Social Franchising for Health
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Research and action to improve private health sector engagement

FEBRUARY 2014 NEWSLETTER

UPDATES

Join the new SF4Health online discussion platform

New SF4Health website launched

Abstracts from the 2013 International Conference on Family Planning now available

Center for Health Market Innovations releases 2013 highlights; launches new feature web page on social franchising programs around the world

NEW PUBLICATIONS

Improving malaria knowledge and practices in rural Myanmar through a village health worker intervention: a cross-sectional study
(Lwin, M.M., 2014)

Total Market Approach—Case studies from Botswana, Lesotho, Mali, South Africa, Swaziland, and Uganda
(UNFPA, PSI, 2013)

ANNOUNCEMENTS

2nd Global Conference on Social Franchising for Health
Oct 23–24, 2014 in Cebu, Philippines

07 March: Abstract submission deadline

30 April: Registration deadline for invitees

Third Global Symposium on Health Systems Research
30 Sep–03 Oct, 2014 in Cape Town, South Africa

In this issue:

Data in action: How World Health Partners uses equity data

Meet Manju Devi, a young woman from rural Bhagalpur who came to a World Health Partners (WHP) SkyHealth center seeking help. She lives in a home without electricity, though, ironically, she owns an electric fan. Her family does not own a phone or TV, nor do they own a bicycle or a cooking stove. They do not have a set cement floor, a source of water, or a toilet. They do, however, own a cow and a few chickens.

Why is this household information important? Though income can be used to define poverty (internationally, having less than $1.25 per head per day in purchasing power is considered extreme poverty), in countries where either income and expenditure

continued on page 3

Most public health programs have the goal of reaching the poor. Most have no evidence to show if they succeed.

Let's measure.
Let's do it consistently.
Let's use the same metric.

Social Franchising Metrics Working Group launches Equity Measurement Toolkit

The new Equity Measurement Toolkit has been piloted in 6 programs in 4 countries and is a simple, verified, and accurate tool that any program can apply easily to measure the wealth status of its patients or clients relative to national indicators. It is free-of-cost, and can be used easily by programs.

The Toolkit includes step-by-step web and video tutorials, a planning worksheet, a sampling calculator, training materials for data collectors, country-specific surveys, data entry tools, syntax for data analysis, and guidance on how to interpret results.

- Feasible to execute by small or large health programs
- Robust
- Tested and validated
- No statistical programming knowledge required
- Easy to interpret

Access the toolkit at
sf4health.org/measuring-performance/equity

information is not easily available, or in areas where overall wealth is defined more in terms of goods and possessions than monetary income, the alternative is to measure wealth by collecting equity data as a proxy. Equity data typically includes household ownership of select assets, including items such as a television, bicycle, furniture, mobile phone, and bank account. Data is also collected on quality of living standards, such as housing structure, access to water/electricity, sanitation and space available.

Recently, as a member of the Social Franchise Metrics Working Group, WHP participated in the selection of the most relevant and feasible metric to measure equity—the proportion of clients receiving franchised services who are within the lowest two national wealth quintiles. These wealth indices, adapted from the Demographic and Health Survey (DHS), measure equity in terms of asset ownership and household characteristics. Using DHS as the source for questions allows for rigorous analysis by sub-populations, useful comparisons within a country context and comparisons across countries. As one of the pilot programs for the equity metric, WHP collected client data for over a year. This data was then weighted using Demographic Health Survey 2005–2006 data, considered nationally representative.

How does this relate to Manju Devi? Based on the equity data we collected on her family and the subsequent analysis/weighting, we were able to conclude that Manju (and her family) fall into the poorest 20% of people nationally (quintile 1), something we may not have been able to determine using monetary income as our only measure.

One of the biggest doubts about the franchising approach to delivering social services is whether or not the mechanism allows those most in need to access services. It is a valid concern, and by understanding the economic status of clients we can attempt to understand the effect of wealth on health outcomes as well as measure the extent to which our health care services (those of a fee-for-service model) are reaching low-income families. The data WHP has been collecting is showing positive signs: overall, 51% of WHP clients fall into the lowest two quintiles, meaning that more than half of clients served by WHP fall into the poorest 40% of the national population.

Adapted from a blog prepared for WHP by Rasika Behl, Analyst, Monitoring & Evaluation,World Health Partners

Philippines: Social franchise programs link midwives to the national health insurance system

The Philippines is known for its high out-of-pocket expenses for healthcare. It, like many countries in that region, is also seeing an upward trend in the use of private providers for a variety of health services.

Since the early 2000s, the Philippines national health insurance scheme (referred to from here on as Philhealth) has been compensating accredited healthcare personnel for the provision of maternity care benefits covered under the Maternity Care Package. Though intended to improve maternal health outcomes and reduce cost-burden on users, the program suffers from low enrollment of beneficiaries, and a complex system of accreditation and claims payments that is a barrier for entry for small healthcare facilities.

Two social franchise programs have expanded their functions to make the system work for midwives that operate private clinics.

Launched in 1997, the Well-Family Midwife Clinic (WFMC) program includes networks of private midwives that are entitled to bear that brand. The program offers a range of financial, business, training and quality assurance services to franchisees, and now includes outlets around the country.

Launched in 2008, BlueStar Pilipinas also works with private midwives to support them in the quality assured provision of family planning and maternity care services.

continued on page 3

Katrina Macabanti in Angeles, Pampanga Province is a registered midwife working with BlueStar Pilipinas.

Photo by Cynthia Eldridge

Franchisees are located in 34 provinces. In the 2013 Compendium, the program reported that supporting midwives to get accredited was a challenge. Regardless, there are notable achievements to report.

Accreditation rates among franchisees

	2010	2012
BlueStar	0%	53%
WFMC	–	95%

Correspondence with both programs suggests that accreditation support is an important part of their work. Their various efforts are summarized below. Please note, not one program is doing all of the listed activities.

- **Philhealth policy advocacy** in the form of: influencing minimum Philhealth accreditation standards for clinic equipment, midwife capacity and training, records and referral management, and hygiene; and setting standards that are in line with pre-existing franchise program standards.

  Policy advocacy took place through participation in the national committee tasked with setting these standards.

- **Direct support to meet minimum standards of accreditation** by offering: business and clinical skills trainings to midwives; support to midwives to establish MoUs with local hospitals that serve as referral centers in case of adverse events or complications; support to establish relationships between midwives and local Philhealth teams; and support to upgrade clinics through low or no interest rate loans.

It is important to note that the franchise programs themselves have minimum entry criteria for franchisees, and some of those standards are already in line with Philhealth accreditation requirements.

- **Support to apply for Philhealth accreditation**: by convening meetings between local health officials and midwives to speed up the processing of paper-work; and obtaining business permits on behalf of the midwives.
- **Direct support to maintain accreditation status**: by instituting routine or random quality audits that are in line with accreditation requirements; and by offering support to submit requisite paperwork.
- **Payment processing support**: by submitting claims on behalf of midwives.
- **Risk mitigation**: through a financial advance service that covers claims for up to 5 maternity care packages at a time per midwife. This is to offset the slow turnaround of Philhealth case-based payments.

BlueStar has produced a brief case study on their work to support the accreditation of midwives to receive national health insurance payments. To obtain a copy, contact Virgilio Pernito at bod@pspi.org.

Download a case study on the BlueStar Pilipinas program.

To learn more about Well-Family Midwife Clinic, visit: wfmc.com.ph.

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.