

**IMPACT OF SOCIAL FRANCHISING STRATEGY IN FAMILY
PLANNING SERVICES TO CLIENTS' SATISFACTION IN
TANZANIA**

A CASE STUDY OF PSI –TANZANIA, MOROGORO.

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A CASE STUDY OF PSI –TANZANIA, MOROGORO.

By,

Godwin B. Msafiri

**A DISSERTATION SUBMITTED TO THE PARTIAL/FULFILMENT OF THE
REQUIREMENTS OF THE AWARD OF THE DEGREE IN MASTERS OF
BUSINESS ADMINISTRATION (MBA)- CORPORATE MANAGEMENT OF**

MZUMBE UNIVERSITY

DECEMBER, 2013

CERTIFICATION

We, under signed, certify that we have read and hereby recommend for acceptance by the Mzumbe University, a dissertation/thesis entitled **Impact of social franchising strategy in family planning services to clients' satisfaction in Tanzania; a survey in Morogoro region** in a partial/fulfillment of the requirements for award of the degree of Masters of Business Corporate Management, Administration of the Mzumbe University.

Signature

Major Supervisor

Signature

Internal Examiner

Accepted

Accepted for the Board of

School of Business

Signature

DEAN/DIRECTOR,

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I, Godwin Msafiri, declare that this dissertation is my own original work and that it has not been presented and will not be presented to any other university for a similar or any other degree award.

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DEDICATION

This work is dedicated to my father Mr. Bernard P. Msafiri and my mother Mary B. Msafiri who laid the foundation of my education, my lovely wife Mrs. Theresia G. Msafiri and beloved daughters Mary and Sasha and my son Ivan for loving me dearly.

ABBREVIATION AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CPR	Contraceptive Prevalence Rate
FP	Family Planning
HIV	Human Immune Virus
IPPF	International Planned Parenthood Federation
IUCD	Intra Uterine Contraceptive Device
MICS	Multi Indicators Cluster Survey
MDG	Millennium Development Goals
MoHSW	Ministry of Health and Social Welfare
MCH	Maternal and Child Health
NFPCIP	National family Planning Costed Implementation Program
NGO	Non Governmental Organization
OECD	Organization for Economic Co-operation and Development unity-Based
PPP	Public Private Partnership
PSI	Population Services International
QACP	Quality Assurance Country Plan
QAS	Quality Assurance Standards
SMP	Social Marketing Pakistan
SPSS	Statistical Package for Social Sciences

TFDA	Tanzania Food and Drugs Authority
TDHS	Tanzania Demographic Health Survey
TBA	Traditional Birth Attendants
UMATI	Family Planning Association of Tanzania
UN	United Nations
USAID	U.S Agency for International Development

ABSTRACT

Social franchising strategy in family planning is a contractually obligated network of private health providers that use commercial franchising methods to provide better quality and accessible family planning services to the community.

PSI/Tanzania is implementing a national-wide social franchising program – Familia, to enable women to access high quality and yet affordable health services. The program is designed to save four main objectives; to increase access to Family planning services, improve quality of family planning services provided, to strengthen cost effectiveness of the family planning services provided and to enhance equity in accessing family planning services.

The motive behind carrying out this study is to replicate the positive results from studies done in other countries on social franchised family planning services and client satisfaction. The purpose of this study was to assess the impact of social franchised strategy in family planning to client satisfaction in Tanzania.

This is a descriptive study design conducted in Morogoro region. The sample population was the women of reproductive age who received family planning services from the social franchised facilities. A snow ball method was employed to obtain a desired sample, sixty five (65) serviced women. Primary data were collected through interviews. Data analysis was carried through Statistical Package for Social science (SPSS) program where descriptive and quantitative data analyses were both employed.

Findings revealed that, most of the respondents were serviced with FP methods and all of them were satisfied with the services from the social franchised FP health facilities.

Therefore, the social franchised facilities from the study prove to ensure client satisfaction.

Thus from the study, it is recommended that the model should be adopted to all private health facilities with reproductive health services and extend the scope and scale of the services to Tanzania.

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CHAPTER ONE

INTRODUCTION

Introduction

This chapter consists of six main sections which are background of the problem, statement of the problem, research objectives, research questions, justification of the study and study limitations. In bottom line, background of the problem provides through analysis of social franchising strategy in family planning services in relation to clients satisfaction, the problem statement has established the knowledge gap of this study while the research objectives has been set to discover answers to research questions.

1.1 background of the problem

Family planning services were introduced in 1959 by International Planned Parenthood Federation (IPPF) through a local affiliate, UMATI (Family Plan Association of Tanzania). Beginning in 1974, the government of Tanzania allowed UMATI to expand FP services to public sector maternal and child health (MCH) clinics throughout the country, but expansion was limited because of resource constraints, and level of contraceptive use remained low. (MOHSW, 2012)

The government launched its first National Family Planning in 1989. By then only about 5% of women were using modern family planning methods. The program started well in the 1990 and 1996; the percentage of women using modern methods doubled from 6.6% to 13.3% and number of children per woman dropped from an average of 6.3 to 5.8 births per woman. (MOHSW, 2012)

The national Family Planning Green Star campaign (Nyota ya Kijani) was launched in 1993. The Green Star logo created brand recognition of family planning in and raised community awareness in family planning.

Family Planning momentum in Tanzania has slowed considerably since 1999. While the annual growth percentage for modern CPR was at 1.5 until the 1996, the annual percentage growth started to slow down to 1.3 until 1999 and to 0.6 from 1999-2004/5. (MOHSW, 2012)

However, in early 2000's the program slowed down due to equally important competing demands including HIV/AIDS. The National Road Map Strategic Plan, 2008-2015 (One plan) calls for an increase of CPR to 60% by 2015 as one of the strategy to accelerate reduction of maternal and newborn deaths in Tanzania. (MOHSW, 2012)

The year 2007 to date marks a renewed momentum of family planning. Tanzania with new government commitment as indicated in the National Costed Implementation Program (NFPCIP) 2010-2015. (MOHSW, 2012)

Also in the 2010, Tanzania made a commitment to the UN Global Strategy for Women's and Children's Health. One of the key commitments is increasing contraceptive prevalence rate to 60% in 2015. This will mean increasing the number of women on modern contraceptives from 2.4 million in 2010 to 6.6 million in 2015.

Stimulating family planning usage to women at reproductive age needs more efficient and effective services to satisfy clients. This will lead to an increased number of family planning users. With the current trend of annual growth (1.26%), 60% country contraceptive prevalence rate will be reached at 2030 unless the annual growth rate changes to 6.26%. thus family planning services have to ensure clients satisfaction so as to make more calls to women in need of the services in the country.

Population Services International –Tanzania (PSI/Tanzania), a government partner on Health, with its aim of building a healthier Tanzania, through different health programs, introduced a Reproductive Health Program in 2007. The program among other activities conducts family planning activities through Familia social franchising network of private health facilities and also conducts outreach programs in collaboration with government facilities.

The government through the Public Private Partnership (PPP) works with PSI/Tanzania as a Health partner in expanding access to modern FP services in Tanzania. PSI/Tanzania with a goal of Improved health and quality of life of vulnerable and poor women in Tanzania in relation to reproductive health and an objective of Increase use of modern methods CPR to 36 % by 2015, one of the purpose is increasing use of family planning products and services among women of reproductive age (Increasing use of IUDs, implants, injectables, oral contraceptives, condoms and emergency contraceptives). (PSI/Tanzania 2012)

PSI/Tanzania, implements social franchising strategy (Familia social franchising) involving private health providers in contributing in family plan services delivery to Tanzanian women, through quality and accessible services, Better and sustainable services and proper information, lead to better and faster action that prevail more access of family planning services to women in need.

Simply the Social Franchising approach taken by PSI/Tanzania with Quality Assurance Country Plan (QACP) of five Quality Assurance standards (QAS) which are; Facility selection, Providers' selection, Training of providers, Supporting providers post training (non-competent), Equipping the providers and Supporting competent providers at scale can completely change the landscape in the health sector both in rural and urban Tanzania.

Familia RH program was initiated in 2007, and started services provision in January 2009, sales of RH products cover the whole of Tanzania with exception of IUCDs and Implants which cover 13 regions in Tanzania. PSI/Tanzania distributes six FP products and offers service delivery in 17 regions of mainland Tanzania (Network facilities in 13 regions and outreach activities in 12 regions).

1.2 Statement of the research problem

Social franchising has positively influenced family planning and reproductive health client volume and the number of family planning brands and reproductive health

services available. Client satisfaction is higher at social franchised facilities than other types of health establishments. This was studied in Ethiopia, India and Pakistan. Thus PSI/Tanzania through its reproductive health program has implemented this strategy in thirteen regions to positively influence family planning clients' satisfaction and volume in Tanzania. (Julie McBride and Rehana Ahmed 2001)

However, what works in one country does not necessarily work in another, due to variations in social, cultural, economic, and political variations such as buying power, number of private health providers, and access to services. Thus, attaining the contraceptive prevalence rate of 60% by 2015 from the current 34.4% is still a challenge to the government of Tanzania in collaboration with other stakeholders like PSI/Tanzania.

This study therefore is aimed at studying the impact of social franchising, as a family planning improvement strategy, to clients satisfaction and increased access to the services offered in Tanzania.

The strategy was applied in other countries and proved success thus it was evolved to Tanzania since 2009. The strategy was to enhance the efforts done on awareness creation through various institutions which contributed to the increased knowledge on family planning and have translated to contraceptive use. Although there is a need to translate these knowledge into practice, and the strategy is believed to encounter potential gaps identified in Tanzania which include a number of myths and misconceptions and other social cultural obstacles such as actual or feared partner/spousal disapproval, rumors and misinformation about FP and specific methods, fears of side effects and health concerns still contribute to the low use to services and effect efforts to address the unmet need that has grown from 22% (2004-05) to 25% in 2010 (MoHSW, 2012).

1.3 Objective of the study

The objective of the research lies on assessing the impact of Social Franchising as a strategy in family planning services to clients' satisfaction and its role in expanding the volume of clients accessing family planning services in Tanzania.

Specifically, the study intends to:

- 1) Assess the clients' awareness on access to family planning services.
- 2) To assess the clients' motives towards family planning services uptake
- 3) Assess the client satisfaction on the family planning services provided at the social franchised health facility.

1.4 Research questions

- a) How do clients know about where to get family planning services?
- b) To what extent the various identified factors influence client uptake of family planning services in private health facilities?
- c) Are clients satisfied with methods provided and services provided?

1.5 Significance of the study

The undertaking of this study is justified on the following grounds;

- 1) Help government and other stakeholders to understand clients' motives towards accessing modern family planning services. This will aid the government and its stakeholders to design services that respond to client's satisfaction and hence boost the levels of attainments the set targets.
- 2) Help as a feed back for improving social franchising performance to family planning services. This will help in identifying the gaps within family planning services provision and suggesting for solutions for those gaps thus attain total clients satisfaction with family planning services in social franchised facilities.
- 3) Fulfill the MBA requirement this study will help in finalizing the requirement for attaining the MBA/Corporate Management certificate from Mzumbe University.

1.6 Limitation of the study

The following are considered to be the limitations of this study:

One of the limitation of this study lies upon the nature of the respondents whom they are not known to the researcher. The researcher has to rely on the information given at the Health facility in order to reach some of the respondents at community levels. This may lead to little trust from the respondents to the research in revealing their private information. To alleviate this situation, the researcher will build rapport in creating a friendly environment to allow the study to take place.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter consists of three sub-sections; the theoretical literature review, empirical literature review and conceptual frame work of this study. The major concepts of this study i.e. social franchising in family planning and clients satisfaction have been conceptualized and on-stream.

Theoretical literature review has defined and assigned indicator variables of the key concepts while empirical review has reviewed other researchers' work relating to social franchised family planning services and clients satisfaction. Finally, the conceptual framework has established the cause-effect relationship of indicators variables of the study.

2.1 Theoretical literature review

This section tries to gather different knowledge that have been written by different scholars on social franchising and family planning in relations to clients satisfaction. This is essential in understanding different angles of the subject matter under study.

2.1.1. Definition of the key terms

A. Social franchising

It is defined as a network of private health practitioners linked through contracts to provide socially beneficial services under a common brand. (Cuellar C. 2001)

B. Family planning

Is the decision-making process by couples, together or individually, on the number of children that they would like to have in their lifetime, and the age interval between children.

C. Network facility

Is a facility selection and recruitment and periodic capacity building programs to private facilities focused on provision of quality reproductive health services, is also recommended to equip private health providers with required knowledge especially in addressing reproductive health issues.

Facility selection and recruitment criteria; should be an active provider with Familia, Reproductive Health services, Must be serving the needy population, Must be willing to join the franchise and preferably a member of Association of Private Health Facilities Tanzania (APHFTA). (PSI/Tanzania, 2012)

D. Contraceptive prevalence rate (CPR)

Contraceptive prevalence rate is the proportion of women of reproductive age who are using (or whose partner is using) a contraceptive method at a given point in time. (Jones, Chris and Diana Long, 2007)

E. Population Services International

PSI/Tanzania is a registered Tanzania NGO, and is a subsidiary of PSI Worldwide. Population Services International (PSI) Tanzania is a not-for-profit Tanzanian trust which has been working to improve the health of Tanzanians since 1993. PSI/Tanzania use Social Marketing to engage private sector resources and use private sector techniques to encourage healthy behavior, and make markets work for the poor. PSI/Tanzania is affiliated with PSI, an international social marketing organization working in over 60 countries, and based in Washington DC. (PSI/Tanzania 2013)

F. Interpersonal Communication Worker (IPCW)

Interpersonal Communication is face to face verbal or non-verbal exchange of information and feelings between two or more people. Each time a service provider has contact with a client, communication is taking place (PSI/Tanzania, 2009).

Thus Interpersonal Communication Worker is a person well trained on a particular health area (family planning) for the purpose of providing knowledge and information of that particular health area in the targeted population of the society (PSI/Tanzania 2009).

2.1.2. Family planning

This means that both halves of a couple have equal rights to decide on their future fertility. In planning their future children, partners need to have the right information on when and how to get and use methods of their choice without any form of coercion. Such planning therefore helps mothers and their children enjoy the benefits of birth spacing and having planned pregnancies (Jones, Chris and Diana Long 2007).

Family planning is also a voluntary planning and action taken by individuals to prevent, delay or achieve a pregnancy (Jones, Chris and Diana Long 2007). Family planning services include counseling and education, preconception care, screening and laboratory tests, and family planning methods. Family planning methods include abstinence, natural family planning and all TFDA approved methods of contraception including hormonal contraception and contraceptive supplies such as condoms, diaphragms and intrauterine devices.

Family planning is one of the leading strategies to improve family life and welfare, control unwanted population growth, and aid the development of the nation.

2.1.3. Contraceptive Prevalence Rate

Contraceptive prevalence rate is the percentage of women at sexual reproductive age who are practicing, or whose sexual partners are practicing, any form of contraception. The Contraceptive prevalence rate (percent of women between 15-49 years of age) in Tanzania was last reported at 34.4 in 2010, according to a World Bank report released in 2011.

Contraceptive methods include clinic and supply (modern) methods and non-supply (traditional) methods. Clinic and supply methods include female and male sterilization, intrauterine devices (IUDs), hormonal methods (oral pills, injectables, and hormone-releasing implants, skin patches and vaginal rings), condoms and vaginal barrier methods (diaphragm, cervical cap and spermicidal foams, jellies, creams and sponges). Traditional methods include rhythm, withdrawal, and abstinence and lactation amenorrhea.

Data sources include household surveys [such as Tanzania Demographic and Health Surveys (TDHS), Multiple Indicators Cluster Surveys (MICS)], contraceptive prevalence surveys. Estimates can also be made from service statistics using census projections as a denominator. Such estimates however are often expressed in terms of couple years of protection and may not always be complete.

Rationale for use of contraceptive prevalence rate is an indicator of health, population, development and women's empowerment. It also serves as a proxy measure of access to reproductive health services that are essential for meeting many of the Millennium Development Goals (MDGs), especially the child mortality, maternal health HIV/AIDS, and gender related goals.

2.1.4. Social Franchising

Social franchises are contractually obligated networks of private health providers that use commercial franchising methods to provide better quality and accessible services to the community (PSI/Tanzania 2012).

It originates from the private sector, referring to the practice of using a standard model of doing business. Social franchising draws on commercial franchising techniques to increase access to and use of socially beneficial services, and to improve the quality of these services.

The social franchise model has traditionally created networks of private medical practitioners (doctors, nurses, midwives, pharmacists) that offer a standard set of

services at lower costs under a shared brand name. Franchise members are normally offered training, brand and commodity advertising, inter-franchise referrals, a branding that shows high-quality standards, and other benefits. Stand-alone franchises exclusively promote and sell the goods and services of the franchisor; fractional franchises, in contrast, are businesses that add a franchised service or product to its existing operations. (Cuellar C. 2001)

In the 1990s, the U.S. Agency for International Development (USAID) began funding social franchising programs in order to expand markets for clinical family planning services beyond public health hospitals and clinics to private-sector doctors, pharmacies, and private outreach efforts. Now, social franchising has begun to move beyond a strict franchise approach to one that involves community partners, this more fluid model may appeal to program planners trying to meet the reproductive health needs (Cuellar C, 2001).

Mystery clients found that social franchise clinics performed better than other providers in terms of product availability and quality, provider knowledge, and general counseling for family planning. (Jones, Chris & Dianna Long. 2007. “Family Planning TRaC-M Study Evaluating Quality of Care Among Social Franchising Providers in Kampong Thom and Kampot, Cambodia” (PSI Research Division, 2001).

2.1.5. Familia social franchising

PSI/Tanzania is implementing a national-wide social franchising program – Familia, to enable women and children to access high quality and yet affordable health services

The program is designed to serve four main objectives; to increase access to health services, to improve quality of health services provided, to strengthen cost effectiveness of the health services provided, to enhance equity in accessing health services

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Thus PSI/Tanzania with a goal of improved health and quality of life of vulnerable and poor women in Tanzania in relation to reproductive health and an objective of Increase use of modern methods CPR to 60 % by 2015, one of the purpose is increasing use of sexual and reproductive health products and services among women of reproductive age (Increasing use of IUDs, implants, injectables, oral contraceptives, condoms and emergency contraceptives).

PSI/Tanzania, implements social franchising strategy (Familia Social Franchising) involving private health providers in contributing in family plan services delivery to Tanzanian women through quality and accessible services, Better and sustainable services, proper information leads to better and faster action that prevail more lives saved. Simply the Social Franchising approach taken by PSI/Tanzania with Quality Assurance Country Plan of five Quality Assurance standards; Facility selection, Providers' selection, Training of providers, Supporting providers post training (non-competent), Equipping the providers and Supporting competent providers at scale can completely change the landscape in the health sector both in rural and urban Tanzania.

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2.1.6. Social Franchising and Family Planning

Clinical Social Franchising Programs have grown remarkably in scale and scope in the past decade. There are now at least 74 programs functioning in 40 countries. Each has adapted to suit local needs and several have initiated partnerships with local governments, brought in the use of technology to facilitate patient communications and

better business management, and created ways to leverage a third party to finance health costs. They deliver family planning, reproductive health, safe motherhood, primary care and disease management services (Marie Stopes International, 2013)

Social franchise is a network of private health providers with the following characteristics; outlets are operator-owned, Payments to outlets are based on services provided, although the mechanism of payment may vary and may include client out-of-pocket, voucher, third party insurance or other systems, Franchised services are standardized, although additional, non-franchised products and services may also be offered, Clinical services are offered, with or without franchise-branded commodities (Marie Stopes International, 2013).

Clinical services are defined as any healthcare practice that would, in an OECD country, require service by a nurse or other higher-level provider. Under this definition, for example, family planning injections are considered clinical, even if franchise-supported community health workers or pharmacists provide them. However, a “social franchise” which supports pharmacists to sell branded medicines would not be included (Montagu D, 2003)

A social franchise has four primary goals; health Impact, to deliver services that make a significant improvement in overall health outcomes or health prospects in a community, country, region, or population, health Market Expansion, to provide a service to those who wouldn't otherwise be covered by the existing health system, cost-effectiveness to provide a service at an equal or lower cost to other service delivery options, inclusive of all subsidy or system costs, quality, to provide services that adhere to quality standards and improve the preexisting level of quality, equity to serve all population groups, emphasizing those most in need (Montagu D, 2003).

2.1.7. PSI and social franchising

PSI is one of the organizations that implement social franchising strategy in reproductive health program in different platforms. Some of the social franchised programs are the Familia social franchising in Tanzania, Tunza social franchising in Kenya, Blue star in Madagascar and Happy Mother Network in Nigeria (Schlein K, Montagu D, 2012).

Social Franchising

Social franchising applies commercial franchising strategies to the non-profit health sector to efficiently expand access to higher quality health care that is affordable to underserved communities. Social franchising works by creating a network of health care providers that are contractually obligated to deliver specified services in accordance with franchise standards under a common brand. Social franchising improves access, quality, equity and cost-effectiveness of health service delivery via the private sector (Montagu D, 2003).

Many groups benefit from social franchising. Low-income communities have greater access to high-quality services at affordable prices. Private providers benefit from increased clinic revenues that are generated through an expanding clientele (i.e. increased number of clients and increased number of services being delivered per client over her/his lifetime). Governments have improved national health indicators and an enhanced stronger, better regulated private health sector.

PSI's Unique Work in Social Franchising

PSI is a proven leader and early pioneer of social franchising. Its business model strengthens health systems. PSI launched its first franchise in 1995 in Pakistan. Today, PSI is the largest social franchising organization in the world, operating 24 franchises in Asia, Africa and Latin America with an estimated 16,000 franchisees delivering services to more than 10 million clients every year. PSI's highly disciplined quality assurance

systems were recognized for their superiority at the 2011 Global Social Franchising Conference (Berendes S, Heywood P, Oliver S, Garner P, 2011).

PSI's franchisees offer an integrated package of services that includes a range of family planning, reproductive health and maternal child health interventions, treatment for tuberculosis and pneumonia, HIV counseling and testing, malaria prevention and treatment, and diarrheal disease treatment. PSI's franchises use medical doctors, as well as lower tiered health providers such as pharmacists, nurses and community health workers to serve low-income populations. PSI's business model is based on best practices from its extensive experience with social franchising. The business model describes how PSI franchises define, create, deliver and capture value. PSI uses its expertise in social marketing to positively influence both consumer and provider behavior as it relates to seeking and delivering health services (PSI, 2012).

How does PSI measure social franchising success?

Success is measured relative to the four globally accepted objectives of social franchising – increased access to providers (scale) and services offered (scope); improved quality standards; increase equity in serving all population segments; and maximized cost-effectiveness (PSI, 2012).

2.2. Empirical literature review

Needs assessments in Pakistan revealed women were aware of and had access to contraceptives; however they expressed a need for a greater variety of options. This outcome refocused PSI efforts on health care providers who formed the link to options such as IUDs and longer term methods of birth control.

PSI identified the potential on majority low income women who sought healthcare services from the private sector; but these facilities were generally not delivering family

planning services. Gaps in training and skills were also prevalent among private providers.

“We learned that the private doctors were not motivated to provide family planning because they felt that it was the domain and responsibility of the public sector they had little financial incentive.”

PSI realized they couldn't educate and train enough providers to make a meaningful difference in a country of 176 million. Moreover, how would clients know which providers to go to for these services? The solution was to brand and create a motivated private provider network – a social franchise.

Working with Greenstar allowed PSI to “strengthen existing healthcare infrastructure and organize the private sector on behalf of the public health agenda” (Julie McBride, 2001).

A review of social franchise projects in the Philippines, Mexico, India, Nicaragua, and Zambia found that the approach could help mobilize the private sector to provide reproductive health services and help standardize the quality of care provided in developing countries. Franchising can employ a wide range of skilled, semi-skilled, and unskilled but trainable people in developing countries to expand access to good quality, affordable family planning, and other reproductive health services in the private sector. However, sustainability and cost-effectiveness were a concern. (Nelson, K, Magnani R, 2000.)

The level of donor support is a key factor in determining the appropriateness of pursuing a franchise approach. A donor may bring its own conditions, priorities, and expectations for success of the franchise, which may influence the relationship between the franchisor and the franchisee, including the motivation of each to succeed. Franchising is attractive to some donors because of its potential to mobilize the private sector to deliver reproductive health services, control the quality of care, and offer some hope of

sustainability through use of fees to recover some costs. Balancing sustainability with meeting social goals is challenging, and involves issues such as capacity building, organizational strengthening, and business management skills training.

Although donors had worked with the private sector through social marketing programs for condoms and other commodities, social franchising represented a new type of involvement. “While generations of social marketing programs have centered on contraceptive products (such as the pill or condom), clinic franchising extends these principles to services - service marketing, (Stephenson R.2002) and (Chapel Hill, 2002).

The classic social franchising model used in family planning and other reproductive health projects expands the access to and use of services to additional clinics, hospitals, pharmacies, or other locations. This is typically done by the use of logo branding, training of the new franchisees, monitoring of quality, and other techniques through a formal franchise arrangement. Some social franchising projects, such as the Familia project in Tanzania, grow from a successful social marketing program that is then replicated or extended from commodities to services. The commercial provider model may begin on a small scale, involving only 15 or 20 clinics, but then usually expands in number and territory similar to a commercial franchise.

2.2.1. Significance of the model to Contraceptive Prevalence Rate.

In Pakistan, Population Services International (PSI) and its local affiliate, Social Marketing Pakistan (SMP), had developed a successful social marketing campaign selling condoms through private-sector outlets. But social marketing could not meet the growing need for other contraceptives and clinic-based services. Turning to the franchise approach, they launched the Green Star Network of family planning service providers in urban areas of Pakistan.

In 1995, Green Star trained 300 doctors and paramedics in two urban areas as a pilot project, based on a curriculum used in Indonesia to train private-sector providers in

family planning delivery. Advertising over local television and radio generated demand, and clinical services increased dramatically. The project responded, training more providers throughout the urban areas of the country. In its first five years, the project grew to include some 11,500 private-sector health providers, including pharmacists and junior paramedics, in more than 40 cities, with some 10 million client-visits per year. Contraceptive prevalence rates jumped from 18 percent to 24 percent, with dramatic rises in use of oral contraceptives, injectables, and intrauterine devices. The project demonstrated the capacity for social franchising to support a very rapid scale-up in the delivery of health care services. On the opposite side of this coin are the great difficulties encountered in monitoring outlets and managing information from a large number of franchises brought on board quickly.

In other countries where marketing conditions were well suited for franchising, projects have also been successful in an evaluation of survey data from some 14,000 clients from nearly 2,700 health facilities in Ethiopia, India, and Pakistan. (Dr. Stephenson. Johns Hopkins University)

Franchising positively influences family planning and reproductive health client volume, staffing levels, and the number of family planning brands and reproductive health services available. Client satisfaction is higher at franchised than other types of health establishments (Stephenson R. 2002).

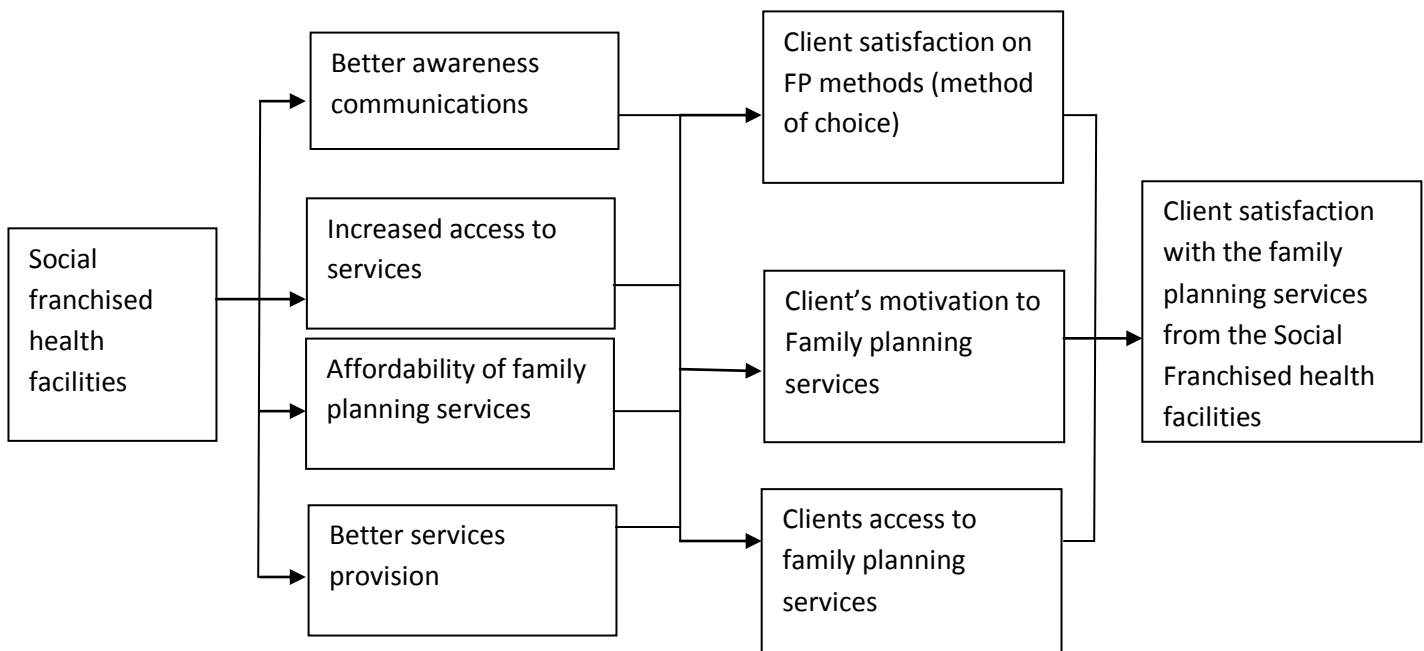
2.3. Conceptual framework

In this study Social franchising is a concept measured relative to the four globally accepted objectives of social franchising – increased access to providers (scale) and services offered (scope); improved quality standards; increase equity in serving all population segments; and maximized cost-effectiveness.

Clints' satisfaction social franchised in Family planning services, is a concept measured by a number of indicator variables categorized under Better communications, Access to services, affordability of services and better services.

Better communications measured by source of information to women at reproductive age, Access to services measured by walking distance and means of transportation used to access the health facility, affordability of services measured by the amount of money paid for the services and better services measured by health facility environment, variety and choice of FP methods and providers attitudes to clients.

Fig 1: Conceptual framework



CHAPTER THREE

RESEARCH METHODOLOGY

Introduction

This chapter present the methodology used in this study. Research design, study area, study population, units of analysis, variables and their measurements, sample size and sampling techniques, types and sources of data, data collection methods, validity issues and data analysis methods.

2.1. Research design

The study involved description of social franchising strategy in relation to increase of CPR in Tanzania. Since the researcher had no control over the variables but to report what was happening (preference of people), thus this research type was a descriptive one.

Thus, the research was dealing with subjective assessment of attitudes, opinion and behavior that required a qualitative method (Kothari, 2004)

The researcher used the survey method for testing the correlation of variables.

2.2. Study area

The study was conducted in six districts of Morogoro region (Kilosa, Mvomero, Kilombero, Ulanga, Morogoro district and Morogoro municipal). The reasons for selecting these areas were the presence of Familia social franchised facilities which were doing family planning services, financial costs as researcher works at Morogoro region and familiarity with the study area which easier the process of data collection.

2.3. Location of the study area

Morogoro Region is one of the 20 Regions in Tanzania Mainland. The Region lies between latitude 5o 58" and 10o 0" to the South of the Equator and longitude 35o 25"

and 35o 30" to the East. It is bordered by nine other Regions. Arusha, Manyara and Tanga regions to the North, the Coast Region to the East, Dodoma and Iringa to the West, and Ruvuma, Njombe and Lindi to the South. The region has a population of 2,218,492. (NBS, population census, 2012)

Morogoro Region occupies a total of 72,939 square kilometres which is approximately 8.2% of the total area of Tanzania mainland. It is the third largest region in the country after Arusha and Tabora Regions and have seven districts (Kilosa, Kilombero, Ulanga, Mvomero, Gairo, Morogoro district and Morogoro municipal).

2.4. Study population

Study population comprises of women at reproductive age who received Family planning services from Familia social franchised facilities in seven districts of the region namely Kilosa, Kilombero, Ulanga, Mvomero, Gairo, Morogoro district and Morogoro municipal. From each facility, five women were selected as a sample thus making a total of sixty five respondents as stipulated in table 3.1.

2.5. Unit of analysis

The unit of analysis was women of reproductive age who received family planning services from Familia social franchised facilities, the summary of unit analysis is presented in the table 3.1 below:

Table 1: unit of analysis

District	Number of selected Familia Social Franchised Facilities	Number of the respondents
Morogoro district	2	10
Morogoro municipal	4	20
Ulanga	1	5
Kilombero	2	10
Kilosa	2	10
Mvomero	1	5
Gairo	1	5
Total	13	65

Source: Researcher, (2013)

2.6. Variables and their measurement

Variables under this study includes, use of modern family planning methods, accessibility of the health facility, availability of the range of family planning methods in the health facility, communication methods used, family planning services affordability, spouse involvement, health providers attitudes towards clients, clients privacy during service provision, providers' ability to keep clients secrets, clients' insights on the family planning services provided, post insertion services, clients' motivation and clients' opinions towards the services.

2.7. Sample size and sampling technique

2.1.7. Sample size

This refers to the number of items to be selected from the universe to constitute a sample. This study used a sample size of 65 women who received services from Familia social franchised facilities in Morogoro region. This sample size was selected because of

the nature of the population, therefore selection of elements was base on ease of access and a convenience sampling method was appropriate.

2.1.8. Sampling technique

The sampling technique that was employed was purposive or convenient sampling. The researcher used a snow ball approach; this sample size fulfilled the requirements of efficiency, representativeness, reliability, flexibility and budget requirements, whereas the first identified respondents was used to reach others. This method of one known respondent used to reach those unknown is usually known as snow ball. This was only including the clients who received Family planning service from January 2013 to June 2013.

To ensure maximum attainability of the required information from primary sources; 5 clients from each Health facility was included into this study. This brought the total respondents to 65 from all 13 Health facilities.

2.8. Data collection method

The data collection was done by the researcher through visiting all the 13 franchised health facilities in Morogoro region. A semi – structured interview guide was used to generate the required data from the respondents. In this way, each answer provided by the respondent was followed by a follow-up question to confirm the validity of the data received.

The researcher collected data by interview. The semi structured questions, consisting of approximately twenty questions divided into four parts. Part A was responding to objective number one, part B responding to objective number two, part C responding to objective number three and part D had questions for clients' general comments

Secondary data was collected at the health facilities, through reading the records kept at these facilities. In the other hand, the reports from the Ministry of Health and Social Welfare and those from PSI Tanzania.

2.1.8. Data collection instrument

The data collection instrument was semi –structured interview guide. Semi-structured interviewing is more flexible than standardized methods such as the structured interview or survey. Although the interviewer in this technique established general topics for investigation, this method allowed for the exploration of emergent themes and ideas rather than relying only on concepts and questions defined in advance of the interview. The interviewer usually used a standardized interview schedule with set questions which was asked to all respondents. The questions tend to be asked in a similar order and format to make a form of comparison between answers possible. However, there was also scope for pursuing and probing for novel, relevant information, through additional questions often noted as prompts on the schedule. The interviewer frequently had to formulate impromptu questions in order to follow up leads that emerge during the interview.

2.9. Data Analysis

The responses to the semi- structured questions were analyzed using both simple techniques as referring to the objective of the study. The data was sorted into qualitative and quantitative data. The data collected was analyzed using the computer software known as Statistical Package for Social Science (SPSS).

CHAPTER FOUR

PRESENTATIONS AND DISCUSSION OF THE FINDINGS

4.0. Introduction

This chapter presents and interprets the findings about the impact of social franchising as a strategy for family planning to clients' satisfaction in Tanzania. It provides the social demographic characteristics of the respondents, analyzing and interprets the findings, and finally the chapter provides a discussion of the findings by reflecting the reviewed literature.

4.1. Demographic characteristic of respondents

This section tries to display the Age, Marital Status and education level of Respondent. This is analyzed below; it was taken to ensure the entire respondents are really from the reproductive age (15-49 years). Also it was useful to know the marital status so as to know between the married and unmarried which group is responding to the services than the other and why? And the role of a spouse on partners' up takes of family planning methods. The education level was also useful data for the analysis and understanding of the effectiveness of means of communications used for family planning.

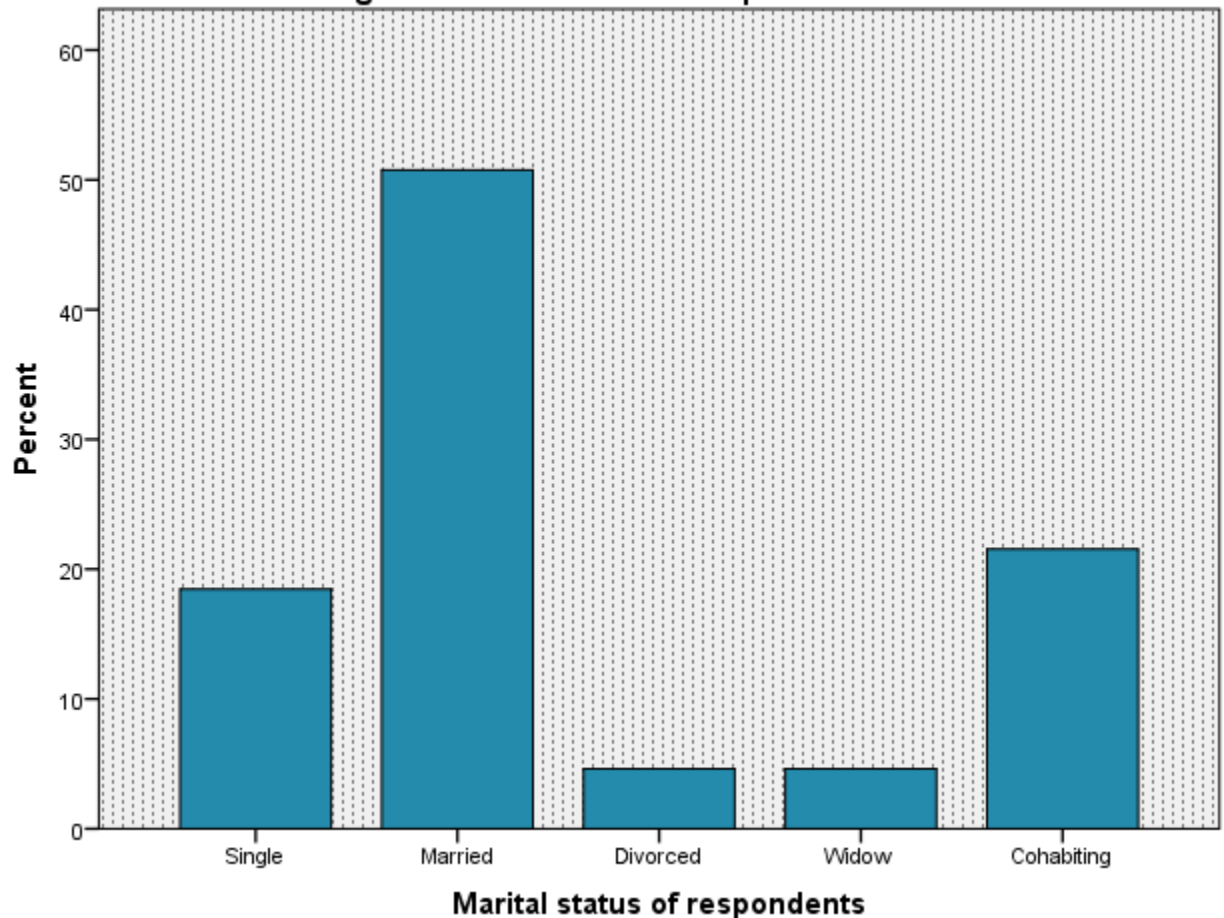
Table 2: Age of respondents

Age groups	Frequency	Percent
15 -20	27	41.5
21-30	18	27.7
31-35	15	23.1
above 35	5	7.7
Total	65	100.0

All the respondents were women of reproductive health aged 15 – 45. These respondent during data analysis were categorized in four age groups as depicted in the table 4.1 whereas the groups are of 15 -20 (27), 21-25 (18), 31-35 (15) and above 35 (5). This categorization was in view that in those age groups the respondents were assumed to have similar characteristics in the consumption of FP services.

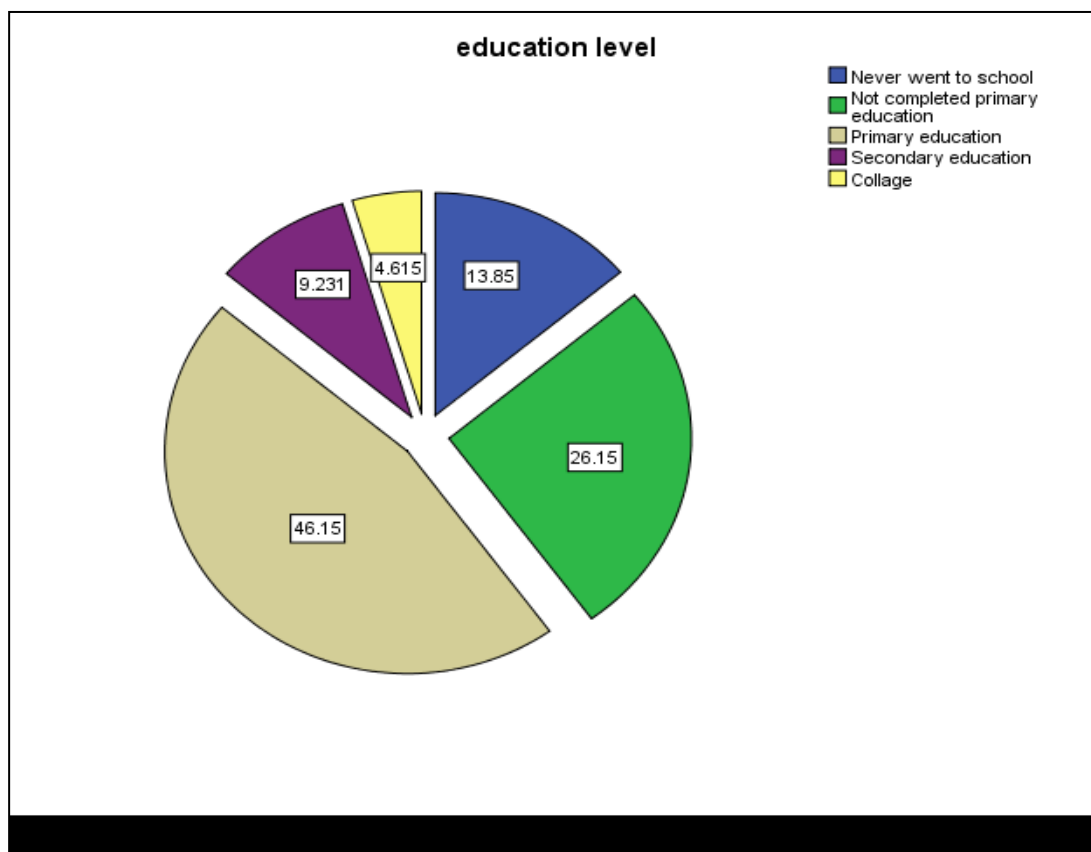
During the data collection the respondent were asked about their marital status. The data indicated that the majority of the respondents were married 33 (52%) followed by those who are cohabiting 14 (22%), single were 12(18%) and the remaining were widows and divorced 6 (10%). Marital status has either negative or positive implication to FP services uptake. This implication is discussed thoroughly in the discussion section underneath. Figure 4.1 depict the marital status of the respondents

Fig: 4.1 Marital status of respondents



All respondent were asked about their level of education as it was indicated that the level of education influences FP service uptake among the population. About 40% of all respondents either did not or have some form of education but never completed primary education while about 46% of all respondents completed primary education. Those completed secondary education and college were 9% and 6% respectively. The pie chart below indicate the level of education of all respondent

FIG 4.2 Education levels of respondents



4.2. Clients' knowledge on access to family planning Services in social franchised facilities

Clients' knowledge on access to FP services serves as a measure of where to get question, this is very potential in ensuring all the women in need of FP services know where to access them. And also save for the purpose of ensuring the information and communications for FP services are well articulated by targeted population.

In this area we explore if the respondents were serviced with any FP method from social franchised facilities and what type of method did they use as just to confirm their first respond. Secondly the researcher required the respondents to mention where they got the

information about FP services and assessed if the respondents know where to get the FP services

4.2.1. Findings on the knowledge on access to family planning services from social franchised health facilities.

From the respondents, all of them responded to have been serviced with a FP method from the social franchised health facility. Normally there are five FP methods. In the study area the most common methods used are IUD 55 (85%) and Implant 10 (15%). Other methods such as condoms, injectables and pills were not mentioned by the respondents. This is stipulated in the table below;

Table 3: Family Planning methods used

Method used	Frequency	Percent	Cumulative Percent
IUCD	55	84.6	84.6
Implant	10	15.4	100.0
Total	65	100.0	

The respondents were also asked about where they got information about FP services. About 40% (26) get information from the health facility, 52% (34) get information from the Inter-personal Communication Worker (IPCW), 6% (4) get information from friends and respondents equivalent to 2% (1) get from media.

On the issue of availability of FP services; 100% of the respondents contented that all social franchised health facilities have FP services. According to the respondents, 43 (66%) get the FP services at the Hospital while 22 (34%) get the same services at dispensaries. This means 100 percent of all the respondents are getting the modern FP methods.

4.2.2 Discussion on clients' knowledge on access to family planning services in the social franchised health facilities.

The most common barriers of women seeking the FP services from the health facilities in Tanzania like other women in different parts of the world are; mistrust of existing family planning service providers, lack of knowledge about where to seek quality services, lack of confidence in the safety or efficacy of the methods available; and lack of social support for family planning from husbands and the larger family and community (SMAR, 1996).

From the study all the respondents showed that they were able to access the health facility throughout the year and most of them could access the facilities by foot or by bicycle while the remaining means of transport (Motorcycle and bus) are lagging behind as stipulated in the table below.

Table 4 Transportation means

Means of Transport	Frequency	Percent
On foot	29	44.6
Bicycle	16	24.6
Motorcycle	7	10.8
Bus	13	20.0
Total	65	100.0

In this study the family planning services from the social franchised health facilities provide easy to assess the health facilities since they are scattered to different parts of the districts thus bringing services closer to the people. Thus the facilities are accessible throughout the year as the study reveals.

Availability and affordability of the FP methods and services is one of the motivating factors for women seeking FP services in these social franchised health facilities, from

the study, the respondents showed that, the FP methods and services from these facilities were available all the time and affordable. Since the respondents were from different financial and environmental background, it was revealed that, the services are afforded to all types of women in the Tanzania. But from different suggestions of the respondents, some of the respondents suggested for the Implant costs to be reduced.

4.3. Factors influencing clients' uptake at the social franchised private health facility

For the client to attend a particular health facility for family planning services like any other health services there is a number of factor that can influence the choice of a particular facility to the next one. This section tries to explore different factors that influenced the respondents from attending the social franchised facilities compared to the other facilities like government facilities.

4.3.1. Findings of the factors influencing the clients' uptake of family planning services from the social franchised health facilities

Distance and means of transport

The respondents were asked on distance to the health facility whereby the time used to reach the health facility was used to determine distance. About 52 (80%) respondents indicated that they live nearby the health facility providing FP services which is almost a 30 minutes walking distance. 13 (20%) indicated that they have to walk for one and half hours to reach the health facility. When asked on the means of transport to the health facility, 29 (45%) respondents walk on foot, 16 (25%) respondents use a bicycle, 2 respondents use a motorcycle (3%) and the remaining 13 (20%) use a bus. This information generally gives the picture that the health facilities providing FP services are accessible to clients of FP.

All respondents when asked about the nature of the roads responded that all roads are passable throughout the year. This means there is no blockage in terms of infrastructure that hinders the FP client from accessing the services whenever they need.

Availability and affordability of FP services

When accessing the availability and affordability as being the factors influencing clients' uptake the respondents on the issue of availability of FP services; 100% of the respondents contented that all health facility have a good range of FP methods, normally there are five FP methods. In the study area the most common methods used were IUD 55 (85%) and Implant 10 (15%). Other methods such as condoms, injectables and pills were not mentioned by the respondents. Also according to the respondents, 43 (66%) get the FP services at the Hospital while 22 (34%) get the same services at dispensaries. This means 100 percent of all the respondents are getting the modern FP methods.

One other important aspect of accessibility is the affordability of the product to the targeted population. 65 (99%) of respondents reported that the FP services were affordable. This means that the services are sold at affordable prices giving all those who need the opportunity to use them.

Clients' motivation

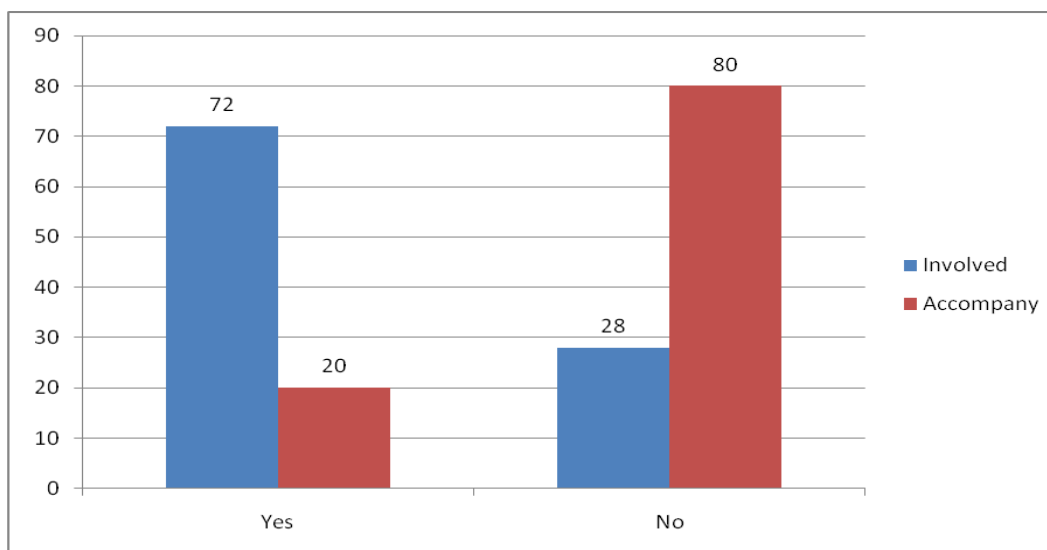
For clients to keep a good pace of receiving FP services from a particular health facility, there are some motivation factors which can facilitate the client flow and if not observed the clients will ignore the facility, thus questions on different motivation factors were asked to the respondents concerning privacy and confidentiality, it was assessed as one of the determinants of the client satisfactions. In this regards, the respondents 64 (98%) reported that there is high degree of privacy in the Health facilities delivering FP services. This implies that the infrastructures and available systems are well placed to ensure that the client privacy is maintained all the time. This motivates the client to continue using the FP service next time when they need them.

Among the aspects of client motivation is the health providers' attitude towards clients, from the study, 64 (98%) of the respondents agreed that providers were friendly to them during and after the services. This implies that, most of the providers attend the clients very well.

Misconceptions and wrong information about modern FP methods in the community are among the de-motivating factor for modern FP intake among the women at reproductive age, thus the respondents were asked if the providers were helpful in answering the questions and provided necessary assistance to clear misconceptions, (100%) of the respondents agreed that the providers were helpful to them. This means the clients are confident in the services they received.

Involving spouse in the FP services is very potential, men can be main barriers or motivators of women in up taking FP methods and services. The respondents were asked if they involved their spouse before attending the FP services. 47 (72%) of the respondents involved their spouses while 18 (28%) of the respondents did not involve their spouse. This means most of the women in relationships do involve their spouses but there is a need to increase men involvement in the FP services decisions in the relationships. This is stipulated in the figure 4.3 below.

Figure 4.3 Spouse involvement and companionship to social franchised health facilities



The respondents who involved their spouses were also asked if they were accompanied by their spouses to the health facilities and the responds were; 52 women (80%) of the respondents were not accompanied by their spouses to the health facilities while 13 (20%) of the respondents were accompanied. This implies that, most of the men don't attend the health facilities for FP services with their spouses. This is stipulated in the figure 4.4 above.

Keeping clients' health secrets is one of the factors that may motivate or de motivate clients from attending the FP services in a particular society, health providers by virtue of their position and code of conduct, they are required to keep health secrets of the client they attend. Respondents were asked if they feel the health providers can keep their health secrets, 63 (97%) of the respondents had confidence that health providers can keep their health secrets while 2 (3%) of the respondents did not believe the health provider can keep their health secrets. This means that, clients have confidence on the health providers at the health facilities.

The respondents were checked to know if they think the health providers can be obstacles to other women seeking FP services in their health facilities, 63 (97%) of the respondents said they don't think the health providers can be obstacles to other people seeking FP services in their health facilities while the remaining 2 (3%) of the respondents said they think so.

Making a close follow up to the clients after service (post service follow up) is among the motivating factors to the clients especially when they attend the services at the first time, this helps in identifying and attending any side effect or complication that may arise from the receiving FP services. Respondents were asked if they know where to get the assistance in case of any side effect. (100%) of the respondents said they know in case of any side effect they seek assistance from the health facility. This means the clients are confident with the FP services provided by the health facilities they attend.

4.3.2. Discussion on the factors influencing clients' uptake of the family planning services from the social franchised facilities.

From the study, the respondents were motivated to get FP services from social franchised health facilities as compared to other health facilities (public facilities and non-franchised private facilities) due to availability of different FP methods for choice, adequate privacy during service provision, continuity of care provided in the enfranchised facilities and greater trust and confidence to providers as most of them revealed that the providers were friendly to them during service provision, the providers also were trusted to keep clients' health secrets and most of the respondents agreed that the providers cannot be the obstacles to other prospective clients seeking the services from the same health facility, lastly, most of the respondents revealed that, the providers were very helpful in clearing all the misconceptions and myths on FP methods and services that's why they were happy with the services and could even refer friends and relatives to the health facility for FP services.

The study also revealed that, most of the clients who had spouses involved their partners concerning FP services and even methods of FP, this shows there is a social support from the husbands when they are involved and well informed about the importance of planning a family. However the study shows that, most of the men are not yet ready to accompany their spouse to the health facilities for FP services, this might have a number of reasons but the study suggests for the programs dealing with FP services to suggest ways to actively involve men directly in the FP issues.

From the study most of the respondents agreed that they received the methods of their choices, this implies that, they were well informed about the FP methods and had a good knowledge and confidence on the safety or efficacy of the FP methods they chose.

All the respondents got the information on the FP services from the social franchised facilities through Health facility, IPCW or friend. This means that, there is a proper knowledge to clients on where to get the quality FP services.

4.4. Client Satisfaction on the family planning services provided at the Health Facility

Client satisfaction is from any service provided depends on the pre and post service feeling. This can be measured from the clients' perspective of the whole service process. This was identified through various factors which are stipulated below. The factors were used to picture the level of satisfaction from the respondents.

4.4.1. Social franchised family planning services and clients' satisfaction

The respondents were examined on the client satisfaction on the availability of FP range of methods in the health facility, 64 (99%) of the respondents said the availability of the FP methods and services are just right. This implies almost all the health facilities had all range of FP methods for client to choose.

On the other hand, respondents were examined on the issue of clients' choice for FP methods and services. When asked on whether the respondents were able to get their

method of choice; 62 (95%) of the respondents got the method of choice while the remaining 3 (5%) of the respondents did not.

Clients' satisfaction involves the whole process of service received from the health facility to the exit period (after service). The respondents were asked if they were satisfied with all activities involved during and after receiving FP services from the health facilities. (100%) responded that they are satisfied with the FP services from the health facilities they received the services. This means FP services in the health facilities are good to satisfy clients to attend them.

The respondents were asked if they have any other comments concerning the FP services from the health facilities they attended and they responded as follows; services are good, Keep it up, privacy issue should be observed, clients should be serviced just on time, there should be no appointments, all long term methods should have the same prices, implant price should be reduced, service providers should be increased, there should be more promotion materials to satisfied clients, there should be more IPCWs in the field, outreach services should be introduced, services should extend to far rural, post insertion education on side effects should be intensified, permanent methods should be introduced.

The respondents from the study showed that, they were very much satisfied with the FP services received from the social franchised facilities since (97%) of the respondents agreed to suggest FP services from these facilities to their friends or relatives and some of them sent some of their friends and relatives to access the services. Table 4.5 below shows the percentage rate of the respondents who agreed to suggest services to the friends or relatives.

Table 5: Respondents willingness to recommend friends or relatives for Family Planning services at Familia Franchised facilities.

Response	Frequency	Percentage
Yes	63	96.9
No	2	3.1
Total	65	100.0

Also from the study, the respondents were asked if they were satisfied with the FP services they received, 65 (100%) of the respondents agreed that they are very satisfied with the FP services they received from the social franchised health facilities. This implicates that the FP services provided by the social franchised health facility suffices the clients' expectations and requirement. Thus client satisfaction with the services delivered by Familia franchisees is high.

The availability of the range of FP methods for a client to make a preference is vital to the client satisfaction, when respondents were asked about the availability of range of FP methods in the social franchised facilities, 64 (99%) agreed to have an opportunity to make a preferred choice of method during the counseling process in FP services. The remaining client who said "NO", preferred to have permanent method which is not yet introduced in the FP package of social franchised facilities in Familia network.

Respondents' General comments

If the clients are satisfied with particular services or product they tend to refer friend, colleagues and relatives to those services or products. Respondents were asked if they would refer friends or relatives to the health facilities for getting FP services. 63 (97%) of the respondents agreed to be able to refer friends or relatives to the health facilities for

FP services while 2 (3%) of the respondents did not agree. This implies that, most of the clients have the ability to be satisfied users of FP methods.

4.1.3 Discussion on the family planning social franchised health facilities and clients' satisfactions.

This community based study tried to assess the impact of social franchised facilities in FP in relation to clients' satisfaction in Tanzania the case of Morogoro therefore the study was focusing on assessing three main areas which are; clients awareness on access to FP services, factors influencing clients uptake at the franchised health facilities and the clients' satisfaction on the FP services provided in the franchised facilities.

In this study, it was learnt that at least all the respondents were serviced with the modern family planning method from one of the social franchised facilities, and the respondents agreed to have accessed the family planning information from one source which is linked to the facility like IPCW or health provider, and lastly the respondents agreed to be able to access the health facilities throughout the year when required. This displays clients are able to access family planning services.

In assessing the factors influencing clients uptake at the social franchised facilities, from the findings we realize that, when the spouse are involved, the facility is not far from the community, there is a range of family planning methods for choice, and service quality standards are observed, the clients will definitely be motivated to attend the facility for the family planning services.

In assessing if the women who received FP services from the Familia social franchised facilities are satisfied with the whole FP services delivered in a particular health facility. The study reveals that almost all the women were satisfied with the services they received from the social franchised facilities because most of them were ready to suggest the services to their friends and relatives, they were revealed that, the services received from the facilities were equal or more than their expectations before getting to the social franchised facilities.

This study reveals that, the success of social franchised FP services of the Familia Network demonstrates that good family planning services can be delivered effectively and efficiently to women of reproductive age through the private sector if health providers are equipped and motivated to do so (Julie McBride, MPH, and Rehana Ahmed, MD September 2001)

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter provides key conclusion that have been drawn from the analysis of the major findings of the present study. The conclusion appeals to both theoretical and practical issues pertaining to the objectives of this study. Since the research process is never an end in itself but a means to an end, the chapter also presents a set of recommendations as to what would be done to address the challenges facing the women at reproductive age on modern family planning methods and services in Tanzania.

5.2 Summary

Based on the respondents' characteristics in the study area, the majority of the respondents (42%) were between the ages of 15 to 20 years, and many (52%) of the respondents were married while large percent (46%) attained primary education. 100% of the respondents were found to have used FP services at the social franchised facilities.

The first objective of the study was to explore the clients' awareness on access to family planning services. To achieve this objective, descriptive analysis was performed. The respondents identified five factors which affect the accessibility of the FP services, one was the distance to the health facility, it was learnt that the most serviced clients leaving in the nearby areas and closer villages to the health facility, this depicts that the women from far areas from the franchised facilities are not yet reached or if reached is just partially. Two, the nature of the roads is the other factor for FP services accessibility, the study show that all the clients services are from the areas where the roads are passable throughout the year. Three, availability and affordability of the FP services in the health facilities, the study shows that, the social franchised facilities have all modern FP methods and services this motivates clients to access the services from the health facility, the other potential factor is the affordability of the FP methods, the study shows

that the clients' access to FP methods is also affected by the price of the methods. Lastly is the information communication factor, this was revealed by the study that, when the FP information are more communicated to the target people the response do increase as more are well informed on FP services. Thus the social franchised family planning services is accessible to the women of reproductive age in need of the services mostly who reside around (nearby) the facility, the clients also are reached with the communication awareness activities for family planning provided by the facility and the facilities have adequate family planning methods for client choice. These helps in increasing equity in serving all the population segments and increased access to providers and services offered. These contribute to the client satisfaction as the clients are not willing to or are discouraged to get family planning services if they provided by afar facilities which are hard to be reached, also the clients are satisfied with the family planning services if they get the opportunity to select the method of their choice rather than be coerced to one of limited methods of family planning.

The second objective of the study was to assess the motivation or de-motivation factors that influences client uptake to family planning services. The results revealed that, privacy and confidentiality are among the prime factors for the clients' motivation to FP services, when the health facility environment provides an adequate privacy during the FP services and the provider during the services provide adequate privacy to the client like "no interferences from other health providers during the services in the service room. Secondly the providers should demonstrate positive attitudes to FP clients all the time, thirdly, if there is spouse involvement, the clients are much more motivated and free to access the services, and lastly, when the providers observe their code of conduct especially keeping client's health secrets, it is motivating to clients knowing they can trust the health providers. The above mentioned factors contribute to the improved quality standards and the increased access to providers and services offered. The clients are more satisfied when their confidentialities are observed and providers display good attitudes to them.

The third objective of the study was to assess the client satisfaction on the family planning services provided at the health facility. The findings indicated that, there are three factors which FP clients are satisfied with in the social franchised facilities; availability of range of FP methods in the health facilities, choice of the methods is another area where the clients are more satisfied when they have a chance to choose a method of their choice and the last one is the pre and post service process of FP, the clients are much satisfied when they receive the good welcoming in the facility, and have the quality pre services and services while being assured with continuity of care (post service). The respondents displayed that, the clients are satisfied when their expectation on the services provided in a particular facilities are corresponding to the services they get in the services when they attend the facility, this helps in increased access to services and maximizing quality standards.

Generally the when the respondents were required to give out their comments, there suggestions were; the program should extend its products portfolio to accommodate the permanent FP services, implants method price should be reduced, there should be no appointments in getting FP services, many said that the services are good they should Keep it up, Privacy issue should be observed, Service Providers should be increased, there should be more promotion materials to satisfied clients, there should be more IPCWs in the field, Outreach services should be introduced, Services should extend to far rural and Post insertion education on side effects should be intensified.

5.3 Conclusion

Basing on the findings, it is concluded that, social franchised facilities provide client satisfactory FP services to women at the reproductive age. This is due to the fact that, 100% of the women serviced at the social franchised facilities were very satisfied with the services provided and 97% of the respondents were willing to suggest the same services to friends and relatives.

Also through the use of various information and communication services the social franchised health facilities have managed to pull more clients of different levels and

environment to attend the health facilities where they receive the satisfactory services which satisfy a client and thus allowed the accessibility of FP services to much more clients.

5.4 Recommendation

The following recommendations can be made from the conclusion drawn above;

- 1) The study revealed that, the social franchised health facilities help the women at reproductive age to access the quality FP services, thus there is a need for the strategy to be adopted by much more private facilities in urban, per urban and rural areas in Tanzania.
- 2) The social franchising model to private facilities on FP services is performing well in providing the clients choice of service thus there should be much more information and communication activities on the profits and side effects of the FP methods so as to make more women at reproductive age who are eager to get the services but are stumbled by myths and misconceptions should have enough and proper information on the FP methods and services.
- 3) From this study, we perceive that social franchising family planning facilities can perform much better if some of the things under listed below are observed;

Providers should not give appointments to clients; this was one of the respondents concerned. They recommended that, they should be attended and serviced just on time and not been given appointments. This is due to many social factors one being distances from where they reside to the health facility plus transportation costs.

Permanent family planning methods should be added in the portfolio, this will increase the range of choice to clients. From the study some of the respondents said to take some methods not of their choice since they could not get the permanent method as is of their choice.

In the social franchised health facilities, there should be enough trained providers depending on the number of clients attending the facility per month,

some of the respondents were concerned about a few number of providers where they said in some facilities if the trained provider is on leave or travel, the services are to wait for her return.

The social franchised health facilities should conduct some outreach events in far to reach areas. This was observed from the study that, the social franchised health facilities seem to serve the surrounding areas and the nearby clients from the facility and not the far to reach and interior areas.

Another recommendation from the study is, male involvement is very essential in ensuring the women response to the family planning services, there is a need to develop a knowledge package for male on family planning issues, this will help them in accepting the methods, discussing with their wives openly on family planning issues and attending the social franchised facilities for family planning education and wife's support. This will have a double impact since later on the male will have a culture of attending reproductive health sessions with their wives in the clinics.

5.5 Areas of further research

- I. The study did not conduct a comparative study assessing the client satisfaction in relation to social franchised and non social franchised health facilities. There is a need to do it as it helps to identify the gaps on one of the players and suggest the ways to work on them.
- II. There is a need to conduct a research on providers' quality of services and clients satisfaction, this will help in assessing the nature of the service providers as compared to clients' satisfaction. This is potential in identifying gaps in services delivery from providers' angle in relation to clients' satisfactions.

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APPENDIX 1

Consent form

My Name is I am a student at Mzumbe University. In order to accomplish my Master degree, I am required to conduct a study of my interest for partial fulfillment of the awards of this degree. In this regards I am conducting a study on franchised Family Planning. With this background, I am asking you to participate in My study. Any information that you will provide will only be used for the purpose of this research and not otherwise. If you agree to participate kindly sign here Date

PART A

1. What is your age range?

- a) 15-20
- b) 21-30
- c) 31-35
- d) Above 35

2. What is your marital status?

- a) Single
- b) Married
- c) Coherent
- d) Divorced

3. Have you ever used FP services?

- a. Yes
- b. No

- c. What services did you use? Specify.....
- 4. Where did you get the FP services
 - a. Hospital
 - b. Dispensary
 - c. Community based distributors (CBD)
 - d. Others (specify).....
- 5. What is the distance from where you obtain FP services
 - a. A 30 minutes working distance
 - b. About one and half hours working distance
 - c. Above 3 hours walking distance
- 6. What means of Transport do you use to reach FP services
 - a. On foot
 - b. Bicycle
 - c. A bus
 - d. Other (specify)
- 7. If you are using a bicycle or bus is the road passable all the year?
 - a. Yes
 - b. No

8. How did you get information about the where to get FP services

- a. From the health facility
- b. Billboards
- c. Media
- d. Other means (explain)

9. Were the FP services available?

- a. Yes
- b. No

10. If Yes in Q7, were you able to choose the method of your choice?

- a. Yes
- b. No
- c. If no why.....

11. Were the services affordable?

- a. Yes
- b. No

Part B: Motivation

1. Were the Health providers friendly to you?

- a. Yes
- b. No
- c. If 'no' can you give more explanation

2. Were the health providers helpful to you
 - a. Yes
 - b. No
 - c. If 'no' explain.....
3. Did you involve your spouse?
 - a) Yes
 - b) No
4. Does your spouse accompany you to the health facility?
 - a. Yes
 - b. No
 - c. If 'Yes' how was he involved by the health providers
5. Do you feel the environment at the health facility provided adequate privacy?
 - a. Yes
 - b. No
 - c. If 'no' why

6. Do you feel if the health staff can keep secrets that you tell about your history of using FP services?
 - a. Yes
 - b. No
 - c. If 'no' why
7. Do you think that the health provider can be an obstacle to other people seeking FP services
 - a. Yes
 - b. No
 - c. If 'Yes' why

Part C: Client Satisfaction

1. What was the availability of FP methods and services at the HF
 - a. Not available
 - b. Just right
 - c. Occasionally available
2. Were you satisfied with the provision of FP services at the health facility
 - a. Yes
 - b. No
 - c. If 'no' why

3. Where do you get assistance when you get any side effect
 - a. At the health facility
 - b. Traditional healers
 - c. Traditional birth attendants (TBA)

PART D: General Comments

1. Do you recommend other persons/friends to FP services provided by this Health facility
 - a. Yes
 - b. No
 - c. If 'NO' why
 - d. If 'Yes' Why
2. Do you have any observations or comments about this study
 - a. Yes
 - b. No
 - c. If 'YES' Kindly explain

APPENDIX 2

Dodoso la utafiti kwa wanawake waliotumia huduma za uzazi wa mpango kutoka vituo binafsi vilivyo chini ya mpango wa social franchise wa PSI/Tanzania

Jina langu naitwa ni mwanafunzi katika chuo kikuu cha I Mzumbe. Kwa ajili ya kukamilisha shahada yangu ya uzamili, natakiwa kufanya kufanya utafiti wa jambo lolote lililo ndani ya mchepuo wangu wa masomo kama sehemu ya msingi katika kukamilisha shahada yangu hiyo..kwa kulijua hili ndiyo maana nafanya utafiti huu kwa ajili ya kuboresha huduma za uzazi wa mpango katika vituo vya binafsi vilivyo chini ya mpango wa Familia social franchised ili huduma hizi ziweze kuwa za kumridhisha mteja katika kiwango cha juu anacho kitegemea.tafadhali ninaomba unipe muda wako kidogo ili ujibu maswali katika dodoso hili. Taarifa utakazonipa/toa ni kwa ajili ya matumizi ya maswala ya kielimu tu na si vinginevyo. Majibu yako yatatathimiwa na yatakuwa ni siri. Tafadhali weka sahihi hapa..... Tarehe

PART A

12. Umri wako ni kati ya?

- e) 15-20
- f) 21-30
- g) 31-35
- h) Juu ya miaka 35

13. Je nini mahusiano yako ya kindoa?

- e) Sijaowa/olewa
- f) Nimeowa/olewa
- g) Tunaishi bila ndoa
- h) Tumetengana

14. Umewahi kutumia huduma za uzazi wa mpango?

- a. Ndiyo
- b. Hapana
- c. Njia gani uliitumia?

Bainisha.....

15. Ulipata wapi huduma hii ya uzazi wa mpango?

- a. Hospitali
- b. Dispensari
- c. Wahudumu wa afya wa jamii (CBD)
- d. Wengine (bainisha).....

16. Nini umbali wa kutoka unapoishi mpaka kwenye kituo cha afya?

- a. Dakika 30 za kutembea
- b. Kama lisaa na nusu hivi kwa kutembea
- c. Zaidi ya masaa matatu ya kutembea

17. Aina gani ya usafiri unayotumia kufika kwenye kituo cha afya?

- a. Kwa mguu
- b. Baiskeli
- c. Kwa basi
- d. Nyengine (bainisha)

18. Kama unatumia baiskeli au basi je barabara inapitika kwa mwaka mzima?

a. Ndiyo

b. Hapana

19. Ulipataje kujuwa kuhusu huduma za uzazi wa mpango?

a. Kutoka kwenye kituo cha afya

b. Mabango ya barabarani

c. Vyombo vya habari

d. Njia nyinginezo (elezea)

20. Huduma za uzazi wa mpango zilikuwepo?

a. Ndiyo

b. Hapana

21. Kama ndiyo katika swali la saba, uliweza kuchagua njia inayokufaa?

a. Ndiyo

b. Hapana

c. Kama hapana kwanini?.....

22. Je huduma zilikuwa za gharama nzuri?

a. Ndiyo

b. Hapana

Sehemu ya pili :

8. Je wahudumu wa afya walikuwa rafiki kwako?

- a. Ndiyo
- b. Hapana
- c. Kama hapana unaweza toa maelezo zaidi?

9. Je wahudumu wa afya walikuwa wa msaada kwako?

- a. Ndiyo
- b. Hapana
- c. Kama hapana eleza.....

10. Ulimhusisha mwenzi wako?

- c) Ndiyo
- d) Hapana

11. Je uliongozana na mwenzi wako kwenda kwenye kituo cha afya?

- a. Ndiyo
- b. Hapana
- c. Kama ndiyo, je alihusishwaje na mhudumu wa afya

.....

12. Unafikiri mazingira ya kituo cha afya na huduma za uzazi wa mpango yanatoa usiri wa kutosha kwa mteja?

- a. Ndiyo
- b. Hapana
- c. Kama hapana kwanini?

13. Unafikiri m hudumu wa afya anaweza tunza siri zako za afya na historia ya uzazi wa mpango?

- a. Ndiyo
- b. Hapana
- c. Kama “hapana” kwanini?

14. Unafikiri m hudumu wa afya anaweza kuwa kikwazo kwa watu wengine wanao hitaji huduma za uzazi wa mpango?

- a. Ndiyo
- b. Hapana
- c. Kama “ndiyo” kwanini?

Sehemu ya tatu: uridhisho wa mteja

4. Ulionaje uwepo na upatikanaji wa njia mbalimbali za uzazi wa mpango katika kituo cha afya?

- a. Hazikuwepo kabisa
- b. Zilikuwa sawasawa
- c. Huwa zipo mara chachechache

5. Je uliridhishwa na huduma za uzazi wa mpango katika kituo cha afya?

- a. Ndiyo
- b. Hapana
- c. Kama “hapana” kwanini?.....

6. Je huwa unapata wapi au utapata wapi huduma ya afya inapotokea matatizo yatokanayo na utumiaji wa njia hizi za uzazi wa mpango?
- a. Kwenye kituo cha afya
 - b. Kwa waganga wa kienyeji
 - c. Wakunga wa jadi (TBA)

Sehemu ya nne: maoni binafsi

3. Je unaweza kumshauri rafiki/ndugu aweze kupata huduma hizi za uzazi wa mpango kutoka kwenye kituo cha afya ulicho hudhuria?
- a. Ndiyo
 - b. Hapana
 - c. Kama “hapana” kwanini?
 - d. Kama “ndiyo” kwanini?
4. Nini maoini yako kuhusu hizi huduma za uzazi wa mpango katika vituo vya afya vya binafsi vilivyo chini ya PSI/Tanzania?
- a. Ndiyo
 - b. Hapana
 - c. Kama “ndiyo” tafadhali eleza