulting in the unnecessary burdening of higher level public facilities. As a result, state investment of resources has been focused on higher level services, limiting opportunity for CHS to address quality of care.

Social Franchising

Social franchising is the grouping of service providers under a shared brand, to form a network of practitioners that offer standardised services. This approach enables the expansion of services by building upon existing expertise and health infrastructure in poor and/or isolated communities. SRH/FP service utilisation, provider knowledge and practices are improved when providers are supported under this model. Marie Stopes Vietnam (MSV) has used the fractional franchising approach to strengthen SRH/FP services in CHS in Vietnam, emphasis on access, quality and equity. The main advantages of franchise membership for providers include training, technical assistance, brand promotion, and subsidised supplies. For users, franchising ensures the care they receive is accessible, affordable and of high quality.

“tinh chi em” Sisterhood Network

MSV established the innovative Government Social Franchise network “tinh chi em” (Sisterhood) with local Departments of Health. During three periods, there are about 250 “tinh chi em” CHS located across eight provinces in Vietnam (Khanh Hoa, Da Nang, Thai Nguyen, Thua Thien Hue, Vinh Long, Yen Bai, Dak Lak and Ca Mau)

The “tinh chi em” Franchise is a fractional social franchise, whereby franchised sexual reproductive health services are incorporated into existing government health facilities operating at the community level. Under this arrangement, the service delivery of the public system is strengthened with the incorporation of business and marketing strategies and support. The “tinh chi em” model objectives include improved service quality, increased utilisation of services, cost effective operation, and equitable access.

Within the model, the respective Departments of Health operate as the franchisors, and the CHS as the franchisees. MSV offers the following technical support:

- Clinical and non-clinical trainings and certification for service providers
- Quality assurance: independent quality monitoring and support
- Monitoring of service provision
- Branding, marketing and demand generation activities
- Clinic refurbishment, including provision/upgrades of essential medical equipment for primary care
- Networking opportunities for cross-learning and experience sharing amongst providers



Impact

- Improved SRH/FP service quality from 53% - 81% of compliance
- By the end of 2015, the franchised CHSs “tinh chi em” in Ca Mau, Dak Lak and Yen Bai provinces have provided SRH and FP services for 1,470,334 clients with high level of client satisfaction of 99.7%
- Cost effective introduction of additional SRH services, including cervical cancer and breast screening
- Increased awareness amongst vulnerable population of the benefits and availability of SRH/FP services at community health stations
- Increased capacity of local health systems to monitor and evaluate and manage quality

The model has high proven sustainability, as local health authorities have committed to expansion and replication with their own resources.



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