CLINICAL SOCIAL FRANCHISING COMPENDIUM

An annual survey of programs: findings from 2013

June 2014

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

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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 and Julie McBride for encouraging programs to submit data. Thanks to the Metrics Working Group for providing input on the concepts used in the survey and the themes featured in the report. Thanks to the entire Private Sector Healthcare Initiative for providing critical feedback.

A **clinical social franchise** is a network of private sector healthcare providers that are connected through formal agreements to provide health services under a common franchise name. Clinical social franchising engages the vast and diverse private health sector to provide clinical and non-clinical health services and commodities that are important for population health.

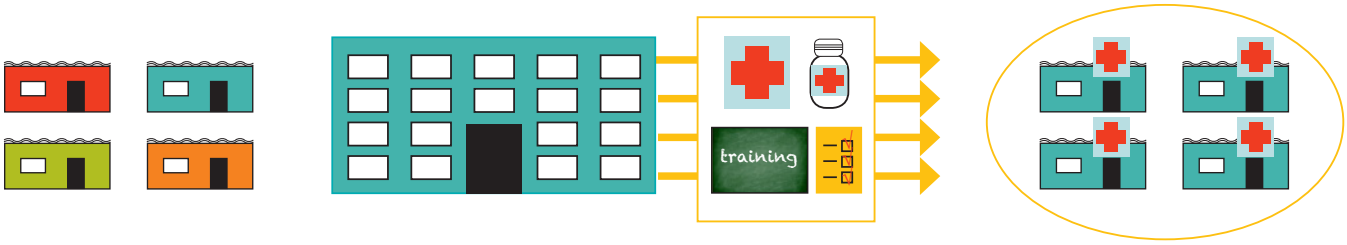
Population health initiatives may use clinical social franchising to standardize the quality and range of health services offered by the private health sector, to increase the number of points of service delivery for a particular set of health services, or to otherwise address issues that are challenging for the public health system to meet by itself.

The graphic below offers a conceptual snapshot of how a social franchise program is typically organized.

In this model, a third-party franchisor catalyzes the growth of a network of franchisees by offering members a range of financial and social incentives to join. These incentives may include the creation of a brand identity, mass marketing campaigns for that brand or on behalf of members, access to medical commodities at cost or below market rates, and technical and business management trainings. In return, a member agrees to comply with standards set by the franchise program, to report on performance across certain parameters, and to pay fees to maintain membership.

Why is social franchising important?
Privately delivered care makes up a large portion of health services in many countries. Social franchising presents one practical approach that can be incorporated within strategies for private sector engagement to advance progress toward the Millennium Development Goals.

The Clinical Social Franchise Model



Private sector healthcare providers may offer a range of health services, with little or no quality oversight from an independent body.

The Franchisor (an independent agency or program) recruits private sector health providers and offers them:

- a shared brand identity and marketing support
- access to health commodities, often subsidized
- trainings in better clinical and business management practices
- standards for quality oversight and commodities and services

As Franchisees, private sector healthcare providers now offer franchised health services and commodities that are linked to protocols and standards.

CONTENTS

INTRODUCTION

The Private Sector Healthcare Initiative of the Global Health Group started releasing global data on clinical social franchising programs in 2009, in the first compendium on clinical social franchising (available at sf4health.org). Since the release of that report, the publication has evolved into a vehicle for displaying data on program performance, in addition to data on each program's size, services, geographic range, financing, and the composition of its network.

Tracking of the data over five years reveals a remarkable growth in the sheer number and size of programs. Beyond growth in numbers, however, it also reveals a changing landscape—one in which maternal, newborn, and child health services and the management of sexually transmitted infections are taking a more prominent role alongside the provision of family planning services. These health services are being brought on as a means to respond to population health needs and to diversify sources of revenue for franchisees; they also present a way to test the principles of franchising around services that may require different approaches to measure, monitor, and assure service quality.

Metrics, therefore, are a critical theme within this report, and will be addressed within a "call to action" to all social franchise programs to adopt robust and consistent metrics to measure performance not only around quality, but also equity, health impact, cost, and expansion of the health market to new users. Where available, data on each of these areas is presented for each program.

This report can be a valuable reference for social investors, public health officials, donors, population health programs with an interest in private health sector engagement, and clinical social franchise programs.

METHODS

This report attempts to be a comprehensive survey of all clinical social franchise programs that operate in low- and middle-income countries. In addition to reaching out to programs that are already known to the Social Franchising for Health (SF4Health) community (including academics, donors, and experts in the field), the authors scanned the Center for Health Market Innovations website (healthmarketinnovations.org) for newer programs; broadcasted a call for franchise programs in public health newsletters and blogs; and inquired among social franchise programs to learn about offshoots. To the best of the authors' knowledge, there are currently upward of 90 programs, nearly two dozen of which have launched very recently or are in the process of launching. Those programs have little to no data to report for this current edition. Additionally, some programs were non-responsive. This report includes data from 58 programs that were fully operational in 2013. It is important to note that survey data was not gathered from any of the five social franchise programs that are affiliated with the DKT International, nor from nine of 11 programs affiliated with the International Planned Parenthood Federation.

Chart 1. Respondent characteristics

Number of programs that responded	Name of the parent international agency that is affiliated with the program that responded
1	FHI 360
1	Futures Group
1	HealthStore Foundation
2	International Planned Parenthood Federation
18	Marie Stopes International
25	Population Services International
2	Other
8	No affiliated parent international agency

Note: All data is self-reported, 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.

Note: Data from the 2013 and 2014 editions are not directly comparable. Lessons learned from the 2013 survey process were applied, and survey questions, terminology, and the data quality-check process were altered to ensure data quality was improved.

For further information, or to report additional programs, please contact sf4health@ucsf.edu.

SF4Health is the social franchising community of practice. We are a global group of program managers, advisers, donors, researchers, academics, and policymakers with a common interest in developing, improving, and advancing private health sector engagement through the social franchising model. For more information, visit sf4health.org. The secretariat for SF4Health is the Private Sector Health Initiative, an arm of the University of California, San Francisco's Global Health Group. SF4Health receives funding from the Center for Health Market Innovations and the Rockefeller Foundation.

ACRONYMS

ANC	antenatal care
ARI	acute respiratory infection
CHW	community health worker
CYP	couple year of protection
DALY	disability-adjusted life year
DOTS	directly observed treatment, short-course
FoQus	Framework for Qualitative Research in Social Marketing
FP	family planning
GHG	Global Health Group
HAART	highly active antiretroviral therapy
IMCI	integrated management of childhood illnesses
IPC	interpersonal communication/interpersonal communicator
IUD	intrauterine device
LLIN	long-lasting insecticide-treated net
MBBS	Medicinal Baccalaureus, Baccalaureus Chirurgiae (Bachelor of Medicine, Bachelor of Surgery)
MNCH	maternal, newborn, and child health
MoU	memorandum of understanding
MoH	Ministry of Health
MTP	medical termination of pregnancy
NCD	noncommunicable disease
OB/GYN	Obstetrician/Gynecologist
OSHF	Oil Search Health Foundation
PAC	post-abortion care
PMTCT	prevention of mother-to-child transmission (of HIV)
PNC	post-natal care
PSHi	Private Sector Healthcare Initiative
QA	quality assurance
RH	reproductive health
SF4Health	Social Franchising for Health
SRH	sexual and reproductive health
TB	tuberculosis
UCSF	University of California, San Francisco
VCT	voluntary counseling and testing (for HIV)
STI	sexually transmitted infection

GLOBAL OVERVIEW AND DATA HIGHLIGHTS

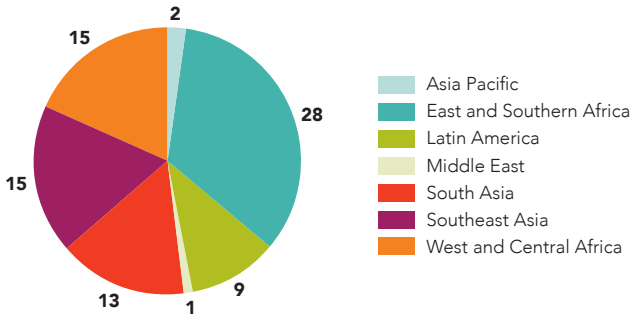
Scale and geographic reach of programs

Chart 2. Density of programs, by country, 2013
N=83*

*This includes programs that did not respond to the survey. Two programs are spread across two countries and are therefore counted twice. In addition, Merrygold Health Network Program data is aggregated for the reporting in the *Global Overview and Data Highlights* chapter. However, as there are variations in how its programs are implemented in Uttar Pradesh and Rajasthan, each state is presented in a separate profile in the *Profiles* chapter.

Chart 3. Regional distribution of all clinical social franchise programs launched 2013 or earlier

N=83*



*This includes programs that did not respond to the survey.

Chart 4. Numbers of franchisees, by profession and region, 2013

N=58

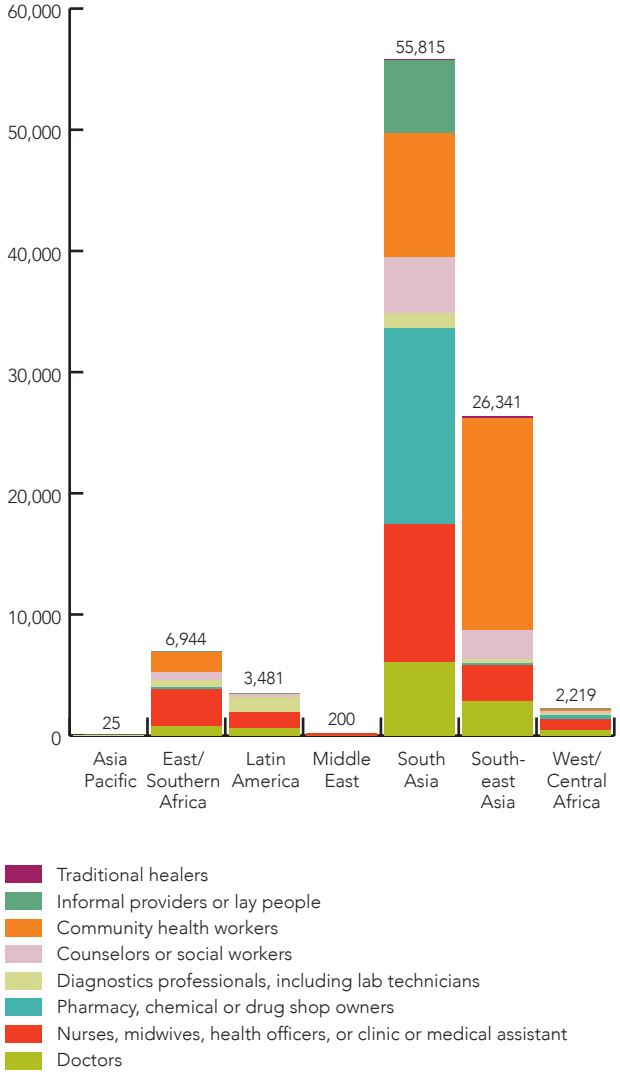
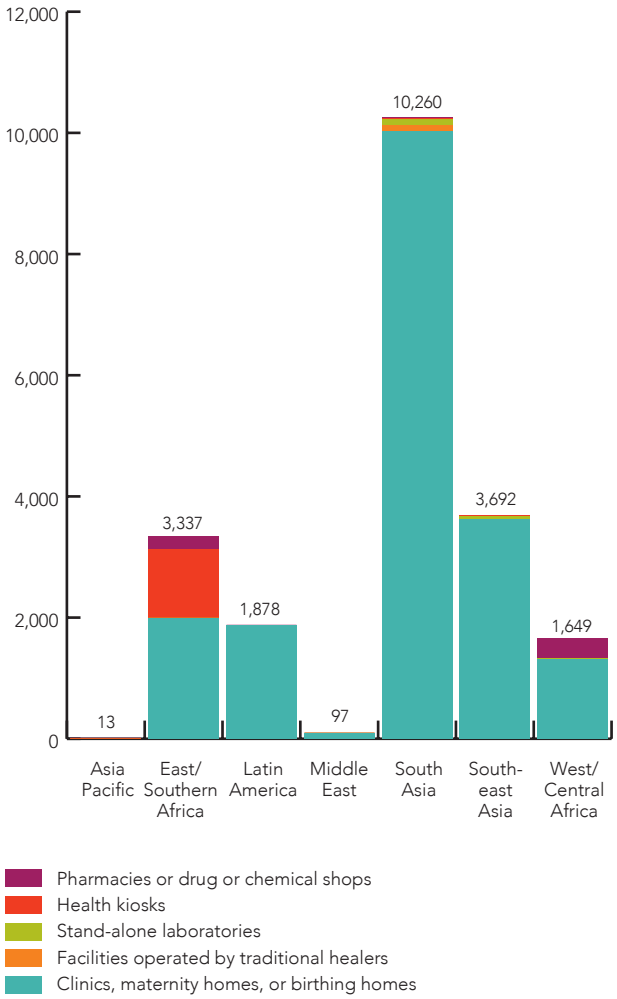


Chart 5. Number of franchised outlets, by type and region, 2013

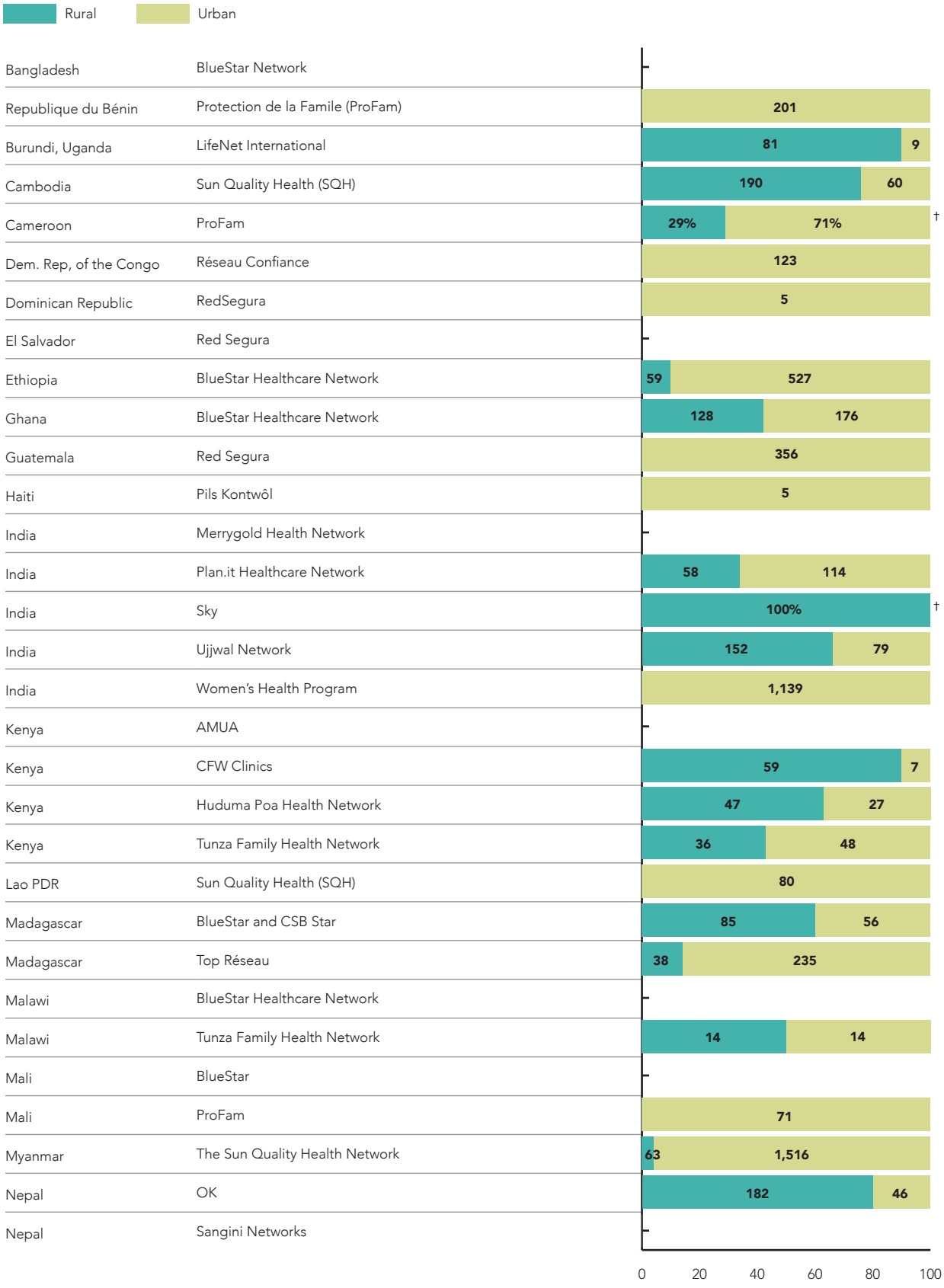
N=58*



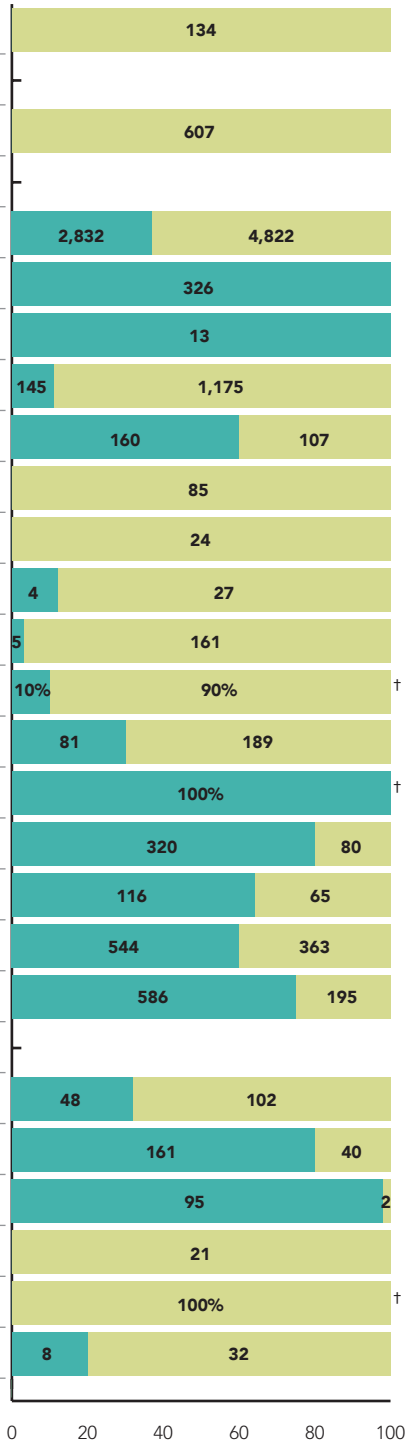
*This does not include distribution points for branded commodities or referral centers, which are an integral part of many franchise networks.

Chart 6. Rural versus urban distribution of franchised outlets, 2013*

N=58

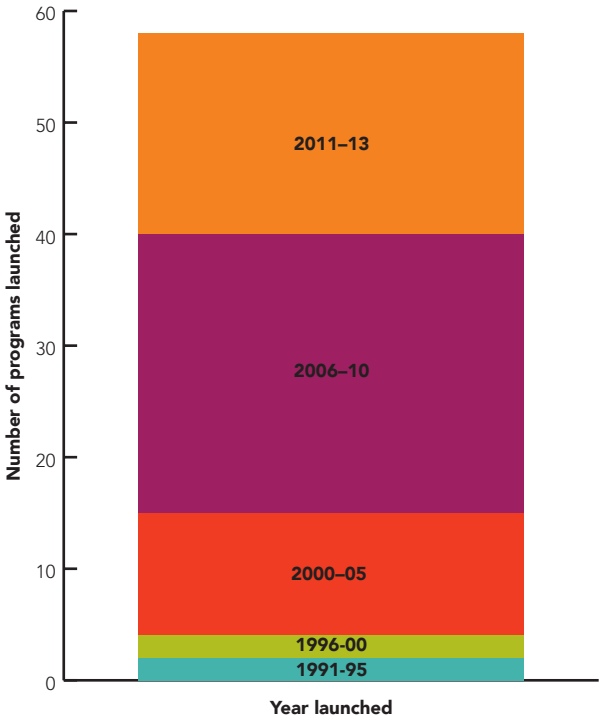


Nicaragua	Red Segura	134
Nigeria	BlueStar Healthcare Network	
Nigeria	Healthy Family Network (HFN)	607
Pakistan	Integration with Private Practitioners	
Pakistan	Sabz Sitara Network	2,832 / 4,822
Pakistan	Suraj	326
Papua New Guinea	Marasin Stoa Kipas (Medicine Store Keepers – MSK)	13
Peru	RedPlan Salud	145 / 1,175
Philippines	BlueStar Pilipinas	160 / 107
Philippines	Well Family Midwife Clinic	85
Senegal	BlueStar	24
Sierra Leone	BlueStar Healthcare Network	4 / 27
Somaliland	BulshoKaab Pharmacy Network	5 / 161
South Africa	General Practitioner Referral Programme	10% / 90% †
Tanzania	Familia	81 / 189
Togo	POMEFA	100% †
Uganda	BlueStar Healthcare Network - Uganda	320 / 80
Uganda	ProFam	116 / 65
Uganda, Kenya	Living Goods	544 / 363
Vietnam	BlueStar Vietnam	586 / 195
Vietnam	Good Health, Great Life	
Vietnam	Mat Troi Be Tho	48 / 102
Vietnam	Tinh Chi Em	161 / 40
Yemen	Rayaheen	95 / 2
Zambia	BueStar Healthcare Network	21
Zambia	New Start	100% †
Zimbabwe	BlueStar Healthcare Network	8 / 32



*Numbers may not exactly add up to total numbers of outlets due to rounding error.
†Program reported rural vs. urban percentage distribution, but not total franchise outlet numbers.

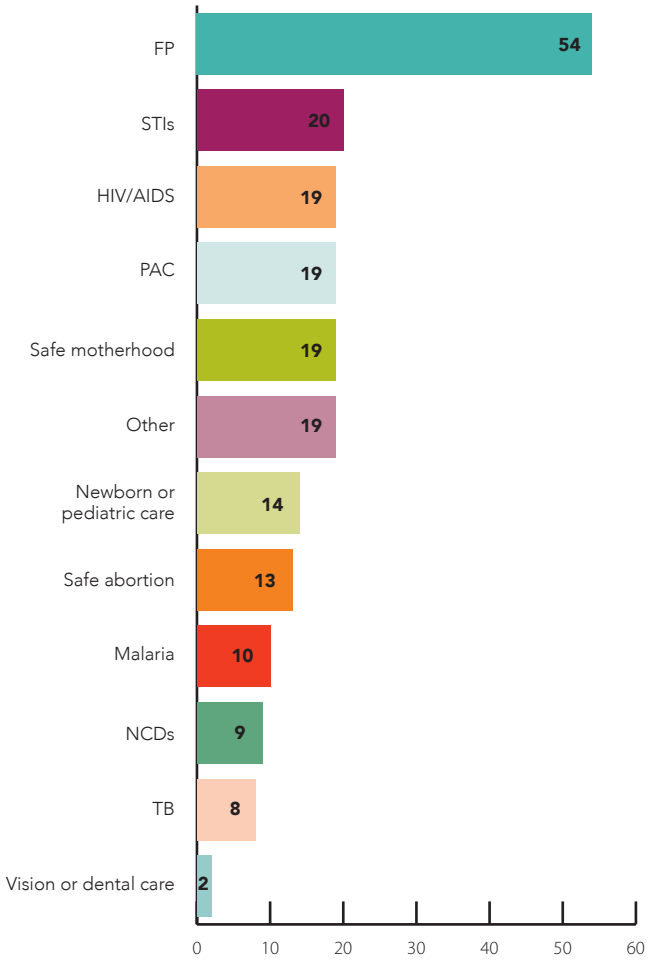
Chart 7. Year of program launch, 2013
N=58



The 58 programs that responded to the survey report a total of 19,161,260 client visits for franchised services in 2013.

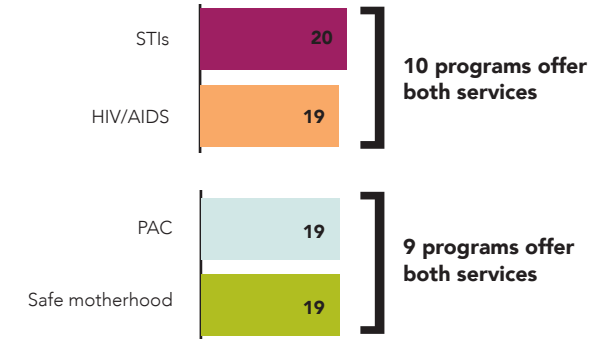
Health services

Chart 8. Health services offered by programs, 2013*
N=58



*Of the 58 programs that responded, many reported offering multiple health services.

Chart 9. A snapshot of service integration, 2013

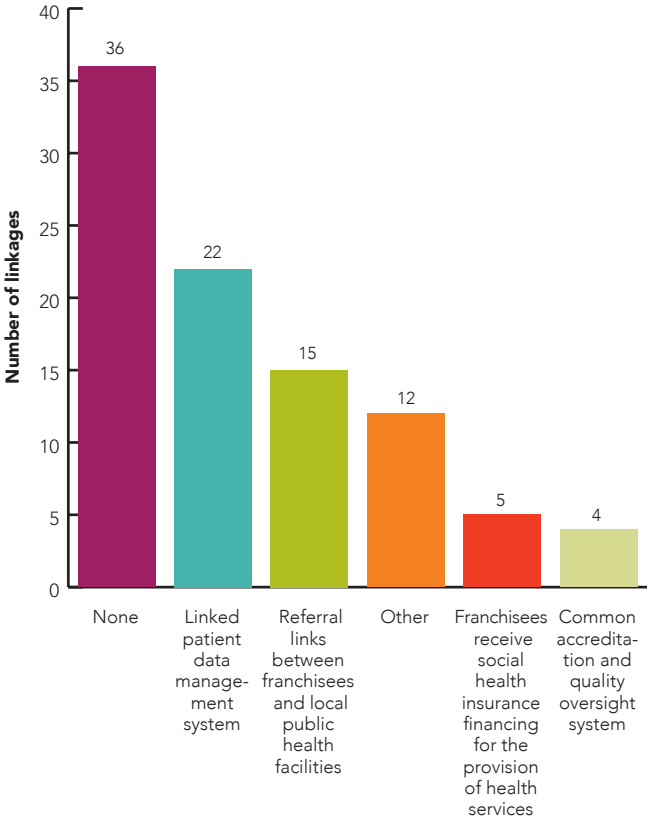


Public sector linkages, technology, and financing

Thirty-seven of 58 programs report having formal linkages with the public health sector. This does not include the three programs that report that their networks include only public sector clinics.

Chart 10. Types of formal linkages (through a written or verbal contract or MoU) with the public health sector, 2013*

N=58



*This does not include data from the three programs that report that their networks include only public sector clinics. Of the 58 programs that responded, many reported having multiple types of linkages.

How are programs using technology?

As a performance incentive
A program operating in both Uganda and Burundi is financing medical equipment for high performing franchisees.

To transfer cash payments
A program in Kenya is using mobile money transfer technology to channel payments from franchisees to the franchisor; one in Madagascar is using the same technology to transfer voucher payments.

To store and transfer survey data from the field
QR codes are being tested for use in a population-based survey in Kenya.

To bring the lab to the client
Point of care CD4 testing is speeding up the provision of test results in Zambia.

To bring sophisticated medical care to rural clients
Web-based telemedicine technology is enabling lay providers to take client diagnostics, transmit that information to skilled healthcare workers, and facilitate remote consultations in India.

Chart 11. Primary source of financing, 2013

N=58

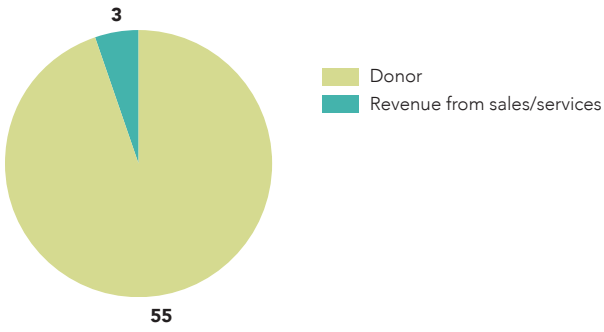
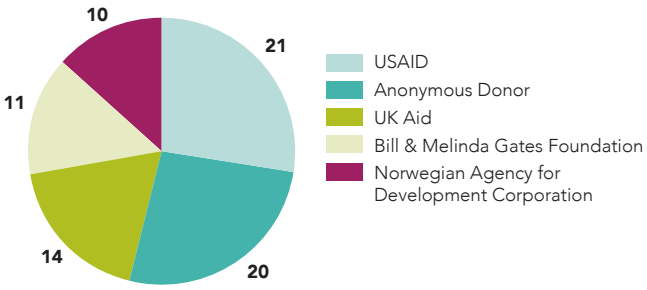


Chart 12. Top five most commonly reported donors, 2013*

N=58



*Most programs with an affiliation to an international parent agency report that this agency plays a donor role. This chart does not include these parent agencies.

In addition to donating funds directly, some donors have also channeled funds to programs through pooled donor contribution mechanisms.

Chart 13. Programs that report using demand-side financing mechanisms, 2013

N=58

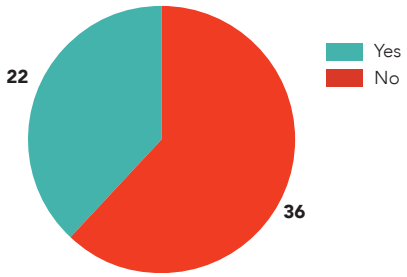
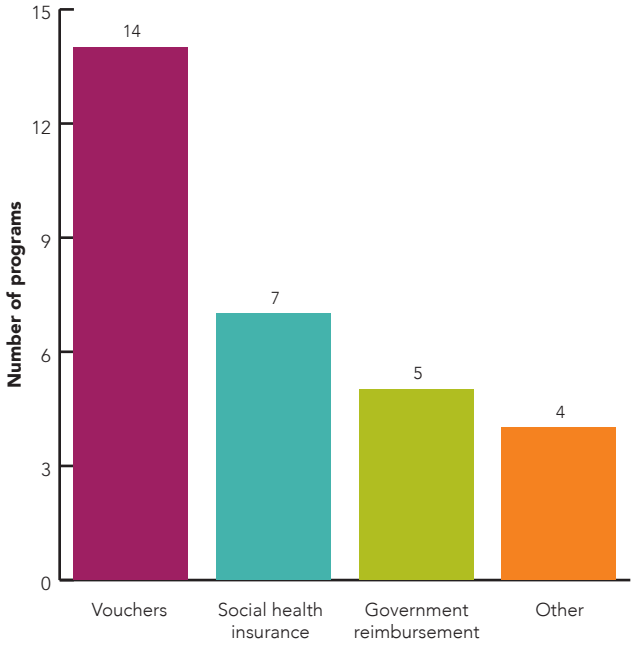


Chart 14. Types of demand-side financing mechanisms used, 2013

N=58*



*Of the 58 programs that responded, many reported the use of multiple demand-side financing mechanisms.

A CALL TO SOCIAL FRANCHISE PROGRAMS TO USE STANDARDIZED AND CONSISTENT METRICS

Since 2009, a group of technical and operational experts in social franchising has been building consensus toward the standardization and simplification of metrics for assessing the performance of social franchise programs. This group is known as the Social Franchising Metrics Working Group (SFMWG). Learn more about this group at sf4health.org/measuring-performance/metrics-working-group.

SFMWG members represent organizations that support and run social franchise programs, donor agencies, and academic and research institutions. The SFMWG develops metrics to evaluate the progress of programs toward the five goals of social franchising: equity, health impact, quality, cost-effectiveness, and health market expansion.

Each of the five SFMWG metrics is in a different stage of development. What follows is a brief introduction to each metric, its implementation methodology, limitations, and updates regarding the availability of tools for implementation.

EQUITY

Metric
The proportion of clients receiving franchised services who are within the lowest two national wealth quintiles

Methodology
National surveys (like the Demographic and Health Surveys) yield insights into the distribution of a population across five wealth quintiles. Exit surveys that are administered to a representative sample of clients can provide findings that can be compared to the national wealth distribution, thereby allowing a program to understand the wealth status of its clientele in relation to the national wealth distribution.

Limitations
Asset ownership and household characteristics, both proxies of client wealth, may not entirely reflect the wealth status of clients. Additionally, some of the survey questions are difficult for surveyors to ask and for participants to answer. Future iterations of the tool will require adjustment.

Tool update
The SFMWG, with funding from the International Finance Corporation, has developed a toolkit that includes all the information, surveys, and tools (including a kit to train data collectors, a sample size calculator, and a preprogrammed data analysis tool) that programs need to calculate client wealth distribution. The toolkit is available at presentationofdata.com.

HEALTH IMPACT

Metric
Disability-Adjusted Life Years (DALYs) averted

Methodology
Estimates of morbidity and mortality averted per program are generated by running service statistics through a model that attaches a specific health impact value to each service that was provided in a given year. This model makes different assumptions about the health impact value of services offered in different countries.

Limitations
DALYs averted, though gaining in acceptance, can be difficult to understand, and the use of DALYs to measure health impact is contentious. In the absence of a preprogrammed calculator, the modeling required to calculate DALYs averted is time consuming, and at the time of writing, models do not exist to estimate the health impact of every health service, nor do models exist for every country.

Tool update
Population Services International has developed an online Impact Calculator to estimate the potential impact of health interventions. The calculator can be found at impactcalculator.psi.org.

QUALITY

Metric
The percentage of franchise providers complying with infection prevention protocols, adequately supplied with key commodities, able to treat or refer complications, and adhering to franchise program protocols

Methodology
Each dimension of quality will be assessed using a checklist-based tool that can be routinely administered by trained surveyors. Scores from each checklist will be weighted and used to generate an overall score, which can be used to set standards and track performance.

Limitations
In order to create a tool that is cost-effective to administer, yields data that is comparable across programs, and is applicable across programs that deliver different types of health services, the SFMWG approach primarily focuses on

the availability of structures and skills that are essential for the provision of high-quality health services. In contrast, assessments that focus on the processes or outcomes of care (for instance, mystery client or household surveys) are valuable and may deliver more rigorous assessments of quality, but they are often more expensive and require high levels of staff training.

Tool update
At the time of release of this report, three of four checklist-based tools are being piloted, and will be available for use in the third quarter of 2014. A fourth tool to assess competence in clinical service provision is under development. The combined tool will be made available through sf4health.org.

COST

Metric
Cost (to the franchisor) per Disability Adjusted Life Years (DALYs) averted

Methodology
Under this approach, costs in the three following areas are taken into account: (1) direct costs of administering and operating a social franchise program; (2) the costs to provide technical assistance to the social franchise program (this form of technical assistance is typically offered by parent agencies that are responsible for supporting a portfolio of health-related programs); and (3) the costs of subsidizing commodities that are in turn given to franchisees or sold at reduced rates. These aggregate costs can be divided by the health impact value (expressed in DALYs averted) to generate an estimation of cost-effectiveness. The methods to gather and analyze these data are under development.

Limitations
Costs are by and large estimated by using inputs from internal accounting systems, which can be highly variable from program to program. However, lessons from pilot testing of costing instruments are leading to valuable insights that are shaping the methodology, which is still being refined.

Note: Although the SFMWG continues to improve methods for capturing comprehensive cost data, for many programs in the 2014 Compendium, the reported cost data are not comprehensive. The reported information may not include costs for donated or subsidized commodities when those costs are associated with in-country support for franchises that are a part of larger country programs.

Tool update
A tool is under development.

HEALTH MARKET EXPANSION

Currently no metrics, methods, or tools exist for the measurement of Health Market Expansion. Please check for updates in the later portion of 2014 as the SFMWG continues to tackle the challenges related to measuring the added value of expanding service provision to new clientele and of bringing better health services to existing clientele.

Updates on metrics

For updates on all metrics and to participate in discussions around performance measurement and social franchising, please join our Community of Practice's online discussion forum at: knowledge-gateway.org/sf4health.

We believe that it is important for programs to establish a baseline and demonstrate their commitment to transparency through measurement, and we applaud the efforts of every program that was able to measure and report on equity.

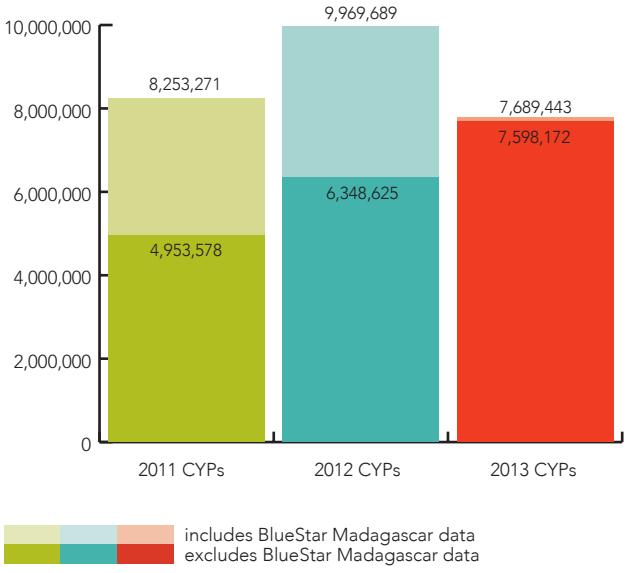
PILOT DATA: HEALTH IMPACT

In this report, we are pleased to present pilot data from several franchise programs on health impact, equity, and cost. Summary data on health impact is presented in this section. Equity and cost data are presented in the individual program profiles.

Equity data can inform readers regarding the extent to which social franchise programs are reaching the poor. When interpreting these data, programs cannot be assessed on the basis of performance in this area alone. Programs that are most capable of reaching the poor may be more likely to operate in rural areas, likely raising program costs. Similarly, programs operating in urban centers with different, but no less important, public health challenges may show better results in terms of health impact, yet may suffer by comparison in their ability to reach the poor.

Chart 15. Trend in CYPs, 2011–2013

N=29*



*BlueStar Madagascar's contribution to impact reporting from 2011 to 2013 was both significant and highly variable, thus we are also showing the trend when BlueStar Madagascar's data is excluded.

Chart 16. DALYs averted attributed to long-acting family planning (FP) methods versus short-acting FP methods, 2013

N=50

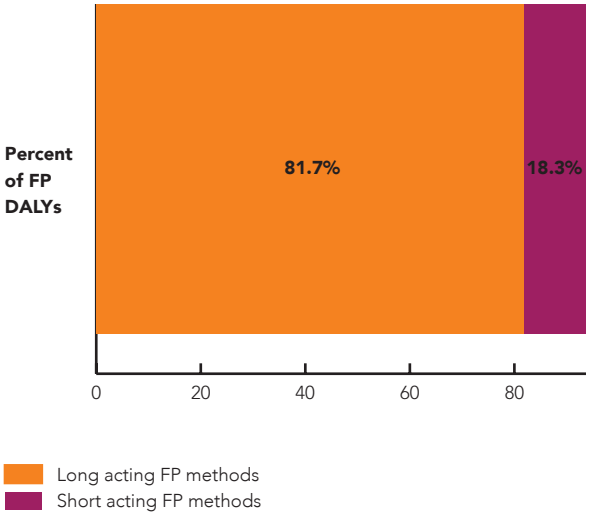
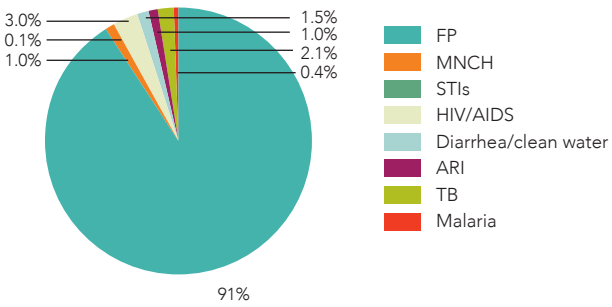


Chart 17. DALYs averted by service areas, 2013

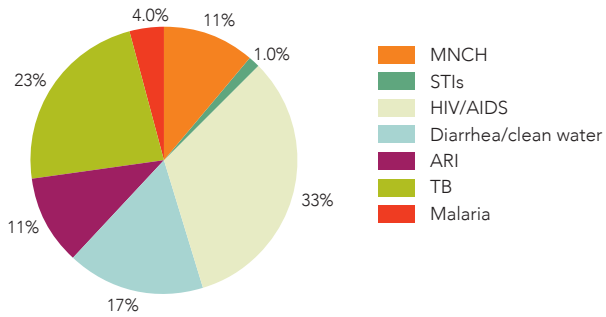
N=50



Total DALYs averted: 7,299,618

Chart 18. DALYs averted by all services except FP, 2013

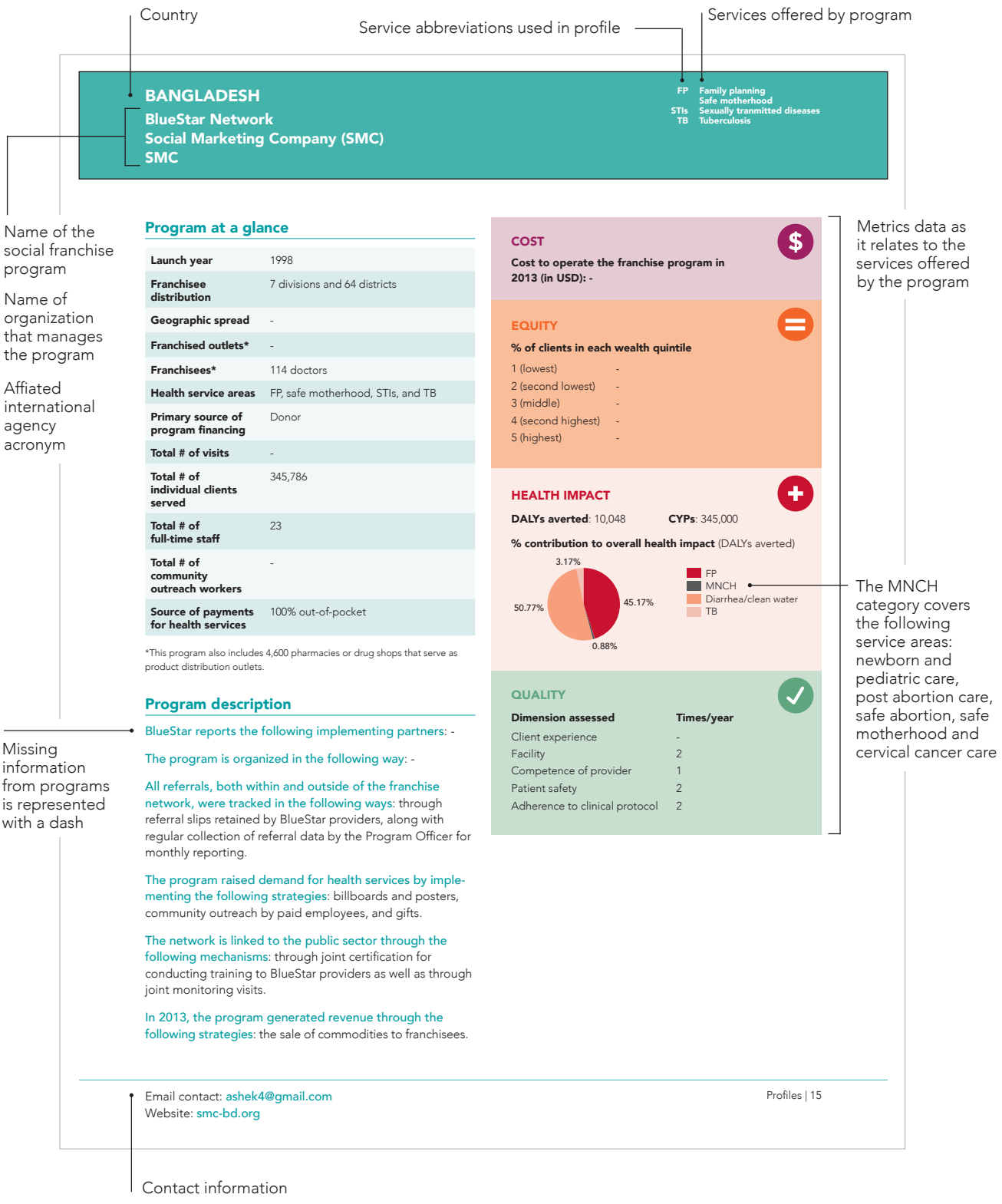
N=50



Total DALYs averted: 661,072

PROFILES

Anatomy of a profile



BANGLADESH

BlueStar Network
Social Marketing Company (SMC)
SMC

FP Family planning
Safe motherhood
STIs Sexually tranmitted infections
TB Tuberculosis

Program at a glance

Launch year	1998
Franchisee distribution	7 divisions and 64 districts
Geographic spread	-
Franchised outlets	4,600 pharmacies or drug shops
Franchisees*	114 doctors
Health service areas	FP, safe motherhood, STIs, and TB
Primary source of program financing	Donor
Total # of visits	-
Total # of individual clients served	345,786
Total # of full-time staff	23
Total # of community outreach workers	-
Source of payments for health services	100% out-of-pocket

*This program also includes 4,600 non-graduate medical practitioners.

Program description

BlueStar reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: through referral slips retained by BlueStar providers, along with regular collection of referral data by the Program Officer for monthly reporting.

The program raised demand for health services by implementing the following strategies: billboards and posters, community outreach by paid employees, and gifts.

The network is linked to the public sector through the following mechanisms: joint certification for conducting training to BlueStar providers, as well as through joint monitoring visits.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees.

COST

Cost to operate the franchise program in 2013 (in USD): -

EQUITY

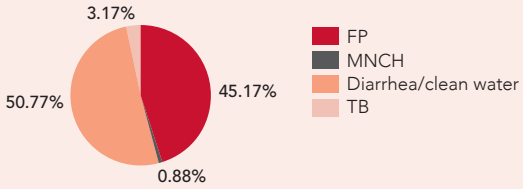
% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 10,048 **CYPs**: 345,000

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	-
Facility	2
Competence of provider	1
Patient safety	2
Adherence to clinical protocol	2

Email contact: ashek4@gmail.com
Website: smc-bd.org

REPUBLIQUE DU BÉNIN

Protection de la Famille (ProFam)
Association Béninoise Pour le Marketing Social
PSI

FP Family planning
HIV/AIDS
PAC Post abortion care
Safe motherhood
STIs Sexually transmitted infections

Program at a glance

Launch year	2004
Franchisee distribution	7 provinces
Geographic spread	100% urban
Franchised outlets*	195 clinics or maternity homes and 6 stand-alone laboratories
Franchisees	53 doctors; 42 nurses, midwives, or clinical assistants; 10 diagnostics professionals; and 60 community health workers (CHWs)
Health service areas	FP, HIV/AIDS, PAC, safe motherhood, and STIs
Primary source of program financing	Donor
Total # of visits	118,590
Total # of individual clients served	79,762
Total # of full-time staff	5
Total # of community outreach workers	115
Source of payments for health services	100% out-of-pocket

*This program also includes 180 pharmacies or drug shops that serve as product distribution outlets.

Program description

ProFam reports the following implementing partners: -

The program is organized in the following way: labs offer HIV serology, blood grouping, blood balance, urine analysis, and biochemical tests. Franchised clinics offer direct services to clients. 180 pharmacies serve as points of distribution for branded commodities.

All referrals, both within and outside of the franchise network, were tracked in the following ways: through paper documentation, telephone, and email.

The program raised demand for health services by implementing the following strategies: radio advertising, TV advertising, and billboards and posters.

COST

Cost to operate the franchise program in 2013 (in USD): $242,462

EQUITY

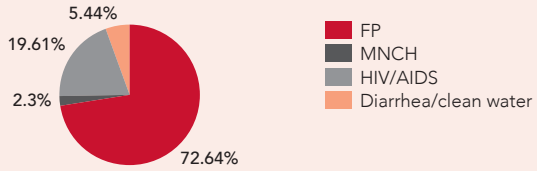
% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 217,277 **CYPs**: 183,576

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	1
Facility	0
Competence of provider	2
Patient safety	2
Adherence to clinical protocol	2

The network is linked to the public sector through the following mechanisms: a common accreditation and quality oversight system.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees and franchisor fees.

BURUNDI/UGANDA
LifeNet International

FP Family planning
HIV/AIDS
Malaria
Newborn or pediatric care
NCDs Noncommunicable diseases
Safe motherhood
STIs Sexually transmitted infections
TB Tuberculosis
Vision or dental care

Program at a glance

Launch year	2009
Franchisee distribution	-
Geographic spread	90% rural and 10% urban
Franchised outlets	45 hospitals, clinics, or maternity homes and 45 pharmacies or drug shops
Franchisees	37 doctors; 400 nurses, midwives, or clinical assistants; 45 pharmacists or drug vendors; and 45 diagnostics professionals
Health service areas	FP, HIV/AIDS, malaria, newborn or pediatric care, NCDs, safe motherhood, STIs, TB, vision or dental care, and other services
Primary source of program financing	Donor
Total # of visits	822,008
Total # of individual clients served	-
Total # of full-time staff	19
Total # of community outreach workers	-
Source of payments for health services	-

COST

Cost to operate the franchise program in 2013 (in USD): $711,000

EQUITY

% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: - **CYPs**: -

% contribution to overall health impact (DALYs averted)

N/A

QUALITY

Dimension assessed	Times/year
Client experience	2
Facility	4
Competence of provider	4
Patient safety	4
Adherence to clinical protocol	4

Program description

LifeNet reports the following implementing partners: -

The program is organized in the following way: LifeNet partners/franchisees are faith-based nonprofit organizations that operate both in the private and public sectors. Because of this hybrid status, they are able to purchase drugs from sources of their choosing; host publicly employed health practitioners as well as their own staff; and participate in performance-based financing, the national insurance program, and mandates such as free care for children <5 and pregnant women. Most network clinics and hospitals operate an in-house pharmacy. All network partners/franchisees stock approved, essential medicines in addition to medicines supplied by provincially run vertical schemes.

All referrals, both within and outside of the franchise network, were tracked in the following ways: not tracked.

The program raised demand for health services by implementing the following strategies: word-of-mouth advertisement.

The network is linked to the public sector through the following mechanisms: referral links between franchisees and local public health facilities, social health insurance remuneration to franchisees, and a common accreditation and quality oversight system.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees, franchisor fees, and interest payments on loans to franchisees.

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Website: lninternational.org

CAMBODIA

Sun Quality Health (SQH)
Population Services Khmer (PSK)
PSI

FP Family planning
Safe abortion
STIs Sexually tranmitted infections

Program at a glance

Launch year	2002
Franchisee distribution	19 provinces
Geographic spread	76% rural and 24% urban
Franchised outlets	250 clinics or maternity homes
Franchisees*	12 doctors and 241 nurses, midwives, or clinical assistants
Health service areas	FP, safe abortion, STIs, and other services
Primary source of program financing	Donor
Total # of visits	42,678
Total # of individual clients served	-
Total # of full-time staff	304*
Total # of community outreach workers	-
Source of payments for health services	100% out-of-pocket

*This includes 266 full-time community mobilizers that are employees of the program.

Program description

SQH is run in partnership with eight local NGOs in three provinces, under the umbrella of United Health Network (UHN).

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: CHWs sent monthly reports to the PSK office. As a way of verifying monthly reports, program staff collected referral slips at the SQH facilities and sent them to the main office on a monthly basis.

The program raised demand for health services by implementing the following strategies: radio advertising, TV advertising, billboards and posters, community outreach by paid employees, and community outreach by volunteers.

COST

Cost to operate the franchise program in 2013 (in USD): -

EQUITY

2,059 clients were surveyed in 2012.

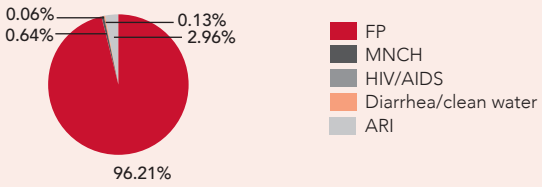
% of clients in each wealth quintile

1 (lowest)	30
2 (second lowest)	0
3 (middle)	32
4 (second highest)	0
5 (highest)	38

HEALTH IMPACT

DALYs averted: 37,553 **CYPs**: 83,458

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	0
Facility	5
Competence of provider	5
Patient safety	5
Adherence to clinical protocol	5

The network is linked to the public sector through the following mechanisms: through linked patient data management systems. PSK also has a Memorandum of Understanding with select public health facilities that serve as referral sites for complications/adverse event management.

In 2013, the program generated revenue through the following strategies: none.

Email contact: kheng@psk.org.kh
Website: -

CAMEROON

ProFam
Association Camerounaise Pour le Marketing Social (ACMS)
PSI

FP Family planning
PAC Post abortion care

Program at a glance

Launch year	2004
Franchisee distribution	3 regions
Geographic spread	29% rural and 71% urban
Franchised outlets	-
Franchisees	10 doctors and 96 nurses, midwives, or clinical assistants
Health service areas	FP and PAC
Primary source of program financing	Donor
Total # of visits	-
Total # of individual clients served	12,508
Total # of full-time staff	106
Total # of community outreach workers	50
Source of payments for health services	100% out-of-pocket

Program description

ProFam reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: through use of a referral reporting form.

The program raised demand for health services by implementing the following strategies: radio advertising and community outreach by paid employees.

The network is linked to the public sector through the following mechanisms: referral links between franchisees and local public health facilities.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees and franchisor fees.

COST

Cost to operate the franchise program in 2013 (in USD): -

EQUITY

% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 65,665 **CYPs**: 56,380

% contribution to overall health impact (DALYs averted)

QUALITY

Dimension assessed	Times/year
Client experience	0
Facility	12
Competence of provider	-
Patient safety	12
Adherence to clinical protocol	12

Email contact: akpognon@acms-cm.org
Website: -

DEMOCRATIC REPUBLIC OF THE CONGO

Réseau Confiance
Association de Santé Familiale
PSI

Program at a glance

Launch year	2003
Franchisee distribution	9 provinces
Geographic spread	100% urban
Franchised outlets	123 clinics or maternity homes
Franchisees	68 doctors and 208 nurses, midwives, or clinical assistants
Health service areas	FP
Primary source of program financing	Donor
Total # of visits	491,250
Total # of individual clients served	143,740
Total # of full-time staff	16
Total # of community outreach workers	154
Source of payments for health services	-

Program description

Réseau Confiance reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: healthcare providers recorded referral data in client files. On a monthly basis and during supervisory visits, these providers reported referral data to program staff.

The program raised demand for health services by implementing the following strategies: radio advertising, TV advertising, billboards and posters, community outreach by volunteers, and an FP hotline.

The network is linked to the public sector through the following mechanisms: linked patient data management systems.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees.

COST

Cost to operate the franchise program in 2013 (in USD): 2,000,000

EQUITY

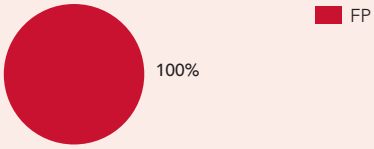
% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 190,827 **CYPs**: 166.103

% contribution to overall health impact (DALYs averted)



QUALITY*

Dimension assessed	Times/year
Client experience	0
Facility	0
Competence of provider	0
Patient safety	0
Adherence to clinical protocol	0

*This program reports that it collaborates with the national program for health for adherence to quality standards and protocols.

Email contact: achikuru@psicongo.org
Website: -

DOMINICAN REPUBLIC

RedSegura
Population Services International DR
PSI

FP Family planning
STIs Sexually transmitted infections

Program at a glance

Launch year	2013*
Franchisee distribution	4 provinces
Geographic spread	100% urban
Franchised outlets	4 clinics or maternity homes and 1 health kiosk
Franchisees	15 doctors and 1 nurse, midwife, or clinical assistant
Health service areas	FP, STIs, and other services
Primary source of program financing	Donor
Total # of visits	-
Total # of individual clients served	237
Total # of full-time staff	4
Total # of community outreach workers	7
Source of payments for health services	25% out-of-pocket and 75% through vouchers or subsidies

*This program was launched in October 2013.

Program description

RedSegura reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: not tracked.

The program raised demand for health services by implementing the following strategies: the distribution of referral slips and use of IPCs to raise awareness in the community.

The network is linked to the public sector through the following mechanisms: referral links between franchises and local public health facilities.

In 2013, the program generated revenue through the following strategies: none.

COST

Cost to operate the franchise program in 2013 (in USD): $622,045

EQUITY

% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: - **CYPs**: -

% contribution to overall health impact (DALYs averted)

N/A

QUALITY

Dimension assessed	**Times/year**
Client experience	0
Facility	-
Competence of provider	-
Patient safety	-
Adherence to clinical protocol	0

Email contact: jmhouellemont@psidr.org.do
Website: -

EL SALVADOR

Red Segura
Asociación Panamericana de Mercadeo Social (PASMO)
PSI

FP Family planning
HIV/AIDS

Program at a glance

Launch year	2011
Franchisee distribution	13 departments
Geographic spread	-
Franchised outlets	58 clinics or maternity homes
Franchisees	58 doctors and 6 nurses, midwives, or clinical assistants
Health service areas	FP and HIV/AIDS
Primary source of program financing	Donor
Total # of visits	-
Total # of individual clients served	5,000
Total # of full-time staff	17
Total # of community outreach workers	12
Source of payments for health services	100% out-of-pocket

Program description

Red Segura reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: CHWs distributed referral coupons to clients. Program staff tracked referrals by comparing provider reports to referral coupon numbers.

The program raised demand for health services by implementing the following strategies: radio advertising, billboards and posters, community outreach by paid employees, and clinic-based outreach.

The network is linked to the public sector through the following mechanisms: none

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees.

COST

Cost to operate the franchise program in 2013 (in USD): $571,000

EQUITY

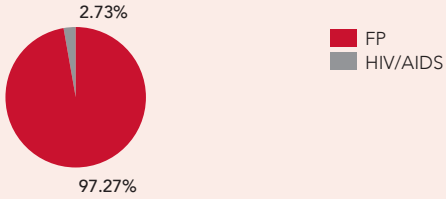
% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 2,889 **CYPs**: 23,299

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	0
Facility	-
Competence of provider	-
Patient safety	-
Adherence to clinical protocol	-

Email contact: mcruz@pasmo-ca.org
Website: redseguraclinicas.com

ETHIOPIA

BlueStar Healthcare Network
Marie Stopes International Ethiopia
MSI

FP Family planning
HIV/AIDS
PAC Post abortion care
Safe abortion

Program at a glance

Launch year	2008
Franchisee distribution	6 regional states and 2 administrative towns
Geographic spread	10% rural and 90% urban
Franchised outlets	585 clinics or maternity homes
Franchisees	91 doctors; 490 nurses, midwives, or clinical assistants; and 659 counselors or social workers
Health service areas	FP, HIV/AIDS, PAC, safe abortion, and other services
Primary source of program financing	Donor
Total # of visits	1,022,890
Total # of individual clients served	-
Total # of full-time staff	21
Total # of community outreach workers	25
Source of payments for health services	100% out-of-pocket

Program description

BlueStar reports the following implementing partners: -

The program is organized in the following way: all network clinics offer FP methods. Safe abortion services are offered by clinics that are categorized as medium and above (categories are determined by the number and qualifications of staff).

All referrals, both within and outside of the franchise network, were tracked in the following ways: not tracked.

The program raised demand for health services by implementing the following strategies: billboards and posters, community outreach by paid employees, and road shows.

The network is linked to the public sector through the following mechanisms: none.

COST

Cost to operate the franchise program in 2013 (in USD): $1,222,230

EQUITY*

% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

*This program measured client wealth status through the use of the Progress Out of Poverty Index, which measures the percentage of clientele that earn less than $1.25/day, a value used to gauge poverty. A study conducted in October 2012 suggests that 15.7% of clients at that time were poor.

HEALTH IMPACT

DALYs averted: 245,917 **CYPs**: 240,102

% contribution to overall health impact (DALYs averted)

QUALITY

Dimension assessed	Times/year
Client experience	1
Facility	4
Competence of provider	2
Patient safety	2
Adherence to clinical protocol	2

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees and franchisor fees.

Email contact: andinet.bayissa@mariestopes.org.et
Website: mariestopes.org.et

GHANA

BlueStar Healthcare Network
Marie Stopes International Ghana
MSI

FP Family planning
Malaria
PAC Post abortion care
Safe abortion
Safe motherhood,
STIs Sexually transmitted infections

Program at a glance

Launch year	2008
Franchisee distribution	3 regions
Geographic spread	42% rural and 58% urban
Franchised outlets*	304 clinics or maternity homes
Franchisees	74 doctors; 78 nurses, midwives, or clinical assistants; 70 diagnostic professionals; and 125 counselors or social workers
Health service areas	FP, malaria, PAC, safe abortion, safe motherhood, STIs, and other services
Primary source of program financing	Donor
Total # of visits	208,404
Total # of individual clients served	194,102
Total # of full-time staff	12
Total # of community outreach workers	125
Source of payments for health services	65% out-of-pocket and 35% through vouchers or subsidies

*This program also includes 16 pharmacies or drug shops that serve as product distribution outlets.

COST

Cost to operate the franchise program in 2013 (in USD): $353,423

EQUITY

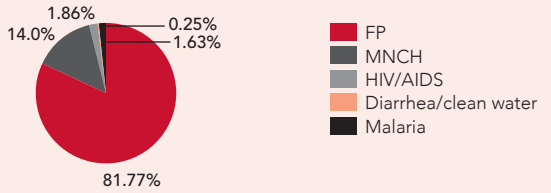
% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 47,050 **CYPs**: 53,906

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	1
Facility	2
Competence of provider	4
Patient safety	2
Adherence to clinical protocol	2

Program description

BlueStar Healthcare Network is run in partnership with the International Finance Corporation.

The program is organized in the following way: network hospitals, clinics, and maternity homes provide primary care services to clients, including those for FP/SRH, IMCI, ANC, and others. Network pharmacies and chemical shops sell short-term FP methods and STI drugs to clients. The network also uses pharmacies and chemical shops as referral points.

All referrals, both within and outside of the franchise network, were tracked in the following ways: through referral coupons that were distributed by CHWs and tracked by franchisees.

The program raised demand for health services by implementing the following strategies: radio advertising, billboards and posters, community outreach by volunteers, and the distribution of vouchers or subsidies for health services.

The network is linked to the public sector through the following mechanisms: referral links between franchisees and local public health facilities, social health insurance remuneration for health services, and through a common accreditation and quality oversight system.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees and franchisor fees.

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Website: mariestopes.org/where-in-the-world#ghana

GUATEMALA
Red Segura
Asociación Panamericana de Mercadeo Social (PASMO)
PSI

Program at a glance

Launch year	2010
Franchisee distribution	19 departments
Geographic spread	100% urban
Franchised outlets	356 clinics or maternity homes
Franchisees*	323 doctors and 11 nurses, midwives, or clinical assistants
Health service areas	FP
Primary source of program financing	Donor
Total # of visits	-
Total # of individual clients served	-
Total # of full-time staff	73*
Total # of community outreach workers	0
Source of payments for health services	100% out-of-pocket

*This includes IPCs.

Program description

Red Segura reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: CHWs distributed referral coupons to clients. Program staff tracked referrals by comparing provider reports to referral coupon numbers.

The program raised demand for health services by implementing the following strategies: radio advertising, billboards and posters, community outreach by paid employees, and clinic-based outreach.

The network is linked to the public sector through the following mechanisms: none

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees.

COST

Cost to operate the franchise program in 2013 (in USD): $1,099,022

EQUITY

% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 17,158 **CYPs**: 66,526

% contribution to overall health impact (DALYs averted)

QUALITY

Dimension assessed	Times/year
Client experience	2
Facility	2
Competence of provider	2
Patient safety	2
Adherence to clinical protocol	2

Email contact: ksteele@pasmo-ca.org
Website: redseguraclinicas.com

HAITI

Plis Kontwòl
Population Services International Haiti
PSI

Program at a glance

Launch year	2013
Franchisee distribution	3 departments
Geographic spread	100% urban
Franchised outlets	3 clinics or maternity homes and 2 health kiosks
Franchisees*	8 doctors and 15 informal providers
Health service areas	FP
Primary source of program financing	Donor
Total # of visits	-
Total # of individual clients served	109
Total # of full-time staff	0*
Total # of community outreach workers	15
Source of payments for health services	100% out-of-pocket

*All employees (IPCs) are part-time.

Program description

Plis Kontwòl reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: IPC agents provided referral vouchers to clients that were subsequently handed to providers and collected by program staff.

The program raised demand for health services by implementing the following strategies: providing incentives to create support groups, conducting outreach activities, and generating referrals.

The network is linked to the public sector through the following mechanisms: none.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees.

COST

Cost to operate the franchise program in 2013 (in USD): $288,034

EQUITY

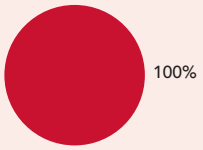
% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 1,398 **CYPs**: 1,991

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	0
Facility	3
Competence of provider	3
Patient safety	3
Adherence to clinical protocol	3

Email contact: yigpilou@psihaiti.org
Website: -

INDIA

Merrygold Health Network (Rajasthan)
Hindustan Latex Family Planning Promotion Trust (HLFPPT)

FP Family planning
Newborn or pediatric care
Safe motherhood

Program at a glance

Launch year	2013
Franchisee distribution	Rajasthan
Geographic spread	-
Franchised outlets	26 clinics or maternity homes and 12 pharmacies or drug shops
Franchisees	19 doctors; 65 nurses, midwives, or clinical assistants; 12 pharmacists or drug vendors; 14 diagnostic professionals; 13 counselors or social workers; and 352 CHWs
Health service areas	FP, newborn or pediatric care, safe motherhood, and other services
Primary source of program financing	Donor
Total # of visits	12,119
Total # of individual clients served	7,962
Total # of full-time staff	16
Total # of community outreach workers	0
Source of payments for health services	40% out-of-pocket, 10% through social health insurance, 30% through vouchers or subsidies, and 20% unreported

Program description

Merrygold Health Network reports the following implementing partners: -

The program is organized in the following way: Merrygold Hospital (urban) provides services that include hysterectomies, sterilizations, pediatric care, infertility treatment, and cancer surveillance. Merrygold Hospital (rural) provides services including safe deliveries, ANC, PNC, IUDs, and referrals to the urban facilities.

All referrals, both within and outside of the franchise network, were tracked in the following ways: through use of referral slips.

The program raised demand for health services by implementing the following strategies: conducting health outreach camps and baby showers for expecting mothers.

COST

Cost to operate the franchise program in 2013 (in USD): $693,440*

*Conversion based on rate from www.XE.com, March 23, 2014.

EQUITY

% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 28,205* **CYPs**: 36,347

% contribution to overall health impact (DALYs averted)

FP

*Does not include estimates for antenatal care, breast-feeding promotion, and safe delivery services

QUALITY

Dimension assessed	Times/year
Client experience	4
Facility	4
Competence of provider	2
Patient safety	1
Adherence to clinical protocol	5

The network is linked to the public sector through the following mechanisms: a common accreditation and quality oversight system.

In 2013, the program generated revenue through the following strategies: franchisor fees.

Email contact: sagarwal@hlfppt.org
Website: hlfppt.org

INDIA

Merrygold Health Network (Uttar Pradesh)
Hindustan Latex Family Planning Promotion Trust (HLFPPT)

FP Family planning
HIV/AIDS
Newborn or pediatric care
Safe motherhood
STIs Sexually transmitted infections

Program at a glance

Launch year	2007
Franchisee distribution	Uttar Pradesh
Geographic spread	-
Franchised outlets	240 clinics or maternity homes and 2 pharmacies or drug shops
Franchisees	280 doctors; 1,540 nurses, midwives, or clinical assistants; 20 pharmacists or drug vendors; 64 diagnostic professionals; 12 counselors or social workers; 9,186 CHWs; and 42 informal providers
Health service areas	FP, HIV/AIDS, newborn or pediatric care, safe motherhood, STIs, and other services
Primary source of program financing	Program revenue
Total # of visits	145,430
Total # of individual clients served	124,659
Total # of full-time staff	40
Total # of community outreach workers	--
Source of payments for health services	--

Program description

Merrygold Health Network reports the following implementing partners: -

The program is organized in the following way: the Merrygold network includes three levels of providers. The Level 1 Merrygold hospitals are fully franchised and provide maternal and child health services and emergency obstetric care. The Level 2 Merrysilver clinics are partially franchised and provide basic obstetric care, FP services, counseling, and immunization services. The Level 3 Merrytarang members are based in the community and refer clients to the network clinics and hospitals. Merrytarang members also offer health counseling along with packages of commodities that include condoms, oral contraceptives, oral rehydration salts, and iron-folic acid tablets.

All referrals, both within and outside of the franchise network, were tracked in the following ways: through use of referral slips.

COST

Cost to operate the franchise program in 2013 (in USD): $253,781

EQUITY

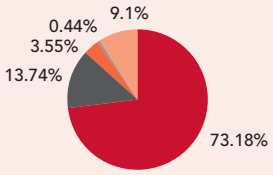
% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 14,157* **CYPs**: 19,580

% contribution to overall health impact (DALYs averted)



*Does not include estimates forantenatal care, breast-feeding promotion, and safe delivery services

QUALITY

Dimension assessed	Times/year
Client experience	4
Facility	4
Competence of provider	1
Patient safety	1
Adherence to clinical protocol	1

The program raised demand for health services by implementing the following strategies: community outreach by workers who receive commissions for referrals.

The network is linked to the public sector through the following mechanisms: a common accreditation and quality oversight system.

In 2013, the program generated revenue through the following strategies: franchisor fees.

Email contact: sagarwal@hlfppt.org
Website: hlfppt.org

INDIA

Plan.it Healthcare Network
Marie Stopes India
MSI

FP Family planning
PAC Post abortion care
Safe abortion

Program at a glance

Launch year	2012
Franchisee distribution	1 state
Geographic spread	34% rural and 66% urban
Franchised outlets*	172 clinics or maternity homes
Franchisees	227 doctors
Health service areas	FP, PAC, and safe abortion
Primary source of program financing	-
Total # of visits	-
Total # of individual clients served	27,759
Total # of full-time staff	13
Total # of community outreach workers	105
Source of payments for health services	100% out-of-pocket

*This program also includes 18,000 pharmacies or drug shops that serve as product distribution outlets.

COST

Cost to operate the franchise program in 2013 (in USD): $400,682

EQUITY

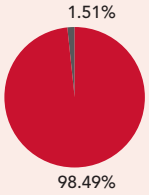
% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 36,021 **CYPs**: 49,018

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	1
Facility	1
Competence of provider	0
Patient safety	1
Adherence to clinical protocol	1

Program description

Plan.it Healthcare Network is run in partnership with Population Health Services India (PHSI), which provides social marketing products.

The program is organized in the following way: the network is comprised of Obstetrics/Gynecology specialists and general medical practitioners who provide consultations and clinical health services. Network-affiliated pharmacies serve as points of sale for short-term FP and medical abortion products. The pharmacies also provide referrals to franchise clinics for services.

All referrals, both within and outside of the franchise network, were tracked in the following ways: through referral slips, though plans are underway to set up a call-in line for determining whether clients accessed referred services.

The program raised demand for health services by implementing the following strategies: radio advertising, billboards and posters, community outreach by workers who receive commissions for referrals, and through health camps.

The network is linked to the public sector through the following mechanisms: a common accreditation and quality oversight system.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees.

Email contact: manoj.sojitra@mariestopes.org.in
Website: mariestopes.org.in

INDIA
Sky
World Health Partners
WHP

FP Family planning
Safe abortion
Safe motherhood
TB Tuberculosis

Program at a glance

Launch year	2009
Franchisee distribution	2 states
Geographic spread	100% rural
Franchised outlets*	-
Franchisees	401 CHWs and 5,070 informal providers
Health service areas	FP, safe abortion, safe motherhood, TB, and other services
Primary source of program financing	Donor
Total # of visits	25,836
Total # of individual clients served	18,471
Total # of full-time staff	-
Total # of community outreach workers	590
Source of payments for health services	Majority out-of-pocket

*This does not include the 30 clinics or maternity homes, 12 diagnostics facilities, and 13,800 pharmacies or drug shops that are linked with the network as referral/consultation centers or points of distribution for Skymed commodities.

COST

Cost to operate the franchise program in 2013 (in USD): -

EQUITY

3,023 clients were surveyed in 2012 and 2013

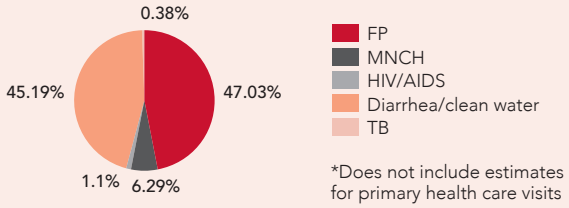
% of clients in each wealth quintile

1 (lowest)	20
2 (second lowest)	31
3 (middle)	24
4 (second highest)	14
5 (highest)	11

HEALTH IMPACT

DALYs averted: 116,137* **CYPs**: 82,087

% contribution to overall health impact (DALYs averted)



*Does not include estimates for primary health care visits

QUALITY

Dimension assessed	Times/year
Client experience	4
Facility	1
Competence of provider	1
Patient safety	0
Adherence to clinical protocol	1

Program description

Sky reports the following implementing partners: -

The program is organized in the following way: Rural health providers operate telemedicine kiosks (purchased from the Sky program) and charge clients for access to the service. The kiosks take readings of basic parameters like blood pressure, and can connect clients to urban medical practitioners for web-based consultations. Clients who need additional support can get services from medical centers that have agreements with the Sky Network. Skymed branded medications and commodities are carried by network-affiliated pharmacies.

All referrals, both within and outside of the franchise network, were tracked in the following ways: in-network referrals were tracked through the WHP patient records system. Out-of-network referrals were not closely tracked.

The program raised demand for health services by implementing the following strategies: radio advertising, billboards and posters, community outreach by workers who received commissions for referrals, the distribution of vouchers or subsidies for health services, and mobile film screenings.

The network is linked to the public sector through the following mechanisms: Contraceptive Social Marketing Programme in India provides subsidized contraceptives and financial support for marketing expenses. Through a formal relationship with the public sector, Sky has access to free Visceral Leishmaniasis diagnostic kits and free TB treatment.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees and franchisor fees.

Email contact: lou@worldhealthpartners.org
Website: worldhealthpartners.org

INDIA

Ujjwal Network
Futures Group

FP Family planning
PAC Post abortion care
Safe abortion

Program at a glance

Launch year	2013
Franchisee distribution	2 states
Geographic spread	66% rural and 34% urban
Franchised outlets*	231 clinics or maternity homes
Franchisees	231 doctors; 231 nurses, midwives, or clinical assistants; and 4,172 counselors or social workers
Health service areas	FP, PAC, and safe abortion
Primary source of program financing	Donor
Total # of visits	-
Total # of individual clients served	350,000
Total # of full-time staff	238
Total # of community outreach workers	4,000
Source of payments for health services	75% out-of-pocket and 25% through vouchers or subsidies

*This program also includes 7,777 pharmacies or drug shops that serve as product distribution outlets.

COST

Cost to operate the franchise program in 2013 (in USD): -

EQUITY

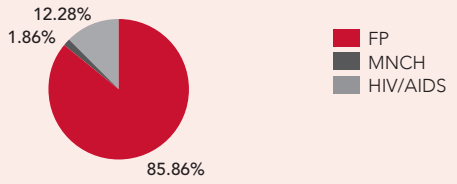
% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 37,380 **CYPs**: 60,564

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	0
Facility	1
Competence of provider	1
Patient safety	1
Adherence to clinical protocol	1

Program description

The UKaid-funded Ujjwal network includes clinics and outreach workers in the states of Bihar and Odisha. The network is run by Futures Group, in partnership with Hindustan Latex Family Planning Promotion, the Public Health Foundation, and the Johns Hopkins Center for Communication.

The program is organized in the following way: the program is establishing a tiered network of clinics. Level 1 (district headquarters): trained gynecologist; full range of FP and MTP. Level 2 (block headquarters): MBBS-qualified physician; short-term FP methods, mini-lap, MTP. Level 3 (community-based workers): increase FP awareness, encourage clients to use network. Program includes distribution network for subsidized contraceptives. Program plans to expand traditional and nontraditional outlets across Odisha.

All referrals, both within and outside of the franchise network, were tracked in the following ways: not tracked in 2013.

The program raised demand for health services by implementing the following strategies: promotional billboards and posters, a toll-free helpline to promote franchisee clinics, market activation events (entertainment education shows) and conducting outreach in the community and in clinics.

The network is linked to the public sector through the following mechanisms: social health insurance remuneration for the provision of clinical services, and a common accreditation and quality oversight system.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees and franchisor fees.

Email contact: abhanot@futuresgroup.com
Website: projectujjwal.com

INDIA

Women's Health Program
Population Services International
PSI

FP Family planning
Safe abortion

Program at a glance

Launch year	2008
Franchisee distribution	30 districts across 3 states
Geographic spread	100% urban
Franchised outlets*	1,139 clinics or maternity homes
Franchisees	1,146 doctors; 21 counselors or social workers; and 300 CHWs
Health service areas	FP and safe abortion
Primary source of program financing	Donor
Total # of visits	-
Total # of individual clients served	76,437
Total # of full-time staff	-
Total # of community outreach workers	-
Source of payments for health services	100% out-of-pocket

*This program also includes 8,203 pharmacies or drug shops that serve as product distribution outlets.

COST

Cost to operate the franchise program in 2013 (in USD): $2,300,000

EQUITY

6,012 clients were surveyed in 2012 and 2013.

% of clients in each wealth quintile

1 (lowest)	17
2 (second lowest)	-
3 (middle)	18
4 (second highest)	25
5 (highest)	-

HEALTH IMPACT

DALYs averted: 270,046 **CYPs**: 543,980

% contribution to overall health impact (DALYs averted)

QUALITY

Dimension assessed	Times/year
Client experience	0
Facility	12
Competence of provider	1
Patient safety	2
Adherence to clinical protocol	-

Program description

Women's Health Program reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: outreach workers gave referral coupons to potential clients of FP services. Clients deposited these coupons in franchised clinics upon receipt of service, and program staff collected the coupons for tracking purposes.

The program raised demand for health services by implementing the following strategies: radio advertising, TV advertising, billboards and posters, and community outreach by paid employees.

The network is linked to the public sector through the following mechanisms: none.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees.

Email contact: atul@psi.org.in
Website: -

KENYA
AMUA
Marie Stopes Kenya
MSI

FP Family planning
HIV/AIDS
Newborn or pediatric care
NCDs Noncommunicable diseases
PAC Post abortion care
Safe abortion
Safe motherhood
STIs Sexually transmitted infections

Program at a glance

Launch year	2004
Franchisee distribution	40 counties
Geographic spread	-
Franchised outlets	-
Franchisees	5 doctors; 275 nurses, midwives, or clinical assistants; and 600 CHWs
Health service areas	FP, HIV/AIDS, newborn or pediatric care, NCDs, PAC, safe abortion, safe motherhood, and STIs
Primary source of program financing	Donor
Total # of visits	-
Total # of individual clients served	-
Total # of full-time staff	-
Total # of community outreach workers	-
Source of payments for health services	-

Program description

AMUA is run in partnership with the African Health Markets for Equity project, the Kenya Urban Reproductive Health Initiative project, the National Hospital Insurance Fund, and the Output-Based Aid voucher scheme (R-OBA).

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: -

The program raised demand for health services by implementing the following strategies: -

The network is linked to the public sector through the following mechanisms: -

In 2013, the program generated revenue through the following strategies: none.

COST

Cost to operate the franchise program in 2013 (in USD): $1,000,000

EQUITY

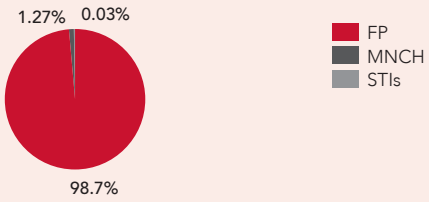
% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 778,186 **CYPs**: 997,809

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	2
Facility	2
Competence of provider	2
Patient safety	2
Adherence to clinical protocol	2

KENYA
CFW clinics
The HealthStore Foundation

FP Family planning
HIV/AIDS
Malaria
Newborn or pediatric care
Safe motherhood
STIs Sexually transmitted infections

Program at a glance

Launch year	2000
Franchisee distribution	17 districts
Geographic spread	90% rural and 10% urban
Franchised outlets	56 clinics or maternity homes and 10 pharmacies or drug shops
Franchisees	56 nurses, midwives, or clinical assistants; 10 pharmacists or drug vendors; 2 diagnostic professionals; and 10 CHWs
Health service areas	FP, HIV/AIDS, malaria, newborn or pediatric care, safe motherhood, STIs, and other services
Primary source of program financing	Donor
Total # of visits	509,229
Total # of individual clients served	-
Total # of full-time staff	17
Total # of community outreach workers	0
Source of payments for health services	99% out-of-pocket and 1% through vouchers or subsidies

COST

Cost to operate the franchise program in 2013 (in USD): $480,000

EQUITY

% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: - **CYPs**: -

% contribution to overall health impact (DALYs averted)

N/A

QUALITY

Dimension assessed	**Times/year**
Client experience	0
Facility	-
Competence of provider	0
Patient safety	4
Adherence to clinical protocol	4

Program description

CFW reports the following implementing partners: -

The program is organized in the following way: CFW's network includes two facility types: (1) clinics which are run by nurses and offer a wider range of products and services; and (2) CFW shops which are run by CHWs.

All referrals, both within and outside of the franchise network, were tracked in the following ways: -

The program raised demand for health services by implementing the following strategies: clinic-based outreach.

The network is linked to the public sector through the following mechanisms: referral links between franchisees and local public health facilities.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees, franchisor fees, and interest payments on loans to franchisees.

Email contact: greg@healthstore.org
Website: healthstore.org

KENYA

Huduma Poa Health Network
Kisumu Medical and Education Trust (KMET)

FP Family planning
HIV/AIDS
Newborn or pediatric care
STIs Sexually transmitted infections

Program at a glance

Launch year	2012
Franchisee distribution	15 counties
Geographic spread	63% rural and 37% urban
Franchised outlets	74 clinics or maternity homes
Franchisees	18 doctors; 168 nurses, midwives, or clinical assistants; 4 pharmacists or drug vendors; 52 diagnostic professionals; and 56 counselors or social workers
Health service areas	FP, HIV/AIDS, newborn or pediatric care, and STIs
Primary source of program financing	Donor
Total # of visits	-
Total # of individual clients served	32,743
Total # of full-time staff	126
Total # of community outreach workers	120
Source of payments for health services	91% out-of-pocket and 9% through social health insurance

COST

Cost to operate the franchise program in 2013 (in USD): $679,022

EQUITY

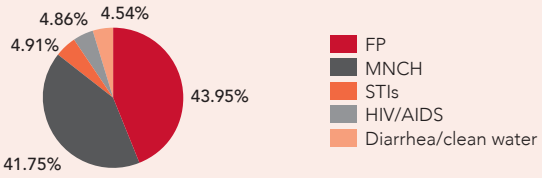
% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 21,431 **CYPs**: 12,289

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	2
Facility	12
Competence of provider	6
Patient safety	6
Adherence to clinical protocol	12

Program description

Huduma Poa Health Network is run in partnership with Population Services Kenya Goldstar Network and the MoH–Kenya.

The program is organized in the following way: CHWs refer clients to franchised facilities for services that are part of the network's sexual and reproductive health package. The MoH acquires and supplies commodities to franchised facilities. KMET also procures and supplies commodities to frachised clinics, particulary during stock-out periods at the MoH-Kenya.

All referrals, both within and outside of the franchise network, were tracked in the following ways: Network CFWs used referral books with duplicate forms. At referral, one form was issued to the client, and one was maintained by the Health Worker and used for tracking and documentation purposes.

The program raised demand for health services by implementing the following strategies: billboards and posters, community outreach by paid employees, community outreach by volunteers, community outreach by workers who receive commissions for referrals, clinic-based outreach, and community referral mechanisms.

The network is linked to the public sector through the following mechanisms: franchisees receive reporting tools, commodities, joint support supervision, and capacity-building support from the MoH.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees.

Email contact: moguttu@kmet.co.ke
Website: kmet.co.ke

KENYA

Tunza Family Health Network
Population Services Kenya
PSI

FP Family planning
HIV/AIDS
Malaria
NCDs Noncommunicable diseases

Program at a glance

Launch year	2008
Franchisee distribution	36 counties
Geographic spread	43% rural and 57% urban
Franchised outlets	84 clinics or maternity homes
Franchisees	4 doctors and 301 nurses, midwives, or clinical assistants
Health service areas	FP, HIV/AIDS, malaria, and NCDs
Primary source of program financing	Donor
Total # of visits	710,468
Total # of individual clients served	-
Total # of full-time staff	29
Total # of community outreach workers	300
Source of payments for health services	Majority out-of-pocket and minority through vouchers or subsidies

Program description

Tunza Family Health Network reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: voucher referrals were tracked by comparing voucher records from the IPC distribution staff and the Community Health Workers to the number of clients who end up at the service-delivery points.

The program raised demand for health services by implementing the following strategies: radio advertising, TV advertising, community outreach by volunteers, clinic-based outreach, and the distribution of vouchers or subsidies for health services.

The network is linked to the public sector through the following mechanisms: commodity linkage (mainly FP products and HIV testing kits) and reporting books for all the health areas.

COST

Cost to operate the franchise program in 2013 (in USD): $6,854,655

EQUITY

1,312 clients were surveyed in 2012.

% of clients in each wealth quintile

1 (lowest)	20.7
2 (second lowest)	19.7
3 (middle)	24.7
4 (second highest)	15
5 (highest)	19.9

HEALTH IMPACT

DALYs averted: 249,897 **CYPs**: 310,665

% contribution to overall health impact (DALYs averted)

QUALITY

Dimension assessed	Times/year
Client experience	1
Facility	2
Competence of provider	2
Patient safety	2
Adherence to clinical protocol	2

In 2013, the program generated revenue through the following strategies: franchisor fees.

Email contact: smboyano@pskenya.org
Website: -

LAO PEOPLE'S DEMOCRATIC REPUBLIC

Sun Quality Health (SQH)
Population Services International Laos
PSI

FP Family planning
TB Tuberculosis

Program at a glance

Launch year	2010
Franchisee distribution	12 provinces
Geographic spread	100% urban
Franchised outlets	80 clinics or maternity homes
Franchisees	80 doctors
Health service areas	FP and TB
Primary source of program financing	Donor
Total # of visits	-
Total # of individual clients served	1,530
Total # of full-time staff	8
Total # of community outreach workers	0
Source of payments for health services	-

Program description

SQH reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: not tracked.

The program raised demand for health services by implementing the following strategies: billboards and posters, and community outreach by paid employees.

The network is linked to the public sector through the following mechanisms: referral links between franchises and local public health facilities.

In 2013, the program generated revenue through the following strategies: none.

COST

Cost to operate the franchise program in 2013 (in USD): -

EQUITY

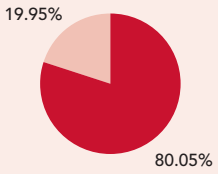
% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: - **CYPs**: -

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	0
Facility	1
Competence of provider	1
Patient safety	1
Adherence to clinical protocol	1

Email contact: laura@psilaos.org
Website: -

MADAGASCAR

BlueStar and CSB Star
Marie Stopes Madagascar
MSI

Program at a glance

Launch year	2009
Franchisee distribution	12 regions
Geographic spread	60% rural and 40% urban
Franchised outlets	141 clinics or maternity homes
Franchisees	141 doctors and 16 nurses, midwives, or clinical assistants
Health service areas	FP
Primary source of program financing	Donor
Total # of visits	128,810
Total # of individual clients served	55,000
Total # of full-time staff	9
Total # of community outreach workers	74
Source of payments for health services	-

Program description

BlueStar and CSB reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: franchised facilities checked redeemed coupons and vouchers that had been distributed by CHWs to clients.

The program raised demand for health services by implementing the following strategies: radio advertising, TV advertising, and community events.

The network is linked to the public sector through the following mechanisms: referral links between franchisees and local public health facilities. There are also seven public facilities in the franchise program.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees and franchisor fees.

COST

Cost to operate the franchise program in 2013 (in USD): $560,304

EQUITY

192 clients were surveyed in 2013.

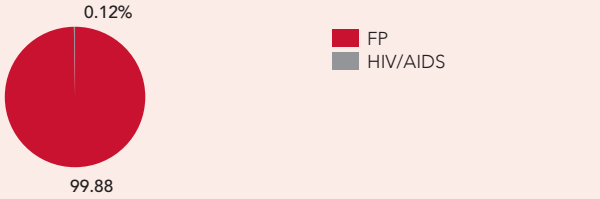
% of clients in each wealth quintile

1 (lowest)	28
2 (second lowest)	21
3 (middle)	17
4 (second highest)	21
5 (highest)	15

HEALTH IMPACT

DALYs averted: 59,413 **CYPs**: 91,270

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	1
Facility	1
Competence of provider	1
Patient safety	1
Adherence to clinical protocol	1

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MADAGASCAR

Top Réseau
Population Services International Madagascar
PSI

FP Family planning
HIV/AIDS
Malaria
Newborn or pediatric care
PAC Post abortion care
STIs Sexually transmitted infections

Program at a glance

Launch year	2001
Franchisee distribution	22 regions and 54 districts
Geographic spread	14% rural and 86% urban
Franchised outlets	56 clinics or maternity homes and 217 health kiosks
Franchisees	268 doctors; 67 nurses, midwives, or clinical assistants; 4 diagnostic professionals; and 14 counselors or social workers
Health service areas	FP, HIV/AIDS, malaria, newborn or pediatric care, PAC, STIs, and other services
Primary source of program financing	Donor
Total # of visits	197,729
Total # of individual clients served	-
Total # of full-time staff	40
Total # of community outreach workers	485
Source of payments for health services	70% out-of-pocket and 30% through vouchers or subsidies

Program description

Top Réseau is run in partnership with two non-governmental organizations: Sampan'Asa momba ny Fampandrosoana/Fiangonan'i Jesoa Kristy eto Madagasikara and Sampan'Asa Loterana momba ny Fahasalamana.

The program is organized in the following way: some network clinics offer a full range of services, while others offer a limited range. Referral links exist across franchised facilities to meet gaps in care. Additionally, referral links exist between franchisees and separate public or private referral centers for the management of adverse events or complications.

All referrals, both within and outside of the franchise network, were tracked in the following ways: adverse events were tracked through mobile phone-based software. Other referrals were not tracked.

COST

Cost to operate the franchise program in 2013 (in USD): $1,767,395

EQUITY

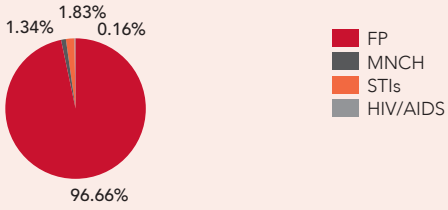
% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 105,597 **CYPs**: 152,381

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	1
Facility	1
Competence of provider	1
Patient safety	1
Adherence to clinical protocol	4

The program raised demand for health services by implementing the following strategies: radio advertising, TV advertising, billboards and posters, community outreach by paid employees, and the distribution of vouchers or subsidies for health services.

The network is linked to the public sector through the following mechanisms: referral links between franchises and local public health facilities.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees and franchisor fees.

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Website: psi.org/madagascar

MALAWI

BlueStar Healthcare Network (BHN)
Banja La Mtsogolo
MSI

Program at a glance

Launch year	2008
Franchisee distribution	3 regions
Geographic spread	-
Franchised outlets	79 clinics or maternity homes
Franchisees	158 nurses, midwives, or clinical assistants; 76 CHWs; and 60 informal providers
Health service areas	FP
Primary source of program financing	Donor
Total # of visits	64,300
Total # of individual clients served	-
Total # of full-time staff	4
Total # of community outreach workers	22
Source of payments for health services	55% out-of-pocket and 45% through vouchers or subsidies

COST

Cost to operate the franchise program in 2013 (in USD): -

EQUITY

% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 36,413 **CYPs**: 39,930

% contribution to overall health impact (DALYs averted)

QUALITY

Dimension assessed	Times/year
Client experience	1
Facility	2
Competence of provider	2
Patient safety	2
Adherence to clinical protocol	2

Program description

BHN reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: redeemed vouchers were collected, documented and reported to the franchisor by CHWs and franchisees.

The program raised demand for health services by implementing the following strategies: radio advertising, billboards and posters, community outreach by workers who receive commissions for referrals, and the distribution of vouchers or subsidies for health services.

The network is linked to the public sector through the following mechanisms: referral links between franchises and local public health facilities and agreements with public health system facilities for referrals in the event of complications.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees and franchisor fees.

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Website: -

MALAWI

Tunza Family Health Network
Population Services International Malawi
PSI

Program at a glance

Launch year	2012
Franchisee distribution	6 districts
Geographic spread	50% rural and 50% urban
Franchised outlets	27 clinics or maternity homes
Franchisees	39 nurses, midwives, or clinical assistants and 31 informal providers
Health service areas	FP
Primary source of program financing	Donor
Total # of visits	8,153
Total # of individual clients served	-
Total # of full-time staff	6
Total # of community outreach workers	13
Source of payments for health services	100% out-of-pocket

Program description

Tunza Family Health Network reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: -

The program raised demand for health services by implementing the following strategies: radio advertising, community outreach by workers who receive commissions for referrals, and clinic-based outreach.

The network is linked to the public sector through the following mechanisms: referral links between franchisees and local public health facilities.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees and franchisor fees.

COST

Cost to operate the franchise program in 2013 (in USD): $441,173

EQUITY

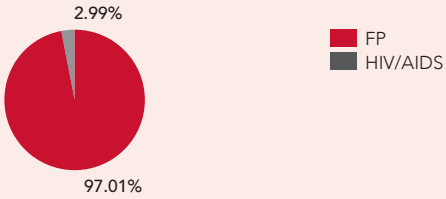
% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 9,427 **CYPs**: 9,878

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	1
Facility	4
Competence of provider	4
Patient safety	4
Adherence to clinical protocol	4

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Website: -

MALI

BlueStar
Marie Stopes International Mali
MSI

FP Family planning
HIV/AIDS

Program at a glance

Launch year	2011
Franchisee distribution	2 regions
Geographic spread	-
Franchised outlets	102 clinics or maternity homes and 10 health kiosks
Franchisees	46 doctors and 56 nurses, midwives, or clinical assistants
Health service areas	FP and HIV/AIDS
Primary source of program financing	Donor
Total # of visits	103,839
Total # of individual clients served	84,705
Total # of full-time staff	30
Total # of community outreach workers	0
Source of payments for health services	10% out-of-pocket, 90% through free, donor-subsidized commodities

Program description

BlueStar reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: -

The program raised demand for health services by implementing the following strategies: radio advertising, TV advertising, billboards and posters, community outreach by paid employees, and clinic-based outreach.

The network is linked to the public sector through the following mechanisms: referral links between franchises and local public health facilities.

In 2013, the program generated revenue through the following strategies: none.

COST

Cost to operate the franchise program in 2013 (in USD): $896,571

EQUITY*

% of clients in each wealth quintile

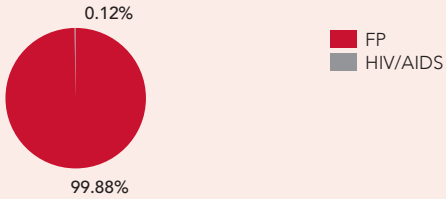
1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

*This program measured client wealth status through the use of the Progress Out of Poverty Index, which measures the percentage of clientele that earn less than $1.25/day, a value used to gauge poverty. A study conducted in December 2013 suggests that 30.1% of clients were poor.

HEALTH IMPACT

DALYs averted: 141,313 **CYPs**: 88,231

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	1
Facility	2
Competence of provider	-
Patient safety	2
Adherence to clinical protocol	0

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Website: -

MALI

ProFam
Population Services International Mali
PSI

FP Family planning
HIV/AIDS
PAC Post abortion care
STIs Sexually transmitted infections

Program at a glance

Launch year	2011
Franchisee distribution	4 regions
Geographic spread	100% urban
Franchised outlets	71 clinics or maternity homes
Franchisees	29 doctors; 60 nurses, midwives, or clinical assistants; and 89 CHWs
Health service areas	FP, HIV/AIDS, PAC, and STIs
Primary source of program financing	Donor
Total # of visits	42,170
Total # of individual clients served	39,379
Total # of full-time staff	99
Total # of community outreach workers	0
Source of payments for health services	100% out-of-pocket

Program description

ProFam is run in partnership with Société Malienne des Gyneco-Obstétriciens (SOMAGO).

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: -

The program raised demand for health services by implementing the following strategies: radio advertising, TV advertising, billboards and posters, and clinic-based outreach.

The network is linked to the public sector through the following mechanisms: referral links between franchisees and local public health facilities.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees.

COST

Cost to operate the franchise program in 2013 (in USD): $248,976

EQUITY

293 clients were surveyed in 2012.

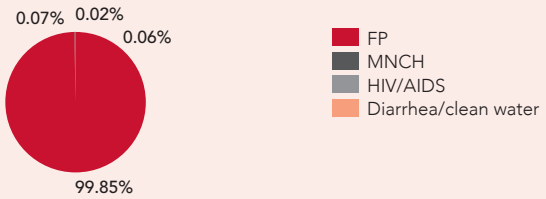
% of clients in each wealth quintile

1 (lowest)	0
2 (second lowest)	0
3 (middle)	0.3
4 (second highest)	13.9
5 (highest)	85.7

HEALTH IMPACT

DALYs averted: 75,358 **CYPs**: 45,630

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	2
Facility	-
Competence of provider	2
Patient safety	1
Adherence to clinical protocol	2

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Website: -

MYANMAR

The Sun Quality Health (SQH) Network
Population Services International Myanmar
PSI

FP Family planning
HIV/AIDS
Malaria
Newborn or pediatric care
PAC Post abortion care
STIs Sexually transmitted infections
TB Tuberculosis

Program at a glance

Launch year	2001
Franchisee distribution	14 administrative units
Geographic spread	4% rural and 96% urban
Franchised outlets	1,525 clinics or maternity homes and 54 stand-alone laboratories
Franchisees	1,594 doctors; 57 diagnostic professionals; 5 counselors or social workers; and 2,145 CHWs
Health service areas	FP, HIV/AIDS, malaria, newborn or pediatric care, PAC, STIs, TB, and other services
Primary source of program financing	Donor
Total # of visits	3,396,078
Total # of individual clients served	-
Total # of full-time staff	421
Total # of community outreach workers	260
Source of payments for health services	49% out-of-pocket and 51% covered by SQH itself

COST

Cost to operate the franchise program in 2013 (in USD): -

EQUITY

375 clients were surveyed in 2012.

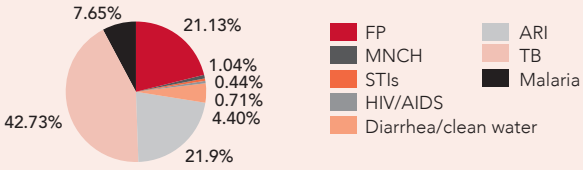
% of clients in each wealth quintile

1 (lowest)	19.2
2 (second lowest)	19.7
3 (middle)	21.9
4 (second highest)	17.1
5 (highest)	22.1

HEALTH IMPACT

DALYs averted: 326,953 **CYPs**: 290,642

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	2
Facility	12
Competence of provider	1
Patient safety	1
Adherence to clinical protocol	1

Program description

SQH reports the following implementing partners: -

The program is organized in the following way: the tiered franchise network includes SQH doctors that provide integrated and comprehensive case management, and Sun Primary Health (SPH) CHWs that offer primary health care and referral services in villages.

All referrals, both within and outside of the franchise network, were tracked in the following ways: franchisors received reports from SQH providers regarding referrals to public sector OB/GYNs for the management of complications and adverse events. The franchisors subsequently followed up with the OB/GYNs to ensure clients made use of referred services.

The program raised demand for health services by implementing the following strategies: radio advertising, TV advertising, community outreach by paid employees, community outreach by volunteers, and the distribution of vouchers or subsidies for health services.

The network is linked to the public sector through the following mechanisms: a verbal contract with public sector OB/GYNs for the management of adverse events in SQH's IUD program.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees.

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NEPAL
OK
Population Services International Nepal
PSI

Program at a glance

Launch year	2009
Franchisee distribution	50 districts
Geographic spread	80% rural and 20% urban
Franchised outlets	228 clinics or maternity homes
Franchisees	7 doctors; 640 nurses, midwives, or clinical assistants; and 241 pharmacists or drug vendors
Health service areas	FP
Primary source of program financing	Donor
Total # of visits	47,747
Total # of individual clients served	35,566
Total # of full-time staff	8
Total # of community outreach workers	400
Source of payments for health services	100% out-of-pocket

Program description

OK has partnered with the National Health Training Center (NHTC) to provide Basic IUCD training and certification to OK franchisees.

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: referral cards issued by CHWs to people in the community were collected at the points of service-delivery (the franchise clinics) and tracked.

The program raised demand for health services by implementing the following strategies: radio advertising, TV advertising, billboards and posters, household interpersonal communications by female community mobilizers, and community-based activities including advocacy meetings, the use of information stalls, street dramas, and other cultural events.

COST

Cost to operate the franchise program in 2013 (in USD): $360,000

EQUITY

% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: - **CYPs**: -

% contribution to overall health impact (DALYs averted)

N/A

QUALITY

Dimension assessed	**Times/year**
Client experience	1
Facility	2
Competence of provider	2
Patient safety	2
Adherence to clinical protocol	2

The network is linked to the public sector through the following mechanisms: none.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees and franchisor fees.

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Website: -

NEPAL

Sangini Networks
Nepal CRS Company

FP Family planning
Safe motherhood

Program at a glance

Launch year	1994
Franchisee distribution	75 districts
Geographic spread	-
Franchised outlets*	92 clinics or maternity homes
Franchisees	3,100 nurses, midwives, or clinical assistants
Health service areas	FP, safe motherhood, and other services
Primary source of program financing	Donor
Total # of visits	-
Total # of individual clients served	100,000
Total # of full-time staff	30
Total # of community outreach workers	25
Source of payments for health services	100% out-of-pocket

*This program also includes 3,100 pharmacies or drug shops that serve as product distribution outlets.

COST

Cost to operate the franchise program in 2013 (in USD): $196,882

EQUITY

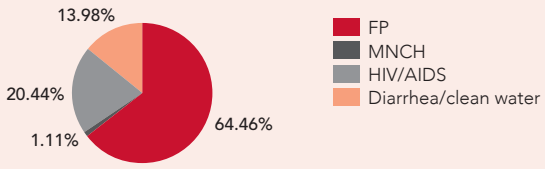
% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 150,520 **CYPs**: 357,049

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	0
Facility	3
Competence of provider	4
Patient safety	4
Adherence to clinical protocol	4

Program description

Sangini Networks reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: piloting is underway in three districts to use program staff to monitor and follow up with referrals.

The program raised demand for health services by implementing the following strategies: use of referral slips and outreach through women's groups.

The network is linked to the public sector through the following mechanisms: referral links between franchisees and local public health facilities for free services of injectable, long-term, reversible contraceptives. If the patient is unable to pay for the services, the costs are subsidized at the franchise outlets.

In 2013, the program generated revenue through the following strategies: sales of commodities to franchises and the sale of specific commodities priced to generate revenue in non-franchise outlets.

NICARAGUA

Red Segura
PASMO
PSI

FP Family planning
NCDs Noncommunicable diseases

Program at a glance

Launch year	2008
Franchisee distribution	11 departments
Geographic spread	100% urban
Franchised outlets	134 clinics or maternity homes
Franchisees	133 doctors; 1 nurse, midwife, or clinical assistant; and 10 counselors or social workers
Health service areas	FP and NCDs
Primary source of program financing	Donor
Total # of visits	25,354
Total # of individual clients served	14,955
Total # of full-time staff	18
Total # of community outreach workers	0
Source of payments for health services	45% out-of-pocket and 55% through social health insurance

Program description

Red Segura reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: -

The program raised demand for health services by implementing the following strategies: radio advertising, TV advertising, billboards and posters, and clinic-based outreach.

The network is linked to the public sector through the following mechanisms: none.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees.

COST

Cost to operate the franchise program in 2013 (in USD): $805,910

EQUITY

% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 8,383 **CYPs:** 43,652

% contribution to overall health impact (DALYs averted)

QUALITY

Dimension assessed	Times/year
Client experience	1
Facility	-
Competence of provider	2
Patient safety	2
Adherence to clinical protocol	2

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Website: redseguraclinicas.com

NIGERIA

BlueStar Healthcare Network
Marie Stopes Nigeria
MSI

FP Family planning
HIV/AIDS
Malaria
PAC Post abortion care
Safe motherhood
STIs Sexually transmitted infections

Program at a glance

Launch year	2012
Franchisee distribution	6 states
Geographic spread	-
Franchised outlets	160 clinics or maternity homes
Franchisees	44 doctors; 116 nurses, midwives, or clinical assistants; and 76 counselors or social workers
Health service areas	FP, HIV/AIDS, malaria, PAC, safe motherhood, STIs, and other services
Primary source of program financing	Donor
Total # of visits	-
Total # of individual clients served	-
Total # of full-time staff	10
Total # of community outreach workers	76
Source of payments for health services	-

Program description

The Network reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: -

The program raised demand for health services by implementing the following strategies: community outreach by paid employees, community outreach by workers who receive commissions for referrals, clinic-based outreach, and the distribution of vouchers or subsidies for health services.

The network is linked to the public sector through the following mechanisms: referral links between franchisees and local public health facilities.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees and franchisor fees.

COST

Cost to operate the franchise program in 2013 (in USD): -

EQUITY

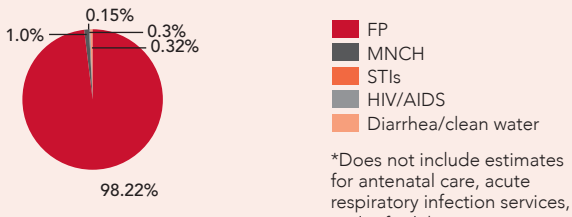
% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 73,414* **CYPs**: 45,475

% contribution to overall health impact (DALYs averted)



*Does not include estimates for antenatal care, acute respiratory infection services, and safe delivery services

QUALITY

Dimension assessed	Times/year
Client experience	1
Facility	1
Competence of provider	2
Patient safety	2
Adherence to clinical protocol	2

Email contact: emmanuel.ajah@mariestopes.org.ng
Website: -

NIGERIA

Healthy Family Network (HFN)
Society for Family Health (SFH)
SFH/PSI

FP Family planning
HIV/AIDS
Malaria
NCDs Noncommunicable diseases
PAC Post abortion care
Safe motherhood

Program at a glance

Launch year	2009
Franchisee distribution	22 states
Geographic spread	100% urban
Franchised outlets	308 clinics or maternity homes and 299 pharmacies or drug shops
Franchisees	87 doctors; 221 nurses, midwives, or clinical assistants; and 299 pharmacists or drug vendors
Health service areas	FP, HIV/AIDS, malaria, NCDs, and PAC and safe motherhood
Primary source of program financing	Donor
Total # of visits	709,688
Total # of individual clients served	632,644
Total # of full-time staff	31
Total # of community outreach workers	185
Source of payments for health services	Mostly out-of-pocket with some discounts for referred patients

Program description

HFN reports the following implementing partners: -

The program is organized in the following way: clinics deliver clinical services and prescribe medications and health/medical commodities. Network pharmacies distribute prescribed commodities, including FP products, diarrhea prevention products, malaria prevention products, including LLINs, malaria treatment medicine, and antibiotics for pneumonia treatment. Network medicine vendors dispense prescribed diarrhea prevention commodities, oral contraceptive pills and condoms, and long lasting insecticidal nets and artemisinin combination therapy for malaria.

All referrals, both within and outside of the franchise network, were tracked in the following ways: referral cards that were deposited at the franchisee clinics were tracked and compared to records maintained by network providers.

COST

Cost to operate the franchise program in 2013 (in USD): -

EQUITY

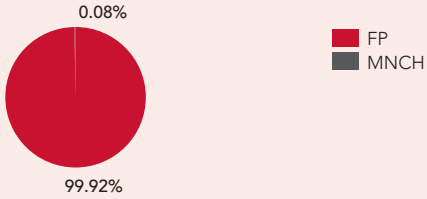
% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 406,809 **CYPs**: 254,525

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	2
Facility	2
Competence of provider	2
Patient safety	2
Adherence to clinical protocol	2

The program raised demand for health services by implementing the following strategies: community outreach by paid employees, community outreach by volunteers, community outreach by workers who receive commissions for referrals, and clinic-based outreach.

The network is linked to the public sector through the following mechanisms: none.

In 2013, the program generated revenue through the following strategies: none.

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Website: sfhnigeria.org

PAKISTAN

Integration with Private Practitioners
Rahnuma-Family Planning Association of Pakistan
IPPF

FP Family planning
HIV/AIDS

Program at a glance

Launch year	-
Franchisee distribution	4 provinces
Geographic spread	-
Franchised outlets*	96 traditional healer-operated facilities
Franchisees*	-
Health service areas	FP and HIV/AIDS
Primary source of program financing	Donor
Total # of visits	374,976
Total # of individual clients served	368,538
Total # of full-time staff	259
Total # of community outreach workers	259
Source of payments for health services	-

*This network included a mix of franchisees and providers participating in public-private partnership arrangements, including 1,363 doctors; 523 nurses, midwives, or clinical assistants; 181 informal providers; and 66 traditional healers. These providers operated >4,000 clinical facilities. For the purposes of this report, it was not possible to distinguish franchisees from private sector providers participating in alternate arrangements.

Program description

The network reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: -

The program raised demand for health services by implementing the following strategies: the use of a methodology called partnership-defined quality sessions that assesses provider quality and community perceptions and works to bridge the gap.

The network is linked to the public sector through the following mechanisms: -

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees.

COST

Cost to operate the franchise program in 2013 (in USD): $72,686

EQUITY

% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 533,463* **CYPs**: 814.482

% contribution to overall health impact (DALYs averted)

*Does not include estimates for safe delivery services

QUALITY

Dimension assessed	Times/year
Client experience	-
Facility	-
Competence of provider	-
Patient safety	-
Adherence to clinical protocol	-

Email contact: asultan@fpapak.org
Website: fpapak.org

PAKISTAN

Sabz Sitara Network
Greenstar Social Marketing Pakistan (Guarantee) Limited
PSI

FP Family planning
Newborn or pediatric care
PAC Post abortion care
Safe motherhood
STIs Sexually transmitted infections
TB Tuberculosis

Program at a glance

Launch year	1995
Franchisee distribution	5 administrative units
Geographic spread	37% rural and 63% urban
Franchised outlets	7,543 clinics or maternity homes; 99 stand-alone laboratories; and 12 health kiosks
Franchisees	2,552 doctors; 4,991 nurses, midwives, or clinical assistants; 1,170 diagnostic professionals; and 55 counselors or social workers
Health service areas	FP, newborn or pediatric care, PAC, safe motherhood, STIs, and TB
Primary source of program financing	Donor
Total # of visits	3,529,186
Total # of individual clients served	647,296
Total # of full-time staff	1,148
Total # of community outreach workers	459
Source of payments for health services	91.8% out-of-pocket and 8.2% through vouchers or subsidies

COST

Cost to operate the franchise program in 2013 (in USD): $10,820,000

EQUITY

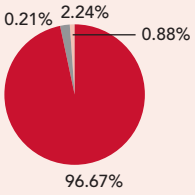
% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 1,414,855 **CYPs**: 2,490,728

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	-
Facility	-
Competence of provider	-
Patient safety	-
Adherence to clinical protocol	-

Program description

Sabz Sitara Network is run in partnership with the Society of Obstetricians and Gynaecologists of Pakistan and Aga Khan Health Services.

The program is organized in the following way: network doctors, Lady Health Visitors, and midwives offer clinical, nonsurgical FP services. Network doctors with access to an operating theater provide surgical contraception procedures. Network labs offer TB diagnostics services.

All referrals, both within and outside of the franchise network, were tracked in the following ways: CHWs distributed referral tokens to women in the community for use of services at a franchisee clinic. The tokens were collected at the points of service delivery, and then collected and tracked by the CHW supervisors.

The program raised demand for health services by implementing the following strategies: TV advertising, community outreach by paid employees, community outreach by workers who receive commissions for referrals, clinic-based outreach, and the distribution of vouchers or subsidies for health services.

The network is linked to the public sector through the following mechanisms: a common accreditation and quality oversight system.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees.

Email contact: aleya@greenstar.org.pk
Website: greenstar.org.pk

PAKISTAN

Suraj
Marie Stopes Society
MSI

Program at a glance

Launch year	2008
Franchisee distribution	3 provinces
Geographic spread	98% rural and 2% peri-urban
Franchised outlets	326 clinics or maternity homes
Franchisees	20 doctors; 306 nurses, midwives, or clinical assistants; 326 counselors or social workers; and 747 informal providers
Health service areas	FP
Primary source of program financing	Donor
Total # of visits	350,000
Total # of individual clients served	338,526
Total # of full-time staff	384
Total # of community outreach workers	747
Source of payments for health services	67% out-of-pocket and 33% through vouchers or subsidies

Program description

The Suraj Social Franchise network is a partnership between MSS and a private local health service provider, to improve the quality of services and increase choice and access to healthy timing and spacing of pregnancies for rural, underserved, and poor communities.

The program is organized in the following way: 89% of network facilities are categorized as A-type Suraj Centers. A-type facilities are run by mid-level healthcare providers that provide short- and long-term IUDs. The remaining 11% (B-type facilities) are run by MBBS-certified doctors or through on-call MBBS-certified doctors. B-type facilities provide comprehensive FP services, including procedures such as implants and voluntary sterilization.

All referrals, both within and outside of the franchise network, were tracked in the following ways: Field Health Educators (FHEs) and franchisees maintained referral records that were audited periodically.

COST

Cost to operate the franchise program in 2013 (in USD): -

EQUITY

% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 153,874 **CYPs**: 669,698

% contribution to overall health impact (DALYs averted)

QUALITY

Dimension assessed	Times/year
Client experience	1
Facility	2
Competence of provider	2
Patient safety	2
Adherence to clinical protocol	2

The program raised demand for health services by implementing the following strategies: use of referral slips and word-of-mouth referrals by FHEs, and other demand generation activities and giveaways.

The network is linked to the public sector through the following mechanisms: none.

In 2013, the program generated revenue through the following strategies: none.

Email contact: mohsina.bilgrami@mariestopespk.org
Website: mariestopkespk.org

PAPUA NEW GUINEA

Marasin Stoa Kipas (Medicine Store Keepers – MSK)
Oil Search Health Foundation (OSHF)

Program at a glance

Launch year	2007
Franchisee distribution	1
Geographic spread	100% rural
Franchised outlets	13 health kiosks
Franchisees	1 doctor; 8 nurses, midwives, or clinical assistants; 13 pharmacists or drug vendors; and 3 diagnostic professionals
Health service areas	Malaria
Primary source of program financing	Donor
Total # of visits	1,182
Total # of individual clients served	996
Total # of full-time staff	10
Total # of community outreach workers	42
Source of payments for health services	--

Program description

MSK is run in partnership with the Evangelical Church of Papua New Guinea.

The program is organized in the following way: MSK outlets provide two categories of services: (1) malaria diagnosis, treatment, and referral; and (2) over-the-counter sale of hygiene and health products.

All referrals, both within and outside of the franchise network, were tracked in the following ways: MSK used paper-based forms to manually track referrals between network medicine store keepers and health facilities. Data from these forms is uploaded into an electronic database.

The program raised demand for health services by implementing the following strategies: billboards and posters.

COST

Cost to operate the franchise program in 2013 (in USD): $314,003

EQUITY

% of clients in each wealth quintile

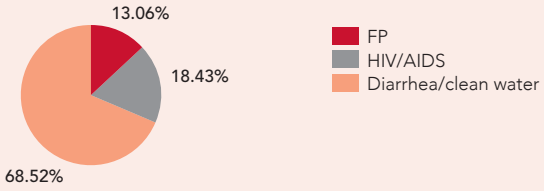
1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: -

CYPs: -

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	12
Facility	12
Competence of provider	12
Patient safety	12
Adherence to clinical protocol	12

The network is linked to the public sector through the following mechanisms: referral links between franchisees and local public health facilities.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees.

Email contact: Liesel.Seehofer@oilsearch.com
Website: oilsearchhealthfoundation.org/programs/malaria

PERU

RedPlan Salud
Instituto Peruano Paternidad Responsable (INPPARES)
IPPF

FP Family planning
HIV/AIDS
Newborn or pediatric care
Safe motherhood

Program at a glance

Launch year	2002
Franchisee distribution	6 regions
Geographic spread	11% rural and 89% urban
Franchised outlets	1,320 clinics or maternity homes
Franchisees	48 doctors; 1,320 nurses, midwives, or clinical assistants; 1,218 diagnostic professionals; and 314 counselors or social workers
Health service areas	FP, HIV/AIDS, newborn or pediatric care, and safe motherhood
Primary source of program financing	Self-funded/revenue
Total # of visits	-
Total # of individual clients served	-
Total # of full-time staff	24
Total # of community outreach workers	--
Source of payments for health services	100% out-of-pocket

Program description

RedPlan Salud reports the following implementing partners: -

The program is organized in the following way: facilities classified as Associated Medical Centers offer general practice, gynecology, and other specialized services. Some are equipped with clinical laboratories, and others are equipped to handle a higher level of complexity. Professional Midwives' offices offer primary care services and emphasize the provision of sexual and reproductive health services.

All referrals, both within and outside of the franchise network, were tracked in the following ways: not tracked.

The program raised demand for health services by implementing the following strategies: community outreach by workers who receive commissions for referrals.

COST

Cost to operate the franchise program in 2013 (in USD): $648,250

EQUITY

% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 19,472* **CYPs**: 127,655

% contribution to overall health impact (DALYs averted)

*Does not include estimates for cervical cancer treatment and safe delivery services

QUALITY

Dimension assessed	Times/year
Client experience	0
Facility	1
Competence of provider	0
Patient safety	0
Adherence to clinical protocol	0

The network is linked to the public sector through the following mechanisms: none.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees.

Email contact: daspilcu@inppares.org
Website: inppares.org

PHILIPPINES

BlueStar Pilipinas
Population Services Pilipinas, Incorporated
MSI

FP Family planning
STIs Sexually transmitted infections

Program at a glance

Launch year	2008
Franchisee distribution	37 provinces
Geographic spread	60% rural and 40% urban
Franchised outlets	267 clinics or maternity homes
Franchisees	267 nurses, midwives, or clinical assistants
Health service areas	FP and STIs
Primary source of program financing	Donor
Total # of visits	-
Total # of individual clients served	119,815
Total # of full-time staff	11
Total # of community outreach workers	0
Source of payments for health services	50% out-of-pocket and 50% through social health insurance

Program description

BlueStar Pilipinas reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: routine reports from the franchisees.

The program raised demand for health services by implementing the following strategies: billboards and posters, and community outreach by workers who receive commissions for referrals.

The network is linked to the public sector through the following mechanisms: referral links between franchisees and local public health facilities, social health insurance remuneration for health services provided, and a common accreditation and quality oversight system.

In 2013, the program generated revenue through the following strategies: franchisor fees and interest payments on loans to franchisees.

COST

Cost to operate the franchise program in 2013 (in USD): $626,328

EQUITY

% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 66,799 **CYPs**: 306,526

% contribution to overall health impact (DALYs averted)

QUALITY

Dimension assessed	Times/year
Client experience	4
Facility	4
Competence of provider	2
Patient safety	2
Adherence to clinical protocol	2

Email contact: hq1@pspi.org
Website: -

PHILIPPINES

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

FP Family planning
Newborn or pediatric care
Safe motherhood

Program at a glance

Launch year	2002
Franchisee distribution	6–8 regions
Geographic spread	100% urban
Franchised outlets	85 midwife clinics or maternity/birthing homes
Franchisees	85 professional midwives
Health service areas	FP, newborn or pediatric care, and safe motherhood
Primary source of program financing	Program revenue
Total # of visits	51,744
Total # of individual clients served	43,982
Total # of full-time staff	2
Total # of community outreach workers	170 per NGO cluster
Source of payments for health services	50% out-of-pocket and 50% through social health insurance

Program description

Well Family Midwife Clinic reports the following implementing partners: City/Provincial Health Units; Private/Government Hospitals, Association of Doctors, Pharmaceutical Companies, Industrial Suppliers.

The program is organized in the following way: social preparation by establishing working relationships with the Department of Health and local chief executives of the local political structure, including provincial and local areas, in order to encourage private-government partnerships; recruitment of qualified midwives following the criteria for the selection of midwife and its clinic location; training of selected midwives for technical and business operation; equipping clinics for operation in the locality.

All referrals, both within and outside of the franchise network, were tracked in the following ways: through the use of referral forms with removable sections that are returned to the franchisor for documentation and tracking purposes.

COST

Cost to operate the franchise program in 2013 (in USD): $11,045

EQUITY

% of clients in each wealth quintile

1 (lowest)	10
2 (second lowest)	30-
3 (middle)	50
4 (second highest)	10
5 (highest)	-

HEALTH IMPACT

DALYs averted: - **CYPs**: -

% contribution to overall health impact (DALYs averted)

N/A

QUALITY

Dimension assessed	**Times/year**
Client experience	4
Facility	4
Competence of provider	4
Patient safety	4
Adherence to clinical protocol	4

The program raised demand for health services by implementing the following strategies: clinic-based outreach, health events and promotions, clinic anniversaries, and owner birthdays.

The network is linked to the public sector through the following mechanisms: referral links between franchisees and local public health facilities and a common accreditation and quality oversight system.

In 2013, the program generated revenue through the following strategies: the sale of technical or program assistance to franchisees, franchisor fees, and interest from bank accounts.

Email contact: ganin101@gmail.com; bullganin@yahoo.com
Website: wfmc.com.ph

SENEGAL

BlueStar
Marie Stopes International Senegal
MSI

Program at a glance

Launch year	2012
Franchisee distribution	1 region
Geographic spread	100% urban
Franchised outlets	51 clinics or maternity homes
Franchisees	11 doctors and 40 nurses, midwives, or clinical assistants
Health service areas	FP
Primary source of program financing	Donor
Total # of visits	9,154
Total # of individual clients served	5,500 (estimate)
Total # of full-time staff	5
Total # of community outreach workers	75
Source of payments for health services	100% out-of-pocket

COST

Cost to operate the franchise program in 2013 (in USD): $77,000

EQUITY

% of clients in each wealth quintile*

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

*A survey was conducted in 2013 that revealed that 6% of FP clients live on less than $1.25 a day, and 42% on less than $2.50 a day.

HEALTH IMPACT

DALYs averted: 11,973 **CYPs**: 14,062

% contribution to overall health impact (DALYs averted)

QUALITY

Dimension assessed	Times/year
Client experience	1
Facility	-
Competence of provider	-
Patient safety	-
Adherence to clinical protocol	-

Program description

BlueStar reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: service coupons that were given to clients were recorded and tracked by program staff.

The program raised demand for health services by implementing the following strategies: referral slips, word-of-mouth referrals, and community demand generation in collaboration with community health workers (house visits, community talks, and sensitisation events).

The network is linked to the public sector through the following mechanisms: integration for franchisees to access public system commodities and data sharing with the public sector is underway. The franchise program is also identified as an important component and service delivery channel in the 2012 National Family Planning Action Plan of the MoH of Senegal.

In 2013, the program generated revenue through the following strategies: cost recovery from the sale of commodities to franchisees and annual franchisee fees.

Email contact: eva.burke@mariestopes.org
Website: -

SIERRA LEONE

BlueStar Healthcare Network
Marie Stopes Sierra Leone (MSSL)
MSI

Program at a glance

Launch year	2008
Franchisee distribution	4
Geographic spread	12% rural and 88% urban
Franchised outlets	25 clinics or maternity homes and 6 stand-alone laboratories
Franchisees	10 doctors; 25 nurses, midwives, or clinical assistants; 6 diagnostic professionals; 15 counselors or social workers; and 25 informal providers
Health service areas	FP
Primary source of program financing	Donor
Total # of visits	-
Total # of individual clients served	-
Total # of full-time staff	5
Total # of community outreach workers	18
Source of payments for health services	100% through vouchers or subsidies

Program description

BlueStar reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: referrals for the management of complications were tracked through the use of incident reports generated by program staff and submitted to a Clinical Services Manager.

The program raised demand for health services by implementing the following strategies: community outreach by volunteers, door-to-door visitation, and use of megaphones and hand-bells to alert community members to service availability.

COST

Cost to operate the franchise program in 2013 (in USD): $169,942

EQUITY

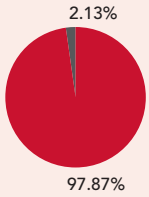
% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 45,169 **CYPs**: 32,012

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	-
Facility	1
Competence of provider	1
Patient safety	1
Adherence to clinical protocol	1

The network is linked to the public sector through the following mechanisms: -

In 2013, the program generated revenue through the following strategies: none.

Email contact: ajaxpessima@yahoo.com
Website: -

SOMALILAND

BulshoKaab Pharmacy Network
Population Services International Somaliland
PSI

FP Family planning
Newborn or pediatric care

Program at a glance

Launch year	2011
Franchisee distribution	5 regions
Geographic spread	3% rural and 97% urban
Franchised outlets	166 pharmacies or drug shops
Franchisees	166 pharmacists or drug vendors
Health service areas	FP and newborn or pediatric care
Primary source of program financing	Donor
Total # of visits	-
Total # of individual clients served	-
Total # of full-time staff	7
Total # of community outreach workers	0
Source of payments for health services	100% out-of-pocket

Program description

BulshoKaab Pharmacy Network reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: -

The program raised demand for health services by implementing the following strategies: radio advertising, TV advertising, and interpersonal communication sessions.

The network is linked to the public sector through the following mechanisms: none.

In 2013, the program generated revenue through the following strategies: none.

COST

Cost to operate the franchise program in 2013 (in USD): $158,773

EQUITY

% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: **CYPs**:

% contribution to overall health impact (DALYs averted)

N/A

QUALITY

Dimension assessed	**Times/year**
Client experience	1
Facility	3
Competence of provider	3
Patient safety	0
Adherence to clinical protocol	2

Email contact: ahirsi@psi.org
Website: -

SOUTH AFRICA

General Practitioner Referral Programme
BroadReach Healthcare and North West Department of Health

HIV/AIDS
NCDs Noncommunicable diseases
STIs Sexually transmitted infections
TB Tuberculosis

Program at a glance

Launch year	2005
Franchisee distribution	1
Geographic spread	10% rural and 90% urban
Franchised outlets	-
Franchisees	35 doctors
Health service areas	HIV/AIDS, NCDs, STIs, and TB
Primary source of program financing	Donor
Total # of visits	35,880
Total # of individual clients served	2,760
Total # of full-time staff	4
Total # of community outreach workers	0
Source of payments for health services	-

Program description

General Practitioner Referral Programme reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: -

The program raised demand for health services by implementing the following strategies: clinic-based outreach.

The network is linked to the public sector through the following mechanisms: the network of general practitioners maintain an agreement with the public sector to receive "downstream" referrals of patients living with HIV or AIDS who have been stabilized.

In 2013, the program generated revenue through the following strategies: none.

COST

Cost to operate the franchise program in 2013 (in USD): -

EQUITY

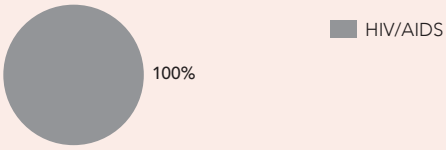
% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: - **CYPs**: -

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	4
Facility	12
Competence of provider	12
Patient safety	24
Adherence to clinical protocol	24

Email contact: srajap@brhc.com
Website: -

TANZANIA

Familia
Population Services International
PSI

FP Family planning
Newborn or pediatric care
Safe motherhood

Program at a glance

Launch year	2009
Franchisee distribution	13 regions
Geographic spread	30% rural and 70% urban
Franchised outlets	245 clinics or maternity homes
Franchisees	58 doctors and 276 nurses, midwives, or clinical assistants
Health service areas	FP, newborn or pediatric care, cervical cancer screening and treatment, other
Primary source of program financing	Donor
Total # of visits	-
Total # of individual clients served	-
Total # of full-time staff	37
Total # of community outreach workers	223
Source of payments for health services	100% out-of-pocket

Program description

Familia is run in partnership with the Association of Private Health Facilities of Tanzania and the Private Nurse Midwives Association of Tanzania.

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: program staff tracked referrals from CHWs to network clinics via paper-based referral cards. They tracked referrals to public health facilities only in the case of complications/adverse events and, in those events, tracking was accomplished through the use of paper-based referral cards and government referral forms.

The program raised demand for health services by implementing the following strategies: radio advertising, billboards and posters, community outreach by paid employees, and community outreach by volunteers.

COST

Cost to operate the franchise program in 2013 (in USD): $1,480,000

EQUITY

% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 270,185 **CYPs**: 272,608

% contribution to overall health impact (DALYs averted)

QUALITY

Dimension assessed	Times/year
Client experience	1
Facility	4
Competence of provider	4
Patient safety	4
Adherence to clinical protocol	4

The network is linked to the public sector through the following mechanisms: linked patient data management systems and referral links between the franchisor and doctors from public health facilities.

In 2013, the program generated revenue through the following strategies: franchisor fees.

Email contact: ksaid@psi.or.tz
Website: -

TOGO
POMEFA
Population Services International Togo
PSI

Program at a glance

Launch year	2009
Franchisee distribution	3 provinces
Geographic spread	100% urban
Franchised outlets	-
Franchisees	4 doctors; 25 nurses, midwives, or clinical assistants; and 25 counselors or social workers
Health service areas	FP
Primary source of program financing	Donor
Total # of visits	2,500
Total # of individual clients served	2,500
Total # of full-time staff	29
Total # of community outreach workers	9
Source of payments for health services	-

Program description

POMEFA reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: -

The program raised demand for health services by implementing the following strategies: community outreach by paid employees.

The network is linked to the public sector through the following mechanisms: referral links between franchisees and local public health facilities.

In 2013, the program generated revenue through the following strategies: the sale of technical or program assistance to franchisees.

COST

Cost to operate the franchise program in 2013 (in USD): $795,136

EQUITY

% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 2,552 **CYPs**: 3,030

% contribution to overall health impact (DALYs averted)

QUALITY

Dimension assessed	Times/year
Client experience	-
Facility	-
Competence of provider	52
Patient safety	12
Adherence to clinical protocol	4

Email contact: kkuassi@atms.tg
Website: -

UGANDA

BlueStar Healthcare Network - Uganda
Marie Stopes Uganda
MSI

FP Family planning
PAC Post abortion care
Safe motherhood
STIs Sexually transmitted infections

Program at a glance

Launch year	2011
Franchisee distribution	102 districts, 4 regions
Geographic spread	80% rural and 20% urban
Franchised outlets	400 clinics or maternity homes
Franchisees	28 doctors; 592 nurses, midwives, or clinical assistants; and 400 diagnostic professionals
Health service areas	FP, PAC, safe motherhood, STIs, and other services
Primary source of program financing	Donor
Total # of visits	144,256
Total # of individual clients served	117,281
Total # of full-time staff	37
Total # of community outreach workers	729
Source of payments for health services	10% out-of-pocket and 90% through vouchers or subsidies

COST

Cost to operate the franchise program in 2013 (in USD): $2,551,944

EQUITY

800 clients surveyed.

% of clients in each wealth quintile

1 (lowest)	31
2 (second lowest)	58
3 (middle)	11
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 456,872 **CYPs**: 401,005

% contribution to overall health impact (DALYs averted)

QUALITY

Dimension assessed	Times/year
Client experience	4
Facility	4
Competence of provider	5
Patient safety	4
Adherence to clinical protocol	2

Program description

BlueStar reports the following implementing partners: -

The program is organized in the following way: doctor-run franchise facilities provide a full range of FP methods, including permanent methods. The other franchise facilities, which are not managed by medical doctors, provide all FP services excepting permanent methods.

All referrals, both within and outside of the franchise network, were tracked in the following ways: through referral forms that were submitted to the franchisor on a monthly basis. Referrals were also generated using an SMS based platform (MarieTXT). This platform is also used by the franchisees to report each referral to the franchisor.

The program raised demand for health services by implementing the following strategies: radio advertising, community outreach by paid employees, community outreach by workers who receive commissions for referrals, clinic-based outreach, and the distribution of vouchers or subsidies for health services.

The network is linked to the public sector through the following mechanisms: referral links between franchisees and local public health facilities, and linked patient data management systems.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees and franchisor fees.

Email contact: william.nyombi@mariestopes.org.ug
Website: -

UGANDA

ProFam
Program for Accessible Health Communication and Education (PACE)
PSI

FP Family planning
PAC Post abortion care
Safe motherhood

Program at a glance

Launch year	2008
Franchisee distribution	56 districts and 5 regions
Geographic spread	64% rural and 36% urban
Franchised outlets	181 clinics or maternity homes
Franchisees	41 doctors; 140 nurses, midwives, or clinical assistants
Health service areas	FP, PAC, safe motherhood, and STIs
Primary source of program financing	Donor
Total # of visits	-
Total # of individual clients served	119,985
Total # of full-time staff	28
Total # of community outreach workers	370
Source of payments for health services	-

COST

Cost to operate the franchise program in 2013 (in USD): $3,600,000

EQUITY

% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 436,899* **CYPs**: 362,107

% contribution to overall health impact (DALYs averted)

*Does not include estimates for antenatal care and safe delivery services

QUALITY

Dimension assessed	Times/year
Client experience	1
Facility	1
Competence of provider	1
Patient safety	1
Adherence to clinical protocol	1

Program description

ProFam's partners include the MoH, Uganda Private Midwives Association, Association of Obstetricians and Gynecologists of Uganda, and Uganda Family Planning Consortium.

The program is organized in the following way: all facilities provide the full range of FP methods and cervical cancer screening. 66% of the clinics offer maternal health services.

All referrals, both within and outside of the franchise network, were tracked in the following ways: CHWs documented all contacts on a form that was submitted to the franchisor on a monthly basis. Each contact received a referral card, which they submitted to the franchisee at the point of service delivery.

The program raised demand for health services by implementing the following strategies: radio advertising, community outreach by volunteers, community outreach by workers who receive commissions for referrals, and clinic-based outreach.

The network is linked to the public sector through the following mechanisms: radio advertising, community outreach by volunteers, and clinic-based outreach. The volunteers receive a stipend for transport and refreshments. The stipend is based on the number of referrals made.

In 2013, the program generated revenue through the following strategies: none.

Email contact: gmasadde@pace.org.ug
Website: pace.org.ug

UGANDA, KENYA
Living Goods

FP Family planning
Newborn or pediatric care
Malaria
NCDs Noncommunicable diseases
Safe motherhood
Vision or dental care

Program at a glance

Launch year	2007
Franchisee distribution	23 provinces
Geographic spread	60% rural and 40% urban
Franchised outlets	907 health kiosks
Franchisees	907 CHWs
Health service areas	FP, malaria, newborn or pediatric care, NCDs, safe motherhood, vision or dental care, and other services
Primary source of program financing	Donor
Total # of visits	228,150
Total # of individual clients served	-
Total # of full-time staff	50
Total # of community outreach workers	0
Source of payments for health services	100% out-of-pocket

Program description

Living Goods reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: -

The program raised demand for health services by implementing the following strategies: billboards and posters, community outreach by paid employees, community outreach by workers who receive commissions for referrals, distribution of vouchers or subsidies for health services, and product demonstration events.

The network is linked to the public sector through the following mechanisms: none.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees.

COST

Cost to operate the franchise program in 2013 (in USD): -

EQUITY

% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: - **CYPs**: -

% contribution to overall health impact (DALYs averted)

N/A

QUALITY

Dimension assessed	Times/year
Client experience	0
Facility	≥ 12
Competence of provider	≥ 1
Patient safety	--
Adherence to clinical protocol	--

Email contact: mchristiansen@livinggoods.org
Website: livinggoods.org

VIETNAM

BlueStar Vietnam
Marie Stopes International in Vietnam
MSI

FP Family planning
Newborn or pediatric care
NCDs Noncommunicable diseases
PAC Post abortion cares
Safe abortion
Safe motherhood
STIs Sexually transmitted infections

Program at a glance

Launch year	2008
Franchisee distribution	7 provinces
Geographic spread	-
Franchised outlets	299 clinics or maternity homes
Franchisees	215 doctors; 84 nurses, midwives, or clinical assistants; and 8 informal providers
Health service areas	FP, newborn or pediatric care, NCDs, PAC, safe abortion, safe motherhood, STIs, and other services
Primary source of program financing	Donor
Total # of visits	758,392
Total # of individual clients served	-
Total # of full-time staff	13
Total # of community outreach workers	-
Source of payments for health services	30% through vouchers or subsidies and 70% unreported

Program description

The BlueStar Vietnam Social Franchise is run in partnership with local NGO partner Community Reproductive Health in Vietnam (VNCRH).

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: through client referral cards.

The program raised demand for health services by implementing the following strategies: radio advertising, TV advertising, billboards and posters, community outreach by paid employees, community outreach by workers who receive commissions for referrals, clinic-based outreach, the distribution of vouchers or subsidies for health services and gifts, and "other strategies."

COST

Cost to operate the franchise program in 2013 (in USD): $360,411

EQUITY*

% of clients in each wealth quintile

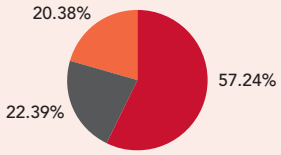
1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

*This program measured client wealth status through the use of the Progress Out of Poverty Index, which measures the percentage of clientele that earn less than $1.25/day, a value used to gauge poverty. A study conducted in 2013 suggests that 95.37% of clients were poor.

HEALTH IMPACT

DALYs averted: 16,397 **CYPs**: 139,514

% contribution to overall health impact (DALYs averted)



*Does not include estimates for cervical cancer screening and STI treatment services

QUALITY

Dimension assessed	Times/year
Client experience	2
Facility	1
Competence of provider	1
Patient safety	1
Adherence to clinical protocol	2

The network is linked to the public sector through the following mechanisms: a common accreditation and quality oversight system.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees, the sale of technical or program assistance to franchisees, and franchisor fees.

Email contact: -
Website: bluestar.org.vn

VIETNAM

Good Health, Great Life
Population Services International
PSI

NCDs Noncommunicable diseases
TB Tuberculosis

Program at a glance

Launch year	2012
Franchisee distribution	4 provinces
Geographic spread	32% rural and 68% urban
Franchised outlets	150 clinics or maternity homes
Franchisees	149 doctors and 1 nurse, midwife, or clinical assistant
Health service areas	NCDs and TB
Primary source of program financing	Donor
Total # of visits	-
Total # of individual clients served	18,315
Total # of full-time staff	4
Total # of community outreach workers	2
Source of payments for health services	100% out-of-pocket

COST

Cost to operate the franchise program in 2013 (in USD): $481,000

EQUITY

% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: - **CYPs**: -

% contribution to overall health impact (DALYs averted)

QUALITY

Dimension assessed	Times/year
Client experience	0
Facility	2
Competence of provider	2
Patient safety	2
Adherence to clinical protocol	2

Program description

Good Health, Great Life reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: program staff tracked referrals through in-person or phone communication to follow up on referral results.

The program raised demand for health services by implementing the following strategies: community outreach by volunteers, community outreach by workers who receive commissions for referrals, and clinic-based outreach.

The network is linked to the public sector through the following mechanisms: referral links between franchisees and local public health facilities, linked patient data management systems, and a common accreditation and quality oversight system.

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees.

Email contact: jneukom@psi.org.vn
Website: -

VIETNAM

Mat Troi Be Tho
Alive & Thrive project
Save the Children

Program at a glance

Launch year	2011
Franchisee distribution	15 provinces
Geographic spread	75% rural and 25% urban
Franchised outlets	776 public sector facilities (1 at national, 48 provincial, 67 district and 660 commune) and 5 private sector providers
Franchisees	650 doctors; 1700 nurses, midwives, clinical assistants and counselors
Health service areas	infant and young child feeding counseling package and other services
Primary source of program financing	Donor
Total # of visits	1,706,000 (from 1/2012 to 4/2014)
Total # of individual clients served	515,000 (from 1/2012 to 4/2014)
Total # of full-time staff	2,350
Total # of community outreach workers	14,100
Source of payments for health services	Public sector subsidized

COST

Cost to operate the franchise program in 2013 (in USD): $1,354,644

EQUITY

% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: - **CYPs**: -

% contribution to overall health impact (DALYs averted)

N/A

QUALITY

Dimension assessed	**Times/year**
Client experience	4
Facility	4
Competence of provider	4
Patient safety	4
Adherence to clinical protocol	4

Program description

Mat Troi Be Tho (Alive and Thrive) is run in partnership with Save the Children International in Vietnam, the National Institute of Nutrition (in Vietnam), FHI 360, and the Department of Health (DoH) in 15 provinces of Vietnam.

The program is organized in the following way: a total of 9–15 counseling contacts (individual and/or group) are provided per mother/child over a 27 month period (from the third trimester of pregnancy until the child is 24 months old).

All referrals, both within and outside of the franchise network, were tracked in the following ways: follow-up with mothers and the use of cards to monitor services for the mother and baby.

The program raised demand for health services by implementing the following strategies: community based loudspeaker systems, TV advertising, billboards and posters, bus wraps, LCD displays in supermarkets and hospitals, digital banners, mini-events, and community outreach by volunteers.

The network is linked to the public sector through the following mechanisms: the social franchise program was set up in the public health system and operates in provincial, district, and commune level health facilities. The National Institute of Nutrition (in Vietnam) is the co-franchisor, while the provincial Departments of Health operate as sub-franchisors.

In 2013, the program generated revenue through the following strategies: sale of mother-child booklets, fee-for-service, and sale of micro-nutrient powders.

Email contact: nhajeebhoy@fhi360.org
Website: matroibetho.vn

VIETNAM

Tinh Chi Em

Marie Stopes International in Vietnam/Provincial DoHs

MSI

FP Family planning
Safe abortion
Safe motherhood
STIs Sexually transmitted infections

Program at a glance

Launch year	2007
Franchisee distribution	5 provinces
Geographic spread	80% rural and 20% urban
Franchised outlets	181 clinics or maternity homes and 20 health kiosks
Franchisees	171 doctors; 513 nurses, midwives, or clinical assistants; 171 pharmacists or drug vendors; 342 diagnostic professionals; 350 CHWs; and 151 traditional healers
Health service areas	FP, safe abortion, safe motherhood, and STIs
Primary source of program financing	-
Total # of visits	3,804,258
Total # of individual clients served	-
Total # of full-time staff	-
Total # of community outreach workers	-
Source of payments for health services	30% out-of-pocket, 40% through social health insurance, and 30% through vouchers or subsidies

COST

Cost to operate the franchise program in 2013 (in USD): $256,000

EQUITY

% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 9,656* **CYPs**: 142,819

% contribution to overall health impact (DALYs averted)

FP
MNCH
HIV/AIDS

*Does not include estimates for cervical cancer screening and treatment, post-natal care, and safe delivery services

QUALITY

Dimension assessed	Times/year
Client experience	3
Facility	2
Competence of provider	2
Patient safety	2
Adherence to clinical protocol	2

Program description

Tinh Chi Em is run in partnership with provincial Departments of Health.

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: franchisees maintained records of client visits, including details on referrals.

The program raised demand for health services by implementing the following strategies: radio advertising, billboards and posters, community outreach by paid employees, community outreach by volunteers, community outreach by workers who receive commissions for referrals, and clinic-based outreach.

The network is linked to the public sector through the following mechanisms: -

In 2013, the program generated revenue through the following strategies: -

Email contact: hang.bn@mariestopes.org.vn
Website: -

YEMEN

Rayaheen
Marie Stopes International
MSI

FP Family planning
Safe abortion
Safe motherhood

Program at a glance

Launch year	2010
Franchisee distribution	7 provinces
Geographic spread	98% rural and 2% urban
Franchised outlets	97 clinics or maternity homes
Franchisees	200 nurses, midwives, or clinical assistants
Health service areas	FP, safe abortion, safe motherhood, and other services
Primary source of program financing	Donor
Total # of visits	241,221
Total # of individual clients served	187,132
Total # of full-time staff	1
Total # of community outreach workers	0
Source of payments for health services	100% out-of-pocket

Program description

Rayaheen is run in partnership with the Yemeni National Midwives Association.

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: through the use of monthly reports.

The program raised demand for health services by implementing the following strategies: billboards and posters, community outreach by paid employees, and distribution of brochures and promotional materials.

The network is linked to the public sector through the following mechanisms: none.

In 2013, the program generated revenue through the following strategies: -

COST

Cost to operate the franchise program in 2013 (in USD): -

EQUITY

% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 11,354* **CYPs**: 20,501

% contribution to overall health impact (DALYs averted)

*Does not include estimates for breastfeeding promotion and safe delivery services

QUALITY

Dimension assessed	Times/year
Client experience	0
Facility	3
Competence of provider	1
Patient safety	3
Adherence to clinical protocol	0

Email contact: fatima.eissa@yamaan.org
Website: yemen.mariestopes.org

ZAMBIA

BlueStar Healthcare Network
Marie Stopes Zambia
MSI

FP Family planning
PAC Post abortion care

Program at a glance

Launch year	2012
Franchisee distribution	3 provinces
Geographic spread	100% urban
Franchised outlets	21 clinics or maternity homes
Franchisees	2 doctors and 21 nurses, midwives, or clinical assistants
Health service areas	FP and PAC
Primary source of program financing	Donor
Total # of visits	5,565
Total # of individual clients served	-
Total # of full-time staff	1
Total # of community outreach workers	0
Source of payments for health services	-

Program description

BlueStar reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: not tracked.

The program raised demand for health services by implementing the following strategies: billboards, posters, and other.

The network is linked to the public sector through the following mechanisms: some of the franchisees have a written or verbal agreement to refer complicated cases to the public health system.

In 2013, the program generated revenue through the following strategies: franchisor fees.

COST

Cost to operate the franchise program in 2013 (in USD): -

EQUITY

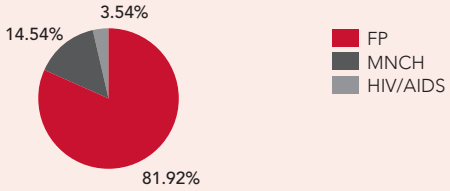
% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: - **CYPs**: -

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	1
Facility	1
Competence of provider	1
Patient safety	1
Adherence to clinical protocol	1

Email contact: adrienne.quintana@mariestopes.org.zm; rose.shikonka@mariestopes.org,zm
Website: -

ZAMBIA

New Start
Society for Family Health, Zambia
PSI

Program at a glance

Launch year	2002
Franchisee distribution	8 provinces
Geographic spread	100% urban
Franchised outlets	-
Franchisees	-
Health service areas	HIV/AIDS
Primary source of program financing	Donor
Total # of visits	-
Total # of individual clients served	239,669
Total # of full-time staff	-
Total # of community outreach workers	-
Source of payments for health services	-

Program description

New Start reports the following implementing partners: -

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: not tracked.

The program raised demand for health services by implementing the following strategies: community outreach by paid employees and community outreach by volunteers.

The network is linked to the public sector through the following mechanisms: referral links between franchisees and local public health facilities, and a common accreditation and quality oversight system.

In 2013, the program generated revenue through the following strategies: strategy not defined.

COST

Cost to operate the franchise program in 2013 (in USD): -

EQUITY

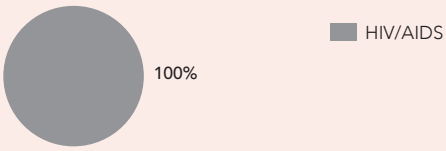
% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 59,318 **CYPs**:

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	0
Facility	1
Competence of provider	2
Patient safety	1
Adherence to clinical protocol	1

Email contact: mutintan@sfh.org.zm
Website: -

ZIMBABWE

BlueStar Healthcare Network
Population Services Zimbabwe
MSI

FP Family planning
PAC Post abortion care

Program at a glance

Launch year	2012
Franchisee distribution	8 provinces
Geographic spread	20% rural and 80% urban
Franchised outlets	40 clinics or maternity homes
Franchisees	42 doctors; 40 nurses, midwives, or clinical assistants; and 4 informal providers
Health service areas	FP and PAC
Primary source of program financing	Donor
Total # of visits	55,487
Total # of individual clients served	-
Total # of full-time staff	4
Total # of community outreach workers	0
Source of payments for health services	60% out-of-pocket, 25% through social health insurance, 15% through vouchers or subsidies

Program description

BlueStar is run in partnership with the Zimbabwe National Family Planning Council (ZNFPC).

The program is organized in the following way: -

All referrals, both within and outside of the franchise network, were tracked in the following ways: all referrals were entered in a register and program staff conducted telephone follow-up to ensure the utilization of services.

The program raised demand for health services by implementing the following strategies: radio advertising, billboards and posters, the distribution of vouchers or subsidies for health services, and participation in national events such as World Family Planning Day, International Youth Games, and the National Trade Fair.

The network is linked to the public sector through the following mechanisms: referral links between franchisees and local public health facilities.

COST

Cost to operate the franchise program in 2013 (in USD): $467,237

EQUITY

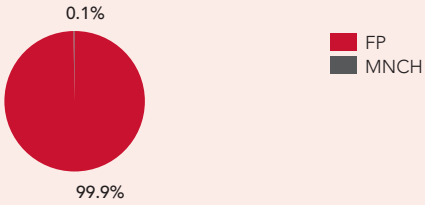
% of clients in each wealth quintile

1 (lowest)	-
2 (second lowest)	-
3 (middle)	-
4 (second highest)	-
5 (highest)	-

HEALTH IMPACT

DALYs averted: 19,740 **CYPs**: 35,284

% contribution to overall health impact (DALYs averted)



QUALITY

Dimension assessed	Times/year
Client experience	1
Facility	4
Competence of provider	4
Patient safety	4
Adherence to clinical protocol	4

In 2013, the program generated revenue through the following strategies: the sale of commodities to franchisees and franchisor fees.

Email contact: pester.siraha@pszim.com
Website: -

APPENDIX: RESOURCES AND PUBLICATIONS

Programs reported that they produced the following resources and publications on franchising and health within the past three years:

CFW Clinics in Kenya: To Profit or Not for Profit. Rangan, V.K., et al., 2011.
http://hbr.org/product/cfw-clinics-in-kenya-to-profit-or-not-for-profit/an/512006-PDF-ENG

Case study on World Health Partners. Chavali, A., 2011
http://www.accessh.org/CaseStudies_Pdf/WorldHealthPartners.pdf

Determining the cost-effectiveness of managing acute diarrhea through social franchising of ORASEL: a randomized controlled trial. Bishai, B., et al., 2013.
http://www.sciencedirect.com/science/article/pii/S0140673613612714

Equity and the Sun Quality Health Private Provider Social Franchise: comparative analysis of patient survey data and a nationally representative TB prevalence survey. Montagu, D., et al., 2013.
http://www.equityhealthj.com/content/12/1/5

Knowledge and perception of Intrauterine Devices (IUDs) among Family Planning Providers in Nepal. Chakraborty, N., et al., 2013.
http://www.psi.org/resources/research-metrics/publications/iuds/knowledge-and-perceptions-intrauterine-devices-iuds-amo

Impact of Social Franchising on Contraceptive Use when Completed by Vouchers: A Quasi-Experimental Study. Azmat, S.K., et al., 2013.
http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0074260

Incidence of pediatric diarrhea and public-private preferences for treatment in rural Myanmar: a randomized cluster survey. Aung, T., et al., 2012.
http://www.ncbi.nlm.nih.gov/pubmed/22874876

Incorporating elements of social franchising in government health services improves the quality of infant and young child feeding counselling services at commune health centres in Vietnam. Rawat, R., et al., 2013.
http://heapol.oxfordjournals.org/content/early/2013/11/14/heapol.czt083.short

Integration of Family Planning (FP) into HIV Care and Treatment Services for PLHIV: Provider Experiences. Ng, C., et al., 2012.
http://www.capacityplus.org/files/resources/integrating-family-planning-hiv-aids-services-health-workforce-considerations.pdf

Overview of the Social Franchise Model for Delivering Counseling Services on Infant and Young Child Feeding (2013)
http://www.aliveandthrive.org/resource/overview-social-franchise-model-delivering-counseling-services-infant-and-young-child-feedi

Performance Improvement Recognition: Private Providers of Reproductive Health Services in Peru. James, E., et al., 2012.
http://abtassociates.com/Reports/2012/Performance-Improvement-Recognition--Private-Provi.aspx

Physicians in private practice: reasons for being a social franchise member. Huntington, D., et al., 2012.
http://www.health-policy-systems.com/content/10/1/25

Rates of IUCD discontinuation and its associated factors among the clients of a social franchising network in Pakistan. Azmat, S.K., et al., 2012.
http://www.biomedcentral.com/1472-6874/12/8

Scaling Mobile Health Solutions the Hard Way. Slaughter C., 2013.
http://www.ssireview.org/blog/entry/scaling_mobile_health_solutions_the_hard_way

Social Franchising and Vouchers to Promote Long-Term Methods of Family Planning in Rural Pakistan: A Qualitative Stocktaking with Stakeholders. Azmat, S.K., et al., 2013.
http://www.ncbi.nlm.nih.gov/pubmed/24386730

Social Franchise Case Study - Madagascar's Top Réseau Network. Population Services International, 2012.
http://www.psi.org/resources/research-metrics/publications/hiv/social-franchising-case-study-madagascars-top-r%C3%A9seau-net

Spotlight on Living Goods: Uganda, 2013.
http://mobilemamaalliance.org/sites/default/files/1749-MAMA-Spotlight-June-v1-JH_1.pdf

Strengthening systems to support mothers in infant and young child feeding. Sanghvi, T., et al., 2013.
http://www.ncbi.nlm.nih.gov/pubmed/24261074

The impact of a novel franchise clinic network on access to medicines and vaccinations in Kenya: a cross-sectional study. Berk, J., et al., 2012.
http://bmjopen.bmj.com/content/2/4/e000589.full

Using and Joining a Franchised Private Sector Provider Network in Myanmar. O'Connell, K., et al., 2011.
http://www.plosone.org/article/info%3doi%2F10.1371%2Fjournal.pone.0028364

Validation of a New Method for Testing Provider Clinical Quality in Rural Settings in Low- and Middle-Income Countries: The Observed Simulated Patient. Aung, T., et al., 2012. http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0030196

What obstacles do rural Indian women face when attempting to end an unwanted pregnancy? Reichwein, B., et al., 2013. http://www.mariestopes.org/sites/default/files/What-obstacles-do%20-rural-indian-women-face-when-attempting-to-end-an-unwanted-pregnancy.pdf

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globalhealthsciences.ucsf.edu/global-health-group

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, to strengthen the evidence base on the private health sector, and to inform programmatic and policy innovations that improve healthcare delivery and public health.

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 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, 2013, and 2014 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 healthcare for the poor, visit the Center for Health Market Innovations (CHMI) website at **healthmarketinnovations.org**. The programs profiled in this publication will also be featured within the CHMI database of programs.