Clinical Social Franchising
An Annual Compendium of Programs, 2009

THE GLOBAL HEALTH GROUP
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
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I. Introduction

Social franchising represents one of the best known ways to rapidly scale up clinical health interventions in developing countries. Building upon existing expertise in poor and isolated communities, social franchising organizations engage private medical practitioners to add new services to the range of services they already offer, attracting them with training, technical support, subsidized goods, free advertising, links to other providers and to a brand that represents quality, accessibility, and affordability. The new services increase demand for the practitioners while benefiting the public good.

Background
The field of social franchising and provision of clinical services is growing and changing dramatically.

- **Significant expansion and initiation of franchise networks** — In 2000, there were six clinical service social franchises in the world. There are now at least 33.
- **Expansion and integration of services** — Many of the early franchises were started to offer long-term family planning methods. Franchise operations are increasingly offering additional services, including testing and treatment of malaria, tuberculosis, and HIV/AIDS.
- **New financing initiatives** — Insurance-based initiatives, the use of vouchers, and other third-party subsidies for services, are likely to increase demand for organized, supervised networks of private providers.

With the rapid expansion occurring in networks, services offered, and financing mechanisms, implementing agencies need more information to promote best practices and make evidence-based decisions. This compendium provides the first attempt to consolidate and standardize information about all known social franchises.

The summaries provided in this compendium reveal some of the innovations in developing country health care delivery that social franchises offer. For instance, Confiance Democratic Republic of the Congo reports that its toll-free hotline for answering family planning-related questions and making referrals has proven to be a particularly effective way of addressing family planning concerns raised by men. Other programs such as the Gold Star Network in Kenya have found that using mobile phones for short messaging service (SMS) is an ideal way to follow up with clients. Smiling Sun Bangladesh estimates that its network of clinics, formerly run by multiple NGOs, covers 10% of the Bangladeshi population.

Standardization, quality monitoring, and scalability make social franchising a model platform for the expansion and improvement of a wide range of medical services. The goals and definitions of social franchises reflected in this compendium were derived from a consensus meeting of leaders of major clinical social franchises from around the world, held in November 2008.
Goals
A social franchise has four primary goals:

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

Definition
To be considered a social franchise for inclusion in this compendium, a network of providers had to have the following characteristics:

- Outlets are operator-owned
- Payments to outlets are based on services provided, although the mechanism of payment may vary (client out-of-pocket, voucher, third party insurance, fee linked to service)
- Services are standardized (although additional, non-franchised products and services may be offered)
- Clinical services are offered, with or without franchise-branded commodities

Our working definition of ‘clinical services’ specifies that these are “services which are predominantly offered by clinicians in western settings and so are presumed to require specialized training and quality controls in application,” setting them apart from commodity sales. As such, a franchise in Nepal which delivers family planning injections would be included, even if the providers offering the injections are pharmacists. A “franchise” in Ghana which supports pharmacists to sell branded medicines would not be included.

This definition also excludes networks in which all of the operators are paid employees of a sponsoring non-governmental organization (NGO), as well as networks where all services are provided free of charge. Franchises that predominantly sell branded medicines or other health-related commodities such as bed nets or water purification tablets are also excluded from the body of the compendium. However, we have made an effort to collect brief summary information regarding these organizations, particularly VCT Networks and Commodity-based Franchises, that share attributes of social franchises (see Appendices A and B).
Compendium Structure

The main body of this compendium features summaries of all clinical service social franchises in developing countries, organized by the umbrella organization that manages them, and by their host country. Each summary includes the following:

- **Franchise Location**  Geographic scope and type of area covered (urban, rural)
- **Summary Box**
  - Launch Date For either pilot or main program, as reported by franchises
  - Total Clinics Refers to franchised clinical-service outlets of any kind
  - Main Services Those services that have historically been core to the franchise
- **Timeline**  Launch date for program and/or pilot
- **Franchise Description**  Number and type of outlets (clinics, pharmacies, hospitals)
- **Staffing**  Number and type of staff (doctors, nurses, etc.)
- **Target Clientele**  Sub-population the program aims to serve
- **Financing**  Models of payment (out of pocket, insurance, etc.)
- **Membership**  Requirements and advantages for practitioners to join program
- **Ownership Model**  Business model used is fractional or full franchise model
- **Referrals**  How clients are referred to/from program
- **Quality Assurance**  Mechanisms for monitoring, evaluation, and regulating quality
- **Outcomes**  Summary figures on services rendered and program efficacy
- **Other Innovations**  Unique implementation strategies and policies of note
- **Services Table**  Services offered, categorized by type (HIV/AIDS, etc.)

Most of the program-specific data included was provided by the programs themselves in fall 2008. Subsequent edits have been made by the Global Health Group. This compendium will be revised annually in print, and as needed in electronic form. Updates will be posted at globalhealthsciences.ucsf.edu/ghg.
II. Umbrella Organizations

Eight agencies serve as the umbrella organizations for the primary clinical social franchises included in this report.

**Chemonics International**
Chemonics is a for-profit international development consulting firm based in Washington DC. Working under contract to USAID and other aid donors, Chemonics designs and implements projects in financial services, private sector development, health, environmental management, gender, crisis prevention and recovery, democracy and governance, and agriculture, in many of the world’s developing countries. Chemonics supports one social franchise: the USAID-funded Smiling Sun Franchise Program in Bangladesh. Between October 2007 and September 2011, this four-year project will transform an existing national network of clinics run by 29 local NGO partners into an independent health franchise system.


**Family Health International**
Formed in 1971, Family Health International (FHI) is among the largest nonprofit organizations active in international public health. FHI manages research and field activities in more than 70 countries. As of April 2006, FHI formed a new partnership with the Kenya Medical Association to increase critically needed private sector involvement in AIDS care. With financing from USAID and PEPFAR, the partnership supports a network of private providers to deliver HIV care under the brand name Gold Star Network.


**INPPARES**
The Instituto Peruano de Paternidad Responsable (INPPARES), or the Peruvian Institute of Responsible Parenting, is a member of the International Planned Parenthood Federation. Its primary goal is to improve sexual and reproductive health services for low- and middle-income populations in Peru. In 2002, INPPARES partnered with the USAID-supported CATALYST Consortium to launch RedPlan Salud as a pilot program in low-income districts of Lima. INPPARES now serves as the franchisor to a network of private midwives and physicians throughout the country. Providers offer services in their own communities and refer surgical cases to other clinics, primarily INPPARES-operated clinics.


**Janani/DKT International**
Since 1989, the US-based nonprofit DKT International has been promoting family planning and HIV/AIDS prevention through social marketing in the developing world. DKT operates in 14 countries and in 2008 sold over a half-billion condoms, almost 60 million cycles of oral contraceptives, over 11 million three-month injectables, and over
600,000 IUDs. Through its Indian affiliate, Janani, DKT supports one social franchise. Janani operates 28 clinics and one franchise program that provide a complete range of reproductive health services. Clinic services are linked to a network of 28,000 rural medical practitioners who are trained to provide advice in reproductive health care and referrals to the clinic network.

www.dktinternational.org & www.janani.org

**Marie Stopes International**

Marie Stopes International (MSI) is a UK-based nonprofit that applies modern business methods to prevent unintended pregnancies and unplanned births in 40 countries worldwide. Founded in 1976 with a mission to ensure that children are born by choice not chance, MSI delivers a range of services including family planning, safe abortion and post-abortion care, maternal and child health, and HIV/STI services, including male circumcision. In most countries, MSI owns and operates multiple clinics. In seven countries, MSI now operates social franchises under the BlueStar and AMUA brands.

www.mariestopes.org

**Nepal CRS Company**

Nepal Contraceptive Retail Sales (CRS) Company was founded in 1978 as a pilot program of the Nepal Family Planning/Maternal Child Health Project of the Nepal Ministry of Health. In 1983, it became an independent non-profit private limited company. Its shareholders include representatives from government agencies, family planning and social service organizations, professional bodies and private sector companies.

Nepal CRS Company partners with Nepal Social Marketing and Franchise Project (N-MARC), a USAID project led by the US-based Academy for Educational Development, the Nepal Fertility Care Center, and US-based EngenderHealth. Together they support the family planning-focused Sangini social franchise network of providers.

www.crs.org.np

**Population Services International**

Population Services International (PSI) is the largest nonprofit social marketing organization in the world with programs in safe water, malaria, reproductive health, child survival, HIV/AIDS and tuberculosis. Under the core PSI model, products and services are sold at subsidized prices in order to motivate commercial sector involvement. With programs in more than 60 developing countries, PSI focuses on measurable health impact and attempts to measure its effect on disease and death much like a for-profit measures its profits. PSI regularly produces comparable performance data from all of its programs around the world. In 1995, PSI launched GreenStar Pakistan, one of the first social franchise networks in the world. It currently oversees nine clinical social franchise country programs as well as nine VCT networks.

www.psi.org
World Health Partners
World Health Partners (WHP) was founded in 2008 to provide comprehensive medical care through a franchise model where providers are linked to, and supported by, e-health centers in a hub-and-spoke arrangement. Started by the founder of DKT’s Janani program, WHP aims to incorporate all of the lessons learned from a decade of franchise operations in Bihar, India, and update them with a more comprehensive range of services. WHP’s first franchise was started as a pilot in 2008 and is expanding in 2009. WHP manages two franchises in India: SkyHealth Centres and SkyCare Centres.

www.worldhealthpartners.org
### III. Program Summary Charts

#### Clinical Social Franchises

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<th>Program</th>
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<th>MCH</th>
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*Clinical Social Franchising, 2009*
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<th>Program</th>
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</table>
IV. Clinical Social Franchises

The delivery of clinical services brings tremendous variability in co-morbidity and presentation of medical illnesses, as well as differing client motivations for health seeking behavior and choice of provider. Therefore, individual provider skills and quality measurements are of critical importance and require regular practice, updating, and oversight to address specific needs and challenges.

Clinical services are technically challenging in and of themselves (every surgery is different) and are inherently rife with “human variability.” They are also important: often clinical interventions are the only appropriate way to treat priority diseases such as HIV/AIDS or tuberculosis, or to provide abortion or long-term family planning methods.

The significance and the particular challenges of franchising clinical services sets them apart from other market-based approaches to public health provision, including commodity-focused ‘micro-franchises’ and service-focused NGO satellite operations. The programs that follow all share important programmatic issues and design attributes related to expansion, quality, training, provider and client motivation, service mix, and pricing.

Twenty-two programs fit this compendium’s definition of clinical social franchise. Eleven additional programs with incomplete data are listed at the end of this section.
**Bangladesh (Smiling Sun)**

Chemonics International

**Location**
- Urban and rural
- 61 out of 64 districts

**Timeline**
Launched April 2008

**Franchise description**
- Over five years, Smiling Sun is converting a network of existing NGOs and NGO-operated clinics from independent, close-to-fully-subsidized programs to franchised income-generating entities
- The network comprises 30 NGOs that provide health care through 319 static and 8,500 satellite clinics. As of early 2009, 40 of the 319 clinics have been converted to Smiling Sun franchises. Over the next 18 months, the other 279 clinics, and 56 new ones, will also be converted
- Two models exist for franchised clinics: Vital and Ultra
  - Vital clinics offer preventive and curative services and basic lab services
  - Ultra clinics offer all of the above services, plus extended lab, diagnostic (sonogram), and EMOC services
- A third clinic model, Maxi, is planned for extended-stay services

**Staffing**
Average Vital Clinic: 10 staff including a clinic manager, a paramedic, and a medical officer
Average Ultra Clinic: 23 staff including a clinic manager, 4 paramedics, and 4 medical officers

**Target clientele**
Low-income populations

**Financing**
- Out of pocket is most common
- Fees charged for all services and commodities
- Poor clients will get special subsidies
- Approximately one third of clients do not pay for services
- Voucher scheme being offered to clients, partners, and stakeholders
- Smiling Sun health card planned
- Cross-subsidization is active at NGO clinics. Cross-subsidization between franchisees is planned through third-party payers (i.e., vouchers, direct service sales contracts, and health card)
- Currently negotiating reimbursement of sterilization services by the government of Bangladesh

**Membership**

*Requirements*
- Duly registered and licensed to do business and provide health services in country
- Full adherence to franchising agreement
- Ability to pay franchise management fees
Advantages

- Continuous training
- Technical assistance in different areas
- Access to lower cost equipment and supplies
- Marketing interventions geared to stimulate demand
- Sales of services to third-party payers
- Strong brand recognition

Ownership model

Full franchise

Referrals

- Referrals out to public sector facilities for difficult cases that require resources not available at Smiling Sun
- Because of US Government funding restrictions, the network has not referred TLs or NSVs to public sector facilities
- Referrals from 6,500 community service providers, who get a commission for services referred to clinics

Quality assurance

- Quality monitoring based on tracking nine variables and composite index analysis
- Clinic-level quality circles and PDSA cycle for continuous improvement in place

Outcomes

- 27 million services in fully subsidized NGOs and franchises (January–November 2008)
- 18–19 million clients per year, an estimated 10% of the Bangladeshi population
- Cost recovery among franchised sites has increased from 25% to 35% in one year, while services provided remained constant and service to the poor increased slightly

Other innovations

- Implementing electronic MIS system to provide real-time information
- Mobile reporting planned

Services

<table>
<thead>
<tr>
<th>FP</th>
<th>Short-term (condom, injectable, OC)</th>
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<tbody>
<tr>
<td></td>
<td>Long-term (IUD)</td>
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<tr>
<td></td>
<td>Permanent (vasectomy, TL)</td>
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<tr>
<td>HIV/AIDS</td>
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<tr>
<td>SRH</td>
<td>Gynecological consultations</td>
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<td>Cervical screening*</td>
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<tr>
<td>MCH</td>
<td>Pregnancy (antenatal, delivery, EMOC)</td>
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<td></td>
<td>Pediatrics (ORS, Zinc, cotrimoxazole)</td>
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<td></td>
<td>Vaccinations</td>
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<td>Infectious disease</td>
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<tr>
<td>Other</td>
<td>Laboratory services (including sonogram)</td>
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<td></td>
<td>Extended-stay services*</td>
</tr>
</tbody>
</table>

* Planned
Kenya (Gold Star Network)
Family Health International

Location
- Urban and peri-urban
- In 4 of the 8 provinces

Timeline
Launched May 2006

Franchise description
279 sites consisting of hospitals, nursing homes, private clinics, and workplaces

Staffing
- Staffing levels vary
- Clinics run by specialist doctors, general practitioners, registered clinical officers, and nurses
- Minimum staffing level is a clinician and receptionist
- Most hospitals have at least two doctors with a minimum qualification of MBBS and at least two clinical officers, a lab technician, a pharmacist, and a nurse who are fully trained and licensed to practice

Target clientele
Open to those who access services from a private provider, private clinic, or hospital

Financing
- Out of pocket
- Insurance and/or partial insurance
- Clients who can afford consultation fee at the private clinic but have challenges buying ARV drugs regularly, are supplied through the PEPFAR-financed national drug program

Membership
Requirements
- Member of Kenya Medical Association and/or other associations such as the Kenya Association of Physicians, Kenya Pediatric Association, Kenya Obstetrical and Gynecological Society, Kenya Clinical Officers Association, and the National Nurses Association of Kenya
- Registered by the Kenya Medical & Dentists Practitioners’ Board (KMDPB) and licensed for private practice
- Operating an established clinic
- Meeting the highest standards of ethics and quality of care

Advantages
- Training and continuous professional development, programs are accredited by KMDPB
- Access to affordable and quality HIV lab testing (cd4/cd8 and viral load)
- Access to affordable, quality, and consistent supply of drugs at discounted prices
- Demand creation leading to new clients for member providers
- Technical assistance for quality assurance
- Access to government-supplied HIV test kits, drugs and FP/RH commodities
- Strong brand recognition (supported through FHI/Kenya’s other programs)

Franchise fee
- Kenya Shillings 3,000 (US $38) to the Kenya Medical Association for the doctors
- Kenya Shillings 1,000 (US $13) for other cadres (clinical officers and nurses)
Ownership model
Fractional franchise

Referrals
- Referrals from other health providers, especially for HIV treatment
- Referrals to specialists within the Gold Star network or to the government facilities in case a patient moves or is unable to continue financing private treatment
- Referrals to free counseling and psychosocial support services

Quality assurance
- Routine supervision/monitoring to confirm activities proceeding as planned and according to guidelines
- Mentorship for practical training, guidance, and decision-making support in HIV management
- Refresher training and continuous professional development
- Quarterly meetings between franchisee providers and the Gold Star advisory team
- Monthly reports from franchisee providers using Ministry of Health data collection tools

Outcomes
- 6,000 clients served (through December 2008)
- 4,500 currently on ART
- Private providers conforming to standard national guidelines for HIV care and treatment; notable reduction in clients being switched to other ART regimes within short durations
- Insurance company interest in having clients treated by network

Other innovations
- Call center with hotlines (landline and mobile phone), used by the providers to track treatment defaulters
- Tele-counseling services
- Clients follow-up using SMS
- Web-based MIS

Services

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<tr>
<th>FP</th>
<th>Emergency contraception</th>
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<td>Short-term (condoms, natural injectable, OC)</td>
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<td>Long term (IUD, implant)</td>
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<td>Permanent (TL)</td>
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<td>HIV/AIDS</td>
<td>Testing</td>
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<td>Treatment (pediatric and adult ART, PMTCT)</td>
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<td>Counseling (treatment adherence and psychosocial support)</td>
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<td>SRH</td>
<td>STI (screening and treatment)</td>
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<td>Post-abortion care</td>
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<td>MCH</td>
<td>Pregnancy (antenatal, delivery, EMOC)</td>
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<td>Pediatrics</td>
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<td>Vaccinations</td>
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<td>Malaria</td>
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<td>Tuberculosis (treatment)</td>
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<td>Other</td>
<td>Laboratory services (cd4 and viral load)</td>
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<td>ARV drugs are sold to clients at discounted rates from local pharmacies</td>
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</table>
Peru (RedPlan Salud)
Instituto Peruano de Paternidad Responsable (INPPARES)

Location
- Urban and semi-urban
- Headquarters in Lima with locations in 9 other regions

Timeline
Launched 2002

Franchise description
1,668 affiliated centers

Staffing
- Staffing varies, but centers typically have a minimum of 5 people
- 95% have a midwife in charge, and the rest are run by a doctor
- All accredited by the Ministry of Health with licenses from the municipality where they work and the College of Obstetrics of Peru

Target clientele
Low- and middle-income populations

Financing
- Out-of-pocket fees
- Profit margins from 10% to 12% annually, making the program self-financing
- Profits reinvested in promotional strategies and in training

Membership
Requirements
- Contractual agreement
- Maintain a registry of visits and sales
- Active participation in INPPARES studies to improve services

Advantages
- Training in FP counseling, methods and counter-indications
- Participation in promotional activities
- Access to FP products and materials supplied by INPARRES

Franchise fee
No annual fee

Ownership model
All clinics are independently operated

Referrals
- Referrals to more complete services as needed, including to the nearest hospital
- If a franchisee refers a client to an INPPARES center, it will receive a percentage of fee for service provided
Quality assurance
National study every 2 years surveying providers and users

Outcomes
- 217,716 FP clients (2008)
- 764,559 total clients (2008)

According to the 2008 quality study, 39% of users had gone to the Ministry of Health and 10% had used Social Security for previous health care needs.

Services

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<td>Testing</td>
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<td>SRH</td>
<td>Gynecology</td>
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<td>Infertility</td>
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<td>Infectious disease</td>
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<td>Other</td>
<td>Laboratory services</td>
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India (Surya Clinic)
Janani/DKT International

Location
- Rural and urban
- Entire states of Bihar and Jharkhand and district of Bhopal

Timeline
Launched 1998

Franchise description
- 564 total clinics
- 18 clinics under Janani’s direct supervision
- 496 franchise clinics where Janani provides training and advertising support, but no fee is charged
- 50 franchise clinics where Janani provides training, advertising support, and a clinic coordinator, and charges annual fee

Staffing
Each clinic has at least one doctor with a minimum qualification of MBBS, one nurse with training of auxiliary nurse and midwife, and an anesthetist on call. Other attendants may not have any formal training but are literate.

Financing
- Government reimburses US $35 per sterilization service, used to cross-subsidize cost of injectables and IUDs
- Government provides free commodities, including IUDs, pills, and condoms

Membership
Requirements
- Accredited by the government

Advantages
- Janani’s network of rural motivators (Titli Centers) provides referral clients
- Being a part of the Surya Clinic network helps in getting accredited by the government
- Training provided in the MVA technique, medical abortion, IUD insertion, and NSV. Clinic in the state capital Patna is a government-authorized training center for FP and comprehensive abortion care

Franchise fee
$1,200 per year

Ownership model
- Both fractional and full franchise models
- Includes some clinics under joint-ownership

Referrals
- Referrals to outside facilities for non-FP services
- Referrals from other providers and offer referrals as needed
- 7,500 motivators (outreach referral network of the clinics) refer new patients to franchisees
Quality assurance

- Government accreditation — regular inspection by the government
- Quarterly audit by Janani
- Waste disposal managed by outsourced company (not fully operational)
- Infection control managed by outsourced company

Outcomes

More than 175,000 clients served (January 1, 2007–October 31, 2008)

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<th>Other</th>
<th>Laboratory services</th>
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<td>Newlywed counseling</td>
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Ethiopia (BlueStar)  
Marie Stopes International

**Location**
- Rural and peri-rural
- Oromia, Amhara, SNPP, and Tigray

**Timeline**
- Pilot launched in April 2007
- Expansion phase launched August 2008

**Franchise description**
- 107 franchisees
- Target: 700 franchisees in 2010

**Staffing**

*Workforce summary*
- 77 registered nurses
- 18 health assistants
- 7 health officers
- 3 physicians
- 2 others

**Target clientele**
Low socioeconomic groups

**Financing**
- Out of pocket
- No voucher or insurance scheme used
- Recommended fees have been set
- No cross subsidization
- Cost recovery is only through the annual franchise fees

**Membership**

*Requirements*
- Licensed to practice in Ethiopia (Federal Ministry of Health / Regional Health Bureaus) with necessary professional qualifications
- Full-time owner operated clinic (those working part time with the Ministry of Health were excluded from the first 2 phases of recruitment)
- Not a member of any other networks or working with other NGOs

**Advantages**
- Training
- Technical assistance
- Demand creation
- Subsidized equipment

**Franchise fee**
- 50 Birr lower clinics (US $5), 100 Birr medium clinics (US $10), and 150 Birr higher clinics (US $15)
Ownership model
Fractional franchise

Referrals
- Referrals to MSI clinics, MSI outreach programs, and government facilities
- Franchisees are not paid for referrals
- Referrals from community-based motivators/educators
- Community-based motivators are not paid for referrals

Quality assurance
- Quantitative assessments through monthly franchisee reports
- Qualitative assessments through annual QTA review to assess clinical service provision
- Annual StarScan to assess adherence to franchisee agreement for administrative and operating procedures
- Annual exit interviews to assess client satisfaction
- Mid-term program evaluation includes client intercept survey

Outcomes
1,856 CYP (through October 2008)

Services

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<th>Service</th>
<th>Description</th>
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| FP      | Emergency contraception  
|         | Short-term (condom, OC)  
|         | Long-term (implant, IUD)  
|         | Permanent (TL)  |
| HIV/AIDS|             |
| SRH     | Abortion* (medical, MVA)  |
| MCH     |             |
| Infectious disease |         |
| Other   |             |

*Planned
Ghana (BlueStar)
Marie Stopes International

Location
- Urban and peri-urban
- In Accra and Tema with expansion planned for Kumasi, then Eastern region

Timeline
Launched March 2008

Franchise description
102 franchised outlets in 2008, 42 clinics, 32 chemical sellers, 28 pharmacies

Staffing
**Workforce summary**
- Clinics: 14 doctors, 1 nurse, 27 midwives
- 32 Chemical sellers
- 28 Pharmacists

Target clientele
- Low socioeconomic groups

Financing
- Out of pocket
- No voucher or insurance schemes used
- No recommended fees have been set yet
- No cross subsidization
- Partial cost recovery through the annual franchise fee

Membership
**Requirements**
- Licensed to practice in Ghana with necessary professional qualifications
- Some prior level of FP training and/or service provision
- Opening hours to facilitate accessibility

Advantages
- Training
- Technical assistance
- Demand creation
- Subsidized drugs and supplies (planned)
- Association with a high profile brand name

Franchise fees
Clinics US $84.28, Pharmacies US $63.21, Chemical Sellers US $33.71

Ownership model
- 1,279 abortions provided (March–November 2008)
- 10,121 CYP (March–November 2008)
Referrals
- Referrals to other franchisees, to MSI Ghana clinics, and to government facilities
- Franchisees paid for referrals to MSI Ghana starting in January 2009
- Referrals from community-based volunteers and other franchisees
- Community-based volunteers are paid per referral into the franchise

Quality assurance
- Quantitative assessments through monthly franchisee reports
- Qualitative assessments through annual QTA review to assess clinical service provision
- Annual StarScan to assess adherence to franchisee agreement for administrative and operating procedures
- Annual exit interviews to assess client satisfaction
- End of pilot assessment includes larger scale study such as client intercept

Outcomes
- 1,279 abortions (January–October 2008)
- 10,121 CYP (January–October 2008)

Services

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<tr>
<th>Services</th>
<th>FP</th>
<th>Emergency contraception</th>
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<td></td>
<td></td>
<td>Short-term (condom, female condom, injectable, OC, spermicides)</td>
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<td>Long-term (implant, IUD)</td>
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<td>HIV/AIDS</td>
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<td>SRH</td>
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<td>Abortion (medical, MVA)</td>
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<td>Infectious disease</td>
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Kenya (AMUA)
Marie Stopes International

Location
- Rural and peri-rural
- Nyanza, Rift Valley, and Western Provinces

Timeline
Launched April 2004

Franchise description
144 franchisees

Staffing
AMUA clinics are owned by a range of provider types, including licensed clinical officers, nurses, and doctors. Only nursing homes can employ all cadres. Most clinics consist of an owner and one or two medical assistants.

Workforce summary
- 250 Medical Assistants/CHWs
- 25 Clinical Officers
- 110 Registered Nurses
- 6 Doctors

Target clientele
Low socioeconomic groups

Financing
- Out of pocket
- Recommended fees are set at different levels in urban and peri-urban locations
- No cross subsidization
- Cost recovery is only through annual franchise fee

Membership
Requirements
- Licensed to practice in Kenya with necessary professional qualifications
- Owner operated
- Recognized by Ministry of Health
- Submitting monthly returns for commodity supply

Advantages
- Training
- Technical assistance
- Demand creation
- Subsidized equipment

Franchise fee
2,500 Kenya Shillings (US $32.80) per year
Ownership model
Fractional franchise

Referrals
- Referrals to MSI clinics, MSI outreach programs, and government facilities
- Franchisees are not paid any fee for referrals to MSI
- 350 community-based motivators refer 10 IUDs and 5 TLs per month to franchise clinics
- Community-based motivators are paid per referral by the franchisees

Quality assurance
- Quantitative assessments through monthly franchisee reports
- Qualitative assessments through annual QTA review to assess clinical service provision
- Annual StarScan to assess adherence to franchisee agreement for administrative and operating procedures
- Annual exit interviews to assess client satisfaction
- End of pilot assessment includes larger scale study such as client intercept

Outcomes
- 165,600 CYP (January–October 2008)
- 10,458 TL, including referrals to outreach (January–October 2008)
- 6,341 IUDs (January–October 2008)

Other innovations
Extending services to the community using focus group discussions and women’s groups as outreach activities

Services

<table>
<thead>
<tr>
<th></th>
<th>Short-term (condom, OC)</th>
<th>Long-term (implant*, IUD)</th>
<th>Permanent (TL)</th>
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<tbody>
<tr>
<td>FP</td>
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<tr>
<td>HIV/AIDS</td>
<td>Testing*</td>
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</tr>
<tr>
<td></td>
<td>Treatment* (PMTCT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SRH</td>
<td>Cervical screening*</td>
<td></td>
<td>STI*</td>
</tr>
<tr>
<td>MCH</td>
<td>Pregnancy* (deliveries)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Planned
**Malawi (BlueStar)**

Marie Stopes International

**Location**
- Urban and rural
- Southern Malawi including Blantyre, Chiradzulu, Mulanje, Thyolo, Chikwawa, Machinga, Mwanza, Balaka

**Timeline**
Launched June 2008

**Franchise description**
- Currently: 59 franchisees
- Target: 120 franchisees in 2009, 300 franchisees in 2010

**Staffing**
- 34 Medical Assistants
- 22 Clinical Officers
- 1 Enrolled Nurse

**Target clientele**
Low socioeconomic groups

**Financing**
- Out of pocket
- Recommended fee levels
- Cost recovery is only through annual franchise fee

**Membership**

- Licensed to practice in Malawi with necessary professional qualifications
- Owner operated

**Advantages**
- Training
- Technical assistance
- Demand creation
- Subsidized equipment
- Subsidized drugs and supplies
- Association with a high-profile brand name

**Franchise fee**
10,000 Kwacha (US $70)

**Ownership model**
Fractional franchise
Referrals
- Referrals to both Banja La Mtsogolo (MSI) clinics and government facilities
- Franchisees are not paid for referrals to Banja La Mtsogolo (MSI) clinics
- Referrals from community-based mobilizers/educators
- Community-based mobilizers are not paid for referrals

Quality assurance
- Quantitative assessments through monthly franchisee reports
- Qualitative assessments through annual QTA review to assess clinical service provision
- Annual StarScan to assess adherence to franchisee agreement for administrative and operating procedures
- Annual exit interviews to assess client satisfaction
- End of pilot assessment includes larger scale study such as client intercept

Outcomes
- 3,952 CYP (June–November 2008)
- 4,691 FP (June–November 2008)

Other innovations
Malawi College of Medicine is interested in using the franchise to introduce screening for cervical cancer

Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>FP</td>
<td>Short-term (condom*, female condom*, injectable, OC*)</td>
</tr>
<tr>
<td></td>
<td>Long-term (IUD)</td>
</tr>
<tr>
<td></td>
<td>Permanent (TL)</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Male circumcision</td>
</tr>
<tr>
<td>SRH</td>
<td>Abortion* (medical)</td>
</tr>
<tr>
<td></td>
<td>Cervical screening*</td>
</tr>
<tr>
<td>MCH</td>
<td></td>
</tr>
<tr>
<td>Infectious disease</td>
<td></td>
</tr>
</tbody>
</table>

*Planned
Philippines (BlueStar)
Marie Stopes International

Location
- Urban, peri-urban, and rural
- Metropolitan Manila, Central Luzon, Southern Luzon, Eastern Visayas, and Central Visayas Regions

Timeline
Launched July 2008

Franchise description
- 66 franchisees
- Target: 500 franchisees in 2011

Staffing
- 66 midwives

Target clientele
Low-income groups

Financing
- Out of pocket for BlueStar services
- Recommended fees are set from franchisee services
- Cost recovery is only through annual franchise fee

Membership
Requirements
- Licensed to practice in the Philippines with necessary professional qualifications
- Full time owner operated
- Not a member of any other networks or working with the government, a private entity, or other NGO

Advantages
- Training
- Technical assistance (clinical standards and business format)
- Demand creation
- Subsidized equipment
- Subsidized contraceptives and other medical supplies

Franchise fees
1,000 PhP (US $22)

Ownership model
Fractional franchise

Referrals
- Referrals to MSI clinics, MSI outreach programs, and government facilities
- Franchisees are not paid any fee for referrals to MSI clinics

<table>
<thead>
<tr>
<th>Philippines (BlueStar)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Launched</td>
<td>2008</td>
</tr>
<tr>
<td>Total Clinics</td>
<td>66</td>
</tr>
<tr>
<td>Main Services</td>
<td>FP, SRH</td>
</tr>
</tbody>
</table>
Quality assurance
- Quantitative assessments through monthly franchisee reports
- Qualitative assessments through annual QTA review to assess clinical service provision
- Annual StarScan to assess adherence to franchisee agreement for administrative and operating procedures
- Annual exit interviews to assess client satisfaction
- End of pilot assessment includes larger scale study such as client intercept
- End of project external evaluation

Outcomes
- 5,246 CYP (July–September 2008)
- 3,308 FP clients (July–September 2008)

Other innovations
Establishment of a system using mobile telephone SMS for reporting of cases and loan payments and for ordering supplies

Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>FP</td>
<td>Short-term (condom, injectable, OC)</td>
</tr>
<tr>
<td></td>
<td>Long-term (IUD)</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>SRH</td>
<td>Cervical screening (Pap smear)</td>
</tr>
<tr>
<td></td>
<td>STI (screening)</td>
</tr>
<tr>
<td>MCH</td>
<td></td>
</tr>
<tr>
<td>Infectious disease</td>
<td></td>
</tr>
</tbody>
</table>

*Planned
Sierra Leone (BlueStar)
Marie Stopes International

Location
- Rural and peri-rural
- Bo, Freetown, Kenema, Kono, Kabala, Tonkolili, Mile 91, Moyamba, Waterloo, Tombo, and Lungi

Timeline
Pilot launched December 2008

Franchise description
- Currently: 70 franchisees
- Approximately ½ clinics and ½ pharmacies
- Target: 250 franchisees in 2011

Staffing
Staffing levels vary dramatically between providers due to factors such as location, client base, specialty and demand.
- Average staffing per outfit:
  - Clinics: doctor, nurse, receptionist, cleaner
  - Pharmacies: pharmacist, sales staff, cleaner

Target clientele
- Low- and middle- socioeconomic groups
- Youth (teenagers, secondary school kids, university students)
- Sex workers
- Uniformed personnel (military and police)
- Market traders

Financing
- Out of pocket
- No voucher or insurance scheme used
- Recommended fees set by the network
- Cost recovery through the annual franchise fee and sale of products to franchisees

Membership
Requirements
- Licensed to practice in Sierra Leone with necessary professional qualifications
- Full-time owner operated
- Not a member of any other networks or working with other NGOs

Advantages
- Training (implant insertion and removal, EC, counseling, and business administration)
- Technical assistance
- Demand creation
- Subsidized equipment and products

Ownership model
Fractional franchise
Referrals
- Referrals to Marie Stopes Sierra Leone (MSSL) clinics for complications
- Franchisees are not paid any fee for referrals to MSSL clinics
- Referrals from MSSL clinics
- 500 community-based motivators refer clients to franchisees
- Community-based motivators are not paid by franchisees per referral

Quality assurance
- Quantitative assessments through monthly franchisee reports
- Qualitative assessments through annual QTA review to assess clinical service provision
- Annual StarScan to assess adherence to franchisee agreement for administrative and operating procedures
- Annual exit interviews to assess client satisfaction
- Mid-term evaluation assessment includes larger scale study such as client intercept survey

Services

<table>
<thead>
<tr>
<th>Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FP</td>
<td>Emergency contraception</td>
</tr>
<tr>
<td></td>
<td>Short-term (condom, OC)</td>
</tr>
<tr>
<td></td>
<td>Long-term (implant, IUD*)</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>SRH</td>
<td></td>
</tr>
<tr>
<td>MCH</td>
<td></td>
</tr>
<tr>
<td>Infectious disease</td>
<td></td>
</tr>
</tbody>
</table>

*Planned
Vietnam (BlueStar)
Marie Stopes International

Location
- Urban and peri-urban
- Hanoi and Ho Chi Minh City, Khanh Hoa, Dong Nai, Binh Duong, and Hai Phong

Timeline
- Pilot stage July 2007 to July 2008
- Scale-up stage November 2008 to October 2011

Franchise description
- Pilot stage: 32 private OB/GYN clinics (16 in Hanoi and 16 in Ho Chi Minh City)
- Scale up: 267 franchisees in three years

Staffing
Average staffing at clinic is 5 people including:
- Midwives
- Nurse
- Medical doctor
- OB/GYN
- Care taker/receptionist

Target clientele
- Low and middle socioeconomic groups
- Seasonal migrants
- Factory migrant workers

Financing
- Clients pay for services
- No voucher or insurance scheme currently used
- Vouchers planned for future

Membership
Requirements
- Licensed to practice in Vietnam with necessary professional qualifications
- Full-time owner of the franchised clinic

Advantages
- Training
- Technical assistance
- Demand creation activities by franchisor
- Discounted procurements of quality medicines and equipment
- Power of association under BlueStar umbrella
- Future opportunities for donor/government funding
- Increased client numbers

Franchise fee
US $120 (will be adjusted against inflation in 2009 to US $150)
Ownership model
Fractional franchise

Referrals
Referrals to government facilities in case of more complex health problems

Quality assurance
BlueStar in Vietnam is part of MSI’s Global BlueStar program, so will use the system and tools developed by MSI United Kingdom for monitoring

Outcomes
20,294 CYP (May–September 2008)
28,626 FP clients (May–September 2008)
61,095 total clients (May–September 2008)

Target by 2011: 546,000 FP clients per year

Other innovations
Screening for unmet health needs planned

Services

| FP | Emergency contraception
|    | Short-term (condom, injectable, OC)
|    | Long-term (GyneFix*, IUD)
| HIV/AIDS |  
| SRH | Abortion (Medical)
| MCH |  
| Infectious disease | *Planned

*Planned
Nepal (Sangini)
Nepal CRS Company

Location
- Urban and rural
- 63 out of 75 districts of Nepal

Timeline
Pilot launched September 1994 in Kathmandu Valley through pharmacy network

Franchise description
CRS operates a network of 2,484 Sangini service centers under three tiers:
  - 166 PSSN (private doctors)
  - 100 SEWA (female providers)
  - 2,662 Sangini (paramedical providers)

Staffing
- Paramedics run the Sangini service centers. Usually, two to three staff are present in each of the pharmacies and medical shops, whereas clinics have more depending on services offered and size of client base
- PSSN and SEWA clinics are mostly single-provider clinics

Financing
- Clients pay for services
- No voucher or insurance scheme is used

Membership
Requirements
- Membership limited to professionals trained and certified appropriately for each tier
- Willingness to be monitored

Advantages
- Only network members can sell DMPA injectable in Nepal

Franchise fees
- PSSN and SEWA providers must pay annual registration fee to Nepal Fertility Care Center
- No membership fees for Sangini paramedical providers

Ownership model
Fractional franchise

Referrals
- Referrals occur between all three provider tiers
- Community health workers and local women’s groups provide informal, unpaid, referrals to Sangini franchisees
Quality assurance
- The Nepal Fertility Care Center (NFCC) is responsible for training the participants and monitoring quality of care in the franchise outlets
- The primary means of monitoring is through technical support visits provided by NFCC and CRS staff
- Key quality assurance indicators: counseling and informed choice, client assessment, infection prevention, waste management, injection administration, self assessment, product stocks.

Outcomes
313, 560 CYP (July 2007–June 2008)

Services

<table>
<thead>
<tr>
<th>FP</th>
<th>Emergency Contraception</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Short-term (condom, injectable, OC, spermicides)</td>
</tr>
<tr>
<td></td>
<td>Long-term (IUD)</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>SRH</td>
<td>Abortion (medical, MVA)</td>
</tr>
<tr>
<td>MCH</td>
<td>Safe delivery kits, oral rehydration salts</td>
</tr>
<tr>
<td>Infectious disease</td>
<td>Malaria (mosquito nets)</td>
</tr>
</tbody>
</table>
**Benin (ProFam)**

Population Services International

**Location**
- Urban
- Expansion planned to Cotonou and other surrounding areas

**Timeline**
Launched 2004

**Franchise description**
- 30 general/comprehensive clinics, including 6 with VCT services
- 155 pharmacies

**Staffing**
- Approximately 10 staff members per clinic

*Workforce summary*
- 2 physicians
- 3 nurses
- 4 medical assistants
- 2 enrolled nurses working throughout the network

**Financing**
Insurance and out-of-pocket fees

**Membership**

*Requirements*
- Willingness to be monitored

*Advantages*
- Training and refresher training in clinical skills
- Branding

**Ownership model**
Full franchise

**Referrals**
Referrals to public and private hospitals

**Quality assurance**
- Bi-monthly PSI Technical Officer visits
- Quarterly PSI Senior Program Officer visits
- Baseline survey
- KAP studies
- Focus group discussions, mystery clients
- Surprise inspections

<table>
<thead>
<tr>
<th>Benin (ProFam)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Launched</td>
<td>2004</td>
</tr>
<tr>
<td>Total Clinics</td>
<td>30</td>
</tr>
<tr>
<td>Main Services</td>
<td>FP, SRH, MCH</td>
</tr>
</tbody>
</table>
Outcomes
22,470 clients served to date

Other innovations
- Door-to-door services
- Mobile services
- Telephone hotlines
- Cell-phone based MIS systems

Services

<table>
<thead>
<tr>
<th>Category</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>FP</td>
<td>Short-term (condom, injectable, OC, spermicides)</td>
</tr>
<tr>
<td></td>
<td>Long-term (IUD)</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>SRH</td>
<td>Abortion (medical, MVA)</td>
</tr>
<tr>
<td>MCH</td>
<td>Pregnancy (prenatal, delivery, postnatal)</td>
</tr>
<tr>
<td></td>
<td>Vaccinations*</td>
</tr>
<tr>
<td>Infectious disease</td>
<td>Malaria (mosquito nets)</td>
</tr>
</tbody>
</table>

*Planned
**Cambodia (Sun Quality Health)**

**Population Services International**

**Location**
- Urban and rural
- Operating in 8 out of 24 provinces
- Plans to roll out to all 24 provinces in 2009 with newly received funding

**Timeline**
Launched 2002

**Franchise description**
- 159 FP clinics (120 clinics have graduated from training, supervision and reporting as of October 2007, but maintain relationship with network)
- 5 PSI-implemented mobile clinics

**Staffing**
- Approximately 1–2 medical professionals at each clinic
- 127 physicians, 27 nurses, 54 midwives working throughout the network

**Target clientele**
- Women
- Low socioeconomic groups

**Financing**
- Women are charged US $0.25 for any FP method (including IUD and implant)
- IUD kits and IUDs donated by Ministry of Health
- All other costs are donor funded

**Membership**

**Requirements**
- Branding
- Record keeping
- Adherence to PSI quality standards
- Willingness to be monitored

**Advantages**
- Access to commodities and supplies at reduced cost
- Training in clinical skills
- Prestige in being involved in a national network
- Increased client flow and ability to provide effective services

**Ownership model**
Fractional franchise

**Referrals**
Referrals to public/private clinics and hospitals, treatment and care services

### Cambodia (Sun Quality Health)

<p>| | |</p>
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</thead>
<tbody>
<tr>
<td><strong>Launched</strong></td>
<td>2002</td>
</tr>
<tr>
<td><strong>Total Clinics</strong></td>
<td>164</td>
</tr>
<tr>
<td><strong>Main Services</strong></td>
<td>FP, SRH, MCH, ID</td>
</tr>
</tbody>
</table>
Quality assurance
- Monthly and quarterly PSI Technical Officer visits
- Mystery clients
- Franchisee reports
- Other PSI inputs to improve quality include building/infrastructure, training and refresher training, branding, and supplies

Outcomes
- 59,587 clients served to date
- 91,127 CYP
- 16,004 DALYs

Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>FP</td>
<td>Short-term (birth spacing, condom, injectable, OC)</td>
</tr>
<tr>
<td></td>
<td>Long-term (implant, IUD)</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>SRH</td>
<td>STI (assessment and syndromic treatment*)</td>
</tr>
<tr>
<td>MCH</td>
<td></td>
</tr>
<tr>
<td>Infectious disease</td>
<td>Malaria (diagnosis and treatment)</td>
</tr>
<tr>
<td></td>
<td>Diarrhea (Orasel-Kit)</td>
</tr>
</tbody>
</table>

*Being phased out*
Cameroon (ProFam)
Population Services International

Location
- Urban
- Yaounde

Timeline
Launched 2004

Franchise description
- 25 FP clinics
- Expansion planned within Yaounde, then possibly to Douala

Staffing
210 personnel total, including 21 physicians, 56 nurses, 4 midwives, 46 medical assistants, 21 clinical officers

Target clientele
Lower socioeconomic groups

Financing models
- Insurance
- Out-of-pocket fees

Membership
Requirements
- Branding
- Record keeping
- Adherence to PSI quality standards
- Willingness to be monitored

Advantages
- Access to commodities, supplies, and equipment at reduced cost
- Training in clinical skills
- Increased client flow
- Increased direct inputs
- Increased ability to provide effective services

Ownership model
Full franchise

Referrals
- Referrals to public and private clinics and hospitals, treatment and care services
- Referrals from public and private providers and community-based health workers
Quality assurance
• Biweekly visits from PSI Technical Advisor
• Baseline surveys
• Mystery clients
• Surprise inspections
• Monthly franchisee reports
• Other PSI inputs for quality include training and refresher training, branding, supplies, and equipment

Outcomes
14,257 clients to date

Services
<table>
<thead>
<tr>
<th>FP</th>
<th>Short-term (condom, injectable, OC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS</td>
<td>Testing</td>
</tr>
<tr>
<td>SRH</td>
<td></td>
</tr>
<tr>
<td>MCH</td>
<td></td>
</tr>
<tr>
<td>Infectious disease</td>
<td></td>
</tr>
</tbody>
</table>
Map of Countries with Social Franchises

Key
- Franchise
- Known franchise with incomplete details
- # Multiple franchises in a country
- VCT Networks

Clinical Social Franchising, 2009
Democratic Republic of the Congo (Confiance)
Population Services International

Location
- Urban
- Kinshasa, Equateur, Kasai Occidental, Province Orientale, Nord Kivu, Sud Kivu, Katanga and Bas Congo

Timeline
- Launched 2004
- Will respond to RFP in early 2009 to expand network

Franchise description
- 78 general clinics, within which PSI works exclusively with the FP clinicians
- 277 partner clinic pharmacies with PSI-trained pharmacists

Staffing
- Approximately 2 PSI-trained staff working at each clinic, in addition to regular clinic staff
- Clinicians include mostly nurses, as well as a few trained doctors

Target clientele
Women and couples

Financing
Out-of-pocket fees

Membership
Requirements
- Branding
- Record keeping
- Adherence to quality standards
- Willingness to be monitored

Advantages
- Access to basic equipment
- Access to branded, quality commodities at reduced cost
- Training in clinical skills
- Prestige in being involved in a national network
- Increased ability to provide effective FP services
- Monthly meetings with other network providers and provincial PSI/FP staff to discuss challenges, questions, best practices, etc.

Ownership model
Fractional franchise
Quality assurance

- Comprehensive trainings for all clinicians (12 days) and pharmacists (7 days) prior to joining network
- Refresher trainings for all clinicians during the life of the project
- Routine supervisory visits to all clinics and pharmacies, supervision visits by national staff
- Technical assistance visits
- Mystery clients
- Monthly reports to PSI/DRC team
- Monthly meetings with all partner staff to share lessons learned, standardize new info, and respond to questions/concerns

Outcomes

- Approximately 174,000 counseling visits (fiscal 2008)
- 593,903 OC, 87,800 injectables, 1,732 IUDs, and 3,860 CycleBeads sold (fiscal 2008)
- 277,564 CYP to date
- Over 20,000 FP calls fielded (October 2007–September 2008)

Other innovations

Confiance toll-free line (La Ligne Verte), a hotline for answering FP related questions and making referrals. Has proven a particularly effective way addressing FP concerns raised by men.

Services

<table>
<thead>
<tr>
<th>FP</th>
<th>Short-term (CycleBeads, condom, injectable, OC)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Long-term (IUD)</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td></td>
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<tr>
<td>SRH</td>
<td></td>
</tr>
<tr>
<td>MCH</td>
<td></td>
</tr>
<tr>
<td>Infectious disease</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Mobile health educators</td>
</tr>
</tbody>
</table>
India (Key Clinics)

Population Services International

Location
- Urban
- 95 towns in 4 states

Timeline
Launched 2004

Franchise description
- 700 mostly general service clinics, with small proportion serving a particular health area (i.e., STI)
- 1 mobile clinic

Staffing
- Approximately 3 staff working in each clinic
  (physician with a minimum MBBS qualification, nurse, and receptionist)
- Some are polyclinics where staffing is more elaborate
- 57 Key Clinic doctors trained by the Government’s Revised National TB Control Programme to aid detection and treatment of TB. 22 have actively started participating in DOTS program.

Target clientele
- Low socioeconomic groups
- Truck drivers
- Clients of sex workers

Financing
- Out-of-pocket set fees to be charged by doctor, depending on clinic’s location, metro vs. non-metro
- Vouchers (cash discounts through vouchers offered for limited time)

Membership
Requirements
- Branding
- Record keeping
- Adherence to PSI quality standards
- Willingness to be monitored

Advantages
- Access to supplies at reduced cost
- Training in clinical skills
- Prestige in being involved in a national network
- Increased client flow
- Increased ability to provide effective services

Ownership model
- Fractional franchise
- Hybrid public/private model
**Referrals**
- Referrals from private providers and community-based health workers
- Referrals to public clinics and hospitals, treatment and care services

**Quality assurance**
- Monthly or bi-monthly PSI Technical Officer visits
- Quarterly PSI Senior Program Officer visits
- Baseline and endline surveys
- KAP studies, surveys
- Focus group discussions, mystery clients
- Monthly or bi-monthly franchisee reports
- Regular Trac surveys were conducted with the franchisee doctors
- Communication amongst high risk groups were monitored through MIS
- Other PSI inputs to improve quality include building/infrastructure, training and refresher training, branding, and supplies

**Outcomes**
- Approximately 460,915 male STI cases served (2004–2007)
- 9,019 male STI clients/month

**Other innovations**
Mobile services
Telephone hotlines

**Services**

|                | FP                  |
|                | HIV/AIDS            |
| SRH            | STI (condoms, testing, treatment) |
| MCH            |                      |
| Infectious disease | Tuberculosis (testing, DOTS) |
Madagascar (Top Reseau)
Population Services International

Location
- Urban
- Toamasina, Tanà, Diégo, Fort-Dauphin, Majunga, Antsirabe, Morondava, and Fianarantsoa

Timeline
- Launched 2001
- Expansion planned, pending funding, to Moramanga and Tuléar

Franchise description
155 FP clinics, 6 of which also offer VCT services

Staffing
- Total of 215 physicians, 26 nurses, 25 midwives,
  15 medical assistants, 15 clinical officers
- Approximately 1–2 providers per clinic

Target clientele
- Adolescents
- Women
- Low socioeconomic groups
- Truck drivers
- Sex workers, clients of sex workers
- Men who have sex with men

Financing
Vouchers (which are used to cover half of the doctors’ fees) and out-of-pocket fees

Membership
Requirements
- Branding
- Record keeping
- Adherence to PSI quality standards
- Willingness to be monitored

Advantages
- Access to commodities at reduced cost
- Training in clinical and business skills and advertising
- Prestige in being involved in a national network
- Increased client flow, subsidies, ability to provide effective services, and direct inputs
- Free advertising
- Networking among providers

Ownership model
Full franchise

<table>
<thead>
<tr>
<th>Madagascar (Top Reseau)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Launched</td>
</tr>
<tr>
<td>Total Clinics</td>
</tr>
<tr>
<td>Main Services</td>
</tr>
</tbody>
</table>
Referrals
Referrals from private providers and other NGO peer educators
Referrals to public/private hospitals, private clinics, post-test clubs, and public sector services for PLWHA

Quality assurance
- Rapid Assessment Audit Tool
- Baseline and endline surveys
- Monthly PSI Technical Officer visits, PSI Senior Program Officer visits once per semester, field visits by program coordinators
- KAP studies, informant interviews, mystery clients and surveys
- Monthly franchisee reports
- Other PSI inputs to improve quality include training and refresher training, branding, supplies, and equipment

Outcomes
378,988 clients served (through November 2008)

Other innovations
Doctors participate in peer educator activities and mass media campaigns

Services

<table>
<thead>
<tr>
<th>FP</th>
<th>Short-term (condom, injectable, OC)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Long-term (implant, IUD)</td>
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<tr>
<td></td>
<td>Counseling (youth)</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Testing</td>
</tr>
<tr>
<td>SRH</td>
<td>STI (testing, treatment, rapid syphilis testing*)</td>
</tr>
<tr>
<td>MCH</td>
<td></td>
</tr>
<tr>
<td>Infectious disease</td>
<td></td>
</tr>
</tbody>
</table>

*Planned
Mali (ProFam)

Population Services International

Location
- Urban
- Throughout all 6 communes of Bamako

Timeline
- Launched 2005
- Expansion planned within Bamako to 18–20 new clinics by mid-2009

Franchise description
33 ProFam clinics offering general/comprehensive services as well as FP services

Staffing
- Approximately 5 staff members are working at each clinic
- All clinics staffed with at least one physician, nurse, or midwife trained in contraceptive technology

Target clientele
Women

Financing
Out-of-pocket fees

Membership
Requirements
- Adherence to PSI quality standards

Advantages
- Access to equipment at reduced cost
- Training in clinical skills
- Prestige in being involved in a national network
- Increased client flow
- Free advertising

Ownership model
Networked, private clinics

Referrals
- Referrals from other public and private providers
- Referrals to public/private clinics and hospitals and treatment and care services

Quality assurance
- Visits by PSI Technical Officer and Senior Program Officer occur at least once per month
- Mystery clients
- Other inputs to ensure quality include training and refresher training and equipment and supply provision

<table>
<thead>
<tr>
<th>Mali (ProFam)</th>
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<tbody>
<tr>
<td>Launched</td>
<td>2005</td>
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<tr>
<td>Total Clinics</td>
<td>33</td>
</tr>
<tr>
<td>Main Services</td>
<td>FP</td>
</tr>
</tbody>
</table>
Outcomes

- Average of 250 women served per month with FP services
- 7,000 clients to date

Other innovations
Exploring use of mobile services

Services

<table>
<thead>
<tr>
<th>FP</th>
<th>Short-term (CycleBeads, natural, condom, injectable, OC)</th>
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<tbody>
<tr>
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<td>HIV/AIDS</td>
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<tr>
<td>SRH</td>
<td></td>
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<tr>
<td>MCH</td>
<td></td>
</tr>
<tr>
<td>Infectious disease</td>
<td></td>
</tr>
</tbody>
</table>
**Myanmar (Sun Quality Health)**

Population Services International

**Location**
- Urban and rural
- 14 states and divisions; 152 townships
- Expansion planned to remaining townships (324 total)

**Timeline**
Launched 2001 (RH), 2003 (Malaria and STI), 2004 (TB)

**Franchise description**
- 846 clinics, including 754 with RH/FP services, 2 with VCT services, 37 with youth-friendly services
- 10 mobile clinics

**Staffing**
1 doctor and 1 assistant per clinic

**Target clientele**
- Adolescents
- Women
- Low socioeconomic groups

**Financing**
Vouchers and out-of-pocket fees

**Membership**

*Requirements*
- Branding
- Record keeping
- Adherence to PSI quality standards
- Willingness to be monitored

**Advantages**
- Access to commodities
- Supplies and equipment at reduced cost
- Training in clinical skills
- Prestige in being involved in a national network
- Increased subsidies, client flow, and direct inputs
- Free advertising
- Increased ability to provide effective services

**Ownership model**
Fractional franchise

**Referrals**
- Referrals from public/private providers, community-based health workers, traditional healers, community-based organizations
- Referrals to public/private clinics and hospitals, treatment and care services

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**Myanmar (Sun Quality Health)**

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Launched</strong></td>
<td>2001</td>
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<tr>
<td><strong>Total Clinics</strong></td>
<td>846</td>
</tr>
<tr>
<td><strong>Main Services</strong></td>
<td>FP, SRH, ID</td>
</tr>
</tbody>
</table>

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*Myanmar (Sun Quality Health)*

Launched 2001
Total Clinics 846
Main Services FP, SRH, ID
Quality assurance
- Rapid Assessment Audit Tool
- PSI Technical Officer visits (bi-weekly for TB, monthly for other health areas)
- Senior Program Officer visits
- Baseline survey
- Focus group discussions, informant interviews, mystery clients
- Monthly franchisee reports
- Other PSI inputs to help improve quality include training and refresher training, branding, supplies, and equipment

Outcomes
- 90,000 RH consultations per month, as well as clients served in other health areas
- 206,041 CYP (January–October 2008)
- 50,561 RH DALYs, 20,889 STI DALYs, 1,206 malaria DALYs, 110 VCT DALYs, 269,844 TB DALYs—using a coefficient that is yet to be finalized (January–October 2008)

Other innovations
- Mobile services
- Telephone hotlines

Services

<table>
<thead>
<tr>
<th>FP</th>
<th>Emergency contraception</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Short-term (condom, female condom, injectable)</td>
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<tr>
<td></td>
<td>Long-term (IUD)</td>
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<tr>
<td>HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>SRH</td>
<td>STI (CURE U treatment kits)</td>
</tr>
<tr>
<td></td>
<td>Ulcer and urethritis</td>
</tr>
<tr>
<td>MCH</td>
<td></td>
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<tr>
<td>Infectious disease</td>
<td>Malaria (RDТ, treatment)</td>
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<tr>
<td></td>
<td>Pneumonia* (treatment)</td>
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<tr>
<td></td>
<td>Tuberculosis (testing, DOTS)</td>
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<tr>
<td>Other</td>
<td>Laboratory services</td>
</tr>
<tr>
<td></td>
<td>Newlywed counseling</td>
</tr>
</tbody>
</table>

*Planned
Pakistan (Greenstar)

Population Services International

Location
- Urban and rural
- 108 districts
- Planning expansion into more rural areas

Timeline
Launched 1995

Franchise description
Approximately 8,000 clinics (offering general and/or FP services) and pharmacies

Staffing
- 1–15 staff members per clinic
- 40% of clinic staff are physicians, 60% are lady health visitors (nurses)

Target clientele
Women

Financing
Out-of-pocket fees

Membership
Requirements
- Branding
- Adherence to PSI quality standards
- Willingness to be monitored

Advantages
- Access to commodities and supplies at reduced cost
- Clinical skills training
- Prestige of involvement in national network
- Increased client flow and ability to provide effective services
- Free advertising

Ownership model
Fractional franchise

Referrals
Referrals to private hospitals

Quality assurance
- Regular PSI Technical Officer and Senior Program Officer visits
- Baseline and endline surveys
- KAP studies, focus group discussions, and surveys
- PSI inputs to improve quality include training and refresher training, branding, supplies, and equipment
Outcomes
- Approximately one million clients per year
- 1.4 million CYP annually
- Cost per CYP: US $8

Other innovations
Telemedicine
Telephone hotlines
Cell-phone based MIS systems

Services

<table>
<thead>
<tr>
<th>FP</th>
<th>Emergency contraception</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Short-term (condom, injectable, OC)</td>
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<tr>
<td></td>
<td>Long-term (IUD)</td>
</tr>
<tr>
<td></td>
<td>Permanent (vasectomy, TL)</td>
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<td>HIV/AIDS</td>
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<tr>
<td>SRH</td>
<td>Post-abortion care</td>
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<td>STI (testing, treatment)</td>
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<tr>
<td>MCH</td>
<td>Pregnancy (antenatal, clean delivery kits, postnatal)</td>
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<tr>
<td>Infectious disease</td>
<td>Tuberculosis (diagnosis)</td>
</tr>
<tr>
<td>Other</td>
<td>Newlywed counseling</td>
</tr>
</tbody>
</table>
India (SkyHealth Centres SkyCare Centres: Uttar Pradesh)

World Health Partners

**Location**
- Predominantly rural
- 3 districts of Uttar Pradesh

**Timeline**
Launched December 2008

**Franchise description**
Target: At least 9 medical clinics, 100 telemedicine centers, 1,000 rural centers, and 9 diagnostic centers

**Staffing**
- **Clinics:** One doctor in each clinic, at least 2 female attendants, 2 male attendants, 1–2 support staff (none paid for by project). Clinicians hold at least a MBBS degree. Special training for clinical FP services and surgical procedures
- **Telemedicine centers:** Entrepreneur couple, ideally working in partnership with a trained nurse-midwife (not paid for by project, earnings only from delivery of services)
- **Rural centers:** Rural provider couple (not paid for by project, earnings only from delivery of services)
- **Diagnostic centers:** Pathologist, mobile sample collector, at least 5 employees (none paid for by project, earnings only from delivery of services)

**Target Clientele**
Low socioeconomic groups, primarily persons below poverty line

**Financing**
- Clients pay for most services (fees fixed after market research)
- Annual FP camps for sterilizations and IUDs will charge very small fees (close to free)
- Major contribution from government for sterilization expected. Condoms and oral contraceptives already subsidized by government
- Insurance, coupons, and vouchers will cover health care provision to the neediest under various government plans
- Rural clients for health care are charged Rs 50 (US $1) of which Rs 20 will be collected by project
- Franchisees may provide internet services and over-the-counter products for additional revenues
- Cost recovery through franchisee fee (not yet fixed), margins on medicines, diagnostic services, and other products

**Membership**
**Requirements**
- Legally binding contract to deliver services per the normative framework established by the project
- Indian law prescribes minimum qualifications for procedures and the membership is offered on that basis.

**Advantages**
- Training
- Referrals
- Branding
- Accreditation
- Empanelment for insurance/government plans for poor
- Access to reconditioned equipment
- Financing/loan availability

**Ownership model**
- Medical clinics: Fractional franchise
- Diagnostic centres: Fractional franchise
- Rural centres: Fractional franchise
- Telemedicine centres: Full franchise

**Referrals**
- All networks are interlinked through referrals and profit-sharing
- Each network refers to a higher or lateral network provider
- Each referral will earn a commission (level determined by competencies available)

**Quality assurance**
- Client surveys, complaint system though referee networks, client evaluation, surprise inspections
- Telemedicine client will have to rate each doctor’s performance (which determines doctor’s payment)
- Client surveys on the dashboard model
- Baseline and annual tracking surveys
- Rural centers provide monthly assessment of telemedicine centers and franchisee clinics through a postcard system

**Outcomes**
- Target for 2009: 6,000 sterilizations, 2,400 IUDs, 13,200 doses of DMPA, 103,600 cycles of OC, 604,000 condoms, 4,100 abortions (600 surgical and 3,500 medical), 1,200 doses EC
- Target for 2009: 100,000 clients

**Other innovations**
Telemedicine is a major part of the project and operates at two levels: rural clients with doctors in cities, and doctors in interior areas connect with experts in cities.

**Services**

<table>
<thead>
<tr>
<th>Services</th>
<th>Description</th>
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<tbody>
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<td>FP</td>
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<td>Short-term (condom, injectable, OC)</td>
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<tr>
<td>SRH</td>
<td>Abortion (medical, MVA)</td>
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<tr>
<td>MCH</td>
<td></td>
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<tr>
<td>Infectious disease</td>
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<tr>
<td>Other</td>
<td>Internet services</td>
</tr>
</tbody>
</table>
Several other networks that are often described as social franchises are operating throughout the world, but details for them are currently incomplete. They include:

**Pathfinder International**

**Biruh Tesfa (Ethiopia)**
The Biruh Tesfa social franchise in Ethiopia was initiated by Pathfinder International in 2000 with support from the Packard Foundation, in order to increase access to reproductive health (RH)/family planning (FP) services through the private sector. The network currently includes 130 private clinics, 27 workplace sites, 90 market place agents, and 350 community health workers operating in five zones (regions) of the country. All clinic franchises offer RH/FP and sexually transmitted infection (STI) services. Depending on their qualifications, some providers also offer antenatal care, delivery, vaccinations, and/or voluntary counseling and testing (VCT) services. Among the key benefits that franchised providers receive are clinical training in Norplant and IUD insertion and the syndromic management of STIs, program management for RH/FP, and the provision of equipment and contraceptive supplies.

**Social Marketing Company**

**Blue Star (Bangladesh)**
Social Marketing Company’s (SMC) Blue Star Program is a franchise of private sector providers that began in June 1998 as a pilot initiative funded by USAID. The program involves private practitioners to expand the availability of clinical contraceptive services, particularly injectables, through its 3,600 Blue Star outlets. As of 2006, 217 graduate doctors and 3,418 non-graduate medical practitioners are dispensing SOMA-JEJECT, SMC’s branded injectable contraceptive under the Blue Star Program. SMC provides comprehensive training, commodity supply, promotional support, supervision, and monitoring to the Blue Star providers. Note: SMC Blue Star is not affiliated with MSI’s Blue Star program.

**BroadReach**

**ARVCare (South Africa)**
BroadReach Healthcare, founded in 2002 to increase access to healthcare around the world, received US $4.1 million in 2005 through PEPFAR to implement a large-scale antiretroviral (ARV) program in South Africa called ARVCare. ARVCare is a joint venture with Aid for AIDS, which provides a treatment and management system for HIV/AIDS programs. It includes comprehensive doctor and client education, support, and monitoring as well as free ARV drugs to people who need them. The network consists of 4,500 community-based private general practitioners (GPs), other health care professionals, private laboratories, and a national mail-order pharmacy system. In 2005, BroadReach established 27 treatment sites in eight communities across three provinces (Gauteng, KwaZulu-Natal and Mpumalanga). The BroadReach office in Cape Town has a central facility (remote center) with a 50-member staff of AIDS doctors, case managers, nurses, pharmacists and data-entry specialists. The staff uses a secure, computerized, client information management system linking the network of GPs, laboratories, pharmacies and clients. The computerized ARVCare system allows the remote center in

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**Additional Social Franchises and Franchise-like Agencies**
Cape Town to know if clients have not picked up their drugs or if a doctor has prescribed the wrong drugs. GPs, who are not AIDS specialists, can consult with doctors at the remote center to ensure consistent quality of care. Clients can call anonymously to a support line with questions or problems.

**HealthStore Foundation**

**CFWshops (Kenya and Rwanda)**

In 2000, The HealthStore Foundation® launched CFWshops, a branded business format franchise network of health outlets in Kenya. The CFWshops network has approximately 67 clinics in rural Kenya, and opened two clinics Rwanda in 2008. Nurses and health workers own and operate their own small outlets as either drug shops or medical clinics. Each CFWshops franchisee undergoes a three-week training program to the CFWshops franchise system. Community outreach programs provide marketing exposure for CFWshops owners. In addition to basic curative care, CFW nurses conduct HIV/AIDS prevention and education activities, and diagnose and treat opportunistic infections associated with HIV/AIDS. Since 2006, CFW clinics has started to diagnose malaria with RDTs (rapid diagnostic tests) and treating with artemisinin-based combination therapies (ACTs). CFW franchisees treated 1,500 people for malaria with ACTs in the first three months of 2008.

**PSP-One**

**DiMPA Network (India)**

PSP-One is currently operating a private provider network in 45 towns in northern India to increase the use of injectable contraceptives. The network consists of 1,150 OB/GYNs and general practitioners trained to provide quality family planning services with a focus on the 3-month injectable. Note that the government of India does not include injectables in the national family planning basket of goods, limiting its availability to the private sector.

**FriendlyCare Foundation**

**FriendlyCare (Philippines)**

FriendlyCare Foundation, Inc. was founded in 1999 with the vision of becoming a vehicle for greater private sector participation in the delivery of basic family health services, including family planning and reproductive health services. Today, its network of six clinics provides comprehensive, quality, out-patient services at affordable prices. Services and products available include primary care consultations (family medicine, pediatrics, and OB/GYN), medical specialist consultations, dental services, laboratory, x-ray, and ultrasound. FriendlyCare is an accredited health care facility for most HMOs and insurance companies. Its team of family planning counselors has given counseling to almost 60,000 clients, rendered close to 8,000 voluntary sterilization services and provided family planning training to numerous corporate clinic staff and nursing students.
Hindustan Latex Family Planning Trust
Merrygold Health Network (India)

Hindustan Latex Family Planning Trust (HLFPPT) launched the Merrygold Health Network in 2007 with support from USAID. The Merrygold network seeks to provide high quality maternal and child health services at affordable prices. This network plans to consist of 70 20-bed Merrygold hospitals, 700 Merrysilver clinics and 10,000 Merrytarang Ayush partners. This program will initially be launched in six districts of Uttar Pradesh in the first year, subsequently scaled up to 40 districts in the second year, and intends to cover all districts of Uttar Pradesh by the third year.

Merrygold hospitals will provide emergency obstetric care. The Merrysilver clinics will provide basic obstetric care, family planning services, counseling, and vaccination services. The Merrytarang Ayush will provide health counseling, condoms, oral contraceptives, oral rehydration salts, and iron and folic acid tablets. This network will aim to provide health services at 50 to 60% of private sector prices. The specialization on obstetrics and high volume will ensure that hospitals could offer sub-market prices and become sustainable.

HLFPPT will be the franchiser responsible for selecting, appointing and managing the potential franchisees. As the franchising network expands, HLFPPT will focus on developing linkages with community health insurance schemes, low-cost generic drug marketing networks, and equipment leasing to enhance the value to health care seekers and franchisees.

Hygeia Nigeria Limited
Hygeia (Nigeria)

Hygeia Nigeria Limited is a health maintenance organization (HMO) that incorporates the managed care concept with an integrated provider network. Hygeia has been essentially operating as an HMO, offering a health insurance product in addition to its providers’ services, since 1986 when it developed its first managed care contract. At the primary care level, Hygeia currently operates 27 worksite company clinics within its clients’ premises. At the secondary and tertiary levels of care, the company operates several hospitals and has developed contractual relationships with nearly 200 other clinics and hospitals around the country to create a wide-reaching network.

K-MET
K-MET (Kenya)

K-MET is a non-governmental organization founded in 1995 to improve access to reproductive health services, particularly family planning and abortion. It has a network of over 200 reproductive health providers in western Kenya who are certified clinicians or nurses. Members must meet facility standards for cleanliness and privacy, and must pay membership fees. They receive training, some clinical equipment, regular delivery of contraceptive supplies, and low-interest loans for facility improvements.
**Mexfam**

**Community Doctors Program (Mexico)**
Mexfam established the Community Doctors Program in 1986 to deliver, at modest cost, health and family planning services to low-income populations in areas not served by government or other agencies. An initial cohort of 49 doctors opened doctor’s offices from which they provided services at fees affordable to the community, with the goal of eventually becoming self-sufficient as a micro-enterprise in an economically deprived area. Physicians received funding to conduct a market survey of the proposed region and to advertise their medical services. They also received medical supplies and furniture with options to purchase the equipment at a later date. During the initial phase, services for maternal and child health care were provided for a small fee, while family planning was provided for free. Currently, approximately 300 doctors provide family planning and other health services in rural and urban marginal areas.

**Well-Family Midwife Clinic Partnerships Foundation**

**Well-Family Midwife Clinics (Philippines)**
In 1997, John Snow International Research and Training Institute (JSI/RTI) and ten local NGOs, through the funding assistance of USAID, established a network of clinics known as the Well-Family Midwife Clinics (WFMC). Currently, private, licensed midwives own and manage over 100 clinics nationwide. Equipped with birthing facilities and private examination rooms, each clinic provides family planning and basic maternal child health services to lower- and middle-income families and sells various brands of contraceptives and other health care products. To sustain their business and social development operations, the WFMC midwives and their partner NGOs formed the Well-Family Midwife Clinic Partnerships Foundation, Inc. (WFPI) in 2002.
In addition to referring to organized networks of private clinical health providers, the term "social franchise" is commonly used to describe a subset of NGO-operated programs that provide HIV/AIDS voluntary counseling and testing (VCT) services through small close-to-client satellite clinics in non-clinical settings. Such programs are often housed in corner stores or in space donated by partner agencies, including local hospitals. These franchised VCT networks are important and noteworthy programs, but do not meet the criteria for inclusion in this compendium because they are not owner operated, they are staffed by salaried NGO employees, and/or they provide free services. These characteristics in turn are likely to limit the scalability of these programs, which is one of the primary goals of franchised delivery platforms.

We recognize that the common usage of the term social franchise to describe these programs may lead many interested readers to look for information about VCT networks in this compendium. For that reason we have collected information on programs using the term to refer to VCT services, and include them on the following pages.
India (Operation Lighthouse)
Population Services International

Location
- Urban
- Mumbai, Vashi (Maharashtra), Mangalore, Bellary (Karnataka), Chennai, Tuticorin (Tamil Nadu), Vishakapatnum, Vijaynagrum (Andhra Pradesh)

Timeline
Launched 2002; 2006 (for mobile clinics)

Franchise description
- 6 clinics (1 general clinic and 5 VCT clinics)
- 6 mobile clinics

Staffing
Approximately 4 staff working at each clinic, including 1 MBBS physician

Target clientele
- Women
- Low socioeconomic groups
- Truck drivers
- IDUs
- Sex workers and clients of sex workers

Financing
Out-of-pocket fees

Membership
Requirements
- Branding
- Record keeping
- Adherence to PSI quality standards
- Willingness to be monitored

Ownership model
Full franchise

Referrals
- Referrals from public providers, community-based health workers, outreach workers employed by PSI to do demand creation
- Referrals to public clinics, public/private hospitals, treatment and care services, PMTCT services, post-test clubs

Quality assurance
- Quarterly PSI Technical Officer visits
- Mystery clients
- Surprise inspections
- Other PSI inputs to improve quality include training and refresher training, and branding

India (Operation Lighthouse)

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<thead>
<tr>
<th></th>
<th>2002</th>
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<tbody>
<tr>
<td>Launched</td>
<td>2002</td>
</tr>
<tr>
<td>Total Clinics</td>
<td>12</td>
</tr>
<tr>
<td>Main Services</td>
<td>HIV/AIDS</td>
</tr>
</tbody>
</table>
Outcomes

- 182,945 clients receiving any service (including VCT)
- 104,792 clients counseled and tested
- 2,021 DALYs

Other innovations

Mobile service

Services

<table>
<thead>
<tr>
<th>Services</th>
<th>FP</th>
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</thead>
<tbody>
<tr>
<td>HIV/AIDS</td>
<td>Counseling</td>
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<tr>
<td></td>
<td>Testing</td>
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<tr>
<td></td>
<td>Help lines</td>
</tr>
<tr>
<td>SRH</td>
<td></td>
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<tr>
<td>MCH</td>
<td></td>
</tr>
<tr>
<td>Infectious disease</td>
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</tbody>
</table>
Lesotho (New Start)
Population Services International

Location
- Urban
- Currently planning expansion into 2 public hospitals, pending US government funding

Timeline
Launched 2004

Franchise description
6 VCT clinics

Staffing
Approximately 10 staff per site, including a total of 10 nurse counselors, 1 social worker, 5 site managers, 5 outreach and post-test counselors, and 10 field educators

Financing
Services are free

Membership
Requirements
- Branding
- Adherence to PSI quality standards
- Willingness to be monitored

Advantages
- Free advertising
- Increased ability to provide effective services

Ownership model
- Fractional franchise (1 site)
- PSI managed (5 sites)

Referrals
- Referrals from private providers
- Referrals to private hospitals, PMTCT services, and post-test clubs

Quality assurance
- Monthly visits by PSI Technical Officer and PSI Senior Program Officer
- Surprise inspections
- Monthly franchisee reports
- Other PSI inputs to improve quality include training and refresher training, branding, and supplies

Outcomes
- 60,106 DALYs
- 109,741 clients (through November 2008)
## Services

<table>
<thead>
<tr>
<th>Services</th>
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<tbody>
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<td>HIV/AIDS</td>
<td>Condoms, Counseling, Testing</td>
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<td>MCH</td>
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</tr>
<tr>
<td>Infectious disease</td>
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</tbody>
</table>
Nigeria (Society for Family Health)
Population Services International

Location
15 states: Lagos, Oyo, Edo, Rivers, Cross-Rivers, Enugu, Imo, Abuja, Plateau, Benue, Bauchi, Adamawa, Kaduna, Kano and Sokoto

Timeline
Launched 2006

Franchise description
Mobile services through non-health workers

Staffing
• Trained counselor testers from either Society for Family Health or partner staff from community-based organization
• Each team has 7 counselors

Target clientele
• Adolescents
• Low socioeconomic groups
• Truck drivers
• Sex workers and clients of sex workers

Financing
Services are free

Membership
Requirements
• Record keeping
• Adherence to PSI quality standards

Ownership model
Fractional franchise

Referrals
Offer referrals to other providers

Quality assurance
• Quarterly PSI Senior Program Officer visits
• Baseline survey
• Endline survey
• Focus group discussions
• Informant interviews
• Mystery clients
• Other PSI inputs to improve quality include training and refresher training
Outcomes

- 38,783 clients (through November 2008)
- 4,993 DALYs (through November 2008)

Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
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<tbody>
<tr>
<td>FP</td>
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</tr>
<tr>
<td>HIV/AIDS</td>
<td>Counseling</td>
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<td></td>
<td>Testing</td>
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<tr>
<td>SRH</td>
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<tr>
<td>MCH</td>
<td></td>
</tr>
<tr>
<td>Infectious disease</td>
<td></td>
</tr>
</tbody>
</table>
Rwanda (Dushishoze Centres)
Population Services International

Location
- Urban
- 4 districts: Huye, Ngoma, Musanze, Kabuga
- Expansion planned pending Global Fund Round 7 funding

Timeline
Launched 2001

Franchise description
- 4 youth-friendly clinics
- 3 of the clinics are PSI managed: in 1 clinic PSI is responsible for VCT services, while another partner takes care of youth services (this site does not use the Dushishoze name)

Staffing
Approximately 7 staff work in each clinic: 1 centre coordinator, 1 VCT supervisor, 3 VCT counselors/lab techs, 1 health educator, 1 support staff

Target clientele
Youth and young couples

Financing
Free services

Membership
Requirements
- Branding
- Record keeping
- Adherence to PSI quality standards
- Willingness to be monitored

Advantages
- Access to financing

Ownership model
Managed by PSI

Referrals
- Referrals from public/private providers and community based health workers
- Referrals to public/private clinics and hospitals, treatment and care services, PMTCT services and post-test clubs

<table>
<thead>
<tr>
<th>Rwanda (Dushishoze Centres)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Launched</td>
<td>2001</td>
</tr>
<tr>
<td>Total Clinics</td>
<td>4</td>
</tr>
<tr>
<td>Main Services</td>
<td>HIV/AIDS</td>
</tr>
</tbody>
</table>
Quality assurance
- KAP studies
- Mystery clients
- Other PSI outputs to improve quality include building/infrastructure, training and refresher training, branding, supplies, and equipment

Outcomes
Over 67,000 youth tested for HIV (through August 2008)

Other innovations
Mobile services

Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>FP</td>
<td>FP Counseling</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>HIV/AIDS Counseling Testing</td>
</tr>
<tr>
<td>SRH</td>
<td>SRH STI (screening, diagnosis, treatment)</td>
</tr>
<tr>
<td>MCH</td>
<td></td>
</tr>
<tr>
<td>Infectious disease</td>
<td></td>
</tr>
</tbody>
</table>
South Africa (New Start)
Population Services International

Location
- Urban and rural
- KwaZulu Natal, Limpopo, Free State, Eastern Cape, Northwest Provinces
- Expansion planned to Gauteng, KwaZulu Natal, Eastern, Northern and Western Capes, Mpumalanga

Timeline
Launched 2007

Franchise description
11 clinics (5 VCT and 6 mobile clinics)

Staffing
Approximately 8 staff at each clinic, including 12 nurses throughout the clinics

Target clientele
- Men ages 25–44 years
- Couples

Financing
Out-of-pocket fees

Membership
Requirements
- Branding
- Record keeping
- Adherence to PSI quality standards
- Willingness to be monitored

Advantages
- Access to commodities, equipment, and supplies at reduced cost
- Training in clinical skills
- Prestige in being involved in a national network
- Increased client flow
- Free advertising
- Increased ability to provide effective services
- Quality assurance services

Ownership model
Full franchises and fractional franchises

Referrals
- Referrals from public and private providers and community-based health workers
- Referrals to public and private clinics and hospitals, treatment and care services, PMTCT services, post-test clubs, and various psychosocial support services

<table>
<thead>
<tr>
<th>South Africa (New Start)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Launched</td>
<td>2007</td>
</tr>
<tr>
<td>Total Clinics</td>
<td>11</td>
</tr>
<tr>
<td>Main Services</td>
<td>HIV/AIDS</td>
</tr>
</tbody>
</table>
Quality assurance
- Rapid Assessment Audit Tool
- Quarterly visits by PSI Technical Officer
- Surprise inspections
- Weekly and monthly franchisee reports
- Range of daily testing quality assurance procedures in partnership with national reference laboratory
- Other PSI inputs to improve clinic quality include building/infrastructure, training and refresher training, branding, supplies, and equipment

Outcomes
- 165,245 clients (through November 2008)
- 72,009 DALYs

Other innovations
Will partner with South Africa’s second largest pharmaceutical chain in March to bring New Start VCT services to their 30+ in-store clinics, most of which are in shopping malls. This will be similar to a standard PSI franchise relationship, but modified to fit a private sector partner.

Services

<table>
<thead>
<tr>
<th>FP</th>
<th>HIV/AIDS</th>
<th>SRH</th>
<th>MCH</th>
<th>Infectious disease</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Counseling</td>
<td>Testing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Clinical Social Franchising, 2009

79
Swaziland (New Start)
Population Services International

Location
- Urban and rural
- All regions: Manzini, Hhohho, Shiselweni and Lubombo
- Expansion planned to cover entire country

Timeline
Launched 2003

Franchise description
- 11 VCT clinics
- 5 mobile clinics offering FP services

Staffing
- Approximately 5 officers working in each of the clinics
- 5 nurses working throughout clinics

Target Clientele
- Adolescents
- Women
- Low socioeconomic groups
- Truck drivers
- Sex workers
- Men who have sex with men

Financing
Vouchers and out-of-pocket fees

Membership
Requirements
- Branding
- Record keeping
- Adherence to PSI quality standards
- Willingness to be monitored

Advantages
- Access to financing
- Training in clinical skills
- Prestige in being involved in a national network
- Increased client flow, ability to provide effective services, and direct inputs
- Free advertising

Ownership model
- Full and fractional franchise
- Hybrid public/private model
Referrals
- Referrals from public/private providers, community-based health workers, traditional healers, and companies
- Referrals to public/private clinics and hospitals, treatment and care services, PMTCT services, post-test clubs, and legal services

Quality assurance
- Rapid Assessment Audit Tool
- Monthly PSI Technical Officer visits and quarterly PSI Senior Program Officer visits
- Baseline survey
- Focus group discussions, surveys, and informant interviews
- Monthly and quarterly franchisee reports
- Other PSI inputs to improve quality include building/infrastructure, training and refresher training, branding, supplies, and equipment

Outcomes
- 29,118 clients (through November 2008)
- 30,038 DALYs (through November 2008)

Other innovations
Door-to-door services, mobile services, mass testing

Services
<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>FP</td>
<td>Short-term (male and female condoms)</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Counseling</td>
</tr>
<tr>
<td></td>
<td>Testing</td>
</tr>
<tr>
<td>SRH</td>
<td></td>
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<tr>
<td>MCH</td>
<td></td>
</tr>
<tr>
<td>Infectious disease</td>
<td></td>
</tr>
</tbody>
</table>
Togo (POMEFA)

Population Services International

Location
- Urban
- Districts: Dapaong, Kara, Sokode, Kpalime, Atakpame, Lome
- Expansion planned for FP franchising nationwide with discretionary funding

Timeline
- Launched 2002
- Launched service provision activities January 2009

Franchise description
- 11 VCT clinics
- 2 mobile VCT teams
- 60 clinics planned for 2009

Staffing
- An average of 6 staff working in each clinic
- Staff from clinics include 4 nurses, 2 midwives, 1 medical assistant

Target clientele
- Adolescents
- Low socioeconomic groups
- Truck drivers
- Sex workers
- Men who have sex with men
- Uniformed personnel

Financing
- Vouchers and out-of-pocket fees
- Regular free VCT campaigns and free mobile VCT services

Membership
Requirements
- Record keeping
- Adherence to PSI quality standards
- Willingness to be monitored

Advantages
- Access to supplies and equipment at reduced cost
- Access to financing, training in clinical and business skills
- Increased ability to provide effective services

Ownership model
Hybrid public/private model
Referrals
- Referrals from public/private providers and community-based health workers
- Referrals to public clinics and hospitals, treatment and care services, PMTCT services, post-test clubs, and NGOs working with people living with HIV/AIDS for all aspects of non-medical care

Quality assurance
- Monthly PSI Technical Officer visits and monthly or bi-monthly PSI Senior Program Officer visits
- Focus group discussions and mystery clients
- Laboratory quality control of 10% of all samples
- Other PSI inputs to improve quality include training and refresher training, supplies, and equipment

Outcomes
- Over 65,000 clients tested (through November 2008)
- 8,038 DALYs (through November 2008)

Other innovations
Mobile services

Services

<table>
<thead>
<tr>
<th>FP</th>
<th>Short-term* (condom, injectable, OC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS</td>
<td>Counseling Testing</td>
</tr>
<tr>
<td>SRH</td>
<td></td>
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<tr>
<td>MCH</td>
<td></td>
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<tr>
<td>Infectious disease</td>
<td></td>
</tr>
</tbody>
</table>

*Planned
Uganda (PSI Uganda)
Population Services International

Location
- Urban
- Expansion planned to rural areas

Timeline
Launched 2007

Franchise description
2 youth-friendly VCT clinics

Staffing
- Approximately 6 staff members working at each clinic
- Staff include 2 nurses and 2 midwives

Target clientele
- Adolescents
- Sex workers and their clients
- Youth in conflict-affected areas

Financing
Free services

Membership
Requirements
- Record keeping
- Adherence to PSI quality standards
- Willingness to be monitored

Advantages
- Increased client flow
- Increased ability to provide effective services

Ownership model
Fractional franchise

Referrals
- Referrals from public/private providers and community-based health workers
- Referrals to treatment and care services and post-test clubs

Quality assurance
- Quarterly PSI Technical Officer visits
- Quarterly PSI Senior Program Officer visits
- Informant interviews
- Mystery clients
- Surprise inspections
- Monthly franchisee reports
- Other PSI inputs to improve quality include supplies and demand generation

<table>
<thead>
<tr>
<th>Uganda (PSI Uganda)</th>
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<tbody>
<tr>
<td>Launched</td>
<td>2007</td>
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<tr>
<td>Total Clinics</td>
<td>2</td>
</tr>
<tr>
<td>Main Services</td>
<td>HIV/AIDS</td>
</tr>
</tbody>
</table>
Outcomes
- 35,717 individuals and couples tested (through November 2008)
- 10,230 DALYs

Other innovations
- Mobile services
- Telephone hotlines

Services

<table>
<thead>
<tr>
<th>Services</th>
<th>FP</th>
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<tbody>
<tr>
<td>HIV/AIDS</td>
<td>Counseling</td>
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<tr>
<td></td>
<td>Testing</td>
</tr>
<tr>
<td></td>
<td>Treatment*</td>
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<td></td>
<td>Care*</td>
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<tr>
<td>SRH</td>
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<tr>
<td>MCH</td>
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<tr>
<td>Infectious disease</td>
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</tbody>
</table>

*Planned
Zimbabwe (New Start)

Population Services International

Location
- Urban and rural
- All provinces, districts, and cities: Harare, Mutare, Bulawayo, Kadoma, Gweru, Chinoyi, Bindura, Concession, Triangle, Chiredzi, Chipinge, Masvingo, Chitungwiza

Timeline
Launched 1999

Franchise description
- 20 VCT clinics
- 21 mobile clinics

Staffing
- Between 8–30 staff per VCT site
- A total of 120 nurses working throughout the clinics

Target clientele
- Adolescents
- Women
- Low socioeconomic groups
- Truck drivers
- Sex workers and their clients
- Uniformed forces
- Prisoners
- Displaced mobile populations
- Miners
- Plantation workers

Financing
Vouchers and out-of-pocket fees

Membership
Requirements
- Branding
- Record keeping
- Adherence to PSI quality standards
- Willingness to be monitored

Advantages
- Access to commodities, supplies, and equipment at reduced cost
- Access to financing
- Training in clinical and business skills
- Prestige in being involved in a national network
- Increased subsidies, client flow, direct inputs, and ability to provide effective services
- Free advertising

<table>
<thead>
<tr>
<th>Zimbabwe (New Start)</th>
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<tr>
<td><strong>Zimbabwe (New Start)</strong></td>
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<tr>
<td><strong>Launched</strong></td>
</tr>
<tr>
<td><strong>Total Clinics</strong></td>
</tr>
<tr>
<td><strong>Main Services</strong></td>
</tr>
</tbody>
</table>

Zimbabwe (New Start)

Population Services International

Launched 1999

Total Clinics 41

Main Services HIV/AIDS
Ownership model
Full and fractional franchises

Referrals
- From private/public providers and community-based health workers
- To public/private hospitals and clinics, treatment and care services, PMTCT services, post-test clubs, and other post-test support services offering psychosocial, legal, and financial support

Quality assurance
- Quarterly PSI Technical Officer and Senior Program Officer visits
- Surveys, mystery clients, and surprise inspections
- Monthly franchisee reports
- Supervision by site managers
- Quarterly sit-ins with counselors
- Other PSI inputs to improve quality include building/infrastructure, training and refresher training, branding, supplies, and equipment

Outcomes
- 1,232,184 clients served (through September 2008)
- 25,000 DALYs (2007)

Other innovations
Mobile services

Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
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<tbody>
<tr>
<td>FP</td>
<td>Counseling</td>
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<tr>
<td>HIV/AIDS</td>
<td>Counseling, Testing</td>
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<tr>
<td>SRH</td>
<td></td>
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<tr>
<td>MCH</td>
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<tr>
<td>Infectious disease</td>
<td>Tuberculosis (screening and referral)</td>
</tr>
</tbody>
</table>
An increasing number of franchises exist that offer health-related products such as medicines, eyeglasses, and condoms. Sometimes referred to as micro-franchises, many of these programs have similarities to both traditional commodity social marketing programs and to branded clinical social franchises. As with most social marketing programs, they deliver commodities through market-based retailers such as local shopkeepers and non-salaried community health workers, but also operate with a strong, branded, and usually contractually mandated relationship which goes beyond what social marketing programs usually attempt.

While these programs do not meet our criteria for inclusion in this compendium, we fully acknowledge their importance and have compiled summary information on a number of them. They include:

**Accredited Drug Dispensing Outlets (Tanzania)**
The Ministry of Health and Social Welfare (MOHSW) through the Tanzanian Food and Drug Authority (TFDA), in collaboration with Management Sciences for Health (MSH) and regional and local government authorities, piloted a franchise program from 2002 to 2005 with the support from the Bill and Melinda Gates Foundation. The program established a network of Accredited Drug Dispensing Outlets (ADDOs), also known in Swahili as *duka la dawa muhimu*, to provide selected basic medicines and other medical supplies in rural and peri-urban areas. ADDOs sell only drug products for which they have market authorization from the TFDA, and their employees have completed courses covering both management and medical aspects of the ADDO business. Courses also include training about prescription drugs approved for sale in the shops.

A study after the pilot phase found an improvement in rational drug use through adherence to requirements for dispensing prescription drugs. There were also fewer than 2% of unregistered drugs in the market at end-line evaluation as compared to 26% at baseline survey in the pilot region. Because of the pilot’s success, the MOHSW, through the TFDA with support from MSH and the Mennonite Economic Development Associates, is expanding the ADDO model into other regions of Tanzania. Under the US President’s Malaria Initiative, ACTs are being procured for distribution through the ADDO network. An innovative regulatory system, using local government officials deputized as inspectors by the TFDA, helps ensure that accredited shops maintain approved standards, and that non-accredited shops do not compete unfairly by continuing to sell prescription drugs.

**CareShop (Ghana)**
CareShop attempts to unify and standardize the fractured licensed chemical sellers sector in Ghana through conversion franchising. Individual franchisees operate as profit centers, contractually bound by clearly defined, strict regulations on diagnosis, quality, and pricing of a specific list of drugs. When properly functioning, the CareShop franchise makes it more profitable to comply with government and franchise regulations than to break them. Over its five-year history, CareShop has made great progress in building its network and business, but has also faced formidable challenges. Today, its network of 276 franchisees continues to operate, but the for-profit franchisor, Ghana Social Marketing Foundation Enterprises Limited, has failed to turn a profit.
HealthKeepers/Freedom from Hunger (Ghana)
Freedom from Hunger’s HealthKeepers program is modeled after a door-to-door or party-based sales approach, in which a neighborhood woman becomes the local sales representative for a line of products. Freedom from Hunger supports HealthKeepers with initial loans, training, and regular supplies of products. HealthKeepers are trained in sales, inventory management, and in providing consumer advice on health-protection products.

The inventory a HealthKeeper brings to her neighborhood clients is a mix of items that directly address the most common health problems in rural villages. She is required to carry some inventory, but she can also choose to carry other products that her clients request such as shampoos and soaps. Each product is priced within the range of what a poor family in a rural village could afford (from less than US $1 to US $10). Required inventory includes: insecticide-treated mosquito nets, net re-treatment tablets, point-of-use water treatment methods, oral rehydration salts with zinc, condoms, and iodized salt. In partnership with VisionSpring, formerly Scojo Foundation, Freedom from Hunger now also trains HealthKeepers to offer a line of quality reading glasses and to fit their customers properly for better vision.

Living Goods (Uganda)
Living Goods currently operates in Uganda across eight districts with plans to expand to 15 more. It operates Avon-like networks of door-to-door Health Promoters who make a modest income selling essential health products at prices affordable to the poor. In 2007, Living Goods initiated a joint venture with BRAC, one of the world’s largest microfinance organizations, to recruit and provide low-cost financing to Health Promoters. Typical start-up costs are approximately US $100–$250.

Living Goods focuses on a short list of diseases that account for over two-thirds of mortality in Uganda and that can be prevented and/or treated at very low cost. These include malaria, diarrheal disease, worms, and tuberculosis. Health Promoters also provide basic family planning and reproductive health services. They market a diverse basket of goods anchored by essential items emphasizing prevention, such as bed nets, condoms, and water treatment, complemented by home and personal care items to enhance their income and sustainability.

Mi Farmacita (Mexico)
Mi Farmacita, a for-profit pharmacy franchise, is among the first retailers of generic medications to serve low-income communities in Mexico. Established in Tijuana in 2003, it employs a classic franchise business structure. Mi Farmacita currently has approximately 72 franchises in over 15 states in both smaller and major cities — including Morelia, Mexico City, Puerto Vallarta, and Tijuana — and in low-income as well as middle class communities. Typically, the pharmacies are run by a doctor, pharmacist, or chemist. Some pharmacies collaborate directly with doctors by providing a space to give basic consultations, while in other instances a doctor may install a pharmacy next to his or her clinic.
**Medicine Shoppe (India)**

Medicine Shoppe is one of the largest pharmacy chains in India. It currently operates over 130 stores in six states and has successfully piloted eight low-cost health centers that serve poor communities. These health centers, called Sehat (meaning health), provide health consultations at no cost and the appropriate medicines or other pharmacy products are sold at affordable prices. Each Sehat center has a clinic manned by an MBBS qualified doctor, with a Medicine Shoppe pharmacy and vision center next door. Medicine Shoppe plans to open approximately 600 Sehat locations in low-income and rural areas over the next five years with support from the Acumen Fund.

**VisionSpring (India and El Salvador)**

VisionSpring, formerly called Scojo Foundation, currently operates out of India and El Salvador. VisionSpring works with local entrepreneurs to market and sell eyeglasses. Each “Vision Entrepreneur” receives a sales kit or “Business in a Bag,” with all necessary products and materials and also undergoes a three-day training in basic eye care and business management. Vision Entrepreneurs are trained to host one-day “vision campaigns” in underserved villages, sell VisionSpring-branded eyeglasses, and refer those in need of advanced eye care to partner clinics. They also receive ongoing support from VisionSpring staff.
Appendix C: Glossary of Terms

ACT  Artemisinin-based combination therapy, used to treat malaria
ART  Antiretroviral therapy
ARV  Antiretroviral
CycleBeads A color-coded string of beads that enables a woman to track her menstrual cycle
Community health workers Also known as community-based motivators or mobilizers, these individuals are often volunteers who provide health outreach and referrals
Cotramoxizole An oral antibiotic
CYP  Couple years of protection, the estimated protection provided by contraceptive methods over a one-year period, based upon the volume of all contraceptives sold or distributed
DALY  Disability-adjusted life year
DOTS  Directly observed therapy short course, used for tuberculosis
EC  Emergency contraception
EMOC  Emergency obstetric care
FP  Family planning
Fractional franchise A clinic or outlet in which only part of the services or products sold are regulated by the franchise
Full franchise A clinic or outlet in which all of the services and products sold are regulated by the franchise
IDU  Injection drug user
Implant A long-acting, reversible contraceptive implant. Thin, flexible rods are inserted just under the skin of a woman’s upper arm in a minor surgical procedure
IUD  Intrauterine device
KAP study Study of knowledge, attitudes and practices
KfW  German-owned development bank
MA  Medical abortion
MBBS  Bachelor of Medicine and Bachelor of Surgery, a five-year degree similar to a non-specialist medical degree in the US
MCH  Maternal and child health
MIS  Management Information Systems
MOH  Ministry of Health
MSI  Marie Stopes International
MVA  Manual vacuum aspiration, used for post-abortion care or first trimester abortions
Medical abortion Uses one of two medications, mifepristone or methotrexate, in combination with misoprostol to end a pregnancy (instead of surgical abortion)
Mystery clients Method of monitoring and evaluation in which an individual poses as a client and records the outcomes of a visit
NSV  No-scalpel vasectomy
OB/GYN  Obstetrics/gynecology
ORS  Oral rehydration salts
Post-test club Support groups for individuals after HIV testing
PAP  Pap smear, a screening test for cellular abnormalities in the cervix
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>PEPFAR</td>
<td>The US President's Emergency Plan for AIDS Relief</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Preventing mother-to-child transmission</td>
</tr>
<tr>
<td>RDT</td>
<td>Rapid diagnostic test</td>
</tr>
<tr>
<td>RH</td>
<td>Reproductive health</td>
</tr>
<tr>
<td>StarScan</td>
<td>A quality of service scanning tool used to track performance, frequently utilized by Marie Stopes International</td>
</tr>
<tr>
<td>SMS</td>
<td>Short messaging service, used to send text messages on mobile phones</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually transmitted infection</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>TL</td>
<td>Tubal ligation</td>
</tr>
<tr>
<td>QTA</td>
<td>Quality technical assistance, usually refers to an annual review</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency of International Development</td>
</tr>
<tr>
<td>VIA</td>
<td>Visual inspection with acetic acid, a screening method for cervical cancer</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary counseling and testing for HIV/AIDS</td>
</tr>
</tbody>
</table>
Accelerating Innovations in Social Franchising