

Impact of the Tiko Platform on Tiko-Integrated and Non-Integrated Facilities: The case of Kampala, Uganda

The Tiko Platform is revolutionizing sexual and reproductive health (SRH) service delivery by integrating digital tools that enhance accessibility, streamline data management, and improve service delivery. Its impact extends beyond integrated health facilities, whereby it is influencing non-integrated ones and transforming local health market dynamics.

This evaluation brief examines the spillover effects of Tiko's interventions on non-integrated facilities and the wider healthcare market. It discusses both the positive and negative outcomes of these effects, as well as the interaction between Tiko's initiatives and existing social, economic, and health systems. Additionally, it provides recommendations for strengthening Tiko's influence across both integrated and non-integrated healthcare settings. By understanding and leveraging these spillover effects, Tiko can further enhance the effectiveness and outcomes of its programs.



Evaluation Questions

The following questions guided the evaluation:

- To what extent does Tiko improve the ability of facilities to provide quality health services to adolescents and young people?
- What is the impact of the Tiko platform on integrated facilities? And to what extent is there a ripple effect from integrated facilities to non-integrated facilities at the local level?
- To what extent is the Tiko platform stimulating the local health market on provision of sexual and reproductive health services as well as HIV and mental health services (on competition, pricing, commodity supply etc)?
- To what extent is Tiko playing a role in district-level health management?

Methodology

This endline evaluation of Phase I of the Elton John AIDS Foundation (EJAF) and ELMA Philanthropies Programme used a mixed-methods approach combining quantitative and qualitative data collection techniques, targeting participants in Kampala.

Qualitative Methods: Included key informant interviews (KIs) with Tiko and non-Tiko service providers and division health officials, in-depth interviews (IDIs) with Tiko mobilizers and members of the Tiko User's Network and focus group discussions (FGDs) with Tiko users and Young Adolescent Peer Supporters (YAPS) to gather insights on the Tiko program. Participants were purposely selected based on their experience and knowledge.

Quantitative Methods: The evaluation used Client Exit Interview surveys (CEIs) data from 234 AYPs across 20 health facilities in Kampala and across two time-points. In addition, secondary data from the Tiko platform and the government's health information system was analysed to assess service access and market stimulation, including Tiko's ripple effects to non-integrated facilities.

Method	Data Sources	Sampling Technique
Key Informant Interviews	11 Tiko and non-Tiko service providers & 4 division officials	Purposive sampling
In-depth Interviews	9 Tiko mobilizers	Purposive sampling
Focus Group Discussions	3 with Tiko users, 2 with Tiko AYP's networks & 3 with Young Adolescent Peer Supporters (YAPS)	Purposive sampling
CEIs	234 AYP respondents from 20 Tiko health facilities	Random Sampling for CEI survey data
Secondary Data	Tiko platform, DHIS2	Data extracted directly from these platforms

Data collection followed random sampling for CEIs participants and purposive sampling for qualitative interviews. Data was analysed using descriptive and inferential statistics for the quantitative component and thematic analysis for qualitative insights. The table below summarizes the evaluation methodology, including data sources, sampling techniques, and methods used.

Key Findings

Impact On Integrated Facilities

All respondent groups acknowledged Tiko's efforts in improving access to family planning (FP), mental health (MH), HIV testing, PrEP, and ART services in both private and public facilities. This improvement was largely attributed to Tiko's digital platform, which health service providers and division officials identified as a key enabler, as well as offering incentives and rewards for service utilization. YAPS and mobilizers emphasised that incentives such as free service access including for HIV testing, antiretroviral therapy (ART), pre-exposure prophylaxis (PrEP), family planning and mental health screening and counselling sessions, motivated young people to seek services they might not otherwise access.

As a result, Tiko-integrated facilities have experienced enhancements in stock management, service efficiency, and the delivery of youth-friendly services, including flexible clinic hours and private counselling spaces. The integrated facilities have adopted service integration, providing comprehensive care in one visit, including HIV testing, MH screening, and family planning counselling and services. These changes resulted from facilities receiving support to meet Tiko's minimum quality standards and adapting to the increased client volume.

The availability of subsidized services has led to an increase in demand, although this has also strained resources, with occasional stockouts of essential commodities like HIV test kits, PrEP, and condoms being reported.

A healthcare provider in a public facility expressed concern around this:

"The demand for services has increased, which is a good thing, but we don't always have enough PrEP or Mental Health drugs in stock. It's frustrating to turn away clients because we lack resources."

Ripple Effects on Non-Integrated Facilities

Decline in Client Numbers and Price Adjustments

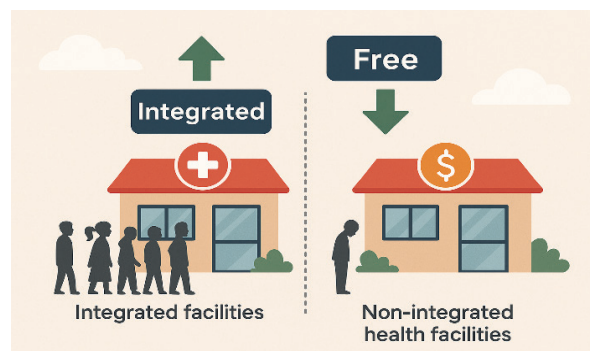
The success of Tiko-supported facilities has significantly influenced non-integrated health facilities, particularly through the increasing number of AYP accessing free or subsidized services in Tiko facilities. Providers reported that Tiko's model led to a noticeable decline in client numbers at non-Tiko clinics. As a result, many non-integrated facilities have been forced to adjust their pricing to remain competitive.

One provider from a Tiko-integrated facility noted:

"The services at the integrated facilities are free, which explains the high turnout, whereas the non-integrated facilities experience lower attendance."

Several providers confirmed that many non-integrated clinics have lowered their service fees or integrated services to retain clients. A provider shared:

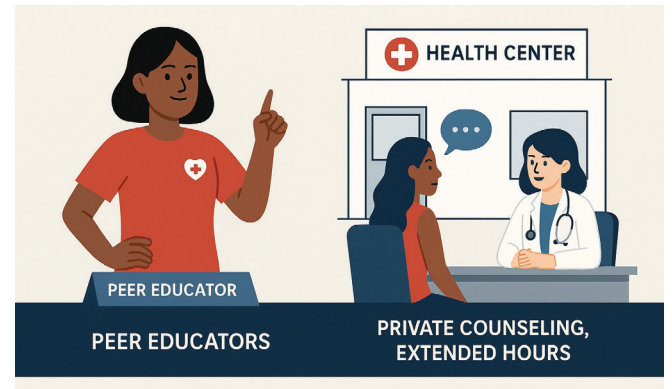
"AYP turn up in large numbers seeking services where they get a small incentive afterwards."



Adoption of Youth-Friendly Strategies

In response to the success of Tiko-supported facilities, many non-integrated facilities have started adopting youth-friendly strategies. These strategies include the introduction of peer educators, private counselling rooms, and extended service hours aimed at improving accessibility for AYPs. A division health official explained:

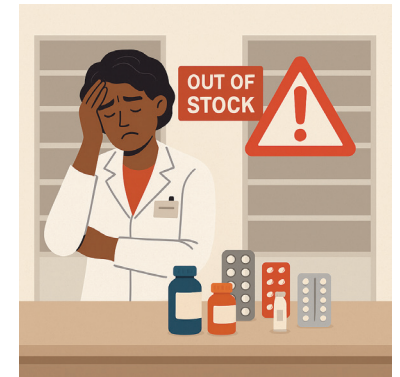
"We've seen non-Tiko facilities improve their services to attract more young people. Some now have peer educators and private counselling rooms."



Non-integrated facilities are also expanding their range of sexual and reproductive health (SRH) and HIV services to better serve youth.

Impact on Service Pricing and Competitiveness

As Tiko integrates free or subsidized services into its model, non-integrated facilities are adjusting their pricing to stay competitive. This has led to reductions in prices for services like HIV testing and family planning, and in some cases, these services are bundled with others at a discount.



Challenges Faced by Non-Integrated Facilities

Despite positive shifts, non-integrated facilities continue to face challenges in competing with Tiko-supported centres. Their providers also do not benefit from capacity strengthening that Tiko conducts.

Providers reported difficulties in competing with the affordability of Tiko's services, especially in private clinics that rely on service fees. The high demand for services at Tiko-supported facilities also occasionally leads to stockouts, affecting the ability of non-integrated facilities to meet demand.

Ripple Effects on Non-Integrated Facilities

Tiko is reported to have reshaped competition among healthcare providers, particularly in pricing and service delivery models. Many private clinics are said to have adjusted their pricing or introduced integrated service access to retain clients, in response to Tiko's subsidized services. However, opinions on Tiko's influence are mixed. Some division officials indicated that Tiko's pricing model significantly impacts the market, while others felt its effect on pricing and commodity supply was limited, particularly in private sector facilities. This inconsistency suggests the need for further investigation to clarify Tiko's actual market impact.

The economic impact of Tiko also varies across facilities. Many facilities reported increased revenue, a growing client base, and higher demand due to Tiko's financial incentives. However, the extent of these financial changes was not consistently reported. The broader economic impact beyond these incentives has not been systematically compiled. This gap underscores the need for further analysis to assess the full extent of Tiko's economic influence on healthcare providers

Recommendations



There is need to expand Tiko's support to additional non-integrated facilities. This expansion will allow Tiko to capitalize on the existing willingness and interest to partner, enhancing the adoption of best practices across a broader range of healthcare providers. It will also help ensure that more AYP have access to integrated SRH and MH services.



A focus on securing a consistent supply of essential commodities such as PrEP, ART, and mental health supplies will be critical to maintaining uninterrupted service delivery and preventing stock outs from limiting accessibility.



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Given the significant ripple effects observed in non-integrated facilities, it is crucial to conduct an independent study to determine the full extent of the influence of Tiko-supported facilities on non-integrated health facilities, service delivery improvements, and overall market dynamics. This will help quantify the spillover effects and inform strategies for scaling up Tiko's impact across the broader healthcare system.

Conclusion

The Tiko platform has had a significant and positive impact on both integrated and non-integrated facilities by improving service delivery, enhancing youth-friendly services, and fostering competition. This is important as it ensures that all AYP have access to high-quality, youth-friendly, and affordable SRH and MH services. The spillover effects observed highlights the broader potential of the Tiko model to influence the health sector and improve access to essential services for AYP.

For further information or assistance, please write to evidence@tiko.org