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## Unlocking the potential to create a better life

Supporting mothers to raise healthy,  
well-nourished children

**CASE STUDY:** Philani & the Social Franchising Accelerator

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BERTHA CENTRE FOR  
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## 1. . INTRODUCTION TO THE PHILANI MATERNAL, CHILD HEALTH AND NUTRITION PROJECT

The Philani Maternal, Child Health and Nutrition Project (Philani), based in the Western Cape, works to address child health and nutrition problems in informal and rural communities in South Africa. It was founded in 1979 by Dr. Ingrid le Roux with the support of the Quakers, Church of Sweden and Norwegian Aid.

### **SOLUTION: Philani's Mentor Mother Programme**

The Mentor Mother programme is Philani's flagship initiative and has received wide acclaim as a best practice intervention in maternal and child healthcare. In 2014 the programme reached 68,558 households, and is continuing to grow.

The essence of the Mentor Mother Programme is the peer-to-peer engagement between a mentor mother and her client – the pregnant woman/new mother and her child. The mentor mothers live in the communities, they work in. They are mothers who have developed coping skills that ensured good health for themselves and their own children. Philani's programmes build on these skills by training the mentor mothers in maternal, child health and nutrition in order to effectively mentor other pregnant women and new mothers.

### **THE PROGRAMME IS DESIGNED AROUND FIVE KEY PILLARS:**

1. A careful recruitment process starting with community consultation
2. Appropriate training
3. Home-based, action-orientated health intervention
4. Direct supervision and support
5. Monitoring and performance feedback

## THE SOCIAL FRANCHISING ACCELERATOR

In January 2014, the Bertha Centre, in partnership with the International Centre for Social Franchising and Franchising Plus, launched the world's first Social Franchising Accelerator. Based at the Bertha Centre, and with funding from the Rockefeller Foundation, the Social Franchising Accelerator helped four social enterprises replicate their interventions through social franchising. The early insights from the accelerator are captured in a knowledge brief as well as four individual case studies of the social enterprises.

### THE FOUR SOCIAL ENTERPRISES WERE:

**IkamvaYouth** provides tutoring and career guidance services to high school learners from disadvantaged communities. *Key focus area: Sector and partnership development*

**Philani Child Health and Nutrition Project** is a community health programme focused on maternal and child health. *Key focus area: Changing organisational culture*

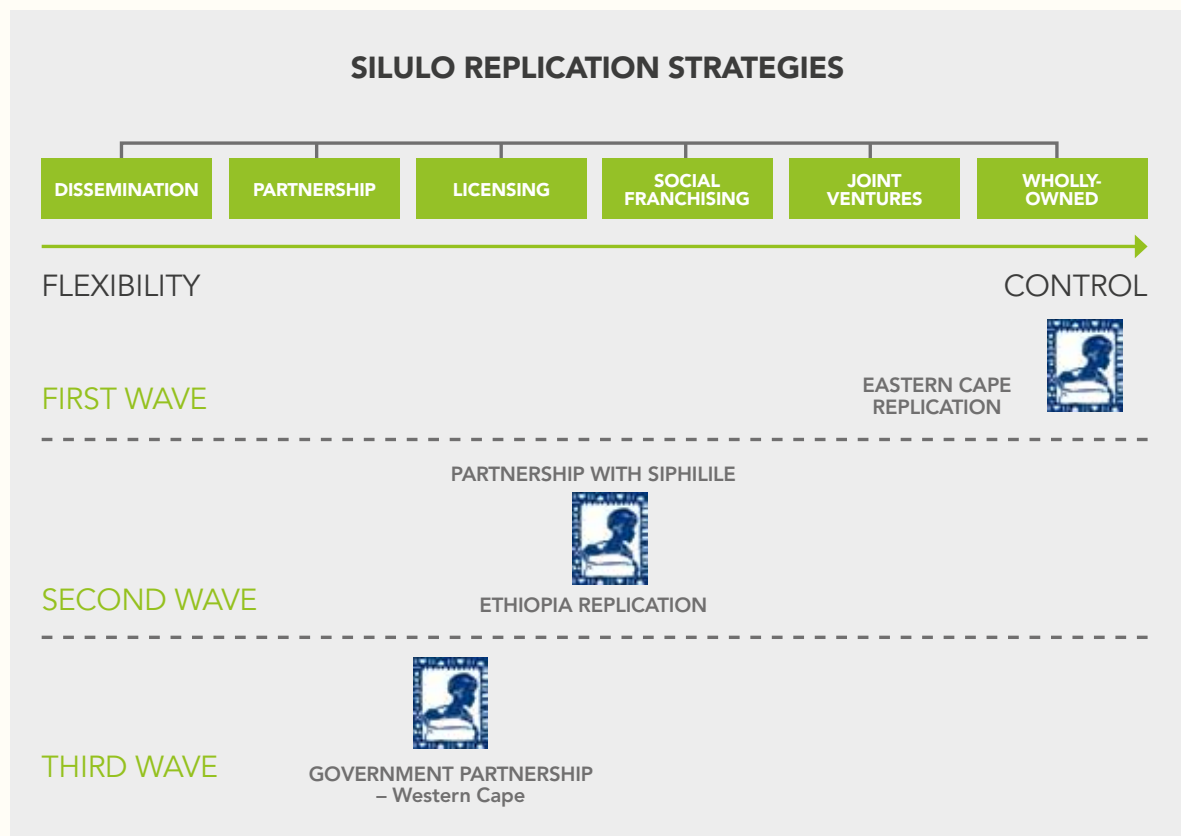
**Silulo Ulutho Technologies** fills the digital gap in underserved communities. *Key focus area: Market-based franchising*

**U-turn Homeless Ministries** rehabilitate homeless people by providing vocational and life skills. *Key focus area: Replicating in pieces and stages*

## 2. PHILANI'S PATHWAYS TO SCALE

Since Philani started the first Mentor Mother programme in 2002 in Cape Town, the model has been replicated across South Africa as well as other parts of the continent. The pathways explored thus far include:

- Wholly-owned replication in the Eastern Cape
- Dissemination through training in other parts of South Africa as well as in Ethiopia
- Partnership with the Department of Health in the Western Cape and Eastern Cape
- Partnership with Siphilile in Swaziland

**FIGURE 1: Philani Mentor Mother Programme replication strategies applied to date**

## 2.1 Philani's scaling strategy prior to the Social Franchising Accelerator

### 2.1.1 Wholly-owned replication in the Eastern Cape

In 2010, Philani expanded the Mentor Mother Programme to the rural parts of South Africa's Eastern Cape. This programme was initiated as a pilot to test the Mentor Mother model in the deeply rural communities of the O.R. Tambo district, which are served by the Zithulele hospital. The programme is wholly-owned and managed by Philani. There are currently 60 mentor mothers working in this area with plans to expand further. Additionally, the programme has integrated some of the Department of Health's community health workers into its structures.

### 2.1.3 Replication through partnership in Swaziland

In 2012, Philani also replicated the Mentor Mother programme in Swaziland and helped set up a NGO through a partnership model with Siphilile Maternal and Child Health. In addition to the initial set up of this programme, Philani continues to provide operational support to the Siphilile team. In 2014, Siphilile had a team of 54 mentor mothers.

### 2.1.2 Dissemination in Ethiopia and across South Africa

As part of a project funded by the Church of Sweden, the Mentor Mother programme was replicated in Ethiopia in 2012. It was disseminated through training by Philani staff, which resulted in the set up of two Ethiopian Mentor Mother programmes – one in Addis Ababa and one in a rural community outside the city.

Philani has also trained other organisations to replicate the model in other parts of South Africa, including the Siyabhabha Trust in Kwazulu-Natal and the Bulungula Incubator in the Eastern Cape.

### 2.1.4 Department of Health Partnership

Philani's biggest replication partner is the South African National Department of Health. The department finances the mentor mothers who are employed by the programme. Philani is also the department's training partner on maternal and child health. Philani trains the department's community health care workers as part of the plans to re-engineer primary health care in the Western and Eastern Cape of South Africa.

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### 3. Social Franchising: Replicating Philani's Mentor Mother programme through social franchising

As described above, Philani has explored multiple scaling approaches in order to increase their outreach and impact. Apart from the wholly-owned expansion in the Eastern Cape, the team has felt that the replication strategies they have applied so far, have left them with too limited control over the quality of implementation. This is predominantly what motivated them to explore social franchising, as it enables the organisation to scale in a more structured way.

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#### 3.1 Replication model and minimum standards

When defining the replication model, it was important to focus on the impact targets and the type of replication needed to drive those. The starting point was to identify minimum standards for implementation partners in order to achieve these targets. The standards include aspects such as:

- Community consultations to achieve buy-in and local ownership of the programme
- Number of mentor mothers – minimum of 25 trained
- Supervision of mentor mothers in the field
- Set targets and caseloads, visiting frequency and performance management
- Minimum levels of assistant coordinator ratio – 10 to 15 and not more
- Performance management of mentor mothers or community health care workers

Philani's replication model consists of both initial and on-going support. Initial support to organisations includes preliminary training and an introduction to Philani's operations manual, together with classroom and in-field training of programme managers, supervisory staff and mentor mothers. On-going support includes continuous training for key staff and support on implementing Philani's comprehensive monitoring and evaluation system.

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#### 3.2 Ideal implementation partners and selection criteria

Leveraging the existing relationship with the Department of Health, Philani sees opportunity in replicating the Mentor Mother programme with NGOs that are already part of the department's Home and Community-Based Services programme. The Department funds 149 NGOs in the Western Cape, which collectively employ 3000 community health workers and who mostly do home-based care only. These 149 organisations would be ideal target franchisees as, according to new policies, all community health workers must be trained in maternal and child health and integrate this into their home based interventions.

In addition to partnering with the Department of Health, Philani also has the potential to enrol other community-based organisations that are interested in the Philani Mentor Mother model. Ideally, these organisations have an existing relationship with a community, are committed to improving the lives of mothers and children, and are willing to accept Philani's implementation and quality requirements.

With such partners, Philani will be able to increase the scope and impact of the Mentor Mother programme quickly as well as contextualise programmes based on the NGOs' local knowledge.

## 4. LESSONS LEARNED: REFLECTIONS FROM THE SOCIAL FRANCHISE JOURNEY SO FAR

Although the Social Franchising Accelerator has helped Philani to define their replication model and the support structure, the team is still in the very early stages of this journey. While a lot of the learning will come when the organisation pilots its first social franchises, the journey has been marked with a number of lessons and reflections so far. These fed into eight critical success factors for social franchising, which are captured in the Social Franchise Accelerator knowledge brief. Philani's key learning outcomes are framed below within this context.

### 8 CRITICAL SUCCESS FACTORS TO SOCIAL FRANCHISING

#### **BEFORE you decide to pursue social franchising**

1. Validate upfront that replication as well as social franchising is right for your solution and organisation.
2. Confirm all members of the organisation are ready to systemise and adopt a "scaling mindset"
3. Ensure that sufficient processes, systems, and resources are in place before deciding on an SF strategy
4. Articulate your SF strategy - i.e., your vision, outcomes, model, values & approach - collectively, upfront

#### **AFTER you decide to pursue social franchising**

5. Franchise only those elements of your model that are critical to your target outcomes and replicable
6. Be clear on which individuals and organisations you will work with: Set clear selection criteria
7. Systemise vigorously to ensure reliability, yet dare to customise your model to local needs and demands
8. Don't cease to learn and adapt & pace your scaling efforts: Getting your 1st franchise right is key

## 4.1 Philani's key learning outcomes and the 8 critical success factors

### CRITICAL SUCCESS FACTOR 2:

**Confirm all members of the organisation are ready to systemise and adopt a "scaling mindset" & critical success factor 3: Ensure that sufficient processes, systems, and resources are in place before deciding on an SF strategy**

### PHILANI: DON'T UNDERESTIMATE THE IMPORTANCE OF PROTECTING YOUR INTELLECTUAL PROPERTY

Collaboration is an expected code of conduct in the NGO sector. *"I'd rather people copy our model and do it their own way than to not do it at all"*, says Dr Ingrid le Roux. For Philani, the goal is better healthcare for everyone, whether it's Philani that achieves that goal or another organisation. However, preserving the integrity of one's intervention is also important. Philani have found they need to embrace the legal aspects of operating as social franchise in order to ensure quality implementation of their programme. As Ingrid adds, *"for us to understand the need for the legal documentation and to protect ourselves, even though it's sometimes uncomfortable given the sector we work in, has been valuable as we do have something of value and we need to protect it in order to achieve the ultimate goal."*

### CRITICAL SUCCESS FACTOR 3:

**Ensure that sufficient processes, systems, and resources are in place before deciding on an SF strategy**

### PHILANI: APPRECIATING THE VALUE OF BRANDING AND MARKETING

Having gone through the Accelerator, one of the key take-aways for Philani has been to gain an understanding of the value of investing in marketing and branding. *"We started out being a little uncomfortable with this aspect of social franchising, as it felt too much like self-promotion.*

*But we are learning the value of being more visible than we've been as we seek to expand our programme,"* says Philani's Dr. Ingrid le Roux. Being more visible will be beneficial in attracting the right kind of replication partners and funding opportunities. Philani has come to appreciate that branding and marketing position them better to be advocates for improved healthcare services in the communities they serve.

### CRITICAL SUCCESS FACTOR 5:

**Franchise only those elements of your model that are critical to your target outcomes and are replicable**

Philani: Sometimes you can only implement the "box" one piece at a time.

According to Philani, the best avenue for the Mentor Mother programme to achieve scale is to work towards government adoption through the Department of Health. However, the reality of this route to scale is that Philani may not be able to apply their intended franchise model in one step, as while the departments sees value in the Philani programme, they have other priorities to balance. That means Philani needs to continue as a training partner with the government, and slowly work towards introducing the other elements that are critical to a successful Mentor Mother programme.

## 5. NEXT STEPS

Philani has developed a strong understanding of how to engage with partners. They will continue to mix organic partnership development, government partnerships and social franchising as a replication strategy. The organisation is currently piloting social franchising with a partner organisation.

### REFERENCES

Information on this case was collected throughout Philani's participation on the Social Franchising Accelerator. The content informing this case study was collected through regular field visits with Philani, field notes, existing material on Philani, and interviews with the organisations senior management and select potential replication partners.

### Interviews were conducted with the following people:

Dr Ingrid le Roux – Philani

Nicola Eley – Philani

Nicola Abrahams – Western Cape Department of Health

Emma Bell – One to One Children's Fund

The Social Franchising Accelerator was part of the Bertha Centre's work to test innovative ways of scaling social entrepreneurship. The work continues under the caption Pathways to Funding and Pathways to Sustainability.

