

Profile: Tunza

Network of franchised providers offers high-quality health services to women in urban and rural areas in Kenya



Challenge

Despite improvements over the past several decades, about a third of women in Kenya who would like to avoid pregnancy do not use contraception, with poor married women being affected almost twice as much as women from middle- and higher income groups (Smith 2014). Lack of access to contraceptives increases the number of unwanted pregnancies, high-risk deliveries, and fatal pregnancy-related complications.



Tunza trains existing private sector health care workers, like these men and women in Kenya, to provide family health and other services. Source: www.pskenya.org

Innovation

Population Services Kenya (PS Kenya, www.pskenya.org), an affiliate of Population Services International (PSI)

launched the Tunza Family Health Network in 2008. This social franchise network engages private sector clinics as franchisees that provide family planning and wider family health services—including long-term family planning methods, maternal and child care, voluntary male circumcision, and HIV/AIDS testing and counseling—in Kenya.

Tunza has 316 clinics in its franchisee network, making it the largest social franchise in Kenya. About 60 percent are in urban and peri-urban areas, with the remaining 40 percent in rural areas. Each clinic serves and treats about 15 patients a day, for a total of 5,000 visits a day.

PS Kenya emphasizes alignment and harmonization with the national health system, using clinical guidelines and protocols that are based on those of the government of Kenya and the World Health Organization. It facilitates integration of the public and private sector by providing regular training to franchisees by providers accredited by the Ministry of Health. It links franchisees to government services that provide essential commodities free of charge, facilitating regulation and oversight by the government. Tunza quality assurance officers supervise franchised clinics, 70 percent of which have just one or two providers.

Three hundred community health workers (known as “Tunza mobilizers”) generate demand for services. Each mobilizer covers a single clinic, raising awareness and providing health information and referral services. Tunza mobilizers work part time, receiving USD 30 a month from PS Kenya. Some very profitable clinics top up the mobilizers' salary, rewarding them for referrals.

The franchisor encourages franchisees to keep service prices low, but pricing is at the discretion of each provider. Patients generally pay USD 2 per consultation, far less than the private sector fee, which can be as high as USD 75. Most payments for health services are out-of-pocket, although some are paid for through a voucher subsidy scheme introduced in 2011 that benefits low-income women.

Like many other social franchises, Tunza traditionally focused on family planning. In response to demand, it now also provides integrated management of childhood illness, HIV testing and counseling, voluntary male circumcision, and treatment of noncommunicable disease. It thus affects the whole

family and changes the way in which family members, particularly men, engage with women's health issues.

Impact

Tunza has provided 311,000 couple years of protection (the protection provided by family planning services during a one-year period) and averted 250,000 disability-adjusted life years (DALYs). The program has also improved the lives of its franchisees, 300 of whom are female nurses and midwives.

Scaling Up

Harmonizing its approach to fit within the government system and maintaining close relationships with key government departments have been key drivers. For training, Tunza teams collaborate with various divisions of the Ministry of Health, ensuring that Tunza franchisees receive certification recognized by the ministry and adding credibility to the franchise. To select providers, the Tunza network ensures that facilities have government's registration and are licensed by the relevant bodies,

To avoid accrediting providers with invalid certificates. The franchisor links its network of health providers to the government in order to receive essential commodities. PS Kenya is responsible for ensuring the quality of franchisees, but the government regularly checks to ensure that providers are registered and comply with standards. The Tunza team also conducts joint supervision visits with Ministry of Health officials. PS Kenya recently extended its links with the government, where it sits on the Technical Working Group for Reproductive Health. These links increase its ability to influence government policy.

In scaling up the Tunza model, integration of services that target the whole family was key. Particularly important was its efforts to encourage men to get involved in family planning.

Franchisees are profitable, but Tunza is 100 percent donor funded. Achieving sustainability is an explicit goal. PS Kenya has started developing the Tunza 2.0 model to render the program financially sustainable within the next five years. PS Kenya plans to generate revenue through the mass procurement and subsequent sale of commodities, training packages, brokerage fees for affiliated services (such as labs), an increase in franchise fees, and the introduction of royalty payments for high-income franchisees.

Identifying and motivating providers remains a challenge. Existing providers, many of whom previously worked in the public sector, are typically not business oriented and need considerable guidance to run a private clinic as a business.

The franchise model provides limited oversight to the franchisor; ensuring quality and respect of protocol can therefore be difficult. To address this challenge, the franchisor uses rigorous retention criteria to ensure that providers not abiding by the requirements are removed from the network.

Reference

Smith, R. 2014. Kenya. *Reproductive Transitions: Unmet need for Family Planning*
<http://www.prb.org/pdf14/kenya-unmet-need-contraception.pdf>