

# Total Market Approach to increase access, choice and quality: Bihar and Orissa



Dr Amit Bhanot

Futures  
GROUP



# Improved Family Planning and Reproductive Health Services in Bihar and Odisha Background

# Programme Goals and Objectives

○ Increase in modern CPR to 42% in Bihar and 48% in Odisha

○ Generate around 3 million CYPs in 2 years

○ Avert 1657 maternal deaths

○ Estimated 780,000 new FP users

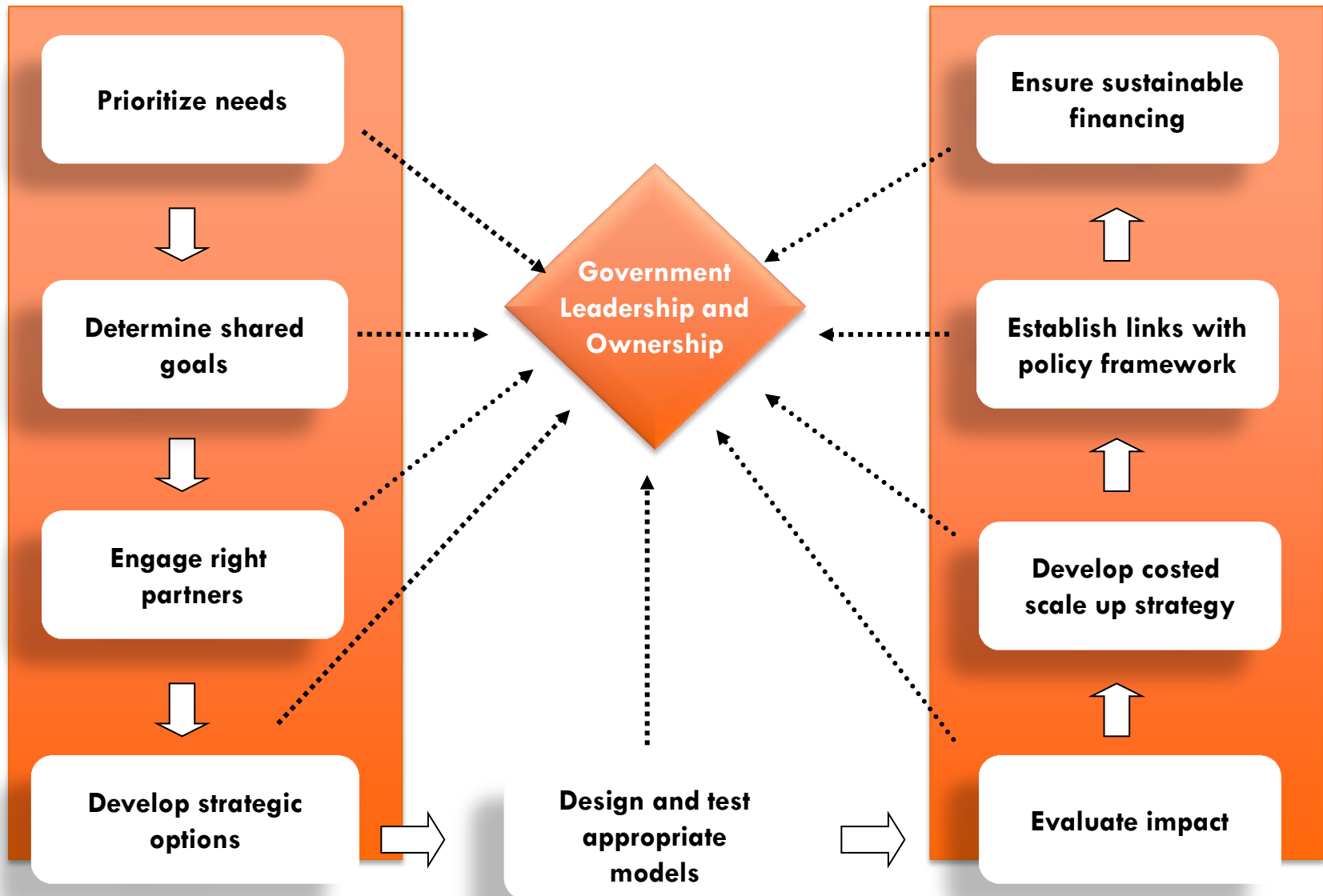
○ Provide 300,000 RH services

○ Establish 280 franchisees

○ Set up 18000 social marketing outlets



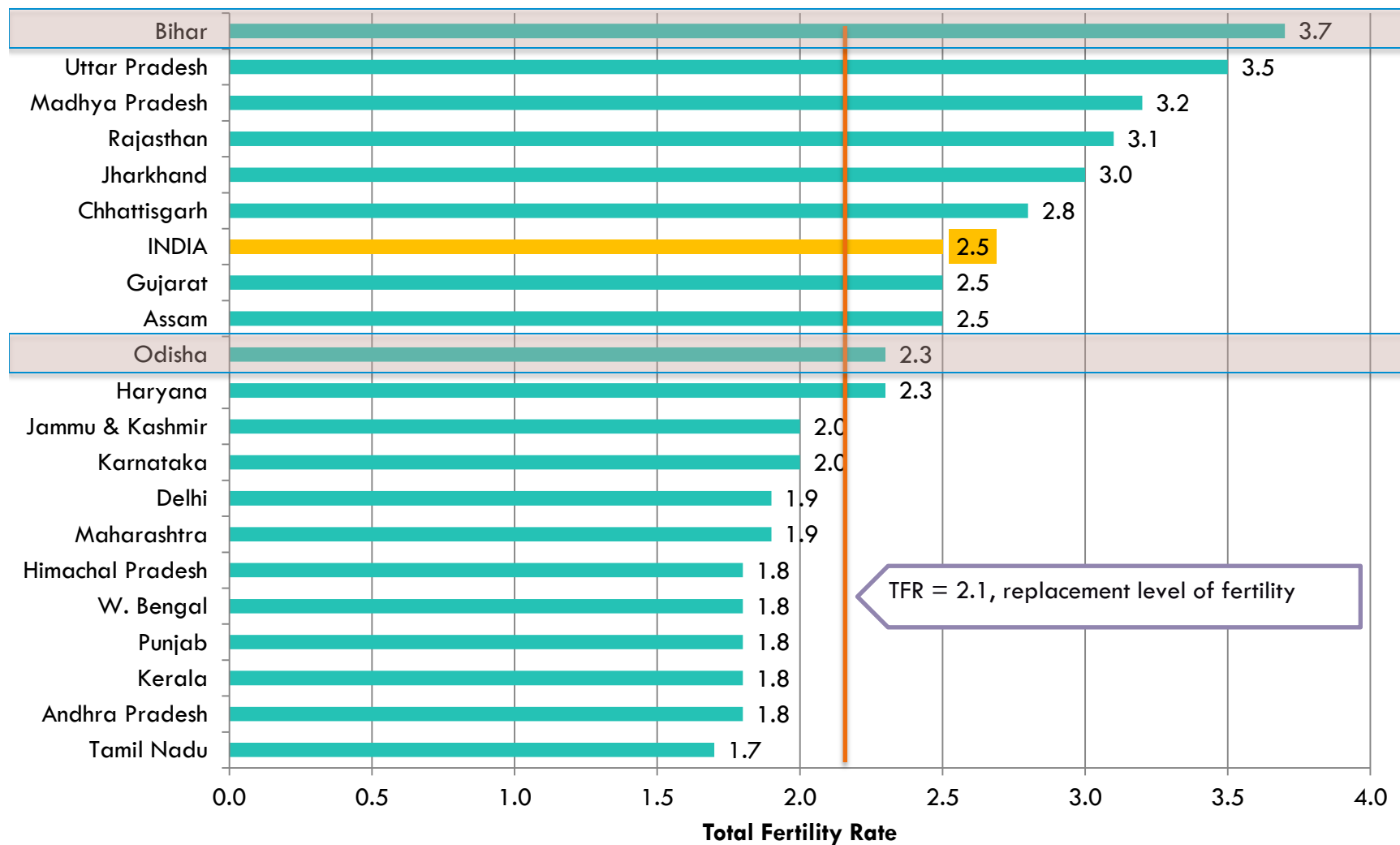
# Implementation Design for Public Private Partnerships



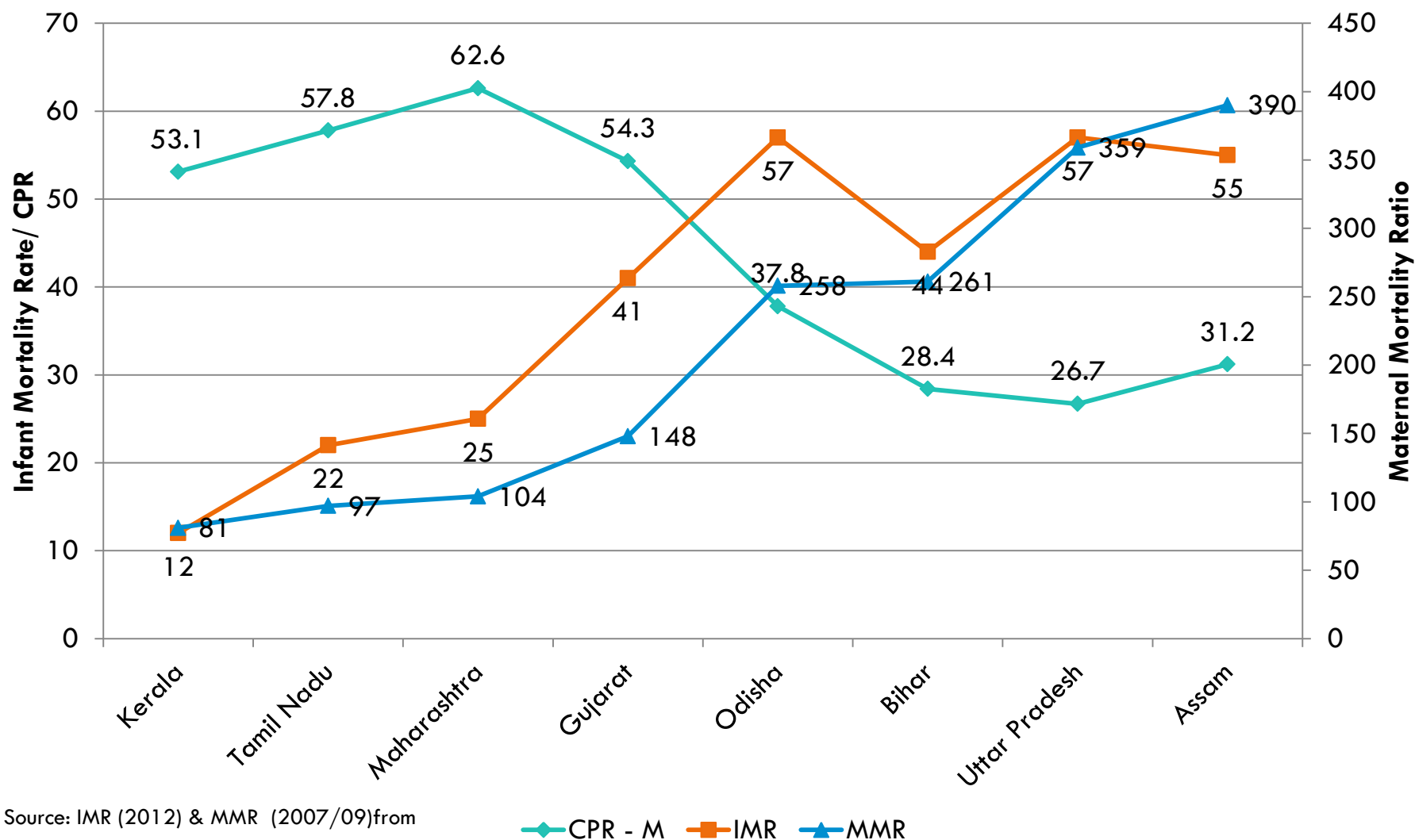
Findings from the

# Secondary Analysis

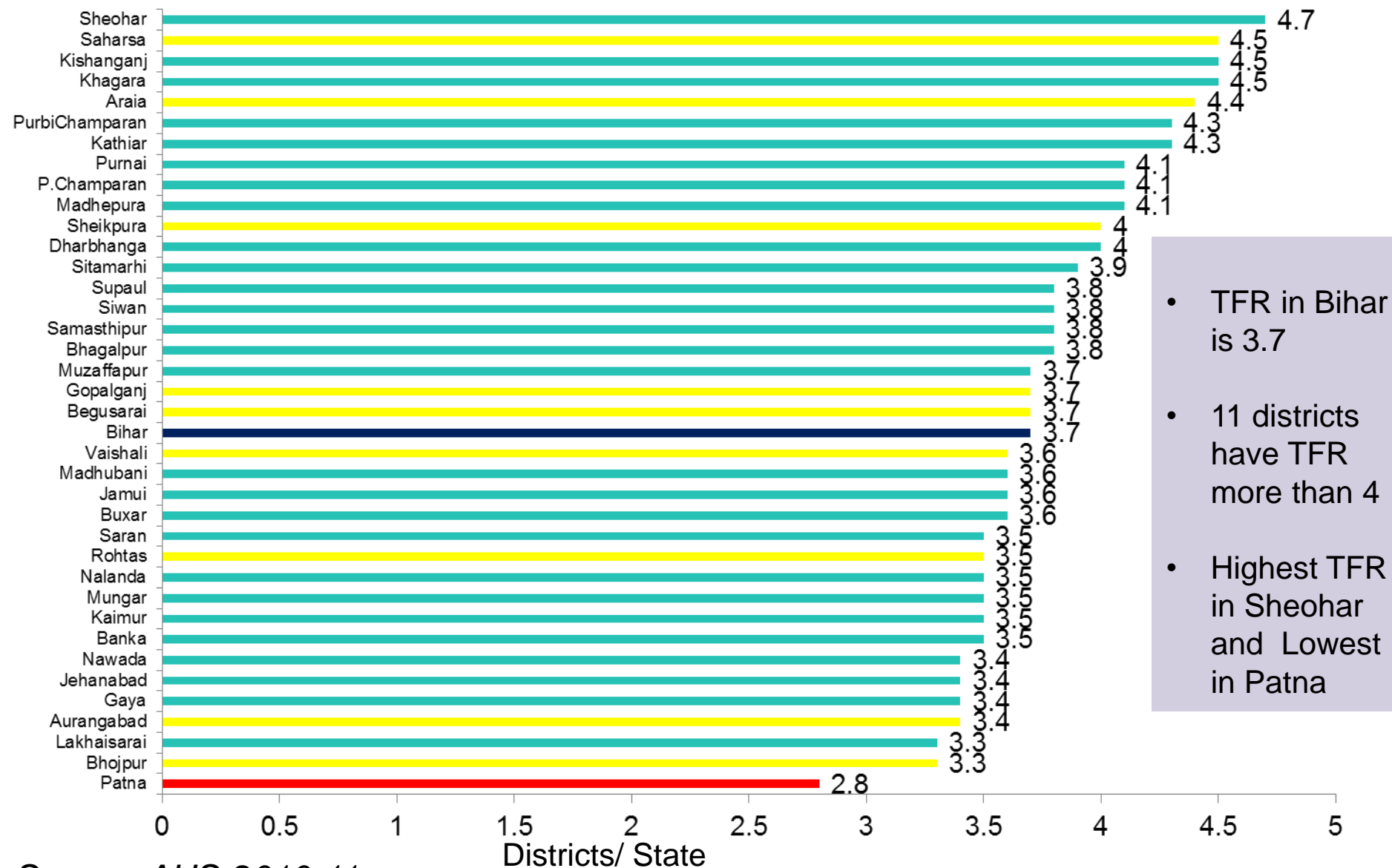
# Total Fertility Rate in selected Indian States & India, 2010



# Inter linkages – modern CPR, IMR and MMR



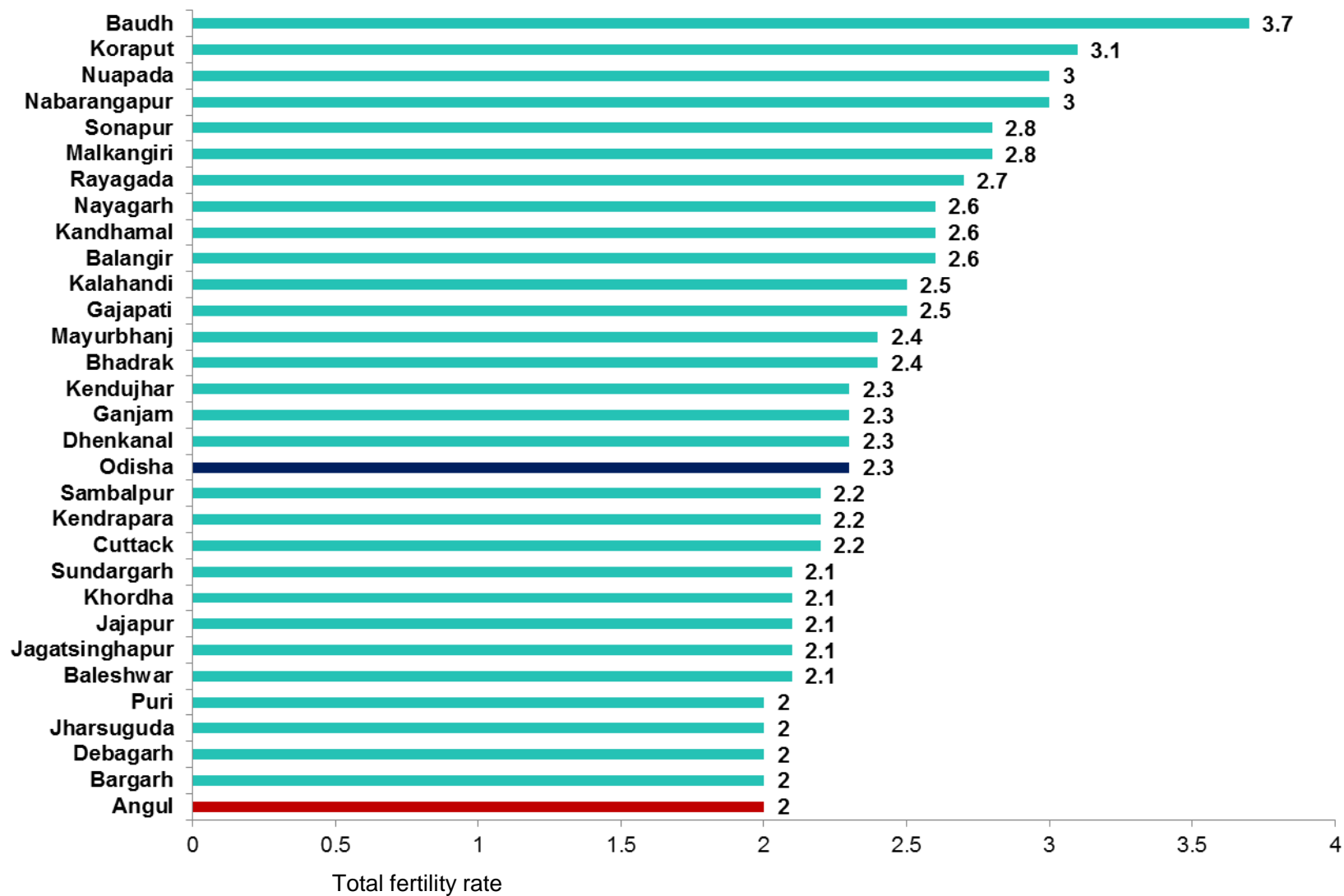
# TFR Inequity at District Level in Bihar



Source: AHS-2010-11

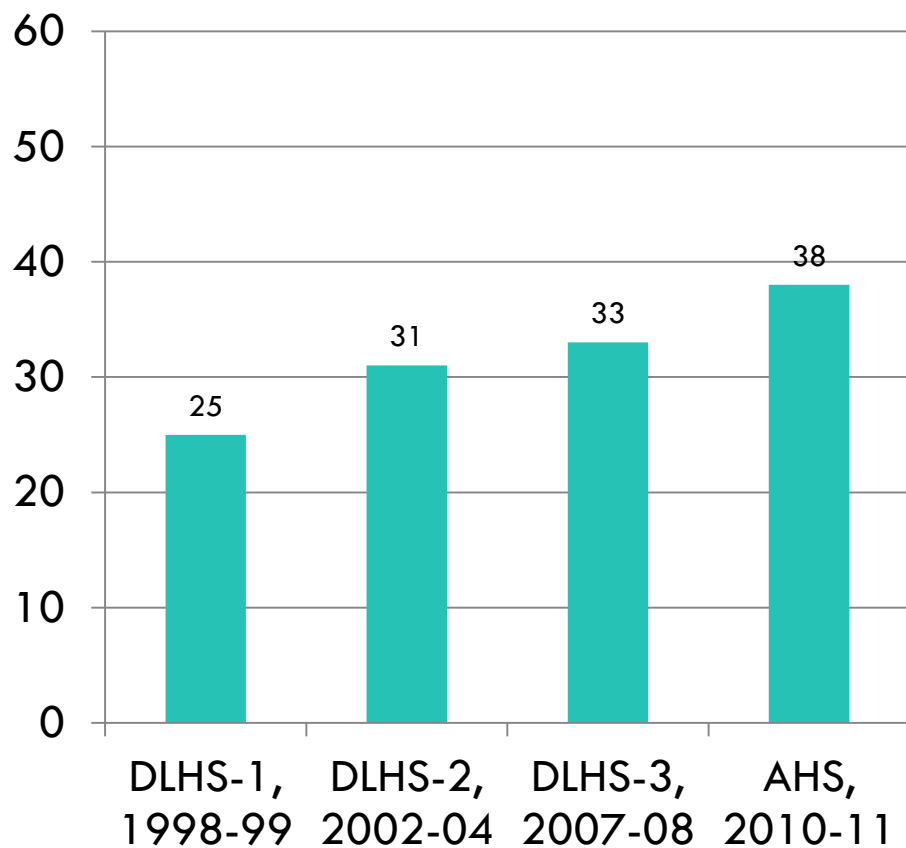


## .....and a similar case in Odisha

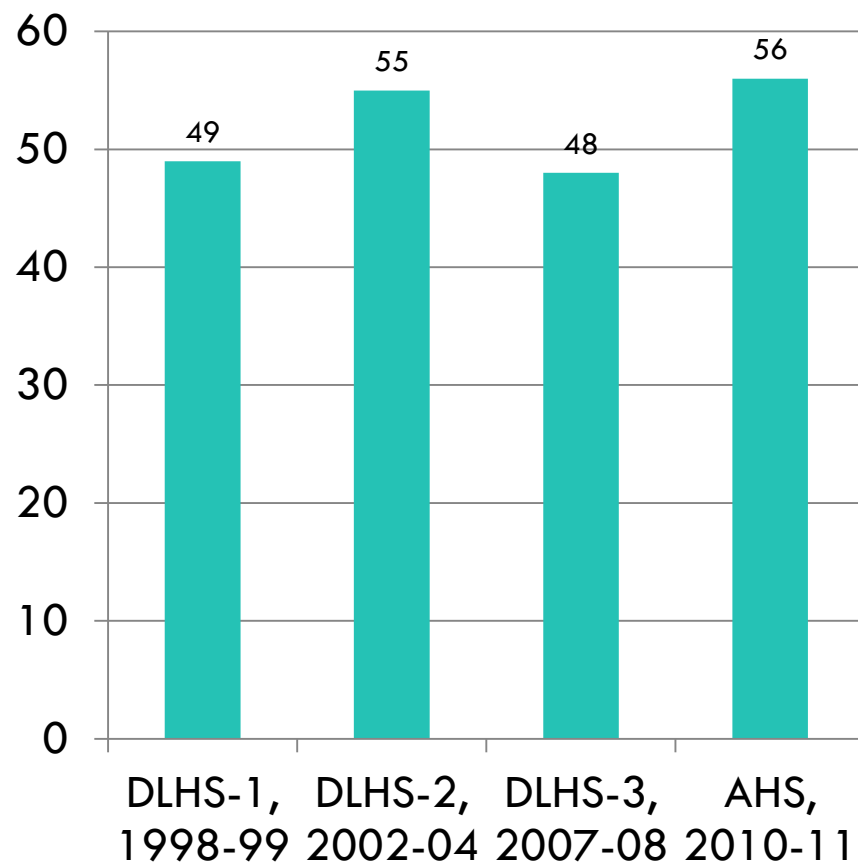


# Trends in Contraceptive Prevalence Rate

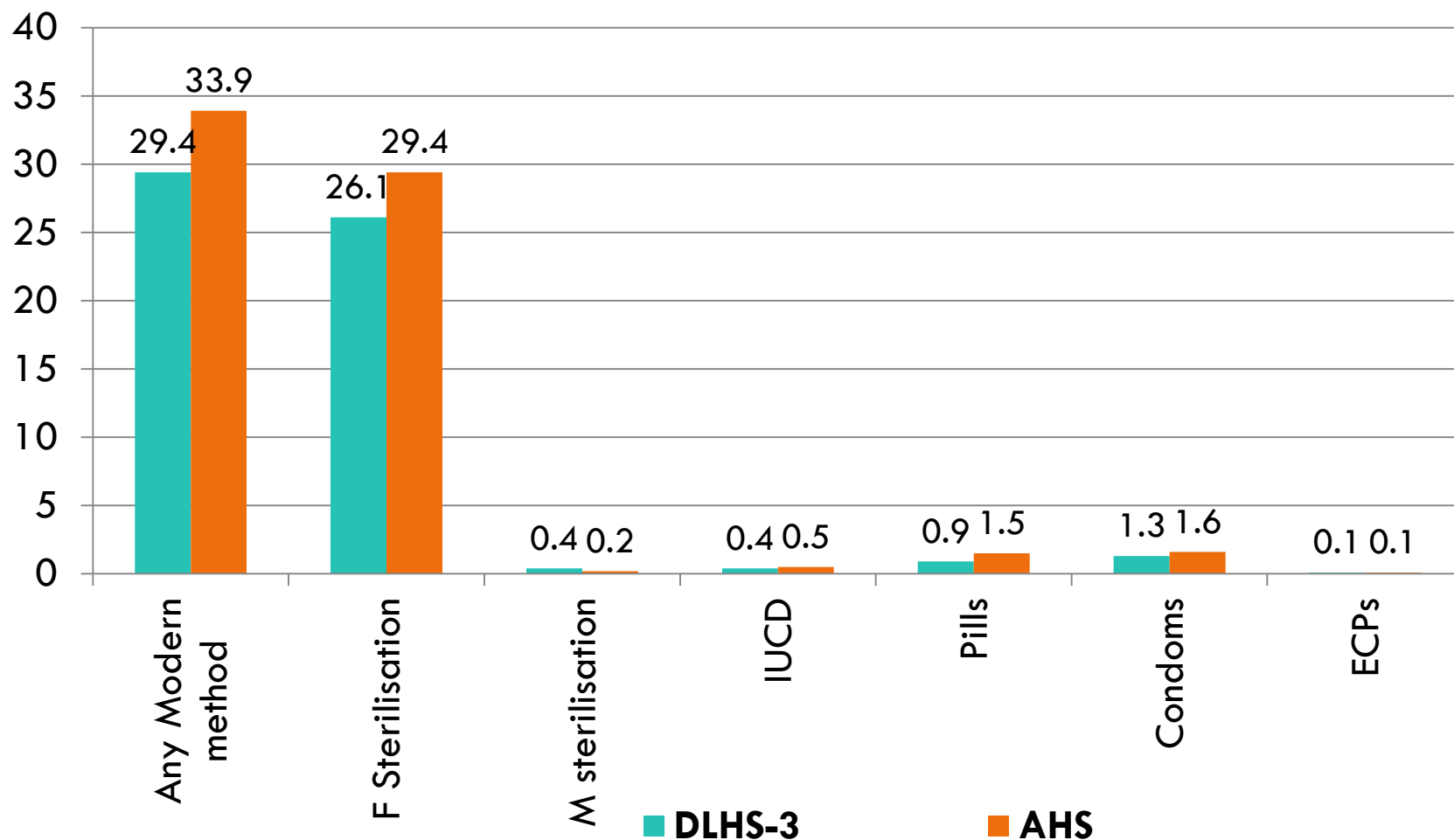
## Bihar



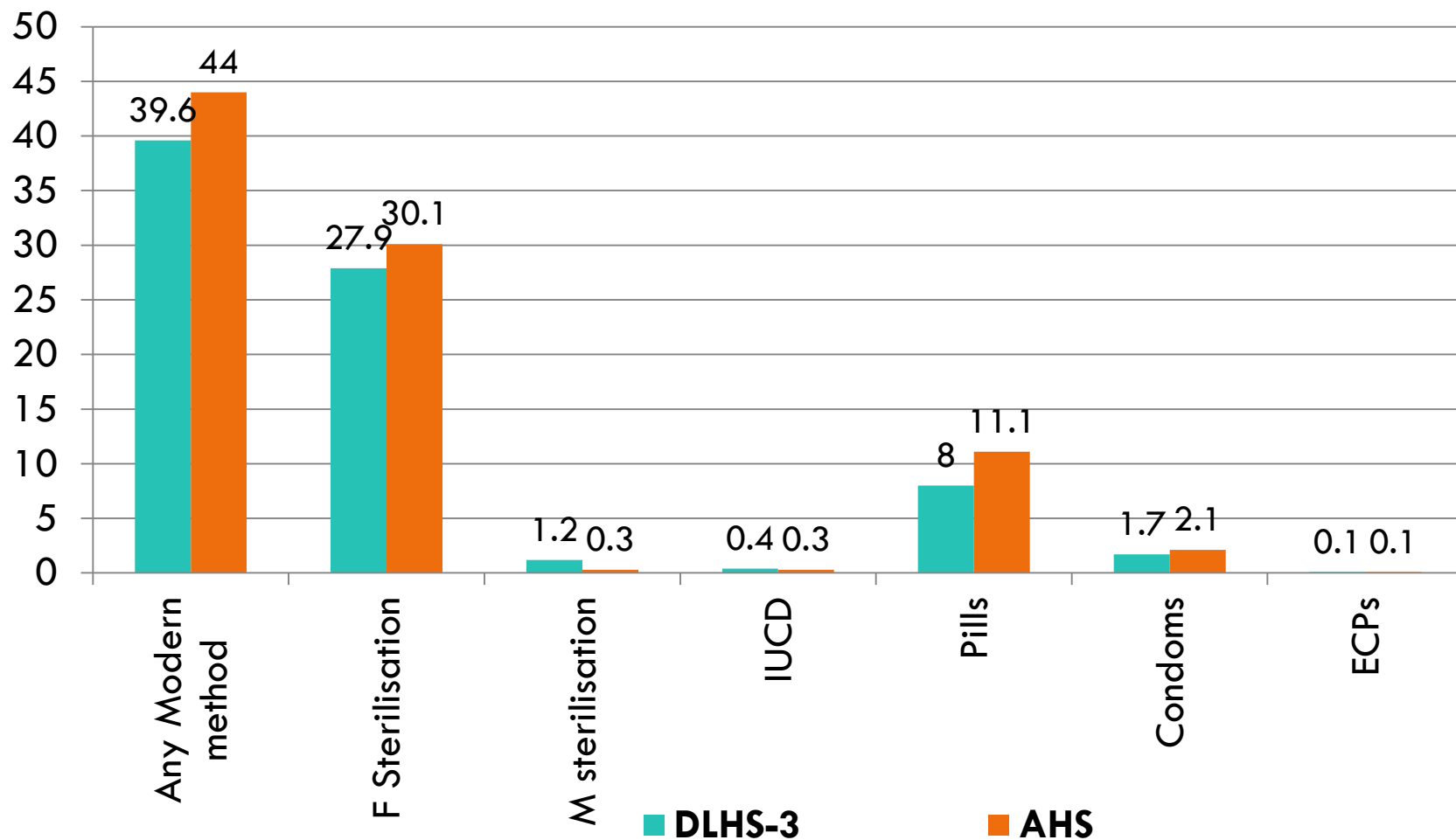
## Odisha



# Trends in Contraceptive Prevalence Rate Modern Methods, Bihar – DLHS-3 and AHS

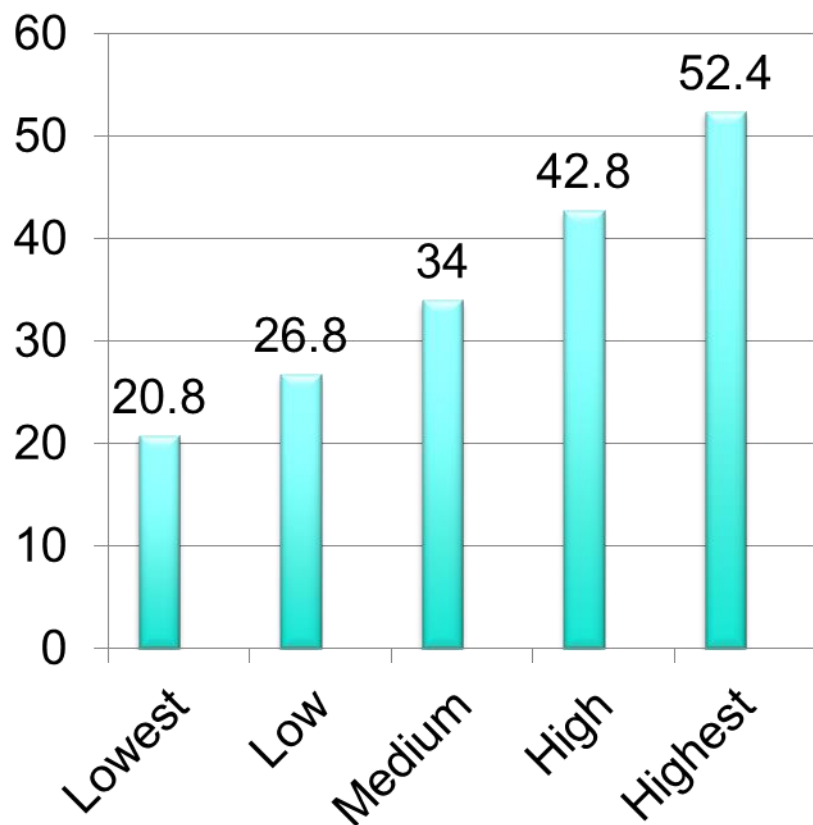


# Trends in Contraceptive Prevalence Rate Modern Methods, Odisha – DLHS-3 and AHS

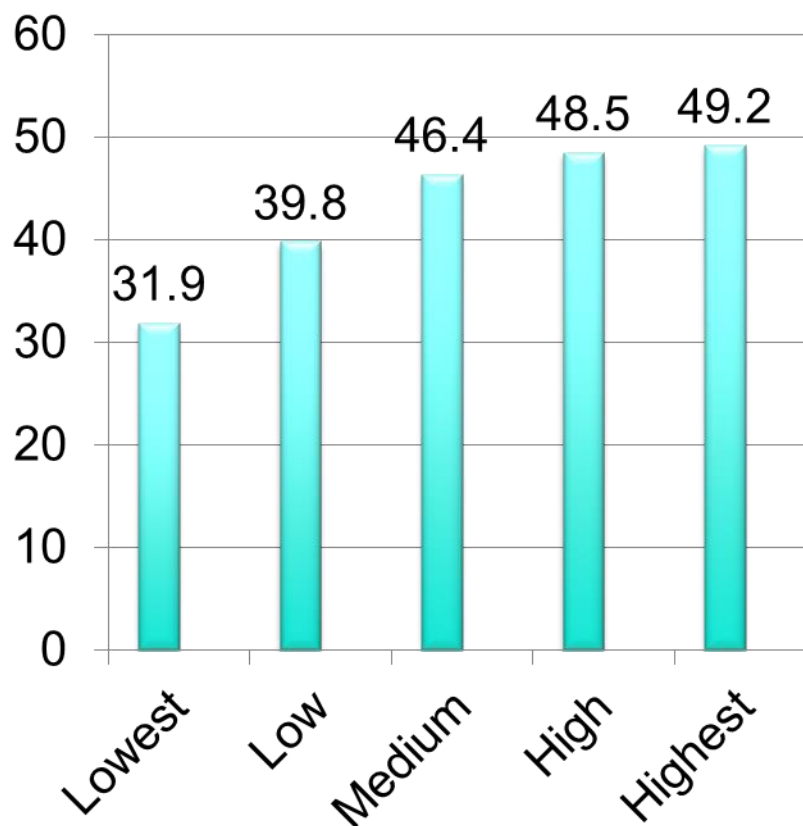


# Current use of Modern Contraception – By Wealth Quintile

## Bihar

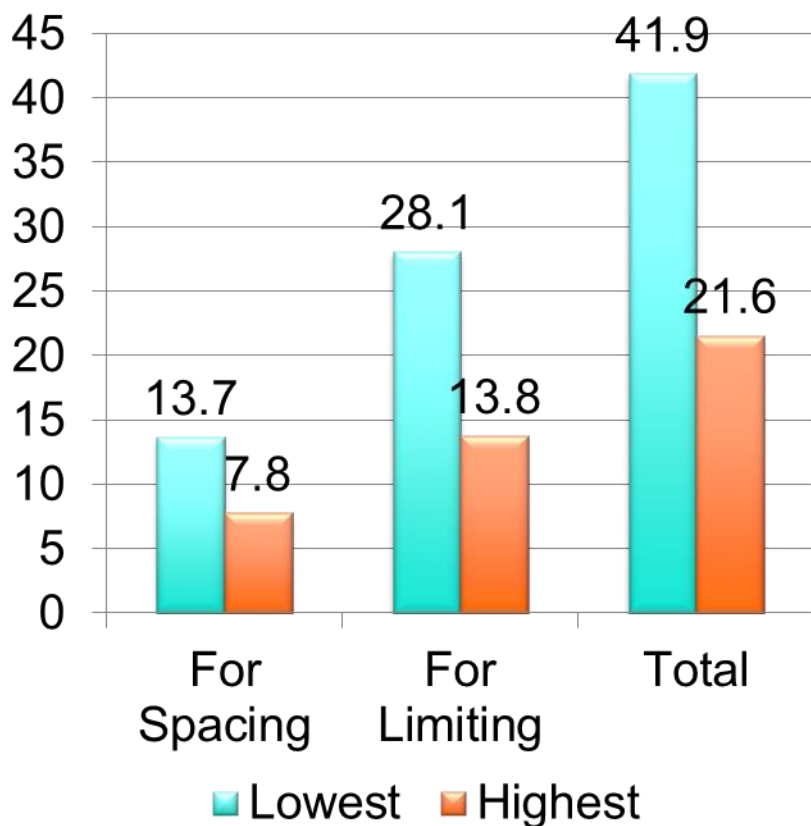


## Odisha

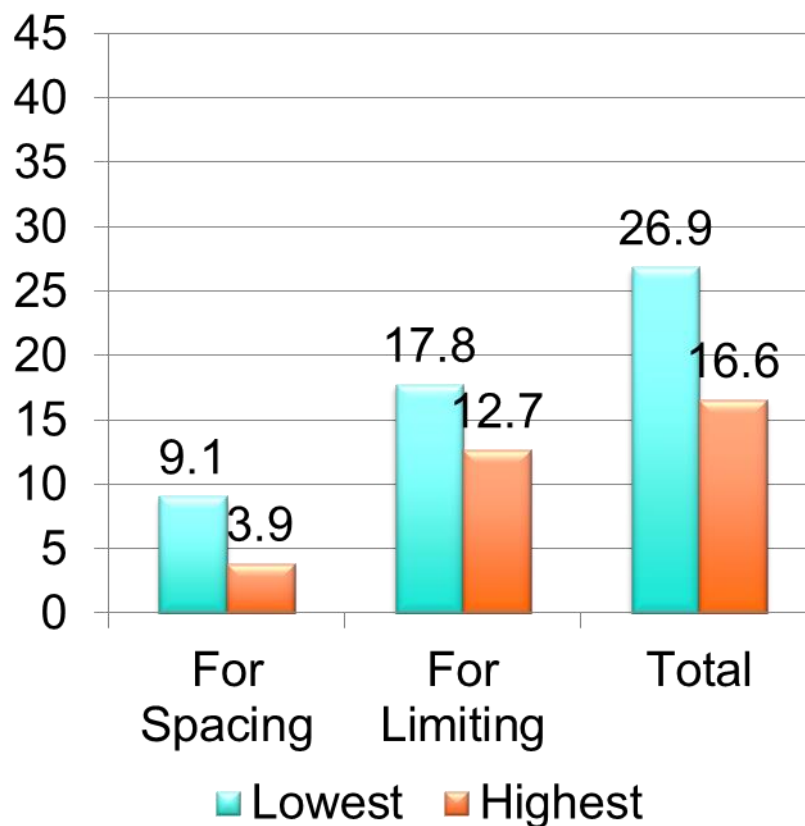


# Unmet Need for Family Planning – By Quintile

## Bihar

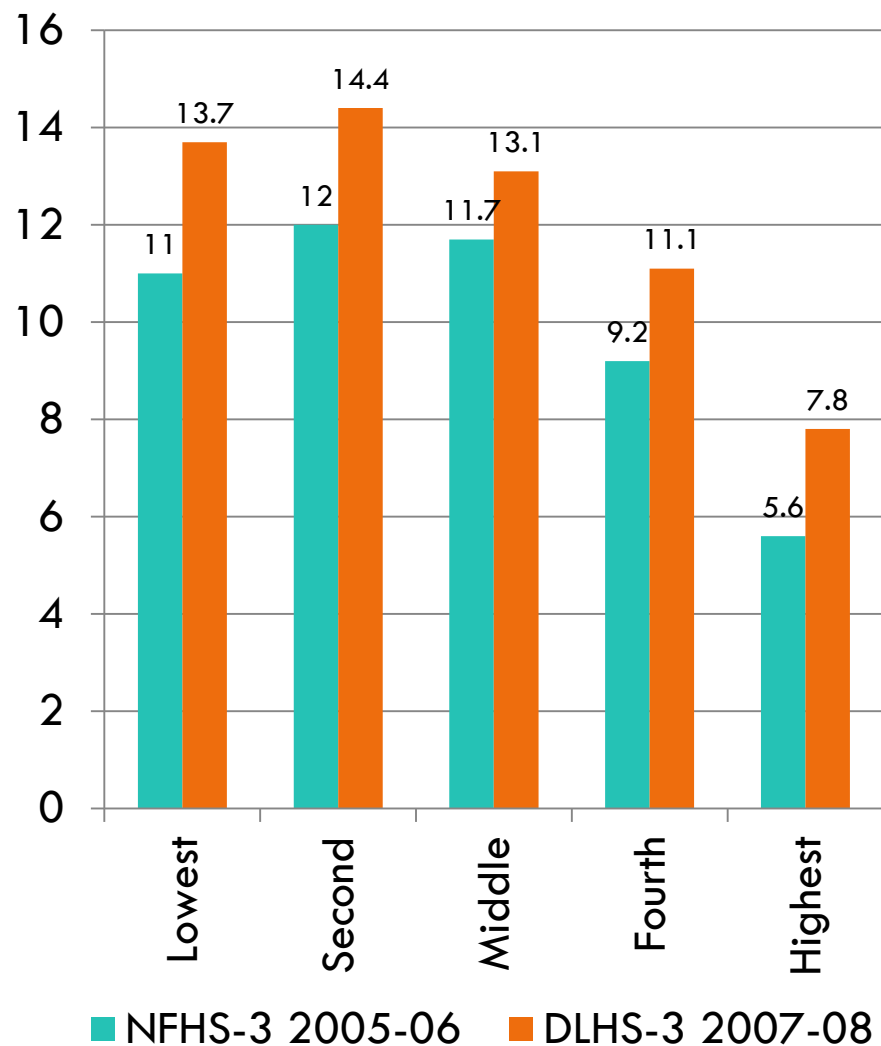


## Odisha

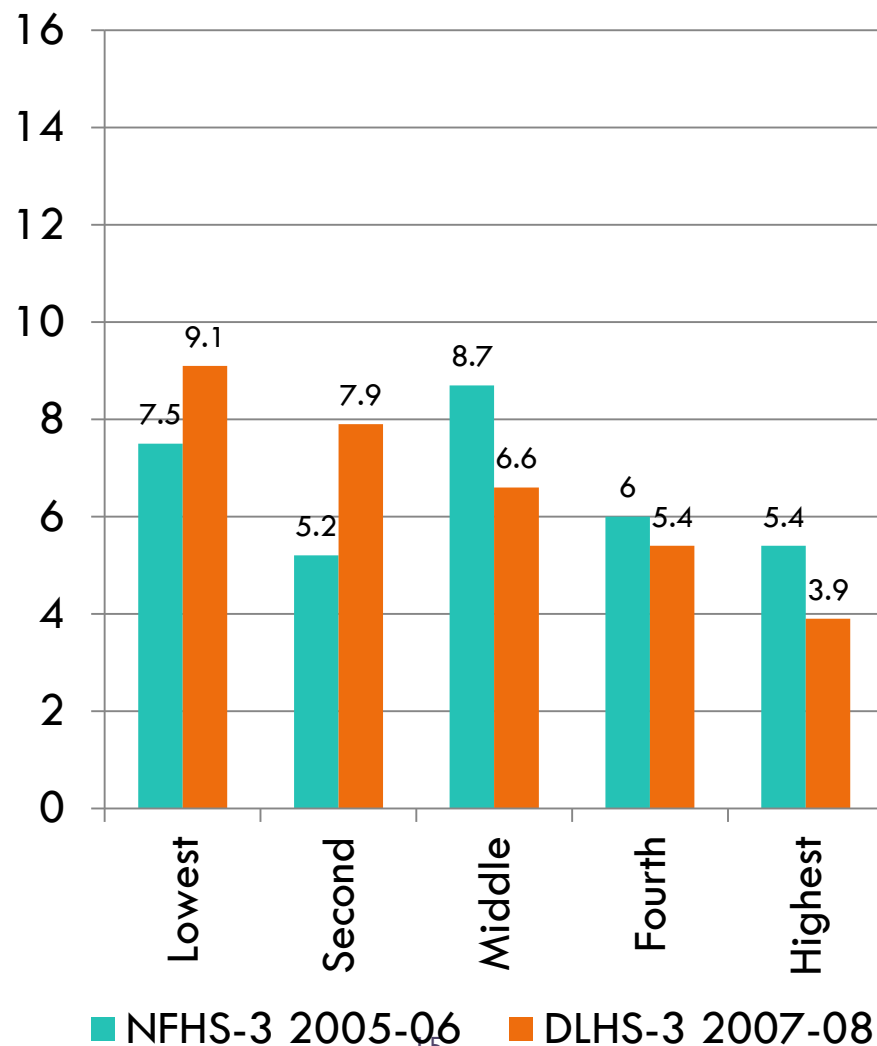


# Unmet Need for Spacing methods- By Quintile

## Bihar

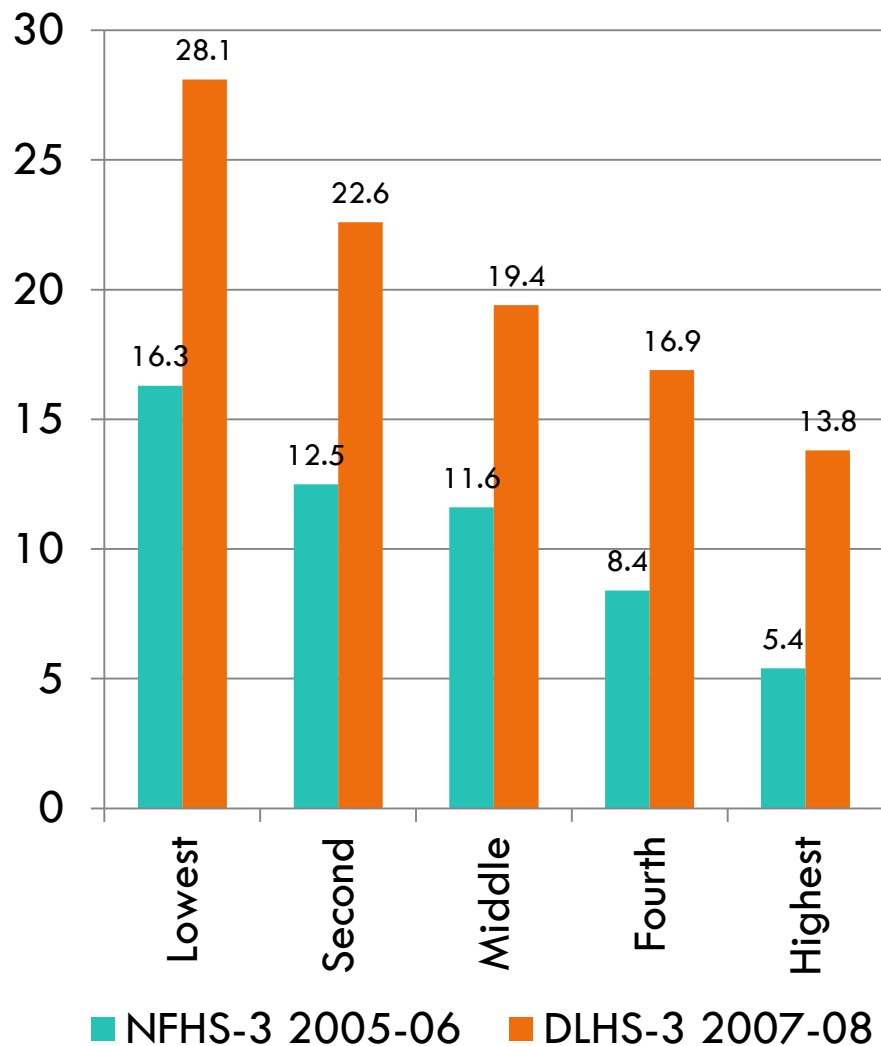


## Odisha

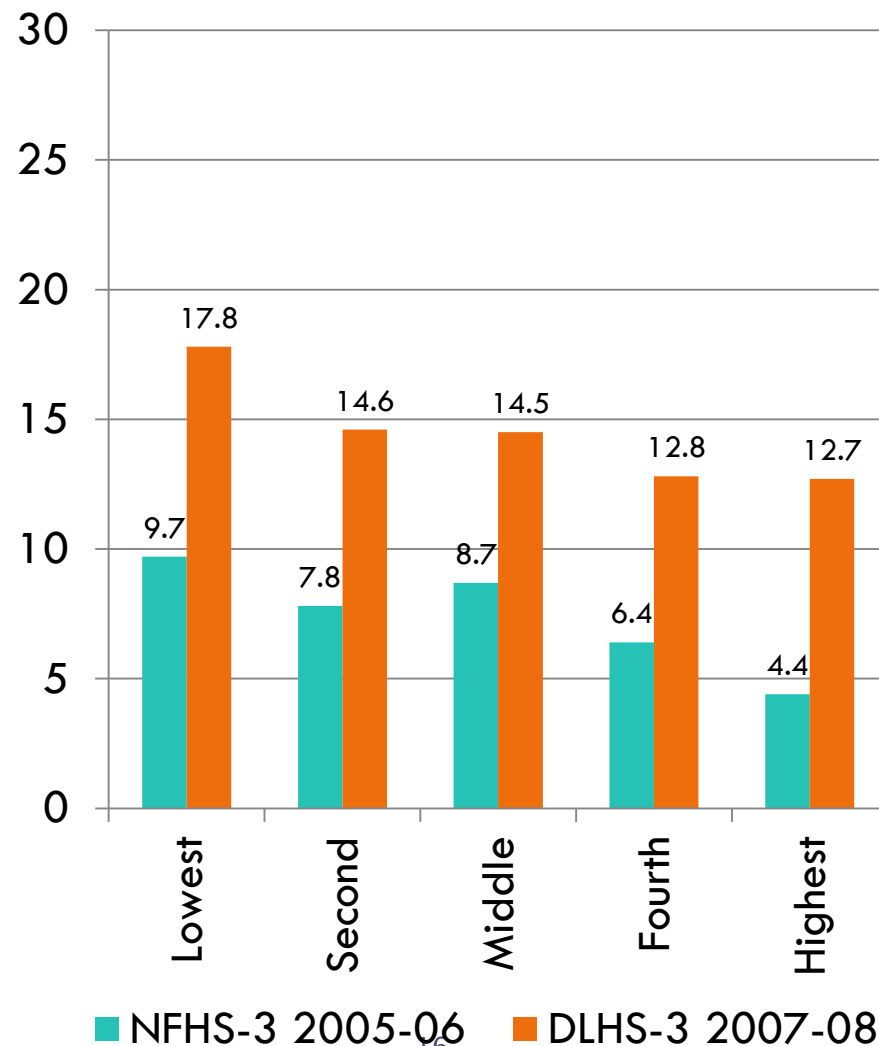


# Unmet Need for Limiting methods- By Quintile

## Bihar



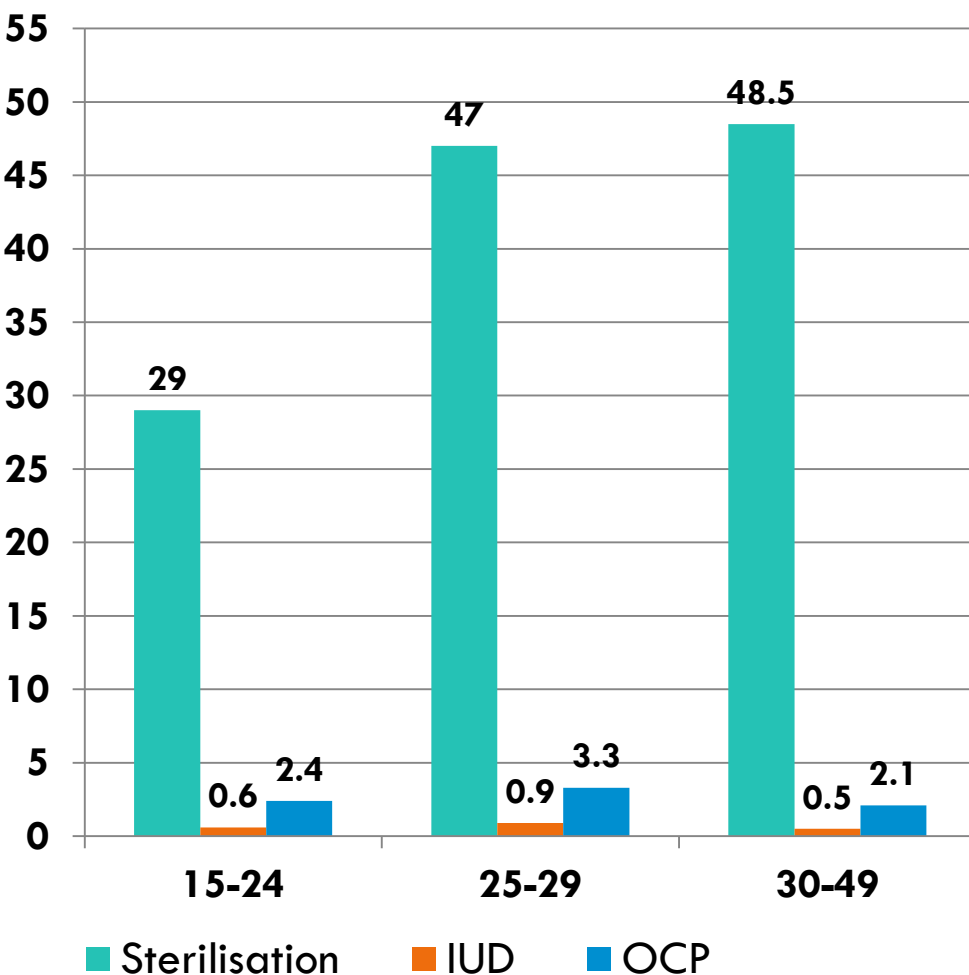
## Odisha



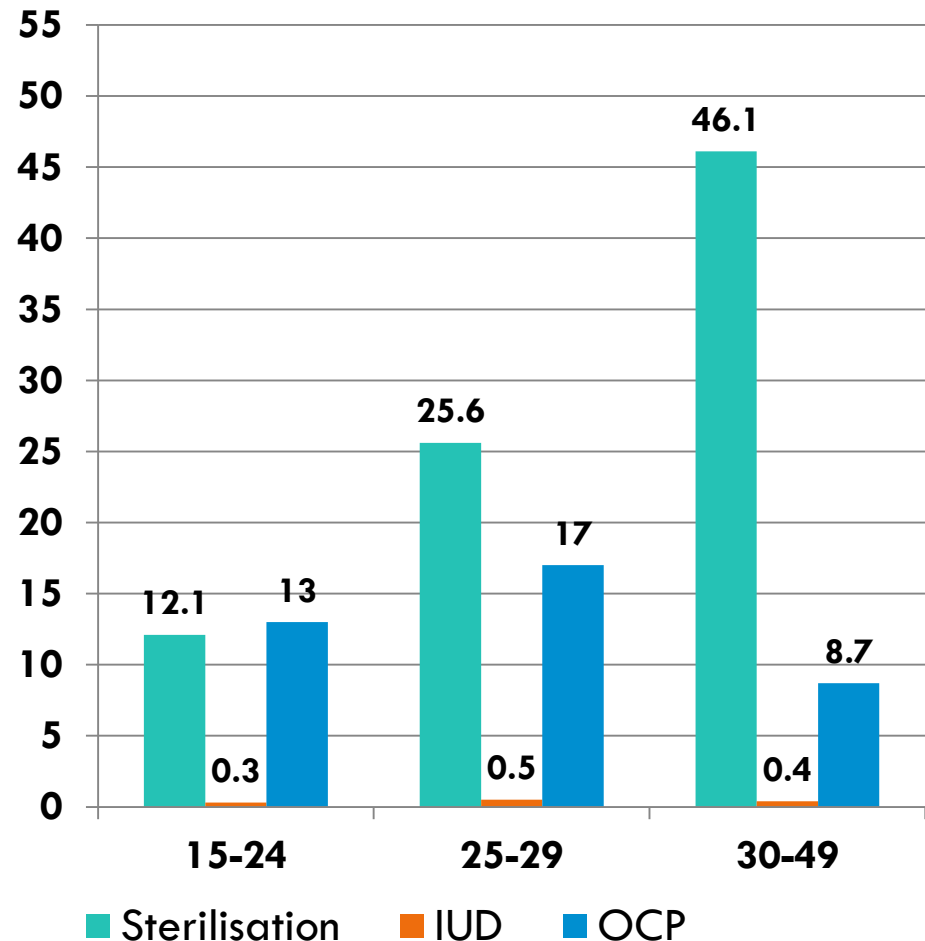


# Percent Current use/Intension to use of different FP methods – by age of women

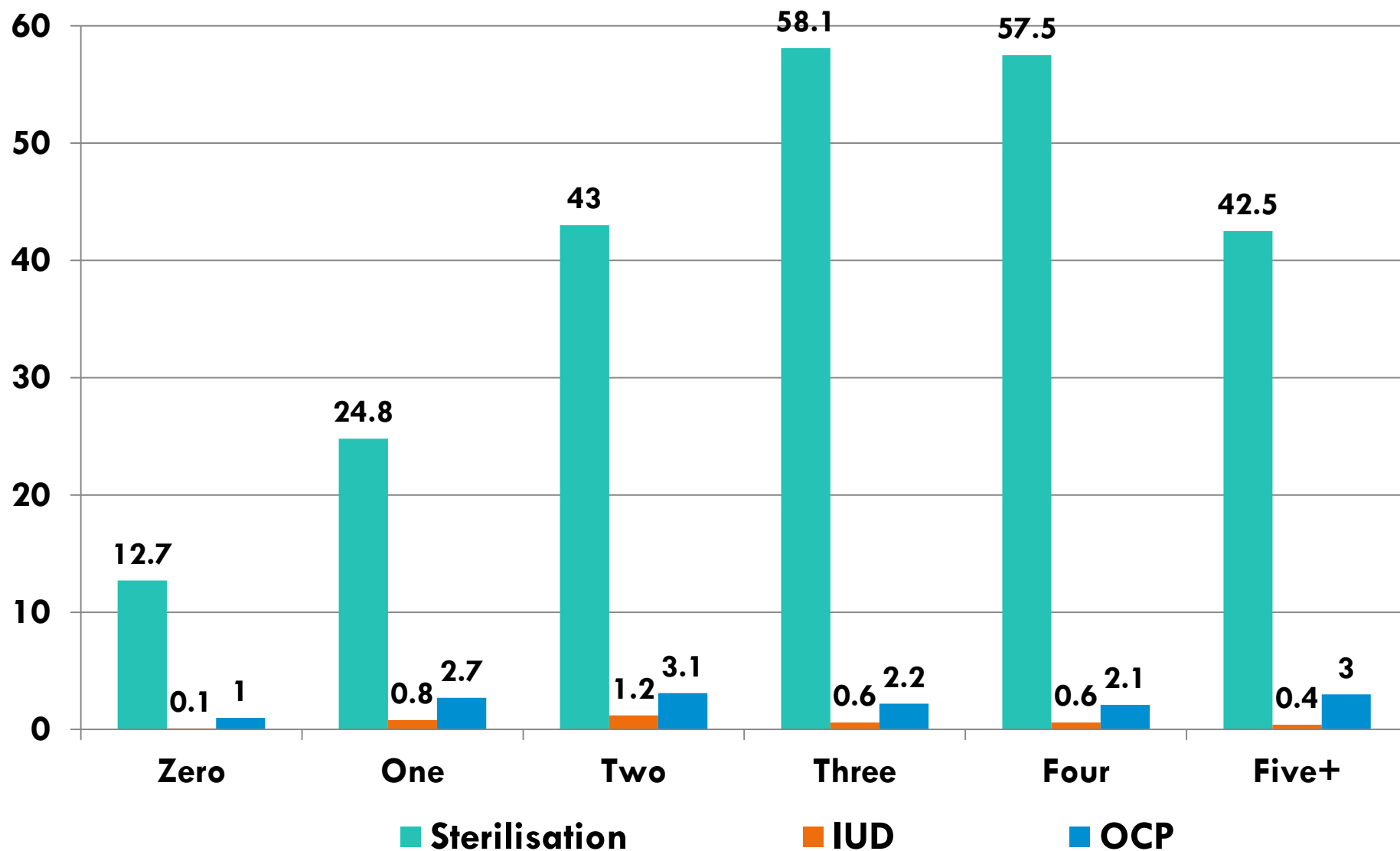
## Bihar



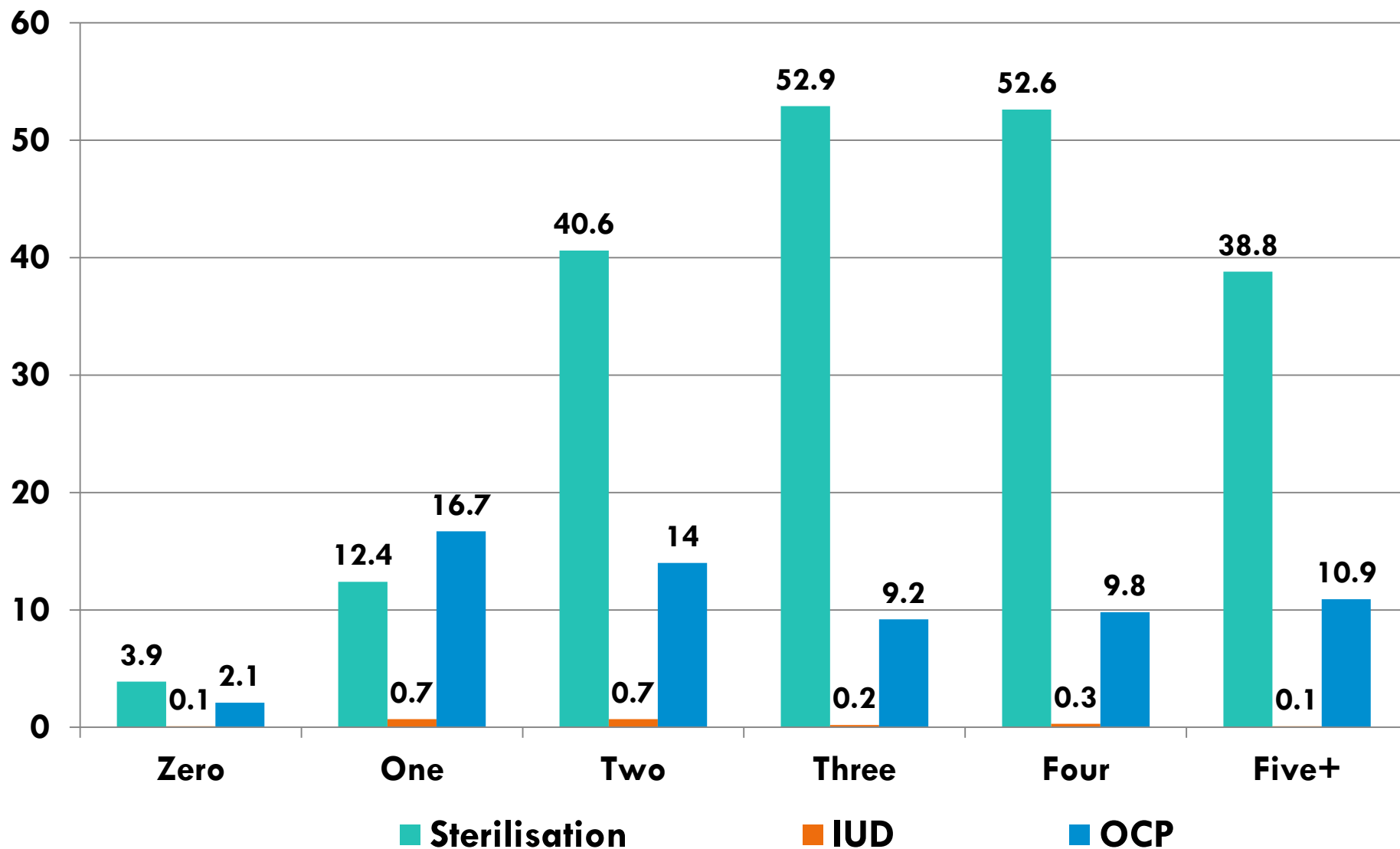
## Odisha



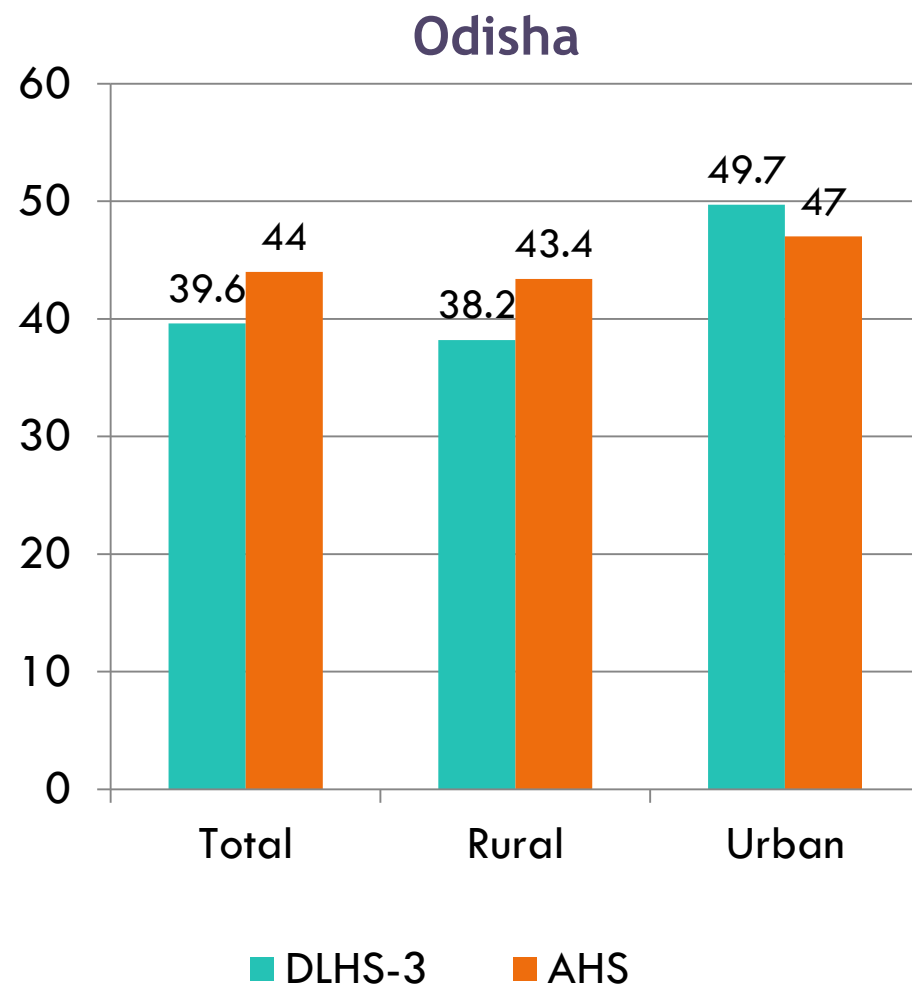
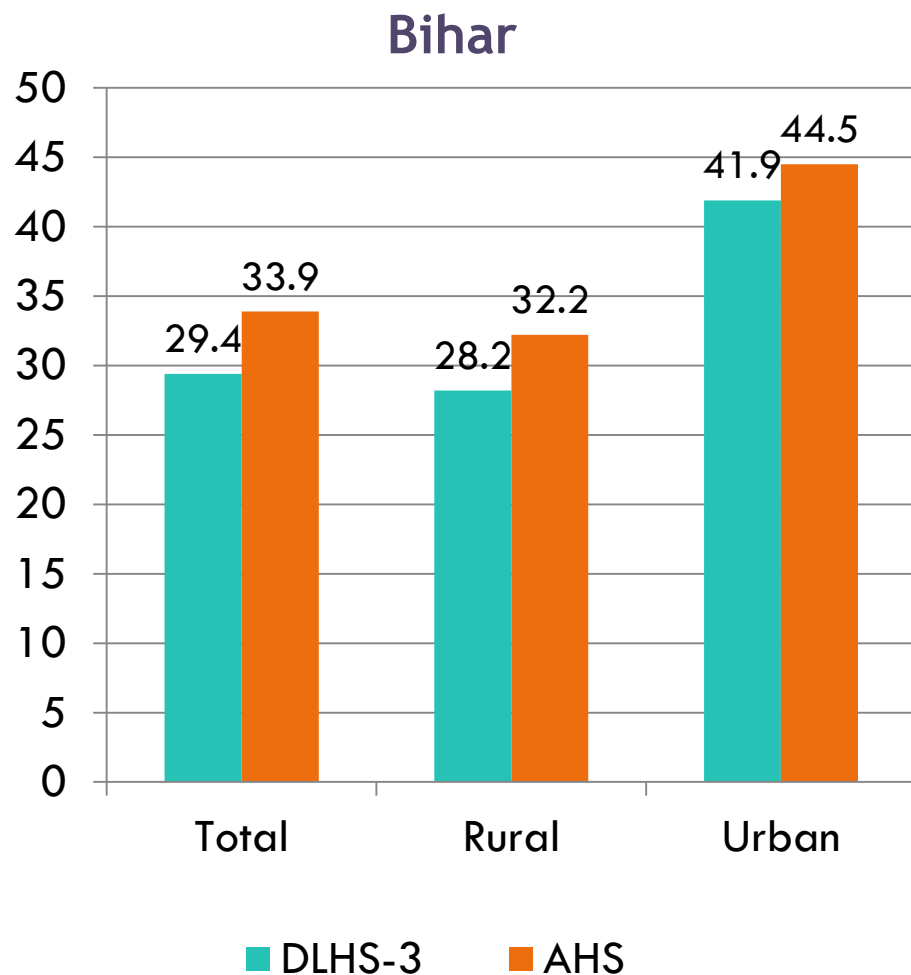
# Percent Current use/Intension to use of different FP methods – by No. of Sur. Child – Bihar



## Percent Current use/Intension to use of FP methods – by No. of Sur. Child – Odisha

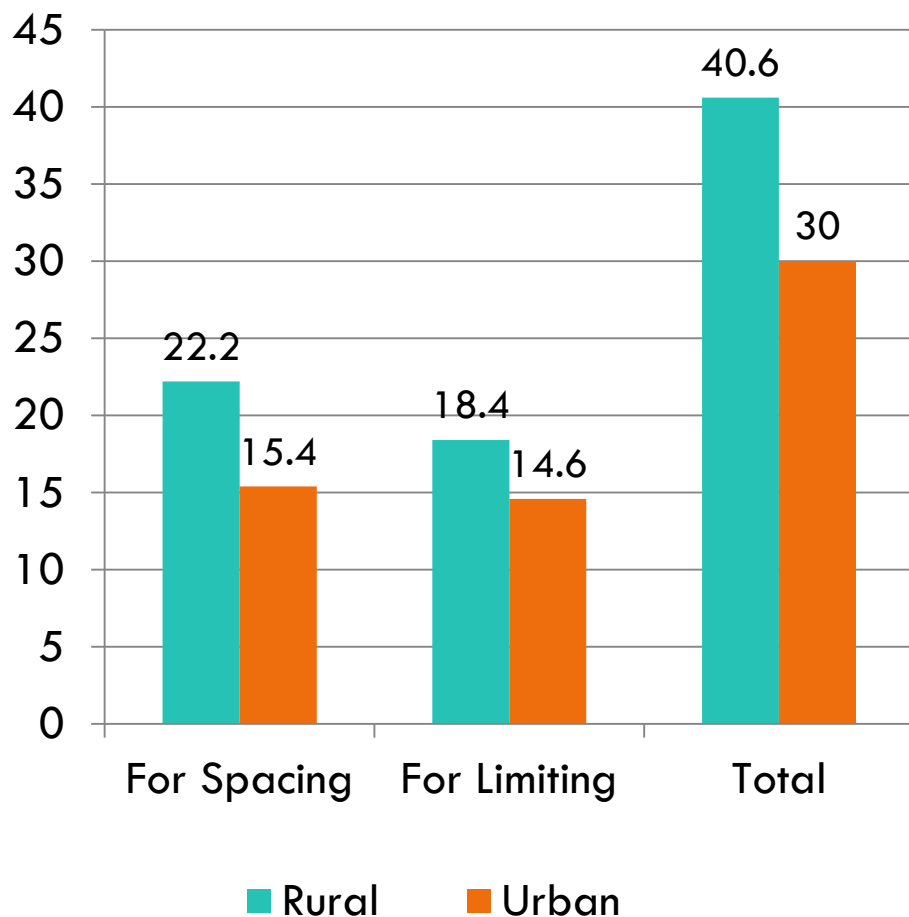


# Current use of Modern Contraception – By Residence

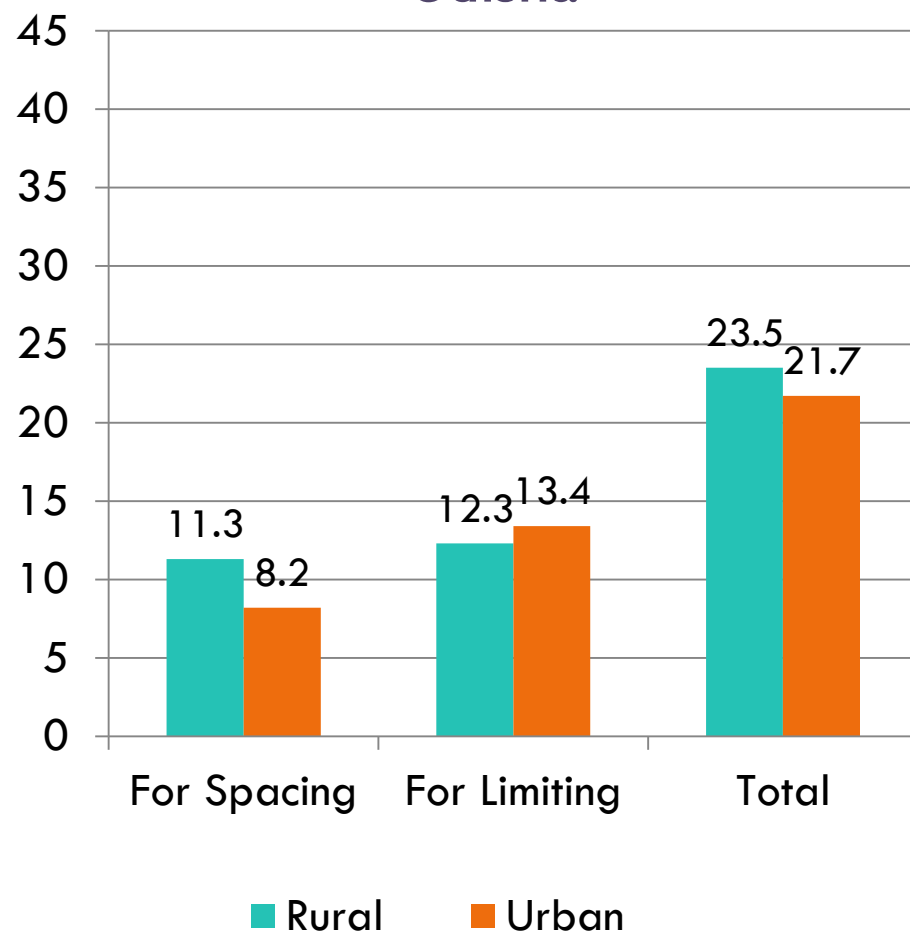


# Unmet Need for Family Planning – By Residence

## Bihar

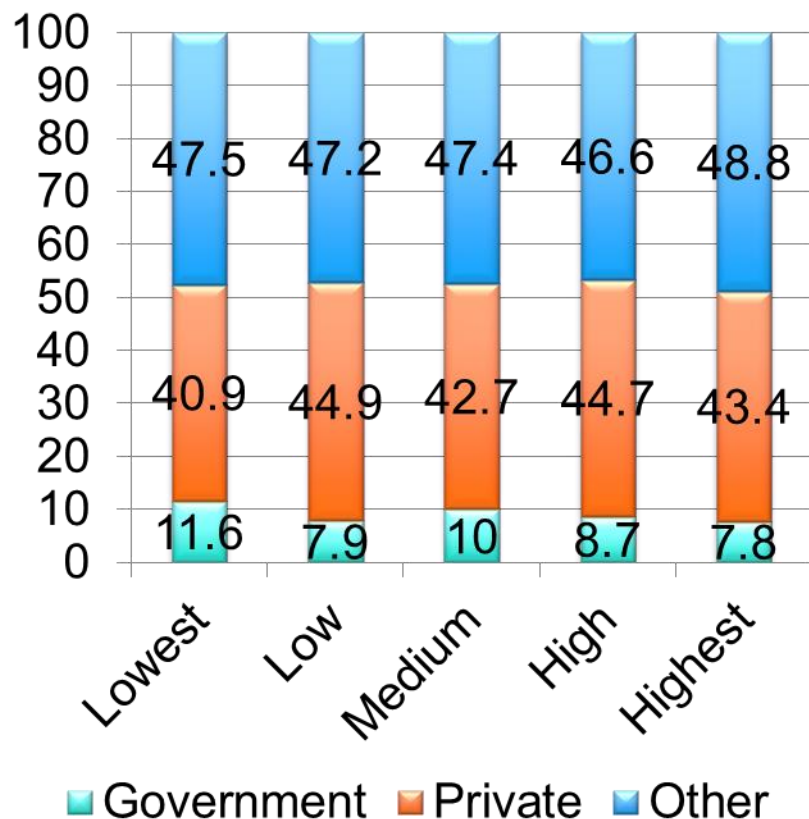


## Odisha

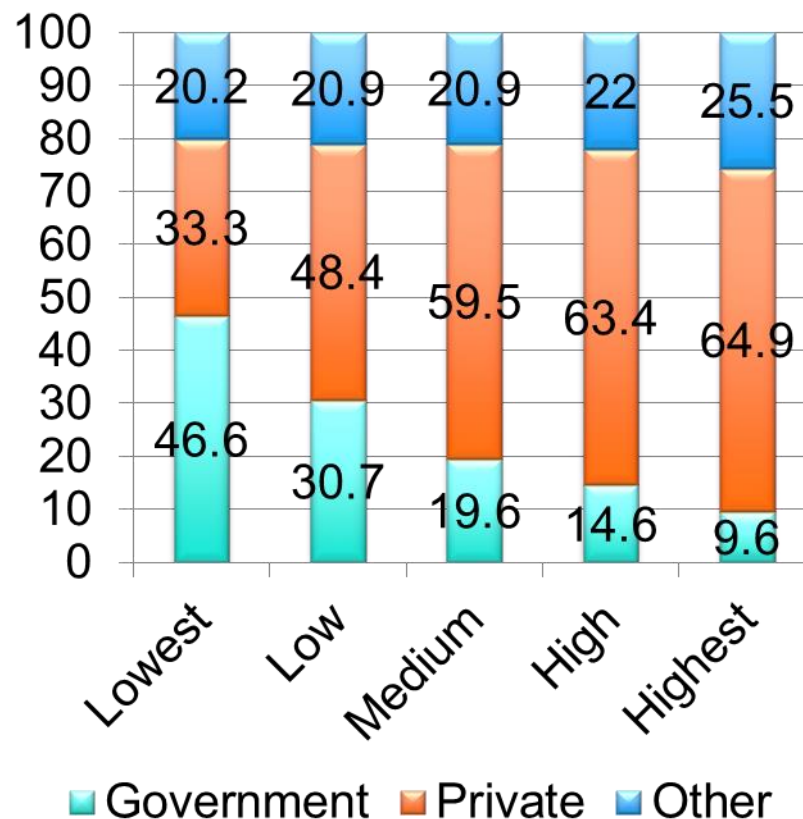


# Source of Modern Contraception – Spacing Methods

## Bihar

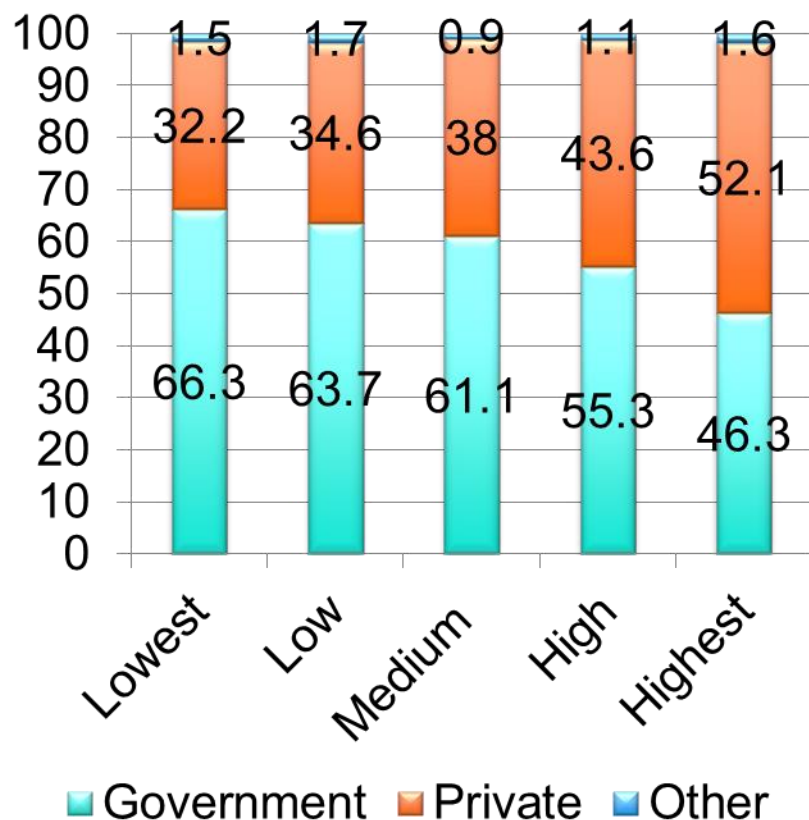


## Odisha

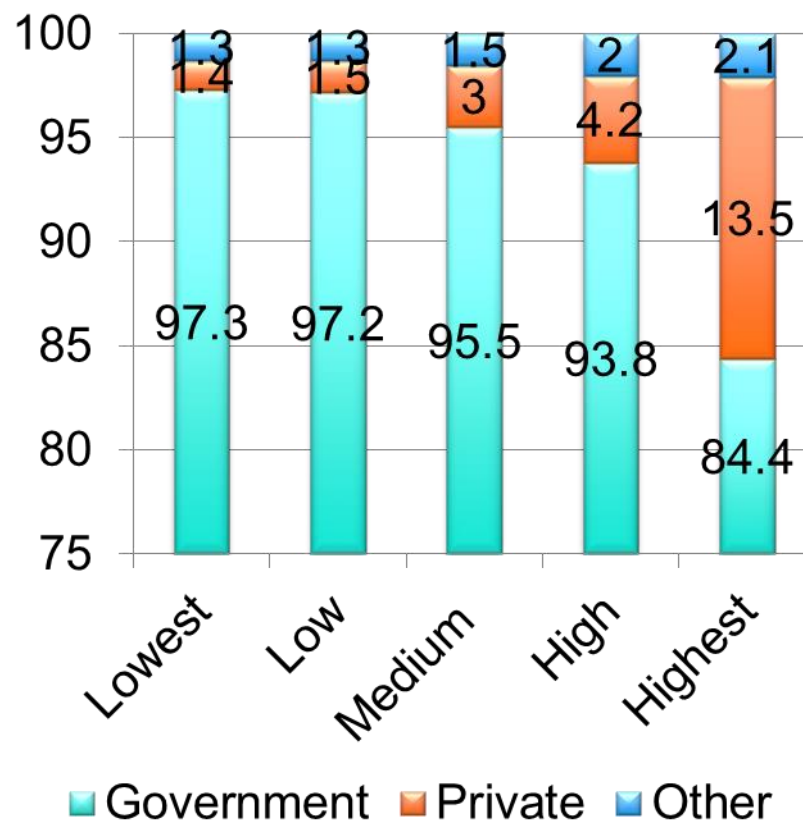


# Source of Modern Contraception – Limiting Methods

## Bihar



## Odisha





# Demand Side- Audience Insights

- Female Sterilization most popular as it is relatively widely available
  - Large family norms - Sterilization after high parity
  - No demand, Negative beliefs, myths and misconceptions for spacing methods - especially for clinical methods for spacing - IUDs, Injectables
  - High awareness and utilization of the benefits and reimbursements available for institutional deliveries and sterilization
  - In younger age-groups - awareness about spacing methods is lower than older age group
  - Low reach of media in villages but high ownership in urban centres
- Use of mobile phones is increasing



# Supply Side – Public Sector

- Under resourced public facilities
- Blurred lines between public and private - government doctors with private practice
- Vacancies among front line health workers and doctors
- Supply disruptions in contraceptive products



Photo: Futures Group



Photo: Futures Group

## Supply Side – Private Sector

- Rural Medical Practitioners (RMPs) serving the poorest of the poor - 2-3 RMPs in every village
- Availability of qualified providers at the block level in the private sector in Bihar and in few districts in Odisha
- Villagers prefer to access health services from the private sector providers at the bigger block or district level
- Negligible availability of condoms, oral contraceptive pills and emergency contraceptive pills at the village level
- Supply chain does not reach lower than block level
- Retailers not aware of proper use of methods including MTP kits

# The Total Market Approach (TMA)

## Making Markets Work for the Poor



### Health Impact

- Are we changing behavior?
- Are we growing the category for all methods?



### Equity

- Do all segments of the population have equal access?
- Are we helping ensure there are options for different income levels and for different age groups?

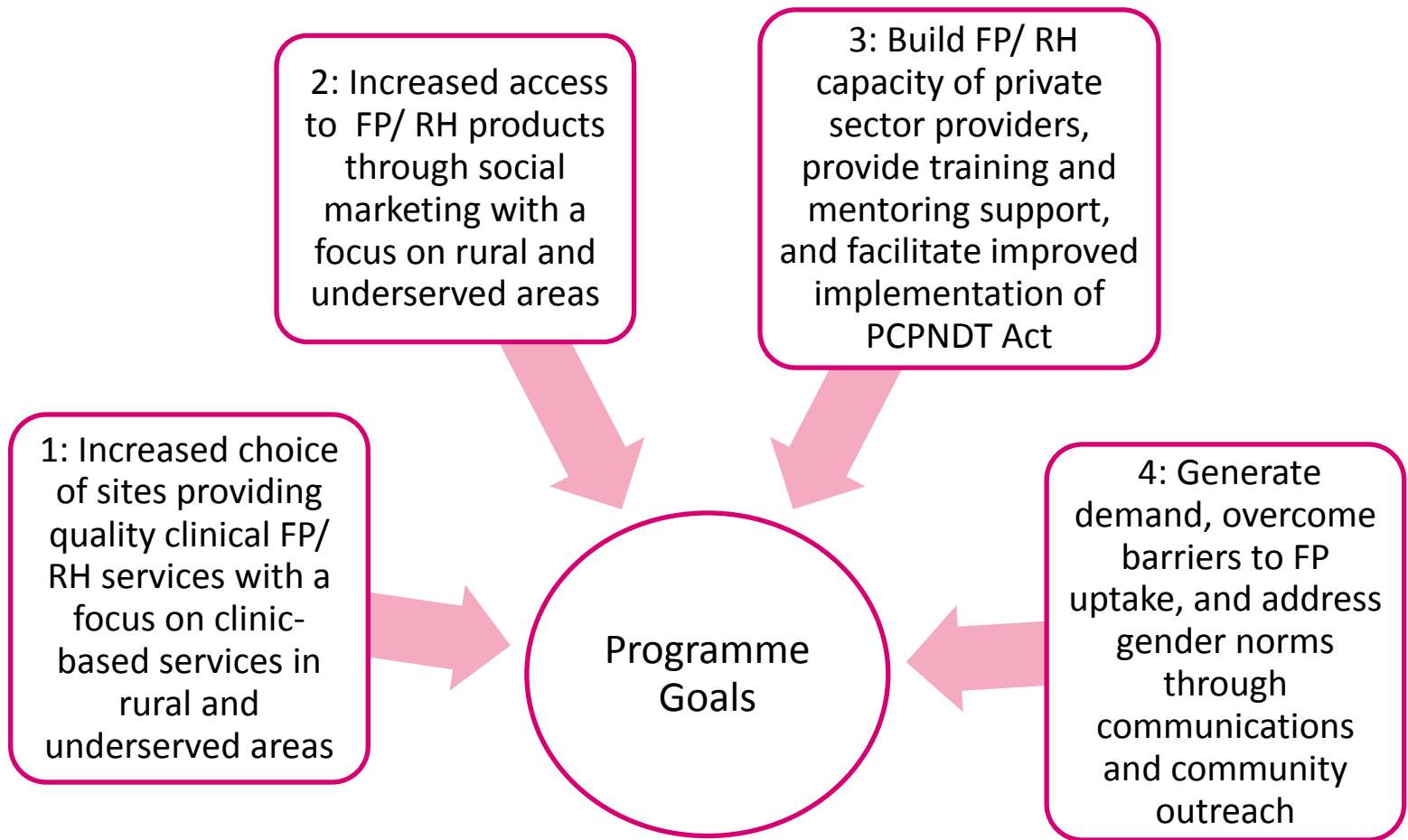


### Subsidy

- Are we managing to reduce the subsidy?
- Do we have a longer-term cost recovery strategy?
- Are we creating a situation that could continue without us?

# Project Ujjwal

## Programme Goals and Objectives





# Overarching Principles

- Work within the framework of NRHM as per the government norms and guidelines
- Improve access and utilisation of FP services in urban, rural and remote areas to address gender and equity disparities
- Reach out to young women, girls and men with focus on increasing options for spacing
- Address the cost barriers for accessing services for poor through affordable service delivery models
- Complement existing government programs by leveraging the private sector
- Build sustainable capacities at state level

# Output 1: Increasing Sites Providing Quality FP/ RH Services

## Social Franchising

- Private facilities networked
- Tiered network with accreditation and camps
- Business Management training

## Targeted demand-side financing

- Operationalised for select districts and urban poor

## Mobile Outreach (Contracting-in)

- Integrated FP camps conducted at public facilities through outreach teams

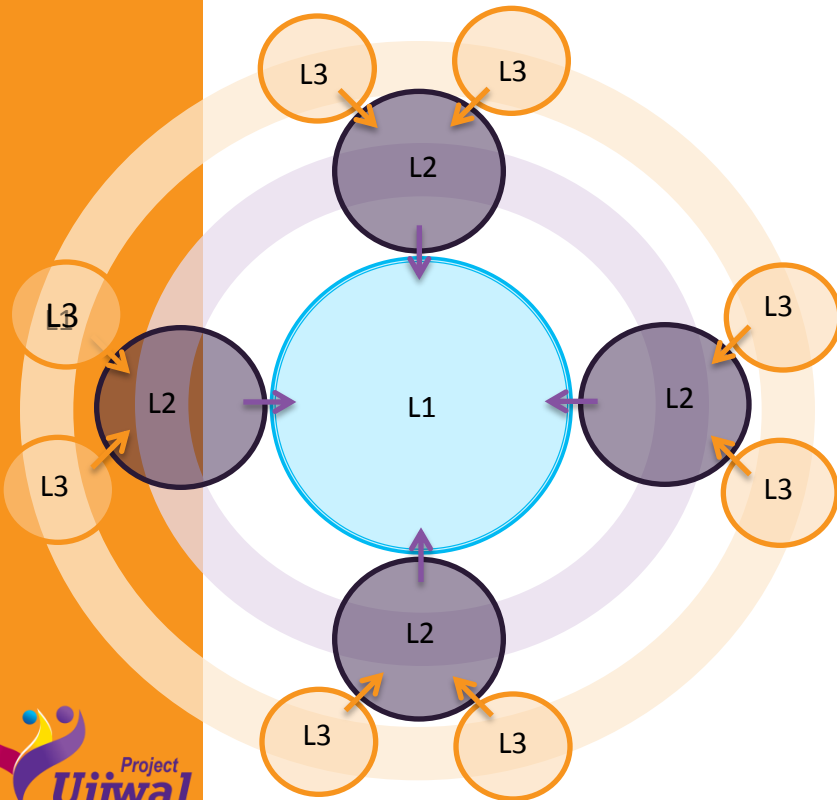
## Outreach for IUDs and Injectables

- Bringing spacing methods and services closer to women

## Helpline

- Integrated helpline to ensure client satisfaction

# Social Franchising Network Proposed: Hub and Spoke Model



SERVICES	L1 CLINICS (80)	L2 CLINICS (200)
Family Planning Counselling		
a) Counselling Available	✓	✓
Spacing Methods		
• Injectables	✓	✓
• IUCD (Interval IUCD & PP IUCD)	✓	✓
Permanent Methods		
• Male Sterilization (NSV)	✓	✓
• Female Sterilization (Minilap)	✓	✓
• Female Sterilization (Laparoscopic)	✓	
Abortion Services		
• First Trimester	✓	✓
• Second Trimester	✓	
Post Abortion Family Planning Services	✓	✓
Comprehensive Abortion Care	✓	

# Output 2: Social Marketing

**Overall approach: Expanding overall market for FP products**

## **Basket of Products Penetration tracking**

- Male condoms
  - Female condoms
  - Oral contraceptive pills
  - Emergency Contraceptive Pills
  - Medical Termination of Pregnancy
  - IUCD
  - Safe Day Method
  - Injectable Contraceptives
  - Pregnancy Test Card
  - Sanitary Napkins
- Establish 18,000 new outlets in underserved areas and groups
    - Traditional outlets
    - Non-traditional outlets
    - Linkages with NGOs, SHGs, youth clubs
  - Strengthening social marketing skills of ASHAs for community based SM
  - Retailer and depot holders strengthened through training on products and FP counselling



# Output 3: Capacity Building and Quality Assurance

## Capacity Building

Building critical mass of skilled providers

Needs-based incremental training

Building capacity for client oriented services

Partnerships with Professional Bodies and Organisations (FOGSI and IMA)

Ensure quality of training

E-learning platforms

Centre of Excellence

## Quality Assurance

Develop accreditation standards feasible for private sector

Forging partnerships for QA implementation in private sector

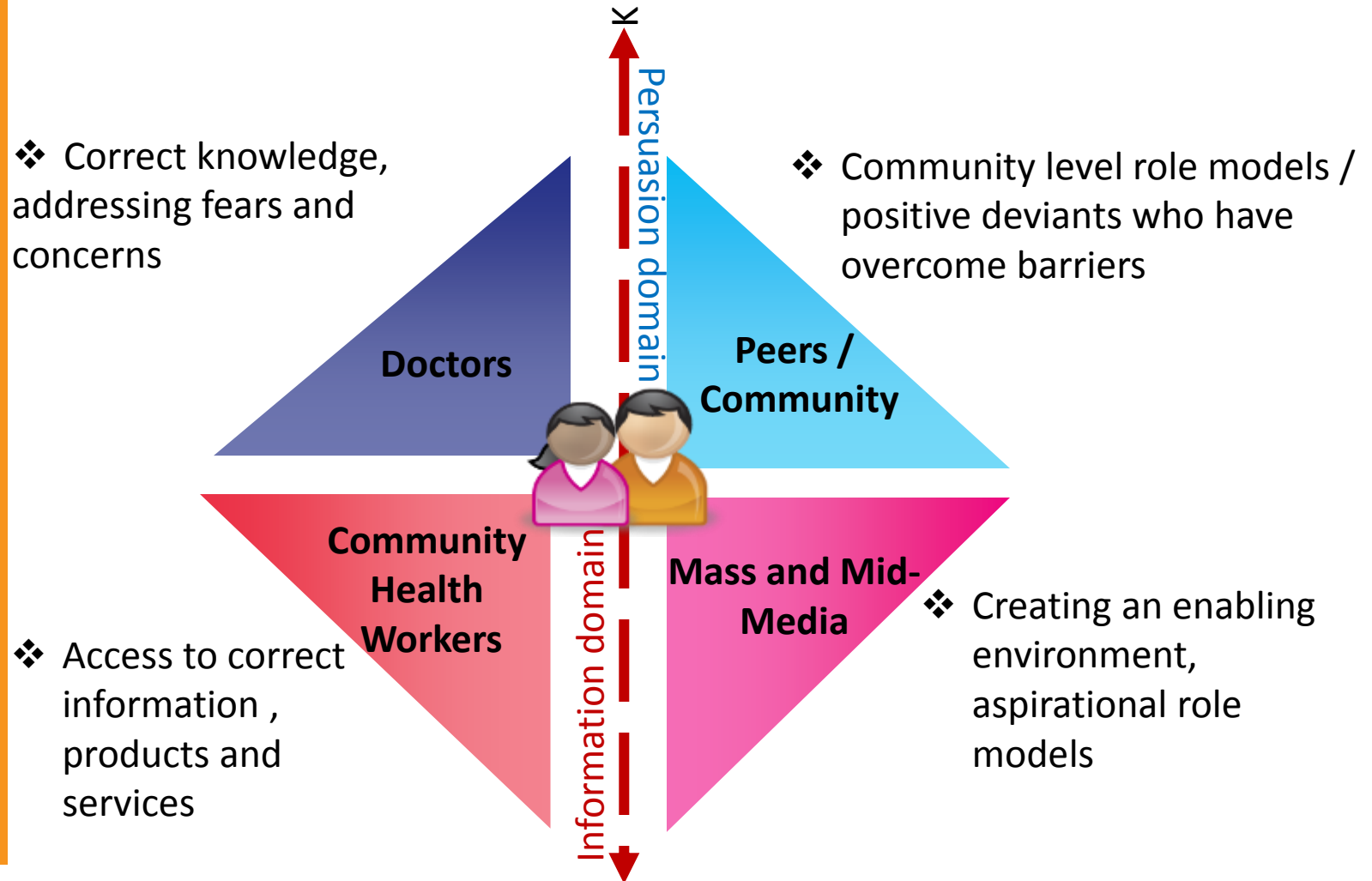
Establish institutional mechanism for QA in SF and PPP models

Capacity building for QA

Rewards and recognition

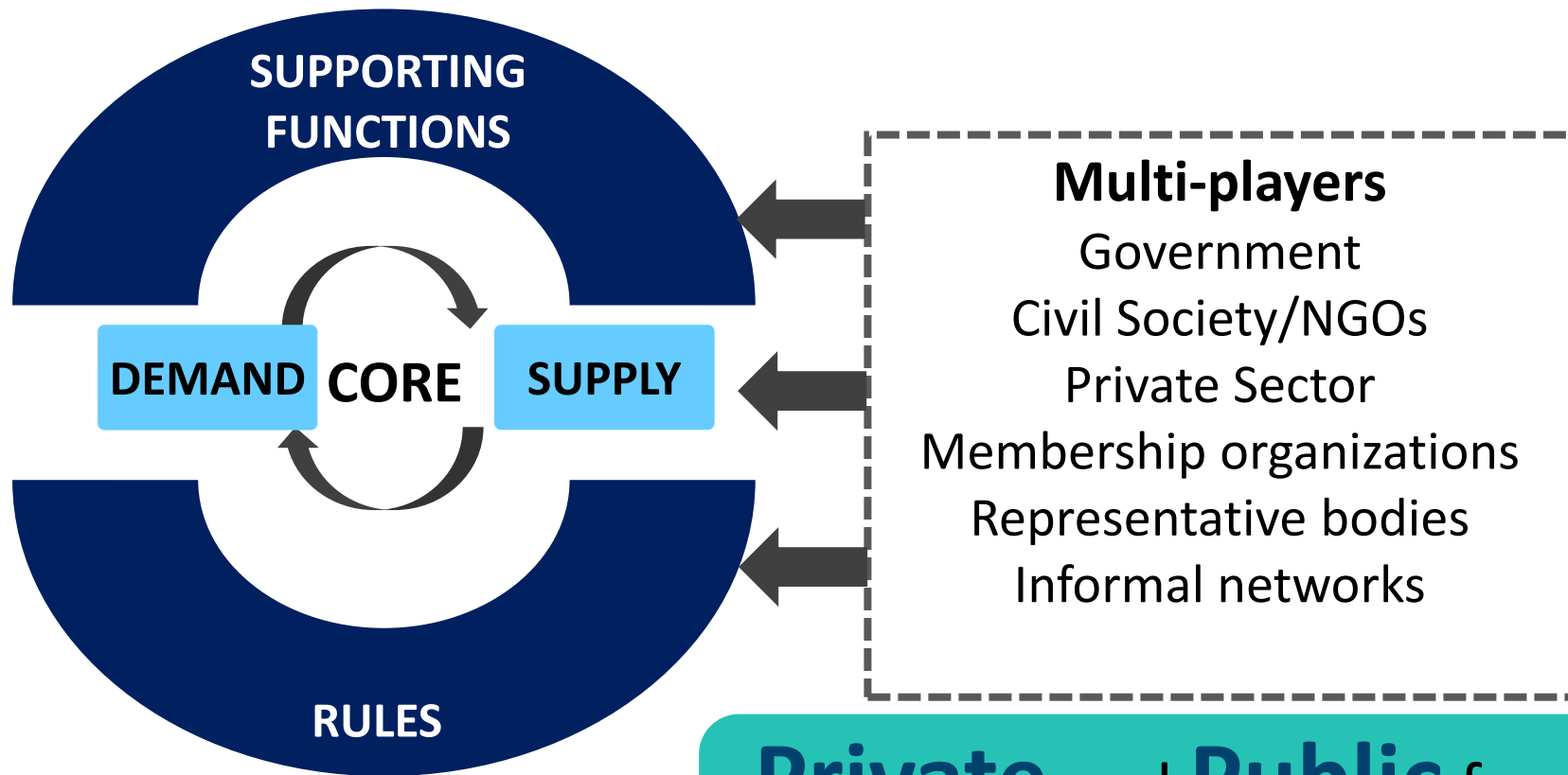
# Output 4: Generate Demand

360° messaging - inform, persuade and engage



One Brand – connecting demand and supply

# Systems are multi-functional & multi-player



**Private** and **Public** functions  
and players are part of the system

# Other key takeaways

- **Role for both private and public players**
  - Challenge is to define who should perform what in the system
- **Role for subsidies to reach the most vulnerable**
  - Subsidy should not be universal (e.g. preferable to subsidize demand through targeted voucher scheme)
  - Subsidy should help build up commercial channels rather than threaten or disrupt them
  - Transactional subsidies should be provided through government systems (vs donor program)
- **Ramping up the 'ends' rapidly risks undermining the 'means' of getting there efficiently and sustainably**

「」 for a  
INSIGHT ——— BETTER  
「」 WORLD



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