



The Impact of Private Clinic Networks on Client Service Access and Quality: Evidence from Ethiopia, India and Pakistan

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Definition of a franchise

- Authorization granted to someone to sell or distribute a company's goods or services in a certain area
- A business or group of businesses established or operated under such authorization



Quick, Convenient Healthcare
Your neighborhood...Your schedule.™



Home
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About MinuteClinic
Top quality care
Insurance coverage
Careers
Talk to us

Flu Shot Update

Due to the flu shot shortage,
MinuteClinic will not offer
flu shots this season



MinuteClinic offers
**FLU DIAGNOSIS
AND TREATMENTS**
for those who have
been exposed or are
experiencing symptoms

You're sick, we're quick™

Walk right in.

Our Certified Family Nurse Practitioners and Physician Assistants evaluate, diagnose and recommend treatments; including appropriate prescriptions for common family illnesses.

- No appointment needed
- Conveniently located in select Target and Cub Foods stores near the pharmacy
- In and out in about 15 minutes
- Covered by most insurance plans
- Open extended hours and weekends
- Serving those 18 months and older

www.minuteclinic.com

MinuteClinic NEWS

[An Innovation in Health Care Opens in Baltimore Market](#)

MinuteClinic has expanded to the Greater Baltimore area. Located in eight area Target stores, MinuteClinic now offers quick, convenient, quality medical services to residents of Baltimore.

[MinuteClinic Adds Three New Target Locations in the Minneapolis/St. Paul area](#)

The new locations: Edina/Southdale, St. Paul/Midway and Blaine extend healthcare convenience for Twin City residents.

Making Headlines

 [New Health Care Option Now at Coffman](#)

The New York Times
Next to the Express

MinuteClinic: "You're sick, we're quick. Walk right in."

Home

What we treat

Convenient locations

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© 2004, MinuteClinic.

What we treat


You're sick, we're quick.™ Walk right in.





















MinuteClinic diagnostic procedures and services focus on common family ailments that have rapid, specific treatments — ailments that can happen at any time but until now have required an emergency room, urgent care or doctor's office visit.

Prescriptions written when clinically appropriate.

Most services \$44 **or an insurance co-pay.**

Services available to patients 1½ years (18 months) and older.

Treatments and Screenings:  Click to view Common Signs & Symptoms

 Strep Throat, Rapid test	\$48 (w/culture add \$14)
 Seasonal Allergies (ages 6+)	\$44
 Bronchitis (ages 10-65)	\$44
 Flu Treatment (ages 10-65)	\$78
 Female Bladder Infections (ages 12-65)	\$48
 Poison Ivy (ages 3+)	\$44
 Pink Eye & Styes	\$44
 Mono	\$51
 Impetigo	\$44
 Ringworm	\$25
 Athlete's Foot	\$25
 Ear Infections	\$44
 Swimmer's Ear	\$44
 Deer Tick Bites	\$25
 Cold Sores	\$25
 Sinus Infections	\$44
Vaccines:	
 Td (Tetanus, Diphtheria)	\$38
 Hepatitis B (adult)	\$60
 Hepatitis B (child)	\$45
 Pneumonia	\$25

NEWS

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 [Next to the Express Checkout, Express Medical Care](#)

Social Franchising

...is an attempt to use franchising methods to achieve social rather than financial goals, influencing the service delivery systems of the private sector similarly to the way in which social marketing has adapted traditional outlets for commodity sales.”

Montagu (2002)

Benefits of Social Franchising

- Franchisor
 - Fulfillment of social mission
 - Financially sustainable social enterprise
- Franchisee
 - Social responsibility
 - Proven business concept
 - Well defined cost structure and operations
 - Increased revenue and profitability
 - Enlarged paying client base
 - Established brand, product or service
 - Technical competence

Four alternative business model programs delivering FP/RH services

- Greenstar Social Marketing Pakistan (12K+ outlets; concurrent Key Social Marketing network)
- Janani's Surya and Titli networks (Bihar/Jharkhand states, India; 20K+ outlets)
- Pathfinder International's Biruh Tesfa network (Ethiopia; ~120 outlets)
- Marie Stopes International (Ethiopia; 3 clinics)
- **Funded in whole or part by the Packard Foundation**

Evaluation Design

- Design
- Pre- and post-test with non-equivalent comparison groups
- Sample surveys
 - Round 1: Jan-Sept 2001
 - Round 2: Feb-Aug 2004
- Survey Instruments
 - Health Establishment Survey
 - FP/RH Provider Survey
 - Client Exit Survey

Survey Sample Sizes: 2001 and 2004

Country/Year	Facility	Staff	Client
Urban Pakistan			
2001	993	1,113	7,431
2004	1,120	2,676	4,939
Ethiopia (3 zones)			
2001	369	525	1,537
2004	475	506	2,326
Bihar/Jharkhand			
2001	1,317	1,944	4,905
2004	1,346	2,171	5,923

Percent Distribution of Health Facility Type

Country/Year (N)	Franch	Priv	Public	NGO	Pharm
Pakistan					
2001 (993)	50	19	15	5	11
2004 (1120)	35	30	12	13	10
Relocated (675)	35	28	17	7	14
Ethiopia					
2001 (369)	9	25	22	7	37
2004 (475)	22	18	20	7	32
Relocated (285)	14	15	25	7	38
India					
2001 (1317)	31	42	11	1	15
2004 (1346)	22	43	15	4	15
Relocated (883)	27	44	10	3	16

Outcomes of Interest

- Facility-level
 - Client and service volume
 - Projected revenue gains
- Client-level
 - Access: Seek FP, RCH, general health care
 - Quality: Would return for FP, network logo recognition
 - Equity: Accessed by poorest of the poor

Net Effect of Baseline Franchise Membership on 2004 Private Facility-Level Productivity and Services

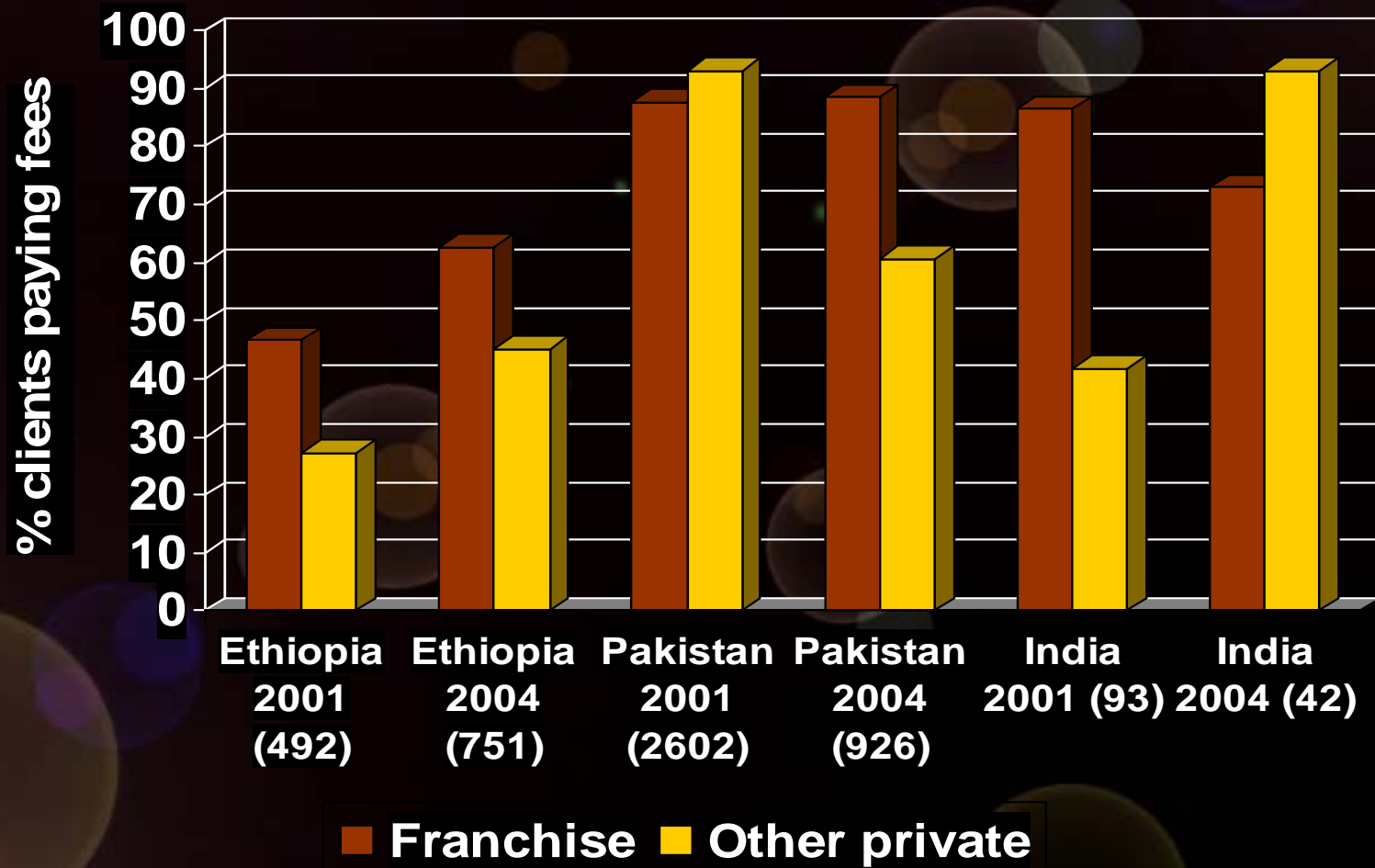
Facility outcome	India			
	Ethiopia	Titli	Sun	Pakistan
Total clients	+2.51	+2.4	+1.58	+1.71
Total FP clients	+6.92	+8.32	+12.89	+14.79
Total RH clients	+1.20	+9.77	+5.75	+7.08
Number of RH services	+0.78	+1.7	+0.92	+0.81

Multivariate models based on facility panels (Ethiopia=285; India=883; Pakistan=675) with Controls for facility type, facility age, number of staff (logged) and sample survey clustering

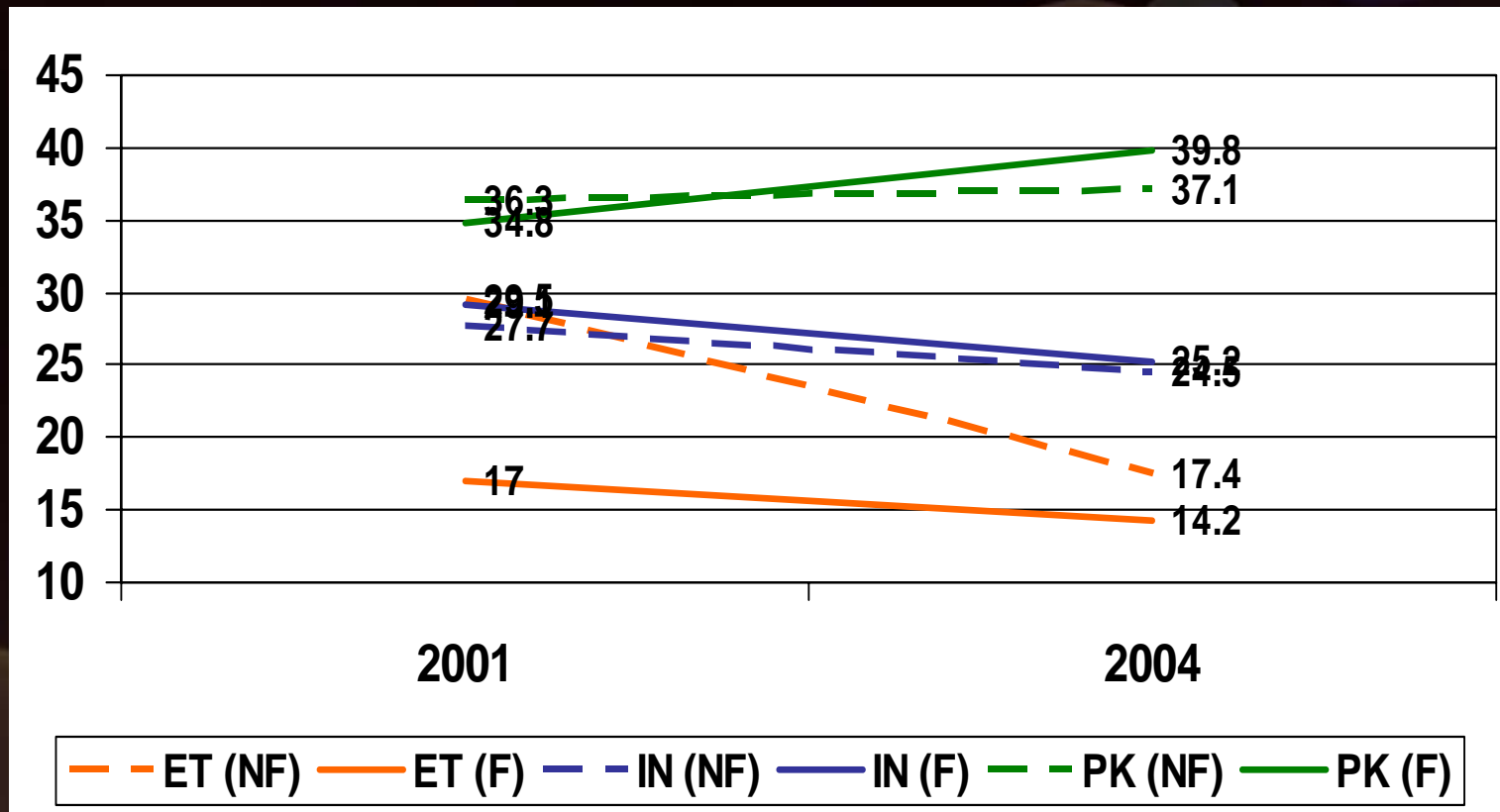
2004 Estimated Added Value of Franchise Delivery of RH Services

	Pakistan (urban)	India (Bihar/Jharkhand)	Ethiopia (3 zones)
Additional RH clients per month	7.1	9.8/5.8	1.2
# franchise outlets	11,000	10,000/360	120
Additional annual RH clients from franchise	937,200	TC: 1,176,000 SC: 25,056	1,728
Added annual revenue per clinic at median fee	Rs 50 \$77.45	Rs 25/145 \$65.33/\$224.65	3.5 birr \$5.79

Percent of Franchise and Other Private FP/RH Clients Paying Fees at Visit by Country and Year

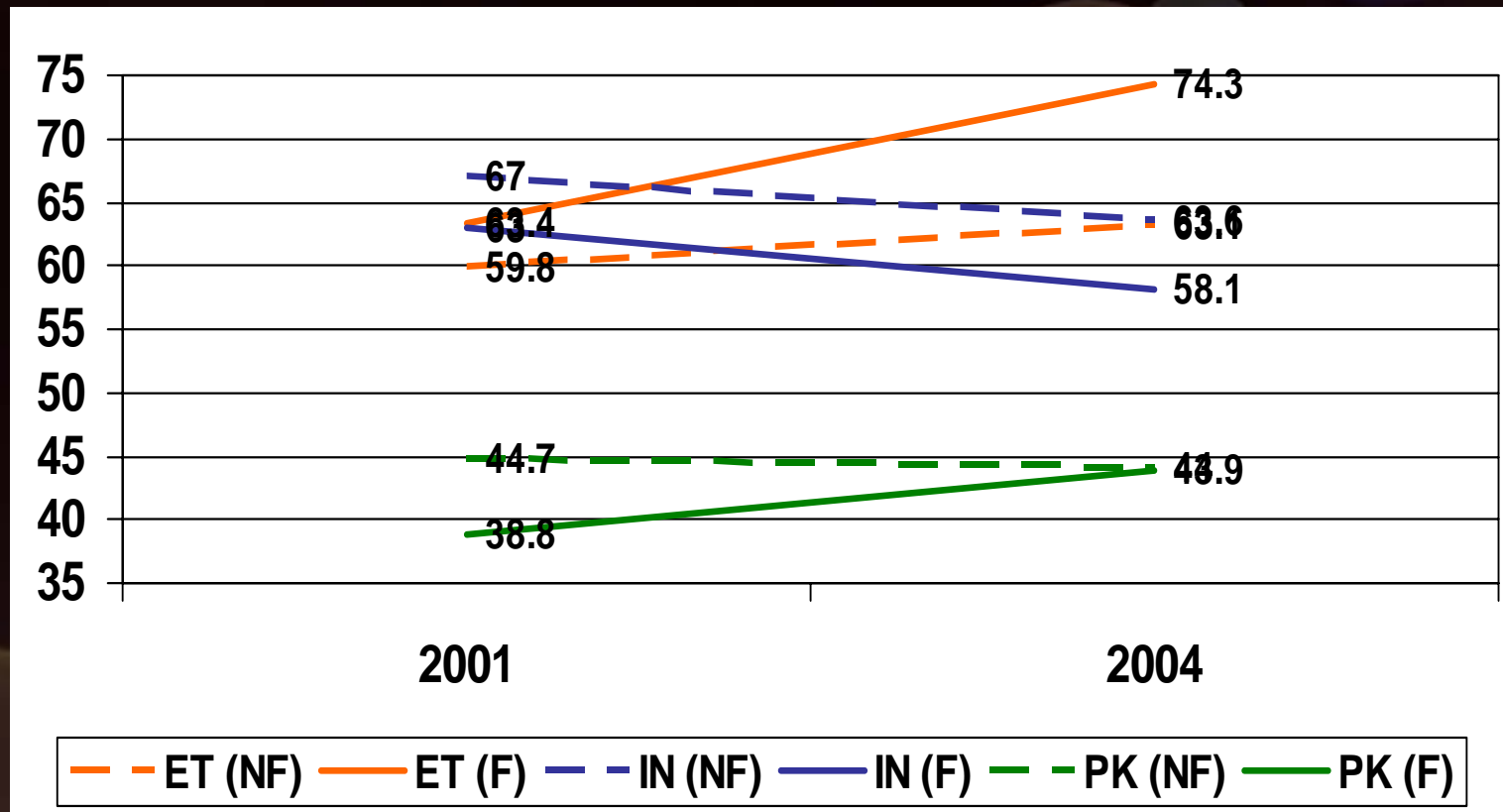


Predicted Probability of RCH Care as Reason for Coming by Franchise Status among Private Sector Female Clients: Facility Panels in 3 Countries



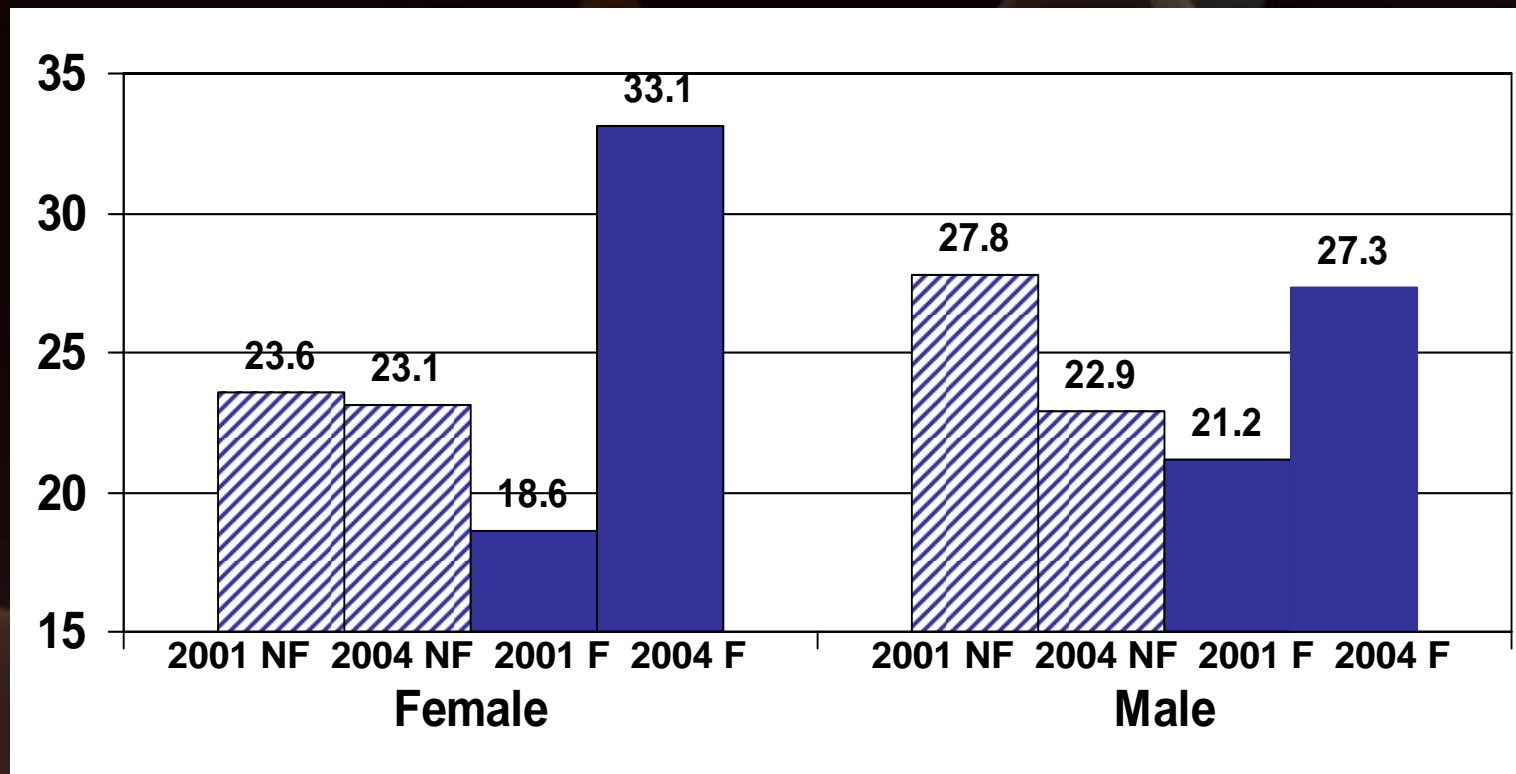
Based on propensity score analysis, adjusting for client age, education, household income, facility age, survey year and sample cluster design

Predicted Probability of General Health Care as Reason for Coming by Franchise Status among Private Sector Female Clients: Facility Panel in 3 Countries



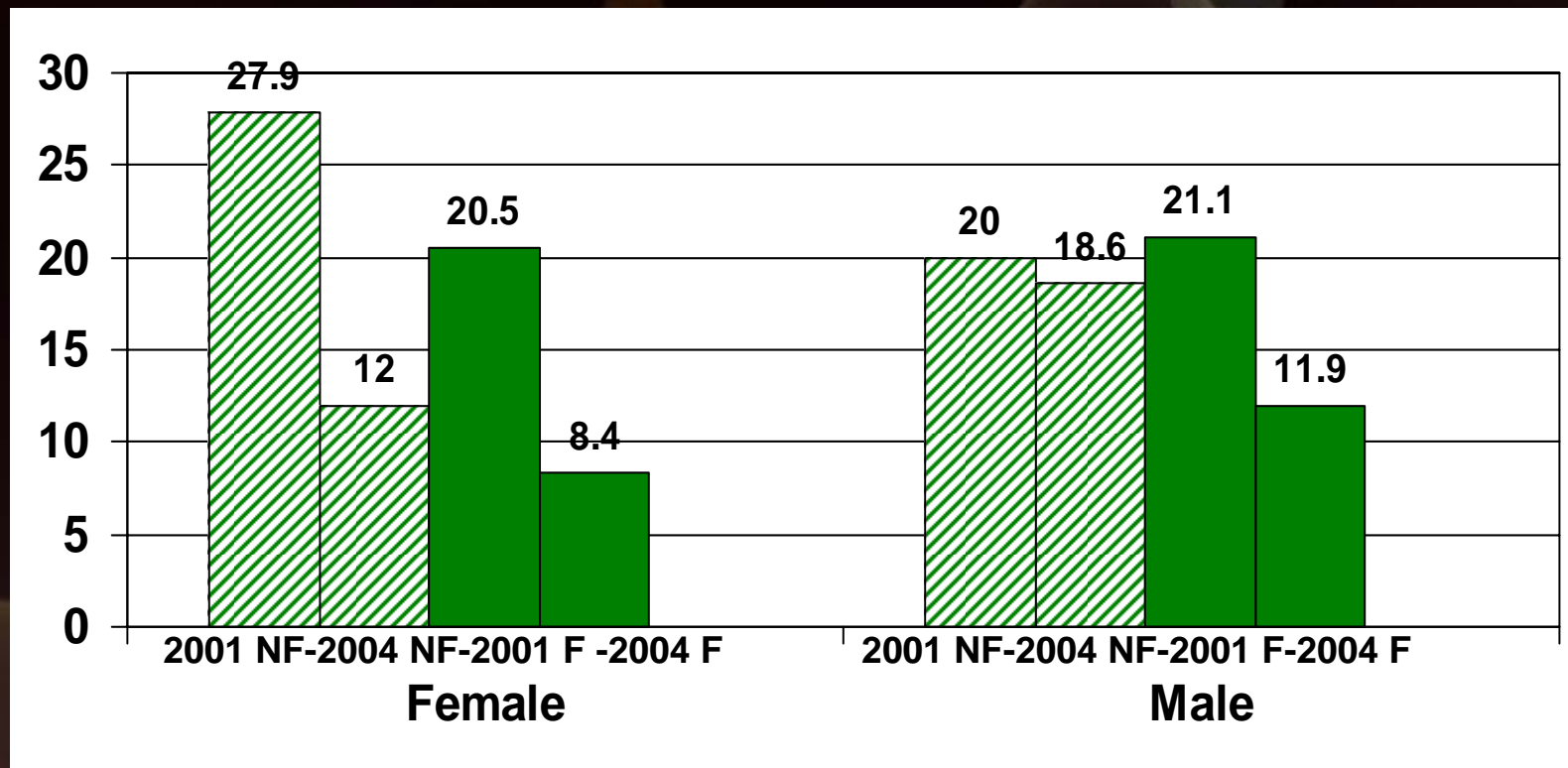
Based on propensity score analysis, adjusting for client age, education, household income, facility age, survey year and sample cluster design

Predicted Probability of Private Sector Female and Male Clients Belonging to Lowest Household Income Quartile by Clinic Franchise (F/NF) Status: Bihar/Jharkhand, India



Based on propensity score analysis, adjusting for client age, education, household income, facility age, survey year and sample cluster design

Predicted Probability of Private Sector Female and Male Clients Belonging to Lowest Household Income Quartile by Clinic Franchise (F/NF) Status: Urban Pakistan



Based on propensity score analysis, adjusting for client age, education, household income, facility age, survey year and sample cluster design

Summary of Franchise Membership Effects on Client-Level Outcomes

Outcome	Ethiopia	India	Pakistan
Come for FP			
Come for RCH			✓
Come for health			
Female	✓		✓
Male	✓		✓
Would return	✓		
Recognize logo			
Female		~	✓
Male			
Low income			
Female	✓?	✓?	✓?
Male	✓?	✓?	✓?

Discussion

- Strong facility-level effects of franchise membership on client volume and service mix
- Mixed client-level effects of franchise membership on access measures
 - Weak with respect to quality
- May increase women's and men's use of franchise facilities for general health care
 - Reduces share of all clients who are poor
 - Revenue benefits for health provider
 - Public financing of rural poor more efficient
 - Counters donor expectations

Discussion (cont'd)

- Pakistan and India networks larger than Ethiopia's
 - Challenge of supervision and maintenance for service quality
 - Ethiopia's panel sample is nascent
- Advertising expenditures necessary for network but disproportionate cost for grant budgets
- Government health facilities and pharmacies are leading and competing (or complementing) sources of care in these low-income settings (data not shown)

Discussion (cont'd)

- Are these networks franchises in the truest sense?
 - Equity risk not evenly shared
 - Providers' commitment fragile as a result
- Franchise clinic networks more suitable for urban than rural areas



Alternative Business Models Project

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