



Catalysing Private Sector for Improved Family Planning and Reproductive Health Services in Bihar and Odisha

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The Total Market Approach (TMA)

Complementing Govt efforts



Health Impact

- The government is making steady progress towards RMNCH+A outcomes. How can we engage the private sector to accelerate progress and supplement govt. efforts?
- Are we growing the category for all FP methods?



Equity

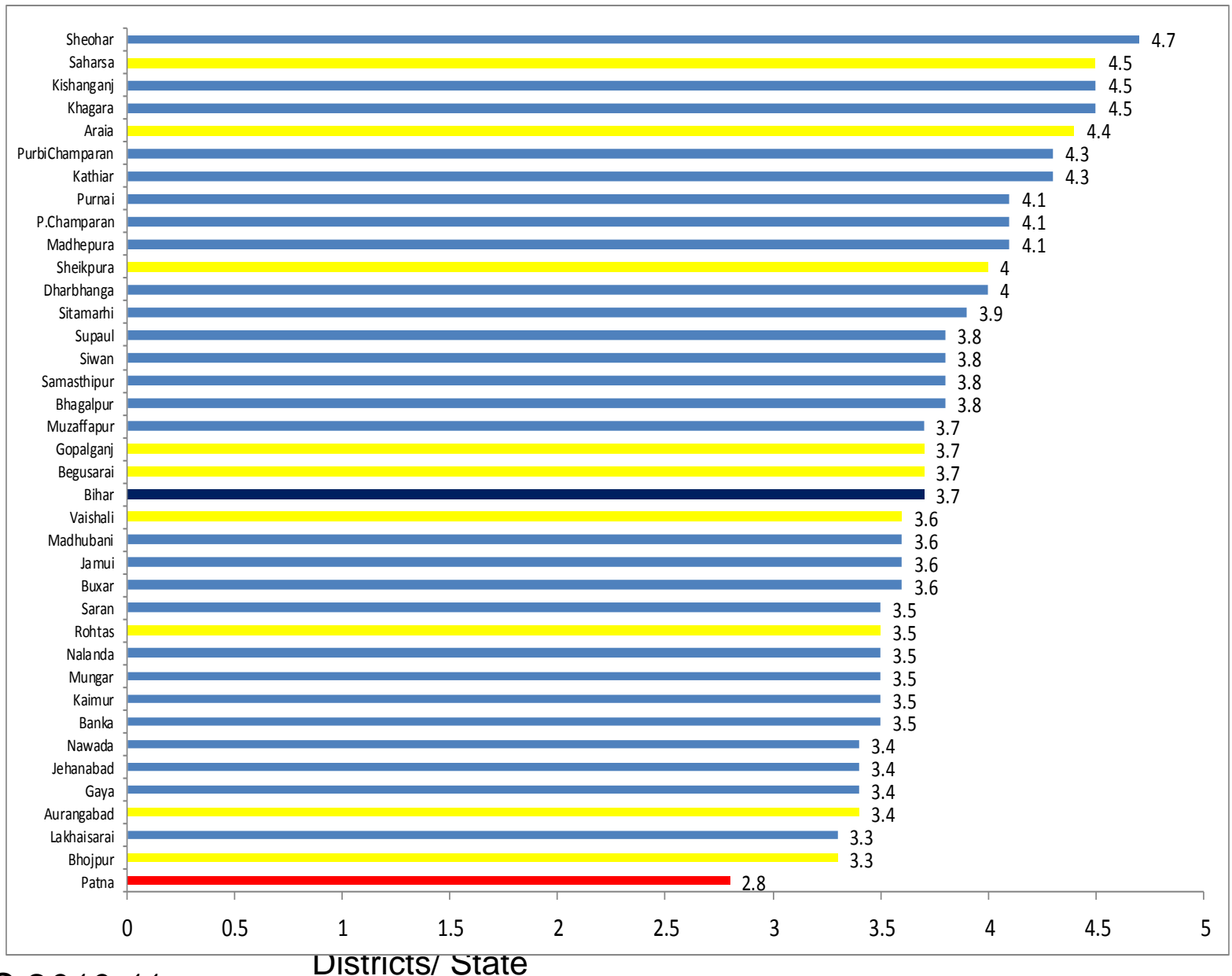
- Do all segments of the population have equal access?
- Are we helping ensure there are options for different income levels and for different age groups?
- Are we improving quality and affordability?



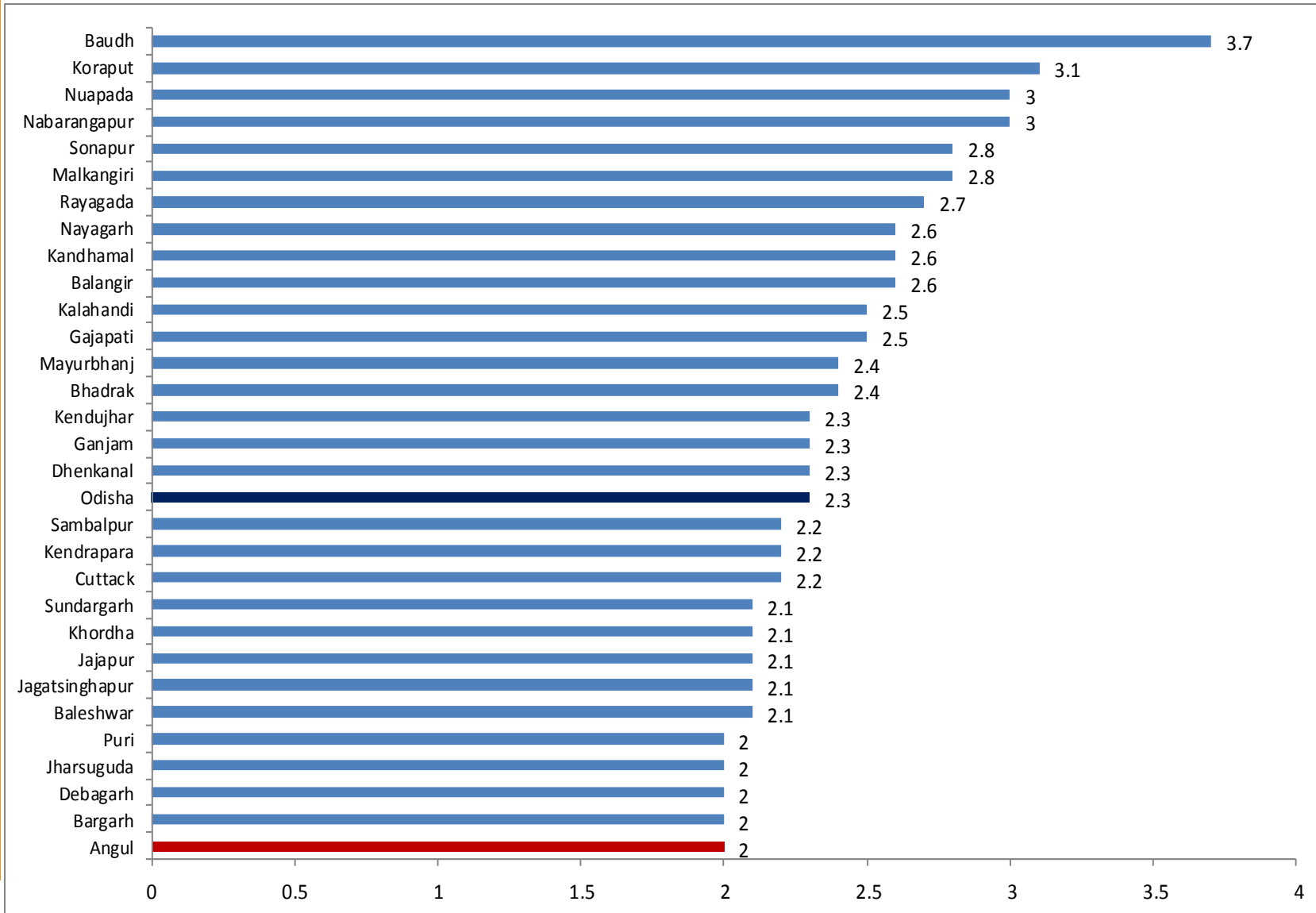
Subsidy

- 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?

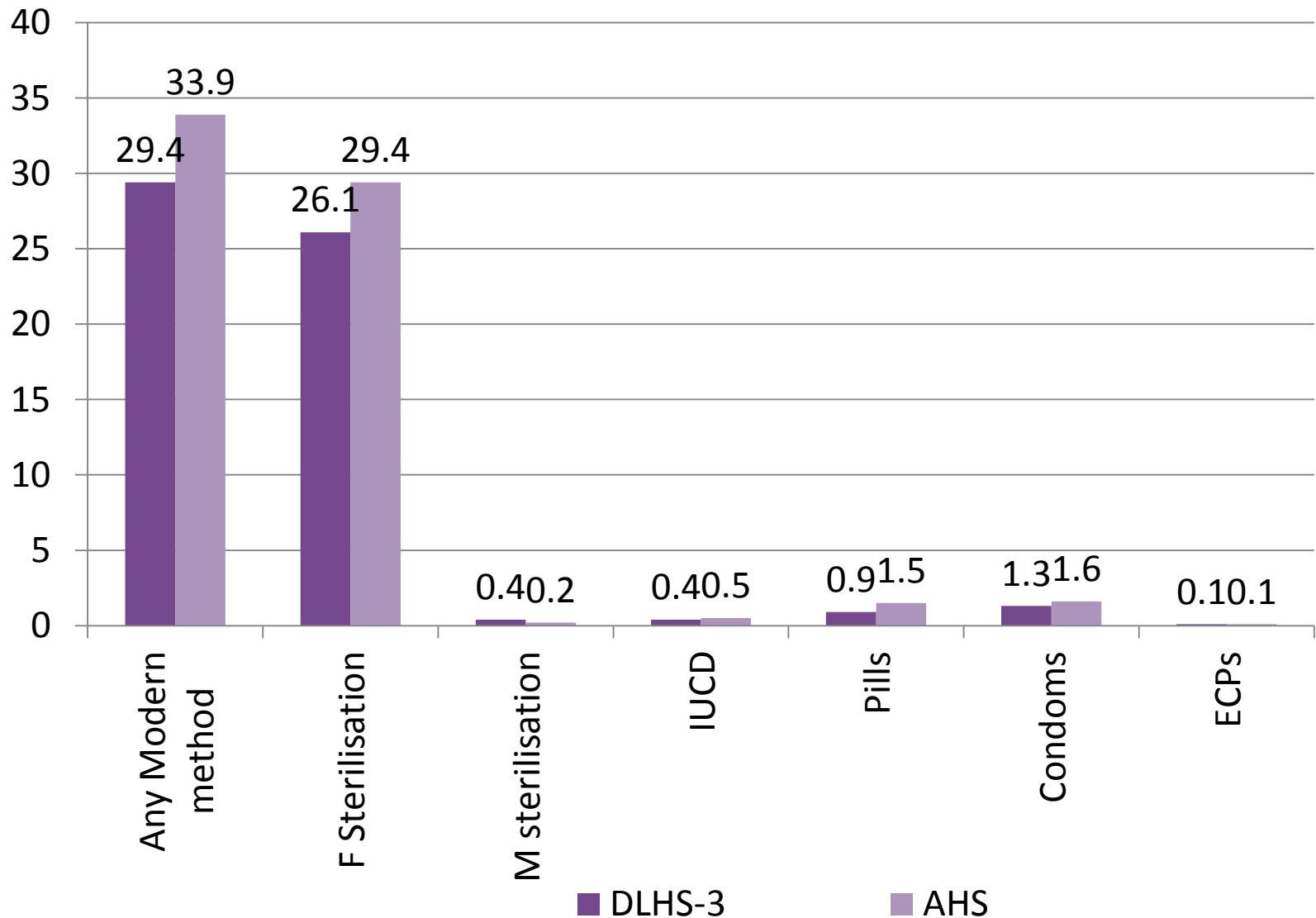
TFR Inequity at District Level in Bihar



.....and a similar case in Odisha

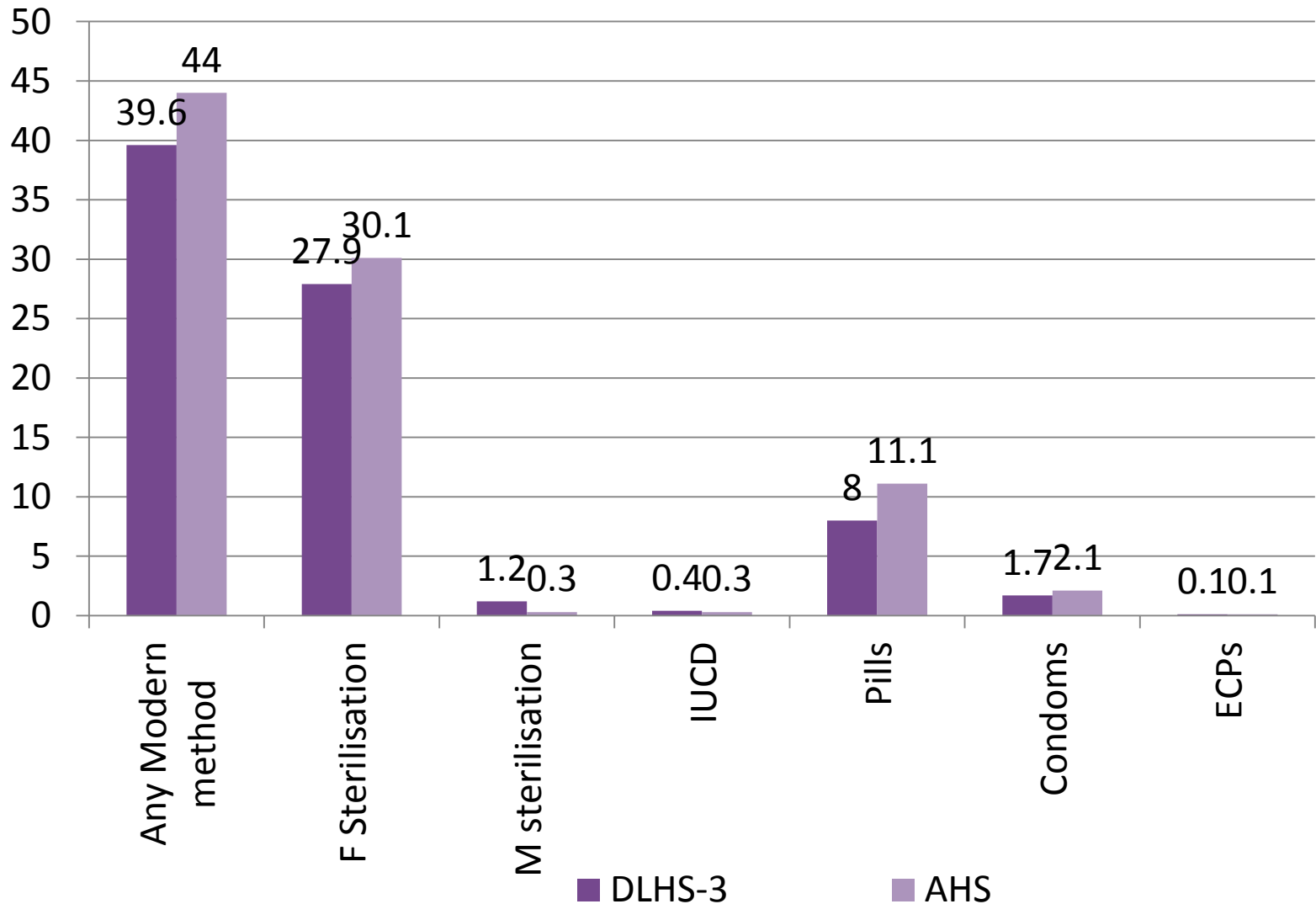


Trends in Contraceptive Prevalence Rate Modern Methods, Bihar – DLHS-3 and AHS



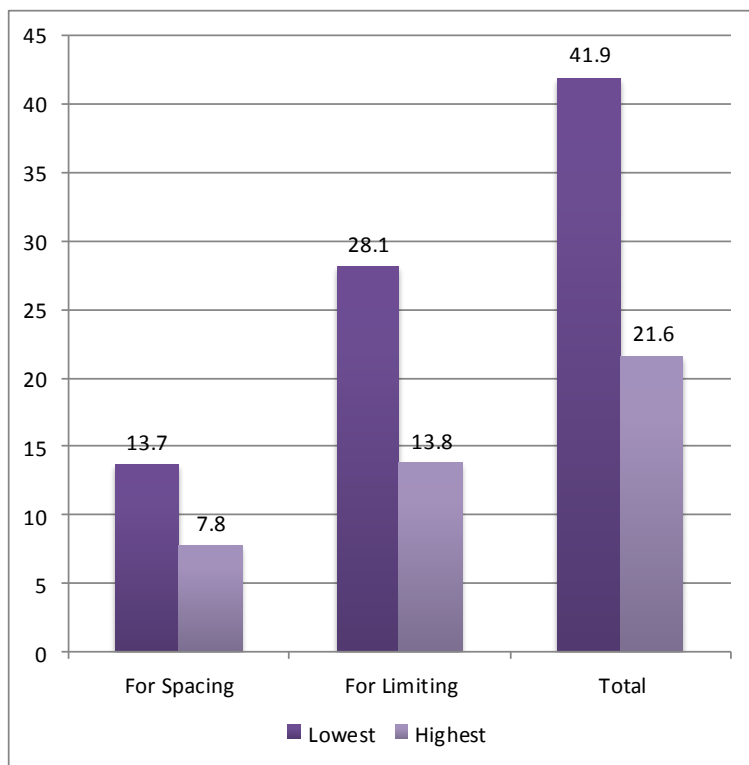
Sources: AHS, 2010-11 and DLHS, 3 2007-08

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

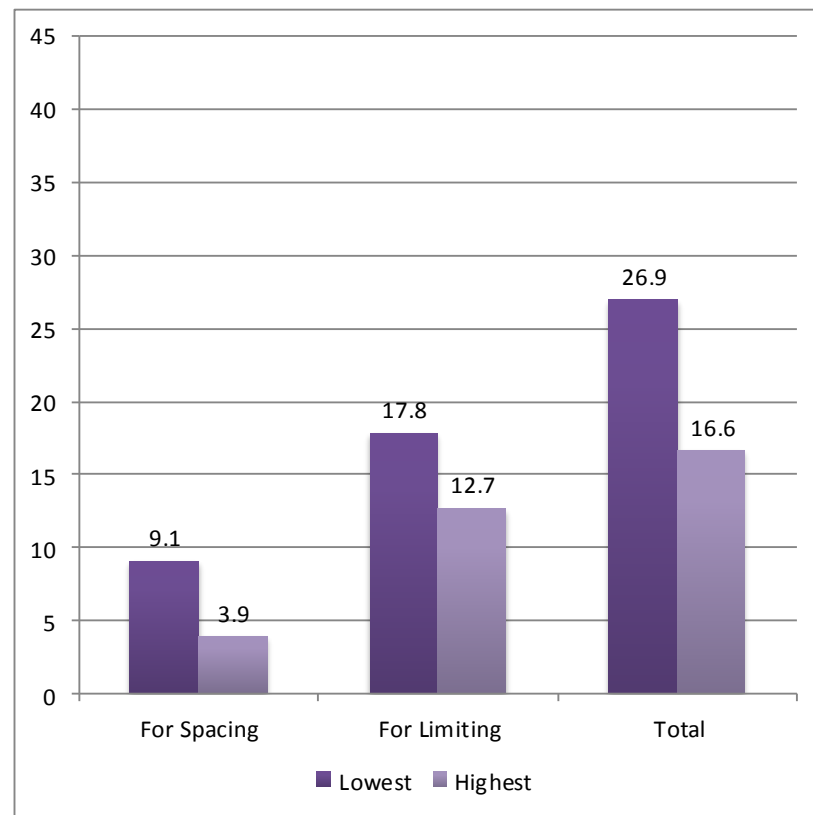


Unmet Need for Family Planning by Quintile

Bihar

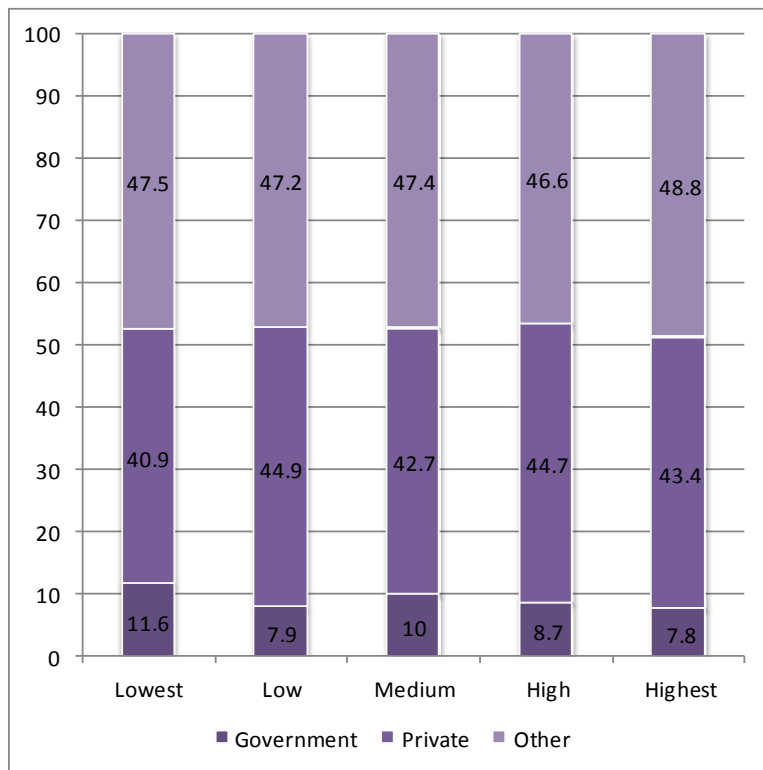


Odisha

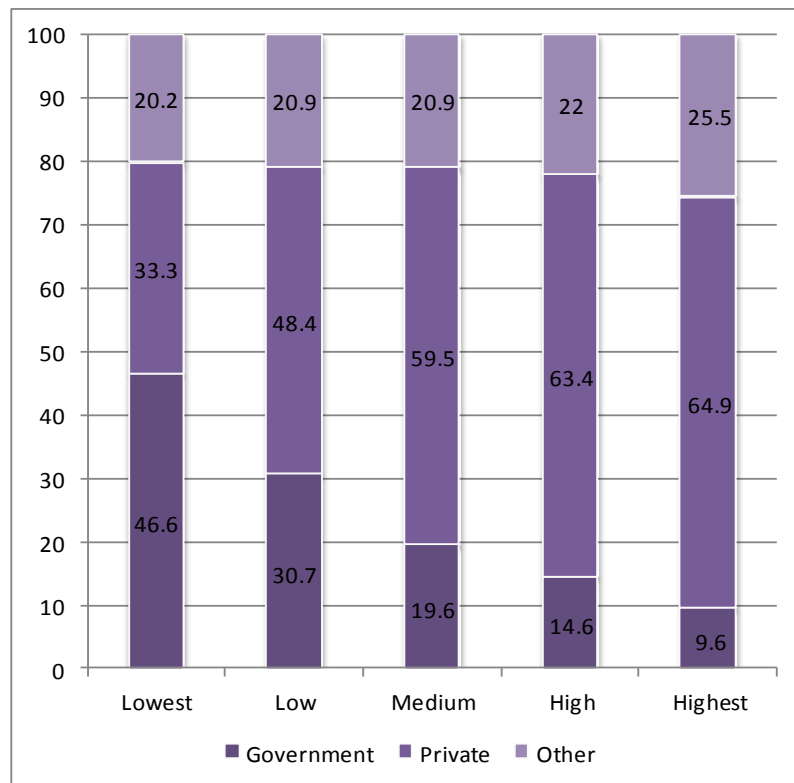


Source of Modern Contraception Spacing Methods

Bihar

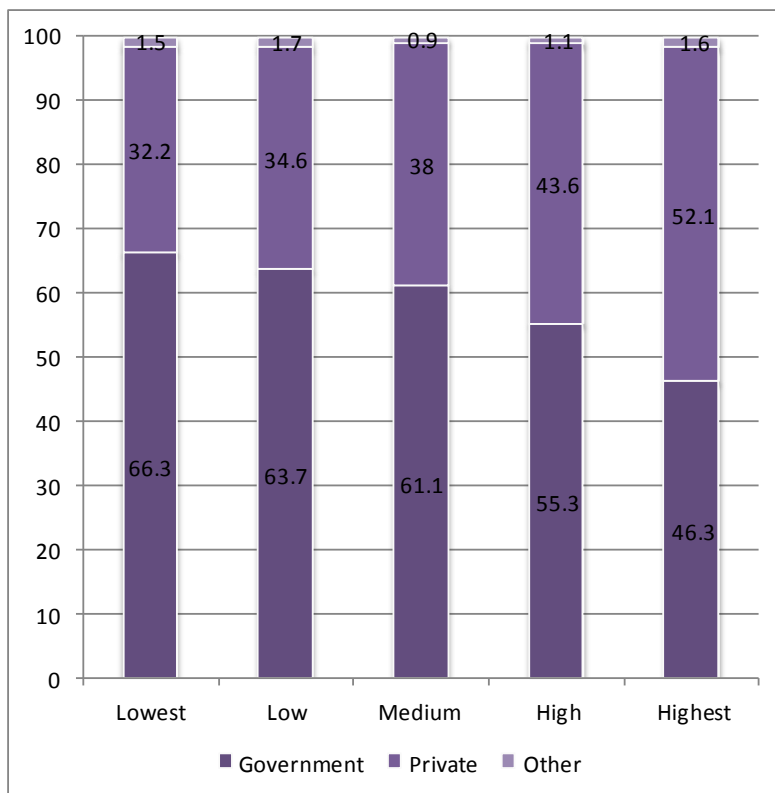


Odisha

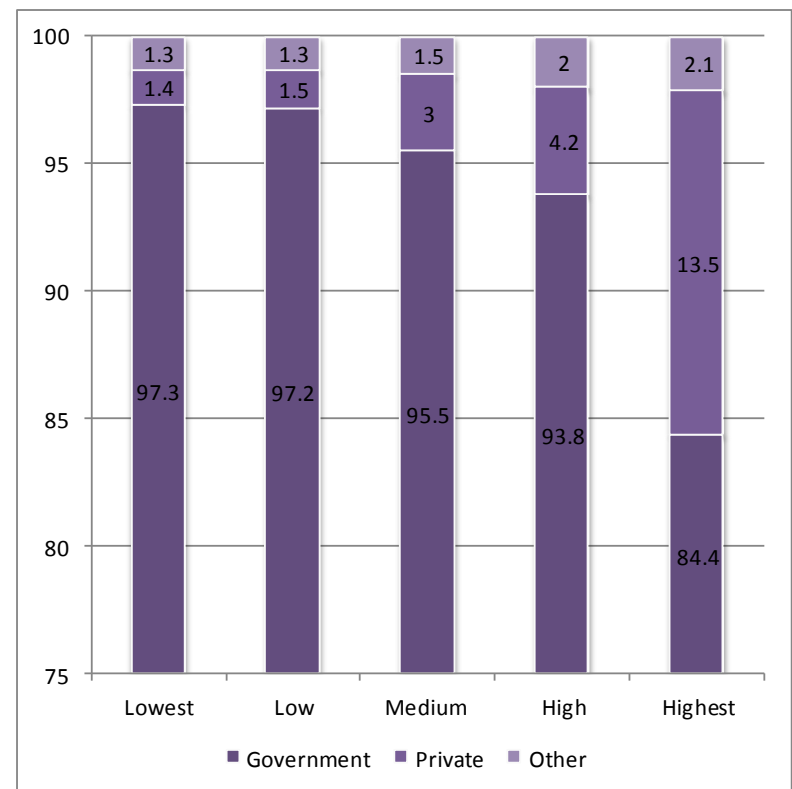


Source of Modern Contraception Limiting Methods

Bihar



Odisha



Demand Side– Audience Insights

- No demand, Negative beliefs, myths and misconceptions for spacing methods - especially for clinical methods for spacing - IUDs, Injectable
- Sterilization is usually the first modern method and after high parity
- Misuse of MTP kits and unsafe abortions
- 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 – Audience Insights

Public Sector

- Some public facilities are under resourced
- Few trained to provide quality FP services and then demand
- Committees like PC&PNDT & accreditation need to be activated
- Limited knowledge of indemnity insurance schemes
- Supply disruptions in contraceptive products
- Private sector data not reported (services and products)

Private Sector

- Rural Medical Practitioners (RMPs) serving poor - 2-3 in every village - could be engaged to follow national guidelines
- Availability of qualified providers at the block level
- Negligible availability of condoms, oral contraceptive pills and emergency contraceptive pills at the C&D village level
- Supply chain does not reach lower than block level
- Retailers not aware of proper use of methods including MTP kits

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



1: Increased choice of sites providing quality clinical FP/ RH services with a focus on clinic-based services in rural and underserved areas

3: Build FP/ RH capacity of private sector providers, provide training and mentoring support, and facilitate improved implementation of PCPNDT Act



2: Increased access to FP/ RH products with a focus on rural and underserved areas

4: Generate demand, overcome barriers to FP uptake, and address gender norms through communications and community outreach



Output 1: Increasing Sites - Quality FP/ RH Services

Social Franchising

- Tiered network of 280 private clinics with 6000 community based workers
- Efforts towards government accreditation for sustainability
- Building capacities of providers on technical and business management aspects

Targeted demand-side financing

- Operationalised for select districts and urban poor

Fixed Days Services at Public Facilities

- Supplement public healthcare service delivery efforts
- Private agency contracted
- Enhance capacities of public facilities for sustained service provision

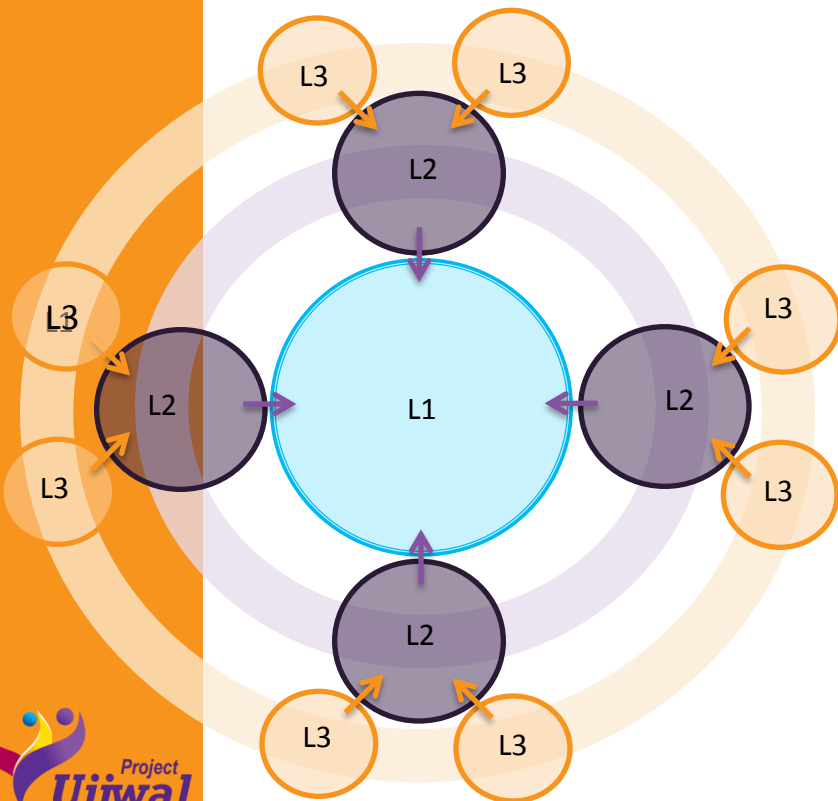
Fixed day Services at Private facilities

- Enable BPL clients to avail free of cost quality services through private facilities
- Provide choice of spacing methods and services

Helpline

- Integrated helpline to ensure client satisfaction
- ICT for client education and behaviour change, data collection, electronic decision support and maintain electronic health records

Tiered Network : 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 Kit
 - 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
 - Engage commercial sector and local SMOs for products and social marketing

Output 3: Capacity Building and Quality Assurance

Capacity Building

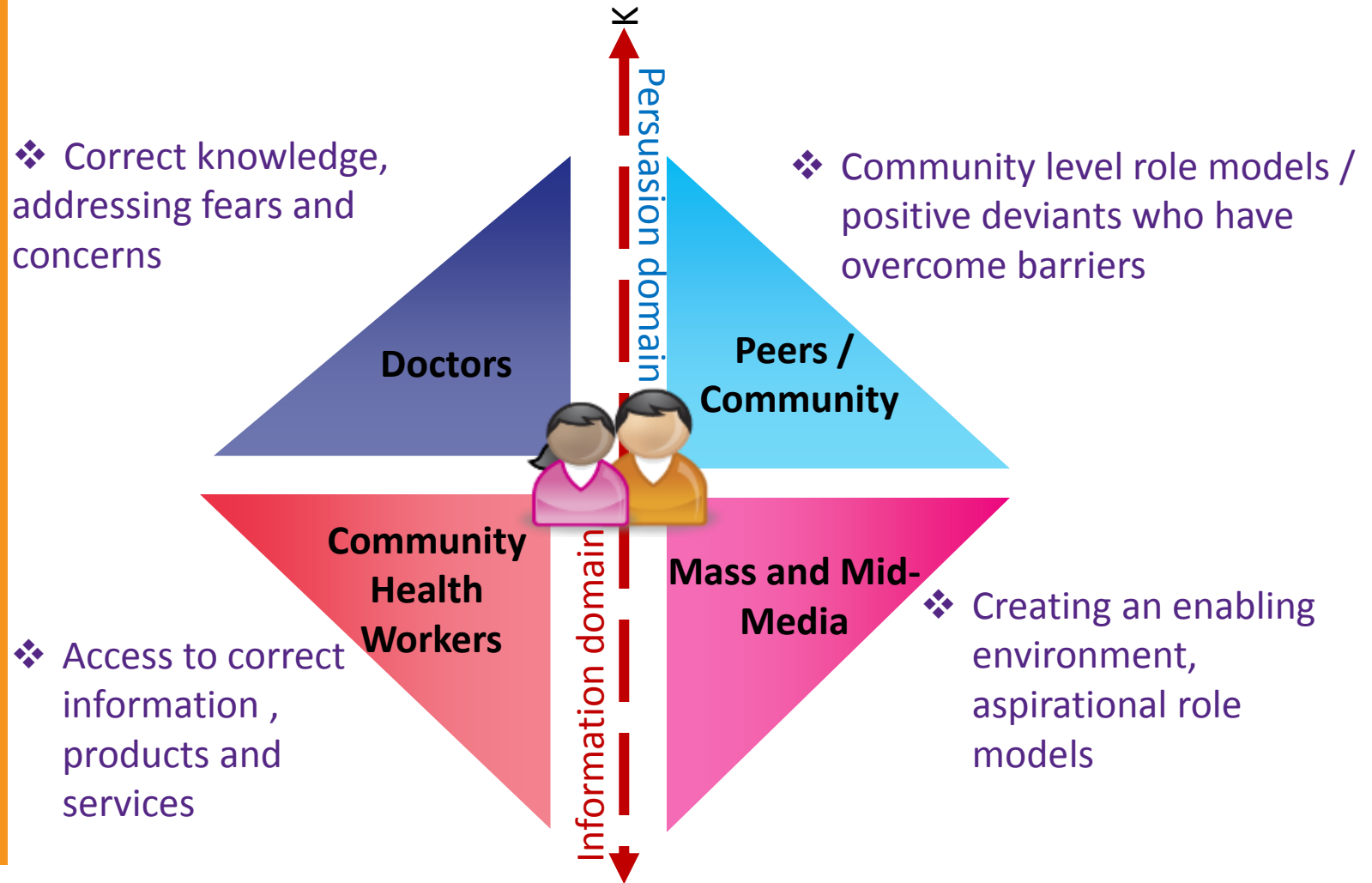
- Increased pool of trained providers
- Collaboration with medical colleges and distinguished professional bodies (FOGSI)
- Series of CME sessions for both public and private doctors
Orientating network clinics on PC&PNDT compliance
- Training ANMs on technical skills for IUCD and PPIUCD insertion
- Mentoring public sector providers through partnerships

Quality Assurance

- Adapt Government of India guidelines for accreditation of private clinics
- Develop comprehensive standards for QA, adapting the government guidelines
- Creating a pool of QA monitors in partnerships with DQAC
- Establishing Centres of Excellence to serve as state apex centres for training cum demonstration in FP service provision

Output 4: Generate Demand

360° messaging - inform, persuade and engage



One Brand – connecting demand and supply

Output 4: Generate Demand – Brand Ujjwal

360° messaging - inform, persuade and engage



Smart Couples

Positive deviants/ FP acceptor couples' films
Innovative mobile-based IPC Tool
Follow up through Helplines



Smart Providers

FP corners at health facilities
FP training for counseling
Doctors' films on FP methods for client motivation
AV materials made available



Smart Community

Entertainment-Educate shows
Community meetings and publicity vans
Market town activities for promotion of FP products



Smart Environment

Use innovative platforms in mass media to reach young couples
Repurpose PSAs for increasing awareness
TV series format for improving social norms

Monitoring and Evaluation

- MIS systems – clinics and SM outlets data
- Penetration Tracking Surveys – reach in C&D villages
- Market Research and Retail Audit Data
- Operational research and Rapid Assessments
- Concurrent Impact Evaluation
- Quality and operational audits
- Tracking cost effectiveness for service delivery models

Sustainability

- Institutionalising processes for PPP
 - Accreditation of private clinics and streamlining reimbursement
 - Facilitating JSK strategy for sterilisation/IUCD/safe abortion (Santushti scheme)
 - Activating DQACs and DLCs
 - Institutional capacity building of state governments to manage PPPs
 - Scale up models through inclusion in state PIPs and NRHM funds
 - Market based partnerships with commercial sector by creating shared value (such as depot holders among FMCG retailers)
 - Professional associations and Centres of Excellence for ownership of key activities beyond the project
- Knowledge sharing and process documentation
- Sharing data with state governments
- Linkages with non-health rural marketing and development programmes for creating distribution and communication points



Photo Courtesy: Futures Group India



Futures GROUPSM



Oxford Policy Management Asia

