Global Workshop on Social Franchising
September 26-28, 2017
Labadi Beach Hotel
Accra, Ghana

Workshop Notes

Background

On September 26–28, 2017 the Global Workshop on Social Franchising was held in Accra, Ghana. It was hosted by SHOPS Plus, Support for International Family Planning and Health Organizations 2 (SIFPO2) PSI, SIFPO2 MSI, and SIFPO 2 IPPF. The workshop aimed to bring social franchise practitioners together to share knowledge and experiences on quality assurance approaches and sustainability models. The first day involved site visits at two MSI franchises, and the two technical days focused on quality and sustainability, respectively.

Workshop Objectives

- Convene social franchise practitioners to share experiences and best practices
- Gain new knowledge and skills on quality assurance approaches and sustainability models
- Better engage donors and implementers for social franchising advocacy

Participants

The workshop included over 60 participants affiliated with MSI, PSI, and IPFF social franchises. It also included representatives from USAID/Washington, USAID/Ghana, HANSHEP, and the WHO.

Day 1: Quality Day

SUMMARY

The first day of the workshop focused on quality in social franchising. Kim Cole from USAID Washington opened the workshop with a presentation on quality from a donor's perspective. Participants learned about how quality is integrated into the Global Health Bureau's programing. There are various models and concepts on quality in family planning which has evolved over time.

Following the opening remarks, participants had a chance to reflect on the previous day's site visits to two MSI franchises with a presentation from Dr. Emmanuel Sekyere of MSI Ghana. MSI Ghana has many expectations for its franchises and teams when it comes to quality. However, there are many challenges to meeting these expectations including: franchising of low to mid-level facilities; limited resources and capacity; high turnover of staff within franchisees; low client volumes; resource intensive nature of quality assurance; providers and sites vastly higher than outreach and centers; difficulty influencing third party providers; and varying expectations of quality. To make quality work, keeping the client at the center is essential. To this end, MSI is developing client centered treatment models to influence the provider behavior.

After Dr. Sekyere's presentation, participants were invited to move between tables (six tables and three rounds) for short presentations and informal discussions on a selection of tools used by implementing partners to monitor and measure quality in social franchising. These tools included the Health Network Quality Improvement System (HNQIS), SafeCare, and quality reviews.

An "action learning set" session followed the table presentations. The purpose of the session was to exchange ideas and strategies for responding to persistent issues that affect quality in social franchising. Participants broke up into five groups to work together to solve a particular challenge. See Annex 1 for group issues and solutions.

The day concluded with lightning round presentations that covered a variety of topics including ensuring quality integration of SGBV services, integration of services beyond donor funding, and assuring quality for youth.

HIGHLIGHTS FROM THE PRESENTATIONS

Tools

There are a variety of tools and approaches used to monitor and measure quality in social franchising. HNQIS, an app based tool, supports use of data to take action to improve quality. It is linked to the DHIS2 and has positively impacted the efficiency and effectiveness of Society for Family Health Nigeria's quality assurance (QA) program. As a result, the decision-making process is now smarter, faster and more innovative for head office and the field staff.

Another tool that improves quality is Safecare. Safecare is an external accreditation mechanism that introduced standards to provide public and private health facilities with independent quality assessments. It also supports both public and private facilities to undergo a stepwise improvement program to deliver safe and quality care to their patients. In Uganda, a pilot is reducing costs through a local licensing agreement with Uganda Healthcare Federation (UHF), a local partner whose capacity is being built on the appropriate use of the Safecare standards. This approach allows UHF to scope the Ugandan market for quality improved programs. Results so far show the potential of Safecare to work with facilities holistically, on different health services, including primary care, while already revealing impact in areas such as improved infection prevention within clinics.

Quality reviews are helping social franchises identify areas where they need to improve. FGAE/Ethiopia is currently focusing heavily on strengthening franchisee service quality. This follows a phase of rapid expansion from 2013-16, when the number of franchisees in their network increased dramatically from 40 to 306. Based on findings from quality reviews of all franchisees, needs-based training has been provided, focusing on issues such as proper waste disposal systems, infection prevention, and client experience. As a last resort, partners have been de-franchised to avert damage to the brand.

Aligning the quality assurance and improvement tools for different stakeholder groups is often a challenge in collaborative social franchising initiatives. There are often differences in the host government and organizational QA standards, so determining how to harmonize these standards poses challenges. Participants discussed how the two can be reconciled. They also noted that most governments are looking for a framework that engages the private sector in an effort to improve quality service provision. The private sector needs to be involved in this process by providing technical and other support. The participants also noted the importance of engaging governments in franchise programs through supportive supervision and new clinic recruitment.

Integrated Services

Integrated services can help improve quality as well as access. In Uganda, there is evidence showing increased access to modern contraceptives by women of reproductive age as a result of the integration of FP with cervical cancer screening interventions. Meanwhile, the use of the five PSI standards, which are the foundation of quality at all PSI service centers, and the operational framework for the operational research, ensured that majority of the centers were implementing the 'see and treat' model for cervical cancer. This has resulted in achieving over 80 percent treatment rate for those identified with precancerous lesions.

Similarly, in Tanzania, a single visit approach resulted in higher preventative treatment rates for cervical cancer. Integration of services is also often one way to address social and cultural norms that may act as barriers to FP use. For instance, some spouses do not want their wives coming in for FP services so coming in for cervical cancer screening presented an opportunity to discuss FP. Despite 39 SF facilities losing donor funding for work in cervical cancer (due to the end of a grant) nonetheless half of the facilities continued to deliver quality CaCx services.

Assuring quality for vulnerable populations

Sudan has a young social franchise program, and a challenging topic they often address is SGBV. They address SGBV by integrating it into other services. For instance, an entry point to addressing FGM is through family planning services. They encourage quality in SGBV services through trainings, checklists, and client exit surveys to name a few. However, there is a perception from private providers that integrating SBGV is costly because training is expensive.

Engaging youth in the design of programs is one way to deliver quality youth-friendly services. In Burundi, youth were invited to help shape these services by identifying the ones they would like to see and use. The project has four areas of focus: a market insight study; an FP campaign addressing rumors/ misconceptions; channel of communication; and a voucher system. The project also recognizes the importance of religious leaders in the community and is targeting them for youth engagement.

Day 2: Sustainability Day

SUMMARY

The second technical day focused on sustainability. The agenda included presentations on various aspects of sustainability for social franchises, including linkages with health financing mechanisms; innovations; and creating sustainable businesses. The day opened with a panel discussion (*Unlocking sustainability: Understanding expectations and tradeoffs*) that included the following panelists: Elaine Menotti (USAID), Jeanna Holtz (Abt Associates), Dr. Elias Girma (IPPF), Matthew Wilson (MSI), and Nikki Charman (PSI). The panelists noted that quality and sustainability do not have to be at odds. Scale can enable efficiency, so you do not have to lose quality as you scale up. Sustainability is like a "Russian Doll"--- it's a layered process and social franchises are only one of many layers. Scale becomes easier when you acknowledge we all play a role in the market. All of these things are interconnected.

Sustainability needs a different paradigm and approach. As one panelist noted, "the only thing sustainable has been the question of sustainability itself!" Sustainability is often viewed from the perspective of finance, programs, and donors. How often do we look at it from the client perspective? Do we need a better term? One problem is that it's often spoken in absolute terms. It also focuses on the future, when we know that health systems are constantly evolving. We focus on a future ideal, but we have acute needs in front of us.

The panelists noted that the real tension is between sustainability and equity**.** They commented on how we can't tackle sustainability without equity and how affordability is often a factor in women's decision making. As demonstrated in a presentation later in the day, affordability needs to be addressed in order to achieve equity and health impact in low-income countries like Madagascar. Seventy percent of social franchising LARC clients are voucher clients, suggesting that cost is a barrier to care. In the Malagasy context, to achieve sustainability (and affordability), it will be important to diversify donors, increase cost recovery from franchisees (e.g. increasing user fees); increase value for money, and demonstrate strategic purchasing of services from PSPs works.

Most social insurance programs have a lot to do to fulfill their promise. Prioritizing the needs of the poor is often in direct conflict with sustainability. For instance, insurance often targets the formal sector first. We also need to understand "the devil in the details" of insurance schemes. For example, many countries have insurance but do not include family planning in the benefits package. One way to unpack this is using MSI's "4Ps" framework. In order to get the design of social health insurance right, we need to get all stakeholders (including the social franchising community) at the table for the discussions.

Following the panel discussion, various implementers gave presentations on how social franchises have linked into broader health financing and payment mechanisms, such as government sponsored insurance programs in Kenya and Philippines, vouchers in Uganda and capitation in Myanmar.

Jeanna Holtz (Abt Associates) facilitated a master class titled *Get ready, get started: the essentials of contracting* to provide FP/RH services after the presentations on health financing. Following a presentation on the five stages of the contracting lifecycle (which were: evaluate feasibility; design the contractual relations; implement the contract; manage monitor, and evaluate; close the contractual relationship), participants broke up into small groups where they worked on different case studies representing respective stages of the contracting life cycle. Each group reported their findings following the activity.

After the master class, participants were invited to visit different tables for short presentations and informal discussions on a variety of social franchising innovations such as social enterprises, community outreach, and decentralization. A session on creating sustainable businesses followed the table presentations.

The day concluded with a panel discussion by the SIFPO2 directors on the future of social franchising. The panelists noted that moving forward, the social franchising community needs to continue to better define sustainability, the client perspective in relation to sustainability needs to be taken into consideration, and recovering costs from clients will also be important as we think about funding. They also felt that there is still a role for donors to play, especially in funding research on social franchising, and that linking with health financing schemes, although often arduous, is not out of the reach of social franchises. Lastly they noted that we need to be humble as we approach challenges associated with this, and a total market approach (TMA) will continue to be important in achieving sustainability.

HIGHLIGHTS FROM THE PRESENTATIONS

Linking social franchising into broader health financing mechanisms

Universal Health Coverage (UHC) is a goal not a program (like insurance, vouchers, etc.) and is defined as people accessing the quality care they need without financial hardship. Health financing is a part of health systems strengthening and has three functions: revenue collection, pooling, and purchasing. Countries often use a mix of health financing mechanisms, but the two most common are publicly financed services and insurance.

Contracting with private providers helps extend the reach of health services. There are benefits to contracting for both providers and purchasers. The SHOPS contracting life cycle has five stages: evaluate feasibility, redesign the contractual relations (negotiation), implement the contract, manage, monitor, and evaluate, and close the contractual relationship. There is a trend towards contracting for FP services to access patients and revenue streams.

Linking social franchising programs with government-sponsored insurance programs can expand service delivery. In Kenya, there are two programs under the National Hospital Insurance Fund (NHIF): the national scheme (Supacover) and the Health Insurance Subsidy program (HISP). PS Kenya supports the empanelment of private providers in these programs. Similarly, MSK acts as a broker for NHIF accreditation of Amua facilities. NHIF has positively impacted Amua franchisees by improving provider reputation and increasing client volumes. However, there have also been some challenges, including patient moral hazard, lengthy empanelment process, and slow release of capitation payments.

Vouchers are another health financing mechanism that can expand access to FP services. In Uganda, MSI has a voucher program that can be redeemed at any of the Blue Star franchises. Prior to the program, franchises were not providing LARCS. By July 2017, 91 percent of clients preferred to take a LARC service. The program helped improve quality and helped empower young people.

Capitation is increasingly being used as a provider payment mechanism as part of health financing schemes. In Myanmar, in-country experience in strategic purchasing is limited so a pilot project was launched using capitation payments. While the project has helped expand access to low-cost quality health care, there have been some challenges, including negotiating with providers to join the program and accept capitation payments. In Kenya, technically all family planning methods, except permanent methods, are covered under capitation payments in the NHIF. However, NHIF guidelines on FP are vague so women end up paying out of pocket. Many Amua providers do not see capitation as a feasible payment mechanism for family planning.

Franchises have worked with governments to encourage sustainability. Family planning is strongly supported by the Philippine government and is included in the national insurance scheme (PhilHealth). To achieve sustainability, Population Services Pilippinas Incorporated (PSPI) convinced the government to allow midwives to deliver LARCs. They also franchised maternity homes providing clinical and business training and quality assurance. However, there have been challenges such as payment delays and politics (while the national policy is supportive of FP, there is a temporary restraining order against implants).

Innovations in social franchising

There are many innovations that are being explored in social franchising. The Tunza Social Enterprise in East Africa is piloting a new social franchising model to learn how franchisors might reduce the donor subsidy required to implement support to franchisees. Through an enterprise approach, the model strengthens the capacity of member clinics to improve their financial performance and provide high quality health services to more clients, thus increasing access to primary care services. As part of this model, PSI is testing how much of the cost of running the franchise program can be covered by charging private sector providers, through revenue sharing and annual fees, for their membership in the network. The overall concept, early learnings from Uganda, and plans for rollout in Malawi and Kenya were detailed. Questions revolved mostly around the cost and feasibility of implementing a clinic CMS in Uganda.

Fractional franchising is being implemented in Nigeria. MSI believes that fractional franchising is good for increased visibility and that it positions franchisees better for accreditation in National Health Insurance (accreditation into NHI was more skewed towards structural quality rather than the number of services that had been fractionally franchised). It also increases clientele through cross-selling. A question on whether quality standards were lowered in trying to accommodate other non-core services was raised. The answer was no. MSI ensures quality of all services provided, whether they are core or non-core. More evidence is needed on the impact of diversifying services on our mission, especially cost-effectiveness of ensuring high quality for these expanded services while driving the core mission of MSI.

In order to ensure the sustainability of their franchise network, FPAP/Pakistan has invested heavily in demand generation and community outreach. FPAP/Pakistan provides one community mobilizer for every two franchisee clinics. These community workers conduct social mobilization, make referrals for services, and conduct community education. This investment in demand generation, for a fixed period, has generated large client volumes for franchisees and is now a valuable component of the FPAP value proposition.

A decentralization model has been explored in Ethiopia for sustainable growth. The Family Health network has grown in size over the past few years. Static facilities used to deliver the majority of CYPs but now SF clinics do. The cost of providing supportive supervision to franchisees has also been declining.

Creating sustainable businesses: improving business skills and creating linkages to business improvement loans

Understanding the profile of the franchisee prior to improving business skills is important because the expectations of franchisees are very broad and they may not have the business skills to complement their clinical skills. PSPI in the Philippines is working to address this issue. They utilize three simple tools to improve business skills: the franchise e-factor, establishing basic financial KPIs, and continued education.

Providers need to be equipped with the right business skills to achieve financial sustainability. In Peru, business planning training is used to increase revenue and sustainability of Red Plan Salud providers

(Peru's social franchising network). Providers in the network undergo business management training that includes strategic planning, marketing, financial planning, and business planning.

In Latin America, Red Segura is moving from fractional franchising to business format franchising. Fractional franchising in Latin America has referred to private providers operating under the "Red Segura" brand to strengthen or expand a fraction of their services. The franchisor is responsible for providing training and other support when a new product or service is introduced. Business format franchising is meant to enable franchises to expand faster by using a proven business model. Under this model, the franchisor provides franchisees with access to a proven business model and brand in exchange for royalties.

In Kenya, the Tunza social franchise is improving business skills and creating linkages to business improvement loans. The business support program, launched in 2011, focused on four main areas: general business operations; financial management; stock management; and marketing and demand generation. Given that there were varying levels of business skills, providers were segmented into different levels and could advance from one level to another, which was a good incentive (59 percent advanced in levels). The program resulted in increased client flow (35 percent) and increased revenue (28 percent). However, one challenge that was faced was the reluctance of providers to provide revenue data. Banks were more willing to lend to providers once they had business skills.

Conclusion

Through an informal evaluation, participants overall noted satisfaction with the workshop. Many indicated satisfaction with the structure of the workshop and the technical content. Many also felt that they gained knowledge, especially through the table sessions and that they enjoyed being able to share experiences with other participants and suggested inviting franchisees and other stakeholders to future workshops. A few suggested topics for a future workshop include:

- The intersection of quality and sustainability
- Client's experience and rights
- How implementing partners can collaborate on a total market approach

Global Workshop on Social Franchising: Site Visits

Tuesday, September 26
Labadi Beach Hotel
Accra, Ghana

Time	Event	Participants
9:00 a.m.	**Buses depart Labadi Beach Hotel**	IPPF, MSI, PSI
9:30 a.m.–1:30 p.m.	**Site visits to two MSI franchises** **Lunch is provided**	IPPF, MSI, PSI
2:00 p.m.	**Buses return to Labadi Beach Hotel**	IPPF, MSI, PSI

Global Workshop on Social Franchising: Day 1

Wednesday, September 27
Labadi Beach Hotel
Accra, Ghana

Time	Session	Speaker
9:00–9:30 a.m.	**Opening plenary** • Welcome • Introductions • Opening remarks • Review of meeting agenda and objectives	Nora Maresh, USAID/Ghana Caroline Quijada, Abt Associates Anna Gerrard, PSI Kate Gray, IPPF Matthew Wilson, MSI
9:30–9:45 a.m.	**Quality, a donor's perspective**	Kim Cole, USAID
9:45–10:15 a.m.	**Quality assurance: Reflections from the field**	Dr Emmanuel Sekyere, MSI
10:15–10:30 a.m.	**Break**	
10:30 a.m.–12:35 p.m.	**Tools and approaches to monitoring and measuring quality**	
	Table 1: Using technology to improve the effectiveness and efficiency of QA	Daniel Oluwasegun Falaju, PSI
	Table 2: Dealing with quality issues	Genet Mengistu and Alemitu Seyoum, FGAE (IPPF/Ethiopia)
	Table 3: Practical benefits and challenges of integrating family planning and cervical cancer screening services	Samuel Mukasa, PACE (PSI/Uganda)
	Table 4: Aligning QA/QI Ministry quality tools	Tesfaye Mesele and Luke Boddam-Whetham, MSI
	Table 5: Quality and discontinuation metrics	Q. Jamshaid Asghar, MSI
	Table 6: Accreditation—Uganda Experience with SafeCare	Hanna Baldwin, PACE (PSI/Uganda)
12:35–1:30 p.m.	**Lunch**	

1:30–3:00 p.m.	**Action learning set: Responding to issues affecting quality** • Mitigating the impact of high staff turnover • Influencing provider behavior: How to best support providers to provide quality, non-judgmental counseling • Assuring quality services for youth • De-franchising partners and alternatives • Delivering quality at scale	
3:30–3:15 p.m.	**Break**	
3:15–4:15 p.m.	**Lighting rounds**	
	Strategies to promote quality at scale	Q. Jamshaid Asghar, MSI
	Implementing quality assurance systems in challenging contexts	Nagat Mohamed Mahmoud El Hadi, SFPA (IPPF/Sudan)
	Sustaining Integration Services beyond donor funding	Prudence Masako, PSI Tanzania
	Assuring quality services for youth	Dorine Irankunda, PSI Burundi
4:15–4:30 p.m.	**Closing**	Caroline Quijada, Abt Associates
4:30–5:30 p.m.	**Reception**	

Global Workshop on Social Franchising: Day 2

Thursday, September 28
Labadi Beach Hotel
Accra, Ghana

Time	Session	Speaker
9:00–9:30 a.m.	**Opening plenary**	Caroline Quijada, Abt Associates
9:30–10:30 a.m.	**Unlocking sustainability: Understanding expectations and tradeoffs**	Elaine Menotti, USAID Jeanna Holtz, Abt Associates Dr Elias Girma, IPPF Matthew Wilson, MSI Nikki Charman, PSI
10:30–10:45 a.m.	**Break**	
10:45–11:45 a.m.	**Linking social franchising into broader health financing mechanisms**	
	Overview of health financing landscape and mechanisms	Jeanna Holtz, Abt Associates
	Strategic purchasing of quality health services from private providers in Myanmar: testing capitation payments in Sun Quality Health Network	Han Win Htat, PSI
	PSI Kenya: working with national health insurance and NHIF	Joyce Wanderi, PSI
	Impact of NHIF accreditation on contraception uptake, franchisee sustainability and the franchisor's value proposition.	Edward Owino, MSI
	Vouchers as a catalyst for health financing	Cedric Muhebwa, MSI
11:45 a.m.–12:45 p.m.	**Lunch**	
12:45–2:15 p.m.	**Master class: Get ready, get started: the essentials of contracting to provide FP/RH services**	Jeanna Holtz, Abt Associates
2:15–3:15 p.m.	**Innovations in Social Franchising**	

	Table 1: Tunza Social Enterprise, moving towards sustainability	Stephanie Dolan, PSI
	Table 2: Red Segura, from fractional franchising to business format franchising	Mike Hardin, PSI
	Table 3: Evolving the fractional model: experiences from MSI	Moses Odenyi, MSI
	Table 4: Community Engagement in Pakistan	Ali Imran, FPAP (IPPF/Pakistan)
3:15–3:30 p.m.	**Break**	
3:30–4:15 p.m.	**Creating sustainable businesses: improving business skills and creating linkages to business improvement loans**	
	Business sustainability: Improving business skills and creating linkages to business improvement loans	Sylvia Wamuhu, PSKenya
	Key financial key performance indicators used by MSI's Philippines, their coaching, and the franchise lifecycle approach to promoting sustainable businesses	Miguel Lindo, MSI
	Using business planning training to increase revenue and sustainability of providers	Cristina Codova, NPARRES (IPPF/Peru)
4:15–4:45 pm	**Lightning rounds**	
	MSI's Madagascar program, sustainability, and affordability in low-income countries	Alexis Miharimanana, MSI
	IPPF Member Association FGAE/Ethiopia on cost/benefit analysis of FGAE's social franchising model	Genet Mengistu and Alemitu Seyoum, FGAE/Ethiopia (IPPF)
	Sun Quality Health Network: linkages with health financing schemes	Socheat Chi, PSK (PSI/Cambodia)
	How to take advantage of the evolving health financing landscape in the Philippines	Miguel Lindo, MSI
4:45–5:15 p.m.	**Looking toward the future**	IPPF, MSI, PSI
5:15–5:30 p.m.	**Closing**	Abt Associates, IPPF, MSI, PSI

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Annex 1: Action Learning Set Group Reports

Problem: Franchises performing minimum standards and the most cost effective measures to ensure quality at scale for an integrated service package at different levels of providers

Solutions:

- Segmentation
- Integration
- Harmonize QA standards to reduce duplication
- Harness technology
- Empower the client
- Keep strengthening capacity of staff/ motivation

Problem: What do we do with persistently low quality sites that we want to de-franchise?

Solutions:

- Amicable separation: Non renewal of MOU
- Enlist government support
- Exit strategy for clients- referral systems particularly to removals (country/ area specific)

The group emphasized that prevention is better than a cure

- Nill/ skill framework
- Don't invest too much up front

Problem: service delivery does not consistently respond to the SRH needs of the youth

Components of the problem include:

- Staff attitude
- Fear faced by youth (religious, moral stigma)
- Time (with client and opening hours)
- Stigma associated with services (confidentiality)
- Cost/ affordability
- Lack of youth focused staff

Solutions

- Need to engage with young service providers so youth are more comfortable with them
- Need to make sure young people are involved in all stages of the program
- Need a person dedicated to key youth performance indicators
- Client feedback
- Need affordable services
- Continually ensure that evidence is generated

Problem: Mitigating the impact of high staff turn over

Solution:

- Motivations

    - Financial
    - Belonging to a network
    - Health insurance
    - Bonus system (for clinic and provider)
- Working conditions
    - Improvement of working environment
    - Leadership and management training
    - Business training for clinic owner

Problem: Our younger clients/ consumers are not being serviced with a full range of methods because cultural biases among clients and providers limit interest in LARCS

Solutions:

- Ensure capacity to deliver all methods
- Targeting providers for training on messaging
- Direct promotion of LARCS for Youth
- Vouchers for youth (free LARCS)
- Values clarification for providers
- Self-selection of providers (dedicated to serving youth)
- Encourage provider to use cross subsidization
- Promote rapid return to fertility of LARCS
- Provider knowledge: technical updates and other communication at scale
- Deliberate counseling (effective balanced—but be careful about fear around infertility
- Understand what is important to the client and focus on that

Annex 2: Workshop Feedback

1) Day 1: Site visits were interesting but short
Day 2: well organized, wonderful timing. Less presentations and more group activities (we learn more this way)

Day 3: we started very well, wonderful and interesting introduction for the day

A lot of presentations, we were tired at the end and couldn't follow properly

Need for XXXX, games, space between activities

Thank you for the organization and facilitation. Thank you for the approaches

This should happen at least each year so that we can learn from each other's experiences.

2) Very interesting workshop. The topics meet/ covered the main areas related to social franchising. There were many interactions and exchanges between participants
Congratulations to the organizers!

3) Structure of the workshop is very informative but it needed more time especially for discussion

4) Experience sharing was well organized

5) Facilitation: good, kept the time!
Workshop arrangement: the table presentation is not well organized. Hardly see or hear the presentation
In future SF workshop we should have session on client's experiences/ rights. Better to get representation from franchisees and clients. Can also bring stakeholders of the total market, perhaps some representation of the government.

6) The site visits is very helpful and enable practical learning.

7) I very much enjoyed Day 1- a good mix of presentations, round table and lighting round. Day 2 was a bit "heavy". For next time, it would be great to touch on how we as IPs can collaborate for improving total markets etc… especially in countries where we overlap

8) I saw links, theoretically, between quality and sustainability but it would have been interesting to have a session on the intersection of both

9) The round table sessions were most insightful because we were able to go deeper and discuss particular issues in detail

In future meetings, it might be interesting to bring in some outside social franchise (commercial style) or other expertise. Sometimes the discussions just within health SF gets rather limited.

10) it would have been good if we had had some franchisees participate in the workshop

11) Invite franchisees

12) For the future, include business model for training franchisees that worked best

13) Coordinating the workshop is very good. Contents well covered. Two way presentation well done