UCSF Global Health Sciences

# Social Franchising for Health

a community of practice for sharing innovations

## PUBLICATIONS

Dominic Montagu et al. published a paper in PloS One on a new methodology to evaluate quality that was used at PSI's Sun Quality Health Network in Myanmar.

Kathryn O'Connell et al. published a paper PLoS One on client and provider motivations for joining PSI's Sun Quality Health Network in Myanmar.

TK Sundari Ravindran et al. published a synthesis of the Social Franchising Compendium data in Reproductive Health Matters.

Nirali Shah et al. published a paper in Health Policy and Planning on the quality, equity and cost of social franchises as compared to other health delivery mechanisms.

## SOCIAL FRANCHISING IN THE NEWS

In Karl Hoffman's blog in the *Huffington Post*, the 2011 Social Franchising Conference was named in the 10 top Global Health Achievements in 2011.

MSI's BlueStar franchise in the Philippines was profiled in a Guardian article on changing attitudes about family planning.

The Global Health at MIT blog featured the CFW franchise in Kenya in an entry on creating a financially sustainable business model.

PSI's ProFam franchise in Benin produced a video entitled Voices in Social Franchising which can be viewed on YouTube.

The What Took You So Long Foundation featured the Mombasa Social Franchising Conference on their blog.

MSI's Tinh chi em (Sisterhood) franchise was profiled on in a Viet Nam News article on delivery of family planning.



## Social Franchising Conference, November 2011

The Health Systems Initiative of the Global Health Group at UCSF organized the **First Global Conference on Social Franchising**, held in Mombasa, Kenya on November 9–11 2011. This was the first time social franchise implementers from around the world had the opportunity to meet in person, along with key government, donor, NGO and academic stakeholders. In total, 165 people attended, including:

- 111 social franchise managers
- 52 franchise programs
- 35 countries of origin
- 21 NGOs
- 7 governments
- 8 donor organizations

A video recapping the event can now be viewed at www.sf4health.org/2011con/Highlights

## Measuring the Goals of Social Franchising in Watamu, Kenya

From November 12–14, 2011, a group of health programmers, researchers, and donors gathered in Watamu, Kenya to discuss measurements and goals of

**We are excited to present two short videos** highlighting the work of social franchise programs around the world, from both patient and program officer perspectives. The videos were filmed at the Tunza Family Health Network and around Mombasa during the First Global Conference on Social Franchising. Many thanks to the Bill & Melinda Gates Foundation and PSI for sponsorship, and What Took You So Long for filming and Strategic Productions for producing the videos. We hope you circulate and use them to share what social franchising is about with a wider audience! www.sf4health.org/resources/Videos.

social franchise programs. The objective of the meeting was to agree upon one or more standard metrics for either adoption or piloting for three franchising goals: equity, access, and cost-effectiveness. Social franchise programs have seen a rise in popularity in the past decade, and as a result, the social franchising community of practice recognizes the importance of standardizing measures in order to assess their performance and better address the needs of underserved populations. The idea was that franchises all over the world, small or large, would be able to adopt these measures.

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Over the next three days, innovative facilitation techniques were used in order to ensure that objective approaches were used for selecting measures. Topics of discussion included definitions of measures (for example, what does it mean to be "equitable"?), measurements currently in use or collected across programs, challenges and priorities for implementers, and future steps for each measurement. To guide the discussions, requirements of a "good" measure for each goal were established. After careful discussion of measures currently in use, the group was tasked to compare how proposed measures stood up against established group requirements of "good" measures. In addition, while discussing the goal of access, fifth goal of franchising was also proposed: health impact.

After three days of lively group discussions, team-building activities, and innovative facilitation and thinking, the group proposed the following definitions and metrics:

**A. Equity**: providing services in relation to economic need, Measure: % of client population in bottom two quintiles of national index

**B. Cost-Effectiveness**: organizational cost for delivering a service by health impact, Measure: cost/DALY

**C. Access**: providing a service to those in need that wouldn't otherwise be provided by the formal health system, Measure: % of non-substituted DALYs

**D. Impact**: an effect which contributes to good health or to improving health, Measure: # of DALYs

Based on these recommendations, these measures will be piloted in a

number of programs beginning in early 2012. In addition, there are plans underway for a separate meeting to discuss measures of quality, the fourth goal of social franchising.

## Quality Assurance in Social Franchising

Launched in January 2011 the Quality Metrics Support Program was an effort to encourage social franchises worldwide to implement quality measurement initiatives. The Program was conceived and designed by the Social Franchising Metrics Working Group with four primary goals: 1) to establish a baseline of what quality measurement systems are in place in franchise programs around the world, 2) to encourage more programs to implement and incorporate quality metrics, 3) to support a move towards greater standardization of quality measurements, and 4) to facilitate sharing of methods and tools used for quality supervision within franchises today.

At the following links you can find a summary of the results of the initiative and also an archive of some of the

quality assurance tools that programs shared with us. We hope that programs will choose to submit additional tools for this archive. If you have a tool that your program has found particularly useful and would like to share it, please email it to socialfranchising@global-health.ucsf.edu. Submitted tools will be reviewed and accepted based on three criteria: 1) innovation 2) ease of use and 3) applicability to other programs.

Through this initiative, 11 social franchises were recognized for their success in quality assurance systems. Congratulations to all the winners and participants in this initiative! The process of selecting the recognized programs included a review of three data sources and levels of investigation: 1) Self-reported program data; 2) Scoping telephone interviews; and 3) In-depth field interviews. Through this process, eleven social franchises were recognized for their success in quality assurance systems. The first group of six franchises were recognized for innovation and prioritization of quality assurance.

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- **Smiling Sun, Bangladesh**
- **Blue Star, Bangaldesh**
- **Tunza, Kenya**
- **BlueStar, Madagascar**
- **Mahila Swahsta Sewa, Nepal**
- **Happy Mothers Network, Nigeria**

The second group of five franchises were commended for excellence in quality assurance standards, systems, and documentation.

- **Sun Quality Health, Cambodia** was awarded for their rigorous monitoring and supervision program.

- **Child Family Wellness, Kenya** was awarded for their motivation of providers through peer supervision groups.
- **Sun Quality Health, Myanmar** was awarded for their comprehensive quality assurance system in a program that offers integrated services, including HIV and TB treatment.
- **Suraj, Pakistan** was awarded for their consideration of the perceived quality by the patients by conducting focus group discussions and exit interviews with patients.

- **Profam, Uganda** was awarded for their effort toward preventing complications of IUD insertions through extensive training program.

## Quality Measurement Tools

A recent publication on measuring quality within social franchises presents a table (below) created by Jishnu Das on the various methods used to measure clinical quality.

### METHODS USED TO MEASURE CLINICAL QUALITY

| Quality Measurement Tool | Measures Knowledge | Measures Practice | Accounts for Case-Mix | Accounts for patient-mix | Hawthorne effects? | Limitations |
|---|---|---|---|---|---|---|
| **Vignettes** | Yes | No | Yes | Yes | N/A: by design vignettes measure the maximum a provider can do | none |
| **Clinical Observation** | Yes | Yes | No | No | Yes: large Hawthorne effects to begin with; decline with the time spent observing | (a) Hard to observe as "serious" illnesses as most are rare; (b) observer never knows true patient diagnosis |
| **Chart Abstraction** | Yes | Yes | No | No | No | Infeasible for private sector: providers don't keep patient charts |
| **Standardized Patients** | Yes | Yes | Yes | Yes | No | Limited to: (a) non-infectious diseases; (b) adults only; (c) diseases without obvious, unmimicable, physiological symptoms; (d) conditions that don't require invasive exams |
| **OSP** | Yes | Yes | Yes | Yes | unknown | none |

### Photos
P1: Sir Richard Feachem with Kenyan Minister of Heath, Prof. Peter Anyang' Nyong'o
P2: Sir Richard Feachem with Quality Assurance Award recipients

To share news, events, or updates on new publications, please write to us at:
**socialfranchising@globalhealth.ucsf.edu**