

# SCALING UP SOCIAL FRANCHISING 2014–2018



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### FOREWORD

In 2012, to increase the reach and impact of IPPF's work to serve the most vulnerable, IPPF launched the Change Goals that committed to doubling services by 2016 and tripling services by 2020 as a Federation. The social franchising model for enabling services offered the benefit of increasing reach and impact while optimizing existing infrastructure and increasing capacity among private providers that were already reaching target populations. The key balance between quality and sustainability in social franchising was also at the core of the current funding environment within which IPPF Member Associations (MAs) were working. As a Federation, it was important to develop a coordinated approach to social franchising, that the resulting experiences be shared and documented, and that successful models and lessons learned be adapted and scaled up to other MAs and external partners that were interested in strengthening their social franchising models or launching their networks.

The Social Franchising Working Group (SFWG), with resources from the IPPF Scale Up Fund for Social Franchising, established three objectives: (1) establish or advance a sustainable social franchising service delivery model among grant-receiving organizations by the end of the project period; (2) provide grant receiving organizations with technical assistance on social franchising through working group resources and development of social franchising tools, to be consolidated into a virtual toolkit; ToolkitIPPF.org, which was launched Federation wide in October 2018; and (3) determine the cost-effectiveness of social franchising as a service delivery model.

The working group invested in eleven Member Associations in Ethiopia, Ghana, India, Jamaica, Laos, Pakistan, Peru, Philippines, Puerto Rico, Sudan and Uganda. Collective growth in sexual and reproductive health (SRH) services enabled more than double from 2015 to 2017 at a growth of 134%, or approximately 3.1M services to 7.3M services. To present this in terms of return on investment this equates to a value for money of on average \$ 0.11 USD per service. For every 11 cents we invested from the Scale-up Fund, in addition to support from SIFPO and the Catalytic Fund that were also strengthening social franchising in the Federation, on average one service was enabled. Furthermore, supported by the SFWG, collective growth in franchisees increased by 13% from 2015 to 2017, from 2,700 franchisees to 3,047 franchisees. This report introduces you to IPPF's social franchising work, theory of change and strategy. It provides a summary of investments and results by country. It presents an outline of our knowledge management and sharing as well as processes and results of monitoring and evaluating the work of the SFWG and the Scale Up Fund. We also document lessons learned and the way forward in enabling SRH services to achieve universal access to SRH and rights.

I would like to express deep gratitude to the members of the Social Franchising Working Group. Some remain IPPF staff while others have moved on to contribute to other organizations. All have been key contributors to IPPF's social franchising work and its results. Thank you to Barnabas Abok (ARO), Samia Adada (AWR), Sarah Fox (CO), Elias Girma (ARO), Ada Gomero (WHR), Kate Gray (CO), Youssef Hassan (AWR), Iemaima Havea (ESEAOR), Natassha Kaur (ESEAOR); Chew Chee Keong (ESEAOR), Meradith Leebrick (WHR), Sakunthala Mapa (CO), Abhijeet Pathak (SARO), Haingo Rabearimonjy (ARO), Celal Samad (CO), Karthik Srinivasan (CO) and Jameel Zamir (SARO).

I would also like to acknowledge Meradith Leebrick (WHR) who coordinated the working group and supported the management of the Social Franchising Scale up Fund and Ada Gomero for preparing this report.

#### Sarah Onyango, Director, Technical, Programme Division IPPF Central Office

# INTRODUCTION

International Planned Parenthood Federation (IPPF) is committed to improving sexual and reproductive health and rights (SRHR) across the world. We work in 170 countries through 164 Member Associations (MAs) and Collaborative Partners to move forward SRHR. Our MAs are nationally-recognized health service providers, with SRH services and rights-based service provision at the core of what they do.

In 2012, to increase the reach and impact of IPPF's work to serve the most vulnerable, IPPF launched Change Goals that committed to doubling services by 2016 and tripling services by 2020 as a Federation. These ambitious new targets were the driving force between the growth strategy that emerged. Our MAs already worked with the associated clinic (AC) model of service provision in which MAs partnered with public and private sector providers to develop installed capacity to enable high quality SRH services. Within this umbrella model, MAs across the Federation were also social franchising for health. The social franchising model offered the benefit of increasing reach and impact while optimizing existing infrastructure and increasing capacity among private providers that were already reaching target populations. The key balance between quality and sustainability in social franchising was also at the core of the current funding environment within which IPPF MAs were working. Starting in 2012, IPPF allocated Catalytic Funding to some MAs to test implementation of social franchising as an alternative service delivery model. As a Federation, it was important to develop a coordinated approach to social franchising, that the resulting experiences be shared and documented, and that successful models and lessons learned be adapted and scaled up to other MAs and external partners that were interested in strengthening their social franchising models or launching their networks.



### SCALE UP FUND FOR SOCIAL FRANCHISING

To support this important work, in early 2014, IPPF's Central Office launched the Social Franchising Working Group (SFWG). Regional program directors nominated individuals to participate in monthly meetings scheduled to allow participation across all relevant time-zones. The tasks for the working group in early 2014 included:

- 1. Conducting a survey to better understand types of AC, including social franchising, models across the federation;
- 2. Defining and amending AC models to allow diversity of partnerships but ensuring services were being delivered in line with IPPF's principles and standards; and
- 3. Identifying resources (financial and technical assistance from Secretariat) to strengthen and coordinate IPPF's social franchising approach.

Informed by survey results from 5 of the 6 IPPF regions, the working group drafted a concept note for IPPF's Governing Council's earmarked Scale Up funds to increase service growth. The Scale Up Fund Social Franchising/SFWG initiative's objectives were the following:

- Establish or advance a sustainable social franchising service delivery model among grant-receiving organizations by the end of the project period
- Provide grant-receiving organizations with technical assistance on social franchising through working group resources and development of SF tools, to be consolidated in a toolkit to be shared Federation-wide in summer 2018
- Determine the cost-effectiveness of social franchising as a service delivery model

The Scale up Fund for Social Franchising was approved and granted \$500,000 USD to enable SRH service growth. One of the stipulations was that no more than 10% of the fund be used at the Secretariat level. A Secretariat-wide committee was formed to provide technical oversight for the Fund and merged with the SFWG. Membership consisted of programmatic, social enterprise, and evaluation Secretariat staff. The SFWG was to decide on the best way to use the available resources and decided that each Regional Office would put forward one MA for funding with a short justification as to why the MA was a good candidate. Every member of the working group then voted – with each office having one vote. Pakistan, Peru, and Sudan were funded at \$100,000 each. These grant recipient MAs were at different stages of social franchising. Pakistan/R-FPAP had an established social franchising model with strengths in quality monitoring and would use the funds to scale up. Peru/INPPARES had a sizeable network but through monitoring visits determined that the network had to strengthen quality and the best way to do this would be to re-examine and re-launch a quality-focused, sustainable network with support from the Scale Up Fund grant. Sudan/SFPA was exploring social franchising as a service delivery model in challenging contexts, seeking to expand installed capacity to deliver SRH services through private service providers. Each MA was to monitor and document their progress towards their project objectives and contribute to an IPPF operations manual, which would be a key tool for coordinating IPPF's social franchising for health approach.

The Africa Region was simultaneously working on drafting their own social franchising manual and planning a consultative meeting for early 2016. The Ethiopia/FGAE MA had over 200 franchisees at this point so the progress they were making was key in advancing the social franchising documentation and strategy. The SFWG decided that seed funding of \$10,000 to \$20,000 would be provided for implementing lessons learned in other MAs across IPPF and to expand social franchising as a growth strategy. The MAs that received seed grant funding were Ethiopia, Ghana, India, Jamaica, Laos, Philippines, Puerto Rico, and Uganda. Results and lessons learned for each country are noted in the section below. With a clear picture of how resources would be allocated, the first set of SFWG deliverables were noted as follows:

- Develop concise templates and checklists for use by MAs that wish to establish or strengthen their social franchising network, including:
  - b. A franchise operations manual template;
  - c. A franchise agreement template;
  - d. Monitoring / supervision checklists; and
  - e. Selection criteria checklist.
- 2. Develop technical briefs and guidance documents for MAs to consider when designing or strengthening their model. These included documents on branding, demand creation, and data management.
- Provide technical guidance to Organizational Learning and Evaluation (OLE) teams relating to service delivery point definitions for 2015 and beyond.
- 4. Provide technical guidance to programmes teams in CO and the ROs on how to establish and strengthen social franchising models.

By May 2016, the SFWG had produced (1) agreement guidance including a model franchisor-franchisee agreement with minimum required core elements; (2) baseline provider questionnaire to assess current operations and service offering and key to developing the value proposition, business model, and training package; (3) programmatic guidance on MA implementation of associated clinics; and (4) draft operations manuals by R-FPAP and ARO.

By August 2017, the SFWG had produced (1) a template workplan for flow of implementation of social franchising models, (2) social franchisee business planning training, (3) franchisor costing tool, and (4) client exit surveys. Reflecting on what had been achieved and cognizant that the Scale Up Fund work had to be finalized by beginning of 2018, the SFWG established the following tasks:

- Develop an IPPF social franchising toolkit that would include standardized tools for MAs to use when strengthening social franchising models or deciding whether to implement the social franchising service delivery model. Key components of the toolkit would be quality assessment checklists, data management forms, and branding guidelines.
- 2. Develop case studies to highlight learnings from Scale Up Fund projects
- 3. Enable MA exchange of experiences in social franchising
- Evaluate the work of the Scale Up Fund and SFWG and propose strategic direction for SFWG beyond close out of the Scale Up Fund at the end of 2017

Part of IPPF's Secretariat Implementation Plan 2016-2019 included the provision of direct technical assistance between Member Associations (MAs) as a key action for success in seven of the 16 global Expected Results. The SFWG developed a concept note for a technical assistance network (TAN) pilot in social franchising in June 2017. This proposal was approved and the TAN workshop on social franchising took place in Lima, Peru with INPPARES as the technical assistance provider, with FGAE and R-FPAP providing key content for the meeting. Technical assistance recipients for that meeting were Ghana, Philippines, Mauritania, and Uganda. Part of the workshop deliverables for each TA recipient included a workplan and budget for strengthening their social franchise work – a \$8,000 USD seed grant was allocated to each to advance their work with the agreement that they would cost share this work and work towards institutionalizing social franchising as a strategy rather than a project with an end date.

In September 2017, the USAID Global Workshop on Social Franchising took place in Ghana. IPPF worked with MSI and PSI to develop a space for sharing lessons learned and best practices. Case studies were developed for models across IPPF to highlight the methodology, reach, and impact of the different social franchise networks. In addition to the high impact paper on social franchising, which was also published in 2018, this was a key opportunity for IPPF to highlight its MA work in social franchising and partner with international organizations to document SF's positive impact on SRH access.

In March 2018, the SFWG in collaboration with USAID, engaged Spring Impact, formerly the International Centre of Social Franchising (ICSF), in reviewing the available tools and outlining recommendations for the structure and content of the toolkit. In June 2018, after interviews with SFWG and MA staff engaging in Social Franchising and feedback from the April 2018 TAN workshop, Spring Impact delivered the IPPF Social Franchising Stepwise Process, Resources List, and Structure Recommendations. These were used to guide the development of the virtual toolkit which launched on October 9, 2018 and is available at ToolkitIPPF.org for internal and external use, and currently being translated into Spanish and French. The results that inform the last objective of assessing the effectiveness of the Scale Up Fund on Social Franchising and SFWG are documented in this report in addition to the proposed strategic direction forward, as formulated at the meeting to launch the toolkit -ToolkitIPPF.org – and close out the Scale Up Fund.

### SOCIAL FRANCHISING THEORY OF CHANGE AND STRATEGY

IPPF's 2005-2015 Strategic Framework's key objective within the Access area was to improve access to high quality sexual and reproductive health services using a rights-based approach. Programmatic strategies included (1) creating and/or scaling up good quality, successful models of outreach, mobile, satellite, and community-based sexual and reproductive health services to underserved and marginalized populations and (2) strengthening and expanding strategic partnerships for the delivery of sexual and reproductive health services including referrals. The social franchising strategy began its formulation in the 2005-2015 Framework but continued its implementation into the 2016-2022 Strategic Framework. In the current framework, social franchising fits within Outcome 3 Priority Objective 7 which is to enable services through public and private health providers. The Secretariat, throughout these Framework periods, has been and continues to be responsible for increasing capacity at the Member Association level to achieve the aforementioned objectives.

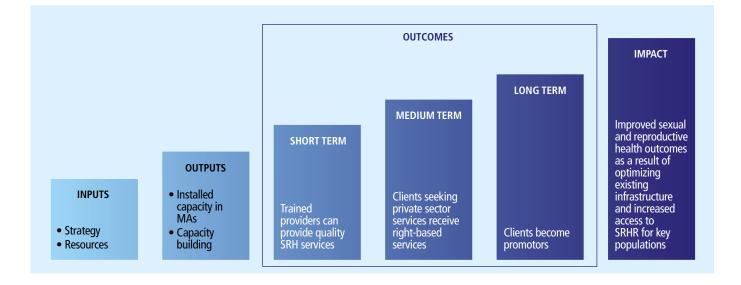
#### SOCIAL FRANCHISING THEORY OF CHANGE

The inputs into IPPF's Social Franchising Theory of Change that are provided by the Secretariat include provision of a strategy and resources (tools, technical assistance, and financial support) to move this work forward. The outputs of this work are installed capacity in the MAs to, as franchisors, provide capacity building, quality monitoring, and network maintenance to service private providers as franchisees. Short-term outcomes resulting from these inputs and outputs, once the franchisor-franchisee agreement is in place, are trained providers that can provide quality SRH services using a rights-based approach and a link between the franchisor-franchisee for continuous improvement in service delivery. As a result, clients seeking private sector services receive rights-based services and are more likely to act as franchisee service delivery point promoters, recommending services to friends or family members. Additionally, the franchisees are supported in branding and marketing which attracts new clients in the franchisee coverage area. The impact of social franchising by IPPF MAs is improved sexual and reproductive health outcomes as a result of optimizing existing infrastructure and increased access to SRHR for key populations.

#### SOCIAL FRANCHISING STRATEGY

The working group, MA experiences, and multiple cycles of revision have informed the latest IPPF social franchising strategy. Social Franchising in IPPF applies to the development of a formal partnership between an IPPF MA and a privately-owned health facility to provide SRH services by skilled health workers in line with quality standards. MAs, who act as the franchisor, have a written agreement with the private provider, who becomes the franchisee.

The IPPF MA (the franchisor) provides technical support, including training in delivery of core services; access to a franchise brand and potentially also access to extra support through demand generation; and monitoring for quality of care strengthening. In exchange, the franchisee complies with IPPF and national quality of care standards, submits regular reports on service statistics, and uses the franchise brand. A franchisee is not managed by the MA and services are provided by the franchisee staff, not by MA staff. MAs may or may not provide contraceptives and other SRH commodities to the franchisees. Social franchising includes some mechanism for cost recovery,



including but not limited to membership fees, payment for support services, and/or payment for commodities.

Social franchising at IPPF is different from other social franchising models because of IPPF's network of autonomous local MAs with a deep understanding of their local market. MAs have built brand equity and recognition over decades of service provision within their own clinics, hospitals, and community outreach delivery points. MAs engaging in social franchising are the direct franchisors within their countries partnering with private providers within their countries. The IPPF model does not draw on external resources to develop training, quality of care monitoring strategies, or an understanding of the market - autonomous local Member Associations have these installed capacities. Therefore, with these installed resources the cost and time investment of developing social franchising models is lower and franchisees obtain an immediate opportunity to strengthen their reputation and increase their client base through the franchisee-MA partnership.

IPPF implements social franchising to (1) offer clients convenient access to high-quality and accessible contraceptive and gynecological services and (2) efficiently scale reach by working with under-supported private sector franchisees, offering training in core service delivery, revenue generation, and marketing. Franchisees are already actively marketing and reaching target client segments, legally operating in a privately-owned health facility, and operating a youth-friendly and rights-based service delivery model. Impact is measured by tracking couple years protection, unintended pregnancies averted, % of services provided to youth, and through client feedback.



### **INVESTMENTS AND RESULTS BY COUNTRY**

#### **BURKINA FASO/ABBEF**

Association Burkinabé pour le Bien-Etre Familial (ABBEF) is IPPF's MA in Burkina Faso. Although this MA did not receive funding from the Scale Up fund, progress in social franchising was monitored in the SFWG meetings and informed the Africa Regional Office (ARO) Operations Manual and tools. In 2012, ARO provided funding to FPABF to implement a social franchise network. FPABF successfully established 8 franchisees in the rural areas of Ouagadougu and Bobo Dioulasso. One of the challenges to network sustainability was staffing capacity to effectively manage a franchising network and implement monitoring mechanisms. Despite the challenges, FPABF was able to establish a social franchising network in a region with very poor access to services and obtained additional funding from an anonymous donor to continue to sustain their model despite political instability and limited resources.

#### Regional Social Franchise Workshop, Addis Ababa, Ethiopia, September 2016 (below) Photo: Family Guidance Association of Ethiopia



#### ETHIOPIA/FGAE

Family Guidance Association of Ethiopia (FGAE) received grant funding of \$20,414 for assessment of their social franchising program implementation and expansion. The project goal was to contribute to the national effort to meet the growing demand for SRH services and significantly increase access to contraceptive, comprehensive abortion care, STI, and HIV services through social franchising – ensuring an integrated approach informed by IPPF's Package of Essential Services (IPES). At time of funding, FGAE had 306 franchisees within its Family Health Network. A consultant completed the assessment with support from FGAE and ARO technical staff. The assessment identified opportunities for expansion, gaps, and best practices to strengthen model and effective use of resources. The Executive Director supported the institutionalization of social franchising as a program for FGAE. This support was underscored by making social franchising a significant portion (42%) of their projected 24 million SRH services target. In 2017, FGAE provided four times as many SRH services through its social franchising network compared to SRH service provision through the same channel in 2015.

The assessment determined that most franchisees were providing mainly short-acting reversible contraceptive (SARC) methods due to insufficient long-acting reversible contraceptive (LARC) training. Further, franchisees that were primary health clinics were not allowed to provide comprehensive contraceptive methods. Additionally, the service package was reviewed as a result of the assessment recommendations, which highlighted that HIV and STI services could not be adequately supported, but that there was demand and adequate support for antenatal care services and cervical cancer screening. Other findings included the contributions by FGAE to stable prices by requiring price lists and securing commodities; increasing demand through TV and radio; and connecting franchisees to regional health bureaus including the federal Ministry of Health. On sustainability and cost-recovery strategies, franchisees indicated that the brand provided by FGAE has helped them improve client satisfaction and loyalty. New client flow and client retention increased, which franchisees indicated meant a high return on the investment required to be part of the FGAE social franchising network. FGAE was able to conduct a cost-effectiveness analysis to determine cost per disability adjusted life year (DALY) averted and cost per couple year protection (CYP). It is important to note that the analysis had to be reviewed to exclude operating costs that would have been present regardless of the service delivery model applied (i.e. headquarters administrative costs). The results summarized below evidence the cost-effectiveness of social franchising as a growth strategy:

Training participants demonstrating how the Manual Vacuum Aspiration kit works (right) Photo: Asamoah Boateng, Planned Parenthood Association of Ghana



- In 2016, the cost/CYP via social franchising was USD 0.53 compared to 11.31 by static clinics.
- In 2016, the cost/DALY averted was USD 1.02 via social franchising and 19.11 via static clinic.

Social Franchising in FGAE has become a solid service delivery platform. In 2017, FGAE's franchisee clinics delivered a total of 3,677,187 services, which is 34% of the total SRH service the MA reported in the year. In the same year, 47% of the Family Planning services that the MA delivered were done through the franchise network of clinics. FGAE plans to scale up the network to a maximum of 500 franchisees by December 2022. To achieve this the MA will utilize restricted funding opportunities. It is currently implementing a project that will bring the total number of franchisee to 350 by the end of 2020. It plans to deliver close of 4.5 million SRH services through the network by 2022.

Tools developed by FGAE include (1) terms of reference for assessment of a social franchising model; (2) quality scoring assessment; (3) job description for senior SRH service officer; (4) integrated supportive supervision (ISS) checklist; and (5) social franchising guidelines. This last tool is a key resource for informing IPPF's social franchising toolkit and includes guidance on human resources requirements and recruitment; finance and logistics management; procurement plans and procedures; risk management; implementation strategies; target population selection; target provider selection; service package selection; pricing of franchised services; baseline assessment and mapping; branding; renovation; demand generation; information, education, and communication; quality management; training; monitoring and evaluation; and ranking, de-franchising, and graduation franchisees.

#### GHANA/PPAG

Planned Parenthood Association of Ghana (PPAG) received grant funding of \$20,000 USD for expansion to three additional franchisees, service delivery capacity building, demand creation, and monitoring and evaluation. At time of funding the MA had 9 franchisees, located in 5 of the 10 regions of Ghana, providing contraceptive, comprehensive abortion care, HIV, and STI services. In 2015, PPAG's social franchising network provided 47% of their 32,555 services to young people. Social franchising was part of PPAG's strategic plan 2016-2020 to expand geographic reach and diversify service delivery approaches. In addition to improving the quality of services provided through training, PPAG sought to improve the use of data to inform franchisee decision making.

By the end of the project period, PPAG was working with 11 franchisees across the country. A total of 108,662 SRH services were provided by the franchisees. In 2018, PPAG plans to scale up to 20 franchisees. The MA developed a clinic quality of care audit tool and assessed all franchisees, with an average score of 82% by the end of the project period, with the lowest score being 74% and the highest 91%. These assessments will continue to be conducted twice a year and recommendations included strengthening infection prevention training. Franchisees were also trained on the use of clinical data for program management and decision-making. As franchisor, PPAG supported demand creation activities for franchisees through community outreach, radio, and community information center discussion sessions. In some outreaches PPAG collaborated with the franchisee to provide cervical cancer screening for clients. Franchisees received bicycles (1 per facility) to support their community activities. The late release of funds to support the work delayed implementation of project activities and delays in franchisee reporting caused delays in analyzing project reach and impact. PPAG participated and developed an action plan during the TAN workshop in Lima to continue to develop their social franchising model. To support this work, an additional grant of \$8,000 USD was provided.

Tools developed by PPAG included the clinic audit tool to assess quality of care and identify client needs as well an upgraded data collection tool at the facility level for franchisees to improve data collection

#### INDIA/FPAI

Family Planning Association of India (FPAI) received grant funding of \$15,000 USD to develop an intervention model where FPAI branches partner with private medical providers and medical teaching institutions to engage in training, commodities, monitoring, and demand generation and community mobilization for the social franchising model. FPAI has worked successfully with private providers in the provision of contraceptive services. Their existing network receives training and commodities from branch teams and reports service statistics since 1978, with over 100 doctors in Mumbai. At time of funding the model had expanded to areas around Mumbai and required support to expand and add new services to the network. Added services included: (1) STI and RTI screening and syndromic management; (2) basic treatment of subfertility; (3) maternal and child health services; and counseling. Franchisee clinics are part of the Plus 4 Clinic network. Lessons learned include the importance of continuous follow-up, legal knowledge, managing group dynamics of doctors, and capacity building for reporting. By the end of the project period, FPAI had successfully established 250 franchisee service delivery points.

FPAI expects to reach a target 300 private providers as franchisees for enabling SRH services. This expansion is opportune with India's FP2020 commitment, which requires that family physicians be oriented and skilled at providing contraceptive methods and advanced SRH services. Additionally, the basket of contraceptive method choice expanded, increasing opportunities for clients to choose a preferred method.

#### JAMAICA/JFPA

Jamaica Family Planning Association (JFPA) received grant funding of \$15,000 USD to establish social franchising sustainability mechanisms within their associated clinic network, expand private provider partnerships, increase private provider provision of quality and comprehensive SRH services. At the time of funding the MA had two clinic-based and one non-clinic based associated clinic model. JFPA had agreements with each private provider and supported quality improvements including product warehousing, counseling, best practices in service delivery, quality standards, and use of electronic health information systems. The MA sought to increase accessibility to most-at-risk populations in Jamaica by formalizing its social franchising network. JFPA intended to expand reach from 3 to 14 parishes and reach 28 franchisees by the end of the project period.

A total of 107 service providers were contacted from the health network to assess interest and develop commitments to join the network. Despite strong interest expressed by some providers, follow-up by the MA and follow-through by franchisees on commitments to join the network fell through. In order to cost-effectively reach a large number of private providers, JFPA utilized telephone to reach potential franchisees. This recruitment strategy was not successful at fostering the relationship necessary to establish the franchisor-franchisee collaboration. Private providers were interested in training and receiving commodities at reduced costs, but not in the time investment of a social franchising partnership. Despite assuring the MA of their willingness to complete a baseline interview, private providers indicated their busy schedules providing services would not allow for the time commitment. A project lead was hired to shift to the alternate strategy of direct meetings for recruitment. Lessons learned included that recruiters must be dynamic and passionate about the initiative and that various strategies must be implemented to engage and secure private provider commitment to join the network. Telephone and electronic mails are insufficient, although they do increase awareness of the network. By the end of the project, JFPA was working with seven private providers through their network but was not able to implement a rigorous social franchising approach.

Tools developed by JFPA included online and printed informational material, training content on the Moodle platform, social media content and brochures.

#### LAOS/PFHA

The Promotion of Family Health Association (PFHA) received grant funding of US\$20,000 to develop a standard public sector social franchising model PFHA "Smile Health Centre" brand, develop marketing material, promote maternal and child health (MCH) and contraceptive services including increasing condom distribution, upskill and increase reach of public providers, and develop lessons learned.

Since 2004, PFHA had partnered with the public sector for maternal and child health (MCH) and contraceptive service delivery in three northern provinces: Oudomxay, Laungnamtha and Bokeo. At time of funding, PFHA was working with 28 public service delivery points (SDP), with 3 to 4 public providers in each SDP. These private providers received training, support renovating their health facilities, access to commodities, and support with incentives for increasing access to MCH services. To strengthen the rigor of quality in service provision and increase access, the MA sought to work with two public service delivery points already in their network to launch the PFHA Smile Health Centers social franchising network.

PFHA developed branding and standard operating procedures to support public health providers in fulfilling the requirements of a social franchise model. The MA conducted a three-day competency training for the providers, monitoring visits, and yearly monitoring. The MA also supported demand creation activities in target villages, increased commodities supply, and reviewed performance on an annual basis. PFHA's project provided lessons learned on social franchising with the public sector.

PFHA successfully partnered with two (2) public providers, Namsing and Namfar; and through this partnership, reached 4,024 (1,734 women) community members with MCH and FP information and provided 1,132 services during the project period. PFHA provided 922 FP services, and 210 MCH services. 636 clients were served in a 6 -months period doubling the number of clients served in the two (2) facilities prior to the project (268 clients). PFHA continues its efforts to increase service provision, especially Family Planning, ANC, Safe Delivery and PNC by 2020 aligning with government commitments. Also, the PFHA Smile Health Centre complements government priorities such as improve the quality of care by focusing on 5 dee- sathanthee dee (good health facility), saatdee (cleanliness), Thornhubdee (good service), bongmatee dee (right diagnosis) and pinpaudee (good treatment).

In developing its final strategy, IPPF decided that social franchising in the IPPF definition would be limited to working with private providers whereas enabling services with the public sector would fall under the larger umbrella of associated health facilities.

#### MAURITANIA/AMPF

Association Mauritanienne pour la Promotion de la Famille (AMPF) received grant funding of \$8,000 following participation in the April 2018 TAN workshop via representation from their Regional Office due to travel visa issues. The MA is launching social franchising as a service enabling model and is conducting a baseline analysis, identifying a social franchising focal point to join the organization, and implementing a 1-day training to AMPF staff. AMPF will then identify potential franchisees, develop a value proposition and service package, and test recruitment, monitoring, and training mechanisms to build out a social franchising network.

#### PAKISTAN/R-FPAP

Rahnuma-Family Planning Association of Pakistan (R-FPAP) received grant funding of \$100,000 USD as one of the MAs selected for the initial round of funding allocated via the Scale Up Fund. R-FPAP had established robust relationships with private providers through a social franchising model aimed at expanding the package of services to include LARCs and the IPES. R-FPAP provided training, minor renovations of facilities, equipment, commodities, and ongoing monitoring and quality assurance. R-FPAP is one of IPPF's leaders in quality monitoring in social franchising. R-FPAP worked with the Senior Technical Officer at CO to develop a first draft of the monitoring and evaluation, training, staffing and demand creation sections of the operations manual. A Social Franchising coordinator was hired by R-FPAP. By end of 2015, their operations manual was in its final stage of development.

The focus of the project was to work with Lady Health Visitors (LHV) with 2 years training and registered with the Government to provide SRH services as private practitioners. A total of 40 private providers were selected from 3 areas: Rawalpindi (16), Faisalabad (14) and Mardan (10). Initial training was conducted on counselling, contraception and cervical cancer screening. Some of the challenges faced by FPAP in the selection of suitable LHVs were the reluctance of LHVs to work with NGOs, permission of family members of the LHVs to get involved with R-FPAP, sustainability and expansion of the initiative after funding ends.

By the end of the project, new franchisees were accredited and using R-FPAP branding. Contraceptive commodities were being supplied at competitive rates. Skills-building training on contraception, comprehensive abortion care, STI, infection prevention, and visual inspection for cervical cancer screening was completed. A key element within R-FPAP's social franchising model is the use of social mobilizers for demand generation. R-FPAP presented on this strategy at USAID's Global Workshop on Social Franchising in Ghana in September 2017. Social mobilizers conduct home visits and awareness sessions to familiarize the communities in coverage areas with the upgraded franchisee clinics. Social mobilizers held awareness sessions with transgender and minority communities to express how franchisees could improve health outcomes. They also assist in collection and collation of data. Private providers account for 50% of R-FPAP's service delivery points and 50% of contraceptive services. At the latest analysis period, the cost per SRH service was USD \$1.60. A key lesson learned that drove success was demonstrating the positive impact of quality improvements on the provider's business.

Tools developed by R-FPAP included a case study on *Using social franchising to expand access to under-served populations in Pakistan.* This case study documented the franchising process and franchise network achievements, and lessons learned. A key deliverable was also the R-FPAP operations manual developed in collaboration with the South Asia Regional Office (SARO). The manual contributed to content of the IPPF Social Franchising Toolkit and included guidance on model design, start-up mapping and recruitment, monitoring and evaluation, quality of care framework and training, quality assurance, demand generation, pricing, cost-sharing, and business management training.

#### **PERU/INPPARES**

Instituto Peruano de Paternidad Responsible (INPPARES) received grant funding of \$100,000 USD as one of the MAs selected for the initial round of funding allocated via the Scale Up Fund. By 2012, INPPARES had a large social franchising network named Red Plan Salud. After conducting intensive quality monitoring in a sample of the franchisees, INPPARES determined that the network needed to pivot to strengthen its guality focus while maintaining sustainability through cost recovery mechanisms. The Scale Up Fund provided the opportunity to re-examine and re-launch Red Plan Salud as a network. Through a multidisciplinary team approach involving the medical services, evaluation, and leadership staff, social franchising was prioritized as a growth strategy. The MA conducted a baseline study to determine provider capacity as well as a market study to redesign their value proposition and service package. After a week of intense training, INPPARES re-launched Red Plan Salud in 2015 with six private providers in Lima. Part of the support these franchisees were provided a basic infection control package, access to donated contraceptive products for vulnerable clients, IEC material, and quality strengthening. By 2018, Red Plan Salud included 29 franchisees including private providers outside of Lima.

Tools developed by INPPARES included communication and promotional material for social franchising, quality monitoring checklist, process for designing the minimum viable package using lean testing methodologies, training content, business planning training, and data management and capture guidelines and templates. Lessons learned from INPPARES to inform the social franchising included those around data capture. An online platform was set up to receive data electronically from franchisees. However, due to limited wireless internet access in franchisee service delivery points, this was not an effective way to collect data or a process that facilitated franchisee operations. Franchisees would have to invest in their own wireless internet access to attain bandwidth strong enough to report electronically. After multiple iterations, the INPPARES team developed a data capture paper form and monthly impact report template. The notebook in which the data capture form is bound includes the franchisee and franchisor logo and has worked better at enabling the franchisor and franchisee access to data for decision-making. Furthermore, INPPARES was the technical assistance provider at the IPPF TAN workshop on social franchising in April 2018.



Follow-up visit to Nancy Emilia León Polo, one of 40 franchisees of Red Plan Salud. Photo: Gladys Chacón Endara – Consultant, INPPARES

#### PHILIPPINES/FPOP

Family Planning Organization of the Philippines (FPOP) received grant funding of US\$10,000 to pursue formal partnerships with private providers to maximize the services of existing clinics with the Philippine Insurance Corporation (or PhilHealth) accreditation and managed by private midwives. The goal of this partnership was to contribute to provide 40,000 services through this model once the social franchising network was enabled. In 2014, FPOP facilitated a social enterprise training for clinic manager to formally integrate business planning into their operations. Outcome 3 of the IPPF Strategic Framework provided both a challenge and an opportunity to address growth and sustainability. The social franchising model is a practical and efficient approach to serve as alternate SRH service delivery point to areas not covered by FPOP clinics. The ACs is needed to scale-up access to high quality family planning and reproductive health care for the marginalized and under-served sectors.

FPOP developed a network brand and established formal partnerships with 5 private midwives-owned facilities, trained 12 providers on implant insertion and removal, distributed IEC materials and commodities, and audited the private provider facilities to ensure quality standards. In 2017, the five (5) franchisees provided 46,570 services while their partner FPOP clinics (Cavite and Pampanga) provided 24,734 services. FPOP recorded an 124% increase between services in 2016 (two FPOP clinics) and 2017 (two FPOP clinics and five social franchisee facilities). Further, in 2017, boosted by the record achievements, the FPOP National Council has adopted "social franchising" as a service delivery model to be established in all FPOP Chapters from 2019 onwards.

FPOP participated and developed an action plan during the TAN workshop in Lima to continue to develop their social franchising model. To support this work, an additional grant of US\$8,000 was provided to develop a business planning template, social franchising framework, and Memorandum of Agreement template. This will be the first step to provide a clear structure and vision for social franchising in FPOP.

#### PUERTO RICO/PROFAMILIAS

PROFAMILIAS received grant funding of \$20,000 USD to work within their associated health facility model and establish a social franchising network by training providers, providing market and demand generation, monitoring and supervising quality of care, developing sustainability plans, and implementing business plans at the MA and franchisees. The MA identified youth friendliness of services as a key component of their model, which posed challenges for sustainability. However, PROFAMILIAS was able to recruit private providers from three facilities with interest in linking to their Sexuality Education and Access Program (PESA), through which youth delivered sessions in waiting rooms and provided feedback on youth friendliness of clinical facilities. Unfortunately, before these partnerships could be finalized, the project had to be stopped due to the occurrence of Hurricane Maria in September 2017. This hurricane, the worst natural disaster on record to affect Puerto Rico, decimated capacity in clinics and caused months-long power outages. The MA requested that the project be canceled, and the funds be redirected to other initiatives of the SFWG with another MA.

#### SUDAN/SFPA

Sudan Family Planning Association (SFPA) received grant funding of \$100,000 USD as one of the MAs selected for the initial round of funding allocated via the Scale Up Fund. This model tested social franchising in a humanitarian context and began with visits to private providers in Port Sudan and Darfour to explore opportunities to expand access to SRH services. As the MA was new to social franchising, there was an initial delay to bring MA staff up to speed on the role of franchisors and franchisees within service delivery. A local consultant facilitated a workshop with the MA headquarters and branches. The MA planned to include 6 franchisees in the initial launch of their network: 2 in Port Sudan, 2 in Sinnar and 2 in El-Obeid.

Linked to the case study on R-FPAP's social franchising model, the Regional Office focal point recommended and coordinated a South-South exchange to see a model in action and apply lessons learned. SFPA completed the clinic assessment in 2 states for 4 private providers and community mobilization workers. Focus group discussions were conducted to develop the service package and guidelines. Providers were trained on STI syndromic approach, HIV, GBV, and contraceptive services. Franchisees' facilities were equipped and refurbished, and the network launched in July 2016. Community mobilization proved to be successful in bringing new clients to service delivery points and this is being replicated with restricted funding from other sources.

Tools developed by SFPA include service package branding, community mobilizer training content; and questionnaires for recruitment. These tools have been adapted and included in the IPPF toolkit.

#### UGANDA/RHU

Reproductive Health Uganda (RHU) received \$20,000 USD to expand access to services for women aged 30-49, improve quality of care and cost-effectiveness of 4 franchisees, and add value and strengthen the market chain to promote regular and reliable supplies of quality commodities by increasing variety to address client choice. The MA worked in Gulu district, Northern Uganda in partnership with four franchisees to offer 7,000 SARC, LARC, and cervical cancer screening and treatment services over 12 months. RHU liaised with the district health office to access a reliable list of registered private providers. Throughout the project, RHU carried out rapid facility mapping and capacity assessment, trained eight franchisees, recruited and trained community mobilizers and partnered with FGAE to provide a three-day training for 25 senior management of RHU on the social franchising service delivery model.

RHU's network provided 18,423 SRH services, reaching new acceptors of modern contraception with 9,921 services. The total CYP achieved through the franchisees was 35,176 at a cost of \$0.55 per CYP. This indicates that the model can be scaled up to attain larger coverage and impact by installing capacity in private provider service delivery points. The model was able to reach a large proportion of new users of modern contraception, an indicator that the model is contributing to national SRH

indicators. The use of community mobilizers facilitated linkage to the communities and referrals. Staff turnover, sustainability, and branding posed challenges during project implementation. The MA utilized other funding opportunities to strategically scale up Social Franchising as a viable service delivery model and established a total of 28 franchisees by the end of September 2018. With technical support from IPPFARO, RHU developed a Social Franchise Scale Up Road Map in August 2018. As per this Scale Up roadmap, RHU intends to gradually scale up social franchising with the goal of establishing 90 franchisee clinics by the end of the current strategic framework period (December 2022). The plan assumes that every RHU static facility will have about five franchisee clinics under it based on the concept of decentralization and integration of social franchising for sustainability.

Despite visa issue delays, RHU participated remotely, provided feedback to the toolkit, and developed an action plan during the TAN workshop in Lima to continue to develop their social franchising model. To support this work, an additional grant of \$8,000 USD was provided.



### KNOWLEDGE MANAGEMENT AND SHARING

As can be noted from the projects section above, the work of the MAs and SFWG generated various tools to inform the social franchising strategy. The SFWG maintained an online repository of guidance documents, templates, case studies, meeting notes, project reports, and tools developed between 2014 and 2015. Additionally, the following spaces provided visibility to IPPF's social franchising work and directed changes to the strategy as necessary:

- *Global Social Franchising Conference* in the Philippines in 2014
- International Conference on Family Planning 2014 Preformed Panel on Associated Clinic Service Delivery Models: This panel highlighted how IPPF MAs in Honduras, Nepal, and Pakistan succeeded in developing low cost and sustainable partnerships with private providers to reach underserved populations.
- Bellagio Meeting on Family Planning Quality in October 2015: The purpose of this meeting was to develop a standard set of metrics on quality of care. Dr Anjum Akhter Rizvi, Director of Programs for R-FPAP participated in the meeting and presented a background paper on the MA's quality assurance system, which forms part of the chapter Overcoming challenges in quality assurance for social franchises for healthcare: Experiences from case studies in Kenya, Uganda, and Pakistan, 2008 to 2015 within the published document on Quality Measurement in Family Planning.
- *Programmes meetings in 2015 and 2017* included social franchising on the agenda. These were opportunities to identify needs across the Federation and present results from the SFWG.
- Africa Regional Office Workshop in Ethiopia September 2016 was an opportunity to share progress on social franchising projects and make progress on the ARO draft operational manual and quality of care monitoring tools
- Family Planning High Impact Practices paper on social franchising: This paper, to which a few IPPF's SFWG members contributed feedback, highlights how social franchising can improve quality and expand contraceptive choice and availability through partnerships with private providers.
- USAID Interagency Global Workshop on Social Franchising in Accra, Ghana in September 2017: This workshop was coordinated in collaboration with MSI and PSI. It provided an opportunity to learn across the three organizations and hear from MAs on quality assurance approached and sustainability models. This was also an opportunity to better develop capacity to better engage funders and implementers for social franchising advocacy.

- IPPF Internal Strategy Meeting in Accra, Ghana in September 2017 following the interagency meeting: With representation from MAs across ARO, R-FPAP, and INPPARES, this was a key opportunity to convene and review IPPF's strategy and approach to social franchising and resources to support social franchising. Julie McBride, a consultant who supported ARO in their development of their social franchisor and franchisee manual, presented different models and decisions IPPF would have to engage in to advance social franchising as a growth strategy.
- TAN Social Franchising Pilot Workshop in Lima, Peru in April 2018: Led by INPPARES as the technical assistance provider, with FGAE and R-FPAP providing content for the workshop but unable to attend due to visa delays, this gathering provided technical assistance in social franchising to PPAG/Ghana, Mauritania/AMPF, FPOP/Philippines, and RHU/Uganda. Session topics included feedback on the IPPF social franchising strategy, essential steps for launching a social franchising model, soft launch of the toolkit structure, franchising and defranchising, unlocking sustainability, price setting, and cost-effectiveness. MAs were able to share experiences, lessons learned, and best practices before formulating an action plan to strengthen their networks.
- *Metrics Working Group membership*: One to three members of IPPF's SFWG participated in the metrics working group from 2014 to 2018. Coordinated by the University of California-San Francisco (UCSF), this group worked to establish a set of common indicators to assess progress against the 5 goals of social franchising: health impact, equity, effectiveness, increased use, and quality.
- UCSF Compendium on Social Franchising from 2014 to 2016: IPPF's social franchising work achieved visibility with the inclusion of R-FPAP's model in 2014. Seven social franchising models from IPPF were highlighted in 2015 and 2016. This compendium is an important resource on social franchising programs globally, highlighting their reach and standardizing them across indicators.

The ultimate resource for knowledge management and sharing generated by the work of the SFWG and Scale Up Fund for Social Franchising will be the IPPF Social Franchising toolkit. Launched to the Federation and external social franchising community in October 2018 through webinars this resource is rich in tools for guidance and adaptation. It will not be limited to use by IPPF MAs and is intended to contribute to the entire social franchising for health community. It will be key to set aside resources for maintaining and updating the toolkit for the short- and long-term.

# MONITORING AND EVALUATION

#### MONITORING

In early 2014, when the SFWG began, monthly meetings were used as touch points for maintaining the momentum of development of the social franchising strategy and monitoring project progress towards objectives and deliverables. The Social Franchising Working group was chaired by the Senior Technical Officer of Health Systems Financing and Economics at Central Office until December 2015. From 2016 to 2018, the SFWG has been chaired by the Associate Director of Social Enterprise Initiatives at Western Hemisphere Region. The chair has been responsible for organizing Skype meetings at least every other month. Agenda objectives during each call included: (1) updating the SFWG members on progress of projects in each region; (2) monitoring the budget of the SFWG budget; and (3) assessing progress towards the priority objectives and deliverables.

To document the results of each investment, project reports were provided by each MA at least at the midterm execution of the project period and a final report, in addition to the financial detail of use of funds. Regional Office representatives of the SFWG were responsible for monitoring the ongoing projects in their region and providing updates at the bimonthly meetings. Additionally, other meeting spaces in which SFWG members were able to convene either with the direct purpose of SFWG or as a side-meeting added to the beginning or end of another meeting (e.g. ICFP) served as spaces to monitor progress, exchange experiences and resources, and maintain momentum.

#### **EVALUATION**

The evaluation of the work of the SFWG and Scale Up Fund for Social Franchising was designed to understand the extent to which social franchising as a growth strategy achieved its intended results at IPPF and determining the effectiveness of the working group in working towards and fulfilling the objectives. The Scale Up Fund Social Franchising initiative's objectives were the following:

- Establish or advance a sustainable social franchising service delivery model among grant-receiving organizations by the end of the project period
- Provide grant-receiving organizations with technical assistance on social franchising through working group resources and development of SF tools, to be consolidated in a toolkit to be shared Federation-wide in summer 2018
- Determine the cost-effectiveness of social franchising as a service delivery model

#### METHODOLOGY

To determine whether the intended results of social franchising investment were achieved and make a recommendation on whether social franchising is an effective growth strategy for IPPF, feedback was gathered from grant-receiving and SFWG members through documentation review and a Scale Up Fund closing survey. The SFWG members were invited to interpret findings to ensure adequate representation of the results of the social franchising initiative at IPPF. Participants provided feedback on the model's value proposition and theory of change. The evaluation sought to answer the following questions:

- To what extent did the investment in social franchising achieve the intended objectives?
- Is social franchising a suitable (i.e. cost-effective, scalable) growth strategy mechanism in IPPF?
- How effective was the SFWG at moving social franchising forward as a strategy and at meeting the initiative's objectives?

#### LIMITATIONS

One major challenge of this evaluation was staff turnover. Staff that were present at the beginning of their grant period at the grant-receiving organizations had sometimes transitioned to different roles at the same or other organizations. Another challenge was recall bias due to the wide range of project periods. Project periods spanned from one to three years. Further, internal IPPF staff conducted follow-up. Therefore, although respondents were assured that responses and feedback would not be identifiable and remain confidential, there might be courtesy bias due to the grantee relationship.

#### SUMMARY OF KEY FINDINGS

Piloting and developing social franchising as a service delivery model can be an effective growth strategy at IPPF but requires sustained investment for at least the first two years, as well as a sustainability plan to maintain local social franchising focal points to scale up these networks.



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grant-receiving organizations have established formal networks



# From 2015 to 2017, service provision increased from **3.1m to 7.3m**



Project documentation led to wealth of resources and tools consolidated into a virtual toolkit – ToolkitIPPF.org

#### • To what extent did the investment in social franchising achieve the intended objectives?

Eight of the eleven grant-receiving organizations, excluding Burkina Faso and Mauritania which did not receive initial Scale Up Funding, established formal social franchising networks. In the remaining organizations, recruitment challenges and cost were identified as barriers. Organizations in the first stages of social franchising indicated that sustainability and quality monitoring must be emphasized at all stages of planning and implementation. In the first two years of implementation, as reported consistently by respondents, investment without expectation of recovery of costs was standard. Cross-subsidization of services through income generation business lines and resources from other restricted funding initiatives were identified to work towards sustainability of these models.

Grant-receiving organizations provided a mid-term and final report. As part of their documentation they generated tools

(including service costing models, quality checklists, and provider questionnaires) that will be adapted for the IPPF social franchising toolkit. Two organizations successfully implemented a cost-effective analysis of this service model to determine the cost of achieving one disability-adjusted life year or couple year of protection. Preliminary findings indicate that social franchising is a cost-effective service delivery model.

 Is social franchising a suitable (i.e. cost-effective, scalable) growth strategy mechanism in IPPF?

At the end of the project period the 8 grant-receiving organizations that had achieved formal networks remained enthusiastic with promoting and continuing social franchising as part of their and IPPF's growth strategy. Recurrent themes included the lower investment on infrastructure and the increased coverage area resulting from working with established private providers. Providers also mentioned the critical need for a local social franchising focal point to manage their network to maintain its size and to strategically scale up their social franchising network. Based on the experiences of grant-receiving organizations, social franchising is a suitable option for growth in IPPF considering that investment must be frontloaded in the early stages of implementation and acknowledgement that recruitment challenges and cost may be unsurmountable in some contexts due to competition or lack of human or time resources at the implementing organization level.

 How effective was the SFWG at moving social franchising forward as a strategy and at meeting the initiative's objectives?

The SFWG has been effective at achieving the deliverables and objectives outlined in 2014, 2016, and 2017. The strategy has undergone multiple revisions and is now finalized for inclusion in the toolkit. The working group was essential to moving the Federation forward in advancing social franchising service delivery models among grant-receiving and non-grant receiving organizations by the end of their project periods. Technical staff provided grant receiving organizations with technical assistance on social franchising and consolidation of the tool. Although it was expected to be launched in summer 2018, the toolkit was launched October 2018. The dissemination of the knowledge generated due to of the SFWG and Scale Up Fund sensitizes the Federation about the value of social franchising as a cost-effective strategy and how IPPF MAs are key implementers of this service delivery model.

# LESSONS LEARNED

The roll-out of the Scale Up Fund for Social Franchising was slower than anticipated. This was partly due to social franchising being an emerging area for their MAs and partially due to delays in receiving funding. Although having an interregional working group has been essential to moving the strategy forward and generating deliverables, SFWG staff provided direct support on social franchising in addition to their Regional Office responsibilities in other areas. Other lessons learned from this initiative are as follows for franchising at the MA level:

- Leadership buy-in is crucial for launching and scaling up a social franchising model. When seen as an institutional strategy or program rather than a project with an end date, social franchising models have more robust development and are more likely to adhere to quality standards and innovate to establish recovery mechanisms for network sustainability.
- Focal point is needed for each network. The communication needed to sustain partnerships with overtasked private providers is extensive. A point of contact is necessary to manage issues as small as procurement requests and as large as reporting of adverse medical events.
- Frontloading investment is necessary to establish a robust social franchising network. Training and assessment of potential franchisees will be resource intensive and cost recovery may not be possible in the short term.
- Quality and sustainability will be at odds with each other when scaling up. However, quality must be integrated throughout the entire social franchising model to ensure the promise to clients of quality services is maintained.
- Documenting best practices and lessons learned is crucial to preventing information loss due staff turnover.

Lessons learned from the SFWG for the Secretariat level are:

- Importance of launch meetings, in-person convening
- During short projects funded by IPPF or for smaller grants, just one report is necessary. To monitor progress on projects, the SFWG requested a midterm and final report for each of the projects. However, in the initial phase of project activities there may be delays and the midterm report may take away valuable time that could be used for social franchising implementation. The final report is necessary but for short projects of only a few months duration the midterm report could be replaced with a short monthly monitoring call with the MA's social franchising focal point. With longer term reports and more investments, there will be more documentation and resources generated as a result of the project (e.g. Sudan, Pakistan, Peru).
- Transfer of funds can delay roll-out of project activities and timelines may need to be shifted to meet the project activities and objectives while recognizing when administrative obstacles unintentionally cause delays.
- A multidisciplinary group to lead Federation-wide initiatives is necessary to provide diverse perspectives and draw on each other's strengths to maintain momentum and better understand the contexts in which MAs are operating.
- Representation from all regions leadership and talent from the regional office (decentralization); administrative vs. technical responsibilities
- Institutional resources to support participation from regional focal points.

# THE WAY FORWARD

The SFWG has provided a wealth of resources on social franchising specifically. As IPPF works to meet ambitious targets within Outcome 3 of the Strategic Framework 2016-2022, an Enabled Services Working Group will be launched to review and update IPPF's current definition and approach to enabling services, pilot data capture of services enabled by training, and to identify resources for moving the enabled services strategy forward in the Federation.





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