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# Frontier Health Markets (FHM) Engage

## INSIGHTS REPORT

Financing for Family Planning Entrepreneurs: An  
Exploration of Financing Solutions in Mixed Health  
Systems for Entrepreneurs

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January 27, 2023

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### Financing for Family Planning Entrepreneurs: An Exploration of Private Financing Solutions in Mixed Health Systems for Entrepreneurs

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# Contents

- Acronyms.....iii**
- Executive Summary .....4**
- Introduction.....5**
  - Methods..... 6
  - Limitations..... 7
- Summary of the Literature Review.....8**
- Who We Talked To .....9**
  - About the entrepreneurs ..... 9
  - About the marketplace actors ..... 14
- Insights and Opportunities..... 16**
- Conclusion..... 30**
- Annex ..... 32**
- Selected Citations ..... 34**

# Tables

- Table 1. The types of marketplace actors interviewed ..... 15**
- Table 2. Use of tactics by archetype..... 18**

# Figures

- Figure 1. Market Systems Framework.....5**
- Figure 2. Map of Entrepreneurs.....9**
- Figure 3. Categories of Offerings..... 10**
- Figure 4. Entrepreneurs’ Motivations ..... 11**
- Figure 5. Growth Stages of Entrepreneurs..... 12**
- Figure 6. Archetypes of Entrepreneurs..... 13**
- Figure 7. Alignment of Types of Funding to Motivate Entrepreneurs..... 20**
- Figure 8. How Three Marketplace Solutions Find and Support Entrepreneurs ..... 23**

# Acronyms

CHW	Community health workers
DRC	Democratic Republic of Congo
FHM Engage	Frontier Health Markets Engage
FP	Family planning
HCD	Human-centered design
mCPR	Modern contraceptive prevalence rate
MNCH	Maternal newborn child health
NHIF	National Health Insurance Fund
SRH	Sexual and reproductive health
USAID	United States Agency for International Development

# Executive Summary

This insights report aims to provide evidence to guide the development of a marketplace solution to increase private sector participation in the key health markets in family planning (FP) and thereby improve provision of FP services, product, information. To compile the evidence, we explored and synthesized research on the financing needs for FP enterprises, documented existing marketplace solutions, and interviewed 16 entrepreneurs working in the FP space and six marketplace actors.

We identified five key insights that should guide efforts going forward, which acknowledge that entrepreneurs working in FP have similar challenges to other health enterprises. The nuances in each insight relate to the challenge of finding sustainable business models for FP which align to four archetypes describing motivation and service type: Tech for Good, Sales Platforms, Impact Driven Services, and Hybrid Service Providers.

1. Marketplace solutions should seek to support private sector health enterprises that are providing FP or planning to provide FP as part of their package of services, products, or information. It is unlikely that a marketplace solution will find sufficient businesses that have a model supported by FP alone, but many that are able to include FP through creative tactics.
2. Any marketplace solution will need to develop connections with local partners to identify the health entrepreneurs providing FP who are in the market, their business models and maturity, both to design appropriately as well as to begin a pipeline.
3. A customized approach to any skills building or mentoring components will be needed, since founders' backgrounds often define where they have gaps.
4. Entrepreneurs are often isolated and need safe spaces to find collaborators and support, so mechanisms should create ways for them to connect with each other and other potential partners. Wider networks and associations for FP don't include private sector actors, limiting their ability to act together for policy advocacy.
5. Health enterprises face a maze of rules that require careful navigation. Policies often lag behind the cutting edge of innovation, limiting business model variation that may be viable in other contexts. Support to understand the rules as well as to advocate for necessary changes would help with growth.

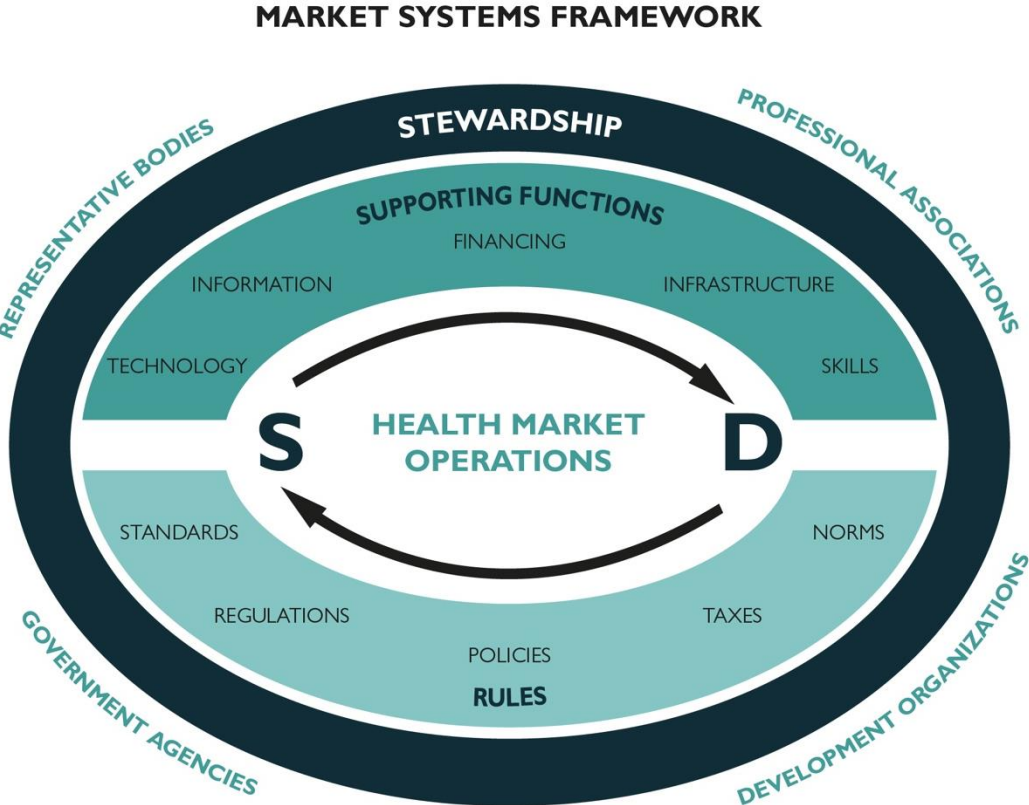
Opportunities emerging from these insights focused on creating favorable conditions for entrepreneurs to thrive and ensuring financing and other support is available, if and when needed. FP may not be recognized as a specific sector; however, FP offerings can be incorporated successfully into many different health and digital enterprises, if aligned with the motivations of the entrepreneurs themselves.

The next steps will require a deeper dive into the specific market environment, such as a region or country or specific subset of entrepreneurs, to better understand how to apply these findings to support and develop innovators, networks, and marketplace solutions to advance family planning information, services, and products.

# Introduction

This insight report aims to provide evidence to guide the development of a marketplace solution to increase private sector participation in the key health markets in FP and thereby improve provision of FP services, products, and information. We explored documentation and research on the financing needs for social marketing organizations, franchising networks, social enterprises, and digital entrepreneurs working in FP. We also documented a selection of marketplace solutions that are or could support FP innovators and entrepreneurs. We spoke to entrepreneurs working in the FP space and marketplace solutions actors. The research was guided by the market systems framework (Figure 1), which shaped our questions and our analysis. Although the research emphasized financing, we also explored other supporting functions and aspects of the rules that affect businesses. Through this work, we are aiming to improve the knowledge on FP marketplace solutions and support Frontier Health Markets (FHM) Engage to seek achievement towards the main result: Improved market environment for greater private sector participation in the delivery of health products and services, and the intermediate result: Mobilized and leveraged financial and non-financial resources and incentives to improve private sector capacity, responsiveness, and financial sustainability.

FIGURE 1. MARKET SYSTEMS FRAMEWORK



## Methods

This research explored 5 key questions:

1. Who are the entrepreneurs and innovators working in FP?
2. What key barriers exist for these actors in accessing financing?
3. What are their greatest financing needs?
4. What other non-financing issues impact the ability to scale and sustain their business?
5. Are there existing marketplace solutions, specifically for global health and FP, for facilitating financing to these market actors?

We combined a literature review with interviews with entrepreneurs and existing marketplace solutions actors. We conducted an adapted integrative literature review which allowed for the inclusion of diverse types of resources (Toronto CE, 2020). Our adaptation entailed including gray literature, websites, and social media, in addition to peer-reviewed literature. We applied a human-centered design (HCD) approach; first, aiming to understand the entrepreneurs/enterprises and their context and then examining the existing marketplace solutions. The literature review findings are available separately and have been integrated throughout this report (Savage J, 2022).

For the interviews, we included both entrepreneurs and existing marketplace solutions. We developed the discussion guides based on the key overall research questions and the questions arising from the literature review. The interviews were semi-structured, allowing the flow of conversation to guide the order of questions with further probing when necessary. To identify participants, we first selected six countries – the Democratic Republic of Congo (DRC), India, Kenya, Pakistan, Senegal, and Zambia – from the 24 United States Agency for International Development (USAID) priority countries. We balanced a mix of criteria to capture regional and market variations and an array of contexts in which FP entrepreneurs are operating and seeking financing. The full criteria can be found in the annex, as well as the justification for each country selected. We planned to interview a total of 30 entrepreneurs, expecting approximately five to six entrepreneurs in each country. To start, we identified two to three entrepreneurs per country and sometimes key informants through searches on Google, LinkedIn, and Facebook, as well as searching marketplace solution recipients and databases maintained by Salient and others. We compiled these in a list and selected those that were most relevant to FP. We requested participation through email, including follow up, sometimes with phone calls or messaging on LinkedIn and WhatsApp. We intended to use the snowball approach to identify additional entrepreneurs in each country. Ultimately, we were only able to find and conduct 16 interviews with entrepreneurs. From the list of marketplace solutions identified in the literature review, we selected six that represented different types of mechanisms and two alternates aiming to complete four to six interviews. We also used snowballing, adding any that were recommended by other interviewees and conducted six total interviews.

Analysis of qualitative interview data was done through an iterative process drawing from HCD techniques. First findings across themes based on the market development framework and identified through the literature review were entered into a matrix. Affinity diagramming was then used to further develop the themes, reverting to the framework and transcripts of the interviews. Archetypes of the different entrepreneurs were developed through this process as well. The interview findings were compared with the literature review to develop the final insights.

## Limitations

Literature on FP programs is plentiful, but the experiences and needs of FP entrepreneurs is less well documented and particularly as relates to financing. The literature that does exist is often written by or from the perspective of donors or development partners working with the private sector.

Finding FP enterprises and connecting with them was challenging. This could be because there are very few; it is difficult locating them from the global level; and/or because of other factors such as trust. We also relied on snowballing, and most entrepreneurs were unable to connect us to other entrepreneurs, indicating perhaps their lack of peer networks or concerns about competition.



# Summary of the Literature Review

The literature review scanned multiple sources to improve understanding of FP entrepreneurs' experience, but the available information was limited. We learned of the FP entrepreneur's struggle to develop viable business models given the nature of FP services and its clientele. They require support not only to access financing, but to communicate about their businesses in ways that attract interest from financial partners. This support is needed at each stage, from the first seed of an idea to late-stage transition to scale, but it is often missing for businesses at the middle of the growth stage. They also need other non-financial partners along the way from influencers who can help to amplify and spread the word about their business to the government who can clear the regulatory obstacles preventing growth.

Similarly, we identified 32 different financing mechanisms that might be considered marketplace solutions, i.e., mechanisms that connect entrepreneurs and innovators to finance providers. The search was not exhaustive, but included a variety of mechanisms, such as USAID programs; other donor mechanisms; challenge funds; corporate innovation support; investor networks; fellowships, incubators and accelerators; and venture capital/funds. Financing also varied encompassing blended finance, equity and debt financing, grants, and networking or matchmaking entrepreneurs with investors. Currently, there are two mechanisms that might be considered marketplace solutions for FP – Next Health Accelerator and USAID MOMENTUM's Yash Entrepreneurs Program. These are recently launched programs, so limited lessons learned are available. There are also broader health marketplaces that have supported and could amplify support to FP entrepreneurs. Across the mechanisms, opportunities were more limited for businesses that are social enterprises and in the middle stages of their growth. Financing mechanisms also tended to focus on innovation and technology, making it less clear how clinical service providers, who serve non-digitally linked populations, access financing.

Through the literature review we identified eight areas for further exploration in the interviews, the results of both have been integrated into the insights below. The full literature review findings are available separately.

# Who We Talked To

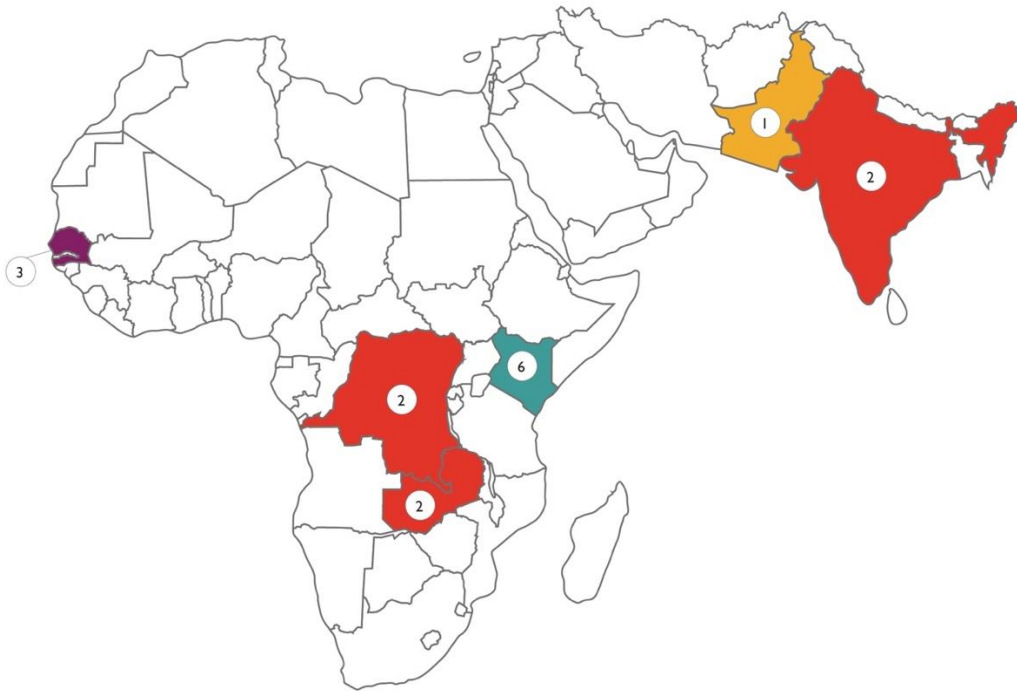
We interviewed 16 entrepreneurs and six marketplace actors across the six selected countries. In the following section we have described where they are from, their motivations, their business models, and where they are in their entrepreneurial journey.

## About the entrepreneurs

### Where they are from

Of the 16 entrepreneurs, six were from Kenya, three from Senegal, two each from India, DRC, and Zambia, and one from Pakistan (Figure 2).

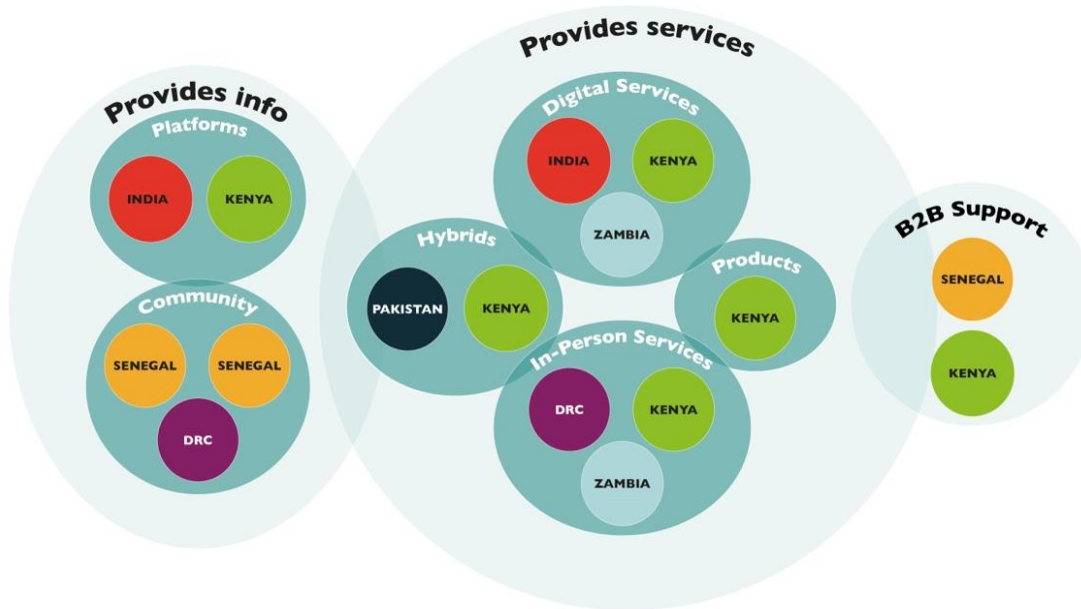
FIGURE 2. MAP OF ENTREPRENEURS



## What they do

Across the entrepreneurs we talked to, there were three broad types of primary offerings:

FIGURE 3. CATEGORIES OF OFFERINGS



- **Providing Information**

This category aims to disseminate relevant FP information to their customers. Their work consists of gathering information from reliable and official sources, such as health professionals and government, sharing them with the public in a simple way and with adaptation to the local language, cultural references, and common misconceptions.

They typically deliver their information-based service using technology platforms (such as through a chatbot, SMS, call center, or informative website) and through community activities. Their service can be placed in the first step of the healthcare value chain with direct connection to actors or entrepreneurs who provide medical services.

- **Providing Services or Products**

Medical service providers offer services like medical counseling and pharmacy services. This service is delivered by professionals in person (clinic, local pharmacy or in the community) or with the help of a tech platform where customers can talk to health professionals or order an FP product online. Pharmacies in this category that use technology also provide telemedicine and home counseling services in collaboration with independent professional health workers. For clinics, they offer medical services like counseling in the clinic or in the community with limited FP product options that they can provide after counseling.

- **B2B Support**

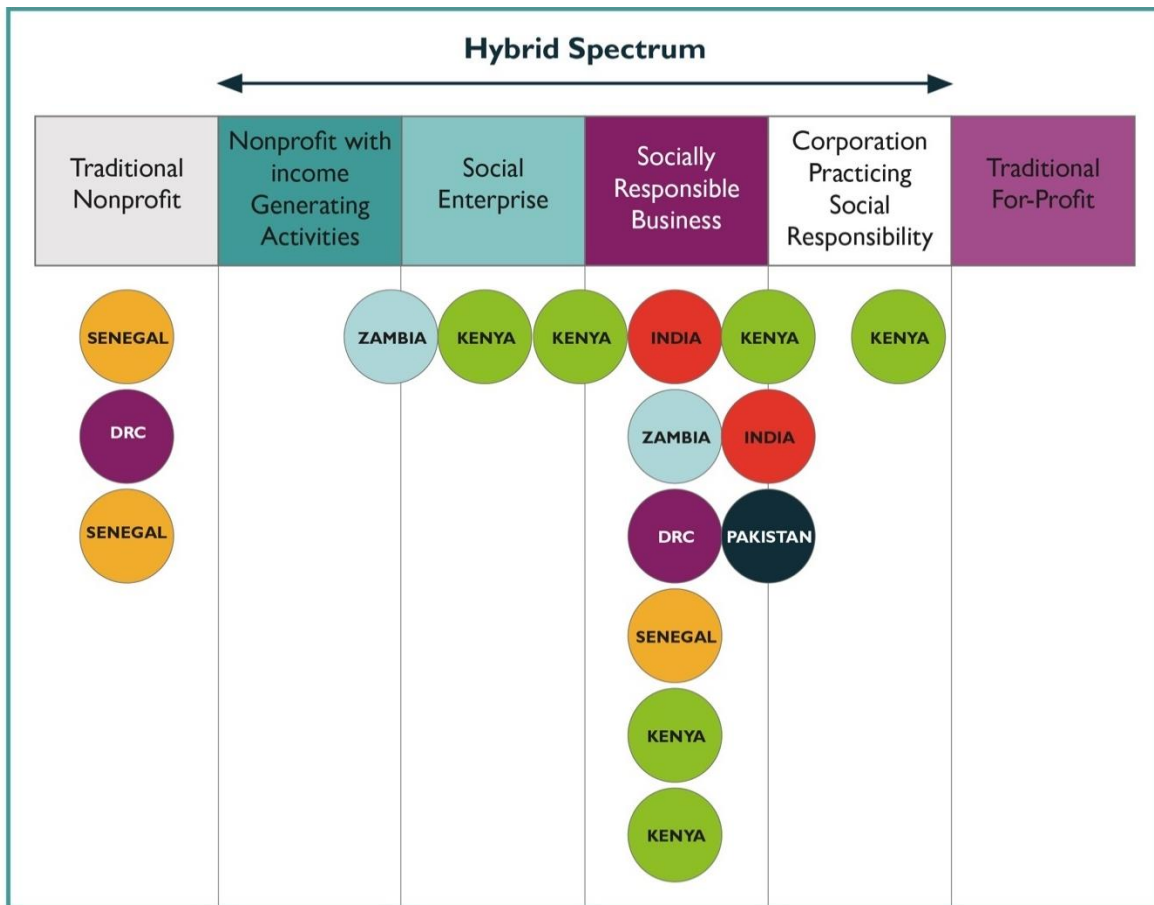
Entrepreneurs under this category support medical service providers by supplying them with products, building capacity for good service delivery, and backing the service with technology tools for

collaboration and service provision to customers.

## What motivates the entrepreneurs?

As in the literature review, we used Alter’s hybrid spectrum (Alter K, 2007) of social entrepreneurship to categorize the different types of overlapping social aims between the two traditionally recognized organization types of for-profit and nonprofit. (Figure 4) This captures the social enterprises which have different balances between social aims and economic value creation. These enterprises blend social value creation with economic value creation in different ways, but none of the enterprises sought one at the expense of the other. In our interviews, we saw different types of motivations representing the whole range of the hybrid spectrum, with an emphasis on socially responsible businesses.

FIGURE 4. ENTREPRENEURS’ MOTIVATIONS



In general, we can describe the motivations on the left as ‘Social Impact’, and those on the right as ‘Business’ although each entrepreneur had their own unique balance of the two:

### Social impact motivation

Entrepreneurs with high social impact motivation operate either as an NGO or as a social enterprise. Their motivation can be realized by operating through a profit-oriented or non-profit approach. The commitment to the social cause of health, including FP, is what has motivated the creation of the business or NGO that they manage.


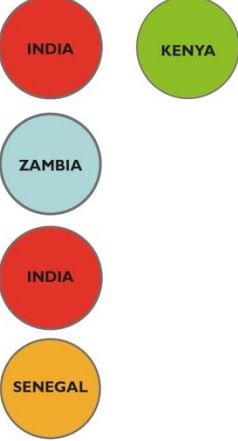
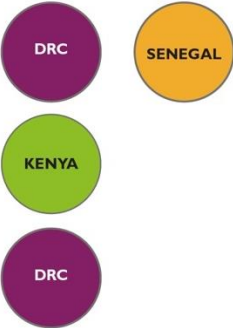
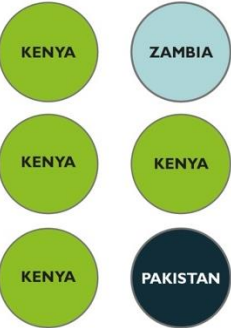
## Business motivation

Entrepreneurs with high business motivation work on FP needs with the purpose of developing a sustainable business that would make FP service accessible for large use. Reaching out to a large public with the service is the goal to develop the business and generate profit.

## Growth stages

To understand where each entrepreneur is in their journey, we grouped them by four stages representing the spectrum of business growth stages. (Warren, 2020) (Figure 5). It was more difficult to locate entrepreneurs at the idea stage through a global scan since these entrepreneurs may not yet have a public presence or connections.

FIGURE 5. GROWTH STAGES OF ENTREPRENEURS

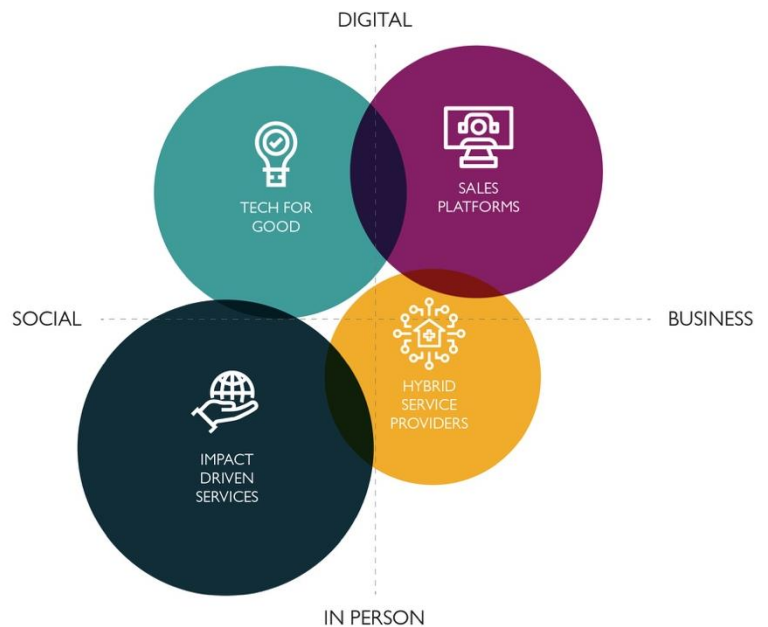
Idea Stage	Early Stage	Growth Stage	Maturity Stage
			
<p>Entrepreneurs with a business idea who have identified the customer need and are developing their business model.</p>	<p>Entrepreneurs with a prototype and are improving the product, refining the business model, and building a customer base.</p>	<p>Entrepreneurs with a proof of business concept in terms of feasibility and desirability and are focused on delivering quality services and developing their team and management processes.</p>	<p>Entrepreneurs with a proven business model seeking to scale and explore new areas with the challenge of meeting requirements and building technical capacity for their team.</p>

## Archetypes of entrepreneurs

Analyzing the characteristics of the entrepreneurs we interviewed led us to develop archetypes to help quickly reference subsets of the entrepreneurs with distinct needs, skills, and goals. In combining the motivation spectrum with the business type, we can see key differences between the groupings. (Figure 6)

The motivation spectrum comprises one axis, from social mission to business growth, and the other axis shows the continuum of the type of the business, from purely digital to physical clinics. While few of those we interviewed sits completely in one archetype or another, these archetypes help us to understand the differences between the enterprises.

FIGURE 6. ARCHETYPES OF ENTREPRENEURS



**TECH FOR GOOD** - These entrepreneurs use tech as a utility and opportunity to innovate in providing FP and health services and products. Technology as a means to innovate in FP and health in general is the motivation, with the social impact at the core. They often use their digital services to deliver information and raise awareness of health issues while linking to key services and products.

### Example: Noni

Noni is an online business based in India, which provides information about sexual and reproductive health and prescribes contraception which is then mailed to clients. They also have a free online helpline including WhatsApp chat services to ensure the service is accessible. Noni is driven by the mission that every woman should have access to affordable and healthy birth control.



**SALES PLATFORMS** - Technology-driven entrepreneurs are passionate about tech and believe there is an opportunity for large scale growth in the health space. They see the strong demand for FP and other health products and services as a key opportunity and look for scalable business models to sustain growth. They often use their digital platform as a means of delivering maximum value to their customers, either by selling products directly or linking to in-person service providers.

**Example: Health X Africa**

HealthX Africa is a Kenyan health service which uses the power of digital technology to reach every user with quality primary health care services. They are leveraging technology to ensure that every Kenyan has access to a doctor, 24 hours a day.



**IMPACT DRIVEN SERVICES** - These entrepreneurs run their in-person social enterprises or NGOs to fulfill the needs of a specific population. Often, they forgo growth opportunities in the name of social impact, and partner with NGOs and programs to deliver the greatest impact. They often work as private clinics or through a network of community health workers (CHWs).

**Example: Olivelink**

Olivelink is a woman-led clinic in Nairobi, Kenya which provides services, including family planning, to communities in informal settlements. They started providing maternal, newborn, child health (MNCH) services, but have expanded to include general healthcare, dental services, and a pharmacy.



**HYBRID SERVICE PROVIDERS** - These entrepreneurs combine technology driven with in-person clinics and pharmacies. They use all channels to deliver seamless user experiences and link different services together. While they may also aim for social impact, they use their business growth to maximize their impact. They often are a network or franchise of clinics with a connected online platform, which deliver general health services with a mix of FP offerings.

**Example: Ehad**

Ehad is an online and in-person health service in Pakistan which offers comprehensive health services under one roof including in-person clinics, Ehad Labs, Ehad Pharmacy and Ehad Virtual Health Service. Ehad aims to revolutionize the primary care infrastructure of Pakistan with its data-driven, tech-enabled and patient-centric approach to integrate health services under one roof.

## About the marketplace actors

We talked to six marketplace actors each with a distinctive approach to supporting entrepreneurs. These are mechanisms or approaches to connect entrepreneurs and innovators to finance either through direct support or creating linkages with sources of private capital thereby supporting new and existing market actors in different stages of growth. (Table 1) We aimed through these interviews to capture the variation among the 32 financing mechanisms identified in the literature review, and the below include USAID mechanisms, other donor mechanisms, and an incubator (as classified in the literature review). Notably, grants were the most common among those ultimately interviewed.

TABLE I. THE TYPES OF MARKETPLACE ACTORS INTERVIEWED

Type of Mechanism	Who They Fund	Type of Funding	Where They Work
Blended finance facility	Health entrepreneurs	Equity, debt, grant	India
Social enterprise incubator	Sexual and reproductive health (SRH) entrepreneurs	Grant	India
Grant-based growth mechanism	Digital and tech health entrepreneurs	Grant, links to equity investors	African Region
Private capital mobilization	Depends on project (limited health/FP)	Multiple	Global
Donor	Direct support to FP entrepreneurs	Grants	Pakistan
INGO	Clinics providing FP, community health workers	Grants	Pakistan



# Insights and Opportunities

Overall, the needs and challenges of FP entrepreneurs are not completely unique, especially when compared to other broader health enterprises. Hence, these five insights and opportunity areas add depth and nuance across the topics of FP in business models, matching entrepreneurs and funders, the skills needed for each founder, the collaboration and trust between enterprises, and the policy and rules environment.

## **I. Marketplace solutions should seek to support private sector health enterprises that are providing FP or planning to provide FP as part of their package of services, products, or information. It is unlikely that a marketplace solution will find sufficient businesses that have a model supported by FP alone, but many that are able to include FP through creative tactics.**

Health enterprises need to be creative with how they incorporate FP services, information, and products into their business model to ensure that they are profitable, sustainable, scalable, and ultimately serving the needs of the target audience.

*“There's a few (enterprises) that are very SRH focused, but most of them are social enterprises. The ones that are for profits are aiming to get returns are also ... offering other services, and (FP is) part of a broader package of services.” (Marketplace Actor)*

This was reflected in the way the entrepreneurs we spoke with self-identified, as they did not identify primarily with FP as their sector (except for one Tech for Good enterprise). Rather, entrepreneurs think of themselves working more broadly, such as in digital health, FemTech, running primary health care clinics, general health, or women's health.

*“If you want to support family planning ..., it doesn't mean that we will have the kind of a pipeline, so it kind of helped us recenter and see, ... are there other softer aspects of sexual health, like adolescent sexual health that we should focus on? And I think that's a learning for us that maybe we should start with a lot of advocacy and awareness. And then hopefully, like, we can see a lot more solutions in contraception access.” (Marketplace Actor)*

Specifically, the archetypes Sales Platforms and Tech for Good are digital enterprises working in health and they both tend to position themselves as digital first because this provides them with more opportunities for support and funding. Their founders also tend to be experts in tech first, rather than in health, and often relied on outside mentorship and guidance on specific health topics and challenges.

This aligns with our literature review finding that existing marketplace mechanisms tend to focus on digital and technology-based enterprises.

The archetypes of Impact Driven Services and Hybrid Service Providers identified primarily with general health, women's health, or as a clinic. The Impact Driven Services often relied more on traditional forms of financing, especially grants, and primarily had health expertise and background; however, they were more likely to take on a slow and steady approach to growth when compared to the Hybrid Service Providers goals.

The interviews confirmed our literature review finding that very few businesses can find a sustainable model solely providing FP; it is almost always provided as part of a broader package of products and services, including other health services (e.g., MNCH, general health), sales of other products (e.g., home goods, foodstuffs), and medicines. The Service Diversification model described in the literature is the primary model used amongst the enterprises. This diversity of business models and revenue streams helps create more resilient businesses that are less reliant on a single product line, supplier, or partner. For example, physical clinics do not want to be reliant on the government or a single donor but also have their own channels and suppliers. Most enterprises were solely or primarily offering health products and services, across all archetypes.

Across the enterprises we saw six specific tactics which allowed enterprises to incorporate low-profit margin FP products and services into their business models, which were used across archetypes. (Table 2)

- **Customer acquisition**

This tactic was used by e-pharmacies and private clinics for whom FP is only one offering. They aim to use FP products and services to attract new customers and sell non-FP products and services alongside.

*“We monetize our platform, the more reach we have. People buy soap, people buy menstrual care, people buy all kinds of stuff that we sell, because ... we have a broader basket.” (Sales Platform)*

- **Subsidized products**

To get free (or reduced cost) products from the government each enterprise must qualify for and adhere to the program standards, which adds some overhead, but reduces commodity costs. For example, in Kenya clinics can benefit from the National Health Insurance Fund (NHIF), through which the government reimburses the clinic for qualifying services.

*“You find that the margins are a bit higher when they use the National Hospital Insurance Fund, because they have their own rates... it helps us to meet some of our expenses.” (Impact Driven Service)*

- **Bulk purchasing**

Networks and pharmacies leverage also purchase directly from manufacturers. This allows them to negotiate the price based on the scale of their operations and import a generic product option.

- **Slow growth**

Enterprises closer to the non-profit side of the motivation spectrum, particularly Impact Driven Services, use this tactic, as it prioritizes sustainable offerings over high profits. We heard from small clinic owners that low-profit margin sales can be sustainable in terms of covering costs but doesn't allow room for growth or expansion.





- Partnering with NGOs**

Digital health entrepreneurs use the partnerships to reduce costs, allowing them to utilize grant or donation-based funding indirectly as well as accessing specific expertise. We heard that they may seek out these partners for on the ground delivery of goods or services, for helping with initial market penetration, or as partners for a specific program or product offering.

- Partnering with big business**

Digital platforms partnered with international businesses which allow them to leverage the same offering for additional revenue streams, selling online 'shelf space' and their sales data to partners.

TABLE 2. USE OF TACTICS BY ARCHETYPE

Tactics for including low-margin FP services	 TECH FOR GOOD	 SALES PLATFORMS	 IMPACT DRIVEN SERVICES	 HYBRID SERVICE PROVIDERS
Customer Acquisition		X		
Subsidized Products	X		X	
Bulk Purchasing				
Slow Growth		X		X
Partnering with NGOs	X	X	X	X
Partnering with Big Businesses	X	X		

## Opportunities

- Focus on supporting health-focused entrepreneurs to integrate FP services sustainably into their business models.
- Coach FP entrepreneurs to remain agile, finding novel ways to expand their offering.

- Share information on different tactics that enterprises can use and enable partnering between different entrepreneurs.

## 2. Any marketplace solution will need to develop connections with local partners to identify the health entrepreneurs providing FP who are in the market, their business models and maturity, both to design appropriately as well as to begin a pipeline.

Many entrepreneurs are unaware about what funding sources and types will meet their needs and for their specific business model. They have challenges in finding the right funders. Those that are more networked can tap into relationships with family and friends who have expertise, can make connections, or may have personal capital to invest.

The marketplace solutions similarly noted that an investor pipeline exists, but it can be challenging finding entrepreneurs. Active pipelines relying on partners with good connections, trust and understanding of the market were important for both designing the mechanism's approach and identifying entrepreneurs. Open calls without local partners and active scanning rarely yielded sufficient or relevant applicants and missed those who are not yet tapped into global platforms. (See Figure 7 for how some mechanisms identify entrepreneurs.)

*“These companies are selected through local selection committees in each geography that are led by leading tech hubs... so, it's really locally driven through a standardized process. That's a process that is standardized globally, but it's really the questions about product market fit potential that are answered at the local level.” (Marketplace Actor)*

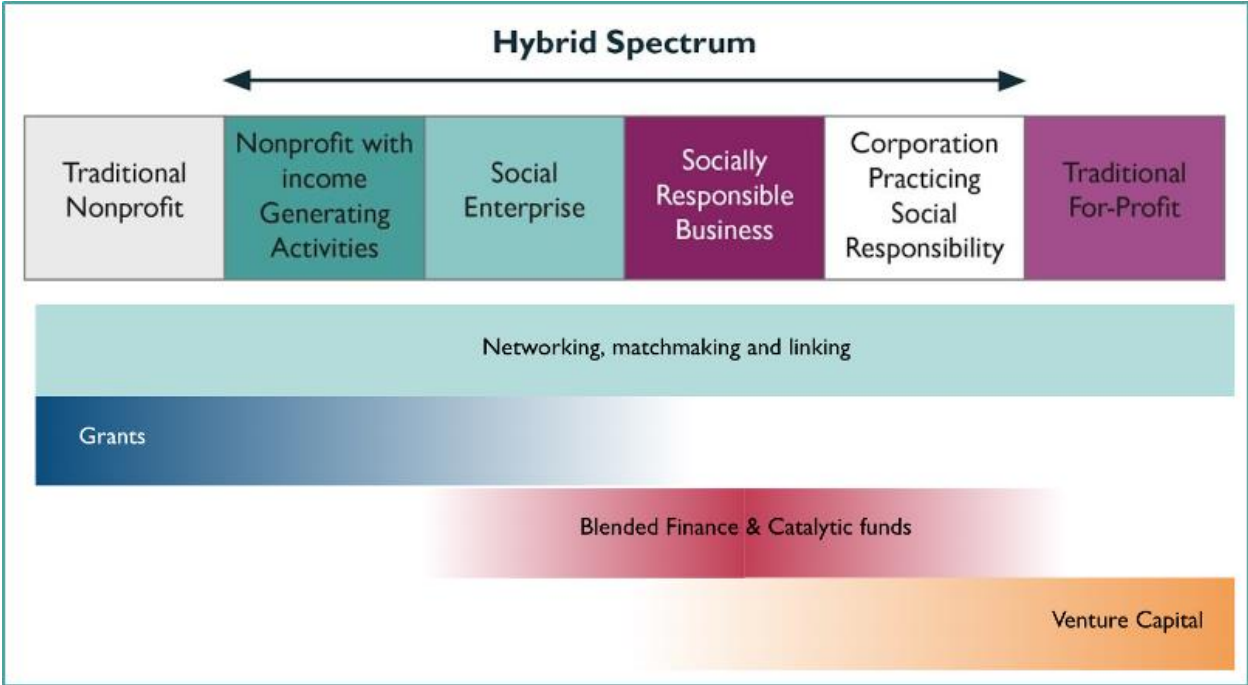
The available financing may not be aligned with the needs of the market and meet businesses where they are. One marketplace actor highlighted the need to understand the maturity of the entrepreneurs and innovators before designing and launching a solution. The ‘missing middle’, meaning financing during the growth stage, was a gap identified when reviewing the 32 financing mechanisms, and many of the entrepreneurs in the growth stage identified challenges in finding the right financing. One marketplace actor observed that many startups don't survive the transition from early to growth stage, falling into the ‘valley of death.’ An entrepreneur concurred, noting that risk investment before series funding is lacking. These point to a gap between when incubator financing ends and businesses are ready for series equity investments.

*“A challenge that we saw mainly was around our pipeline, like we found very few startups in this space. And like, even if they were, they were just starting out, which doesn't make sense for us also to include them as a part of our program, because they might not be able to absorb the kind of funding we provide.” (Marketplace Actor)*

The ‘missing middle’ concept also applies to Alter’s spectrum, with equity investment for social enterprise remaining limited due to even lower margins. Although opportunities are increasing, they remain limited by the complexity and the size of the cohorts. (Savage J, 2022) Entrepreneurs also need a better understanding of what types of investment will align with their growth stage and vision. One challenge, particularly noted by the more social enterprises, was to align funding types and sources with their motivation and business goals. (Figure 7)

*“And for us, it’s really important that if an external person steps in and provides resources, we would love that, but at the same time, we really want them to share our values. Like, because as a company, we are driven a lot by - I mean, obviously, we keep profitability and cash flows always in mind - but we want to be a company that is for our users.” (Tech for Good)*

FIGURE 7. ALIGNMENT OF TYPES OF FUNDING TO MOTIVATE ENTREPRENEURS



Financing is also more plentiful for entrepreneurs’ working in the tech space, with many financing mechanisms focused on digital innovation that are not available to Impact Driven Services.

Funding opportunities tended to align with the businesses’ motivations as shown in Figure 7. For example, the Sales Platforms and the Hybrid Service Providers had more access to venture capital, while the Impact-Driven Service Providers often relied on donor grants. Tech for Good, while social enterprises, could potentially tap into venture capital due to the interest in tech innovation.

The following were key entrepreneur experiences with and concerns about different types of funding:

- **Bootstrapping** was commonly mentioned for Idea and Early stages of the business. The bootstrapping approach was limited by how much funds the founders have access to, either personally or through networks. Some had large sources of personal or familial funding to start, while others needed to scrape by. The literature also described challenges starting out, with bootstrapping being the most common source of early funding.
- **Grants** were a frequent and preferred source of funding for the businesses, although some seemed able to tap into them more quickly than others. Grants were seen as the lowest risk allowing for experimentation, especially at early stages of the business development. (Ravenholt AS, 2009). At

*“I have seen this happen over and over again, we don't want to be a grant funded organization, because then you're driven by that desperation to get the next grant, maybe away from your vision and your purpose. And, you know, it's not really sustainable in the long run. So, the grants really, we're trying to do that with a view to very specific objectives.”* (Hybrid service provider)

the same time, businesses were concerned that some types of grants would force them to mold to fit donor expectations, did not align with their business model, or could create dependencies. This points to the different types of grants provided, those from donors which are focused on a specific activity or service (e.g., to subsidize family planning services) as compared to those from incubators or other business-focused mechanisms, which can be used in any way if they help to develop or advance the business.

- **Loans** were not commonly sought or mentioned by the entrepreneurs. The literature highlighted that businesses find it hard to prove their business case and evaluate the risk of a loan. (Ademola AH, 2019) One Impact Driven Service provider described the risks and burdens of a loan.

*“Okay, we took the loan, because the terms were very favorable then, because we didn't feel that it was going to be a big problem. What we didn't foresee is that the performance may not pick as we had anticipated. The major one [problem] was COVID. The other second major one was, because we had like, budgeted that if we get National Hospital accreditation, but ... the process took forever, that now also worked against us.”* (Impact Driven Service)

- **Equity** was a desirable form of funding and the more mature businesses that we interviewed had received some equity funding, either through angel investors or series funding. Even those that had received equity funding found it challenging because their margins tend to be low-price large-scale models that are not of interest to typical investors. Those on the more social side were concerned about the values of potential equity investors as well.

*“The amount of time and the amount of returns in terms of expectation is not a fit for typical commercial kind of funders. And then you have impact investors, as well, who I think for the most part, operate like commercial investors, in terms of, you know, the commercial expectations. And so, I find like, it's a little bit like looking for a needle in a haystack.” (Hybrid service provider)*

- **Incubators** were another potential source of early financing mentioned by several entrepreneurs. Challenges included their competitive nature and that businesses might not meet the profile that the incubators are seeking.
- **Blended financing** was only mentioned by one entrepreneur. The literature review found that these are too complicated to do without a financing partner and can be hard to understand. (Ademola AH, 2019) Since each deal is unique, it requires a lot of work on both sides to agree on the specific terms.

From reviewing the entrepreneurs financing journeys and the literature, the path between the different financing is often disjointed. There are limited approaches connecting one stage of financing to the next, although a few examples are being tested now that might provide good lessons.

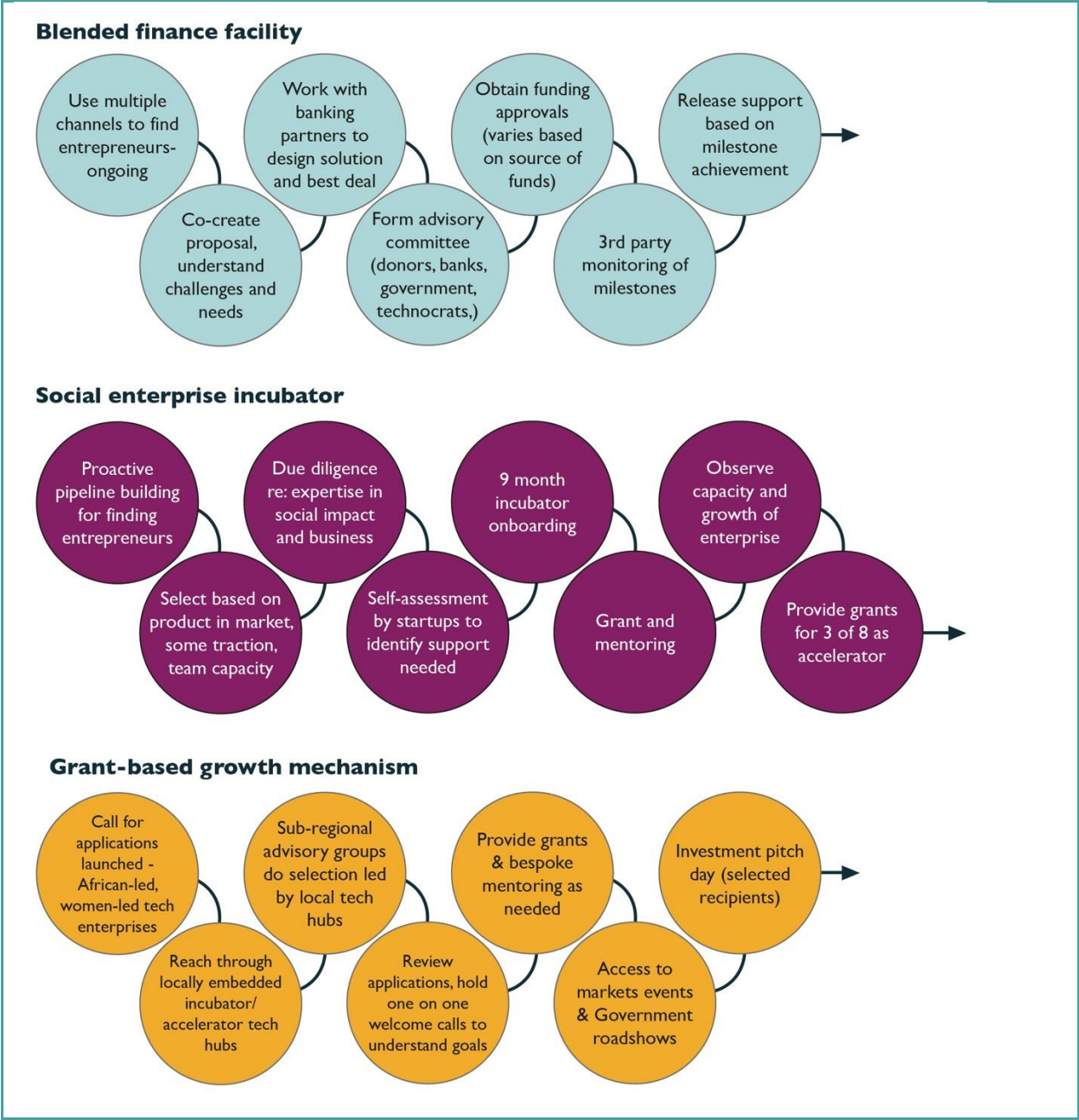
## Opportunities

- Build on local knowledge of the market, through existing incubators or other partners working in innovation.
- Frame the financing as part of the growth journey and help identify opportunities to bridge between the different stages.
- Share upfront about what financing is offered and how it matches with the entrepreneurs' motivations and be realistic about what will be funded.

**FIGURE 8. HOW THREE MARKETPLACE SOLUTIONS FIND AND SUPPORT ENTREPRENEURS**

We mapped the process of three of the marketplace solutions to better understand how they find and support entrepreneurs. All three take an active approach to identifying entrepreneurs, using a mix of mechanisms including online applications and outreach through local partners. The grants-based growth mechanism and the social enterprise incubator both seek entrepreneurs in cohorts and offer fixed amount grants that can be used in any way by the business as well as mentoring support. Their process therefore includes steps to identify the entrepreneurs' needs and match them with the right mentors. They also both monitor the progress of the entrepreneurs and offer selected participants additional opportunities – a chance to pitch to investors from one and additional grant funding from the other. The blended finance facility works individually with entrepreneurs and works to craft individual proposals and deals for each entrepreneur. It then monitors milestones and provide funding based on achievement of these milestones.





### 3. A customized approach to any skills building or mentoring components will be needed, since founders' backgrounds often define where they have gaps.

The background of the entrepreneur or entrepreneurs affects what support they need in terms of technical advice. For example, digital entrepreneurs may have programming skills, but need further support in terms of health and FP expertise. Those with a clinical background may understand the services well but need support to develop a viable business model. Even those with expertise in a

particular area, may need deeper expertise for a particular challenge and to keep up to date with advancements, such as new contraceptive technology.

*"You need to pay for specific support you want. as small business and association we struggle to find what it may cost us to get this specific support." (Impact Driven Service)*

The management and use of data among FP entrepreneurs, particularly digital-driven businesses, arose as a potential area for organizational skills development, including cleaning of data to facilitate understanding of customers, and improve user experience, as well as better engage their audiences.

Various entrepreneurs have benefitted from a range of training offering knowledge on taxes, business modeling in response to market needs, pitching for fundraising as well as navigating regulations. For example, MSI provides training for their social franchises includes topics such as 'as assessing one's business, recordkeeping, financial statements and analysis, cash flow plans, and accessing finance' (Thurston S, 2015). These tend to be skills that are seen to pay off in the near term and have a positive impact on facilities access to and applications for loans (Ugaz, 2017). Providing training in transformational and charismatic leadership skills can also help to ensure the success of social enterprises and maintain sustainable social change (Thorgren S, 2018). Soft skills, such leadership and management support, were not prioritized by those we interviewed, due to limited financing and more immediate needs such as sales.

*"How to actually stand in front of people and pitch yourself to make people believe what you believe? Yes, we definitely need assistance. And we're always open to like just knowledge." (Tech for Good)*

Entrepreneurs, particularly Impact Driven Services and Hybrid Service Providers, pointed to health training on FP skills as vital, entailing how to deliver FP products and services as well as updates on new practices in the sector. Clinical training can help social entrepreneurs reach mission-related goals related to FP access, and targeted training can enable providers to offer a wider variety of options (Rehman A 2020, Riley C, 2018). Avenues by which entrepreneurs have accessed skills building programs or information included incubators, accelerators, foundation supported programs and drawing on free to access online material such as TED Talks and YouTube videos, and Google searches.

Most of the marketplace mechanisms that we reviewed customize at least some aspect of their offering for each entrepreneur, such as mentoring. Customization requires substantial effort, time, and resources to identify mentors with relevant expertise. Thus, it is essential to find some balance between customization and standard offerings.

## Opportunities

- Target training on the more "urgent" skills (finances, taxes, pitching, navigating regulations) to better equip FP entrepreneurs to successfully run their enterprises.
- Develop a network of mentors to support the diversified needs of entrepreneurs.
- Create a variety of FP training content for service providers to stay up to date with the latest products and service recommendations.

#### 4. Entrepreneurs are often isolated and need safe spaces to find collaborators and support, so mechanisms should create ways for them to connect with each other and other potential partners. Wider networks and associations for FP don't include private sector actors, limiting their ability to act together for policy advocacy.

Like many startups, FP entrepreneurs desire the support and mentorship of others to help them overcome challenges and build their business. Having these opportunities to get advice, mentoring, and guidance is key to developing a strong enterprise; however, it can be challenging to identify the right people to talk with and to feel comfortable sharing openly.

Entrepreneurs can be cautious about widely sharing their ideas, especially at the Idea stage of growth. During this period, mentoring support often comes from personal networks, including past coworkers and friends, who have a domain expertise which the founders don't have. If the entrepreneur doesn't have these connections, they can often feel isolated, relying on their own skills and resources to navigate the challenges they face. Building a network takes time to develop and relies on finding opportunities to meet like-minded individuals.

*"I think we're all probably making the same mistakes across the different businesses. But because there's no sort of quorum or platform to learn from each other safely, without giving away trade secrets with the rest of it." (Sales Platform)*

While many of the marketplace solutions include some form of networking or introduction to experts to help entrepreneurs, networking also happens through fellowships, professional development networks, and INGO programs. Otherwise, we heard that there are no broad FP peer networks or private market associations in the selected countries. This may be due to the competitive nature of business, with each individual making their own network of mentors. We heard that the biggest source of collaboration with other entrepreneurs happens through incubator programs, where everyone is on the same playing field receiving similar support. This helps to build trust and foster a collaborative environment which otherwise would not occur.

*"There is no specific SRH ecosystem for startups. But there is an extremely strong ecosystem for nonprofits who are working in SRH." (Marketplace Actor)*

We also heard that support given to enterprises in the Growth and Maturity stage offers less mentoring or peer support, as there is an assumption that they have their own network to rely on. This isn't always true and shows that support needs to continue to be targeted to the needs of each enterprise. For

example, at the maturity stage, there was a strong need for mentorship rooted in experience of scaling an enterprise and the unique challenges of entering a new market.

FP enterprises also partner with community activists for demand generation, supplying them with relevant information to share with the community. Activists see innovative FP services or products as tools they can use to address the challenges within their community, and they are already connected and engaged with their community (Sieverding M 2018). Demand is also generated through networks of CHWs, which help to build trust in and raise awareness of the products and services on offer, as well as delivering products.

## Opportunities

- Build better linkages between enterprises and existing national networks for FP/SRH.
- Form networks or advocacy groups for private sector FP organizations to collaborate and advocate for policy change.
- Share lessons learned to eliminate duplication of mistakes and eventual failure of some enterprises.

## 5. Health enterprises face a maze of rules that require careful navigation. Policies often lag behind the cutting edge of innovation, limiting business model variation that may be viable in other contexts. Support to understand the rules as well as to advocate for necessary changes would help with growth.

The influence of government policy and regulation varies by the business model adopted by entrepreneurs as well as the country's general approach to health. Generally, there is legislation in place that guides the distribution of certain FP products and provision of services, with a skew to institutions and businesses with qualified health workers. These regulations can pose a hindrance to entrepreneurs who try to follow them to the best of their abilities as they express the need for support in understanding the legal environment and policies. Many of these policies are important to protect consumers and ensure a high standard of care is provided, yet they have also been slow to change and adapt to new innovations especially within digital health. While the policies may not be favorable to entrepreneurs, they must comply to avoid loss of licenses and closure of their businesses.

*“Accessing free products lowers the cost of delivering FP. Many FP entrepreneurs are unable to access this and become distribution points because [among others] their facilities do not submit data to government systems.” (Hybrid Service Provider)*

There are some existing government initiatives that are designed to support entrepreneurs in the FP space. Financial benefits in the form of tax breaks offer businesses an opportunity to reinvest, while easing clearance of products allows entrepreneurs to focus on increasing access to FP. In some markets, government support extends to availing free FP products to businesses that are compliant to healthcare

standards and guidelines, thus eliminating product acquisition costs and allowing them to be competitive in markets where customers expect free or low-cost FP products. This collaboration with insurance schemes helps enterprises make their services accessible to low-income customers (Saville AD, 2020). Some of these standards include having valid licenses, submission of data to government systems and evidence of technical know-how of FP.

*“(The government) provides you the family planning, the vaccines, sometimes things like HIV kits, etc. And then we complement that as a franchisor by procuring from our own supply chain, and either distributing it to the network or providing the network access to those distribution partners. That's because sometimes the government started to run out of this commodity so we can't 100% rely on them. So, we do find others available on the market and make them available.”* (Hybrid Service Provider)

The lack of clear guidelines on health tech also presents a limitation to innovation. For example, digital-first businesses might be required to invest in physical facilities, which were neither part of their initial business plans based on their understanding of the requirements nor necessary in the implementation of their models. This may result in high set-up costs on what may not be core functions. In Senegal, Cote d'Ivoire and Burkina Faso, the public health code specifies that medications can only be dispensed in a physical pharmacy setting, prohibiting the delivery of pharmaceuticals by third-party channels to consumers which limits innovation in this area (Salient, 2022). Where regulations are lacking, some organizations resorted to adopting global guidelines and best practices to kick start their businesses.

*“One (challenge) is the absolute lack of regulatory clarity, certainly for telemedicine .... We didn't even know what do we need to build, who do we need to talk to, where do the licenses come from? And subsequent to that I've actually been invited by the Ministry of Health to be on that telemedicine regulations team that's writing the regulations right now because it doesn't exist.”* (Sales Platform)

The COVID-19 pandemic resulted in a shift in government view of healthcare. Entrepreneurs in some countries have gained from new policy enactments to accelerate health-tech, leading to an increase in the number of players in the health and FP spaces. The pandemic has also created the possibility for large private sector health and FP actors to engage with the government in defining these policies.

FP businesses' sustainability is challenged by government programs that offer free FP products and services in public facilities. This has resulted in unwillingness to pay for products in private facilities making FP businesses less viable and, in many cases, unprofitable. In some instances, private sector is viewed as a direct competitor to the public sector. Nonetheless, there is still a demand that is fulfilled by the private sector for preferred FP products. During stock outs at public facilities, contraceptives may be available from a private pharmacy.

Health policies and practice, for example in social insurance, also may lock out or create excessive demands for FP entrepreneurs. For example, businesses running franchise models may be forced to make repeat applications for each facility. When the business gains membership to social insurance networks, delays in payments could result in cash flow challenges that could threaten business continuity. Government bureaucracy can also slow the process of FP enterprise development, especially in the case where approval is needed for a product before it can be launched (Nsereko I, 2021).

*“Oftentimes, governments are unable to pay quickly, which means if you have an investor on board, as a health tech company, they're not going to let you engage with the government ... however, that's not to say it's not happening and happening successfully. And in the past 12 months, we've seen a number of government partnerships locally, at the state level, or provincial level take off.” (Marketplace Actor)*

## Opportunities

- Support policy change, or organizations for advocacy, to help FP entrepreneurs to negotiate for favorable policies with governments and health ministries.
- Produce clear guidelines with governments to help entrepreneurs navigate the policy environment.
- Operate a funding pool for entrepreneurs working with the government to ensure consistent cash flow for enterprises and to smooth out the inconsistencies in the flow of payments.

# Conclusion

In this research we learned that the entrepreneurs and innovators working in FP are a diverse group that don't share a common identity but provide similar services through a variety of channels. Their needs are similar to other entrepreneurs and particularly health entrepreneurs. The nuances relate to the challenge of finding sustainable business models for FP which align to the four archetypes: Tech for Good, Sales Platforms, Impact Driven Services, and Hybrid Service Providers. They all face barriers when looking for financing in identifying the right funding that aligns with their vision and needs, getting their idea into an investment-ready state, and polishing their pitching skills to close the deal. There is a key gap in funding available to enterprises that are in the murky space between Early and Growth stage, which can often be the make-or-break point. In addition to financing, they need support to navigate policy barriers, identify trusted partners for coordination and collaboration, and learn business and technical skills so that they can scale and sustain their businesses. Further, while there are existing marketplace solutions for Global Health (and three focusing on SRH) none incentivize FP as part of the business model. Each marketplace solution is supporting a subset of entrepreneurs and the cost of customizing their support restricts the number of enterprises they can support.

Based on our findings, the following insights highlight the way forward for creating a marketplace solution that can increase private sector participation in providing FP information, services, and products.

1. Marketplace solutions should seek to support private sector health enterprises that are providing FP or planning to provide FP as part of their package of services, products, or information. It is unlikely that a marketplace solution will find sufficient businesses that have a model supported by FP alone, but many that are able to include FP through creative tactics.
2. Any marketplace solution will need to develop connections with local partners to identify the health entrepreneurs providing FP who are in the market, their business models and maturity, both to design appropriately as well as to begin a pipeline.
3. A customized approach to any skills building or mentoring components will be needed, since founders' backgrounds often define where they have gaps.
4. Entrepreneurs are often isolated and need safe spaces to find collaborators and support, so mechanisms should create ways for them to connect with each other and other potential partners. Wider networks and associations for FP don't include private sector actors, limiting their ability to act together for policy advocacy.
5. Health enterprises face a maze of rules that require careful navigation. Policies often lag behind the cutting edge of innovation, limiting business model variation that may be viable in other contexts. Support to understand the rules as well as to advocate for necessary changes would help with growth.

The opportunities listed throughout the insights are intended as sparks to inspire the development of marketplace solution(s), focused on creating favorable conditions for entrepreneurs to thrive and ensuring financing and other support is available if and when needed. FP may not be recognized as a specific sector, however FP offerings can be incorporated successfully into many different health and digital enterprises, if that is aligned with the motivations of the entrepreneurs themselves.

The next steps will require a deeper dive into the specific market environment, such as a region or country or specific subset of entrepreneurs, to better understand how to apply these findings to support and develop innovators, networks, and marketplace solutions.



# Annex

## Country Selection Criteria

We used a mix of criteria and balanced these criteria to propose six countries from the 24 USAID priority countries. The aim was to capture regional and market variations and an array of contexts in which FP entrepreneurs are operating and seeking financing.

Criteria	Rationale	Source
Selection of countries across each region	Ensure at least one country is selected for each region/subregion	List of 24 priority countries
Countries with varied modern contraceptive prevalence rates (mCPR)	Understanding of how FP entrepreneurs' function in places with different market demand	<a href="#">Track 20</a> country data: accessed 9/20/2022
Countries with varied proportion of private sector provision of FP	Understanding of how FP entrepreneurs' function in places with varied levels of private sector activity	<a href="#">DHS Statcompiler</a> ; accessed 9/20/2022
Countries with a range of domestic expenditure for FP	Understanding FP entrepreneurs' role (and private sector financing) in contexts with or without strong government financing	<a href="#">Track 20</a> Measurement report 2021: accessed 9/23/2022
Countries which are and are not 'digitally linked'	Understanding the environment for FP digital entrepreneurs	World Economic Forum
Countries level of coverage by financing mechanisms	Understanding FP entrepreneurs experience settings with a range of access to financing	Literature review mapping of financing mechanisms
Countries with core or buy-in FHM Engage activities		FHM Engage records

# Country Selection: Justification for each country

Country	Rationale
<b>DRC</b>	In DRC, greater than 50 percent of FP is provided through the private sector due to failures in the government health system. The private sector is thus heavily supported by international organizations, creating dependencies and challenges for sustainability.
<b>Senegal</b>	Senegal has a low mCPR rate and low FP coverage from the private sector. Yet, it is a good environment for entrepreneurs and growth, including digital linkages, showing a potential need for more marketplace solutions.
<b>Kenya</b>	Kenya provides an opportunity to learn from entrepreneurs in a more established market, and to connect with businesses in the ‘missing middle’ who have passed the inception stage, but not yet reached maturity. We can also learn from entrepreneurs who have been supported by marketplace solutions, to understand what worked and did not work for them.
<b>Zambia</b>	Zambia’s relative position on most of the criteria is moderate, although private sector provision of FP is low. It therefore provides a middle range context to understand the private sector entrepreneurs for FP.
<b>India</b>	India provides an opportunity to learn from entrepreneurs in a more established market and with some dynamic new digital entrepreneurs. We can also learn from entrepreneurs who have been supported by marketplace solutions, to understand what worked and did not work for them. India is also lined up for follow-up work around a potential marketplace solution.
<b>Pakistan</b>	In Pakistan, mCPR is low while over 40 percent of FP is provided by the private sector. There is limited access to marketplace solutions, yet some interesting FP social enterprises and digital entrepreneurs are emerging.

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### **About FHM Engage**

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