

Developing and Applying Standardized Programme Metrics among Social Franchises

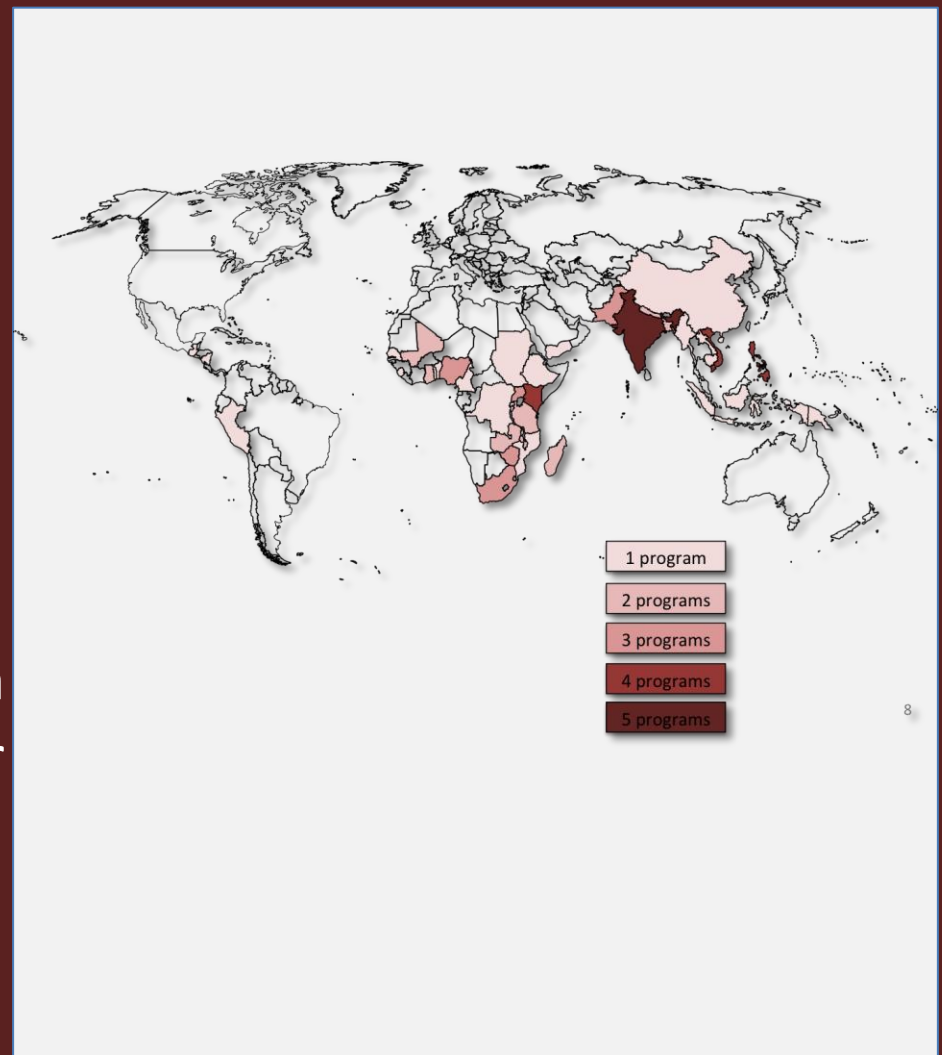


Dominic Montagu
Global Health Conference on Social Marketing and Franchising
Kochi, India December 2013

SOCIAL FRANCHISING



- There are 74 social franchising programs in 40 countries
- They include 75,000+ franchisees, and 60,000+ points of service-delivery
- They are a significant part of the global response for the provision of family planning services. Their contributions in other service-areas is growing.



SOCIAL FRANCHISING - GOALS



Health Impact



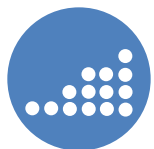
Quality



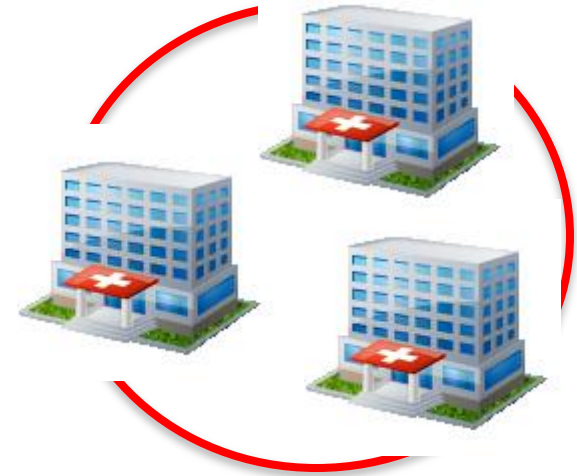
Cost-Effectiveness



Equity



Market Expansion



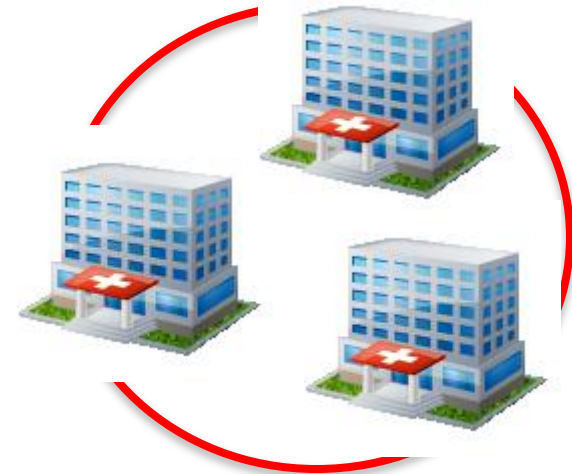
SOCIAL FRANCHISING - GOALS



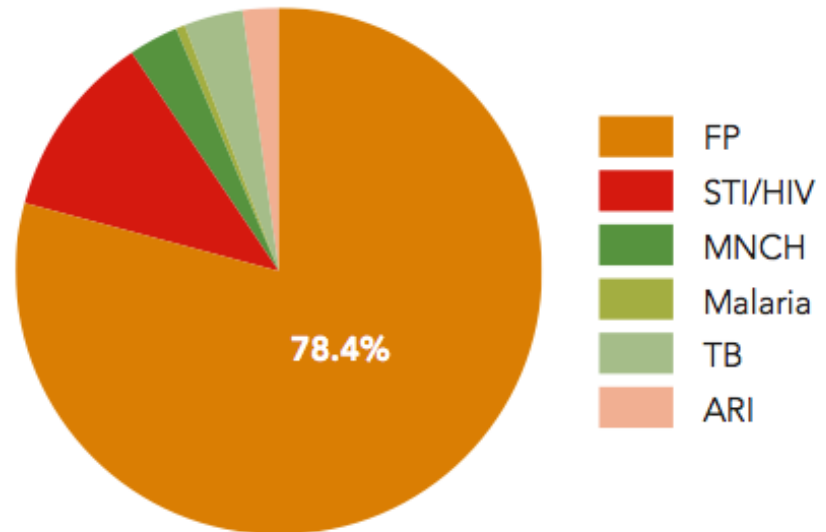
Health Impact

METRIC: DALYs averted

n=39 programs



Over eight million DALYs, or healthy years of life lost, were averted in 2012 by the 39 programs that reported service provision numbers.

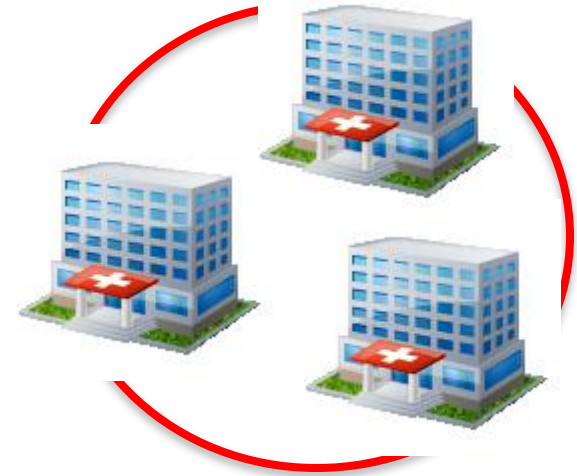


SOCIAL FRANCHISING - GOALS



Quality

Current Quality Measurement Practices



SOCIAL FRANCHISING - GOALS



Quality

MEASURING

CLINIC STRUCTURE & ORGANIZATION

Method	Quality Elements Measured
Facility observation Complete checklist to confirm presence of and compliance with standards	Physical infrastructure <ul style="list-style-type: none">• Clean and well- maintained• amenities (e.g. water, electricity) Supplies <ul style="list-style-type: none">• Essential medication • Essential equipment
Staff interview Interview staff and providers about procedures and practices	Standards and Procedures <ul style="list-style-type: none">• referral process• Patient Safety• Infection Prevention Service availability <ul style="list-style-type: none">• range of services• accessibility• (e.g. hours, wait time)• affordability
record review assess clinic records to determine clinic practice	Supplies <ul style="list-style-type: none">• Essential medication Standards and Procedures <ul style="list-style-type: none">• referral process• Patient Safety• Infection Prevention

SOCIAL FRANCHISING - GOALS



Quality

MEASURING

STAFF AND PROVIDER PRACTICE

Method	Quality Elements Measured
Mystery clients actors trained to interact with a provider as if they were a real patient	Provider actual Practice <ul style="list-style-type: none">• Health history• Physical exam• Diagnosis• Treatment interpersonal Skill <ul style="list-style-type: none">• Effective Communication• Respect and courtesy• Confidentiality
direct observation Observe providers' interactions with real patients	Provider actual Practice <ul style="list-style-type: none">• Health History• Physical Exam• Diagnosis• Treatment interpersonal Skill <ul style="list-style-type: none">• respect and courtesy• Confidentiality
Vignettes assess providers' diagnosis and treatment of hypothetical patient	Provider technical capacity <ul style="list-style-type: none">• Knowledge• Skill Provider actual Practice <ul style="list-style-type: none">• Diagnosis• Treatment

SOCIAL FRANCHISING - GOALS



Quality

MEASURING CLIENT EXPERIENCE & SATISFACTION

Method	Quality Elements Measured
exit interview Interview clients as they leave the clinic	Satisfaction with Provider <ul style="list-style-type: none">•Treatment by staff•and providers (respect, emotional support)•understand health information •Satisfaction with Service availability <ul style="list-style-type: none">• Medications available• Cost• Wait times •Satisfaction with Facility <ul style="list-style-type: none">• Physical environment• amenities •Provider interpersonal Skill <ul style="list-style-type: none">Effective•Communication• respect and courtesy•Confidentiality
community interview Interview residents of your clinic's catchment area	

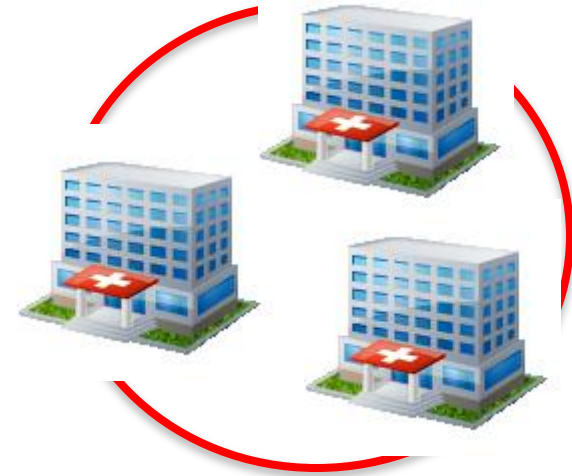
SOCIAL FRANCHISING - GOALS



Quality

New Core Measures

The ability to treat or refer clients with complications, and adherence to overall program protocols

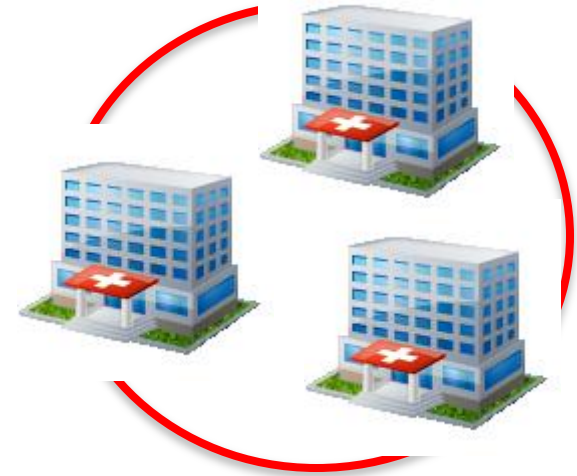


SOCIAL FRANCHISING - GOALS



Equity

The percentage of patients receiving franchised services that are within the lowest two national wealth quintiles.



FIRST COMMON METRIC:



Equity

Traditional

“I know I reach the poor because I work in poor areas”



Improved

“I know I reach the poor because X% of my clients are...”



METRIC ATTRIBUTES


- >> Easy to collect and interpret
- >> Low cost
- >> Comparable to national context
- >> Comparable across countries

SELECTION CRITERIA



Criteria	Wealth Index	PPI
Easy to Collect and Interpret	<ul style="list-style-type: none">✓ Easy to collect✗ Difficult to calculate✓ Quintiles widely used/understood✗ Somewhat difficult to interpret	<ul style="list-style-type: none">✓ Easy to collect✓ Easy to calculate✓ Easy to interpret poverty threshold
Low Cost	<ul style="list-style-type: none">✓ Inexpensive✓ Based on publicly-available DHS	<ul style="list-style-type: none">✗ \$20,000 - 25,000 USD/country✗ High upkeep costs
Comparable to National Context	<ul style="list-style-type: none">✓ Wealth quintiles accurate and validated comparison to national distribution✓ Easy subgroup analysis	<ul style="list-style-type: none">✓ Percent of clients under poverty line easily comparable to national poverty rate✗ Difficult/impossible subgroup analysis <i>e.g.: just urban, or just FP clients</i>
Comparable Across Countries	<ul style="list-style-type: none">✓ Can discuss percentage of clients that fall within bottom 40%, but measure is relative to a country	<ul style="list-style-type: none">✓ Percentage of clients under \$1.25/day standard across countries

APPLYING WEALTH INDEX: GOING FORWARD

- 
- Randomly select 30-60 social franchise clinics
 - >> Sample should be generalizable to entire network
 - Conduct exit surveys among 400 or more clients
 - >> Primary survey outcome probably not equity; power survey for primary outcome
 - >> Within facility sampling depends on facility volume and other characteristics
 - Integrate DHS asset questions for every country into survey
 - >> Assets and household characteristics
 - >> Exact list of questions can be procured from ICF Macro
 - >> Adds approximately 10 minutes to each interview

APPLYING WEALTH INDEX: WHP Example



62,001

TELEMEDICINE CONFERENCES

We've connected 62,001 rural patients to urban doctors



542,124

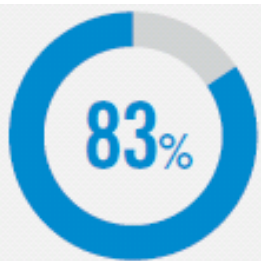
FAMILY PLANNING

We've provided 542,124 years worth of protection to couples so far



REDUCED COSTS

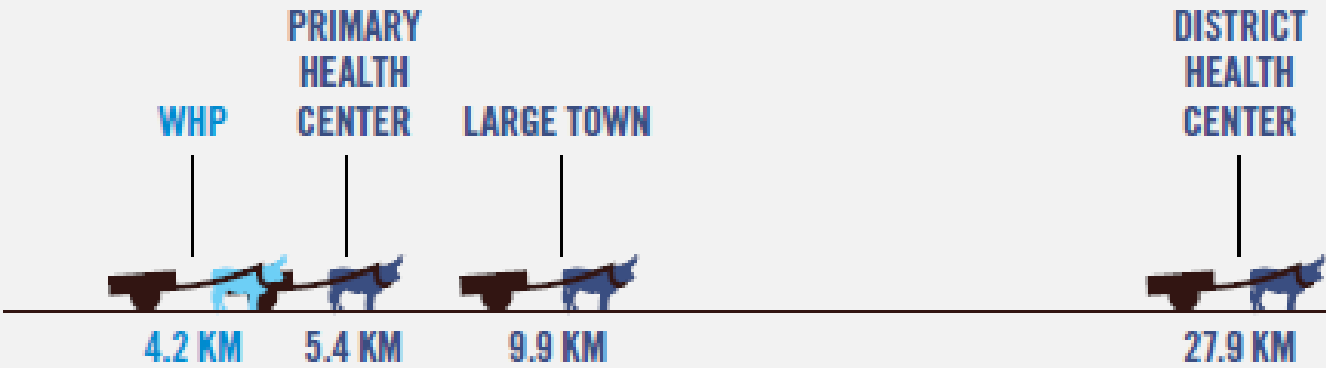
Telemedicine costs a fraction of a trip to an urban doctor



83%

SERVING THE POOREST

83% of our patients are in the two lowest economic quintiles



Conclusion



- Global, Standardized Metrics are being developed through a collaborative process
- They are valuable for both management and comparisons of reach, quality, and impact
- All programs should be adopting standardized performance measures as they are made available
- Equity and Health Impact measures are available today
- Both are supported by free, online, tools