Building the reproductive health capacity at primary healthcare facilities:

Partial social franchising of community health facilities in Vietnam

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Outline

- Country Context: Vietnam
- Partial social franchising: Government Social Franchise (GSF) Model
- Findings: service utilisation & quality
- Conclusions
- Lessons learnt & implications
Vietnam

- Population: ~ 86.78 mil. people, 50% < 25 years old (Vietnam Healthplan 2011-2015)

- Women at reproductive age: 55.6% ~ 25 mil; about 1,8 mil women deliver baby each year (Vietnam Healthplan 2011-2015)

- CPR: modern methods account for 67.5% (Health Statistics, 2010)

- Abortion rate:
  - Average of 2.5 abortions/woman*
  - 30% among women < 20 years of age (Vietnam JAHR 2010)

* http://www.guttmacher.org/pubs/journals/25s3099.html
Vietnam health system - key issues

- Low health budget per capita: ~ 60 USD
- Health Insurance: 60% coverage
  - Private sector provides 60% of all outpatient visits
  - Out-of pocket: 52% of total health expenditure
- Disparities in health between regions & population groups

Source: Vietnam JAHR 2010
SRH service delivery system in Vietnam

Commune people’s committee

Commune Health Station (CHS)

Village health workers

Population collaborators

Provincial centre for reproductive healthcare

Mass-media organizations

National/central Gyn/Obs hospitals

Provincial general or Gyn/Obs hospitals

District health centre/ hospital
Commune Health Stations

- Limited investment - perceived poor quality of services
- Reliance on district / provincial hospitals & private clinics
- Low level of awareness on RHFP services
- Need for service improvement
  - Training: client focused
  - Adequate drug supplies
  - Updated equipment
Government Social Franchise (GSF) Model

Franchisor: Department of Health

Franchisees: Communal Health Stations (CHS)

Technical Support: MSI Vietnam
GSF Business Process

1. Needs assessment
2. Mapping / recruitment of CHS
3. Brand creation and guidelines development
4. Training of provincial master trainers & service providers
5. Certification of participating CHS
6. Branding CHS
7. Demand generation strategy development
8. Pre-launch / launching of GSF activities
9. Brand communications / demand generation
10. Quality assurance / improvement
Implementation of GSF Model

- **Phase I**
  - 2007-8
  - Khanh Hoa: 28
  - Da Nang: 10

- **Phase II**
  - 2009
  - Khanh Hoa: 28
  - Da Nang: 10

- **Phase III**
  - 2010-Present
  - Thai Nguyen: 25
  - Thua Thien Hue: 25+25
  - Vinh Long: 20+25
Service utilisation

- Franchise membership associated with: 40% ↑ in total use, 51% ↑ in RH use, 45% ↑ in FP use
- Farmers more likely than non-farmers to visit CHS for RH/FP services
Perceived Service Quality - Phase I

- Providers reported feeling “more confident in our abilities to provide accurate diagnoses and treatment and thus confident when promoting our services to clients”

- ↑ client perceptions of service quality
  - Staff expertise, staff attitudes, clinic environment and equipment

- Client satisfaction and likeliness to return to CHS high (>80%)

- Increased willingness to pay extra service fees for what clients perceived as higher quality services
Conclusions

- Harness existing public health system infrastructure to increase service delivery
- Reduce burden on provincial and central hospitals
- Clients willing to pay for high quality services at affordable prices
- Lower income segments able to access affordable high quality RHFP services locally
Lessons Learnt & Implications

- Project monitoring and evaluation play an important role
- Strong partnership among partners is key to success
- Potential for successful replication by local health authorities & other donors
- Need to evaluate effect of GSF on health outcomes and cost-effectiveness
Acknowledgements

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- Study participants
- Staff of CHSs
- Provincial Health Departments
Further Information

- Ngo AD, et al. 2010  The impact of social franchising on the use of reproductive health and family planning services at public commune health stations in Vietnam. BMC Health Services Research. 10; 54


- Ngo AD, et al 2009  Developing and launching the government social franchise model of reproductive healthcare service. Social Marketing Quarterly. 15 (1)

- MSI reports  (accessible via www.mariestopes.org)
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