Clinical Social Franchising Compendium

An annual survey of programs: findings from 2015

UCSF Global Health Sciences
Global Health Group

Social Franchising for Health
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In many countries, private healthcare providers play a significant role in providing essential healthcare services. They may be the first point of contact for people with the most common ailments or the preferred source of healthcare for people with the rarest conditions. In many low- and middle-income countries, they provide care for the poor as well as the rich segments of the population.

Quite often, they operate as islands, with little to no engagement with other healthcare providers or accreditation and regulation systems. Conversely, healthcare systems have found it challenging to engage with private healthcare providers (especially at the primary care level) in the effort to implement standards of care, or to enlist their efforts for critical public health initiatives.

Social franchising—a way of organizing private sector healthcare providers into networks using select commercial franchising principles—presents one practical approach to working with networks of private healthcare providers to carry out population-wide health initiatives.

To learn about social franchising for health services, visit sf4health.org.

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Graphic design by Kerstin Svendsen
Cover photo by Esther Havens, courtesy of Living Goods

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INTRODUCTION

Each year since 2009, the Private Sector Healthcare Initiative at the UCSF Global Health Group has been surveying clinical social franchise programs around the world to learn about the geographies and populations they serve, the healthcare services they franchise, how they work, and how well they work. We feature the findings in the annual Clinical Social Franchising Compendium (available at sf4health.org/research-evidence/reports-and-case-studies). This is the seventh edition.

When this publication was first created, we used the following conceptual definition to help us identify social franchise programs to feature in this report: programs that apply franchising business principles to build networks of private healthcare providers that deliver quality assured clinical and non-clinical healthcare services to those that need them most. Since that time (and as you will learn in this report), social franchises have evolved considerably. The field of social franchising is now a little harder to define, though the majority of programs have a common origin. This speaks to the creativity of the people that operate social franchises, their ability to take advantage of local opportunities and adapt accordingly, and to the learning that has taken place since the field first emerged in the 1990s.

There are still some core characteristics that are common across most programs, and they are:

- the presence of a third party administrator that recruits, capacitates, monitors, and manages supplies for a network of healthcare providers that is accountable for a specific basket of healthcare services; and manages marketing for the franchise brand;
- the use of written standards (often based on protocols put forward by domestic ministries, and/or international NGOs) as the basis for defining a common set of norms for how network providers should offer healthcare services to clients;
- a focus on the sale of healthcare services, in addition to healthcare commodities. These services may include diagnostic, clinical/surgical, and/or referral services, and each service must be accompanied by an appropriate level of counseling and education to the client;
- the use of frequent supportive supervision visits and annual audits to motivate and evaluate network providers;
- the active pursuit of financial self-reliance for the network's administrator and the franchisees; and
- the goal of making quality assured healthcare services available to the most under-served populations.

The pursuits and intentions of these programs are as important in defining them as their day-to-day practices.

With the rapid evolution of this field, this annual compendium can be a key reference for social franchise programs, donor and public agencies, and public health experts eager to leverage networks of healthcare providers to improve population health.

A special thanks to Ada Gomero, Anna Gerrard, Brendan Hayes, Girma Mintesnot, Kim Longfield, and Meradith Leebrick for commenting on the surveys as they were being developed, coordinating data acquisition from several programs, and managing several rounds of communication regarding the content of this report; to Meghan Reidy for supporting us to effectively use the PSI impact calculator to generate health impact estimations; to Andrea Sprockett, Dana Sievers, Dominic Montagu, Erik Munroe, Kenzo Fry, Kim Longfield, and Nirali Chakraborty-Shah for their thoughtful input on how to present the equity data; to Matt Boxshall for permitting us to publish his perspectives on why equity measurement is important; to Aisha Dasgupta, Dana Sievers, Erik Munroe, George Hayes, Kim Longfield, Meghan Reidy, Michelle Weinberger, Nirali Chakraborty-Shah, and the country offices for PSI Nigeria and Kenya, and MSI Ghana, Kenya, and Nigeria (aka AHME) for generating and reviewing the additionality estimations; and to Kerstin Svendsen for her tremendous design work.

ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapies
AIDS	acquired immunodeficiency syndrome
AMTSL	active management of the third stage of labor
ANC	antenatal care
ANMs	auxiliary nurse midwives
CBOs	community based organizations
CHW	community health worker
cPAC	comprehensive post-abortion care
CYP	couple year of protection
DALY	disability-adjusted life year
DOTS	directly observed treatment, short course
FP	family planning
HIV	human immunodeficiency virus
HTC	HIV testing and counseling
IPC	interpersonal communication/interpersonal communicator
IMCI	integrated management of childhood illnesses
IUD	intrauterine device
LAPM	long-acting and permanent methods (of family planning)
MNCH	maternal, newborn and child health
MoH	Ministry of Health
MSU	mobile service units
MVA	manual vacuum aspiration
NGO	non-governmental organization
OC	oral contraceptive
ORS	oral rehydration salts
OTC	over-the-counter
PAC	post-abortion care
PMTCT	prevention of mother-to-child transmission (of HIV)
PPMVs	patent and proprietary medicine vendors
PTSS	post-HIV test support services
RDT	rapid diagnostic test (for malaria)
RH	reproductive health
SRH	sexual and reproductive health
STI	sexually transmitted infection
TB	tuberculosis
VCT	voluntary counseling and testing (for HIV)
VIA	visual inspection of the cervix with acetic acid
VMMC	voluntary medical male circumcision
VSC	voluntary surgical contraceptive

METHODS

This report is a survey of social franchise programs that deliver primary care and clinical services in low- and middle- income countries. In addition to reaching out to programs that are already known to the SF4Health community, the authors scanned the Center for Health Market Innovations website (healthmarket-innovations.org) and inquired within the Social Franchising Community of Practice to learn about newly created programs. 83 programs that appeared to meet select criteria were invited to participate in the survey. 80 acknowledged the invitation. Two invitees declined to participate (due to program closures). Eight programs started and did not complete the survey.

A total of 70 programs completed the survey, and are profiled in this report. Inclusion criteria include:

- The program specializes in the franchising of a fixed basket of healthcare services.
- The healthcare services are primarily provided through clinics that are not owned by the franchisor.
- Those clinics have MoUs with the franchisor, and are expected to abide by clinical and/or business standards.
- The network has clear criteria for provider recruitment and expulsion, and can expel providers who don't meet the terms of the MoU.

The majority of survey responses underwent three rounds of review. In the first round, the Social Franchising Leads of IPPF, MSI and PSI reviewed responses from affiliated social franchises for consistency. In the second round, the authors of this report reviewed all data for completeness, consistency and plausibility, and invited the Leads and programs to clarify and fill in missing data. In the third round, all survey respondents were invited to review the Compendium report prior to publication, and to correct any errors.

Limitation: All data are self-reported and not necessarily standardized.

We present most program data just as they were reported. However, we used the service and commodity provision statistics to estimate the overall health impact of each program, and present findings in the form of Disability Adjusted Life Years (DALYs) averted (see methods on page 8).

The Social Franchising Metrics Working Group

Measurement and social franchising experts from around the world have been convening since 2008 to develop, test, and advocate for the adoption of practical and robust metrics by franchise programs. This group (known as the Metrics Working Group or MWG) is comprised of implementing and donor agencies and academic and research institutions, and included 30 representatives from 15 agencies in 2015.

The MWG is currently piloting metrics to estimate quality of healthcare services and sustainability, and has developed metrics that can be used by all social franchises to estimate their health impact, cost-effectiveness, ability to reach the poor (equity), and contribution to increasing service provision within a health system (or additionality). More information is available online at m4mgmt.org/metrics-working-group.

We use the metric endorsed by the MWG to estimate health impact for all programs in this report. Select programs have also reported findings generated through their own analyses of equity and additionality. As this is the first time we are reporting on additionality within this report, those findings are presented alongside explanatory text on page 10.

Estimating Health Impact

DALYs averted

Measuring health impact makes it possible for a program to know if it has achieved what it set out to do: improve population health. The MWG has agreed on a metric to estimate the health impact of a program. That metric, called Disability-Adjusted Life Years (DALYs) averted, is a summary estimate of health benefits resulting from avoiding a disease or unintended pregnancies. One DALY averted means that the services provided by a franchise resulted in the avoidance of one year of morbidity or lost life, and is calculated by multiplying health service or commodity distribution figures by a modeling coefficient that is specific to the country.

For this publication, we used a standardized approach that was agreed upon by the MWG to calculate DALYs averted across all programs. We used the PSI Impact Calculator (available at impactcalculator.psi.org) to generate estimations. Furthermore, we grouped services into 'service areas' or broad categories of healthcare, and we present health impact estimations accordingly (see table on right).

It is important to note the limitations of our approach to estimating health impact. First, not all programs track all franchised services and commodities that are provided by network providers. Second, modeling coefficients are not available for every service or commodity offered by each surveyed franchise program. Lastly, there are no available coefficients to estimate the health impact of franchise programs in Chile, Jamaica, Indonesia, and Sierra Leone. All of these limitations have therefore resulted in underestimation of DALYs averted for several programs.

Estimations for DALYs averted are based on the numbers of services and commodities provided by franchised clinics only. These are not comparable to estimations presented in previous editions of the Compendium, which also included the numbers of commodities sold by product distribution outlets.

CYPs

Within the Compendium, we also report on the couple years of protection (CYP) provided by contraceptive services. CYPs are an estimate of protection provided by contraceptive methods during a one-year period. They are calculated by multiplying the quantity of each method provided to clients by a conversion factor, to yield an estimate of the duration of contraceptive protection provided per unit of that method. (USAID, 2014)

Service Area	Health services included within each area
Family planning (FP)	Long-acting and permanent methods (LAPM), including implants, IUD, tubal ligation, or vasectomy
	Short-term methods (STM), including condoms, pills, injectables, natural methods or emergency contraception
HIV/AIDS & STIs	Condoms, HIV prevention (counseling, male circumcision, sterile needles), HIV screening/diagnosis, AIDS treatment, STI screening/treatment, or harm reduction
Malaria	Prevention, diagnosis, or treatment
Maternal, newborn, and child health (MNCH)	Maternal and neonatal health, child health (including treatment for diarrhea and pneumonia), or cervical cancer treatment
Non-communicable diseases	Services for cardiovascular disease, chronic lung disease, or diabetes
Safe abortion or post-abortion care (PAC)	Manual vacuum aspiration, medical abortion, or misoprostol for PAC
Tuberculosis (TB)	Screening, diagnosis, or treatment (DOTS and MDR-TB)
Water, sanitation, and hygiene (WASH) and nutrition	Water purification, hygiene, child nutrition, or maternal nutrition

Estimating Equity

The ability of a social franchise program to meet the healthcare needs of the poorest and most vulnerable populations is an important measure of its success. The MWG endorses the use of a metric that measures the distribution of clients served across national wealth quintiles.

15 programs have reported their equity data within this edition of the Compendium, and we congratulate them for their commitment to measurement and transparency. These data are insightful, and can inform programs on whether they are meeting their goals or not.

We invited Matt Boxshall, Director of the African Health Markets for Equity (AHME) partnership, to comment on how equity measurement is transforming the initiative:

"AHME is a seven year program focused on increasing high quality health coverage for the poorest populations in Nigeria, Kenya, and Ghana. AHME is a partnership explicitly focused on equity—we are committed to helping private providers deliver quality health services to poor people. To me, finding a way to do this is the key challenge for social franchising, and so it is critical that we carefully measure our progress.

AHME represents more than 2,000 clinics in 5 franchises. To see if we were reaching the poor, we modified MSI's client exit interviews to gather data on client wealth across these networks. We then compared the clients who used those franchised clinics with national wealth quintiles (using DHS data, and following methodology developed by the MWG.)

Our findings were surprising, and disappointing. Very few of our clients came from the lowest two wealth quintiles, and many came from the wealthiest quintile. This did not feel right—none of our partners work with really 'up market' clinics—and so we looked carefully at the data.

First, we considered whether we were making a fair comparison between our clients and national quintiles. In all three AHME countries, extreme poverty is concentrated in arid, northern regions. Formal private sector services do not reach these areas, and so franchising is often impossible. We looked at the data again, excluding these regions from our analysis as far as possible to give us different comparison quintiles. We also pounced on more recent DHS data, which was released for Kenya and Ghana in 2015. This allowed us to correct any bias introduced by economic growth since earlier DHS. And finally, in Nigeria, we looked at absolute, rather than relative poverty, using the Progress out of Poverty Index approach, to find clients from households living below the national poverty line.

Each analysis shifted the results a little, particularly by reducing the proportion of clients in the wealthiest quintile. But there was no radical change; the overall picture remained the same—few clients were amongst the poorest, even when we only looked at the regions in which we franchise. We needed to accept and deal with this.

So, our response? We had to look at our options. First, we looked carefully at who we franchise. Providers who serve poor communities may be less well-qualified and run smaller, simpler clinics. Some will be more remote. Clinical standards may be lower. If we are to pivot towards these providers in order to reach the poor, we will have to deal with lower quality scores, and, more than likely, higher costs per DALY averted. We need to be realistic about this, and make the case carefully to our partners. But, nevertheless, AHME partners are moving in this direction in all three countries, with new guidelines for franchisee selection.

The good news is that it is precisely these types of providers who get the most out of franchising. We all know them—the smiling retired midwife who greets the franchising team like old friends, and proudly shows the small improvements she is steadily making in her clinic. In the long run, I believe that this is where franchising adds most value, and has the most impact.

The second part of the equation, and a major focus for AHME, is to find ways to remove the financial barriers that prevent poor people from using any kind of private clinic, even the most humble. There are several options for this, but the strategic game is to link franchised providers with domestic financing. Simply put, we believe that private providers should be paid by the government to provide quality services for the poor—so that the poor do not have to pay themselves. The governments of Kenya, Ghana and Nigeria are all committed to doing this, one way or another, but policy change is slow, and implementation lags behind policy. AHME is pushing the agenda forward in each country, bridging the gap between small private providers and governments, and highlighting opportunities and challenges through real, practical examples.

We recognize that this is a long game. But we believe that ultimately this is the way that social franchising will fulfill its promise of providing quality services to the poor. Moreover, providing value for both providers and governments will ultimately ensure the sustainability of franchised services, and this success will catalyze market change, as others crowd in to follow where social franchising organizations have led."

Estimating Additionality

Background

Social franchise programs want to contribute to greater access and use of modern family planning (FP) methods among people with unmet need. One method to estimate how well they do this is through the measure of "Additionality," which the MWG defines as the increase in mCPR (Contraceptive Prevalence Rate, modern methods) attributable to social franchises.

The MWG is piloting an approach to estimating additionality that includes a consideration of three FP client profiles: i) adopters (clients not using contraception at the time of their visit or within the last 3 months); ii) continuing FP users (clients already using FP who received their contraceptive method from a franchised provider); iii) and provider-changers (clients already using contraception, but who previously received it from another provider). Additional users are the FP adopters over a baseline, after adjusting for continuing users, provider-changers, and those who discontinue use. This measurement approach gives social franchisors a comprehensive picture of the overall increase in FP users.

MSI has created a model for estimating a program's additionality: Impact 2 (available at mariestopes.org/impact-2). The model uses a combination of service provision data (by method, by year) and client profile estimates to calculate the aggregate contribution of an organization to increasing the number of women using contraception nationally. The model is still being tested and refined.

Five social franchise programs participating in the African Health Markets for Equity (AHME) partnership agreed to provide data that would enable estimation of additionality, and technical experts from the MWG have developed those estimates. Results are presented below.

The graph below presents estimated additional users of contraception, compared to a 2012 baseline. Results from the pilot analysis show an overall net growth in additional users in each of the five programs that reported data between the baseline year (2012) and 2015.

It is important to note the limitations of this analysis. For social franchising programs that were missing one or more years of client profile data, the data from the closest year was used as a proxy estimate in this analysis (i.e. 2014 data was used as a proxy for 2013 data that was otherwise missing). Furthermore, because some service provision data was collected according to the AHME project cycle (April to March) rather than calendar years, annual service numbers were estimated by taking 25% and 75% from the relevant reporting years. Lastly, a lack of data prior to 2012 may show inflated results.

Next Steps

The MWG will discuss the limitations and the strengths of their approach to measuring additionality, and determine if the resulting data is faithful to the intent of the metric, and helpful to decision-makers. The Group will also determine if there is value in disaggregating the data to understand trends among continuing users and clients who switch providers. Finally, the MWG will identify how to best disseminate the methodology so that all social franchisors can report additionality in subsequent editions of the Compendium.

Estimates of additionality

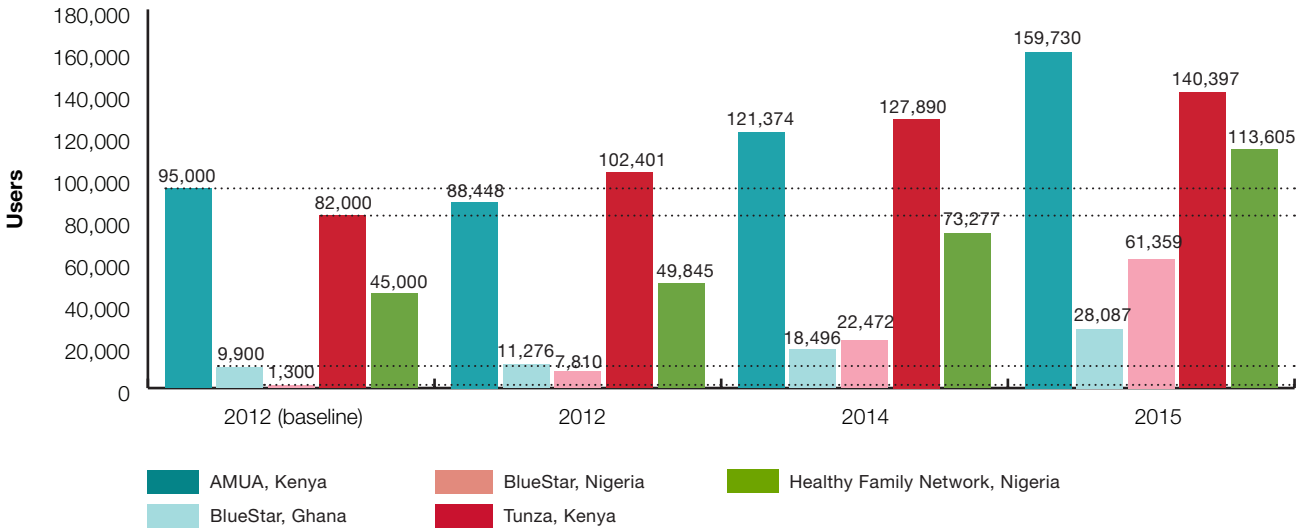
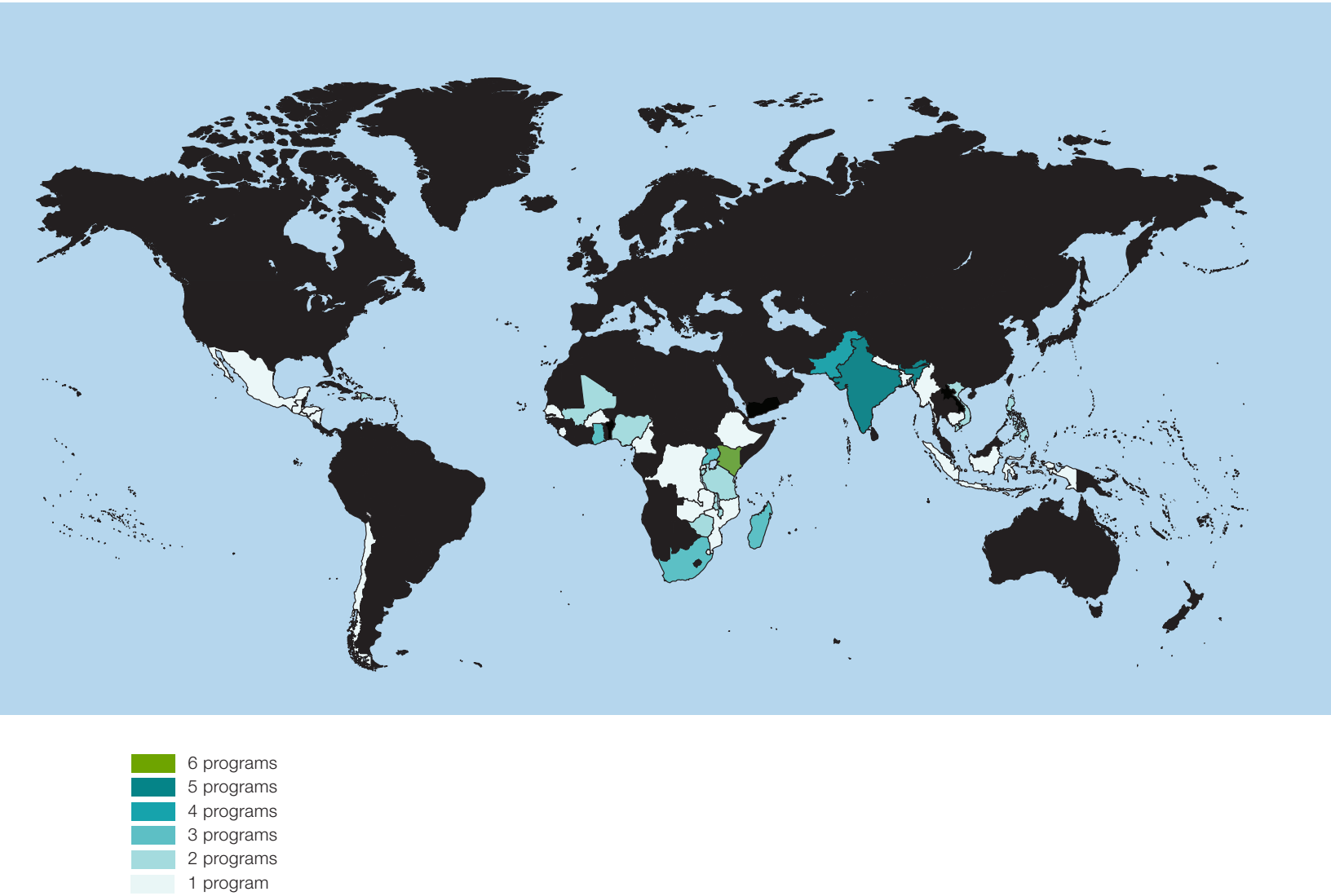
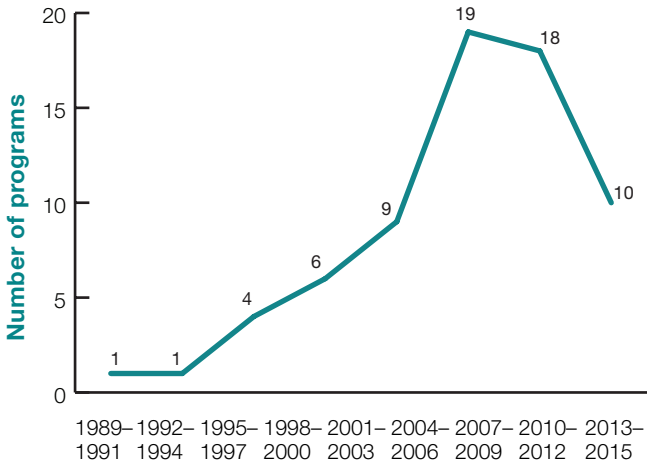


Figure 1. Number of programs by country, 2015
N=70



India and Kenya are home to the greatest numbers of programs. Regionally, the fewest are located in the Americas, though some of the oldest franchises are found there.

Figure 2. Number of programs launched each year



37 programs emerged between 2007 and 2012 alone.

It's not known how many programs closed down.

Figure 3. Number of clinics, by region, 2015

N=70

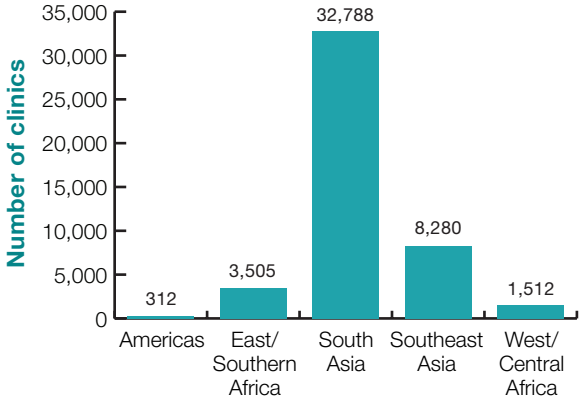


Figure 4. Total client visits and CYPs generated, by region, 2015

N=70

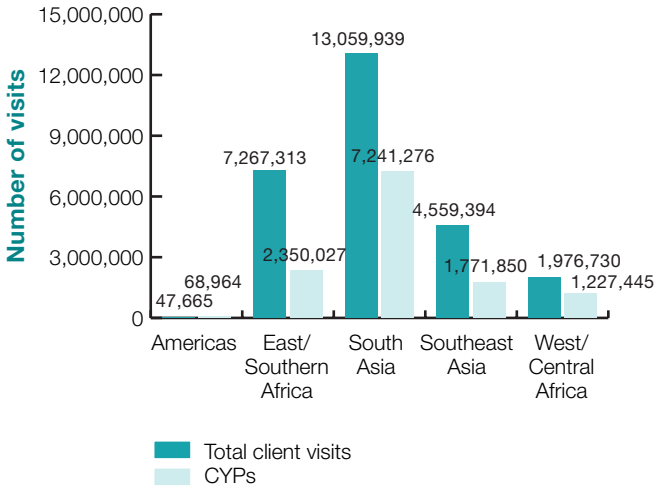
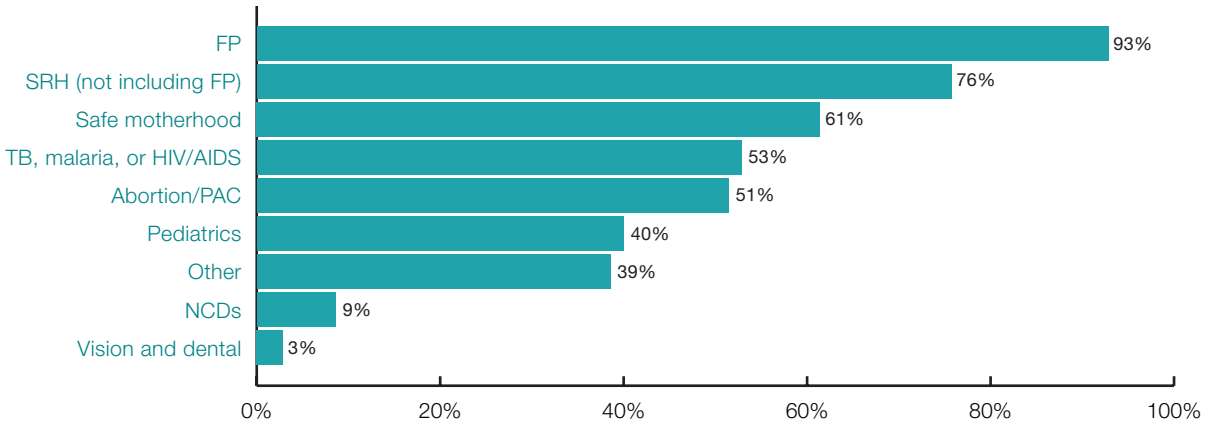


Figure 5. Percent of programs franchising the following types of health services, 2015

N=70

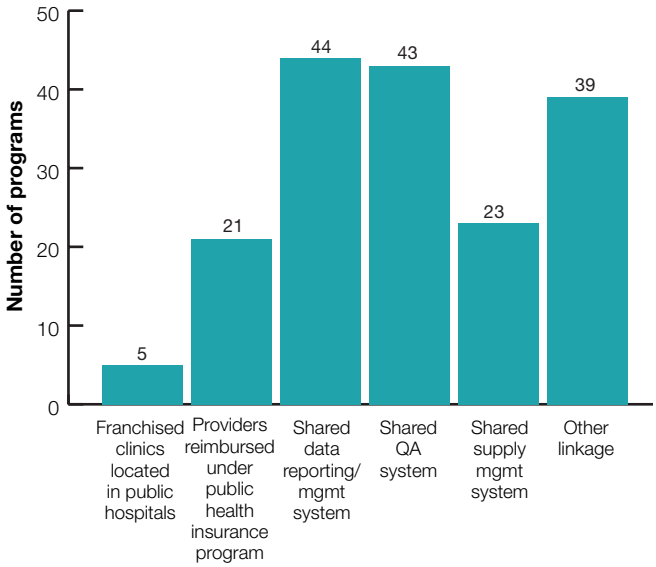


FP continues to be the service that is offered by most franchises.

Figure 6. Linkages between programs and the public health sector, 2015

N=63

(This chart does not include networks that are primarily made up of public providers.)



7 programs reported that their networks primarily include public providers.

Figure 7. Types of quality assessments conducted by programs in 2015

N=70

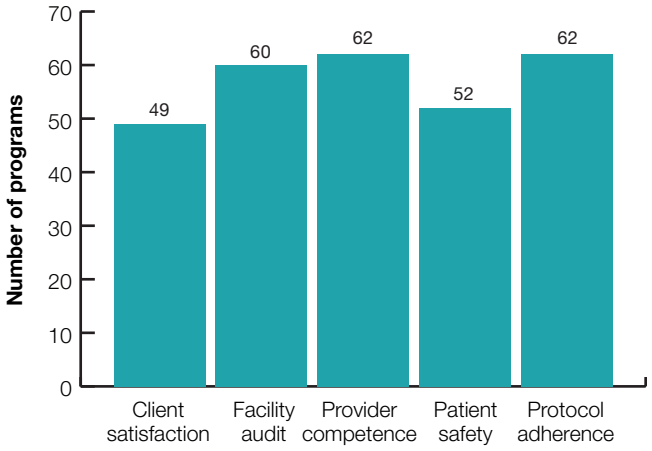


Figure 8. Sources of income for the franchisor, 2015

N=70

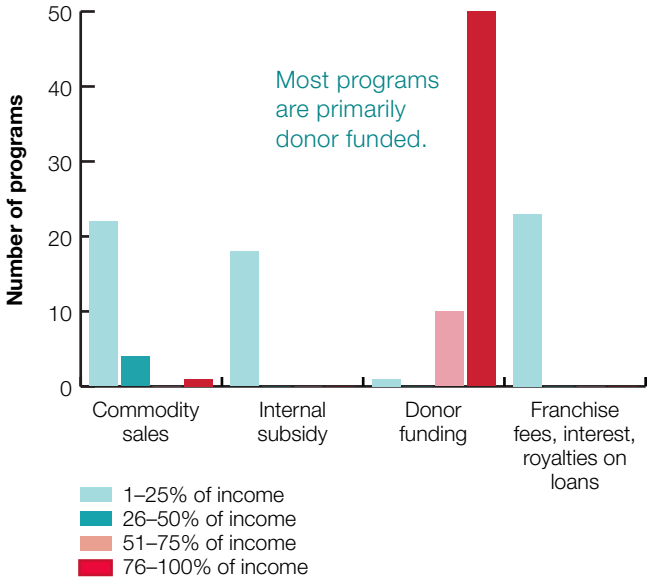
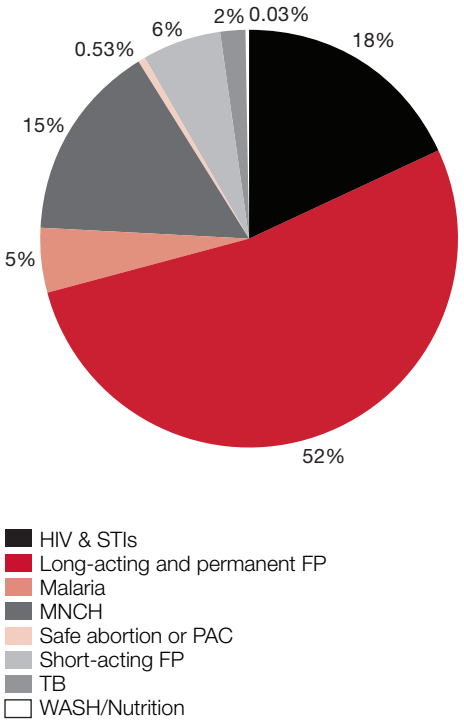
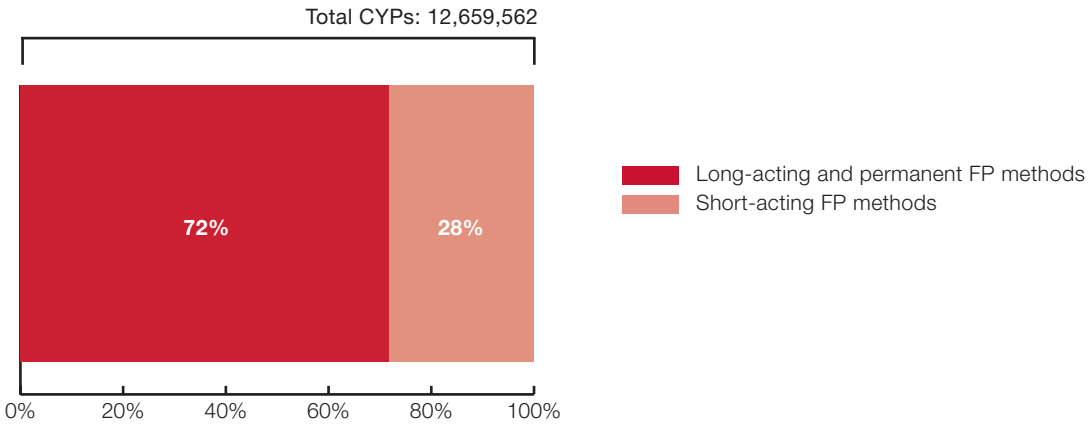


Figure 9. DALYs averted by health service area, 2015
N=70



Long-acting and permanent FP methods contributed most to overall health impact. Despite the number of programs that franchise abortion or PAC services (36), these services accounted for less than 1% of overall health impact.

Figure 10. CYPs, 2015
N=70



INNOVATIONS

Programs reported on a variety of innovations to improve the way they work and the outcomes they achieve:

Program infrastructure

Programs are reporting the adoption of Datawinners, DHIS 2 and various HMIS platforms to efficiently acquire and present service delivery data, track commodities and supplies, and to inform follow-on actions. Some also report the adoption of mobile money transfer platforms to facilitate better tracking of money transfers and service use among clients, and to lower costs charged to clients.

Example: The HealthKeepers Network (HKN) began a pilot test of a mobile money payment system, the first of its kind in the health sector in Ghana. HKN is now using mobile money to receive payments from its community-based distributors (CBDs) and to make different kinds of payments. This has lowered financial barriers to accessing HKN's products by the CBDs; it has also enhanced flexibility in the way CBDs pay for products supplied to them. This process is also enabling some CBDs to access financial services for the first time.

Motivating franchisees and clinic owners

Some programs are using WhatsApp and facebook to facilitate provider-to-provider discussions and peer learning; others are organizing routine peer visits.

Example: LifeNet International affirms behavior change through certificates, post-quality evaluation celebrations, and access to equipment and pharmaceuticals through credit. LN offers access to credit to providers based on management quality and financial transparency, ensuring that equipment is used properly and that loans are repaid.

New products

Some franchisors are working hand-in-hand with researchers and product developers to design new health commodities that can improve client outcomes and are easier to use by providers.

Example: PSI India introduced Freedom-10 (Copper T 380 A), a 10 year long-acting reversible contraceptive in a combipack with single use sterilized 'uterine sound.' This product enables easy loading of the IUD arms.

ANATOMY OF A PROGRAM PROFILE

Country — **BENIN**

Name of the social franchise program — ProFam

ABMS

Name of the agency that manages the program — PSI

Affiliated international non-governmental organization, if any

Equity data reported

Program at a glance

Launch year	2004
Type of franchise	Fractional
Franchised healthcare services	FP and SRH; safe motherhood; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	54
# referral agents (or IPC agents)	0
# total client visits	34,003
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	Yes

Program description

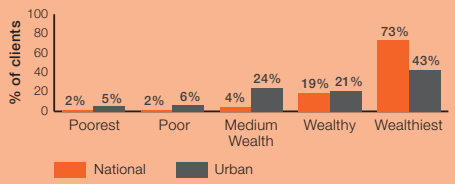
ProFam was developed to improve the quality of care provided by the private sector. Participating providers are all trained and provided with communication tools, medical supplies and medical equipment. They are also monitored regularly to assure quality in provision of franchised services, including: ANC, safe delivery, AMTSL, postnatal care, contraceptive services, VCT, PMTCT, referrals for HIV services, screening for cervical cancer and STIs, diarrhea prevention and treatment using Orasel/Zinc, malaria prevention using bednets, and provision of Aquatab.

Use of demand-side incentives

This program reported the provision of short-term payments to offset costs of accessing franchised healthcare services.

EQUITY

% of FP and STI treatment clients in national and urban wealth quintiles, 2015, n=474 (national and urban)



Note: The World Bank notes that 53.1% of Benin's total population lives on USD 1.90 or less per day. (2011 data)

Source of national and urban wealth index: Benin DHS 2011–2012

Source of program data: Survey of the socioeconomic profile and satisfaction of clients of ProFam clinics in Benin

HEALTH IMPACT

DALYs averted: 54,982 **CYPs:** 94,853

Distribution of DALYs averted by service area, 2015

Note: Services for HIV/STIs and short-acting FP accounted for 0.97% of all DALYs averted.

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	NA
Provider competence	2
Patient safety	2
Protocol adherence	2

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

Health impact data in this edition reflect service provision statistics from franchised clinics only. These data may not be comparable to data from previous editions, which also included commodity distribution statistics from sales outlets.

There are instances when it is not possible to estimate DALYs averted due to unavailability of modeling coefficients. This has resulted in underestimation of DALYs averted for several programs. Additionally, some programs do not track the provision of select services, thereby also resulting in an underestimation of impact.

Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

Social franchise programs are using a set of metrics to determine how well they are performing. Findings are presented here.

For an explanation of the health services that are included in each service area, see page 5.

BANGLADESH

Blue Star Network
Social Marketing Company (SMC)

Program at a glance

Launch year	1998
Type of franchise	Fractional
Franchised healthcare services	FP; safe motherhood; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	6,323
# referral agents (or IPC agents)	NA
# total client visits	6,735,841
# individuals receiving services	1,309,979
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	1%–25%
Internal subsidies	1%–25%
Donor Funds	51%–75%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

Providers in the Blue Star Network—including private graduate and non-graduate medical providers in 64 districts—offer FP injectables; TB DOTS and MNCH counseling services; and refer potential LAPM clients and suspected TB cases. The network has a presence in both rural and urban areas, and reaches people of lower and middle socioeconomic status. Mobile AV programs and mass media campaigns are used to generate demand for franchised healthcare services, and to promote the network. SMC trains the service providers and monitors the quality of services regularly, with technical assistance from the Directorate General of Family Planning, under the Ministry of Health and Family Welfare.

Use of demand-side incentives

None reported

EQUITY

NA

HEALTH IMPACT

DALYs averted: 1,612,331 **CYPs:** 861,850

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	1
Provider competence	1
Patient safety	1
Protocol adherence	1

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

Health impact data in this edition reflect service provision statistics from franchised clinics only. These data may not be comparable to data from previous editions, which also included commodity distribution statistics from sales outlets.

There are instances when it is not possible to estimate DALYs averted due to unavailability of modeling coefficients. This has resulted in underestimation of DALYs averted for several programs. Additionally, some programs do not track the provision of select services, thereby also resulting in an underestimation of impact.

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BENIN

ProFam
ABMS
PSI

Equity data reported

Program at a glance

Launch year	2004
Type of franchise	Fractional
Franchised healthcare services	FP and SRH; safe motherhood; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	54
# referral agents (or IPC agents)	0
# total client visits	34,003
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	Yes

Program description

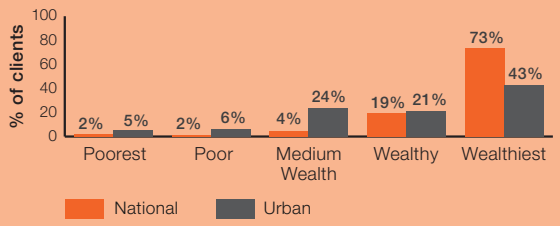
ProFam was developed to improve the quality of care provided by the private sector. Participating providers are all trained and provided with communication tools, medical supplies and medical equipment. They are also monitored regularly to assure quality in provision of franchised services, including: ANC, safe delivery, AMTSL, postnatal care, contraceptive services, VCT, PMTCT, referrals for HIV services, screening for cervical cancer and STIs, diarrhea prevention and treatment using Orasel/Zinc, malaria prevention using bednets, and provision of Aquatab.

Use of demand-side incentives

This program reported the provision of short-term payments to offset costs of accessing franchised healthcare services.

EQUITY

% of FP and STI treatment clients in national and urban wealth quintiles, 2015, n=474 (national and urban)



Note: The World Bank notes that 53.1% of Benin's total population lives on USD 1.90 or less per day. (2011 data)

Source of national and urban wealth index: Benin DHS 2011–2012

Source of program data: Survey of the socioeconomic profile and satisfaction of clients of ProFam clinics in Benin

HEALTH IMPACT

DALYs averted: 54,982 **CYPs:** 94,853

Distribution of DALYs averted by service area, 2015

Note: Services for HIV/STIs and short-acting FP accounted for 0.97% of all DALYs averted.

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	NA
Provider competence	2
Patient safety	2
Protocol adherence	2

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

Health impact data in this edition reflect service provision statistics from franchised clinics only. These data may not be comparable to data from previous editions, which also included commodity distribution statistics from sales outlets.

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Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

BURKINA FASO

Strengthening Social Franchising
ABBEF
IPPF

Program at a glance

Launch year	2013
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	6
# referral agents (or IPC agents)	NA
# total client visits	108,070
# individuals receiving services	29,697
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	NA
Internal subsidies	NA
Donor Funds	NA
Revenue from franchise fees, royalties, or interest on loans	NA
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	NA

Program description

ABBEF has a signed agreement with private providers and community associations to provide FP, safe abortion and HIV services. Franchisees are located in rural areas in Ouagadougou and Bobo Dioulasso.

Use of demand-side incentives

None reported

EQUITY

NA

HEALTH IMPACT

DALYs averted: 24,007 **CYPs:** 34,563

Distribution of DALYs averted by service area, 2015

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	2
Facility readiness	NA
Provider competence	NA
Patient safety	NA
Protocol adherence	NA

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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BURUNDI

LifeNet International

Program at a glance

Launch year	2011
Type of franchise	Fractional
Franchised healthcare services	FP and SRH; primary healthcare; pediatric care; safe motherhood; TB, malaria, or HIV/AIDS; and vision or dental services
# franchised clinics or health centers	56
# referral agents (or IPC agents)	0
# total client visits	837,948
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	1%–25%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	1%–25%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	Yes

EQUITY

NA

HEALTH IMPACT

DALYs averted: NA

CYPs: NA

QUALITY

Types of assessments	**# of assessments in 2015**
Client satisfaction	2
Facility readiness	2
Provider competence	2
Patient safety	2
Protocol adherence	2

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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Program description

LifeNet partners/franchisees are faith-based non-profit organizations that operate both in the private and public sector, and provide primary care services. Due to this hybrid status, they are able to purchase drugs from sources of their choosing; host publicly employed health practitioners as well as their own staff; and participate in performance-based financing, the national insurance program, and mandates such as free care for children <5 and pregnant women. Most network clinics and hospitals operate an in-house pharmacy. All network partners/franchisees stock approved, essential medicines in addition to medicines supplied by provincially run vertical schemes. LifeNet also manages franchised facilities in Uganda and the Democratic Republic of the Congo.

Use of demand-side incentives

None reported

BURUNDI

Tunza
Population Services International
PSI

Program at a glance

Launch year	2013
Type of franchise	Fractional
Franchised healthcare services	FP and SRH; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	43
# referral agents (or IPC agents)	63
# total client visits	10,293
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	26%–50%
Internal subsidies	0%
Donor Funds	51%–75%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

The goal of the three year project 'Expanding Family Planning and Integrated Health Services in Burundi,' funded by the Embassy of the Kingdom of the Netherlands, is to reduce unmet need for FP. The program works toward the following objectives:
1. to increase access to high quality and affordable FP and RH products and services; 2. to increase demand among target groups for RH products and services; 3. to increase integration of HIV and STI with FP and RH products and services; and 4. to create a favorable environment for SRH.

This program reported the provision of vouchers to clients in 2015 for the use of franchised healthcare services.

Use of demand-side incentives

None reported

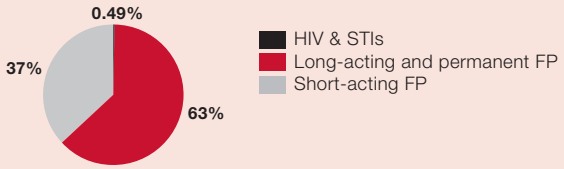
EQUITY

NA

HEALTH IMPACT

DALYs averted: 3,491 **CYPs:** 4,897

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	NA
Facility readiness	1
Provider competence	1
Patient safety	1
Protocol adherence	1

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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There are instances when it is not possible to estimate DALYs averted due to unavailability of modeling coefficients. This has resulted in underestimation of DALYs averted for several programs. Additionally, some programs do not track the provision of select services, thereby also resulting in an underestimation of impact.

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CAMBODIA

Sun Quality Health Network (SQHN)
Population Services Khmer
PSI

Equity data reported

Program at a glance

Launch year	2002
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP and SRH; and pediatric care
# franchised clinics or health centers	282
# referral agents (or IPC agents)	86
# total client visits	38,733
# individuals receiving services	34,788
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

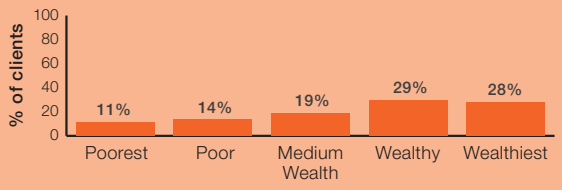
All Sun Quality Health Network providers offer contraceptive services (including condoms, OCs, 3-month injectable, 5-year implants and 10-yr IUDs). Some providers offer: simple diarrhea and pneumonia treatment; medical abortion and PAC; malaria diagnosis & treatment; and cervical cancer screening and VIA.

Use of demand-side incentives

None reported

EQUITY

% of FP clients in each national wealth quintile, 2014
n=488



Note: The World Bank notes that 6.2% of Cambodia's total population lives on USD 1.90 or less per day. (2012 data)

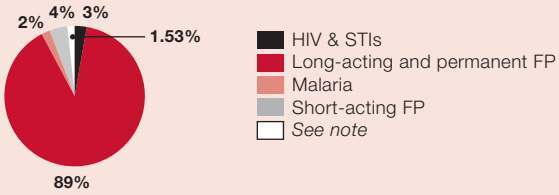
Source of national wealth index: Cambodia DHS 2010

Source of program data: Client satisfaction survey on family planning services received from the Sun Quality Health Network

HEALTH IMPACT

DALYs averted: 22,064 **CYPs:** 113,136

Distribution of DALYs averted by service area, 2015



Note: Services for MNCH and Safe abortion or PAC accounted for 1.53% of all DALYs averted.

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	NA
Facility readiness	3
Provider competence	3
Patient safety	3
Protocol adherence	1

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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CAMEROON

ProFam

Association Camerounaise Pour le Marketing Social (ACMS)

PSI

Equity data reported

Program at a glance

Launch year	2009
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP and SRH
# franchised clinics or health centers	95
# referral agents (or IPC agents)	NA
# total client visits	24,380
# individuals receiving services	12,455
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	1–25%
Internal subsidies	0%
Donor Funds	76–100%
Revenue from franchise fees, royalties, or interest on loans	1–25%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	Yes

Program description

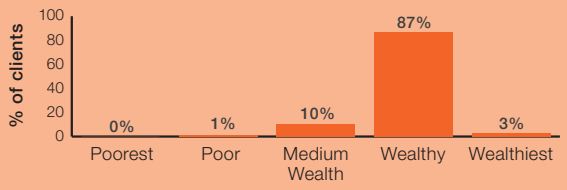
The ProFam network, managed by ACMS, is a network of private and confessional health facilities that promotes the provision of quality assured FP and post-abortion care services. ProFam was launched in 2009. It included 95 health facilities in three regions in Cameroon in 2015: Centre, Littoral, and North West. ProFam also operates the Women's Health Project (WHP), which supports the provision of post-abortion care and cervical cancer screening services.

Use of demand-side incentives

None reported

EQUITY

% of clients who received IUDs in each national wealth quintile, 2015, n=360



Note: The World Bank notes that 29.3% of Cameroon's total population lives on USD 1.90 or less per day. (2007 data)

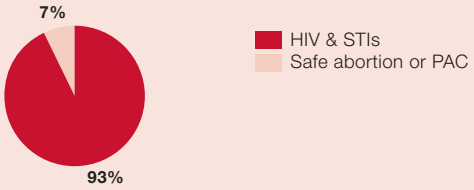
Source of national wealth index: Cameroon DHS 2011

Source of program data: Evaluation of service quality at ProFam facilities in Cameroon

HEALTH IMPACT

DALYs averted: 40,036 **CYPs:** 55,022

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	1
Provider competence	1
Patient safety	1
Protocol adherence	1

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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There are instances when it is not possible to estimate DALYs averted due to unavailability of modeling coefficients. This has resulted in underestimation of DALYs averted for several programs. Additionally, some programs do not track the provision of select services, thereby also resulting in an underestimation of impact.

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CHILE

Centro Amigable Para Jovenes
Asociación Chilena de Protección de la Familia
IPPF

Program at a glance

Launch year	2007
Type of franchise	Fractional
Franchised healthcare services	Counseling; FP and SRH; safe motherhood; TB, malaria, or HIV/AIDS; and urology
# franchised clinics or health centers	3
# referral agents (or IPC agents)	5
# total client visits	14,472
# individuals receiving services	4,000
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	1%–25%
Donor Funds	0%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	Municipal budget
Linkages with the public sector	
Network primarily made up of public providers	Yes
Public health insurance linkage	NA

Program description

This program maintains agreements with public sector clinics to provide quality sexual and reproductive health services to young vulnerable people.

Use of demand-side incentives

This program reported the provision of free contraceptives to clients.

EQUITY

NA

HEALTH IMPACT

DALYs averted: NA* **CYPs:** 434

*Modeling coefficients unavailable, therefore DALYs averted were not calculated.

QUALITY

Types of assessments	**# of assessments in 2015**
Client satisfaction	NA
Facility readiness	2
Provider competence	2
Patient safety	2
Protocol adherence	2

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DEMOCRATIC REPUBLIC OF THE CONGO

Confiance
Association de Santé Familiale
PSI

Program at a glance

Launch year	2003
Type of franchise	Fractional
Franchised healthcare services	FP; pediatric care; safe motherhood; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	116
# referral agents (or IPC agents)	116
# total client visits	74,821
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

This social franchise was developed for the provision of FP services (including a variety of modern short- and long-acting contraceptives). Since its inception, the package of services has broadened to include the prevention and proper management of diarrhea in children under 5 years, and malaria interventions based on the availability of RDT and ACT.

Use of demand-side incentives

None reported

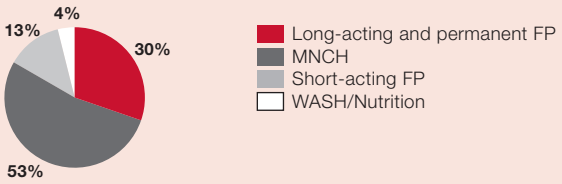
EQUITY

NA

HEALTH IMPACT

DALYs averted: 30,724 **CYPs:** 17,619

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	1
Provider competence	1
Patient safety	1
Protocol adherence	1

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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DOMINICAN REPUBLIC

Profamilia Associated Clinic
Asociación Dominicana Pro Bienestar de la Familia (Profamilia)
IPPF

Program at a glance

Launch year	2006
Type of franchise	Fractional
Franchised healthcare services	FP and SRH; primary care; and safe motherhood
# franchised clinics or health centers	1
# referral agents (or IPC agents)	0
# total client visits	1,655
# individuals receiving services	1,466
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	0%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	Public health budgets
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

The franchisee guarantees commodities, an operating room, and nursing services, while Profamilia pays for the health services that are provided to poor clients. The provider is included in institutional trainings and is monitored for quality of care. More outlets will be joining the network in 2016.

This program reported the provision of vouchers to clients in 2015 for the use of franchised healthcare services.

Use of demand-side incentives

None reported

EQUITY

NA

HEALTH IMPACT

DALYs averted: 15 **CYPs:** 139

Distribution of DALYs averted by service area, 2015

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	NA
Facility readiness	1
Provider competence	1
Patient safety	1
Protocol adherence	1

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

Health impact data in this edition reflect service provision statistics from franchised clinics only. These data may not be comparable to data from previous editions, which also included commodity distribution statistics from sales outlets.

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Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

DOMINICAN REPUBLIC

Red Segura
Society For Family Health
PSI

Program at a glance*

Launch year	2013
Type of franchise	Fractional
Franchised healthcare services	FP and SRH, and general health consultations
# franchised clinics or health centers	6
# referral agents (or IPC agents)	23
# total client visits	2,668
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

*This franchise ended in September 2015.

Program description

This franchise focused on general consultations, health education, and FP. The goal of the franchise was to offer low-cost, high quality, and user-friendly services to the most-in-need populations in the country.

This program reported the provision of vouchers to clients in 2015 for the use of franchised healthcare services.

Use of demand-side incentives

This program reported the provision of short-term payments to offset costs of accessing franchised healthcare services.

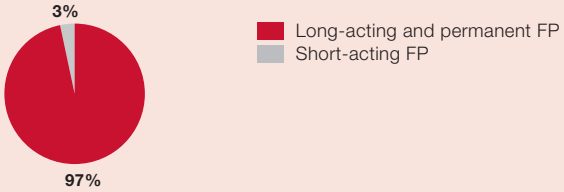
EQUITY

NA

HEALTH IMPACT

DALYs averted: 335 **CYPs:** 3,141

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	1
Provider competence	1
Patient safety	NA
Protocol adherence	NA

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

Health impact data in this edition reflect service provision statistics from franchised clinics only. These data may not be comparable to data from previous editions, which also included commodity distribution statistics from sales outlets.

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EL SALVADOR

Red Segura
PASMO
PSI

Program at a glance

Launch year	2011
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP and SRH; and safe motherhood
# franchised clinics or health centers	32
# referral agents (or IPC agents)	3
# total client visits	1,811
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

This fractional franchise focuses on the provision of contraceptive services (including IUDs, implants, and IPCs); FP counseling, and referrals to offsite services; and PAC services.

This program reported the provision of vouchers to clients in 2015 for the use of franchised healthcare services.

Use of demand-side incentives

None reported

EQUITY

NA

HEALTH IMPACT

DALYs averted: 519 **CYPs:** 7,480

Distribution of DALYs averted by service area, 2015

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	NA
Facility readiness	1
Provider competence	4
Patient safety	4
Protocol adherence	4

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

ETHIOPIA

BlueStar Healthcare Network
Marie Stopes International Ethiopia
MSI

Equity data reported

Program at a glance

Launch year	2008
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP and SRH; safe motherhood; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	608
# referral agents (or IPC agents)	87
# total client visits	641,169
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	1%– 25%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

The franchise program operates in urban and semi-urban areas, and offers providers training and technical assistance, and supplies them with medical commodities. The program also creates demand for services.

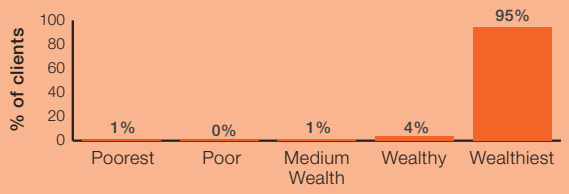
This program reported the provision of vouchers to clients in 2015 for the use of franchised healthcare services.

Use of demand-side incentives

None reported

EQUITY

% of SRH clients in each national wealth quintile, 2015
n=339



Note: The World Bank notes that 33.5% of Ethiopia's total population lives on USD 1.90 or less per day. (2010 data)

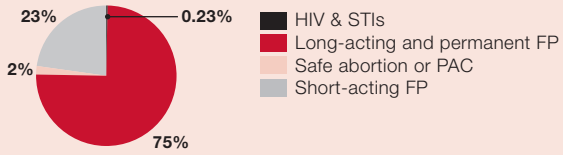
Source of national wealth index: Ethiopia DHS 2011

Source of program data: Client Exit Interview 2015

HEALTH IMPACT

DALYs averted: 110,390 **CYPs:** 187,701

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	1
Provider competence	1
Patient safety	1
Protocol adherence	1

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

Health impact data in this edition reflect service provision statistics from franchised clinics only. These data may not be comparable to data from previous editions, which also included commodity distribution statistics from sales outlets.

There are instances when it is not possible to estimate DALYs averted due to unavailability of modeling coefficients. This has resulted in underestimation of DALYs averted for several programs. Additionally, some programs do not track the provision of select services, thereby also resulting in an underestimation of impact.

Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

GHANA

BlueStar Healthcare Network
Marie Stopes International Ghana
MSI

Equity data reported

Program at a glance

Launch year	2008
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP; pediatric care; safe motherhood; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	189
# referral agents (or IPC agents)	NA
# total client visits	314,273
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	Yes

Program description

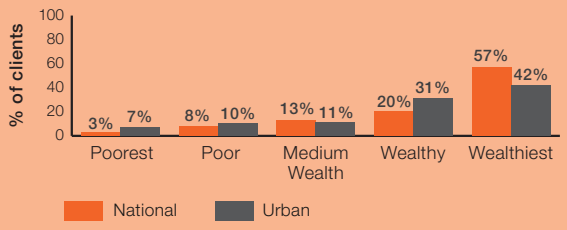
This program has the objectives of strengthening the quality and mix of FP services available to people. In the effort to increase the usage of long-acting and post-abortion FP services, the program focuses on the provision of effective counseling services, and on generating demand.

Use of demand-side incentives

None reported

EQUITY

% of SRH clients in each national wealth quintile, 2015
n=322 (national); n=243 (urban)



Note: The World Bank notes that 25.2% of Ghana's total population lives on USD 1.90 or less per day. (2005 data)

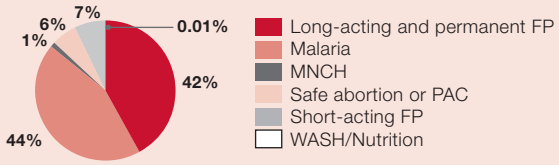
Source of national and urban wealth index: Ghana DHS 2014

Source of program data: Client Exit Interview 2015

HEALTH IMPACT

DALYs averted: 49,902 **CYPs:** 61,667

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	2
Facility readiness	2
Provider competence	3
Patient safety	NA
Protocol adherence	2

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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GHANA

HealthKeepers Network

Program at a glance

Launch year	2006
Type of franchise	Fractional
Franchised healthcare services	FP and pediatric care
# franchised clinics or health centers*	0
# referral agents (or IPC agents)	NA
# total client visits	NA
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	1%–25%
Internal subsidies	1%–25%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	Consultancy services (on social franchising of MNCH services in Sierra Leone)
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

*This program does not include health centers. Services are primarily provided door-to-door and in the community. They reported having 1,800 service providers in 2015.

Program description

The HealthKeepers Network program works to curb disease, chronic hunger and poverty. It is operated by community-based distributors called HealthKeepers, who directly sell health-promoting products and provide consumer information in their localities. Each HealthKeeper receives training on the products they carry so that they can counsel their customers on their proper use. HealthKeepers' products include a mix of high-impact, reliably priced health-promoting products, especially for children and women. There are also selected personal-care items that are in demand and can contribute to the incomes of the HealthKeepers.

Use of demand-side incentives

None reported

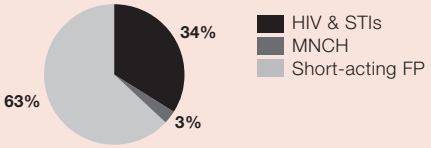
EQUITY

NA

HEALTH IMPACT

DALYs averted: 35,700 **CYPs:** 77,502

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	2
Facility readiness	NA
Provider competence	NA
Patient safety	NA
Protocol adherence	NA

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GHANA

Social Franchise Initiative
Planned Parenthood Association of Ghana
IPPF

Program at a glance

Launch year	2013
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP; safe motherhood; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	9
# referral agents (or IPC agents)	0
# total client visits	13,987
# individuals receiving services	10,551
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	1%–25%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

The Social Franchise Initiative was initiated to increase coverage of SRH services including FP, Comprehensive Abortion Care (CAC), and HIV and STI services to underserved communities. The major partners in this program are private sector providers, due to their location, and the government sector, for its partnership in the clinic audit. Network clinicians have received trainings in CAC, how to provide long-acting and reversible contraceptive services, and data collection. They have also been provided with startup kits for the provision of both surgical and medical abortion, as well as FP services. Similarly, they have been given logistical support for information, communication and technology activities.

Use of demand-side incentives

This program reported the provision of free outreach services to clients.

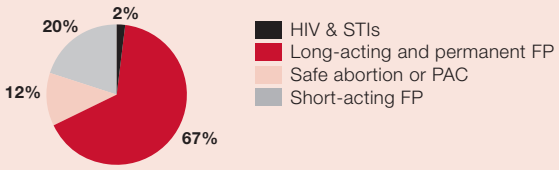
EQUITY

NA

HEALTH IMPACT

DALYs averted: 1,352 **CYPs:** 2,951

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	NA
Facility readiness	1
Provider competence	1
Patient safety	NA
Protocol adherence	1

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GUATEMALA

Red Segura
PASMO
PSI

Program at a glance

Launch year	2010
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; and FP and SRH
# franchised clinics or health centers	163
# referral agents (or IPC agents)	24
# total client visits	11,148
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

Red Segura is a fractional franchise that includes 163 clinics. The services offered are: FP, MVA, and PAC with misoprostol. All providers are trained and certified by a Red Segura staff master trainer. Red Segura has 24 community health workers who create demand for FP.

Use of demand-side incentives

This program reported the provision of cash transfers to clients and short-term payments to offset costs of accessing franchised healthcare services.

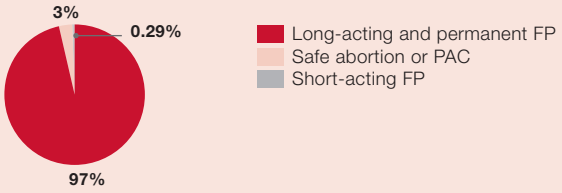
EQUITY

NA

HEALTH IMPACT

DALYs averted: 5,889 **CYPs:** 40,955

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	1
Provider competence	2
Patient safety	1
Protocol adherence	1

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

HAITI

Plis Kontwol
Ohmass
PSI

Program at a glance

Launch year	2013
Type of franchise	NA
Franchised healthcare services	FP and SRH
# franchised clinics or health centers	15
# referral agents (or IPC agents)	39
# total client visits	1,840
# individuals receiving services	1,220
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

Plis Kontwol works to deliver affordable and high quality FP and cervical cancer screening and treatment services through a network of private providers.

Use of demand-side incentives

None reported

EQUITY

NA

HEALTH IMPACT

DALYs averted: 432 **CYPs:** 823

Distribution of DALYs averted by service area, 2015

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	1
Provider competence	1
Patient safety	1
Protocol adherence	1

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HONDURAS

ASHONPLAFA Associated Clinics
Asociación Hondureña de Planificación de Familia
IPPF

Program at a glance

Launch year	1977
Type of franchise	Fractional
Franchised healthcare services	FP
# franchised clinics or health centers	1
# referral agents (or IPC agents)	80
# total client visits	82
# individuals receiving services	82
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	1%–25%
Internal subsidies	1%–25%
Donor Funds	51%–75%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

Since 1977, ASHONPLAFA has partnered with private providers in rural and urban areas to expand access to quality voluntary surgical contraceptive (VSC) services in Honduras. Rather than expanding its own clinical infrastructure, ASHONPLAFA identifies and supports providers that are located in an area where VSC services are not available, are well respected by the community, and have a basic operating room. ASHONPLAFA provides a range of support, including training on VSC procedures. Substantial resources are dedicated to assuring the quality of services, including quality assurance visits (and audit of relevant files) to the clinics and hospitals to ensure compliance with national health standards, and patient home visits as a service following procedures.

Use of demand-side incentives

This program reported that FP service costs are covered by ASHONPLAFA.

EQUITY

NA

HEALTH IMPACT

DALYs averted: 77 **CYPs:** 820

Distribution of DALYs averted by service area, 2015

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	NA
Facility readiness	1
Provider competence	NA
Patient safety	NA
Protocol adherence	NA

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

INDIA

Pehel
PSI / India
PSI

Program at a glance

Launch year	2008
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP and SRH; and safe motherhood
# franchised clinics or health centers	1,114
# referral agents (or IPC agents)	276
# total client visits	206,038
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	1%–25%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

The Pehel program works to improve access to high quality and affordable FP and medical abortion services. Initiated in 2008, the program is located in 30 districts across three states. A related project was launched in 2014 in 10 Pehel program districts in Uttar Pradesh, with the aim of increasing access to quality comprehensive cervical cancer screening and treatment services for women. Similarly, in 2015 PSI India initiated the 'Women's entrepreneurs network for maternal health' project in one Pehel program district. This project involves the provision of services for a "1,000 days" window period—from the time a woman conceives a child to the child's 2nd birthday.

Use of demand-side incentives

This program reported the use of 'a Tikko Sathi' companion pack, which pregnant women can buy to avail ANC services from network clinics. To further encourage regular ANC, the project, 'Women's entrepreneurs network for maternal health' also rewards Tikko points, which can be redeemed to buy medicine or other health products.

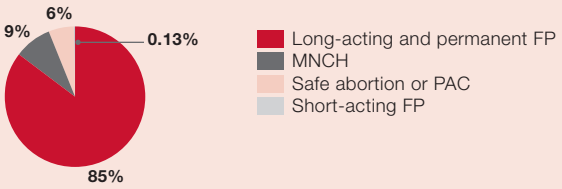
EQUITY

NA

HEALTH IMPACT

DALYs averted: 102,419 **CYPs:** 341,229

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	NA
Facility readiness	1
Provider competence	1
Patient safety	1
Protocol adherence	1

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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INDIA

Merrygold Health Network
Hindustan Latex Family Planning Promotion Trust

Equity data reported

Program at a glance

Launch year	2007
Type of franchise	Both fractional and full
Franchised healthcare services	FP and SRH (including cervical and breast cancer screening); infertility management; pediatric care; and safe motherhood
# franchised clinics or health centers	388
# referral agents (or IPC agents)	14,345
# total client visits	463,593
# individuals receiving services	261,432
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	1%–25%
Donor Funds	51– 75%
Revenue from franchise fees, royalties, or interest on loans	1%–25%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

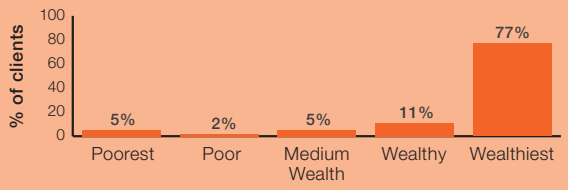
With USAID funding (2007–2010), Merrygold Health Network (MGHN) was launched in 35 districts in Uttar Pradesh. Currently, the Network has been expanded to Rajasthan with funding support from Merck for Mothers, and to Andhra Pradesh and Telangana, with HLFPPT internal resources. The Network recently began supporting franchisees to become accredited under the GoI FP scheme. In 2015, the Network was officially recognized as a Public Private Partnership under the National Health Mission, with accompanying public funding beginning in 2015. Under this partnership, the MGHN program will be scaled up to over 1,000 private facilities (or almost 20% of all existing private facilities) across all 75 districts of Uttar Pradesh in the coming three years.

Use of demand-side incentives

This program reported that they convene free health camps and provide free baby kits to clients.

EQUITY

% of MNCH and FP clients in each national quintile, 2016
n=13,297



Note: The World Bank notes that 21.3% of India's total population lives on USD 1.90 or less per day. (2011 data)

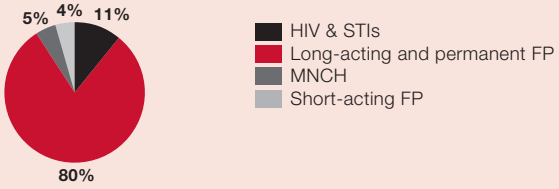
Source of national and urban wealth index: India DHS 2006

Source of program data: None reported

HEALTH IMPACT

DALYs averted: 93,214 **CYPs:** 309,804

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	4
Facility readiness	4
Provider competence	4
Patient safety	4
Protocol adherence	4

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Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

INDIA

Sky
World Health Partners (WHP)

Equity data reported

Program at a glance

Launch year	2008
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP and SRH; pediatric care; safe motherhood; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	14,100
# referral agents (or IPC agents)	14,203
# total client visits	2,009,663
# individuals receiving services	2,008,426
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	1%–25%
Internal subsidies	1%–25%
Donor Funds	51– 75%
Revenue from franchise fees, royalties, or interest on loans	1%–25%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

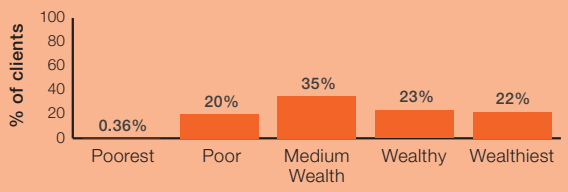
WHP provides primary care, specialized services, and commodities to underserved populations. Under WHP's model, rural health providers are integrated into the Sky network and are trained to use a telemedicine system to take readings of basic parameters, facilitate web-based consultations between their clients and program physicians, and dispense medications as indicated by the physician. Specialized consultations are also offered by medical centers attached to the program.

Use of demand-side incentives

This program reported the provision of cash transfers to clients for the use of franchised healthcare services.

EQUITY

% of clients in each national wealth quintile, 2015
n=4,197



Note: The World Bank notes that 21.3% of India's total population lives on USD 1.90 or less per day. (2011 data)

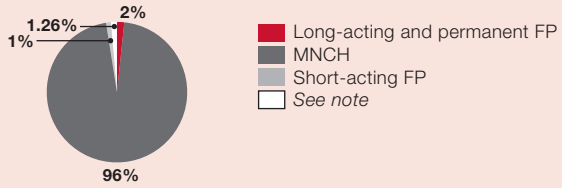
Source of national and urban wealth index: India DHS 2006

Source of program data: Ananya, Matrika, and STBF Project

HEALTH IMPACT

DALYs averted: 824,594 **CYPs:** 128,574

Distribution of DALYs averted by service area, 2015



Note: Services for HIV/STIs, safe abortion or PAC, and WASH/Nutrition accounted for 1.26% of all DALYs averted.

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	4
Facility readiness	2
Provider competence	2
Patient safety	2
Protocol adherence	4

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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INDIA

Surya
Janani
DKT International

Program at a glance

Launch year	1999
Type of franchise	Both fractional and full
Franchised healthcare services	Abortion or related services, including PAC; FP; pediatric care; and safe motherhood
# franchised clinics or health centers	113
# referral agents (or IPC agents)	5,000
# total client visits	NA
# individuals receiving services	66,000
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	26%–50%
Internal subsidies	1%–25%
Donor Funds	51%–75%
Revenue from franchise fees, royalties, or interest on loans	1%–25%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

Janani, an affiliate of DKT International, is a registered not-for-profit society implementing a FP and comprehensive abortion care program in the states of Bihar, Jharkhand, Madhya Pradesh and Uttar Pradesh. Thus far, Janani has provided FP coverage to over 21 million couples. Janani delivers services through its own clinics, franchised clinics, and family planning camps. Janani also socially markets contraceptives.

Use of demand-side incentives

This program reported the provision of cash transfers to clients, and short-term payments to offset costs of accessing franchised healthcare services.

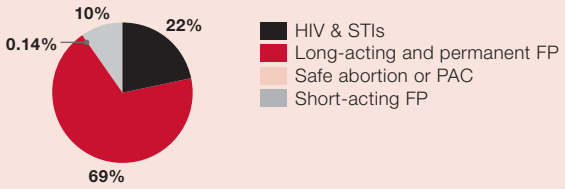
EQUITY

NA

HEALTH IMPACT

DALYs averted: 225,702 **CYPs:** 721,508

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	2
Provider competence	NA
Patient safety	1
Protocol adherence	2

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

Health impact data in this edition reflect service provision statistics from franchised clinics only. These data may not be comparable to data from previous editions, which also included commodity distribution statistics from sales outlets.

There are instances when it is not possible to estimate DALYs averted due to unavailability of modeling coefficients. This has resulted in underestimation of DALYs averted for several programs. Additionally, some programs do not track the provision of select services, thereby also resulting in an underestimation of impact.

Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

INDIA

Ujjwal
Palladium

Program at a glance

Launch year	2013
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP and SRH; pediatric care; and safe motherhood
# franchised clinics or health centers	307
# referral agents (or IPC agents)	4,500
# total client visits	NA
# individuals receiving services	135,112
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	1%–25%
Internal subsidies	1% -25%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	1%–25%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	Yes

Program description

Project Ujjwal works with entrepreneurs, micro-enterprises, businesses, investors, governments and non-government organizations to improve private sector competitiveness in Bihar and Odisha, enhance market and business performance, and create conditions for pro-poor and sustainable growth. The project aims to increase use of services among people from different income levels and age groups; and also complements existing government schemes. The three-tiered Ujjwal network is a fractional franchising network including 300 private providers that offer quality assured FP and RH services at standardized and affordable prices across all 38 districts in Bihar and 30 districts in Odisha.

Use of demand-side incentives

This program reported reimbursement/compensation to clients under the government accreditation scheme for private providers, free services (for certain FP methods and ANC) on fixed service days, and the use of RSBY cards under the Government of India's National Insurance Scheme (RSBY).

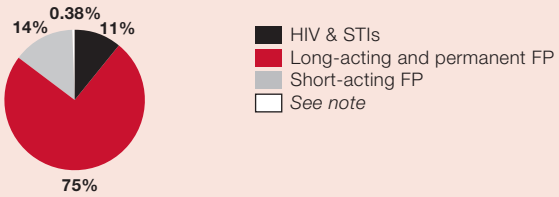
EQUITY

NA

HEALTH IMPACT

DALYs averted: 325,316 **CYPs:** 1,161,381

Distribution of DALYs averted by service area, 2015



Note: Services for MNCH, and safe abortion or PAC accounted for 0.38% of all DALYs averted.

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	2
Facility readiness	4
Provider competence	6
Patient safety	4
Protocol adherence	4

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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INDONESIA

Mitra KB Andalan
DKT Indonesia
DKT International

Program at a glance

Launch year	2012
Type of franchise	Fractional
Franchised healthcare services	FP and SRH, and safe motherhood
# franchised clinics or health centers	5,100
# referral agents (or IPC agents)	0
# total client visits	18,036
# individuals receiving services	5,100
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	NA
Internal subsidies	NA
Donor Funds	NA
Revenue from franchise fees, royalties, or interest on loans	NA
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	Yes
Public health insurance linkage	NA

Program description

DKT Indonesia's franchise program is known as Mitra KB Andalan (MKA). In 2015, operations lasted for six months, starting July 2015 to December 2015.

5,100 independent midwives practicing in 25 cities participated in the program in 2015. While enrolled, the midwives must buy Andalan products; in turn, they receive training on how to provide IUD and implant services, they pay below-market rates for purchased products, and they receive items that may be useful to the midwife or her family. The clinic is also equipped with posters, leaflets, and IEC materials.

Use of demand-side incentives

This program reported the provision of short-term payments to offset costs of accessing franchised healthcare services, and shopping vouchers.

EQUITY

NA

HEALTH IMPACT

DALYs averted: NA* **CYPs:** 865,433

*Modeling coefficients for several services unavailable, therefore DALYs averted were not calculated.

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	6
Facility readiness	3
Provider competence	2
Patient safety	NA
Protocol adherence	1

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

JAMAICA

FAMPLAN Associated Clinic
Jamaica Family Planning Association
IPPF

Program at a glance

Launch year	2015
Type of franchise	Fractional
Franchised healthcare services	FP and SRH
# franchised clinics or health centers	3
# referral agents (or IPC agents)	0
# total client visits	NA
# individuals receiving services	190
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	76%–100%
Internal subsidies	1%– 25%
Donor Funds	1%–25%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	Payment for lab readings
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	NA

Program description

NA

Use of demand-side incentives

This program reported the provision of short-term payments to offset costs of accessing franchised healthcare services.

EQUITY

NA

HEALTH IMPACT

DALYs averted: NA* **CYPs:** 228

*Modeling coefficients for several services unavailable, therefore DALYs averted were not calculated.

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	1
Provider competence	NA
Patient safety	1
Protocol adherence	1

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

Health impact data in this edition reflect service provision statistics from franchised clinics only. These data may not be comparable to data from previous editions, which also included commodity distribution statistics from sales outlets.

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KENYA

Amua Family Health Clinics
Marie Stopes Kenya (MSK)
MSI

Equity data reported

Program at a glance

Launch year	2004
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP and SRH; pediatric care; safe motherhood; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	406
# referral agents (or IPC agents)	812
# total client visits	NA
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	1%–25%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	1%–25%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	Yes

Program description

AMUA was conceived in 2004 by the MoH, with MSK as the implementer. AMUA franchisees operate in peri-urban and rural areas where DHS data indicates higher fertility and unmet need for FP, and they offer 15 franchised SRH and IMCI services (in addition to other non-franchised services). The majority of franchised facilities are small, stand-alone medical clinics that are owned and operated by a licensed nurse and staffed by a few health workers. To drive up demand for services, Community Health Volunteers (CHVs) convene promotional "Amua Leo" events. There are approximately 2 CHVs per facility.

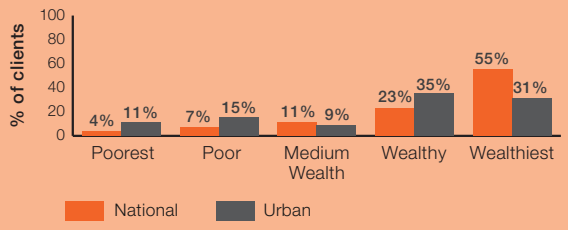
This program reported the provision of vouchers to clients in 2015 for the use of franchised services.

Use of demand-side incentives

None reported

EQUITY

% of SRH clients in each national wealth quintile, 2015
n=256 (national); n=124 (urban)



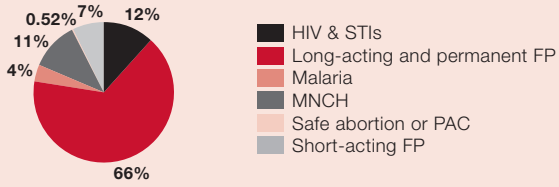
Note: The World Bank notes that 33.6% of Kenya's total population lives on USD 1.90 or less per day. (2005 data)

Source of national and urban wealth index: Kenya DHS 2015
Source of program data: Client Exit Interview 2015

HEALTH IMPACT

DALYs averted: 237,803 **CYPs:** 352,781

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	2
Facility readiness	1
Provider competence	2
Patient safety	1
Protocol adherence	1

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

KENYA

CFW Clinics
Sustainable Healthcare Foundation
The HealthStore Foundation

Program at a glance

Launch year	2000
Type of franchise	Full
Franchised healthcare services	FP and SRH; pediatric care; primary health-care and disease prevention; safe motherhood; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	63
# referral agents (or IPC agents)	8
# total client visits	248,000
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	26%–50%
Internal subsidies	0%
Donor Funds	51%–75%
Revenue from franchise fees, royalties, or interest on loans	1%–25%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	Yes

Program description

The network operates two types of outlets: basic drug shops owned and operated by community health workers, and clinics owned and operated by nurses who provide a deeper list of essential medicines as well as basic primary care. The CFW outlets target the most common killer diseases including malaria, respiratory infections, and dysentery, among others. They also provide health education and prevention services.

Use of demand-side incentives

This program reported the provision of coupons and promotional items to clients.

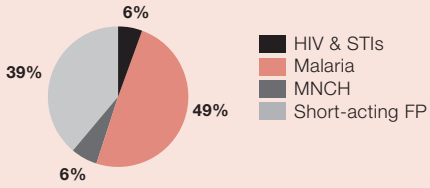
EQUITY

NA

HEALTH IMPACT

DALYs averted: 2,995 **CYPs:** 3,087

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	NA
Facility readiness	4
Provider competence	4
Patient safety	NA
Protocol adherence	4

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

KENYA

GoldStar Network
GoldStar Kenya
FHI

Program at a glance

Launch year	2006
Type of franchise	Fractional
Franchised healthcare services	SRH (not including FP); pediatric care; safe motherhood; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	198
# referral agents (or IPC agents)	NA
# total client visits	NA
# individuals receiving services	6,752
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	1–25%
Donor Funds	76–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	Yes

Program description

The GoldStar Network was developed to leverage private providers for the delivery of affordable, quality assured HIV management services. A full continuum of HIV preventive interventions are offered through linked providers at various levels of care. In addition, TB screening, diagnosis and management is provided. The program also implements select Positive Health, Dignity, and Prevention (PHDP) behavioral interventions through peer- and provider-led communications and counseling, and outreach to contacts and family members. Program strategies include: i) strengthening capacity and motivation of service providers; ii) continuous quality improvement; iii) increasing access to subsidized commodities and services; and iv) capping and standardizing costs of services/products, and engaging third party payers and health purchasing agencies. The public sector is a key partner, and conducts supervision visits jointly.

Use of demand-side incentives

The program reported the provision of fully cost-subsidized ARV drugs, and diagnostic and monitoring tests that are accessed through the public sector.

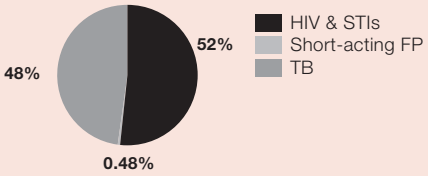
EQUITY

NA

HEALTH IMPACT

DALYs averted: 92,013 **CYPs:** 1,858

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	NA
Facility readiness	3
Provider competence	4
Patient safety	NA
Protocol adherence	4

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

KENYA

Huduma Poa Health Network
Kisumu Medical and Education Trust

Program at a glance

Launch year	2013
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP and SRH; pediatric care; safe motherhood; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	80
# referral agents (or IPC agents)	166
# total client visits	364,736
# individuals receiving services	187,645
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	1%–25%
Internal subsidies	1%–25%
Donor Funds	51%–75%
Revenue from franchise fees, royalties, or interest on loans	1%–25%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	Yes

Program description

The network strategy focuses on eliminating missed opportunities in FP, HIV testing and cervical cancer screening; promoting child health by adoption of the recommended IMCI protocols; and facilitating linkages for tertiary care. The network uses a three-pronged strategy: 1) quality assurance of franchisees (primarily mid-level clinically trained health workers with stand-alone clinics) by program staff, 2) marketing of services by program staff and CHWs, and 3) financing for franchisees, as enabled by the Medical Credit Fund. The program collaborates extensively with the Ministry of Health in Kenya.

Use of demand-side incentives

This program reported the provision of short-term payments to offset costs of accessing franchised healthcare services.

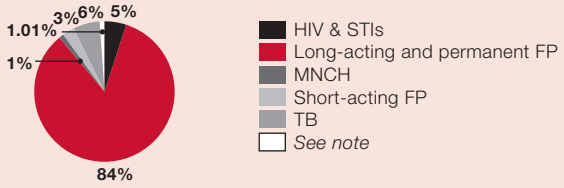
EQUITY

NA

HEALTH IMPACT

DALYs averted: 49,415 **CYPs:** 84,525

Distribution of DALYs averted by service area, 2015



Note: Services for malaria and safe abortion or PAC accounted for 1.01% of all DALYs averted.

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	4
Facility readiness	4
Provider competence	2
Patient safety	2
Protocol adherence	2

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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KENYA

Sky Network
World Health Partners

Program at a glance

Launch year	2015
Type of franchise	Fractional
Franchised healthcare services	FP and SRH; NCDs; pediatric care; safe motherhood; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	22
# referral agents (or IPC agents)	0
# total client visits	766
# individuals receiving services	750
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	1%–25%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

The program recruits community-based healthcare providers and women entrepreneurs to facilitate tele-medicine consultations, with the goal of delivering primary health services within walkable distances. WHP launched its Sky network of rural centers in Homa Bay County under an MoU signed with the county's health ministry. All Sky centres are owned by woman entrepreneurs with a male counterpart drawn from the communities. Following extensive training, all centers are up and running, with connections to a virtual medical facility based in WHP's Kisumu office. Providers in the Sky network offer Level 1 therapeutic care. WHP is currently creating a network of Level 2 nurse centers. Each nurse center will have an electronic system with the ability to facilitate consultations between rural patients and city-based doctors. The system will help healthcare providers based in remote areas to obtain vital parameters (such as a blood pressure instrument, cardiogram, pulse oximeter, glucometer, haemoglobin meter, foetal Doppler and stethoscope) and provide quality consultations. There are also options to add more diagnostic tools, as the situation requires.

Use of demand-side incentives

None reported

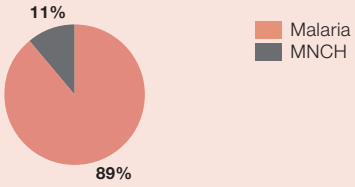
EQUITY

NA

HEALTH IMPACT

DALYs averted: 19 **CYPs:** NA

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	2
Facility readiness	1
Provider competence	NA
Patient safety	NA
Protocol adherence	NA

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

KENYA

Tunza Family Health Network
Population Services Kenya
PSI

Equity data reported

Program at a glance

Launch year	2008
Type of franchise	Fractional
Franchised healthcare services	FP and SRH; NCDs; pediatric care; safe motherhood; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	329
# referral agents (or IPC agents)	75
# total client visits	2,300,000
# individuals receiving services	451,283
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	Yes

Program description

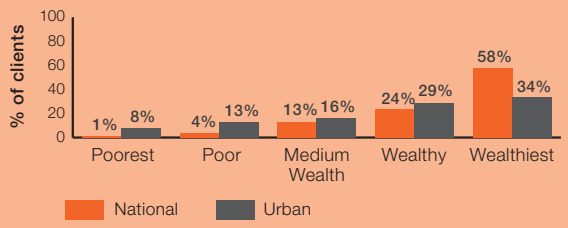
The Tunza Network consists of healthcare providers who have a licensed private practice and offer primary health care services to low-income and underserved populations. These providers enter into contractual agreements with PS Kenya to deliver a specified package of services in accordance with franchise standards, and under a common brand. As members of the network, providers enjoy access to training and continuing medical education, free marketing and demand creation activities, supportive supervision for clinical and business practices, and linkages to subsidized commodities, among other benefits. Franchised services include FP; HIV testing, care and treatment; IMCI (diarrhea, malaria and pneumonia); cervical cancer screening and treatment; safe motherhood; hypertension; tuberculosis; and voluntary medical male circumcision.

Use of demand-side incentives

This program reported the provision of free cervical cancer treatment to poor clients.

EQUITY

% of clients who received reproductive health, child health, and malaria treatment services in national and urban wealth quintiles, 2016, n=667 (national); n=468 (urban)



Note: The World Bank notes that 33.6% of Kenya's total population lives on USD 1.90 or less per day. (2005 data)

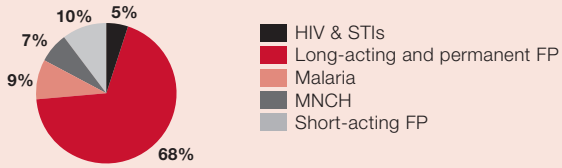
Source of national wealth index: Kenya DHS 2015

Source of program data: Client exit interviews monitoring the quality of Tunza service delivery

HEALTH IMPACT

DALYs averted: 148,470 **CYPs:** 238,047

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	>6
Provider competence	1
Patient safety	1
Protocol adherence	1

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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MADAGASCAR

BlueStar and CSBStar
Marie Stopes Madagascar
MSI

Program at a glance

Launch year	2009
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP and SRH; and safe motherhood
# franchised clinics or health centers	234
# referral agents (or IPC agents)	258
# total client visits	390,713
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	1%–25%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	1%–25%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	NA

Program description

This program includes 84 public health clinics and 150 franchised private clinics. Under this conversion model, medical providers are trained to deliver quality assured FP services.

Use of demand-side incentives

None reported

EQUITY

NA

HEALTH IMPACT

DALYs averted: 99,882 **CYPs:** 230,061

Distribution of DALYs averted by service area, 2015

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	NA
Provider competence	2
Patient safety	2
Protocol adherence	4

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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MADAGASCAR

Franchise Sociale
Fianakaviana Sambatra
IPPF

Program at a glance

Launch year	1990
Type of franchise	Full
Franchised healthcare services	Abortion or related services, including PAC; FP and SRH; laboratory medical analysis; pediatric care; safe motherhood; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	10
# referral agents (or IPC agents)	6
# total client visits	45,076
# individuals receiving services	13,525
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

FISA (Fianakaviana Sambatra), or 'Happy Family' focuses on vulnerable and marginalized neighborhoods and remote villages. FISA is recognized as a center of excellence for sexual and reproductive health services for women and young people, and has been awarded the status of 'ARPU' or Association Recognized for Public Utility. FISA emphasizes the five strategic IPPF areas: Access, Abortion, Adolescents, HIV/AIDS, and Advocacy, and endorses the core values of non-discrimination, respect for choice and culture, good governance and constructive innovation.

Use of demand-side incentives

This program reported the provision of short-term payments to offset costs of accessing franchised healthcare services.

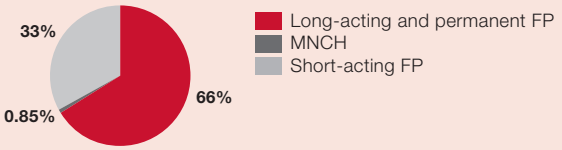
EQUITY

NA

HEALTH IMPACT

DALYs averted: 704 **CYPs:** 1,714

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	NA
Facility readiness	NA
Provider competence	NA
Patient safety	NA
Protocol adherence	NA

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

Health impact data in this edition reflect service provision statistics from franchised clinics only. These data may not be comparable to data from previous editions, which also included commodity distribution statistics from sales outlets.

There are instances when it is not possible to estimate DALYs averted due to unavailability of modeling coefficients. This has resulted in underestimation of DALYs averted for several programs. Additionally, some programs do not track the provision of select services, thereby also resulting in an underestimation of impact.

Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

MADAGASCAR

TOP Réseau
PSI / Madagascar
PSI

Equity data reported

Program at a glance

Launch year	2001
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP and SRH; gender-based violence; pediatric care; safe motherhood; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	244
# referral agents (or IPC agents)	651
# total client visits	267,654
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	1%–25%
Internal subsidies	1%–25%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	Yes

Program description

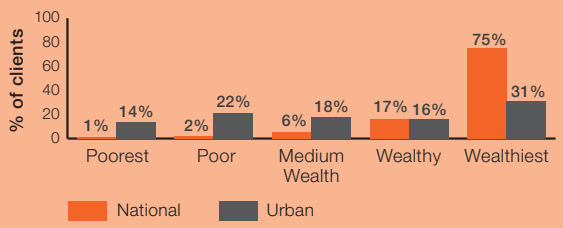
Top Réseau was launched in 2001 to improve access to affordable and high quality services among vulnerable people. The Top Réseau network includes 244 private clinics across the country, and is run in partnership with two local NGOs: SAF and SALFA. Top Réseau clinics provide a range of integrated health services (FP/RH, PAC, IMCI, nutrition, malaria, STI/VCT, and youth-friendly services). Referral links exist between franchise facilities and separate public or private referral clinics for the management of adverse events or complications. Top Réseau advertises available services through Interactive Voice Response, a toll-free number, radio and TV advertising, billboards and posters, community outreach, and the distribution of vouchers or subsidies for health services.

Use of demand-side incentives

None reported

EQUITY

% of clients in national and urban wealth quintiles, 2015
n=1,030 (national); n=897 (urban)



Note: The World Bank notes that 81.8% of Madagascar's total population lives on USD 1.90 or less per day. (2010 data)

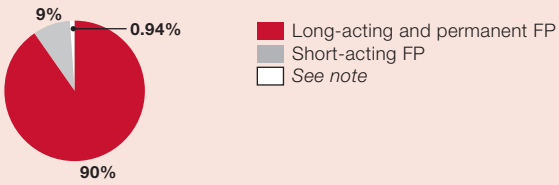
Source of national and urban wealth index: Madagascar DHS 2008

Source of program data: Top Réseau Client Exit Survey

HEALTH IMPACT

DALYs averted: 75,096 **CYPs:** 168,493

Distribution of DALYs averted by service area, 2015



Note: Services for HIV/STIs, malaria, MNCH, safe abortion or PAC, and WASH/Nutrition accounted for 0.94% of all DALYs averted.

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	1
Provider competence	4
Patient safety	4
Protocol adherence	4

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

MALAWI

Bluestar Health Care Network
Banja La Mtsogolo
MSI

Program at a glance

Launch year	2008
Type of franchise	Fractional
Franchised healthcare services	FP and SRH
# franchised clinics or health centers	58
# referral agents (or IPC agents)	0
# total client visits	67,344
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

BlueStar is a fractional franchise that is a partnership between private sector clinics in Malawi and BLM for the provision of quality RH/FP services to the community at an affordable price. The vision is to support families to have children by choice, not chance. The program was launched in 2008.

Use of demand-side incentives

None reported

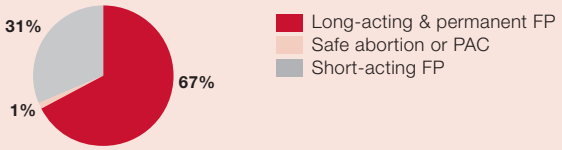
EQUITY

NA

HEALTH IMPACT

DALYs averted: 13,809 **CYPs:** 24,514

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	3
Provider competence	3
Patient safety	3
Protocol adherence	3

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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MALAWI

Tunza Family Health Network
PSI Malawi
PSI

Program at a glance

Launch year	2012
Type of franchise	Fractional
Franchised healthcare services	FP and SRH; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	65
# referral agents (or IPC agents)	65
# total client visits	47,758
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	1%–25%
Internal subsidies	1%–25%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	1%–25%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

People in Malawi have limited access to quality health services due to long distances to health facilities, a limited number of qualified providers, challenges in commodity availability, and the high cost of services in the private sector. The Tunza network offers FP services, with a focus on women of reproductive age, and access to a range of contraceptive methods including short-acting and long-acting reversible contraceptive methods, as well as STI management and HTC services. The Tunza network is now expanding in scope to include VMMC services.

Use of demand-side incentives

This program reported the provision of short-term payments to offset costs of accessing franchised healthcare services.

EQUITY

NA

HEALTH IMPACT

DALYs averted: 10,684 **CYPs:** 18,358

Distribution of DALYs averted by service area, 2015

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	1
Provider competence	4
Patient safety	4
Protocol adherence	1

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MALI

BlueStar
Marie Stopes Mali
MSI

Program at a glance

Launch year	2011
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP and SRH
# franchised clinics or health centers	175
# referral agents (or IPC agents)	33
# total client visits	99,134
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	1%–25%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	Yes*
Public health insurance linkage	No

*The public providers are Community Health Center operators, and can enter into contracts with MSI and pay franchise network fees.

Program description

This program includes 175 social franchises (169 public health and 6 private health facilities). Its objectives are to improve access to and quality of FP services at lower level healthcare facilities. The franchisor trains the providers in FP and the management of medical emergencies (and a few are also trained to provide PAC and PPIUD services). The franchisor also arranges follow-up visits for clients, conducts exit interviews with them, and monitors providers for quality. Social Marketing Agents conduct outreach and generate demand for FP services. The MoH is a collaborator in the implementation of the program, and other local organizations also contribute to program activities.

Use of demand-side incentives

None reported

EQUITY

NA

HEALTH IMPACT

DALYs averted: 139,335 **CYPs:** 154,884

Distribution of DALYs averted by service area, 2015

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	2
Provider competence	2
Patient safety	1
Protocol adherence	1

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MALI

ProFam
PSI/Mali
PSI

Program at a glance

Launch year	2005
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP and SRH; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	115
# referral agents (or IPC agents)	72
# total client visits	24,833
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	Yes

Program description

ProFam is a network of pre-existing providers who practice under the ProFam brand and are given access to trainings, subsidized products, and equipment. In return, providers are expected to meet PSI standards. This program provides quality assured FP and HIV services to women in four regions of Mali. This includes providing access to cervical cancer screening, contraceptives, counseling, HIV testing, and post-abortion care.

This program reported the provision of vouchers to clients in 2015 for the use of franchised healthcare services.

Use of demand-side incentives

This program reported the provision of cash transfers for franchised healthcare services. They also convene promotional days and open door days, where all services are offered free of charge.

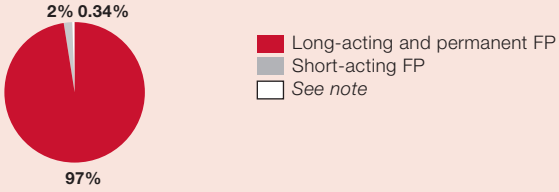
EQUITY

NA

HEALTH IMPACT

DALYs averted: 43,913 **CYPs:** 47,378

Distribution of DALYs averted by service area, 2015



Note: Services for MNCH and safe abortion or PAC accounted for 0.34% of all DALYs averted.

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	2
Provider competence	2
Patient safety	2
Protocol adherence	2

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MEXICO

Mexfam Associated Clinics
Fundación Mexicana Para La Planeación Familiar, A.C. (MEXFAM)
IPPF

Program at a glance

Launch year	2006
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP and SRH; and safe motherhood
# franchised clinics or health centers	4
# referral agents (or IPC agents)	NA
# total client visits	1,489
# individuals receiving services	1,489
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	NA
Internal subsidies	NA
Donor Funds	NA
Revenue from franchise fees, royalties, or interest on loans	NA
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

This program establishes agreements with private providers to increase access to safe abortion services.

Use of demand-side incentives

None reported

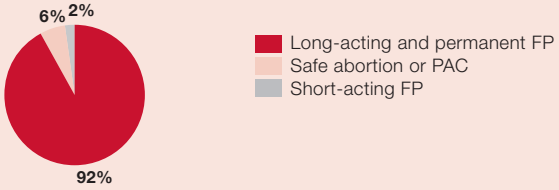
EQUITY

NA

HEALTH IMPACT

DALYs averted: 108 **CYPs:** 1,960

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	>6
Facility readiness	2
Provider competence	2
Patient safety	1
Protocol adherence	4

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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There are instances when it is not possible to estimate DALYs averted due to unavailability of modeling coefficients. This has resulted in underestimation of DALYs averted for several programs. Additionally, some programs do not track the provision of select services, thereby also resulting in an underestimation of impact.

Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

MOZAMBIQUE

Intimo
DKT Mozambique
DKT International

Program at a glance

Launch year	2011
Type of franchise	Fractional
Franchised healthcare services	FP and SRH; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	25
# referral agents (or IPC agents)	76
# total client visits	32,000
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	26%– 50%
Internal subsidies	1%–25%
Donor Funds	51–75%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

The program trains public and private providers to provide FP services. Currently, there are 17 clinics in the Maputo province, 4 clinics in the Gaza province, 4 clinics in the Sofala province, and one mobile FP unit in the Nampula province. Plans are underway for expansion to the remaining 4 provinces of Mozambique.

This program reported the provision of vouchers to clients in 2015 for the use of franchised healthcare services.

Use of demand-side incentives

None reported

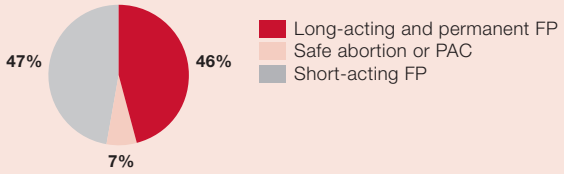
EQUITY

NA

HEALTH IMPACT

DALYs averted: 20,345 **CYPs:** 28,883

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	NA
Facility readiness	3
Provider competence	4
Patient safety	6
Protocol adherence	3

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

Health impact data in this edition reflect service provision statistics from franchised clinics only. These data may not be comparable to data from previous editions, which also included commodity distribution statistics from sales outlets.

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MYANMAR

Sun Quality Health (SQH)
PSI/Myanmar
PSI

Program at a glance

Launch year	2001
Type of franchise	Fractional
Franchised healthcare services	FP and SRH; pediatric care; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	1,362
# referral agents (or IPC agents)	311
# total client visits	1,756,769
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	1%–25%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	In kind contributions from the government in the form of free commodities
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

SQH is a tiered franchise network that includes doctors who provide comprehensive case management and CHWs who provide primary care and referral services. To drive up demand for SQH services, the program advertises through radio and TV, in addition to conducting community outreach activities.

Use of demand-side incentives

This program reported the following: in the TB program, clients are supported with incentives to cover travel costs to laboratories and Sun Quality Health clinics. Laboratory examination fees are reimbursed by PSI/Myanmar. There is also an incentive scheme for registered TB clients who can refer TB presumptive clients to SQH clinics. Lastly, clients that are referred by the SQH providers to the PSI-owned Quality Control Centre get incentives for receiving HIV counseling and testing services.

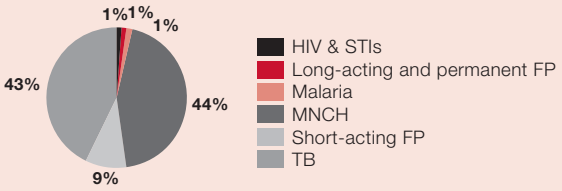
EQUITY

NA

HEALTH IMPACT

DALYs averted: 251,229 **CYPs:** 253,613

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	NA
Facility readiness	5
Provider competence	5
Patient safety	5
Protocol adherence	5

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

NEPAL

OK Network
PSI/Nepal
PSI

Program at a glance

Launch year	2009
Type of franchise	Fractional
Franchised healthcare services	FP
# franchised clinics or health centers	387
# referral agents (or IPC agents)	394
# total client visits	50,874
# individuals receiving services	42,418
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

Franchise facilities are independently owned and operated by franchisees (physicians, nurses, or auxiliary nurse midwives [ANMs]). In keeping with Nepal's task-shifting policies, 88% of franchisees are ANMs. In addition to providing a variety of curative services for children and adults, outlets provide maternal health and FP products such as condoms, oral contraceptives, injectables, implants, and IUDs to clients. PSI supports IUD provision through the Women's Health Program.

Use of demand-side incentives

None reported

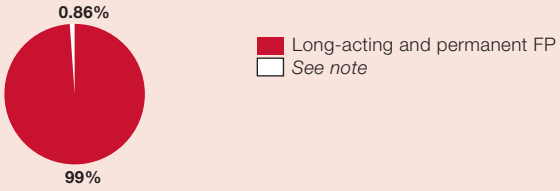
EQUITY

NA

HEALTH IMPACT

DALYs averted: 28,469 **CYPs:** 148,660

Distribution of DALYs averted by service area, 2015



Note: Services for HIV/STIs and short-acting FP accounted for 0.86% of all DALYs averted.

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	NA
Facility readiness	2
Provider competence	2
Patient safety	2
Protocol adherence	1

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

NICARAGUA

Red Segura
PASMO
PSI

Program at a glance

Launch year	2008
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP and SRH; NCDs; and safe motherhood
# franchised clinics or health centers	84
# referral agents (or IPC agents)	7
# total client visits	12,500
# individuals receiving services	12,000
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	Yes

Program description

Red Segura provides contraceptive services (including IUDs and implants), and services for the management of gestational diabetes.

Use of demand-side incentives

None reported

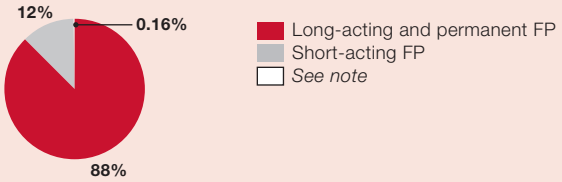
EQUITY

NA

HEALTH IMPACT

DALYs averted: 1,263 **CYPs:** 12,984

Distribution of DALYs averted by service area, 2015



Note: Services for HIV/STIs and safe abortion or PAC accounted for 0.16% of all DALYs averted.

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	1
Provider competence	2
Patient safety	2
Protocol adherence	2

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NIGERIA

Bluestar
Marie Stopes International Organization Nigeria
MSI

Equity data reported

Program at a glance

Launch year	2012
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP and SRH; safe motherhood; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	347
# referral agents (or IPC agents)	317
# total client visits	91,358
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	1%–25%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	1%–25%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	Yes

Program description

BlueStar Nigeria launched in September 2012 with 26 franchisees in one state. With funding from a mix of donors, the program had expanded to 12 states and 347 franchisees by the end of 2015. The network seeks to serve the poor and under-served, and has a membership of 70% midwives and 30% doctors. Franchisees are primarily located in rural and peri-urban communities.

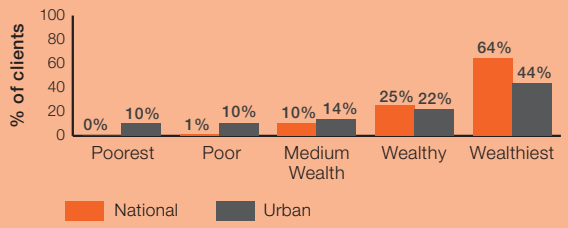
This program reported the provision of vouchers to clients in 2015 for the use of franchised healthcare services.

Use of demand-side incentives

None reported

EQUITY

% of SRH clients in each national wealth quintile, 2015
n=109 (national); n=79 (urban)



Note: The World Bank notes that 53.5% of Nigeria's total population lives on USD 1.90 or less per day. (2009 data)

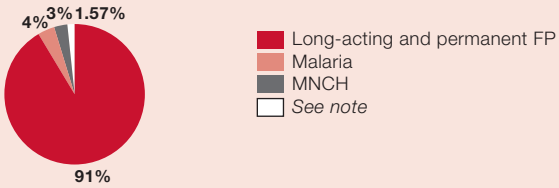
Source of national and urban wealth index: Nigeria DHS 2013

Source of program data: Client Exit Interview 2015

HEALTH IMPACT

DALYs averted: 226,818 **CYPs:** 237,304

Distribution of DALYs averted by service area, 2015



Note: Services for HIV/STIs, safe abortion or PAC, short acting FP, and WASH/Nutrition accounted for 1.57% of all DALYs averted.

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	2
Provider competence	6
Patient safety	6
Protocol adherence	6

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

Health impact data in this edition reflect service provision statistics from franchised clinics only. These data may not be comparable to data from previous editions, which also included commodity distribution statistics from sales outlets.

There are instances when it is not possible to estimate DALYs averted due to unavailability of modeling coefficients. This has resulted in underestimation of DALYs averted for several programs. Additionally, some programs do not track the provision of select services, thereby also resulting in an underestimation of impact.

Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

NIGERIA

Healthy Family Network
Society for Family Health
PSI

Equity data reported

Program at a glance

Launch year	2010
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP and SRH; pediatric care; safe motherhood; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	340
# referral agents (or IPC agents)	202
# total client visits	1,451,018
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	Yes

Program description

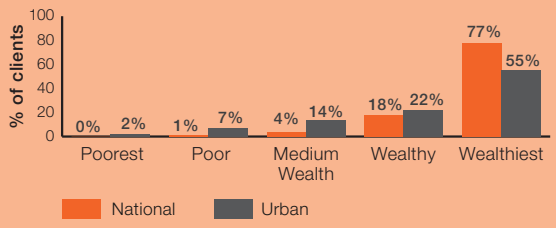
The Healthy Family Network works with privately owned hospitals, maternities, pharmacies and PPMVs to provide essential, high quality, and affordable healthcare services to poor and vulnerable populations in urban and semi-urban areas in Nigeria. The network offers capacity building, commodities supply, and quality improvement support to providers. It also works toward making the facilities bankable (through the use of a medical credit fund), and provides strategic behavioral change communication activities to promote demand for services.

Use of demand-side incentives

None reported

EQUITY

% of FP clients in national and urban wealth quintiles, 2015, n=513 (national); n=463 (urban)



Note: The World Bank notes that 53.5% of Nigeria's total population lives on USD 1.90 or less per day. (2009 data)

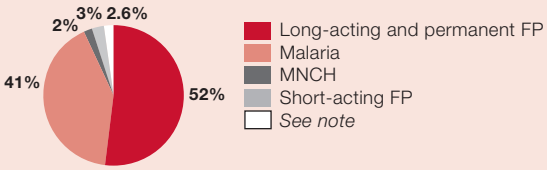
Source of national and urban wealth index: Nigeria DHS 2013

Source of program data: Measuring client satisfaction through client exit interviews

HEALTH IMPACT

DALYs averted: 557,540 **CYPs:** 350,042

Distribution of DALYs averted by service area, 2015



Note: Services for HIV & STIs, safe abortion or PAC, and WASH/Nutrition accounted for 2.6% of all DALYs averted.

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	NA
Provider competence	2
Patient safety	2
Protocol adherence	2

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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There are instances when it is not possible to estimate DALYs averted due to unavailability of modeling coefficients. This has resulted in underestimation of DALYs averted for several programs. Additionally, some programs do not track the provision of select services, thereby also resulting in an underestimation of impact.

Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

PAKISTAN

Dhanak Health Care Center
DKT Pakistan
DKT International

Program at a glance

Launch year	2012
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP and SRH; pediatric care; safe motherhood; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	1,080
# referral agents (or IPC agents)	0
# total client visits	480,971
# individuals receiving services	230,305
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	NA
Internal subsidies	NA
Donor Funds	NA
Revenue from franchise fees, royalties, or interest on loans	NA
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	Yes
Public health insurance linkage	NA

Program description

DKT Pakistan's Dhanak Health Care Center program mobilizes communities for the adoption of FP services, and encourages new and current family planning users to select methods of their choice from a modern method mix, including short- and long-acting methods. DKT Pakistan offers a supply of more than 20 types of condoms (for dual protection), oral contraceptives, emergency contraceptives, injectables, five types of IUDs and implants. Community-based FP services are provided through community midwives and mid-level healthcare providers in rural Pakistan. Dhanak operates in suburban and rural areas, using different strategies to reach each population.

This program reported the provision of vouchers to clients in 2015 for the use of franchised healthcare services.

Use of demand-side incentives

This program reported the provision of incentives in the form of equipment, such as solar panels.

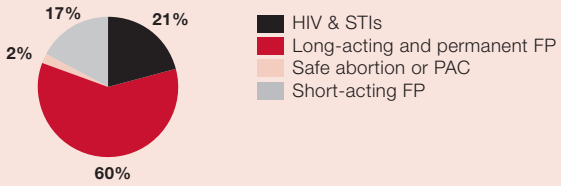
EQUITY

NA

HEALTH IMPACT

DALYs averted: 318,674 **CYPs:** 782,362

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	NA
Facility readiness	2
Provider competence	2
Patient safety	2
Protocol adherence	2

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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PAKISTAN

Integration with Private Practitioners
Rahnuma Family Planning Association of Pakistan
IPPF

Program at a glance

Launch year	NA
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP and SRH; pediatric care; safe motherhood; sexual and gender-based violence; TB, malaria, or HIV/AIDS; and urology services
# franchised clinics or health centers	2,173
# referral agents (or IPC agents)	68
# total client visits	2,319,022
# individuals receiving services	966,259
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	1–25%
Internal subsidies	0%
Donor Funds	76–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

The program capitalizes on the potential of the private providers (PPs), as their contribution to the provision of overall healthcare services in the country stands at 75%. Their share in the overall provision of FP services is however limited to 15%. The intervention accounts for 40-49% share of R-FPAP's CYP achievement annually, with cost per CYP now Rs. 273/-. As a strategy, great care is observed in the selection of PPs, with a focus on rural and peri-urban mid-level service providers, who typically have increased commitment and interaction with communities. MoUs are signed with them, and on this basis, R-FPAP ensures upgrades to their clinics, regular contraceptive supply, training for quality assurance, provision of IEC and publicity materials, two-way referral mechanisms for tubal ligation, social mobilization at some locations, and an increased SRH service package.

Use of demand-side incentives

None reported

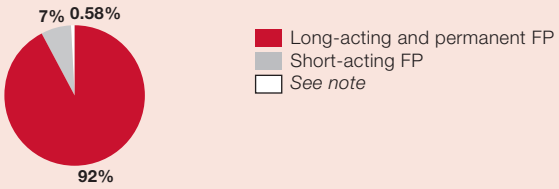
EQUITY

NA

HEALTH IMPACT

DALYs averted: 199,063 **CYPs:** 639,837

Distribution of DALYs averted by service area, 2015



Note: Services for HIV/STIs, MNCH, and safe abortion or PAC accounted for 0.58% of all DALYs averted.

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	NA
Provider competence	1
Patient safety	NA
Protocol adherence	1

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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PAKISTAN

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

Program at a glance

Launch year	1995
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP and SRH; pediatric care; and safe motherhood
# franchised clinics or health centers	6,140
# referral agents (or IPC agents)	471
# total client visits	793,937
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

Greenstar's franchised female service providers offer an integrated package of services including a range of FP, reproductive health, and maternal and child health interventions. The service providers include medical doctors, as well as Lady Health Visitors (mid-level providers) who serve low-income populations. Maternal and child health services are also provided through Mobile Service Units (MSUs) and rural clinics. Community-based demand-generation activities and mass media campaigns are used to drive up demand for health services, and behavior change communication activities are undertaken with providers to improve the way services are provided. Greenstar trains service providers and monitors them for quality in service provision. The program also collaborates with provincial governments.

This program reported the provision of vouchers to clients in 2015 for the use of franchised healthcare services.

Use of demand-side incentives

None reported

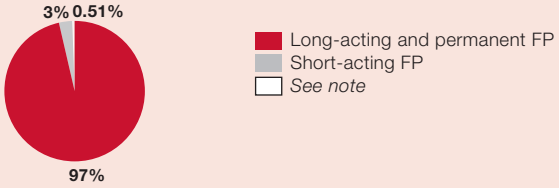
EQUITY

NA

HEALTH IMPACT

DALYs averted: 180,932 **CYPs:** 549,762

Distribution of DALYs averted by service area, 2015



Note: Services for HIV/STIs and safe abortion or PAC accounted for 0.51% of all DALYs averted.

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	4
Provider competence	4
Patient safety	4
Protocol adherence	4

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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PAKISTAN

Suraj Social Franchising
Marie Stopes Society
MSI

Equity data reported

Program at a glance

Launch year	2008
Type of franchise	Fractional
Franchised healthcare services	FP
# franchised clinics or health centers	663
# referral agents (or IPC agents)	663
# total client visits	668,456
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

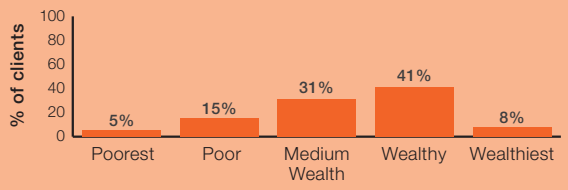
Suraj is a branded network of 663 private providers operating in rural areas in the Punjab, Khyber Pakhtunkhwa and Sindh provinces of Pakistan. The network is composed of fractional franchises, where a FP/RH service package is added to the private provider's existing services. The aim is to increase awareness, demand, access, choices and quality of FP and RH services for underserved and poor communities. A demand-side financing voucher scheme is a central component of this work.

Use of demand-side incentives

This program reported that a transport cost is included in the voucher price for tubal ligation services.

EQUITY

% of SRH clients in each national wealth quintile, 2015
n=993



Note: The World Bank notes that 8.3% of Pakistan's total population lives on USD 1.90 or less per day. (2010 data)

Source of national wealth index: Pakistan DHS 2012

Source of program data: Client Exit Interview 2015

HEALTH IMPACT

DALYs averted: 510,976 **CYPs:** 1,596,309

Distribution of DALYs averted by service area, 2015

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	2
Provider competence	2
Patient safety	2
Protocol adherence	2

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

PHILIPPINES

BlueStar Pilipinas
Populations Services Pilipinas Incorporated
MSI

Program at a glance

Launch year	2008
Type of franchise	Fractional
Franchised healthcare services	FP and SRH
# franchised clinics or health centers	176
# referral agents (or IPC agents)	0
# total client visits	129,142
# individuals receiving services	117,699
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	1%–25%
Internal subsidies	1%–25%
Donor Funds	51%–75%
Revenue from franchise fees, royalties, or interest on loans	1%–25%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	Yes

Program description

Midwives who work exclusively in the private sector are recruited and engaged as franchisees to provide high quality FP services. Franchisees have been supported by the franchisor to become accredited under the National Health Insurance Program, an area of work that has allowed the franchisor to become recognized for its expertise in this area.

Use of demand-side incentives

None reported

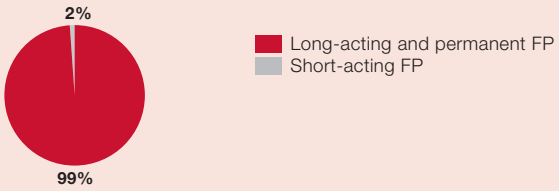
EQUITY

NA

HEALTH IMPACT

DALYs averted: 34,533 **CYPs:** 347,306

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	2
Facility readiness	2
Provider competence	2
Patient safety	2
Protocol adherence	2

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

PHILIPPINES

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

Program at a glance

Launch year	2002
Type of franchise	Full
Franchised healthcare services	FP and safe motherhood
# franchised clinics or health centers	91
# referral agents (or IPC agents)	170
# total client visits	107,561
# individuals receiving services	96,758
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	1%–25%
Donor Funds	0%
Revenue from franchise fees, royalties, or interest on loans	1%–25%
Other sources include	Interest from the bank and personal donations
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	Yes

Program description

The Well-Family Midwife Clinics program supports private midwives to convert their businesses into WFMC franchises. The program aims to improve less-than-optimal rates of facility-based labor and delivery services in the country by improving community perceptions around the quality of facility-based care and expanding financing options for clients through linkages with the National Health Insurance Program. The program also aims to empower franchised midwives by involving them in its governance structure and by prioritizing the growth of their clinical practices.

Use of demand-side incentives

This program reported the provision of short-term payments to clients to offset costs of accessing franchised healthcare services. They also offer discounted FP services and free prenatal care.

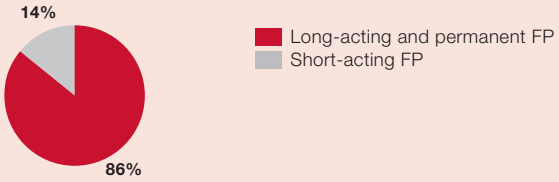
EQUITY

NA

HEALTH IMPACT

DALYs averted: 1,132 **CYPs:** 11,610

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	3
Facility readiness	3
Provider competence	3
Patient safety	3
Protocol adherence	3

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

RWANDA

One Family Health

Program at a glance

Launch year	2012
Type of franchise	Full
Franchised healthcare services	FP and SRH; pediatric care; primary care services, including minor trauma care; safe motherhood; TB, malaria, or HIV/AIDS; and vision or dental services
# franchised clinics or health centers	90
# referral agents (or IPC agents)	0
# total client visits	574,000
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	1%–25%
Internal subsidies	0%
Donor Funds	51%–75%
Revenue from franchise fees, royalties, or interest on loans	1%–25%
Other sources include	Health insurance reimbursements for products and services provided to clients
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	Yes

EQUITY

NA

HEALTH IMPACT

DALYs averted: NA

CYPs: NA

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	NA
Facility readiness	NA
Provider competence	NA
Patient safety	NA
Protocol adherence	NA

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

Program description

This franchise is run in partnership with the Ministry of Health (MoH), district, and local authorities. It includes nurse-run clinics that offer a basic package of primary care services that are in line with basic offerings of the government's community-based health insurance program, in which franchisees participate. The franchised clinics are mirror images of government-operated primary care clinics, and they are considered part of the MoH infrastructure. The nurses generate income from co-payments from patients and health insurance reimbursements. The clinics are turnkey operations, including the provision of a complete franchise package (including drug distribution and access to loan financing).

Use of demand-side incentives

None reported

SENEGAL

BlueStar
MSI Senegal
MSI

Program at a glance

Launch year	2012
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; and FP and SRH
# franchised clinics or health centers	61
# referral agents (or IPC agents)	75
# total client visits	40,975
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	Yes

Program description

BlueStar was set up in collaboration with private and public healthcare providers to address unmet need for FP services through private-public partnerships. The BlueStar network offers a range of FP services that are monitored for quality, proximate to clients, and affordable. The services offered through the franchise network primarily target women living in urban and suburban areas around a franchise facility, switchers from short to long-term contraceptives, new FP users, and poor women.

Use of demand-side incentives

None reported

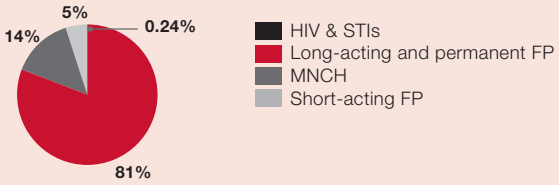
EQUITY

NA

HEALTH IMPACT

DALYs averted: 24,232 **CYPs:** 46,139

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	2
Facility readiness	2
Provider competence	2
Patient safety	2
Protocol adherence	2

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

SIERRA LEONE

Bluestar Health Network
Marie Stopes Sierra Leone
MSI

Program at a glance

Launch year	2008
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; and FP
# franchised clinics or health centers	5
# referral agents (or IPC agents)	5
# total client visits	14,151
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

Bluestar Health Network Sierra Leone was launched in December 2008 to serve the poor and under-served primarily in rural and peri-urban communities. The Network delivers FP and reproductive health services through private health care providers operating in the Western Area, and the Southern and Northern Provinces. The aim of Bluestar operations is to bring on board and serve new FP users and adopters, as well as to serve ongoing family planning users. The network is presently being resized to five providers, three clinics, and two hospitals.

This program reported the provisions of vouchers to clients in 2015 for the use of franchised healthcare services.

Use of demand-side incentives

None reported

EQUITY

NA

HEALTH IMPACT

DALYs averted: NA* **CYPs:** 47,521

*Modeling coefficients for several services unavailable, therefore DALYs averted were not calculated.

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	2
Provider competence	2
Patient safety	2
Protocol adherence	2

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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SOUTH AFRICA

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

Program at a glance

Launch year	2005
Type of franchise	Fractional
Franchised healthcare services	NCDs; SRH (not including FP); safe motherhood; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	NA
# referral agents (or IPC agents)	NA
# total client visits	322,025
# individuals receiving services	2,649
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

This program is intended to relieve the burden of patient care from the public hospital system by referring stabilized patients away from this system to private sector providers (franchisees). In addition to assuring quality of services provided by the franchisees through trainings and monitoring, BroadReach also provides tracing services for patients that have been lost to follow-up. The program was launched with in-kind support from the North West Province Department of Health and grant funds from USAID.

Use of demand-side incentives

None reported

EQUITY

NA

HEALTH IMPACT

DALYs averted: 977 **CYPs:** 29

Distribution of DALYs averted by service area, 2015

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	2
Facility readiness	2
Provider competence	4
Patient safety	2
Protocol adherence	4

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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SOUTH AFRICA

New Start
SFH
PSI

Program at a glance

Launch year	2004
Type of franchise	Both fractional and full
Franchised healthcare services	TB, malaria, or HIV/AIDS
# franchised clinics or health centers*	5
# referral agents (or IPC agents)	0
# total client visits	387,307
# individuals receiving services	119,242
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

*Services are primarily provided door-to-door and in the community.

Program description

This program provides mobile and door-to-door VCT services to the community. In addition, VMMC is provided in seven clinics, including one site that is operated by a General Practitioner network. All clients who test positive for HIV are provided with CD4 cell count testing services and referred and linked to treatment and care as well.

Use of demand-side incentives

None reported

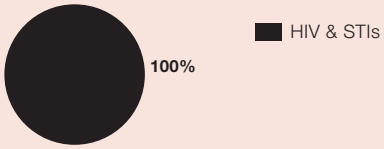
EQUITY

NA

HEALTH IMPACT

DALYs averted: 272,119 **CYPs:** 0

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	>6
Facility readiness	1
Provider competence	1
Patient safety	1
Protocol adherence	1

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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SOUTH AFRICA

Unjani Clinics
Unjani Clinics NPC

Program at a glance

Launch year	2010
Type of franchise	Full
Franchised healthcare services	FP and SRH; NCDs; pediatric care; primary care; safe motherhood; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	20
# referral agents (or IPC agents)	0
# total client visits	59,857
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	1%–25%
Other sources include	Interest from invested funds
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

EQUITY

NA

HEALTH IMPACT

DALYs averted: NA

CYPs: NA

QUALITY

Types of assessments	**# of assessments in 2015**
Client satisfaction	NA
Facility readiness	2
Provider competence	2
Patient safety	2
Protocol adherence	2

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

Program description

Unjani Clinics are full-service primary healthcare container facilities that enable entrepreneurs to transition from salaried healthcare workers to full business owners using the "clinic in a box" approach. Each Unjani Clinic is staffed by a professional registered nurse with a dispensing certificates (for up to schedule 4 medicines), and a clinic assistant. The owner/operators earn income through the sales of services and OTC goods and have been able to pay staff salaries, replenish stock, cover operational expenses, and still make a profit.

Use of demand-side incentives

This program reported the use of a loyalty program, where the tenth visit is free.

SWAZILAND

New Start
PSI Swaziland
PSI

Program at a glance

Launch year	2001
Type of franchise	Fractional
Franchised healthcare services	TB, malaria, or HIV/AIDS
# franchised clinics or health centers*	7
# referral agents (or IPC agents)	0
# total client visits	93,593
# individuals receiving services	93,593
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

*Services are primarily provided door-to-door and in the community.

Program description

The program provides HIV testing and counseling services, and offers referrals to clinics, health centers and hospitals in Swaziland.

Use of demand-side incentives

None reported

EQUITY

NA

HEALTH IMPACT

DALYs averted: 675,486 **CYPs:** 104,084

Distribution of DALYs averted by service area, 2015

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	Client satisfaction surveys are conducted on an ongoing basis, with every tenth client.
Facility readiness	1
Provider competence	1
Patient safety	NA
Protocol adherence	4

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TANZANIA

Familia
PSI Tanzania
PSI

Equity data reported

Program at a glance

Launch year	2009
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC (and harm reduction counseling for unsafe abortions); FP and SRH; pediatric care; and safe motherhood
# franchised clinics or health centers	262
# referral agents (or IPC agents)	189
# total client visits	41,604
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	Yes

Program description

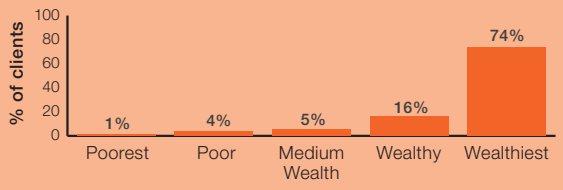
The Familia network started in 2009 with the goal of increasing access to long-term FP methods in Tanzania, and has since expanded to include other services. In addition to providing FP services through network clinics, the network sells Familia brand commodities through pharmaceutical channels and health facilities.

Use of demand-side incentives

This program reported that cryotherapy for cervical cancer treatment is provided on a free-of-charge basis to clients who are unable to pay for services.

EQUITY

% of clients seeking fever treatment in each national wealth quintile, 2015, n=402



Note: The World Bank notes that 46.6% of Tanzania's total population lives on USD 1.90 or less per day. (2011 data)

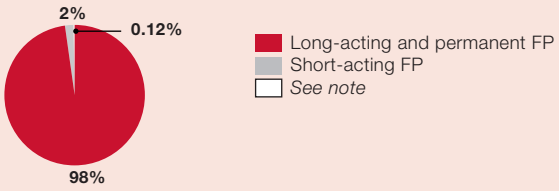
Source of national and urban wealth index: Tanzania DHS 2010

Source of program data: UNITAID private sector RDT project: pilot midline and scale-up baseline exit interview study

HEALTH IMPACT

DALYs averted: 171,662 **CYPs:** 278,674

Distribution of DALYs averted by service area, 2015



Note: Services for HIV/STIs, MNCH, and safe abortion or PAC accounted for 0.12% of all DALYs averted.

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	NA
Facility readiness	6
Provider competence	6
Patient safety	6
Protocol adherence	2

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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TANZANIA

Trust Franchise Network
DKT Tanzania
DKT International

Program at a glance

Launch year	2014
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP and SRH; safe motherhood; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	20
# referral agents (or IPC agents)	66
# total client visits	NA
# individuals receiving services	953
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

The Trust Franchise Network consists of 20 independently run franchise clinics that provide FP and RH services. All providers are trained by DKT on use of Misoprostol and MVA, on CPAC, and long- and short-acting FP methods. Moreover, DKT renovates and equips participating clinics to bring them up to the Trust standard, and sells FP commodities to franchisees at a discounted rate.

Use of demand-side incentives

None reported

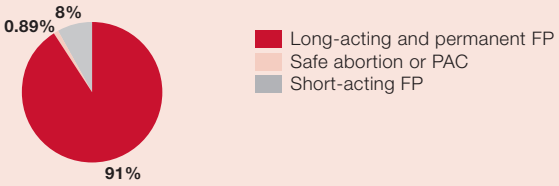
EQUITY

NA

HEALTH IMPACT

DALYs averted: 336 **CYPs:** 553

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	NA
Facility readiness	NA
Provider competence	2
Patient safety	NA
Protocol adherence	NA

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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UGANDA

BlueStar HealthCare Network
Marie Stopes International Uganda (MSIU)
MSI

Program at a glance

Launch year	2011
Type of franchise	Fractional
Franchised healthcare services	FP and SRH; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	226
# referral agents (or IPC agents)	412
# total client visits	33,125
# individuals receiving services	26,718
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

MSIU operates in 226 private health facilities under the BlueStar HealthCare Network. The network is focused on expanding access to FP, including long-acting methods.

In the effort to increase equity in access to healthcare services, MSIU uses vouchers to target subsidies to the most vulnerable populations. Vouchers are a strategy for removing cost barriers for clients, while encouraging providers to add LARC services to their service portfolio and business plans.

Use of demand-side incentives

None reported

EQUITY

NA

HEALTH IMPACT

DALYs averted: 80,574 **CYPs:** 109,103

Distribution of DALYs averted by service area, 2015

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	2
Facility readiness	1
Provider competence	2
Patient safety	2
Protocol adherence	2

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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UGANDA

Living Goods
Living Goods and BRAC

Program at a glance

Launch year	2007
Type of franchise	Full
Franchised healthcare services	De-worming; FP; nutrition; pediatric care; safe motherhood; TB, malaria, or HIV/AIDS
# franchised clinics or health centers*	0
# referral agents (or IPC agents)	0
# total client visits	NA
# individuals receiving services	3,126,400
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	1%–25%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	1%–25%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

*This program does not include health centers. Services are primarily provided door-to-door and in the community. They reported having 3,908 service providers in 2015.

Program description

Living Goods and BRAC have built an 'Avon-like' network of CHWs who go from door to door teaching families how to improve their health, supporting pregnant women, and distributing products like fortified foods, clean delivery kits, and basic treatments for malaria, diarrhea, and respiratory infections. LG and BRAC CHWs are compensated through earning a margin on the sale of products along with targeted performance incentives. LG and BRAC retain a wholesale margin on the products, covering the costs of running the network. A recent external RCT evaluation found that there was a 25% reduction in child mortality in areas served by the program, in contrast to control areas.

Use of demand-side incentives

None reported

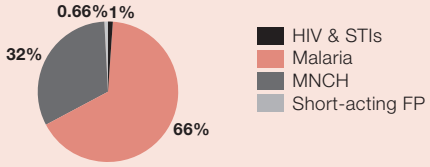
EQUITY

NA

HEALTH IMPACT

DALYs averted: 103,882 **CYPs:** 1,569

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	NA
Facility readiness	NA
Provider competence	1
Patient safety	NA
Protocol adherence	>6

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UGANDA

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

Equity data reported

Program at a glance

Launch year	2008
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; child survival; FP and SRH; safe motherhood; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	235
# referral agents (or IPC agents)	450
# total client visits	209,189
# individuals receiving services	114,483
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

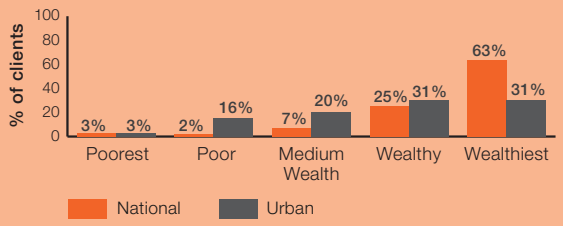
Collaborators include the franchisees, MOH, CBOs, community savings groups, community health insurance, and other NGOs that support implementation of the program.

Use of demand-side incentives

None reported

EQUITY

% of FP clients in national and urban wealth quintiles, 2015, n=267 (national); n=147 (urban)



Note: The World Bank notes that 33.2% of Uganda's total population lives on USD 1.90 or less per day. (2012 data)

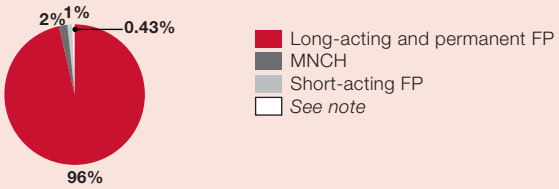
Source of national and urban wealth index: Uganda MIS 2014

Source of program data: Women Health Program (WHP): Assessing equity and quality of care among clients who seek family planning services from Profam facilities

HEALTH IMPACT

DALYs averted: 193,566 **CYPs:** 260,270

Distribution of DALYs averted by service area, 2015



Note: Services for HIV/STIs, malaria, and safe abortion or PAC accounted for 0.43% of all DALYs averted.

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	2
Facility readiness	1
Provider competence	4
Patient safety	1
Protocol adherence	1

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UGANDA

Reproductive Health Network
Reproductive Health Uganda
IPPF

Program at a glance

Launch year	2013
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP and SRH; and safe motherhood
# franchised clinics or health centers	2
# referral agents (or IPC agents)	0
# total client visits	392
# individuals receiving services	157
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	NA
Internal subsidies	NA
Donor Funds	NA
Revenue from franchise fees, royalties, or interest on loans	NA
Other sources include	In-kind contribution of contraceptive methods from the public sector
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

Under the program, profitable clinics that offer a range of primary medical care services take on a menu of franchised services, including services for FP, post-abortion care, and cervical cancer. On-the-job mentorship and skills transfer approaches are used to impart skills to franchisees. This on-site approach was adopted after it was understood that private health facilities were understaffed and therefore unable to release staff for lengthy off-site training activities. Trainees receive one week of training in FP, cervical cancer screening and post-abortion care. They are then placed in clinical practice for five days. Following this, trainees are assigned to franchise program outreach workers for on-the-job skills development and supervision.

Use of demand-side incentives

None reported

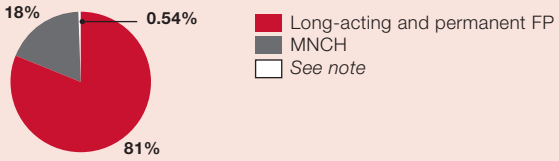
EQUITY

NA

HEALTH IMPACT

DALYs averted: 368 **CYPs:** 416

Distribution of DALYs averted by service area, 2015



Note: Services for safe abortion or PAC, and short-acting FP accounted for 0.54% of all DALYs averted.

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	3
Facility readiness	1
Provider competence	1
Patient safety	NA
Protocol adherence	1

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

VIETNAM

BlueStar
Marie Stopes International in Vietnam
MSI

Program at a glance

Launch year	2008
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP and SRH; and safe motherhood
# franchised clinics or health centers	202
# referral agents (or IPC agents)	0
# total client visits	1,295,153
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	1%–25%
Other sources include	Cost-sharing from franchisees (club meetings, trainings)
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	No

Program description

BlueStar Vietnam works with partners to distribute vouchers to poor women in the community, migrant workers, and young clients under 24 year of age

Use of demand-side incentives

This program reported they offer discounted services through a Facebook fanpage.

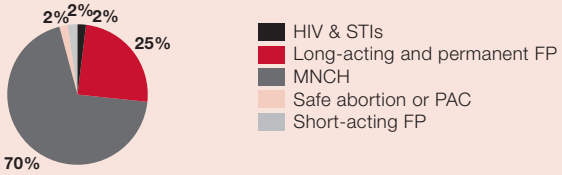
EQUITY

NA

HEALTH IMPACT

DALYs averted: 20,140 **CYPs:** 180,752

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	2
Provider competence	1
Patient safety	1
Protocol adherence	1

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

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VIETNAM

Little Sun
Vietnam National Institute of Nutrition (NIN)
Alive and Thrive, FHI 360

Program at a glance

Launch year	2011
Type of franchise	Fractional
Franchised healthcare services	Pediatric care
# franchised clinics or health centers	1,067
# referral agents (or IPC agents)	3,210
# total client visits	1,214,000
# individuals receiving services	285,000
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	1%–25%
Internal subsidies	0%
Donor Funds	0%
Revenue from franchise fees, royalties, or interest on loans	1%–25%
Other sources include	Government of Vietnam
Linkages with the public sector	
Network primarily made up of public providers	Yes
Public health insurance linkage	NA

Program description

Little Sun is a public sector social franchise enterprise that supports participating Commune Health Center (CHC) staff to provide standardized infant and young child feeding services. As a franchisee, each CHC upgrades its facility and bears franchise signage; participates in trainings; reports on service provision statistics; abides by Standard Operating Procedures set out by Alive & Thrive; and pulls in revenue through the sales of health commodities and some services.

The NIN and provincial partners now fully operate the franchise. Alive & Thrive provide minimum technical support to the NIN, mainly in expanded facilities

Use of demand-side incentives

This program reported that they distributed booklets, pamphlets, caps, and raincoats to clients in 2015.

EQUITY

NA

HEALTH IMPACT

DALYs averted: NA **CYPs:** NA

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	NA
Facility readiness	6
Provider competence	1
Patient safety	NA
Protocol adherence	>6

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

Health impact data in this edition reflect service provision statistics from franchised clinics only. These data may not be comparable to data from previous editions, which also included commodity distribution statistics from sales outlets.

There are instances when it is not possible to estimate DALYs averted due to unavailability of modeling coefficients. This has resulted in underestimation of DALYs averted for several programs. Additionally, some programs do not track the provision of select services, thereby also resulting in an underestimation of impact.

Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

ZAMBIA

BlueStar Healthcare Network
Marie Stopes Zambia
MSI

Program at a glance

Launch year	2012
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; and FP
# franchised clinics or health centers	20
# referral agents (or IPC agents)	0
# total client visits	6,759
# individuals receiving services	2,027
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	1%–25%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	No
Public health insurance linkage	Yes

Program description

Prior to participation in the network, most clinics were only providing curative services that clients were willing to pay for. Upon membership in the franchise network, franchisees have been trained in FP service delivery and linked to FP commodities from the public sector. This has enabled them to provide FP services at a reduced cost to clients

Use of demand-side incentives

None reported

EQUITY

NA

HEALTH IMPACT

DALYs averted: 4,242 **CYPs:** 6,075

Distribution of DALYs averted by service area, 2015

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	2
Provider competence	2
Patient safety	2
Protocol adherence	3

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

Health impact data in this edition reflect service provision statistics from franchised clinics only. These data may not be comparable to data from previous editions, which also included commodity distribution statistics from sales outlets.

There are instances when it is not possible to estimate DALYs averted due to unavailability of modeling coefficients. This has resulted in underestimation of DALYs averted for several programs. Additionally, some programs do not track the provision of select services, thereby also resulting in an underestimation of impact.

Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

ZIMBABWE

BlueStar Health Care Network
Population Services Zimbabwe
MSI

Program at a glance

Launch year	2012
Type of franchise	Fractional
Franchised healthcare services	Abortion or related services, including PAC; FP and SRH; and safe motherhood
# franchised clinics or health centers	124
# referral agents (or IPC agents)	57
# total client visits	143,628
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	1%–25%
Internal subsidies	1%–25%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	1%–25%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	Yes
Public health insurance linkage	NA

Program description

This program was launched in 2012 and currently works with 124 BlueStar partners (namely doctors and nurses working in private companies and mission hospitals) in 8 provinces of Zimbabwe. Franchised services include short- and long-acting and permanent FP methods, PAC & post- abortion FP services. In 2015, a total of 143,628 clients visited BlueStar clinics.

This program reported the provision of vouchers to clients in 2015 for the use of franchised healthcare services.

Use of demand-side incentives

This program reported that they reduced prices by as much as 50% in light of local economic conditions.

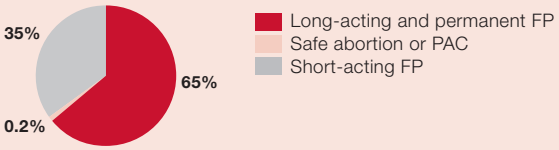
EQUITY

NA

HEALTH IMPACT

DALYs averted: 29,019 **CYPs:** 84,656

Distribution of DALYs averted by service area, 2015



QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	2
Facility readiness	2
Provider competence	3
Patient safety	2
Protocol adherence	5

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

Health impact data in this edition reflect service provision statistics from franchised clinics only. These data may not be comparable to data from previous editions, which also included commodity distribution statistics from sales outlets.

There are instances when it is not possible to estimate DALYs averted due to unavailability of modeling coefficients. This has resulted in underestimation of DALYs averted for several programs. Additionally, some programs do not track the provision of select services, thereby also resulting in an underestimation of impact.

Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

ZIMBABWE

New Start, New Life and ProFam
PSI Zimbabwe
PSI

Program at a glance

Launch year	1999
Type of franchise	Both fractional and full
Franchised healthcare services	FP and SRH; NCDs; and TB, malaria, or HIV/AIDS
# franchised clinics or health centers	53
# referral agents (or IPC agents)	0
# total client visits	927,174
# individuals receiving services	NA
Percentage contribution of different funding streams to overall franchise funding, 2015	
Sales of commodities within franchise	0%
Internal subsidies	0%
Donor Funds	76%–100%
Revenue from franchise fees, royalties, or interest on loans	0%
Other sources include	NA
Linkages with the public sector	
Network primarily made up of public providers	Yes
Public health insurance linkage	NA

Program description

PROFAM is a branded franchise network specializing in the provision of FP services. This franchise includes 28 public sector institutions, as well as select private clinics that participate in the New Start and New Life networks. PSI/Zimbabwe provides donor-subsidized commodities and consumables to franchisees, and negotiates with them to reduce costs charged to FP clients. The New Start network offers integrated HIV services (testing, care and treatment) and SRH services, and the New Life network offers integrated post-HIV test support services (PTSS) and SRH services. Services under both New Start and New Life are offered through clinics and mobile outreach teams. As the services are donor-funded, they are offered free-of-charge to clients, with the exception of a waivable USD 1 fee for clients who present for HTC at the franchised sites.

The New Start network reduced slightly in size in 2015 (from 16 to 15 sites) due to a change in geographic focus. Due to the cessation of donor funding, the New Life network shut down operations at the end of September 2015.

Use of demand-side incentives

None reported

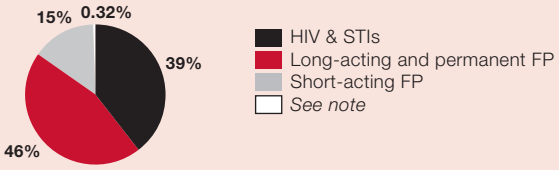
EQUITY

NA

HEALTH IMPACT

DALYs averted: 93,420 **CYPs:** 159,679

Distribution of DALYs averted by service area, 2015



Note: Services for MNCH and TB accounted for 0.32% of all DALYs averted.

QUALITY

Types of assessments	# of assessments in 2015
Client satisfaction	1
Facility readiness	1
Provider competence	>6
Patient safety	1
Protocol adherence	1

Percentages in Equity and Health Impact sections may not add up to 100% due to rounding.

Health impact data in this edition reflect service provision statistics from franchised clinics only. These data may not be comparable to data from previous editions, which also included commodity distribution statistics from sales outlets.

There are instances when it is not possible to estimate DALYs averted due to unavailability of modeling coefficients. This has resulted in underestimation of DALYs averted for several programs. Additionally, some programs do not track the provision of select services, thereby also resulting in an underestimation of impact.

Within the Quality table, the number of assessments in 2015 refers to the number of network-wide assessments that were conducted in that year.

APPENDIX

Summary details on clinical social franchise programs

Country	Franchise	Launch year	Fran-chise type	Abor-tion or PAC	FP	NCDs	Peds	SRH	Safe moth-erhood	TB malaria HIV	Other	# health centers	% health centers in rural areas
Bangladesh	Blue Star Network	1998	Fractional		•				•	•		6,323	75
Benin	ProFam	2004	Fractional		•			•	•	•		54	0
Burkina Faso	Strengthening Social Franchising	2013	Fractional	•	•					•		6	0
Burundi	Tunza	2013	Fractional		•			•		•		43	0
Burundi	LifeNet International	2011	Fractional		•		•	•	•	•	•	56	84
Cambodia	Sun Quality Health Network	2002	Fractional	•	•		•	•				282	68
Cameroon	ProFam	2009	Fractional	•	•			•				95	26
Chile	Centro Amigable Para Jovenes	2007	Fractional		•			•	•	•	•	3	0
Democratic Republic, Congo	Confiance	2003	Fractional		•		•		•	•		116	0
Dominican Republic	Profamilia Associated Clinic	2006	Fractional		•			•	•		•	1	0
Dominican Republic	Red Segura	2013	Fractional		•			•			•	6	0
El Salvador	Red Segura	2011	Fractional	•	•			•	•			32	0
Ethiopia	BlueStar Healthcare Network	2008	Fractional	•	•			•	•	•	•	608	NA
Ghana	Social Franchise Initiative	2013	Fractional	•	•				•	•		9	56
Ghana	BlueStar Healthcare Network	2008	Fractional	•	•		•		•	•	•	189	44
Ghana	HealthKeepers Network	2006	Fractional		•		•				•	NA	NA
Guatemala	Red Segura	2010	Fractional	•	•			•				163	0
Haiti	Plis Kontwol	2013	NA		•			•				15	0
Honduras	ASHONPLAFA Associated Clinics	1977	Fractional		•							1	100
India	Surya	1999	Both	•	•		•		•			113	0
India	Pehel	2008	Fractional	•	•			•	•		•	1,114	0
India	Ujjwal	2013	Fractional	•	•		•	•	•			307	71
India	Sky	2008	Fractional	•	•		•	•	•	•		14,100	89
India	Merrygold Health Network	2007	Both		•		•	•	•		•	388	56
Indonesia	Mitra KB Andalan	2012	Fractional		•			•	•			5,100	NA
Jamaica	FAMPLAN Associated Clinic	2015	Fractional		•			•				3	33
Kenya	Amua Family Health Clinics	2004	Fractional	•	•		•	•	•	•		406	41
Kenya	Tunza Family Health Network	2008	Fractional		•	•	•	•	•	•		329	41
Kenya	Huduma Poa Health Network	2013	Fractional	•	•		•	•	•	•		80	63
Kenya	Sky Network	2015	Fractional		•	•	•	•	•	•		22	100

Kenya	GoldStar Network	2006	Fractional				•	•	•	•		198	16
Kenya	CFW Clinics	2000	Full		•		•	•	•	•	•	63	87
Madagascar	Franchise Sociale	1990	Full	•	•		•	•	•	•	•	10	10
Madagascar	BlueStar and CSBStar	2009	Fractional	•	•			•	•		•	234	NA
Madagascar	Top Reseau	2001	Fractional	•	•		•	•	•	•	•	244	16
Malawi	Bluestar Health Care Network	2008	Fractional		•			•				58	55
Malawi	Tunza Family Health Network	2012	Fractional		•			•		•		65	52
Mali	BlueStar	2011	Fractional	•	•			•			•	175	92
Mali	ProFam	2005	Fractional	•	•			•		•	•	115	3
Mexico	Mexfam Associated Clinics	2006	Fractional	•	•			•	•			4	0
Mozambique	Intimo	2011	Fractional		•			•		•		25	0
Myanmar	Sun Quality Health	2001	Fractional		•		•	•		•		1,362	0
Nepal	OK Network	2009	Fractional		•							387	NA
Nicaragua	Red Segura	2008	Fractional	•	•	•		•	•			84	0
Nigeria	Bluestar	2012	Fractional	•	•			•	•	•	•	347	15
Nigeria	Healthy Family Network	2010	Fractional	•	•		•	•	•	•		340	60
Pakistan	Dhanak Health Care Center	2012	Fractional	•	•		•	•	•	•		1,080	70
Pakistan	Integration with Private Practitioners	NA	Fractional	•	•		•	•	•	•	•	2,173	44
Pakistan	Suraj Social Franchising	2008	Fractional		•							663	93
Pakistan	Sabz Sitara Network	1995	Fractional	•	•		•	•	•			6,140	31
Philippines	BlueStar Pilipinas	2008	Fractional		•			•				176	50
Philippines	Well Family Midwife Clinic	2002	Full		•				•			91	15
Rwanda	One Family Health	2012	Full		•		•	•	•	•	•	90	94
Senegal	BlueStar	2012	Fractional	•	•			•			•	61	48
Sierra Leone	Bluestar Health Network	2008	Fractional	•	•							5	20
South Africa	New Start	2004	Both							•		5	0
South Africa	General Practitioner Referral Programme	2005	Fractional			•		•	•	•		NA	NA
South Africa	Unjani Clinics	2010	Full		•	•	•	•	•	•	•	20	95
Swaziland	New Start	2001	Fractional							•		7	0
Tanzania	Trust Franchise Network	2014	Fractional	•	•			•	•	•		20	0
Tanzania	Familia	2009	Fractional	•	•		•	•	•		•	262	10
Uganda	Reproductive Health Network	2013	Fractional	•	•			•	•		•	2	100
Uganda	BlueStar HealthCare Network	2011	Fractional		•			•		•	•	226	88
Uganda	ProFam	2008	Fractional	•	•		•	•	•	•	•	235	NA
Uganda	Living Goods	2007	Full		•		•		•	•	•	NA	NA
Vietnam	BlueStar	2008	Fractional	•	•			•	•		•	202	NA
Vietnam	Little Sun	2011	Fractional				•				•	1,067	59
Zambia	BlueStar Healthcare Network	2012	Fractional	•	•							20	25
Zimbabwe	BlueStar Health Care Network	2012	Fractional	•	•			•	•			124	24
Zimbabwe	New Start, New Life and PROFAM	1999	Both		•	•		•		•		53	36

globalhealthsciences.ucsf.edu/global-health-group

The Global Health Group at the University of California, San Francisco (UCSF) is an “action tank,” dedicated to translating major new paradigms in global health into large-scale action to positively impact the lives of millions of people. The Global Health Group’s Private Sector Healthcare Initiative (PSHi) works to advance the understanding of private sector healthcare provision in low- and middle-income countries, to strengthen the evidence base on the private health sector, and to inform programmatic and policy innovations that improvehealthcare delivery and public health.

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SF4Health is a social franchising community of practice. This global group of program managers, advisers, donors, researchers, academics, and policymakers has a common interest in developing, improving, and advancing private health sector engagement through the social franchising model. The Global Health Group's Private Sector Healthcare Initiative is the secretariat for SF4Health. SF4Health receives funding from the Center for Health Market Innovations and the Rockefeller Foundation.