Reviewer's report

Title: User experiences with clinical social franchising: Qualitative insights from providers and clients in Ghana and Kenya

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Reviewer: Andreea A Creanga

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Limited information exists on the views of clients and providers on social franchising in SSA -- this manuscript aims to address this important gap in the literature. The analysis uses qualitative data from an evaluation of the AHME program conducted during the very early stages of program implementation. This information was not included in the manuscript, and thus, I had quite a number of questions regarding the external validity of study findings as I was reading the manuscript.

• How many franchise networks (fractional and regular/development model) exist in the 2 countries?
• How were the 3 networks chosen for this study? How were visited network facilities chosen?
• If selection was only based on participation in the AHME program, what type of selection bias may have affiliation with the AHME program created?
• In other words, how representative are the 3 networks in the 2 countries?

Information provided on pages 6-7 is not sufficient, and the information about the data having been collected as part of an evaluation of a specific program should be included in the manuscript.

As the authors recognize in the discussion section (page 25), “the value of franchising differs across contexts and networks structure.” It definitely looks this way from the findings presented, but the authors do not attempt to explain why this may be the case. While between-network differences, even within the same country, are expected, within-network differences are a lot more problematic and hinder our understanding of the effects, benefits and challenges of social franchising in SSA. On the other hand, I agree that not much can be learned from 47 qualitative interviews with providers in 3 franchise networks, all fractional franchises, in only 2 countries. Thus, the objectives of the study need to be re-stated to give consideration to study settings and the representativeness of the 3 selected networks.

In addition, we need to learn more about the 3 networks – space should not be an issue – in order to be able to understand the settings and the study findings. For example, the Amua network/Kenya is the oldest of the 3 networks and yet its affiliated providers report not having received training on LARC, #1 topic of interest for FP providers everywhere; Tunza-affiliated providers in the same country report having received such training, and it is also Tunza providers
complaining less about commodity supply -- can the authors provide any explanation for these differences?

Some statements, especially in the discussion and conclusion sections, are not supported by study findings.

• “the perceived long-term value of social franchising in terms of business sustainability was low among participating providers” (page 24)

• “membership benefits of social franchise programs are primarily attributed to […], connections with other medical practitioners and the business and reputational enhancement that comes from association with a known and well-marketed brand” (page 27)

• “the educational opportunities that providers value most are not clinical […] but rather business and customer relations training” (page 27)

It is true that providers valued training most, but this included clinical training (i.e. LARC) as well as training on patient-provider interactions and patient counseling. Also true is that providers interviewed did not mention branding per se as a benefit of social franchising, but they did attribute their increases in FP client volumes to having joined the franchise – this is part of branding. Amua providers complained about reporting requirements and demand creation activities, thus recognizing specific branding challenges. Two findings that came out of several of the quotations used in the manuscript were quality of case (i.e. requirement for use of infection control and prevention measures) and continuity of care, both benefits of social franchising – these findings were overlooked by the authors. All these are examples of providers’ and clients’ “perceived long-term value of social franchising”. The perceived high(er) quality of care and the offering of continuity of care in franchise network facilities are key to making this business model both profitable and sustainable.

Overall, the information provided in this study is valuable even if the study has important limitations. Selection criteria for the 3 networks in the study and the limitations of the study should be clearly described. In addition, the authors should make recommendations for future larger, quantitative studies to further assess short- and long-term benefits and challenges of social franchising in SSA.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.