

UCSF Global Health Sciences

Social Franchising for Health

a community of practice for sharing innovations

UPDATES

The [Center for Health Market Innovations website](#), a resource for connecting with, and learning more about programs that work to improve privately delivered healthcare, now features new [interactive maps](#) and graphs, new ways to update program profiles, and customizable downloads of database-content.

NEW PUBLICATIONS

The newly released [Global Health Innovation Guidebook](#) shares key principles and insights on how to innovate to meet a public health need.

[Volume 13 Supplement 2: Use of health impact metrics for programmatic decision making in global health](#) includes a variety of articles on the uses of health impact and equity metrics.

[Equity and the Sun Quality Health Private Provider Social Franchise: comparative analysis of patient survey data and a nationally representative TB prevalence survey](#) features evidence on whether a franchise program in Myanmar is reaching the poor through its TB services.

EVENTS

[International Conference on Family Planning](#), Addis Abbaba, Nov 12–15, 2013

[Global Health Conference on Social Marketing and Franchising](#), Kochi, India, Dec 3–5, 2013

[Global Conference on Social Franchising for Health](#), Cebu City, Philippines, Oct 22–24, 2014

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A franchisee counsels a client on family planning options

Adding on new health services: The Healthy Family Network experience

By Rekha Viswanathan

Contraceptives and post-abortion care have been the mainstay of the Healthy Family Network, (formerly Happy Mother's Network) based in Nigeria. This program, run by the Society for Family Health, a PSI partner, includes health facilities, proprietary patent medicine vendors (PPMVs), and pharmacies, scattered across 23 states. This social franchise program is now expanding to other critical health service areas. I emailed Ramatu Daroda, Technical Adviser, to learn about the program, and to get her thoughts on how to make integration of multiple health services a reality. Barth Odio, Senior Manager, also contributed.

Rekha: Family planning services accounted for 99.8% of the health impact generated by the program in 2012. What are the biggest challenges in scaling up the provision of services in other key program areas?

Ramatu and Barth: Expansion of RH services has not been difficult. Beyond RH services, it gets more difficult. Some of the challenges are a lack of skilled providers and manpower, commitment, and attrition. We also face budgetary constraints.

We have multiple donors funding multiple projects, and getting buy-in for service-integration is a challenge. We also try to get each franchisee to offer as many services as there are qualified staff to provide, and that cannot always happen. This is because, except for bigger facilities, most private facilities have few staff providing all the services, so they may not always welcome expansion

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of their scope of work—even if the facility owner wants it—as it does not translate to more pay for them.

At program-level, we are partnering with the malaria project to distribute long lasting insecticide-treated nets (LLIN) and artemisinin combination therapy (ACT) to our franchise facilities, and to also train franchise providers. Also, the HIV program will train franchise providers on HIV counseling and testing. Another project will provide diarrhea treatment, water purification, zinc and oral rehydration salts to franchise facilities. Yet other projects will supply short-term contraceptives and female condoms.

It looks like clinics, pharmacies and PPMVs are all included in the network. Of the full range of franchised services, which do each offer?

The pharmacies and PPMVs, together with the health facilities, form the SFH Healthy Family Network. The pharmacies distribute prescribed commodities like family planning products (oral contraceptive pills, emergency contraceptives, male and female condoms, injectables, intra-uterine devices and implants), diarrhea prevention products (Waterguard and PUR), LLIN and ACT for malaria, antibiotics for pneumonia treatment, etc. The PPMVs on the other

hand dispense diarrhea prevention commodities, oral contraceptive pills and condoms, and LLINs and ACTs for Malaria.

How are they linked, or do they operate independently?

The pharmacies and PPMVs are always linked to our network health facilities where they exist in the same communities, but a few are stand-alone, where there is no facility nearby. It is important to note that this is the first time SFH is engaging these two groups under social franchising, and it is still a learning period for us.

How do you track service-utilization across multiple service-delivery points?

Each franchise facility has a referral box. Women drop off their referral cards into the box. We compare the provider's records with the referral cards to understand the rate of follow-through.

[View the referral card.](#)

As the program is undergoing a change and adding more health services to the menu, will this change the service-delivery model or program strategy?

I don't think it really will change.

Please tell me a bit more about your current strategy. How does the program encourage providers to provide preventive health services like cervical cancer screening and malaria diagnosis?

The program has built the capacity of health care providers on cervical cancer screening through visual inspection with acetic acid and treatment using cryotherapy. Awareness-creation activities are also being put in place. Healthcare providers are also taught how to diagnose malaria using rapid diagnostic tests, in addition to the regular microscopy. They are also taught about

Quick facts about Healthy Family Network in Nigeria

- Franchisees are located in 23 states in Nigeria
- Franchised health services and commodities include:
 - » Long and short-term family planning services and commodities
 - » Deliveries using clean delivery kits
 - » Post-abortion care
 - » Cervical cancer screening and treatment in select facilities
 - » Diarrheal treatment
 - » Acute respiratory infection care using pre-packaged treatment
 - » Services for malaria and HIV are being added to the menu
- Service delivery model includes:
 - » Three types of points of service-delivery (health facilities, pharmacies and patent medicine vendors) that offer differentiated sets of services, and are linked through referral mechanisms
 - » Referrals to public facilities for services not offered by franchises and management of adverse events
 - » Three levels of health facilities that are differentiated by their ability to offer diagnostics and treatment for cervical cancer and HIV/AIDS
- Operational support includes:
 - » Inter-personal communicators that raise awareness about health services and supplies, and provide referrals to local facilities
 - » Free-of-cost training to providers
 - » Access to subsidized commodities to providers

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malaria prevention with regards to using LLIN, environmental hygiene, and providing intermittent preventive treatment. Training is provided free-of-cost to providers.

PPMVs and pharmacists presently do not offer rapid diagnostic tests for malaria, but they are encouraged to stock quality malaria drugs and also refer clients to health facilities. They are also encouraged, as much as possible, to dispense the drugs on prescription.

SFH's mission is to help the poor and vulnerable lead healthier lives, so poor clients are specifically targeted. As a social marketing organization, we distribute products at a highly subsidized rate. We also give consumables to the facilities and use this to

negotiate drastic price reductions on services provided to clients. This encourages clients to pay.

Next health service to be integrated?

Non-communicable diseases.

Ramatu Daroda is the Technical Adviser for SFH, and a PSI staff member. She has been with the organization for one year.

To learn more about Society for Family Health, or the Healthy Family Network, visit sfhnigeria.org. A brief program biography is also available in the 2013 edition of the global [Clinical Social Franchising Compendium](#).

Planning for 2014 Global Social Franchising Conference underway

The Second Global Conference on Social Franchising for Health is planned for October 22–24, in Cebu City, Philippines. Training, small group, and plenary sessions will be devoted to the following topics: health financing, performance measurement, applications of technology, and building links between franchises and local health systems. Abstracts will be solicited. [Download the concept note.](#)

Contact sf4health@globalhealth.ucsf.edu to comment on the plans.

SF4Health is a Community of Practice that includes agencies that support or operate social franchise programs in dozens of countries, social franchise programs from 40 countries, academic and research institutions and donor organizations.

The initiative receives funding from the Bill & Melinda Gates Foundation, CHMI and the Rockefeller Foundation.

The Social Franchising Community of Practice is managed and convened by the Global Health Group at the University of California, San Francisco.