7F9848

**How far can a social franchise cover its costs? An economic analysis of the PROFAM maternal health franchise in Uganda.**

Manon Haemmerli, London School of Hygiene and Tropical Medicine, manon.haemmerli@gmail.com

(1) Dr Andreia Santos, London School of Hygiene and Tropical Medicine, andreia.santos@gmail.com, 15-17 Tavistock Place, London WC1H 9SH.

(2) Alex Aliga, Makerere University, aligaalex@yahoo.com

(3) Dr Fred Matovu, Makerere University, frmatovy@gmail.com

(4) Dr Isabelle Lange, London School of Hygiene and Tropical Medicine, isabelle.lange@lshtm.ac.uk, 15-17 Tavistock Place, London WC1H 9SH.

(5) Dr Loveday Penn-Kekana, London School of Hygiene and Tropical Medicine, loveday.penn-kekana@lshtm.ac.uk, 15-17 Tavistock Place, London WC1H 9SH.

(6) Dr Catherine Goodman, London School of Hygiene and Tropical Medicine, catherine.goodman@lshtm.ac.uk, 5-17 Tavistock Place, London WC1H 9SH.

Background:

Social franchising models have been growing rapidly in the private sector in developing countries, aiming at improving quality and increasing utilisation of franchised services. A key issue for sustainability is the overall financial impact on facilities, but this is rarely studied. In Uganda, the PROFAM social franchise network involves provision of maternal health care through 134 private health facilities. We assessed the implications for participating facilities in terms of patient load, facility revenues and costs.

Methods:

15 social franchise facilities were randomly selected as case studies. Facility record reviews, a provider questionnaire and interviews with managers and healthcare workers were used to collect data on antenatal care (ANC) and delivery patient volumes, revenues, and costs using a micro-costing approach. We compared patient load, revenue and costs for the year before and the year after the facilities joined PROFAM, and explored other potential reasons for changes in these variables.

Results:

Relatively complete data were available for 13 facilities. Of these, 5 experienced increased ANC visits after joining PROFAM, while 7 facilities experienced a decrease. Eight facilities experienced an increase in normal deliveries, and 5 a decrease. Median provider costs per ANC visit and normal delivery were 1.34$ and 7.3$, respectively. Median user fees were 2.55$ for an ANC visit and 12.0$ for a normal delivery, and some facilities sold clean birthing kits for a median price of 1.5$ each. For-profit facilities charged around 3 times more than not-for-profit facilities, with some of the latter subsidising ANC and delivery. Facilities incurred minimal investment costs to join the franchise, and franchise fees were only 7.4$ a year. The median change in overall profits was an increase of 349$ in 2015, though there was substantial variation.

Discussion:

No clear trend in patient volumes was identified following PROFAM membership, despite the marketing campaigns run by Programme for Accessible health, Communication and Education (PACE), and the active work of associated community health workers. Rather, variation in patient load mostly appeared to reflect specific features of facilities, such as the presence of a midwife or her reputation in the community. However, sale of birthing kits did lead to increased revenues. It remains unclear whether franchise membership will increase revenues sufficiently to justify payment of substantial franchise fees by facilities. The challenge of reaching low-income populations and achieving business success remains a central tension for the sustainability of the program.

GOID2C

**Rolling out the Midwives Service Scheme to increase access to essential maternal care in Nigeria’s decentralized health system: Design matters**

AKUDO IKPEAZU, National Agency for the Control of AIDS, aikpeazu@yahoo.com

Format: (1) Chima Onoka, Institute of Public Health, University of Nigeria, Enugu Campus, Nigeria. chima.onoka@unn.edu.ng.<br />

<br />

(2) Melisa Martinez-Alvarez, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT, Melisa.Martinez-Alvarez@lshtm.ac.uk. <br />

<br />

(3) Dina Balabanova, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT, Dina.Balabanova@lshtm.ac.uk.

EN9DIE

**Le régime d'assistance médicale (RAMED), un bilan d'étape**

Hassan SEMLALI, ministère de la Santé, semlalihassan@gmail.com

Format: (1) Title, First Name, Surname, Institutional Affiliation, E-mail Address, Postal Address. (2) ....