



CLINICAL SOCIAL FRANCHISING COMPENDIUM

An Annual Survey of Programs, 2012

The Global Health Group
University of California, San Francisco
May 2012



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

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Cover image provided by Karen Schlein.

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Introduction

The fourth annual compendium of clinical social franchise programs has been compiled following the groundbreaking First Global Conference on Social Franchising, which was held in Mombasa, Kenya in November 2011. For the first time, franchise implementers profiled in this document came together to share experiences and lessons learned about franchised health clinics and services around the world. There are 52 franchises profiled in this compendium, including new programs from Indonesia, Mozambique, the Philippines, Somaliland, Sudan, Tanzania, and Zimbabwe. The data included was self-reported by the franchises in the first quarter of 2012 and edited by the Global Health Group.

During 2011, the social franchising community of practice supported an effort to encourage social franchises worldwide to implement quality measurement initiatives. Through this program, a baseline of what quality measurement systems are in place in franchise programs around the world was established¹ and a collection of methods and tools used for quality supervision within franchises today² was made publicly available. The key components of those quality assurance systems are highlighted in each profile featured in this compendium.

2011 was a year of expanded product and service offerings at franchises which reflects the trend toward integrated healthcare services. New product and service offerings included voluntary medical male circumcision (VMMC) and cervical cancer screening using visual inspection with acetic acid (VIA).

The increased focus on documenting program results through operational research is also evident this year as 18 franchises report conducting research activities. The wide range of topics being studied includes network sustainability, quality of care, provider drivers and barriers to IUD insertion, and voucher program effectiveness. For the first time, 24 programs also reported DALYs averted and it is hoped that more franchises will begin measuring health impact using this globally accepted impact metric. Documentation of study results and standardized reporting will build the evidence base for the social franchising model of healthcare delivery and allow for cross-franchise comparisons and cost effectiveness analysis in the future.

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. Most social franchises have the following characteristics:

- Outlets are operator-owned
- Payments to outlets are based on services provided³
- Services are standardized⁴
- Clinical services are offered with or without franchise-branded commodities⁵

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

2011 franchising snapshot

Total number of franchises in the compendium	52
Franchises that offer long-term family planning (LTFP)	36
Franchises that use short messaging service (SMS) reporting	7
Franchises with websites	26
Franchises with fewer than 20 in-country support staff	26
Franchises that target people living with HIV and AIDS (PLWHA)	12
Franchises with third-party payment schemes	25
Franchises that conduct provider self assessments	16

Note on couple years of protection (CYP) calculation

The 2011 CYP calculations for each profile were calculated using USAID's updated 2011 CYP formula. The formula can be found here: http://www.usaid.gov/our_work/global_health/pop/techareas/cyp.html. 2008–2010 CYP calculations are based on the previous USAID formula, unless programs chose to recalculate prior years using the updated formula.

Note on DALYs averted

The disability-adjusted life year (DALY) is a metric developed by the World Bank and the World Health Organization to determine disease burden. One DALY equals one year of healthy life lost due to illness or death. DALYs were calculated by the franchise programs using a model that incorporates a wide range of factors including country-specific disease prevalence to information on the effectiveness of health products at preventing or treating disease.

Note on cost recovery

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

¹ For more information see: <http://www.sf4health.org/sites/www.sf4health.org/files/workinggroups/quality-assurance.pdf>

² For more information see: <http://www.sf4health.org/resources/tools>

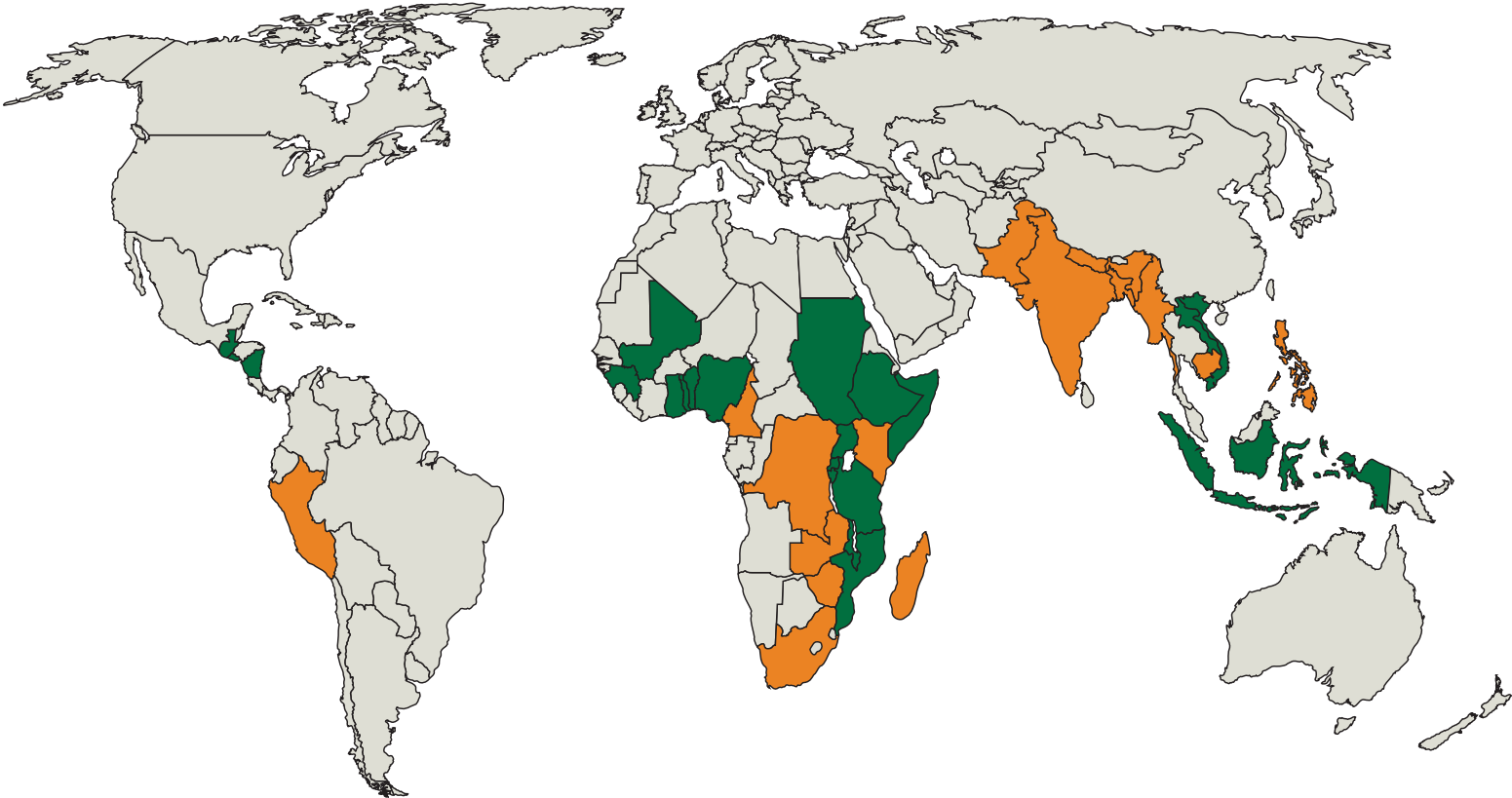
³ The mechanism of payment may vary and may include client out-of-pocket, voucher, third-party insurance or other systems.

⁴ Additional, non-franchised products and services may also be offered.

⁵ 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.

Geographic evolution of franchises

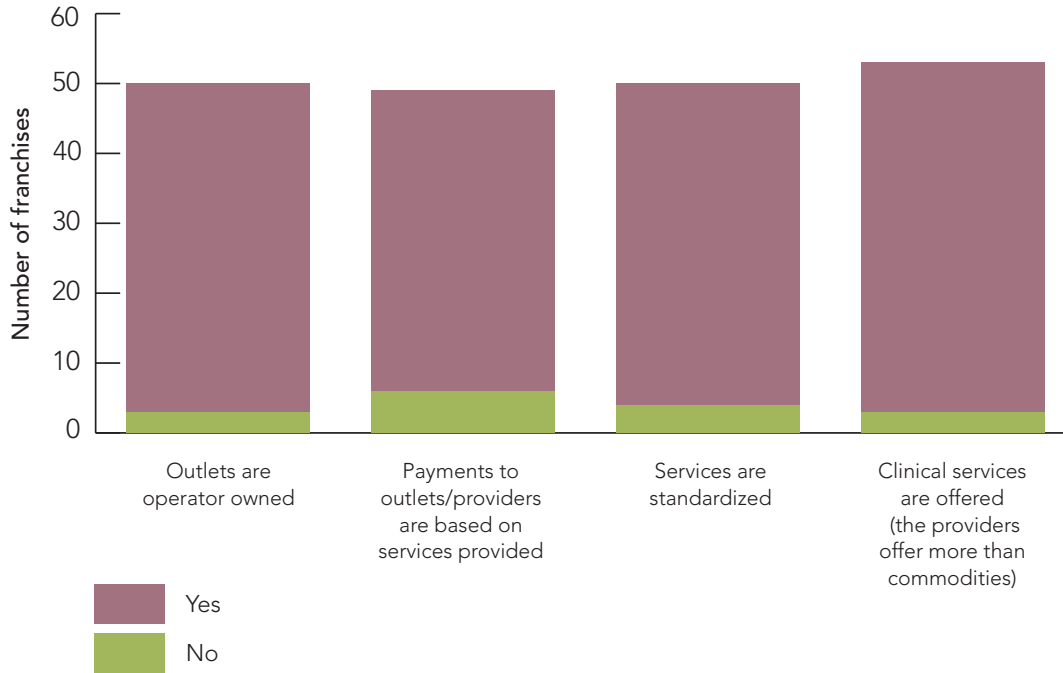
In 2003, there were franchises in 15 countries (orange).
In 2011, there are franchises in 36 countries (orange and green).



Program summary graphs

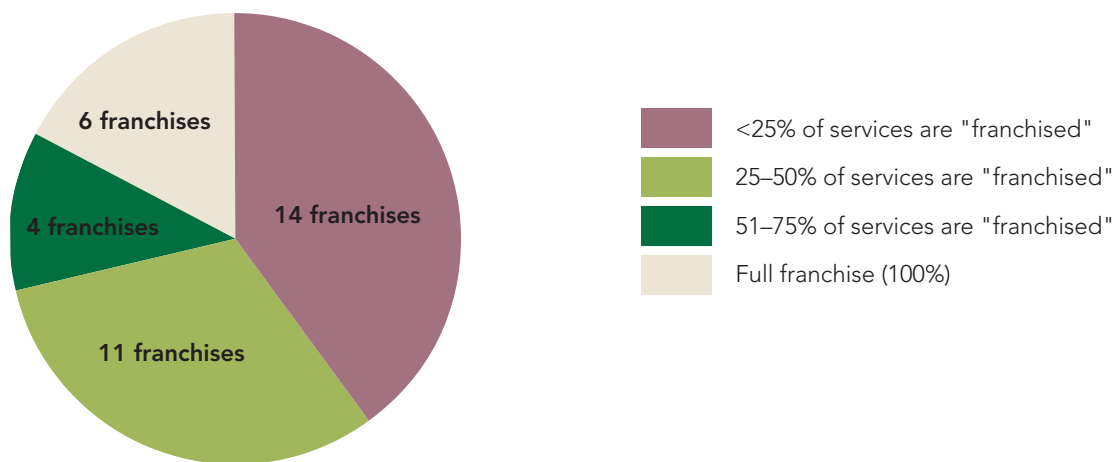
Franchise attributes

Most franchises included in this compendium meet the four attributes of a clinical social franchise.



"Franchised" services offered

Most franchised clinics offer a combination of franchised and non-franchised services.



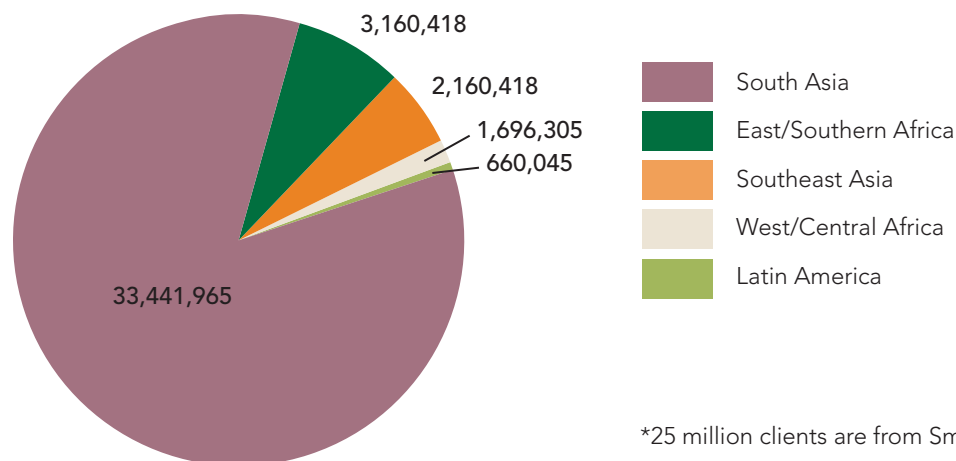
Services provided

The number of franchises offering family planning, MCH, HIV/AIDS and TB services increased between 2010 and 2011.



Clients by region

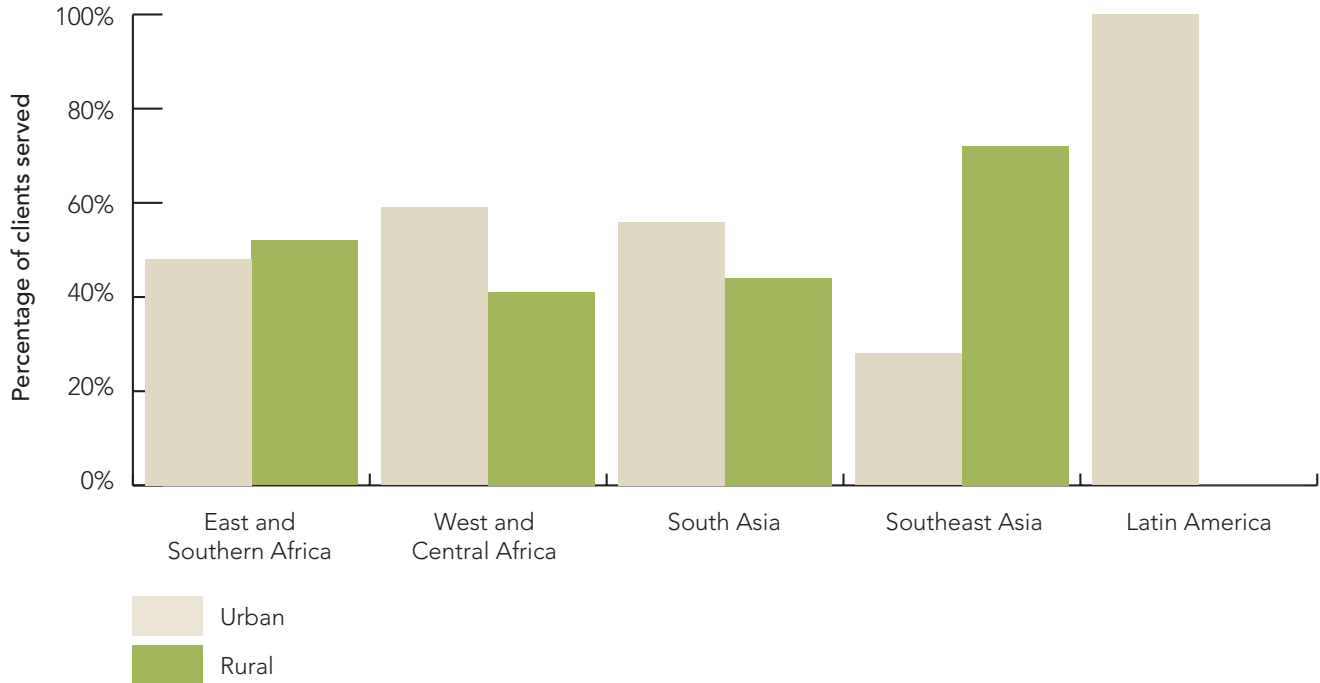
82% percent of social franchising clients are from South Asia.*



*25 million clients are from Smiling Sun, Bangladesh.

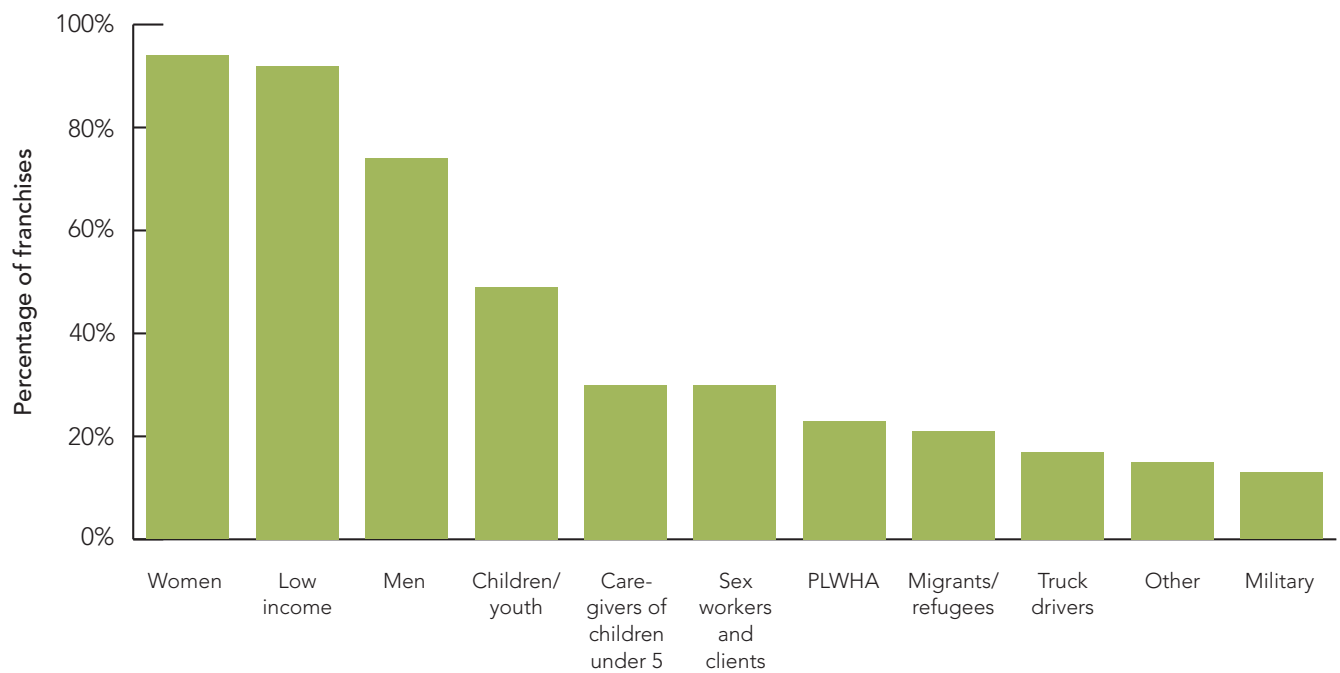
Urban rural mix

55% of clients served by franchises are in urban areas.



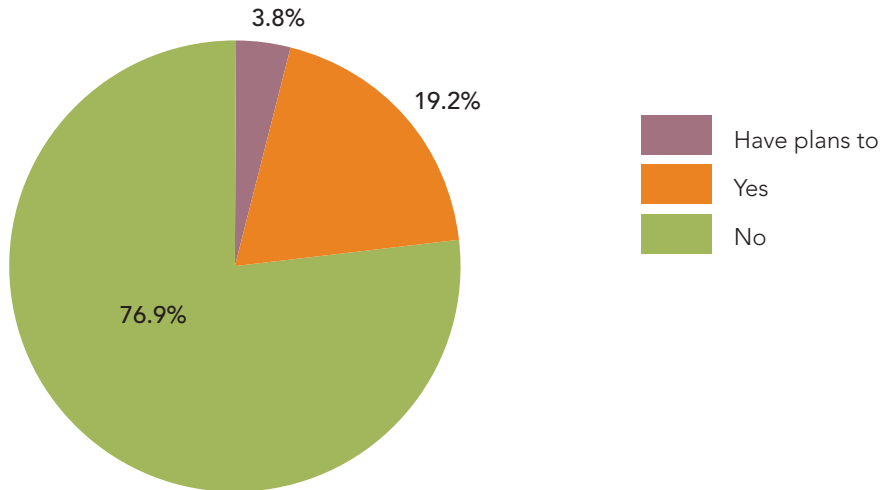
Target groups

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



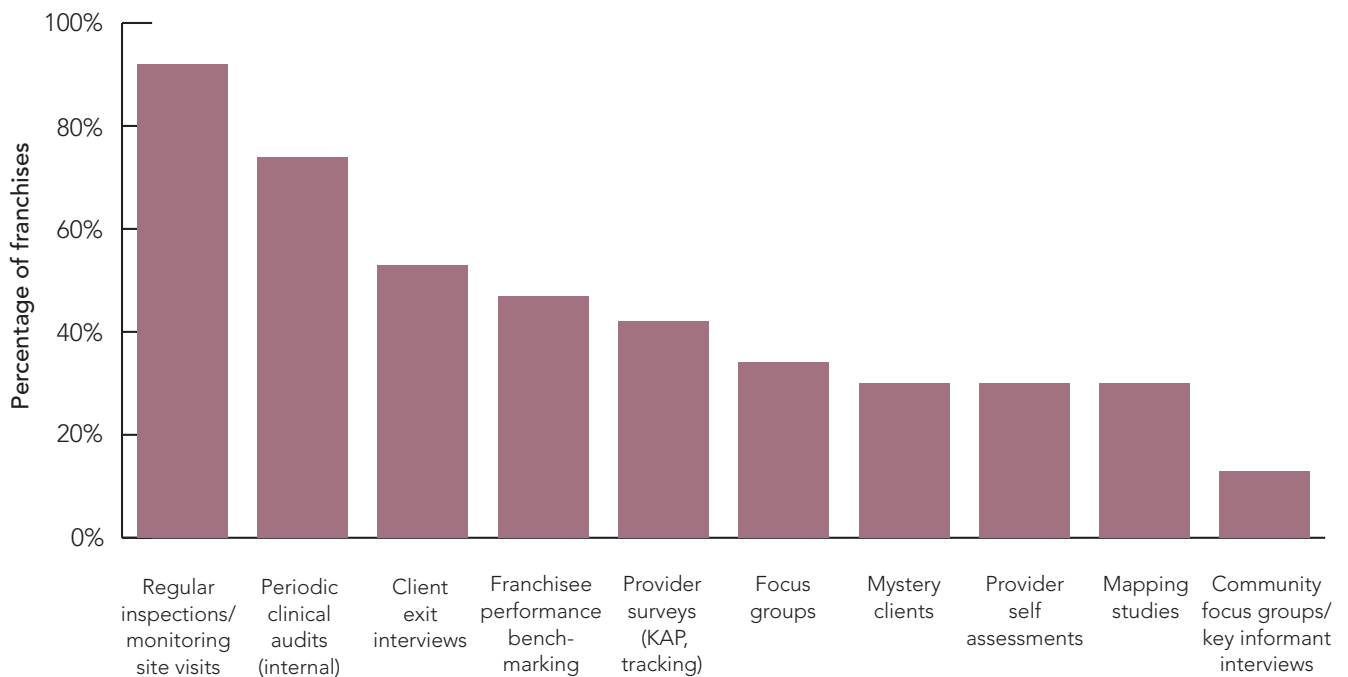
Public sector franchises

23% of franchises have franchised public sector clinics or plan to franchise public sector clinics.



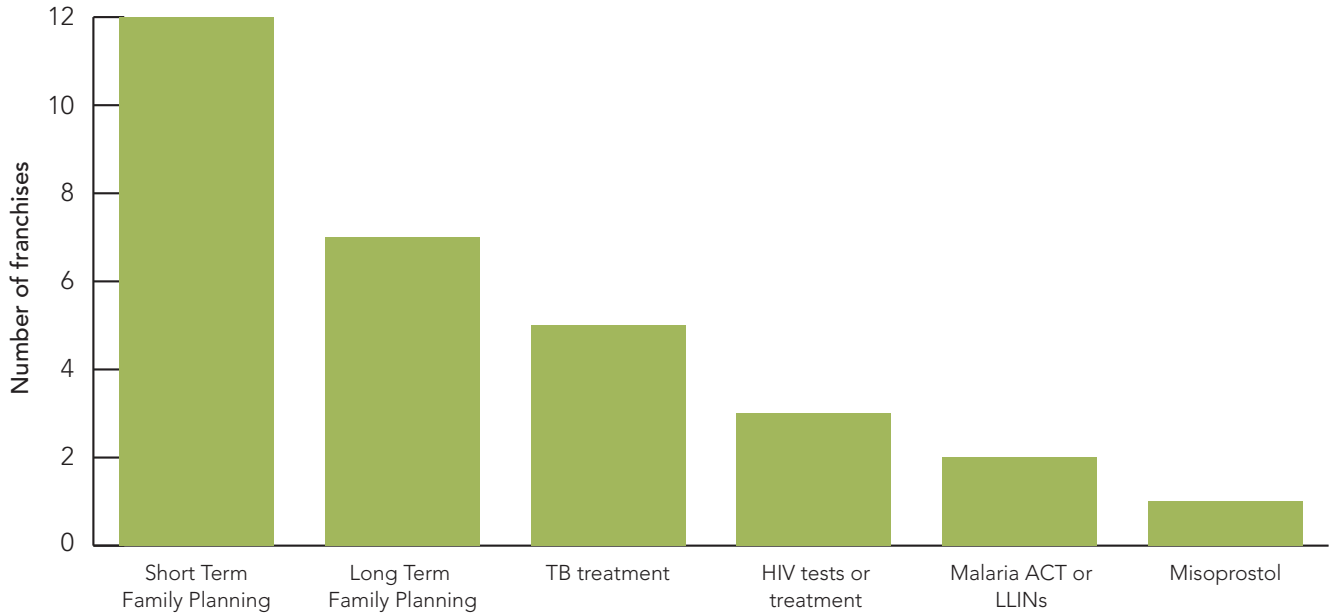
Quality monitoring

Franchises conduct a range of quality monitoring activities.



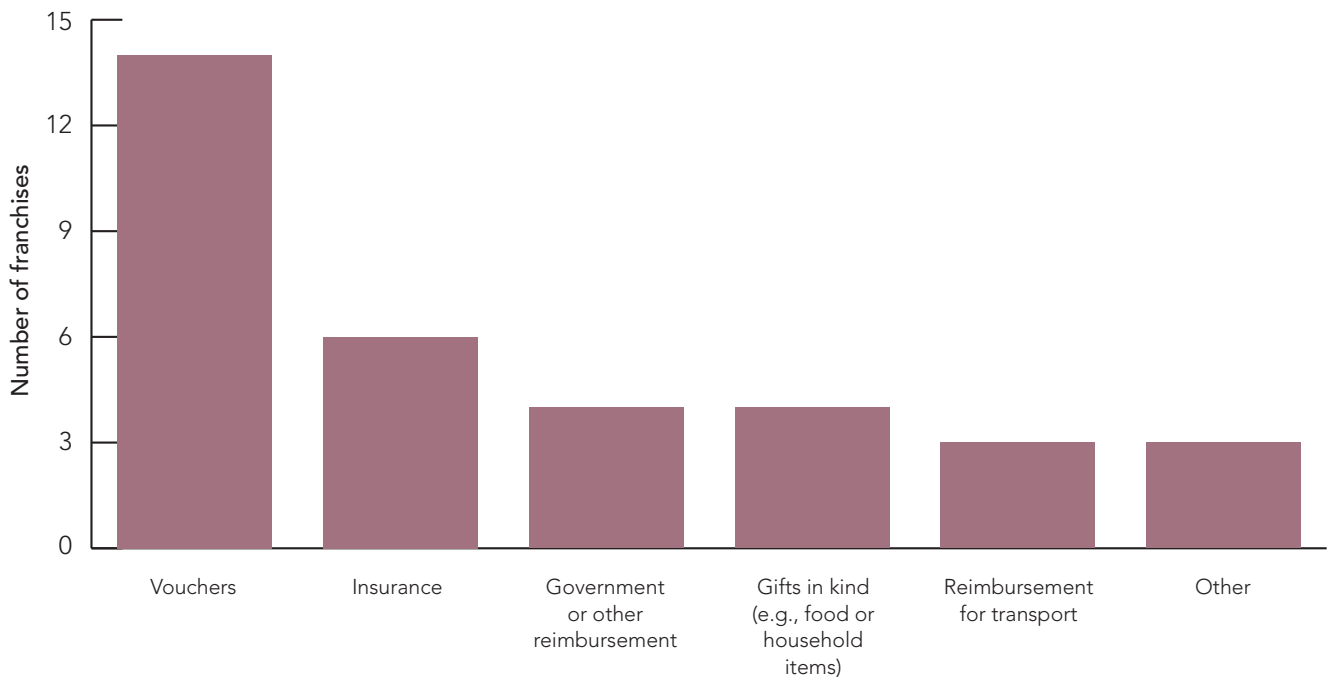
Medical supply donation

21 franchises received free medical products from governments or other sources in 2011.



Third-party payment and demand side financing

Vouchers are the most popular form of third-party payment among franchises.



Technology

A range of technologies are used in franchises, but these continue to be applied in a minority of programs.



Bangladesh

Social Marketing Company (SMC) Blue Star Bangladesh



ঘরের কাছেই মনের নিকট সেবা

At a glance

Franchise details				
Launch year	1998			
Business model	Fractional franchise			
Outlet types	Pharmacies			
Services	Reproductive health (RH), maternal and child health (MCH), tuberculosis (TB)			
2011 new product launches	C-3			
Average staffing per outlet	1 pharmacist per outlet			
Number of country-based staff				
Target clientele	Low Income, children/youth, men, women			
Location of outlets	20% urban/80% rural			
Payment sources	100% OOP			
2011 program expenditure (USD)				
Cost recovery				
Donor support	USAID			
Technology	SMS reporting			
Contact information	Dr. Salah Uddin Ahmed, Manager; www.smc-bd.org			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	3,290	3,217	3,336	4,000
Number of provinces/states	64	64	64	64
Number of clients served per year	177,105	1,039,620	1,202,785	1,269,130
CYPs	954,814	3,652,706	3,490,620	3,722,833
DALYs averted				

Social Marketing Company (SMC) Blue Star Bangladesh

Description

Background

The vision of the Blue Star program is to create a network of skilled community level providers offering a wide variety of public health products/services and referrals to improve health, family planning (FP) and nutrition related indicators within the community.

The Blue Star Program is a social franchising network of community level private medical practitioners who receive training on RH and other public health priority areas so that they can provide quality services to the customers they serve. Currently about 4,000 community level private providers are offering services through this network and most of them are non-graduate medical practitioners. The providers are dispersed across the country but are mostly in rural areas (about 80%).

A private health practitioner becomes a Blue Star provider after meeting the selection criteria, signing a partnership agreement to 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.

Each of the providers has their own consultation fee structure and primarily manages the patient with primary level health care (FP counseling, injectable contraceptives, referral for long-term family planning (LTFP), TB, etc.) trained by SMC. SMCs sell injectables at 28–30 taka to the providers, and they sell it to the clients with a markup of 5 to 10 taka (inclusive of service charge) usually.

Service details

FP counseling, oral contraceptives, male condoms, injectables, Copper T, clean delivery kits, TB, basic maternal neonatal health services, referrals, diarrheal disease treatment, zinc, vitamins, referrals for LTFP, and referrals for sputum test



Blue Star Bangladesh pharmacy

Quality assurance highlights

Quality assurance results are addressed on site by coaching or during refresher training. Last year at the regional conference for the Blue Star providers, franchisees were awarded for their performance, and sessions to update the knowledge of the providers were conducted.

Successes

Organized two regional workshops for the Blue Star providers

Challenges

- Maintaining continuous quality assurance visits by the Monitoring Officers
- Regular record keeping and reporting by the providers

Future plans

- Develop a real time reporting system using mobile technology
- Launch new products including sanitary napkins, electrolyte drink, IUDs, implants, and EC
- Integrate Integrated management of childhood illness (IMCI) and TB-DOTs into selected Blue Star franchises

Chemonics International Smiling Sun



Smiling Sun Franchise Program

At a glance

Franchise details				
Launch year	2008			
Business model	Full franchise			
Outlet types	Clinics, mobile clinics			
Services	RH, MNCH, malaria, TB, general medicine, vitamins			
2011 new product launches				
Average staffing per outlet	Staffing depends on level of clinic: Vital (1 doctor, 1 paramedic/nurse per clinic) and Ultra (4 doctors, 5 paramedics/nurses per clinic)			
Number of country-based staff	5,426 (additional 6,388 Community Service Providers as volunteers)			
Target clientele	Low income, children/youth, caregivers of children under 5, sex workers and clients, men, women			
Location of outlets	58% urban/42% rural			
Payment sources	58% out-of-pocket (OOP), 31% free, 1% government reimbursement, 10% third-party payers			
2011 program expenditure (USD)				
Cost recovery	38%			
Donor support	USAID, Chevron, Dutch Bangla Bank, Cemex, ACI, Akij Group, H&M, KAFCO, Reckitt Benckiser, Maersk			
Technology	Web-based reporting			
Contact information	Dr. Ashek Ahmed, Clinical Quality Assurance Specialist, SSFP; email: ashek4@gmail.com			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	8,820	8,820	9,456	9,144
Number of provinces/states	61	61	64	64
Number of clients served per year		15,500,000	19,500,000	25,324,740
CYPs		1,424,344	1,083,197	1,539,040
DALYs averted				

Chemonics International Smiling Sun

Description

Background

Smiling Sun is a USAID-supported network of 26 NGOs that own 325 clinics, 8,819 satellite sites, and an "army" of 6,388 community service providers.

Service details

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

Quality assurance highlights

Results and observations from the quality assurance system have been regularly fed through the quarterly clinical quality council, as well as to the Monitoring Officer. Supportive supervision has helped to address gaps and improve quality.

The most useful tools to ensure quality are the Bi-annual Quality Monitoring System encompassing clinic preparedness, a knowledge quiz, self assessment by providers, process observation, satellite clinic observation checklist, output indicators, and record reviews. In addition, the clinic level quality circle visits, emergency obstetric care assessment, mystery clients, and external quality audit provide opportunities to assess quality.

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 Dhaka, Chittagong, Rajshahi, and Khulna divisions.



Smiling Sun patient

Successes

- Revamping of clinic level quality circle to an action plan oriented approach
- Increased client flow
- Capacity building and introduction of HBB (Healthy babies breathe) in safe delivery practices
- Introduction of post-partum IUD
- Received international award in recognition of "innovation and prioritization of quality assurance"

Challenges

- High turnover of trained staff
- Ensuring regular FP commodity supply
- Improvement of MIS system

Future plans

- Upgrade and deploy web-based reporting and online accounting system
- Strengthen quality assurance through close supportive supervision
- Widely apply action plan approach for clinical as well as other (administrative, HR, finance, etc.) arenas
- Utilize life cycle approach to address missed opportunities for improving client load and ensuring continuum of care

Association Béninoise pour le Marketing Social (ABMS) (PSI Affiliate) Protection de la Famille (ProFam)



At a glance

Franchise details				
Launch year	2004			
Business model	20% full franchise; 80% fractional franchise; annual franchise fee of \$40			
Outlet types	Hospitals, clinics, mobile clinics			
Services	RH, HIV/AIDS, malaria			
2011 new product launches				
Average staffing per outlet	1 midwife and 1 nurse per clinic			
Number of country-based staff				
Target clientele	Caregivers of children under 5, sex workers and clients, truck drivers, migrants/refugees, men, women			
Location of outlets	75% urban/25% rural			
Payment sources	100% OOP			
2011 program expenditure (USD)	\$140,000			
Cost recovery				
Donor support	USAID, anonymous donor			
Technology	Hotline/counseling			
Contact information	Ayivi Prudencia			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	30	50	50	152
Number of provinces/states		5	7	8
Number of clients served per year		2,322	9,178	50,000
CYPs		10,779	139,080	201,842
DALYs averted			SRH: 35,235 HIV/AIDS: 24,120 MCH: 25,185 Malaria: 106,635	SRH: 37,784 HIV/AIDS: 31,027 MCH: 57,165 Malaria: 19,752

Association Béninoise pour le Marketing Social (ABMS) (PSI Affiliate) Protection de la Famille (ProFam)

Description

Background

In 2004, in collaboration with the MOH and USAID, ABMS/PSI created a network of clinics called ProFam. ABMS aims to improve the quality and accessibility of integrated services in the private sector. However, ABMS is also working to strengthen public sector facilities and is currently working with eight public facilities. With ABMS support, ProFam clinics are able to offer a range of FP methods, reproductive health services, STI management, HIV counseling and testing (HCT) and IMCI to all sexually active men and women from age 15 to 49. ABMS works on both service delivery and demand creation for a number of health products.

Service details

Oral contraceptives, male condoms, female condoms, IUDs, injectables, Copper T, implants, natural FP, STI testing and treatment, prevention of mother-to-child

transmission (PMTCT), HCT, ANC, long-lasting insecticidal nets (LLINs), diarrheal treatment

Community health workers

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

Successes

Recruited the largest number of acceptors in 2011

Challenges

- Maintaining quality services and trained providers
- Standardizing pricing within the network
- Covering all departments of the country
- Increasing the number of public clinics in the network

Future plans

Launch of the umbrella brand "Laafia" for family planning products



Provider explaining contraceptive options

LifeNet International



At a glance

Franchise details				
Launch year	2008			
Business model	Fractional franchise			
Outlet types	Clinics			
Services	RH, MCH, general medicine			
2011 new product launches				
Average staffing per outlet	2-4 nurses with an occasional doctor per clinic			
Number of country-based staff	4			
Target clientele	Low income, children/youth, men, women			
Location of outlets				
Payment sources	100% OOP			
2011 program expenditure (USD)	\$106,896			
Cost recovery				
Donor support	Individuals and private foundations			
Technology	LifeNet is piloting a tablet technology to assist in clinic training and standardizing its training program across the franchise network			
Contact information	A.J. Wilson, Program Officer; www.LNinternational.org			
Franchise evolution:	2008	2009	2010	2011
Number of outlets			3	10
Number of provinces/states			1	3
Number of clients served per year			18,250	
CYPs				
DALYs averted				

LifeNet International

Description

Background

LifeNet (LN) International creates innovative solutions to the everyday health challenges facing East Africa's poor. Founded in 2008, LN currently operates a Conversion Franchise network with 10 church-based clinics in Burundi, East Africa. The franchise platform includes in-clinic training, growth financing loans, and medicine supply (currently in pilot phase). LN aims to create a sustainable in-country organization that significantly impacts health outcomes for the poor.

Successes

- Measurable increases in the quality of medical services provided at partner clinics
- Increased franchise network to include 10 partner clinics

Challenges

Obtaining desired margin on pharmaceutical sales

Future plans

LifeNet will pilot a wholesale pharmaceutical project designed to create a sustainable in-country organization.



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			
2011 new product launches				
Average staffing per outlet	1 midwife per clinic			
Number of country-based staff	36			
Target clientele	Low income men and women			
Location of outlets	23% urban/77% rural			
Payment sources	95% OOP, 5% voucher			
2011 program expenditure (USD)				
Cost recovery	0%			
Donor support	Anonymous donor, USAID, KfW			
Technology	Hotline/counseling			
Contact information	Dr. Heng Kheng, Health Service Director; kheng@psi.org.kh			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	39	89	150	213
Number of provinces/states	8	13	13	18
Number of clients served per year		8,096	13,368	27,430
CYPs	26,027	42,616	36,239	64,539
DALYs averted	RH: 2,663.5	RH: 4,214.5	RH: 3,790.5	RH: 5,202

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, PNC, vaccinations, malaria testing/treatment, diarrheal disease treatment

Quality assurance highlights

The supportive supervision (SSV) team conducts site supervision and coaching on a quarterly basis, especially for long-term methods (LTMs) at franchise clinics. The Quality Assurance/Training teams conduct QA visit to SSV teams in order to ensure that SSV teams properly conduct all three elements of the SSV; that SSV are properly assessing the needs and barriers of providers; that SSV teams are giving constructive/actionable coaching and suggestions to providers and finally, to ensure that SSV teams view the provider as a customer and prioritize quality. The program has a referral list for providers; a hotline number and adverse event reporting system.

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

A provider longitudinal study among 151 franchise providers was conducted in 2011. The main objective of this study was to track perceptions of IUDs among providers within the PSI SQH franchised network and to explore the value of being a franchisee. The findings show that 70% of providers have inserted an IUD within the last month and many have removed an IUD during the last six months too.



Health worker prepares for IUD insertion

Successes

- 80 private facilities were selected to be franchised in 2011.
- Received great support and partnership from MOH/ Provincial Health Department (PHD)
- Introduction of non-monetary incentives
- Improved network management by categorizing franchises based on level of performance in clinical practices
- Improved demand creation

Challenges

- Dual employment
- Obtaining facility registration/license from MOH/PHD for all clinics
- Integration of PSI reporting system and MOH reporting system
- Current Franchise mainly focuses on the RH and FP

Future plans

- New Oral contraceptive drug and introduction of ARI and emergency contraception (EC)
- Franchise portfolio expansion

Cameroon

Population Services International ProFam Cameroon



At a glance

Franchise details				
Launch year	2003			
Business model	40% full franchise; 60% fractional franchise; annual franchise fee of \$60; 6 franchised clinics are part of the public sector and the rest are private			
Outlet types	Clinics			
Services	RH, HIV/AIDS, MCH, malaria			
2011 new product launches	HIV screening and testing, PMTCT, post abortion care			
Average staffing per outlet	2 nurses per clinic			
Number of country-based staff	68			
Target clientele	Low income, children/youth, caregivers of children under 5, women			
Location of outlets	90% urban/10% rural			
Payment sources	80% OOP, 10% voucher, 10% free			
2011 program expenditure (USD)	\$1,034,910			
Cost recovery				
Donor support	Netherlands government, anonymous donor			
Technology	Hotline/counseling, SMS client follow up			
Contact information	Monda Léa, ProFam Coordinator; www.acms-cm.org			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	25	25	24	71
Number of provinces/states	1	1	1	3
Number of clients served per year		4,900	11,167	6,843
CYPs		197,721	25,710	219,253
DALYs averted			SRH: 5,836 MCH: 1,692	SRH: 4,506 HIV/AIDS: 5,122* MCH: 1,080 Malaria: 1,272,466

*includes TB

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. The program works with private providers and also with six public sector clinics.

Service details

Contraceptives, male condoms, female condoms, injectables, Copper T, implants, cervical cancer screening, pediatric care, HCT, pneumonia testing and treatment, malaria treatment with artemisinin-based combination therapy (ACT)

Quality assurance highlights

During monitoring and supervision providers are evaluated on a number of elements including technical competence, patient confidentiality, informed choice, and client security. Exit interviews are also used to evaluate client satisfaction.

Community health workers

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

Operational research

A tracking study was conducted that showed the following results (and other results not listed):

- Jadelle use increased from 2.5% in 2008 to 3.7% in 2011
- IUD use increased from 1.4% in 2008 to 2% in 2011
- Male and the female condoms are the most known contraceptives and LTMs are the least known methods
- The most requested contraceptive pill is the emergency contraceptive.

Successes

- Twenty-five Open Door Days, campaigns where free FP services are offered in the ProFam network or in the public health centers, took place.



Community Health Workers conduct demand creation activities at Etoudi bus station

- Nurses trained in FP/long-acting reversible contraception and PMTCT
- 240 community health workers trained
- Systematic cervical cancer screening conducted for all IUD clients
- FP and HIV services integrated
- Laboratory technicians trained
- 211 persons tested for HIV/AIDS

Challenges

- Insufficient personnel for supervision and monitoring
- Rumors created barriers to IUD acceptance
- Delay in the equipment delivery for the insertions and retraction of IUD's and implants

Future plans

- Recruit more ProFam (franchise) centers
- Integrate of public health centers into the franchise
- Recruit permanent mobilizers
- Extend insertions to rural areas
- Train Providers on FP/LARC, PMTCT

Democratic Republic of Congo

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			
Services	RH, HIV/AIDS, MCH, malaria			
2011 new product launches	Jadelle Implants			
Average staffing per outlet	2 nurses per clinic			
Number of country-based staff	60			
Target clientele	Low income, men, women			
Location of outlets	90% urban/10% rural			
Payment sources	100% OOP			
2011 program expenditure (USD)	\$2,243,796			
Cost recovery				
Donor support	USAID			
Technology	Hotline/counseling			
Contact information	Gaby Kasongo, Maternal and Child Health Associate Director			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	78	93	115	133
Number of provinces/states		10	10	9
Number of clients served per year		820,980	596,785	718,351
CYPs		78,347	136,552	169,395
DALYs averted			SRH: 31,254	SRH: 50,559 HIV/AIDS: 139,871 MCH: 58,304 Malaria: 3,018,409

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

Description

Background

Reseau Confiance aims to improve the quality and accessibility of and increase the demand for FP services in the private sector. Currently, the Confiance network has 133 clinics across the country. The network is also extending FP services to five clinics that are part of the public sector to promote Post Partum Insertion of IUD (PPIUD). In order to make health products more accessible for target groups, the contraceptive distribution network was revitalized by working with pharmaceutical wholesalers responsible for replenishing the retail pharmacies' stock.

Service details

Oral contraceptives, male condoms, injectables, Copper T, natural FP, implants, clean delivery kits, pneumonia treatment, diarrhea treatment, LLINs, water treatment

Quality assurance highlights

The customer satisfaction metric is the most useful for monitoring the free and informed choice of contraceptive method and the client confidentiality and continuity of care in FP.

Community health workers

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

Successes

- Technical support (training supervision) and material (equipment care) workshops
- Offering a variety of modern methods
- Promotion of Jadelle—distribution began in mid-2011. In the second half of 2011, over 8,000 Jadelle were delivered.

Challenges

Prolonged shortage of pills has restricted the free choice of customers eligible for oral contraception.

Future plans

Experimental technology for postpartum IUD insertions

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			
2011 new product launches	FP services with long-term methods			
Average staffing per outlet	1 doctor per clinic			
Number of country-based staff	11			
Target clientele	Low income, women			
Location of outlets	80% urban/20% rural			
Payment sources	100% OOP			
2011 program expenditure (USD)				
Cost recovery	1.47%			
Donor support				
Technology	Web-based reporting			
Contact information	Gerardo Lara; www.redseguraclinicas.com			
Franchise evolution:	2008	2009	2010	2011
Number of outlets		40	50	22
Number of provinces/states		2	4	7
Number of clients served per year				
CYPs			23,496	20,731
DALYs averted				SRH: 1,102

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, affordable counseling and reproductive health services. Network members are trained via classroom sessions and practical training on an anatomical model, and they receive certification after five flawless, observed client counseling sessions and IUD insertions.

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. Given El Salvador's small size, the majority of clinics are centered in the San Salvador metropolitan area, however the network is present in most major cities and towns, offering clinics in seven departments. The Red Segura Network is also affiliated with an affordable, third-generation brand of oral contraceptives called "Segura Plus" (Extra Safe), which is socially marketed in pharmacies nationwide by PASMO.

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

- Findings are evaluated monthly to address issues with providers who have experienced issues. The most useful quality assurance tools are the provider surveys (and qualitative research conducted during visits to the clinics).
- A user satisfaction study took place and the results will be available in Q1 2012.

Outreach workers

Outreach workers, called *educadores*, are staff or consultants paid by PASMO. Currently outreach workers are



Training on IUD insertion

responsible for: promotion and demand generation, FP counseling, referrals, and support for event days.

Successes

- Strengthened private distribution channels
- Standardized FP protocols
- Made service prices more competitive and accessible for women, including with more convenient hours
- Achieved a high level of quality of service delivery and user satisfaction
- Strengthened the brand positioning of Red Segura

Challenges

- Increasing the number of franchises
- Maintaining high level of service quality
- Increasing capacity of franchisees to generate demand themselves

Future plans

- Focus on the sustainability of the franchise and increasing demand for services
- Expansion of the supply of services and satisfaction of users

Marie Stopes International Ethiopia BlueStar Healthcare Network



At a glance

Franchise details				
Launch year	2007			
Business model	Fractional franchise; annual franchise fee ranges from \$3 to \$9 based on level of clinic			
Outlet types	Clinics			
Services	RH			
2011 new product launches				
Average staffing per outlet	2 nurses and 1 health officer/general practitioner (GP) for small clinics and 1 nurse for medium clinics			
Number of country-based staff				
Target clientele	Low income, men, women			
Location of outlets	100% urban			
Payment sources	100% OOP			
2011 program expenditure (USD)				
Cost recovery				
Donor support	Anonymous donor, USAID, DFID			
Technology				
Contact information	Girma Mintesnot; www.mariestopes.org.et			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	107	207	207	207
Number of provinces/states		3	3	7
Number of clients served per year		104,659	246,006	258,957
CYPs		47,678	59,101	101,808
DALYs averted				

Marie Stopes International Ethiopia BlueStar Healthcare Network

Description

Background

BlueStar Healthcare network is one of the three RH service delivery outlets of Marie Stopes International Ethiopia. Currently, Ethiopian BlueStar network has 356 private clinics working as franchisees. While all the member clinics are providing comprehensive FP services, eligible medium and higher clinics in the network provide comprehensive abortion care services as well. Additional clinics are planned to be recruited, and the number of franchisees is planned to reach more than 550 at the end of 2012. Service numbers from member clinics for safe abortion and FP, especially long acting contraceptives, are consistently increasing.

Service details

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

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.



Road show demand creation activity

Marie Stopes International BlueStar Ghana



At a glance

Franchise details				
Launch year	2008			
Business model	Fractional franchise; annual franchise fee of \$56 for clinics, \$42 for pharmacies and \$22 for chemical shops			
Outlet types	Clinics, drug/chemical outlets, pharmacies			
Services	RH			
2011 new product launches	In-reach, permanent FP			
Average staffing per outlet	3 staff per clinic (1 nurse/midwife or doctor and 2 medical assistants)			
Number of country-based staff	11			
Target clientele	Low income, children/youth, men, women			
Location of outlets	100% urban and peri-urban			
Payment sources	100% OOP			
2011 program expenditure (USD)	\$337,566			
Cost recovery	4%			
Donor support	Anonymous donor			
Technology				
Contact information	Faustina Fynn-Nyame, Country Director; www.mariestopes.org			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	102	60	112	113
Number of provinces/states	1	1	2	2
Number of clients served per year		198,248	111,888	152,484
CYPs		16,293	10,341	19,204
DALYs averted			SRH: 5,739	SRH: 11,225

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

BlueStar uses a checklist to evaluate areas such as infection prevention, emergency preparedness, clinical governance, client focus, supplies and procurement, and observation of FP and misoprostol use. Based on the findings of quality assurance activities, a general action plan is drawn to follow up. The action plan summarizes the various actions to be taken and identifies the required resources to achieve results within a set time frame. The internal audit was completed on all franchises that have been in operation for over a year.

Community health workers

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

Successes

- Conducted 11,655 manual vacuum aspiration procedures
- 12,740 comprehensive abortion care (CAC) were conducted
- Medical abortion (MA) out of center was scaled up

Challenges

Client misconceptions with long acting reproductive contraceptive method, which affects post abortion FP uptake and general uptake

Future plans

- Expansion of franchise to Eastern region
- Expansion of service line within the franchise
- Establishment of a national call center



Male involvement after a youth gathering

HealthKeepers



At a glance

Franchise details				
Launch year	2006			
Business model	Fractional franchise			
Outlet types	Community-based sales women			
Services	RH, HIV/AIDS			
2011 new product launches	CD Jelly (5 mls water-based lubricants)			
Average staffing per outlet	Community sales agents			
Number of country-based staff	8			
Target clientele	Low income, children/youth, sex workers and clients, men, women			
Location of outlets	10% urban/90% rural			
Payment sources	100% OOP			
2011 program expenditure (USD)	\$150,000			
Cost recovery				
Donor support	USAID			
Technology	SMS			
Contact information	Daniel E. Mensah, Executive Director; facebook.com/healthkeepers network Ghana			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	No physical outlets			
Number of provinces/states			3	4
Number of clients served per year		243,780	300,000	520,000
CYPs				3,839
DALYs averted				

HealthKeepers

Description

Background

HealthKeepers network brings innovative and sustainable self-help market-based solutions to the fight against disease, chronic hunger and poverty. It integrates private sector business approaches to serve a public health need by addressing the bottleneck in the delivery of health products and information and making it a smart business opportunity for local entrepreneurial women. The program is based on a network of women known as HealthKeepers. HealthKeepers go from door-to-door to sell health protection products and offer advice on their proper use, and they provide health information and linkages to referral points.

Service details

Oral contraceptives, and condoms

Quality assurance highlights

The network provides feedback to franchisees and refresher trainings. Quality is evaluated based on the number of community-based women who are trained, sales, and CYPs. The Community Impact Assessment is the most useful tool to assess quality.

Community health workers

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

Successes

- Expanded geographically, added youth and adolescents as target groups
- Initiated micro-savings as a strategy for addressing attrition and a product financing mechanism for the HealthKeepers

Challenges

- Balancing the social and commercial goals of the program
- Ensuring regular monitoring and supervision to bring about the needed behavior change
- Inadequate funding



HealthKeepers opening ceremony in Awutu Bawjase

Future plans

- Introduction of Zinc tablets for diarrhea case management (oral rehydration salts (ORS) + Zinc Tabs)
- Peer-to-peer distribution of OCs and condoms in tertiary institutions

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, HIV-specific FP			
2011 new product launches				
Average staffing per outlet	1 doctor per clinic			
Number of country-based staff	10			
Target clientele	Men, women			
Location of outlets	100% urban			
Payment sources	99% OOP, 1% free			
2011 program expenditure (USD)				
Cost recovery				
Donor support	Anonymous donor			
Technology				
Contact information	Dr. Edwin Morales, RH/FP Manager; www.redseguraclinicas.com			
Franchise evolution:	2008	2009	2010	2011
Number of outlets			111	214
Number of provinces/states			12	16
Number of clients served per year			4,580*	6,876*
CYPs			16,030	33,351
DALYs averted			SRH: 4,810 HIV/AIDS: 2,559	SRH: 9,626 HIV/AIDS: 4,746

*Number of IUDs inserted

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

Description

Background

Red Segura launched in December 2010 and was created to offer high quality RH services to women of reproductive age, especially long acting permanent methods. 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, injectables

Quality assurance highlights

Medical Audit Instruments designed by PSI are applied, and they include the verification list and supervision tools.

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

- Introduction of IUDs into the private sector
- Use of misoprostol within MOH guidelines in post-abortion care

Challenges



Provider

- Maintaining motivation among doctors
- Systematic offering of IUD as a good LTM

Future plans

Recognition of best doctors

India

Hindustan Latex Family Planning Promotion Trust (HLFPPT) MerryGold



At a glance

Franchise details				
Launch year	2007			
Business model	15% full franchise; 85% fractional franchise; hospitals pay an annual fee of \$USD 2,273 and a royalty fee of 3% of the total revenue generated from the hospital on monthly basis to franchisor. MerrySilver clinics pay an annual fee of \$USD 20.			
Outlet types	Hospitals, clinics, pharmacies, community based providers			
Services	RH, HIV/AIDS, MCH, vaccinations			
2011 new product launches	Developed counseling and testing centers for HIV, post partum intrauterine device (PPIUCD) insertions			
Average staffing per outlet	10–15 staff per clinic			
Number of country-based staff	91			
Target clientele	Low income, children/youth, men, women			
Location of outlets	25% urban/75% rural			
Payment sources	90% OOP, 4% voucher, 4% insurance, 2% free			
2011 program expenditure (USD)	\$392,400			
Cost recovery	30.33%			
Donor support	USAID			
Technology	Hotline/counseling, SMS client follow up, web-based reporting			
Contact information	Mr. Sharad Agarwal, Chief Operating Officer; www.hlfppt.org			
Franchise evolution:	2008	2009	2010	2011
Number of outlets		6,255	10,426	478 outlets and 10,814 community health workers
Number of provinces/states		35 districts of Uttar Pradesh	35 districts of Uttar Pradesh	1
Number of clients served per year		87,000	414,000	536,680
CYPs		24,975	139,890	107,451
DALYs averted				

Hindustan Latex Family Planning Promotion Trust (HLFPPT)

MerryGold

Description

Background

The United States Agency for International Development (USAID) funded MerryGold Health Network (MGHN) social franchising project in Uttar Pradesh, was initiated in August 2007. The vision of this Network was to create a sustainable public-private partnership in healthcare for the low-income working class and poor by developing a sustainable network of franchised hospitals offering quality FP and RH services at pre-fixed prices. It is one of the major public-private partnership models undertaken by Government of Uttar Pradesh.

Service details

ANC, normal and cesarean deliveries, PNC, IUD, male and female sterilization, Copper T, diagnostics, EC, OCs, condoms, injectables, surgical abortion, HCT, pediatric care, vaccinations

Quality assurance highlights

The results of quality audits have regularly been shared with franchisees and as a result of this, the average quality of services has improved. Providers are scored using a "quality metric" which is based on the outcomes from medical audits during various quarters. Based on the outcome analysis from the quality metric, Continuous Medical Education (CME) and trainings are provided to address any issues.

Community health workers

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

Operational research

Ernst & Young conducted the evaluation study for the entire network and recommended measures for sustainability of the service delivery system. The review highlighted that

with three years of investment into brand building and marketing, MGHN has established a network across 36 districts in UP, with support offices, manpower and strong ground network of more than 10,000 MerryTarang members for direct marketing. The excellent inputs provided to the franchisees for training and improving quality of services were highlighted in this review. The review also suggested that the costs for running these operations are high, especially in the case of the fractionally franchised facilities. Other issues identified in this review were the low effectiveness of the referral network, lower cost recovery, and low focus on promoting the complete basket of MCH services.

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
- 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

- Establishing web-based MIS system for all franchisees
- Identifying and recruiting new franchisee members in rural areas with adequate resources
- High attrition among the members of the referral network (MerryTarang members)

Future plans

- Neonatal care (NICU), trainings for paramedical and hospital staff, training on PPIUCD, social marketing of RCH products, services on prevention on cervical cancer
- Establishment of Franchise Advisory Councils (FAC). The FAC will address grievances and support more inclusive and cooperative relationships with franchisees.

Population Services International Saadhan



At a glance

Franchise details				
Launch year	2008			
Business model	Fractional franchise			
Outlet types	Clinics			
Services	RH			
2011 new product launches	Vitalet Preg and Injectable			
Average staffing per outlet	1 doctor per clinic			
Number of country-based staff				
Target clientele	Low income, women			
Location of outlets	100% urban			
Payment sources	100% OOP			
2011 program expenditure (USD)				
Cost recovery				
Donor support				
Technology	Hotline/counseling, web-based reporting			
Contact information	Sanjeev Dham			
Franchise evolution:	2008	2009	2010	2011
Number of outlets		1,000	4,235	880
Number of provinces/states		3	3	3
Number of clients served per year		5,352*	49,044*	54,520
CYPs		437,945	393,113	179,956
DALYs averted				SRH: 44,751

*IUDs inserted

Population Services International Saadhan

Description

Background

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

Service details

Copper T, MA

Quality assurance highlights

Saadhan's partnership with FOGSI has proved extremely helpful as the FOGSI has a strong influence on knowledge, skills and quality of care provided by gynecologists in India. Regular inspections/supportive supervision, external audits, and mystery clients are all tools used to measure quality within the network.

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

- Outbound calling through helpline
- 55,147 IUDs sold to private providers
- 64,500 SafeAbort kits sold to pharmacists and providers



A network clinic with Freedom 5 sign

Challenges

Providers not spending adequate time in pre- and post-counseling women on IUD. To address this issue, PSI is using helpline staff to make 'outbound' calls to women who have had IUDs inserted. The counselors answer questions and motivate clients to access follow up and referral services, if required.

World Health Partners SkyHealth Rural Centers



At a glance

Franchise details				
Launch year	2008			
Business model	Fractional franchise; annual franchise fee is \$222 for clinics			
Outlet types	Clinics, rural telemedicine centers			
Services	RH, MCH, TB, general medicine			
2011 new product launches				
Average staffing per outlet	1 doctor per clinic			
Number of country-based staff	16			
Target clientele	Low income, children/youth, caregivers of children under 5, men, women,			
Location of outlets	2% urban/98% rural			
Payment sources	100% OOP			
2011 program expenditure (USD)	\$1,412,000			
Cost recovery	5.66%			
Donor support	Anonymous donor, BMGF, Government of India (in kind)			
Technology	Telemedicine, hotline/counseling, SMS client follow up, web-based reporting			
Contact information	Gopi Gopalakrishnan, President; Karen Pak Oppenheimer, Vice President			
Franchise evolution:	2008	2009	2010	2011
Number of outlets		2,880	2,726	300
Number of provinces/states		3 districts of Uttar Pradesh	3 districts of Uttar Pradesh	2
Number of clients served per year		18,754	41,470	45,644
CYPs		84,757	45,418	67,474
DALYs averted				

World Health Partners SkyHealth Rural Centers

Description

Background

World Health Partners (WHP) runs a multi-tiered network of mutually beneficial franchise providers, who are linked to rural providers with shops and to urban-based 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, condoms, injectables, Copper T, emergency contraceptive pills, abortion (medical and surgical), sterilization, pediatric consultations, pneumonia treatment, TB testing and treatment, malaria testing, general medicine, visceral leishmaniasis (VL) testing and treatment

Quality assurance highlights

Monitoring site visits, client satisfaction and client exit interviews have helped WHP to refine and modify our program strategy of providing quality care to the masses.

Community health workers

ASHAs earn fees paid by patients by facilitating a cell phone-based tele-consultation, and commission for referrals. ASHAs go house to house to identify potential clients.

Demand side financing

WHP participates in the Gol contraceptive social marketing program, which means WHP can purchase condoms and OCPs at low prices from the Gol. WHP also channels government reimbursements and subsidies for franchisee providers and patients for sterilizations, TB, and VL.

Successes

- Launched franchise in Bihar, India
- Successfully detected and completed treatment for first few TB and VL cases via franchise network
- Attracted 100% investments from SkyHealth telemedicine entrepreneurs in Bihar



Outside a rural SkyHealth Telemedicine Center

Challenges

- Last-mile supply chain
- Limited internet connectivity in rural Bihar
- Need for closer relationships with and monitoring of lowest level rural providers

Future plans

- Rapid implementation of franchise network in Bihar
- Develop appropriate mobile phone-based solutions (telemedicine and others) to bring telemedicine services to even lower level providers/remote areas and to improve monitoring and data collection
- Introduce new supply chain strategies
- Expansion of franchise beyond India

DKT International/Janani Surya



At a glance

Franchise details				
Launch year	1995			
Business model	Fractional franchise			
Outlet types	Clinics			
Services	RH			
2011 new product launches	Medical termination of pregnancy			
Average staffing per outlet	1 nurse and 1 doctor per clinic			
Number of country-based staff	60			
Target clientele	Low income, men, women, all married couples			
Location of outlets	100% urban			
Payment sources	100% government reimbursement			
2011 program expenditure (USD)	\$470,000			
Cost recovery	11%			
Donor support	Government of India, National Aids Control Organization, India, Family Health International, Bill & Melinda Gates Foundation, Packard Foundation, CARE INDIA, anonymous donor, State Health Society, Bihar, Population Council			
Technology				
Contact information	Ranjan Kumar Panda; www.janani.org			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	148	94	105	105
Number of provinces/states	2	2	2	4
Number of clients served per year	35,670		2,011	6,812
CYPs	61,525		25,138	82,085
DALYs averted				

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

IUDs, oral contraceptives, condoms, injectables, implants, emergency contraceptive pills, sterilization, abortion (medical and surgical)

Quality assurance highlights

Regular inspections/monitoring site visit are essential for assuring quality.

Community health workers

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

Successes

Provided services to 7,513 clients



Dehri-on-son Surya Clinic

Challenges

Accreditation by the government for reimbursement

Indonesia

DKT Andalan



ALAT KONTRASEPSI

At a glance

Franchise details				
Launch year	2008			
Business model	Fractional franchise			
Outlet types	Clinics			
Services	RH			
2011 new product launches	Silverlines Cu 200Ag (IUD) and Silverline 380Ag (IUD)			
Average staffing per outlet	1 midwife per clinic			
Number of country-based staff	45			
Target clientele	Low income, women			
Location of outlets	70% urban/30% rural			
Payment sources	100% OOP			
2011 program expenditure (USD)	\$350,000			
Cost recovery	268%			
Donor support	Promotional support for IUDs and implants			
Technology	SMS client follow up			
Contact information	Todd Callahan, Country Director; email: todd@dktindonesia.com; www.tundakehamilan.com			
Franchise evolution:	2008	2009	2010	2011
Number of outlets				2,229
Number of provinces/states				33
Number of clients served per year				tens of thousands
CYPs				336,147
DALYs averted				

DKT

Andalan

Description

Background

DKT Indonesia's FP program is called "Andalan," which means "reliable" in the Indonesian language. The Andalan brand name appears on all contraceptive products that are sold and distributed to consumers. The concept of Andalan is to provide a one-stop-shop for contraceptives, and the social franchising program is aimed at ensuring greater availability of contraceptive choices, including long-acting methods such as IUDs and implants. The main partners in this program are midwives, who own and operate clinics. In this program, Andalan invites participating midwives to commit to a minimum procurement target of USD\$320 over a six-month period and must-have products such as IUDs. If these targets are achieved, midwives receive a cash rebate worth 2.5% to 5% of sales. In addition, DKT provides promotional support (neon signs, contraceptive brochures, posters, bed sheets, aprons) to the participating midwives. DKT also advertises its products and program on television and radio, in the print media, and internet to encourage consumers to visit midwives who offer Andalan products and services.

Service details

IUDs, implants, EC, oral contraceptives, injectable contraceptives, male condoms, female condoms, pregnancy test kits, personal lubricants

Quality assurance highlights

DKT and its distributor are designing an online system to monitor sales on a real time basis. Sales monitoring, the number of clinics who achieve their sales targets, and the number of clinics who extend their sales contracts with DKT are the primary success metrics of the program.



Andalan clinic

Successes

The franchise in 2011 contributed to over 5% of DKT Indonesia's revenues, compared to only 3% the year before. Looking ahead, the target in five years is for the franchise to contribute 10% of gross revenue.

Challenges

Implementation issues with DKT Indonesia's distributor, which handles product delivery and collection matters

Future plans

DKT Indonesia is in the process of creating a referral program for permanent methods (sterilization) whereby midwives, particularly those who serve as franchisees, will become a point of referral for such services.

Marie Stopes International

AMUA



At a glance

Franchise details				
Launch year	2004			
Business model	Fractional franchise; annual franchise fee of \$25			
Outlet types	Hospitals, clinics			
Services	RH, HIV/AIDS, MCH			
2011 new product launches				
Average staffing per outlet	82% nurse-midwives, 15% clinical officers, 3% medical doctors			
Number of country-based staff	15			
Target clientele	Low income, children/youth, caregivers of children under 5, PLWHA, sex workers and clients, truck drivers, migrants/refugees, men, women			
Location of outlets	34% urban/66% rural			
Payment sources	99% OOP, 1% free			
2011 program expenditure (USD)	\$271,000			
Cost recovery				
Donor support	KfW			
Technology	SMS client follow up			
Contact information	Moses N. Mwaniki			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	144	186	160	250
Number of provinces/states	3	3	3	5
Number of clients served per year				402,184
CYPs		116,597		167,330
DALYs averted				

Marie Stopes International AMUA

Description

Background

AMUA is a fractional social franchise currently made up of 250 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, condoms, injectables, Copper T, implants, sterilization, post-abortion care, STI testing and treatment, cervical cancer screening, HCT, labor and delivery, emergency obstetric care

Quality assurance highlights

To address clinical quality, PMTCT training was conducted, cluster groups were formed, and coordinators are trained in clinical monitoring. The most valuable tools for monitoring quality are franchising governance, client focus, commodity security, and emergency preparedness.

Successes

- Generated 152,235 CYPs (90% of the target)
- Clusters groups were registered and started engaging micro-finance institutions for loans to be used for clinic expansion
- Training in PMTCT and pharmacovigilance
- Conducted two radio spots in all five regions
- Conducted 57 AMUA led demand creation campaigns
- Scale up to over 250 outlets



AMUA-branded clinic

- Engaging new donor support (BMGF, AAES, FOQUS, etc.)
- Mapped all clinics on GPS system
- Worked with MOH in supportive supervision and sponsorship of world contraceptive day and cancer month
- Worked with CHWs on continuous demand creation activities

Challenges

- Funding
- Incentivizing CHWs for demand creation

Future plans

Introduction of more services like malaria, TB/RTIs, pediatric diarrhea care, nutrition, safe water systems and youth targeted activities

The HealthStore Foundation Child and Family Wellness (CFW)



At a glance

Franchise details				
Launch year	2000			
Business model	Full franchise; in Rwanda, private clinics functioning in formal public sector			
Outlet types	Clinics, drug/chemical outlets			
Services	RH, MCH, malaria			
2011 new product launches				
Average staffing per outlet	1 nurse per clinic			
Number of country-based staff	14			
Target clientele	Low income, children/youth, caregivers of children under 5, PLWHA, men, women			
Location of outlets	10% urban/90% rural			
Payment sources	In Kenya, 100% OOP; in Rwanda, some OOP but main payer is prevalent community-based health insurance schemes			
2011 program expenditure (USD)				
Cost recovery				
Donor support				
Technology				
Contact information	Greg Starbird, CEO; www.healthstore.org			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	64	80	76	71
Number of provinces/states	4	4	4	4
Number of clients served per year	556,512	546,616	498,953	400,000
CYPs			3,083	613
DALYs averted				

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 71 locations serving approximately 33,000 patients and customers per month in Kenya and Rwanda. Clinics are owned by nurses and drug shops are owned by CHWs.

Service details

Malaria testing and treatment, TB referrals, oral contraceptives, male condoms, injectables, water purification, vitamins, LLINs, net re-treatment, antenatal counseling, HIV testing, etc.

Quality assurance highlights

Each franchisee is trained on 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 paid on commission, some are paid 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

The program plans to develop a subsidized third-party payment mechanism in Kenya; In Rwanda, the prevalent Mutuelles de Sante are reimbursing CFW outlets for care provided to patients.

Operational research

The 2011 Harvard Business School case study focused on HealthStore's internal discussions surrounding the possibility of making a transition to using a for-profit operating entity in Kenya to carry out the CFW business in Kenya, and potential operational and fund-raising implications of such a decision.



Health care provider

Successes

- Serving approximately 400,000 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

Establishing a business format franchise in an environment with little exposure to business format franchising

Future plans

- Introduce vaccines and basic labs to two new CFW clinics in Kenya
- Improve delivery cycle in Kenya including using phone orders and M-PESA payments
- Develop business plan and launch first wave of new-style CFW clinics in Kenya under new for-profit entity
- Continue expanding CFW network in Rwanda under Public Private Partnership with Ministry of Health

fhi360 Gold Star Network



At a glance

Franchise details				
Launch year	2006			
Business model	Fractional franchise; annual franchise fee of \$18			
Outlet types	Hospitals, clinics, drug/chemical outlets			
Services	RH, HIV/AIDS, TB			
2011 new product launches	TB case detection/screening, infection control, prevention with positives			
Average staffing per outlet	2 doctors, 2 nurses, 1 pharmacist and 1 lab tech per clinic			
Number of country-based staff				
Target clientele	Children/youth, PLWHA, truck drivers, men, women			
Location of outlets	60% urban/40% rural			
Payment sources	30% OOP, 10% insurance, 60% free			
2011 program expenditure (USD)				
Cost recovery				
Donor support	USAID			
Technology	Telemedicine, hotline/counseling, SMS client follow up, web-based reporting, piloting electronic medical records (EMR), e-learning			
Contact information	Dr. Margaret Kaseje, Director			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	279	489	526	192
Number of provinces/states	4	4	4	3
Number of clients served per year		103,084	116,636	1,900
CYPs			23,083	8,772
DALYs averted				

fhi360

Gold Star Network

Description

Background

The Gold Star Network (GSN) 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, nursing homes to provide quality and affordable antiretroviral therapy (ART). The Gold Star Network has also fully integrated TB screening in all ART sites as well as PMTCT services.

Service details

Condoms, implants, injectables, sterilization, PMTCT, HCT, ART, TB case detection and treatment

Quality assurance highlights

Improvements in quality of treatment and infection control procedures have been made, and national guideline standards have been reinforced. Mentorship is a component of the quality assurance program as well.

Community health workers

A monthly stipend is paid to CHWs. Clients are linked to telecommunications support for treatment adherence and support.

Demand side financing

Insurance companies encourage their patients to access treatment from GSN franchised clinics/hospitals.

Successes

- Integration of TB in all ART sites
- Provision of uninterrupted supply of drugs, test-kits and condoms
- Strengthening the on-site supervision with the teams from the MOH
- Roll out of electronic medical records in selected clinics

Challenges

- Timely submission of data by the franchisees
- High staff turnover
- Continuous monitoring due to increase of sites
- Funding constraints

Future plans

- Mentorship
- Roll-out of new guidelines to all service providers
- e-learning web portal
- Enhanced prevention with positives program through support groups
- Expansion of sites

Population Services International Tunza Family Health Network



At a glance

Franchise details				
Launch year	2008			
Business model	Fractional franchise; annual franchise fee of \$12			
Outlet types	Hospitals, clinics			
Services	RH, HIV/AIDS, MCH			
2011 new product launches	HCT, integrated case management of diarrhea and pneumonia, voluntary medical male circumcision and the Safecare Quality Based Financing (MCF)			
Average staffing per outlet	1 nurse per clinic			
Number of country-based staff	40			
Target clientele	Low income, children/youth, caregivers of children under 5, men, women, women of reproductive age			
Location of outlets	53% urban/47% rural			
Payment sources	92% OOP, 8% voucher			
2011 program expenditure (USD)	\$7,598,303			
Cost recovery	0.30%			
Donor support	USAID, DFID			
Technology	Teleform data collection			
Contact information	Mbogo Bunyi, Director, Social Franchising; www.psikenya.org			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	112	184	257	258
Number of provinces/states		7	7	8
Number of clients served per year		17,863	162,431	440,617
CYPs		62,521	68,198	152,457
DALYs averted				SRH: 25,367 HIV/AIDS: 4,749

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 integrated services including FP provision, HIV Testing and Counseling, cervical cancer screening, diarrhea and pneumonia case management, as well as Voluntary Medical Male Circumcision (VMMC).

Service details

Copper T, implants, oral contraceptives, condoms, injectables, cervical cancer screening, HCT, VMMC, pneumonia and diarrhea management

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.

Successes

Successes are the integration of new service areas as listed below:

- Training of providers on Integrated Management of Diarrhea and Pneumonia
- Voluntary Medical Male Circumcision
- HIV Testing and Counseling
- Safecare provider credit initiative

Challenges

- Attrition
- Managing the growth through integration

Future plans

- Pneumonia and diarrhea management in all clinics
- Strengthening linkages with the public sector
- Introducing services for malaria, PMTCT
- Health care financing—expanding supply and demand side financing
- Improving coordination with other franchises in Kenya



Sumaria Health Centre located in Nyeri County, Kenya

Population Services International Sun Quality Health Network



At a glance

Franchise details				
Launch year	2010			
Business model	Fractional franchise			
Outlet types	Clinics			
Services	TB			
2011 new product launches				
Average staffing per outlet	1 doctor per clinic			
Number of country-based staff	7			
Target clientele	Low income, men, women			
Location of outlets	100% urban and semi-urban			
Payment sources	100% free			
2011 program expenditure (USD)	\$387,000			
Cost recovery				
Donor support	TB Reach			
Technology	SMS promotion for TB detection			
Contact information	Dr. Souphon Sayavong, Health Services Manager			
Franchise evolution:	2008	2009	2010	2011
Number of outlets			1	55
Number of provinces/states			1	12
Number of clients served per year				
CYPs				
DALYs averted				TB: 5

Population Services International Sun Quality Health Network

Description

Background

The Sun Quality Health (SQH) Network currently consists of 55 private clinics operated by independent GPs. The SQH Network offers TB detection and treatment services and in 2012 the SQH Network will expand to 75 clinics, and integrate FP and STI periodic presumptive treatment products and services.

Service details

TB diagnosis and treatment

Quality assurance highlights

Poor quality sputum collection and data recording were highlighted as weaknesses across the network. These items were addressed in refresher trainings.

Successes

- Expansion from 1 to 55 clinics
- TB case detection through the private sector introduced
- Private-public partnership between franchise and government to combat TB has improved

Challenges

Motivation for private sector providers to offer TB DOTS at clinic for sputum smear positive cases (most refer to public sector for treatment)

Future plans

FP (OC pills, 3 month Injectables and IUDs) and STI periodic presumptive treatment



Medical Outreach Officer visiting a Sun Quality Health provider in northern Laos

Madagascar

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			
2011 new product launches				
Average staffing per outlet	1 doctor per clinic			
Number of country-based staff	5			
Target clientele	Low income, children/youth, women			
Location of outlets	20% urban/80% rural			
Payment sources	50% OOP, 50% voucher			
2011 program expenditure (USD)	\$470,000			
Cost recovery	3%			
Donor support	USAID, anonymous donor			
Technology	Hotline/counseling, SMS reporting			
Contact information	Lalaina Razafinirinasoa, Social Franchising & Demand Side Financing Director; www.mariestopes.mg			
Franchise evolution:	2008	2009	2010	2011
Number of outlets		71	104	133
Number of provinces/states		6	7	10
Number of clients served per year		2,627	45,869	75,600
CYPs		889	20,722	3,299,693
DALYs averted			SRH: 6,033	

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, EC

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 have been removed from the network where findings demonstrate quality issues.

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

The voucher project launched in 2010 has been successful and has been extended to the period of 1st October 2011 to 30th September 2012. There are plans to increase membership to 180 and to increase services provided via voucher.

Operational research

An operational audit of the voucher project is taking place. A study of the voucher project is following franchisees starting before they join the network through to their



BlueStar member providing FP counseling

involvement with the voucher project to assess cost-effectiveness of the project.

Successes

- Received two awards of quality assurance—one internal from Marie Stopes International and one from UCSF
- Renewed of voucher project funded by USAID, piloted in 2010

Challenges

- National stock-out of implants
- Difficulty filling a new Field Manager position

Future plans

- Start up of delivery services training
- Target more youth

Population Services International Top Réseau



At a glance

Franchise details				
Launch year	2001			
Business model	Fractional franchise; annual franchise fee of \$4			
Outlet types	Clinics			
Services	RH, HIV/AIDS			
2011 new product launches	IMCI, cervical cancer screening, post abortion counseling			
Average staffing per outlet	1 doctor per clinic			
Number of country-based staff	8			
Target clientele	Low income, children/youth, caregivers of children under 5, sex workers and clients, men, women, men having sex with men			
Location of outlets	70 % urban/30% rural			
Payment sources	70% OOP, 30% voucher			
2011 program expenditure (USD)				
Cost recovery				
Donor support	USAID, anonymous donor, Global Fund			
Technology	SMS and web-based reporting			
Contact information	Chuck Szymanski, Country Representative			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	155	135	140	193
Number of provinces/states		12	12	17
Number of clients served per year		140,140	129,114	167,441
CYPs		15,156	7,947	89,990
DALYs averted				SRH: 14,198 HIV/AIDS: 1,089

Population Services International

Top Réseau

Description

Background

TOP Réseau aims to improve access to quality and affordable services among vulnerable groups. The network includes 193 clinics, located in 17 out of 22 regions in Madagascar, in both rural and urban areas. Providers were initially trained on youth friendly sexual and reproductive health services. In 2011, PSI/M expanded the portfolio of services to have more health impact, and to offer clients an integrated package that includes basic FP counseling and services, STI management and IMCI in all clinics. Cervical cancer screening, post abortion counseling, long term FP methods and HIV Counseling and Testing are offered in a selection of clinics. PSI/M focuses on quality of services through training, equipping, and providing regular supportive supervision of TOP Réseau providers. PSI/M works on both service delivery and demand creation through interpersonal communication activities with peer educators, and mass media activities.

Service details

IUDs, implants, oral contraceptives, condoms, Standard Days Method, injectables, STI treatment, cervical cancer screening, HCT, post-abortion counseling and IMCI

Quality assurance highlights

Inspections/site visits are conducted every quarter. Periodic clinic audits are conducted biannually. Results are used to establish a quality assurance plan for the network and to improve the recognition system by identifying the best-performing providers. Direct observation during supervisory visits using a checklist of pre-defined norms is most useful in measuring quality and structuring improvement activities.

Community health workers

CHWs are on contract and are paid per activity.



Top Réseau provider during a FP counseling session

Demand side financing

Vouchers cover youth RH counseling, FP, STI, voluntary HCT.

Operational research

A provider satisfaction survey was conducted to identify the drivers and the barriers for providers to offer LTM and to improve collaboration and support provided to TOP Réseau providers.

Successes

- Integration of new services (IMCI, cervical cancer screening, post abortion counseling)
- Repositioning of the TOP Réseau brand
- Development and implementation of new motivation system for providers

Challenges

Improvement of the access of low-income populations to the services

Future plans

Integration of nutrition, malaria RDT, post-partum IUD

Banja La Mtsogolo/Marie Stopes International BlueStar Malawi



At a glance

Franchise details				
Launch year	2008			
Business model	Fractional franchise; annual franchise fee of \$60			
Outlet types	Clinics			
Services	RH, HIV/AIDS			
2011 new product launches	Zarin contraceptive implants			
Average staffing per outlet	1 medical assistant per clinic			
Number of country-based staff	1			
Target clientele	Low income, men, women			
Location of outlets				
Payment sources	90% OOP, 5% insurance, 5% free			
2011 program expenditure (USD)	\$120,000			
Cost recovery	4%			
Donor support				
Technology				
Contact information	Brendan Hayes and Dennis Chimenya; www.banja.org.mw			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	59	60	49	34
Number of provinces/states		12	12	10
Number of clients served per year		18,748	20,825	27,813
CYPs	2,255	1,251	12,925	16,679
DALYs averted			SRH: 5,567	

Banja La Mtsogolo/Marie Stopes International BlueStar Malawi

Description

Background

BlueStar Malawi is a fractional franchise of FP services in small private clinics in Malawi. Currently operating in seven districts in Southern Malawi, the franchise focuses are para-medical providers in private practice (clinical officers and medical assistants).

Service details

Oral contraceptives, injectables, implants, Copper T, sterilization, male circumcision

Quality assurance highlights

Client exit interviews, and periodic clinical audits are conducted annually, and site visits are conducted on a monthly basis. After quality technical assistance, a work plan for each site was developed to address quality gaps.

Community health workers

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

Demand side financing

Plans to roll out a program in 2012

Operational research

A full evaluation of project pilot phase was conducted by an external consultant.

Successes

BlueStar Malawi saw a 67% increase in CYP output through the franchise despite reducing the total number of outlets to 34 from 49.



BlueStar clinic providers

Challenges

Clinic closure through business failure and quality concerns lead to the de-franchising of 15 sites. The overall network is stronger from a quality and output basis as a result.

Future plans

- Introduction of malaria treatment and rapid testing
- Roll-out of a voucher-based demand side financing system for long acting FP methods
- Expansion of franchise network to 20 sites in central region

Population Services International
ProFam



At a glance

Franchise details				
Launch year	2005			
Business model	Fractional franchise			
Outlet types	Clinics			
Services	RH, HIV/AIDS			
2011 new product launches				
Average staffing per outlet	1 doctor, midwife or nurse per clinic			
Number of country-based staff	10			
Target clientele	Low income, women			
Location of outlets	100% urban			
Payment sources	100% OOP			
2011 program expenditure (USD)				
Cost recovery				
Donor support	Anonymous donor, USAID, Dutch government			
Technology				
Contact information	Dr. Zeinabou Siby, Franchise Coordinator			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	33	53	54	66
Number of provinces/states	1	1	1	4
Number of clients served per year		5,598	4,906	7,638
CYPs		2,750	2,751	10,888
DALYs averted			SRH: 637	SRH: 2,509 HIV/AIDS: 5

Population Services International ProFam

Description

Background

ProFam is a social franchise network with 66 private clinics that offer FP services in the district of Bamako. Private and public sector providers are trained and supervised to offer the ProFam high-quality FP service.

Service details

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

Quality assurance highlights

Inspections/site visits are conducted biannually, and periodic clinical audits are conducted annually. After internal audit, each clinic has a resolution plan which is followed on a monthly basis with the clinic's franchise manager.

Successes

- Large increase in client flow
- Increase in IUD uptake

Challenges

Respecting prices

Future plans

Establishing a hotline and post-abortion care service



ProFam providers

Mozambique

DKT

Intimo



At a glance

Franchise details				
Launch year	2011			
Business model				
Outlet types	Clinics			
Services	RH, malaria			
2011 new product launches	Hormonal Implant			
Average staffing per outlet	1 nurse and 1 lab tech per clinic			
Number of country-based staff	19			
Target clientele	Low income, women			
Location of outlets	100% urban			
Payment sources	100% OOP			
2011 program expenditure (USD)	\$450-\$500,000			
Cost recovery	1%			
Donor support	Anonymous donor, DKT International			
Technology	Active education and location of clinics and services are provided via Facebook page			
Contact information	Jeff Seed, Representative; Facebook/Intimo			
Franchise evolution:	2008	2009	2010	2011
Number of outlets				11
Number of provinces/states				1
Number of clients served per year				36,000
CYPs				11,450
DALYs averted				

DKT Intimo

Description

Background

Intimo clinic franchise was first started in January, 2011. None of the clinics previously offered any FP services. Clinics are based in the poor urban areas of Maputo.

Service details

Copper-T, implants, EC, oral contraceptives, malaria treatment, pregnancy testing, STI testing and treatment

Quality assurance highlights

Monitoring site visits, periodical internal audits and franchisee performance benchmarking are all conducted on a regular basis.

Successes

The total number of IUDs and Implants inserted in the 11 Intimo clinics equaled or exceeded the entire public sector's insertions.

Challenges

As a new franchise, startup was challenging.

Future plans

Network expansion



Intimo health providers

Population Services International Sun Quality Health



At a glance

Franchise details				
Launch year	2001			
Business model	Fractional franchise			
Outlet types	Clinics			
Services	RH, HIV/AIDS, MCH, malaria, TB			
2011 new product launches				
Average staffing per outlet	1 doctor per clinic			
Number of country-based staff	160			
Target clientele	Low income, children/youth, caregivers of children under 5, PLWHA, sex workers and clients, men, women			
Location of outlets	70 % urban/ 30% rural			
Payment sources	99% OOP, 1% free			
2011 program expenditure (USD)				
Cost recovery				
Donor support	USAID, BMGF, UNFPA, 3 Diseases Fund, PSI Innovative Fund, Princess Innera, Danish Government Fund, Global Fund, LAD			
Technology				
Contact information	Min Zaw			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	846	1,186	2,254	1,498 outlets; 2,351 community health workers
Number of provinces/states	14	14	14	13
Number of clients served per year		1,486,618	1,812,109	2,120,000
CYPs		255,754	263,740	280,500
DALYs averted			SRH: 19,040 HIV/AIDS: 2,796 MCH: 6,801 Malaria: 18,523 TB: 57,986	SRH: 22,245 HIV/AIDS: 2,527 MCH: 13,740 Malaria: 46,567 TB: 68,570

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, condoms, female condoms, injectables, Copper T, implants, EC, 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 initial three months that 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) and also receive incentives by referring clients for long acting permanent methods and TB screening and treatment to SQH clinics. They also receive additional incentives based on the volume of sales.



SQH clinic

Demand side financing

A voucher scheme covers RH, TB and STIs by providing transport reimbursement.

Operational research

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

Successes

Pilot of provider behavior change among IUD SQH providers

Challenges

- Provider productivity and quality of care expansion of Sun Primary Health
- Limited expansion of SQH services sites due to challenges with stakeholders
- Adding ART services on HIV/AIDS platform

Future plans

Scaling up ART

Population Services International

Mahila Swahsta Sewa



At a glance

Franchise details				
Launch year	2009			
Business model	Fractional franchise; annual franchise fee is \$5			
Outlet types	Hospitals, clinics			
Services	RH, MCH			
2011 new product launches	STI drugs (male/female), PPIUCD, IUCD disposable kit, Balanced Counseling Strategy (BCS) toolkit			
Average staffing per outlet	1 midwife per clinic			
Number of country-based staff	72			
Target clientele	Low income, children/youth, caregivers of children under 5, sex workers and clients, migrants/refugees, men, women, pregnant women			
Location of outlets	35% urban 65% rural			
Payment sources	100% OOP			
2011 program expenditure (USD)	\$1,295,300			
Cost recovery				
Donor support	Anonymous donor			
Technology	Hotline/counseling, SMS reporting, web-based reporting			
Contact information	Sanam K.C., Assistant Network Support Manager			
Franchise evolution:	2008	2009	2010	2011
Number of outlets			300	482
Number of provinces/states			45	46
Number of clients served per year		13,000	27,000	49,816
CYPs			131,950	86,429
DALYs averted				SRH: 10,986 MCH: 41

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 MA.

Service details

IUD, implants, MA, STI treatment, pregnancy testing kits, 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 knowledge. Job aids have been developed to facilitate providers with the counseling process and new trainings. Refresher trainings have been designed addressing the feedback from QA audit (both internal and external). Providers are given a quality assurance score.

Demand side financing

Providers offer free FP and STI services to low-income populations on free clinic days through a voucher program.

Operational research

A survey assessing the effectiveness of IUCD disposable kit was conducted among our providers in 2011. This study was conducted to find out whether the kit was really serving its purpose and what other items providers wanted to be included in the kit to make it more useful. 96.2% of providers responded that they found the kit useful because all necessary materials required for an IUCD insertion are in one pack, it is easy to use, and all of the materials in the pack are useful.

A survey assessing the Balanced Counseling Strategy (BCS) among our providers was also conducted in 2011. The purpose of this study was to understand how providers were feeling about this new counseling technique and whether or not they were finding this technique faster and convenient than the traditional method of counseling. 85% of



Client getting the feel of IUD

providers said that they found this method convenient to use and the BCS algorithm very useful. Those who didn't find this method useful felt the whole process was very confusing and time consuming.

Successes

- Expansion in 46 districts
- Served 49,816 clients
- Received quality award and recognition for innovation and prioritization of quality assurance at the First Global Social Franchise Conference, held in Mombasa, Kenya
- Using private sector-based practices to influence provider's behavior (medical detailing)
- On the job coaching of providers and routine follow up of providers on improvement

Challenges

- Expansion of franchise in remote areas
- Managing the certification of MA providers

Future plans

Skilled birth attendant services, 5 year IUCD, OCs, injectables, Chlorhexidine, TB

Nepal CRS Company Sangini Social Franchising



At a glance

Franchise details				
Launch year	1994			
Business model	Fractional franchise			
Outlet types	Private hospitals, clinics, drug/chemical outlets, pharmacies			
Services	RH, MCH			
2011 new product launches	STI Kit for male urethritis and IUCD			
Average staffing per outlet	2–3 staff per outlet (doctors, midwives, paramedics)			
Number of country-based staff	67			
Target clientele	Low income, children/youth, sex workers and clients, truck drivers, migrants/refugees, military, men, women			
Location of outlets	70 % urban/ 30% rural			
Payment sources	100% OOP			
2011 program expenditure (USD)	\$93,211			
Cost recovery	7%			
Donor support	USAID, KfW			
Technology	Hotline/counseling			
Contact information	Mr. Krishna B. Rayamajhi, MD, Nepal CRS Co.; www.crs.org.np			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	2,484	2,684	3,008	3,365
Number of provinces/states	63	69	74	75
Number of clients served per year				81,900
CYPs		372,642	363,787	344,218
DALYs averted				

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 expanded to all 75 districts.

Service details

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

Quality assurance highlights

CRS assists outlets to upgrade the quality through technical support visits.

Successes

Introduction of STI kit and IUCDs

Challenges

- Permanent closure of outlets
- Less motivation to keep records
- Low profit margins of service providers, which impacted quality



Sangini outlet

Future plans

- Expansion of IUCD and STI kits
- Introduction of third brand of condom

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



At a glance

Franchise details				
Launch year	2011			
Business model	Fractional franchise			
Outlet types	Hospitals, clinics			
Services	RH			
2011 new product launches				
Average staffing per outlet	1 doctor per clinic			
Number of country-based staff	8			
Target clientele	Low income, children/youth, women			
Location of outlets	100% urban			
Payment sources	100% OOP			
2011 program expenditure (USD)				
Cost recovery				
Donor support	Anonymous donor			
Technology	Web-based reporting			
Contact information	Norbert de Anda			
Franchise evolution:	2008	2009	2010	2011
Number of outlets			48	52
Number of provinces/states			8	8
Number of clients served per year			98	26,267
CYPs			343	7,827
DALYs averted				SRH: 4,878 (includes DALYs not directly generated by Red Segura franchise)

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

Description

Background

Red Segura was formally established in January of 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.

Service details

Copper T, implants

Quality assurance highlights

Each provider has a Service Manual (Protocolo de Servicios). Checklists to evaluate quality consist of the following topics areas: technical competence, client safety, infection prevention, informed choice, privacy and confidentiality and continuum of care.

PASMO has worked with providers to strengthen pre- and post-insertion counseling to ensure that users are aware of potential side effects and complications. PASMO has also used the results of its quality assurance system to improve providers' skills in measuring the uterus.

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 to different health care providers based on a market segmentation strategy.

Demand side financing

IUD insertion is covered by insurance at some network facilities. Vouchers provide a discount for IUD insertions at select network facilities that do not accept insurance.

Successes

- The franchise was formally established in 2011 and grew to include 65 providers delivering services out of 52 outlets by the end of the year. By the end of the



Red Segura health care provider

year, the franchise had developed a strong identity, and providers had taken ownership of and felt commitment to the network.

- To encourage friendly competition among network members, PASMO established a ranking system based on quality standards. The standards criteria are referenced to a point system whereby participating providers can achieve various levels (e.g., bronze, silver, gold). Providers achieving a given level are eligible to redeem their points for a variety of products that will facilitate their work, such as IPC material, equipment, consumables, and physical improvements to clinic infrastructure.

Challenges

Providers missing out on opportunities to speak with their clients about FP and therefore losing out on opportunities to generate demand for their franchised services

Future plans

A select number of network providers will begin to offer post-obstetric event IUD insertions. PASMO will also be training its franchise providers on the gynecological uses of misoprostol.

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



At a glance

Franchise details				
Launch year	2009			
Business model	Fractional franchise			
Outlet types	Hospitals, clinics			
Services	RH			
2011 new product launches	Misoprostol for post abortion care			
Average staffing per outlet	1 doctor and 3 nurses per clinic			
Number of country-based staff	53			
Target clientele	Low income, men, women			
Location of outlets	80% urban/20% rural			
Payment sources	100% OOP			
2011 program expenditure (USD)	\$3,300,000			
Cost recovery	1.50%			
Donor support	Anonymous donor			
Technology				
Contact information	Dr. Laila Gardezi, Reproductive Health Technical Advisor, Women Health Project; www.sfhnigeria.org; email: lgardezi@sfhnigeria.org			
Franchise evolution:	2008	2009	2010	2011
Number of outlets		60	150	290
Number of provinces/states		20	25	24
Number of clients served per year		37,365*	20,178*	19,363*
CYPs		168,602	89,249	87,274
DALYs averted				

*IUDs and implants

Society for Family Health (partner 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, misoprostol for post-abortion clinic

Quality assurance highlights

The Supportive Supervisory (quality assessment) visits (SSV) use a SSV sheet to identify gaps in quality standards. At each SSV, the provider's skills are assessed, and 55 providers were awarded certificates. The weaker areas are coached on either simulation models or actual clients. Equipment maintenance is also addressed at the SSV visits.

Community health workers

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

Demand side financing

Franchise providers are provided consumables worth USD \$7 and this is provided as a subsidy to clients.

Operational research

A exit client survey was conducted to assess of quality of care as received and perceived by the clients. The study was conducted in late 2011.

Successes

- Received in 2011 an award for "creativity, innovation and prioritization in quality assurance" from the University of San Francisco, California.



Provider explaining/providing post insertion follow up card and instructions

- Activating the private sector, building the capacity to give LTM services and post abortion care, linking the demand with service, and branding and promotion of the franchise

Challenges

- Competition from the public sector
- Cost of services is a challenge, and the WHP lacks funds to initiate a voucher scheme in the current phase.
- Providers are not always owners of franchise, hence attrition is high.
- Demand creation by community mobilizers suffers from high attrition.
- Counseling and LTMs are perceived by providers to be time consuming and not financially profitable, so there is a need to integrate more services.

Future plans

- Focus on demand creation and the effect of the Happy Mothers promotion radio jingles
- Develop an overarching brand for social franchising with Happy Mothers Network as the sub brand. This will be done by April 2012.

Hygeia Hygeia Community Health Plan



At a glance

Franchise details				
Launch year	2006			
Business model	Community health insurance; fractional franchise (franchisees do not pay franchise fees to Hygeia, rather the clinics receive 56 – 80% of all premiums collected as payments for services rendered to enrollees)			
Outlet types	Hospitals, clinics			
Services	TB, HIV/AIDS, MCH, general medicine, malaria			
2011 new product launches				
Average staffing per outlet	10			
Number of country-based staff	52			
Target clientele	Low income communities—children, youth, men and women, PLWHA			
Location of outlets	60% urban/40% rural			
Payment sources	100% insurance			
2011 program expenditure (USD)	\$6,105,000			
Cost recovery				
Donor support	Health Insurance Fund, World Bank, Kwara State Government of Nigeria			
Technology	SMS client follow up, web-based reporting			
Contact information	Dr. Olapeju Adenusi, Managing Director; email: dradenusi@hygeiagroup.com; www.hygeiagroup.com/hchp			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	18	21	25	22
Number of provinces/states	2	2	2	2
Number of clients served per year	49,992	61,378	66,526	95,218 individuals enrolled with 220,000 hospital visits
CYPs				
DALYs averted				

Hygeia

Hygeia Community Health Plan

Description

Background

Hygeia is structured as a public-private collaboration leveraging existing public (20%) and private facilities (80%) to provide primary and secondary care services to low-income communities through donor subsidized community health insurance schemes.

Service details

Services provided include primary and limited secondary care services: maternal care (ANC, normal delivery, caesarean section, post natal care), infant and childhood care, general medicine, ACT, LLINs, TB case detection, PMTCT, ART, minor and intermediate surgery.

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 (Safecare basic healthcare standards) addresses assets (infrastructure and equipment), skills and processes, training and SOP development and implementation. Following external audits, a gap report is generated and provided to the provider. Internal audits monitor compliance with clinical protocol and accomplishments of the gap report or upgrade plan.

Community health workers

Community Health Association members are paid a fixed salary and commission per person enrolled, while peer educators receive a fixed salary.

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)

Operational research

Operational research is currently being conducted by the Amsterdam Institute of Global Health and Development to determine the effectiveness of the community health insurance schemes.



Hygeia enrollees in a rural community showing off their enrollee identity cards

Successes

- Increase in number of individuals enrolled this year by 43%
- Increase in number treated by 46% this year
- Expand health provider network with the addition of four new service providers
- Extend scheme to cover about 50 new villages

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
- Difficulty in enforcing eligibility restrictions due to non availability of membership lists or member identification systems

Future plans

- Expansion of provider network
- Automation of back end processes
- Implementation of an electronic information exchange platform between providers and Hygeia

Pakistan

Greenstar Social Marketing Pakistan (Guarantee) Limited Sabz Sitara



At a glance

Franchise details				
Launch year	1995			
Business model	Fractional franchise			
Outlet types	Hospitals, clinics			
Services	RH, MCH, TB			
2011 new product launches	Implants, post partum intrauterine device			
Average staffing per outlet	1 doctor per clinic			
Number of country-based staff				
Target clientele	Low income, children/youth, men, women			
Location of outlets	70 % urban/30% rural			
Payment sources	95% OOP, 5% voucher			
2011 program expenditure (USD)	\$13.24 million			
Cost recovery	9.46%			
Donor support	Anonymous donor, German Development Bank, KFW, UNICEF/UNFPA, USAID, Global Fund, Packard Foundation			
Technology				
Contact information	Aslam Fareed; www.greenstar.org.pk			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	8,000	7,500	8,000	8,700
Number of provinces/states		4	4	5
Number of clients served per year		2,100,000	3,000,000	3,800,000
CYPs		2,104,333	2,821,491	2,339,168
DALYs averted				

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 (Bachelor of Medicine and Bachelor of Surgery), Lady Health Visitors, Family Welfare Workers and midwives (in rural areas).

Service details

Oral contraceptives, condoms, IUD, injectables, EC, sterilization, ANC, clean delivery kits, PNC, vaccinations, TB case detection and treatment, baby active, water purification

Demand side financing

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

Successes

Successful completion of voucher programs in Charsadda and Jhang districts

Challenges

Maintaining service delivery record at providers' outlets

Future plans

Pay for performance projects for MCH services



Greenstar provider with client

Marie Stopes Society Suraj



At a glance

Franchise details				
Launch year	2008			
Business model	Fractional franchise; annual franchise fee of \$2			
Outlet types	Clinics			
Services	FP and RH			
2011 new product launches				
Average staffing per outlet	1 staff per outlet (doctor, nurse, midwife or lady health visitor)			
Number of country-based staff	250			
Target clientele	Low income, women			
Location of outlets	100% rural			
Payment sources	71% OOP, 29% voucher			
2011 program expenditure (USD)				
Cost recovery				
Donor support	Anonymous donor, DFID, Research and Advocacy Fund (RAF)—jointly funded by AusAid and DFID			
Technology	Planning to use SMS reporting system			
Contact information	Dr. Mohsina Bilgrami, Country Director			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	56	100	100	190
Number of provinces/states	2	2	2	3
Number of clients served per year		77,736	98,370	133,843
CYPs		156,545	192,485	280,162
DALYs averted				SRH: 61,367

Description

Background

"Suraj" (sun) is a branded network of 190 accredited Private Providers in rural areas across three provinces of Pakistan providing FP/RH services. Each franchisee has a Field Worker Marketer assigned for demand generation and distribution of Output Based Aid vouchers for FP services.

Service details

Copper T, oral contraceptives, condoms, injectables, IUDs, EC, post abortion care

Quality assurance highlights

- Internal Quality Assurance team conducts audits using 'Suraj Quality Scan' tool. Verification takes place at different levels (local field team, regional office representatives, support office level).
- External quality audit and 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 has employed (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.

Demand side financing

Vouchers for LAFP (IUD insertion, removal and follow-up) are offered.

Operational research

- An operational research project is currently underway. The aims of the project are: 1) to assess the effectiveness and efficiency of two birth spacing intervention models (Suraj and MNCH) with a control group in achieving key outcomes. 2) to inform the design implementation and expansion of future maternal neonatal health strategies in Pakistan.
- Retrospective study on IUCD discontinuation



A Suraj Pakistan Field Worker introducing FP brands and services to a woman

Successes

- Awarded an international quality award among 50 Social Franchising programs by UCSF
- Observed high percentage of client satisfaction
- Peer reviewed publication on rates of IUCD discontinuation and its associated factors among the clients of the network in Pakistan (<http://www.ncbi.nlm.nih.gov/pubmed/22458444>)

Challenges

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

Future plans

- Prospective follow-up study of IUCD clients
- Development of comprehensive MIS system
- Introduction of Femplant (Sino II implant) services and safe motherhood services
- Scale-up of Suraj Network—geographically and through increasing the number of franchise providers

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			
2011 new product launches	Subdermic injectable application			
Average staffing per outlet	1 midwife per clinic			
Number of country-based staff	13			
Target clientele	Low income, children/youth, men, women			
Location of outlets	100% urban			
Payment sources	100% OOP			
2011 program expenditure (USD)	\$219,841			
Cost recovery	6%			
Donor support				
Technology				
Contact information	Olenka Zapata; www.inppares.org			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	1,663	1,784	1,657	1,723
Number of provinces/states	9	9	9	9
Number of clients served per year		574,542	618,596	632,895
CYPs		24,659	24,417	36,772
DALYs averted				

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, 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 tracks waiting times, hours of operation, increased visibility of FP product prices, and method of FP prescribed. Availability of products is also monitored.

Successes

Increase in sales revenue and an increase the number of members

Challenges

Strong competition and maintaining market share

Future plans

Development of a monthly injectable with exclusive brand



Patient with newborn baby

Philippines

Population Services Pilipinas, Incorporated (PSPI) BlueStar Pilipinas



At a glance

Franchise details				
Launch year	2008			
Business model	Fractional franchise; annual franchise fee of \$24			
Outlet types	Clinics			
Services	FP, MCH			
2011 new product launches				
Average staffing per outlet	1 midwife per clinic			
Number of country-based staff	15			
Target clientele	Low income, women			
Location of outlets	55% urban/45% rural			
Payment sources				
2011 program expenditure (USD)	\$385,628			
Cost recovery	22%			
Donor support	Marie Stopes International, World Bank, PSPI Reserve Fund			
Technology	SMS client follow up and reporting			
Contact information	Rostom C. Deiparine, Chief Operating Officer			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	66	200	307	266
Number of provinces/states		34	37	34
Number of clients served per year		75,622	135,696	150,585
CYPs		75,008	139,588	238,611
DALYs averted				

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, condoms, injectables, Copper T, STI testing and treatment, cervical cancer screening, labor and delivery

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.

Demand side financing

Though the Philippines' National Health Insurance Program clients can obtain a Maternity Care Package (pre-natal, safe delivery, post-natal, and FP).

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 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

- Integration of BlueStar Pilipinas with the Philippines' National Health Insurance Program

Challenges

- Obtaining accreditation for BlueStar Pilipinas franchisees as providers of the Maternity Care Package consisting of pre-natal, safe delivery, post-natal, and FP services



A BlueStar facility accredited with the Philippines National Health Insurance Program

Philippines

DKT Philippines Inc. POPSHOP



At a glance

Franchise details				
Launch year	2005			
Business model	Fractional franchise; after initial four year contract, franchisee pays an annual fee of \$110 USD for Full Package Franchise and \$70 for the Mini Stand Alone package; 60% of the franchised clinics are based in the public sector facilities			
Outlet types	Clinics			
Services	RH, HIV/AIDS			
2011 new product launches				
Average staffing per outlet	1 midwife per outlet			
Number of country-based staff	8			
Target clientele	Low income, PLWHA, sex workers and clients, military, women			
Location of outlets	30% urban/70% rural			
Payment sources	100% OOP			
2011 program expenditure (USD)	\$414,000			
Cost recovery	100%			
Donor support	Zero donor funding			
Technology	Hotline/counseling, SMS client follow up, web-based reporting			
Contact information	Joseph Richard H. Loreda, Corporate Affairs Manager; www.popshop.com.ph			
Franchise evolution:	2008	2009	2010	2011
Number of outlets				300
Number of provinces/states				51
Number of clients served per year				Approximately 100,000
CYPs				66,183
DALYs averted				

DKT Philippines Inc. POPSHOP

Description

Background

POPSHOP is a social franchise of DKT Philippines. More than 300 *POPSHOP* clinics ensure access to high-quality and affordable reproductive health products, services and information to nearly 50,000 couples in 2011. *POPSHOP* franchises set up FP “corners” in government clinics that are seeking a sustainable way of offering products. DKT helps them avoid stock-outs, with contraceptive security as the overriding goal. DKT provides training to government providers and promotes increased contraceptive use through education and branding. In addition, *POPSHOP*s continue to offer profitable services (franchise operator owned) such as childbirth and newborn screening as they were before they became *POPSHOP* franchises.

Service details

Copper T, oral contraceptives, condoms, injectables, lubricants

Demand side financing

A loyalty program exists that provides members with the continuing purchase of contraceptive commodities.

Successes

- Improved revenue performance of the franchisees
- Franchisees affected by the existence of free supplies were re-energized.

Challenges

- Existence of free commodities from donor agencies affected the revenue performance of the franchisees.
- Natural calamities affected the supply and demand in some areas.



Franchise clinic

Future plans

Tandem Lines—these are more affordable products intended for new acceptors in economically challenged sectors

Marie Stopes International BlueStar Healthcare Network Sierra Leone



At a glance

Franchise details				
Launch year	2008			
Business model	Fractional franchise			
Outlet types	Hospitals, clinics, pharmacies, drug stores			
Services	RH			
2011 new product launches				
Average staffing per outlet	1 doctor, 1 nurse and 1 lab tech per clinic; 1 pharmacist per pharmacy			
Number of country-based staff	6			
Target clientele	Low income, children/youth, sex workers and clients, men, women			
Location of outlets				
Payment sources	5% OOP, 90% voucher, 5% free			
2011 program expenditure (USD)				
Cost recovery				
Donor support	EC, UNFPA, Marie Stopes International (MSI)			
Technology				
Contact information	Sahr A. Pessima, Social Franchise Manager			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	70	109	100	132
Number of provinces/states		4	4	4
Number of clients served per year		13,000	54,679	66,408
CYPs		15,060	43,850	49,079
DALYs averted				

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 LTFP methods.

Service details

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

Quality assurance highlights

A 'client register' is signed by the client 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 FP and maternal health services.



BlueStar providers and CHWs

Population Services International BulshoKaab



At a glance

Franchise details				
Launch year	2011			
Business model	Fractional franchise			
Outlet types	Pharmacies			
Services	RH			
2011 new product launches	Diarrhea treatment kits			
Average staffing per outlet	1 nurse or doctor per outlet			
Number of country-based staff	5			
Target clientele	Low income, children/youth, caregivers of children under 5, men, women			
Location of outlets	100% urban			
Payment sources	95% OOP, 5% voucher			
2011 program expenditure (USD)				
Cost recovery				
Donor support	DFID, Dutch Government			
Technology				
Contact information	Shazina Masud, Country Representative (smasud@psi.org); Abdirahman Ali Hirsi, SFN Manager (ahirsi@psi.org)			
Franchise evolution:	2008	2009	2010	2011
Number of outlets				54
Number of provinces/states				4
Number of clients served per year				
CYPs				
DALYs averted				

Population Services International BulshoKaab

Description

Background

In 2011 PSI launched a social franchising network for Hargeisa pharmacies locally branded as BulshoKaab. The objective of the social franchise network is to provide accessible, equitable, and quality health care for women. The pharmacies provide quality health services/products, quality counseling services, and referrals. As part of the social franchise package, pharmacies sell PSI RH products (including COCs tablets and Progestin only Injectables), and child survival products such as diarrheal prevention and diarrheal treatment products (aquatabs and ORS+Zinc). Fifty pharmacies were selected as the social franchising network in the first six months. These pharmacies received trainings on RH, diarrheal diseases, and social marketed products with local brands like Nasiye, BiyoSifeeye, and Shuban-Daweeye. The BulshoKaab network will expand to 150 members by end of 2012 in four regions.

Service details

Oral contraception, injectables, water treatment and ORS+Zinc

Quality assurance highlights

Regular Inspections/monitoring site visits, client exit interviews, and franchisee performance benchmarking are all conducted.

Demand side financing

Patients are provided with referral vouchers to receive medical services at public sector hospitals. TB patients are entitled to free service.

Operational research

The current status of customer satisfaction was measured so that a comparison can be made after one year of the franchise operation.



BulshoKaab outlet

Successes

- Building up the network, training the pharmacists, and getting the support of the Ministry
- Changing franchisee attitudes from being purely business-minded to being more socially responsible

Challenges

- As the social franchising concept is new in Somalia, it was challenging to encourage pharmacists to adhere to the standards.
- Procurement of non-PSI low-quality drugs and products by franchisees

Future plans

Nutrition (Sprinkles), provision of micronutrient products supported by training

BroadReach Healthcare

Public-Private Partnerships in ART Patient Management



At a glance

Franchise details				
Launch year	2005			
Business model	Full franchise			
Outlet types	GP consulting rooms			
Services	HIV/AIDS, TB			
2011 new product launches	Management of the first comorbidity, hypertension			
Average staffing per outlet	1 doctor per clinic			
Number of country-based staff	7			
Target clientele	Low income, PLWHA			
Location of outlets	90% urban/10% rural			
Payment sources	80% government, 20% donor			
2011 program expenditure (USD)				
Cost recovery				
Donor support	The US President's Emergency Plan for AIDS Relief (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	2011
Number of outlets	27	19	19	38
Number of provinces/states	3	1	1	1
Number of clients served per year		1,349	1,456	2,430
CYPs				
DALYs averted				

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), TB detection, hypertension management

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
- Providers meet a clinical specialist quarterly to review clinical protocols and operations and agree on improvements such as providing double supply of meds and clients going for bloods results at nearest clinic.

Community health workers

The Adherence Supporter identifies behavioral patterns that impact negatively on adherence, 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.



BroadReach partnering with the Department of Health and USAID

Successes

- Average 97% client retention rate
- Providers' willingness to increase scope of work
- Increase in number of outlets

Challenges

Ensuring client adherence

Future plans

- Increase management of hypertension to all outlets
- Introduce management of diabetes
- Introduce referrals from clinics to outlets
- Double dispensing

Society for Family Health NewStart



At a glance

Franchise details				
Launch year	2002			
Business model	70% full franchise; 30% fractional franchise			
Outlet types	Clinics, mobile clinics			
Services	HIV/AIDS			
2011 new product launches				
Average staffing per outlet	2 nurses per clinic			
Number of country-based staff	10			
Target clientele	Low income, sex workers and clients, truck drivers, migrants/refugees, men, MSM			
Location of outlets	93% urban/7% rural			
Payment sources	100% free			
2011 program expenditure (USD)	\$3,500,000			
Cost recovery				
Donor support	PEPFAR, Global Fund			
Technology	Hotline/counseling			
Contact information	Miriam Mhazo; www.newstart.co.za			
Franchise evolution:	2008	2009	2010	2011
Number of outlets				12
Number of provinces/states				8
Number of clients served per year				147,135
CYPs				
DALYs averted				HIV/AIDS: 31,207

Society for Family Health NewStart

Description

Background

NewStart is a network of organizations providing HCT and VMMC. Some sites are managed directly by SFH and others are managed by partner organizations. They are all under the common brand 'NewStart.' Training and provision of services are standardized. Marketing of the services through mass media is also centralized.

Service details

Male circumcision, HCT

Quality assurance highlights

Issues that get picked up during QA visits are incorporated into future trainings, or on-site training is conducted immediately. Proficiency testing for all HIV testers is a critical component of quality assurance. This is done twice a year.

Successes

- Meeting set targets with minimal or no funding
- Getting funding to open six more VMMC sites

Challenges

Funding challenges—some sites had to close down

Future plans

- Expansion of VMMC in three provinces
- Introduction of CD4 count testing at two of the sites
- Collection of TB sputum at four of the sites
- If funding permits, health risk assessments for cholesterol, blood pressure, BMI and diabetes will be rolled out to more sites.



Tents used for mobile clinics

DKT MotherHealth



At a glance

Franchise details				
Launch year	2011			
Business model	Full franchise			
Outlet types	Hospitals			
Services	RH			
2011 new product launches	Manual vacuum aspiration, IUD, Implanon, pills, condoms			
Average staffing per outlet	1 doctor and 1 nurse			
Number of country-based staff				
Target clientele	Low income, military, men, women			
Location of outlets				
Payment sources	100% OOP			
2011 program expenditure (USD)	\$1,075,000			
Cost recovery				
Donor support	DKT International Inc.			
Technology				
Contact information	Ambrose Alagiri, Country Director			
Franchise evolution:	2008	2009	2010	2011
Number of outlets				25
Number of provinces/states				5
Number of clients served per year				35,000
CYPs				65,804
DALYs averted				

DKT MotherHealth

Description

Background

MotherHealth centers were started in 2011, as part of a program expansion work with public hospitals. In Sudan, public hospitals are the mainstay of health services provision, and almost all women seek healthcare there. This partnership of MotherHealth Centers and public hospitals has become a showcase model of how public-private partnership can develop a successful symbiotic relationship to provide FP services to both rural and urban women.

Service details

Copper T, implants, IUDs, oral contraceptives, condoms, surgical abortion, post-abortion care

Quality assurance highlights

Regular Inspections/monitoring site visits, periodic clinical audits (internal), mystery clients, provider surveys (KAP, tracking), provider self assessments

Demand side financing

Sugar, cooking oil, clothes, flour, etc. can be redeemed for FP services.

Challenges

Creating demand for franchised services

Future Plans

Developing 100% franchise control with public sector hospitals



Clients waiting for services at a MotherHealth center

Population Services International Tanzania Familia

At a glance

Franchise details				
Launch year	2009			
Business model	Fractional franchise			
Outlet types	Clinics (most are dispensaries or health centers)			
Services	RH, HIV			
2011 new product launches	Systematic screening for HIV among FP clients and referral for testing			
Average staffing per outlet	1 midwife per clinic—most outlets have between 5 and 7 staff, but usually only 1 provider (midwife/nurse) has been trained on the FP/RH program			
Number of country-based staff	30			
Target clientele	Women of reproductive age			
Location of outlets	80% urban and peri-urban/20% rural			
Payment sources	70% OOP, 30% government reimbursement or in kind contributions (commodities)			
2011 program expenditure (USD)				
Cost recovery	Minimal (only a small % of commodity costs is recovered)			
Donor support	Embassy of the Kingdom of the Netherlands, KfW, anonymous donor			
Technology				
Contact information	Josephine Msambichaka, Social Franchising Director			
Franchise evolution:	2008	2009	2010	2011
Number of outlets		150	235	255
Number of provinces/states		10	11	12
Number of clients served per year		7,500 (1,331 implants; 6,195 IUDs)	13,000 (2,424 implants; 10,856 IUDs)	30,000 (8,613 implants; 21,833 IUDs)
CYPs				
DALYs averted				

Population Services International Tanzania

Familia

Description

Background

The Familia network started in 2009 with the goal of increasing access to LTMs of FP in Tanzania. Facilities are selected using specific criteria and then trained and equipped to provide LTMs. They have access to products and expendables at preferential prices and receive jobs aids and regular coaching for quality improvement through supervisory visits provided by the franchisor teams. Quality and client satisfaction are tracked through bi-annual exit interviews and quality assessments conducted by PSI staff and demand creation and community sensitization is done by IPC agents located in the catchment area of each facility. Services are being added regularly to the network: facilities provide HIV screening and counseling; postpartum hemorrhage prevention; post abortion care, and more services will be added in the coming years. PSI provides a full range of commodities under the brand name Familia (condoms, OCs, injectable, IUDs, and Implants) sold through pharmaceutical channels and health facilities. The Familia brand name is used for the FP services and products rather than the network brand. Work is underway to launch an extended offer through the network, along with a network brand in 2012.

Service details

Copper T, implants, HCT, post abortion care, postpartum hemorrhage prevention using AMSTL and misoprostol, short-term methods (condoms, OCs, Injectables)

Quality assurance highlights

Providers get measured on five quality standards at each visit and are given a score that reflects their competency level. When gaps are identified during routine visits, coaching and mentoring of the provider is done on the spot. Common technical gaps are addressed through workshops that take place twice per year to refresh all providers. Gaps identified during client exit interviews are addressed immediately by contacting each region and asking the supervisor



IUD insertion training

to work with all of their providers on the said gaps during routine visits and at refresher workshops, or by developing tools to help providers improve.

Successes

- Significant increase in number of IUDs and implants inserted per provider
- Increased work satisfaction and motivation of service providers through the opportunity to participate to networking meetings and receive non monetary rewards
- High client satisfaction (over 95% clients satisfied with the service as per exit interview surveys)

Challenges

Retention of trained providers—most of them are employed by the facility and after training move to public sector jobs that pay better

Future plans

- Improving the franchise business model and expansion of service offerings to include MCH services, child survival, diarrhea, malaria, and ARI
- Developing and launching a network brand

Population Services International POMEFA ("POur une MEilleure FAmille")



At a glance

Franchise details				
Launch year	2010			
Business model	Fractional franchise; most franchises are public sector clinics			
Outlet types	Hospitals, clinics			
Services	RH			
2011 new product launches	"Collier de Cycle" method to our mobile outreach services			
Average staffing per outlet	Each clinic is staffed differently, and staff move depending on the need			
Number of country-based staff	6			
Target clientele	Low income, men, women			
Location of outlets	69% urban/10 rural			
Payment sources	100% OOP			
2011 program expenditure (USD)				
Cost recovery				
Donor support				
Technology	SMS reporting			
Contact information	Awa Tchedre			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	0	9	9	79
Number of provinces/states		4	4	3
Number of clients served per year		529	1,038	60,000
CYPs	954,814	3,652,706	3,490,620	38,718
DALYs averted			SRH: 13,558	SRH: 1,017

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

Description

Background

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

Service details

Oral contraceptives, injectables, Copper T, natural FP, implants, EC

Quality assurance highlights

At supervision visits, providers' records are checked and then recommendations are made to site managers on how to improve quality. Outlets are measured by their reputation on maintaining high monthly client levels, their dedication to infection prevention, and having a well stocked inventory year round.

Community health workers

CHWs receive \$40 monthly. Part of this amount is paid by the NGO.

Challenges

- Communication with the CHWs is difficult as not all of them have mobile phones or are in areas with network connection.
- Getting men (husbands) involved in FP

Future plans

- With a new donor, SIFPO, new POMEFA sites and new initiatives will be launched.
- CHWs in the Northern regions will distribute oral contraceptives and will perform injections (DepoProvera).



Provider
and client

Living Goods



At a glance

Franchise details				
Launch year	2007			
Business model	Full franchise			
Outlet types	Mobile health workers			
Services	RH, MCH, malaria			
2011 new product launches	Amoxicillin, reading glasses, high efficiency cook stoves, sanitary pads, fortified foods, and a variety of solar lamps			
Average staffing per outlet	Mobile health workers operate out of branches, which service 30-40 agents each and are monitored by a Branch Manager			
Number of country-based staff	70			
Target clientele	Low income, children/youth, caregivers of children under 5, men, women, pregnant mothers, newborns			
Location of outlets	40% urban/60% rural			
Payment sources	100% OOP			
2011 program expenditure (USD)				
Cost recovery				
Donor support	Children's Investment Fund Foundation, Omidyar Network			
Technology	Mobile, web-based technology platform to improve the speed and accuracy of field reporting, reduce monitoring costs, focus management attention on urgent challenges, and improve health impact and financial sustainability. Specifically, SMS messaging used to send automated treatment follow ups, broadcast product promotions, and drive behavior change.			
Contact information	Molly Christiansen, Director, Research and Partner Development; www.livinggoods.org			
Franchise evolution:	2008	2009	2010	2011
Number of outlets		480	608	686
Number of provinces/states		22	22	22
Number of clients served per year		305,280	386,688	436,296
CYPs				
DALYs averted				

Living Goods

Description

Background

Living Goods 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. Living Goods 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. Living Goods 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).

Service details

- **Key Products:** ACT, ORS, bed nets, fortified foods, male condoms, water treatment, de-worming, solar lights, high-efficiency stoves, antibiotics for treatment of u5s with ARI, reading glasses, sanitary pads, and other consumer goods
- **Key Services:** door-to-door product delivery, FP, pregnancy and newborn support, clinic referrals, on-call CHPs via mobile phone

Quality assurance highlights

Agents collect data on u5 treatments and clinic referrals for diarrhea, pneumonia, and malaria, as well as tracking pregnancies and newborn care. Field staff do random checks with sampling of clients to verify validity of self-reported data from agents. Living Goods is currently using mobile technology for cost-effective monitoring and quality assurance.

Community health workers

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



Living Goods agent delivers life saving products to the poor

Operational research

Results from a randomized control study measuring reduction in under 5 mortality will be available in 2013.

Successes

- Branches broke even in Q4 2011—covering all costs of goods, branch overhead, branch staff, and transport of goods.
- Treatments for under 5 malaria increased 100% for the year and surpassed target by 40%. Post natal follow-ups climbed 12 percentage points in 2011. 87% of Living Goods agents are now visiting newborns within the vital first 48 hours of life.

Challenges

- High volatile economy with headline inflation hitting 30%—an 18 year high
- Civil unrest driven by surging fuel and food prices and political volatility
- Improving wholesale margins

Future plans

- Replication of Living Goods model in new geographies and through partners
- Microtargeting of low-treating households
- Expansion of mobile tools to collect data, monitor agents, and follow up on clients

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	Hospitals, clinics			
Services	RH, HIV/AIDS, MCH, malaria			
2011 new product launches	1. Basic care kit (insecticide treated nets, water treatment, condoms, etc.) for PLWHA. 2. Post Partum IUD services in 9 franchisees			
Average staffing per outlet	1 midwife and 1 nurse per clinic			
Number of country-based staff	13			
Target clientele	low income, children/youth, caregivers of children under 5, PLWHA, women			
Location of outlets	20% urban/80% rural			
Payment sources	100% OOP			
2011 program expenditure (USD)				
Cost recovery				
Donor support	Anonymous donor			
Technology	Hotline/counseling, SMS client follow up			
Contact information	Dr. Milly Kagawa; www.pace.org.ug			
Franchise evolution:	2008	2009	2010	2011
Number of outlets		100	145	119
Number of provinces/states		34	34	51
Number of clients served per year		6,569	20,912	29,537
CYPs		47,901	63,898	129,482
DALYs averted			SRH: 44,275 HIV/AIDS: 89,465* MCH: 8,049 Malaria: 2,401,371	SRH: 28,983 HIV/AIDS: 500

*includes TB

[‡]PACE: Program for Accessible Health, Communication and Education

PACE (affiliate of PSI in Uganda) ProFam

Description

Background

PACE is the local affiliate of Population Services International (PSI), a global NGO committed to increasing health-care access and quality throughout the developing world. PACE uses a social franchising model to create a network of privately owned clinics that focus on demand generation, quality, and sustainability of LTFP services. This network, known as the ProFam network, consists of 119 active clinics, spread widely across Uganda. PACE provides FP training and skills building, access to subsidized products, advertising and community mobilization, and quality supervision and evaluation for each clinic. In return, ProFam clinics commit to service and reporting standards as well as to a reasonable price structure for LTFP services.

Service details

Copper T, implants, injectables, oral contraceptives, condoms, clean delivery kits, misoprostol for post partum hemorrhage, LLINs, water purification, basic care kits (essential kit for PLWHA health)

Quality assurance highlights

- PACE measures quality based on five Quality Assurance standards: technical competence, client safety, informed choice, privacy and confidentiality, and continuity of care.
- Each quarter the franchise clinic with the best quality assurance parameters is awarded a prize as well as a placard for the best performing ProFam clinic.
- Data quality management is a new area which is being evaluated as part of the quality audits.

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 that is not tied to clients referred. They provide basic information on FP services in their communities, not limited to ProFam.

Operational research

PACE conducted a provider perception study to assess the perceptions and drivers of behaviors for providers (Profam and non-Profam) providing FP services. These



Clients at a clinic

perceptions included social norms, perceived availability, self efficacy, attitudes, beliefs, and outcome expectations from these methods.

Successes

- Reached 21,354 women with IUDs and 8,183 with implants
- Nine franchises now offer PPIUD, serving 50 women during the reporting period.
- Provider behavior change communications have helped PACE identify the needs of each provider and to address IUD insertion barriers.
- Integration of FP with other program areas has helped provide holistic care for clients and reduced communication costs.
- Regular reviews of quality systems have been useful in preventing adverse events.

Challenges

Provider attrition was high, at over 14%, which necessitated a lot of on job training to replace skilled and trained providers.

Future plans

- Integration on cervical cancer screening as an additional service
- Provision of basic care kits will be scaled up to all franchises in the ProFam network.
- Scale up of post partum IUD services

Marie Stopes International BlueStar Vietnam



At a glance

Franchise details				
Launch year	2008			
Business model	Fractional franchise; annual franchise fee of \$120–\$150			
Outlet types	Clinics			
Services	RH, MCH			
2011 new product launches	ViA for cervical cancer screening			
Average staffing per outlet	1 doctor, 1 midwife and 1 nurse per clinic			
Number of country-based staff	15			
Target clientele	Low income, children/youth, migrants/refugees, poor women of RH age in peri-urban areas via mobile outreach service provision activities			
Location of outlets	40% urban/60% rural			
Payment sources	90% OOP, 5% voucher, 4% insurance, 1% free			
2011 program expenditure (USD)	\$480,000			
Cost recovery	24%			
Donor support	MSIUK, IPPF			
Technology	Hotline/counseling, web-based reporting			
Contact information	Nguyen Thi Bich Hang, Country Director; www.BlueStar.org.vn			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	32	95	223	300
Number of provinces/states		3	7	7
Number of clients served per year		191,087	391,515	994,270
CYPs		90,470	208,412	702,419
DALYs averted				

Marie Stopes International BlueStar Vietnam

Description

Background

BlueStar Vietnam operates in seven provinces in all three geographical areas of Vietnam: Northern, Central, and Southern. The network was established in 2007. Services include modern FP methods and safe surgical and MA services, and currently there are 300 private clinics.

Service details

Oral contraceptives, condoms, injectables, Copper T, EC, abortion (medical and surgical), post abortion care, cervical cancer screening, FP counseling

Quality assurance highlights

Monitoring checklists are printed with carbon copies. They are filled in by the BlueStar team and quality assurance team. At the end of the monitoring, recommendations for improvement are discussed and agreed with the franchisees. Both parties sign off on the checklist and each keep one copy for follow-up.

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 RTI screening, VIA, IUD insertion are provided free of charge to low-income women in rural areas via mobile outreach service provision program.

Operational research

A KAP survey and end of project evaluation will take place. Outcomes include level of achievement objectives and recommendation for the future program.



Providing service

Successes

- Expansion of the coverage of safe MA
- Improved quality for franchised services (quality score increased from 72% to 86% respectively in 2010 and 2011)
- Obtained public local and international recognition as the first model targeting private health sector in Viet Nam
- New grants for IUD voucher, MA capacity building, and voucher and introduction of SMS services

Challenges

- Lack of legal support to franchise midwife service delivery points
- Midwife-run clinics are not licensed to provide franchised services, so MSIVN could only engage them in training and support without official branding.

Future plans

STIs, pre and post natal care, HCT

Marie Stopes International Tinh chi em ("Sisterhood")



At a glance

Franchise details				
Launch year	2007			
Business model	Fractional franchise; most franchises are public sector clinics			
Outlet types	Clinics			
Services	RH, MCH			
2011 new product launches	Cervical cancer screening with acid acetic (VIA) and breast cancer screening			
Average staffing per outlet	1 midwife and 1 nurse per clinic			
Number of country-based staff	3			
Target clientele	Low income, migrants/refugees, men, women			
Location of outlets	10% urban/90% rural			
Payment sources	100% OOP, 50% insurance, 40% government reimbursement			
2011 program expenditure (USD)				
Cost recovery				
Donor support	The Atlantic Philanthropies, The European Union			
Technology	Hotline/counseling			
Contact information	Nguyen Thi Bich Hang, Country Representative; www.tinhchiem.vn			
Franchise evolution:	2008	2009	2010	2011
Number of outlets		56	186	216
Number of provinces/states		5	5	5
Number of clients served per year		63,337	431,797	887,412
CYPs		4,884	40,281	94,746
DALYs averted				

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) formed and operates the model at commune health stations (franchisee). Currently the EU, ATLANTIC Philanthropies, MSIUK and the government of Viet Nam are matching resources to support the government social franchise network.

Service details

Oral contraceptives, female condoms, injectables, Copper T, sterilization, EC, counseling on FP, STI testing and treatment, medical and surgical abortion, breast and cervical cancer screening, ANC, labor and delivery, PNC, counseling on RH

Quality assurance highlights

As MSIVNs work 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.

Monitoring occurs through two channels—provincial master trainers are trained by MSIVN; and MSIVN project staff. Findings are discussed together with service providers right after every monitoring visit in order to gain a common understanding about strengths and areas for improvement. Points given to every franchisee at the two last monitoring visits are presented at quarterly meetings.

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).



Ethnic minority clients in Tinh chi em branded clinic

Demand side financing

A voucher scheme provides reimbursement for transport.

Successes

- Strong partnership with local authorities
- Training on VIA, emergency preparedness, basic management skills for the head of franchisees
- Refresher training on service quality, demand generation, monitoring and evaluation for provincial master trainers

Challenges

- Lack of approval mechanism for the health staff working at the (government) franchised commune health stations to collect fees from clients
- The voucher scheme is new, and it took time for it to work correctly.
- Delay in re-construction process of some government health stations caused launch delay.

Society for Family Health/Population Services International
NewStart



At a glance

Franchise details				
Launch year	2002			
Business model	50% full franchise; 50% fractional			
Outlet types	Clinics			
Services	RH, HIV/AIDS			
2011 new product launches				
Average staffing per outlet	1 nurse or 1 clinic assistant per clinic			
Number of country-based staff				
Target clientele	Low income, PLWHA, sex workers and clients, truck drivers, military, men, women			
Location of outlets	100% urban			
Payment sources	25% OOP, 75% free			
2011 program expenditure (USD)	\$539,616			
Cost recovery				
Donor support	USAID			
Technology	Hotline/counseling			
Contact information	Nicholas Shiliya			
Franchise evolution:	2008	2009	2010	2011
Number of outlets			17	8
Number of provinces/states			6	4
Number of clients served per year		139,000	150,000	65,662
CYPs				
DALYs averted			HIV/AIDS: 724,000	

Society for Family Health/Population Services International

NewStart

Description

Background

Society for Family Health (SFH) is a local NGO affiliate of PSI that runs a social franchise of HIV Counseling and Testing services under an Umbrella name call "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 three to five 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.

Challenges

Staff turnover



NewStart mobile clinic

Future plans

- Male circumcision
- Cervical cancer screening at integrated sites
- CD4 counting
- Referral systems strengthening

Population Services International New Life



At a glance

Franchise details				
Launch year	2003			
Business model	Full franchise; has franchises in both private and public sectors			
Outlet types	Clinics			
Services	RH, TB			
2011 new product launches				
Average staffing per outlet	1 nurse per clinic			
Number of country-based staff				
Target clientele	Low income, caregivers of children under 5, PLWHA, migrants/refugees, military, men, women			
Location of outlets	70% urban/30% rural			
Payment sources	100% free			
2011 program expenditure (USD)				
Cost recovery				
Donor support	USAID, DFID, Dutch Government			
Technology				
Contact information	Dr Karin Hatzold			
Franchise evolution:	2008	2009	2010	2011
Number of outlets				28
Number of provinces/states				10
Number of clients served per year				152,000
CYPs				1,200
DALYs averted				

Population Services International

New Life

Description

Background

PSI manages a network of New Life post-test support services centers (currently 14 sites). New Life centers are offering individual psycho-social counseling; information on positive living, positive prevention and nutrition for PLWHA, as well as antiretroviral therapy (ART) adherence counseling and support of pregnant HIV positive women in the national prevention of mother to child transmission (PMTCT) program. The centers are providing services at the sites and through mobile services which are offered at workplaces, to PLWHA support groups, and to patients accessing health care at public sector hospitals. The centers offer group education and information sharing sessions on Saturdays and Thursdays.

Service details

Oral contraceptives, TB case detection, HIV care, ART, PMTCT

Quality assurance highlights

Mystery client surveys are discussed with the teams and site managers and action plans are developed to address gaps in performance. Each counselor is assessed at least twice a year by the head office team and results of assessments are discussed with the assessor.

Future plans

- Integration of LTFP products
- Integration of HIV related treatment and care services, including ART

Population Services International NewStart



At a glance

Franchise details				
Launch year	1999			
Business model	Full franchise			
Outlet types	Hospitals, clinics, mobile clinics			
Services	RH, HIV/AIDS, malaria, TB			
2011 new product launches	TB laboratory services with LED microscopy and Gene Xpert were integrated; further expansion of CD4 cell count POC laboratory services			
Average staffing per outlet	3 nurses per clinic			
Number of country-based staff	250			
Target clientele	Low income, children/youth, caregivers of children under 5, PLWHA, sex workers and clients, truck drivers, migrants/refugees, military, men, women, internally displaced, returned migrants			
Location of outlets	40% urban/60% rural			
Payment sources	40% OOP, 60% free			
2011 program expenditure (USD)	\$3,500,000			
Cost recovery	3%			
Donor support	USAID, DFID, Dutch government			
Technology				
Contact information	Karin Hatzold			
Franchise evolution:	2008	2009	2010	2011
Number of outlets	41	40	41	40
Number of provinces/states	10	10	10	10
Number of clients served per year		360,000	380,000	380,000
CYPs			319,633	10,983
DALYs averted			HIV/AIDS: 724,000	

Population Services International

NewStart

Description

Background

NewStart is an HIV testing and counseling franchise started in Zimbabwe in 1999 in support and with collaboration the Ministry of Health and Child Welfare. Seventeen fixed sites and 23 mobile teams are covering all districts in Zimbabwe. A number of HIV and other health services have been integrated with NewStart: FP counseling and distribution of FP methods, TB screening and TB laboratory services, LED microscopy and GeneXpert, male circumcision counseling, and CD4 cell count laboratory services and referral.

Service details

Oral contraception, condoms (male and female), 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. Peer assessments and regular supervisory visits are very important to maintain high quality standards.

Community health workers

CHWs receive non-financial incentives.



TB laboratory services at one of the HCT clinics

Successes

- Integration of different services (FP services with distribution of FP methods, Cd4 cell count, routine TB screening, TB lab services)
- 45% of all clients referred are tracked.

Challenges

Referral tracking

Future plans

- Start of cervical cancer screening
- Mental health counseling services (gender- and sexual-based violence counseling)

Appendix A: Acronyms

ACT	Artemisinin-based combination therapy
ANC	Antenatal care
ART	Antiretroviral therapy
CYP	Couple years of protection
DALY	Disability adjusted life years
EC	Emergency contraception
FP	Family planning
GP	General practitioner
HCT	HIV counseling and testing
IMCI	Integrated management of childhood illness
IUD	Intrauterine device
LLIN	Long-lasting insecticidal nets
LTFP	Long-term family planning
LTM	Long-term method
MA	Medical abortion
MCH	Maternal and child health
MNCH	Maternal, newborn and child health
MSI	Marie Stopes International
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
PPIUCD	Post partum intrauterine device
PSI	Population Services International
RH	Reproductive health
SMS	Short messaging service
STI	Sexually transmitted infection
TB	Tuberculosis
VIA	Visual inspection with acetic acid
VMMC	Voluntary medical male circumcision

Appendix B: Donors contributing to franchising programs in 2011

ACI Foundation
Akij Group
Anonymous Donor
The Atlantic Philanthropies
AusAid
Bill & Melinda Gates Foundation
CARE
Chevron
Chemex
Children's Investment Fund Foundation
Danish Government Fund
DFID
Dutch Bangla BankDutch Government
The European Commission
The European Union
Global Fund
Government of India
H&M
IPPF
KAFCO
KfW
Kwara State Government of Nigeria
Maersk
Omidyar Foundation
Packard Foundation
PEPFAR
Population Council
Princess Innera
Reckitt Benckiser
State Health Society, Bihar
TB Reach
Three Diseases Fund
UNFPA
UNICEF
USAID
World Bank

Appendix C: Umbrella organizations

The 52 programs profiled in this compendium are implemented by the following agencies.

Association Béninoise pour le Marketing Social et la Communication pour la Santé (ABMS)	abms-bj.org
Association Camerounaise pour le Marketing Social	acms-cm.org
Association de Sante Familiale (ASF)	
Banja La Mtsogolo	banja.org.mw
BroadReach Healthcare	broadreachhealthcare.com
Chemonics	chemonics.com
DKT	dktinternational.org
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
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
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), Nigeria	sfhnigeria.org
Society for Family Health (SFH), South Africa	sfh.co.za
Society for Family Health (SFH), Zambia	
World Health Partners	worldhealthpartners.org



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