



## CLINICAL SOCIAL FRANCHISING COMPENDIUM

An annual survey of programs: findings from 2012

The Global Health Group  
University of California, San Francisco  
May 2013

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**Recommended citation**

Viswanathan, R. and Schatzkin, E. (2013). *Clinical Social Franchising Compendium: An Annual Survey of Programs: findings from 2012*. San Francisco: The Global Health Group, Global Health Sciences, University of California, San Francisco.

Produced in the United States of America.

First Edition, May 2013

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Cover image of Familia Tanzania clinic: Khanga Rue Media  
Graphic design: Kerstin Svendsen

**Acknowledgments**

The editors gratefully acknowledge the franchise program managers and personnel from around the world that responded to the call for data, though they are too numerous to name here. Thanks to Brendan Hayes, Nikki Charman and Chris Purdy for encouraging programs to submit data, and to Ya-Ting Chen for her support with data management.

**Clinical social franchising** is a model for organizing networks of private providers to deliver a range of standards-based health services under a common brand. The goals of social franchising are to improve results in health, equity, quality of services, cost-effectiveness, and new user-ship. A group of researchers, programs, implementers, and funders from around the world—the Metrics Working Group—has developed global performance metrics to measure progress toward these goals.

## Goals and metrics of clinical social franchising

### **Health impact: improving population health**

Metric: disability-adjusted life years (DALYs) averted. This is a summary estimate of health benefits resulting from avoiding a disease or unplanned pregnancies. The compendium features DALYs averted for programs that reported service use statistics for 2012.

### **Equity: enabling the poor to access services**

Metric: the proportion of clients receiving franchised services that are within the lowest two national wealth quintiles. Social franchises have adopted the metric and will begin reporting findings in 2014.

### **Quality: assuring adherence to clinical standards**

Metric: infection prevention compliance, the supply and availability of key 'tracer' commodities, the ability to treat or refer clients with complications, and adherence to overall program protocols. Franchises will pilot this metric in four countries in 2013.

### **Cost-effectiveness: achieving impact at an equal or lower cost to other sources of care**

Metric: cost per DALY averted  
Piloting is underway in three countries in 2013.

### **Health market expansion: providing services to those who would not otherwise receive adequate medical care**

Metric: under development

For further information, visit [SF4Health.org](http://SF4Health.org) or contact [socialfranchising@globalhealth.ucsf.edu](mailto:socialfranchising@globalhealth.ucsf.edu).



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# Acronyms and terminology

ANC	antenatal care
ARI	acute respiratory infection
AusAID	Australian Government Overseas Aid Program
CYP	couple year of protection
DALY	disability-adjusted life year
Danida	Danish International Development Agency
DFID	Department for International Development, UK
DOTS	directly-observed treatment, short-course
EU	European Union
FoQus	Framework for Qualitative Research in Social Marketing (a Population Services International project)
FP	family planning
fractional franchise	outlets that offer franchised clinical services alongside non-franchised services
full franchise	outlets that offer 100% franchised services
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HAART	highly active antiretroviral therapy
KfW	The German Development Corporation
IUD	intrauterine device
MNCH	maternal, newborn and child health
PEPFAR	US President's Emergency Plan for AIDS Relief
PMTCT	prevention of mother-to-child transmission of HIV
QA	quality assurance
RH	reproductive health
SRH	sexual and reproductive health
TB	tuberculosis
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VCT	voluntary counseling and testing for HIV
STI	sexually transmitted infections

## Background

The private healthcare sector represents a wide array of providers: traditional healers, non-profits, charitable institutions, for-profit one-room clinics, multi-specialty hospitals, pharmacies, and outreach services. What they have in common is that they touch the lives of hundreds of millions of people around the world, including the poorest. While providers fill a critical role, in many countries the care they offer can be highly variable. The past decade has seen a trend towards public health interventions that organize private sector healthcare providers into networks. One model is clinical social franchising, which applies commercial principles to achieve these goals.

## What is social franchising of clinical services?

A clinical social franchise is a network of healthcare providers linked through contracts to provide socially beneficial health services under a common franchise brand that is managed by a franchise program.

Many clinical social franchises have the following characteristics:

- The outlets in the franchise network are operator-owned
- There are fees for services or medical commodities that are provided
- The franchised clinical services are linked to standards and protocols

## 2012 data

In 2012, at least 74 clinical social franchising programs were operational in 40 countries.\* In the 60 programs where data was available, there was an aggregate enrollment of 75,438 healthcare, diagnostics, pharmacy, outreach, and administrative personnel. They specialized in the franchising of maternal and child health services, HIV, TB, STI, and FP services, with a marked emphasis on the last service area. Approximately 14,939,500 total visits to franchise outlets were recorded. In 39 programs where data was available, an estimated 8,385,027 disability-adjusted life years were averted.

By way of comparison, in 2003, there were franchising programs in 15 countries; in 2011, 36. Programs have grown well beyond the locations, health service areas, and implementation models that dominated the landscape just 10 years ago. Dozens of programs now report active implementing and financing partnerships with the public sector, and virtually all use information technology to improve the way the programs operate.

While every attempt has been made to survey all clinical franchising programs from around the world, there are programs that are not featured here. 14 known programs were unable to complete the survey; others may have been missed during the editors' scan of global social franchise programs. Note that all data is self-reported by the programs, and reporting and calculation methods may vary across programs. While the authors have made every attempt to ensure consistency, plausibility, and completeness of data, data could not be verified for accuracy.

For further information, or to report additional programs, please contact [socialfranchising@globalhealth.ucsf.edu](mailto:socialfranchising@globalhealth.ucsf.edu).

\*Data not available for Indonesia and Mozambique.

## How the publication is organized

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The 2013 edition of the *Clinical Social Franchising Compendium* is organized by country of operation. A presentation of public health data from each country\* is followed by a one-page profile of each of the programs operating in the country. The profiles detail the services offered by the programs, their scale, the ways they are financed and how they operate, their quality assurance mechanisms, and health impact. (See how each profile is organized on the facing page.)

\*Unless otherwise noted, the sources of the public health data for each country are the following:

Population: *Global health expenditure database*. Geneva, World Health Organization, 2009, 2010 or 2012

Percentage of Population Living in Rural Areas: *World Population Data Sheet*. Population Reference Bureau, 2012

Source of Healthcare: *Private Healthcare in Developing Countries*. PS4Health.org, 2008

Total Fertility Rate: *Demographic and Health Surveys* [internet]. Measure DHS. Calverton: ICF International, 2012

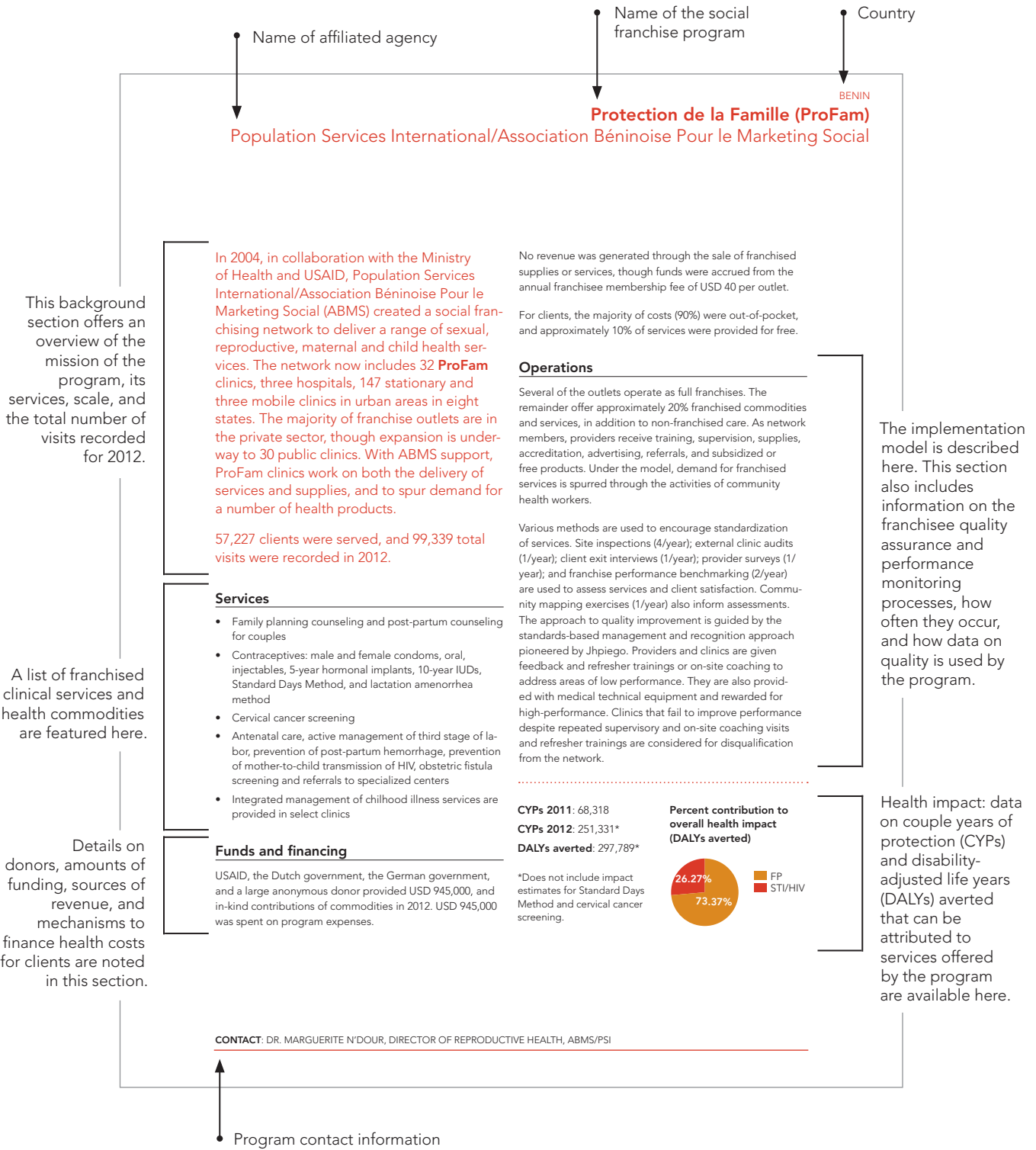
Percentage of currently married women with an unmet need for family planning: *Demographic and Health Surveys* [internet]. Measure DHS. Calverton: ICF International, 2012

Percentage of live births delivered at a facility: *Demographic and Health Surveys* [internet]. Measure DHS. Calverton: ICF International, 2012

Maternal Mortality Ratio: *Maternal Health, Maternal Mortality Ratio* (per 100 000 live births). Geneva, World Health Organization, 2010

UNAIDS World AIDS Day Report, 2012. Geneva, UNAIDS, 2012

# Anatomy of a program profile

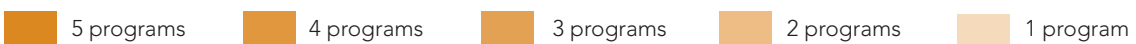
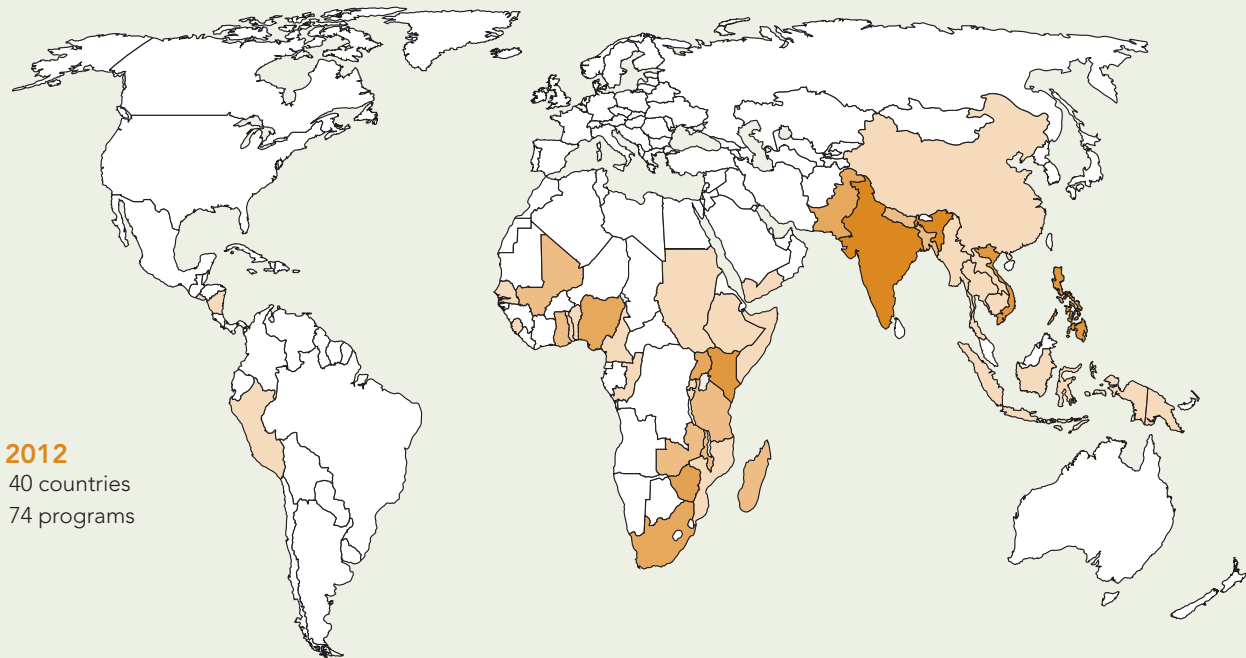
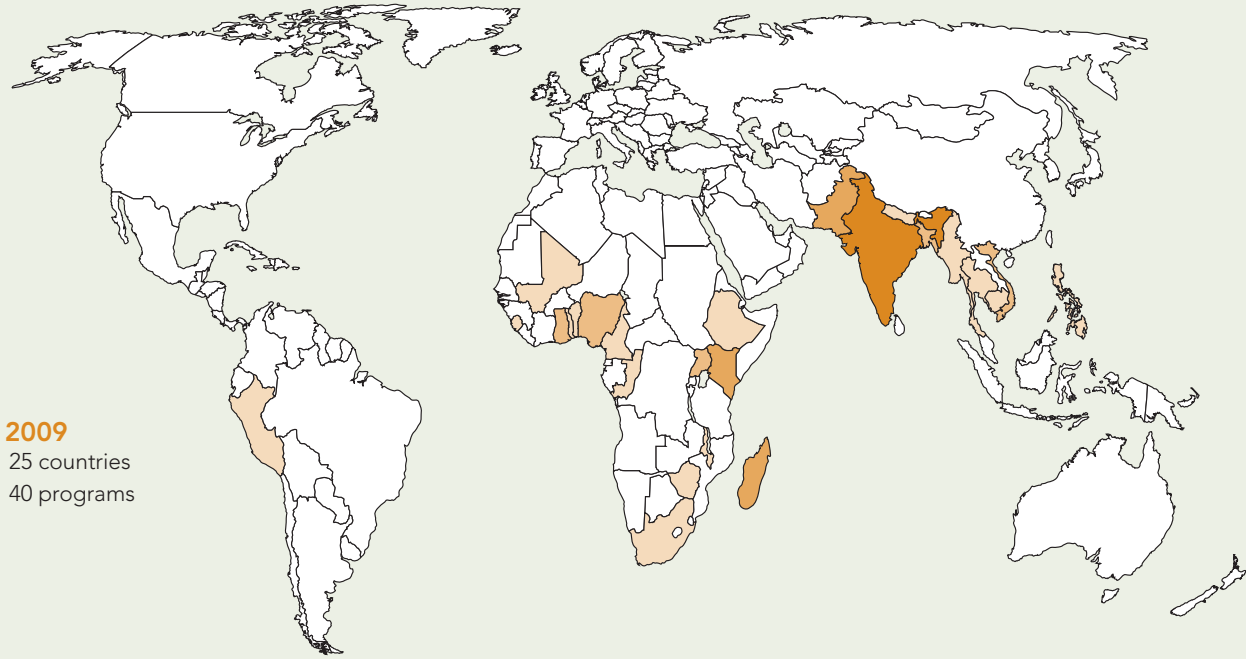




## Global overview

### Global distribution of franchised clinical service programs (2009, 2012)

The spread and density of programs has increased globally.



## Figures

**Figure 1. Number of programs offering franchised services for FP, SRH (excluding HIV/AIDS), HIV/AIDS, MCH, malaria, and TB (2008–2012)**

**N=60 programs**

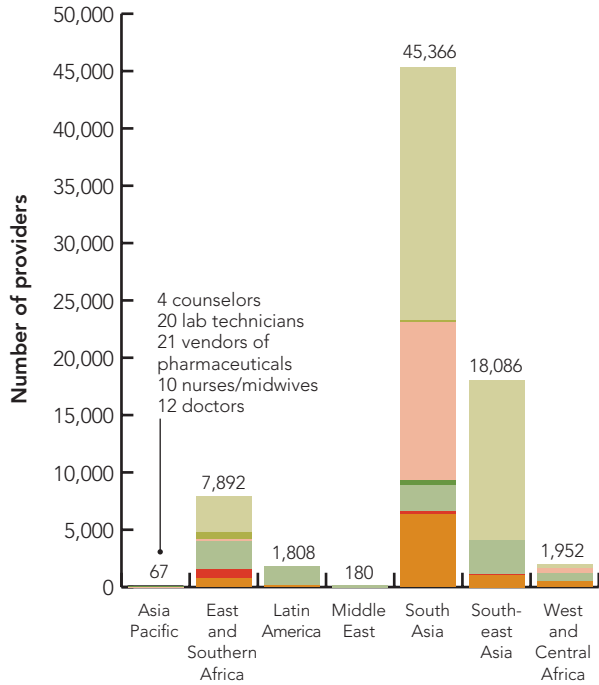
Family planning is the primary focus of most programs. The number of programs reporting the provision of sexual and reproductive health services (most often cervical cancer screening and/or treatment) has grown.



**Figure 2. Number of providers offering franchised services, by profession and region (2012)**

N=60 programs

75,400+ persons working in the health industry participate in franchise networks.



- Counselors/social workers/outreach workers
- Lab technicians
- Vendors of pharmaceuticals
- Rural health providers
- Nurses/midwives
- Health officers/medical assistants/clinic assistants
- Doctors

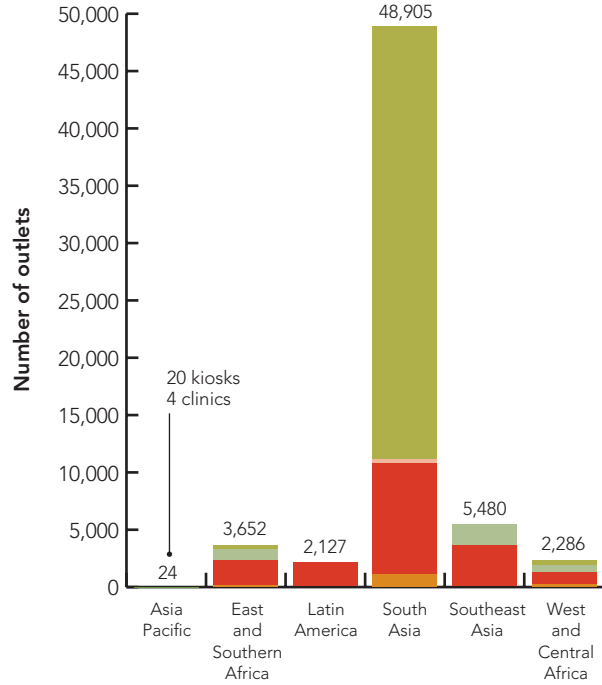
Outreach workers (including voluntary health workers and mobile health service providers) make up the majority of providers, and vendors of pharmaceuticals (including pharmacists, drug sellers, and drug store owners) are the second largest group.

Programs in South Asia have created networks with the greatest numbers of providers.

**Figure 3. Number of outlets, by type and region (2012)**

N=60 programs

The total number of outlets reported by the programs is 62,474.



- Drug/chemical shops
- Mobile points of care
- Kiosks
- Telemedicine centers
- Clinics
- Hospitals

As with personnel, the majority of outlets are located in South Asia. Drug and chemical shops make up the largest type of outlet.

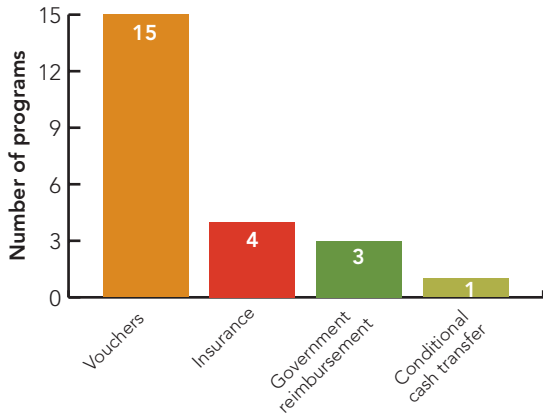
Figure 4. Rural versus urban location for outlets (2012)

Country	Franchise name	Rural %	Urban %
Bangladesh	Blue Star Network	81	19
Benin	ProFam	0	100
Burundi	LifeNet International	90	10
Cambodia	Sun Quality Health Network	23	77
Cameroon	Réseau ProFam	20	80
Democratic Republic of Congo	Réseau Confiance	90	10
El Salvador	Red Segura	20	80
Ethiopia	BlueStar Healthcare Network	10	90
Ghana	Healthkeepers Network	10	90
Ghana	BlueStar Healthcare Network	40	60
Guatemala	Red Segura	0	100
India	Marie Stopes India	25	75
India	Surya	0	100
India	World Health Partners	99	1
India	Merrygold	34	66
India	Saadhan	0	100
Kenya	AMUA	80	20
Kenya	Tunza Family Health Network	46	54
Kenya, Rwanda	The HealthStore Foundation (Kenya)/ One Family Health (Rwanda)	90	10
Laos	Sun Quality Health	0	100
Madagascar	BlueStar Madagascar	70	30
Madagascar	Top Réseau	30	70
Malawi	BlueStar Healthcare Network	48	52
Malawi	Tunza	57	43
Mali	BlueStar	90	10
Mali	ProFam	0	100
Myanmar	Sun Quality Health	30	70
Nepal	Sun Quality Health	80	20
Nicaragua	Red Segura Nicaragua	0	100
Nigeria	Healthy Family Network	40	60
Nigeria	Hygeia Community Health Insurance Scheme	45	55
Nigeria	BlueStar	70	30
Pakistan	Sabz Sitara Network	35	65
Pakistan	Suraj	100	0
Papua New Guinea	Marasin Stoa Kipas (MSK)	100	0
China	Clinical Health Network	0	100
Perú	RedPlan Salud	19	81
Philippines	BlueStar	45	55
Philippines	POPSHOP	70	30
Senegal	Bluestar	0	100
Sierra Leone	BlueStar Healthcare Network	5	95
Somaliland	Bulsho Kaab Pharmacy Network	0	100
South Africa	General Practitioner (GP) Referral Programme	10	90
South Africa	Unjani Clinics	14	86
Sudan	Mother Health Care	30	70
Tanzania	Familia	20	80
Togo	POMEFA	33	67
Uganda	ProFam	20	80
Uganda	Living Goods	50	50
Vietnam	Tinh Chi Em	10	90
Vietnam	Mat Troi Be Tho	62	38
Vietnam	BlueStar	40	60
Zambia	NewStart	50	50
Zimbabwe	NewStart	35	65
Zimbabwe	BlueStar Healthcare Network	25	75

**Figure 5. Use of demand-side financing mechanisms (2012)**

**N=60 programs**

19 programs reported the use of demand-side financing mechanisms. Of these, three programs used more than one mechanism.

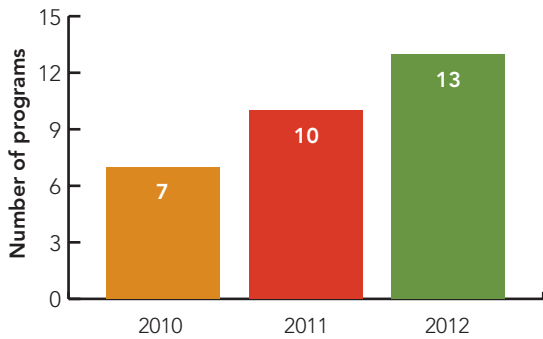


Vouchers are the most frequently used third-party financing mechanism.

**Figure 6. Number of programs that have franchised public sector clinics or outlets (2010–2012)**

**N=60 programs**

13 sites now report that franchised services are offered through public sector clinics.

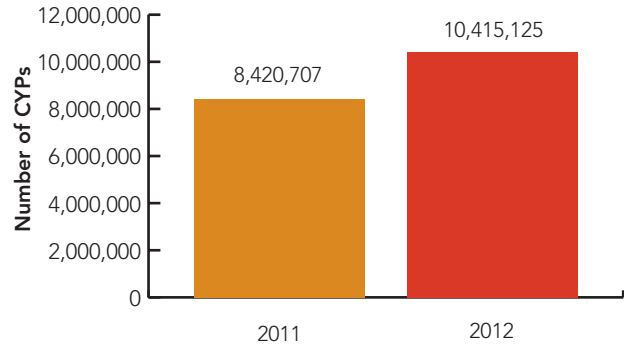


The number of programs reporting the franchising of public clinics has increased each year since reporting on this indicator began. An additional six programs report that they are in the process of franchising public sector clinics.

**Figure 7. Trend in CYPs\* (2011 to 2012)**

**N=32 programs**

There was an increase of 23.7% more CYPs among the 32 programs that had data for both years.



\*CYPs were calculated for each of the 32 franchise programs that had data for both 2011 and 2012, and aggregated by year. USAID's CYP conversion factors were applied for this calculation.

**Learn more about CYPs**

Measure Evaluation PRH offers a useful definition of CYPs, and lists the CYPs offered by family planning commodities and clinical procedures.

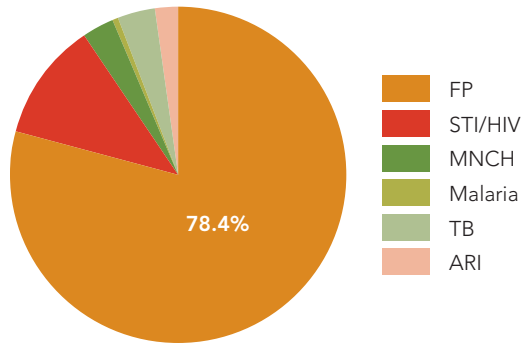
[cpc.unc.edu/measure/prh/rh\\_indicators/specific/fp/cyp](http://cpc.unc.edu/measure/prh/rh_indicators/specific/fp/cyp)



### Figure 8. Health impact: disability-adjusted life years (DALYs) averted, by service areas (2012)

N=39 programs

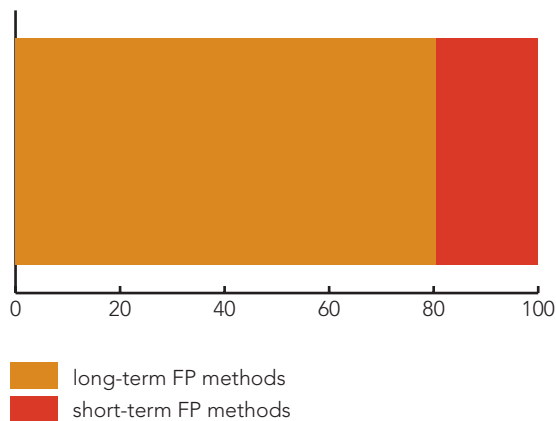
Over 8.3 million DALYs, or years of healthy life lost, were averted in 2012 by the 39 programs that reported service provision numbers. The greatest contribution came from the provision of family planning services.



### Figure 9. Proportion of FP DALYs averted attributable to long-term FP methods\* (2012)

N=39 programs

Long-term family planning methods accounted for over 80% of the health impact attributable to family planning services.



\*Long-term family planning methods include 10- and 5-year IUDs; 5-, 4-, and 3-year hormonal implants; and female and male sterilizations. Short-term family planning methods include 1-, 2-, and 3-month injectable contraceptives; oral contraceptives; emergency contraception pills; male and female condoms; Standard Days Method (SDM); lactational amenorrhea method (LAM); fertility awareness methods; vaginal ring or patch; and the diaphragm.

### Learn more about DALYs

DALYs averted is a summary estimate of health benefits resulting from avoiding a disease or unintended pregnancies. One DALY averted means that the services provided by a franchise resulted in the avoidance of one year of morbidity or lost life. The DALYs averted metric enables health impact measurement across countries, programs, and health service areas. Some programs already calculate and report an estimate of this value, though the methods used can vary. As the authors of this publication used a standardized approach across all programs to calculate DALYs averted, the estimates reported here may diverge from those reported by the programs themselves. This approach was agreed upon by the SF4Health Metrics Working Group (MWG), which has adopted models created by Marie Stopes International and Population Services International.

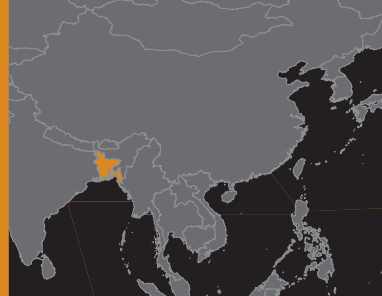
Previous editions of this publication presented health impact data in the form of couple years of protection (CYPs). However, CYPs only measure the health impact of family planning services and commodities. This move toward the use of DALYs acknowledges the wide range of services that are now offered by social franchise programs. The model for calculating DALYs within a country also accounts for country-specific factors that enhance or diminish the health impact of an intervention.

The use of DALYs averted to measure health impact has limitations. Unlike CYPs, DALYs averted are not well-established as a metric for health impact. It can be difficult for a casual observer to immediately recognize the significance of the statement, “averting a year of mortality or morbidity.” DALYs averted are also entirely dependent upon the availability and validity of models that are used to generate the DALY conversion factors, along with the underlying assumptions. There is also much debate about the precise methodology to use for modeling DALYs averted, though for this publication, the MWG was able to agree upon a common calculation method.

It is important to note that DALYs averted cannot yet be calculated globally for a number of health services offered by franchise programs, including antenatal care, safe delivery services, post-natal care, and the provision of antiretroviral therapy. Cervical cancer screening and referral services were also not included in the 2012 estimates. Where service statistics were not reported, health impact estimates were not calculated. The overall health impact of some programs may therefore be underestimated.

The **Population Services International** website includes links to *Frequently Asked Questions* on the use of DALYs averted as a measure of health impact.

[psi.org/resources/disability-adjusted-life-years-dalys/daly-faq](http://psi.org/resources/disability-adjusted-life-years-dalys/daly-faq)



## Public health statistics

**Population:** 150,493,661

**Percentage of population living in rural areas:** 74%

**Source of health care:** 14% public and 86% private

**Total fertility rate:** 2.3

**Percentage of currently married women with an unmet need for family planning:** 13.5%

**Percentage of live births delivered at a facility:** 23.3%

**Maternal mortality ratio:** 240/100,000 live births

**HIV prevalence among people 15–49:** <0.1%

## Overview of social franchise programs operating in Bangladesh

**Total number of clinical social franchising programs:** 2

**Total number of franchised outlets:** 3,791

Program	Services	Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
Blue Star	FP   SRH/HIV   MNCH   TB   Malaria   Other ●   ●   ●	81% rural 19% urban	3,791 pharmacies	3,791 pharmacy shopkeepers
Smiling Sun*				

\*Data not available.

The **Blue Star** franchise is a network of 3,791 pharmacies that offers basic health, family planning (FP) and nutrition-related services, or serve as referral sites. The program plans to expand the standard package of services to include the emergency contraceptive pill, IUD implants, sanitary napkins, an electrolyte drink, bundled ORS-Zinc, and certain vaccines. Select network providers will also be trained in the provision of integrated management of childhood illness and TB-DOTS (directly observed treatment, short-course).

The providers are primarily non-graduate medical practitioners, and outlets are spread across 64 districts.

1,236,746 total visits were recorded in 2012.

### Services

- Contraceptives: oral, injectables, male condoms, and referrals for long-acting and permanent contraception
- FP counseling
- Provision of safe-delivery kits
- Basic maternal, newborn and child health services and referrals
- Diarrheal disease treatment
- Provision of zinc, vitamins, and micronutrient powder
- Screening and referral of people with a presumptive TB diagnosis

### Funds and financing

USAID was the primary donor in 2012. Franchisors were not charged fees for membership. Patients paid for 100% of service costs out-of-pocket

### Operations

A private health practitioner becomes a Blue Star provider after meeting selection criteria, signing a partnership agreement to deliver a defined package of services, and attending a training course.

Enlisted providers are expected to keep records and send reports to Social Marketing Company (SMC). The franchise program reports that regular reporting and record-keeping by doctors is an ongoing challenge, and it plans to decentralize the location of monitoring personnel. The program also plans to develop a real-time reporting system using mobile phone technology.

SMC provides training, quality assurance (QA) visits, on-site technical assistance and behavior change communication support. SMC also coordinates supply and commodity logistics and promotes the social franchise brand through local and mass media. QA and performance monitoring methods include site inspections (2/year), external quality audits (1/year), and franchise performance benchmarking (2/year).

Note: CYPs and DALYs not reported.





## Public health statistics

**Population:** 9,099,924

**Percentage of population living in rural areas:** 58.6%

**Source of health care:** 35.8% public and 64.2% private

**Total fertility rate:** 5.7

**Percentage of currently married women with an unmet need for family planning:** 27.3%

**Percentage of live births delivered at a facility:** 78.1%

**Maternal mortality ratio:** 350/100,000 live births

**HIV prevalence among people 15–49:** 1.2%

## Overview of social franchise programs operating in Benin

**Total number of clinical social franchising programs:** 1

**Total number of franchised outlets:** 185

Program	Services						Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
Protection de la Famille (ProFam)	FP	SRH/HIV	MNCH	TB	Malaria	Other	100% urban	3 hospitals 179 clinics 3 mobile clinics	69 doctors 43 nurses 76 midwives 2 lab technicians 4 clinic assistants Community health workers

In 2004, in collaboration with the Ministry of Health and USAID, Population Services International/Association Béninoise Pour le Marketing Social (ABMS) created a social franchising network to deliver a range of sexual, reproductive, maternal and child health services. The network now includes 32 ProFam clinics, three hospitals, 147 stationary and three mobile clinics in urban areas in eight states. Most ProFam franchise outlets are in the private sector, though the program plans to offer franchise services at 30 public clinics. With ABMS support, ProFam clinics the delivery services and supplies, and create community demand for health products.

57,227 clients were served, and 99,339 total visits were recorded in 2012.

### Services

- Contraceptives: male and female condoms, oral, injectables, 5-year hormonal implants, 10-year IUDs, Standard Days Method, and lactational amenorrhea method
- Family planning counseling and post-partum counseling for couples
- Cervical cancer screening
- Antenatal care, active management of third stage of labor, prevention of post-partum hemorrhage, prevention of mother-to-child transmission of HIV, obstetric fistula screening and referrals to specialized centers
- Integrated management of childhood illness services are provided in select clinics
- Post-abortion care services

### Funds and financing

USAID, the Dutch government, the German government, and an anonymous donor provided USD 945,000, and in-kind contributions of commodities in 2012. ProFam spent USD 945,000 on program expenses.

ProFam franchisees paid a membership fee of USD 40 per outlet.

For clients, the majority of service costs (90%) were out-of-pocket, and approximately 10% were free.

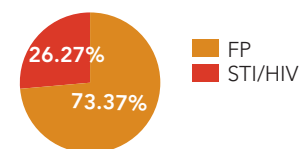
### Operations

Several outlets operate as full franchises. The remainder offer approximately 20% franchised commodities and services, in addition to non-franchised care. As network members, providers receive training, supervision, supplies, accreditation, advertising, referrals, and subsidized or free products. Under the model, demand for franchised services is generated through the activities of community health workers.

Quality assurance and performance monitoring methods include site inspections (4/year), external clinic audits (1/year), client exit interviews (1/year), provider surveys (1/year), and franchise performance benchmarking (2/year). Community mapping exercises (1/year) also inform assessments. The approach to quality improvement is guided by the standards-based management and recognition approach pioneered by Jhpiego. Providers are given feedback and refresher trainings or on-site coaching to address areas of low performance. They are also provided with medical technical equipment and rewarded for high-performance. Providers that fail to improve performance despite repeated supervisory and on-site coaching visits and refresher trainings are considered for disqualification from the network.

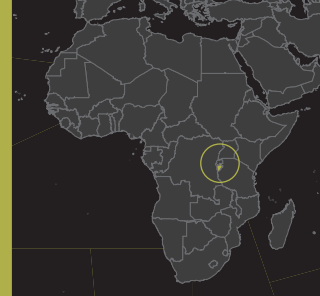
CYPs 2011: 68,318  
CYPs 2012: 251,331\*  
DALYs averted: 297,789\*

Percent contribution to overall health impact (DALYs averted)



\*Does not include impact estimates for Standard Days Method and cervical cancer screening.





## Public health statistics

**Population:** 8,575,172

**Percent of population living in rural areas:** 89%

**Source of health care:** data not available

**Total fertility rate:** 6.4

**Percentage of currently married women with an unmet need for family planning:** 32.4%

**Percentage of live births delivered at a facility:** data not available

**Maternal mortality ratio:** 800/100,000 live births

**HIV prevalence among people 15–49:** 1.3%

## Overview of social franchise programs operating in Burundi

**Total number of clinical social franchising programs:** 1

**Total number of franchised outlets:** 42

Program	Services						Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
LifeNet International	FP	SRH/HIV	MNCH	TB	Malaria	Other	90% rural 10% urban	4 hospitals 38 clinics	4 nurses 3 assistants/ drivers 7 others

**LifeNet International (LN)** improves the quality of primary medical care and clinic management in a network of LN franchised church-based clinics and hospitals. The network includes 42 clinics and hospitals from various church denominations, located in 13 provinces of Burundi, and representing about 47,000 patient visits per month. All franchised outlets are part of the public health system.

### Services provided to LifeNet franchisees

- Nurse-to-nurse training
- Business management training
- Pharmaceutical supply chain management and distribution
- Loans for growth and medical equipment

### Funds and financing

In 2012, LN had a program expenditure of USD 364,235 and generated a revenue of USD 10,390.

Providers did not pay a fee to join the network, but did pay market prices for essential medicines, and made in-kind contributions to LifeNet trainers for lodging and food.

Patients at LN clinics paid for 100% of service costs out-of-pocket.

### Operations

Nurses and business trainers from the country hub in Bujumbura travel to upcountry church-based clinics to train providers in various skills. Along with training, providers also receive access to subsidized goods.

Quality assurance and performance monitoring methods include performance benchmarking, regular clinical assessment visits (4/year) and in-person medical training tests (12/year) to ensure learning. LN uses the findings from these assessments to fill out an overall score card for quality. LN plans to incorporate additional key performance indicators in the future to evaluate progress.

In 2013, LN plans to continue improvement of currently offered services and to launch an equipment loans project along with pharmacy inventory financing.

Note: CYPs and DALYs not reported.





## Public health statistics

**Population:** 14,305,182

**Percentage of population living in rural areas:** 79%

**Source of health care:** 22.6% public and 77.4% private

**Total fertility rate:** 3

**Percentage of currently married women with an unmet need for family planning:** 16.9%

**Percentage of live births delivered at a facility:** 53.8%

**Maternal mortality ratio:** 250/100,000 live births

**HIV prevalence among people 15–49<sup>1</sup>:** 0.6%

## Overview of social franchise programs operating in Cambodia

**Total number of clinical social franchising programs:** 1

**Total number of franchised outlets:** 177

Program	Services	Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
Sun Quality Health Network	FP   SRH/HIV   MNCH   TB   Malaria   Other ●   ●	23% rural 77% urban	1 hospital 3 clinics 2 poly-clinics 171 health care rooms	35 doctors 16 nurses 193 midwives 17 medical assistants

Population Services International Cambodia, in partnership with the Ministry of Health and Provincial Health Department, manages a network of 177 branded outlets in 17 districts that deliver franchised reproductive health services under the name **Sun Quality Health Network (SQH)**. Providers are located primarily in urban areas.

17,460 clients were served and 40,342 total visits were recorded in 2012.

### Services

- Contraceptives: oral, injectables, 3- and 5-year hormonal implants, and 10-year IUDs
- Medical abortion and post-abortion care services

### Funds and financing

SQH received funds from USAID for family planning services. The program received contributions from an anonymous donor to finance abortion-related services. SQH received In-kind contributions of various contraceptives and Medabon, an abortion medication.

Network providers received USD 500 to USD 1,000 for participation in the network.

Clients paid for all service costs out-of-pocket.

### Operations

Providers offer approximately 50% franchised services within their outlets. Once every quarter, during supportive supervision days, SQH community mobilizers refer eligible women to receive regular and discounted services. 36 full-time program staff support program operations.

Quality assurance and performance monitoring methods include site inspections (4/year), external clinic audits (1/year), internal clinic audits (1/year), provider surveys (1/year), and franchise performance benchmarking (4/year). Performance data is used to inform personalized coaching for networked providers.

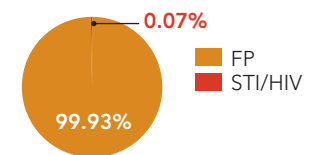
The program reports that there are conditions under which franchisees can be disqualified from continued participation in the network. Outlets can be removed from the network under certain circumstances: they are not legally registered or licensed for a period of six months or are banned or terminated by a public agency; their medical certification is fake; they are unwilling to provide long-term methods services for a six month consecutive period or show no evidence of improvement in long-term methods services over the period of one year; they fail to send monthly reports for a six month consecutive period; or they reject three consecutive supportive supervision visits.

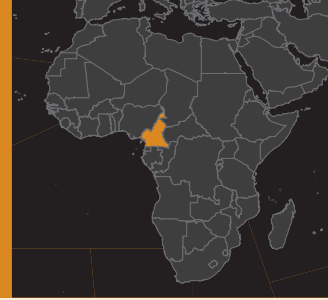
**CYPs 2011:** 64,539

**CYPs 2012:** 76,667

**DALYs averted:** 33,405

**Percent contribution to overall health impact (DALYs averted)**





## Public health statistics

**Population:** 20,030,359

**Percentage of population living in rural areas:** 46.1%

**Source of health care:** 39.3% public and 60.7% private

**Total fertility rate:** 5.1

**Percentage of currently married women with an unmet need for family planning:** 23.5%

**Percentage of live births delivered at a facility:** 61.2%

**Maternal mortality ratio:** 690/100,000 live births

**HIV prevalence among people 15–49:** 4.6%

## Overview of social franchise programs operating in Cameroon

**Total number of clinical social franchising programs:** 1

**Total number of franchised outlets:** 64

Program	Services	Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
Réseau ProFam	FP   SRH/HIV   MNCH   TB   Malaria   Other ●   ●   ●	20% rural 80% urban	6 hospitals 58 clinics	1 doctor 13 nurses 58 community health workers or outreach workers 5 interpersonal communications personnel



**Réseau ProFam** is a network of six hospitals and 58 clinics that provide family planning, voluntary counseling and testing (VCT) for HIV, and prevention of mother-to-child transmission (PMTCT) of HIV services. First launched in Yaoundé City in 2003, the outlets are now located across the Nord-West, Centre and Littoral regions of Cameroon.

39,454 total visits were recorded in 2012.

### Services

- Contraceptives: oral, 1-,2-, and 3-month injectables, vaginal rings or patches, 5-year hormonal implants, and 10-year IUDs
- Cervical cancer screening
- VCT and PMTCT
- Integrated management of childhood illness
- Post-abortion care services

### Funds and financing

In 2012, Réseau ProFam received USD 196,000 from the Netherlands government, STBF, and an anonymous donor. The program also received fully subsidized IUDs, oral and injectable contraceptives, Jadelle and misoprostol, and partially subsidized implant Jadelle.

Providers each paid an annual fee of USD 60 to participate in the network.

80% of health service costs were paid out-of-pocket, 10% were covered through vouchers and 10% were provided free-of-charge to clients.

### Operations

14 in-country full-time personnel support program operations.

Approximately 40% of outlets are fully franchised, while the remainder offer about 15% franchised clinical services.

As franchisees, providers receive trainings, equipment, marketing and publicity. Community Health Workers play a critical role in raising awareness about the availability of franchised services.

Quality assurance and performance monitoring methods include site inspections (12/year), internal clinic audits (4/year), external clinic audits (1/year), mystery clients (1/year), client satisfaction surveys, client focus groups or other qualitative reviews (1/year), quantitative reviews to assess provider knowledge (1/2years), and provider self-assessments (12/year). Providers are typically evaluated on technical competence, patient confidentiality, informed choice and client security. Data are used to provide feedback to providers, inform training and supportive supervision visits, and to assist in performance management.

Note: CYPs and DALYs not reported.



## Public health statistics

**Population:** 1,355,243,242

**Percentage of population living in rural areas:** data not available

**Source of health care:** data not available

**Total fertility rate:** data not available

**Percentage of currently married women with an unmet need for family planning:** data not available

**Percentage of live births delivered at a facility:** data not available

**Maternal mortality ratio:** 37/100,000 live births

**HIV prevalence among people 15–49:** <0.1%

## Overview of social franchise programs operating in China

**Total number of clinical social franchising programs:** 1

**Total number of franchised outlets:** 4

Program	Services						Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
Clinical Health Network	FP	SRH/HIV	MNCH	TB	Malaria	Other	100% urban	4 community health centers)	12 doctors 10 nurses 16 lab technicians 4 counselors or social workers

# Clinical Health Network

## Population Services International/China

In 2012, Population Services International/China, in collaboration with the Kunming AIDS Bureau and four Community Health Service Centers, developed a **Clinical Health Network** (CHN) that caters to the needs of most-at-risk populations. The CHN was created to increase access to a range of HIV and TB preventive, screening and referral services for this population, enhance the quality of care for all service recipients, and ensure costs are controlled.

240 clients were served, and 251 total visits were recorded in 2012.

### Services

- HIV rapid testing, Hepatitis B testing and vaccination, Hepatitis C testing and counseling, sexually transmitted infections screening, and symptomatic screening to identify TB suspects among most-at-risk people
- If the CHN provider deems further treatment is required, the client is referred to a Government of China diagnostic and treatment center.

### Funds and financing

In 2012, USAID contributed USD 50,000 to the program. The program also received in-kind contributions of HIV test kits, male condoms and lubricant. CHN spent approximately USD 30,000 to run the franchise program.

Performance-based financing and a reimbursement system are in place to minimize the client's cost burden and incentivize providers to adhere to quality standards.

Clients primarily paid for service costs through vouchers (90%), while the remainder of payments were covered by insurance (5%) or paid out-of-pocket (5%).

### Operations

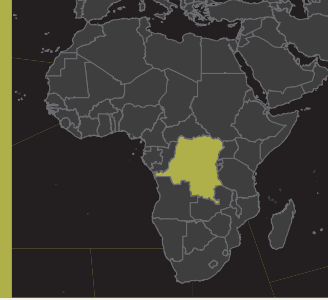
The CHN program sites provide approximately 15% franchised services. Two centers are public, while two are semi-private. There are no full-time staff allocated to the CHN social franchising program.

CHN creates demand for services through partner outreach activities. Also, when possible, peer educators escort clients to the CHN provider and follow up with them by telephone or SMS. Network providers receive training on methods to reduce stigma and discrimination and improve performance.

Quality assurance and performance monitoring methods include site inspections (12/year), mystery clients (4/year), vignettes (1/year), client exit interviews, qualitative reviews with providers (3/year), provider surveys (1/year), franchise performance benchmarking (2/year), community interviews, including among treatment defaulters (4/year), and mapping studies (1/year). Mystery client surveys are reported to be the most useful tools to measure quality. Data from assessments inform initial trainings, refresher trainings, and supportive supervision visits.

Note: CYPs and DALYs not reported.

# DEMOCRATIC REPUBLIC OF THE CONGO



## Public health statistics

**Population:** 67,757,576

**Percentage of population living in rural areas:** 54.6%

**Source of health care:** 43.9% public and 56.1% private

**Total fertility rate:** 6.3

**Percentage of currently married women with an unmet need for family planning:** 26.9%

**Percentage of live births delivered at a facility:** 70.1%

**Maternal mortality ratio:** 540/100,000 live births

**HIV prevalence among people 15–49:** 1.3%

## Overview of social franchise programs operating in the Democratic Republic of the Congo

**Total number of clinical social franchising programs:** 1

**Total number of franchised outlets:** 138

Program	Services						Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
	FP	SRH/HIV	MNCH	TB	Malaria	Other			
Association de Santé Familiale Réseau Confiance	●		●			●	90% rural 10% urban	138 clinics	62 doctors 214 nurses 144 community health workers

# Association de Santé Familiale Réseau Confiance

## Population Services International

Through 138 fully franchised private clinics, the **Association de Santé Familiale Réseau Confiance** (Confiance network) provides family planning services in nine provinces. The program has recently introduced post-partum intra-uterine device insertion into five pilot public clinic sites, in partnership with the Reproductive Health National Program.

32,445 new clients were served, and 192,643 total visits were recorded in 2012.

### Services

- Contraceptives: male and female condoms, Standard Days Method, oral, 3-month injectables, 5-year hormonal implants, 10-year IUDs, and post-partum IUDs
- Provision of safe delivery kits
- Provision of water purification sachets and chlorine tablets

### Funds and financing

In 2012, USAID contributed USD 3,481,892. The program also received In-kind contributions of various family planning (FP) methods. USD 164,832 was generated in sales of FP supplies or services.

Franchisees were not charged membership fees. Clients paid for 100% of service costs out-of-pocket.

### Operations

The franchise program is supported by 20 full-time staff. A contraceptive distribution network, including pharmaceutical wholesalers responsible for replenishing the retail pharmacies' stock, also supports franchise operations.

Community health workers create demand for services, and distribute oral contraceptives, cycle beads and condoms outside of the clinic. They also work for the toll-free program hotline.

Quality assurance and performance monitoring methods include:

- All franchisees and Population Services International staff have completed a USAID training for FP legislative and policy requirements.
- Site inspections (12/year), internal clinic audits (1/year), client satisfaction surveys (1/year), franchise performance benchmarking (4/year) and provider self-assessments (4/year) are used to assess performance.
- The supervision strategy has shifted from internal monthly supervision visits done by Population Services International teams to joint quarterly supervision visits done with the Family Planning National Program.

Data from quality assurance (QA) audits conducted in two provinces are being used to update communications strategies, improve quality of service-delivery, and update the network QA plan. The program's national supervision checklist for QA was recently updated with the Reproductive Health National Program.

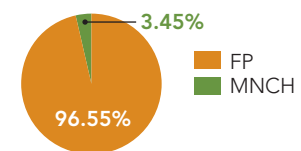
In 2012, an SMS-based referral system was established to report adverse events.

**CYPs 2011:** 169,394

**CYPs 2012:** 206,290

**DALYs averted:** 246,862

**Percent contribution to overall health impact (DALYs averted)**





## Public health statistics

**Population:** 6,227,489

**Percentage of population living in rural areas:** 43.3%

**Source of health care:** data not available

**Total fertility rate:** 4.2

**Percentage of currently married women with an unmet need for family planning:** data not available

**Percentage of live births delivered at a facility:** 84.2%

**Maternal mortality ratio:** 81/100,000 live births

**HIV prevalence among people 15–49:** 0.6%

## Overview of social franchise programs operating in El Salvador

**Total number of clinical social franchising programs:** 1

**Total number of franchised outlets:** 52

Program	Services						Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
Red Segura	FP	SRH/HIV	MNCH	TB	Malaria	Other	20% rural 80% urban	52 clinics	52 doctors  16 outreach workers
	●	●	●						

**Red Segura** (which means "safe network" in Spanish) is a network of 50 private sector clinics and two municipal clinics that offer affordable counseling and reproductive health services (RH).

Red Segura is also affiliated with an affordable brand of oral contraceptives called "Segura Plus" (Extra Safe), which is socially marketed in pharmacies nationwide by Pan American Social Marketing Organization (PASMO).

To create demand for RH services, Red Segura outreach workers conduct outreach with potential clients in factories, markets, shopping centers, beauty salons, women's groups meetings, university campuses, and municipal fairs. Clinics are present in seven departments and the majority of clinics are centered in the San Salvador metropolitan area.

3,600 total visits were recorded in 2012.

### Services

- Contraceptives: oral, injectables, IUDs, and hormonal implants
- Cervical cancer screening
- Post-abortion care services

### Funds and financing

In 2012, Red Segura was supported by an anonymous donor. Data on program expenditure and revenue was not available.

90% of service costs were paid for out-of-pocket, 5% with vouchers, and 5% with insurance.

### Operations

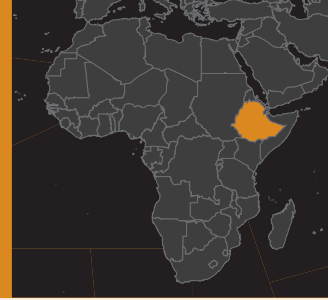
When a franchisee joins Red Segura, they receive training, brand visibility, access to preferential pricing for medical supplies, quality assurance visits, and supportive supervision. Red Segura also employs outreach workers, called *educadores*, who are staff or consultants paid by PASMO. These outreach workers are responsible for brand promotion and demand generation, family planning counseling, referrals, and support for brand event days.

The proportion of franchised services offered in each facility varies depending on the type of provider. For providers of gynecological care, Red Segura franchised services account for approximately 70% of services, in contrast with approximately 20% for general practitioners.

Quality assurance and performance monitoring methods include regular site visits, client satisfaction surveys, periodic clinical audits (internal and external), performance benchmarking, and provider surveys done on a quarterly basis. Red Segura uses the findings of these assessments to regularly evaluate the performance of providers and to address issues with providers who are not reaching quality standards.

Note: CYPs and DALYs not reported.





## Public health statistics

**Population:** 84,734,260

**Percentage of population living in rural areas:** 76.1%

**Source of health care:** 69.6% public and 30.4% private

**Total fertility rate:** 4.8

**Percentage of currently married women with an unmet need for family planning:** 26.3%

**Percentage of live births delivered at a facility:** 9.9%

**Maternal mortality ratio:** 350/100,000 live births

**HIV prevalence among people 15–49:** 1.4%

## Overview of social franchise programs operating in Ethiopia

**Total number of clinical social franchising programs:** 1

**Total number of franchised outlets:** 509

Program	Services	Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
BlueStar Healthcare Network	FP ●   SRH/HIV   MNCH ●   TB   Malaria   Other	10% rural 90% urban	4 hospitals 505 clinics	172 doctors 1,065 nurses 343 lab technicians 253 health officers



# BlueStar Healthcare Network

## Marie Stopes International Ethiopia

The **BlueStar Healthcare Network** is primarily dedicated to the delivery of short- and long-acting family planning (FP) services through a network of hospitals and clinics. The network has begun integrating other sexual and reproductive health services, including diagnosis and treatment of sexually transmitted infections, and provider-initiated HIV testing and counseling. Franchises now operate in six of the nine regional states and in the two city administrations.

Approximately 400,000 total visits were recorded in 2012.

### Services

- Contraceptives: emergency pills, 3-month injectables, 3-, 4- and 5-year hormonal implants, and 10-year IUDs, male and female sterilization
- Surgical and medical abortions

### Funds and finances

In 2012, the State of the Netherlands, DFID, USAID, and an anonymous donor contributed USD 4,695,544. USAID funds were used for FP services. The program spent USD 3.74 million to run the network. USD 225,000 was raised in revenue from the sale of services or supplies.

Franchisees paid an annual fee of USD 3, 6 or 9 depending on clinic size. Clients paid for all service costs out-of pocket.

A plan to implement a voucher system is currently under study. A scheme to enable franchisees to access loans to finance procurement of goods/services or to upgrade facilities is being introduced this year.

### Operations

The program is supported by 37 full-time in-country program staff.

All outlets are fractional franchisees, offering approximately 15% franchised services. As franchisees, providers receive training to improve clinical services and business skills. Outlets are branded with the BlueStar Healthcare Network design, which includes the painting of the exterior and planting of signs. Marketing is done to promote use of services at the franchises, and providers are given promotional materials, subsidized medical equipment and family planning commodities. Providers are also integrated into the broader network, which facilitates referrals and clinic-to-clinic interactions.

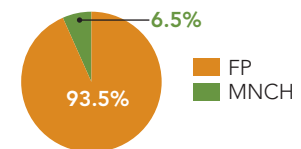
Franchisees also receive periodic supportive supervision visits by the franchisor staff or external consultants. Quality assurance and performance monitoring methods include site inspections (6/year), internal clinic audits (1/year), external clinic audits (1/year), client exit interviews (1/year), client focus groups or qualitative reviews (1/year), provider surveys (1/year), franchise performance benchmarking (1/year), and mapping studies (1/year). Data on quality are captured in a follow-up sheet, activities are assigned to the franchisee and franchisor, and the field officers follow up regarding proper implementation of action items within a specific time frame. Program personnel report that the quality assessment checklist and provider ranking tools are the most informative measurement tools.

**CYPs 2011:** 101,808

**CYPs 2012:** 183,322

**DALYs averted:** 189,613

**Percent contribution to overall health impact (DALYs averted)**





## Public health statistics

**Population:** 24,965,819

**Percentage of population living in rural areas:** 51.5%

**Source of health care:** 55% public and 45% private

**Total fertility rate:** 4

**Percentage of currently married women with an unmet need for family planning:** 35.7%

**Percentage of live births delivered at a facility:** 57.1%

**Maternal mortality ratio:** 450/100,000 live births

**HIV prevalence among people 15–49:** 1.5%

## Overview of social franchise programs operating in Ghana

**Total number of clinical social franchising programs:** 2

**Total number of franchised outlets:** 120\*

Program	Services	Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
BlueStar Healthcare Network	FP   SRH/HIV   MNCH   TB   Malaria   Other	40% rural 60% urban	11 hospitals 42 clinics 51 maternity homes 9 pharmacies 7 chemical shops	46 doctors 3 nurses 62 midwives 9 pharmacists 7 drug/chemical sellers
The HealthKeepers Network	●	10% rural 90% urban	They offer mobile health outreach through community-based distributors	634 community-based distributors

\*The HealthKeepers Network does not provide services through outlets.

# BlueStar Healthcare Network

## Marie Stopes International Ghana

**BlueStar Healthcare Network** is a network of medical providers and shopkeepers that are trained to deliver family planning and sexual and reproductive health services to their communities. In 2012, the network included 51 maternity homes, 42 clinics, 11 hospitals, nine pharmacies, and seven chemical shops that operated in three administrative regions in Ghana.

116,000 total visits were recorded in 2012.

### Services

- Contraceptives: oral, 2- and 3-month injectables, emergency, 10-year IUDs, and 5-year hormonal implants
- Medical abortions and post-abortion care services
- Screening and treatment of sexually transmitted infections

### Funds and financing

In 2012, the program received USD 300,000 from an anonymous donor. The program reported an expenditure of USD 240,854 on franchise activities and a total revenue of USD 24,443.

Providers paid an annual fee at a rate of USD 62.50 per clinic, USD 43.70 per pharmacy, and USD 25 per chemical shop.

Clients paid for all medical service costs out-of-pocket. The program plans to use third party financing mechanisms to alleviate the cost burden on clients.

### Operations

Network outlets deliver approximately 40% franchised services. As franchisees, providers are offered training, supplies, branding, and marketing support. 15 full-time in-country staff support program operations.

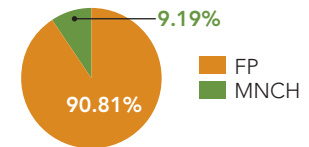
Quality assurance and performance monitoring methods include internal clinic audits (1/year), external clinic audits (1/year), client exit interviews (1/year), mystery clients (1/year), franchise performance benchmarking (1/year), mapping studies (1/year), and a non-medical quality assurance (QA) tool known as starscan. The program reports that a BlueStar-produced checklist specially designed for the franchisees is particularly useful as a QA tool. It allows for assessment of clinical governance, client satisfaction, family planning counseling, infection prevention/emergency preparedness, supplies and procurement. Once analyzed, the QA data inform action plans and associated budgets/resource plans.

CYPs 2011: 19,204

CYPs 2012: 25,092

DALYs averted: 19,321

Percent contribution to overall health impact (DALYs averted)



The **HealthKeepers Network** trains and franchises mostly local women—the HealthKeepers—to bring essential commodities to people’s doorsteps. The HealthKeepers also advise on their use, and offer referrals to clinics or hospitals. The network includes 634 HealthKeepers in four administrative regions in Ghana.

The program plans to provide family planning and HIV prevention services to commercial vehicle drivers and licensed chemical sellers in 2013.

646,680 total visits were recorded in 2012.

### Services

- Oral contraceptives and male condoms
- Health products

### Funds and financing

In 2012, USAID contributed to the program, and the program also received subsidized condoms, oral contraceptives and lubricants. Healthkeepers also raised USD 48,000 in revenue. USD 150,000 was spent to run the program.

HealthKeepers purchase commodities, and in turn, sell them at a profit.

### Operations

13 full-time staff support program operations. The staff assure quality of services by visiting HealthKeepers once a month. Data on quality is used to support business decisions, inform program improvement and policy formulation.

As franchisees, HealthKeepers receive induction and ongoing trainings and collateral for branding their operations. A start-up kit including some commodities is also supplied on loan.

The program reports that encouraging HealthKeepers to document referrals and maintain reliable records has been a challenge. Plans are underway to simplify the reporting

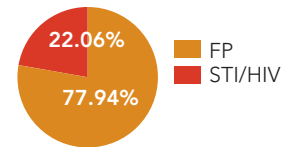
forms, and field personnel have begun intensifying trainings on how to write up referrals. Condom sales among shy HealthKeepers is also reported as a challenge. In response, HealthKeepers with a recognized record of condom sales are providing support to motivate their peers. Women who continue to feel shy are encouraged to sell condoms to Licensed Chemical Sellers at a profit margin, and a pilot strategy to bring men into the HealthKeepers distribution network is underway.

CYPs 2011: 3,839

CYPs 2012: 4,936

DALYs averted: 3,580

Percent contribution to overall health impact (DALYs averted)



## Public health statistics

**Population:** 14,757,316

**Percentage of population living in rural areas:** 55%

**Source of health care:** data not available

**Total fertility rate:** 5

**Percentage of currently married women with an unmet need for family planning:** data not available

**Percentage of live births delivered at a facility:** 51.2%

**Maternal mortality ratio:** 120/100,000 live births

**HIV prevalence among people 15–49:** 0.8%

## Overview of social franchise programs operating in Guatemala

**Total number of clinical social franchising programs:** 1

**Total number of franchised outlets:** 307

Program	Services						Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
Red Segura	FP	SRH/HIV	MNCH	TB	Malaria	Other	100% urban	307 clinics	Doctors Nurses (Numbers not available)

# Red Segura

## Population Services International/Pan American Social Marketing Organization

**Red Segura** launched in 2010 with a mandate to offer family planning (FP) and reproductive health (RH) services, especially long-term FP methods, to women of reproductive age. 307 clinics offer franchised services in urban locations in 17 of 22 administrative departments throughout the country. Plans are underway to apply a “total market approach” (TMA) to the provision of FP/reproductive health commodities in 2013, and to open franchise clinics that cater to adolescents. TMA, which calls for a segmented multi-sectoral approach, will be implemented in 32 public sector health facilities and eight public hospitals.

11,612 total visits were recorded in 2012.

### Services

- Contraceptives: male condoms, oral; injectables, 5-year hormonal implants, and 10-year IUDs
- Provision of clean delivery kits
- Post-abortion care services

### Funds and financing

In 2012, an anonymous donor contributed funds, and the program received IUD360, Jadelle, misoprostol, and biosecurity products. RedSegura raised USD 102,600 in revenue from the sale of all franchised services or products. The program reported approximately USD 1 million in expenses that same year.

Clients paid for 98% of service costs out-of-pocket, and 2% were provided for free.

### Operations

All network clinics operate under a fractional franchise model, delivering approximately 25% franchised services. Participating providers receive supplies, equipment, training, advertising and promotional items as a benefit of membership.

Providers are audited and supervised, as part of the contractual agreement. 54 full-time in-country staff directly support this process. Quality assurance and performance monitoring methods include site/medical audits by master trainers (1/year), inspections/observations (7/year), external audits (9 sites overall), client exit interviews, quantitative assessments of provider knowledge (1/2 years), franchise performance benchmarking (1/year), and sales visits (7/year).

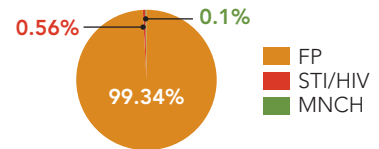
The program reports that its clinical audit checklist is the most useful tool to gauge service quality, as it allows the medical auditor to identify weaker areas in performance and develop site-specific recommendations for improvement. Monthly reports are also noted as useful for facilitating supervision from the central level.

**CYPs 2011:** 33,351

**CYPs 2012:** 77,926

**DALYs averted:** 20,327

**Percent contribution to overall health impact (DALYs averted)**



## Public health statistics

Population: 1,241,491,963

Percentage of population living in rural areas: 67.2%

Source of health care: 22.1% public and 77.9% private

Total fertility rate: 2.7

Percentage of currently married women with an unmet need for family planning: 13.9%

Percentage of live births delivered at a facility: 38.2%

Maternal mortality ratio: 200/100,000 live births

HIV prevalence among people 15–49: data not available

## Overview of social franchise programs operating in India

Total number of clinical social franchising programs: 5

Total number of franchised outlets: 35,706

Program	Services	Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
Marie Stopes International India	FP ● SRH/HIV MNCH ● TB Malaria Other	25% rural 75% urban	78 clinics 18,000 pharmacies	72 doctors; 65 nurses 25 lab technicians; 50 clinic assistants; 50 counselors/social workers
MerryGold Health Network	● ● ● ● ●	34% rural 66% urban	70 hospitals 170 clinics	350 doctors; 500 nurses; 300 midwives; 70 lab technicians; 150 clinic assistants; 10,500 community health workers
Saadhan	● ●	100% urban	908 clinics 10,000 pharmacies	908 private gynecologists and doctors; 10,000 pharmacists; 300 community and outreach workers
Surya	● ●	100% urban	1 hospitals 146 clinics 1 mobile clinic	300 doctors; 450 nurses; 50 midwives; 50 lab technicians; 100 clinic assistants; 98 counselors; 7,000 community health workers
World Health Partners	● ● ● ●	99% rural 1% urban	35 clinics 297 telemedicine Centers 6,000 pharmacies offer WHP-branded medicines*	14 teleconsultation doctors; 17 teleconsultation counselors/associates; 4,000+ rural health providers; 35 referral clinic doctors and pathologists

\*The pharmacies are not franchised, but do pay a fee to join the network, and serve as referral centers.



## Marie Stopes India

### Marie Stopes International

**Marie Stopes India** delivers family planning (FP) and comprehensive abortion care services to women through full and fractional franchises. As of February 2013, the project operates in ten districts in the state of Madhya Pradesh and has established 72 fractional and six full franchise clinics in peri-urban or rural areas. The network also includes 18,000 pharmacies. The program plans to create a network of 630 trained private providers in 50 districts of Madhya Pradesh over a period of three years.

#### Services

- Contraceptives: oral, injectable, emergency, male condoms, 5-year IUDs, and female sterilization
- FP services and counseling
- Abortion and post-abortion services, including post-abortion contraception

#### Funds and financing

In 2012, DFID contributed USD 1 million to the program.

Providers paid a joining fee of USD 100. In years 2 and 3, they will pay USD 120 and USD 180 respectively.

Clients paid for 95% of service costs out-of-pocket, and government reimbursements covered approximately 5% of costs. The program plans to institute third party financing mechanisms to cover male and female sterilization, IUDs, and medical termination of pregnancy.

#### Operations

An auditing and mapping process informed the selection of providers who met a minimum criteria for accessibility and qualifications. Eligible providers participated in an induction training covering clinical knowledge, abortion-related laws and regulations, data reporting mechanisms, infection prevention measures and other quality assurance practices.

The program employs 10 full-time in-country staff. Project personnel conduct routine supportive supervision visits, monitor services for quality and mentor clinicians. They also train sites, and support them to get accredited by local government bodies. The program conducts mid-media marketing and promotional activities to spur demand for services, and builds referral linkages between tertiary care hospitals and franchised outlets.

Quality assurance (QA) and performance monitoring methods include site inspections (1/year), qualitative reviews with clients (1/year), provider surveys (1/year), franchise performance benchmarking (1/year), community interviews (1/year), mapping studies (1/year), and participatory ethnographic evaluation and research (1/year). QA data is fed into management reports, and informs mentoring activities for providers. The program reports that the Marie Stopes International-produced quality audit checklist is the most valuable tool used for QA. In 2013, Marie Stopes India plans to audit for quality of counseling.

Note: CYPs and DALYs not reported.





# MerryGold Health Network

## Hindustan Latex Family Planning Promotion Trust (HLFPPT)

The **MerryGold** Health Network (MGHN) social franchising project was initiated in August 2007 in Uttar Pradesh by USAID, and specializes in the provision of family planning and reproductive health services. The tiered approach includes referral hospitals, clinics, and rural clinical services that offer maternal newborn and child health services. With support from Merck for Mothers, MGHN now operates in Rajasthan, and plans are underway to establish 19 MerryGold Hospitals and 38 MerrySilver clinics in 19 high priority districts.

65,000 clients were served, and 1,100,000 total visits were recorded in 2012.

### Services

- Infertility treatment
- Contraceptives: oral, injectables, condoms, IUDs, emergency pills, and sterilizations
- Abortions
- Cervical cancer screening
- Antenatal care (ANC)
- Safe delivery services
- Pneumonia management
- Breastfeeding promotion
- HIV voluntary counseling and testing

### Funds and financing

USAID and the National Rural Health Mission provided funding of approximately USD 500,000 to MGHN in 2012. MGHN program expenditure was USD 426,000 in 2012.

MerryGold hospital franchisees paid an annual fee of approximately USD 2,000 along with a royalty fee of 3% of total revenue. MerrySilver clinics paid an annual fee of USD 20.

90% of service costs were paid out-of-pocket, 5% through vouchers, and 5% were covered through government reimbursement.

### Operations

100 in-country staff members support MGHN operations. As franchisees, MGHN providers receive MerryGold/Silver brand promotions; support to create a referral network; back-end, outreach support, and HMIS support; quality assurance; medical audits; a link to government schemes; toll-free phone lines; and technical updates on new technologies. At MGHN facilities, approximately 70% of services are franchised.

Quality assurance and performance monitoring methods include regular site visits, periodic clinical audits (internal and external), mystery clients, client exit interviews, client focus groups, provider focus groups, provider surveys, performance benchmarking, provider self-assessments, and community-level interviews. Those who are found to be below quality standards receive guidance and training to improve quality.

In 2013, MGHN plans to strengthen its implementation of the Rural MerryGold tier in order to increase access to services among rural populations.

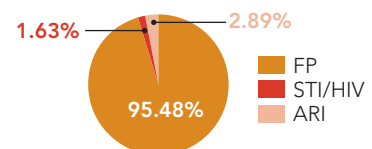
**CYPs 2011:** 107,451

**CYPs 2012:** 14,620

**DALYs averted:** 8,329\*

\*Does not include impact estimates for cervical cancer screening, ANC safe delivery services, and breastfeeding promotion.

**Percent contribution to overall health impact (DALYs averted)**



The **Saadhan** program in the Indian states of Uttar Pradesh, Rajasthan and Delhi works with private doctors to improve the range and quality of family planning and safe abortion services they offer. The Federation of Obstetrical & Gynecological Societies of India (FOGSI) is a partner in this initiative. 908 clinics and 10,000 pharmacies are currently enrolled, 300 outreach workers support operations, and 40 personnel coordinate the activities of the network.

Approximately 85,000 total visits were recorded in 2012.

### Services

- Medical abortion services
- Long- and short-term contraceptives

### Funds and financing

- In 2012, USD 8.6 million was received overall
- Clients paid for 100% of services out-of-pocket

### Operations

Medical doctors who specialize in gynecology, possess a diploma in obstetrics and gynecology, or have an MBBS certification and operate clinics in low- or middle-income areas are recruited to the network. They are also expected to meet a minimum clinical quality standard, and have at least five years of clinical practice.

Participating providers are oriented and updated in the 'no touch' technique of IUD and post-partum IUD insertion, post-abortion family planning techniques, and medical abortion. National guidelines on family planning and abortion services, job aids for counseling, IUD insertion, post-partum IUD insertion, medical abortion and instrument processing are also made available to them. Clinical support and paramedical staff are made aware of protocols to prevent infection.

40 social franchise network coordinators conduct site visits, routine communication, mystery client surveys, and exit interviews to monitor performance.

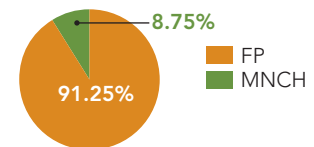
A toll free helpline is available for IUD clients, and the program has set up referral centers for adverse event management in each of the program districts.

**CYPs 2011:** 179,956

**CYPs 2012:** 324,391

**DALYs averted:** 175,895

**Percent contribution to overall health impact (DALYs averted)**



**Surya** is a franchise network that specializes in clinical family planning services. The network includes its own clinics, franchisee clinics operated by chemists/pharmacists and rural healthcare providers, a hospital and one mobile clinic. Surya plans to expand to an additional 10 mobile clinics in 2013. The program is operational in four states.

150,000 total visits were recorded in 2012.

### Services

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- Contraceptives: oral, IUDs, injectable, hormonal implants, emergency, sterilization
- Abortion services

### Funds and financing

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In 2012, Surya received USD 7.5 million in donor funding from the Packard Foundation, the Bill & Melinda Gates Foundation, the Government of India, and an anonymous donor. The program also received a fully subsidized supply of IUDs and partially subsidized condoms and oral contraceptives.

Clients paid for 30% of service costs out-of-pocket, and 70% were covered through a government reimbursement program.

### Operations

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Providers receive supplies, training, and client and marketing support, as a benefit of membership in the network.

Note: No further information reported.

**World Health Partners (WHP)** runs a multi-tiered network that links urban-based doctors and specialists to rural providers to provide medical consultations for patients remotely. The network includes a supply chain of WHP-branded medicine, and a network of urban-based referral clinics and pathology labs. The program operates in Uttar Pradesh and Bihar.

In 2012, WHP increased the number of their own SkyMed brand of medicines to 60 medicines in total, and began a pilot on a last-mile product delivery and lab sample transport system. An electronic TB adherence and patient tracking system was implemented in partnership with the Grameen Foundation's MOTECH platform. WHP also established three Unihealth clinics—two of which operate in block towns, and began provision of commercial TB drugs.

In 2013, WHP plans to launch a Merck for Mothers partnership with Pathfinder in three new districts in central Uttar Pradesh, introduce mobile training, mHealth tools, and updated clinical algorithms, and launch an East Africa pilot project.

688,257 total visits were recorded in 2012.

### Services

- Contraceptives: oral, injectable, emergency, 5-year IUDs, female sterilization, and male condoms
- Abortion services
- Diarrheal disease management
- TB diagnostic and treatment services
- Pneumonia disease management
- Visceral Leishmaniasis disease management

### Funds and financing

In 2012, WHP received USD 10.7 million in donor contributions, mainly from the Bill & Melinda Gates Foundation, Skoll Foundation, Merck for Mothers, and an anonymous donor. WHP received donated Visceral Leishmaniasis test kits and TB drugs.

WHP reported a program expenditure of USD 6 million in 2012, and generated revenue of USD 189,825. Revenue came from the sales of services and supplies, and initial outlays by rural health providers for computers, telecommunications diagnostic devices and other materials. Franchisees, in turn, earned revenue from treatment services. Under the agreement, franchisees are also required to provide less lucrative preventive and low-revenue services.

76% of service costs were paid out-of-pocket, the remainder were not charged to the client.

### Operations

Quality assurance and performance monitoring methods include regular site visits to telemedicine centers, client exit interviews (4/year), franchisee performance benchmarking (12/year), and regular provider surveys (1/year). Quality data are used for performance evaluation and quality improvement purposes. WHP emphasizes client satisfaction surveys and client exit interviews as a way to ensure that the voices of clients are heard, and this information informs program planning.

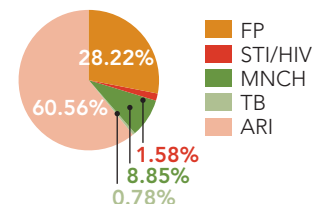
**CYPs 2011:** 67,474

**CYPs 2012:** 76,751

**DALYs averted:** 156,337\*

\*Does not include impact estimates for Visceral Leishmaniasis.

**Percent contribution to overall health impact (DALYs averted)**





## Public health statistics

**Population:** 41,609,729

**Percentage of population living in rural areas:** 74.6%

**Source of health care:** 41.6% public and 58.4% private

**Total fertility rate:** 4.6

**Percentage of currently married women with an unmet need for family planning:** 25.6%

**Percentage of live births delivered at a facility:** 42.6%

**Maternal mortality ratio:** 360/100,000 live births

**HIV prevalence among people 15–49:** 6.4%

## Overview of social franchise programs operating in Kenya

**Total number of clinical social franchising programs:** 3

**Total number of franchised outlets:** 676

Program	Services						Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
	FP	SRH/HIV	MNCH	TB	Malaria	Other			
AMUA	●	●	●	●	●		80% rural 20% urban	58 hospitals 222 clinics	5 doctors 275 nurses (80% of nurses are also midwives) 85 lab technicians 280 clinic assistants Counselors/social workers are present in ap- proximately 20% of the hospitals 560 community health workers/ outreach workers
The HealthStore Foundation (Kenya) One Family Health (Rwanda)	●	●	●	●	●		90% rural 10% urban	80 clinics 21 drug/ chemical outlets	100 nurses 50 community health workers
Tunza Family Health	●	●	●		●		46% rural 54% urban	15 hospitals 280 clinics	4 doctors 247 nurses 44 clinical officers

**AMUA** is a social franchise program made up of 58 hospitals and 222 clinics. Franchisees operate in eight provinces and offer a range of services. In addition to sexual and reproductive health (SRH) and family planning (FP), AMUA recently introduced services for malaria, TB, and nutrition through the African Health Market for Equity initiative. AMUA is implemented on behalf of the Government of Kenya by Marie Stopes Kenya with funds from various donors (see below).

663,000 total visits were recorded in 2012.

### Services

- FP consultations and contraceptives: oral, emergency pills, fertility awareness methods, male condoms, 3-month injectables, 3-year hormonal implants, 5- and 10-year IUDs, female sterilization referrals, male sterilization procedures
- Cervical cancer screenings and referrals
- Treatment of vaginitis
- Skilled birth attendance and misoprostol for postpartum hemorrhage
- Prevention of mother-to-child transmission of HIV (HAART—highly active antiretroviral therapy—for mother and antiretrovirals for infant)
- Malaria, TB, nutrition and diarrhea management services
- HIV VCT

### Funds and financing

KfW, the Australia Africa Community Engagement Scheme funded by AusAID, the Kenya Urban Reproductive Health Initiative (KURHI) funded by the Bill & Melinda Gates Foundation, FoQus, and an anonymous donor donated a combined total of USD 3.5 million in 2012. AMUA received IUDs, implants, male condoms, Depro Provera and combined oral contraceptive pills as in-kind contributions. AMUA also received additional stocks of the same supplies at a partially-subsidized rate.

The program reported expenses of USD 2 million in 2012.

The franchise changed the annual membership fee of USD 25 to networked providers in 2012. In 2012, 90% of health service costs were paid out-of-pocket, 8% through government reimbursement, 1% through community-based insurance, and 0.5% through private insurance. 0.5% of services were provided free of cost.

### Operations

The majority of clinics are privately owned and operated, while a few are financed or partially run with public support. Each franchisee offers approximately 30–35% franchised health services.

Each outlet is supported by the work of two community health workers. Outlets also receive promotional/informational/marketing materials and benefit from on-the-job training and mentorship, access to third-party financing mechanisms and health technologies (through the African Health Markets for Equity initiative), accreditation from the Ministry of Health, and opportunities to network with that agency. 18 full-time in-country staff coordinate the program.

Quality assurance and performance monitoring methods include site visits (6/year), internal clinic audits (2/year), external clinic audits (1/year), mystery clients (1/year), vignettes (2/year), client exit interviews (2/year), qualitative reviews with clients (2/year), qualitative reviews with providers (2/year), provider surveys (2/year), provider self-assessments (2/year), qualitative reviews with the community (2/year), mapping studies (2/year), continuing medical education and supportive supervision visits (2/year), and cluster meetings (2/year).

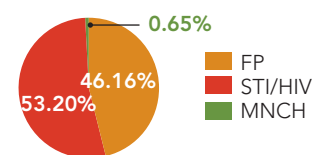
**CYPs 2011:** 167,330

**CYPs:** 283,397

**DALYs averted:** 457,791\*

\*Does not include impact statistics for cervical cancer screening and safe delivery services.

**Percent contribution to overall health impact (DALYs averted)\***



\*Percentages do not add up to 100 due to rounding.

# The HealthStore Foundation (Kenya) One Family Health (Rwanda) Child and Family Wellness (CFW)

The CFW franchise network extends over Kenya and Rwanda. Since opening its first outlets in 2000, The **HealthStore Foundation** has developed a network of franchised medical clinics and drug shops in Kenya now totaling 67 locations that serve approximately 33,000 clients per month. The HealthStore Foundation has also launched a CFW network in Rwanda that is now operated by **One Family Health**. The CFW network in Rwanda includes 34 locations. The program plans to expand in Rwanda in partnership with the Ministry of Health, and to launch a new wave of clinics in Kenya under a new for-profit entity. 438,037 total visits were recorded in 2012.

## Services

- Contraceptives: oral, male condoms, injectable
- Malaria treatment and testing services
- TB screening and referral services
- HIV and AIDS diagnostic services
- Respiratory infection services
- Diarrheal disease services
- Antenatal counseling services

## Funds and financing

In 2012, CFW received approximately USD 840,000 from private donors. CFW also received subsidized supplies of artemisinin combination therapy.

Franchisees paid initial or renewal fees to become/remain a part of the CFW franchise network.

In Kenya, 100% of service costs were paid out-of-pocket. In Rwanda, 5% of service costs were paid out-of-pocket and 95% were reimbursed to CFW outlets through a demand-side financing scheme, *Mutuelles de Sante*.

## Operations

12 in-country staff support CFW operations in Kenya, and six in Rwanda. CFW franchisees are trained in the CFW system and are obligated to comply with rigorous quality control standards. Quality assurance and performance monitoring methods include community-level interviews, regular site visits, provider focus groups, performance benchmarking, mapping studies, periodic clinical audits (internal and external), and provider self-assessments. Providers who do not meet standards risk having their franchise rights revoked.

CFW in Rwanda, currently run by One Family Health, operates as a public-private partnership (PPP) with the Ministry of Health in Rwanda. Clinics are privately owned, but function as the lowest tier of the formal public healthcare sector (these facilities are known as “health posts”).

In 2013, CFW plans to adjust supply chain operations in Kenya to provide faster delivery and lower prices for franchisees. CFW also plans to install an electronic clinic management system in Kenya and to develop a subsidized third-party payment scheme.

Note: CYPs and DALYs not reported.



# Tunza Family Health Network

## Population Services International-Kenya

The **Tunza Family Health Network**, comprised primarily of nurses and clinical officers, offers franchised services for family planning, sexual and reproductive health, HIV, and integrated management of childhood illness. Network providers are located in eight provinces, and are attached to 15 hospitals and 280 clinics. Under the African Health Markets for Equity (AHME) project, plans are underway to bring franchised services into additional hospitals. Prevention of mother-to-child transmission of HIV, cervical cancer screening and preventive therapy, and malaria rapid diagnostic test provision will be instituted in 2013.

425,986 total visits were recorded in 2012.

### Services

- Contraceptives: oral, 3-month injectable, 10-year IUD, 5-year hormonal implant, and male condoms
- HIV-related services: voluntary counseling and testing, voluntary medical male circumcision
- Integrated management of childhood illness, including services to address malaria, diarrhea and pneumonia

### Funds and financing

In 2012, USAID, DFID, the Bill & Melinda Gates Foundation, and Pharmaccess International donated a combined total of USD 2.6 million. The program also received in-kind donations of IUD and implants. USD 2.6 million was spent to run the program

Franchised outlets paid in an annual membership fee of USD 12 each.

Clients paid for 92% of service costs out-of-pocket, and 8% through vouchers that were linked to family planning services.

### Operations

Franchisees offer approximately 30% franchised services. In return, they receive training and support from the franchisor, networking and links with Tunza franchise outlets, access to subsidized family planning services, access to affordable loans, advertising associated with the brand, and marketing through community-based activities.

41 full-time staff support in-country franchise operations. Quality assurance (QA) and performance monitoring methods include site visits (12/year), internal clinical audits (2/year), vignettes (12/year), exit interviews (1/year), qualitative reviews with clients (1/year), qualitative reviews with providers (1/year), provider surveys (1/year), and franchise performance benchmarking (12/year). QA data are used to establish 'facility quality scores' that are tracked over time. Providers are expected to achieve 85% or above in the quality scores after six months of participation in the network, and are placed on improvement plans if they fail to meet the target. The program reports that internal performance metrics, health impact measurement through the use of CYPs DALYs, and facility quality scores are among the most useful tools to support quality assurance processes.

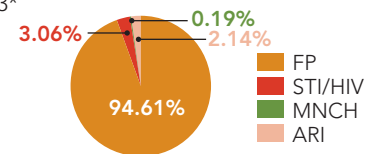
CYPs 2011: 152,457

CYPs 2012: 244,340

DALYs averted: 197,783\*

\*Does not include impact statistics for cervical cancer screening.

Percent contribution to overall health impact (DALYs averted)







The **Sun Quality Health (SQH) Network** includes 75 private clinics operated by independent general practitioners across 12 provinces. The SQH Network offers TB detection and treatment services and long-term family planning services.

### Services

- 5-year IUDs
- TB treatment services

### Funds and financing

In 2012, Sun Quality Health expenditure was USD 200,000.

10% of service costs were paid out-of-pocket, and 90% were free of charge.

### Operations

Networked private providers screen patients, offer referrals, and assist patients with TB in completing the full course of TB-DOTS (directly observed treatment, short-course treatment). They also offer access to family planning services on-site.

Quality assurance and performance monitoring methods include annual site visits, periodic clinical audits, client exit interviews, client focus groups, provider surveys, and mapping studies. The findings of these assessments are used to organize refresher trainings for providers.

Note: CYPs and DALYs not reported.





# MADAGASCAR

## Public health statistics

**Population:** 21,315,136

**Percentage of population living in rural areas:** 82.7%

**Source of health care:** 49.5% public and 50.5% private

**Total fertility rate:** 4.8

**Percentage of currently married women with an unmet need for family planning:** 19%

**Percentage of live births delivered at a facility:** 35.3%

**Maternal mortality ratio:** 240/100,000 live births

**HIV prevalence among people 15–49:** 0.3%

## Overview of social franchise programs operating in Madagascar

**Total number of clinical social franchising programs:** 2

**Total number of franchised outlets:** 363

Program	Services						Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
	FP	SRH/HIV	MNCH	TB	Malaria	Other			
BlueStar Madagascar	●	●*	●				70% rural 30% urban	150 clinics	150 doctors
Top Réseau	●	●	●	●	●	●	70% rural 30% urban	213 clinics	270 doctors 10 nurses 23 midwives 6 counselors/ social workers 320 community health workers/ outreach workers

\*In select outlets

## BlueStar Madagascar

### Marie Stopes Madagascar

**BlueStar Madagascar** was launched in 2009 to offer franchised, comprehensive family planning (FP) and reproductive health information and services. Many franchise providers also offer counseling, testing, and treatment services for sexually transmitted infections. The network is made up of independent clinics in predominantly peri-urban and rural communities located across 12 regions in Madagascar.

98,000 total visits were recorded in 2012.

#### Services:

- Contraceptives: male condoms, emergency, oral, injectables, 3-year hormonal implants and 10-year IUDs
- Post-abortion care services

#### Funds and financing

In 2012, BlueStar Madagascar received USD 550,000 from USAID and an anonymous donor. BlueStar Madagascar also received subsidized FP commodities, equipment, and materials. BlueStar Madagascar reported a program expenditure of USD 550,000 that same year.

Participating providers paid a membership fee of USD 20.

Clients either paid for service costs out-of-pocket or used vouchers that were linked with long-term and permanent FP methods.

#### Operations

Ten in-country staff support the BlueStar Madagascar program. All network clinics are fractional, with franchised services accounting for approximately 30% of services. As franchisees, providers receive supplies, equipment, training, and advertising from the program.

Quality assurance and performance monitoring methods include regular site visits (4/year), internal clinical audits (1/year), external clinical audit (1/year), mystery clients (1/year), client exit interviews (1/year), provider surveys (12/year), performance benchmarking (1/year), provider self-assessments (1/year), and mapping studies (1/year). The program uses the findings of these assessments to create recommendations for providers and work plans for improvement. The program reports that the quality technical assurance checklist is its most useful quality-related tool.

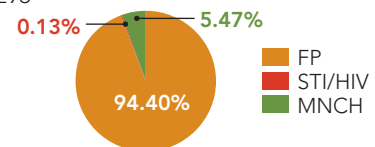
In 2013, BlueStar Madagascar plans to fractionally franchise seven public sector clinics and launch a program with "e-vouchers" for youth.

**CYPs 2011:** 3,299,693

**CYPs 2012:** 3,621,064

**DALYs averted:** 2,617,296

#### Percent contribution to overall health impact (DALYs averted)



**Top Réseau** franchises family planning (FP), sexual and reproductive health services, HIV, integrated management of childhood illness (IMCI), and nutrition services through 213 privately owned and operated clinics. The clinics are located in 18 of 22 regions in Madagascar. Top Réseau operates in both rural and urban areas, with further rural engagement envisioned for 2013. The program plans to use mobile technology for reporting and strengthening business management capacity among networked providers.

193,925 total visits were recorded in 2012.

### Services

- Contraceptives: oral, 3-month injectable, Standard Days Method, 3- and 4-year hormonal implants, 10-year IUDs, and male condoms
- Sexually transmitted infections (STI) management and cervical cancer screenings and referrals
- Voluntary counseling and testing for HIV
- Post-abortion care services
- Rapid diagnosis of malaria and provision of artemisinin-combination therapies
- IMCI

### Funds and financing

In 2012, USAID, GFATM, UNICEF, the World Bank and an anonymous donor contributed a combined total of USD 925,000. Top Réseau also received fully subsidized implantation and IUDs. The program reported spending USD 925,000 on franchise activities in 2012.

Participating providers paid in an annual fee of USD 5 to retain membership.

Clients paid for approximately 70% of service costs out-of-pocket, and 30% through vouchers that were linked to FP, HIV care and treatment and STI services.

### Operations

Enrolled providers meet a minimum criteria, as determined by their location, infrastructure, technical competence, license to practice, open hours, and willingness to participate in Population Services International training activities. Top Réseau providers offers roughly 75% franchised services within their clinics. As a benefit of participation, they receive training, select equipment and consumables without charge, advertising, and marketing through the work of outreach personnel.

Quality assurance (QA) and performance monitoring methods include site visits (4/year), internal clinical audits (1/year), external clinical audits (1/2 years), qualitative reviews with clients (1/year), and provider surveys (1/year). The program reports that their annual evaluation procedure is most useful in terms of gauging the quality of outlets and providers.

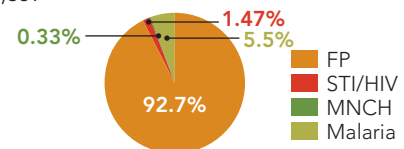
Routine QA data (specifically from supervision visits) is used for developing action plans at the outlet level and to tailor the content for provider-specific coaching visits. Annual evaluation data is used to score providers and reward them for strong performance. Data from the biannual external audits inform overall program QA strategies.

**CYPs 2011:** 3,472

**CYPs 2012:** 177,706

**DALYs averted:** 129,359\*

**Percent contribution to overall health impact (DALYs averted)**



\*Does not include impact estimates for cervical cancer screening.





## Public health statistics

**Population:** 15,380,890

**Percentage of population living in rural areas:** 81.3%

**Source of health care:** 41.3% public and 58.7% private

**Total fertility rate:** 5.7

**Percentage of currently married women with an unmet need for family planning:** 26.2%

**Percentage of live births delivered at a facility:** 73.2%

**Maternal mortality ratio:** 460/100,000 live births

**HIV prevalence among people 15–49:** 10%

## Overview of social franchise programs operating in Malawi

**Total number of clinical social franchising programs:** 2

**Total number of franchised outlets:** 84

Program	Services	Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
BlueStar Healthcare Network	FP   SRH/HIV   MNCH   TB   Malaria   Other ●   ●	52% rural 48% urban	54 clinics	13 midwives 2 lab technicians 32 clinic assistants 18 community health workers/ outreach workers 29 clinical officers
Tunza	●	57% rural 43% urban	30 clinics	13 clinical assistants 10 nurses 8 medical assistants

# BlueStar Healthcare Network

## Banja La Mtsogolo/Marie Stopes International

The **BlueStar Healthcare Network** franchises short- and long-term family planning (FP) and male circumcision services to a network of 54 clinics operating in 16 districts in the Southern and Central regions of Malawi. The network also offers referrals to other service delivery points for the provision of permanent FP methods. The program plans to launch post-abortion care services and emergency contraception services in 2013.

49,807 total visits were recorded in 2012.

### Services

- Contraceptives: oral, 3-month injectables, 4-year hormonal implants, 10-year IUDs, and female sterilizations
- Male circumcision services

### Funds and financing

BlueStar received USD 53,529 in donor contributions from the Marie Stopes International Banja La Mtsogolo project, DFID, Norad, and the Flanders International Cooperating Agency. BlueStar expenditure was USD 53,529 in 2012. BlueStar raised USD 5,192 in revenue.

Participating providers paid an annual fee of USD 27 to retain membership.

In 2012, clients paid for 91% of service costs out-of-pocket. 9% of service costs (specifically for implants and IUDs) were covered through vouchers.

### Operations

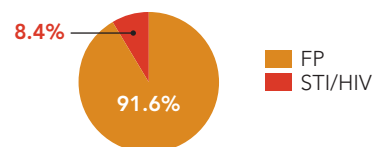
Franchisees provide approximately 10% franchised services within their clinics. As a benefit of membership, they receive training in clinical skills and business management, promotional materials, multi-media advertising of the brand, subsidized medical equipment and FP commodities, networking opportunities with other BlueStar members, and client referrals. Branding includes painting of the external walls and signs.

Three full time staff support the franchise program. Quality assurance (QA) and performance monitoring methods include site visits (4/year), internal audits (1/year), external audits (1/year), client exit interviews (1/year), provider surveys (1/year), mapping studies (1/year), franchisee performance benchmarking, provider self-assessments, and mystery clients. The program reports that their quality technical assistance checklist and client exit Interviews are the most useful tools to assess quality of services.

The gaps identified through the QA procedures are captured in a follow-up sheet, assignments are shared between the franchisee and franchisor, and field officers follow up regarding implementation.

**CYPs 2011:** 13,671  
**CYPs 2012:** 28,636  
**DALYs averted:** 28,193

**Percent contribution to overall health impact (DALYs averted)**



**Tunza** is a family planning franchise that includes a network of 30 private clinics. The program plans to expand to 150 clinics by 2015, and additional high-demand private clinics will be targeted for recruitment. The program is also considering extending franchise membership to select public sector facilities, such as plantation or estate clinics, as a way of expanding access.

In 2013, Tunza plans to launch a series of youth-friendly health services.

8,541 total visits were recorded between June and December 2012.

### Services

- Contraceptives: oral, injectable, male condoms, female condoms, 10-year IUDs, 5-year hormonal implants, 3-year hormonal implants

### Funds and financing

In 2012, Tunza received USD 270,000 from the Dutch government, USAID, and Population Services International. Tunza also received fully subsidized injectable contraceptives, implanon, jadelle, IUDs and male condoms. Tunza also raised USD 6,900 from franchise membership fees (USD 23 each) and other mechanisms. Program expenditure was USD 215,000.

Clients paid for 100% of service costs out-of-pocket.

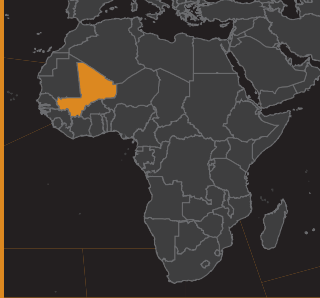
### Operations

Upon joining Tunza, franchisee providers receive training and certification, ongoing support and guidance, subsidized products and commodities, assistance with demand creation, and educational materials.

Quality assurance and performance monitoring methods include regular site visits and inspections (6/year). The results of these assessments are discussed with providers to improve performance.







## Public health statistics

**Population:** 15,839,536

**Percentage of population living in rural areas:** 66.3%

**Source of health care:** 47.6% public and 52.4% private

**Total fertility rate:** 6.6

**Percentage of currently married women with an unmet need for family planning:** 27.6%

**Percentage of live births delivered at a facility:** 45.1%

**Maternal mortality ratio:** 540/100,000 live births

**HIV prevalence among people 15–49:** 1.1%

## Overview of social franchise programs operating in Mali

**Total number of clinical social franchising programs:** 2

**Total number of franchised outlets:** 174

Program	Services	Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
BlueStar	FP   SRH/HIV   MNCH   TB   Malaria   Other ●   ●	90% rural 10% urban	8 clinics 95 community health centers	35 doctors 53 nurses 19 midwives 2 community health midwives
ProFam	●   ●   ●	100% urban	71 clinics	33 doctors 20 nurses 26 midwives

Supported by a three-year grant from KfW, the **BlueStar** franchise network provides family planning and HIV services to mostly rural populations in Mali. The program works primarily in public-sector facilities and operates through a public-private partnership (PPP) contract.

9,264 clients were served, and 20,583 total visits were recorded in 2012.

### Services

- Contraceptives: oral, male and female condoms, emergency pills, injectables, 5-year hormonal implants, and 10-year IUDs
- HIV/AIDS testing and counseling services

### Funds and finances

In 2012, KfW contributed USD 750,483 to BlueStar. BlueStar also raised USD 1,555 in revenue. Program expenditure in 2012 was USD 742,192.

Providers paid an annual fee of USD 22.

BlueStar clients paid for 100% of service costs out-of-pocket.

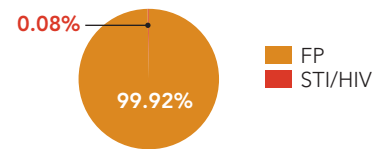
### Operations

BlueStar outlets, which are operated under a public-private partnership (PPP) model by public sector providers, offer approximately one third franchised services. BlueStar franchisees receive training on different health services, updated equipment and supplies, facility refurbishment, and branding materials. Activities are also conducted to increase demand for services among local communities.

Quality assurance and performance monitoring methods include regular site visits (2–3/year) and performance benchmarking (12/year).

**CYPs 2012:** 30,639  
**DALYs averted:** 51,389

**Percent contribution to overall health impact (DALYs averted)**



**ProFam** is a program that specializes in the franchised delivery of family planning services through 71 private clinics operating in the regions of Bamako, Kayes, Sikasso, and Segou. In 2012, HIV testing and counseling services were introduced, and the program plans to provide misoprostol for post-abortion care services, and to use tablets for data collection.

The program reports that client flow has increased dramatically in 2012, accompanied by an increase in the use of IUDs. However, encouraging networked providers to respect pricing agreements is a work-in-progress.

Approximately 43,000 total visits were recorded in 2012.

### Services

- Contraceptives: oral, 3-month injectable, 5-year hormonal implant, 10-year IUD, male and female condoms
- HIV counseling and testing
- Post-abortion care services

### Funds and financing

ProFam received funds from an anonymous donor in 2012.

The program reported that 90% of service costs were paid out-of-pocket; the remainder were covered through vouchers or other mechanisms.

### Operations

Providers offer approximately 50% franchised services. In return, they receive training, fully subsidized equipment and supplies, advertising, and financial training as a benefit of participation. They are also provided with supportive supervision visits and activities to support quality assurance (QA).

QA and performance monitoring methods include visits (2/year), internal clinical audits (4/year), external clinical audits (1/year), mystery client surveys (1/year), client satisfaction surveys (1/year), qualitative reviews with clients (1/year), and franchisee performance benchmarking (1/year).

Data from the internal audits are used to construct resolution plans (activity plans that are agreed-upon by franchisees and franchisors), which are followed up on a monthly basis by the clinical franchise managers. This work is complemented by the activities of a QA manager, who trains providers on how to refer clients with complications and act on adverse events.

Note: CYPs and DALYs not reported.



## Public health statistics\*

**Population:** 47,963,000

**Percent of population living in rural areas:** data not available

**Source of health care:** data not available

**Total fertility rate:** 2.0

**Percentage of currently married women with an unmet need for family planning:** data not available

**Percentage of live births delivered at a facility:** data not available

**Maternal mortality ratio:** 200/100,000 live births

**HIV prevalence among people 15–49:** 0.6%

## Overview of social franchise programs operating in Myanmar

**Total number of clinical social franchising programs:** 1

**Total number of franchised outlets:** 1,518

Program	Services						Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
Sun Quality Health	FP	SRH/HIV	MNCH	TB	Malaria	Other	30% rural 70% urban	1,518 clinics	67 doctors 3 lab technicians 5 community health workers 1,884 voluntary health workers

\*Data from WHO: <http://www.who.int/countries/mmr/en>

**Sun Quality Health (SQH)** is a tiered franchise network that specializes in the delivery of family planning (FP), sexual and reproductive health, maternal, newborn and child health, and primary care services through clinics operated by general practitioners and volunteer health workers who travel to deliver services. Cervical cancer screening and treatment services were newly launched in 2012. In 2013, Population Services International will support the delivery of long-term FP methods in government clinics. Though not a part of the branded SQH franchise, franchising principles will be applied in that setting.

2,186,586 total visits were recorded in 2012.

## Services

- Contraceptives: male and female condoms, oral contraceptives, injectables, emergency pills, 5-year IUDs and 5-year hormonal implants
- Cervical cancer screening (through visual inspection with acetic acid) and treatment
- Provision of clean delivery kits and misoprostol for post-partum hemorrhage
- Pneumonia services
- Screening and treatment of sexually transmitted infections (STIs)
- Voluntary counseling and testing (VCT) for HIV and antiretrovirals for treatment of AIDS
- Malaria testing and treatment and provision of bednets
- Provision of safe water services and diarrheal treatment
- Treatment of acute respiratory infections and TB

## Funds and financing

The Global Fund, the Bill & Melinda Gates Foundation, USAID, DFID, the Princess Inaara Foundation, DANIDA, UNFPA, the Three Disease Fund Myanmar, an anonymous donor and Population Services International gave USD 10 million in funds to the program in 2012. The program

also received fully subsidized TB drugs and short-term FP commodities.

USD 10 million was spent to run the program. SQH generated USD 600,000 in revenue in 2012.

Clients paid for 85% of service costs out-of-pocket, 5% were covered through vouchers, and 10% were free of cost. Vouchers were linked to the following services: TB diagnosis and treatment, VCT, STI treatment, and FP methods.

## Operations

The network consists of a first tier of private licensed general practitioners that operate clinics and a second tier of volunteer health workers that sell commodities at a subsidized rate, provide advice on their use, and offer referrals.

As franchisees, providers receive drugs and medical products, equipment, information, education, communication materials, branded promotional materials, and data collection materials. SQH providers also receive training, mentoring and quality assurance (QA) support.

Quality assurance (QA) and performance monitoring methods include site visits, internal clinical audits, mystery clients, vignettes, client exit interviews, provider surveys, and mapping studies.

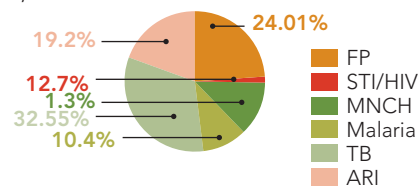
QA findings are directly fed back to providers, and are used for analysis and reporting to the Health Services Department. QA reports also inform planning processes for Health Systems Officers and periodic reviews of service delivery standards. In consultation with program managers, a rollout of updated standards is underway.

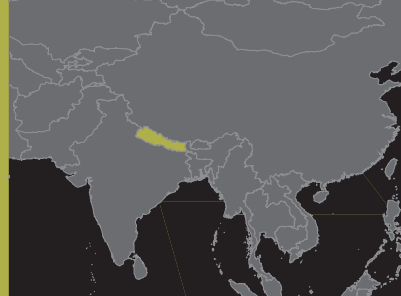
CYPs 2011: 280,500

CYPs 2012: 355,997

DALYs averted: 366,356

**Percent contribution to overall health impact (DALYs averted)**





## Public health statistics

**Population:** 30,485,797

**Percent of population living in rural areas:** 85.6%

**Source of health care:** 39.3% public and 60.7% private

**Total fertility rate:** 2.6

**Percentage of currently married women with an unmet need for family planning:** 27.5%

**Percentage of live births delivered at a facility:** 35.3%

**Maternal mortality ratio:** 170/100,000 live births

**HIV prevalence among people 15–49:** 0.3%

## Overview of social franchise programs operating in Nepal

**Total number of clinical social franchising programs:** 2

**Total number of franchised outlets:** 391

Program	Services	Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
Sangini*	FP SRH/HIV MNCH TB Malaria Other			
Sun Quality Health	● ● ●	80% rural 20% urban	57 hospitals 334 clinics	3 doctors 40 nurses 360 midwives

\*Data not available.

# Sun Quality Health

## Population Services International Nepal

**Sun Quality Health**, part of Population Services International Nepal, began operating in 2009. The program includes a network of all-female providers who deliver family planning and reproductive health services. The program is working to expand the availability of IUDs and medical abortions, and Sun Quality Health plans to begin providing at least two additional family planning products in 2013.

34,851 total visits were recorded in 2012.

### Services

- Contraceptives: 5-year IUDs, 5-year hormonal implants, and 10-year IUDs
- Sexually transmitted infections treatment services
- Diarrheal disease management
- Medical abortion services

### Funds and financing

In 2012, Sun Quality Health received USD 4.01 million from an anonymous donor, and generated USD 19,684 in revenue. SQH program expenditure in 2012 was USD 4.01 million. New franchisees paid a one-time joining fee of USD 5.

100% of service costs were paid out-of-pocket.

### Operations

As franchisees, providers receive clinical training and subsidized commodities. Providers also benefit from activities to raise awareness and demand for services. Sun Quality Health also offers training to help providers qualify for and receive national certification.

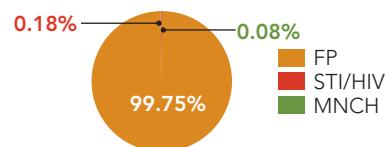
Quality assurance (QA) and performance monitoring methods include regular site visits (4/year), clinical audits (1/year), provider focus groups, performance benchmarking (12/year), provider self-assessments (1/year), provider surveys (1/year), and mapping studies (1/year). Refresher trainings are organized on the basis of the findings of QA assessments.

**CYPs 2011:** 86,429

**CYPs 2012:** 115,179

**DALYs averted:** 44,439

**Percent contribution to overall health impact (DALYs averted)\***



\*Percentages do not add up to 100 due to rounding.



## Public health statistics

**Population:** 5,869,857

**Percent of population living in rural areas:** 36.9%

**Source of health care:** data not available

**Total fertility rate:** 3.2

**Percentage of live births delivered at a facility:** 73.8%

**Percentage of currently married women with an unmet need for family planning:** data not available

**Maternal mortality ratio:** 92/100,000 live births

**HIV prevalence among people 15–49:** 0.2%

## Overview of social franchise programs operating in Nicaragua

**Total number of clinical social franchising programs:** 1

**Total number of franchised outlets:** 73

Program	Services						Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
Red Segura Nicaragua	FP	SRH/HIV	MNCH	TB	Malaria	Other	100% urban	8 hospitals 65 clinics	112 doctors 1 nurse (per facility)



**Red Segura** was formally established in January of 2011. It is Population Services International/Pan American Social Marketing Organization (PASMO) Nicaragua's first social franchise program and is operated under the direction and coordination of the Women's Health Project. Red Segura specializes in the franchising of family planning (FP) services to private healthcare providers at affordable rates.

In 2013, Red Segura plans to make oral contraceptives available at its outlets.

### Services

- Contraceptives: 5-year hormonal implants and 10-year IUDs
- FP counseling services
- Post-abortion care services

### Funds and financing

In 2012, Red Segura received USD 500,000 from an anonymous donor, and the program generated USD 20,635 in revenue. The program's expenditure in 2012 was USD 500,000.

55% of service costs were covered through an insurance scheme, 42% were paid out-of-pocket, and 3% were free of charge.

Red Segura used demand-side financing programs at some network facilities, components of which include an insurance scheme and fee waivers. These demand-side financing schemes were used for IUDs, hormonal implants, and FP counseling services.

### Operations

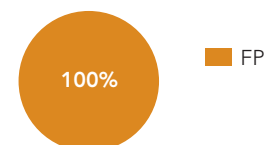
Six in-country staff members support Red Segura operations. When a doctor joins the franchise network, he or she receives a starter kit of materials for IUD insertions, brand advertising, promotional materials, ongoing support, opportunity to participate in a network-wide incentive system, and opportunities to appear in the media.

Quality assurance and performance monitoring methods include regular site visits (12/year), internal clinical audits (4/year), external clinical audits (1/year), client exit interviews (1/year), and provider surveys (1/year). Red Segura uses these quality assessments to identify poorly performing providers and offer them additional assistance in the form of medical training visits or supportive supervision by Red Segura's Master Trainer. The quality assessment tools also help Red Segura identify areas for future trainings for franchisees.

In 2012, Red Segura and PASMO launched a post-placental/trans-cesarean IUD strategy in the eight hospitals that are part of the franchise. This strategy involves the integration of FP counseling into pre- and post-natal visits, and the use of IUDs in the first 10 minutes following delivery among women who consented during pre-natal visits.

**CYPs 2011:** 7,827  
**CYPs 2012:** 33,044  
**DALYs averted:** 6,447

**Percent contribution to overall health impact (DALYs averted)**





## Public health statistics

**Population:** 162,470,733

**Percent of population living in rural areas:** 64.3%

**Source of health care:** 34.4% public and 65.6% private

**Total fertility rate:** 5.7

**Percentage of currently married women with an unmet need for family planning:** 20.2%

**Percentage of live births delivered at a facility:** 35%

**Maternal mortality ratio:** 630/100,000 live births

**HIV prevalence among people 15–49:** 3.7%

## Overview of social franchise programs operating in Nigeria

**Total number of clinical social franchising programs:** 3

**Total number of franchised outlets:** 701

Program	Services						Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
	FP	SRH/HIV	MNCH	TB	Malaria	Other			
BlueStar	●	●	●				70% rural 30% urban	42 hospitals 75 clinics	150 doctors 150 pharmacists 100 drug sellers 120 part-time interpersonal communication workers
Healthy Family Network	●		●				40% rural 60% urban	100 hospitals 200 clinics 100 drug/ chemical outlets 150 pharma- cies	150 doctors 150 pharmacists 100 drug sellers
Hygeia Community Health Insurance Scheme	●	●	●			●	45% rural 55% urban	30 hospitals 4 health posts	60 doctors 150 nurses 30 midwives 30 pharmacists 32 lab technicians

The Nigerian **BlueStar** healthcare network began in August 2012. By February 2013, it included 42 hospitals and 75 clinics in five states, and it plans to expand to 150 sites by the third quarter of 2013. The program franchises family planning (FP) and abortion care services.

State government partners have expressed interest in delivering franchised services through public sites. Operations will begin pending the availability of funds. BlueStar also plans to integrate services for short-term FP methods, malaria, cervical cancer screening and preventive therapy, acute respiratory injections, maternal newborn and child health, HIV, sexually transmitted infections, and pre- and post-natal care. The integration of many of these services is supported through the African Health Market for Equity initiative.

### Services

- Contraception: injectables; 3- and 5-year hormonal implants; 10-year IUDs
- Abortion and post-abortion care services
- Provision of misoprostol for post-partum hemorrhage

### Funds and financing

In 2012, BlueStar received USD 881,310 from an anonymous donor. The program also received partially subsidized supplies, including IUDs, Jadelle, Implanon and Zarin. In

2012, BlueStar generated USD 784,180 in revenue through the sale of supplies and services. Hospitals paid an annual membership fee of USD 32, and maternity homes and clinics paid USD 19.

Clients paid for 100% of service costs out-of-pocket.

### Operations

The program is supported by nine full-time in-country staff.

The network is made up of a mix of facilities owned by doctors and midwives. The social franchise team in Nigeria uses a spoke and hub/cluster model. In this model, four to seven networked maternity homes in one catchment area refer clients to one doctor-owned facility within the network. The doctor-owned outlet handles clients presenting complications. All outlets provide fractionally franchised services.

As franchisees, providers receive a subsidized supply of commodities (including IUDs and implant insertion kits), free training, and a branded sign-post.

Sites are also offered supportive supervision visits. Quality assurance and performance monitoring methods include site visits (4/year), internal clinic audits (4/year), mystery clients (3/year), client exit interviews (100/year), qualitative reviews with clients (4/year), qualitative reviews with providers (8/year), provider surveys (8/year), franchisee performance benchmarking (1/year), provider self-assessments (1/year), and qualitative interviews with the community (2/year). Where appropriate, these approaches are used with a sample of sites or providers.

Note: CYPs and DALYs not reported.

## Health Family Network

Society for Family Health Nigeria, an affiliate of Population Services International

The **Healthy Family Network** includes 100 hospitals, 200 clinics, 100 drug/chemical outlets and 150 pharmacies across 23 provinces. The outlets offer franchised family planning and post-abortion care services. The program plans to integrate cervical cancer screening, child health services and malaria screening and treatment into the portfolio of services. The program reports that service-integration into existing outlets has been a challenging process.

43,308 total visits were recorded in 2012.

### Services

- Contraceptives: 5-year hormonal implant and 10-year IUD
- Post-abortion care services

### Funds and financing

In 2012, an anonymous donor and the Bill & Melinda Gates Foundation donated a combined total of USD 9 million. The Healthy Family Network had 2012 program expenditure of USD 2,466,130. The program reports that no costs were recovered through the sales of supplies/services. Networked providers did not pay membership fees.

The program reports that the majority of clients paid for service costs out-of-pocket.

### Operations

26 full-time staff support program operations.

Outlets offer 25% franchised services alongside non-franchised services. As franchisees, providers receive training, equipment, consumables, referrals, and promotional support.

Providers also receive supportive supervisory visits, and quality assurance and performance monitoring methods include site visits (4/year), internal clinic audits (2/year), external clinic audits (1/year), client satisfaction interviews (1/year), provider surveys (1/year), and franchisee performance benchmarking (1/year).

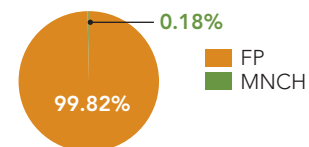
Data from the audits and reviews are used to inform provider-specific coaching sessions, and are reviewed during biannual provider discussion sessions.

**CYPs 2011:** 87,274

**CYPs 2012:** 113,575

**DALYs averted:** 181,060

**Percent contribution to overall health impact (DALYs averted)**



# Hygeia Community Health Insurance Scheme

## Hygeia Nigeria

**Hygeia** is a public-private collaboration that leverages public (20%) and private facilities (80%) to provide primary and secondary care services to low-income communities through a donor-subsidized community health insurance scheme. Since 2000, Hygeia has provided over 12,750 safe deliveries and improved health-seeking behavior for the 300,000+ individuals enrolled in the community health insurance program. Hygeia has begun integrating HIV/AIDS care and prevention of mother-to-child transmission of HIV into the range of health services. Enrollment has now reached 100,000 individuals per year.

79,107 clients were served, and 253,145 total visits were recorded in 2012.

### Services

- Primary healthcare services, antenatal care services, including hypertension and diabetes management
- Preeclampsia management services
- Maternal health: skilled birth attendance; emergency obstetric care; comprehensive emergency care
- Breastfeeding promotion
- Eye screening

### Funds and financing

The benefits package for clients with Hygeia is entirely supported by donor funding. Donors include the Health Insurance Fund, the World Bank, the Kwara State Government, and the International Labour Organization.

100% of service costs were covered through the community health insurance scheme.

### Operations

Hygeia has an in-country support staff of 55. Hygeia franchisees pay an annual fee of USD 2 in Kwara and USD 13–16 in Lagos. In return, providers receive training, equipment and facility upgrades, technical support on quality assurance,

and accreditation. As franchisees, providers also receive reimbursements for services rendered.

Quality assurance and performance monitoring methods include the SafeCare quality management and accreditation tool, which includes regular site visits (50/year), internal clinical audits (4/year), external clinical audits (4/year), mystery clients (4/year), client exit interviews (1/year), client focus groups (1/year), provider focus groups (1/year), performance benchmarking (2/year), provider self-assessments (12/year), and community-level interviews (1/year). Hygeia uses the findings from provider assessments to encourage compliance and build awareness regarding clinical protocol standards.

In 2012, a new scheme was launched in Kwara State, expanding the coverage area of the program.

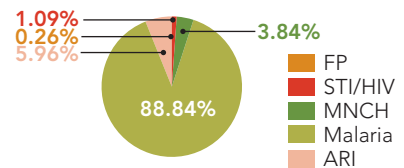
In 2013, Hygeia launched a biometrics identification system to verify enrollee identity/eligibility and capture statistics on use. Hygeia also plans to continue expanding the insurance scheme and to introduce enhanced community-based care.

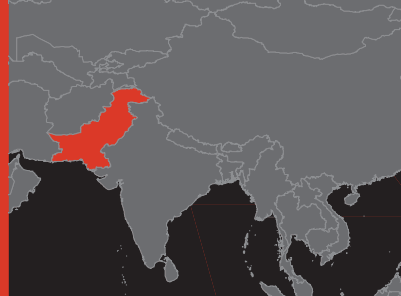
Note: CYPs not reported.

**DALYs averted:** 17,994\*

\*Does not include impact estimates for antenatal care, safe delivery services, breastfeeding promotion, and eye screening.

**Percent contribution to overall health impact (DALYs averted)**





## Public health statistics

**Population:** 176,745,365

**Percent of population living in rural areas:** 66.6%

**Source of health care:** 14.4% public and 85.6% private

**Total fertility rate:** 4.1

**Percentage of currently married women with an unmet need for family planning:** 25.2%

**Percentage of live births delivered at a facility:** 34.3%

**Maternal mortality ratio:** 260/100,000 live births

**HIV prevalence among people 15–49:** 0.1%

## Overview of social franchise programs operating in Pakistan

**Total number of clinical social franchising programs:** 2

**Total number of franchised outlets:** 8,680

Program	Services	Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
Sabz Sitara Network	FP   SRH/HIV   MNCH   TB   Malaria   Other ●   ●   ●   ●	35% rural 65% urban	1,000 hospitals 6,396 clinics 1,284 maternity homes	4,613 doctors 121 nurses 311 midwives 195 community health workers 3,789 lady health visitors
Suraj	●	100% rural	337 clinics	43 doctors 18 nurses 74 midwives 190 lady health visitors 12 homeopaths

Greenstar Social Marketing has been operational for over two decades in Pakistan. In 2012, the program included hospitals, clinics and maternity homes in urban and rural areas in five provinces. **Sabz Sitara Network** providers offered franchised services for family planning (FP), sexual and reproductive health (including HIV), and maternal and child health.

In 2012 the program launched two new services: sub-dermal implants and post-partum IUDs.

3,419,416 total visits were recorded in 2012.

### Services

- Contraceptives: oral; male condoms; one-, two- and three-month injectables; emergency pills, five- and 10-year IUDs; five-year hormonal implants; post-partum IUDs; and voluntary surgical contraception
- Screening and treatment for sexually transmitted infections
- Provision of safe delivery kits, and misoprostol for post-partum hemorrhage
- Post-abortion care services
- Provision of safe-water services and diarrheal treatment
- Provision of nutrition supplements for babies
- TB case detection and management

### Funds and financing

KfW, UNICEF, UNFPA, USAID, the Global Fund, the Packard Foundation and an anonymous donor contributed USD 6.02 million to Greenstar in 2012.

The program spent USD 13.84 million to run the franchise. Franchise providers did not pay a fee to retain membership in the network.

95% of service costs were paid out-of-pocket and 5% were covered through vouchers that were linked to safe deliveries, antenatal and post-natal care, and FP.

### Operations

Provider offer approximately 15% franchised services in their outlets.

Greenstar franchisees include medical doctors, Lady Health Visitors and Paramedics. All doctors are licensed to practice, and the latter two providers have undergone public health training.

Of a total of 8,540 franchisees, approximately 2,000 highly rated ones (based on their rates of IUD insertion) are offered a more intensive support package. This targeted support is being offered in order to test if a well-performing subset can yield even higher returns in terms of health impact. The package includes: support for supply chain management for essential commodities; provision of information, communication and education materials to providers; and frequent visits from Greenstar staff for monitoring and mentoring purposes.

Quality assurance (QA) and performance monitoring methods include site visits (12/year), internal audits using the Standards Based Management and Recognition system (4/year), external audits (1/year), provider surveys, and mapping studies. QA data are analyzed every quarter and findings are fed back to franchisees and the Greenstar Health Services Department.

In 2013, the program plans to begin recognizing and rewarding franchisees for quality and productivity.

Greenstar reports that raising awareness about the availability of local FP services among public sector providers has been difficult. The program also notes that provider retention and behavior change in terms of the adoption of better practices has also posed a challenge.

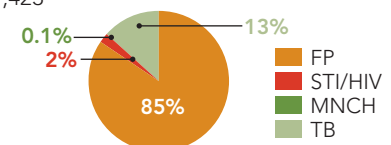
**CYPs 2011:** 2,072,616

**CYPs 2012:** 2,124,206

**DALYs averted:** 1,367,423\*

\*Does not include impact estimates for safe delivery services.

#### Percent contribution to overall health impact (DALYs averted)\*



\*Percentages do not add up to 100 due to rounding.

**Suraj** (sun) is a branded network of 337 accredited private providers that operates in rural areas across three provinces of Pakistan. Suraj outlets provide franchised family planning (FP) and reproductive health services. In 2012, the program introduced the use of vouchers for contraceptive implants. In 2013, the program plans to franchise the provision of permanent FP methods, maternity and post-partum FP services, and to adopt the use of client-based management information systems, health services, and geographic tagging of facilities.

213,290 clients were served, and 220,736 total visits were reported in 2012.

### Services

- Contraceptives: oral: 2- and 3-month injectables, 4-year hormonal implants, 5- and 10-year IUDs, emergency contraceptive pills, and male condoms

### Funds and financing

DFID, USAID, the AusAID and DFID jointly-funded Research and Advocacy Fund, the David and Lucile Packard Foundation, and Marie Stopes International provided financing for the franchise's operations in 2013. The program also received fully subsidized short- and long-term contraceptives.

Networked providers pay an annual fee to maintain membership; facilities that provide IUDs are charged USD 5, and those that provide both IUDs and implants pay USD 10.

In 2012, clients paid for 68% of service costs out-of-pocket. 32% of costs were covered by vouchers that were linked to comprehensive FP services.

### Operations

462 full-time staff support the franchise program.

Each franchised outlet is assigned one field health educator who counsels clients, raises awareness about the franchised services and distributes vouchers for FP services. As franchisees, the networked providers also receive clinical training, branding, marketing, fully subsidized contraceptives, and a one-time supply of IUD insertion and removal kits.

Outlets also receive supervisory services, and quality assurance (QA) and performance monitoring methods include site visits (1/year), internal audits (1/year), external clinic audits (1/year), client exit interviews (1/year), franchisee performance benchmarking (1/year), and provider self-assessments (1/year). The program reports that a QA tool called the *Suraj Quality Scan* (SQS), and the annual client exit interviews are the most useful tools to assess quality of services.

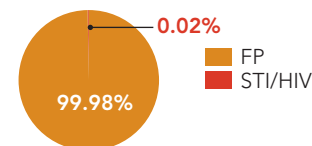
The program reports that turnover of providers is a challenge, as is a tenuous security situation, which makes frequent monitoring difficult.

**CYPs 2011:** 280,162

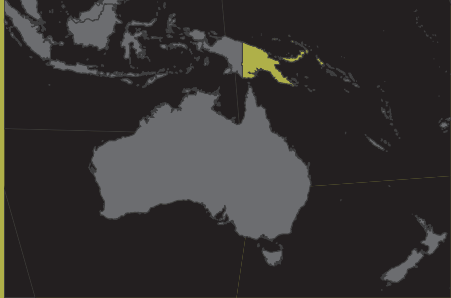
**CYPs 2012:** 438,734

**DALYs averted:** 297,109

**Percent contribution to overall health impact (DALYs averted)**







# PAPUA NEW GUINEA

## Public health statistics

**Population:** 6,310,129

**Percent of population living in rural areas:** 87%

**Source of health care:** data not available

**Total fertility rate:** 3.39

**Percentage of currently married women with an unmet need for family planning:** data not available

**Percentage of live births delivered at a facility:** data not available

**Maternal mortality ratio:** 230/100,000 live births

**HIV prevalence among people 15–49:** data not available

## Overview of social franchise programs operating in Papua New Guinea

**Total number of clinical social franchising programs:** 1

**Total number of franchised outlets:** 20

Program	Services	Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
Marasin Stoa Kipas	FP SRH/HIV MNCH TB Malaria Other	100% rural	20 kiosks	20 medicine store keepers 4 malaria microscopists

## Marasin Stoa Kipas

### Oil Search Health Foundation

**Marasin Stoa Kipas** (Medicine Store Keepers—MSK) is a full franchise program that provides early diagnosis and treatment of malaria in rural parts of Papua New Guinea through 20 kiosks. It includes a network of local village women (MSKs) who are trained in screening and treatment practices for malaria, and who operate as individual businesses. The recently launched MSK program is being piloted in the Southern Highlands and Morobe Provinces. The program is run by the Oil Search Health Foundation, a not for profit organization created by Oil Search (PNG) Limited, the country's largest oil and gas producer.

The program reached 945 clients in 2012, down from 2,500 the previous year. It reports that malaria has declined in the project area.

#### Services

- Malaria screening and provision of artemisinin combination therapy

#### Funds and financing

Oil Search (PNG) Limited financed the program in the amount of USD 550,000 in 2012.

Malaria diagnoses were provided for free, and MSKs charged a nominal fee for malaria treatment. They also were entitled to sell additional 'over the counter' health and hygiene products to supplement their income.

The program reports that 100% of screening and treatment costs were paid for out-of-pocket.

#### Operations

The program employs 17 staff for management, technical oversight, procurement, mentoring, and support of the franchise's operations.

Local women (MSKs) are trained and function as points of health-service delivery. They use Rapid Diagnostic Kits and are supplied with pre-packaged malaria medication. The MSKs also collect malaria blood slides from each presumptive case for lab confirmation, and to enable quality assurance (QA) monitoring.

MSKs receive a medicine cabinet, baseline treatment drugs, promotional material, and training on clinical diagnosis/treatment and small business practices. They are subject to QA monitoring.

QA and performance monitoring methods include site visits (12/year), internal audits of performance (4/year), qualitative reviews with clients (1/year), qualitative reviews with providers (1/year), mapping studies (1/year), prevalence surveys (2/year), and double-blinded diagnostic results verification by a third party laboratory. Data is important for tailoring mentoring activities for providers and is useful for ensuring diagnostic quality. In 2013, MSK plans to develop a national scale-up strategy that is informed by QA data.

The program reports that there are challenges in identifying local institutional partners.

Note: CYPs and DALYs not yet reported.



## Public health statistics

**Population:** 29,399,818

**Percent of population living in rural areas:** 27.2%

**Source of health care:** 77% public and 23% private

**Total fertility rate:** 2.5

**Percentage of currently married women with an unmet need for family planning:** 12.6%

**Percentage of live births delivered at a facility:** 79.5%

**Maternal mortality ratio:** 67/100,000 live births

**HIV prevalence among people 15–49:** 0.4%

## Overview of social franchise programs operating in Peru

**Total number of clinical social franchising programs:** 1

**Total number of franchised outlets:** 1,695

Program	Services	Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
RedPlan Salud	FP   SRH/HIV   MNCH   TB   Malaria   Other ●   ●	19% rural 81% urban	1,695 clinics	1,695 midwives

# RedPlan Salud

## Instituto Peruano de Paternidad Responsable

**RedPlan Salud** is a network of health professionals who provide reproductive health care in private offices under the support of parent organization Instituto Peruano de Paternidad Responsable (INPPARES), which is a private, non-profit, non-political, and non-religious organization that has been operating in Peru since 1976. INPPARES is a member association of the International Planned Parenthood Federation.

In 2013, Red Plan Salud also plans to start offering nutritional products.

1,698,224 total visits were recorded in 2012.

### Services

- Contraceptives: oral; injectable, emergency, male condoms, 10-year IUDs, 5-year hormonal implants,
- Cervical cancer screening
- HIV testing

### Funds and financing

In 2012, RedPlan Salud was entirely self-financed through client fees. RedPlan Salud had an overall program expenditure of USD 649,000 and generated USD 795,000 in revenue.

The program does not charge franchisees to join the network. RedPlan Salud midwives do not receive a salary from INPPARES/RedPlan Salud, but receive financial incentives based on product sales. In 2011, RedPlan Salud providers reported between 20% and 40% of income was generated from the sale of RedPlan Salud products.

100% of service costs were paid out-of-pocket by clients.

### Operations

RedPlan Salud providers (midwives) offer approximately 30% franchised services. Franchisee midwives receive access to high-quality, discounted commodities as a result of the organization's volume purchasing power.

RedPlan Salud providers are not subject to an annual performance review, but quality assurance and performance monitoring methods include annual site visits, mystery clients, and provider surveys.

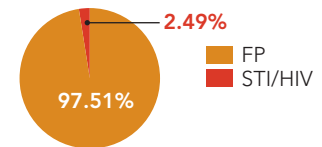
**CYPs 2011:** 36,772

**CYPs 2012:** 30,720

**DALYs averted:** 4,216\*

\*Does not include impact estimates for cervical cancer screening.

**Percent contribution to overall health impact (DALYs averted)**



## Public health statistics

**Population:** 94,852,031

**Percent of population living in rural areas:** 44.3%

**Source of health care:** 47.6% public and 52.4% private

**Total fertility rate:** 3.3

**Percentage of currently married women with an unmet need for family planning:** 22%

**Percentage of live births delivered at a facility:** 44.2%

**Maternal mortality ratio:** 99/100,000 live births

**HIV prevalence among people 15–49:** <0.1%

## Overview of social franchise programs operating in the Philippines

**Total number of clinical social franchising programs:** 4

**Total number of franchised outlets:** 582

Program	Services	Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
BlueStar	FP   SRH/HIV   MNCH   TB   Malaria   Other ●   ●   ●	45% rural 55% urban	282 clinics	282 midwives
Health Plus*				
POPSHOP	●   ●   ●	70% rural 30% urban	300 clinics	300 midwives
Well Family Midwife Clinic*				

\*Data not available.

**BlueStar** is a fractional franchise program run by licensed midwives attached to 282 clinics across 34 provinces. The program has been operational since 2008, and has a mission to franchise family planning (FP) and maternal health services through private providers. BlueStar plans to bring 45 new outlets into the network in 2013.

The franchise program is integrated with the Philippines' National Health Insurance Program (Philhealth). However, the program reports that obtaining Philhealth accreditation for the provision of the full Maternity Care Package (including pre-natal, safe delivery, post-natal, and FP services) has been a challenge.

123,146 total visits were recorded in 2012.

## Services

- Contraceptives: oral, 3-month injectables, 10-year IUDs, and male condoms
- Cervical cancer screenings and referrals
- Sexually transmitted infections (STI) testing and treatment
- Safe delivery services

## Funds and financing

Marie Stopes International and Population Services Pilipinas contributed funds amounting to USD 781,000 in 2012. In 2012, BlueStar reported expenses of USD 781,000.

Providers paid USD 25 to retain membership.

In 2012, 96% of customers paid for service costs out-of-pocket while 4% were covered by the National Health Insurance Program.

## Operations

Network providers offer 70% franchised services. They are supported by 15 full-time franchise program personnel.

As a benefit of membership, the program provides the midwives with comprehensive clinical competency training on FP and maternal newborn and child health, and subsidized equipment and supplies. Facilities are also refurbished and branded, and provided with marketing and promotional materials and support.

Quality assurance (QA) and performance monitoring methods include site visits (6/year), internal audits (2/year), external audits (1/year), client exit interviews (1/year), qualitative reviews with clients (2/year), qualitative reviews with providers (2/year), provider surveys (12/year), franchisee performance benchmarking (12/year), provider self-assessments (6/year), and qualitative reviews with the community (2/year). The program reports that the internal and external clinical audits, internal business systems audit, and third-party client exit interviews are the most useful methods to gauge quality of services.

The business systems audit verifies client numbers and service statistics that are reported by the franchises. BlueStar uses these findings to improve the reporting mechanisms.

The program uses QA data to improve or sustain quality of services. Population Services Pilipinas also conducts annual recognition parties to honor exemplary performance in the provision of FP services.

The program reports that operational research studies have found high client satisfaction in terms of the quality of services and the competence of the networked midwives.

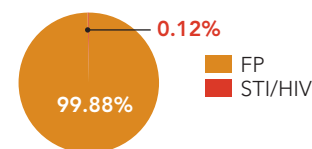
**CYPs 2011:** 238,611

**CYPs 2012:** 250,303

**DALYs averted:** 54,431\*

\*Does not include impact estimates for cervical cancer screening and safe delivery services.

**Percent contribution to overall health impact (DALYs averted)**



**POPSHOP** is a social franchise run by DKT Philippines. More than 300 POPS SHOP clinics offer reproductive health products, services and information. POPS SHOP franchises set up family planning “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, POPS SHOPs continue to offer services that are profitable to the franchisee, such as childbirth and newborn screening.

In 2012, POPS SHOP began carrying new health and wellness products aimed at mothers and infants.

In 2013, POPS SHOP plans to start carrying health and wellness products for teenagers.

125,000 total visits were recorded in 2012.

**Services**

- Contraceptives: oral, injectable, 10-year IUDs, and male condoms
- HIV/sexually transmitted infections services and lubricants

**Funds and financing**

In 2012, POPS SHOP had full cost recovery with additional profit margin. No donor funding was required to sustain the program. POPS SHOP had program expenditures of USD 350,000 and generated revenues of USD 725,000.

Franchisees pay a one-time fee for a four-year contract: the full franchise package costs USD 2,200 and the mini-stand-alone package is USD 875.

**Operations**

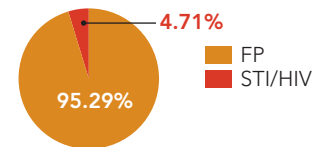
POPS SHOP franchisees receive starter stocks, training, marketing support, promotional materials, information, education, and communication materials, client cards, and management assistance.

Quality assurance and performance monitoring methods include the use of mystery clients (1/year), performance benchmarking (4/year), regular site visits (2/year), exit interviews (2/year), client focus group (1/year), and mapping studies (1/year). POPS SHOP uses these data to improve quality of services, ensure franchisee compliance to standards, and improve future product offerings.

**CYPs 2011:** 66,183  
**CYPs 2012:** 66,851  
**DALYs averted:** 11,922\*

\*Does not include impact estimates for lubricants.

**Percent contribution to overall health impact (DALYs averted)**





## Public health statistics

**Population:** 12,767,553

**Percent of population living in rural areas:** 50.7%

**Source of health care:** 62.2% public% 37.8% private

**Total fertility rate:** 5

**Percentage of currently married women with an unmet need for family planning:** 30.1%

**Percentage of live births delivered at a facility:** 72.8%

**Maternal mortality ratio:** 370/100,000 live births

**HIV prevalence among people 15–49:** 0.7%

## Overview of social franchise programs operating in Senegal

**Total number of clinical social franchising programs:** 1

**Total number of franchised outlets:** 34

Program	Services	Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
BlueStar	FP SRH/HIV MNCH TB Malaria Other ●	100% urban	34 clinics	6 doctors 19 nurses 8 midwives



This **BlueStar** program was launched in October 2012, and has grown to include a network of 34 clinics in one state. Franchised outlets offer long-term family planning (FP) services, with plans to integrate cervical cancer screening and treatment for sexually transmitted infections. The program intends to expand to 80 outlets by mid-2013.

### Services

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- Contraceptives: oral, 3-month injectables, 5-year hormonal implants, 10-year IUDs, male and female condoms

### Funds and financing

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The Bill & Melinda Gates Foundation, FoQus, and an anonymous donor contributed USD 280,124 in 2012. BlueStar also received fully subsidized contraceptive implants, Depo Provera and IUDs from UNFPA.

Franchisees paid an annual membership fee of USD 30.

The program reported expenses in the amount of USD 115,000 in 2012.

Clients paid for 100% of service costs out-of-pocket.

### Operations

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Three full-time staff support program operations.

Outlets offer 30% franchised services alongside non-franchised services. As franchisees, providers receive training, information, education, and communication materials, FP products, facility refurbishment, and equipment, including autoclaves, and implant and IUD insertion kits.

Quality assurance and performance monitoring methods include site visits (3/year), internal clinical audits (3/year), external clinical audits, client exit interviews, mystery clients, and qualitative reviews with the community. The program reports that a quality assessment process known as starscan is the most useful for assessing service quality.

Data gathered through the routine audits is used to inform an action plan for each franchisee.

Note: CYPs and DALYs not reported.



# BlueStar Healthcare Network

## Marie Stopes International Sierra Leone

**BlueStar Healthcare Network** Sierra Leone delivers family planning (FP)/reproductive health services through private healthcare providers spread across four provinces, with the aim of engaging new FP users. BlueStar is exploring plans to partner with the Ministry of Health for the inclusion of public sector health clinics within the program.

48,619 total visits were recorded in 2012.

### Services

- Contraceptives: oral, injectable, emergency, 10-year IUD, 5-year hormonal implants, 4-year hormonal implants
- Abortion services
- Safe delivery services

### Funds and financing

In 2012, BlueStar Sierra Leone received donor contributions from FoQus, UNFPA, and the European Commission. BlueStar Sierra Leone generated program revenue of approximately USD 32,500.

Franchisees paid an annual membership fee of USD 11.40.

95% of service costs were paid out-of-pocket, and 5% were covered through vouchers. The voucher reimbursement program was used for hormonal implants and IUDs.

### Operations

When providers become franchisees, they receive clinical training and their facilities are branded. Providers also receive supplies, equipment, and promotional support.

Quality assurance and performance monitoring methods include regular site visits, periodic clinical audits (internal and external), provider surveys, and provider self-assessments. After internal monitoring and/or external audits, recommendations are listed and an action plan is agreed upon with franchisees. Follow-ups are then scheduled by the medical and clinical services advisers.

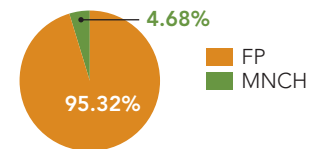
**CYPs 2011:** 41,773

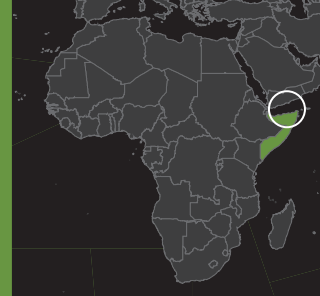
**CYPs 2012:** 34,153

**DALYs averted:** 47,734\*

\*Does not include impact estimates for safe delivery.

**Percent contribution to overall health impact (DALYs averted)**





## Public health statistics

**Population:** data not available

**Percent of population living in rural areas:** 62%

**Source of health care:** data not available

**Total fertility rate:** 6.3

**Percentage of currently married women with an unmet need for family planning:** data not available

**Percentage of live births delivered at a facility:** data not available

**Maternal mortality ratio:** 1,000/100,000 live births

**HIV prevalence among people 15–49:** 0.7%

## Overview of social franchise programs operating in Somaliland

**Total number of clinical social franchising programs:** 1

**Total number of franchised outlets:** 97

Program	Services	Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
BulshoKaab Pharmacy Network	FP   SRH/HIV   MNCH   TB   Malaria   Other ●   ●	Not available	97 pharmacies	113 pharmacy assistants

# BulshoKaab Pharmacy Network

## Population Services International Somaliland

In 2011 Population Services International launched a social franchising network for Hargeisa pharmacies, locally branded as **BulshoKaab Pharmacy Network**. The objective of the social franchise network is to provide accessible, equitable, and quality health care for women. The pharmacies provide health services/products, counseling services, and referrals. As part of the social franchise package, pharmacies sell Population Services International reproductive health products (including combined oral contraceptive tablets and Progestin-only injectables), and child survival products such as diarrheal prevention and treatment products (aquatabs and ORS + Zinc). The BulshoKaab network included 97 pharmacies in 2012.

In 2013, BulshoKaab plans to introduce pre-packaged therapy kits for pneumonia treatment, plus Sprinkles.

556,248 total visits were recorded in 2012.

### Services

- Contraceptives: oral, injectable
- Clean water services
- Diarrheal treatment services

### Funds and financing

In 2012, DFID and the Dutch government provided USD 115,505 in donor funding to support BulshoKaab operations. Bulshokaab spent USD 107,366 to operate the program.

Client paid for 100% of service costs out-of-pocket.

### Operations

BulshoKaab provides drugs to franchised pharmacies. All franchises are fractional, with approximately 10% of products sourced from the program. Franchisees are able to purchase discounted drugs and commodities from BulshoKaab because of the volume-based purchasing power of the network. When a provider joins the BulshoKaab network, they receive some basic medical training, educational materials, the advertising benefits of the franchise brand, and socially marketed products like Nasiye, BiyoSifeeye, and Shuban-Daweeye.

Quality assurance and performance monitoring methods include regular site visits (3/year), annual client exit interviews (1/year), performance benchmarking (3/year), and mapping studies (1/year). The findings from the quality assessments are used to make recommendations for franchisees. In 2013, the Health Services Department will begin quality assessment activities as well, thereby diversifying the quality assurance feedback that pharmacies receive.

Note: CYPs and DALYs not reported.





## Public health statistics

**Population:** 50,460,00

**Percent of population living in rural areas:** data not available

**Source of health care:** data not available

**Total fertility rate:** 2.9

**Percentage of currently married women with an unmet need for family planning:** 16.5%

**Percentage of live births delivered at a facility:** 83.4%

**Maternal mortality ratio:** 300/100,000 live births

**HIV prevalence among people 15–49:** 17.3%

## Overview of social franchise programs operating in South Africa

**Total number of clinical social franchising programs:** 2

**Total number of franchised outlets:** 41

Program	Services						Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
	FP	SRH/HIV	MNCH	TB	Malaria	Other			
General Practitioner Referral Programme		●				●	10% rural 90% urban	34 mobile health clinics	34 doctors
Unjani Clinics	●	●	●			●	14% rural 86% urban	7 clinics	15 nurses 14 clinic assistants

# General Practitioner Referral Programme

## BroadReach Healthcare

This Public-Private Partnership (PPP) consists of a network of private sector general practitioners (GPs) trained in HIV management to support public-sector patients. The program operates in compliance with the South African National 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.

In 2013, the **General Practitioner (GP) Referral Programme** plans to provide hypertension and diabetes management services at all outlets.

2,448 total visits were recorded in 2012.

### Services

- HIV/AIDS services
- Diabetes management services
- Hypertension management services

### Funds and financing

In 2012, the GP Referral Programme received donor funding from PEPFAR.

Government reimbursements are provided for 80% of the costs incurred by clients. A program funded by PEPFAR covers the remaining 20%.

### Operations

Six in-country staff support the GP Referral Programme.

Public sector patients are managed and cared for by private GPs that are located primarily in rural areas; this minimizes the time and costs for rural patients to access care.

Plans are currently underway to increase the flow of referrals from Primary Health Care Centers and Community Health Centers.

Quality assurance and performance monitoring methods include regular site visits (4/year), internal clinical audits (12/year), client focus groups (1/year), provider focus groups (4/year), performance benchmarking (12/year), and mapping studies (16/year). Providers meet clinical specialists quarterly to review clinical protocols and operations and agree on improvements.

Note: CYPs and DALYs not reported.

**Unjani Clinics** is a network of seven primary healthcare clinics located in three provinces. The full franchise Unjani clinics offer services for family planning, reproductive health, sexually transmitted infections (STI), voluntary counseling and testing (VCT) for HIV, diarrhea management, acute respiratory infection and skin treatment at fixed prices.

The clinics are primarily owned and operated by black South African women. Jobs are also created for assistants and security personnel.

The program reports that clinics see approximately 180 patients per month.

In 2013, the program plans to offer incontinence care products and reading glasses with partners Nampak and Vision Spring. Unjani plans to use the Imperial Health Sciences distribution network to support expansion of the program to 400 sites by 2015.

### Services

- Contraceptives: male and female condoms, and 1- and 2-month injectables
- HIV VCT
- STI screening and treatment
- Maternal and child health services
- Primary care services

### Funds and financing

Imperial Health Sciences donated USD 315,000 toward establishing the franchise program in 2012.

The initial franchise fee is approximately USD 1,300, which covers membership for a 5-year period. Subsequently, membership can be continued through a renewal fee. Franchisees charge clients for services and supplies, and do not pay the franchisor any portion of the profits.

Pilot operational work demonstrated that approximately USD 37,500 is required to set up a clinic, and USD 18,000

and USD 6,000 are additionally required in years 1 and 2. Half of the set-up costs are donated to the franchisee by Imperial Health Sciences through its Enterprise Development funding, and the remainder is paid back by the franchisee over a period of five years at a 0% interest rate.

It is anticipated that the model, which allows the franchisee to earn income from the sale of health services, supplies and over-the-counter products, will enable the franchisee to be financially independent by the third year.

100% of health service costs were paid out-of-pocket. The program plans to link primary medical care services to union medical care plans and health insurance plans.

### Operations

Three full-time staff are allocated to operate the franchise network. Professional nurses with a dispensing license are eligible to buy into the franchise program. The provider is given a "business-in-a-box," consisting of infrastructure (a converted 12m shipping container and furnishings); medical supplies (consumables and medication sufficient for one month of operations); medical equipment; patient and stock management materials; linens; stationery (patient files, stamps, medication labels, etc.); fire extinguishers; branded container and signage; marketing materials and uniforms.

Quality assurance and performance monitoring methods include site visits (20/year), mystery clients (1/year), client exit interviews, franchisee performance benchmarking (3/year), provider self-assessments (12/year), qualitative reviews with the community (1/year), and mapping studies (1/year). External audits will be implemented in 2013.

Note: CYPs and DALYs not reported.







## Public health statistics

**Population:** 44,632,404

**Percent of population living in rural areas:** 62.8%

**Source of health care:\***

**Total fertility rate:** 4.7

**Percentage of currently married women with an unmet need for family planning:** data not available

**Percentage of live births delivered at a facility:** data not available

**Maternal mortality ratio:** 730/100,000 live births

**HIV prevalence among people 15–49:** 0.4%

## Overview of social franchise programs operating in Sudan

**Total number of clinical social franchising programs:** 1

**Total number of franchised outlets:** 39

Program	Services						Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
Mother Health Care	FP	SRH/HIV	MNCH	TB	Malaria	Other	30% rural 70% urban	39 hospitals	60 doctors 80 nurses 100 midwives 45 pharmacists 250 community health workers

\*The private sector in northern Sudan plays a role in the provision of curative services, and less so in the arena of preventive care. Private sector healthcare use is rising in urban areas. (Health System Profile-Sudan. Regional Health Systems Observatory, Eastern Mediterranean, World Health Organization. pg. 45.)

# Mother Health Care

## DKT Services Sudan

**Mother Health Care** centers began operations in 2012, as part of a program to expand work with public hospitals. 39 full franchise clinics are spread across five states.

Over the next 24 months, Mother Health plans to open another 70 new franchised clinics in five additional states.

### Services

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- Contraceptives: oral, IUDs, hormonal implants, male condoms
- Abortion services
- Post-abortion care services

### Funds and financing

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Mother Health received a USD 3 million contribution from an anonymous donor.

Clients paid for 100% of service costs out-of-pocket.

### Operations

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Mother Health partners with select public sector hospitals to open dedicated Mother Health Care reproductive health clinics in their facilities. Franchisees receive supplies at subsidized prices, training, marketing and sales support, management systems and oversight, and patient referrals.

CYPs and DALYs not reported.



# TANZANIA

## Public health statistics

**Population:** data not available

**Percent of population living in rural areas:** 71.5%

**Source of health care:** 62.9% public and 37.1% private

**Total fertility rate:** 5.4

**Percentage of currently married women with an unmet need for family planning:** 25.3%

**Percentage of live births delivered at a facility:** 50.2%

**Maternal mortality ratio:** 460/100,000 live births

**HIV prevalence among people 15–49:** 5.8%

## Overview of social franchise programs operating in Tanzania

**Total number of clinical social franchising programs:** 2

**Total number of franchised outlets:** 547

Program	Services	Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
BlueStar	FP SRH/HIV MNCH TB Malaria Other			
Familia	● ● ●	20% rural 80% urban	27 hospitals 189 dispensaries 331 health facilities	18 doctors 60 nurses 157 midwives 10 clinic assistants 246 community health workers 43 clinical officers 12 mobile outreach teams

\*Data not available.

The **Familia** network started in 2009 with the goal of increasing access to long-term methods of family planning in Tanzania. Facilities also provide HIV testing and counseling, post-partum hemorrhage prevention and post-abortion care services. Population Services International Tanzania provides a full range of commodities under the brand name Familia (condoms, oral contraceptives, injectable, IUDs, and implants), sold through pharmaceutical channels and health facilities. In March 2013, the Familia brand became the umbrella for all services offered through franchise outlets.

Familia plans to launch a voucher program for both cervical cancer screening/treatment and child survival services in 2013.

### Services

- Contraceptives: oral, injectables, emergency, 5-year hormonal implants, 10-year IUDs, and male condoms
- Post-abortion care services
- HIV testing and counseling

### Funds and financing

Familia received USD 9.3 million in donor support from the Dutch government, KfW, and a private US foundation. In 2012, Familia also received partially-subsidized IUDs, oral contraceptives, and misoprostol. The organization reported program expenditure of USD 3.7 million, and revenue of USD 48,988.

90% of service costs were paid out-of-pocket, and 10% were covered with insurance.

### Operations

55 in-country staff support Familia operations.

Familia franchisees receive training, equipment, access to subsidized products and services, continuing medical

education, supportive supervision, and mentoring for quality assurance. Familia also offers franchisees rewards and incentives for performance, business skills training, branding, and marketing and promotional support. Familia marketing works at different levels, from mass media, to mid-media, to the community-level. Each facility has an Interpersonal Communications agent (IPC) talking to clients in the community and referring clients to Familia clinics. Familia outreach teams also work out of public-sector health facilities. Each outreach team covers 14 public-sector health facilities each month.

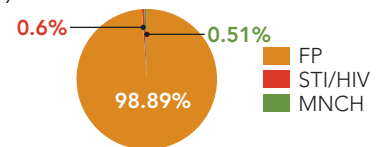
Quality assurance and performance monitoring methods include regular site visits, periodic internal clinical audits, annual external clinical audits, client exit interviews, quantitative surveys of provider knowledge and provider focus groups. Data from these assessments are used to target marketing campaigns, design appropriate interventions, facilitate trainings, prioritize support for providers, and create activities to improve client satisfaction.

CYPs 2011: 121,780

CYPs 2012: 391,103

DALYs averted: 362,999

Percent contribution to overall health impact (DALYs averted)





## Public health statistics

**Population:** 6,154,812

**Percent of population living in rural areas:** 62.5%

**Source of health care:** data not available

**Total fertility rate:** 5.2

**Percentage of currently married women with an unmet need for family planning:** 35%

**Percentage of live births delivered at a facility:** data not available

**Maternal mortality ratio:** 300/100,000 live births

**HIV prevalence among people 15–49:** 3.4%

## Overview of social franchise programs operating in Togo

**Total number of clinical social franchising programs:** 1

**Total number of franchised outlets:** 79

Program	Services	Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
POMEFA	FP SRH/HIV MNCH TB Malaria Other ●	33% rural 67% urban	79 clinics	1 doctor 2 nurses 4 midwives 5 clinic assistants 9 community health workers 5 midwife assistants

**POMEFA** is a network of nine private and 70 public sector clinics that offer short and long-term family planning (FP) services. The franchise program began in 2009 and is operational in three provinces.

1,008 total visits were recorded in 2012.

**Services**

- Contraceptives: oral, 2- and 3-month injectables, 5-year hormonal implants, 10-year IUDs, and fertility awareness methods

**Funds and financing**

The Choice and Opportunities Fund donated approximately USD 273,000 to POMEFA in 2012. The program also received fully subsidized Jadelle, IUDs, Depo Provera, oral combined contraceptives, and condoms from USAID.

The program reported expenses of approximately USD 183,000 in 2012.

Clients paid for the majority of service costs out-of-pocket, though there were special events that were convened for the provision of free services.

**Operations**

Six personnel devote 100% of their time toward managing the franchise network.

Franchisees offer approximately 35% franchised services. As franchisees, they receive clinical training, supplies, and advertising and promotions. Community health workers raise awareness in the community about the availability of franchised FP services and refer persons to the outlets. The Ministry of Health manages the health supplies and commodities.

Quality assurance and performance monitoring methods include site visits (9/year) and client exit interviews (1/year). The program also reports that activities to prevent stock-outs and provider trainings are an integral part of the quality assurance process.

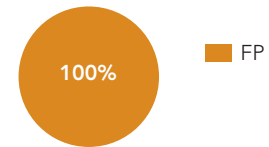
The assessment tools (especially the implant and IUD insertion checklists) enable Population Services International program personnel to target coaching activities and identify and resolve issues with providers.

In 2013, the program plans to strengthen its quality improvement systems by implementing performance improvement plans and quarterly technical meetings with the owners of the franchises.

**CYPs 2011:** 38,718  
**CYPs 2012:** 3,201  
**DALYs averted:** 2,687

\*Does not include impact estimates for fertility awareness methods.

**Percent contribution to overall health impact (DALYs averted)**





## Public health statistics

**Population:** 34,509,201

**Percent of population living in rural areas:** 80.2%

**Source of health care:** 35.1% public and 64.9% private

**Total fertility rate:** 6.2

**Percentage of currently married women with an unmet need for family planning:** 34.3%

**Percentage of live births delivered at a facility:** 57.4%

**Maternal mortality ratio:** 310/100,000 live births

**HIV prevalence among people 15–49:** 7.2%

## Overview of social franchise programs operating in Uganda

**Total number of clinical social franchising programs:** 3

**Total number of franchised outlets:** 160

Program	Services	Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
BlueStar	FP SRH/HIV MNCH TB Malaria Other			
Living Goods	● ● ● ●	60% rural 40% urban	**	1,008 mobile sales agents
ProFam	● ● ●	20% rural 80% urban	8 hospital 152 clinics	12 doctors 70 nurses 80 midwives 150 lab technicians 600 community health workers 30 medical officers 60 pharmacy technicians

\*Data not available.

\*\*They offer mobile health services through 1,008 mobile sales agents.

**Living Goods** includes a network of entrepreneurs ("agents") across 22 states who make a modest income going door-to-door selling a broad assortment of fixed-price commodities and supplies for family planning, health and wellness.

534,820 total visits were recorded in 2012.

### Services

- Sexual and reproductive health services
- Maternal and child health services
- Malaria treatment services
- Acute respiratory infection treatment services

### Funds and financing

In 2012, Living Goods was supported by donor funding from the Children's Investment Fund Foundation and the Omidyar Network. Living Goods directly-owned and managed operations generated USD 532,115 in revenue in 2012.

Living Goods agents do not pay an annual fee, but receive a USD 75 loan from Living Goods, which they repay during their first year.

100% of services and products were paid out-of-pocket.

### Operations

Agents offer door-to-door product delivery and referrals to clinics. Living Goods provides agents with a below-market inventory loan and a free "Business in a Bag" that includes uniforms, signs, a locker, and basic health and business tools, access to working capital, weekly and monthly refresher health and business trainings, and a database of health and marketing SMS messages. The program is able to push down commodity prices by purchasing in scale.

Quality assurance and performance monitoring methods include mystery clients, provider self-assessments, client exit interviews, community-level interviews, provider surveys, performance benchmarking, regular site visits, client focus groups, and mapping studies. Living Goods also uses mobile technology for quality control and patient monitoring. Program staff call households that have received treatment from Living Goods to ensure correct diagnosis and care. Branch Managers also conduct routine inventory checks to ensure that agents are stocked with key health products. In order to increase adherence, Living Goods sends automated SMS reminders to parents of sick children and pregnant mothers.

In 2012, Living Goods rolled out an extensive mobile platform to streamline quality and performance measurement processes and target health messages to clients. Living Goods also launched a new pilot branch in Uganda to expand the program's reach. Agents also began identifying people with low service utilization and piloting voucher programs to jump start client demand. New products were added: briquettes, diversified cook-stove and solar lamp offerings, and insecticide curtains.

In 2013, Living Goods plans to launch Kenya country operations. Living Goods also plans to increase nutritional impact by launching Living Goods' nutrition product development; build a comprehensive data warehouse to aggregate health metrics, sales by agent, mobile data, and agent/customer profiles; expand mobile tools to analyze and manage performance, drive learning, and increase the health impact of the model; and increase micro-targeting to better reach persons with low service utilization.

Note: CYPs and DALYs not tracked.





## Program for Accessible health Communication and Education (PACE) Affiliate of Population Services International Uganda

PACE specializes in the provision of franchised long-term family planning (FP) methods through clinics and hospitals. The 160 ProFam franchisees are spread across 56 districts.

The program plans to introduce maternal and newborn care in 2013.

12,300 clients were served, and 93,053 total visits were recorded in 2012.

### Services

- Contraceptives: oral, injectables, male condoms, 3-year hormonal implants, 5-year IUDs and hormonal implants, 10-year IUDs, and male and female sterilization
- Cervical cancer screening and preventive care
- Post-abortion care services
- Antenatal, delivery and post-partum services (in select clinics)

### Funds and financing

In 2012, Merck for Mothers and an anonymous donor contributed USD 3.5 million to ProFam. The program received fully subsidized IUDs, condoms, implants, pills, and injectables and also received partially subsidized IUDs and misoprostol.

ProFam generated USD 200,000 in revenue in 2012. Program costs were approximately USD 1.5 million in 2012.

Clients paid for 45% of service costs out-of-pocket, 50% through vouchers, and 5% were covered by insurance.

### Operations

Providers offer approximately 25% franchised services within their outlets. As franchisees, providers receive an initial training in the provision of comprehensive FP services, branding of the health facility with the ProFam signage, promotional support from the activities of community health workers, subsidized consumables and products, and equipment including couches, sterilizers, and IUD insertion sets.

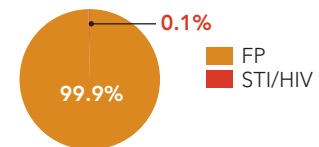
Quality assurance (QA) and performance monitoring methods include site visits (12/year), internal clinical audits (4/year), external clinical audits (1/year), mystery clients (1/year), client exit interviews (2/year), qualitative reviews with clients (1/year), franchisee performance benchmarking (1/year), and mapping studies (1/year). QA data are reviewed periodically for progress, and quarterly QA plans are developed and monitored.

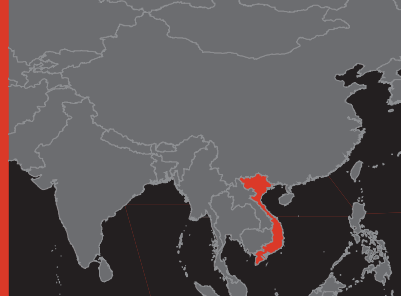
CYPs 2011: 129,482

CYPs 2012: 245,419

DALYs averted: 284,379

Percent contribution to overall health impact (DALYs averted)





## Public health statistics

**Population:** 88,791,995

**Percent of population living in rural areas:** 80.9%

**Source of health care:** data not available

**Total fertility rate:** 1.9

**Percentage of currently married women with an unmet need for family planning:** 6.6%

**Percentage of live births delivered at a facility:** data not available

**Maternal mortality ratio:** 59/100,000 live births

**HIV prevalence among people 15–49:** 0.5%

## Overview of social franchise programs operating in Vietnam

**Total number of clinical social franchising programs:** 4

**Total number of franchised outlets:** 1,244

Program	Services	Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
BlueStar	FP   SRH/HIV   MNCH   TB   Malaria   Other ●   ●   ●	40% rural 60% urban	299 clinics	206 doctors 206 nurses 299 midwives
Good Health Great Life*				
Mat Troi Be Tho	●	62% rural 38% urban	49 provincial level facilities 67 district level facilities 666 community health centers	650 doctors 850 nurses 850 midwives 14,000 community health workers
Tinh Chi Em	●   ●   ●	10% rural 90% urban	20 hospitals 140 community health stations 3 district health centers	193 doctors 193 nurses 200 midwives 193 drug/chemical sellers 170 counselors/social workers 680 community health workers/outreach workers

\*Data not available.

**BlueStar** operates in seven provinces in all three geographical areas of Vietnam: Northern, Central, and Southern. BlueStar franchises modern family planning methods, safe surgical and medical abortion services, cervical cancer screening with acetic acid, and post-natal care services. The network was established in 2007 and includes 299 private clinics.

Recent initiatives include the use of vouchers for safe abortions and SMS to support voucher subscriptions, reporting, and counseling activities.

1,086,750 total visits were recorded in 2012.

## Services

- Contraceptives: condoms, emergency pills, 3-month injectables, and 5-year IUDs
- Cervical cancer screening and referrals
- Safe abortion services
- Clean post-natal care

## Funds and financing

Marie Stopes International and the International Planned Parenthood Federation contributed USD 480,000 in financing for the program in 2012.

Networked franchises paid an annual fee of between USD 120 and 150 in 2012.

Clients paid for 90% of service costs out-of-pocket. Vouchers and insurance covered 9%, and 1% were provided free-of-charge. Vouchers were linked to screening for

reproductive tract infections and cervical cancer, IUD insertion, and safe abortion services, and were used to promote use of services among walk-in and low-income clients in rural areas.

## Operations

Outlets offer fractionally franchised health services. As franchisees, providers receive supplies of essential medical instruments and equipment; repair, maintenance, and branding of the clinics; advertising and marketing support; and clinical and non-clinical training courses.

Quality assurance and performance monitoring methods include site visits (12/year), internal clinical audits (1/year), external clinical audits (1/year), mystery clients (1/year), client exit interviews (1/year); provider surveys (1/year), and franchisee performance benchmarking (1/year).

Quality findings are captured in a follow-up sheet, activities are assigned to the franchisee and franchisor, and the field officers follow up regarding proper implementation of agreed-upon action items within a specific time frame.

BlueStar reports increases in output and improvements in the quality of services from 2011. State licensing policies that prevent midwife-run clinics from providing franchised services in certain provinces are an impediment to expansion of services.

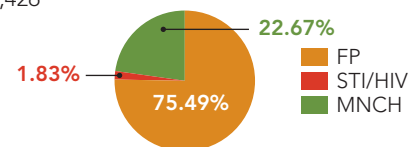
**CYPs 2011:** 374,889

**CYPs:** 227,754

**DALYs averted:** 20,426\*

\*Does not include impact estimates for cervical cancer screening and safe delivery services.

**Percent contribution to overall health impact (DALYs averted)**



## Mat Troi Be Tho (Alive and Thrive)

**Mat Troi Be Tho (Alive & Thrive—A&T)** is a six-year (2009–2014) initiative to improve infant and young child feeding (IYCF) practices by increasing rates of exclusive breastfeeding and improving complementary feeding practices through a franchising model adapted for the public sector. In Vietnam, A&T is working with the Ministry of Health, National Institute of Nutrition, Women’s Union, General Confederation of Labor and provincial authorities to double the rates of exclusive breastfeeding, improve the quality and quantity of complementary foods, and reduce stunting by two percent each year.

63,400 clients were served, and 300,000 total visits were recorded in 2012.

### Services

- Breastfeeding promotion

### Funds and financing

A&T is funded by the Bill & Melinda Gates Foundation.

A&T reported that no fees are attached to public health services for children under 5 in Vietnam.

### Operations

Approximately 25 staff members support program operations.

The majority of A&T outlets are public sector: five of 782 outlets are private sector. Participating providers receive training, job aids, refurbishment of a counseling room, and equipment (TV/Instructional DVDs).

Quality assurance and performance monitoring methods include regular site visits (12/year), clinical vignettes (4/year), client exit interviews (1/year), client focus groups (2/year), provider focus groups, provider surveys (2/year), franchisee benchmarking (4/year), community-level interviews (2/year), and mapping studies (1/year).

Note: CYPs and DALYs not reported.



**Tinh Chi Em** is the first government-run social franchise program in Vietnam and specializes in the provision of reproductive health and maternal newborn and child health services. With technical assistance from Marie Stopes International Vietnam, the Provincial Departments of Health operate the program in 20 private clinics, 140 Commune Health Stations and three District Health Centers in five provinces. The European Union, Atlantic Philanthropies, Marie Stopes International and the government of Vietnam matched resources to support the government social franchise network in 2012. That same year, 33 facilities were added to the network. Further scale-up without donor financing is underway in 2013.

2,388,602 total visits were recorded in 2012.

### Services

- Contraceptives: condoms, emergency pills, oral, 3-month injectables, 10-year IUDs, male sterilization
- Counseling on adolescent reproductive health and contraceptive methods
- Cervical cancer screening and referrals, and sexually transmitted infections screening and treatment
- Surgical and medical abortions
- Skilled, clean and safe pre-natal, delivery and post-natal services
- Breast examinations for cancer

### Funds and financing

The EU, Atlantic Philanthropies, Marie Stopes International, and the Thai Nguyen, Thua Thien Hue, and Vinh Long Provincial Departments of Health contributed USD 1,195,000 in 2012. The program reported costs of approximately USD 1,026,000 in 2012.

Franchisees did not pay a fee to maintain membership in the network.

Clients used either national health insurance, vouchers linked to sexual and reproductive health services or personal funds to pay service fees.

### Operations

Six program personnel support program operations full time.

Outlets offer approximately 50% franchised services. As franchisees, each provider receives medical equipment and commodities free-of-charge and benefits from promotional activities.

Franchisees also agree to participate in trainings and monitoring visits. Quality assurance (QA) and performance monitoring methods include internal clinical audits (4/year), external clinical audits (1/year), vignettes (1/year), client exit interviews (4/year), qualitative reviews with clients, providers and the community (4 each/year), provider surveys (1/year), franchisee performance benchmarking (4/year), and provider self-assessments (4/year). Managers use a dashboard to visualize data and track performance. The program reports that a QA checklist created with the Ministry of Health is the performance measurement tool that is most useful in assessing quality of services.

Data from the audits and reviews are fed into the program's tiers of operations. Outlet-specific data is reviewed with the franchisor and forms the basis of an improvement plan. Trends in performance are reviewed as a network during quarterly meetings. Monthly performance data is shared with district bodies, reviewed for plausibility and consistency, and reported to primary donors and the provincial government.

The program reports that a lack of approval mechanisms for health staff to collect service fees or process vouchers was a challenge in 2012. There were also delays in re-construction of facilities.

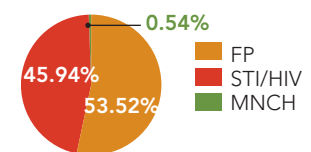
**CYPS 2011:** 94,746

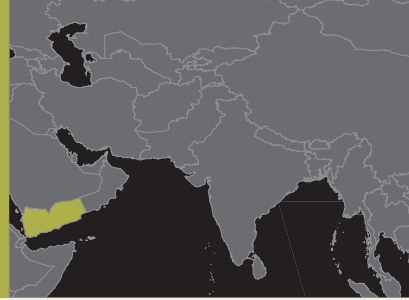
**CYPs 2012:** 128,004

**DALYs averted:** 15,242\*

\*Does not include impact estimates for cervical cancer screening and safe delivery services.

**Percent contribution to overall health impact (DALYs averted)**





## Public health statistics

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**Population:** 24,799,877

**Percent of population living in rural areas:** 74.8%

**Source of health care:** data not available

**Total fertility rate:** 6.5

**Percentage of currently married women with an unmet need for family planning:** 40%

**Percentage of live births delivered at a facility:** 15.5%

**Maternal mortality ratio:** 200/100,000 live births

**HIV prevalence among people 15–49:** 0.2%

## Overview of social franchise programs operating in Yemen

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**Total number of clinical social franchising programs:** 1

**Total number of franchised outlets:** 16

Program	Services	Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
Rayaheen	FP   SRH/HIV   MNCH   TB   Malaria   Other ●   ●	100% rural	Mobile and stationary clinics	180 midwives

**Rayaheen** operates exclusively in rural areas, with a mission to provide family planning and safe motherhood services to under-served women. Qualified midwives who own small businesses offer fully franchised Rayaheen services in the governorates of Sanaa, Ibb, Lahj, Hajja, Taiz, and Al Mahweet. In 2013, Rayaheen plans to train midwives to provide hormonal implants.

179,207 total visits were recorded in 2012.

### Services

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- Contraceptives: oral, 3-month injectables, 3-year hormonal implants, and 10-year IUDs
- Safe motherhood services

### Funds and financing

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The Netherlands Embassy and contributions from an anonymous donor funded the program's operations in 2012. Program costs were approximately USD 251,712. Providers were not charged to participate in the network.

Clients paid for 100% of service costs out-of-pocket.

### Operations

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Outlets offer fully franchised services. As franchisees, providers receive marketing tools, signage and brand display materials, equipment such as midwifery bags, IUD kits, and tools for infection prevention.

Franchisees are also offered business management, clinical and counseling trainings. Quality assurance and performance monitoring methods include site visits. Site visits take place about twice a year.

Note: CYPs and DALYs not reported.



## Public health statistics

**Population:** 13,474,960

**Percent of population living in rural areas:** 57.9%

**Source of health care:** 75.1% public and 24.9% private

**Total fertility rate:** 6.2

**Percentage of currently married women with an unmet need for family planning:** 26.6%

**Percentage of live births delivered at a facility:** 47.7%

**Maternal mortality ratio:** 440/100,000 live births

**HIV prevalence among people 15–49:** 12.5%

## Overview of social franchise programs operating in Zambia

**Total number of clinical social franchising programs:** 2

**Total number of franchised outlets:** data not available

Program	Services	Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
BlueStar*	FP SRH/HIV MNCH TB Malaria Other			
NewStart	● ●	60% rural 40% urban	5+ mobile outreach points per province	1 doctor 20 nurses 40 midwives 2 pharmacists 10 drug sellers 48 counselors

\*Data not available.



Society for Family Health (SFH)—a local non-governmental organization affiliate of Population Services International—runs a social franchise network of HIV Counseling and Testing services under the name **NewStart**. NewStart operates mobile outreach points and outlets in five provinces and specializes in the delivery of sexual and reproductive health (SRH) and HIV services.

178,000 total visits were recorded in 2012.

**Services**

- SRH services
- HIV/AIDS services

**Funds and financing**

USAID contributed USD 1,581,283 million to the NewStart program in 2012. USD 2 million was spent to run the program.

Community health workers are not salaried, but are reimbursed for travel expenses on NewStart mobilization days.

NewStart reported that most clients paid a subsidy fee of USD 0.5 for services, and no additional costs were incurred.

**Operations**

As franchisees, providers receive equipment, subsidized supplies, and continuing training.

Quality assurance and performance monitoring methods include regular site visits (4/year), internal clinical audits (2/year, external clinical audits (1/year), mystery clients (1/year), client exit interviews (1/year), a counselor supervision tool, and provider self-assessments (4/year). The findings from these assessments are then used to give feedback to providers for improving quality.

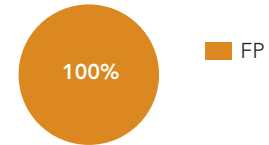
In 2013, NewStart plans to begin using mobile technology platforms (e.g., iPods) to collect data on franchise operations.

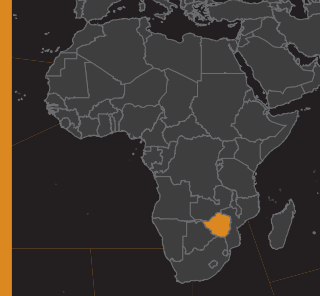
Note: CYPs not reported.

**DALYs averted:** 52,815\*

\*Does not include impact estimates for HIV/AIDS.

**Percent contribution to overall health impact (DALYs averted)**





## Public health statistics

**Population:** 12,571,000

**Percent of population living in rural areas:** 61.3%

**Source of health care:** 57.7% public and 42.3% private

**Total fertility rate:** 4.1

**Percentage of currently married women with an unmet need for family planning:** 14.6%

**Percentage of live births delivered at a facility:** 65.1%

**Maternal mortality ratio:** 570/100,000 live births

**HIV prevalence among people 15–49:** 14.9%

## Overview of social franchise programs operating in Zimbabwe

**Total number of clinical social franchising programs:** 3

**Total number of franchised outlets:** 106

Program	Services	Outlets: rural/ urban	Numbers and types of outlets	Numbers and types of health workers
BlueStar Healthcare Network	FP ● SRH/HIV MNCH TB Malaria Other	25% rural 75% urban	6 hospitals 60 clinics	49 doctors 66 nurses 33 midwives 66 nurse's aids 66 receptionists
New Life*				
NewStart	● ● ●	35% rural 65% urban	17 clinics 23 mobile clinics	100 nurses 17 lab technicians 37 counselors

\*Data not available.

# BlueStar Healthcare Network

## Population Services Zimbabwe (Marie Stopes International)

The **BlueStar Healthcare Network**, supported by Population Services Zimbabwe on behalf of Marie Stopes International, launched operations in August 2012. 66 outlets that are owned and operated by licensed healthcare providers offer franchised family planning (FP) and reproductive health services across six provinces. The program plans to offer post-abortion care services in 2013.

5,000 total visits were recorded for August–December 2012.

### Services

- Contraceptives: oral, 5-year IUDs, and 5-year implants

### Funds and financing

USAID and Marie Stopes International contributed over USD 300,000 to BlueStar in 2012. The program also received stocks of fully and partially-subsidized implants, IUDs and oral contraceptives.

More than USD 400,000 were spent in 2012 to run the program.

BlueStar generated USD 5,000 in revenue from the sale of supplies. Franchisees paid a combined total of USD 50,000 in annual fees.

Clients paid for 50% of expenses out-of-pocket, and 50% were covered through health insurance.

### Operations

Three full-time personnel support the franchising program.

Franchisees offer approximately 25% franchised services. As franchisees, providers receive free FP commodities, subsidized equipment like autoclaves and pregnancy test kits, and support for advertising and branding of premises. Providers also receive training and supervisory visits.

Quality assurance and performance monitoring methods include internal clinical audits, provider surveys, franchisee performance benchmarking, provider self-assessments, and mapping studies. Mystery clients and client exit interviews are planned for 2013.

Performance data are used to identify areas of strong and weak performance, and to develop action plans.

The program reports that standardizing franchised services and encouraging providers to maintain membership in the network are among the start-up challenges they face.

Note: CYPs and DALYs not reported.

**NewStart** is an HIV testing and counseling franchise started in Zimbabwe in 1999 in collaboration with the Ministry of Health and Child Welfare. Since its inception, family planning (FP) counseling and distribution of FP supplies, TB screening and TB laboratory services (including LED microscopy and GeneXpert), male circumcision counseling, and CD4 cell count laboratory and referral services. 17 fixed sites and 23 mobile teams cover all districts in Zimbabwe.

In 2013, NewStart plans to introduce cervical cancer screening.

368,616 total visits were recorded in 2012.

### Services

- Contraceptives: oral, injectable, male condoms, female condoms, 10-year IUDs
- HIV testing and counseling services
- TB diagnostics

### Funds and financing

In 2012, NewStart received USD 4,083,143 in donor funding from USAID and DFID. In 2012, NewStart program expenditure was USD 4,083,143, and the program generated USD 138,911 in revenue.

Providers were not charged a membership fee.

35% of service costs were paid out-of-pocket, and 65% were free-of-charge.

### Operations

Quality assurance and performance monitoring methods include regular site visits, (4/year), internal clinical (4/year), external audits (1/year), and mystery clients (1/year). The findings of these assessments are used by the program to make quality assurance recommendations to providers.

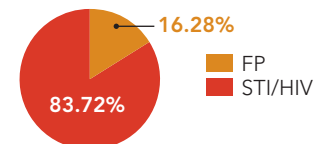
In 2012, NewStart began using tablet technology in its operations.

**CYPs 2011:** 10,983

**CYPs 2012:** 258,469

**DALYs averted:** 598,392\*

**Percent contribution to overall health impact (DALYs averted)**





UCSF GLOBAL HEALTH SCIENCES

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The Global Health Group at the University of California, San Francisco (UCSF) is an “action tank,” dedicated to translating major new paradigms in global health into large-scale action to positively impact the lives of millions of people. The Global Health Group’s Private Sector Healthcare Initiative (PSHI) works to advance the understanding of private sector healthcare provision in developing countries, strengthen the evidence base on the private health sector, and inform programmatic and policy innovations that improve healthcare delivery and public health.

### [sf4health.org](http://sf4health.org)

SF4Health is a community of implementers, donors, and researchers from around the world. The community works together to increase the impact, reach, quality, and cost-effectiveness of clinical social franchising services. Visit the SF4Health.org website to learn about the community. SF4Health.org is also home to many resources, including:

- The 2009, 2010, 2011, 2012, and 2013 editions of the *Clinical Social Franchising Compendium*
- Quality assurance tools used by franchise programs around the world, and a briefing paper on strategies to assess the quality of clinical services
- Newsletters and updates on social franchising conferences, events, and research
- Case studies that document social franchise programs from many countries

To view a directory of programs around the world that are applying health market innovations to improve privately delivered health-care for the poor, visit the Center for Health Market Innovations (CHMI) website at [healthmarketinnovations.org](http://healthmarketinnovations.org). The programs profiled in this publication will also be featured within the CHMI database of programs.