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CASE STUDY

TANZANIA



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Clinical Social Franchising Case Study Series

PSI/Tanzania Familia Network – June 2012

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To access the capabilities of SIFPO, USAID missions and bureaus can buy into the cooperative agreement.

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PSI's Four Pillars – Bottom Line Health | Private Sector Speed and Efficiency | Decentralization, Innovation and Entrepreneurship | Long-term Commitment to People We Serve



TABLE OF CONTENTS

List of Abbreviations and Acronyms	5
Executive Summary	6
Methodology	7
The Problem	7
The Opportunity	8
PSI's Response	8
Familia Brand Offering	10
Network Member Standards and Procedures	11
Familia Service Delivery Network Operating System	13
Brand Promotions	17
Financing	18
Results	19
Challenges	21
Lessons Learned	22
Opportunities	25
Future Plans	26
Annex	27
References	33

LIST OF ABBREVIATIONS AND ACRONYMS

AGOTA	Association of Gynecologists and Obstetricians
AMTSL	Active Management of Third Stage of Labor
APHFTA	Association of Private Health Facilities in Tanzania
CPR	Contraceptive Prevalence Rate
CYP	Couple Years of Protection
FBO	Faith Based Organization
FP	Family Planning
IFC	International Finance Corporation
IPC	Interpersonal Communication
IUD	Intrauterine Contraceptive Device
LARC	Long-Acting Reversible Contraception
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MNCH	Maternal, Newborn and Child Health
MoHSW	Ministry of Health and Social Welfare
MOU	Memorandum of Understanding
PPH	Post Partum Hemorrhage
PSI	Population Services International
PSI/TZ	Population Services International Tanzania
RH	Reproductive Health
RHC	Reproductive Health Coordinator
RHP	Reproductive Health Promoter
SMS	Short Message Service
TSh	Tanzania Shilling
TSPA	Tanzania Service Provider Assessment Survey

EXECUTIVE SUMMARY

Population Services International/Tanzania (PSI/TZ) uses private sector approaches to improve the health outcomes of Tanzania's vulnerable populations. A primary focus for PSI/Tanzania is improving access to quality reproductive health (RH) care. Tanzania has one of the highest maternal mortality ratios in the world, and many women and young children suffer from morbidities associated with large families, unintended pregnancies and complications during pregnancy and childbirth.

While many women would like to space or limit their pregnancies, the country's overburdened public health care system provides poor RH care coverage in rural areas and suffers from low provider-client ratios. Moreover, many providers are insufficiently trained in RH service delivery interventions including long-acting and reversible contraception (LARC), such as intrauterine contraceptive devices (IUDs) and implants, as well as active management of the third stage of labor (AMTSL). Tanzania's private health care sector also faces challenges including operating in an environment in which public clinics dominate, particularly for RH services, and where consumers have low purchasing power.

To address Tanzania's RH burden and health system deficiencies, PSI/TZ launched the Tanzania Familia network in 2009, a clinical social franchising initiative that applies social marketing principles and efficiencies to the delivery of health services in the private sector. The Familia network of private providers adheres to PSI/TZ's client care standards and procedures for delivering high-quality family planning (FP) and maternal care services. Providers are incentivized to join the network: they receive extensive training and support, access to equipment and subsidized RH commodities and increased positive visibility from the Familia network branding and promotions. In exchange, providers offer RH services that fulfill the four primary goals of social franchising: access, cost-effectiveness, quality and equity, with an emphasis on reaching those Tanzanians most in need.

In a short period of time, PSI/TZ has trained and expanded its number of clinics and providers offering quality health services, increased the availability of FP and maternal health services and products and improved the productivity and motivation of private sector providers. The Familia network boasts an 81% retention rate, much higher than the network target of 75%. Familia network providers inserted 45,708 IUDs and 13,693 implants from the launch of the program in March, 2009 through the end of 2011 delivering 143,286 couples years of protection (CYPs). Since 2010, PSI/TZ's distributed 350,040 misoprostol pills via pharmacies and wholesalers, helping to reduce post-partum hemorrhage (PPH) and its associated morbidities. Moreover, the program has garnered a high level of client satisfaction, all at a reasonable price to consumers.

In PSI/TZ's biannual client satisfaction surveys on FP service provision, almost all 660 respondents reported being "satisfied" or "very satisfied" with the quality of services received overall.

Despite recognized success, PSI/Tanzania has encountered several challenges to this model, specifically related to schemes to motivate facility owners and providers. Facility owners report that providing RH services at their clinics is not profitable; thus, it is hard to persuade providers to devote more time to RH services over more lucrative, curative services. Adding to this challenge is the expectation among clients that health services should be free. Additionally, after PSI/TZ invests resources in training new network providers, they sometimes leave the network, taking advantage of their newly acquired, marketable skills. Due to Tanzania's shortage of providers and facilities, expanding the Familia network outside the capital city is challenging, and of the private facilities that exist, few meet the minimum Familia network standards.

PSI/TZ has identified several lessons learned from its experience launching, managing and expanding the Familia network that can serve as examples for other programs embarking on a social franchise. First, price is a significant component and should be leveraged to successfully expand and sustain Familia network services. Second, motivating both providers and facility owners is essential for program success. Finally, it is possible to establish a successful health care program that offers FP and maternal health

service delivery within the private sector in a country, such as Tanzania, whose institutional history and culture favor the public sector.

METHODOLOGY

Researchers for this case study obtained information from a desk review and qualitative research with key informants as well as Familia network providers and clients. During June and July 2011, researchers visited 10 Familia network clinics in Tanzania's Coast Zone region, conducting structured interviews with clinic owners, service providers and clients. The team interviewed 5 clinic owners, 11 providers and 7 clients. Only 1 of the 10 clinics had an owner who also served as a provider. Researchers also conducted key informant interviews with various staff at PSI/TZ headquarters in Dar es Salaam as well as with members of the Association of Private Health Facilities in Tanzania (APHFTA) secretariat. The team based its questionnaires on templates designed by a community of practice of social franchisors, led by the Global Health Group.

THE PROBLEM

Despite a decline in the total fertility rate from 6.3 births per 1,000 women in 1991 to 5.4 births per 1,000 women in 2010, Tanzania's population is poised to increase considerably in the coming years. Tanzania had an annual growth rate of 2.9%, and in 2009 almost half of Tanzania's 44 million inhabitants were below the age of 15. Women in Tanzania marry young (the median age of marriage among women age 20 – 49 is 18.8 years) and the majority are married or in union shortly after adolescence. As a result, childbearing often starts relatively early. The median age of women at first birth is 19.5 years. [1]

One in four married women have an unmet need for FP, defined as the percentage of women who want to limit childbearing but are not using any contraceptive method. Total demand for FP – the percentage of total FP users plus the percentage of those with an unmet need – is 47.1% among all women, and nearly 60% among married women. [1]

Despite high demand for FP, contraceptive use among childbearing couples is low. In 2010, only 24% of all women of childbearing age used any kind of modern contraception. Injectables are the most popular modern method among all women (8.5%), followed by oral contraceptives (5.1%), male condoms (4.2%) the sub-dermal implant (1.8%) and the IUD (0.4%). The low utilization of modern contraceptives contributes to Tanzania's high maternal mortality ratio of 454 per 100,000 live births. Despite low contraceptive use, knowledge of contraception is high. An estimated 98% of all women know of any modern contraceptive method. Implants and IUDs are also well known, with 82% and 73% of all women, respectively, reporting awareness of these methods. [1]

Like many African countries, Tanzania faces a dearth of skilled providers. On average, there are 2.5 physicians and 2.6 nurses and midwives per 10,000 people in Dar es Salaam, the capital city, compared with 0.3 per 10,000 in the country as a whole. While most Tanzanian women (96%) have access to antenatal care by a health care provider, only half (51%) deliver their children under the guidance of a skilled health professional. [1] Additionally, health workers considered to be "skilled" may not have received adequate training to avoid complications and manage high-risk deliveries. One study carried out by Guttmacher Institute found that the proportion of deliveries in Tanzania that met the Cochrane definition of correct active management of the third stage of labor (use of a uterotonic, controlled cord traction, and cord clamping or cutting within one minute of delivery) remained below 10%; the correct use of uterotonics occurred in only 7% of observed deliveries. [2]

Regarding FP service delivery, pre-service training of nurses, physicians and other health workers does not include instruction on LARC provision, therefore, most health workers are unable to insert IUDs or provide information on the method. Of the 10 providers

interviewed for this study, only one reported having inserted an IUD, in either training or practice, before joining PSI/Tanzania's Familia network. The situation is worsened by myths and misconceptions about modern FP methods perpetuated among both providers and consumers, particularly related to LARCs.

Two-thirds of all FP services (67%) are provided at public facilities run by the government*, which is also the largest source of FP commodities. Yet, public facilities are often plagued by inefficiencies, are overcrowded, and suffer from commodity stock-outs. Additionally, the public sector struggles to meet the demand for RH services.

While FP services offered by the private sector have garnered higher levels of client satisfaction than their public counterparts, like the public sector, most private facilities do not have adequate supplies or services to meet their clients' RH needs. [3] According to the 2006 Tanzania Service Provision Assessment Survey (TSPA), only 32% of private facilities offered any FP method. Of these, 95% offered injectables, but far fewer provided IUDs and implants. Only 4-5% of the facilities had all of the needed equipment and commodities for LARC methods, making them the least available methods. Only 18% of private, for-profit delivery facilities offer normal delivery services. Of these, just 13% have all the required medicines and supplies for handling common complications; parenteral oxytocics used in AMTSL, such as oxytocin, are the drugs most commonly missing. [4]

Private sector growth is challenged by the previous ban on private sector care that instilled a belief in the public that health care should not be commercialized. Many Tanzanians expect to receive health care for free or for a nominal fee.

THE OPPORTUNITY

Emergence of the Private Sector

New government policies supporting the increased involvement of the private sector in health care delivery offers a promising opportunity for providing access to high quality, affordable RH services. "Tanzania Vision 2025" – the national economic plan – strongly promotes the private sector as does the privatization and deregulation of the health care industry initiated by the Private Sector Regulation Amendment Act of 1991. This act overturned previous laws mandating public sector-only health care. As a result, individual medical practitioners and dentists are allowed to manage private hospitals if they obtain approval from the Ministry of Health.

Another signal of opportunity is Tanzanian consumers' reported preferences for receiving services through private sector health care. More than two-thirds of rural farmers in Tanzania indicated in a survey that they preferred private providers and drug dispensaries, citing convenience, courteous staff, and quality of care, among other benefits. [5] Furthermore, the percent of total health services provision attributed to the private sector in Tanzania is approximately 30%, indicating room for growth; as a point of comparison, private sector health service provision comprises 60% of the total health expenditure in Nigeria. [5]

PSI'S RESPONSE: CREATING A SOCIAL FRANCHISING NETWORK

PSI/Tanzania started operations in 1993, focusing first on HIV prevention and later expanding its health areas to include malaria,

* The Ministry of Health and Social Welfare (MoHSW) oversees all health services in Tanzania. The nation's health care facilities offer different levels of service, ranging from specialist referral hospitals that only operate in zonal capitals to small village clinics called dispensaries that are dispersed throughout Tanzania's rural areas. Basic RH services, including antenatal care, family planning and STI treatment, are available at all levels. Health facilities can be found throughout the country, with three-quarters of Tanzanian households (75%) situated within 6 km of a primary health facility.

safe water, maternal and child health (MCH), RH and FP. In 2009, PSI/TZ launched the Familia network, the only social franchise operation in the country. Capitalizing on the lack of private sector competition, PSI/TZ established its social franchise network as the model private RH service delivery network. PSI/TZ sought to explore and improve the entire market of FP and maternal health service delivery by instilling the Familia network as a viable, quality private sector health care option. In two years, the Familia network has shown strong results: a high provider retention rate, high client satisfaction, cost effectiveness, an expanded network and increased availability of FP and maternal health services. (See the Results sections for more details on page 19.)

Launching the Network

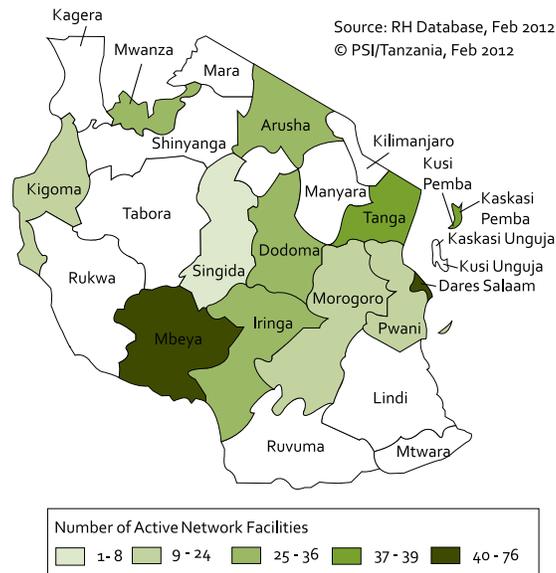
PSI/TZ implements health programs in 23 regions throughout the country, with the PSI Tanzania Familia network active in 11 (Figure 1). PSI/TZ chose to establish the network in these regions based on the availability of private sector providers, the location of PSI/TZ zonal offices for ease of network management and support and the need for services. PSI/TZ largely used contraceptive prevalence rate (CPR) as the indicator to determine need, though access and local population characteristics were also considered. For example, PSI/TZ included Kigoma in the network based on its sizeable refugee population from the Democratic Republic of Congo and its poor provision of RH services due to the conflict and the region's remoteness.

Currently, Familia network clinics serve areas covering approximately 4.7 million people (about 11% of Tanzania's total population). The Familia network initially partnered with 15 private, for-profit clinics in 10 regions (later extended to 11 regions). As of September 2011, there were 210 private facilities – faith-based or non-profit – enrolled as network members, with 226 providers offering services at these facilities.

The Familia network is a partnership between PSI/TZ and select private health service providers to offer high quality FP and maternal healthcare services. Service delivery emphasizes the inclusion of LARCs in the contraceptive method mix, the practice of AMTSL to prevent PPH, and the use of misoprostol as an alternative uterotonic and for post-abortion care. Designed as an innovative social franchising program, the Familia network uses a branded network of private providers to emphasize service quality and accessibility for Tanzania's populations in need. In exchange for joining the network and agreeing to follow its patient care and operational standards, providers receive considerable training and ongoing supervision and support, as well as access to quality RH products at subsidized prices.

As PSI/TZ's first clinical-based service delivery intervention, the Familia network draws on PSI's considerable social marketing experience focused on the government's target of reaching a 60% CPR by 2015. The Familia network targets all women of reproductive age who live in proximity to Familia clinics. PSI/TZ estimates that urban clients travel 1-3 km to a network clinic, while rural patients travel 5-10 km on average.

Figure 1: Map of PSI/TZ Familia Network Service Areas



Engaging with Public Sector Stakeholders

PSI/TZ partners with the Tanzanian government to meet national health priorities, help set national guidelines for medical care and develop training curricula that reflect these guidelines. In the area of RH in particular, PSI/TZ helped revise guidelines for the use of uterotonics during AMSTL to include misoprostol. PSI/TZ also worked with the government and other partners in revising the national FP training curriculum. PSI/TZ is a member of the Contraceptive Security Working Group that advises and coordinates Tanzania's national FP program.

FAMILIA BRAND OFFERING

Service Delivery Package

The Familia Service Delivery Network offers the following services under its brand:

- **Comprehensive Family Planning Counseling** – Counseling that adheres to the principles of voluntarism and informed choice
- **IUD Insertion with the Familia Kit** – A pre-packaged, branded kit that contains a CuT380 Intrauterine Contraceptive Device and other supplies required for its insertion
- **Sub-dermal Implant Insertion with the Familia Kit** – A pre-packaged kit containing the two-rod levonorgestrel implant, called *Jadelle*, and some of the supplies required for implant insertion
- **Short-acting Contraceptive Options** – Dispensation and administration of Familia brand condoms, oral contraceptive pills and injectables
- **Active Management of the Third Stage of Labor** – A WHO protocol used during childbirth to prevent PPH and includes the following services:

- Delivery of placenta using controlled cord traction
- Massage of the uterine fundus after delivery of the placenta
- Provision of a uterotonic, either oxytocin or in the absence of oxytocin, 600mcg of oral misoprostol following newborn delivery

Brand Promise to Consumers

The Familia brand promises consumers that the services they receive from Familia providers will be delivered in a manner that is:

- **Competent** – Services are offered by qualified, certified and trained providers in a confidential manner.
- **Confident** – Providers are knowledgeable and know where to find help if needed.
- **Sincere** – Clients are treated with respect, provided with comprehensive, factual information to make decisions and informed choice is guaranteed.
- **Affordable** – Services are subsidized, and the cost is within reach of the most low-income clients.

Brand Promise to Providers

The Familia network brand promises providers that they will receive the following benefits by becoming members:

- Access to the latest, evidence-based training on FP and maternal care
- Health facility branding and promotion
- Increased visibility and improved reputation
- Increase in client volumes (including non-network supported services)
- Provision of equipment, instruments and supplies
- Access to a reliable source of high-quality FP and maternal care commodities
- Regular technical support
- Chance to win rewards for providing high quality services
- Reduced professional isolation through network interaction

NETWORK MEMBER STANDARDS AND PROCEDURES

Effective delivery of Familia network RH services is based on a set of operational standards and procedures for quality of care, customer experience, equity and tracking and reporting. Each network member agrees to follow these standards and procedures when joining the Familia network.

Quality of Care Standards and Procedures

Quality service delivery is a key component of the Familia brand promise. All Familia network facilities and providers are expected to meet minimum quality standards, defined in terms of PSI's global standards for RH service delivery:

- Provider Technical Competence
- Client Safety
- Informed Choice
- Client Privacy and Confidentiality
- Continuity of Care

Each quality standard and its related procedures are described in the Annex on page 29.

Customer Experience Standards and Procedures

Familia network members are expected to provide a high level of customer service to all clients, regardless of their condition, attitude or behavior. The customer experience standards are:

- Treat all clients with respect
- Welcome all clients to the clinic in a friendly manner
- Provide a clean, well-organized and friendly facility environment

Equity Standards and Procedures

Familia network members are expected to offer services that are affordable to all income levels, even the poorest clients. The equity standards are:

- Ensure access by all to services and commodities
- Assess clients' ability to pay before charging them

To achieve these standards, network members are encouraged to follow pricing recommendations for services and commodities. PSI/TZ recommends that providers charge between Tanzania Shilling (TSh) 3000 and TSh 5000 for IUDs and TSh 10,000 to 15,000 for implants. Network management based these recommendations on price points that are deemed affordable for consumers and profitable for providers.

In addition, PSI/TZ recommends that network members use a sliding scale when determining client fees, as well as offer free services to the clients most in need. Note that network members are not required to procure commodities and equipment from PSI/TZ, nor are they required to sell these products; they can be offered for free in an effort to provide affordable care.

Tracking and Service Delivery Reporting Standards and Procedures

Familia network members are expected to keep track of their service activities with regular reporting to network management, to improve service provision. Tracking and reporting standards are to:

- Create and regularly maintain high quality data on service provision
- Provide complete, accurate and timely reports to network management at routine intervals

To achieve these standards, network members need to maintain clinic registries, client records and commodity distribution logs, reviewing these regularly for generating monthly, quarterly and annual reports that are submitted to network management. Clinic staff must track the number of different procedures implemented and methods provided, such as number of IUDs inserted. The quality of data is regularly validated by comparing registry and commodity distribution data with client records.

FAMILIA SERVICE DELIVERY NETWORK OPERATING SYSTEM

Site Selection

Clinic Selection Criteria

To join the Familia Service Delivery Network, PSI/TZ uses strict selection criteria to meet the standards set for the Familia brand. These selection criteria for membership ensure that network services are only provided by licensed and registered health professionals in adequately equipped, approved and licensed private facilities. Some criteria are required while others are preferential, meaning the criteria are not required, but clinics that meet these standards are given preference for admittance to the network.

Required criteria:

- Registered by the Ministry of Health and Social Welfare (MoHSW) and licensed to provide RH services, including family planning
- Willingness to join and commit to PSI quality standards
- Both the owners and providers have an interest in increasing FP uptake in their facility
- Owners and at least one facility provider agrees to be trained, take part in Familia network events, provide monthly reports and deploy trained staff in the FP clinic to ensure continuous availability of services
- Equipped with a room that has adequate visual and auditory privacy for clients, especially for insertion of IUDs
- Observation of proper infection prevention practices during care provision
- A linkage to the catchment community

Preferential criteria:

- Facilities that provide care to 20 or more FP clients per week
- Employs providers who have already completed at least the first module of the MoHSW FP training curriculum, so they are

ready to take module two on provision of LARCs, if needed

- Basic infrastructure and equipment is available and used properly
- Facility is located in an area of high demand for RH services, and is not too close to another network clinic

Profile of Network Providers

Familia network providers represent a range of physicians and nurses including medical officers, nurse assistants and MCH aides. All network providers must be registered and hold a working license from the MoHSW and their speciality's council (e.g., Medical Council of Tanganyika for medical doctors). These providers also must have undergone training in FP and maternal care, including Familia network provision of care standards and protocols. PSI/TZ offers trainings to providers throughout the year where PSI-specific information on service delivery guidelines is provided.

Most of the Familia network providers (>90%) are female. This high proportion reflects the profile of Tanzanian nurse-midwives, MCH aides and clinical officers who are typically charged with providing these types of RH services.

Only a few providers own the Familia network clinic where they are employed. Most owners do not work at the facility; instead, the facilities may sometimes be dispensaries manned by clinical officers or nurse midwives. Researchers for this case study encountered only one owner-operated network clinic of 10 clinics visited. In addition, the researchers found that most providers are expected to offer other medical services, not just RH care. Only one provider worked exclusively in the RH unit.

Most network providers did not offer Familia network services prior to joining the network. Almost all of the providers interviewed for this study (9 of 10) reported that they inserted their first IUD following the PSI training.

Site Development

Contract

Upon joining the Familia network, network management (PSI/TZ) and the clinic owner sign a memorandum of understanding (MOU). Valid for one year with the option of renewal or termination, the MOU describes the standards that the clinic and its providers are expected to follow. Clinic owners agree to adhere to these standards as well as accept regular monitoring and evaluation. Clinics who fail to perform at an acceptable level are delisted. There is no membership or renewal fee in the Familia network.

Training of Providers

All Familia network providers take an intensive training in LARCs prior to being allowed to offer network services. Organized in partnership with MoHSW at the regional level, the training uses the national curriculum, which includes supervised practice with real clients. Providers must competently provide a LARC method to at least five clients in a clinical setting, in the presence of a PSI/TZ or affiliated clinical supervisor, before being certified as proficient. For network facilities offering safe delivery services, providers are trained on AMTSL, including the use of misoprostol.

In addition to these formal trainings, Familia facility "event days" – activities that attract a large number of clients and promote the clinic and its services – allow for trained providers to gain further proficiency in LARC service delivery. On clinic event days that see large client volumes, providers are supervised by PSI/TZ technical experts as they practice and gain confidence with their new skills. After three event days, PSI/TZ expects a provider to be able to successfully provide LARCs without technical assistance.

PSI/TZ's trainings and informal technical supervision feedback also aim to remove provider barriers to new procedures and FP

methods. A goal of the trainings is for providers to feel comfortable discussing the different methods available to clients, so that they can make an informed choice, selecting the method that best suits their RH needs.

Provision of Equipment and Supplies

PSI/TZ equips all Familia network members with the instruments, technical equipment and administrative documents needed to perform network services. For facilities offering safe delivery services, free supplies of misoprostol are given to start. PSI/TZ also distributes its products to both wholesalers and retailers, so that providers can acquire additional stock as needed. PSI/TZ does not sell contraceptive products directly to the network clinics; rather, it sells them to distributors who sell to the Familia clinics via wholesalers.

Site Management

Network Support

Routine Support and Supervision

PSI/TZ field staff carefully supervise new network providers during their first client visits providing LARCs and observe their first 10 IUD and first 5 implant procedures until they gain competence. Field staff also conduct on-going supportive supervision of all Familia network providers to ensure that service provision quality is maintained. During these quarterly visits, providers are evaluated for adherence to the Familia network standards and protocols. Field staff also provide technical assistance as needed. A comprehensive competence checklist is used for all services offered.

In addition, staff from PSI/TZ headquarters visit a sample of Familia network clinics on a semi-annual basis to provide support and technical assistance, as well as to listen to feedback. Familia network providers and clinic owners are also encouraged to contact PSI/TZ field staff anytime by phone to troubleshoot problems and receive more supplies or technical assistance.

Intra-Network Communication

PSI/TZ facilitates communication among Familia network members as much as possible, in an effort to create a community of private providers who are committed to Familia network values and quality standards. Twice a year, network members meet in their various regions and zones to exchange ideas and avoid professional isolation. Familia network members also receive *Africa Health*, a journal for continuing medical education published in Britain. While most of the journal covers health issues for sub-Saharan Africa in general, PSI/TZ usually published a few articles to share with network members.

Network Monitoring and Evaluation

Monitoring and Evaluation

PSI/TZ assures the quality of its service delivery and social franchising program implementation through systematic monitoring and evaluation (M&E) of its network outputs and outcomes. Staff at PSI/TZ headquarters develop a quality assurance plan to ensure that standards are maintained and continuously improved, if needed. Throughout the year, staff review the monthly service provision reports as well as various research study results. Twice a year, PSI/TZ headquarters' staff visit a sample of network clinics to perform an internal quality audit. During these audits, PSI staff observe clinical procedures; review reporting data and documentation about clients, complications and visits conducted by PSI RH teams; and talk with providers, owners and other clinic personnel. PSI's global office conducts an external audit every two years.

Client satisfaction with Familia network services is systematically monitored through biannual client exit interviews. In addition, informal interviews routinely conducted with clients by field supervisors during their clinic supervisory visits provide useful information about individual provider performance. These interviews also indicate which clinics and providers might need additional support from PSI/TZ headquarters.

PSI/TZ also conducts annual quantitative surveys to understand the progress of the Familia network program. The knowledge, attitudes and practices survey, called Tracking Results Continuously (TraC), monitors awareness of the Familia network by the target audience. The results inform marketing strategies. Measuring Access and Performance surveys assess the availability of RH commodities such as misoprostol, helping improve supply chain management for network members.

Documentation and Management Information System

An important responsibility of Familia network membership is to use a management information system (MIS) and engage in proper record keeping. PSI/TZ asks providers to keep comprehensive and accurate records on service provision and clients by creating and maintaining clinic registries and confidential client records. It also asks network members to regularly review and validate data, as well as to submit various statistics used for creating a regional and national picture of Familia network accomplishments. Most data collected focus on IUD and implant insertion as well as provider performance based on field staff observations.

Performance Management

Familia network providers are encouraged to live up to the Familia network brand promise and deliver high quality services to all clients. As an incentive, PSI/TZ established a performance management scheme that rewards network owners and providers who perform well. This incentive scheme focuses on quality of care and quality of clinic management, and intends to improve teamwork and owner support. Providers are assessed on technical proficiency, timely submission of reports and client education. Owners are assessed on commodity safety, provider support and impact measures such as CYP. High-performing clinics receive recognition and sometimes non-monetary rewards such as assistance with making clinic improvements. This scheme contributed to a 10% increase in service uptake at network clinics in the spring of 2011.

Note that no incentives are provided to any of the PSI-affiliated staff or network members regarding provision of specific methods, nor is there any incentive to the clients for accepting any of the methods.

Findings-based Decisions and Actions

PSI/TZ uses M&E data to continuously identify areas for improvement in Familia network implementation and to shape its social franchising strategies. These findings-based decisions and actions are often executed shortly after the strength or weakness is identified to ensure that network management is responsive to provider and client needs.

Typical findings-based decisions and actions include:

- Rewarding high-performing providers and clinic owners through incentive schemes
- Providing additional training in specific areas where many network members show deficiencies, such as a medical procedures, customer service protocols, personnel management or reporting responsibilities
- Discontinuing a program process due to poor uptake, technical difficulties or minimal impact shown, such as the termination of reporting service data via mobile phone
- Expanding or modifying marketing activities to generate greater demand, in response to TraC survey data showing poor knowledge of network services within the catchment area
- Delisting a clinic that fails to meet Familia network standards

BRAND PROMOTIONS

Familia network program managers collaborate with PSI/TZ marketing experts to create a marketing strategy and specific promotional activities.

Clinic Branding

Each Familia network clinic is promoted with the Familia brand. PSI/TZ requires the clinic to paint at least four walls in the catchment area with the Familia brand colors and logo. Typically, one wall at the clinic is painted along with three others that are visible to the clinic population, such as markets, bus stations, etc. These catchment areas are also targeted with posters advertising clinic services and events, as well as community drama presentations, public address announcements and a 15-minute audio-visual documentary. PSI/TZ also provides each clinic with branded promotional merchandise such as health worker clinical coats, bags and counseling flip charts.

Mass Media Campaigns

To reach Familia network's target audience broadly through demand generation, PSI/TZ employs mass media techniques. Radio infomercials and weekly newspaper advertisements are used to promote FP and the Familia network brand. These campaigns typically promote adoption of FP methods in general, with reference to the Familia clinics as a place to seek care. General messages are used in these campaigns because more specific messages emphasizing the use of LARCs to limit pregnancies, for instance, require MoHSW approval.

Interpersonal Communications (IPC) Initiative

Exit interviews conducted among clients in 2010 revealed that most people (81% of those interviewed) receive initial FP information from a personal interaction with a PSI promoter, community agent or health worker. These findings led to the decision to further examine the extent to which IPC could impact consumer health-seeking behavior. In the last half of 2010, PSI/TZ implemented a pilot IPC initiative to help educate the target audience about FP and generate demand for Familia network services by engaging women in one-on-one conversations.

To carry out this promotion, PSI/TZ hired four clinic promoters (IPC workers) in each of the 11 network regions, who would refer clients to the Familia clinics in their respective catchment areas. These IPC workers visited women at the community level through household visits and focus group discussions with women's groups, as well as through Familia clinic promotional events. Overall, the IPC pilot proved successful, resulting in a 12% overall increase in IUD uptake for the 44 clinics participating in the pilot. As a result, PSI/TZ increased the number of IPC workers from 40 in 2010 to 135 in 2011 so that more clinics could be reached. By 2012, all Familia facilities will use IPC workers to educate the target audience about network services.

Network Event Days

PSI/TZ sponsors various network event days to promote Familia network services and to give providers a chance to hone their skills. Family planning service provision – and not maternal care – is emphasized, simply because of the unpredictability and duration of childbirth. Another important reason for this emphasis on FP is the much greater need to generate demand for FP services at health facilities. The demand for child delivery services at these locations is already sufficient.

The high volume of clients on these network event days offers many opportunities for providers to practice the network FP protocols, helping engender provider confidence and proficiency – essential qualities for ensuring that providers offer these methods in the future. PSI/TZ provides technical support, promotional merchandise and event promotion in advance. Patients who come during event days and cannot afford treatment are served free of charge.

FINANCING

Demand-side Financing

All clients pay for services by cash. While there are several insurance schemes in Tanzania, including micro-insurance companies designed to assist low-income populations, these insurers do not cover FP because of the government's policy to offer RH services for free.

Supply-side Financing

Familia network services are heavily subsidized in order to reduce costs for the consumer and to make participation in the network profitable and enticing for the private provider. Donor funding supports network management and clinic operations costs, purchase of equipment and commodities, marketing and advocacy, personnel costs including provider performance incentives and routine quality control processes. Such funding enables PSI/TZ to offer commodities to its network clinics at reduced prices (Table 1). In addition, PSI procures commodities through competitive tenders, which lowers costs as well. As a result of these subsidies, each Familia clinic can recover costs from commodities purchased and input this cost recovery back into clinic operations. They can also offer these commodities at a price that will earn them reasonable profits – monies that can also support clinic operations. While PSI/TZ provides a recommended fee list, each Familia network has the freedom to set its own prices, so client fees vary throughout the network. (As stated earlier, PSI/TZ sells commodities to distributors who sell to the Familia clinics via wholesalers.)

Table 1: Subsidized Costs and Profit Earned on Familia Network Commodities

Commodity	Cost for PSI/TZ	Cost to Distributors	Cost to Familia Network Providers	PSI/TZ Recommended Price to Client (product & service cost)	% Margin for Clinic
Familia IUD Kit	TSh 2,474	TSh 850	TSh 1,000	TSh 3,000	200%
Familia Implant Kit	TSh 43,691	TSh 4,120	TSh 5,000	TSh 8,000	60%
Familia Injectable Kit	TSh 1,480	TSh 860	TSh 1,250	TSh 2,000	60%
Familia Oral Contraceptive Pills (one cycle of 28 pills)	TSh 360	TSh 113	TSh 189	TSh 300**	60%
Familia Condoms (box of 10)	TSh 366	TSh 176	TSh 250	TSh 500**	200%
Misoprostol (box of 20 pills)	TSh 4,418	TSh 4,200	TSh 6,000	TSh 500 per pill**	165%

*Cost includes commodity price plus shipping

** Product cost only, no service fees are included

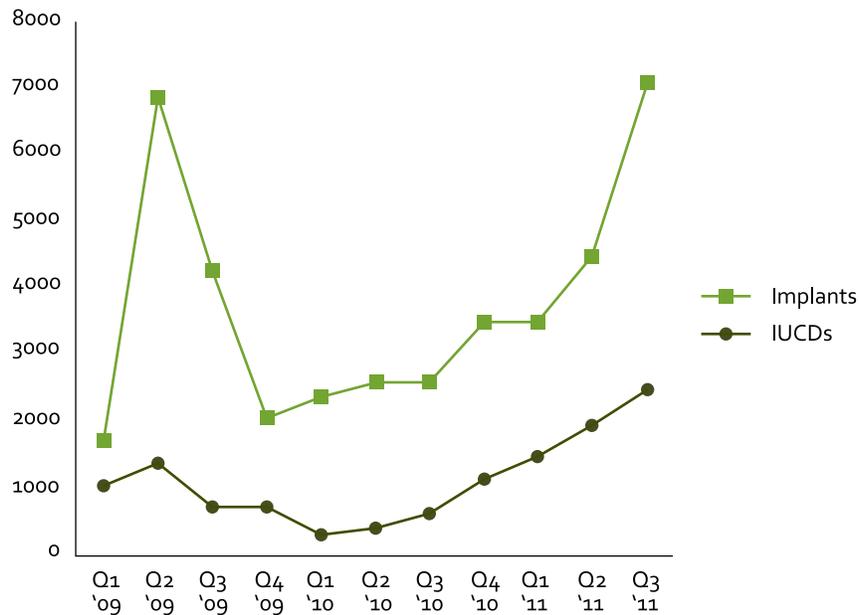
RESULTS

Since its inception in 2009, PSI/TZ's Familia network has successfully established a network of private sector providers in Tanzania. In a short period of time, it has trained and expanded the number of clinics and providers, increased the availability of RH services and products and garnered a high level of client satisfaction, all at a reasonable price to consumers.

Familia network providers inserted 45,708 IUDs and 13,693 implants from the launch of the program in March 2009 through the end of 2011 (Figure 2). Provision of these LARC methods has led to an estimated 143,286.5 CYPs by mid-2011. When put into the Guttmacher Institute's formula for understanding the impact of CYPs on women's health, the total number of CYPs gained from the Familia initiative has averted over 50,000 unintended pregnancies and 200 maternal deaths.

In terms of maternal care, Familia network services have helped reduce maternal mortality and morbidity. Since 2010, PSI/TZ's various programs, including the Familia network, distributed 350,040 misoprostol pills via pharmacies and wholesalers, helping to reduce PPH and its associated morbidities. Distribution of misoprostol has steadily increased over time. The total number of misoprostol pills distributed from January-September 2011 (177,960) surpassed the 2010 total for the entire year (172,080).

Figure 2: Number of IUDs and Implants Inserted by Familia Network Providers, January 2009



Note: The sharp decline in implants in late 2009 reflects the shift from relying on mobile services to a private clinic model, which resulted in a drop in services as the new program established itself. As PSI/TZ implemented and improved Familia program components, such as the IPC initiative and the current performance management system for providers, the number of implants increased steadily.

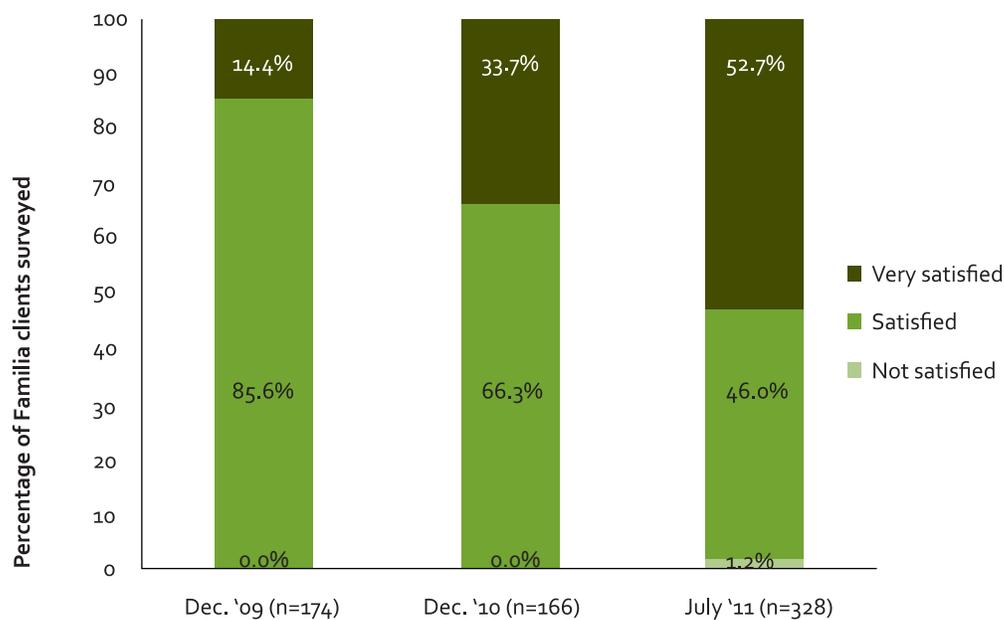
SUCCESSFUL NETWORK EXPANSION

In less than two years, PSI/TZ recruited 258 clinics into joining the Familia network. As of September 2011, a total of 210 clinics comprised the Familia network; several clinics left the network due to lack of time or interest in providing Familia services while 23 others had their contracts terminated for failing to live up to the brand promise. Even with these terminations, the network boasts an 81% clinic retention rate, much higher than the network target of 75%. Sixty-five percent of current clinic network members are considered active, meaning they report five or more IUD insertions per month. Among those considered inactive, many have recently joined and are currently undergoing the certification process, while others are under performing and are at risk for delisting. PSI/TZ has trained 317 providers to provide Familia services at these network clinics, of which 226 were still active in September 2011. Some providers left the network for different employers while a few have been rendered inactive by prolonged illness.

HIGH CLIENT SATISFACTION

Familia network clients report high levels of satisfaction with network services. In PSI/TZ's biannual client satisfaction surveys on FP service provision, almost all respondents report being "satisfied" or "very satisfied" with the quality of services received overall. In fact, client satisfaction has steadily increased with each passing year of the Familia program, with greater proportions of clients reporting being "very satisfied" with their care (Figure 3).

Figure 3: Levels of Overall Client Satisfaction with Familia Network Service Provision, December 2009-July 2011



Moreover, in client exit interviews conducted for this case study, all of the respondents noted that they deliberately chose the Familia clinics even though they knew that similar services were available in public facilities. They indicated good service, convenience, less wait time and lack of stock-outs as the reasons for choosing the Familia network services.

COST EFFECTIVENESS

The Familia network has been able to reap significant gains in CYPs for fairly low costs. The FP services provided by Familia network clinics have generated 143,286.5 CYPs at a cost of US\$35.81 per CYP. Note that the cost per unit does not take into account the cost each clinic recovers through the sale of the commodities, so the actual cost per CYP is even lower.

CHALLENGES

Internal Challenges

- **Many facility owners find provision of RH services to be unprofitable.** Every owner interviewed for this study stated that they were barely breaking even on Familia services, in large part due to the public (and government) expectation that FP services should be free. As a result, they are reluctant to invest heavily in RH care. In 90% of the facilities visited, trained providers perform duties in curative service areas that are deemed to be more lucrative.
- **Some providers are not motivated to promote Familia services.** Providers are salaried employees of network clinics, therefore, they do not benefit financially from increased client volume. In fact, there is a disincentive for providers to engage in the more time consuming LARC service delivery since they are not compensated for the increased amount of time required to provide these services.
- **Some providers leave the network shortly after being trained.** After acquiring the requisite skills from PSI/TZ trainings, network providers sometimes leave network clinics due to their newly acquired, marketable skills. In fact, the MoHSW is one of the leading recruiters of the trained providers. In one instance, a trained provider resigned just a day before a planned LARC insertion event day, for which field staff had undertaken significant community mobilization and marketing outreach.
- **Network management lacks control over the fees that Familia clinic owners charge for services.** While PSI/TZ provides pricing recommendations, owners are not required to follow these guidelines as PSI/TZ respects that the private sector operates in a free market economy. This freedom in the pricing system makes it challenging for Familia network clinics to offer affordable services and meet the program standards of equity. To address this challenge, clinic operators are expected to price their services at a level that clients are willing and able to pay, while also being profitable. Selection criteria ensure that providers selected for Familia network membership serve the target population, not high-income population segments. In addition, PSI/TZ strongly recommends using a sliding scale fee structure.
- **PSI/TZ field staff struggle with the shift in job responsibilities required by the Familia network initiative.** Previously, field personnel focused their efforts on condom distribution, a relatively straightforward task compared with the cultivation and expansion of high-quality health service delivery. The organization also collectively had many years of experience and lessons learned to draw upon. Even though the Familia network initiative mandated the recruitment of five new staff, field staff still experience a heavy workload in order to effectively establish and support the Familia network members.
- **Management structure within PSI/TZ for the Familia network program does not have a smooth chain of command between regional coordinators and promoters and network program decision makers.** Currently, PSI/TZ regional coordinators and promoters who serve as regular liaisons with the clinics (reproductive health coordinators [RHCs] and reproductive health providers [RHPs]) are managed by PSI regional managers. Yet, they frequently take instruction from members of the RH team, which does not include the regional managers. Consequently, RHCs and RHPs often have

to seek approval from different people under different chains of command before taking action. This system is inefficient and has potential for conflict, although the relationships have been collaborative and productive so far, in part due to joint trainings.

- **Some owners view Familia network services as a cost, not a benefit.** Most Familia network service providers and owners feel that they benefit greatly from the training they receive as Familia network members. However, clinic owners also view it as a cost because their staff members are not able to perform their regular duties when participating in a training workshop. Also, they view RH service delivery as a cost because providers and other employees spend time on services seen as not generating enough profits.
- **PSI/TZ and its mHealth technical partner were overly ambitious about how much data could be realistically and accurately collected from providers when designing their short message service (SMS) program.** As a relatively new area of development for both mHealth providers and NGOs, creating and implementing an effective SMS data management system still presents numerous difficulties. The main challenge lies in keeping data collection minimal when the program identifies a wide array of data needs. From the outset, program managers and technical partners need to be knowledgeable and realistic about what types of data collection are essential for program operations and feasible within the field setting. For example, it is best to collect a limited number of simple data fields, especially when asking providers to collect the data rather than PSI employees. In essence, the team needs to recognize when to sacrifice data quantity for “user-friendliness” in the data collection system. Operating the system to scale will be difficult to manage if this balance is not achieved, as PSI/TZ’s SMS program demonstrated. While this system was successfully piloted, it proved too complicated to manage at scale. Thus, the system eventually was discontinued and replaced by a paper-based reporting system. PSI/TZ may consider a different more efficient approach to electronic data collection in the future.

External Challenges

- **The public sector continues to dominate the provision of RH services in Tanzania.** Since 1999, public health facilities have provided 67% of the country’s FP services, a proportion that has not yet changed. In addition, the government is the largest source of FP commodities, accounting for 65.2% of all methods, including almost all implants (91.5%). In terms of maternal care, the private sector accounts for only 3% of deliveries done at health facilities rather than at home. This dominance may slow down the uptake of Familia network services because the population is not used to seeking RH services from private clinics.
- **Tanzania’s private health sector is currently small and few private health facilities can meet the minimum Familia network standards.** Consequently, network expansion and visibility have been difficult so far. To address this challenge, PSI/TZ has recruited faith-based organizations (FBOs) into the network. With 1,000 FBO-supported clinics throughout the country, there is a significant pool of private providers to draw from.
- **Tanzania’s shortage of skilled health workers, particularly outside the capital city, limits rapid expansion of Familia network services.** Tanzania suffers from a very low density of health workers in the physician and nurse cadres – those with the skills required for implementing Familia’s FP and maternal care. These low provider-client ratios are particularly acute in Tanzania’s rural areas, where most of the population resides. This shortage means that Familia network providers are often overworked and feel pressured to prioritize curative services over preventive ones. RH is just one type of care that these providers deliver; only one of the providers interviewed for this study worked exclusively in a RH unit. Moreover, the worker shortage means that competition is high for skilled providers, enabling larger hospitals and government agencies to easily lure PSI-trained providers away from the Familia clinics.

- **Most Tanzanians do not have access to insurance schemes or other pre-planned arrangements for meeting healthcare costs.** Only 7% of the population is part of a system that plans for healthcare costs in advance – including village–or neighborhood-based community health funds. Consequently, financial barriers are perceived as major obstacles for women of reproductive age to access health care. Even if they are part of an insurance or payment scheme, FP will still not be covered due to the government policy that care is supposed to be provided for free.
- **Consumer purchasing power is low, particularly in rural areas where most people live. Health care is a significant expense for most Tanzanians, particularly care sought from private facilities.** The majority of private health care fees (65.1%) are paid out of pocket. Moreover, most rural residents can only afford minimal fees, if at all. Therefore, in order for the Familia network to deliver on its promise of increased profitability to providers, it is necessary to utilize a demand-side financing mechanism that enables providers to recover costs while minimizing out-of-pocket expenses to consumers.
- **Tanzanian government policy has long stated that FP and other public health services should be provided free of charge.** As a result, the Familia network program is viewed as exploitive to some clients as well as unviable to many clinic owners.
- **Clients expect free services.** Since many health services, such as FP, are provided free at public clinics, many clients come to the Familia clinics expecting care to be free. It is a challenge to change this consumer mindset. PSI/TZ expects clients will accept paying a reasonable fee for Familia network services once they experience the value. Indeed, the success of the Familia network thus far demonstrates that clients are willing to pay for healthcare, even for services available elsewhere for free.
- **Myths and misconceptions about FP are widespread in Tanzania, particularly about the IUD.** These beliefs hinder uptake among clients and, in some cases, cause providers to be reluctant about recommending or administering certain contraceptive methods to their clients. Misconceptions about the IUD are heightened because it was not commonly offered by Tanzanian providers until recently. Initial program efforts must undertake the difficult and time-consuming task of changing attitudes before yielding more tangible results (i.e., actual insertions). Since PSI/TZ recognizes that demand for a product or service will increase as the number of satisfied customers grows, the Familia network program focuses on the delivery of quality services. Ultimately, it is hoped that these quality services will help change attitudes, generate increased demand and facilitate growth of the network.
- **Familia providers are sometimes absent from the clinics due to participation in non-Familia trainings.** Since providers do not offer RH services exclusively, they often participate in other in-service trainings on other health interventions (e.g., focused antenatal care) sponsored by the MoHSW or other organizations.

LESSONS LEARNED

- **Price is a significant component in the program mix and should be leveraged to successfully expand and sustain Familia network services.** Currently, price is an access barrier to private healthcare services among low-income populations, no matter how minimal the fees. This barrier is important to understand and overcome, especially because most Tanzanians have low incomes. To address this challenge, demand-side financing mechanisms need to be offered to lower the price for targeted populations. While PSI/TZ does not recommend the use of “negative pricing” (financial incentives for adopting a health behavior such as contraception) because such incentives can lead to coercion.

Familia network programs can encourage price discounts from providers as well as offer vouchers to promote service uptake.

- **Long-standing government policy that FP services should be offered for free at public clinics can influence client expectations as well as private provider behavior.** Even though government policy was not directed specifically at private practitioners, it has caused some clients to reject Familia network services because they are not free of charge. In some cases, it has also prompted Familia providers to reduce their prices and/or offer a sliding scale to the customers most in need. This behavior has both an advantage and a disadvantage: While helping meet the Familia network standard for equity, slashing service fees drastically can also threaten the profitability of the clinic, possibly leading to owner dissatisfaction and voluntary discontinuation with the Familia program. To help address this challenge, PSI/TZ stepped up its advocacy efforts among MoHSW stakeholders and consumers, communicating that the value of Familia network services are well worth the cost.
- **Training and other interventions can help dispel provider misconceptions that FP services are not profitable.** Recently, PSI/TZ trained several Familia network facilities in business skills, including how to calculate profit and loss from specific services. In addition to teaching valuable accounting skills, this exercise helped refute network providers' beliefs that FP is not profitable. Through their calculations, they learned their FP services were actually generating profits, contrary to their beliefs. Thus, appropriate exercises and interventions, such as business skills training, should be implemented to demonstrate the viability of the social franchising model and the services being offered under the Familia brand.
- **It is important to understand the dynamics of the clinic owner-provider relationship before rolling out services in a network where most clinics are not provider-owned.** These relationships should be adequately studied to better inform mechanisms that will retain the trained providers in facilities that others own and manage.
- **The motivations of both providers and facility owners are essential for program success.** Naturally, Familia network members need to be encouraged to offer high-quality, comprehensive and affordable services to their clients. If not, they may not perform according to Familia network standards. They also may not wish to continue their network membership, particularly given that Familia network services are often offered on top of their regular duties implementing non-Familia services at the clinic. Thus, it is essential for PSI/TZ to ensure that the network membership benefits and other performance incentives are sufficient and effective. Familia providers and facility owners need to receive adequate support and training, including ample demand generation for the Familia offerings to clients, so that their businesses can grow and Familia services are deemed worthwhile.
- **It is important to form alliances and leverage existing expertise to achieve program goals.** PSI/TZ reached out to various implementing partners as collaborators when launching the Familia network. For training providers and other technical support, PSI/TZ initially drew on the expertise of Pathfinder International, an NGO with vast experience in the provision of FP services. The Association of Gynecologists and Obstetricians (AGOTA) also serves as a valuable partner for training providers in AMTSL. For identifying and recruiting network members, PSI/TZ continues to work closely with APHFTA. These collaborations help build and improve Familia network services.
- **It is important to involve clinics in the recruitment of IPC workers.** PSI/TZ learned that some of the clinic owners and network providers did not work well with IPC workers. To address this challenge, PSI/TZ redesigned the positions so they would be on the payroll at specific clinics. In addition, PSI/TZ engaged clinic owners and providers in the recruitment process, so they would be able to choose their own IPC worker and not feel like network management imposed the worker on them.

- **To succeed, an SMS-based electronic reporting system must be user-friendly and beneficial to the end user.** PSI/TZ recognized an opportunity to leverage the widespread use of cell phones in Tanzania for data collection and reporting within the Familia network. Unfortunately, PSI/TZ encountered numerous problems with the system they designed, eventually leading to its discontinuation and replacement with a paper-based reporting system. PSI/TZ was overly ambitious about what they hoped to get from the system and as a result, it tried to accomplish too much in a short period of time. PSI/TZ learned that the number of data fields must be kept to an absolute minimum in order to persuade people to take the time needed to complete the records accurately. PSI/TZ also learned that an electronic system must be designed in a way that is user-friendly for the intended end user—the Familia provider in this case. Problems arose for several reasons: 1) the user interface was too complicated for providers to navigate so they simply stopped trying; 2) the quantity of information was too great and required providers to spend too much time entering too much data; and 3) providers did not see the value of entering all of the data.
- **It is possible to establish a successful healthcare program within the private sector, even in a country whose institutional history and culture favors the public sector.** The success of the Familia network program demonstrates the viability of social franchising and private sector healthcare development in general. As noted above, Tanzania’s healthcare policies and norms have historically supported public sector care. Yet, in just over two years, 258 clinics have enrolled in this private network and 317 providers have been trained. More and more clients report being satisfied with the quality of care as the network has improved its systems and services. Moreover, clinic owners have learned they can realize a profit from these services, even while they compete with their public sector counterparts who may offer services for free. As a result, the future looks bright for private clinics, in particular the Familia network that has been at the forefront of this movement. With further expansion planned in coming years, particularly in terms of offering basic health services, the Familia network will continue to lead the way in establishing a wider array of offerings for Tanzanian health consumers and a stronger health system.

OPPORTUNITIES

- **Tanzania has a large unmet need for contraception and a demand for LARCs by women of reproductive age.** Nearly 1 in 5 (18.3%) of all women of childbearing age and one quarter of married women indicate they would like to limit or space their pregnancies, but are not using any contraception at present. More than half (54%) of married women who do not use a FP method at the moment intend to do so in the future. In addition, nearly 1 in 5 women (18.1%) who intend to use contraception would like to use IUDs and implants to meet this need, an encouraging finding for Familia network efforts.
- **The Tanzanian government has placed an increased emphasis on maternal, neonatal and child health (MNCH) of late.** With an ambitious CPR target of 60% as well as other national policies that focus on MNCH, the MoHSW and other government agencies are motivated to support and promote FP and maternal care programs. Renewed global interest in improving MNCH and attaining Millenium Development Goals 4 and 5 also helps focus attention on issues that Familia network services can help improve.
- **Tanzania’s private healthcare sector is young and nascent.** This new sector has great potential for successful expansion, particularly given that consumers often prefer private care over the deficiencies and inefficiencies of public healthcare. The success of the Familia network’s initial program positions it well for capitalizing on this potential and further expanding the private sector in the coming years.

- **There are many regions and facilities that have not yet been included in the Familia network.** PSI/TZ has already identified three new regions with 20-30 private facilities that may be viable candidates for membership. In addition, PSI/TZ may be able to incorporate a network of maternity homes in its efforts, expanding the network by 30-40 qualifying facilities. Ten other regions are more rural and have fewer private facilities.
- **Few facilities, whether public or private, are equipped to provide LARCs.** According to the 2006 TSPA, only 4% of Tanzania's health facilities had the capacity to provide implants and IUDs. PSI/TZ has used its expertise in establishing and supporting effective FP services to equip its Familia network clinics and providers with the ability to insert these long-acting contraceptive devices. It has trained providers, supplied commodities and equipment, implemented quality control systems and generated demand for LARC services. With this expertise, PSI/TZ is poised to lead the expansion of LARC services throughout Tanzania.
- **PSI/TZ has strong relations with various organizations that support private sector and RH care in Tanzania.** PSI/TZ has strong working relationships with the AGOTA, APHFTA and other relevant organizations. These umbrella organizations and professional bodies provide good fora for interacting with current and potential network members. They can also assist with network expansion.
- **PSI/TZ is the only organization in Tanzania that procures FP commodities for use in a commercial setting.** It can thus leverage this position to make membership attractive to private clinics, by aggressive demand creation in their mutual target market.
- **Familia network clinic owners believe that network membership can be positive for their business.** All of the owners interviewed for this study agreed that network membership increases their facility's visibility and increases patient flow in non-network supported services.
- **Tanzania boasts a vibrant telecommunication sector that allows for SMS-based innovation.** Mobile phone usage is widespread, with 62.4% of households owning phones, including nearly half (48.1%) of rural households. Women own these phones as well; researchers for this case study found that 69.7% of the women they interviewed could send an SMS message. This capability bodes well for health interventions that use mobile phones and SMS. While Familia network's first SMS data collection project was not successful, many other interventions have successfully used SMS and may be used as models for future work.

FUTURE PLANS

SCALABILITY

PSI/TZ aims to expand the reach and output of its Familia network clinics over the next five years. For women of reproductive age who wish to limit or space their children, PSI/TZ plans to provide nearly 250,000 IUDs, 130,000 implants, 1.7 million injectables and 2.7 million cycles of contraceptive pills. To mitigate any complications from newborn delivery, incomplete miscarriage or abortion, approximately 690,000 misoprostol pills will be distributed through pharmaceutical distributors by the end of 2012. Also by the end of next year, PSI/TZ hopes to grow to at least 300 clinics in the network by expanding into 2-3 new regions and training a local network of maternity homes. As a result, the Familia network will penetrate over half of Tanzania's geographical regions. This expanded network will deliver more RH products and services to women of childbearing age. PSI/TZ also hopes to introduce new RH services (see below) throughout the network. Eventually, PSI/TZ wants to expand the franchise service package to include a

wide range of basic health services, enabling clients to have more convenient access to comprehensive care and services.

SERVICE AND PRODUCT OFFERINGS

PSI/TZ expects to continue introducing new RH services and products to the Familia network during the coming years. It has already rolled out several additional services and products in a few clinics through pilot testing. Services and commodities that will be offered at *all* Familia clinics in the near future include:

- **Emergency Contraception** – Currently, Tanzania does not have a product that is social marketed as emergency contraception. PSI/TZ has completed market and pilot studies, and plans to offer this product nationally beginning in 2012. PSI/TZ hopes to distribute approximately 90,000 emergency contraceptive pills over the next five years to women in need.
- **Post Abortion Care** – This service ensures women receive proper follow-up care after an incomplete miscarriage or abortion to reduce complications. Care would include the administration of misoprostol. This service was successfully introduced in 2011.
- **Clean Delivery Kits** – These kits contain all of the supplies needed to deliver a newborn safely, including misoprostol for prevention of PPH. Currently, pregnant women are sometimes requested to purchase these commodities. PSI/TZ is in the process of starting a pilot program in two regions that will include training select Familia network providers on the use of these kits.
- **HIV Counseling and Testing** – This service integrates HIV counseling and referrals for testing into the clinic's FP unit. This service was successfully introduced in 2011. Through all of its programs, PSI/TZ's goal is to facilitate counseling approximately 232,000 clients and referrals of about 33,000 people for HIV testing over the next five years.

Attaining these goals will be challenging. Tanzania's absence of a tradition of private healthcare limits the pace of expansion. Moreover, private clinics often offer substandard facilities and services. Even though PSI/TZ purposefully chose regions with a concentration of high-quality private clinics, most of the regions do not have private clinics that meet the minimum standards for membership. Among those that do meet these standards, many do not have the infrastructure or licensing necessary for offering an integrated range of services. For example, some FP clinics may need to acquire piped water and adequate space before being allowed to offer safe newborn delivery and other maternal care services. To address these deficiencies, PSI/TZ is working in close partnership with APHFTA to help facilities acquire the necessary equipment and licenses from the MoHSW. With this support, the pool of eligible health facilities could grow to approximately 500 clinics within the next five years.

Ultimately, PSI/TZ wants to generate quality services and good productivity from its Familia clinics, results they have already obtained from many of its existing members. It does not want to sacrifice quality for quantity, however, so its scale-up efforts will proceed steadily, but slowly, with continuous review of the expansion plan.

ANNEX

This section contains additional information related to the establishment of the Familia Service Delivery Network and the research undertaken to develop this case study.

COLLABORATING PARTNERS

PSI/TZ collaborates with the following organizations in developing the Familia network under the guidance of the MoHSW:

- **Pathfinder International** – Played an instrumental role in curriculum development and training of trainers for the Familia network.
- **Venture Strategies Innovation** – Collaborates as a partner in the prevention of PPH with AMTSL through misoprostol. PSI/TZ also works with them actively on advocacy.
- **The Association of Private Health Facilities in Tanzania** – Provides a forum for PSI/TZ to recruit network clinics since over 500 registered private facility owners are members and membership is still growing. Most Familia network members are also members of APHFTA. APHFTA also receives and forwards feedback from the members to PSI/TZ.
- **The Association of Gynaecologists and Obstetricians in Tanzania** – Provides AMTSL training to network providers.

Table 2. Summary Statistics About Tanzania

Tanzania population, 2009	43,739,000
Percent urban/rural	26% / 74%
Gross national income per capita (2008)	US\$1260.00
Life expectancy at birth, 2009	55 years
Under 5 Mortality Rate (per 1000 live births)	81 deaths
Infant Mortality Rate (per 1000 live births)	51 deaths
Total Expenditure on Health Per Capita, 2009	US\$25.00
Total Expenditure on Health as % of GDP, 2009	5.1%
Government Expenditure on Health as % of THE, 2009	73.6%
Percent of Total Expenditure on Health that is Private, 2009	26.4%
Percent of Private expenditure on Health that is Out of Pocket	65.1%
Maternal Mortality Ratio (per 100,000 live births)	454 deaths
Percent of Births Conducted with Skilled Attendants	51%
Contraceptive Prevalence Rate (all methods), 2010	29%
Married	34%
Unmarried Sexually Active	51%
Contraceptive Prevalence Rate (modern methods)	24%
Married	27%
Unmarried Sexually Active	44.7%

Unmet Need for Family Planning	
All Women	18.3%
Married Women	25%
Unmarried Sexually Active	6.2%
Total Fertility Rate, 2010	5.4 children per woman
HIV Prevalence, Adults 15-49 years, 2009	5.7%
Male	4.6%
Female	6.6%
Adult Literacy (15-49 years) (Male / Female), 2010	82% / 72%

HISTORY OF FAMILIA BRAND

PSI/TZ first developed the Familia brand in 2007, as part of a condom promotion strategy to reach married couples. A brand name for a new condom marketed specifically toward married couples was needed; this social demographic contained a large proportion of Tanzania's HIV-infected individuals (48%) and was the origin of most unplanned pregnancies. Condoms provided dual protection, so PSI/TZ designed an intervention centered on this method. To be successful, PSI/TZ needed a brand that would appeal to these couples. Following a series of focus group discussions, the Familia brand was born.

The orange Familia logo includes the words *Tupange Pamoja*, which means "Let us plan together" in Kiswahili. The brand slogan is "*Panga Uzazi, Timiza Malengo Yako*" ("Plan Your Family, Attain Your Goals"), which encourages the target audience to use contraception to attain their life goals.

The Familia brand has since expanded beyond condoms to include many products related to RH and to social franchised private clinics. PSI/TZ offers Familia combined oral contraceptive pills and a Familia injectable kit for DMPA, among others. Some of the Familia-branded clinics, merchandise and catchment area walls also include the MoHSW's green star logo used to signify family planning.

LIST OF FACILITIES VISITED

1. KMSD Dispensary
2. Tayma Sandali Dispensary
3. Safina Mission Dispensary
4. Arafa Mbagala Kuu Dispensary
5. Arafa Majumba 6 Dispensary
6. Dr. Hameer Health Centre
7. Tumaini Group Dispensary
8. St. Bredan Dispensary
9. Miko Salasala Dispensary
10. UDSM Dispensary

QUALITY OF CARE STANDARDS

Provider Technical Competence

Providers must have the technical competence needed to assess and educate clients and perform procedures.

To ensure that this standard is met, Familia network members and providers must:

- Meet national licensing and registration requirements
- Complete training in RH services, including LARCs and AMTSL training
- Follow PSI and MoHSW protocols for all network services, including posting copies of these protocols in all clinic procedure rooms
- Accept and participate in supportive supervision visits, learning from the feedback and expertise provided
- Undertake procedures independently, and only after considered proficient by supervisors

Client Safety

Familia network clients are guaranteed that service provision adheres to the highest standards of client safety.

To ensure this standard is achieved, Familia network members and providers must:

- Follow PSI and network protocols for safe and effective RH care
- Be sufficiently trained to ensure all clients meet the eligibility criteria for the specific procedure
- Use the provided job aids to assist with client assessments and history-taking
- Maintain all required equipment and keep adequate quantities of non-expired supplies and medications
- Ensure adequate space and that clean, piped water is available for newborn deliveries
- Follow network protocols for managing and reporting adverse events and complications
- Provide outpatient clients (and their families, if possible) with contact information and instructions in case complications or adverse events occur

Informed Choice

Familia network clients are guaranteed that their choice of contraception is their own, and that they will make this choice based on complete knowledge of each method's advantages and disadvantages.

To ensure that this standard is achieved, Familia network members and providers must:

- Undertake training on all FP methods, including LARCs, in order to reduce provider bias and ensure a range of contraceptive options
- Provide comprehensive counseling covering the benefits and drawbacks of all FP methods provided, using the provided materials (e.g., brochures, flipcharts, etc.) as educational tools
- Continually stock adequate supplies of hormonal pills, condoms, injectables, IUDs and implants, so that clients have a comprehensive choice of methods
- Refer clients to appropriate facilities if they opt for voluntary surgical contraception, such as a tubal ligation

Note that while network members are given routine access to FP methods through PSI/TZ, they are not restricted to using PSI/TZ-supplied contraceptive commodities. For example, network clinics can obtain contraceptive supplies from the MoHSW.

Client Privacy and Confidentiality

Familia network clients are guaranteed that their clinic visits are conducted in a manner that respects their privacy and maintains confidentiality.

To ensure that this standard is achieved, Familia network members and providers must:

- Provide care in a clinic room that is private
- Keep all client records secure and private
- Respect client confidentiality by not disclosing client information to unauthorized individuals

Continuity of Care

Familia network clients are guaranteed that their care will be thorough, even when care is required outside the facility or after providers have administered the procedure.

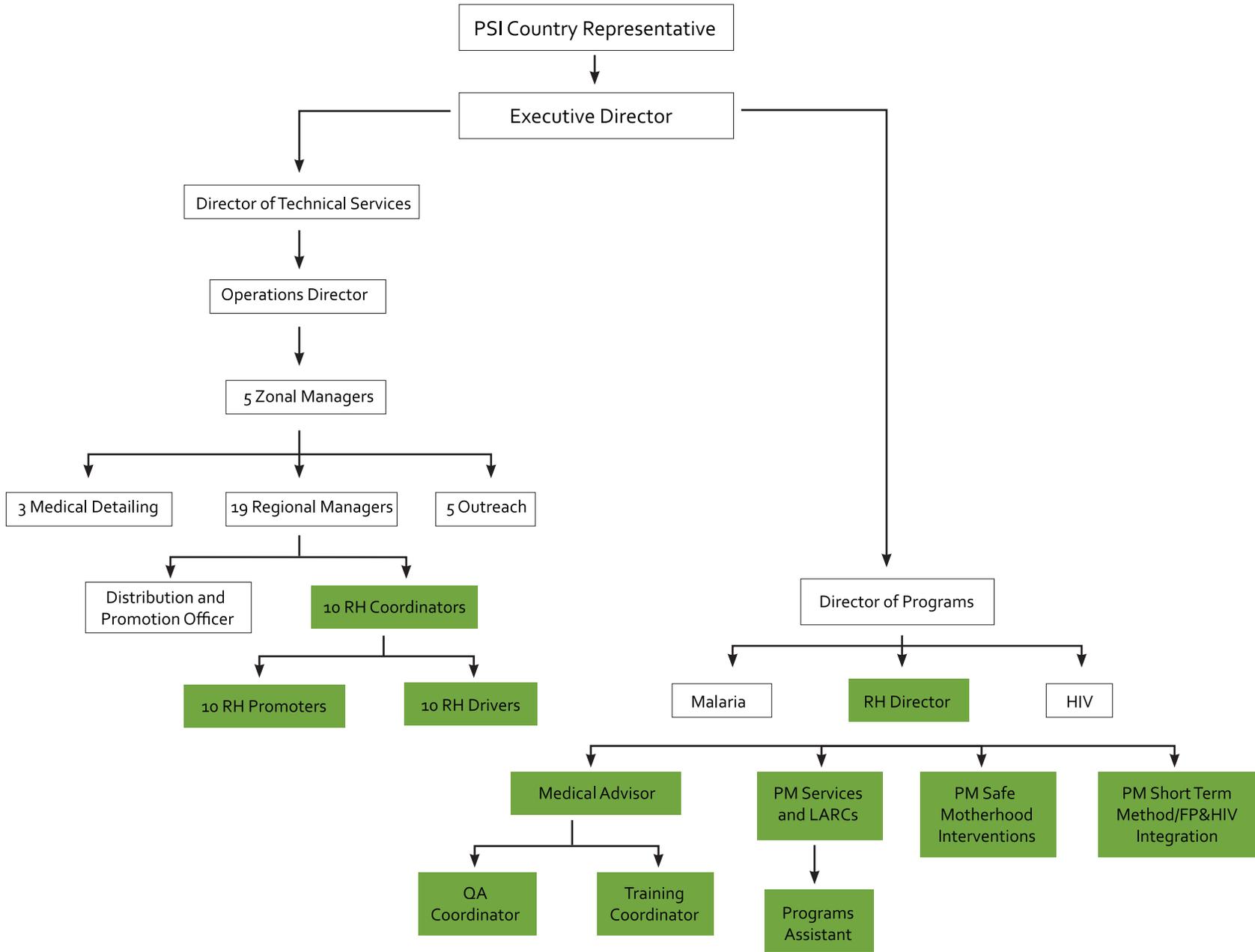
To ensure that this standard is achieved, Familia network members and providers must:

- Refer clients to appropriate, approved and nearby facilities, if they cannot be served at the network clinic
- Follow all network protocols for post-care counseling and follow-up
- Follow network protocols for managing and reporting adverse events, including ensuring that stand-by physicians and facilities are available

Organization of Network Management

PSI/TZ manages the Familia network from its headquarters in Dar es Salaam as well as from its zonal offices where the network operates. The Director of RH Services directs the overall program, with various team members providing technical expertise and oversight of specific Familia network initiatives (e.g., provision of LARCs). A set of RH coordinators and promoters in each region works directly with the Familia network clinics to ensure technical quality and to promote the delivery of quality RH services. These regional staff members also serve as liaisons with headquarters and the RH Services team.

Figure 4: Familia Network Management Structure within the PSI/TZ Organization



Green boxes – positions directly involved in Familia network operations
 White boxes – other major PSI/TZ positions indirectly involved in the network

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