



# Social Franchising: Expanding contraceptive choice



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# Private sector has a role to play in expanding contraceptive choice



- Reach and scalability
- Close to the client: women from all income brackets already using private providers for MCH services
- Investment in existing healthcare infrastructure
- Continuity of care
- Provider interest in cross-selling and increasing client volumes
- Often already providing some short term methods

# What prevents private providers from offering a broader contraceptive choice to women?

## Supply Side Constraints

- Lack of skills / training
- Lack of equipment and capital
- Lack of supply chain for FP methods (particularly LARC)

## Demand Side Constraints

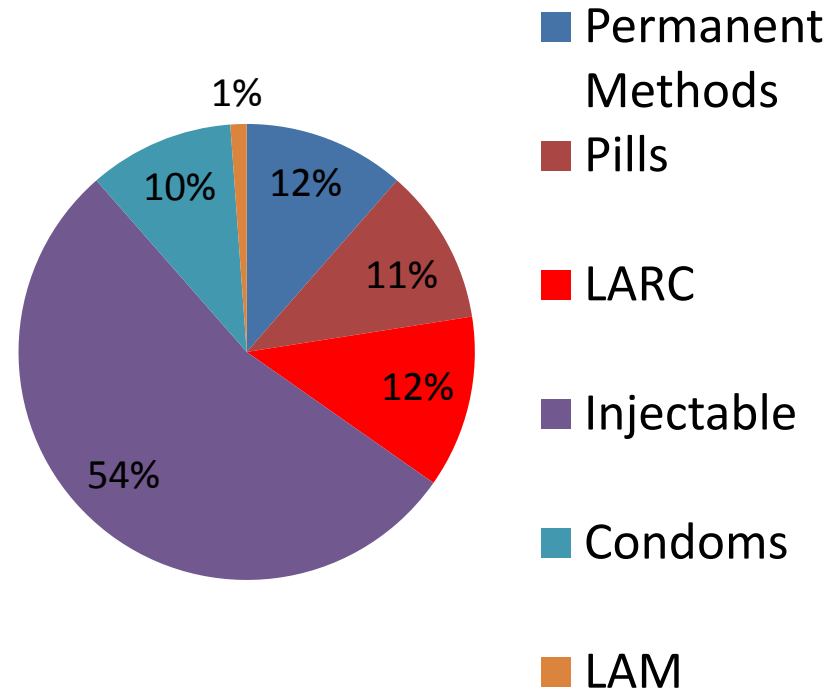
- Willingness / ability to pay for preventative health
- Awareness of and demand for LARCs/PMs



**Social Franchising is a market intervention designed to address these constraints.**

# Case study: Uganda

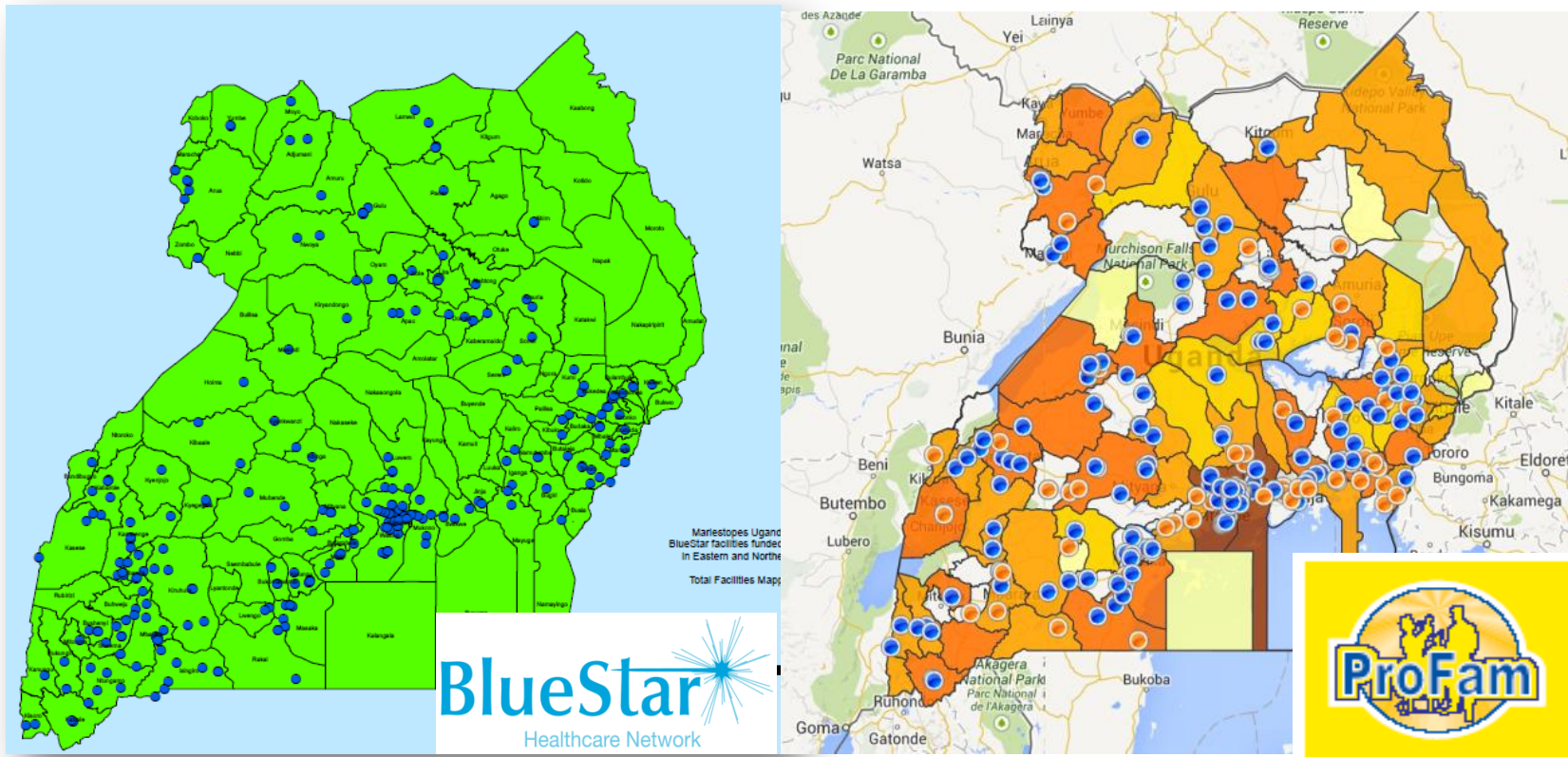
- One third of women have an unmet need for FP
- High use of short term methods, with 50%+ discontinuation rates
- 50% of FP users get method from private sector, but very few providing LARCs
- Demand for LARC/PM when made available: 235,000 LARC users in 2011



*Uganda contraceptive method mix, 2011 DHS*



# MSI and PSI scaled up social franchising in 2011-2013 with USAID support, adding LARCs to private sector method mix





# Snapshot of results



- **ACCESS:** In 2013 there were **over 170,000 LARCs** delivered by 594 PSI and MSI franchised clinics in Uganda
- **EQUITY:** In 2013 40% of Marie Stopes Uganda's SF clients were new FP adopters and 61% lived under \$2.50/day

We estimate that **over one third** of LARC/PM users in Uganda in 2013 received their method from a social franchisee

*MSI Impact 2 estimate*



# Expanding contraceptive choice: MSU's experience



- Training for franchisees covers FP counselling for all methods, provision of LARCs and short term methods
- Referral mechanisms for permanent methods – 4,080 women and 232 men took up this option through Bluestar franchisees in 2013
- Low IUD uptake at first – worked with franchisees to increase provider confidence on provision, and uptake has now increased





# Results suggest that:

- Equipping the private sector to offer a range of high quality FP services increases contraceptive choice and benefits the health system overall
- Delivering LARC is not just about product, but about addressing quality, and other supply and demand side constraints.
- SF can increase access and choice for the poorest if the right financing mechanisms are in place





# Thank you!

