Increasing access to family planning in the Private Sector: A Franchising approach in Uganda

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Outline

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Background

- Uganda’s population growth ranks third worldwide with annual growth rate of 3.2
- Uganda’s TFR has remained as high as 6.7% despite a long history of FP interventions.
- UDHS (2006) show significant unmet need of up to 43%
- Population is projected to double at current of growth by 2025 without effective population control strategies
- Uganda’s population structure shows a predominantly young with a potential of multiplying itself
Rationale for Franchising approach in Uganda

• Private sector is the first source of health care in Uganda (UDHS 2006) 60%
• The private sector serves a wider catchment area because of its rural reach (underserved areas)
• Private -public partnership is the most effective means of service delivery especially in poor resource settings
• The private sector allows for integration of services thus important to leverage it address unmet need for FP
PACE intervention under Profam Franchise

Over the last 3 years PACE developed a network of 100 private health facilities with the following interventions:

- The program targets ordinary woman of an arch type ‘Auntie Grace’
- Training providers in skills to provide quality FP services and quality assurance
- The sites are supplied with highly subsidized FP products including IUDs and implants.
- Conduct demand generation inputs including promotion of the branded clinics and community-based IPC
- Community involvement through VHTs
- Use of standardized Management and Health System
- Use of rapid appraisal methods to obtain instant feedback on program
Key Findings from the franchise

- Analysis of aggregate data collected routinely from 100 private facility sites in 34 districts of Uganda indicates 35,017 IUD and 21,617 implant insertion.
- Majority of the insertions occurred among the targeted woman dubbed as Auntie Grace (25-39).
- Use of LTM of FP was driven by need for spacing in line with the program objective.
- Most insertions occur in peri-urban areas which is the location of most Profam sites.
- There regional specific utilization of FP services arising from misconceptions, support from partner, effect of war.
- These factors influenced behavioral change communication so that messages are packed in a way that is socially and culturally relevant to a particular target group.
Lessons from Private Franchise for increasing FP in Uganda

Private sector franchising and its linkages to reproductive health is gaining profound importance as indicated below;

- The proximity of the private health facilities provide direct links for access and utilization of services and client follow up.
- Barriers that limit access to FP services for indigenous populations are best addressed through involvement of the indigenous people.
- Information, communication and education materials on FP should be culturally commensurate to the needs of the indigenous people.
- Building or strengthening systems through training, support supervision, logistics and referral is crucial to successful reproductive health project implementation.
- The observed high percentage of women using LARCs of FP is evidence of unmet need of family planning and significance of private sector in meeting the reproductive health.