CLINICAL SOCIAL FRANCHISING CASE STUDY SERIES

RedPlan Salud | Instituto Peruano de Paternidad Responsable (INPPARES)

The Global Health Group
University of California, San Francisco
June 2011
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# Introduction

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INTRODUCTION

About the Global Health Group
The Global Health Group (GHG) at the University of California San Francisco (UCSF), Global Health Sciences, is an “action tank,” dedicated to translating major new paradigms and approaches into large-scale action to impact positively the lives of millions of people. Led by Sir Richard Feachem, formerly the founding Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the GHG works across the spectrum, including analysis, policy formulation, consensus building and finally, comprehensive implementation of programs in collaborating low- and middle-income countries.

One of the GHG’s programmatic focus areas is health systems strengthening with an emphasis on the private sector. The GHG studies a variety of innovative delivery platforms that leverage the strengths of the private sector to achieve public health goals. The GHG has identified the networking of private health providers through social franchising as 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, advertising, and links to other providers and to a brand that represents quality, accessibility, and affordability.

This report on RedPlan Salud | Instituto Peruano de Paternidad Responsable (INPPARES) is part of a series of case studies produced by the GHG, and is a complement to the GHG’s publication: Clinical Social Franchising: An Annual Survey of Programs, 2011. For more information about the GHG, visit: globalhealthsciences.ucsf.edu/ghg. More information about this case study series and additional social franchising information can be found at SF4Health.org.

Definition and goals of clinical social franchising
Social franchises create and support a network of existing private providers to offer needed health services. A social franchise is characterized by the following definition:

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

Social franchises have 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 than 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
INPPARES is a private, non-profit, non-political, and non-religious organization that has been operating in Peru since 1976. INPPARES is a member association of the International Planned Parenthood Federation (IPPF) and serves as the largest private, non-profit provider of family planning services in Peru. INPPARES primarily provides reproductive health services, but has also expanded its portfolio to include general and specialty medical services.

In 2002, INPPARES launched RedPlan Salud (RPS), a fractional franchise of professional midwives that explicitly targets lower-income, able-to-pay clients. The goal of RPS is to provide women and their partners with affordable, high-quality products and services close to their homes. As of February 2011, the RPS network has grown to include over 1,600 midwife clinics operating in Lima and nine other regions of Peru.

The RPS business model is unique, providing its network of midwives with brand-name, reduced-priced products, which are obtained through negotiated volume discounts from four major pharmaceutical companies. RPS procures approximately 50 products, primarily family planning commodities, which are distributed through the program’s team of sales representatives. By joining RPS, member midwives are given access to these discounted products, along with training and promotional materials, and benefit from the nationally-recognized INPPARES brand and its promotion of the franchise.

RPS has achieved financial sustainability by marking up the commodities sold to the midwife members—the profit margin on the commodities is used to cover the operational costs of the program. Due to the large volume discount offered by the pharmaceutical companies, the products are still relatively cheaper for the midwives than those purchased through alternative channels. The benefit to the pharmaceutical companies is that they gain market access to a large defined group of health care providers.

Due to RPS’ unique business model and strategic private-sector partnerships, the program continues to grow as a financially sustainable enterprise. Looking ahead, RPS is exploring opportunities to scale up service offerings in preventive medicine and integrated female health services. The program also plans to expand geographically to reach additional middle-income populations and lower-income areas that may include indigenous populations.
Case study methodology

This case study is based on qualitative research carried out in Peru by researchers from the Global Health Group of the University of California, San Francisco in February 2011. Researchers interviewed lead staff from INPPARES headquarters, as well as two RPS sales representatives. Researchers also conducted interviews with pharmaceutical managers from Pfizer and Bayer, and representatives from Pathfinder International and the Colegio de Obstetras del Peru (COP), the national certifying body for midwifery.

Researchers visited 12 franchised midwife clinics. Four of the clinics visited were located in the greater Lima area, including one each in the Ate-Vitarte and Los Olivos districts; five clinics were in Trujillo, the third largest city in Peru; and three clinics visited were in the northern coastal town of Chimbote. Visits were also made to INPPARES satellite clinics in the Los Olivos district of Lima, as well as in Chimbote. This document provides an accurate but not exhaustive overview of the RPS program at a given point in time.
1. CONTEXT

A. National population and health status

Peru, the third largest country in Latin America, has a population estimated at 29.5 million and is growing by a rate of 1.4 percent annually. The country is divided into 25 regions and the province of Lima. The main spoken language is Spanish, although a significant number of Peruvians speak Quechua or other native languages.

Despite unprecedented economic growth over the last decade and per capita income estimated at $4,477 (PPP Intl $),¹ there are great inequities between the urban and rural populations and between indigenous and non-indigenous populations. Thirty-six percent of the population lives on less than $2 per day and 12.6 percent live on less than $1 per day.² The mortality rate per 1,000 births for children under age 5 is 35 in rural areas versus 21 in urban areas. Disparities between rural and urban contraceptive use continue to be a challenge in Peru, with significant differences in modern method use between rural (33 percent) and urban (54 percent) populations. Additionally, unmet need for family planning is still a cause for concern, with high unmet need among young women (17 percent) and women without formal education (16 percent).³

¹ WHO World Health Statistics 2010
The contrast between rural and urban areas and socioeconomic differences means that Peru still faces the burden of communicable diseases, particularly in the poor and rural communities, but also is threatened by non-communicable lifestyle diseases like diabetes and heart disease in the urban areas. More people in Peru die every year from non-communicable diseases such as heart disease (10%) and stomach cancer (6%) than of Tuberculosis (3%) or HIV (3%).

**Summary statistics**

<table>
<thead>
<tr>
<th>Population</th>
<th>29.5 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median age</td>
<td>25</td>
</tr>
<tr>
<td>Percent urban/rural</td>
<td>71/29</td>
</tr>
<tr>
<td>Adult literacy rate</td>
<td>90%</td>
</tr>
<tr>
<td>Life expectancy at birth (m/f)</td>
<td>71/77</td>
</tr>
<tr>
<td>Maternal mortality rate (MMR) per 100,000 live births</td>
<td>103</td>
</tr>
<tr>
<td>Infant mortality rate (IMR) per 1,000 live births</td>
<td>20</td>
</tr>
<tr>
<td>Under 5 mortality per 1,000 live births</td>
<td>26(^5)</td>
</tr>
<tr>
<td>Pregnant women receiving prenatal care</td>
<td>95%</td>
</tr>
<tr>
<td>Unmet need for family planning</td>
<td>8.1%</td>
</tr>
<tr>
<td>Contraceptive prevalence rate (CPR)</td>
<td>71.3%</td>
</tr>
<tr>
<td>Total fertility rate (TFR) (2008)</td>
<td>2.6</td>
</tr>
<tr>
<td>Percent births attended by skilled health personnel</td>
<td>83%</td>
</tr>
<tr>
<td>Adult obesity rate</td>
<td>12%(^6)</td>
</tr>
<tr>
<td>Gross national income per capita</td>
<td>$4,477 (PPP intl $)</td>
</tr>
<tr>
<td>Per capita total expenditure on health</td>
<td>$300 (PPP intl $)</td>
</tr>
<tr>
<td>Total expenditure on health as percent of gross domestic product</td>
<td>4.3%</td>
</tr>
<tr>
<td>Private expenditure on health as percent of total expenditure on health (2007)</td>
<td>41.6%</td>
</tr>
</tbody>
</table>

**Unless otherwise stated, data included in the summary statistics is obtained from WHO World Health Statistics 2010**

\(^4\) WHO, 2002


\(^6\) WHO, 2000
B. Healthcare system

Sixty-nine percent of healthcare expenditures are through the public sector, with private health care expenditure accounting for the remainder, and 75.4% of total private health care expenditure is out-of-pocket.\(^7\) The public sector is comprised of the Ministry of Health (MINSA), the social security institute (EsSalud), and the police and armed forces. All public services are provided through a network of health care institutions at the primary (health posts), secondary (policlinics), and tertiary (hospitals) levels.

MINSA serves the uninsured poor population with free services, but is notorious for drug shortages, inconvenient hours, and interrupted service due to strikes. MINSA offers a limited number of family planning products free of charge. Product offerings include IUDs, oral contraceptives, condoms, and one injectable (Depo-Provera). The government also recently began to offer female condoms in select locations.

In addition to MINSA’s limited product selection, it enforces Peruvian law stipulating that it is illegal to provide family planning products to women under age 18, unless she already has a child. This law is enforced within the public sector, therefore limiting adolescent accessibility to government services.

The private sector in Peru is made up of drug sellers, pharmacists, private providers, and NGOs. The growing private sector is known for quality services with shorter wait times, more convenience, and privacy. Additionally, the private sector offers a wider range of family planning product options than the public sector.

**Provision of healthcare by sector**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Health</td>
<td>67.0</td>
<td>59.4</td>
<td>62.2</td>
<td>59.9</td>
</tr>
<tr>
<td>Social security institute (EsSalud)</td>
<td>10.7</td>
<td>7.8</td>
<td>7.3</td>
<td>8.3</td>
</tr>
<tr>
<td>Other public sector providers</td>
<td>1.5</td>
<td>0.8</td>
<td>1.1</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Total public sector</strong></td>
<td><strong>79.2</strong></td>
<td><strong>68.0</strong></td>
<td><strong>70.6</strong></td>
<td><strong>69.1</strong></td>
</tr>
<tr>
<td>Private sector</td>
<td>16.7</td>
<td>28.5</td>
<td>27.1</td>
<td>29.3</td>
</tr>
<tr>
<td>NGO sector</td>
<td>2.2</td>
<td>1.8</td>
<td>0.9</td>
<td>0.5</td>
</tr>
<tr>
<td>Other sources</td>
<td>1.5</td>
<td>1.6</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Total private sector</strong></td>
<td><strong>20.4</strong></td>
<td><strong>31.9</strong></td>
<td><strong>29.0</strong></td>
<td><strong>30.8</strong></td>
</tr>
</tbody>
</table>


\(^7\) WHO, 2008
In Peru, 78 percent of family planning services are provided by midwives, known as obstetritas or obstetras, while the remaining services are provided by gynecologists or general medicine physicians. Midwives typically operate in areas with low-income populations, and generally do not serve in middle- or upper-income areas. Parteras, informally trained midwives, also attend births, though typically in rural areas in Peru. There are approximately 27,000 registered midwives in Peru, with approximately 10,000 practicing in the capital city of Lima, making the demand for midwifery particularly strong in areas outside of the capital.

Midwives complete a six-year university program that focuses on prenatal/antenatal care, birth attention, and family planning. The degree includes four years of undergraduate training, plus a one-year clinical internship; additionally, midwives complete a one-year practicum, during which they attend to marginalized populations in both urban and rural settings. Unlike nurses in Peru, certified midwives can prescribe pharmaceuticals to patients.

The profession of midwifery in Peru is growing, and there are more training opportunities than ever before. In 2001, there were only two midwifery programs in Peru and today there are 10 nationwide. A midwife’s monthly salary varies greatly depending on the range and diversity of services offered, which may include ultrasound, deliveries, minor outpatient surgeries, cryotherapy, and/or colonoscopy, in addition to basic family planning consultations.
A private-sector midwife earns approximately $400–$1,000 per month by providing basic family planning services, while private midwives whose practices offer a wider range of services earn approximately $1,800–$2,500 per month.

The public sector generally hires midwives as one of four contracted positions: appointed, fixed, administrative contract, and non-personal services (non-personal contracts are not required to provide benefits). Midwife salaries in the public sector can range from approximately $120 per month for non-personal services, to $1,000 per month for an appointed contract position, and many public sector midwives are underemployed.

**Colegio de Obstetras del Peru**

The Colegio de Obstetras del Peru (COP) is a national institution that promotes and regulates the practice of obstetrics and serves as the certifying body for midwives in Peru. The COP supports the professional development of its members and advocates for public policy to promote sexual and reproductive health rights for Peruvian women.

The COP certifies midwifery graduates and provides a registration number to every member; this registration number is required to legally practice as a midwife. The COP reports that 100 percent of all midwifery professionals in Peru are in fact registered and certified to practice. Affiliates must pay 10 Peruvian soles per month to maintain membership (approximately $3.50) and are required to complete a standardized training course upon registration.

**D. Market opportunities**

During the Fujimori government (1990–2000), a comprehensive national family planning program was established. However, when Toledo came to power following Fujimori, the government dramatically scaled back its free reproductive health services. Additionally, during the early 2000s, USAID discontinued providing subsidized reproductive health commodities in Peru due to shifting priorities in its funding allocations.

These events created significant unmet demand for reproductive health services, particularly for the poorer segments of Peruvian society. INPPARES identified an opportunity to serve this population by working through private, non-governmental channels, and conceived of a network based on Greenstar Pakistan’s social franchise model. INPPARES leadership sought to capture unsatisfied public sector users by drawing them to the private sector, which could offer higher-quality, confidential services along with discounted prices for family planning commodities.
In 2002, INPPARES and partner organizations launched RPS as a 10-month pilot program with 50 midwives from five districts within Lima: Comas, Los Olivos, Ate-Vitarte, San Juan de Lurigancho, and Villa Maria del Triunfo. For the pilot phase, Schering Peruana (subsequently purchased by Bayer) donated commodities equivalent to $10,000, Pharmacia Upjohn (subsequently purchased by Pfizer) provided $10,000 and USAID provided an additional $10,000. INPPARES was given access to Schering’s database of midwives operating private clinics in order to select the pilot group.

Since its 2002 launch, the RPS network has grown to include over 1,600 midwife clinics, operating in Lima (in the districts of Ate-Vitarte, Callao, Los Olivos, San Juan de Lurigancho, San Juan de Miraflores, and Villa Maria del Triunfo) and nine other regions of Peru: Piura, La Libertad, Lambayeque, Ancash, Arequipa, Cajamarca, Ica, Junín, and Tacna. The network has grown principally by word of mouth and by RPS’ recruitment efforts through its sales representatives (SRs).

Number of RPS midwife members by year

<table>
<thead>
<tr>
<th>Year</th>
<th>Lima</th>
<th>Provinces</th>
<th>Total RPS affiliates</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>215</td>
<td>0</td>
<td>215</td>
</tr>
<tr>
<td>2004</td>
<td>358</td>
<td>55</td>
<td>413</td>
</tr>
<tr>
<td>2005</td>
<td>433</td>
<td>128</td>
<td>561</td>
</tr>
<tr>
<td>2006</td>
<td>567</td>
<td>285</td>
<td>852</td>
</tr>
<tr>
<td>2007</td>
<td>854</td>
<td>350</td>
<td>1,204</td>
</tr>
<tr>
<td>2008</td>
<td>704</td>
<td>959</td>
<td>1,663</td>
</tr>
<tr>
<td>2009</td>
<td>725</td>
<td>1,126</td>
<td>1,851</td>
</tr>
<tr>
<td>2010</td>
<td>702</td>
<td>957</td>
<td>1,659</td>
</tr>
</tbody>
</table>
2. BUSINESS MODEL

RPS is a fractional or partial franchise that operates through pre-existing, private midwife clinics. RPS midwives can provide other services and products that are not offered as part of the franchise’s product bundle. Currently, member midwives do not pay an annual fee, but RPS management is considering the possibility of instituting a fee as a means of additional revenue generation. The midwives themselves do not use the term “social franchise” to describe their affiliation with the network, but rather identify themselves as part of RPS or as affiliated with the nationally recognized INPPARES.

The primary function of RPS is to provide brand-name reproductive health products at discounted prices to a network of midwives. The discounted commodities are obtained through negotiated volume discounts—brokered through the INPPARES Social Marketing Department—from pharmaceutical companies including ABL Pharma Peru, Bayer, Grünenthal Pharmaceutical, Pfizer, and others. Products required by franchisees that are not supplied by RPS are purchased directly by the midwives at local pharmacies or procured through pharmaceutical company representatives.

In addition to the discounted products, RPS provides training and promotional materials to its member franchisees and monitors the quality of services and products. Training offered by INPPARES includes contraception prescription, infection prevention methods, health services management, quality control measures, and social marketing techniques.
A. Franchisor

INPPARES, the parent organization of RPS, is a private, non-profit, non-political, and non-religious organization that has been operating in Peru since 1976. INPPARES is a member association of the International Planned Parenthood Federation (IPPF) and serves as the largest private, non-profit provider of family planning services in Peru.

INPPARES, headquartered in Lima, primarily provides reproductive health services, but has also expanded its service portfolio to include a specialized diagnostic imaging center, as well as cardiology, dermatology, ophthalmology, and several other specialty services the capital. In addition to its Lima operations, INPPARES operates satellite clinics in the following regions: Arequipa, Chiclayo, Chimbote, Ica, Iquitos, Piura, Puno, Tacna, and Tumbes.

There are approximately 400–500 INPPARES staff members nationally, 15 of whom directly support the RPS program. RPS is led by the Director of Social Marketing, who reports directly to the INPPARES Executive Director.

RPS employs 12 Sales Representatives (SRs) each of whom are responsible for delivering products to clinics within a designated territory. All SRs are formally trained midwives, allowing them to comfortably interact with the franchisees. A Field Coordinator, also a midwife, is based in Lima and oversees the activities of the 12 SRs. Her responsibilities include helping the SRs to increase their sales, as well as organizing annual trainings and health campaigns. The SRs work exclusively for INPPARES and receive a fixed monthly salary, a transport stipend, and a monthly sales commission. The commission is based on a sales quota that varies according to territory and historical data.
2. Business Model

Organizational chart

INPPARES
Executive Director

INPPARES
Social Marketing Director

RedPlan Salud

INPPARES
Social Marketing Division

INPPARES
Product Development

Field Coordinator
(1)

Sales Representatives
(12)

RPS Midwives
(1659 as of 2010)

Product distribution to clients
(618,596 clients in 2010)

2010 annual retreat for
RPS Sales Representatives
B. Franchisees
RPS providers are licensed midwives with pre-existing clinics serving low-income populations in urban and peri-urban locations throughout Peru. RPS clinics were all pre-existing private clinics and RPS has not focused on standardizing the look of the clinics. The franchised midwives, although bound by a written RPS contract, function independently, are not INPPARES employees, and are not subject to performance reviews. RPS providers receive no salary from INPARRES/RPS, but receive financial incentives based on product sales.

The franchises are not highly branded with the RPS name, and some midwives choose not to hang the RPS sign on the facade of their clinics. RPS allows the clinics to keep their own unbranded signage. Midwives may choose to post a price list, however the majority of members do not display one.

Some RPS midwives work with a doctor and a clinic assistant, although the majority work independently. The average clinic has two to three rooms, which typically includes a small waiting area separated from the examining room, and a midwife’s office. A small percentage of the clinics have internal lab facilities onsite, although most send samples out for diagnostic services.
2. Business Model

The clinics generally open at 9 a.m., close briefly for lunch, and reopen in the afternoon. As most midwives live nearby or adjacent to their clinics, many can keep their clinics open until 8 p.m. or 9 p.m. (significantly later than public facilities). Extended clinic hours create an explicit competitive advantage for private clinics, and member midwives are often able to provide immediate attention to their clients after normal business hours. About 40 percent of RPS midwives work in other private or public sector clinics in addition to their work with the network.

C. Target population

RPS’ target population is women and youth within the C and D socioeconomic status (SES) groups, which represent 35 percent of the Peruvian population. The C and D SES groups are low income but have the capacity to pay for services, whereas the E and F SES groups require subsidized products and services and generally seek care from the public sector. RPS deliberately targets the C and D SES groups, where financial resources are scarce, but there is some payment capacity for services.

RPS clients are generally between the ages of 14 and 50 and live within three miles of the clinic. Many arrive by foot, while others take the bus or a taxi to the clinic. Currently RPS provides reproductive health services to between one and two percent of the total fertile female population in Peru.
Clients who attend an RPS provider do not identify the clinic by the franchise name “RedPlan Salud” but rather refer to the clinic by the name of its owner (the midwife practitioner). Many clients learn the midwife’s name from a friend or family member, and generally clients are not aware that the provider is affiliated with RPS or with INPPARES upon arriving at the clinic. RPS deliberately maintains a low profile due to its target population’s preference for discrete service provision. However, most clients are familiar with the INPPARES organization and are impressed to learn of their midwife’s affiliation with this brand.

Many clients choose to receive care from a midwife because they feel more comfortable having a female provider, as the majority of OBGYN doctors in Peru are male. Additionally, clients appreciate the confidentiality and product selection offered by RPS providers, compared to attending a public clinic where confidentiality is not guaranteed and family planning options are limited. Clients also cite quality of service and personalized attention as primary reasons for selecting an RPS midwife. Many of the franchisees choose to provide free consultation and only charge for the products.

The offering of subsidized, high-quality commodities also drives RPS client load. Clients cite high-quality, low-cost drugs as another primary reason for clinic selection. The most common products selected by RPS clients are injectable contraceptives and oral contraception pills.
According to data collected from a 2009 RPS exit interview, the most requested services are as follows: family planning (56 percent), prenatal care (13 percent) and pregnancy testing (9 percent).
3. SERVICES AND COMMODITIES

A. Services and commodities offered under franchise

RPS procures approximately 50 products, the majority of which are family planning products (see Appendices A and B). In addition to family planning products, RPS also supplies midwives with HIV rapid tests, pregnancy tests, Pap smear supplies, vitamins, and nutritional supplements. As RPS is a fractional franchise, many midwives offer non-RPS products and services including antibiotics, non-RPS-supplied family planning products, lab services, early childhood development services, and sonograms. Midwives report that 20 to 40 percent of their business comes from the sale of RPS products. Midwives purchase and sell additional products that are not offered through RPS directly from pharmaceutical representatives.

Injectable contraceptives are the most popular family planning method in Peru. Women tend to prefer injections due to their discrete nature, which unlike oral contraceptives, can be kept private from family members and partners. Women may also believe that injections are “stronger” than pills in the bloodstream and are therefore a more effective method. Also, the belief exists that less expensive products (i.e., oral contraceptives) are less effective than more expensive ones (i.e., injectables).
IUDs in Peru are not a common or well-accepted contraceptive method despite attempts at popularization through educational campaigns. In Peru, there are pervasive myths that IUDs may cause cancer, vaginal inflammation and/or abortions, and that they do not effectively protect against pregnancy. In addition, due to their infrequent use, midwives may not be properly trained to insert IUDs and/or many times do not have the supplies required to do insertions. Financial motivation may also play a role, as midwives are more likely to promote methods which require monthly visits from patients and therefore generate continuous revenue.

INPPARES procures and distributes two different brands of misoprostol. The brand name Prostokos, indicated exclusively for obstetrical usage, comes in 25 mcg, 100 mcg, and 200 mcg dosages. However, RPS also procures another brand of misoprostal called Citofine, indicated to prevent gastric ulcers, that is manufac-
Family planning services and products provided, 2003–2010

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>IUD</td>
<td>2,006</td>
<td>4,145</td>
<td>9,158</td>
<td>4,217</td>
<td>4,013</td>
<td>6,076</td>
<td>3,629</td>
<td>2,898</td>
</tr>
<tr>
<td>Oral</td>
<td>5,073</td>
<td>18,757</td>
<td>42,346</td>
<td>55,604</td>
<td>62,850</td>
<td>97,321</td>
<td>87,281</td>
<td>58,217</td>
</tr>
<tr>
<td>Injectable</td>
<td>6,848</td>
<td>21,343</td>
<td>47,135</td>
<td>54,622</td>
<td>77,787</td>
<td>94,372</td>
<td>68,448</td>
<td>83,010</td>
</tr>
<tr>
<td>Implant</td>
<td>20</td>
<td>40</td>
<td>110</td>
<td>92</td>
<td>88</td>
<td>49</td>
<td>82</td>
<td>105</td>
</tr>
<tr>
<td>Vaginal ovule</td>
<td>414</td>
<td>141</td>
<td>591</td>
<td>153</td>
<td>522</td>
<td>95</td>
<td>0</td>
<td>105</td>
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<tr>
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<td>2,136</td>
<td>2,027</td>
<td>7,504</td>
<td>17,084</td>
<td>44,125</td>
<td>15,647</td>
</tr>
<tr>
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<td>268</td>
<td>203</td>
<td>81</td>
<td>296</td>
<td>670</td>
<td>781</td>
<td>2</td>
</tr>
<tr>
<td>Vasectomy</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sterilization</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
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<td>521</td>
<td>2,389</td>
<td>5,447</td>
<td>3,444</td>
<td>2,527</td>
<td>2,049</td>
<td>1,545</td>
<td>3,014</td>
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<tr>
<td><strong>Total</strong></td>
<td>15,740</td>
<td>47,819</td>
<td>107,126</td>
<td>120,240</td>
<td>155,587</td>
<td>217,716</td>
<td>204,345</td>
<td>159,879</td>
</tr>
</tbody>
</table>

See Appendices A and B for the additional commodities provided to date.

**B. Health impact metrics**

In 2010, RPS served 618,596 clients, and expenditures for the year totaled $657,150, or $1.06 per client. 24,417 Couple Years of Protection (CYPs) were generated and the cost per CYP generated was $29.91. Most of the CYPs are generated by injectables and IUD insertions.
4. SERVICE FINANCES

A. Prices and payments for commodities and services

The pharmaceutical companies with whom RPS has negotiated volume discounts sell products to RPS at a 30 to 40 percent discount. RPS then marks up the products for sale to the midwives, remaining below pharmacy pricing (the main retail channel). The midwives in turn mark up prices by an average of 50 to 60 percent for sale in their clinics, ultimately offering clients products at prices 10 to 15 percent lower than those available at retail pharmacies.

Midwives are able to set their own prices for products as RPS does not enforce pricing standards. All patients pay for their services in cash, although on occasion midwives will offer free or discounted services and products to clients who cannot afford to pay.

B. Financing for providers

The products are sold to the franchisees on 30-day credit terms. Due to the collegiality between the SRs and the midwives, the midwives are motivated to pay on time and the SRs are inclined to be flexible if a midwife is late to pay. Although not a common occurrence, if a midwife does default on product payment, she is generally given 5 to 10 extra days to pay the SR.
INPPARES as an organization is not heavily dependent on donor funding and earns enough income through the provision of services and sale of products to self-support approximately 80 percent of its activities.

5. FRANCHISE FINANCES

A. Country operation costs

For 2011, INPPARES has a projected operating cost of approximately $6.6 million and RPS is projected to account for 10.23 percent of that cost, or $670,000. Inventory purchase accounts for about half of the total operating cost of RPS.

RPS marks up product prices by approximately 80 percent to sell to the franchisees, though the majority of the profit gained from product sales is used to cover operational program costs. Ultimately, RPS realizes a profit margin of approximately 7 percent, which is reinvested into the program.

INPPARES as an organization is not heavily dependent on donor funding and earns enough income through the provision of services and sale of products to self-support approximately 80 percent of its activities. INPPARES derives income from its clinics’ service provision, which accounts for 75 percent of earned income, as well as from the product sales, which accounts for the remaining 25 percent. Seventy percent of INPPARES product sales are made within the RPS program. In 2010, RPS sold products valued at approximately $672,582, which was an increase in sales from 2009 of 14 percent.

B. Donors

When INPPARES began operating in 1976, the organization was 100 percent dependent on donor funding. Today the organization requires donor financing only to cover approximately 20 percent of its operating costs. The organization envisions being 100 percent self-sustaining in approximately five years.

IPPF is the primary donor, providing INPPARES with approximately 11 percent, or $723,484 of its income in 2011. Other donors include the Hewlett Foundation, the European Union, Tierra de Hombres, and UNFPA. The Global Fund also provides funding for select project implementation. All donor funds are allocated to INPPARES and not earmarked specifically for RPS.
6. FRANCHISEE RELATIONS

A. Recruitment and member contract
In order to enter the RPS network, midwives must meet the following requirements:

- Completed the five-year university midwifery program, which includes four years of undergraduate training, plus a one-year clinical internship
- Completed a one-year practicum
- Manage a private practice with a current municipal permit and operating license
- Sign the INPAPRES affiliation contract agreement

Upon signing the affiliation contract, members are obligated to adhere to the following requirements:

- Inform clients about the variety of family planning products available, provide the instructions for each method, and respect the decision of each user
- Participate in RPS promotional activities related to issues of sexual and reproductive health, including talks, seminars, and awareness campaigns
- Give preference to INPPARES family planning products according to professional criteria and the user’s preference
- Respect RPS’s suggested pricing guidelines
- Actively participate in general activities organized by RPS
- Track the number of sales and services provided in the reporting format provided by INPPARES, and provide the information necessary to determine the performance, quality, and efficiency of care provided through RPS
- Provide users with informational and educational materials produced on behalf of RPS
- Actively participate in the studies proposed by INPPARES, specifically to improve service provision.

B. Retention/attrition
Since its launch, the RPS network has grown from 50 franchisees in Lima to over 1,600 members operating in nine regions of Peru. The network continues to grow primarily by word of mouth via member midwives and through recruitment efforts by SRs. RPS also markets its program through partner organizations such as the Colegio de Obstetras del Peru. Approximately 10 to 15 percent of the midwives leave the network every year due to a career change or educational opportunities.
C. Benefits of enrollment

The main benefit of RPS membership for franchisees is the access to a variety of high-quality, low-cost family planning products that are directly delivered to their clinic, saving them time and money. In addition to discounted family planning commodities, RPS provides a storefront sign, educational materials, appointment cards, and an embroidered lab coat to each franchisee, as well as other supplies required for obstetric attention such as Pap smear equipment and sterile gloves. RPS does not provide additional financial support, office or IT equipment to member midwives.

Without RPS, midwives would pay approximately 10 to 15 percent more for products purchased from retail pharmacies or directly from the pharmaceutical companies. With access to discounted products, midwives are able to offer lower prices and therefore attract more clients. Additionally, the fact that most member midwives can purchase on 30-day credit allows them opportunities for business expansion. Since becoming part of RPS, many midwives report that the size of their practice has grown, and that being associated with the INPPARES brand in Peru brings credibility to their practice.
Another primary benefit cited by all the midwives interviewed for this case study is the opportunity to attend training sessions that are sponsored by RPS. RPS hosts two provincial workshops and four trainings per year in Lima on reproductive health or general medicine topics for their members—comparable instruction in a university setting would cost $50–$60 per training.

RPS hosts member appreciation events in Lima where additional incentives like yearly planners, thermoses, and embroidered lab coats are distributed. RPS also holds celebrations—for example, on National Midwife Day top-performing midwives are invited to Lima to be recognized for their service.

As RPS affiliates, midwives receive human resources development through training, and refine their skills in prescribing contraception and infection prevention methods. Members are also trained to develop social marketing techniques and to create demand for their services through community engagement activities.

D. Loyalty/level of commitment

RPS is a fractional network where midwives are private practitioners first and RPS members second. The network is designed to provide access to lower-priced, high-quality drugs and not to intervene with the general operation of each clinic. While the midwives are appreciative for the service that RPS offers them, they do not necessarily have a strong commitment to the brand or promotion of the network.

However, the RPS network does implicitly promote member loyalty. Before the creation of the RPS network, the midwifery community was not targeted by the pharmaceutical industry as a well-defined or profitable market share. The RPS franchise has produced a cohesive network of professionals, creating an attractive market niche for pharmaceutical companies, despite the currently competitive market. RPS continues to facilitate this market relationship, gaining confidence and loyalty from the midwives who value RPS’ critical role, and motivating the members to continually raise the quality of their services.

E. Branding/promotions/marketing

RPS deliberately maintains a low profile due to its target population’s preference for discrete service provision. Therefore, RPS does not focus on brand promotion and empowers each midwife to determine to what extent to brand her clinic with the franchise affiliation. Since patients are generally unfamiliar with the RPS name and attend the clinic because of their relationship with the midwife, most clinics are not highly branded.
Within Peru, pharmaceutical products cannot be advertised by their brand name through the mass media; only generic, non-brand-specific advertising is allowed. Instead, promotional activities focus on services offered rather than the product name or the RPS brand. The midwives participate in promotional campaigns organized by RPS and may also do additional marketing on their own. For example, a midwife may offer a reduced service fee for Pap smears on select days each month. Additionally, two midwives interviewed for this case study participate in weekly radio programs where they answer questions about family planning, but such activities are not organized by RPS.

In annual network trainings, RPS staff emphasize the importance of implementing marketing strategies to publicize the midwives’ clinical services and grow their practices.
7. LOGISTICS

A. Procurement

The product procurement process for the nationwide network of INPPARES clinics, including the RPS program, is centralized and managed by the Director of Social Marketing. Approximately 70 percent of the total products purchased are for RPS, and the remaining 30 percent are for INPPARES clinics.

Currently, there are four principal pharmaceutical companies from which RPS procures products: ABL Pharma Peru, Bayer, Pfizer, and Grünenthal Pharmaceutical. In addition to procuring products directly from pharmaceutical companies, IPPF also provides five commodities directly to INPPARES: condoms, IUDs, injectables, oral contraceptives, and implants. Products ordered from the pharmaceutical companies generally require only a two-day lead time before the products are received, whereas products from IPPF require an eight-month advance order.

INPPARES also has four of their own registered products: two pregnancy tests, one condom brand, and misoprostol. Due to INPPARES’ status as an NGO and a drug dispensary, they are able to obtain the necessary permits to register and sell products under their own brand. Products required or desired by franchisees that are not supplied by RPS are procured directly by the midwives at local retail pharmacies or through pharmaceutical company representatives.

INPPARES has four full-time staff members in charge of logistics and procurement who work at its headquarters. As product purchasing is centralized, all commodities first arrive at the central warehouse in Lima. From the central warehouse, commodities are transported to one of four distribution points within Lima or to a provincial satellite INPPARES location. In the RPS regions where there is an operating INPPARES satellite, these clinics serve as the regional warehouse. In the locations without an INPPARES clinic, RPS rents space from a private provider for product storage. Once the products arrive at the regional facilities, the SRs are responsible for transporting them to her franchisees.

The supply of commodities has been consistent and reliable since the program was established, with only minor exceptions. At the clinic level, stock-outs are rarely a problem and all midwives report that when additional product is needed, the SRs can quickly deliver it to their clinics; some franchisees report ordering extra stock to prepare for unexpected demand.
Each SR within Lima supplies approximately 120–150 midwives with products, and at the provincial level each SR supplies 30–50 midwives. Each SR visits her designated franchisees about two times per month, spending approximately 28 days in the field per month, returning to satellite distribution points to refill product as needed.

B. Inventory management
The current system for reporting inventory and sales is paper-based. All paper sales receipts and invoices are collected from the SRs and entered into the sales-tracking software utilized at the Lima headquarters. However, RPS is in the process of upgrading to a new system that will allow product ordering and sales to electronically link with INPPARES’ accounting system. The software for this system is called LOLFAR and is currently used by pharmaceutical companies to track distribution and sales. Ultimately, this new system will allow RPS to track sales by midwife; however, it will not track product sale by price since this is determined by each individual midwife. Although initially the midwives will continue to report by paper, there are plans to convert to a system whereby data can be entered via cell phone or a web-based application.
8. QUALITY ASSURANCE

A. Monitoring and evaluation

While RPS does collect information about products sold and services provided on a monthly basis from the midwives, this is a challenge due to the decentralization of the network. The SR collects a reporting form from each midwife and delivers the forms to headquarters, where they are entered manually. The RPS contract stipulates that the franchisees are required to report monthly, and RPS trains all new members in recordkeeping; however, the program has struggled with compliance and recently revised the monthly reporting form to a shorter, more simple version (see Appendix C).

INPPARES reports the number of users to both the Instituto Nacional de Estadística e Informática (INEI) and the Agencia Peruana de Cooperación Internacional (APCI) on an annual basis.

Every other year RPS conducts two surveys: one of member midwives to understand their satisfaction with network membership; another to gather client profile data and the type and frequency of requested services.
9. NETWORK LINKAGES

A. Client referrals
Midwives typically refer patients to the government hospital or other private clinics for procedures like C-sections, IUD insertion and removal, prenatal ultrasound, incomplete abortions, diagnostic services, and mammograms. Midwives may also refer patients to an INPPARES satellite clinic if there is one in the area.

Some members also report having informal agreements with other local private providers where patients receive discounted services with the midwife’s referral. There is no financial incentive for the midwives to refer clients to INPPARES clinics.

B. Links to other organizations
Pharmaceutical companies
RPS’ partnerships with ABL Pharma Peru, Bayer, Grünenthal Pharmaceutical, and Pfizer are profitable for the companies due to increased sales that result from distribution to the large network of midwives. In addition to products, the companies provide financial support for annual midwife trainings organized by RPS, which also serve as marketing opportunities. Some pharmaceutical representatives also visit clinics with the Lima SRs in order to interact directly with providers and promote their products.

The companies also value the fact that the RPS partnership allows them to serve lower-income people. However, the sustainability of the partnership is based on the fact that it is profitable for the companies and allows them to reach an expanded network. Becoming a part of the RPS program allows these companies to expand into an additional market niche and guarantees sales to a previously untargeted consumer group.

Additionally, the companies value the association with INPPARES, which is nationally recognized as a family planning care provider that prioritizes the care of underserved populations. The partnerships are bound by verbal agreements stipulating that products sold to RPS will not enter the commercial sector and that the pharmaceutical companies will not raise prices.

Bayer has also developed some lower-priced products that are sold to RPS. For example, they offer RPS an oral contraceptive pill at a 50 percent exclusive discount. Additionally, they sell RPS an ampoule injectable contraceptive at half the price of the prefilled syringe application sold to medical doctors; this product is not offered to other commercial providers.
C. Other nongovernmental organizations

Pathfinder International

Pathfinder International is an international non-profit organization (INGO) that focuses on reproductive health, family planning, HIV/AIDS prevention and care, and empowerment of women and girls. Since 1980, Pathfinder has worked with Peru’s public and private health sectors to establish, expand, and improve the quality of family planning, reproductive health, and maternal and child health service delivery.

RPS’ relationship with Pathfinder is primarily a historical one. In 2002, as part of the CATALYST Consortium funded by USAID/Peru (2002–2006), Pathfinder provided technical assistance for the pilot phase of the RPS program. Currently, Pathfinder and RPS have a small project funded by the Bergstrom Foundation to procure IUDs from IPPF and sell them to RPS midwives. Additionally, Pathfinder is launching an educational reproductive health campaign targeting adolescents from 10 high schools in Lima. This pilot program, funded by Bayer, refers adolescents to INPPARES and/or to RPS clinics located near the campuses.
10. CHALLENGES AND OPPORTUNITIES

A. Challenges
RPS is currently in the process of updating its IT system and taking measures to improve reporting rates from its member midwives. In order to make system-wide improvements, measures must be taken at various levels. Plans are currently underway to implement an electronic tracking system that will allow RPS to track sales by midwife. Supplemental training and buy-in from midwives and the SRs will be required to make this system functional. Because the SRs are trained as midwives, administrative functions such as recordkeeping can be challenging. Also, because midwives do not strongly identify with the RPS brand, their motivation to keep records has been low. RPS hopes that IT developments will allow midwives to enhance customer relations, therefore strengthening the overall network structure and, ultimately promoting greater member loyalty to the program.

B. Opportunities
Geographic expansion
RPS has plans to expand geographically to reach additional middle-income populations, as well as additional lower-income areas, including indigenously populated regions where Quechua is spoken.

Service expansion
INPPARES is considering expansion of its service areas beyond family planning to include integrated female health services. Since midwives often serve as patients’ primary point of contact for medical attention, RPS would like to capitalize on the opportunity to introduce preventive interventions and specialist referrals. For example, there are relatively inexpensive diagnostic interventions for diabetes (i.e., obesity measurements and finger pricks) and skin cancer screening that could fit into the midwives’ existing repertoire of services. Additional areas of possible service expansion include postpartum depression treatment, domestic violence counseling, and dengue prevention with the offering of insecticide treated mosquito nets.

Product expansion
The management team envisions that new general medicine products could be added to the current list of commodities procured from the pharmaceuticals. INPPARES would also like to develop and register additional products for their own product line to reduce dependence on pharmaceutical company pricing and provide a shield from market forces.
Technical Advising
The Colegio de Obstetras del Peru (COP) is working to develop a national accreditation process that will include competency certifications and standardization across the public and private sectors of midwifery. Although there is not a formal agreement, RPS and the COP closely support each other’s work and there are plans to further develop institutional collaboration. It is likely that the accreditation process will engage RPS as a technical advisor, and RPS may work with the COP to provide and/or develop certification opportunities for registered midwives.

C. Lessons learned
Financial sustainability
The RPS experience has provided evidence that social franchising can be a financially sustainable model by which to deliver health services to the poor. The keys to creating this sustainable model for RPS are (i) knowledgeable partners who understand the market, (ii) access to low- and middle-income populations with unmet needs, (iii) an understanding of the consumption patterns of the target groups, and (iv) prioritization of income-generation in addition to improving health outcomes.

Engagement with the for-profit private sector
Initially, it was a challenge for RPS to engage pharmaceutical companies, which traditionally focus exclusively on product sales and revenue generation. Approximately half of the companies approached declined the opportunity to negotiate with RPS and participate in the pilot program. The companies that did join the partnership now recognize that RPS’ objective to satisfy its clients simultaneously creates opportunity for increased product sales by creating profitable links with low-income populations.

Market opportunities
RPS was conceived at a time when health care provision in Peru was shifting. The potential target market was presumed to be small, and skeptics did not believe that the private sector would grow or that lower-income populations could afford to pay for services. However, INPPARES identified a small but growing target group with unmet needs (inexpensive services provided in a confidential environment). The financial sustainability of the model and the growth of RPS each year have proved that the early identification and understanding of the target groups’ needs are crucial success factors.
Membership fees

Although RPS is now considering introducing a membership fee, it will be more difficult to implement now that the network is fully established and midwives are not accustomed to paying this fee. Management recognizes that if membership fees had been introduced during the pilot phase, this would have generated income and increased the membership value for the network’s providers. If a fee is introduced, it may be necessary to increase membership benefits to justify the cost. Possible benefits include additional training opportunities, financial assistance to improve clinical facilities, or tiered membership such as “gold club” status for paying members.
ACRONYMS

APCI  Agencia Peruana de Cooperación Internacional (Peruvian Agency for International Cooperation)
C-section  Caesarean section
COP  Colegio de Obstetras del Peru
CYP  Couple years of protection
GHG  Global Health Group
HIV  Human immunodeficiency virus
INEI  Instituto Nacional de Estadística e Informática
INGO  International non-governmental organization
INPPARES  Instituto Peruano de Paternidad Responsable
IMR  Infant mortality rate
IPPF  International Planned Parenthood Federation
IT  Information technology
IUD  Intrauterine device
MINSA  Ministry of Health
MMR  Maternal mortality rate
NGO  Non-governmental organization
PPP  Purchasing Power Parity
RPS  RedPlan Salud
SES  Socio economic status
SR  Sales Representatives
TFR  Total fertility rate
UCSF  University of California, San Francisco
UNFPA  United Nations Population Fund
USAID  United States Agency for International Development
USD  United States dollar
WHO  World Health Organization
APPENDIX A

Quantities of contraceptive commodities provided by year

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<th>Brand name</th>
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<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
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<td>34</td>
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<td>Depoprovara</td>
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<td>Emergency contraceptive pill</td>
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<td>2,356</td>
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<td>344</td>
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## APPENDIX B

### Quantities of non-contraceptive commodities provided by year

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<th>Brand name</th>
<th>Commodity type</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
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<td>Clindacin</td>
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<td>175</td>
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<td>271</td>
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<td>227</td>
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<td>Vitamin D and calcium supplement</td>
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<td>0</td>
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<td>19</td>
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<td>70</td>
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<td>338</td>
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</tbody>
</table>
APPENDIX C

Monthly reporting form for clinical services provided by RPS midwives