



CLINICAL SOCIAL FRANCHISING COMPENDIUM

An Annual Survey of Programs, 2011

The Global Health Group
University of California, San Francisco
May 2011



UCSF GLOBAL HEALTH SCIENCES
THE GLOBAL HEALTH GROUP
From evidence to action

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The Global Health Group

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Table of Contents

Introduction	5
Geographic evolution of franchises map	7
Program summary graphs	8
Social franchise profiles by country	16
Bangladesh	16
Blue Star	16
Smiling Sun	18
Benin	20
ProFam	20
Burundi	22
LifeNet International	22
Cambodia	24
Sun Quality Health	24
Cameroon	26
ProFam	26
Democratic Republic of Congo	28
Reseau Confiance	28
El Salvador	30
Red Segura	30
Ethiopia	32
BlueStar	32
Ghana	34
BlueStar	34
HealthKeepers	36
MicroClinic International	38
Guatemala	40
Red Segura	40
India	42
Drishtee Health Franchise	42
MerryGold	44
Saadhan	46
SkyHealth Rural Clinics	48
Surya	50
Kenya	52
AMUA	52
Child and Family Wellness (CFW) (Kenya and Rwanda)	54
Gold Star Network	56
Kisumu Medical & Education Trust Post Abortion Care Network	58
Tunza Family Health Network	60
Laos	62
Sun Quality Health	62
Madagascar	64
BlueStar	64

ProFemina	66
Top Réseau	68
Malawi	70
BlueStar	70
Mali	72
ProFam	72
Myanmar	74
Sun Quality Health	74
Nepal	76
Mahila Swahsta Sewa	76
Sangini Social Franchising	78
Nicaragua	80
Red Segura	80
Nigeria	82
Happy Mothers Network	82
Hygeia	84
Pakistan	86
Greenstar	86
Suraj	88
Peru	90
RedPlan Salud	90
Philippines	92
BlueStar	92
Well-Family Midwife Clinic	94
Sierra Leone	96
BlueStar	96
South Africa	98
BlueStar	98
BroadReach Healthcare	100
Togo	102
POMEFA	102
Uganda	104
Living Goods	104
ProFam	106
Vietnam	108
BlueStar	108
Tinh chi em	110
Zambia	112
NewStart	112
Zimbabwe	114
NewStart	114
Appendix A: Acronyms	116
Appendix B: Donors contributing to franchising programs in 2010	117
Appendix C: Umbrella organizations	118

Introduction

The third annual compendium of clinical social franchise programs is a prelude to the First Global Conference on Social Franchising, which will be held in Mombasa, Kenya in November 2011. This document provides an overview of the programs which will be highlighted at this groundbreaking event. There are 50 franchises profiled in this compendium, 10 of them launched after 2008. The data included was provided by the franchises in the first quarter of 2011 and subsequent edits were made by the Global Health Group.

The profiles that follow describe new innovations in financing, partnerships, quality assurance systems and involvement of community health workers. The successes and challenges of each franchise are highlighted, providing lessons and a basis for further communication among implementers and stakeholders of social franchising programs worldwide. Quality assurance is a subject of increased attention among franchise programs and a featured area of innovation in this document, as well as the focus of a larger initiative known as the Quality Metrics Support Program.¹ For additional summary tables, graphs and a map of franchises around the world, please see the appendices.

What is a social franchise?

A social franchise encompasses a network of private health practitioners linked through contracts to provide socially beneficial services under a common brand. To be considered a social franchise for inclusion in this compendium, a network of providers had to have the following characteristics:

- Outlets are operator-owned
- Payments to outlets are based on services provided²
- Services are standardized³
- Clinical services are offered with or without franchise-branded commodities⁴

Goals

A social franchise has four primary goals:

- Access — Increase the number of service delivery points (providers) and healthcare services offered
- Cost-effectiveness — Provide a service at an equal or lower cost to other service delivery options, inclusive of all subsidy or system costs
- Quality — Provide services that adhere to quality standards and improve the pre-existing level of quality
- Equity — Serve all population groups, emphasizing those most in need

¹ For more information see: sf4health.org/workinggroups/quality-metrics-support-program/about-the-program

² Although the mechanism of payment may vary and may include client out-of-pocket, voucher, third party insurance or other systems.

³ Although additional, non-franchised products and services may also be offered.

⁴ Clinical services are defined as any healthcare practice that would, in an OECD country, require service by a nurse or other higher-level provider. Under this definition, for example, injections are considered clinical, even if franchise-supported community health workers or pharmacists provide them.

2010 franchising snapshot

Total number of franchises in the compendium	50
Number that are new to the 2010 compendium	12
Franchises that do not have brick-and-mortar outlets	2
Franchises that have (or are planning) public sector member clinics	16
Franchises that use web-based reporting	9
Franchises that offer IUDs	33
Franchises with franchised midwives	10
Franchises that deliver vaccinations	5
Franchises that offer ACT for malaria	7
Franchises that have conducted operational research in 2010	23
Franchises that integrate community health workers in some way	43
Franchises that conduct mystery client surveys to assess quality	14

Note on CYP calculation

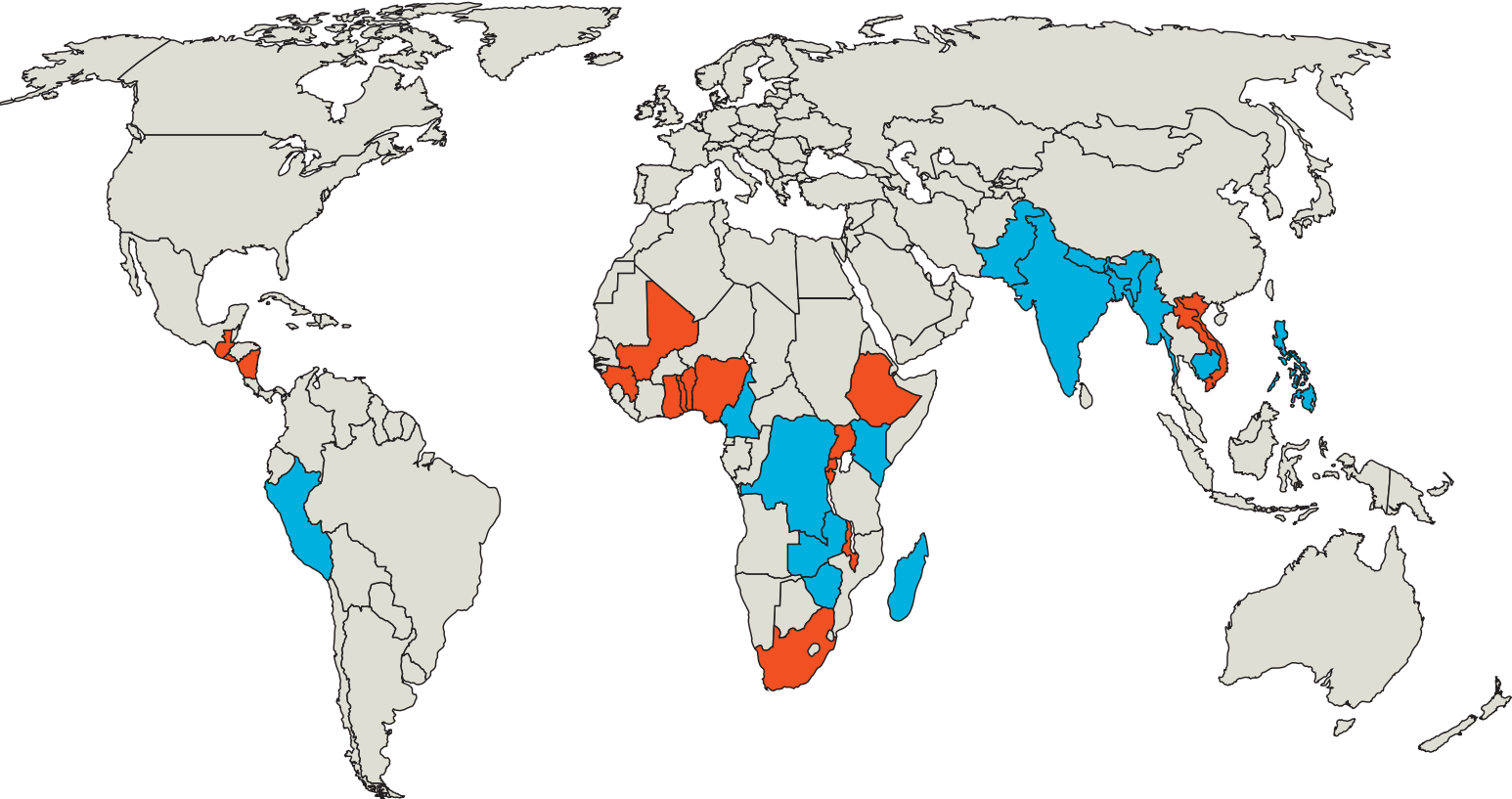
The CYP calculations for each profile were calculated using USAID's formula. The formula can be found here: http://www.usaid.gov/our_work/global_health/pop/techareas/cyp.html. Also, programs that reported CYPs greater than the number of clients served—indicating that the CYPs reported include services not provided by the franchise (possibly provided by social marketing programs)—are indicated with an asterisk.

Note on cost recovery

Cost Recovery=percentage of program expenditure recovered by program income as reported by each program.

Geographic evolution of franchises

In 2003, there were franchises in 14 countries (blue), and in 2011, there are franchises in 31 countries (blue and red).



Program summary graphs

A focus on quality assurance

Launched in January 2011, the **Quality Metrics Support Program** is 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:

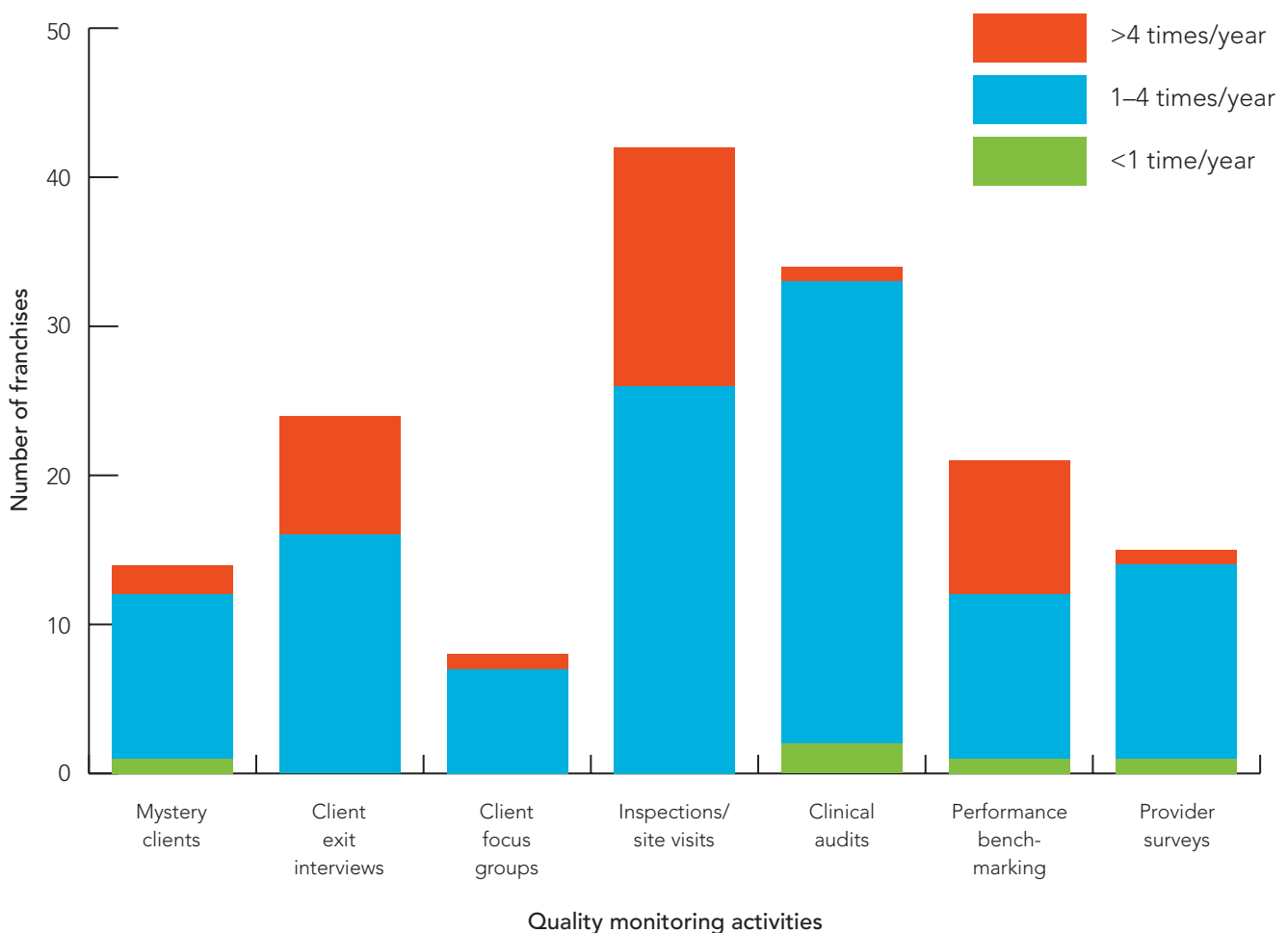
1. Establish a baseline of what quality measurement systems are in place in franchises around the world.
2. Encourage more programs to implement and incorporate quality metrics.
3. Support a move towards greater standardization of quality measurements.
4. Facilitate sharing of methods and tools used for quality supervision within franchises today.

As part of this initiative, programs were asked to describe their quality assurance programs in detail for submission to this compendium. Based on the data collected and additional review of the programs, programs that most effectively collect and use quality metrics will be publicly recognized at the First Global Conference on Social Franchising in November 2011.

For additional resources on quality metrics and manuals currently utilized by programs, please see the SF4Health tools resource page at sf4health.org/resources/tools.

Quality monitoring

The majority of franchises conduct quality monitoring 1–4 times per year.



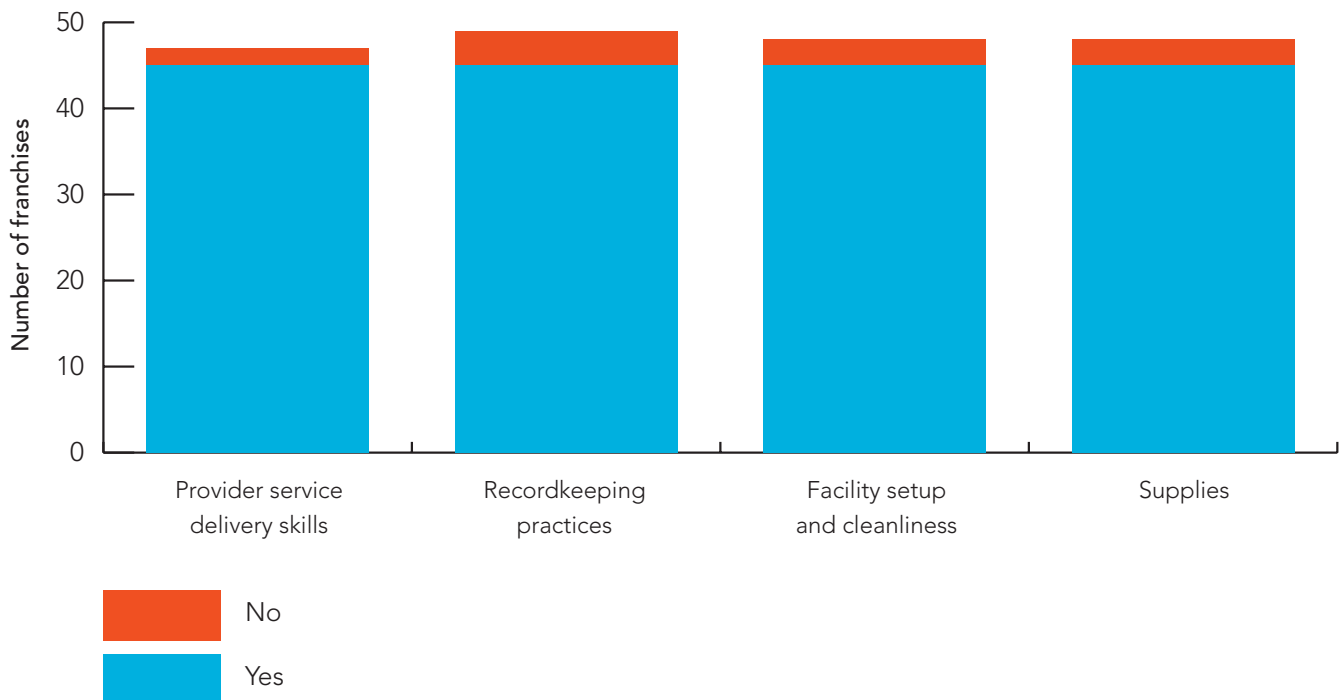
Quality audits

Most franchises conduct clinical audits on the majority of their outlets every year (N=48).



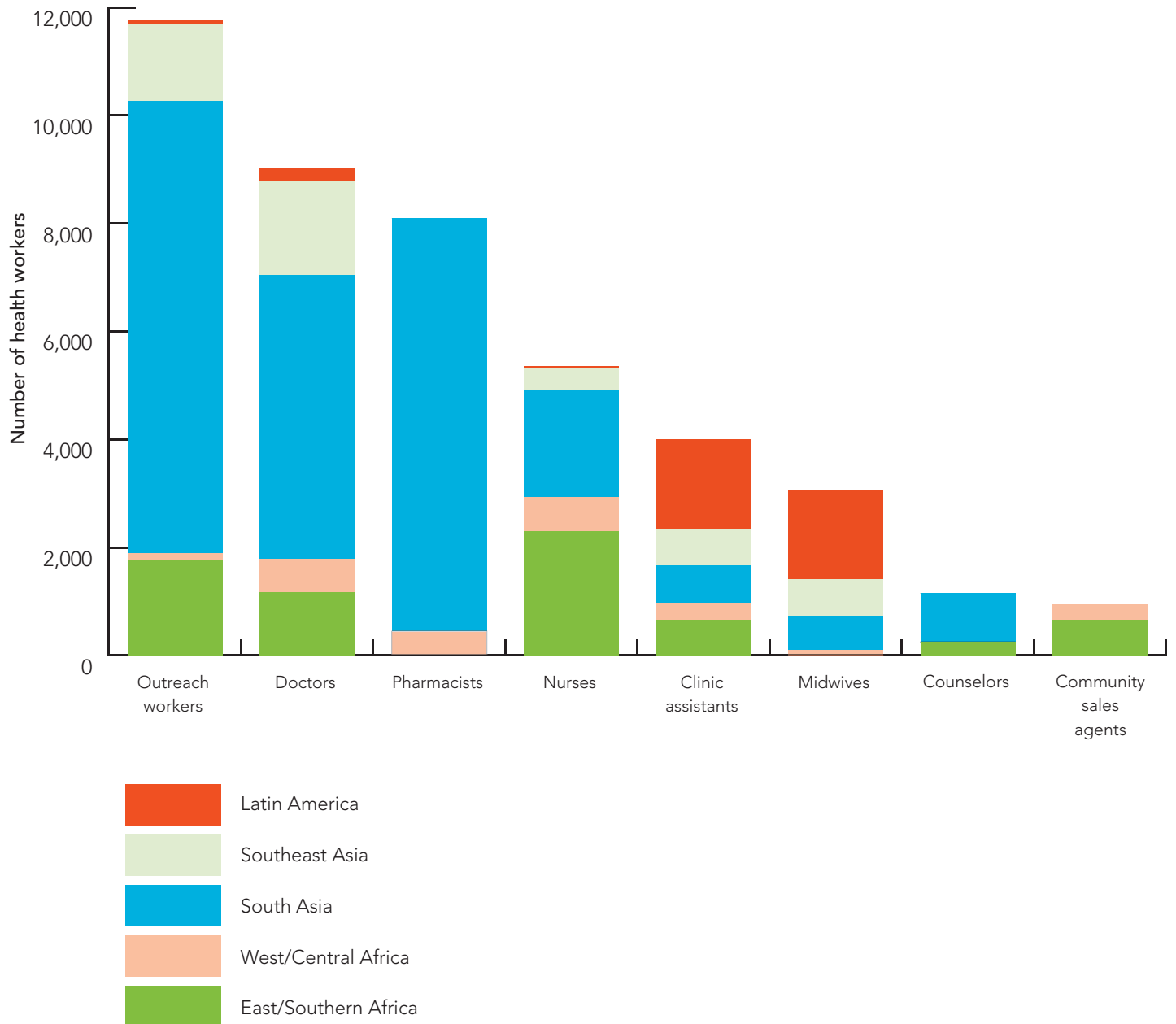
Checklists

Over 90% of franchises use printed checklists to evaluate aspects of quality.



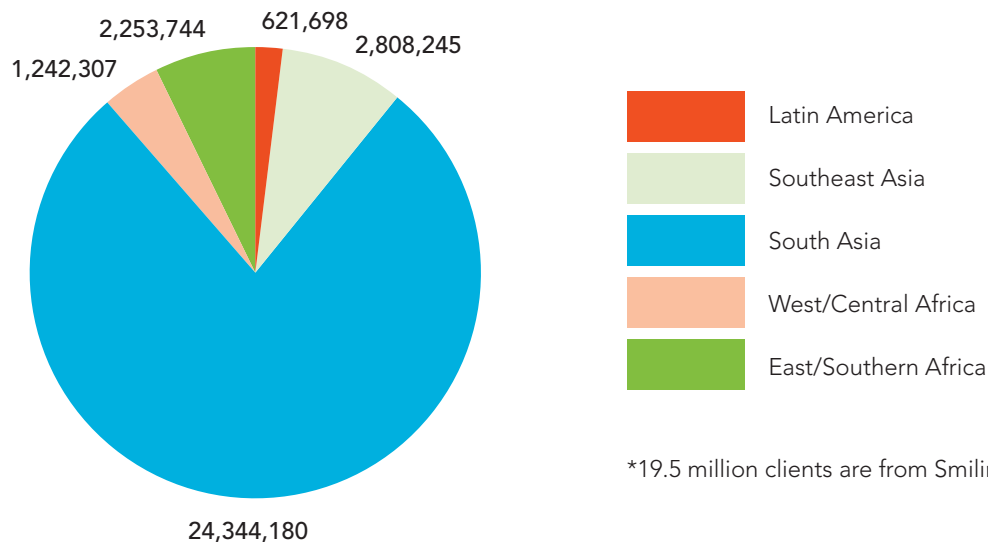
Health workers by region

The majority of franchised health workers are in South Asia.



Clients by region

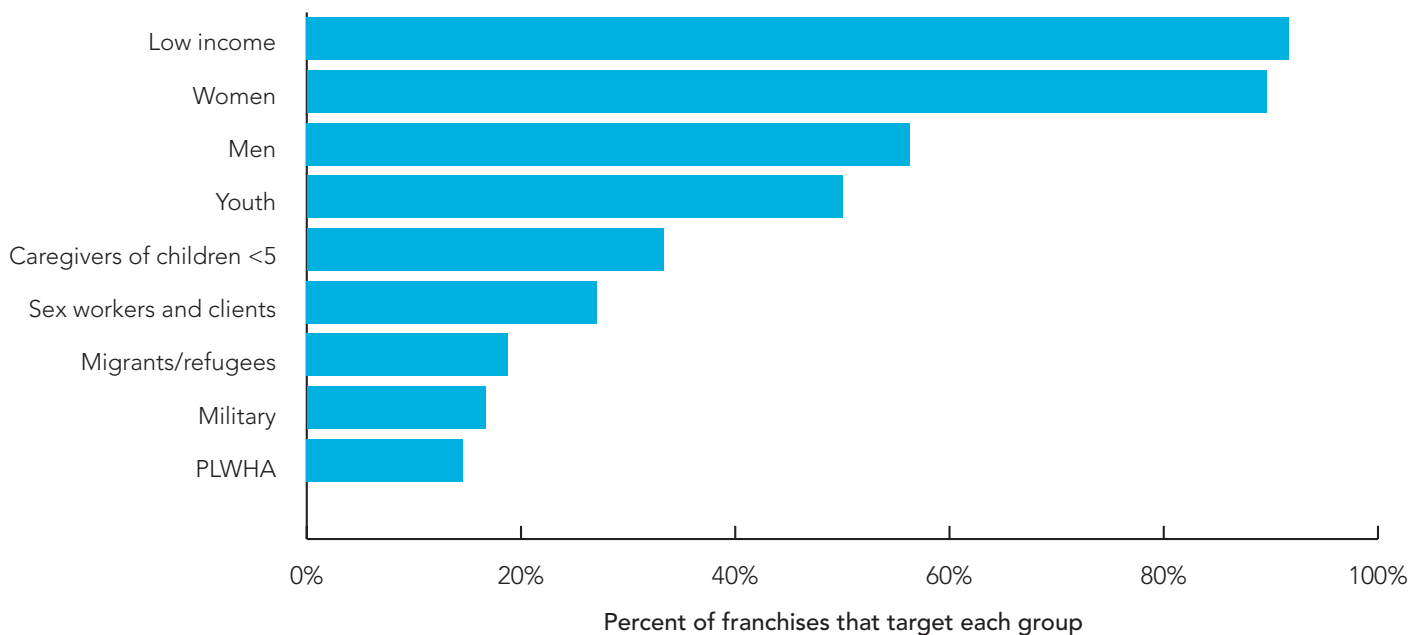
78% percent of social franchising clients are from South Asia.*



*19.5 million clients are from Smiling Sun, Bangladesh

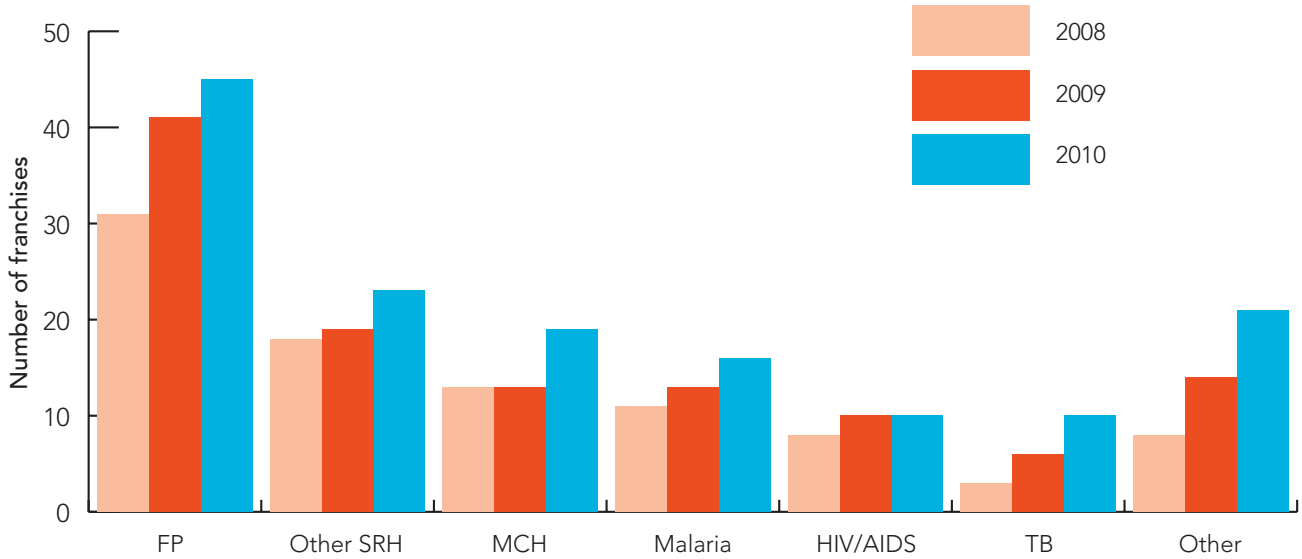
Target groups

The majority of franchises target low-income people and women.



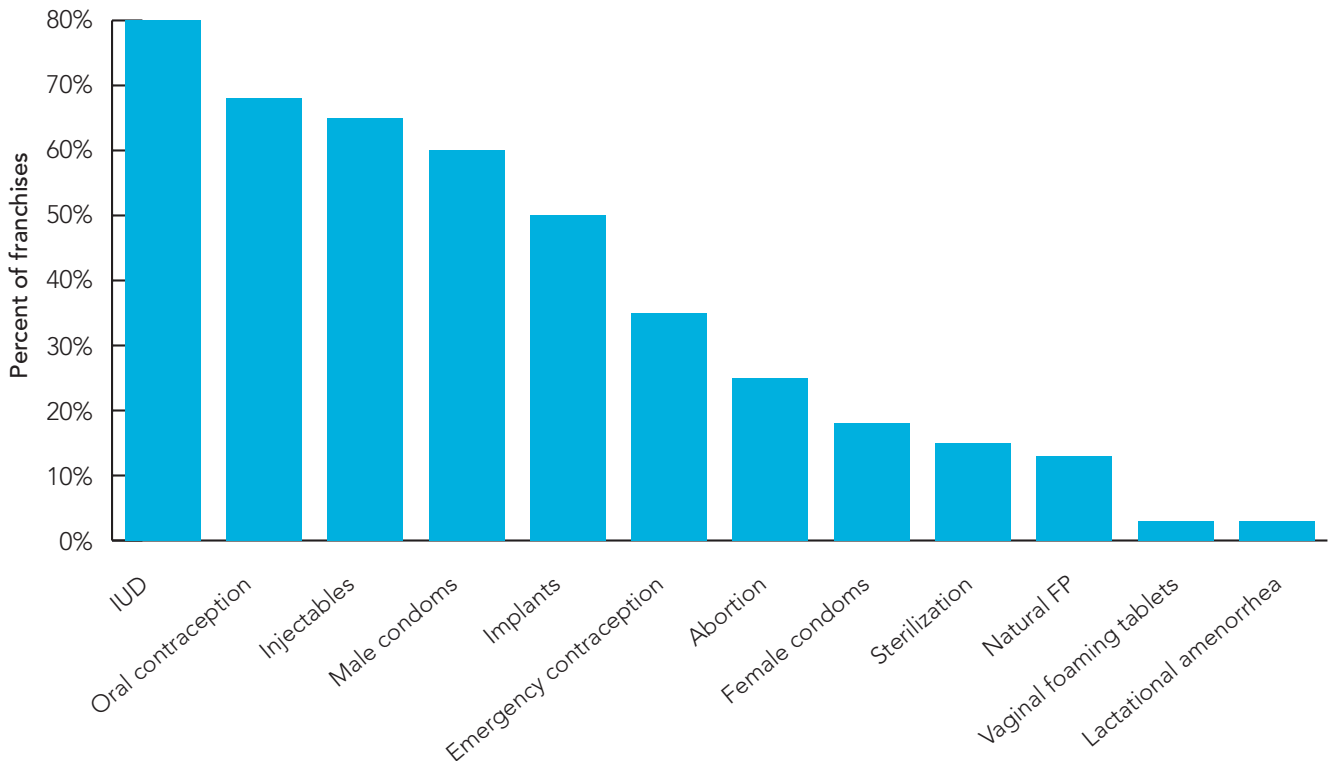
Number of services offered (by year)

The number of services offered by franchises is growing.



FP/RH methods offered

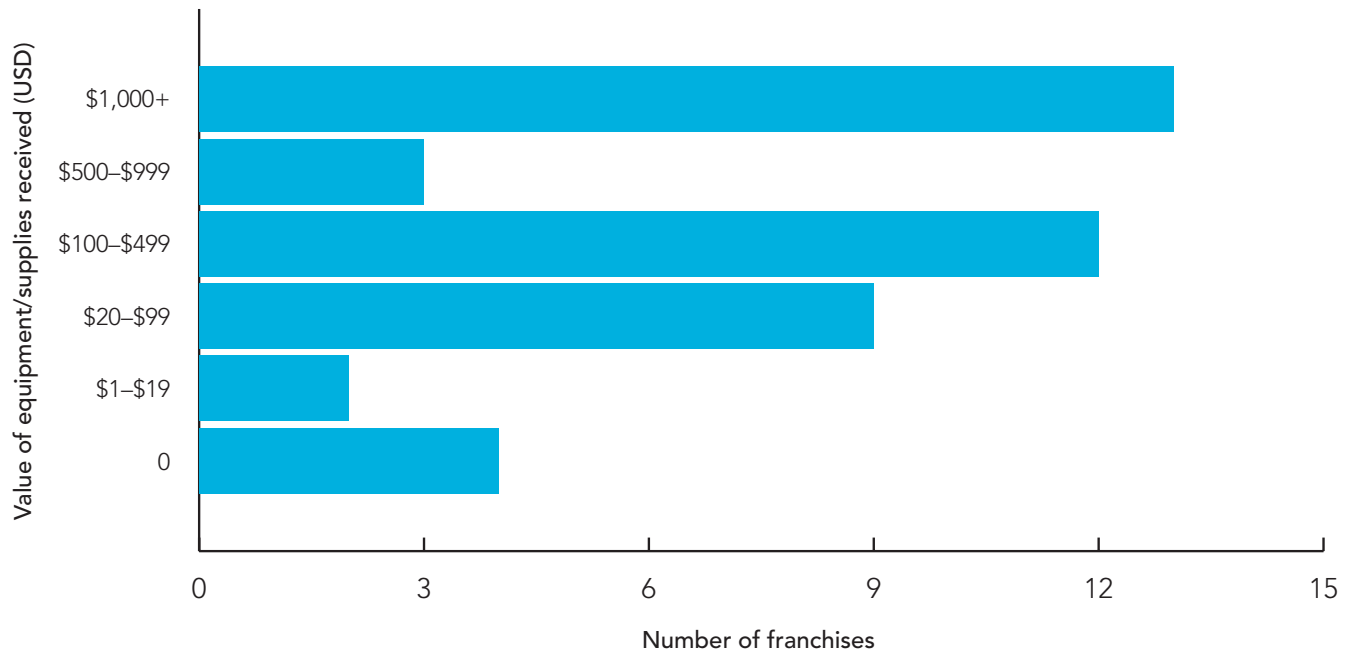
More franchises offer IUDs than other methods.



Note: Only franchises offering FP are included.

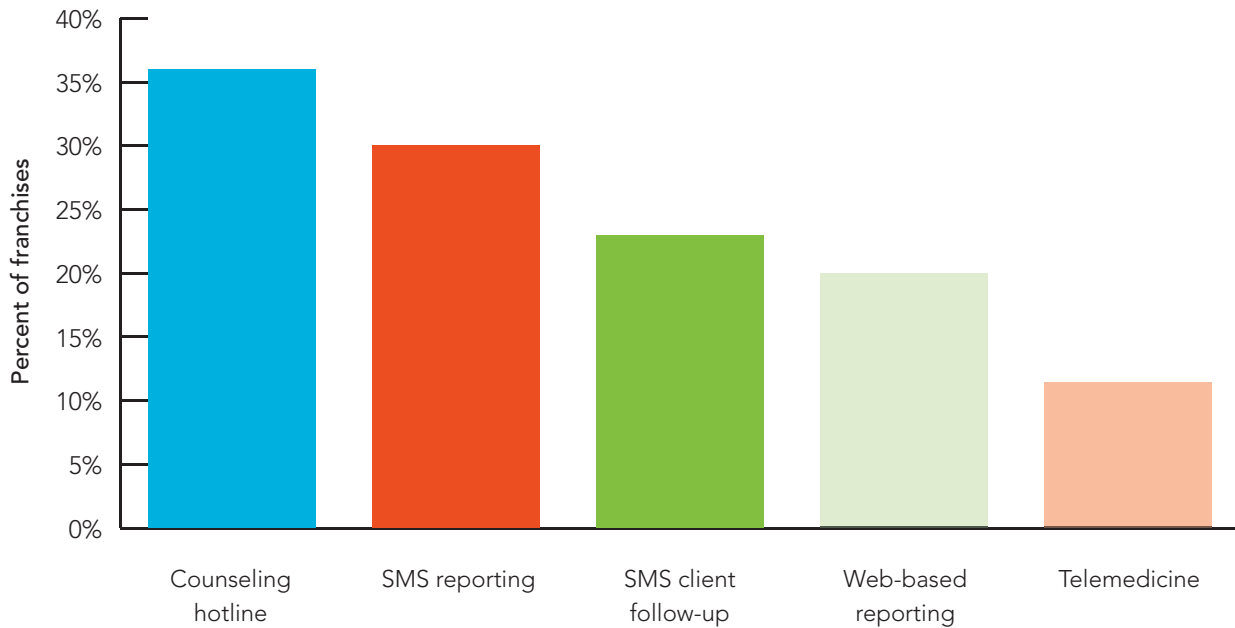
Equipment

Franchisees receive free equipment and supplies upon joining a franchise.



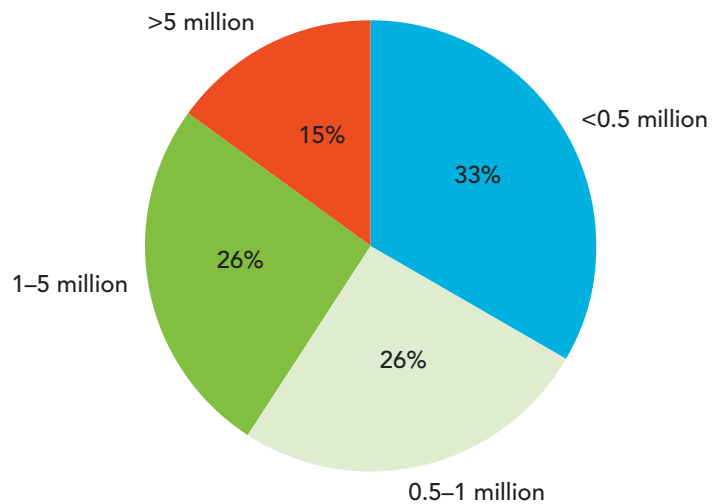
Technology

Counseling hotlines are the most common form of technology used by franchises.



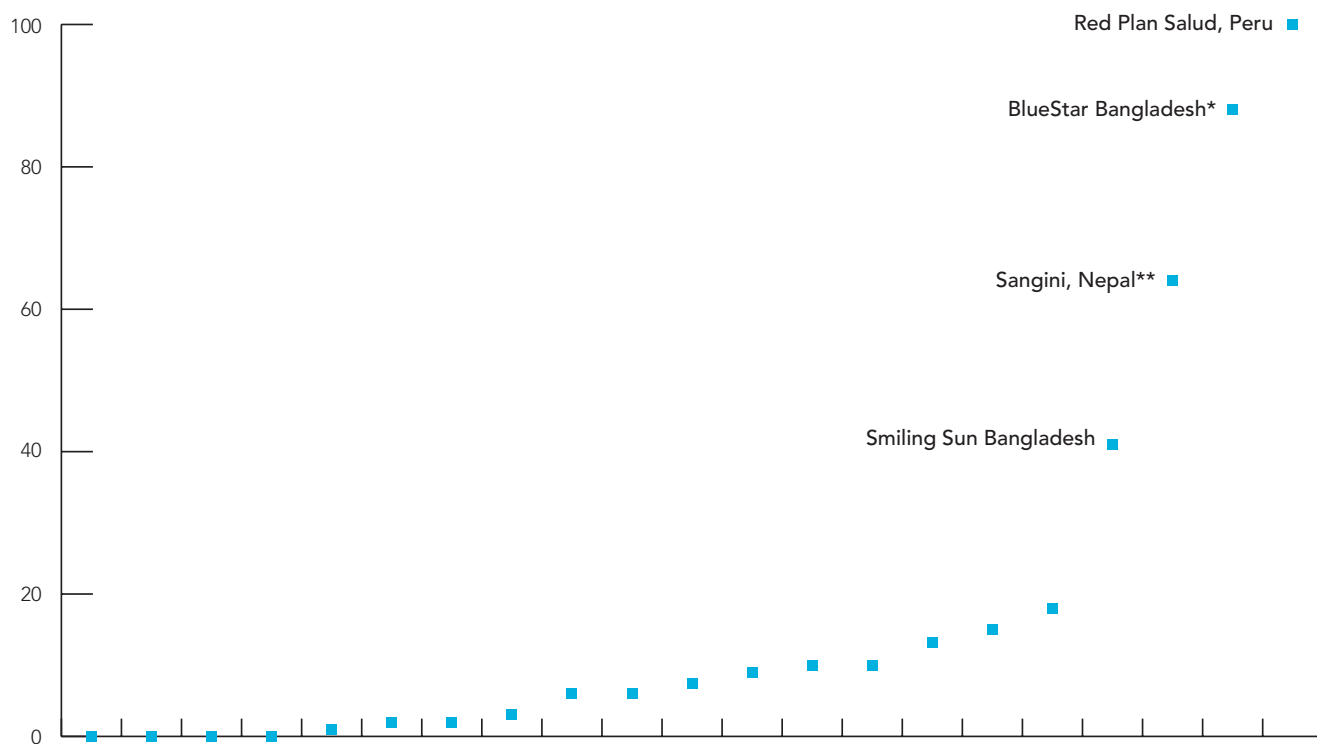
Franchise expenditures

41 percent of franchises received more than \$1 million USD in program expenditures in 2010.



Cost recovery

Four social franchises achieve cost recovery above 20%.



Note: This graph reflects data received from 21 franchises as reported by each program.

*Represents cost recovery for the whole organization.

**Products are donated.

Social Marketing Company (SMC) Blue Star Bangladesh



ঘরের কাছেই মনের মত সেবা

At a glance

Franchise details			
Launch year	1998		
Business model	Fractional franchise		
Outlet types	Pharmacies		
Services	RH, MCH, TB, diarrhea, vitamins		
2010 new product launches	Reintroduction of Minicon (progesterone-only pill)		
Average staffing	1 pharmacist per pharmacy (either graduate doctor or non graduate medical practitioner)		
Target clientele	Low income, men, women		
Payment sources	100% OOP		
2010 program expenditure (USD)	\$647,859 (without cash fund)		
Cost recovery	88% (total cost of recovery of SMC)		
Donor support	USAID		
Technology	SMS reporting, web-based reporting at head office		
Contact information	Dr. Salah Uddin Ahmed, Manager-Blue Star Program; www.smc-bd.org		
Franchise evolution			
	2008	2009	2010
Number of outlets	3,290	3,217	3,336
Number of provinces/states	64	64	64
Number of clients served	177,105	1,039,620	1,202,785
CYPs*	954,814	3,652,706	3,490,620

Social Marketing Company (SMC) Blue Star Bangladesh

Description

Background

Social Marketing Company (SMC) started Blue Star as a pilot project with a goal to increase informed demand for high priority public health services through partnerships with private health providers. A private health practitioner becomes a Blue Star provider after meeting the selection criteria, signing a partnership agreement that states they will deliver a defined package of services, attending a training course, keeping records and sending reports to SMC. SMC provides training, quality assurance visits, on-site technical assistance and behavior change communication support, and SMC supplies commodities and promotes the social franchise brand through local and mass media.

Service details

Family planning (FP) counseling, oral contraceptives, male condoms, injectables, Copper T, emergency contraceptive pills, clean delivery kits, TB, basic maternal neonatal health (MNH) services, referrals, diarrheal disease treatment, zinc, vitamins and referrals for long-term family planning (LTFP).

Quality assurance highlights

Incentives for good quality are provided (i.e. a mobile hand washing basin, publication of photo of the site in a newsletter).

Operational research

An evaluation was conducted to assess the strengths and weaknesses of the program scope for future expansion and the impact of different indicators prioritized during the program design phase.

Successes

- Strong relationship with the Directorate General of the Family Planning Office of Bangladesh helped to recruit new providers
- Training providers on MNH care



Clients outside of Blue Star Bangladesh pharmacy

Challenges

- Regular monitoring visit in hard to reach and remote areas
- Maintaining proper documentation at the provider level
- Ensuring regular product supply of contraceptives
- Maintaining continuous quality assurance

2011 plans

Introduction of Oral Contraceptive-Microgynon (Levonorgestrol)

Chemonics International Smiling Sun



Smiling Sun Franchise Program

At a glance

Franchise details			
Launch year	2008		
Business model	Full franchise; franchisee and usage fees planned but not implemented		
Outlet types	Clinics, mobile clinics		
Services	RH, MCH, malaria, TB, diarrhea, general medicine, vitamins, pneumonia		
2010 new product launches			
Average staffing per outlet	Staffing depends on the level of clinic—at Ultra clinics there are up to 30 staff per clinic		
Target clientele	Low income, men, women, caregivers of children under 5		
Payment sources	55% OOP, 1% voucher, 31% free, 13% third-party payers		
2010 program expenditure (USD)	\$ 12 million		
Cost recovery	41%		
Donor support	USAID, Chevron, Chemex, Reckitt Benckiser, ACI, Dutch Bangla Bank		
Technology	SMS client follow-up and reporting, web-based reporting		
Contact information	Juan Carlos Negrette, Chief of Party; www.smilingSunhealth.com		
Franchise evolution			
	2008	2009	2010
Number of outlets	8,820	8,820	9,456
Number of provinces/states	61	61	64
Number of clients served		15,500,000	19,500,000
CYPs		1,424,344	1,083,197

Chemonics International

Smiling Sun

Description

Background

Smiling Sun is a USAID-supported network of 27 NGOs that own 323 clinics, 9,133 satellite sites and an “army” of 6,300 community service providers. Some community clinics from the public sector are run by Smiling Sun (60 facilities).

Service details

Oral contraceptives, male condoms, injectables, Copper T, implants, emergency contraceptive pills, STI treatment, cervical screening, post-abortion care, antenatal care (ANC), labor and delivery, emergency obstetric care, post-natal care, vaccinations, pediatric consultations, malaria treatment, tuberculosis (TB) case management, diarrheal disease treatment, general medicine, lab services, vitamins, pneumonia testing/treatment

Quality assurance highlights

Feedback on 20 composite indicators is provided to franchises. Quality data has helped to improve healthy behaviors among providers such as regular hand washing.

Community health workers

Community Services Providers receive a monthly stipend that is equivalent to 45–50% of their total revenue; the rest of their income is from referral fees and mark-ups on sold products.

Demand side financing

Smiling Sun is partnering with the Government of Bangladesh on a voucher scheme pilot designed to provide safe delivery services to poor women in Chittagong division.



Smiling Sun signage outside of rural clinic

Successes

- Addition of emergency obstetric care units
- Extension of services to the Chittagong Hill Tracts region
- Implementation of a performance-based incentive campaign
- Improvement of the cost-recovery index
- Increased access to the poor and increased overall service output

Challenges

- Increasing revenues while expanding access to the poor
- Ensuring transparent financial practices
- Ensuring access to contraceptive supplies

Population Services International Protection de la Famille (ProFam)



At a glance

Franchise details			
Launch year	2004		
Business model	Fractional franchise; annual fee of \$40		
Outlet types	Clinics		
Services	RH, HIV/AIDS, MCH, malaria, diarrhea		
2010 new product launches			
Average staffing per outlet	1–2 doctors, nurses, or midwives per clinic; plus 1 assistant per clinic		
Target clientele	Low income, men, women		
Payment sources			
2010 program expenditure (USD)	\$1 million		
Cost recovery			
Donor support	USAID, SALIN (Netherlands), KfW		
Technology	Hotline/counseling		
Contact information	Marguerite Ndour Behanzin, Medical Doctor and Prudencia AYIVI Midwife		
Franchise evolution			
	2008	2009	2010
Number of outlets	30	50	50
Number of provinces/states		5	7
Number of clients served		2,322	9,178
CYPs*		10,779	139,080

Population Services International Protection de la Famille (ProFam)

Description

Background

In 2004, in collaboration with the MOH and USAID, PSI created a network of clinics called ProFam. The clinics aim to improve the quality and accessibility of family planning (FP) services in the private sector, establish minimum standards of quality and increase the demand for FP services. The project targets all sexually active men and women ages 15 to 49. PSI is currently working with eight facilities in the public sector.

Service details

Oral contraceptives, male condoms, female condoms, injectables, Copper T, implants, natural FP, STI testing and treatment, PMTCT, HCT, ANC, long-lasting insecticidal nets (LLINs), diarrheal treatment

Quality assurance highlights

Clinics are evaluated based on cleanliness, proper equipment, maintenance apply, FP services, pricing and clinical staff attendance. A comparison between clinical supplies stock and transmitted reports by providers is done regularly.

Community health workers

CHWs conduct outreach activities. In return, a daily motivation (around \$8) is provided.

Operational research

A TRaC survey is completed every two years to assess provider competence.

Successes

A 395% increase of new FP clients from 2009 to 2010. The success is linked to FP special-event days.



Community training on FP

Challenges

- Maintaining the current number of clinics
- Improvement of quality assurance
- Setting up comprehensive services, including prevention and care of obstetrical fistula
- Resource mobilization
- Improvement of the MIS system

2011 plans

- Expanding the ProFam Network from 50 to 150 clinics by the end of 2011
- Offering postpartum hemorrhage and post-abortion care with misoprostol
- New FP product branding is planned for 2011
- Integration of MCH and RH

LifeNet International



At a glance

Franchise details			
Launch year	2010		
Business model	Fractional franchise		
Outlet types	Clinics, pharmacies		
Services	general medicine, medical training		
2010 new product launches			
Average staffing per outlet	The average clinic staff includes 2–4 nurses with an occasional doctor		
Target clientele	Low income, youth, men, women		
Payment sources	100% OOP		
2010 program expenditure (USD)	\$79,616		
Cost recovery			
Donor support	Anonymous donor		
Technology			
Contact information	A.J. Wilson, Program Officer; www.LNinternational.org		
Franchise evolution			
	2008	2009	2010
Number of outlets			3
Number of provinces/states			1
Number of clients served			18,250
CYPs			

LifeNet International

Description

Background

LifeNet International (LN) was founded in the fall of 2008 with the goal of permanently increasing the access to and quality of primary care services in Burundi. LN partners with private, existing clinics who benefit from LN's core franchise components: nurse training, business coaching, pharmaceutical supply program and growth financing.

Quality assurance highlights

LN evaluates clinics on a qualitative and quantitative basis. LN does this through the implementation of its Composite Health Index evaluating each clinic's patient care, staffing, pharmaceuticals and environment.

Operational research

In 2009, LN conducted feasibility research in partnership with the University of Pennsylvania.

Successes

- Financed a maternity ward and vaccination center
- Increased a partner clinic's essential medicines four-fold and increased pharmaceutical revenue by over 75%
- Measurable increase in the quality of medical services provided at partner clinics

Challenges

Obtaining desired margin on pharmaceutical sales

2011 Plans

- Pharmaceutical importation from European distributor
- Further develop LN's medical training and franchise components
- Increase clinic partnerships to 20 by year-end
- Demonstrate 25% improvement in LN's Composite Health Index



A patient is treated at a LifeNet Partner Clinic

Population Services International
Sun Quality Health Network



At a glance

Franchise details			
Launch year	2002		
Business model	Fractional franchise		
Outlet types	Clinics		
Services	RH, MCH, malaria, diarrhea		
2010 new product launches			
Average staffing per outlet	1–2 midwives per clinic		
Target clientele	Low income, sex workers/clients, women		
Payment sources	100% OOP		
2010 program expenditure (USD)			
Cost recovery			
Donor support	Anonymous donor, USAID, KfW		
Technology	Women's RH hotline provides counseling, referral and information about RH		
Contact information	Dr. Heng Khen		
Franchise evolution			
	2008	2009	2010
Number of outlets	39	89	150
Number of provinces/states	8	13	20
Number of clients served		8,096	13,368
CYPs*		42,616	

Population Services International Sun Quality Health Network

Description

Background

Population Services International (PSI) Cambodia manages a fractional franchise of private health providers in support of reproductive health services. Sun Quality Health (SQH) providers are provided with a wide range of monitoring, support and training tools to improve their clinics.

Service details

Oral contraceptives, male condoms, injectables, Copper T, implants, STI treatment, ANC, labor and delivery, emergency obstetric care, post-natal care, vaccinations, malaria testing/treatment, diarrheal disease treatment

Quality assurance highlights

A Sun Quality team of 23 highly trained midwives conduct site supervision visits to the network of franchise providers. The visits (and supervision forms/tools) are divided into three categories of behavior change for the provider—opportunity, ability and motivation.

Community health workers

Outreach workers aim to impact knowledge, attitudes and perceptions and provide referrals to franchise clinics. They receive a \$20/ month transport allowance.

Operational research

Research is done among consumers and providers. Studies include:

- Provider FoQus- to understand provider profiles
- Provider satisfaction survey to gauge the satisfaction of the franchise providers
- Provider study on removal rate of IUD



Counseling on FP methods

Successes

- Expansion to nearly 200 sites from less than 100
- Increased provider motivation to provide LTFP

2011 plans

- Possible integration of a high blood pressure program and cervical cancer screening
- Integration of diarrhea treatment kit and safe water product
- Introduction of demand side financing

Population Services International ProFam Cameroon



At a glance

Franchise details			
Launch year	2003		
Business model	Fractional franchise		
Outlet types	Clinics, drug sellers		
Services	RH, pediatrics		
2010 new product launches			
Average staffing per outlet	2 nurses per clinic		
Target clientele	Low income, youth, sex workers/clients, truck drivers, migrants/refugees, men, women, caregivers of children under 5		
Payment sources	100% OOP		
2010 program expenditure (USD)	\$429,098		
Cost recovery	6%		
Donor support	Dutch Fund, USAID		
Technology			
Contact information	Monda Lea, ProFam Coordinator		
Franchise evolution			
	2008	2009	2010
Number of outlets	25	25	24
Number of provinces/states	1	1	1
Number of clients served		4,900	11,167
CYPs*		197,721	25,710

Population Services International

ProFam Cameroon

Description

Background

ProFam started in 2003 with 25 private health centers in Yaoundé City. The objectives are to provide FP and pediatric care by offering IMCI according to the Health Ministry standards.

Service details

Contraceptives, male condoms, female condoms, injectables, Copper T, implants, cervical cancer screening, pediatric care

Quality assurance highlights

When privacy and confidentiality were identified as problems, ProFam advised all clinics to create a specific safety room for FP informed choice.

Community health workers

CHWs do not receive a salary. They are involved in demand creation, conducting door-to-door health visits and orienting clients to the clinic.

Successes

- Increasing implants and IUDs through scale-up in the public sector and rural areas
- Demand creation through interpersonal communication

Challenges

Increasing LTFP

2011 plans

- Post abortion care with the use of misoprostol
- Highly subsidized instead of free service delivery
- Addition of a new clinic
- Scale-up in two other regions
- Scale-up of interventions within public services

Association de Santé Familiale (ASF) (affiliate of PSI in DRC) Réseau Confiance (Confiance Network)



At a glance

Franchise details			
Launch year	2003		
Business model	Fractional franchise		
Outlet types	Clinics, pharmacies		
Services	RH		
2010 new product launches			
Average staffing per outlet	2 nurses and 1 outreach worker per clinic		
Target clientele	Low income, women		
Payment sources	100% OOP		
2010 program expenditure (USD)			
Cost recovery			
Donor support	USAID, Dutch Fund		
Technology	Hotline/counseling		
Contact information	Gaby Kasongo		
Franchise evolution			
	2008	2009	2010
Number of outlets	78	93	115
Number of provinces/states		10	10
Number of clients served		820,980	596,785
CYPs		78,347	136,552

Association de Santé Familiale (ASF) (affiliate of PSI in DRC) Reseau Confiance (Confiance Network)

Description

Service details

Oral contraceptives, male condoms, injectables, Copper T, natural FP

Community health workers

CHWs receive approximately \$5 per day for transport fees.

Quality assurance highlights

One register is kept for contraceptive use and individual files for each client are available in the franchise and consulted during supervision visits.

Successes

- Training of clinic staff on implant insertion and removal
- Extension to two new provinces (Kasai Oriental and Manima) with 15 clinics and 50 pharmacies
- Launch of new hotline in June 2010

Challenges

- High turnover of trained personnel reduced service delivery
- Insufficient product quantities in a context of growing demand
- Exoneration suspension for NGOs by the government delayed product and equipment availability

2011 plans

- Introduction of the implant Jadelle
- Expansion of the network to 25 clinics and 75 pharmacies

PSI/Pan American Social Marketing Organization (PASMO)
Red Segura



At a glance

Franchise details			
Launch year	2009		
Business model	Fractional franchise		
Outlet types	Clinics		
Services	RH		
2010 new product launches			
Average staffing per outlet	1–2 doctors per clinic		
Target clientele	Low income, youth		
Payment sources	66% OOP, 34% insurance		
2010 program expenditure (USD)			
Cost recovery			
Donor support	Anonymous donor		
Technology	SMS client follow-up		
Contact information	Mirian Henriquez		
Franchise evolution			
	2008	2009	2010
Number of outlets	0	40	50
Number of provinces/states	0	2	4
Number of clients served	0	1,371	3,102
CYPs			23,496

PSI/Pan American Social Marketing Organization (PASMO) Red Segura

Description

Background

The Red Segura (which means "safe network" in Spanish) is a network of private sector clinics committed to offering high-quality counseling and reproductive health services. Network members are trained via classroom sessions, practical training on an anatomical model and receive certification after five flawless, observed client counseling sessions and IUD insertions. The Red Segura logo is positioned as a symbol of friendly, high-quality services and is targeted toward younger women.

The network launched in 2010 with two doctor's clinics, and grew to include 50 individual doctor's clinics, NGO operated clinics and several municipal and university clinics. Red Segura outreach workers create demand for reproductive health services, reaching potential clients in factories, markets and shopping centers, beauty salons, women's groups meetings, university campuses and municipal fairs. Although centered in the San Salvador metropolitan area, the network is growing to include clinics in most major cities and towns throughout the country.

Service details

All clinics offer IUDs, hormonal implants, OCs, injections, male condoms and prescriptions for all other modern contraception available in country. Most clinics offer reproductive health services including cervical cancer screening and STI treatment.

Quality assurance highlights

The 2010 external medical audit found 100% of clinics complied with quality standards.

Community health workers

Outreach workers, called *educadores*, are staff or consultants paid by PASMO. Currently CHWs are responsible for: promotion, home visits, FP counseling, referrals and support for event days.



Red Segura outreach worker with client

Successes

- Increased IUD use by 225% between 2008 and 2010
- 100% of clinics meet quality standards
- Low (no) outreach staff turnover

Challenges

- Moving demand for RH services to the private sector (currently the public sector accounts for 80% of FP services)
- Keeping private sector clinic prices accessible for low-income women

2011 plans

- Introduce VCT, STI, cervical cancer screening services throughout the network, and introduce Segura line of OCs

Marie Stopes International Ethiopia BlueStar Healthcare Network



At a glance

Franchise details			
Launch year	2007		
Business model	Fractional franchise; annual franchise fees of \$3 for lower-level clinics, \$6 for medium-level clinics, \$9 for higher-level clinics		
Outlet types	Clinics		
Services	RH		
2010 new product launches			
Average staffing per outlet	1 doctor or 1 nurse per clinic		
Target clientele	Youth, men, women		
Payment sources	100% OOP		
2010 program expenditure (USD)			
Cost recovery			
Donor support	Anonymous donor		
Technology			
Contact information	Girma Mintesnot, Social Franchise Manager		
Franchise evolution			
	2008	2009	2010
Number of outlets	107	207	207
Number of provinces/states		3	3
Number of clients served		104,659	246,006
CYPs		47,678	59,101

Marie Stopes International Ethiopia BlueStar Healthcare Network

Description

Background

BlueStar Ethiopia provides franchised services including long-term FP methods, permanent FP methods and medical and safe surgical abortion services. Some of the clinics have started or will soon provide HIV testing and STI diagnosis services.

Service details

Oral contraceptives, male condoms, injectables, Copper T, implants, emergency contraceptive pills, sterilization, abortion (medical and surgical)

Quality assurance highlights

Reports on client services and visits are verified against medical supplies distributed to the franchisees. Field officers check proper recording of clients (using the record formats) during their field visits.

Community health workers

BlueStar promoters are volunteers who refer clients to clinics to get franchised services. They are not paid for each referral. However, they receive payments to cover their transport expenses.

Operational research

Assessment of a campaign on awareness of FP methods, services and demand generation was conducted. The results show that community awareness about services

offered by the franchise has increased and a moderate increase was observed in the number of FP clients visiting the clinics.

Successes

- Increased number of clinics providing LTFPs
- Increased number of clinics providing safe abortion services
- Referral network strengthened between franchisees and other MSIE outlets

Challenges

- High turnover of trained staff
- Lack of eligible clinics has limited plans to expand safe abortion services
- Lack of resources to serve poor women who can't afford to pay

2011 plans

- Introduction of voucher scheme to reach poor women who can't afford pay for FP and safe abortion services
- Strengthening the quality assurance system
- Strengthening the referral linkage between franchisees and other Marie Stopes outlets
- Conducting demand generation at a wider scale

Marie Stopes International
BlueStar Ghana



At a glance

Franchise details			
Launch year	2008		
Business model	Fractional franchise; annual franchise fee of \$67 for clinics and hospitals, \$50 for pharmacies, \$27 for chemical shops		
Outlet types	Clinics, chemical sellers, pharmacies, hospitals		
Services	RH		
2010 new product launches			
Average staffing per outlet	1 doctor or midwife per clinic		
Target clientele	Low income, youth, men, women		
Payment sources	100% OOP		
2010 program expenditure (USD)			
Cost recovery			
Donor support	Anonymous donor		
Technology	mobile phone-based data collection system is being developed in 2011		
Contact information	Senanu Arkutu, Social Franchising Manager; Faustina Fynn Nyame—Country Director		
Franchise evolution			
	2008	2009	2010
Number of outlets	102	60	112
Number of provinces/states	1	1	2
Number of clients served		198,248	111,888
CYPs		16,293	10,341

Marie Stopes International BlueStar Ghana

Description

Background

BlueStar is a private provider network made up of maternity homes, pharmacies and chemical shops. The outlet workers are trained to deliver FP and sexual and reproductive health services to their communities.

Service details

Oral contraceptives, male condoms, injectables, Copper T, implants, abortion (medical and surgical), STI management, post-abortion care

Quality assurance highlights

Consolidated monthly summarized franchisee reports are cross checked against clinical client record books. Benchmarking is done on a monthly basis.

Community health workers

Community-based educators (CBEs) are given a monthly performance-based allowance

Successes

- Conducted 5,234 manual vacuum aspiration (MVA) procedures (125% of target)
- Expansion to the Ashanti Region



Training on IUD insertion

Challenges

- Client misconceptions with LTFPs, which affects post abortion FP uptake

2011 plans

- Develop a mobile phone-based data collection system
- Perform tubal ligations
- Officially launch BlueStar in Ashanti Region

HealthKeepers



At a glance

Franchise details			
Launch year	2006		
Business model	Fractional franchise		
Outlet types	Community-based sales women		
Services	RH, malaria, diabetes, diarrhea, personal care products		
2010 new product launches	Branded male condoms called CD plus; rapid test kits for malaria, diabetes and pregnancy		
Average staffing per outlet	300 HealthKeepers (community-based sales agents)		
Target clientele	Youth, sex workers/clients, men, women, caregivers of children under 5		
Payment sources	100% OOP		
2010 program expenditure (USD)	\$100,000 (does not include commodity costs)		
Cost recovery	Approximately 10%		
Donor support	USAID		
Technology	SMS ordering of products by franchisees		
Contact information	Daniel E. Mensah, Executive Director; www.healthkeepers-gh.org		
Franchise evolution			
	2008	2009	2010
Number of outlets	No physical outlets		
Number of provinces/states			3
Number of clients served		243,780	300,000
CYPs			

HealthKeepers

Description

Background

HealthKeepers network brings innovative and sustainable self-help market-based solutions to the fight against disease, chronic hunger and poverty. The initiative provides sustainable access to life-saving health products and services along with information for the rural poor and underserved persons. It integrates private sector business approaches to serve public health needs by addressing the bottleneck in the delivery of health products and information, and making it a smart business opportunity for local entrepreneurial women.

Quality assurance highlights

Inspections/site visits are conducted on a monthly basis.

Community health workers

CHWs earn income from door-to-door sales of health protection products.

Successes

Expansion to reach other channels like chemical sellers operating in the communities.

Challenges

- High attrition rate, inadequate funding, low margins from product sales, long-distance travel to sparsely populated areas with limited purchasing power
- Difficulty establishing an effective community based distribution system and payment mechanisms

2011 plans

- Improvement of nutritional status of children
- Distribution of RH commodities



Health Keepers opening ceremony in Awutu Bawjiase

MicroClinic International

At a glance

Franchise details			
Launch year	2009		
Business model	Full franchise; franchise fee of 9% of gross sales paid every 5 years		
Outlet types	Clinics		
Services	RH, MCH, malaria, TB, diarrhea, vitamins, pneumonia		
2010 new product launches			
Average staffing per outlet	1 doctor, 3 nurses, 5 clinic assistants, 1 pharmacist and 1 lab tech per clinic		
Target clientele	Rural and peri-urban populations		
Payment sources	30% OOP, 20% insurance, 50% government reimbursement		
2010 program expenditure (USD)			
Cost recovery			
Donor support			
Technology	Web-based reporting		
Contact information	Kojo Benjamin Taylor, Founder and CEO; www.microclinics.com		
Franchise evolution			
	2008	2009	2010
Number of outlets	5	4	3
Number of provinces/states			3
Number of clients served		15,600	47,890
CYPs		104	

MicroClinic International

Description

Background

Following a franchise business model that combines ownership with proven operating, marketing and distribution standards, MicroClinic empowers community health nurses to own and grow their own MicroClinic.

Successes

Increased patient load

Quality assurance highlights

Mystery clients, client focus groups, inspections/site visits, periodic clinical audits, franchisee performance bench-

marking and provider surveys are all used to monitor quality.

Challenges

The long wait for cement construction

2011 plans

Antenatal and post-natal care

PSI/Pan American Social Marketing Organization (PASMO)
Red Segura



At a glance

Franchise details			
Launch year	2010		
Business model	Fractional franchise		
Outlet types	Clinics		
Services	RH		
2010 new product launches			
Average staffing per outlet	Doctors, nurses and outreach workers		
Target clientele	Low income, youth, women		
Payment sources	90% OOP, 10% voucher		
2010 program expenditure (USD)			
Cost recovery			
Donor support	Anonymous donor		
Technology			
Contact information	Pilar Sebastian, Country Representative		
Franchise evolution			
	2008	2009	2010
Number of outlets			111
Number of provinces/states			12
Number of clients served			4,580
CYPs			16,030

PSI/Pan American Social Marketing Organization (PASMO) Red Segura

Description

Background

Red Segura launched in December 2010 to offer high-quality RH services to women of reproductive age, especially LTFP, which require well-trained and certified providers. Red Segura offers publicity and promotion to participating practitioners. In the future, with donor approval, public sector clinics will be franchised.

Service details

Oral contraceptives, male condoms, female condoms, Copper T, implants

Quality assurance highlights

Client exit interviews, inspections/site visits, periodic clinical audits and provider surveys (KAP, tracking) will all be implemented. To verify clinic reports, WHO personnel will call some patients.

Community health workers

They receive a salary for their work. Currently CHWs are responsible for promotion, home visits, FP counseling, referrals and support for event days.

Successes

- Launching a new program at the end of a calendar year
- Addressing the special needs of indigenous population
- Setting rigorous standards for doctors

Challenges

Difficulty in convincing private providers to join a franchise

2011 plans

- Implementation of VCT and STI services and more FP methods like injectables and pills
- Introduction of demand side financing program

Drishtee Development & Communication Ltd.
Drishtee Health Franchise



At a glance

Franchise details			
Launch year	2007		
Business model	Full franchise; annual fee of \$22 for licensing and \$121 for registration		
Outlet types	Kiosks		
Services	MCH		
2010 new product launches			
Average staffing per outlet	1 doctor, 1 midwife, 1 nurse and 1 clinical officer per kiosk		
Target clientele	Low income, women, caregivers of children under 5, remote rural locations		
Payment sources	100% OOP		
2010 program expenditure (USD)			
Cost recovery			
Donor support	Merck (MSD), Nestle		
Technology	Hotline/counseling, SMS client follow-up and reporting		
Contact information	Dr. Minal Singh, AVP- Health		
Franchise evolution			
	2008	2009	2010
Number of outlets		43	50
Number of provinces/states		2	2
Number of clients served		8,000	9,500
CYPs			

Drishtee Development & Communication Ltd.

Drishtee Health Franchise

Description

Background

Female health franchisees are trained to work as Drishtee Health Franchisees (DHF) at each cluster of villages on defined routes. The DHFs are trained in basic emergency care, noninvasive diagnostic and path tests and in business skills. DHFs are linked with qualified Bachelor of Medicine and Bachelor of Surgery (MBBS) doctors.

Service details

ANC, post-natal care, pediatric consultations

Quality assurance highlights

Franchisees maintain log books and registers with patient details. To ensure that there is no over/under reporting of the numbers, log books are signed by patients on receiving the services. One detail that is collected is broad classification of the chief complaints (ensuring relevance of the services offered). On a weekly basis, quality data is shared and stored through an online MIS system so data can be viewed by the management.

Community health workers

CHWs assist franchisees in collecting information from pregnant women. CHWs also distribute free male con-

doms and iron tablets. In return, franchisees refer clients to CHWs. The relationship is informal and does not have a financial component.

Operational research

A study on health services utilization behavior of the community served by the franchisee was conducted. The main objective was to explore factors causing under-utilization (distance, time, finance and culture) of services and also to explore the relevance of the services provided.

Successes

- In 2010, the franchise in Assam was more focused on MCH. More than 1,000 pregnant females were collectively enrolled and supported
- Since quacks and traditional healers have proved to be major threats, Drishtee is attempting to engage these informal providers. For example, they are trusted by the community so they can promote services at the kiosks

Challenges

Quacks are a major threat. In addition, social barriers make it difficult to convince pregnant women to register.

Hindustan Latex Family Planning Promotion Trust (HLFPPT)

MerryGold



At a glance

Franchise details	
Launch year	2007
Business model	15% full franchise; 85% fractional franchise; annual fee of \$2,273 plus 3% of revenue generated paid by hospitals
Outlet types	Clinics, hospitals
Services	RH, MCH
2010 new product launches	
Average staffing per outlet	10–15 staff per clinic
Target clientele	Low- to medium-income people living in rural, semi-urban and urban slums
Payment sources	72% OOP, 2% insurance, 26% free (including the discounted rates)
2010 program expenditure (USD)	\$1,385,432
Cost recovery	Approximately 17.5%
Donor support	USAID through State Innovations in Family Planning Services Agency (SIFPSA)
Technology	Hotline/counseling, SMS reporting
Contact information	Dr. Vasanthi Krishnan, CEO; www.hlfppt.org

Franchise evolution			
	2008	2009	2010
Number of outlets		6,255	10,426
Number of provinces/states		35 districts of Uttar Pradesh	35 districts of Uttar Pradesh
Number of clients served		87,000	414,000
CYPs		24,975	139,890

Hindustan Latex Family Planning Promotion Trust (HLFPPT)

MerryGold

Description

Background

The USAID funded MerryGold Health Network (MGHN) is being implemented through the Innovations in FP Services (IFPS) Project.

Service details

ANC, normal and cesarean deliveries, PNC, IUD, male and female sterilization, Copper T, diagnostics

Quality assurance highlights

Client satisfaction surveys and medical audits are conducted at regular intervals. The results of the quality assurance system are shared with the franchisees and monitored by the franchisor for implementation of recommended improvement tools.

Community health workers

10,000 CHWs (known as the Merry Tarang Network), counsel, mobilize and refer patients to the MerryGold hospitals and MerrySilver clinics. Merry Tarang members get a referral fee of USD \$13.60 from the franchisees and franchisor per patient they refer to the franchise.

Operational research

Studies by AC Nielson and Ernst & Young were conducted in 2010. The objectives of the first were: 1) assess the increased demand for social franchised services; 2) measure increase in the quality/range of products/services; 3) assess capacity of franchisees to be profitable; 4) evaluate pricing patterns; and 5) assess internal branding costs. The objective of the second study was to create a model for the network to achieve sustainability.

Successes

- Establishment of a 426-member network of accredited private providers
- Vision of a self-sustaining network that will continue to grow beyond project period



ANC community celebration

- Attitude change in service providers towards safe delivery promotion and preventive health
- Integrated platform for promoting MCH through various modes, like direct paying clients

Challenges

- Identification and selection of franchisees with desired eligibility criteria
- Attendance in training sessions, as doctors are reluctant to leave their practice
- High staff attrition rate at private hospitals/nursing homes
- Establishment of an online reporting system in rural areas

2011 plans

- Expand network to saturate covered districts
- Expand services to include other gynecological treatments and pediatric care
- Identify and strengthen Centers of Excellence in the Network

Population Services International
Saadhan



At a glance

Franchise details			
Launch year	2008		
Business model	Fractional franchise		
Outlet types	Clinics, pharmacies		
Services	RH		
2010 new product launches	Injectables in Uttar Pradesh and Delhi		
Average staffing per outlet	1 doctor per clinic		
Target clientele	Low-income women age 15–49 who are not using FP, use a traditional method, or are not satisfied with their current modern contraceptive method; socioeconomic class B/C/D		
Payment sources	100% OOP		
2010 program expenditure (USD)	\$3,394,747		
Cost recovery	3.1%		
Donor support	Anonymous donor		
Technology	Hotline/counseling, web-based reporting		
Contact information	Sanjeev Dham, Program Director		
Franchise evolution			
	2008	2009	2010
Number of outlets		1000	4,235
Number of provinces/states		3	3
Number of clients served		5,352 [†]	49,044 [†]
CYPs*		437,945	393,113

[†]IUDs inserted

Population Services International Saadhan

Description

Background

The Pehel program focuses on increasing IUD and medicalized abortion (MA) services provided by doctors. The program has also partnered with the Federation of Obstetrical & Gynecological Societies of India (FOGSI).

Service details

Copper T, medical abortion

Quality assurance highlights

Saadhan's partnership with FOGSI has proved extremely helpful as FOGSI has a strong influence on knowledge, skills and quality of care provided by gynecologists in India.

Community health workers

CHWs make house-to-house visits in the target area to motivate women for FP, to provide informed choice including counseling on IUDs and to refer potential clients to network providers. CHWs are PSI/I employees and receive a salary every month.

Successes

- PSI/I trained approximately 1,200 providers on the no-touch technique and infection prevention for IUD insertion
- Quality assurance through supportive supervision visits for IUD insertion
- Establishment of a partnership with FOGSI to create an enabling environment for IUD and MA
- Addition of a low-density (20 micron) disposable sheet in IUD pack. The sheet can be unrolled on the bed / table where the insertion is conducted
- Redefining criteria for providers' inclusion based on the knowledge that just 38% of providers contribute up to 90% of the IUDs inserted



A network provider at her clinic in Jaipur

Challenges

- Tracking clients for follow-up post IUD insertion
- Working with private providers who are driven by profit motive
- Lack of effective supervisory mechanism
- Non-mandatory participation in a training, quality improvement or public health program

World Health Partners
SkyHealth Rural Centers



At a glance

Franchise details			
Launch year	2008		
Business model	Fractional franchise		
Outlet types	Clinics, telemedicine centers, rural health providers		
Services	RH, FP, primary health		
2010 new product launches	18 generic medicines branded under SKY Meds and Plan B		
Average staffing per outlet	1–3 doctors and 1–5 nurses per clinic		
Target clientele	Low income, men, women, caregivers of children under 5		
Payment sources	97% OOP, 3% free		
2010 program expenditure (USD)	\$2.1 million		
Cost recovery	7.5%		
Donor support	Anonymous donor, BMGF		
Technology			
Contact information	Gopi Gopalakrishnan, President; www.worldhealthpartners.org		
Franchise evolution			
	2008	2009	2010
Number of outlets		2880	2,726
Number of provinces/states		3 districts of Uttar Pradesh	3 districts of Uttar Pradesh
Number of clients served		18,754	41,470
CYPs*		84,757	45,418

World Health Partners SkyHealth Rural Centers

Description

Background

World Health Partners runs a multi-tiered network of mutually beneficial franchise providers. The network links informal rural providers with shops, labs and urban-based formally qualified doctors and specialists. The franchisees earn profits by delivering curative care and are also required to deliver preventive services which are less commercially viable.

Service details

Oral contraceptives, male condoms, injectables, Copper T, emergency contraceptive pills, abortion (medical and surgical), pediatric consultations, malaria testing, general medicine, eye care

Quality assurance highlights

Client exit interviews, inspections/site visits, periodic clinical audits and franchisee performance benchmarking are conducted on a regular basis.

Community health workers

ASHAs earn fees paid by patients by facilitating a mobile phone-based teleconsultation and commission for referrals. ASHAs go house-to-house to identify potential clients.

Demand side financing

Government reimbursement schemes provide free services for sterilizations and other FP methods and safe abortion. The Revised National TB Control Program provides free meds for TB patients and incentive for providers.

Successes

- Stabilized technologies in low-resource settings
- Eliminated operational and technical glitches
- Active provision of FP services, which are normally not an area of interest for the private providers



Field-sale moto

Challenges

- Achieving connectivity in remote rural locations
- Adjusting the technical applications to accommodate frequently dropped or disrupted calls
- Strengthening the supply chain in rural areas
- Balancing commercial viability of the franchise providers and patient caseload

2011 plans

Launch of SKY Health and SKY Care network program in Bihar with a focus on infectious disease in addition to FP

DKT International/Janani
Surya



At a glance

Franchise details			
Launch year	1998		
Business model	Fractional franchise with government support		
Outlet types	Clinics, pharmacies and outreach network		
Services	FP, comprehensive abortion care (CAC) and safe delivery		
2010 new product launches	Combined medical abortion kit		
Average staffing per outlet	10 staff per clinic		
Target clientele	Women and men in the reproductive age group		
Payment sources	Government reimbursement under the National Rural Health Mission, the government of India, revenues from sale of products and service fee on some services.		
2010 program expenditure (USD)	\$27,138		
Cost recovery	43%		
Donor support	Packard Foundation, anonymous donor		
Technology			
Contact information	Shejo Bose, Program Director; www.janani.org		
Franchise evolution			
	2008	2009	2010
Number of outlets	148	94	105
Number of provinces/states	2	2	2
Number of clients served	35,670		2,011
CYPs*	61,525		25,138

DKT International/Janani Surya

Description

Background

Janani's operational framework includes: 1) its own clinics which provide clinical FP services; and 2) franchisee clinics, chemists/pharmacists and rural providers who create access to products and services for village communities.

Service details

Oral contraceptives, male condoms, injectables, implants, emergency contraceptive pills, sterilization, abortion (medical and surgical)

Quality assurance highlights

A copy of client ID forms is entered into the MIS system. Franchisees are monitored for infection control and waste disposal practices.

Community health workers

CHW's (known as Surya Health Promoters) stock and sell male condoms, oral contraceptives and emergency contraception (EC), and refer clients to Surya Clinics.



Clinic ward

Successes

- Providing high-quality, free FP services and making them more widely accessible
- Stationing Surya Health Promoters at the village level

Marie Stopes International

AMUA



At a glance

Franchise details			
Launch year	2004		
Business model	Full franchise		
Outlet types	Clinics		
Services	RH, HIV, MCH		
2010 new product launches			
Average staffing per outlet	2 medical assistants and 1 clinical officer per clinic		
Target clientele	Low income, youth, sex workers/clients, truck drivers, migrants/refugees, military personnel, men, women, caregivers of children under 5		
Payment sources			
2010 program expenditure (USD)			
Cost recovery			
Donor support			
Technology			
Contact information	Walter Odhiambo, Deputy Country Director		
Franchise evolution			
	2008	2009	2010
Number of outlets	144	186	160
Number of provinces/states	3	3	3
Number of clients served			
CYPs		116,597	

Marie Stopes International AMUA

Description

Background

AMUA is a fractional social franchise currently made up of 186 privately owned and operated clinics. AMUA is implemented on behalf of the Government of Kenya by Marie Stopes Kenya with funds from the German Development Corporation (KfW). AMUA franchisees operate in peri-urban and rural areas of five strategically selected zones where Kenya DHS data indicate higher fertility and unmet

need for FP. The majority of franchisees comprise small, stand-alone medical clinics that are owned and operated by a licensed nurse and staffed by a few other health workers.

Service details

Oral contraceptives, male condoms, injectables, Copper T, implants, sterilization, HCT, labor and delivery, emergency obstetric care

The HealthStore Foundation Child and Family Wellness (CFW)



At a glance

Franchise details			
Launch year	2000		
Business model	Full franchise		
Outlet types	Clinics (franchised), shops (CFW owned)		
Services	RH, MCH, malaria, diarrhea, vitamins		
2010 new product launches	Hydrocortisone cream, Ciprofloxacin tablets, Oxytocin inj., Sulphadoxine/Pyrimethamine tablets, Ephedrine nasal drops—adult and child, Secnidazole tabs, Antiasthmatic tabs (with F), sofratulle gauze		
Average staffing per outlet	In clinics, 1 nurse franchisee; sometimes franchisee employs 1 CHW		
Target clientele	Low income, men, women, caregivers of children under 5, youth		
Payment sources	100% OOP		
2010 program expenditure (USD)	\$1,721,000		
Cost recovery			
Donor support			
Technology	Mobile phone-based clinic management system to be rolled out in Kenya and Rwanda		
Contact information	Greg Starbird; www.healthstore.org		
Franchise evolution			
	2008	2009	2010
Number of outlets	Kenya: 64; Rwanda: 1	Kenya: 80; Rwanda: 3	Kenya: 76; Rwanda: 3
Number of provinces/states	Kenya: 4; Rwanda: 1	Kenya: 4; Rwanda: 1	Kenya: 4; Rwanda: 1
Number of clients served	556,512	546,616	498,953
CYPs			3,083

The HealthStore Foundation Child and Family Wellness (CFW)

Description

Background

Since opening its first outlets in 2000, The HealthStore Foundation® has developed a network of franchised medical clinics and drug shops now totaling 76 locations serving approximately 40,000 patients and customers per month in Kenya and Rwanda. Clinics are owned by nurses and drug shops are owned by CHWs.

Service details

Oral contraceptives, male condoms, injectables, malaria testing and treatment, TB referrals, water purification, vitamins, net retreatment

Quality assurance highlights

Each franchisee is trained into the CFW system and contractually obligated to follow the CFW system; if they fail to comply, their franchisee rights are revoked; this is a powerful incentive that ensures the maintenance of basic clinical and business standards across the CFW network.

Community health workers

Some CHWs are on commission, some on salary paid by the franchisee. They provide outreach, over-the-counter sales, health education services, marketing and referrals to CFW or the government.

Demand side financing

Plans to develop a subsidized health insurance product; in Rwanda, the prevalent Mutuelles de Sante will reimburse CFW outlets for care provided to patients.

Successes

- Serving approx. 500,000 people per year in Kenya
- Signing a formal agreement with the Minister of Health in Rwanda
- Solicitation of advice on operations from major franchise industry leaders, bridging franchise expertise with global health expertise and targeting both at the CFW network

Challenges

Securing enough funding to expand the network in Kenya and to implement an electronic clinic management system

2011 plans

- Launch CFW Health Posts in Rwanda with Rwandan Ministry of Health
- Open two improved-format test clinics in Kenya in densely populated low-income areas
- Implement an electronic clinic management system in Rwanda and (pending funding) Kenya



Malaria test demonstration at the Afyaline CFW Clinic in Kirathani, Kenya

Family Health International
Gold Star Network



At a glance

Franchise details			
Launch year	2006		
Business model	Fractional franchise; annual franchise fee of \$47		
Outlet types	Clinics, pharmacies, hospitals, nursing homes		
Services	RH, HIV/AIDS, TB		
2010 new product launches			
Average staffing per outlet	1 doctor, 1 nurse and 1 clinic assistant per site		
Target clientele	Employed persons and business people who can pay for part of their healthcare cost		
Payment sources	50% OOP, 20% insurance, 30% free		
2010 program expenditure (USD)			
Cost recovery			
Donor support	USAID		
Technology	Telemedicine, hotline/counseling, SMS client follow-up and reporting, web-based reporting		
Contact information	Dr. Margaret Kaseje, Executive Director; www.goldstar-network.org		
Franchise evolution			
	2008	2009	2010
Number of outlets	279	489	526
Number of provinces/states	4	4	4
Number of clients served		103,084	116,636
CYPs			23,083

Family Health International Gold Star Network

Description

Background

The Gold Star Network is a private sector HIV care and treatment program implemented in collaboration with the Ministry of Health, Kenya Medical Association and its associate members as well as the Kenya Clinical Officers Association. This is a private healthcare and financing model that involves training accredited doctors and clinical officers in private clinics, hospitals and nursing homes to provide quality and affordable ART. FP and TB treatment services have been added.

Service details

Male condoms, female condoms, PMTCT, HCT, ART, TB case detection

Quality assurance highlights

Routine data quality audits are conducted whereby the monthly reports submitted are cross-checked against the client charts and registers. The monthly reports are also cross-checked against the commodities issued and used.

Community health workers

Monthly stipend is paid. Clients are linked to telecommunications support for treatment adherence and support.

Successes

- Increased patient load
- Consistent supply of commodities and consumables
- Call centre for counseling and information sharing
- Mentorship is now available on the phone for quick consultations



Adherence and support worker training guides for participants and facilitators

Challenges

- Providing data promptly
- High staff turn-over

2011 plans

- Rollout of services in three new provinces
- Rollout of electronic medical record system in franchised clinics

Innovations

- Use of treatment champions in Nairobi province
- Integration of cardiovascular disease into HIV care in coast province
- Peer-to-peer counseling sessions sponsored by Abbott pharmaceuticals

Kisumu Medical & Education Trust (K-MET) Post Abortion Care Network (PACNET)

At a glance

Franchise details			
Launch year	1995		
Business model	Full franchise; one time membership registration of \$116		
Outlet types	Clinics, hospitals		
Services	RH		
2010 new product launches			
Average staffing per outlet	1 doctor and 4 outreach workers per clinic		
Target clientele	Low income, youth, men, women, caregivers of children under 5		
Payment sources	80% OOP, 5% voucher, 10% insurance, 5% free		
2010 program expenditure (USD)	\$312,000		
Cost recovery			
Donor support	SAAF, IPAS, Kenyan Ministry of Health, PSI		
Technology	SMS client follow-up and reporting		
Contact information	Monica Oguttu, Executive Director; www.kmet.co.ke		
Franchise evolution			
	2008	2009	2010
Number of outlets	200		350
Number of provinces/states			5
Number of clients served		9,500	15,000
CYPs			

Kisumu Medical & Education Trust (K-MET) Post Abortion Care Network (PACNET)

Description

Background

K-MET's flagship post abortion care (PAC) project has been active since 1996. PAC actively recruits and trains new providers, both physicians and mid-level providers (clinical officers, nurses), in five of the eight provinces in Kenya: Nyanza, Western, Eastern, Rift Valley and Coast. Training providers in MVA has increased the accessibility, affordability, availability and acceptability of PAC for thousands of Kenyan women and has saved countless lives. K-MET currently has over 300 providers enrolled in its PAC network (PACNET), which is still growing.

Quality assurance highlights

Client focus groups, inspections/site visits, periodic clinical audits and provider surveys are all conducted on a regular basis.

Community health workers

CHWs create demand for services in catchment areas and strengthen the referral system. They are not paid but benefit from K-MET microfinance and other incentives.

Demand side financing

A few clients are part of an output-based aid scheme.

Operational research

A demand study was conducted but has not yet been disseminated.

Successes

Active involvement of men in RH

Challenges

Displacement of clients following the post-election violence

2011 plans

Implementation of demand study results

Population Services International Tunza Family Health Network



At a glance

Franchise details			
Launch year	2008		
Business model	Fractional franchise; annual franchise fee of \$13		
Outlet types	Clinics		
Services	RH		
2010 new product launches	Cervical cancer screening		
Average staffing per outlet	1 nurse and 1 lab tech per clinic		
Target clientele	Low income, men, women, caregivers of children under 5		
Payment sources	100% OOP		
2010 program expenditure (USD)	Approximately \$3 million		
Cost recovery	Negligible		
Donor support	Anonymous donor		
Technology	Data is collected through scanned forms, eliminating need for manual entry		
Contact information	Joyce Wanderi, Associate Director of Social Marketing		
Franchise evolution			
	2008	2009	2010
Number of outlets	112	184	257
Number of provinces/states		7	7
Number of clients served		17,863 [†]	162,431 [†]
CYPs		62,521	68,198

*FP clients only

Population Services International Tunza Family Health Network

Description

Background

The Tunza Family Health Network is a fractional franchise that is made up largely of nurses and a few clinical officers. PSI Kenya provides standards, service delivery protocols, provider training and supportive supervision for long-term FP methods. Tunza is a Kiswahili word meaning "to nurture or care for."

Service details

Copper T, implants

Quality assurance highlights

The quality assurance plan tracks the performance of the network based on six elements of quality (technical competence, client safety, informed choice, privacy and confidentiality, assuring continuity of care and data quality). High performers and most improved are rewarded.

Community health workers

CHWs, known as Tunza mobilizers, bring together community groups—either women alone, men alone or mixed

groups of men and women to talk about FP. They then refer the women to clinics for individualized counseling. They are paid a fixed monthly stipend based on a stipulated scope of work.

Operational research

The program was evaluated through use of a modified TRaC survey. (TRaC is a PSI research methodology). The effects of exposure to mass media and interpersonal communication on correct knowledge and awareness of LTFP were studied.

2011 plans

- Integration of HIV services into FP among all Tunza providers
- MCH integration pilot in two provinces

Population Services International
Sun Quality Health Network



At a glance

Franchise details			
Launch year	2011		
Business model	Fractional franchise		
Outlet types	Clinics		
Services	RH, TB		
2010 new product launches			
Average staffing per outlet	1 doctor and 1 outreach worker per clinic		
Target clientele	Low income, youth, migrants/refugees, men, women		
Payment sources	50% OOP, 50% free (TB)		
2010 program expenditure (USD)			
Cost recovery			
Donor support	TB Reach		
Technology			
Contact information	Jayne Rowan, Technical Advisor		
Franchise evolution			
	2008	2009	2010
Number of outlets			1
Number of provinces/states			12
Number of clients served			
CYPs			

Population Services International Sun Quality Health Network

Description

Background

Doctors in the Sun Quality Health network will be licensed private General Practitioners (GPs) with pre-existing clinics who demonstrate a positive attitude towards quality and equity in health care. Recruitment will commence in February 2011, and it is expected that there will be 50 clinics in the network by the end of 2011. Doctors will be initially trained in TB treatment, followed by FP.

Quality assurance highlights

Will commence in 2011

Community health workers

PSI/Laos will support the salary of one Clinic Outreach Assistant per clinic.

2011 plans

Implementation of TB and FP services

Marie Stopes International BlueStar Madagascar



At a glance

Franchise details			
Launch year	2009		
Business model	Fractional franchise; annual franchise fee of \$20		
Outlet types	Clinics		
Services	RH		
2010 new product launches	Long-term methods (IUD, implant); new implant choices (Sino 2-rod); permanent method referral to MSI mobile clinics; post-abortion care		
Average staffing per outlet	1 doctor per clinic		
Target clientele	Low income, youth, military personnel, men, women		
Payment sources	85% OOP, 5% voucher, 10% free		
2010 program expenditure (USD)	\$235,000		
Cost recovery			
Donor support	US Foundation, USAID, Venture Strategies International		
Technology	Hotline/counseling, SMS reporting, SMS client follow-up is planned for 2011		
Contact information	Lalaina Razafinirinasoa; www.mariestopes.mg		
Franchise evolution			
	2008	2009	2010
Number of outlets		71	104
Number of provinces/states		6	7
Number of clients served		2,627	45,869
CYPs		889	20,722

Marie Stopes International BlueStar Madagascar

Description

Background

The BlueStar Healthcare Network in Madagascar was launched in 2009 to offer comprehensive FP and RH information and services; many members also offer STI counseling, testing and treatment. The network is made up of independent clinics predominantly in peri-urban and rural communities.

Service details

Oral contraceptives, male condoms, injectables, Copper T, implants, STI treatment, post-abortion care

Quality assurance highlights

Client reports are checked against client registers and a sample of clients are contacted to confirm the service received and quality. Results have been used to improve infection prevention training and clinics in which findings demonstrate quality issues have been removed from the network.

Community health workers

CHWs provide information on services and referral advice. The CHWs who manage FP voucher distribution receive a fixed stipend that is unrelated to referral numbers.

Demand side financing

A voucher project was launched in the final quarter of 2010. The voucher covers counseling on all FP methods, comprehensive FP options and STI counseling and screening.

Successes

- Expansion in client services per provider, especially for LTFP
- Quality monitoring and exit interviews demonstrated adherence to standards, increased access to poor women and client satisfaction



Training in the community on FP methods

- SMS reporting implemented; 95% of providers correctly submitting reports by December 2010
- Launch of comprehensive FP voucher to ensure free services for poor women

Challenges

- Reduction in network numbers following quality review
- Increased investment in infection prevention and emergency preparedness training and supervision
- Implementation of control mechanisms to ensure adherence to voucher processes

2011 plans

- Increased integration of STI counseling
- Client follow-up by SMS to monitor FP satisfaction and discontinuation
- GPS mapping of BlueStar providers will be used to monitor catchment population and client services at the smallest administrative level

Population Services International ProFemina



ProFemina

Taranaka voarindra, fiainana milamina

At a glance

Franchise details			
Launch year	2009		
Business model	Fractional franchise		
Outlet types	Clinics		
Services	RH		
2010 new product launches	Zarin Sino Implant		
Average staffing per outlet	1 doctor per clinic		
Target clientele	Low income, women		
Payment sources	25% OOP, 75% voucher		
2010 program expenditure (USD)			
Cost recovery			
Donor support	Anonymous donor		
Technology			
Contact information	Brian McKenna, Country Representative		
Franchise evolution			
	2008	2009	2010
Number of outlets		68	98
Number of provinces/states		26	26
Number of clients served		15,206	16,461
CYPs*		53,200	54,705

Population Services International

ProFemina

Description

Background

ProFemina serves all women of reproductive age, in urban and rural areas. The network consists of public, liberal sector centers (independent doctors) and NGO partners. The main mission of this program is to create demand for FP while also serving the RH needs of target populations. Five clinics in two regions of Madagascar are public clinics.

Service details

Oral contraceptives, male condoms, female condoms, injectables, Copper T, implants

Quality assurance highlights

Providers are regularly trained on five standards essential to quality of care: 1) provider technical competence; 2) client safety; 3) informed choice; 4) privacy and confidentiality; and 5) continuity of care. Highest quality performers are rewarded and recognized publicly during an event.

Community health workers

CHW are PSI consultants and are paid by fixed salary every month.

Operational research

- Study on provider determinants of motivation found that motivation is correlated with a provider doing a medium or high number of monthly insertions, and that provider motivation is influenced by SES
- Client satisfaction survey measured client satisfaction on services received from the provider and satisfaction on the contraceptive method

Successes

Increase in the qualitative performance of all network members from 15% to 80% of observed standards in LTFP

Challenges

- Finding a new non monetary motivation system for providers
- Launching integrated services

2011 plans

- Fusion of the two existing franchise networks managed by PSI in Madagascar (Top Reseau and Profemina)
- Integration of new services (IMCI and other health areas)

Population Services International Top Réseau



SAFIDY TSARA ... TANDRA SALAMA

At a glance

Franchise details			
Launch year	2001		
Business model	Fractional franchise		
Outlet types	Clinics		
Services	RH, HIV/AIDS		
2010 new product launches			
Average staffing per outlet	1 doctor per clinic		
Target clientele	Low income, youth, sex workers/clients		
Payment sources	75% OOP, 25% voucher		
2010 program expenditure (USD)			
Cost recovery			
Donor support	USAID, Global Fund		
Technology			
Contact information	Brian McKenna, Country Representative; www.psi.org		
Franchise evolution			
	2008	2009	2010
Number of outlets	155	135	140
Number of provinces/states		12	12
Number of clients served		140,140	129,114
CYPs		15,156	7,947

Population Services International Top Réseau

Description

Background

Top Réseau aims to improve access to RH services among vulnerable groups, particularly youth. Locations are selected based on: 1) epidemiological and behavioral data on reproductive health; 2) the number and interest of private sector providers who could become potential franchise members; and 3) a strategic location with large at-risk populations.

Service details

Oral contraceptives, male condoms, injectables, STI treatment, HCT

Quality assurance highlights

Mystery client surveys are conducted annually, and inspections/site visits are conducted every quarter. Periodic clinic audits are conducted biannually.

Community health workers

CHWs are on contract and are paid per activity.

Demand side financing

Vouchers cover youth RH counseling, FP, STI, VCT.

Successes

Innovative activities for demand creation for youth RH

Challenges

Motivation strategy for private providers

2011 plans

- Repositioning of Top Réseau
- Fusion of the two existing franchise networks managed by PSI Madagascar

Banja La Mtsogolo/Marie Stopes International BlueStar Malawi



At a glance

Franchise details			
Launch year	2008		
Business model	Fractional franchise; annual franchise fee of \$30		
Outlet types	Clinics		
Services	RH		
2010 new product launches			
Average staffing per outlet	1 clinic assistant per clinic		
Target clientele	Low income, women		
Payment sources	100% OOP		
2010 program expenditure (USD)	\$80,336		
Cost recovery	9%		
Donor support	Marie Stopes International		
Technology	SMS reporting		
Contact information	Brendan Hayes, Projects Director		
Franchise evolution			
	2008	2009	2010
Number of outlets	59	60	49
Number of provinces/states		12	12
Number of clients served		18,748	20,825
CYPs		7,873	11,073

Banja La Mtsogolo/Marie Stopes International BlueStar Malawi

Description

Background

BlueStar Malawi is a fractional franchise of family planning services in small private clinics in Malawi. Currently operating in seven districts in Southern Malawi, the franchise focuses on paramedical providers in private practice (clinical officers and medical assistants).

Service details

Oral contraceptives, injectables, IUDs, sterilization, male circumcision (in some outlets)

Quality assurance highlights

Client exit interviews and clinic audits are conducted annually and site visits are conducted on a monthly basis. Site visits include supportive supervision and on-the-job training on FP methods (e.g., IUD insertion/removal). Banja La Mtsogolo Clinical Services team also includes BlueStar in quality technical assistance visits.

Community health workers

There are 15 CHWs who are paid incentives based on the number of FP clients referred in a month.

Operational research

- A full evaluation of project pilot phase was conducted by an external consultant.
- Exit interview survey carried out to assess client satisfaction

Successes

- Orientation of quality policy
- Introduction of complications reporting procedures



BlueStar clinic

Challenges

Challenging business environment forced several franchisees out of business in 2010.

2011 plans

- Introduction of Zarin Implants
- Implant and IUD Training
- Infection Prevention Training
- Improve buying conditions for RH and key PHC drugs and supplies
- Business training to strengthen clinic sustainability

Population Services International
ProFam



At a glance

Franchise details			
Launch year	2005		
Business model	Fractional franchise		
Outlet types	Clinics		
Services	RH		
2010 new product launches			
Average staffing per outlet	1 doctor, 2 nurses and 4 clinic assistants per clinic		
Target clientele	Women		
Payment sources	100% OOP		
2010 program expenditure (USD)			
Cost recovery			
Donor support	USAID, Dutch government		
Technology			
Contact information	Dr. Jeanne Tessougue, Franchise Manager		
Franchise evolution			
	2008	2009	2010
Number of outlets	33	53	54
Number of provinces/states	1	1	1
Number of clients served		5,598	4,906
CYPs		2,750	2,751

Population Services International ProFam

Description

Background

ProFam is a social franchise network with 53 private clinics that offer FP services in the district of Bamako.

Service details

Oral contraceptives, vaginal foaming tablets, injectables, Copper T, implants, natural FP

Quality assurance highlights

Inspections/site visits are conducted biannually and periodic clinical audits are conducted annually.

2011 plans

The network will expand to 60 clinics and branded PSI-supported midwives will offer ProFam services in the public sector.



A client attends a prenatal exam at the Centre de Sante Communautaire de Asacko-Nord, a community health center in Bamako; the clinic is one of many places in the city where women receive FP services

Population Services International Sun Quality Health



At a glance

Franchise details			
Launch year	2001		
Business model	Fractional franchise		
Outlet types	Clinics, rural community health workers		
Services	RH, HIV/AIDS, MCH, malaria, TB, diarrhea		
2010 new product launches	Provider initiative counseling and testing and ART		
Average staffing per outlet	1 doctor per clinic and 1 rural health worker per village tract		
Target clientele	Low income, sex workers/clients, men, women, caregivers of children under 5		
Payment sources	Vouchers are accepted for IUDs and STIs; TB care is free; the majority of other services are paid OOP		
2010 program expenditure (USD)	\$7 million		
Cost recovery	10%		
Donor support	BMGF, Anonymous donor, USAID, 3DF, Danish Government Fund, UNFPA		
Technology	Hotline/counseling		
Contact information	Dr. Min Zaw, Health Services Director, Health Services Department		
Franchise evolution			
	2008	2009	2010
Number of outlets	846	1186	2,254
Number of provinces/states	14	14	14
Number of clients served		1,486,618	1,812,109
CYPs		255,754	263,740

Population Services International

Sun Quality Health

Description

Background

PSI Myanmar provides reproductive health products and services to low-income communities through the Sun network. The network consists of a first tier of private licensed GPs called Sun Quality Health (SQH). SQH clinics offer services in the following areas: reproductive health; TB; pneumonia; diarrhea; malaria and HIV including STIs. In July 2008, a Sun Primary Health (SPH) channel was launched to reach poor and vulnerable rural communities within a three-hour radius of an SQH clinic. SPH workers are a second tier of the Sun network and are trained on a range of health areas for which they sell subsidized products. Currently the organizational structure is being reformed to increase efficiency and reduce the cost of scaling up SPH.

Service details

Oral contraceptives, male condoms, female condoms, injectables, Copper T, implants, STI treatment, HCT, ART, pneumonia treatment, malaria testing/treatment, insecticide-treated nets, KO tabs, TB case management, diarrheal disease treatment

Quality assurance highlights

There is a special focus on the QA for the IUD program. As part of this initiative, Franchising Officers conduct post-training supportive supervision during the first three months in which providers conduct insertions. As a result, only 0.03% of clients with IUDs experienced adverse effects.

Community health workers

CHWs (known as Sun Primary Health providers) earn profits from selling PSI/M's products (oral contraception, malaria diagnosis and treatment kits, pneumonia treatment kits and oral rehydration kits). They also receive additional incentives based on the volume of sales.

Demand side financing

A voucher scheme covers RH (hormonal, barriers, LTM), STIs, HIV/AIDS, TB, malaria, children under 5 with pneumonia and diarrhea treatment kits for children under 5.



Clients waiting to see an SPH provider

Operational research

Currently conducting studies with partners to evaluate the scale, quality, equity and cost-effectiveness of the program

Successes

- Met all management based objectives
- Contributed to 25% of nationwide birth spacing commodities needed
- Contributed to 12% of national case detection for TB

Challenges

- Adding new products or services in a cost-effective and efficient way
- Adding new services for post abortion care on RH platform
- Adding ART services on HIV/AIDS platform

2011 plans

- Introduction of medical detailing to increase productivity
- Focus on case detection of TB
- Introduction of misoprostol for postpartum hemorrhage (PPH) and PAC and introduction of cervical cancer screening and treatment
- Scale-up of ART services

Population Services International
Mahila Swahsta Sewa



At a glance

Franchise details			
Launch year	2010		
Business model	Fractional franchise; annual franchise fee of \$8		
Outlet types	Clinics		
Services	RH, malaria, diarrhea		
2010 new product launches	OK IUDs, Medabon (mefiprostone plus misoprostol), STI kits, pregnancy test kits, IUD services, implants, medical abortion		
Average staffing per outlet	1 nurse and 1 outreach worker per clinic		
Target clientele	Low income, youth, sex workers/clients, migrants/refugees, women, caregivers of children under 5		
Payment sources	100% OOP		
2010 program expenditure (USD)	\$220,000		
Cost recovery	15%		
Donor support	US Foundations		
Technology			
Contact information	Victor Lara		
Franchise evolution			
	2008	2009	2010
Number of outlets			300
Number of provinces/states			45
Number of clients served		13,000	27,000
CYPs*			131,950

Population Services International

Mahila Swahsta Sewa

Description

Background

This is a new network of female providers that started to operate in 2009. The providers currently deliver FP and RH services and the network is expanding the availability of IUDs and medical abortion.

Service details

Copper T, implants, medical abortion, STI treatment, LLINs, water purification

Quality assurance highlights

The quality assurance plan is used to track the performance of the network by identifying aspects of the enabling environment, technical skills and provider's knowledge.

Operational research

A qualitative study of the target population for market segmentation was conducted.

Successes

- Tripled the number of IUDs in the country
- Medabon is the only registered medical abortion drug and is distributed by the franchise

Challenges

- Managing the certification of private providers as FP and medical abortion providers

2011 plans

- Introduction of a second branded IUD, a second medical abortion drug, eclampsia services and a new product for prevention (calcium)

Health workers travel to see clients



Nepal CRS Company Sangini Social Franchising

At a glance

Franchise details			
Launch year	1994		
Business model	Fractional franchise		
Outlet types	Clinics, pharmacies		
Services	RH, MCH, diarrhea		
2010 new product launches	Misoprostol for PPH		
Average staffing per outlet	2–3 staff per outlet (doctors, pharmacists)		
Target clientele	Low income, sex workers/clients, truck drivers, military personnel, men, women		
Payment sources	100% OOP		
2010 program expenditure (USD)	\$237,180		
Cost recovery	64.67% (products are donated for free)		
Donor support	USAID/Nepal, KfW/Germany		
Technology	All franchises maintain manual record keeping books		
Contact information	Krishna B. Rayamajhi, Managing Director; www.crs.org.np		
Franchise evolution			
	2008	2009	2010
Number of outlets	2484	2,684	3,008
Number of provinces/states	63	69	74
Number of clients served			
CYPs		372,642	363,787

Nepal CRS Company

Sangini Social Franchising

Description

Background

In 1994, with USAID support, Nepal CRS Company introduced social franchising of injectable contraceptives in Kathmandu Valley through a network of pharmacies, under the local brand name, "Sangini-Tin Mahine Sui." In the first year, Sangini was introduced through 50 trained and certified service providers (paramedics) in selected medical shops of Kathmandu Valley. The social franchising of Sangini has now been expanded to 69 of 75 districts, and the total number of franchising outlets has reached 3,008, while sales went beyond 463,851 vials in 2009.

Service details

Oral contraceptives, male condoms, injectables, Copper T, implants, EC, clean delivery kits, diarrheal disease treatment, water purification

Successes

Use of female groups to expand services in rural areas

Challenges

Ensuring that messages reach the community level

2011 plans

STI kits will be introduced in the coming fiscal year.



Sangini outlet

PSI/Pan American Social Marketing Organization (PASMO)
Red Segura



At a glance

Franchise details			
Launch year	2011		
Business model	Fractional franchise		
Outlet types	Clinics, hospitals		
Services	RH		
2010 new product launches			
Average staffing per outlet	1 doctor per clinic		
Target clientele	Low income, youth, women		
Payment sources	100% OOP		
2010 program expenditure (USD)			
Cost recovery			
Donor support			
Technology	SMS client follow-up		
Contact information	Norbert de Anda, Country Representative		
Franchise evolution			
	2008	2009	2010
Number of outlets			48
Number of provinces/states			8
Number of clients served			98
CYPs			343

PSI/Pan American Social Marketing Organization (PASMO) Red Segura

Description

Background

Red Segura was formally established in January 2011. It is PSI/PASMO Nicaragua's first social franchise under the direction and coordination of the Women's Health Project. Its objective is to partner with healthcare providers in the private sector to deliver accessible, high-quality FP services by strengthening their skills and competencies in the area of FP, as well as providing access to high-quality products at an affordable cost.

Quality assurance highlights

Each provider has a Service Manual (Protocolo de Servicios). The client attention manual (Manual de atención al cliente) is currently being developed. Checklists to evaluate quality consist of the following topics areas:

- Technical competence
- Client safety
- Infection prevention
- Informed choice
- Privacy and confidentiality
- Continuum of care

Community health workers

CHWs receive a monthly salary but do not receive any additional compensation for client referrals. They organize to promote RH service uptake with an emphasis on FP. They provide counseling on FP to the target population, referring eligible clients in to different health care providers based on a market segmentation strategy.



IUD insertion training

Successes

- Recruitment, orientation and assessments of 35 clinics was conducted in 2010
- Recruitment and inclusion of privately-owned pharmacies as Red Segura members

2011 plans

The launch of new branded Red Segura FP products, including oral and three-month injectable contraception

Society for Family Health (affiliate of PSI in Nigeria) Happy Mothers Network



At a glance

Franchise details			
Launch year	2010		
Business model	Fractional franchise		
Outlet types	Clinics, hospitals		
Services	RH		
2010 new product launches			
Average staffing per outlet	1–2 staff per clinic (doctors, nurses)		
Target clientele	Low income		
Payment sources	100% OOP		
2010 program expenditure (USD)	\$4.5 million		
Cost recovery	None		
Donor support	Anonymous donor		
Technology			
Contact information	Dr. Laila Gardezi; www.sfhnigeria.org		
Franchise evolution			
	2008	2009	2010
Number of outlets		60	150
Number of provinces/states		20	25
Number of clients served		25,000 [†]	20,000 [†]
CYPs*		131,054	68,250

[†]IUDs and implants

Society for Family Health (affiliate of PSI in Nigeria)

Happy Mothers Network

Description

Background

Providers in the FP network are certified and facilities have standardized quality indicators. For sustainable community mobilization the program is piloting the Willows approach to reaching woman of reproductive age with unmet needs.

Service details

Copper T, implants, post-abortion care

Quality assurance highlights

Supportive supervision visits identify gaps and the reports are used to guide improvements and conduct follow-up with the clinics. In the first quarter of 2011, software to assess, evaluate and follow up with providers is being installed.

Community health workers

CHWs are employed through PSI by the Women's Health Project (WHP). The CHWs are local residents, provide information about FP and refer clients to Happy Mothers Network facilities. They are paid a monthly stipend and some extra money for transportation. While currently 100% of their payment is covered by project funds, it is hoped that the providers will begin to cover their costs. This year the CHWs will be trained on the balanced counseling strategy.

Operational research

A client satisfaction survey was conducted to assess the perception of quality of services by end users. Results found that patients highly desired a cloth covering during IUD insertions. Another study identified listenership of FP messages and found that listenership doubled as compared to 2009.



Balanced counseling being conducted

Successes

Conducted training on balanced counseling strategy

Challenges

- Activating the private sector, which historically delivers curative, not preventative medicine
- Instilling the belief that health services are a worthwhile financial investment

2011 plans

- Implement sustainable demand generation activities
- Utilize the quality audit visits for capacity building of provider and other staff
- Pilot PAC services with counseling, use of misoprostal (20 pill pack) and initiation of post-abortion FP services
- Greater focus on postpartum IUD insertions
- Use of radio to promote the franchise

Hygeia

Hygeia Community Health Plan



At a glance

Franchise details			
Launch year	2006		
Business model	Fractional franchise		
Outlet types	Clinics, hospitals		
Services	HIV/AIDS, MCH, malaria, TB		
2010 new product launches			
Average staffing per outlet	3 doctors per clinic		
Target clientele	Low-income communities		
Payment sources	100% insurance		
2010 program expenditure (USD)			
Cost recovery			
Donor support	Netherlands government, World Bank, Kwara state government		
Technology	Web-based reporting		
Contact information	Mrs. Fola Laoye (Group Managing Director); www.hygeiagroup.com		
Franchise evolution			
	2008	2009	2010
Number of outlets	18	21	25
Number of provinces/states	2	2	2
Number of clients served	49,992	61,378	66,526
CYPs			

Hygeia

Hygeia Community Health Plan

Description

Background

Hygeia Community Health Plan is structured as a public-private collaboration leveraging existing public (20%) and private facilities (80%) to provide primary and secondary care services for enrollees in a community health insurance scheme. Services provided include ART, PMTCT, Malaria, TB and MCH services to low-income communities.

Service details

PMTCT, ART, ANC, labor and delivery, ACT and non-ACT malaria treatment, TB case detection and treatment

Quality assurance highlights

Quality audit recommendations are passed on to the providers and are used by the franchisees in designing quality upgrade plans. The quality management framework addresses assets (infrastructure and equipment), skills and processes, training and SOP development and implementation.

Community health workers

Community Health Association members are paid a fixed salary and commission per person enrolled.

Operational research

Research is ongoing to determine the effectiveness of community health insurance schemes on the health indices of beneficiary communities and the effectiveness of medical intervention for cardiovascular conditions in a community health insurance scheme. Both studies are in progress.

Demand side financing

Primary and secondary care services including malaria, TB, HIV/AIDS, maternal and child care services (ANC, delivery and post-natal) and surgeries (minor and intermediate)

Successes

- 8% increase in number enrolled in 2010
- 19% increase in attendance at health centers



Woman with twin children delivered at a franchise healthcare provider

Challenges

- High staff turnover at franchises requiring repeated training of new staff
- Inability of household heads to pay required co-premiums for all family members
- Inadequate number of quality health care providers, particularly in rural areas
- High utilization associated with moral hazard and adverse selection
- Lack of availability of membership lists or member identification systems

2011 plans

- Scheme scale-up to new sites
- Investment in mobile payment systems to ease re-enrollment
- Deployment of an upgraded web-based reporting system

Greenstar Social Marketing Pakistan (Guarantee) Limited
Sabz Sitara



At a glance

Franchise details			
Launch year	1995		
Business model	Fractional franchise		
Outlet types	Clinics		
Services	RH, MCH, TB, diarrhea		
2010 new product launches	Chlor Tabs for infection prevention		
Average staffing per outlet	2 staff per clinic (doctors, nurses, lady health visitors, family welfare workers, midwives)		
Target clientele	Low income, men, women		
Payment sources	90% OOP, 10% free		
2010 program expenditure (USD)	\$10 million		
Cost recovery	13.2%		
Donor support	Anonymous donor, USAID, KfW		
Technology	Hotline/counseling, SMS reporting, web-based reporting		
Contact information	Aleya Ali; www.greenstar.org.pk		
Franchise evolution			
	2008	2009	2010
Number of outlets	8000	7500	8,000
Number of provinces/states		4	4
Number of clients served		2,100,000	3,000,000
CYPs		2,104,333	2,821,491

Greenstar Social Marketing Pakistan (Guarantee) Limited

Sabz Sitara

Description

Background

The Greenstar franchise accepts private sector healthcare providers that have the facilities to insert an IUD, have a good reputation in the community and have taken Greenstar's classroom and clinical skills training in FP and RH service provision. Providers include doctors (MBBS), Lady Health Visitors, Family Welfare Workers and midwives (in rural areas).

Service details

Oral contraceptives, male condoms, IUD, injectables, EC, sterilization, ANC, clean delivery kits, post-natal care, vaccinations, TB case detection and treatment, water purification

Quality assurance highlights

350 providers were part of a representative study of quality of IUD service provision by Greenstar providers.

Demand side financing

Vouchers for maternal health (deliveries, ANC, PNC) and FP services

Operational research

Situation analysis of clinics, quality of care measurement, exit interviews and provider and facilitator interviews were all conducted.



Clients wait at Greenstar clinic

Successes

- Implementation of Standard Based Management & Recognition (SBMR) for quality
- Network coverage by health services staff

Challenges

- Private sector control where quantity and business are valued above quality

2011 plans

Introduction of Postpartum IUD, Sino II and referral networking

Marie Stopes Society
Suraj



At a glance

Franchise details			
Launch year	2008		
Business model	Fractional franchise; annual franchise fee of \$1.75		
Outlet types	Clinics		
Services	RH		
2010 new product launches			
Average staffing per outlet	1 staff per outlet (doctor, nurse, midwife, lady health visitor)		
Target clientele	Low income, women, rural population		
Payment sources	84% OOP, 16% free vouchers		
2010 program expenditure (USD)			
Cost recovery			
Donor support	Anonymous donor		
Technology	Hotline/counseling		
Contact information	Dr. Mohna Bilgrami, Managing Director; www.mariestopespk.org		
Franchise evolution			
	2008	2009	2010
Number of outlets	10	100	100
Number of provinces/states	2	2	2
Number of clients served		77,736	98,370
CYPs*		156,545	192,485

Marie Stopes Society Suraj

Description

Background

“Suraj” (sun) is a branded network of private providers in rural areas in the Punjab and Sindh provinces. The providers provide FP/RH services and make referrals to Marie Stopes Society health centers for permanent FP methods.

Service details

Oral contraceptives, male condoms, injectables, IUDs, EC

Quality assurance highlights

- Verification takes place at different levels (local field team, regional office representatives, support office level)
- External voucher validation once a year
- Quality improvements include infection prevention protocol adherence, waste disposal, client counseling by provider and voucher distribution validation/mapping

Community health workers

MSS employs (full-time salaried) female Field Worker Marketers for each of the private providers in the Suraj network. The Field Workers make door-to-door visits to market the Suraj brand for FP/RH services and to distribute vouchers to clients.

Operational research

An 18-month operational research study of the Suraj model is in the final stages of analysis and report writing.

Demand side financing

Vouchers for LTFF (IUD insertion, removal and follow-up)

Successes

- An external quality audit report highlights an overall compliance rate of 84% of Suraj providers in maintaining quality standards in 2010
- Suraj providers inserted 53,601 IUDs in 2010, which is an increase of 24% as compared to 2009
- The model is being studied for possible replication by a subsidiary of the Population Welfare Ministry
- As a cost-effective model, Suraj it is being studied under a Research and Advocacy Fund supported by DFID and AUSAid

Challenges

Poor availability of transportation in rural areas makes regular/frequent monitoring difficult.

2011 plans

- Planning to pilot partnership with pharmacies
- Formal event for dissemination of Suraj results with key stakeholders

Instituto Peruano de Paternidad Responsable (INPPARES) RedPlan Salud

At a glance

Franchise details			
Launch year	2002		
Business model	Fractional franchise		
Outlet types	Clinics, chemical sellers		
Services	RH, HIV/AIDS		
2010 new product launches	Vitamins for pregnant women, vaginal yeast infection treatment		
Average staffing per outlet	1 midwife per clinic		
Target clientele	Low income, youth, men, women		
Payment sources	100% OOP		
2010 program expenditure (USD)	\$657,150		
Cost recovery	100%		
Donor support	Self-financed		
Technology			
Contact information	Olenka Zapata, Marketing Director; www.inppares.org/rps		
Franchise evolution			
	2008	2009	2010
Number of outlets	1,663	1784	1,657
Number of provinces/states	9	9	9
Number of clients served		574,542	618,596
CYPs		24,659	24,417

Instituto Peruano de Paternidad Responsable (INPPARES) RedPlan Salud

Description

Background

RedPlan Salud is a network of affiliated health professionals who provide reproductive healthcare in private offices under the support of INPPARES.

Service details

Oral contraceptives, male condoms, injectables, Copper T, implants, EC, natural FP, STI testing and treatment, cervical cancer screening, post-abortion care, HCT, vitamins

Quality assurance highlights

Quality assurance follow-up has reduced waiting times, increased visibility of FP product prices and increased promotional campaigns for products and services

Successes

- Increased attention to clients and increased sales of products
- Increased use of Internet technologies to improve quality of services and access to data for reports

Challenges

Direct competition from pharmaceutical companies

2011 plans

New contraception products



RedPlan provider outside her clinic

Population Services Pilipinas, Incorporated (PSPI) BlueStar Pilipinas



At a glance

Franchise details			
Launch year	2008		
Business model	Fractional franchise; annual franchise fee of \$23		
Outlet types	Clinics		
Services	RH		
2010 new product launches			
Average staffing per outlet	1 midwife per clinic		
Target clientele	Low income, women		
Payment sources	100% OOP		
2010 program expenditure (USD)	1,111,000		
Cost recovery			
Donor support	Marie Stopes International		
Technology	SMS client follow-up and reporting		
Contact information	Franklin John T. Francisco, Portfolio Projects Officer		
Franchise evolution			
	2008	2009	2010
Number of outlets	66	200	307
Number of provinces/states		34	37
Number of clients served		75,622	135,696
CYPs		75,008	139,588

Population Services Pilipinas, Incorporated (PSPI) BlueStar Pilipinas

Description

Background

BlueStar Pilipinas is an FP franchise run by licensed midwives. PSPI started BlueStar Pilipinas in 2008 to increase availability of accessible and affordable quality FP services.

Services details

Oral contraceptives, male condoms, injectables, Copper T, STI testing and treatment, cervical cancer screening

Quality assurance highlights

- The Business Systems Audit verifies client numbers and services reported vis-a-vis franchisee records on-site and stocks on hand. Findings of the clinical and business systems audits are discussed with franchisees so that they may correct practices and standards.
- PSPI conducts the annual BlueStar Recognition Party during which franchisees who showed exemplary performance in the provision of FP services are awarded.

Operational research

A study was conducted that found that BlueStar: 1) increased equitable access to high-quality modern FP methods, especially among poor women; 2) successfully promoted IUDs; and 3) customers were highly satisfied with services as they perceived these services to be of high quality and midwives as competent and customer-focused.

Successes

- Increased equitable access to high-quality modern FP services in the Philippines



BlueStar Pilipinas top performers recognized

- Bundled IUDs with maternity services to increase LTFP
- Satisfied customers due to midwives' competence and customer-focused service provision

Challenges

Recruitment of midwives with the required qualifications—however, PSPI succeeded in enlisting its target of 300 midwives by 2010

2011 plans

- Pursue integration of BlueStar with the Philippine's National Health Insurance Program (NHIP); PSPI is providing technical assistance to franchisees in order for them to be accredited by the NHIP as providers of the Maternity Care Package consisting of pre-natal, safe delivery, post-natal and FP services

Well-Family Midwife Clinic Partnerships Foundation, Inc. Well-Family Midwife Clinic

At a glance

Franchise details			
Launch year	1997		
Business model	Full franchise; franchise fees paid every 5 years: \$889 (NCR location); \$667 (city location); \$444 (municipality location)		
Outlet types	Clinics		
Services	RH, HIV/AIDS, MCH, malaria, diarrhea, general medicine, vitamins, pneumonia		
2010 new product launches	Essential Newborn Care Protocol		
Average staffing per outlet	1 doctor and 1 clinic assistant per clinic		
Target clientele	Low income, women		
Payment sources	45% OOP, 55% government reimbursement		
2010 program expenditure (USD)			
Cost recovery			
Donor support	Private individual		
Technology	SMS client follow-up		
Contact information	Sylvia Ordonez, National Coordinator; www.wfmc.com.ph		
Franchise evolution			
	2008	2009	2010
Number of outlets	100		132
Number of provinces/states			20
Number of clients served		17,424	23,760
CYPs*			2,284,587

Well-Family Midwife Clinic Partnerships Foundation, Inc.

Well-Family Midwife Clinic

Description

Background

In 1997, John Snow International Research and Training Institute (JSI/RTI) and ten local NGOs, through the funding assistance of USAID, established a network of clinics known as the Well-Family Midwife Clinics (WFMC). Currently, private, licensed midwives own and manage over 132 clinics nationwide. Equipped with birthing facilities and private examination rooms, each clinic provides FP and basic maternal child health services to lower- and middle-income families and sells various brands of contraceptives and other health care products. To sustain their business and social development operations, the WFMC midwives and their partner NGOs formed the Well-Family Midwife Clinic Partnerships Foundation, Inc. (WFPI) in 2002.

Service details

Oral contraceptives, male condoms, injectables, Copper T, natural FP, lactational amenorrhea method, cervical cancer

screening, post-abortion care, HCT, ANC, clean delivery kits, labor and delivery, post-natal care, vaccinations, pediatric consultations, ITNs, diarrheal disease treatment, water purification, general medicine, labs, vitamins, newlywed counseling, pneumonia treatment

Quality assurance highlights

Quality assurance is done by our partner NGO in the area.

Community health workers

CHWs do not receive salaries.

Successes

Managing the care facility through entrepreneurial skills

Challenges

Increasing quality standards of the midwives

Marie Stopes International
BlueStar Healthcare Network Sierra Leone



At a glance

Franchise details			
Launch year	2008		
Business model	Fractional franchise; annual franchise fee of \$75 for clinics and \$50 for pharmacies		
Outlet types	Clinics, pharmacies		
Services	RH		
2010 new product launches	Medical abortion through pharmacies		
Average staffing per outlet	1–2 doctors or nurses per clinic; some clinics also have an assistant		
Target clientele	Low income, youth, sex workers/clients, military personnel, men, women		
Payment sources	30% OOP, 50% voucher, 30% free		
2010 program expenditure (USD)	\$995,000		
Cost recovery	6%		
Donor support	KfW through CARE, MSI, Dutch government		
Technology			
Contact information	Manty Tarawalli, PSP Director		
Franchise evolution			
	2008	2009	2010
Number of outlets	70	109	100
Number of provinces/states		4	4
Number of clients served		13,000	54,679
CYPs		15,060	43,850

Marie Stopes International BlueStar Healthcare Network Sierra Leone

Description

Background

BlueStar Healthcare Network Sierra Leone delivers sexual and reproductive health services through a single-tier model. BlueStar aims to engage women new to long-term FP methods, and in a restricted environment, make safe abortion services available to the underserved.

Service details

Oral contraceptives, injectables, Copper T, implants, EC, safe abortion services, sterilization, malaria testing and treatment, ITNs

Quality assurance highlights

A registry is signed by clients to confirm receipt of service. All franchisees are trained in service delivery skills, infection prevention and service quality.

Community health workers

Community Based Developers (CBD) are selected members of the community who act as champions. CBDs undergo training to develop knowledge of BlueStar, the services and the products used. CBDs carry out knowledge building activities to impart FP information and also refer clients to BlueStar.

Demand side financing

Vouchers are available for LTFP (Implants, IUDs). Currently the organization is working on improving voucher utilization.

Operational research

WHO is conducting research on demand side financing (FP voucher scheme), which will be complete in mid- to late 2011.

Successes

- Medical abortion
- Demand side financing vouchers

Challenges

- Commodity security
- Management
- Balancing free vouchers and OOP payment for services

2011 plans

Performance reporting by texting is being considered.

BlueStar providers and CHWs



South Africa

Marie Stopes International BlueStar South Africa



At a glance

Franchise details			
Launch year	2010		
Business model	Fractional franchise; annual franchise fee of \$69		
Outlet types	Private practice doctor offices		
Services	RH		
2010 new product launches	Medical abortion, IUD insertion		
Average staffing per outlet	1 doctor per clinic		
Target clientele	Low income, youth, women		
Payment sources	100% OOP		
2010 program expenditure (USD)			
Cost recovery	2%		
Donor support	MSI		
Technology			
Contact information	Amanda Maree, Donor Projects Manager; www.mariestopes.org.za		
Franchise evolution			
	2008	2009	2010
Number of outlets			20
Number of provinces/states			2
Number of clients served			37
CYPs			11

Marie Stopes International BlueStar South Africa

Description

Background

BlueStar South Africa was launched in November 2010 and operates in rural and underserved communities of Limpopo and Mpumalanga Provinces in South Africa. Registered medical doctors with an existing practice, already providing, or showing interest in provision of contraception and safe abortion services, were recruited to be franchisees. Each franchisee has a CHW assigned to his practice to generate demand.

Service details

IUDs, medical abortion

Quality assurance highlights

The M&E process includes counting of stock on hand in order to establish that the stock used reflects the number of clients receiving services. This process detected and decreased the practice of improper dosing.

Community health workers

CHW's inform and educate members of the community by literature distribution, community talks and door-to-door communication. They are paid a salary and receive quarterly incentives based on meeting targets.

Successes

Recruiting the franchisees and setting up the franchise network



Community-based educators working at a school

Challenges

- Ensuring the M&E takes place as scheduled considering the long distances between franchisees
- Ensuring that all new franchisees receive training
- Establishing the suitability of the franchisees for service delivery

BroadReach Healthcare

Public-Private Partnerships in ART Patient Management



At a glance

Franchise details			
Launch year	2005		
Business model	Full franchise		
Outlet types	Private practice doctor offices		
Services	HIV/AIDS		
2010 new product launches			
Average staffing per outlet	1 doctor and 4 support staff per clinic		
Target clientele	Low-income HIV positive adults		
Payment sources	80% government reimbursement, 20% (GP Consultations) PEPFAR		
2010 program expenditure (USD)			
Cost recovery			
Donor support	PEPFAR		
Technology	Hotline/counseling, SMS client follow-up, web-based reporting		
Contact information	Shuabe Rajap, Disease Management: Operations Manager; www.broadreachhealthcare.com/Our_Services/PublicPrivate_Partnerships_PPPs		
Franchise evolution			
	2008	2009	2010
Number of outlets	27	19	19
Number of provinces/states	3	1	1
Number of clients served		1,349	1,456
CYPs			

BroadReach Healthcare

Public-Private Partnerships in ART Patient Management

Description

Background

This Public-Private Partnership consists of a network of private sector GPs trained in HIV management to support public-sector patients. The program creates a parallel system of care that is closely tied to the public sector program, and operates in compliance with the South African Department of Health guidelines. The goal of the program is to alleviate some of the burden on the public sector by leveraging existing capacity within the private sector.

Service details

GP consultation, ART, laboratory services for routine blood tests (provided by hospital) and TB detection.

Quality assurance highlights

- Reporting on medication collection can be verified with pharmacy confirming a patient signature
- Pregnancy verified by hospital doctors
- Patient forms compared to actual lab results

Community health workers

The Adherence Supporter identifies behavioral patterns that impact negatively on adherence and develops and implements appropriate intervention strategies for patients with an unsuppressed viral load. Through phone calls, patients are counseled and reminded about routine blood tests and medication collection.

Operational research

- Dr. Peter Navario of the University of Cape Town studied the cost-effectiveness of the model and found that the model of delivery has a higher average cost than in the public sector, but that it is more cost-effective (2010)



Celebrating five years of the PPP ART partnership

- Harvard Medical School conducted an assessment of adherence and related factors and found that the program provided good access to treatment and care, high rate of self-efficacy and positive belief in ARVs (2007)

Successes

- 90% suppression rate at 30 months; 92% retention rate; 2% lost-to-follow-up (December 2010)
- Increase in public sector capacity and continued cost sharing with public sector

Challenges

Public servants' strike impacted medication delivery

2011 plans

- Extending GPs' scope to include co-morbidities
- GP-based initiation
- Geographic expansion
- Expanding existing referral points

Population Services International POMEFA (“POur une MEilleure FAmille”)



At a glance

Franchise details			
Launch year	2009		
Business model	Fractional franchise		
Outlet types	Clinics, hospitals		
Services	RH		
2010 new product launches			
Average staffing per outlet	Each clinic is staffed differently, and staff move depending on the need		
Target clientele	Truck drivers, men, women		
Payment sources	100% OOP		
2010 program expenditure (USD)			
Cost recovery	0.01%		
Donor support	SALIN/PSI		
Technology	SMS reporting, web-based reporting		
Contact information	Tchedre Awa, Project Coordinator		
Franchise evolution			
	2008	2009	2010
Number of outlets	0	9	9
Number of provinces/states		4	4
Number of clients served		529	1,038
CYPs*		34,774	56,247

Population Services International POMEFA (“POur une MEilleure FAmille”)

Description

Background

POMEFA is a network that consists of 70 public and 9 private sector clinics that offer quality FP services.

Service details

Oral contraceptives, injectables, Copper T, implants, cycle beads

Quality assurance highlights

At supervision visits, providers' records are checked and then recommendations are made to site managers on how to improve quality.

Community health workers

CHWs receive \$40 monthly, part of which is paid by the NGO.

Successes

- Increased number of contraception users
- The project submitted an abstract that was selected for oral presentation ("Mobile outreach dismantles barriers to the adoption of long term FP methods in Togo") at the 138th annual APHA meeting in Denver

Challenges

- Insufficient community mobilization by the CHWs
- Insufficient financial resources for the production and dissemination of audio-visual campaigns



Training on IUD insertion

- Most clinics require renovation
- Difficulty to recruit private providers due to belief that FP services are cheap and therefore less profitable

2011 plans

- Audit clinical quality
- Introduction of FP and HIV integration



At a glance

Franchise details			
Launch year	2007		
Business model	Full franchise		
Outlet types	Community Health Promoters		
Services	RH, MCH, malaria, TB, fortified foods, diarrhea, de-worming		
2010 new product launches	Clean cook stoves, solar cell chargers and lighting, amoxicillin and ongoing testing of high-velocity consumer goods		
Average staffing per outlet	650 Community Health Promoters (door-to-door health entrepreneurs)		
Target clientele	Children under 5, caregivers of children under 5, pregnant women and newborns, women, men		
Payment sources	100% OOP		
2010 program expenditure (USD)			
Cost recovery			
Donor support	Children's Investment Fund Foundation, Omidyar Network, Draper Richards Kaplan Foundation		
Technology	SMS client follow-up		
Contact information	Molly Christiansen, Manager, Health Practices and Business Development; www.livinggoods.org		
Franchise evolution			
	2008	2009	2010
Number of outlets		540	650
Number of provinces/states		22	22
Number of clients served		450,000	450,000
CYPs			

Living Goods

Description

Background

Living Goods (LG) is harnessing the power of micro-franchising to build a 100% sustainable system for delivering a wide range of life-saving and life-changing products. LG operates Avon-like networks of women entrepreneurs, called "Community Health Promoters" (CHPs), who make a modest income going door-to-door selling affordable and effective solutions designed to improve the health, wealth and productivity of the world's poor. The broad assortment of products that CHPs sell helps them develop client relationships, increase sales, and, thereby, bolster their financial sustainability. LG employs all the key characteristics of successful franchises: methodically screened agents, expert training, strict quality monitoring, uniform branding and product mix, effective promotions, low cost of goods achieved through scale and stiff penalties for violating the rules (including expulsion). The model brings high-impact, low-cost products to the doorstep of thousands of poor consumers and creates an income opportunity for women entrepreneurs in the process.

Service details

- Key Products: ACT, ORS, bed nets, fortified foods, male condoms, water treatment, de-worming, solar lights, high-efficiency stoves
- Key Services: door-to-door product delivery, FP, pregnancy and newborn support, clinic referrals, on-call CHPs via mobile phone

Quality assurance highlights

Field staff conducts regular CHP quality monitoring and random checks of client homes to ensure diagnosis accuracy.

Community health workers

They make money on the sale of products and also receive cash incentives for health activities such as registering pregnancies.

Operational research

A randomized control trial of key behavior changes and mortality impacts is in process.



Living Goods Community Health Promoter making door-to-door sales call

Successes

- Malaria and diarrhea treatments and pregnancies supported are exceeding modeled health targets to deliver on long-term goal of 15% mortality reduction for children under 5
- 100% of Living Goods' high-impact products were in stock across all sites from July 2010 through year-end
- Living Goods and BRAC have extended their partnership in Uganda through 2012

Challenges

- Ongoing fluctuations in commodity prices
- Improving wholesale margins
- Refining incentives for franchisees

2011 plans

- SMS program targeted at pregnant moms and households with children under 5
- Newborn care/post-natal visit strategy including incentives for entrepreneurs
- Geographic expansion beyond Uganda

PACE[‡] (affiliate of PSI in Uganda)

ProFam



Interventions for Health Impact

At a glance

Franchise details			
Launch year	2008		
Business model	Fractional franchise; annual franchise fee of \$9		
Outlet types	Clinics		
Services	RH, MCH		
2010 new product launches			
Average staffing per outlet	1 nurse and 3 outreach workers per clinic		
Target clientele	Low income, women, caregivers of children under 5		
Payment sources	90% OOP, 10% free		
2010 program expenditure (USD)			
Cost recovery			
Donor support	Anonymous donor		
Technology	Hotline/counseling		
Contact information	Dr. Milly N Kaggwa, Director Programs; www.pace.org.ug		
Franchise evolution			
	2008	2009	2010
Number of outlets		100	145
Number of provinces/states		34	34
Number of clients served		6,569	20,912
CYPs*		47,901	63,898

*PACE: Program for Accessible Health, Communication and Education

PACE (affiliate of PSI in Uganda) ProFam

Description

Background

In July 2009, PACE set up the ProFam franchise network of providers. ProFam is a national network, with most clinics located in the peri-urban areas. ProFam offers clients convenient, high-quality RH services, including provision of LTFP, at affordable prices. Where needed, PACE provides the franchise with subsidized commodities and equipment, such as IUD insertion kit sterilizers. PACE is currently integrating other services with FP, such as cervical cancer screening and HIV counseling and referral. PACE is working in both the private and public sector to provide LTFP but all franchises are in the private sector. The public sector sites are used for referrals and as training centers for all providers in the district of operation.

Service details

Copper T, implants, clean delivery kits, misoprostol for postpartum hemorrhage

Quality assurance highlights

- PACE emphasizes client safety and has adopted the infection prevention guidelines from JHPIEGO. These guidelines have been summarized into flow charts for easy reference
- Each quarter the franchise clinic with the best quality assurance parameters is awarded a prize (non-cash) as well as a placard acknowledging the best-performing ProFam clinic

Community health workers

PACE is working within the structure of the government which requires that VHTs are not volunteers and are given a standard allowance not tied to clients referred. They provide basic information on FP services in their communities, not limited to ProFam.

Operational research

PACE conducted an external evaluation of the ProFam network. The results show that PACE succeeded in attaining the key planned outputs, and in many cases, exceeded the targets. A final draft will be available in the second quarter



Provider and midwife at Kawoko Muslim Health Centre, talks about FP with women from the local community

of 2011. PACE has also demonstrated that working through a network of private affiliated service providers is feasible and sustainable as evidenced by the fact that more than 90% of insertions are carried out via this service delivery channel.

Successes

- 215,788 misoprostol tablets for prevention of PPH were sold to private clinics and pharmacies
- 14,716 IUDs inserted at ProFam and 6,196 implants inserted at ProFam

Challenges

- High attrition rate of trained providers (33%) who left the franchise clinics for other employment
- PACE trained 367 providers but by end of 2010 only 245 were providing services
- Currently MoH only collects data from the public sector and the performance in the private sector is not captured

2011 plans

- Rollout of postpartum IUD delivery in the franchise network
- Training of providers in the use of misoprostol for PAC

Marie Stopes International BlueStar Vietnam



At a glance

Franchise details			
Launch year	2008		
Business model	Fractional franchise; annual franchise fee of \$120–\$150, based on clinic income		
Outlet types	Clinics		
Services	Modern FP methods and safe abortion services		
2010 new product launches	MSI-branded medical abortion outside of centres		
Average staffing per outlet	1 doctor, 1 nurse, 1 midwife and 1 clinic assistant per clinic		
Target clientele	Low income, youth, migrants/refugees, women		
Payment sources	95% OOP, 5% voucher		
2010 program expenditure (USD)	\$646,000		
Cost recovery			
Donor support	MSI-UK		
Technology	Hotline/counseling, SMS reporting		
Contact information	Nguyen Thi Bich Hang, Country Director; www.bluestar.org.vn		
Franchise evolution			
	2008	2009	2010
Number of outlets	32	95	223
Number of provinces/states		7	7
Number of clients served		191,087	391,515
CYPs		38,733	64,003

Marie Stopes International BlueStar Vietnam

Description

Background

BlueStar Vietnam operates in seven provinces in all three geographical areas of Vietnam: Northern, Central and Southern. Duration of establishment and support of the network is four years, from 2007 to 2011 (2008 launch). Services include modern FP methods and safe abortion services and currently there are 200 private clinics.

Service details

Oral contraceptives, male condoms, injectables, Copper T, EC, abortion (medical and surgical), FP counseling

Quality assurance highlights

MSIVN field officers and/or the quality assurance supervisor work with BlueStar owners to discuss the quality checklists with clearly agreed upon improvements.

Community health workers

Vietnamese NGOs manage the Population Collaborators (CHWs). This team distributes LTFP vouchers to target groups. The referral fees are based on client attendance at events and IUD insertions. The average fee per IUD case (referral fee) is approximately \$2.

Demand side financing

Vouchers for Gyne check, visual inspection with acetic acid, IUDs

Successes

- High CYPs (increased by 133% compared to 2009)
- High service numbers (MSMP increased by 171%, MSP by 75% and clients served by 105%)
- Strengthened and stabilized the operational structure
- Involved government authority with various activities, especially training and M&E

Challenges

- Compliance has not increased among some franchisees because they cut costs and thus are not invested in improving compliance to clinical standards



Providing service

- Network expansion put pressure on technical human resources of MSIVN to guarantee quality assurance visits
- High turnover rate and late monthly reporting

2011 plans

- Launch LTFP voucher with new subsidized scheme
- Integration of government-funded social marketing products
- Strengthen research and metrics component of the program
- Focus on involving public health sector with quality assurance and accreditation for existing and new clinics
- Explore opportunity to sign umbrella agreement with Vietnam Social Security or provincial social security for selected BlueStar clinics to participate in national health insurance program
- Expand the network to 300 clinics

Marie Stopes International
Tinh chi em ("Sisterhood")



At a glance

Franchise details			
Launch year	2007		
Business model	Fractional franchise		
Outlet types	Commune Health Stations		
Services	RH/FP, MCH		
2010 new product launches			
Average staffing per outlet	1 doctor, 1 nurse, 1 clinic assistant, 1 pharmacist, 1 population officer		
Target clientele	Low income, youth, migrants/refugees, men, women		
Payment sources	10% OOP, 50% insurance, 40% government reimbursement		
2010 program expenditure (USD)	\$750,000		
Cost recovery			
Donor support	The Atlantic Philanthropies Ltd Viet Nam, The European Union, Marie Stopes International, UK		
Technology	Hotline/counseling		
Contact information	Nguyen Thi Bich Hang, Country Representative; www.tinhchiem.vn		
Franchise evolution			
	2008	2009	2010
Number of outlets		56	186
Number of provinces/states		5	5
Number of clients served		63,337	431,797
CYPs		4,884	40,281

Marie Stopes International Tinh chi em (“Sisterhood”)

Description

Background

Tinh chi em is the first government-run social franchise model in Vietnam. With technical assistance from MSI Vietnam, the provincial department of health (franchisor) forms and operates the model at commune health stations (franchisee). Currently the EU, ATLANTIC Philanthropies, MSIUK and the government of Vietnam are matching resources to support the government social franchise network.

Service details

Oral contraceptives, condoms, injectables, Copper T, EC, counseling on FP, STI testing and treatment, surgical abortion, ANC, post-natal care, counseling on RH

Quality assurance highlights

As MSIVN works in partnership with the public health system, there is a strong involvement from the government side at provincial, district and commune levels in the franchisees' activities. Monthly reports on service provision prepared by the franchisees are submitted to the district health centers for verification before sending to MSIVN.

Community health workers

Brand ambassadors are selected from the community. They receive a monthly allowance to participate in the project (to cover transportation costs). Incentives are also provided based on referrals (about US\$5 per month).

Demand side financing

Targeted voucher scheme for LTFP is being used to attract clients to the social franchise network.



Providing service

Successes

- Strong partnership with local authorities
- Increased in knowledge and skills among service providers in relation to service quality, infection prevention and demand generation

Challenges

- Timing of clinic upgrades and training were not synced, which delayed launch of clinics
- Unresolved service charges policy contributed to low motivation among the SF providers

2011 plans

- A LTFP method voucher scheme will be launched among the network to increase uptake
- Cervical cancer screening by visual inspection by acid acetic

Society for Family Health/Population Services International
NewStart



At a glance

Franchise details			
Launch year	2002		
Business model	50% full franchise; 50% fractional franchise		
Outlet types	Clinics, mobile clinics		
Services	HIV		
2010 new product launches			
Average staffing per outlet	8 counselors per clinic		
Target clientele	Low income, youth, sex workers/clients, truck drivers, migrants/refugees, military personnel, men, women and couples		
Payment sources	100% OOP		
2010 program expenditure (USD)			
Cost recovery			
Donor support	USAID		
Technology			
Contact information	Nomsa Siamwanza, Health services quality assurance and training manager		
Franchise evolution			
	2008	2009	2010
Number of outlets			17
Number of provinces/states			6
Number of clients served		139,000	150,000
CYPs			

Society for Family Health/Population Services International

NewStart

Description

Background

Society for Family Health is a local NGO affiliate of PSI that runs a social franchise of HCT services under an umbrella, "NewStart." Four centers are managed by SFH and four are partnered with faith-based organizations and independent NGOs.

Service details

HCT

Quality assurance highlights

Each center has in place a quality assurance committee that consists of a minimum of 3 to 5 members depending on the size of the center. A mechanism to recognize the best-performing facility is in place and the winning facility is awarded a Center of Excellence Award.

Community health workers

Community mobilizers are not on a salary but are paid transport and lunch allowances on mobilization days.



NewStart mobile clinic

Operational research

A mid-term review was conducted in 2010 in order to assess the level of fulfillment of the project objectives and suggest the way forward.

Population Services International NewStart



At a glance

Franchise details			
Launch year	1999		
Business model	Full franchise		
Outlet types	Clinics, mobile clinics		
Services	RH, HIV/AIDS, malaria, TB, diarrhea		
2010 new product launches	FP integration, male circumcision counseling and referral		
Average staffing per outlet	3 nurses and 2 social workers per clinic		
Target clientele	Children of HIV-positive mothers, people at workplaces, internally displaced, refugees		
Payment sources	40% OOP, 60% free		
2010 program expenditure (USD)	\$8 million		
Cost recovery	1%		
Donor support	DFID, USAID		
Technology			
Contact information	Dr. Karin Hatzold, Senior Director HIV Services		
Franchise evolution			
	2008	2009	2010
Number of outlets	41	40	41
Number of provinces/states	10	10	10
Number of clients served		360,000	380,000
CYPs			319,633

Population Services International

NewStart

Description

Background

NewStart is an HIV testing and counseling franchise started in Zimbabwe in 1999 in support of the Ministry of Health and Child Welfare Testing and Counseling Program. The franchise is managed by professional counselors who have another professional background such as nursing, teaching or social sciences. To improve access to care, treatment and support for people living with HIV, PSI has introduced TB screening using a standard questionnaire and FP counseling.

Service details

Oral contraception, male condoms, female condoms, injectables, implants, EC, male circumcision, HCT, LLINs, TB testing and treatment, diarrheal disease treatment, water purification, labs

Quality assurance highlights

Results from mystery client surveys were analyzed and contributed to improving the quality of counseling.

Community health workers

CHWs receive nonfinancial incentives

Successes

- High couple contribution of 18%
- 20% of clients at high risk
- 90% of HIV-positive clients screened for TB
- 50% of referrals tracked



Mobile clinic

Challenges

Increasing costs to run the franchise and high dependence of franchise partners

2011 plans

Integration of cervical cancer screening, gender-based violence counseling, forensic examination of rape victims
Integration of LTFP (implants and IUD)

Appendix A: Acronyms

ACT	Artemisinin-based combination therapy
ANC	Antenatal care
ART	Antiretroviral therapy
ARV	Antiretroviral drugs
CYP	Couple years of protection
EC	Emergency contraception
FP	Family planning
GP	General practitioner
HCT	HIV counseling and testing
IEC	Information, education and communication
IMCI	Integrated management of childhood illness
IUD	Intrauterine device
LLIN	Long-lasting insecticidal nets
LTFP	Long-term family planning
LTM	Long-term method
MA	Medicalized abortion
MBBS	Bachelor of Medicine and Bachelor of Surgery
MCH	Maternal and child health
MNH	Maternal neonatal health
MSI	Marie Stopes International
MVA	Manual vacuum aspiration
OOP	Out-of-pocket payment
ORS	Oral rehydration salts
PEPFAR	The US President's Emergency Plan for AIDS Relief
PLWHA	People living with HIV and AIDS
PMTCT	Prevention of mother-to-child transmission
PNC	Post-natal care
PPH	Postpartum hemorrhage
PSI	Population Services International
RH	Reproductive health
SALIN	Strategic Alliance with International NGOs
SMS	Short messaging service
STI	Sexually transmitted infection
TB	Tuberculosis
VCT	Voluntary counseling and testing for HIV/AIDS

Appendix B: Donors contributing to franchising programs in 2010

ACI Foundation
Anonymous Donor
The Atlantic Philanthropies
Bill & Melinda Gates Foundation
CARE
Chevron
Chemex
Children's Investment Fund Foundation
Danish Government Fund
Draper Richards Foundation
Dutch Bangla Bank
Dutch Government
The European Union
IPAS
Kenyan Ministry of Health
KfW
Kwara State Government
Merck
Nestle
Omidyar Foundation
PEPFAR Global Fund
Reckitt Benckiser
SAAF
SALIN
TB Reach
UNFPA
USAID
Venture Strategies International
World Bank
3DF

Appendix C: Umbrella organizations

The 50 programs profiled in this compendium are implemented by the following agencies.

Banja La Mtsogolo	banja.org.mw
BroadReach Healthcare	broadreachhealthcare.com
Chemonics	chemonics.com
DKT	dktinternational.org
Drishtee	drishtee.com
Family Health International (FHI)	fhi.org
Greenstar Social Marketing	greenstar.org.pk
HealthKeepers	healthkeepers-gh.org
The HealthStore Foundation	healthstore.org
Hygeia Nigeria Limited	hygeiagroup.com
INPPARES	inppares.org
Kisumu Medical & Education Trust (K-MET)	kmet.co.ke
LifeNet International	ininternational.org
Living Goods	livinggoods.org
Marie Stopes International (MSI)	mariestopes.org
Marie Stopes Society (MSS)	mariestopespk.org
Hindustan Latex Family Planning Promotion Trust	hlfppt.org
MicroClinic International	microclinics.com
Nepal CRS Company	crs.org.np
Pan American Social Marketing Organization (PASMO)	
Programme for Accessible Health, Communication and Education (PACE)	pace.org.ug
Population Services International (PSI)	psi.org
Social Marketing Company (SMC)	smc-bd.org
Society for Family Health (SFH)	sfhnigeria.org
Well-Family Midwife Clinic Partnerships Foundation, Inc.	wfmc.com.ph
World Health Partners	worldhealthpartners.org



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