MARKET DEVELOPMENT APPROACH

[MDA]

Based on Keystone Design Framework
KEYSTONE DESIGN
FRAMEWORK
KEYSTONE

- **Diagnose**
- **Decide**
- **Design**
- **Deliver**

- **Set Your Strategy**
- **Learn and Share**
- **Build Your Intervention**
Phases of the Keystone Design Framework

DIAGNOSE
• Define the Health Need and Identify the Target Consumer
• Assess the Market
• Profile the Target Consumer
• Identify High-Impact Opportunities and Constraints

DECIDE
• Outline the Future Vision for Sustainability and Set Strategic Priorities
• Identify Intervention Objectives and Set Metrics

DESIGN
• Conduct Discovery of Best Practices
• Conduct Target Audience “Deep Dive”
• Design Intervention(s)
• Define Strategic Partners’ Roles in Intervention Program

DELIVER
• Finalize ToC and Logframe
• Develop an Approach to Tracking and Adaptation
• Develop Workplan & Budget
• Capture and Share Knowledge
Purpose of the Keystone Design Framework

1. Instill marketing and public health discipline within our program design process.

2. Establish systems thinking and sustainable market development as the underpinning of our program design, with users at the center.

3. Improve our investment decisions for engaging with Sara and shaping markets (through improved theories of change and value for money plans)
Benefits of the Keystone Design framework

- **Save time & energy** in the long term by getting design right
  - Ensure we know what problem we are trying to solve
  - Learn and test with our target audience up front

- **Bring greater rigor** to our approach to program design to drive more quality, effective programs.

- **Collate and share best practices**, no reinventing of wheels
Define the Health Need and Identify the Target Consumer

• Key questions:
  • What is the health need we are concerned about?
  • How is the country doing against its targets?
  • Who is most affected?

• Activities:
  • Understand the Broader Context of the Health Market
  • Analyze Use/Need and Quality of Use

DIAGNOSE

Define the Health Need and Identify the Target Consumer

Assess the Market

Profile the Target Consumer

Identify High-Impact Opportunities and Constraints
Define the Health Need and Identify the Target Consumer
Local and Regional Trends
CPR, Contraceptive Use and Discontinuation
FP2020: National CPR Objective

55%: National CPR objective set under FP2020

24%: National CPR projection based on current trends

Trends in Contraceptive Use

Trends in Contraceptive Use among Married Women 15-49, Pakistan, 1990-2018 DHS

Percentage of All Women

0% 5% 10% 15% 20% 25% 30% 35% 40%
1990/91 2006/07 2012/13 2017/18


mCPR Unmet Need

31% 25% 20% 17%
1990/91 2006/07 2012/13 2017/18

Legend:
- Pill
- IUD
- Condom
- Implant
- Injection
- Female Sterilization
- Male Sterilization
- LAM
- Traditional/Folk Method

Pakistan
Trends in Traditional Method Use

- **Periodic Abstinence**
- **Withdrawal**
- **Breastfeeding**
- **Any Tradition/Folk Method**

<table>
<thead>
<tr>
<th>Year</th>
<th>Any Tradition/Folk Method</th>
<th>Periodic Abstinence</th>
<th>Withdrawal</th>
<th>Breastfeeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990/91</td>
<td>2.8</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2006/07</td>
<td>7.5</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>2012/13</td>
<td>9.3</td>
<td>1</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>2017/18</td>
<td>9.2</td>
<td>1</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>
### Rates of Discontinuation

#### Percent distribution of reason for discontinuation of contraceptive methods in the five years preceding the survey, MWRA 15-49, Pakistan, DHS 2017/18

<table>
<thead>
<tr>
<th>Method</th>
<th>Method Problem</th>
<th>Access Problems</th>
<th>Attitude/Other</th>
<th>No Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Methods</td>
<td>42.5</td>
<td>1.5</td>
<td>53.5</td>
<td>52.3</td>
</tr>
<tr>
<td>Male Condoms</td>
<td>29.8</td>
<td>1.7</td>
<td>4.8</td>
<td>63</td>
</tr>
<tr>
<td>Injectables</td>
<td>60</td>
<td>2.2</td>
<td>21.8</td>
<td>35.7</td>
</tr>
<tr>
<td>IUD</td>
<td>67.5</td>
<td>0.8</td>
<td>0.4</td>
<td>31.4</td>
</tr>
<tr>
<td>Pill</td>
<td>62.8</td>
<td>3.2</td>
<td>21.3</td>
<td>32.9</td>
</tr>
</tbody>
</table>

1. Graph illustrates data presented in Table Reasons for Discontinuation in 2017/18 Pakistan DHS.
2. Other includes: female sterilization; IUCD; diaphragm; foam/jelly; LAM.
3. Method problem includes: becoming pregnant; switching to a more effective method; side effects/health concerns; inconvenient to use.
5. Attitude/Other includes: husband’s disapproval; fatalistic; other reasons.
6. No need includes: to become pregnant; menopause; infrequent sex; marital dissolution.
Rates of Discontinuation, further Reason breakdown

<table>
<thead>
<tr>
<th>Method</th>
<th>Discontinuation Rate</th>
<th>Switched to another method</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Methods</td>
<td>30.2</td>
<td>3.4</td>
</tr>
<tr>
<td>Male Condoms</td>
<td>33.2</td>
<td>2.1</td>
</tr>
<tr>
<td>IUD</td>
<td>22.9</td>
<td>6.5</td>
</tr>
<tr>
<td>Injectables</td>
<td>46.8</td>
<td>5.4</td>
</tr>
<tr>
<td>Pill</td>
<td>47.2</td>
<td>7.3</td>
</tr>
</tbody>
</table>

Side effects were the most frequent reason given for discontinuation among pill, Injectable, and IUD discontinuers.
Regional Discontinuation Trends

Regional Benchmark: First year Contraceptive Discontinuation rates by Method, MWRA 15-49, in Bangladesh, Cambodia, India, Nepal, and Pakistan

Discontinuation down from 37% in 2012-13.

data sources: DHS
Regional Discontinuation Trends

Regional Benchmark: First year Contraceptive Discontinuation rates by Method, MWRA 15-49, in Afghanistan, Bangladesh, Indonesia, Tajikistan and Pakistan

- More than 1/3 women stop using a method within the 12 months of adoption.
- More than 1/2 of women stop using pills or IUC within 12 months of adoption.
- Pakistan had the 2nd highest rates of MM discontinuation in the region.
Who is the Market Failing
Use, Need, and Quality of Use Analysis
Use & Need Definitions

**Need** – total number of currently MWRA who are fecund and do not want to become pregnant in the next two years.

This includes modern method users, traditional method users, and unmet need for FP.

**Use** – the number of current MWRA using modern contraceptive methods.

Modern methods include: condoms, OCs, injectables, implants, IUCDs, female & male sterilization, LAM, and other modern methods as reported in the PDHS.

Note: Use and Need analysis limited to married WRA.
PAKISTAN | Married Women 15-49 Contraceptive Use and Need

Women of Reproductive Age
53,619,231

Married
33,243,923

Wants to get pregnant
16,954,401

Pregnant/lactating or infertile

Doesn’t want to get pregnant
16,954,401

Using modern method
8,310,981

Using traditional method
2,991,953

Not using contraception
5,651,467

Wants to get pregnant

Pregnant/lactating or infertile

Using modern method

Using traditional method

Not using contraception

Unmarried
20,375,308

Sexually active

Doesn’t want to get pregnant

Wants to get pregnant

Pregnant/lactating or infertile

Not sexually active

Using modern method

Using traditional method

Not using contraception

MARRIED WOMEN NEED
16,954,401

Unmarried women not included in analysis.

Data sources: Census 2017 & 2017-18 PDHS
PAKISTAN | Married Women 15-49 Contraceptive Use and Need

Women of Reproductive Age: 53,619,231

Married: 33,243,923
- Doesn't want to get pregnant: 16,954,401
- Wants to get pregnant
- Pregnant/lactating or infertile

Unmarried: 20,375,308
- Sexually active
- Doesn't want to get pregnant
- Wants to get pregnant
- Pregnant/lactating or infertile
- Not sexually active
- Not using contraception

Data sources: Census 2017 & 2017-18 PDHS

8,310,981 use
8,643,420 MWRA do not use MM

Unmarried women not included in analysis.
Pakistan: Use/Need Summary

34,650,451 MWRA
25% mCPR

**NEED**

52% (17.8 Million MWRA) of the MWRA population have a need for FP

**USE**

49% (8.7 Million MWRA) of population in need currently use modern methods

**NON-USE**

51% (9.2 Million MWRA) of population in need, do not use modern methods

Data sources: Census 2017 & 2017-18 PDHS
Pakistan: Use/Need Summary

<table>
<thead>
<tr>
<th>Data Source</th>
<th>MWRA Need</th>
<th>Use/Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Census 2017 &amp; 2017 PDHS</td>
<td>17,845,612</td>
<td>34,650,451</td>
</tr>
<tr>
<td>25% mCPR</td>
<td>8,310,981</td>
<td>49%</td>
</tr>
</tbody>
</table>

- **Male Condom**: 6.7%
- **Injectables**: 8.6%
- **Pills**: 10.0%
- **Male Sterilization**: 36.9%
- **Female Sterilization**: 35.0%
- **IUCD**: 1.8%
- **Implants**: 0.7%
- **Others**: 34,650,451
- **LAM**: 17,845,612

Data sources: Census 2017 & 2017 PDHS
<table>
<thead>
<tr>
<th>Province</th>
<th>Population</th>
<th>MWRA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Khyber Pakhtunkhwa</td>
<td>5,406,329</td>
<td>MWRA</td>
</tr>
<tr>
<td>Punjab</td>
<td>18,388,361</td>
<td>MWRA</td>
</tr>
<tr>
<td>Sindh</td>
<td>8,049,188</td>
<td>MWRA</td>
</tr>
<tr>
<td>Baluchistan</td>
<td>1,835,123</td>
<td>MWRA</td>
</tr>
</tbody>
</table>

Data sources: Census 2017 & 2017-18 PDHS
Pakistan: Use/Need Summary – Provincial

**Punjab**
- Population: 18,388,361
- MWRA: 4,997,405
- Use: 50%
- Need: 9,937,348
- mCPR: 27.2%

**Sindh**
- Population: 8,049,188
- MWRA: 1,967,169
- Use: 50%
- Need: 3,917,976
- mCPR: 24.4%

**KP**
- Population: 5,406,329
- MWRA: 1,252,644
- Use: 45%
- Need: 2,778,986
- mCPR: 23.2%

**Baluchistan**
- Population: 1,835,123
- MWRA: 257,302
- Use: 34%
- Need: 761,170
- mCPR: 14.0%

Data sources: Census 2017 & 2017-18 PDHS
Pakistan: Use/Need Summary – Provincial

**Punjab**
18,388,361 MWRA
27.2% mCPR

9,937,348 MWRA need

**Sindh**
8,049,188 MWRA
24.4% mCPR

3,917,976 MWRA need

**KP**
5,406,329 MWRA
23.2% mCPR

2,778,986 MWRA need

**Baluchistan**
1,835,123 MWRA
14.0% mCPR

761,170 MWRA need

Data sources: Census 2017 & 2017-18 PDHS
Pakistan (National-Level): Who is the Market Failing
- Key Findings

- **Non-Users**: 51% of MWRA with need
  - Age: All age groups, primarily younger women age 15-24* and 25-34
  - Residence: Urban and rural
  - Wealth: All wealth quintiles, primarily the lowest and highest quintiles

- **Users**: 49% of MWRA with need
  - Dominant Methods
    - Condoms: slight skew towards young age group, urban, wealthier
    - Female Sterilization: slight skew towards older age group (35+), rural, poor
  - Traditional Methods: use is large (approximately 1/3 of CPR) and growing, especially in higher quintiles
  - Discontinuation:
    - Discontinuation is still high although the rate has decreased to 30% in 2017-18 from 37% in 2012-13
    - Rate is lower than other countries in the region - Nepal, Myanmar and India but higher than Afghanistan, Bangladesh and Indonesia.
    - Discontinuation is primarily due to method problems, especially side effects, while access is not a significant reason for discontinuation.
Pakistan (Province-Level): Who is the Market Failing

<table>
<thead>
<tr>
<th>Province</th>
<th>Population (in mil)</th>
<th>Age: 15-24* &amp; 25-34</th>
<th>Residence: Urban &amp; Rural</th>
<th>Wealth quintiles:</th>
<th>Method Mix:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Punjab</td>
<td>4.9</td>
<td>Women age 15-34, primarily 15-24</td>
<td>Women from rural and urban areas</td>
<td>Women across all wealth quintile – primarily lowest</td>
<td>The method mix is heavily tilted toward condoms and female sterilization.</td>
</tr>
<tr>
<td>Sindh</td>
<td>2.0</td>
<td>Women age 15-34, primarily 15-24</td>
<td>Women from rural and urban areas</td>
<td>Women across all wealth quintile – primarily lowest</td>
<td>Female sterilization is predominant, especially in rural. Followed by condoms, disproportionately more in urban areas.</td>
</tr>
<tr>
<td>KP</td>
<td>1.5</td>
<td>Women age 15-34, primarily 15-24</td>
<td>Women from rural and urban areas</td>
<td>Women across all wealth quintiles, but primarily lowest to the middle.</td>
<td>Condoms are the dominant method, followed by injectables. Female sterilization is lower compared to other provinces.</td>
</tr>
<tr>
<td>Baluchistan</td>
<td>1.5</td>
<td>All women, primarily 15-34</td>
<td>Women from rural and urban areas, but primarily rural.</td>
<td>Women across all wealth quintiles, but primarily lowest and fourth</td>
<td>Condoms are the dominant method, followed by pills. Female sterilization and injectables are the same.</td>
</tr>
</tbody>
</table>
Punjab: Use/Need

18,388,361 MWRA
27.2% mCPR

9,937,348 MWRA need, 50% Use

Data sources: Census 2017 & 2017-18 PDHS
Punjab: Use/Need by Age

15-24 years
- 3,541,837 MWRA
- 19.3% mCPR
- 1,162,754 MWRA need

25-34 years
- 7,664,542 MWRA
- 41.7% mCPR
- 4,428,584 MWRA need

35-49 years
- 7,181,981 MWRA
- 39.1% mCPR
- 4,346,010 MWRA need

Data sources: Census 2017 & 2017-18 PDHS
Punjab: Use/Need by Age

15-24 years
3,541,837 MWRA
19.3% mCPR
1,162,754 MWRA need

25-34 years
7,664,542 MWRA
41.7% mCPR
4,428,584 MWRA need

35-49 years
7,181,981 MWRA
39.1% mCPR
4,346,010 MWRA need

Data sources: Census 2017 & 2017-18 PDHS
### Punjab: Use/Need by Residence

#### Rural
- 11,700,514 MWRA
- 25.4% mCPR
- 5,884,574 MWRA need
  - 2,974,787 MWRA 51% Use

#### Urban
- 6,687,847 MWRA
- 30.2% mCPR
- 4,052,773 MWRA need
  - 2,022,618 MWRA 50% Use

Data sources: Census 2017 & 2017-18 PDHS
Punjab: Use/Need by Residence

Rural
11,700,514 MWRA
25.4% mCPR

5,884,574 MWRA need

Urban
6,687,847 MWRA
30.2% mCPR

4,052,773 MWRA need

Data sources: Census 2017 & 2017-18 PDHS
Punjab: Use/Need by Wealth

Lowest
1,814,931 Total MWRA
21.7% mCPR
914,725 MWRA need

Second
3,317,260 Total MWRA
24.7% mCPR
1,651,000 MWRA need

Middle
4,166,803 Total MWRA
27.8% mCPR
2,241,323 MWRA need

Fourth
4,438,950 Total MWRA
27.3% mCPR
2,343,766 MWRA need

Highest
4,650,416 Total MWRA
30.4% mCPR
2,786,530 MWRA need

Data sources: Census 2017 & 2017-18 PDHS
Punjab: Use/Need by Wealth

**Lowest**
- 1,814,931 Total MWRA
- 21.7% mCPR
- 43% Use
- 914,725 MWRA need

**Second**
- 3,317,260 Total MWRA
- 24.7% mCPR
- 50% Use
- 1,651,000 MWRA need

**Middle**
- 4,166,803 Total MWRA
- 27.8% mCPR
- 52% Use
- 2,241,323 MWRA need

**Fourth**
- 4,438,950 Total MWRA
- 27.3% mCPR
- 52% Use
- 2,343,766 MWRA need

**Highest**
- 4,650,416 Total MWRA
- 30.4% mCPR
- 51% Use
- 2,786,530 MWRA need

Data sources: Census 2017 & 2017-18 PDHS
Punjab: Use/Need by Source

Source for Last Method among Modern Contraceptive Users, MWRA, Punjab, Pakistan, 2017-18 DHS

- 47% Public Sector
- 7% Private Medical Sector
- 46% Other unspecified sources
- 5% Other private non-medical sources

Source for Last Method among Modern Contraceptive Users, by Method, MWRA, Punjab, Pakistan, 2017-18 DHS

- 51% Pills
- 34% IUCD
- 22% Injectables
- 16% Male Condom
- 39% Female Sterilization
- 31% Male Sterilization

Legend:
- Orange: Public Sector
- Green: Private Medical Sector
- Light Green: Other private non-medical sources
- Brown: Other unspecified sources

Data sources: 2017-18 PDHS
Punjab: Who is the Market Failing - Key Findings

• Equity Lenses
  o **Age:** Women aged 15-34
  o **Residence:** Women from rural and urban areas
  o **Wealth:** Women across all wealth quintile – primarily lowest

• Method Mix
  o The method mix is heavily tilted toward condoms and female sterilization
Sindh: Use/Need

8,049,188 MWRA
24.4% mCPR

3,917,976 MWRA need, 50% Use

Data sources: Census 2017 & 2017-18 PDHS
Sindh: Use/Need by Age

15-24 years
1,677,613 MWRA
20.8% mCPR

25-34 years
3,243,594 MWRA
40.3% mCPR

35-49 years
3,127,981 MWRA
38.9% mCPR

Data sources: Census 2017 & 2017-18 PDHS
**Sindh: Use/Need by Age**

15-24 years
- **1,677,613 MWRA**
- 20.8% mCPR
- 578,064 MWRA need

25-34 years
- **3,243,594 MWRA**
- 40.3% mCPR
- 1,737,537 MWRA need

35-49 years
- **3,127,981 MWRA**
- 38.9% mCPR
- 1,602,375 MWRA need

Data sources: Census 2017 & 2017-18 PDHS
Sindh: Use/Need by Residence

Rural
3,764,605 MWRA
20.4% mCPR

1,643,994 MWRA need

767,784 MWRA
47% Use

Urban
4,284,583 MWRA
28.0% mCPR

2,273,982 MWRA need

1,199,385 MWRA
53% Use

Data sources: Census 2017 & 2017-18 PDHS
Sindh: Use/Need by Residence

Rural
3,764,605 MWRA
20.4% mCPR

1,643,994 MWRA need

Urban
4,284,583 MWRA
28.0% mCPR

2,273,982 MWRA need

Data sources: Census 2017 & 2017-18 PDHS
Sindh: Use/Need by Wealth

- **Lowest**: 2,763,286 Total MWRA, 16.9% mCPR
  - 42% Use
  - 1,100,064 MWRA need

- **Second**: 1,059,273 Total MWRA, 28.1% mCPR
  - 55% Use
  - 537,846 MWRA need

- **Middle**: 1,047,199 Total MWRA, 26.1% mCPR
  - 51% Use
  - 539,098 MWRA need

- **Fourth**: 1,643,644 Total MWRA, 30.3% mCPR
  - 56% Use
  - 885,102 MWRA need

- **Highest**: 1,535,785 Total MWRA, 28.1% mCPR
  - 51% Use
  - 853,589 MWRA need

Data sources: Census 2017 & 2017-18 PDHS
Sindh: Use/Need by Wealth

### Lowest
- Total MWRA: 2,763,286
- Total MWRA USE: 1,047,199
- Total MWRA mCPR: 26.1%
- Low Use: 16.9%
- Total MWRA NEED: 1,100,064

### Second
- Total MWRA: 1,059,273
- Total MWRA USE: 1,059,273
- Total MWRA mCPR: 28.1%
- Low Use: 28.1%
- Total MWRA NEED: 537,846

### Middle
- Total MWRA: 1,047,199
- Total MWRA USE: 1,047,199
- Total MWRA mCPR: 28.1%
- Low Use: 28.1%
- Total MWRA NEED: 539,098

### Fourth
- Total MWRA: 1,643,644
- Total MWRA USE: 1,643,644
- Total MWRA mCPR: 30.3%
- Low Use: 28.1%
- Total MWRA NEED: 885,102

### Highest
- Total MWRA: 1,535,785
- Total MWRA USE: 1,535,785
- Total MWRA mCPR: 28.1%
- Low Use: 28.1%
- Total MWRA NEED: 853,589

Data sources: Census 2017 & 2017-18 PDHS
Sindh: Use/Need by Source

Source for Last Method among Modern Contraceptive Users, MWRA, Sindh, Pakistan, 2017-18 DHS

- Public Sector: 42%
- Private Medical Sector: 19%
- Other Private non-medical sources: 7%
- Other unspecified sources: 2%

Source for Last Method among Modern Contraceptive Users, by Method, MWRA, Sindh, Pakistan, 2017-18 DHS

- Pills: 38% (Public Sector: 42%, Private Medical Sector: 19%, Other Private non-medical sources: 7%, Other unspecified sources: 2%)
- IUCD: 81% (Public Sector: 42%, Private Medical Sector: 26%, Other Private non-medical sources: 7%, Other unspecified sources: 2%)
- Injectables: 66% (Public Sector: 42%, Private Medical Sector: 26%, Other Private non-medical sources: 7%, Other unspecified sources: 2%)
- Male Condom: 50% (Public Sector: 42%, Private Medical Sector: 26%, Other Private non-medical sources: 7%, Other unspecified sources: 2%)
- Female Sterilization: 50% (Public Sector: 42%, Private Medical Sector: 26%, Other Private non-medical sources: 7%, Other unspecified sources: 2%)

Data sources: 2017-18 PDHS
Sindh: Who is the Market Failing - Key Findings

• Equity Lenses
  o **Age:** Women aged 15-34, primarily 15-24
  o **Residence:** Women from rural and urban areas
  o **Wealth:** Women across all wealth quintile – primarily lowest

• Method Mix
  o Female sterilization is predominant, especially in rural areas. Followed by condoms, disproportionately more in urban areas.
Khyber-Pakhtunkhwa: Use/Need

5,406,329 MWRA
23.2% mCPR

2,778,986 MWRA need, 45% Use

Data sources: Census 2017 & 2017-18 PDHS
Khyber-Pakhtunkhwa: Use/Need by Age

15-24 years
1,318,305 MWRA
14.1% mCPR

510,089 MWRA need
185,814 36% Use

25-34 years
2,159,344 MWRA
23.2% mCPR

1,155,388 MWRA need
501,124 43% Use

35-49 years
1,928,681 MWRA
29.3% mCPR

1,113,509 MWRA need
565,706 51% Use

Data sources: Census 2017 & 2017-18 PDHS
Khyber-Pakhtunkhwa: Use/Need by Age

**15-24 years**
- 1,318,305 MWRA
- 14.1% mCPR
- 510,089 MWRA need

**25-34 years**
- 2,159,344 MWRA
- 23.2% mCPR
- **1,155,388 MWRA need**

**35-49 years**
- 1,928,681 MWRA
- 29.3% mCPR
- **1,113,509 MWRA need**

Data sources: Census 2017 & 2017-18 PDHS
Khyber-Pakhtunkhwa: Use/Need by Age

Rural
4,363,989 MWRA
22.1% mCPR

Urban
1,042,340 MWRA
28.0% mCPR

2,179,297 MWRA need

Data sources: Census 2017 & 2017-18 PDHS
Khyber-Pakhtunkhwa: Use/Need by Age

**Rural**
- Population: 4,363,989 MWRA
- MCPR: 22.1%

**Urban**
- Population: 1,042,340 MWRA
- MCPR: 28.0%

**MWRA Need**
- Rural: 2,179,297 MWRA need
- Urban: 599,689 MWRA need

Data sources: Census 2017 & 2017-18 PDHS
Khyber-Pakhtunkhwa: Use/Need by Wealth

Lowest
- 841,765 Total MWRA
- 16.3% mCPR
- 35% Use
- 386,791 MWRA need

Second
- 1,491,606 Total MWRA
- 18.9% mCPR
- 41% Use
- 696,729 MWRA need

Middle
- 1,380,236 Total MWRA
- 26.5% mCPR
- 45% Use
- 812,821 MWRA need

Fourth
- 853,659 Total MWRA
- 27.3% mCPR
- 54% Use
- 434,257 MWRA need

Highest
- 838,522 Total MWRA
- 28.0% mCPR
- 52% Use
- 448,064 MWRA need

Data sources: Census 2017 & 2017-18 PDHS
Khyber-Pakhtunkhwa: Use/Need by Wealth

**Lowest**: 841,765 Total MWRA
- Male Condom: 10%
- Female Sterilization: 29%
- IUCD: 26%
- Injectables: 11%
- Pills: 24%
- Male Sterilization: 8%
- LAM: 2%
- Others: 8%

- MWRA need: 386,791

**Second**: 1,491,606 Total MWRA
- Male Condom: 29%
- Female Sterilization: 16%
- IUCD: 35%
- Injectables: 2%
- Pills: 39%
- Male Sterilization: 8%

- MWRA need: 696,729

**Middle**: 1,380,236 Total MWRA
- Male Condom: 16%
- Female Sterilization: 14%
- IUCD: 14%
- Injectables: 16%
- Pills: 24%
- Male Sterilization: 1%

- MWRA need: 812,821

**Fourth**: 853,659 Total MWRA
- Male Condom: 49%
- Female Sterilization: 6%
- IUCD: 19%
- Injectables: 8%
- Pills: 7%

- MWRA need: 434,257

**Highest**: 838,522 Total MWRA
- Male Condom: 58%
- Female Sterilization: 13%
- IUCD: 6%

- MWRA need: 448,064

Data sources: Census 2017 & 2017-18 PDHS
Khyber-Pakhtunkhwa: Use/Need by Source

Source for Last Method among Modern Contraceptive Users, MWRA, KP, Pakistan, 2017-18 DHS

Data sources: 2017-18 PDHS
Khyber-Pakhtunkhwa: Who is the Market Failing - Key Findings

• Equity Lenses
  o **Age:** Women aged 15-34, primarily 15-24
  o **Residence:** Women from rural and urban areas
  o **Wealth:** Women across all wealth quintile – primarily lowest to middle

• Method Mix
  o Condoms are the dominant method, followed by injectables. Female sterilization is lower compared to other provinces.
Baluchistan: Use/Need

1,835,123 MWRA
14.0% mCPR

761,170 MWRA need, 34% Use

Data sources: Census 2017 & 2017-18 PDHS
Baluchistan: Use/Need by Age

15-24 years
399,244 MWRA
5.6% mCPR

25-34 years
705,713 MWRA
12.7% mCPR

35-49 years
730,167 MWRA
19.9% mCPR

Data sources: Census 2017 & 2017-18 PDHS
Baluchistan: Use/Need by Age

15-24 years
399,244 MWRA
5.6% mCPR
122,656 MWRA need

25-34 years
705,713 MWRA
12.7% mCPR
322,384 MWRA need

35-49 years
730,167 MWRA
19.9% mCPR
316,131 MWRA need

Data sources: Census 2017 & 2017-18 PDHS
Baluchistan: Use/Need by Residence

**Rural**
1,305,139 MWRA
12.1% mCPR

- 157,851 MWRA
  - 31% Use

- 501,353 MWRA need

**Urban**
529,984 MWRA
18.8% mCPR

- 99,451 MWRA
  - 38% Use

- 259,818 MWRA need

Data sources: Census 2017 & 2017-18 PDHS
Baluchistan: Use/Need by Residence

**Rural**
1,305,139 MWRA
12.1% mCPR

501,353 MWRA need

**Urban**
529,984 MWRA
18.8% mCPR

259,818 MWRA need

Data sources: Census 2017 & 2017-18 PDHS
Baluchistan: Use/Need by Wealth

- **Lowest**
  - Total MWRA: 554,941
  - Use: 23%
  - Need: 168,544
  - Total MWRA: 7.1% mCPR

- **Second**
  - Total MWRA: 615,867
  - Use: 34%
  - Need: 261,318
  - Total MWRA: 14.3% mCPR

- **Middle**
  - Total MWRA: 345,921
  - Use: 44%
  - Need: 160,435
  - Total MWRA: 20.5% mCPR

- **Fourth**
  - Total MWRA: 210,672
  - Use: 26%
  - Need: 113,615
  - Total MWRA: 14.1% mCPR

- **Highest**
  - Total MWRA: 107,722
  - Use: 50%
  - Need: 57,258
  - Total MWRA: 26.8% mCPR

Data sources: Census 2017 & 2017-18 PDHS
### Baluchistan: Use/Need by Wealth

<table>
<thead>
<tr>
<th>Wealth</th>
<th>Total MWRA</th>
<th>mCPR</th>
<th>Use %</th>
<th>Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest</td>
<td>554,941</td>
<td>7.1%</td>
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<td>615,867</td>
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<td>107,722</td>
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<td>57,258</td>
</tr>
</tbody>
</table>

Data sources: Census 2017 & 2017-18 PDHS
Baluchistan: Use/Need by Source

Source for Last Method among Modern Contraceptive Users, MWRA, Baluchistan, Pakistan, 2017-18 DHS

Data sources: 2017-18 PDHS
Baluchistan: Who is the Market Failing - Key Findings

• **Equity Lenses**
  
  o **Age:** All women, primarily 15-34
  
  o **Residence:** Women from rural and urban areas, but primarily rural
  
  o **Wealth:** Women across all wealth quintile – primarily lowest and fourth

• **Method Mix**
  
  o Condoms are the dominant method, followed by pills. Female sterilization and injectables are relatively lower and hold a similar share.
ASSESS THE MARKET
Assess the Market

• Key questions:
  • What products and/or services are available on the market?
  • How are they being promoted?
  • Are they properly priced?
  • What are the trends in volume and value of products and services delivered?

• Activity:
  • Review market performance
Pakistan FP Market Depth and Breadth

CONDOMS
- Sathi
- Touch
- Josh
- Happy Life
- Hamdam
- Klimax
- Excite
- Rough Rider
- Xtacy
- Durex
- DO
- PRUDENCE
- OK

OCPs
- 2nd GENERATION
  - Novadol
  - Familia
  - Familia F
- 3rd GENERATION
  - Meliane
  - Desofam
  - Acnot
  - FAM - 21
  - DOT - S
- 4th GENERATION
  - YAZ

ECPs
- ECP
- EMKIT
- Estinor
- Poster
- Postinor

ICs
- 1 MONTH
  - Femiject
  - Norifam
- 2 MONTH
  - Novaject
- 3 MONTH
  - DepoProvera
  - Norigest
  - Familia Vial
  - Megestron

IUDs
- 3 YEARS
  - Dhanak Cu 250 Preload
- 5 YEARS
  - Multiload
  - Heer
- 5 YEARS - HORMONAL
  - Mirena
- 10 YEARS
  - Safeload
  - Dhanak T Cu 380A Plus

Implants
- 4 YEARS
- Femplant
- 5 YEARS
- Jadelle

Note: There are 145 condom brands, but only the top 10 are shown here

Only one low side effect 4th generation pill in the market
Market Depth Summary

• Condoms
  – Stagnant volumes with slight decrease in value – higher priced products may have less volume but are the value drivers

• OCPs
  – Stagnant values with decrease in volume – 9 different brands in the market but market is still dominated (over 90%) by 2nd generation OCPs

• ECPs
  – Market dominated by SMOs; both commercial sector and public sector are insignificant

• ICs
  – Stagnant values with decrease in volume
  – Market dominated by Commercial
Market Depth Summary

• Implants
  – Nonexistent in the market

• IUCDs
  – Declining market
  – Value cannot be determined
  – Limited IUCD options available in the market

• Female Sterilization
  – Significantly high in method mix
  – Private sector data not captured
  – SMOs are almost nonexistent
Market Breadth Summary

• **Condoms**
  – 145 brands – mostly priced low, whereas the condom consumer profile is urban, higher wealth quintile
  – SMOs seem to be de-valuing the market
  – Commercial sector share is very small (22%)

• **OCPs**
  – 9 brands available in the market
  – Price ranged from 5 To 600 PKR

• **ECPs**
  – Limited options in the market
  – Only lower priced products are available
Market Breadth Summary

- **ICs**
  - Unhealthy share of public sector
  - Only lower priced options available

- **Implants**
  - Nonexistent in the market
Pakistan FP Market: Condoms Summary

Condoms—Breadth and Depth Summary

• 145 brands – very crowded
• Stagnant volume and value extraction
• Mostly priced low, whereas the condom consumer profile is urban, higher wealth quintile
• Dominated by Public/NGO (65%) and SMO/NGO (29%); Commercial sector share is growing but very small (5%)
• SMOs seem to be de-valuing the market by stealing each-others market share instead of growing the market (reaching new consumers) and potentially suppressing the growth of commercial brands
Condom Market – Breadth and Depth Summary (cont.)

Overall
• 368M volume / 947.5M PKR value (2018-19), crowded with 145 brands
• Stagnant volume and value but with greater extraction of value by commercial sector – 13% volume share resulting in 43% value share (2018-2019)
• Market players are eating each other’s share rather than increasing the overall market
• PBS states 272 million condom by all players in this year, need to check figures/volumes (15-16)

Market Share
• Dominated by SMO/NGO sector (77% in 2018-19), increasing commercial sector volume and value extraction
• Dominated by free generic public brands (57.8% in 2018-19) and GSM’s low cost Sathi (27.3% in 2018-19)
• Growing share of DKT’s low-cost Josh capitalized on GSM’s mid priced Touch
OCPs Market - Breadth and Depth Summary

Overall
• 9.4 M volume / 165M PKR value (2018-19), 9 products across 2nd, 3rd and 4th generation
• Stagnant volume and value but with greater extraction of value by commercial sector – 24% volume share resulting in 80% value share (2018-2019)
• Market dominated by 2nd generation OCPs (95%)

Market Share
• Dominated by public and NGO brands (57% in 2018-19), followed by commercial sector (24%), increasing commercial sector volume and value extraction
• Public and NGO brands are priced substantially lower but are not capturing a proportionate market share (57% volume share with 0% value share)
• GSM is the only SMO present, and DKT has not introduced its own brand but is instead a distributor of a lower priced OCP for a commercial player
• The only SMO with a brand offers 2nd generation only
Market Volume & Value of OCPs

<table>
<thead>
<tr>
<th>Year</th>
<th>Volume</th>
<th>Value (PKR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-12</td>
<td>6,595,430</td>
<td>6,969,812</td>
</tr>
<tr>
<td>2012-13</td>
<td>6,969,812</td>
<td>7,133,581</td>
</tr>
<tr>
<td>2013-14</td>
<td>6,794,863</td>
<td>6,794,863</td>
</tr>
<tr>
<td>2014-15</td>
<td>10,462,448</td>
<td>17,270,429</td>
</tr>
<tr>
<td>2015-16</td>
<td>16,573,195</td>
<td>10,462,448</td>
</tr>
<tr>
<td>2016-17</td>
<td>9,409,493</td>
<td>9,409,493</td>
</tr>
<tr>
<td>2017-18</td>
<td>201,359,840</td>
<td>309,353,147</td>
</tr>
<tr>
<td>2018-19</td>
<td>352,755,072</td>
<td>165,428,995</td>
</tr>
</tbody>
</table>

1) Micro Gynon, (near to expiry given to GSM)
2) GoP procured OCPs (USAID Deliver Project)
3) USAID funded projects
4) OCP dispensed by DOH

GoP procured OCPs

DKT
GSM shifted
to M&P

Nova + Novodol 1s
SKU discontinued

Commodities
discarded (expired)

Novodaol’s TP
increased in
2018-19

Price cap removed

Source: PBS 2011/12-2014/15, GSM MIS; DKT international Contraceptive Social Marketing Statistics 1991-2018
ECP Market – Breadth and Depth Summary

Overall
• 5.06 M volume / 31M PKR value (2018-19), only two lower priced products available in the market
• Stagnant volume and value
• Insignificant price increase in 2012-13 - Prices remained unchanged for over a decade. However, in 2018-19 price cap was removed by DRAP thus leading to increased prices
• GSM volumes remained consistent during this period (with 10-15% variation)
• Public sector has not contributed 50% in the ECP during this period. Going through the source data may help elaborate the underlying reason. According to PBS report 2016-17, a total of 2.4 million ECPs were distributed of which 2.2 million was distributed by GSM

Market Share
• Dominated by Public sector (56% in 2018-19) with equal proportion of value share (85%); commercial sector prices parallel to SMO prices
• Free generic public brands are nonexistent
• No significant change in the market
• No new entrants in the market
Market Volume and Value of ECPs

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Volume</td>
<td>1,911,822</td>
<td>2,007,808</td>
<td>2,296,480</td>
<td>2,214,177</td>
<td>4,948,910</td>
<td>4,738,773</td>
<td>5,443,473</td>
<td>5,059,288</td>
</tr>
<tr>
<td>Value (PKR)</td>
<td>26,832,336</td>
<td>28,384,212</td>
<td>32,700,928</td>
<td>31,558,852</td>
<td>31,307,969</td>
<td>35,508,028</td>
<td>31,106,621</td>
<td>31,884,944</td>
</tr>
</tbody>
</table>

GSM volumes remained consistent during this period (with 10-15% variation)

1) Price cap removed
2) New ECP (GSM)

Source: PBS 2011/12-2014/15; GSM MIS; DKT international Contraceptive Social Marketing Statistics 1991-2018
IC Market - Breadth and Depth Summary

Overall

- 4.7 M volume / 128M PKR value (2018-19), 6 brands in the market consisting of 1-, 2- and 3-month ICs
- Continuous decrease in volume but stagnant value with marginal value increase
- Market dominated by 3-month ICs (90%) in 2018-19

Market Share

- Dominated by Public + NGO(MSS/FPAP) (70% in 2018-19), followed by SMOs (15%)
- Public and NGO brands have significant market share (70%) which resulted in insignificant value share
- All options available in the market are priced less than 150 PKR both by commercial sector and SMOs
## Market Volume and Value of ICs

<table>
<thead>
<tr>
<th>Year</th>
<th>Volume</th>
<th>Value (PKR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-12</td>
<td>2,739,934</td>
<td>3,080,201</td>
</tr>
<tr>
<td>2012-13</td>
<td>3,080,201</td>
<td>2,912,784</td>
</tr>
<tr>
<td>2013-14</td>
<td>2,912,784</td>
<td>2,776,840</td>
</tr>
<tr>
<td>2014-15</td>
<td>9,178,017</td>
<td>6,747,736</td>
</tr>
<tr>
<td>2015-16</td>
<td>6,747,736</td>
<td>6,462,140</td>
</tr>
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<td>2016-17</td>
<td>6,462,140</td>
<td>4,070,918</td>
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<td>3,080,201</td>
</tr>
<tr>
<td>2018-19</td>
<td>2,739,934</td>
<td>3,080,201</td>
</tr>
</tbody>
</table>

The PBS data indicates a jump in IC volume from 2014-15 that continue in the subsequent periods. Depo discontinued.

Value data not available for 2015-16

Source: PBS 2011/12-2014/15; GSM MIS; DKT international Contraceptive Social Marketing Statistics 1991-2018
Market Volume and Value of Implants

• **Market for implants is nonexistent**
  – Use/Need: implants comprise 0% of the method mix in Sindh and KPK, and only 1% of the method mix in Punjab

• **Provided only by the public sector since 2016**
  – Implants (Implanon) are provided free of cost by the public sector in all provinces
Market Volume of Implant

Shift from IUCD to Implant (esp. Sindh)

<table>
<thead>
<tr>
<th>Year</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-16</td>
<td>94,645</td>
</tr>
<tr>
<td>2016-17</td>
<td>59,230</td>
</tr>
<tr>
<td>2017-18</td>
<td>66,862</td>
</tr>
<tr>
<td>2018-19</td>
<td>135,106</td>
</tr>
</tbody>
</table>

Source: PBS 2011/12-2014/15; 2017
IUCD Market – Breadth and Depth

Summary
Overall
• 1.53M volume (2018-19), value due to variable service charge cannot be determined
• 6 brands in the market consisting of 3-, 5-, 10-year IUCDs
• Decreasing volumes for three years with 34% growth in 2018-19
• Market dominated by 10-year (80%) IUCDs

Market Share
• Almost dominated by Public/FPAP/MSS (62%) in 2018-19
• Commercial brands nonexistent, only one brand with 1% market share between all brands
Market Volume of IUCDs

- Source: PBS 2011/12-2014/15; GSM MIS; DKT international Contraceptive Social Marketing Statistics 1991-2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Volume</th>
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</thead>
<tbody>
<tr>
<td>2011-12</td>
<td>1,289,947</td>
</tr>
<tr>
<td>2012-13</td>
<td>1,421,450</td>
</tr>
<tr>
<td>2013-14</td>
<td>1,667,106</td>
</tr>
<tr>
<td>2014-15</td>
<td>1,513,677</td>
</tr>
<tr>
<td>2015-16</td>
<td>3,493,491</td>
</tr>
<tr>
<td>2016-17</td>
<td>2,494,727</td>
</tr>
<tr>
<td>2017-18</td>
<td>1,140,810</td>
</tr>
<tr>
<td>2018-19</td>
<td>1,526,444</td>
</tr>
</tbody>
</table>

- Shift from IUCD to Implant
- Two major donor-funded projects ended

1) The PBS alone indicates 1.8 million IUCDs during 2017-18
2) Shift from IUCD to Implant

MCHIP program
Female Sterilization Market – Breadth and Depth Summary

Overall
• 186 thousand volume (2015-16), value due to variable service charge cannot be determined
• Stagnant volumes

Market Share
• Dominated by free generic public sector service (76% in 2015-16), with SMOs holding 24% share
Market Volume of Female Sterilization

Source: PBS 2011/12-2014/15;2017
Consumer Price Landscape for Condoms

**Generic**
- SATHI (212,847,540 at 0 PKR)
- Touch (86,417,048 at 4 PKR)
- Rough Rider (31,363,977 at 9 PKR)
- OK (2083,821 at 12 PKR)

**Commercial**
- Happy Life (6,468,505 at 11 PKR)
- Klimax (2,112,736 at 23 PKR)
- KAMDAM (542,626 at 12 PKR)
- Knight Rider (1,534,796 at 34 PKR)
- Rough Rider (2,644,795 at 13 PKR)
- Durex (476,029 at 51 PKR)

(SMO, Happy Life, Klimax, KAMDAM, Knight Rider, Rough Rider, Durex)
Consumer Price Landscape for OCP

**Generic** (5,376,174 at 0 PKR)
- **Zafa Pharmaceuticals**
  - 2nd Gen: Familia (1,955,393 at 26 PKR)
  - 2nd Gen: Familia F (724,197 at 26 PKR)
- 3rd Gen: Desofam (270 at 34 PKR)

**M4P:**
- 3rd Gen: FAM-21 (23,708 at 255 PKR)
- 3rd Gen: DOT-S (6,012 at 231 PKR)

**Greenstar**
- 2nd Gen: Novadol (890,178 at 25 PKR)

**Bayer**
- 3rd Gen: Meliane (217,605 at 601 PKR)
- 4th Gen: Yaz (215,692 at 579 PKR)
Consumer Price Landscape for ECPs

**Generic** (2,838,805 at 0 PKR)
Greenstar
ECP (1,740,225 at 14 PKR)

**Zafar Pharmaceuticals**
EMKIT (480,086 at 14 PKR)
Duopharma
Estinor (172 at 45 PKR)
Consumer Price Landscape for ICs

**Generic** (2,843,740 at 0 PKR)
- Greenstar
  1. Month FEMI-JECT (129,084 at 50 PKR)
  2. Month NOVA-JECT (51,139 at 76 PKR)
  3. Month Depo Provera (640,107 at 130 PKR)

**Zafa Pharmaceuticals**
- FAMILA (384,915 at 94 PKR)
- NORIFAM (21,933 AT 42 PKR)
- Pfizer
  - Depo Provera (640,107 at 130 PKR)
Market Performance – Summary

• Stagnant market across all methods and brands

• SMOs are a volume-driver but not a value-driver
  – New entrants continue to cannibalize market share of lower-priced products
  – SMOs are not leveraging the “value” potential in the market, possibly hindering commercial growth

• Mostly healthy market product choice-wise
  – Variety of products available at different price points however availability of all products to Saras is questionable.
    ▪ Room for higher priced condoms, mid priced OCPs
    ▪ 2nd generation OCPs dominating the market
  – Implants as a method choice nonexistent in the market
Pakistan FP Market Performance:
Key Learnings

• Diverse Breadth / product landscape

• Stagnant market across all methods and brands

• Lack of affordable late generation OCs (lower side effect hormonal methods)

• SMOs are volume driver but not a value driver
  – New entrants continue to cannibalize market share of lower priced products
  – Not leveraging the “value” potential in the market to improve sustainability
PROFILE THE TARGET CONSUMER
Profile the Target Consumer

• Key questions:
  – Who is our target consumer, beyond demographics?
  – What barriers are preventing them from adopting new behaviors?
  – What factors are motivating them to adopt new behaviors?

• Activities:
  – Identify and Prioritize Target Consumer Sub-Segments
  – Map the Consumer Journey
Till Now, We understood who and how the market was failing from a supply system (MDA) perspective.

Now, we Needed to hear from consumers.

Therefore, PSI Pakistan conducted a research to map the journey of target consumers.

These consumers included:
- MM users
- Discontinuers
- Traditional method users (non-users of MM)
in both rural and urban areas
Drafted Ideal FP Journey And Socio-demographic Archetypes (Based On Age And Geography)

Archetypes

- 18-24yr old
- up to 34 years old

Family Planning

Awareness
- She receives age-appropriate, correct and positive information regarding sexuality, pregnancy and contraception throughout her development.
- She understands how contraception fits into her life and can meet her needs.
- She knows where and has the agency to ask questions and discuss concerns with trusted and convenient sources.

Decision
- She has the agency, the support she desires from her partner and family, and necessary and trusted information to select a method that best suits her FP needs, lifestyle and health.
- She decides to adopt FP and decides to choose a modern method.

Use
- She obtains her preferred method, and feels it is affordable, available, of appropriate design, and assured quality.
- Quality counseling helps her make an informed choice and provides necessary information and support for successful continued use.
- She receives stigma- and judgment-free quality services from her trusted provider.

Maintenance
- She accesses her chosen method with consistency and ease.
- If she experiences complications or is unsatisfied, she can seek prompt and quality counseling and care from a trained, supportive provider.
- She can easily access and choose an alternate modern method that meets her needs without interruption.
- She can discontinue if she chooses to get pregnant.

Advocacy
- She is satisfied with her method and her experience.
- Feeling confident and empowered, she shares her experience, advocates for and supports others to adopt and effectively use modern methods.

Rural
- Urban
JOURNEY MAPS
Consumer Insight Study
Psychographic FP Pathways
A Women’s Journey
Dissatisfied MM switcher - Future Negative Advocate

Awareness of FP starts late, after marriage and bearing two children. Female relatives-in-law and lady health workers often introduce the FP option.

Husbands are key gatekeepers in the decision to use FP. These women select a modern method in consultation with their provider, influenced by recommendations from women around them.

Some women are satisfied with their modern method & become positive advocates, recommending FP to other women.

After experiencing strong side effects or inconvenience in method use, many women consult their provider and opt to switch methods.

Their continued dissatisfaction with the modern method options lead these women and their husbands to discontinue modern methods.

The decision to discontinue is enforced when side effects subside. These women become persuasive negative advocates, counselling other women against modern method use and towards traditional methods.
CONDOM-ONLY USER - FUTURE DISCONTINUER

Many women learn about FP method options from their providers but are dissuaded from using hormonal modern methods or IUDs by the anecdotes of women around them who have experienced negative side effects or know of them.

Some are influenced by the preference of their husbands. Others are motivated by the convenience of condoms from LHWs and local retailers.

After some time, some husbands grow tired of using condoms or the women experience discomfort and side effects due to condoms and they switch to traditional methods.

These women select condoms as their method.

Some couples stay satisfied with their modern method.
TRADITIONAL METHOD-ONLY USER

- Many women learn about FP method options from their providers but feel that they don't understand or trust how a modern method such as implant works.

- Others are dissuaded from using hormonal modern methods or IUDs by them women around them who have experiences side effects.

- A preference for traditional methods often comes from the belief that traditional methods are easy, free, don't have any side effects, were good enough for elders, and/or leave the decision-making for FFP with the husband.

- These couples choose traditional methods (withdrawal).

- Awareness of FP starts late, after marriage and bearing two children.

- Female relatives-in-law and lady health workers often introduce the FP option.

- Husbands are key gatekeepers in the decision to use FP.

- Some husbands are open to FP but prefer traditional methods.

- Some husbands refuse to consider any FP method, often motivated by the belief that family size should be left up to God.
Identify High Impact Opportunities & Constraints
Identify High Impact Opportunities & Constraints

• Key Questions:
  – Why are existing players not serving the target consumer?
  – What key market functions are missing?
  – What are the biggest constraints and opportunities in this market?
    – What are the root causes?

• Activities:
  – Map the Value Chain
  – Analyze Key Market Functions
  – Prioritize Key Constraints/Opportunities for the Market to Serve the Target Consumer
Pakistan FP Market (Public Sector - Urban)

**Value Chain**
- Manufacturer
- USAID/DELIVER
- Govt. Central Warehouse
- Provincial warehouse
- Public Provincial Govt.
- Public District Stores
  - District Health Stores – all provinces
    - DOH facilities
    - District store LHW program
      - Lady health supervisors
      - Lady health workers
    - District PWD stores
      - PWD facilities
  - Provincial Warehouse
    - Sind Govt. warehouse
    - Punjab & KPK in progress
- Public District Stores
- Public Hospitals
- Public Clinics
- MSUs
- CBW

**Levels**
- Shift in process from procurement and supply chain management of commodities by USAID/Deliver at national level to provincial governments direct procurement.

**Public Facilities**
- Public Hospitals (DOH)
  - Teaching hospital
  - District Hospital HQ
  - Tehsil Hospital HQ
  - *RHSC-A (PWD)
- Public Clinics
  - MCH Centers (DOH)
  - Maternity Homes (DOH)
  - FWC (PWD)
  - FHC (PWD)
- Mobile Service Units
- Community Based Workers
  - Lady Health Volunteers
  - Community Midwives
- **Dispensaries**
Pakistan FP Market (Private and SMO/NGO Sectors)

Manufacturers
- Foreign Manufacturer
- Domestic Manufacturer

Importers
- Commercial Importer
- SMO/NGO

Distributors
- Commercial Distributor

Wholesaler
- Commercial Wholesaler

Providers
- Private Facility

Consumers
- Outlets

Value Chain

Levels
- Domestic Manufacturer
  - Zafa
  - Medipharm
  - Hansel

Commercial Importer
- UDL
- Reckitt Benkisel
- Biogenics
- PZ
- HAMDAM Co.

Commercial Distributor
- National distributor
- UDL
- PZ
- Primer
- Regional distributor (sub-provincial)

Commercial Wholesaler
- Pharmacy Wholesaler
- FMCG Wholesaler

Private Facilities
- Private Hospitals
- Private Clinics
  - Male doctor clinics
  - Female doctor clinics
  - LHV/ Nurse/ Midwife
  - Homeopath/ Hakeem clinic
  - SMO/ NGO Clinic

Outlet Provider
- Pharmacy
- FMCG shops

Dispensaries

Levels
- SMO
  - Greenstar
  - DKT

NGO
- MSS
<table>
<thead>
<tr>
<th>Core Functions (Demand and Supply)</th>
<th>Manufacturers</th>
<th>Importers/ Marketers</th>
<th>Distributors</th>
<th>Wholesalers</th>
<th>Retailers</th>
<th>Providers</th>
<th>Consumers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product</td>
<td>No domestic late generation OC or SRA products</td>
<td></td>
<td></td>
<td></td>
<td>Low quality provider counseling</td>
<td>High discontinuation rates, cited method reason</td>
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<tr>
<td>Price</td>
<td>Price distortions from public/SMO/NGO sector constraining commercial actors from investing in market</td>
<td>Limited FP margins for private sector actors, especially compared to other products/services</td>
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<tr>
<td>Place</td>
<td>25% public sector stock-outs Unknown effects of public sector devolution for product procurement and distribution</td>
<td>Significant last-mile stock-outs in public sector</td>
<td>Accessibility constraints for FP services in rural areas, public sector</td>
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<tr>
<td>Promotion</td>
<td>Acknowledgment of insufficient demand generation, but lack of ownership for performing promotion market function (not my job)</td>
<td>Insufficient consumer demand generation</td>
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<tr>
<td>Information</td>
<td>Lack of market information for SMO/commercial actors and of own services for public sector for resource investment/allocation</td>
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<tr>
<td>Coordination</td>
<td>Insufficient coordination in public sector at national and provincial levels</td>
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<tr>
<td>Guidance</td>
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<td>QA</td>
<td>Desires WHO PQ, but unable/unwilling to undertake</td>
<td>No QA system for products and services beyond product expiry</td>
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<tr>
<td>Financing</td>
<td>Desires volume guarantee before portfolio investment</td>
<td>Private/SMO/NGO lack access to credit for daily operations and investment</td>
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<tr>
<td>Labor / Production Capacity</td>
<td>Underutilized domestic OC production capacity</td>
<td>Providers have low capacity/lack training in quality counseling</td>
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<tr>
<td>Rules</td>
<td></td>
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<tr>
<td>Policy &amp; Reg</td>
<td>Price caps and local local product protections make investment in market unattractive for SMO/commercial actors</td>
<td>Regulation restricts some providers from offering full method mix to all women</td>
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<td>Social Norms</td>
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<td>Taxes / Tariffs</td>
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**PAKISTAN Production to Use Spectrum Matrix**
The Causes- Supply System Challenges

- Few affordable, low-side effect methods in market, and few incentives for public, social marketing, or commercial actors to offer them
- Significant last-mile stock-outs in public sector
- Insufficient coordination in public sector at national and provincial levels
- Low quality provider counseling, due in part to low capacity and lack of training, may contribute to dissatisfaction with method options/ experiences
- Regulation restricts some providers from offering full method mix to all women