Leveraging the private sector through social franchising and community mobilization increases access and demand for quality family planning services.

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2nd December 2011
Family Planning in Kenya

- CPR remains low at 39% modern FP methods
- Approximately of unmet need for FP
- Over the past 5 years, LARC have accounted for only 2.3% of the MWRA
- Private providers offer 30% of services in spite of low skills level leading to a provider bias in the choice of the short term methods
The Social Franchise - *Tunza*

- *Tunza* is Swahili for ‘nurture’
- A network of private sector providers who provide a range of health services including RH services
- Created by PSI/K with the goal to drive provision of family planning methods though private sector.
Franchise membership

- 260 providers in the network
- Mainly urban and periurban
  - Private clinics located in urban/periurban areas – purchasing power
- Owner or employee operated clinics
Franchise membership

- Private clinic owners
- Willing to join network
- Trained and licensed
- Willing to attend franchise training
- Willing to offer franchise services according to standards and protocols – sign a memorandum of understanding
How do we ensure quality in the franchise?

- Professional certification and licensure
- CTU training – a curriculum based on MOH guidelines that is covered in 6 days: 3 days theory and 3 days practical.
- Supportive supervision by PSI/Kenya clinical staff
- Continuous Medical Education
  - Refreshers training and new information
Ensuring Quality in the franchise

- Provision of subsidized FP commodities
- Provision of service tools. i.e. IUCD insertion & removal set, counselling aids for all methods
- Family planning counseling to ensure informed choice of FP methods
Guiding principles

- Consistent high quality reproductive health services
- Informed choice
- Affordability and accessibility
- Service integrity
- Confidentiality
Demand Creation

- Interpersonal communication – Community (Tunza) mobilization
- Mass media communication
- IEC materials
- Wall branding
Tunza mobilizer is session
Community (Tunza) Mobilization

- Currently – 200 mobilizers
- Community health workers
- Recruited on temporary contracts
- Reimbursed for transport and communication expenses
**Tunza mobilizer tasks**

- **Demand creation for FP**
  - Women group sessions
  - House to house
  - Church gatherings
  - Market places

- **Dispelling myths and misconceptions on FP methods, particularly LARC**

- **Distribution of subsidy vouchers to encourage uptake of FP**
  - Determining the needy WRA and assigning vouchers redeemed for specific FP methods
Community mobilization and subsidy

- The average monthly IUCD insertion within the network at inception (first quarter of 2009) was **297** per month.
- Fivefold increase to **1,586** per month average in the subsequent period to June 2010 – Introduction of community mobilization together with 50% subsidy.
- Average declined to **1,142** upon the withdrawal of the subsidy but was supported by continuous community mobilization and mass media communication.
Jan – December 2010

Number of insertions per month by channel of demand creation, Tunza Family Health Network, PSI/Kenya MIS, 2010

Annual Total=14,579
33% Provider Initiated
13% Tunza Days
7% Outreach
47% Mobilizers

Subsidy Dropped
Comparison 2010 vs. 2011 - IUCDs

Jan to Aug - IUCD Insertions 2010 Vs 2011

Subsidy resumed
Comparison 2010 vs. 2011 - Implants

Jan to Aug - Implant Insertions 2010 Vs 2011

# of Insertions

Jan  | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  
---   | ---   | ---   | ---   | ---   | ---   | ---   | ---   
2010  | 450   | 500   | 550   | 600   | 650   | 700   | 750   
2011  | 350   | 400   | 450   | 500   | 550   | 600   | 700   

Subsidy resumed
A wall branded Tunza facility
Questions?