



MARKET DEVELOPMENT APPROACH

[MDA]

Based on Keystone Design Framework

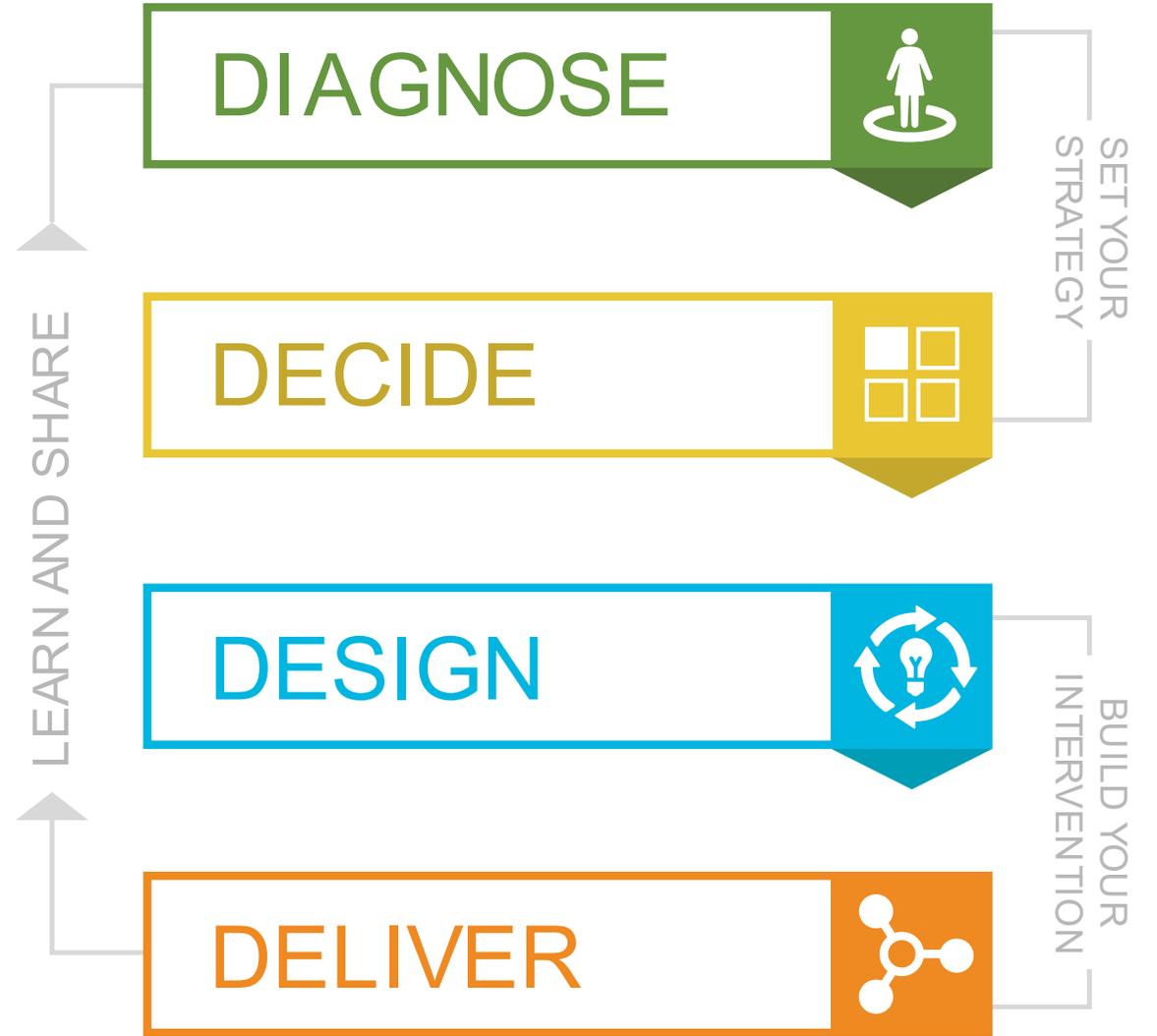




KEYSTONE DESIGN FRAMEWORK



design framework
KEYSTONE

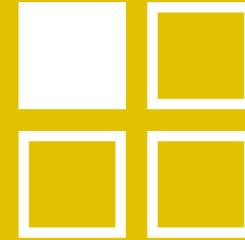


Phases of the Keystone Design Framework



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

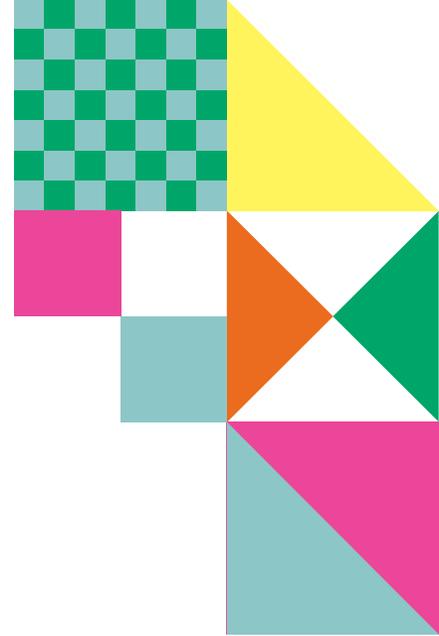
- Finalize ToC and Logframe
- Develop an Approach to Tracking and Adaptation
- Develop Workplan & Budget
- Capture and Share Knowledge

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





DIAGNOSE PHASE

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?

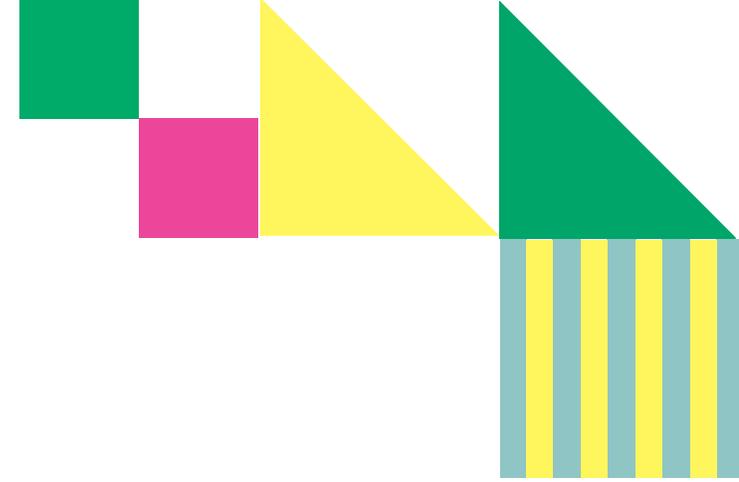
- **Activities:**

- Understand the Broader Context of the Health Market
- Analyze Use/Need and Quality of Use





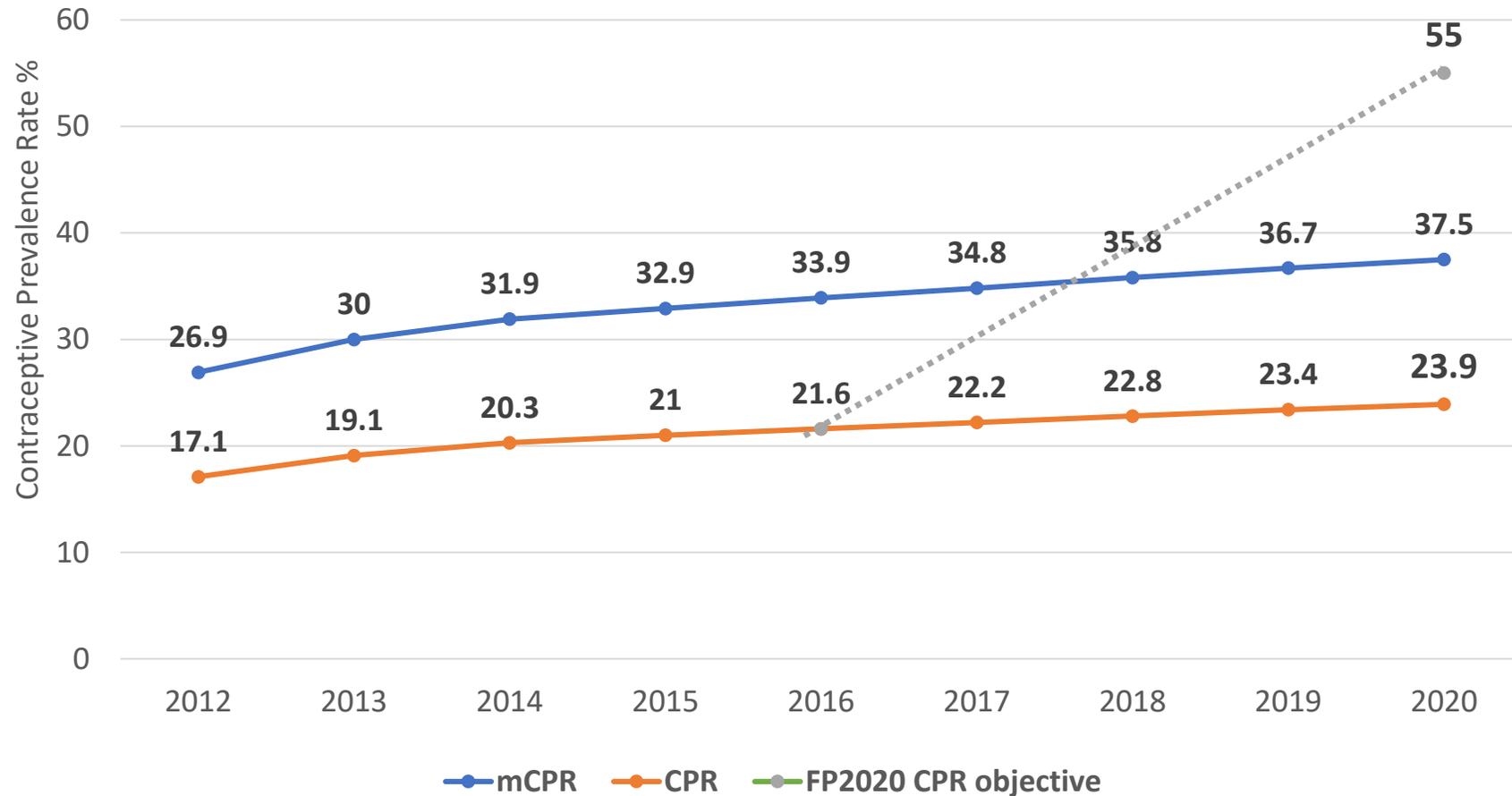
**Define the Health Need and
Identify the Target Consumer**



Local and Regional Trends

CPR, Contraceptive Use and Discontinuation

FP2020: National CPR Objective

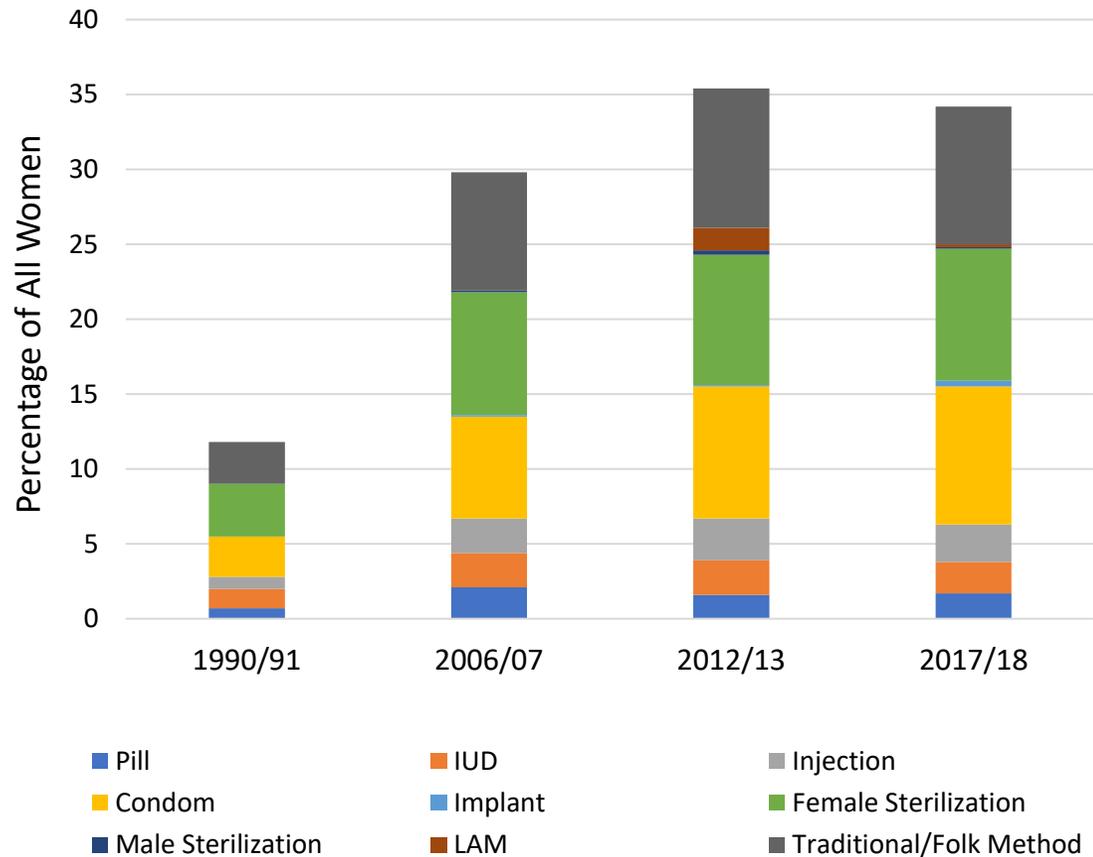


55%: National CPR objective set under FP2020

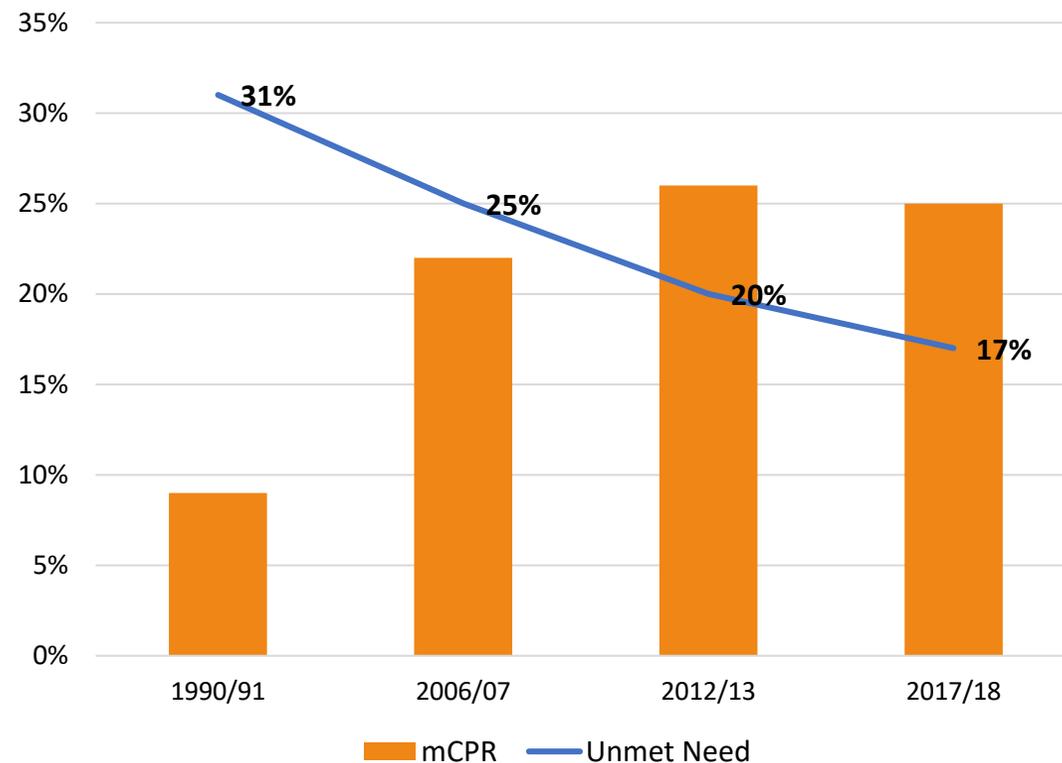
24%: National CPR projection based on current trends

Trends in Contraceptive Use

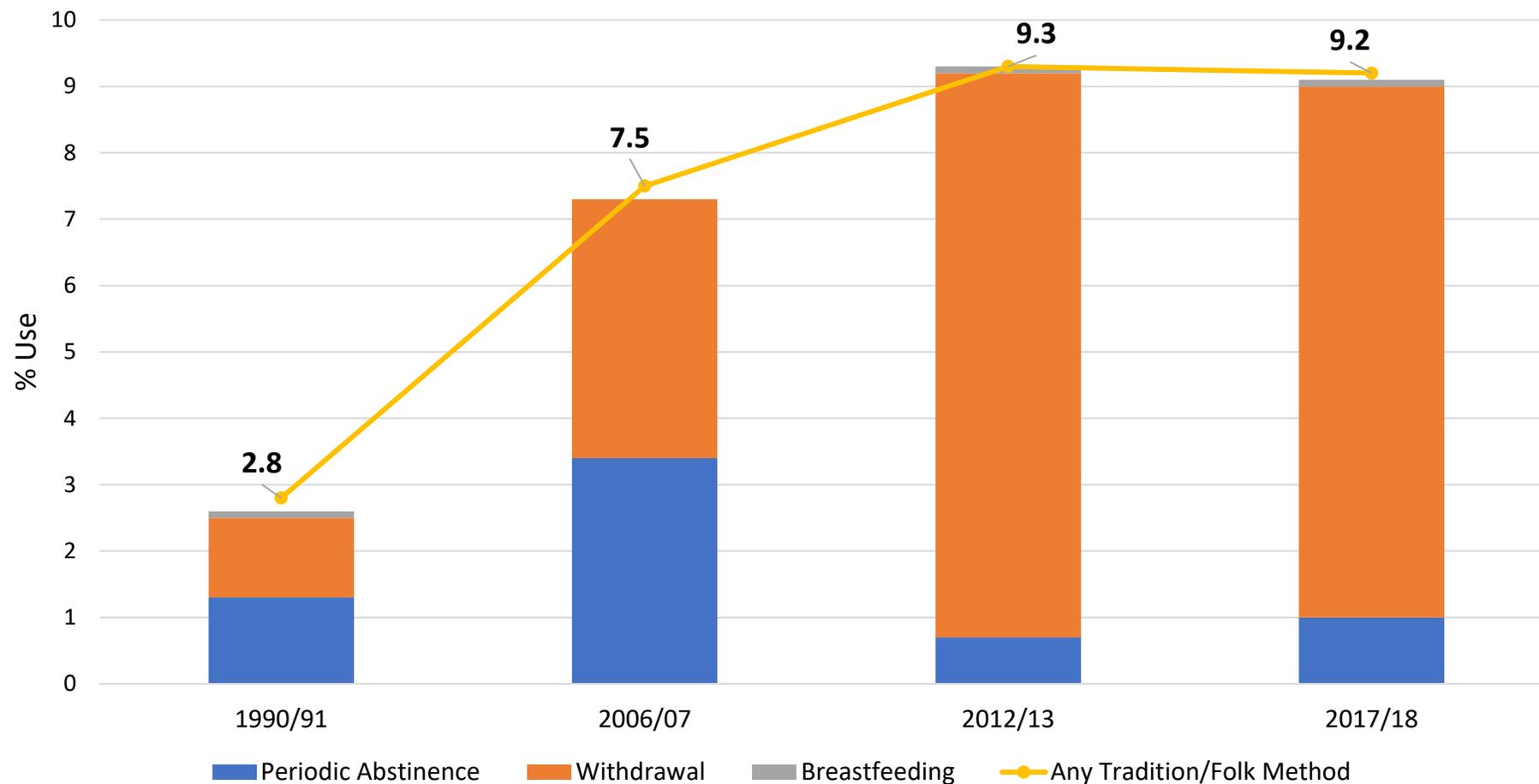
Trends in Contraceptive Use among Married Women 15-49, Pakistan, 1990-2018 DHS



Trends in Contraceptive Prevalence and Unmet Need for Family Planning among Married Women 15-49, Pakistan, 1990-2018 DHS

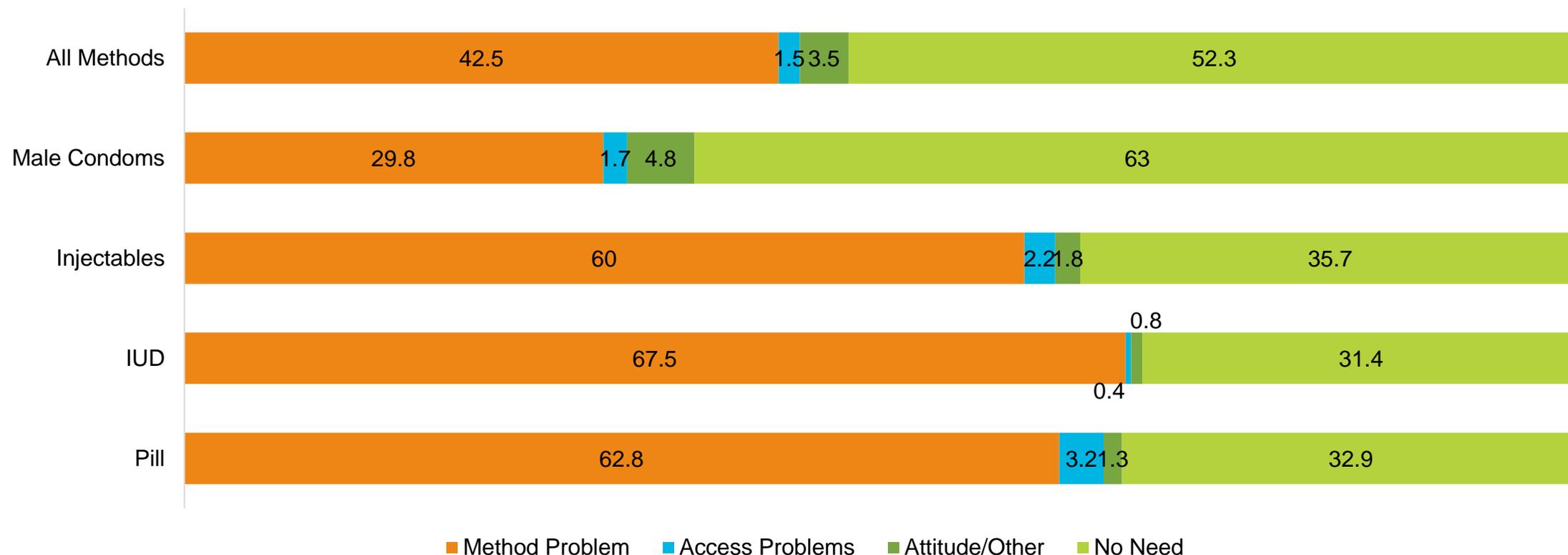


Trends in Traditional Method Use



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



¹ Graph illustrates data presented in Table Reasons for Discontinuation in 2017/18 Pakistan DHS.

Other includes: female sterilization; IUCD; diaphragm; foam/jelly; LAM.

Method problem includes: becoming pregnant; switching to a more effective method; side effects/health concerns; inconvenient to use.

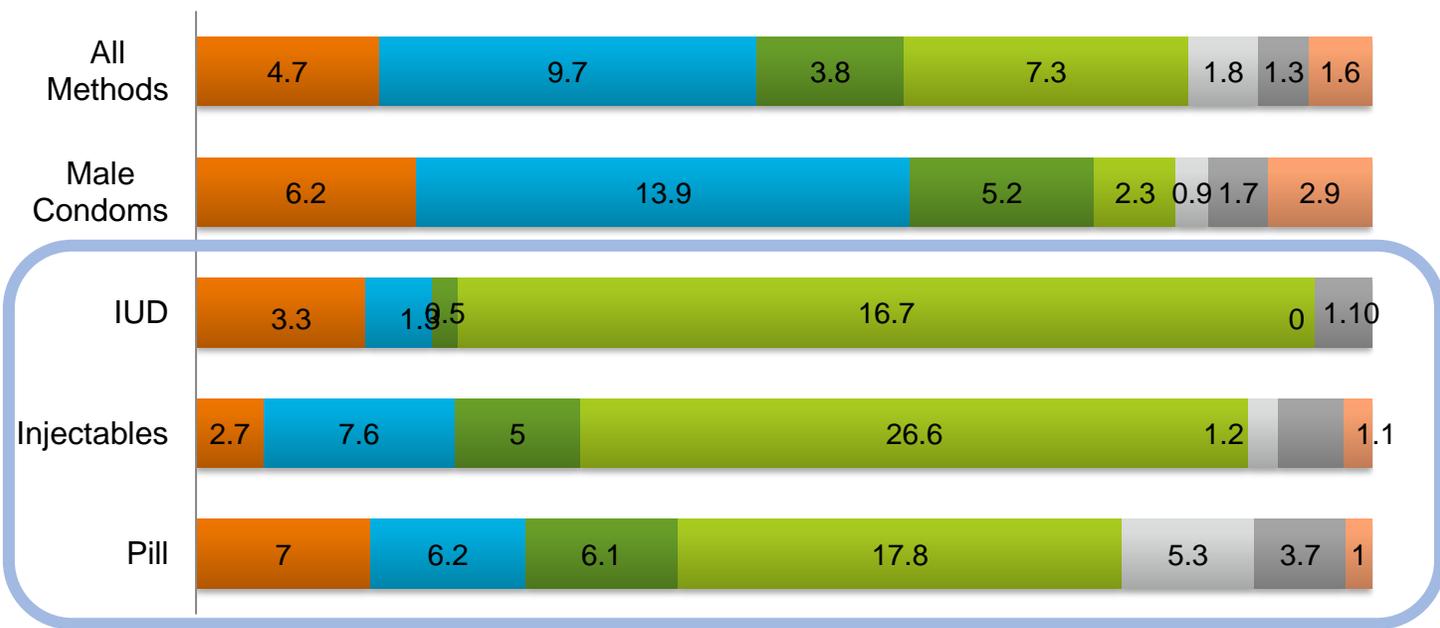
Access problem includes: access/availability; cost.

Attitude/Other includes: husband's disapproval; fatalistic; other reasons.

No need includes: to become pregnant; menopause; infrequent sex; marital dissolution.

Rates of Discontinuation, further Reason breakdown

% Decomposition of 12 mo. Discontinuation by Reason and Method, MWRA 15-49, Pakistan, DHS 2017/18¹



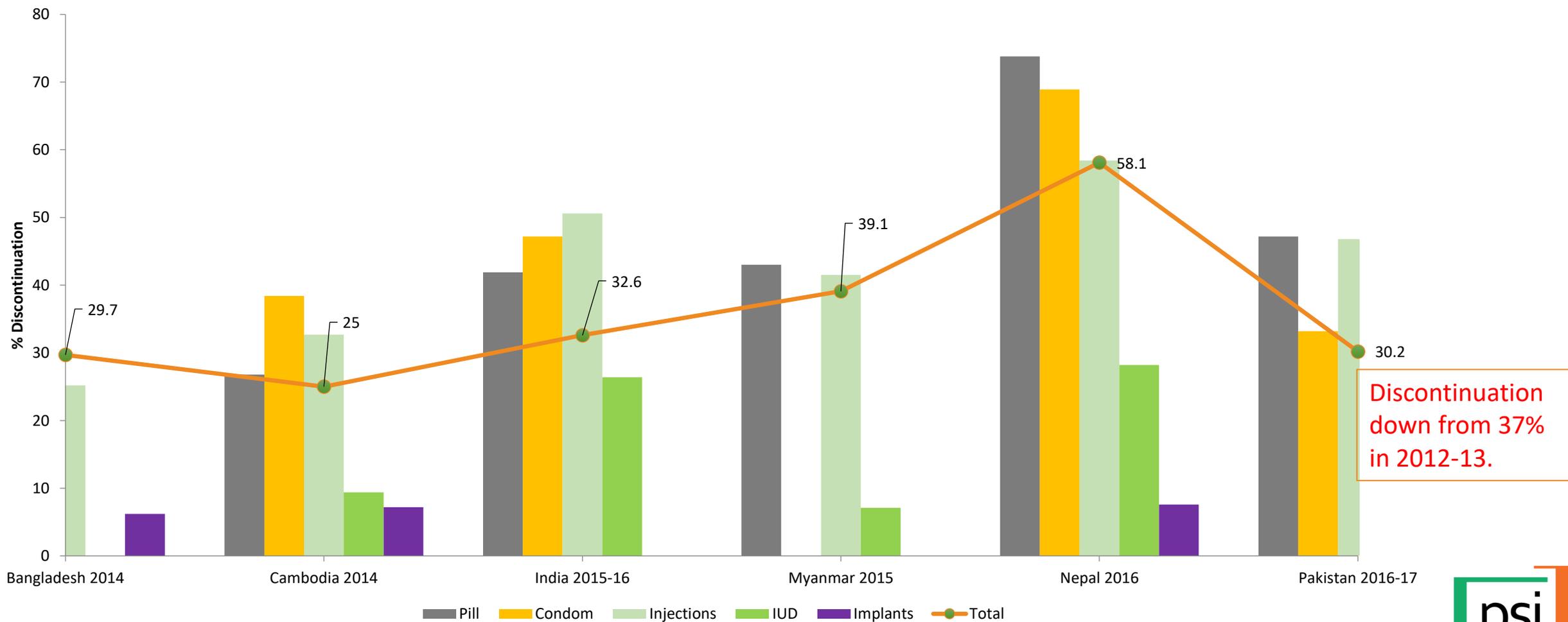
Method	Discontinuation Rate	Switched to another method
All Methods	30.2	3.4
Male Condoms	33.2	2.1
IUD	22.9	6.5
Injectables	46.8	5.4
Pill	47.2	7.3

- Method failure
- Pregnancy Desire
- Other fertility related reasons
- Side effects, health
- Wanting a more effective method
- Other method related reasons
- Other reasons

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

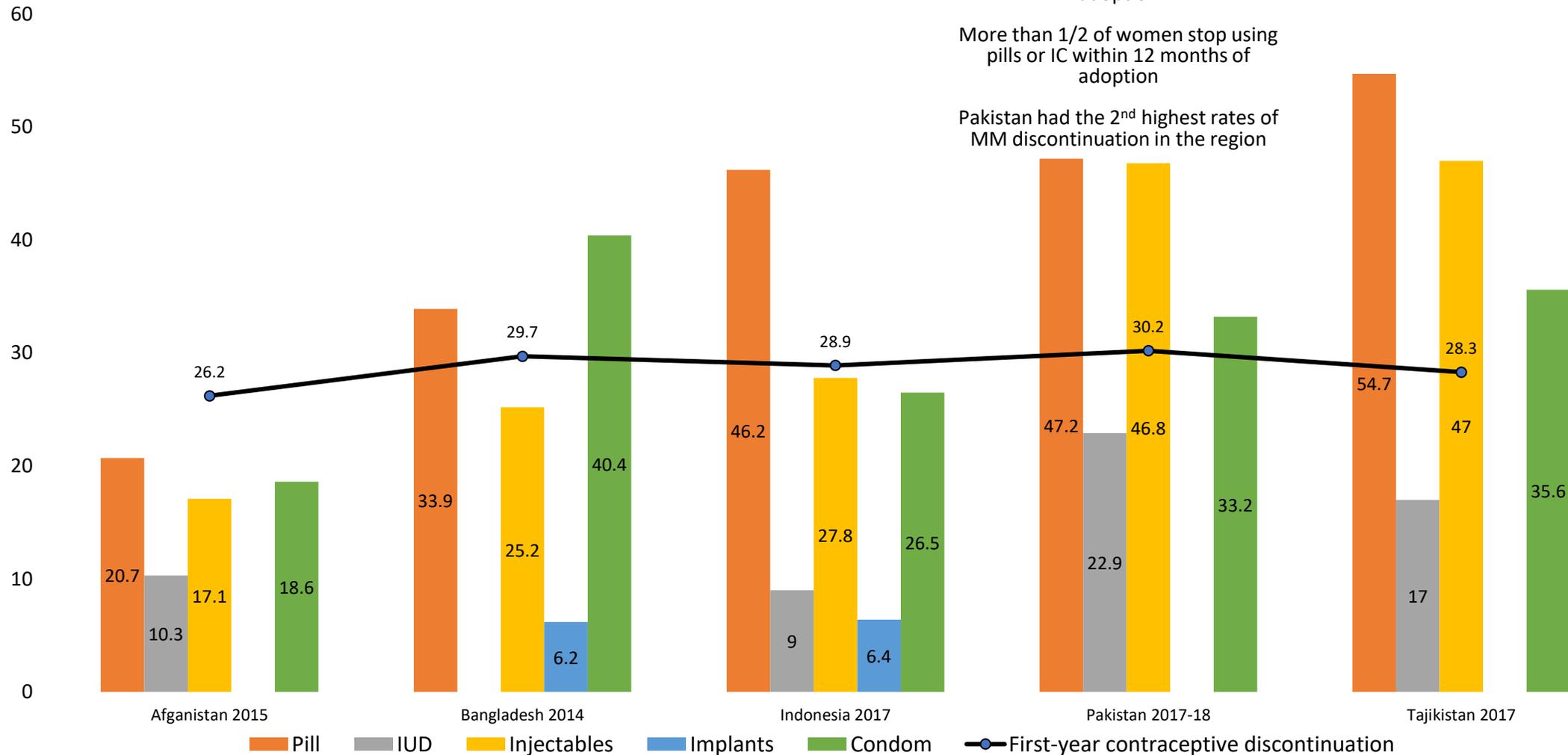
Regional Discontinuation Trends

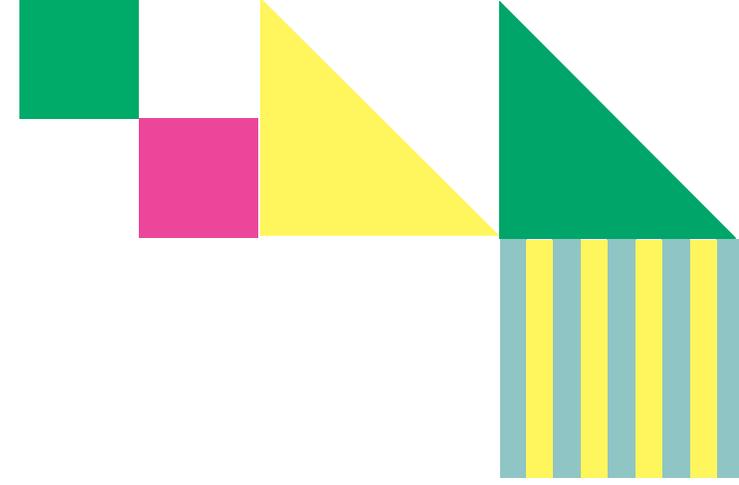
Regional Benchmark: First year Contraceptive Discontinuation rates by Method, MWRA 15-49, in Bangladesh, Cambodia, India, Nepal, and Pakistan



Regional Discontinuation Trends

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





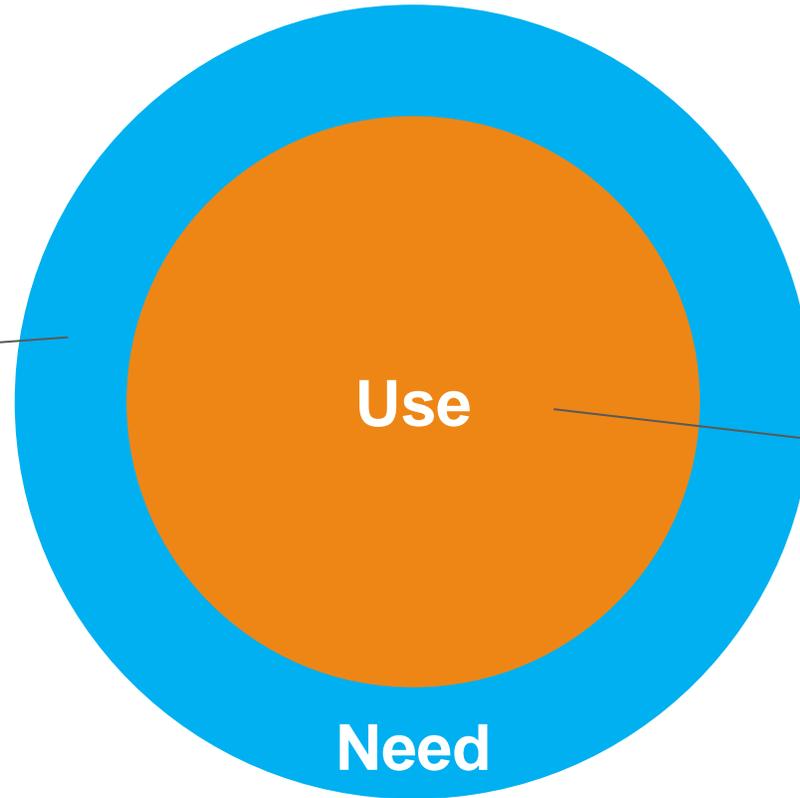
Who is the Market Failing

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.

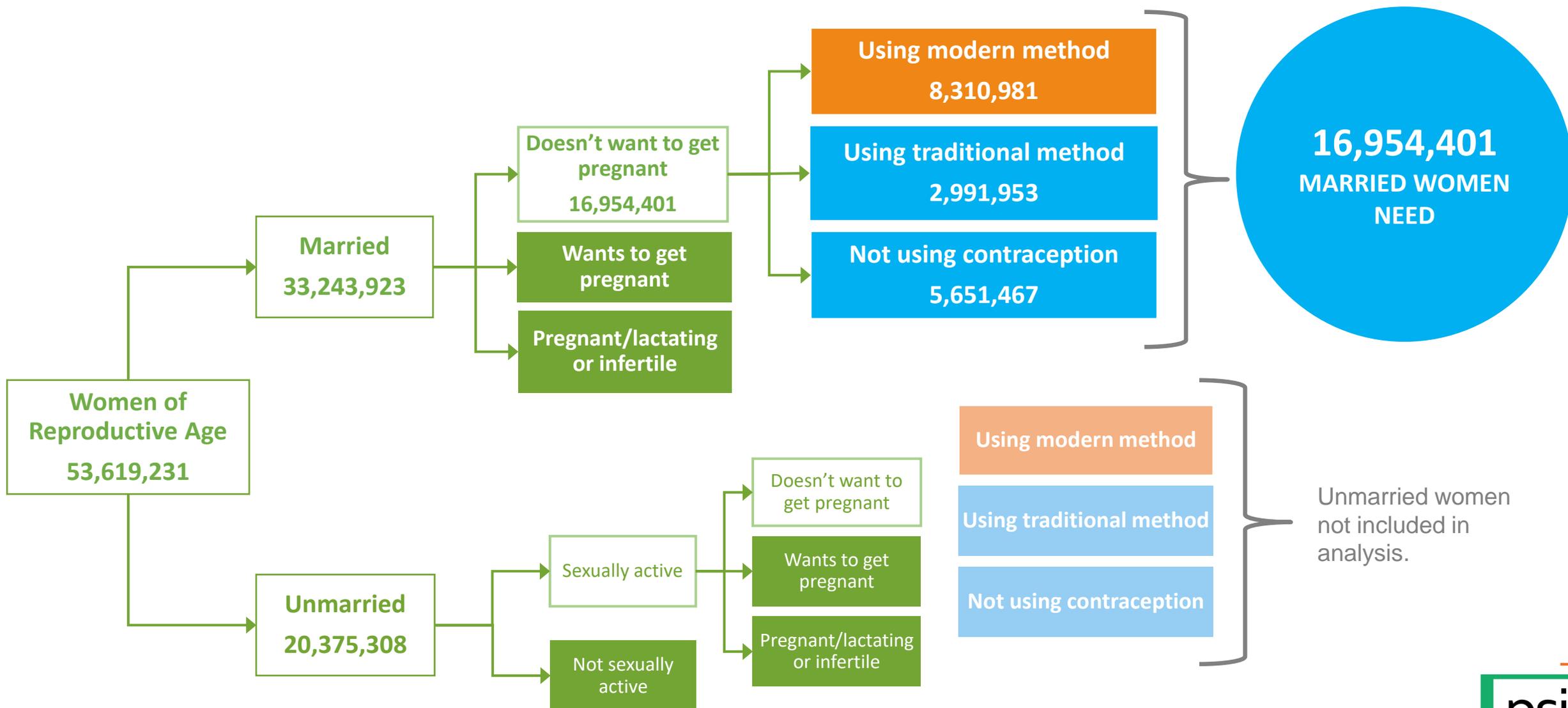
This includes modern method users, traditional method users, and unmet need for FP.



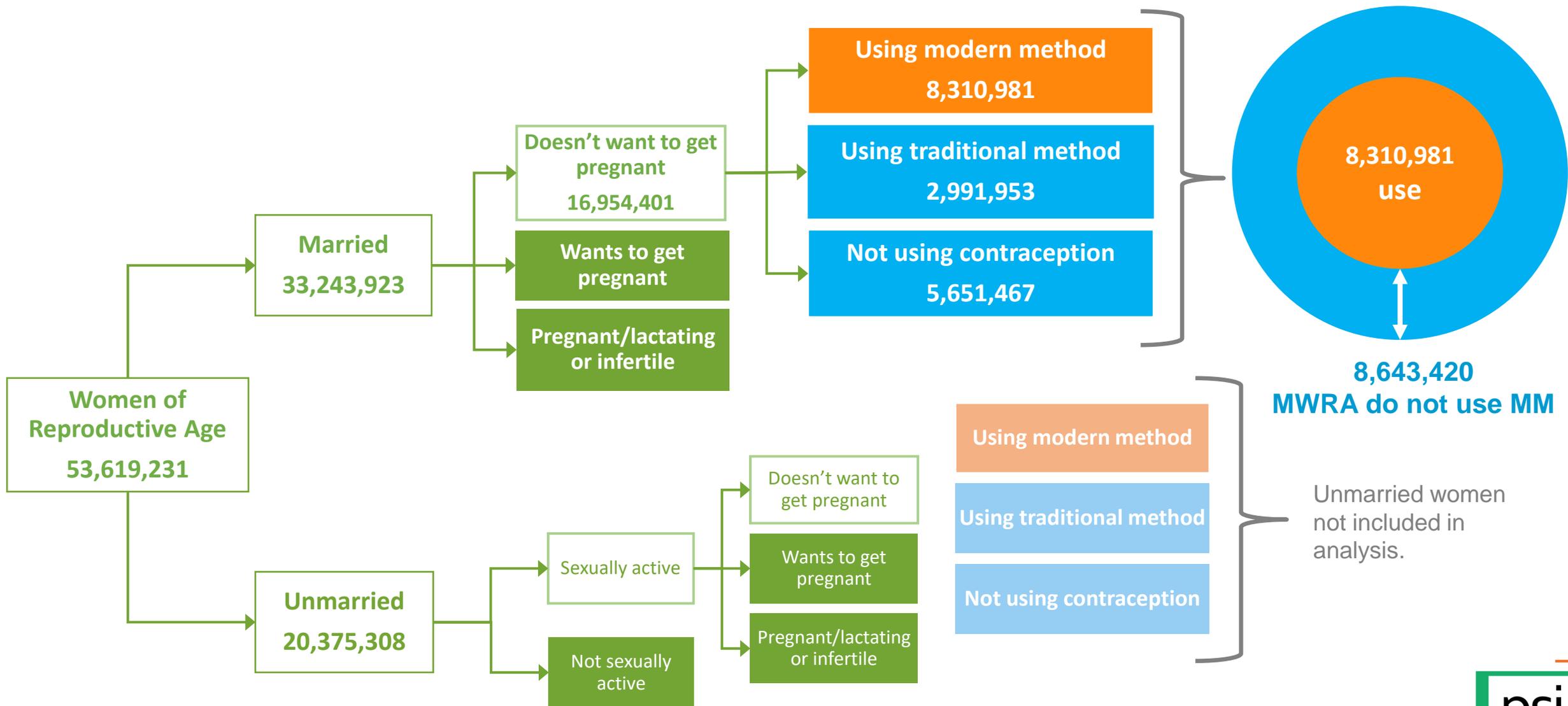
Use – the number of current MWRA using modern contraceptive methods.

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

PAKISTAN | Married Women 15-49 Contraceptive Use and Need



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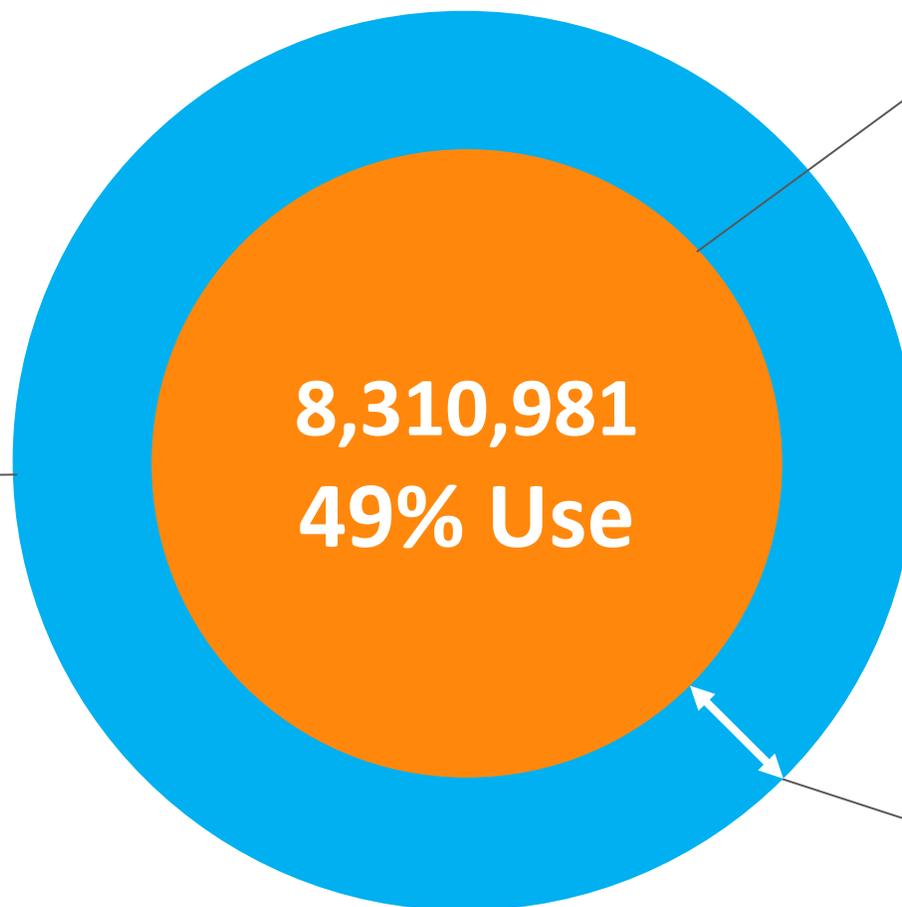


Pakistan: Use/Need Summary

34,650,451 MWRA
25% mCPR

NEED

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



USERS

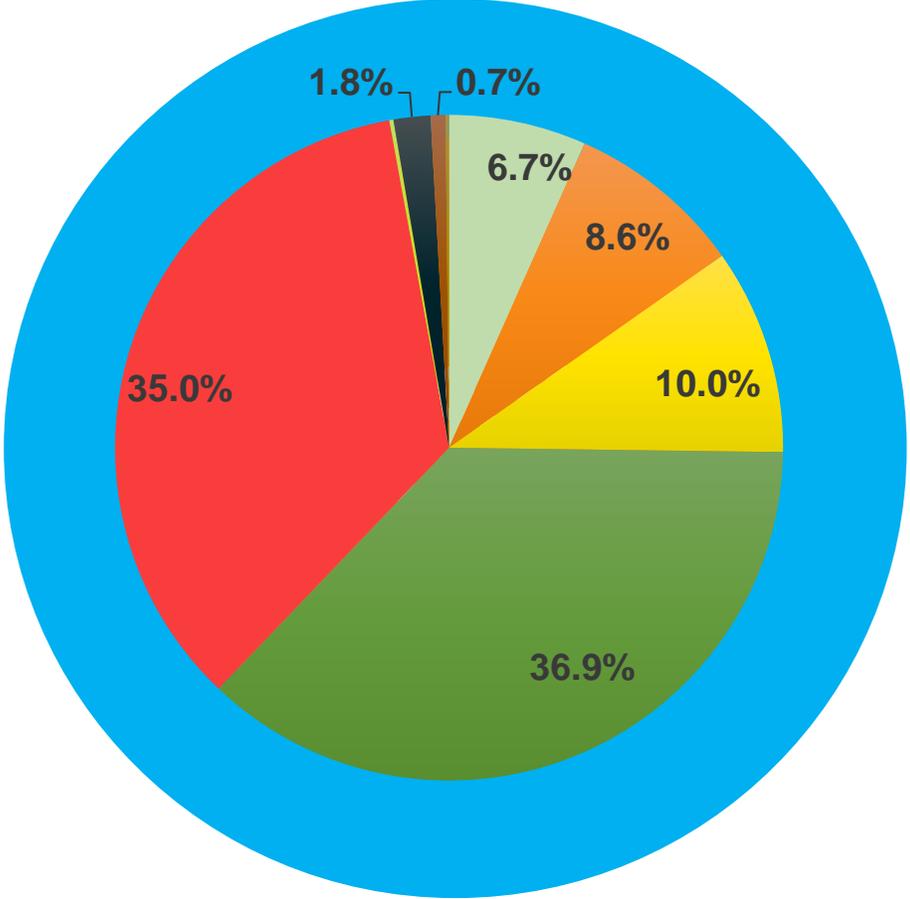
49% (8.7 Million MWRA)
of population in need currently
use modern methods

NON-USERS

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

Pakistan: Use/Need Summary

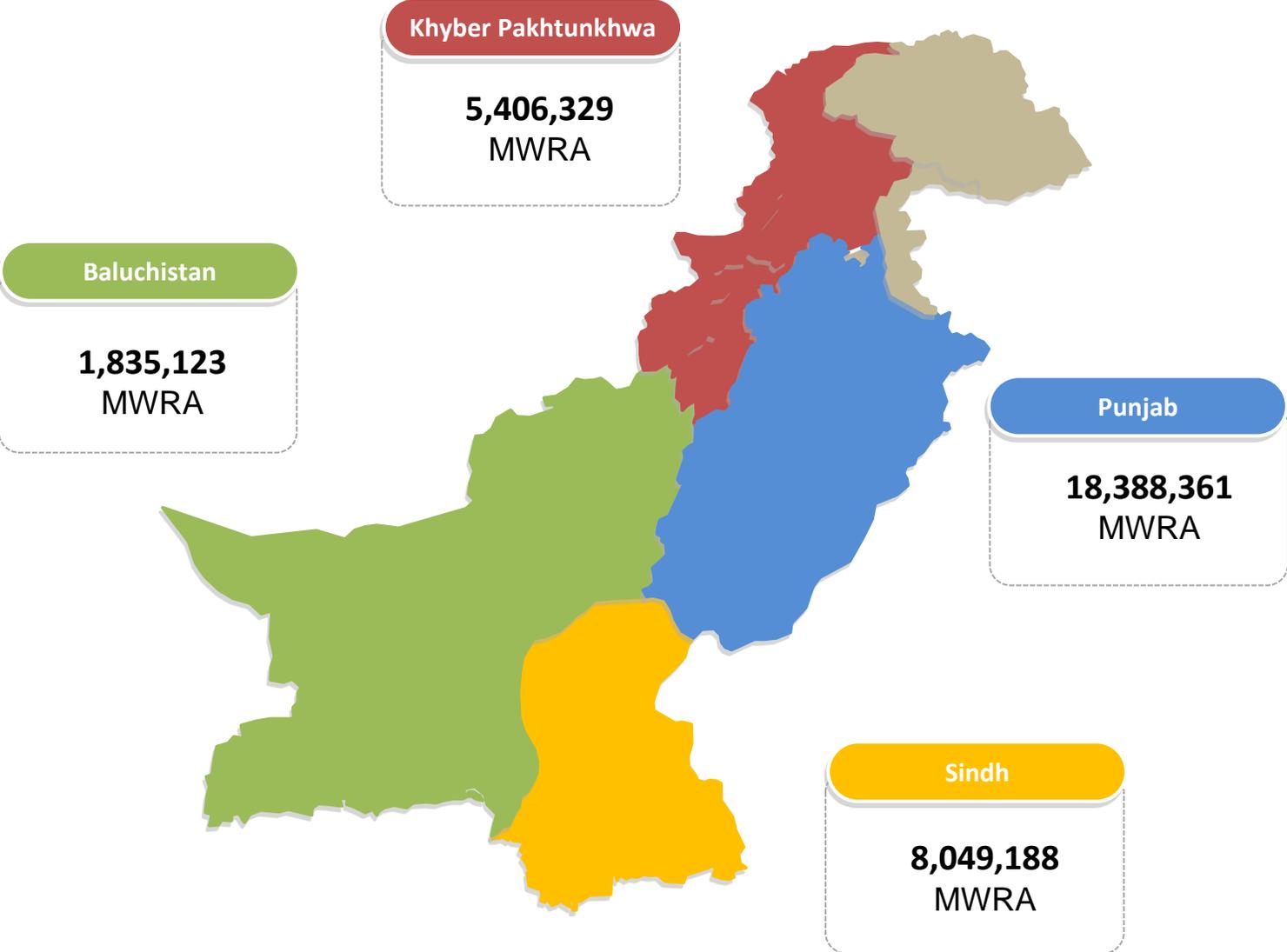
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- Male Condom
- Injectables
- Pills
- Male Sterilization
- Female Sterilization
- IUCD
- Implants
- Others
- LAM

17,845,612 MWRA Need

Pakistan: Use/Need Province Focus

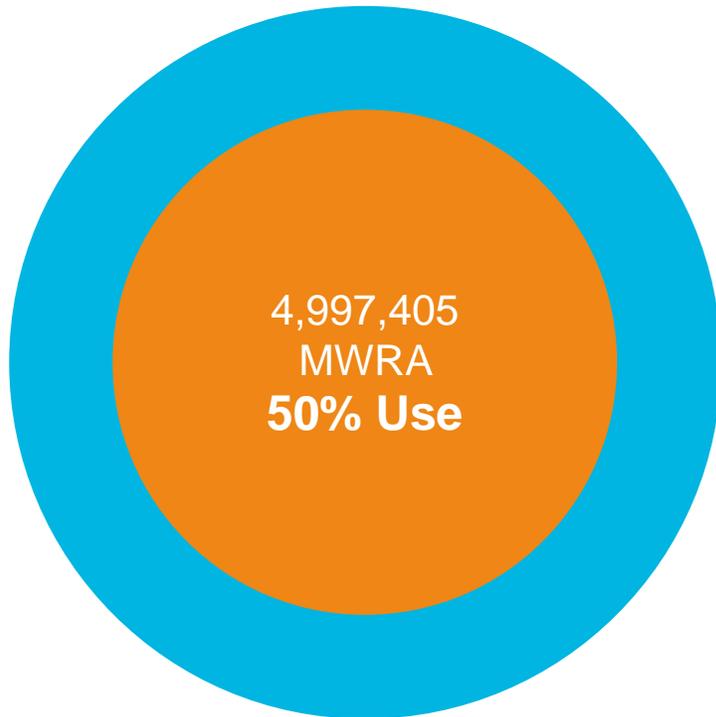


Data sources: Census 2017 & 2017-18 PDHS

Pakistan: Use/Need Summary – Provincial

Punjab

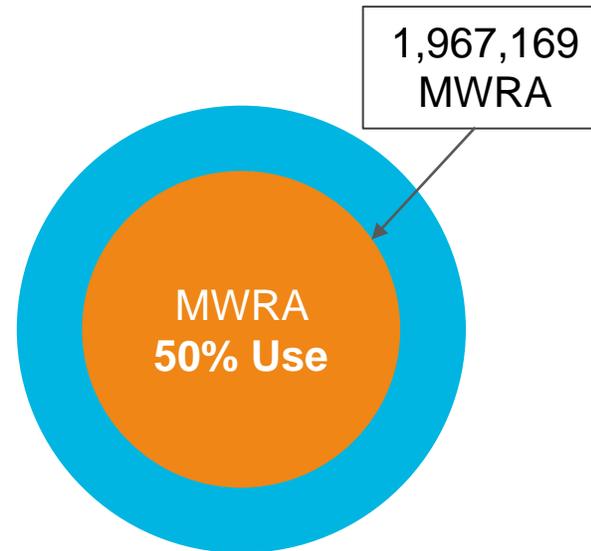
18,388,361 MWRA
27.2% mCPR



9,937,348 MWRA need

Sindh

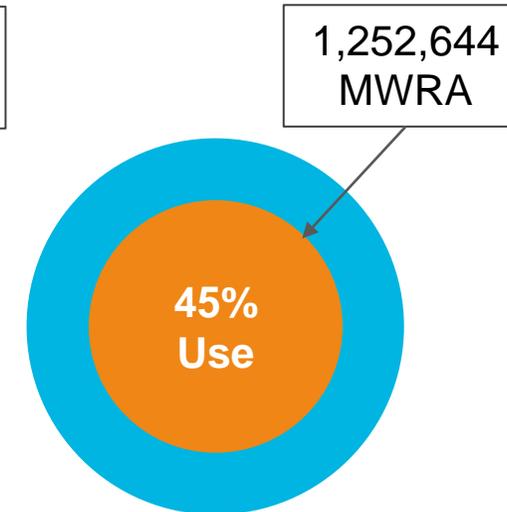
8,049,188 MWRA
24.4% mCPR



3,917,976 MWRA need

KP

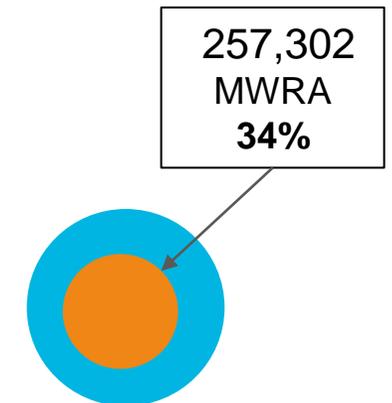
5,406,329 MWRA
23.2% mCPR



2,778,986 MWRA need

Baluchistan

1,835,123 MWRA
14.0% mCPR

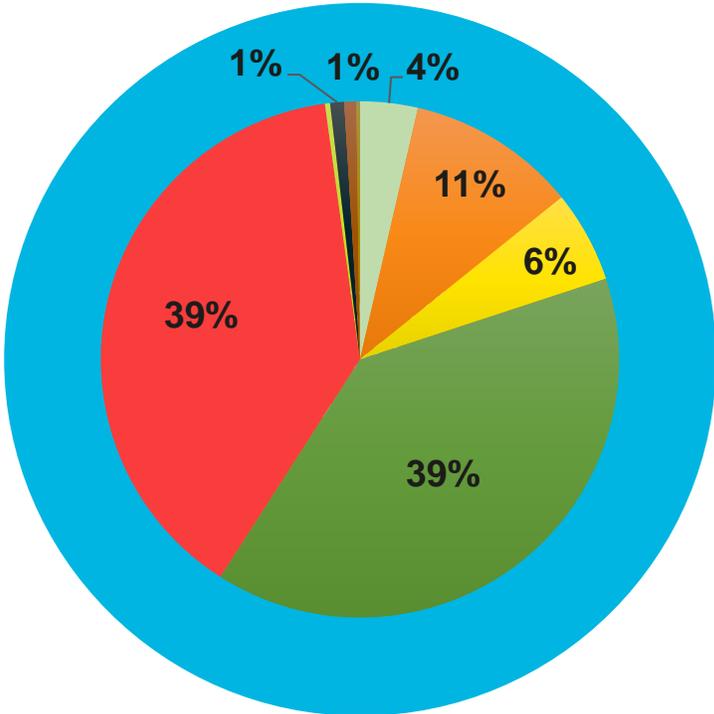


761,170 MWRA need

Pakistan: Use/Need Summary – Provincial

Punjab

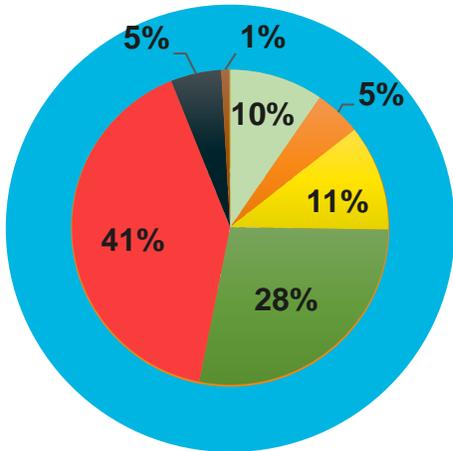
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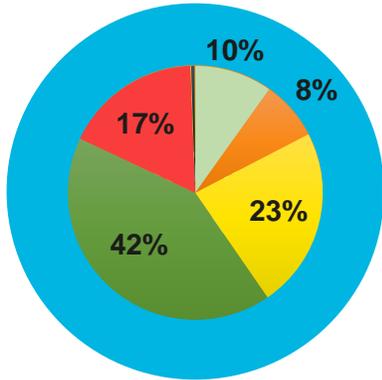
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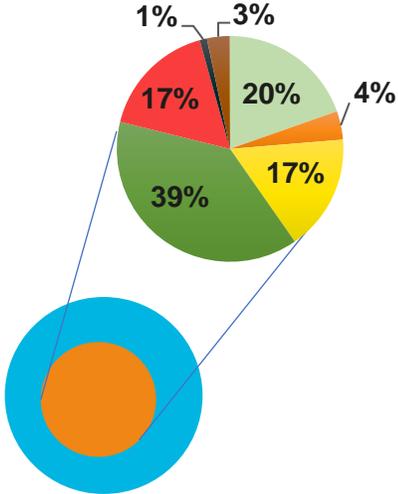
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- Injectables
- Pills
- Male Sterilization
- LAM
- Female Sterilization
- IUCD
- Implants
- Others

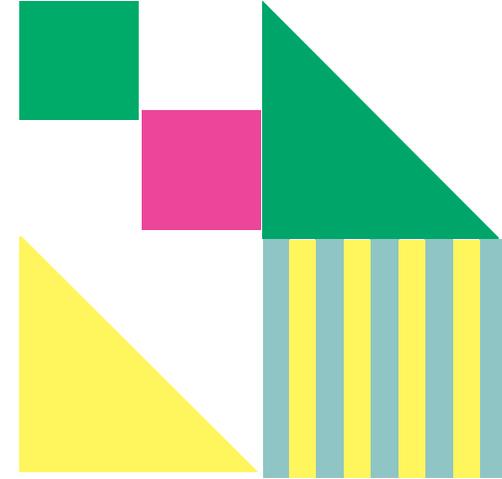


Data sources: Census 2017 & 2017-18 PDHS

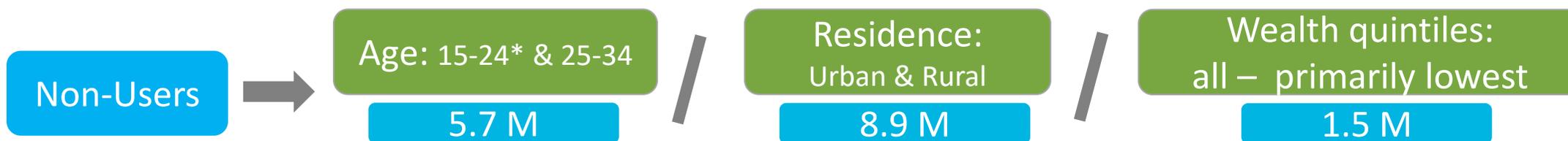
Pakistan (National-Level): Who is the Market Failing

- 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.



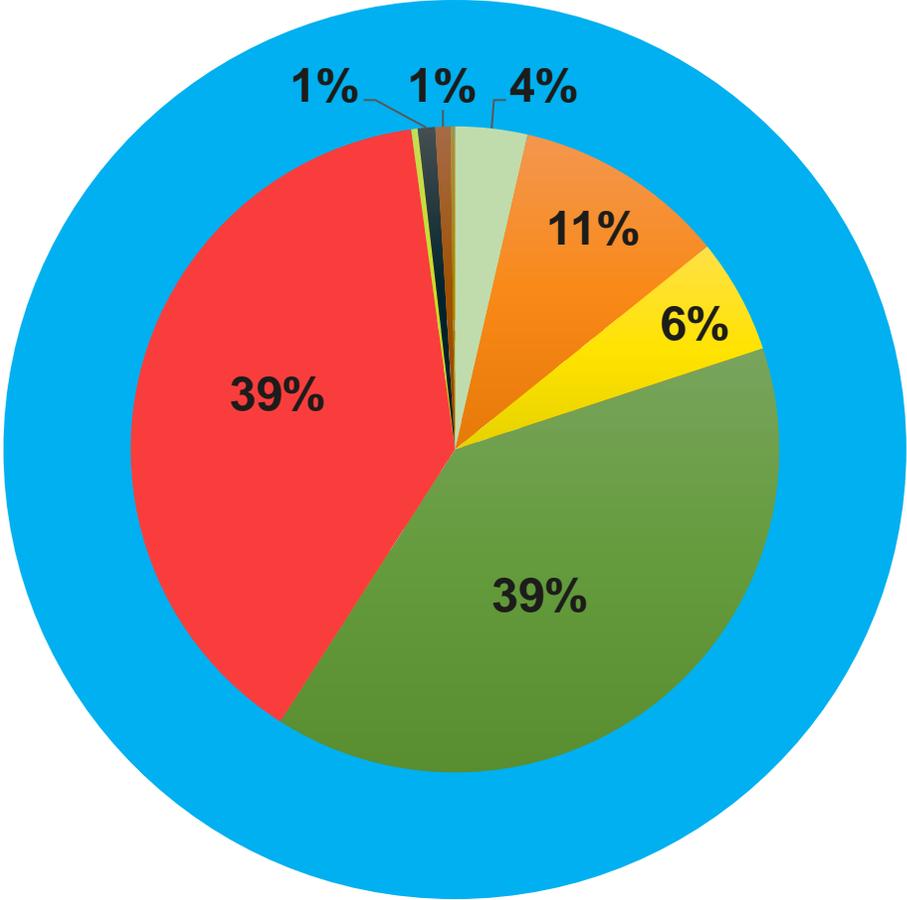
Pakistan (Province-Level): Who is the Market Failing



	Punjab (4.9mil)	Sindh (2.0mil)	KP (1.5mil)	Baluchistan (1.5mil)
Age:	Women age 15-34	Women age 15-34, primarily 15-24	Women age 15-34, primarily 15-24	All women, primarily 15-34
Residence:	Women from rural and urban areas	Women from rural and urban areas	Women from rural and urban areas	Women from rural and urban areas, but primarily rural.
Wealth:	Women across all wealth quintile – primarily lowest	Women across all wealth quintile – primarily lowest	Women across all wealth quintiles, but primarily lowest to the middle.	Women across all wealth quintiles, but primarily lowest and fourth
Method Mix:	The method mix is heavily tilted toward condoms and female sterilization.	Female sterilization is predominant, especially in rural. Followed by condoms, disproportionately more in urban areas.	Condoms are the dominant method, followed by injectables. Female sterilization is lower compared to other provinces.	Condoms are the dominant method, followed by pills. Female sterilization and injectables are the same.

Punjab: Use/Need

18,388,361 MWRA
27.2% mCPR



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- Pills
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- Female Sterilization
- IUCD
- Implants
- Others
- LAM

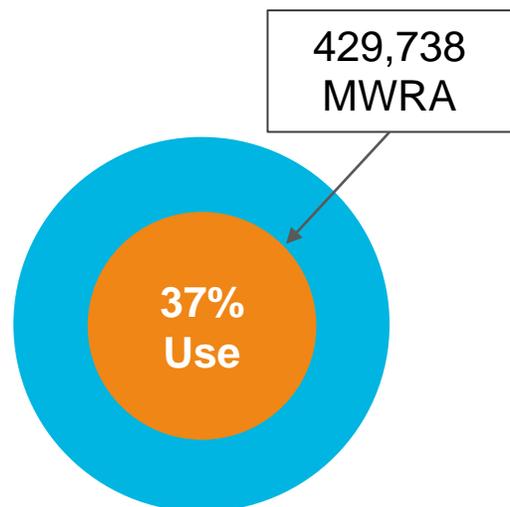
9,937,348 MWRA need, 50% Use

Punjab: Use/Need by Age

15-24 years

3,541,837 MWRA

19.3% mCPR

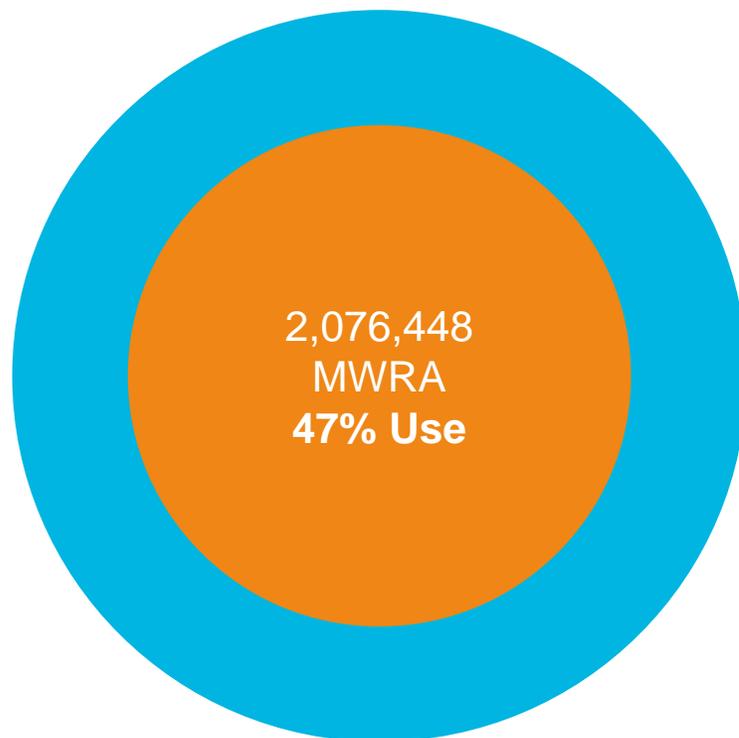


1,162,754 MWRA need

25-34 years

7,664,542 MWRA

41.7% mCPR

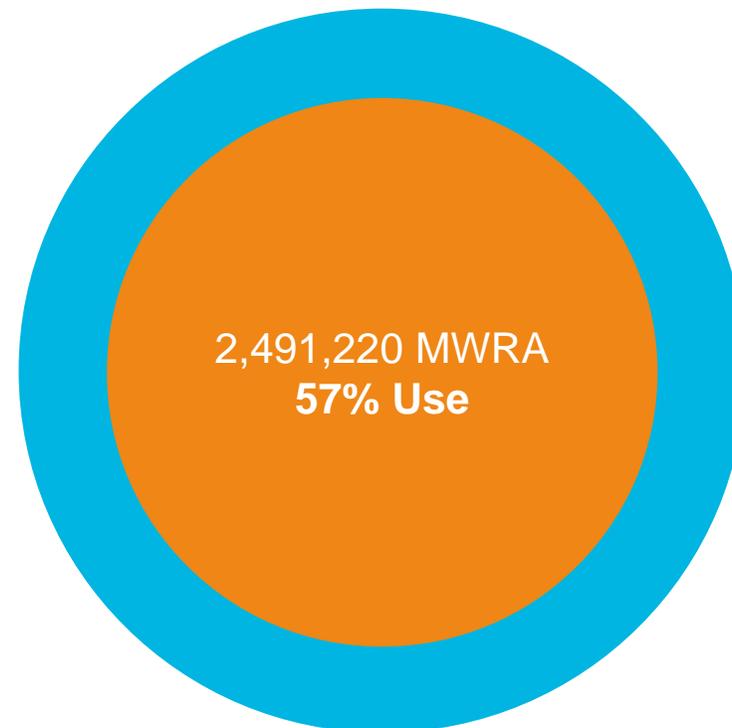


4,428,584 MWRA need

35-49 years

7,181,981 MWRA

39.1% mCPR

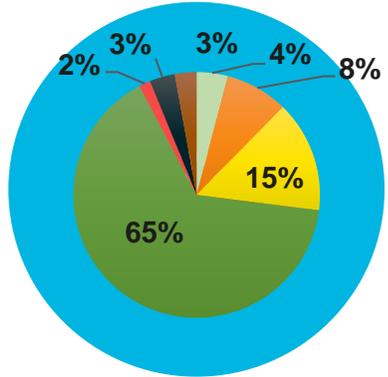


4,346,010 MWRA need

Punjab: Use/Need by Age

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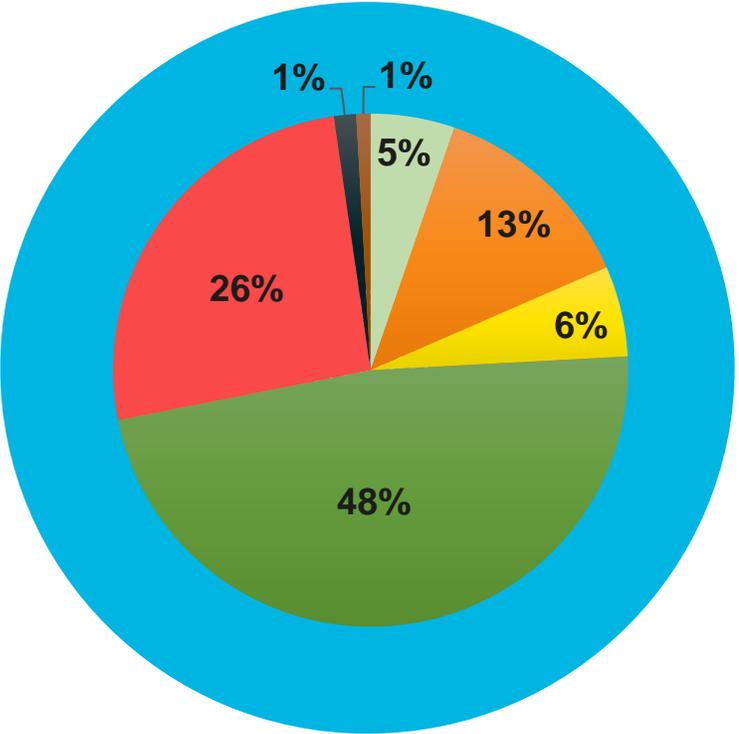
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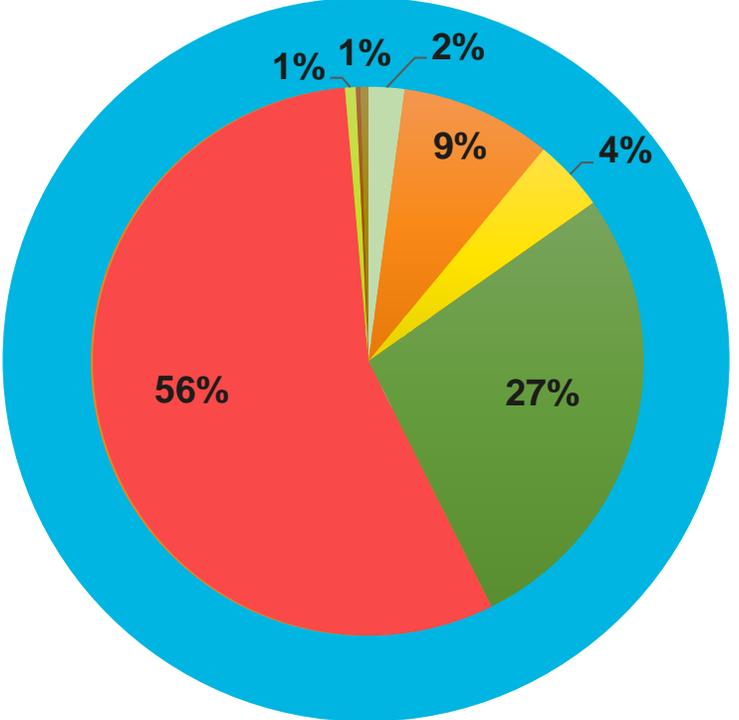
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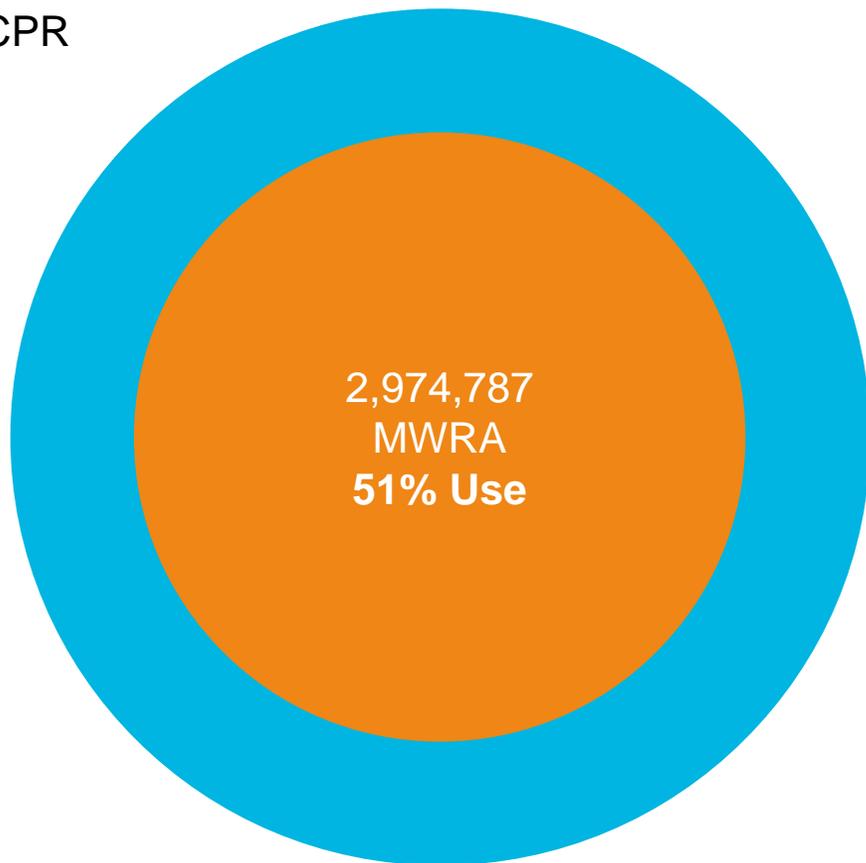


Data sources: Census 2017 & 2017-18 PDHS

Punjab: Use/Need by Residence

Rural

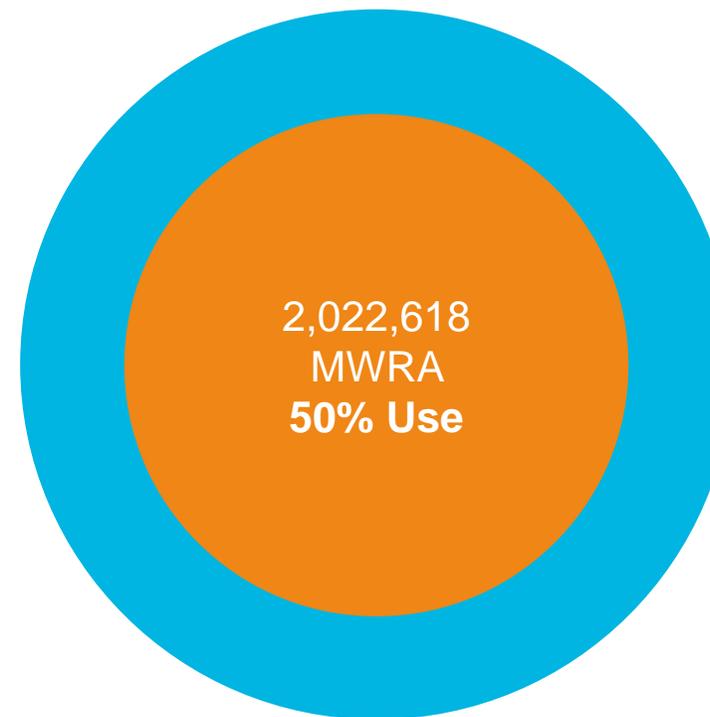
11,700,514 MWRA
25.4% mCPR



5,884,574 MWRA need

Urban

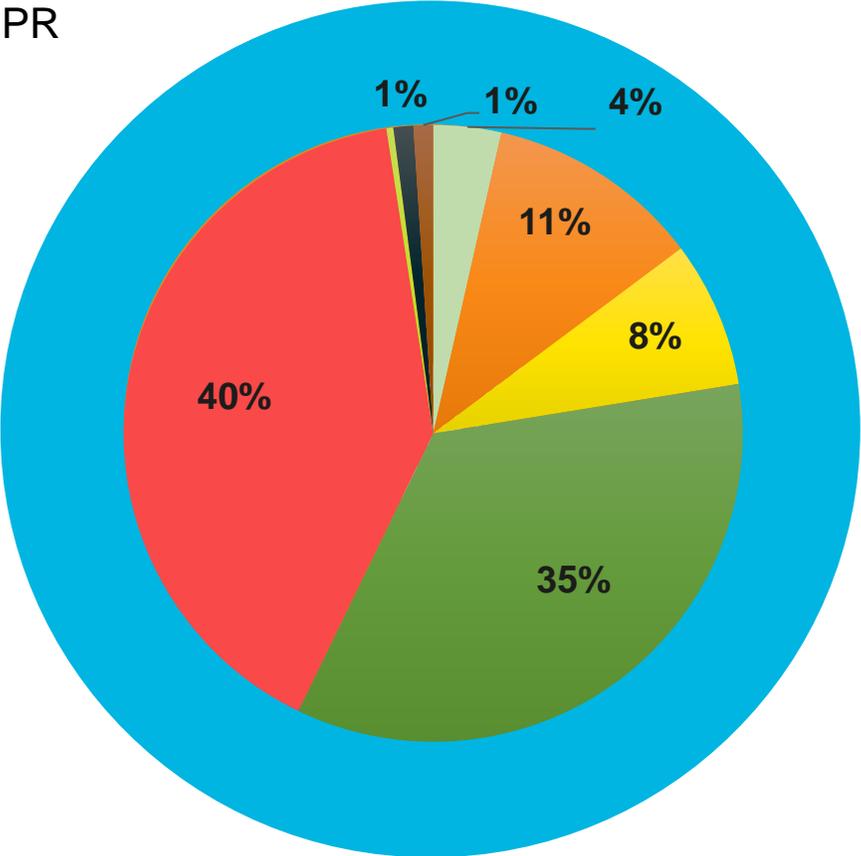
6,687,847 MWRA
30.2% mCPR



4,052,773 MWRA need

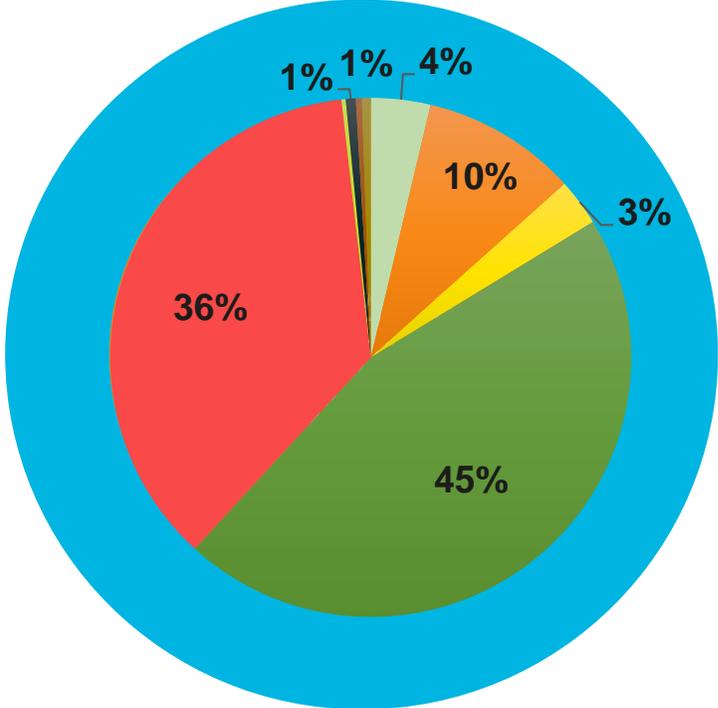
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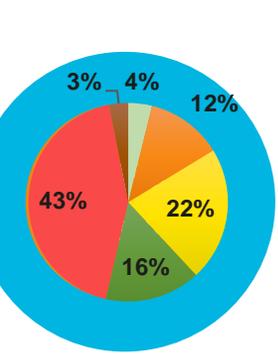


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Punjab: Use/Need by Wealth

Lowest

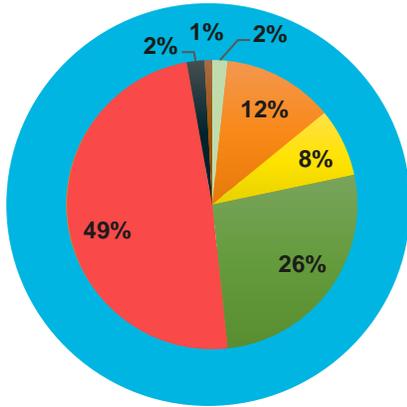
1,814,931 Total MWRA
21.7% mCPR



914,725
MWRA need

Second

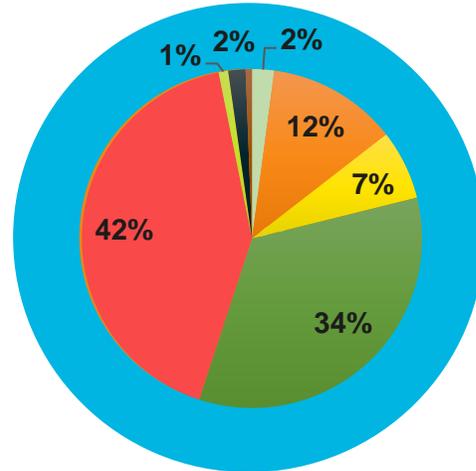
3,317,260 Total MWRA
24.7% mCPR



1,651,000 MWRA need

Middle

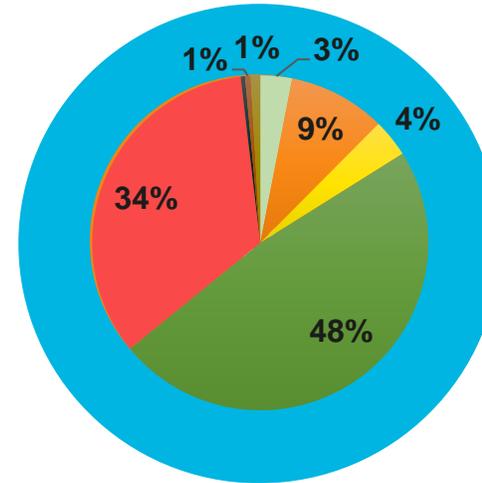
4,166,803 Total MWRA
27.8% mCPR



2,241,323 MWRA need

Fourth

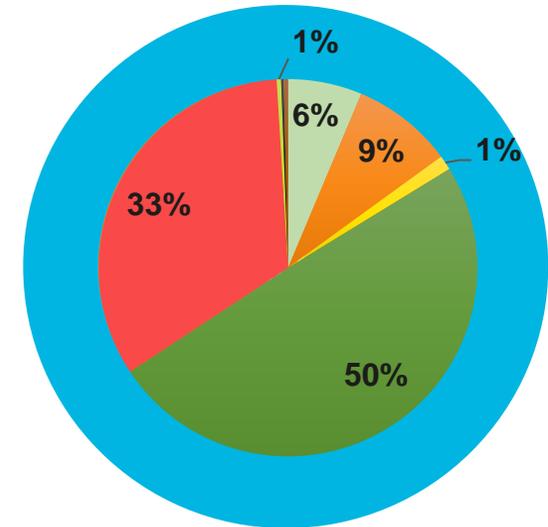
4,438,950 Total MWRA
27.3% mCPR



2,343,766 MWRA need

Highest

4,650,416 Total MWRA
30.4% mCPR



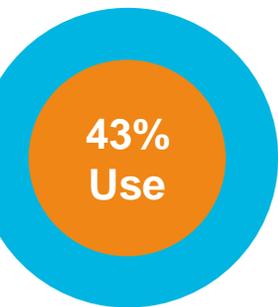
2,786,530 MWRA need



Punjab: Use/Need by Wealth

Lowest

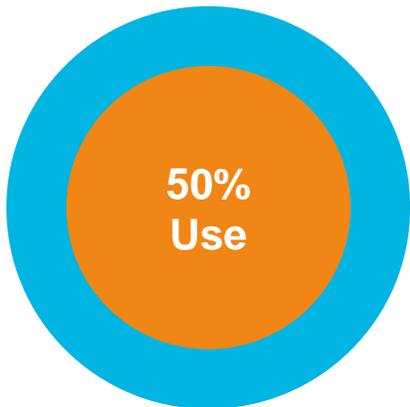
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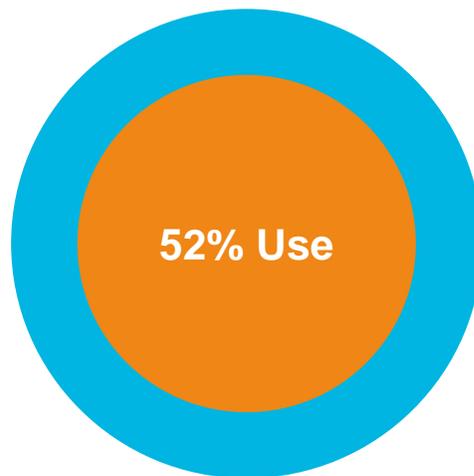
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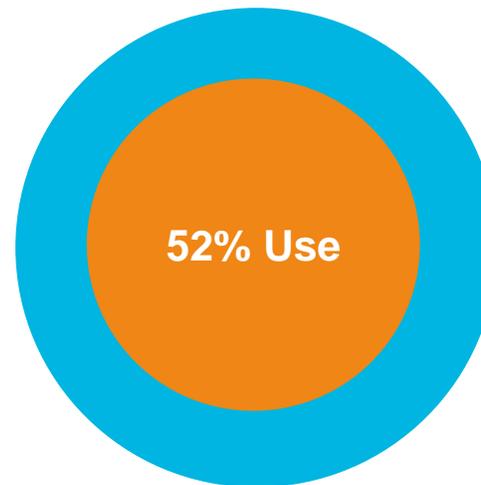
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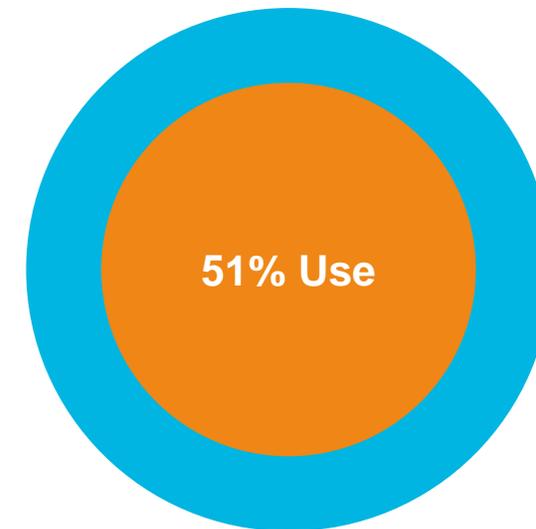
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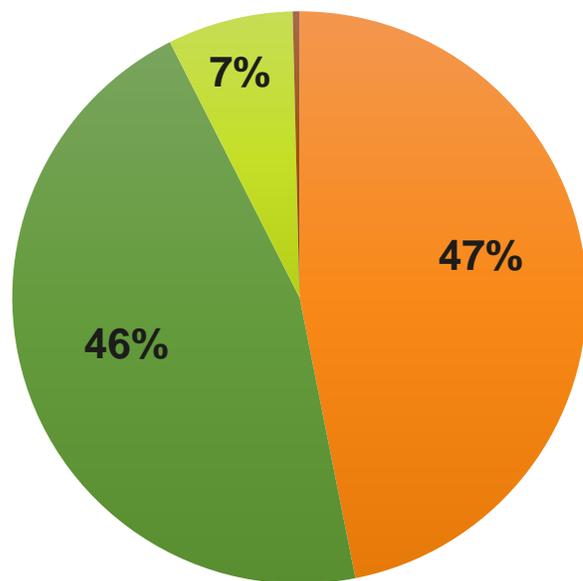


2,786,530 MWRA need

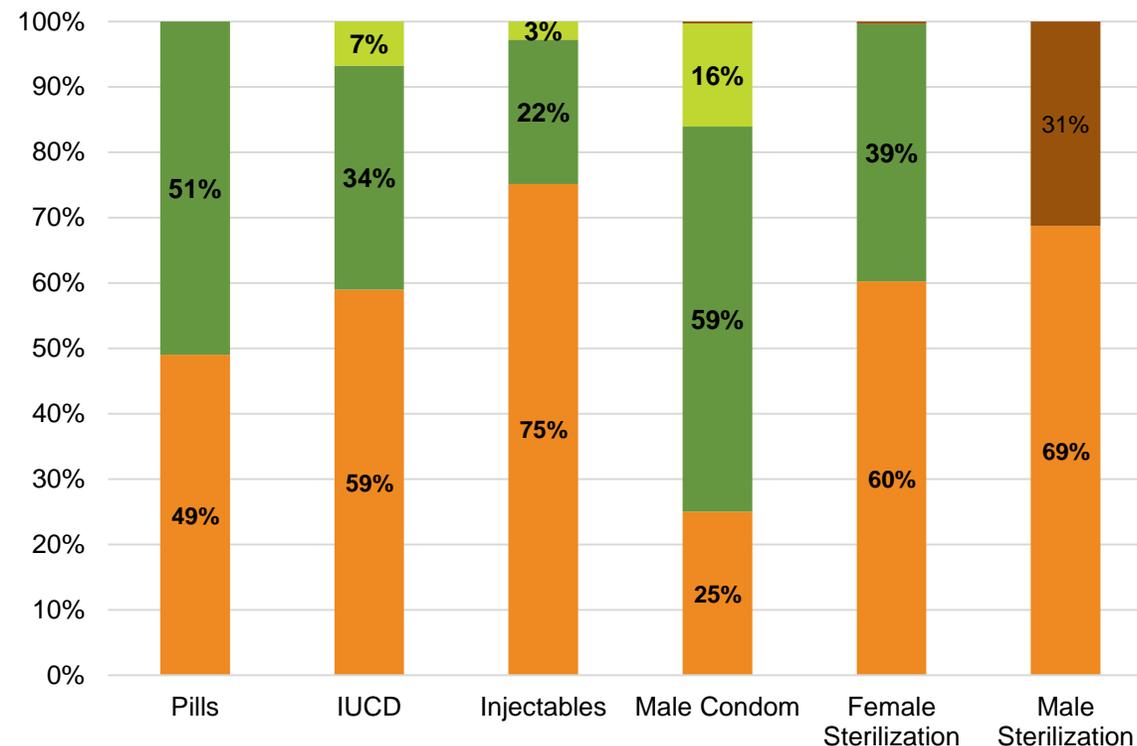
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- Pills
- Male Sterilization
- LAM
- Female Sterilization
- IUCD
- Implants
- Others

Punjab: Use/Need by Source

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



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



Public Sector
Other Private non-medical sources

Private Medical Sector
Other unspecified sources

Punjab: Who is the Market Failing - Key Findings

- **Equity Lenses**

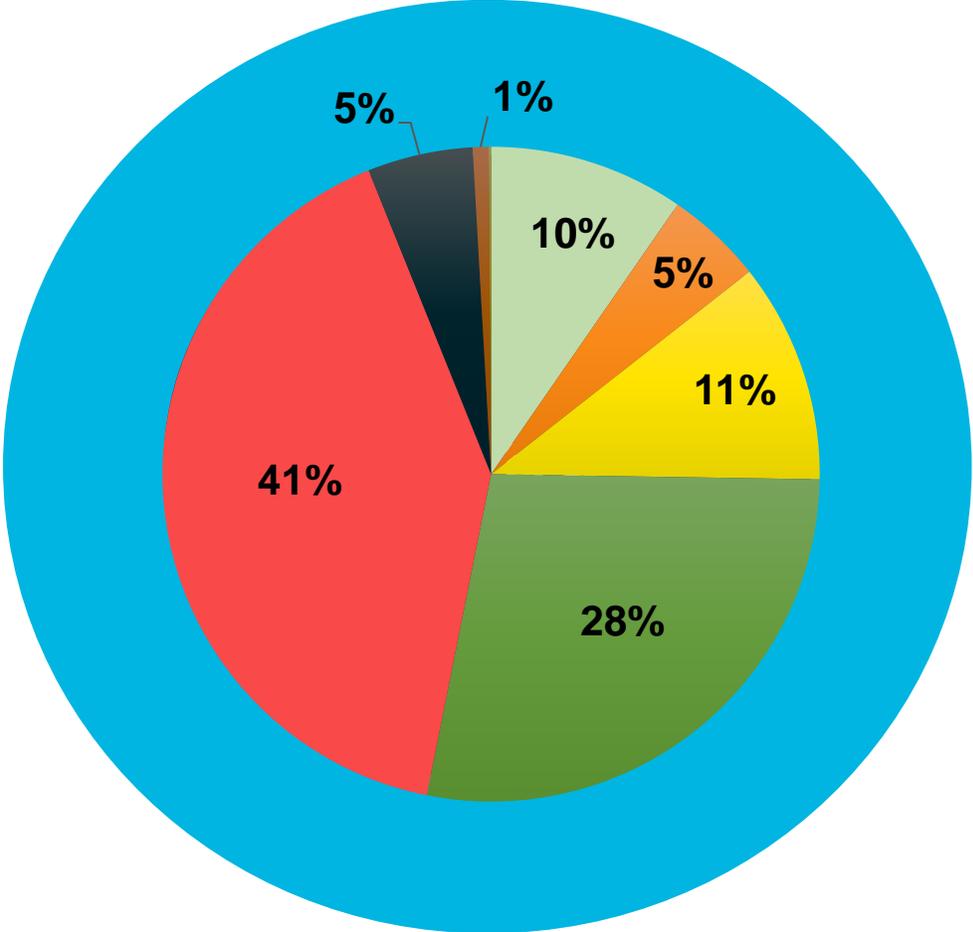
- **Age:** Women aged 15-34
- **Residence:** Women from rural and urban areas
- **Wealth:** Women across all wealth quintile – primarily lowest

- **Method Mix**

- The method mix is heavily tilted toward condoms and female sterilization

Sindh: Use/Need

8,049,188 MWRA
24.4% mCPR



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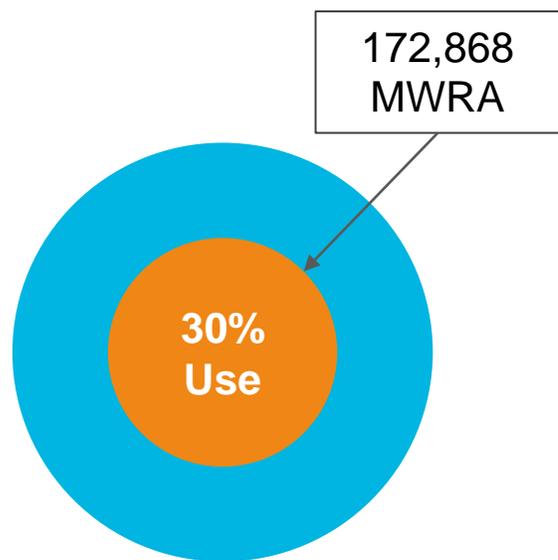
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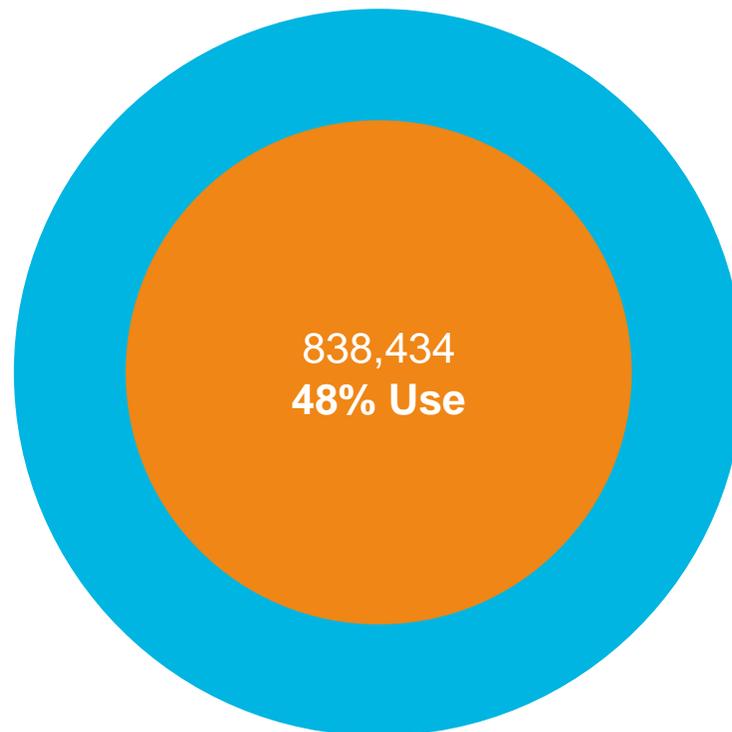


578,064 MWRA need

25-34 years

3,243,594 MWRA

40.3% mCPR

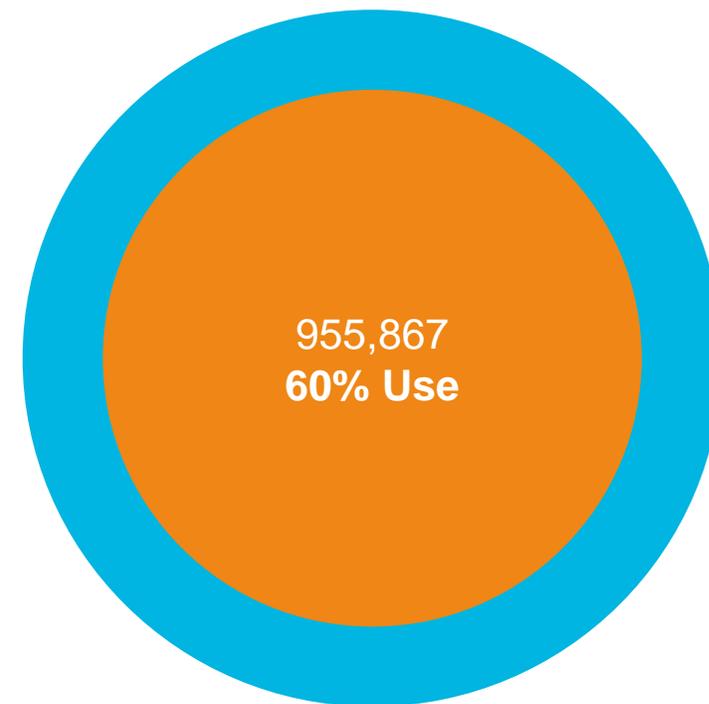


1,737,537 MWRA need

35-49 years

3,127,981 MWRA

38.9% mCPR

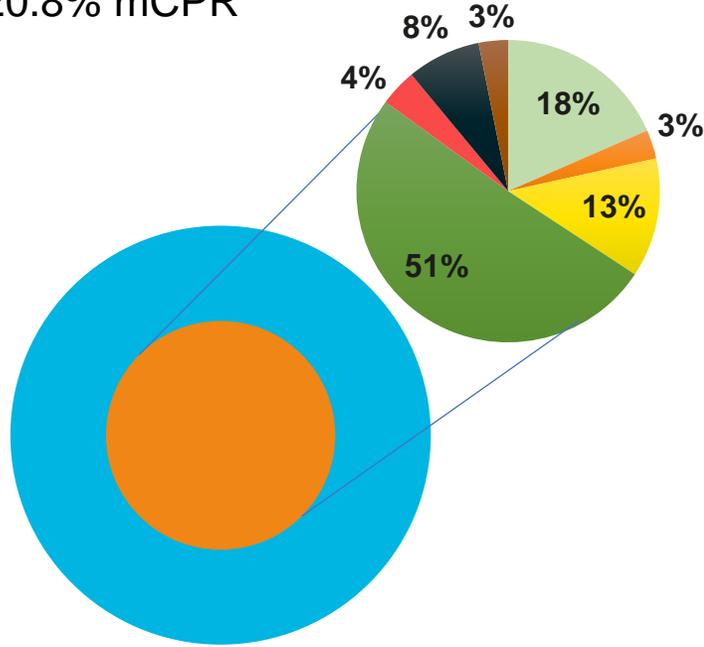


1,602,375 MWRA need

Sindh: Use/Need by Age

15-24 years

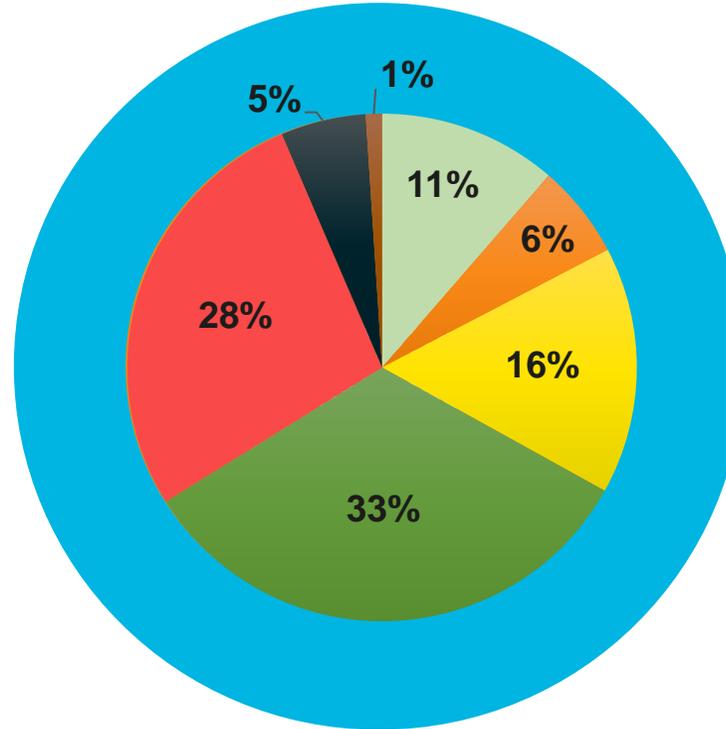
1,677,613 MWRA
20.8% mCPR



578,064 MWRA need

25-34 years

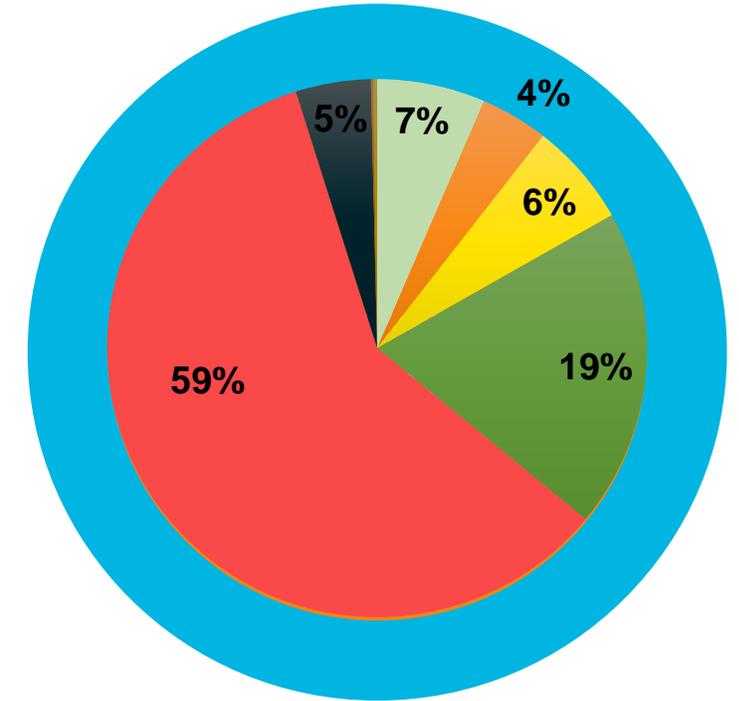
3,243,594 MWRA
40.3% mCPR



1,737,537 MWRA need

35-49 years

3,127,981 MWRA
38.9% mCPR



1,602,375 MWRA need

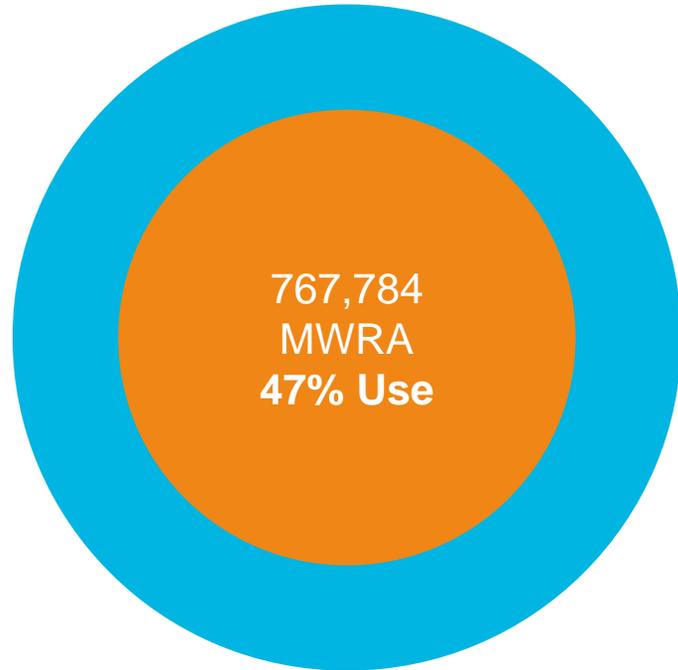
- Male Condom
- Injectables
- Pills
- Male Sterilization
- LAM
- Female Sterilization
- IUCD
- Implants
- Others

Sindh: Use/Need by Residence

Rural

3,764,605 MWRA

20.4% mCPR

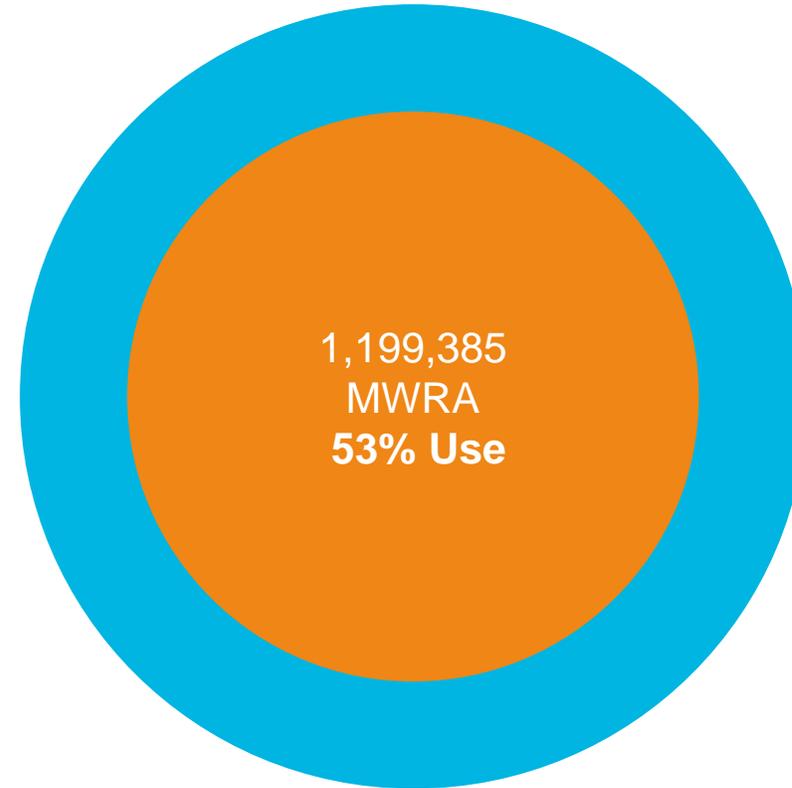


1,643,994 MWRA need

Urban

4,284,583 MWRA

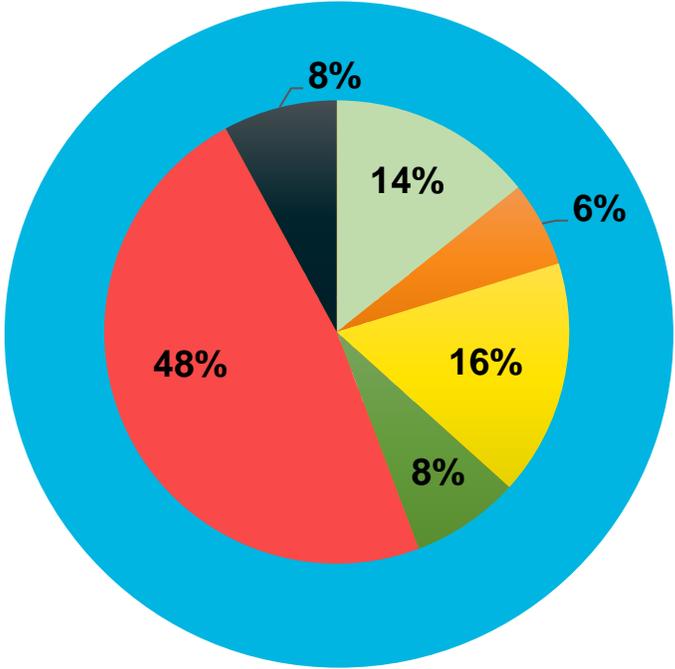
28.0% mCPR



2,273,982 MWRA need

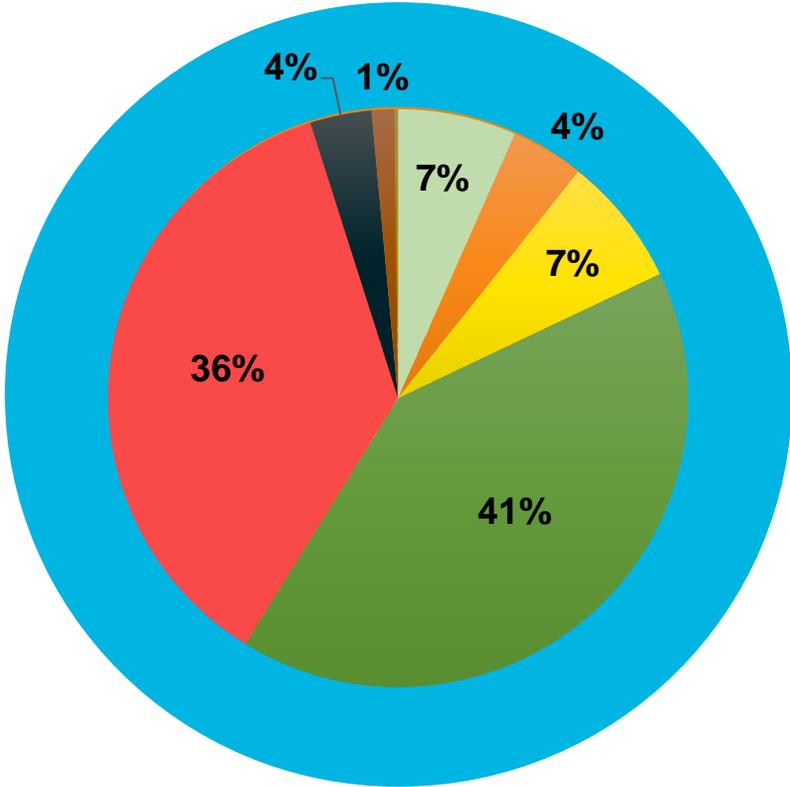
Sindh: Use/Need by Residence

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

- Male Condom
- Injectables
- Pills
- Male Sterilization
- LAM
- Female Sterilization
- IUCD
- Implants
- Others

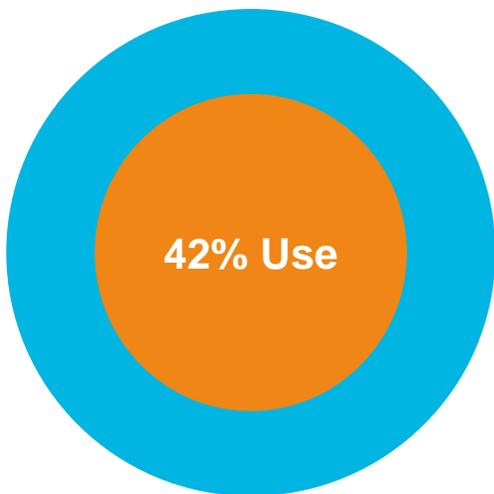


Data sources: Census 2017 & 2017-18 PDHS

Sindh: Use/Need by Wealth

Lowest

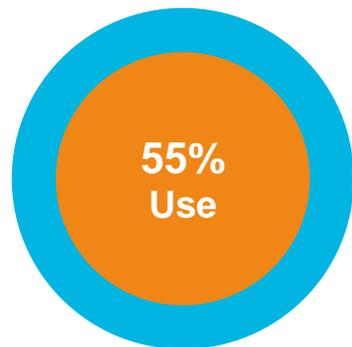
2,763,286 Total MWRA
16.9% mCPR



1,100,064 MWRA need

Second

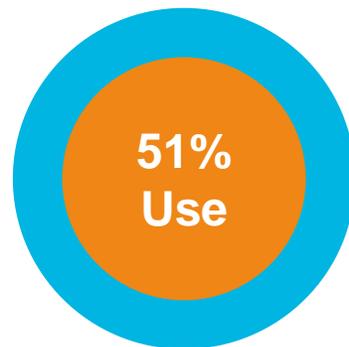
1,059,273 Total MWRA
28.1% mCPR



537,846 MWRA need

Middle

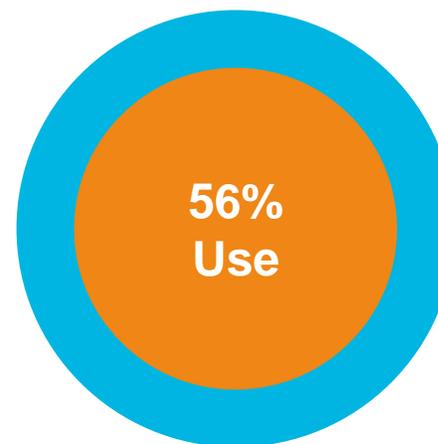
1,047,199 Total MWRA
26.1% mCPR



539,098 MWRA need

Fourth

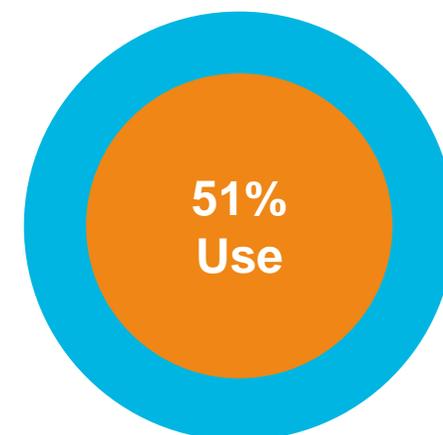
1,643,644 Total MWRA
30.3% mCPR



885,102 MWRA need

Highest

1,535,785 Total MWRA
28.1% mCPR

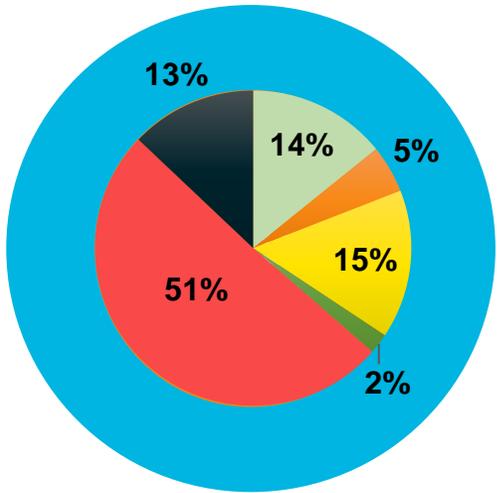


853,589 MWRA need

Sindh: Use/Need by Wealth

Lowest

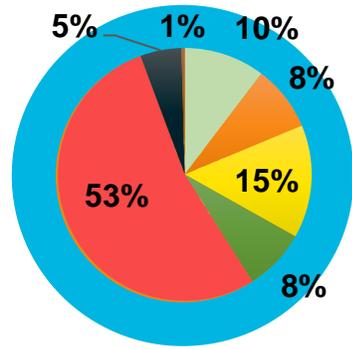
2,763,286 Total MWRA
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1,100,064 MWRA need

Second

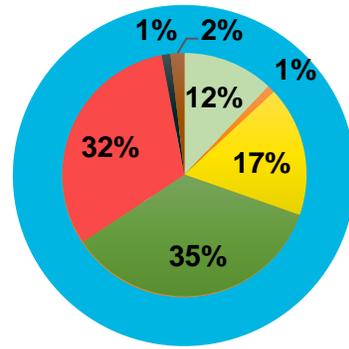
1,059,273 Total MWRA
28.1% mCPR



537,846 MWRA need

Middle

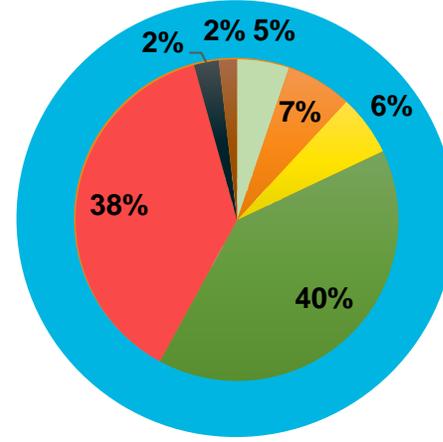
1,047,199 Total MWRA
26.1% mCPR



539,098 MWRA need

Fourth

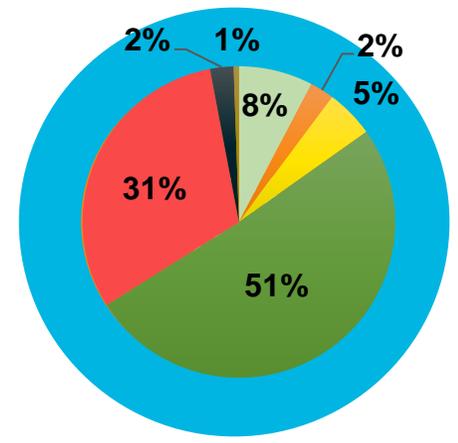
1,643,644 Total MWRA
30.3% mCPR



885,102 MWRA need

Highest

1,535,785 Total MWRA
28.1% mCPR

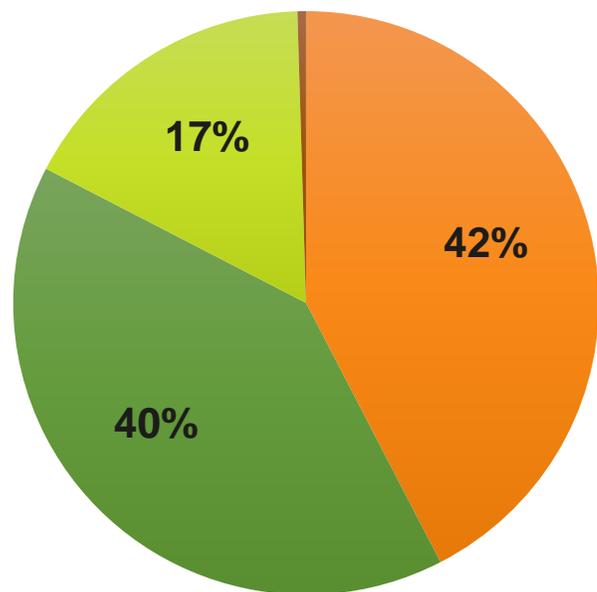


853,589 MWRA need

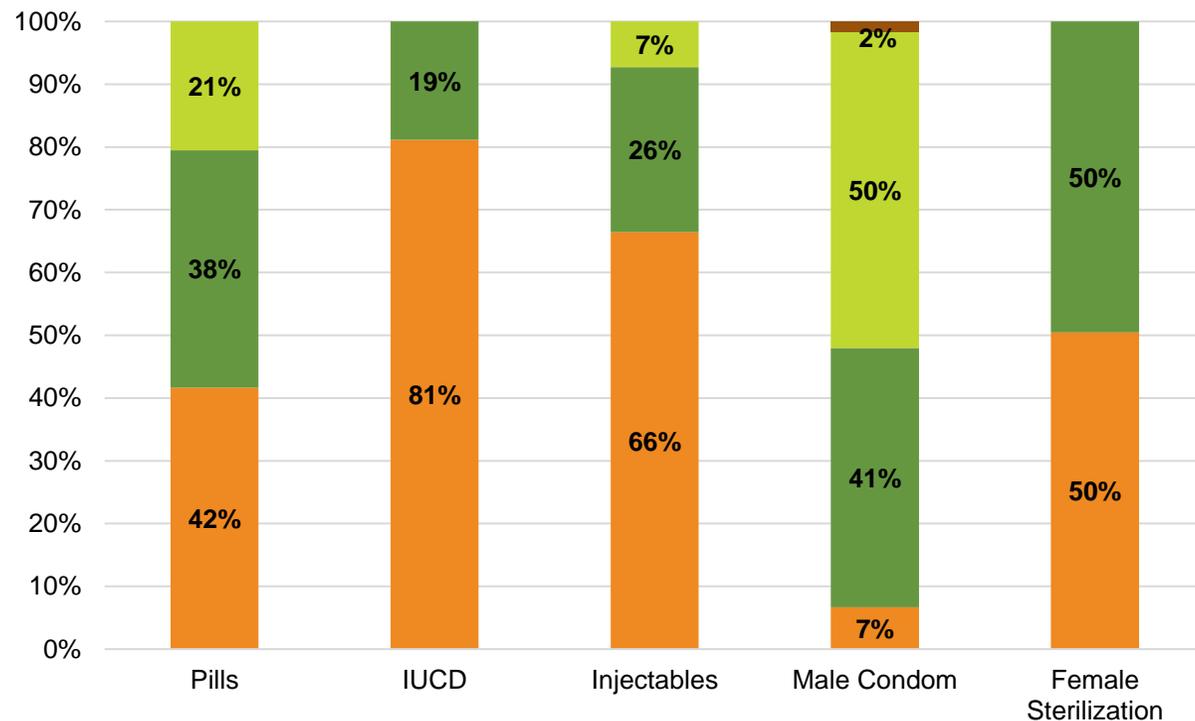
- Male Condom
- Injectables
- Pills
- Male Sterilization
- LAM
- Female Sterilization
- IUCD
- Implants
- Others

Sindh: Use/Need by Source

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



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



- Public Sector
- Private Medical Sector
- Other Private non-medical sources
- Other unspecified sources

Sindh: Who is the Market Failing - Key Findings

- **Equity Lenses**

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

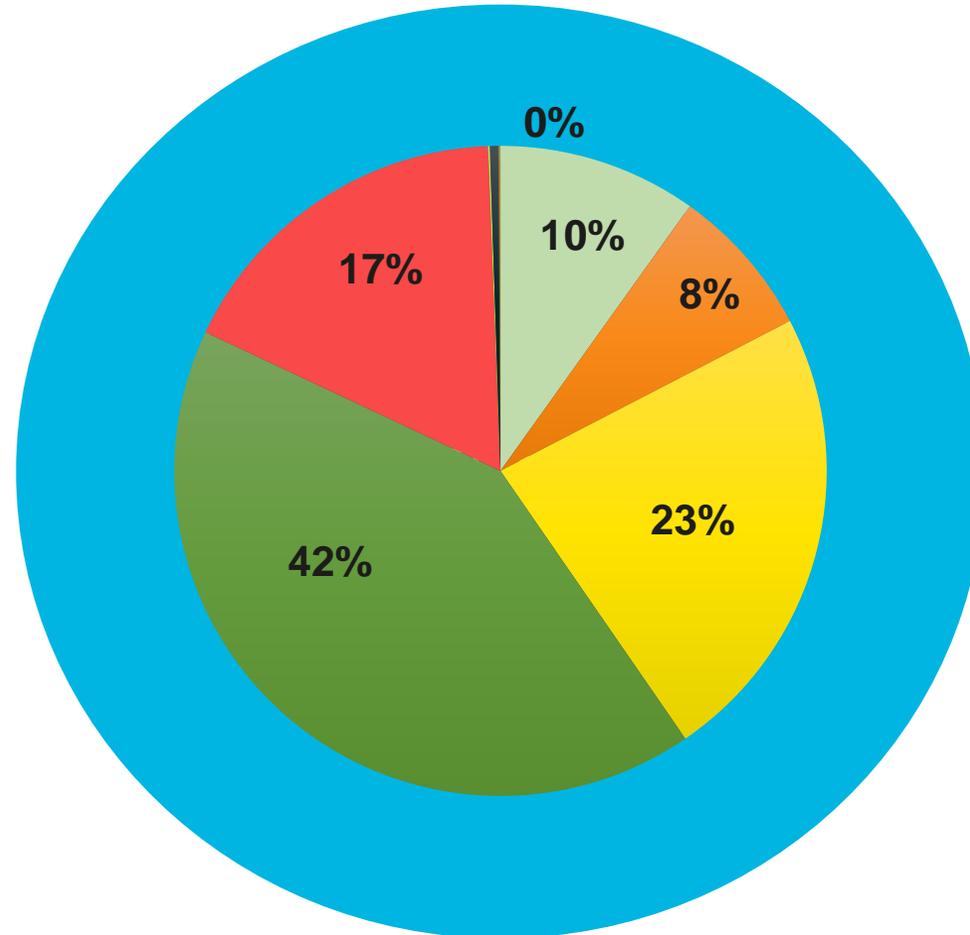
- **Method Mix**

- 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



- Male Condom
- Injectables
- Pills
- Male Sterilization
- Female Sterilization
- IUCD
- Implants
- Others
- LAM

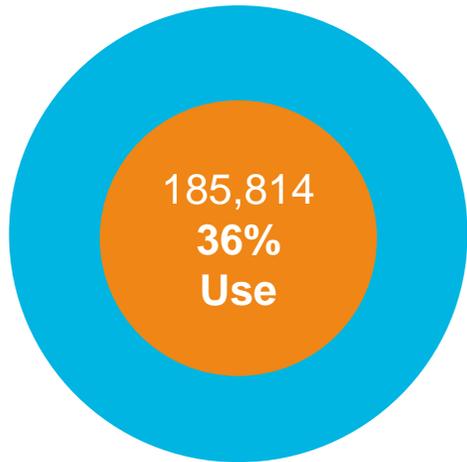
2,778,986 MWRA need, 45% Use

Khyber-Pakhtunkhwa: Use/Need by Age

15-24 years

1,318,305 MWRA

14.1% mCPR

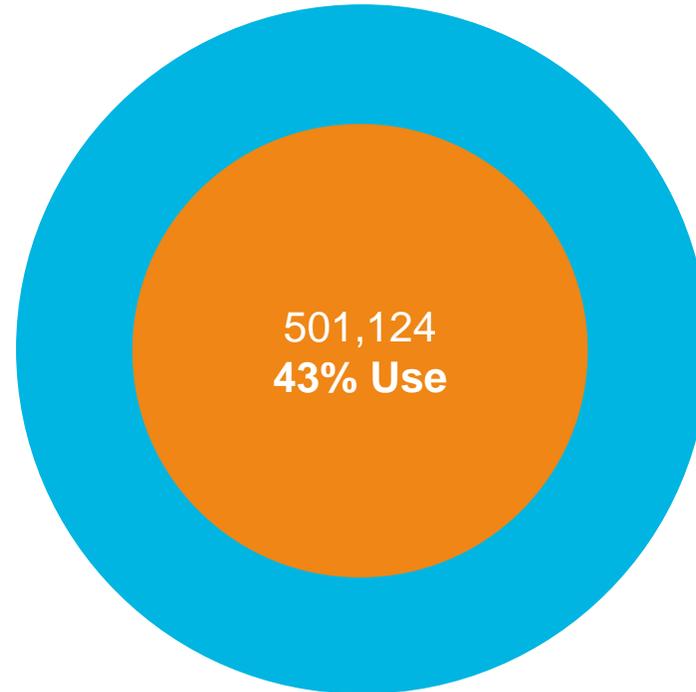


510,089 MWRA need

25-34 years

2,159,344 MWRA

23.2% mCPR

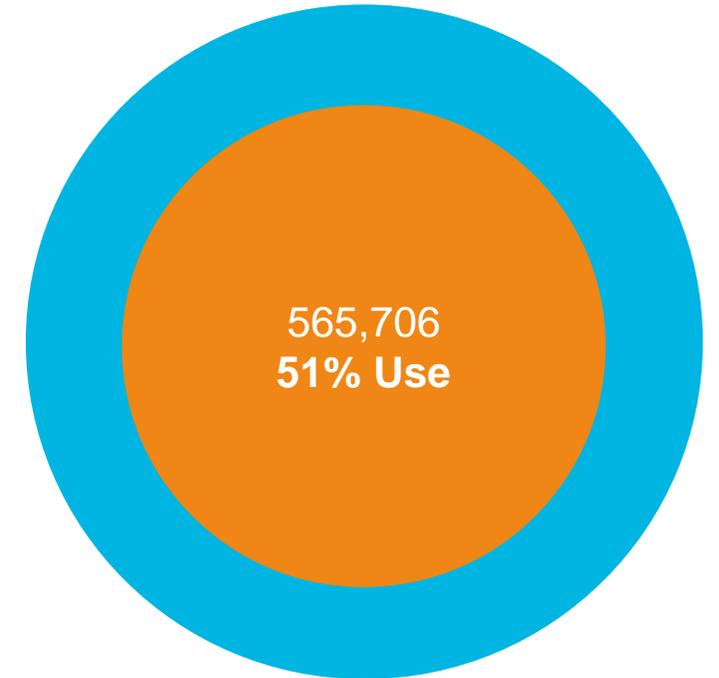


1,155,388 MWRA need

35-49 years

1,928,681 MWRA

29.3% mCPR



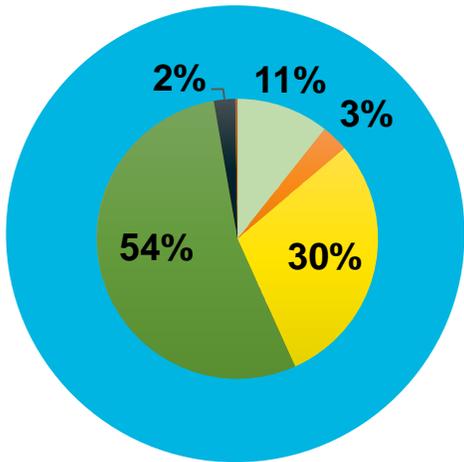
1,113,509 MWRA need

Khyber-Pakhtunkhwa: Use/Need by Age

15-24 years

1,318,305 MWRA

14.1% mCPR

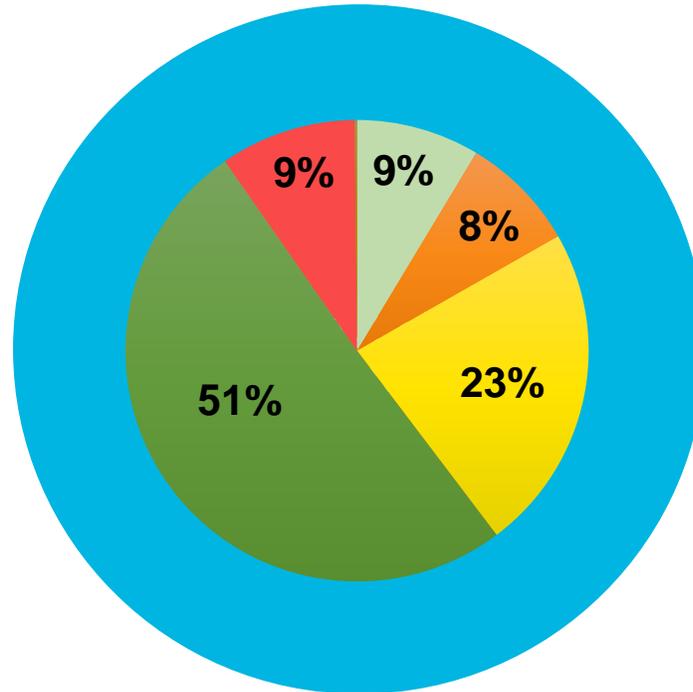


510,089 MWRA need

25-34 years

2,159,344 MWRA

23.2% mCPR

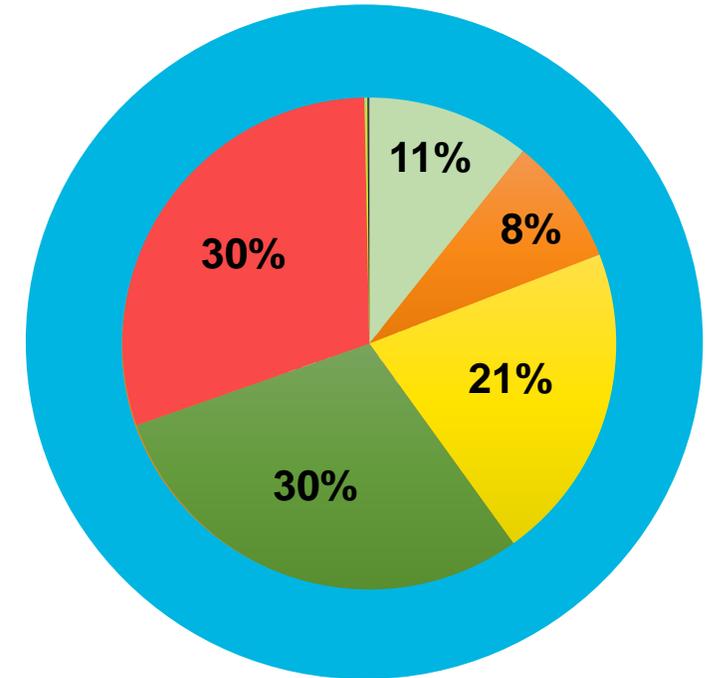


1,155,388 MWRA need

35-49 years

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29.3% mCPR

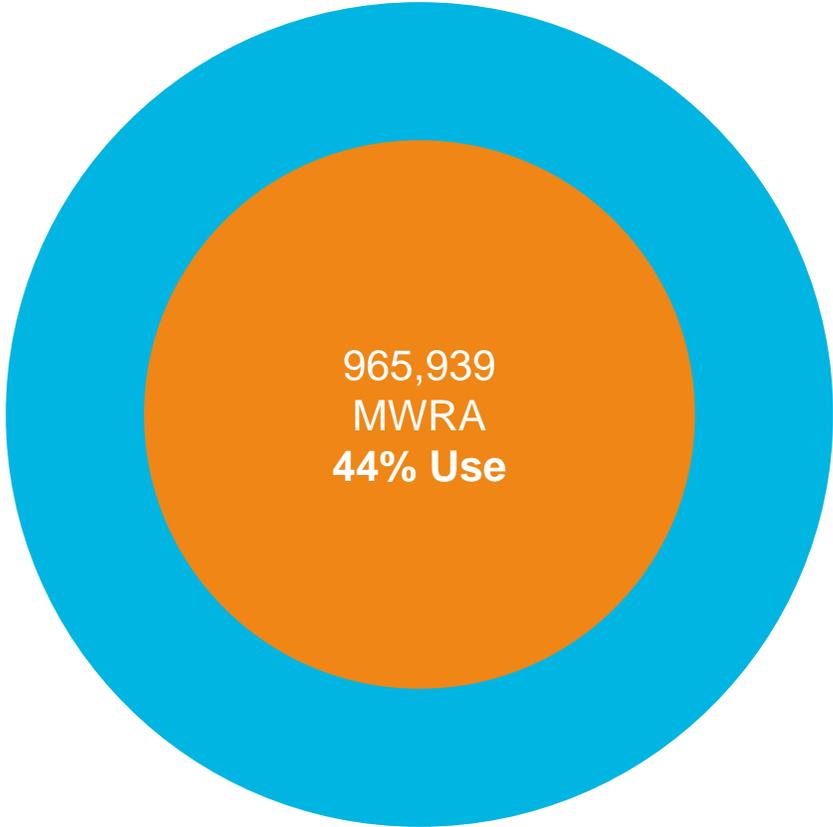


1,113,509 MWRA need

Khyber-Pakhtunkhwa: Use/Need by Age

Rural

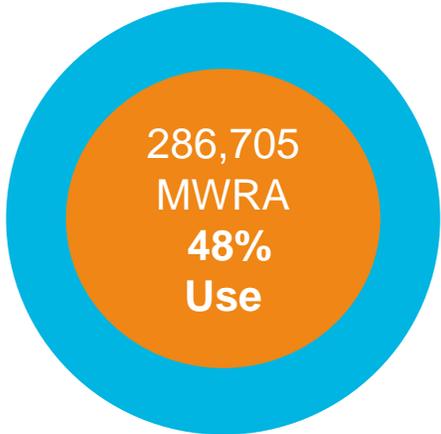
4,363,989 MWRA
22.1% mCPR



2,179,297 MWRA need

Urban

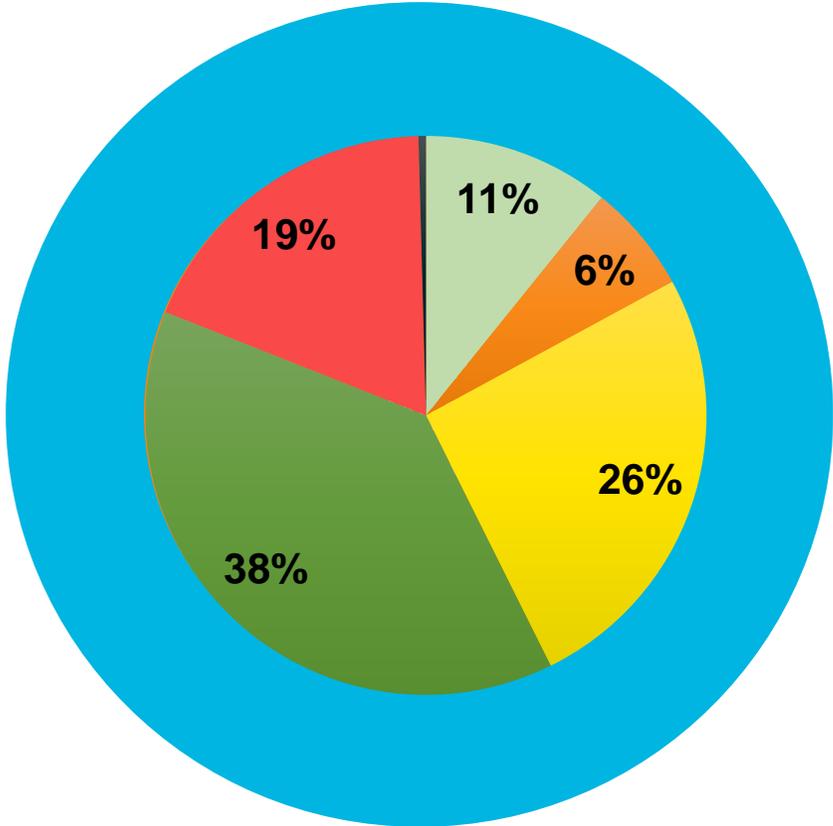
1,042,340 MWRA
28.0% mCPR



599,689 MWRA need

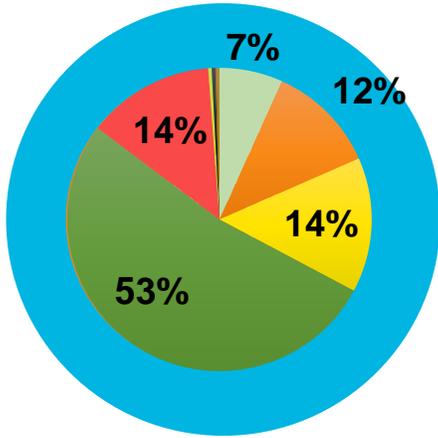
Khyber-Pakhtunkhwa: Use/Need by Age

Rural
 4,363,989 MWRA
 22.1% mCPR



2,179,297 MWRA need

Urban
 1,042,340 MWRA
 28.0% mCPR



599,689 MWRA need

- Male Condom
- Injectables
- Pills
- Male Sterilization
- LAM
- Female Sterilization
- IUCD
- Implants
- Others



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

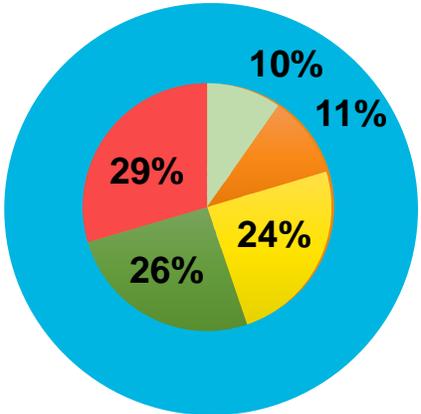
52%
Use

448,064 MWRA need

Khyber-Pakhtunkhwa: Use/Need by Wealth

Lowest

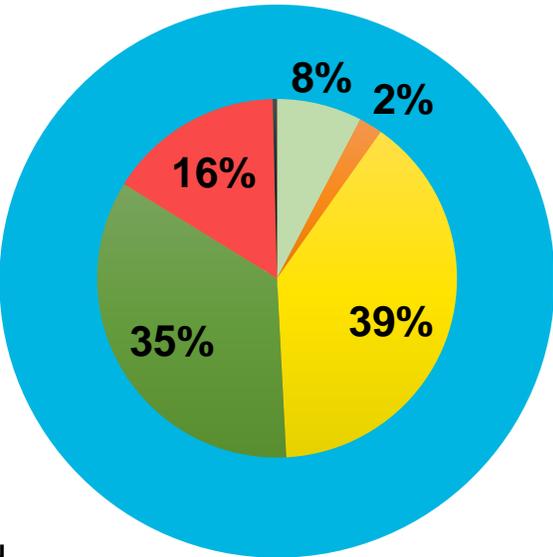
841,765 Total MWRA
16.3% mCPR



386,791 MWRA need

Second

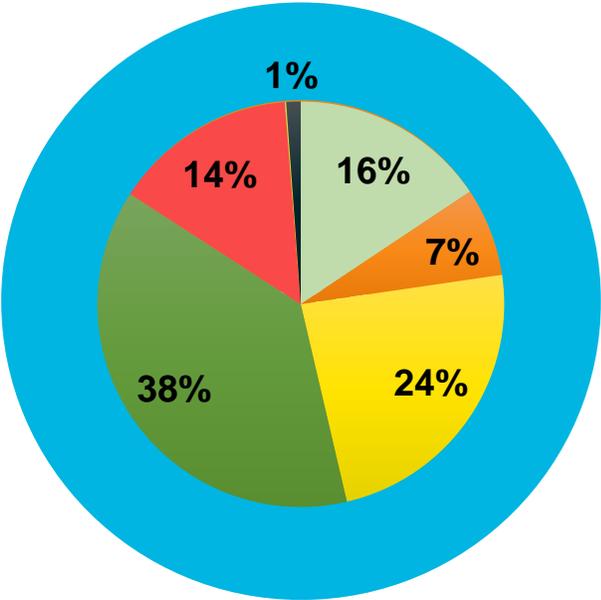
1,491,606 Total MWRA
18.9% mCPR



696,729 MWRA need

Middle

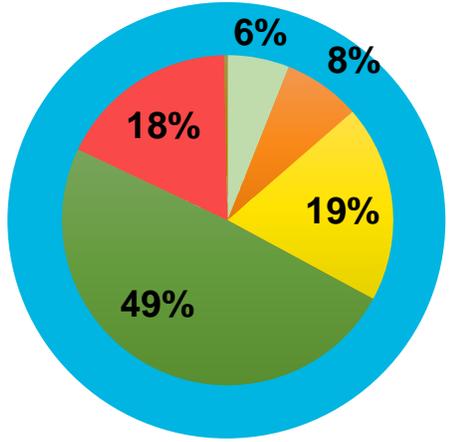
1,380,236 Total MWRA
26.5% mCPR



812,821 MWRA need

Fourth

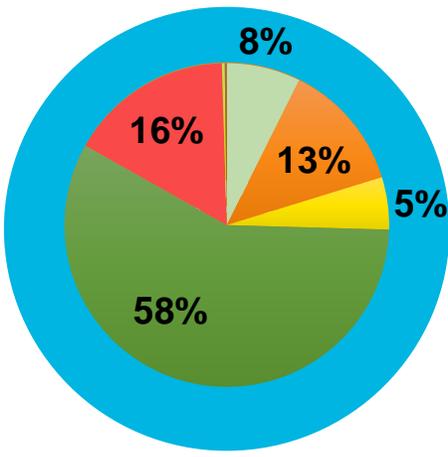
853,659 Total MWRA
27.3% mCPR



434,257 MWRA need

Highest

838,522 Total MWRA
28.0% mCPR



448,064 MWRA need

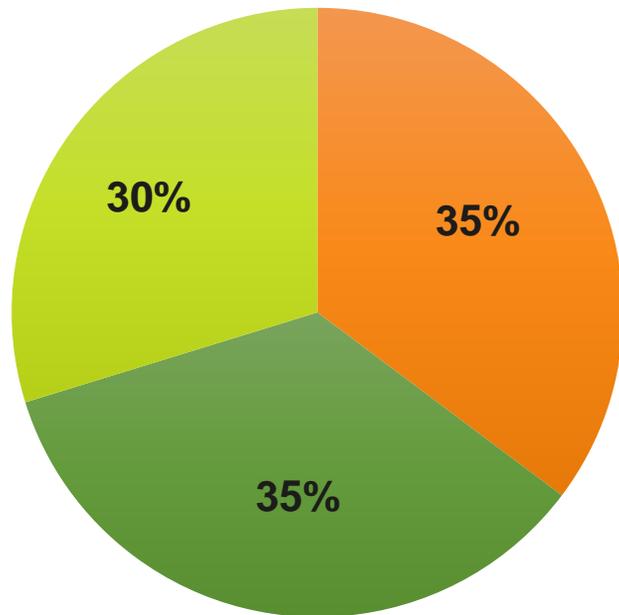
- Male Condom
- Injectables
- Pills
- Male Sterilization
- LAM
- Female Sterilization
- IUCD
- Implants
- Others



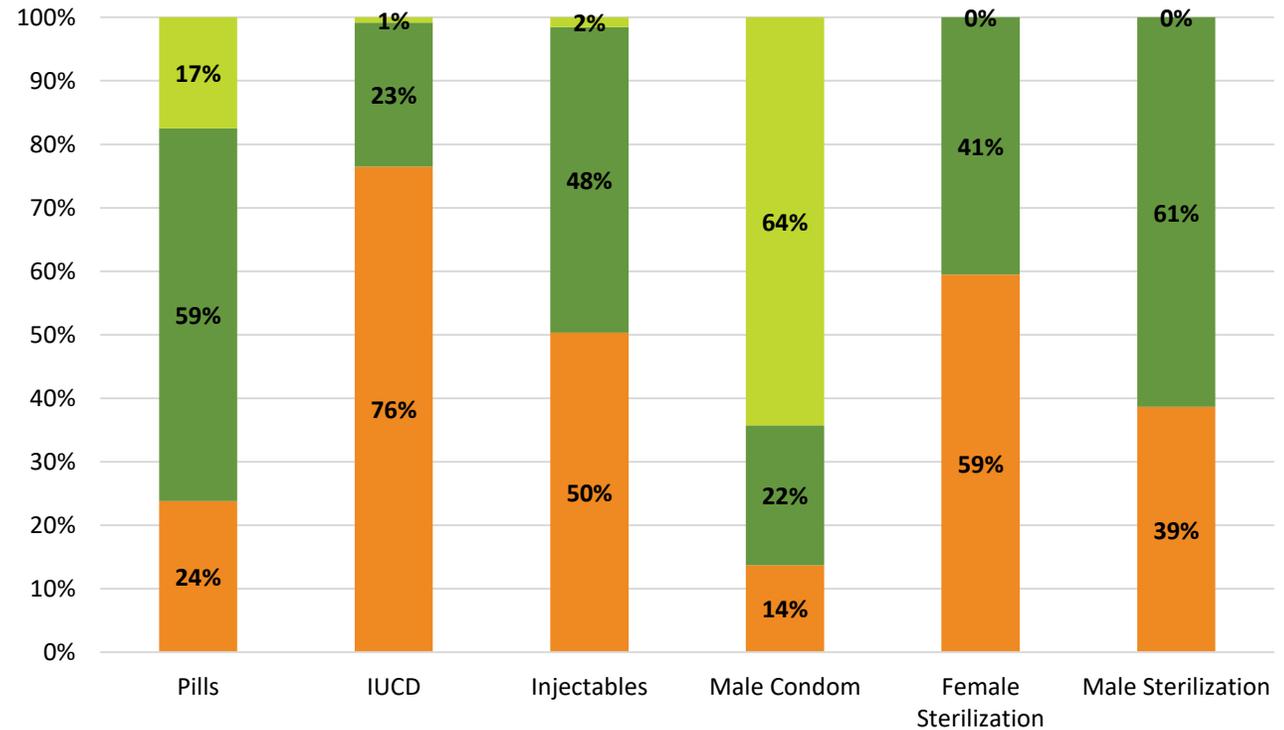
Data sources: Census 2017 & 2017-18 PDHS

Khyber-Pakhtunkhwa: Use/Need by Source

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



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



Public Sector Private Medical Sector Other Private non-medical sources

Khyber-Pakhtunkhwa: Who is the Market Failing - Key Findings

- **Equity Lenses**

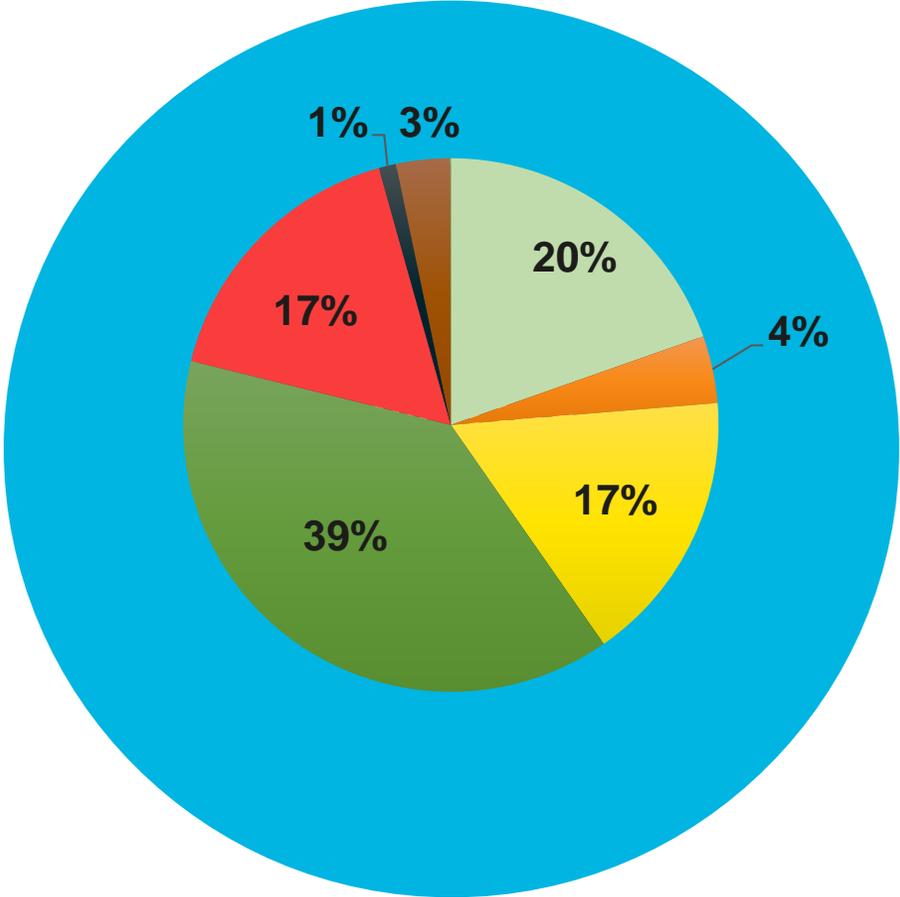
- **Age:** Women aged 15-34, primarily 15-24
- **Residence:** Women from rural and urban areas
- **Wealth:** Women across all wealth quintile – primarily lowest to middle

- **Method Mix**

- 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



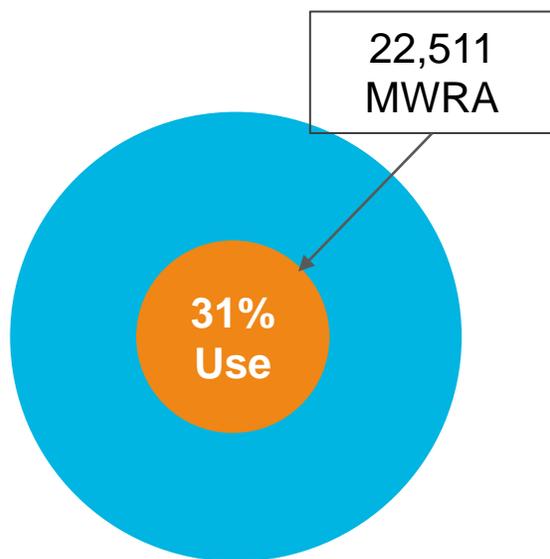
- Male Condom
- Injectables
- Pills
- Male Sterilization
- Female Sterilization
- IUCD
- Implants
- Others
- LAM

761,170 MWRA need, 34% Use

Baluchistan: Use/Need by Age

15-24 years

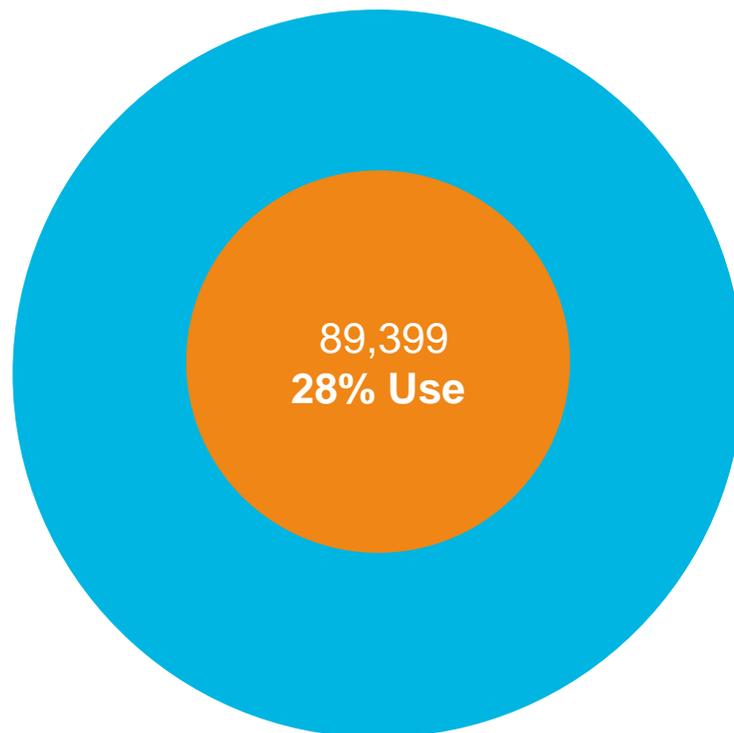
399,244 MWRA
5.6% mCPR



122,656 MWRA need

25-34 years

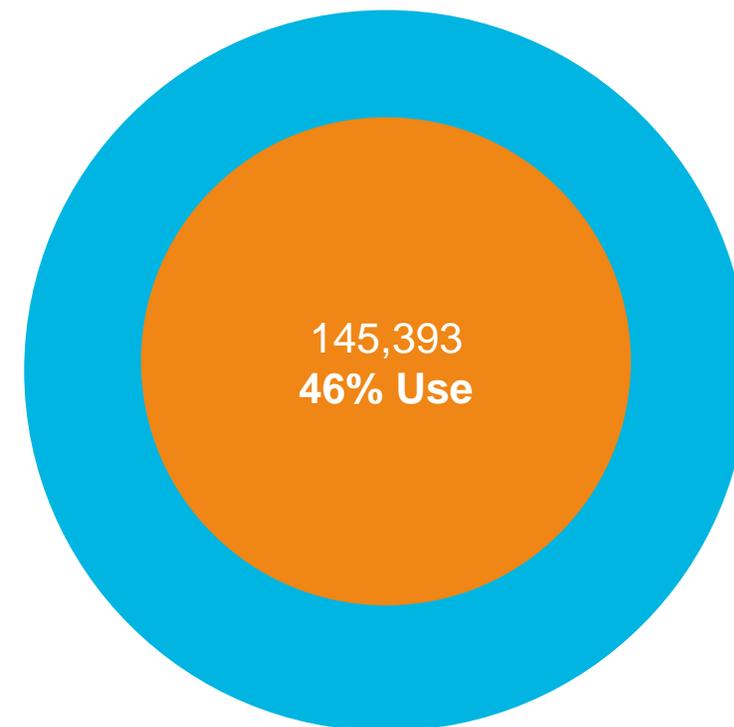
705,713 MWRA
12.7% mCPR



322,384 MWRA need

35-49 years

730,167 MWRA
19.9% mCPR

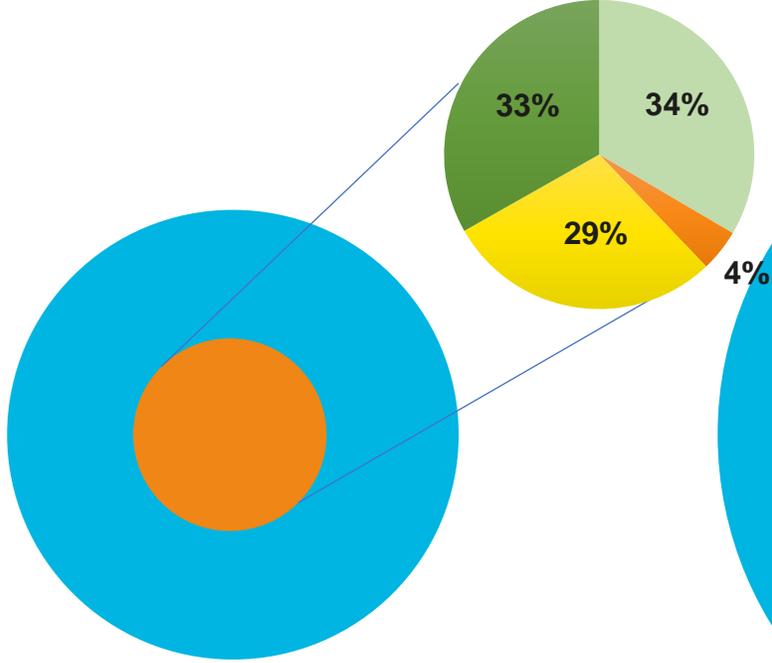


316,131 MWRA need

Baluchistan: Use/Need by Age

15-24 years

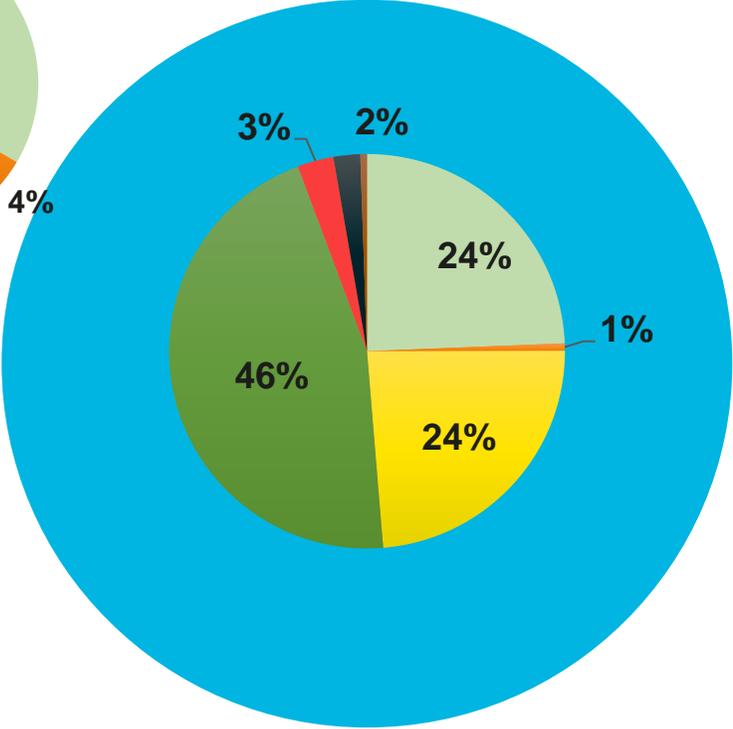
399,244 MWRA
5.6% mCPR



122,656 MWRA need

25-34 years

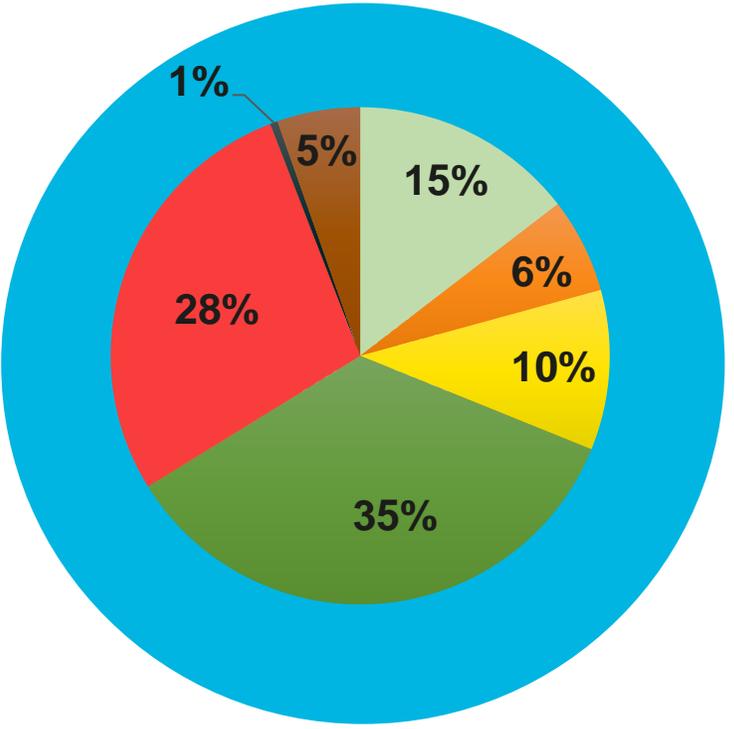
705,713 MWRA
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322,384 MWRA need

35-49 years

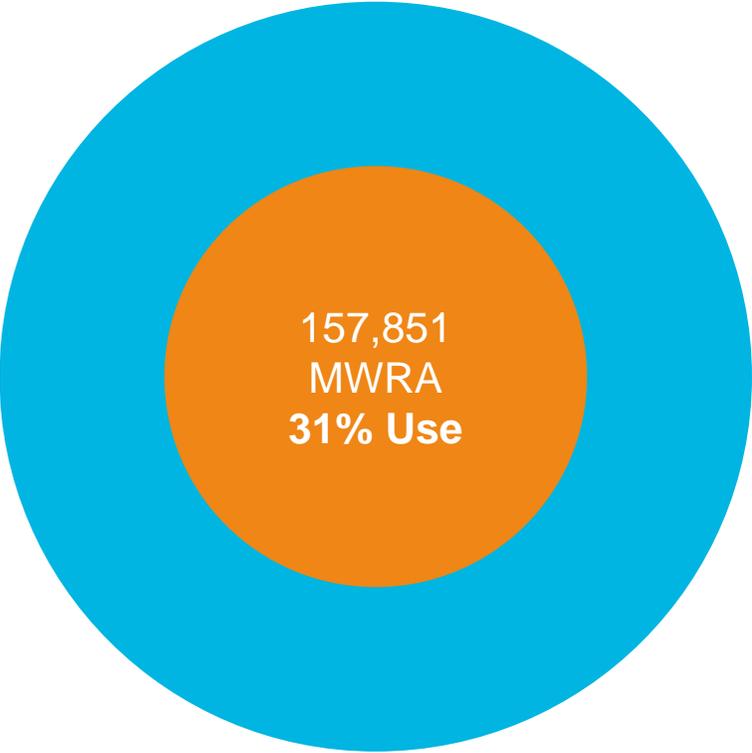
730,167 MWRA
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316,131 MWRA need

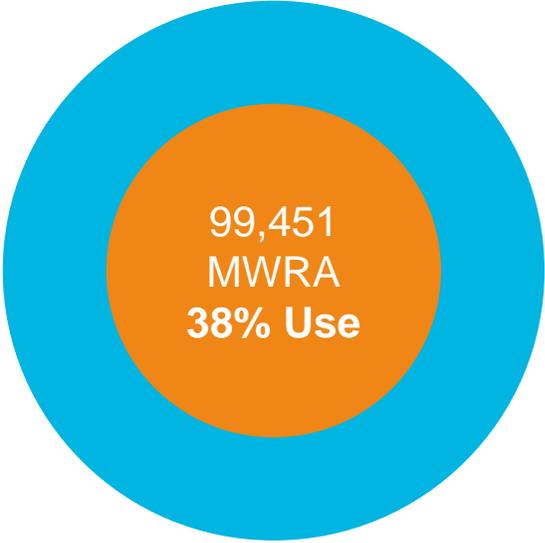
Baluchistan: Use/Need by Residence

Rural
1,305,139 MWRA
12.1% mCPR



501,353 MWRA need

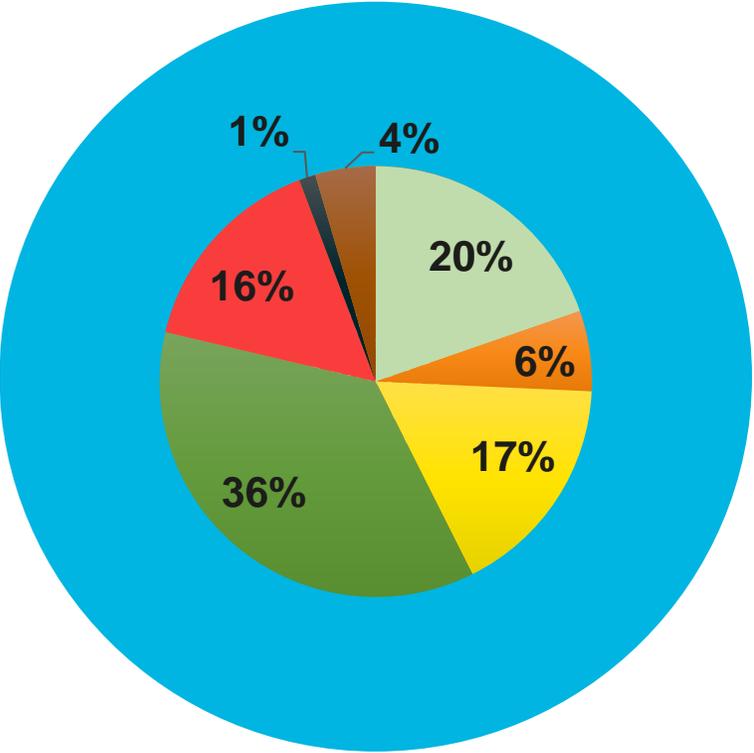
Urban
529,984 MWRA
18.8% mCPR



259,818 MWRA need

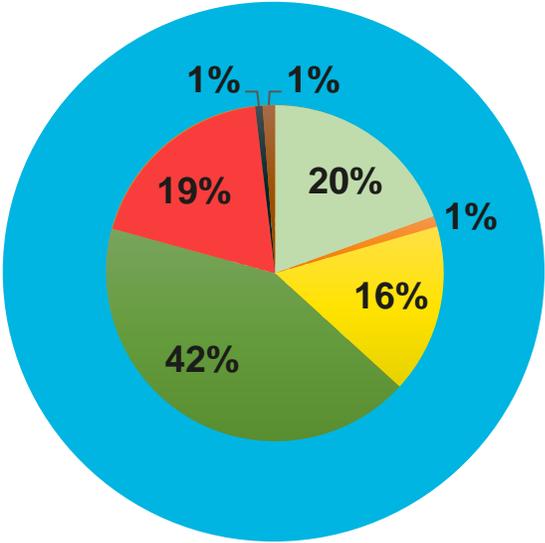
Baluchistan: Use/Need by Residence

Rural
 1,305,139 MWRA
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501,353 MWRA need

Urban
 529,984 MWRA
 18.8% mCPR



259,818 MWRA need

- Male Condom
- Injectables
- Pills
- Male Sterilization
- LAM
- Female Sterilization
- IUCD
- Implants
- Others

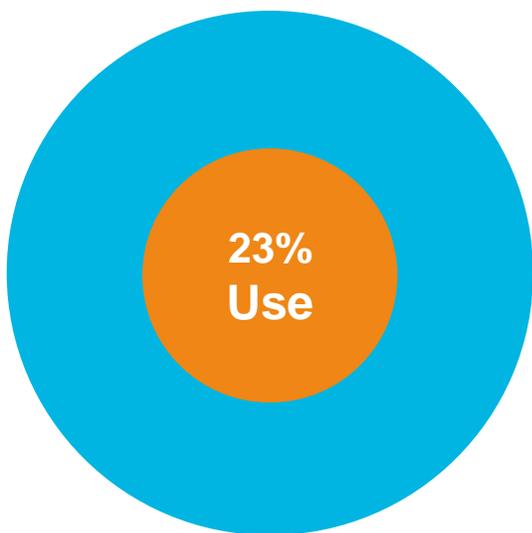


Data sources: Census 2017 & 2017-18 PDHS

Baluchistan: Use/Need by Wealth

Lowest

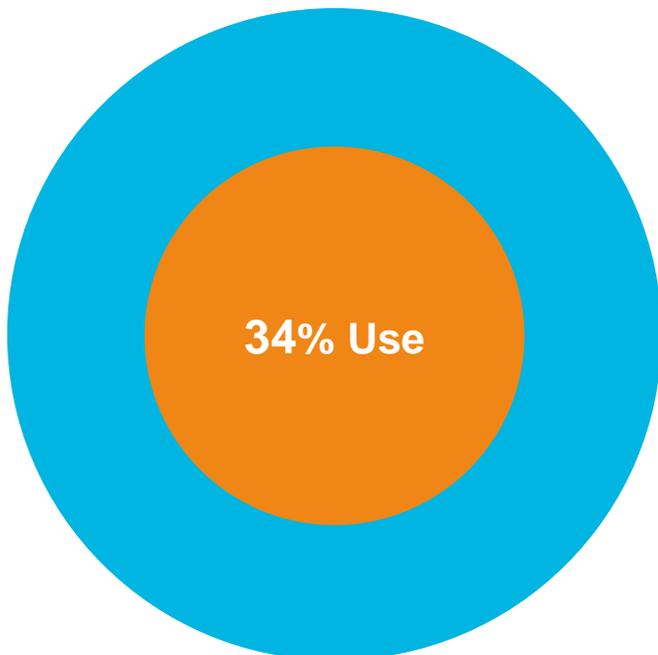
554,941 Total MWRA
7.1% mCPR



168,544 MWRA need

Second

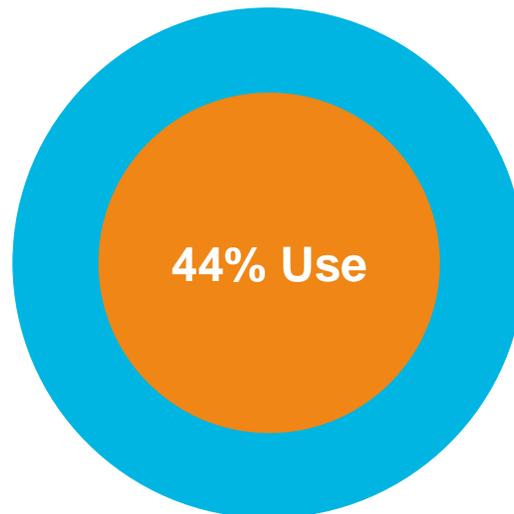
615,867 Total MWRA
14.3% mCPR



261,318 MWRA need

Middle

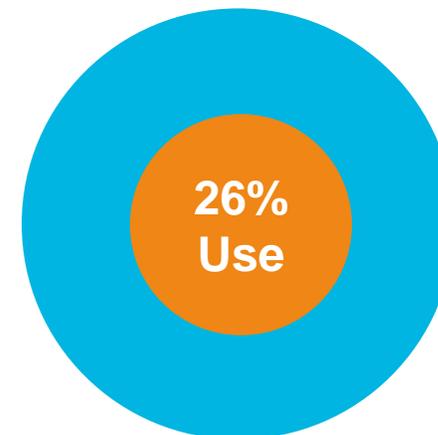
345,921 Total MWRA
20.5% mCPR



160,435 MWRA need

Fourth

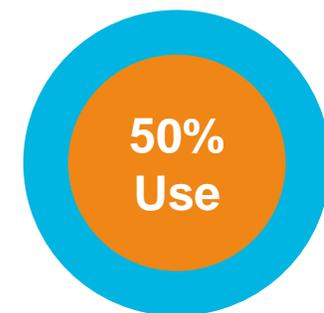
210,672 Total MWRA
14.1% mCPR



113,615 MWRA need

Highest

107,722 Total MWRA
26.8% mCPR



57,258 MWRA need

Baluchistan: Use/Need by Wealth

Lowest

554,941 Total MWRA
7.1% mCPR

Second

615,867 Total MWRA
14.3% mCPR

Middle

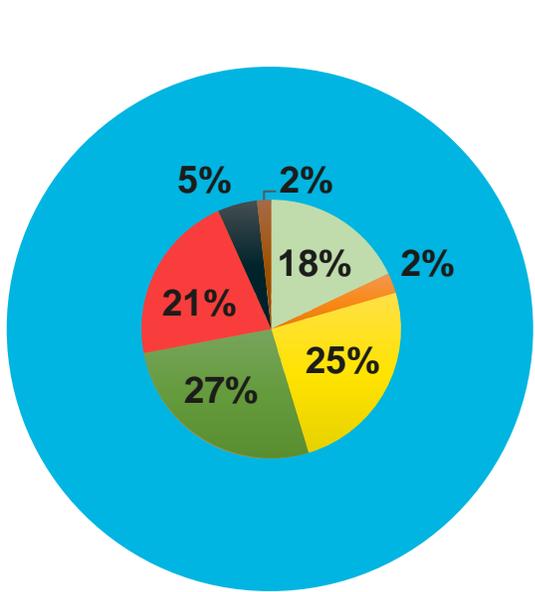
345,921 Total MWRA
20.5% mCPR

Fourth

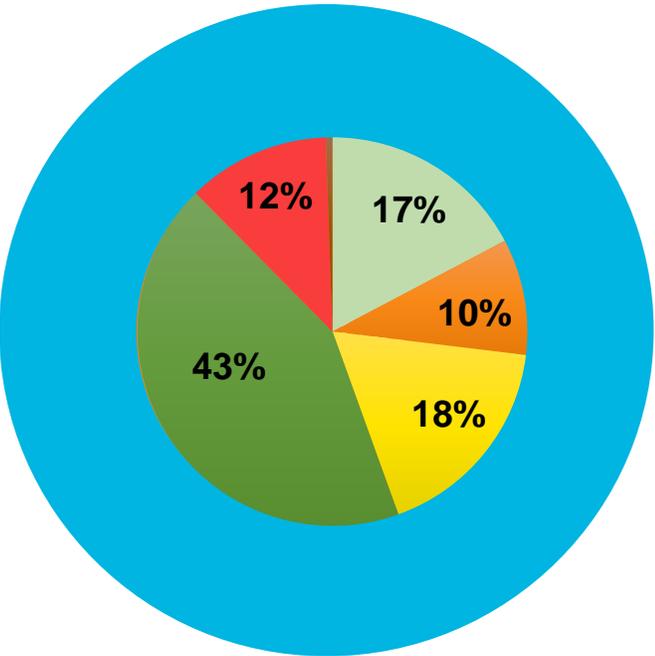
210,672 Total MWRA
14.1% mCPR

Highest

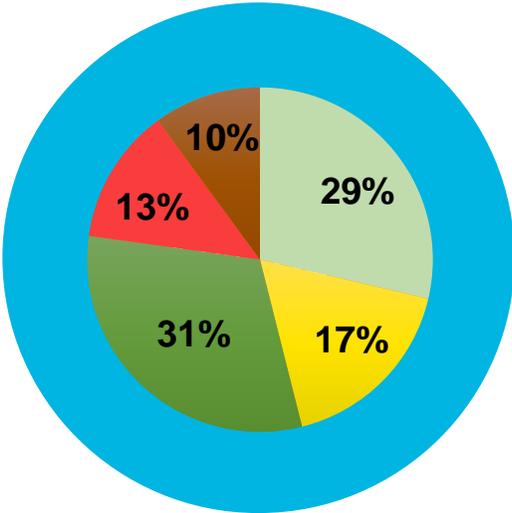
107,722 Total MWRA
26.8% mCPR



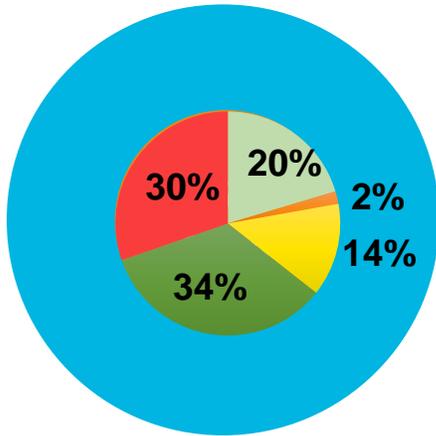
168,544 MWRA need



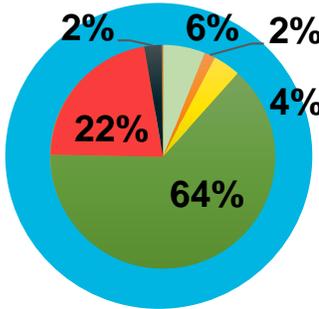
261,318 MWRA need



160,435 MWRA need



113,615 MWRA need



57,258 MWRA need

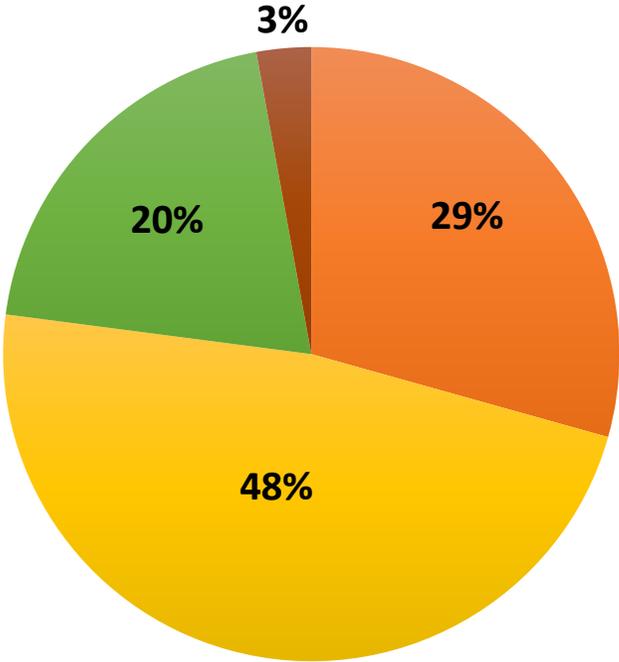
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- Injectables
- Pills
- Male Sterilization
- LAM
- Female Sterilization
- IUCD
- Implants
- Others



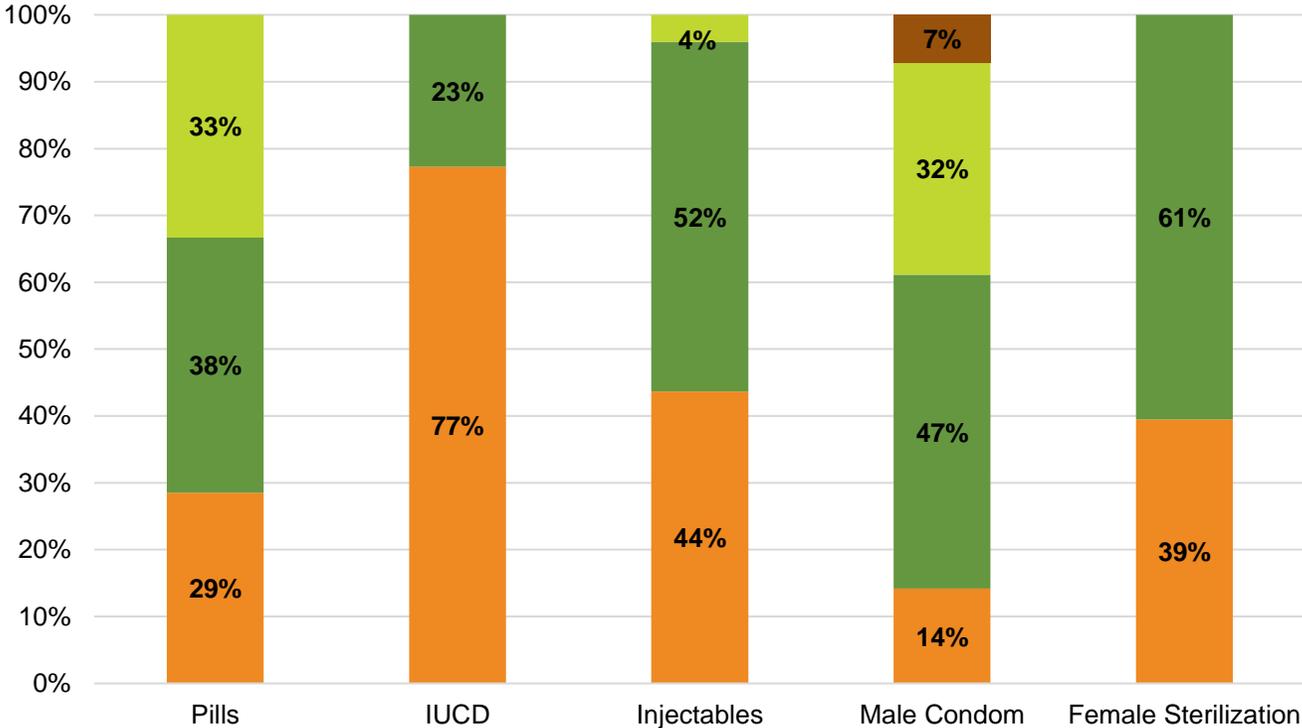
Data sources: Census 2017 & 2017-18 PDHS

Baluchistan: Use/Need by Source

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



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



- Public Sector
- Private Medical Sector
- Other Private non-medical sources
- Other unspecified sources

Data sources: 2017-18 PDHS

Baluchistan: Who is the Market Failing - Key Findings

- **Equity Lenses**

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

- **Method Mix**

- Condoms are the dominant method, followed by pills. Female sterilization and injectables are relatively lower and hold a similar share.

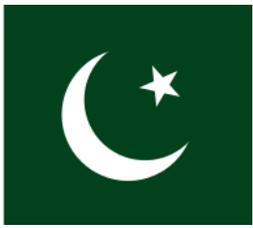


ASSESS THE
MARKET

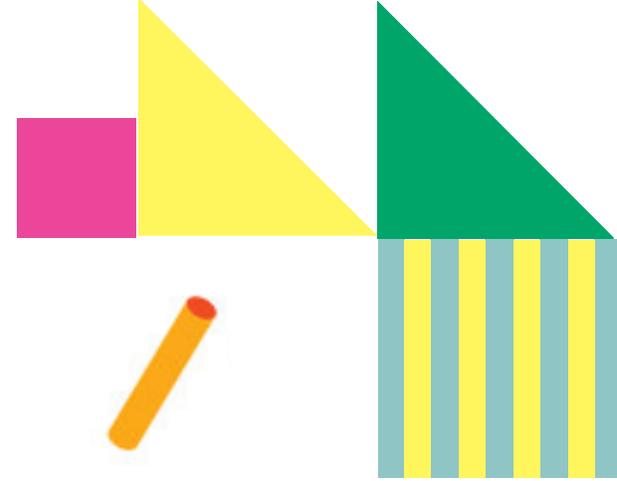
Assess the Market

- **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

OCPs

ECPs

ICs

IUDs

Implants

Sathi

2nd GENERATION

ECP

1 MONTH

3 YEARS

4 YEARS

Touch

Novadol

EMKIT

Femiject

Dhanak Cu
250 Preload

Femplant

Josh

Famila

Estinor

Norifam

5 YEARS

5 YEARS

Happy Life

3rd GENERATION

Poster
Postinor

2 MONTH

Multiload

Jadelle

Hamdam

Meliane

Novaject

Heer

Klimax

Desofam

3 MONTH

5 YEARS -
HORMONAL

Excite

Acnot

DepoProvera

Mirena

Rough Rider

FAM - 21

Norigest

10 YEARS

Xtacy

DOT - S

Famila Vial

Safeload

Durex

YAZ

Megestron

Dhanak T Cu
380A Plus

DO

PRUDENCE

OK

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

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

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

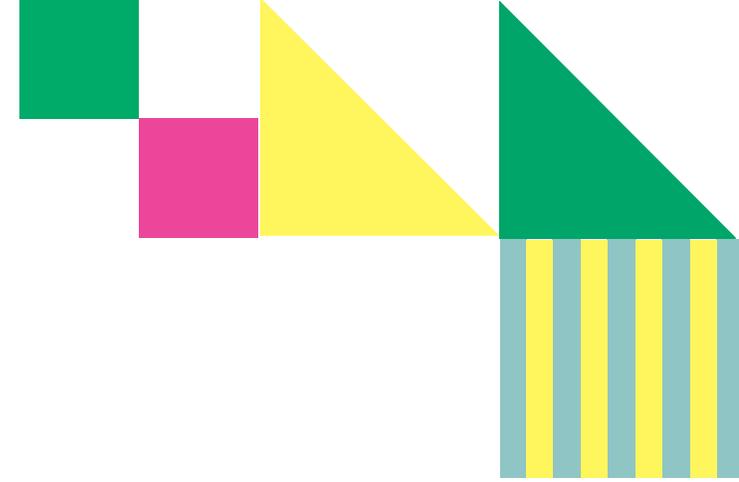
- **Implants**
 - Nonexistent in the market
- **IUCDs**
 - Declining market
 - Value cannot be determined
 - Limited IUCD options available in the market
- **Female Sterilization**
 - Significantly high in method mix
 - Private sector data not captured
 - SMOs are almost nonexistent

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

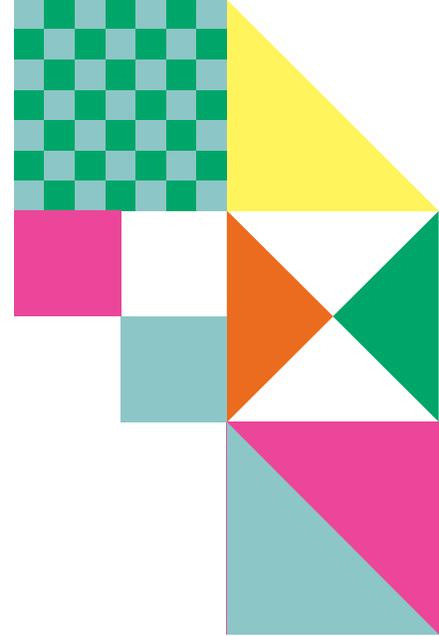


Pakistan FP Market: Condoms Summary

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.)



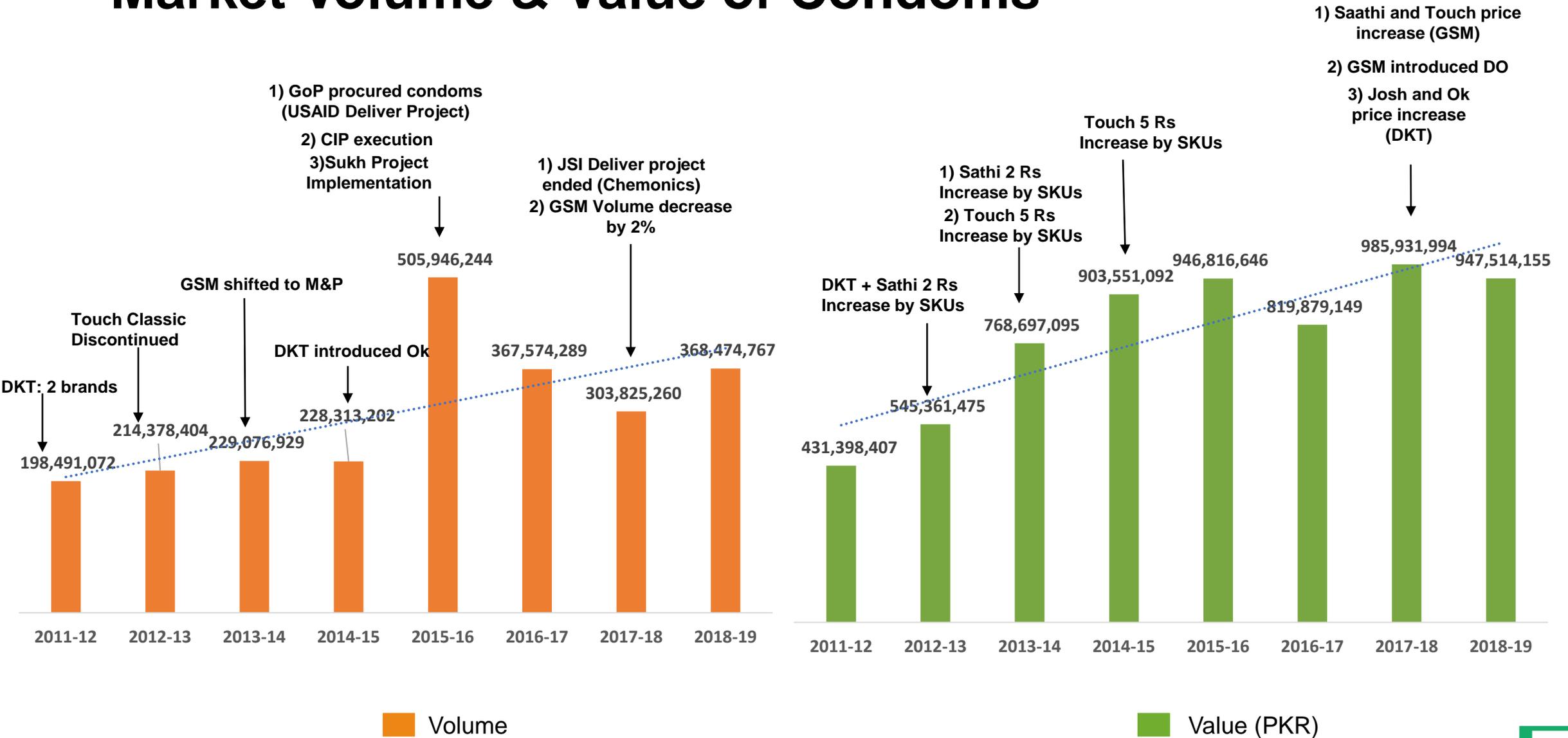
Overall

- 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

Market Volume & Value of Condoms



OCPs Market - Breadth and Depth Summary



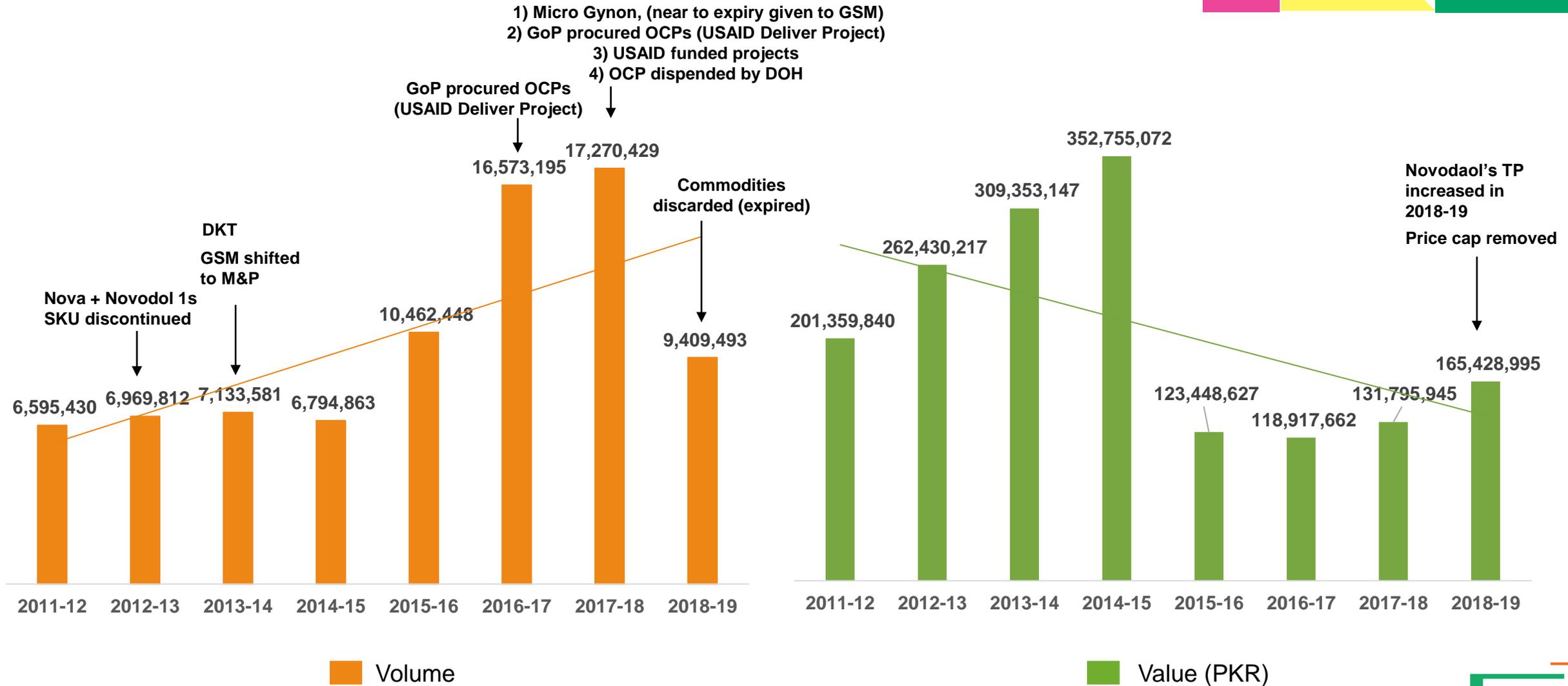
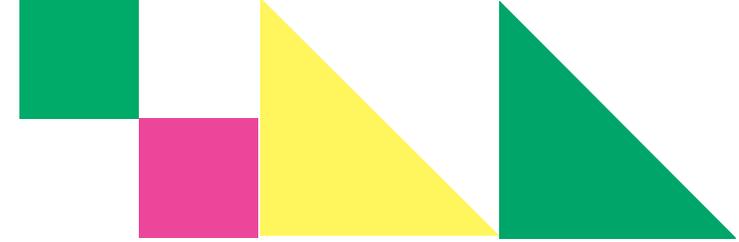
Overall

- 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%)

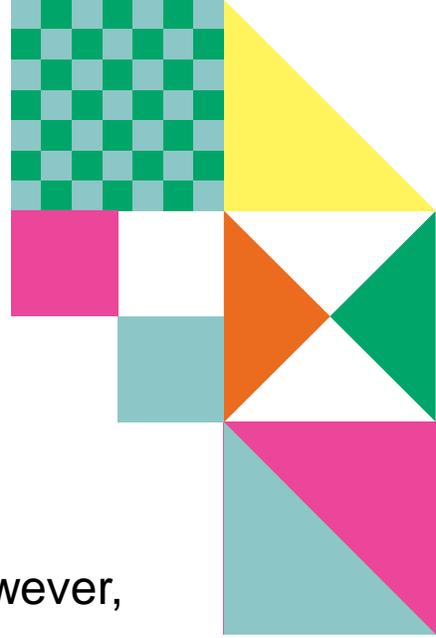
Market Share

- 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



ECP Market – Breadth and Depth Summary



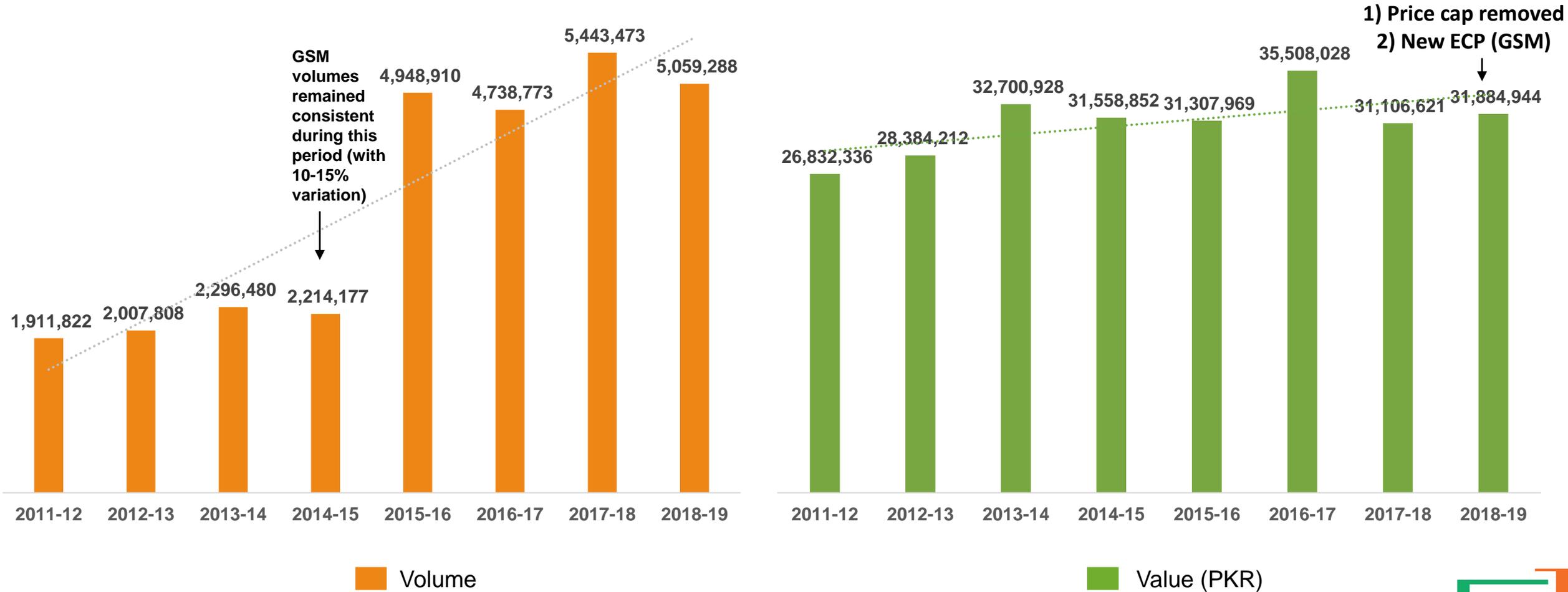
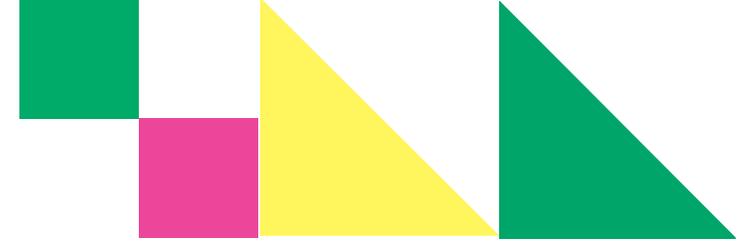
Overall

- 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

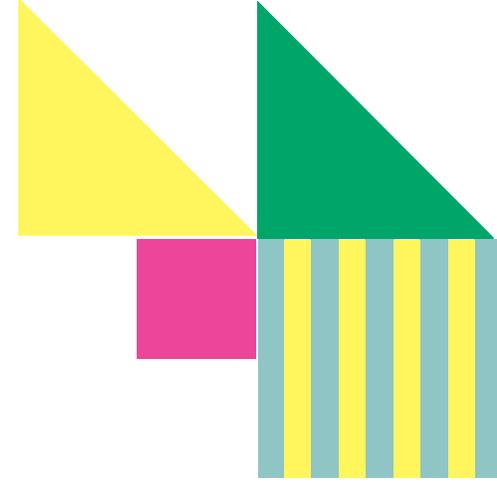
Market Share

- 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



IC Market - Breadth and Depth Summary



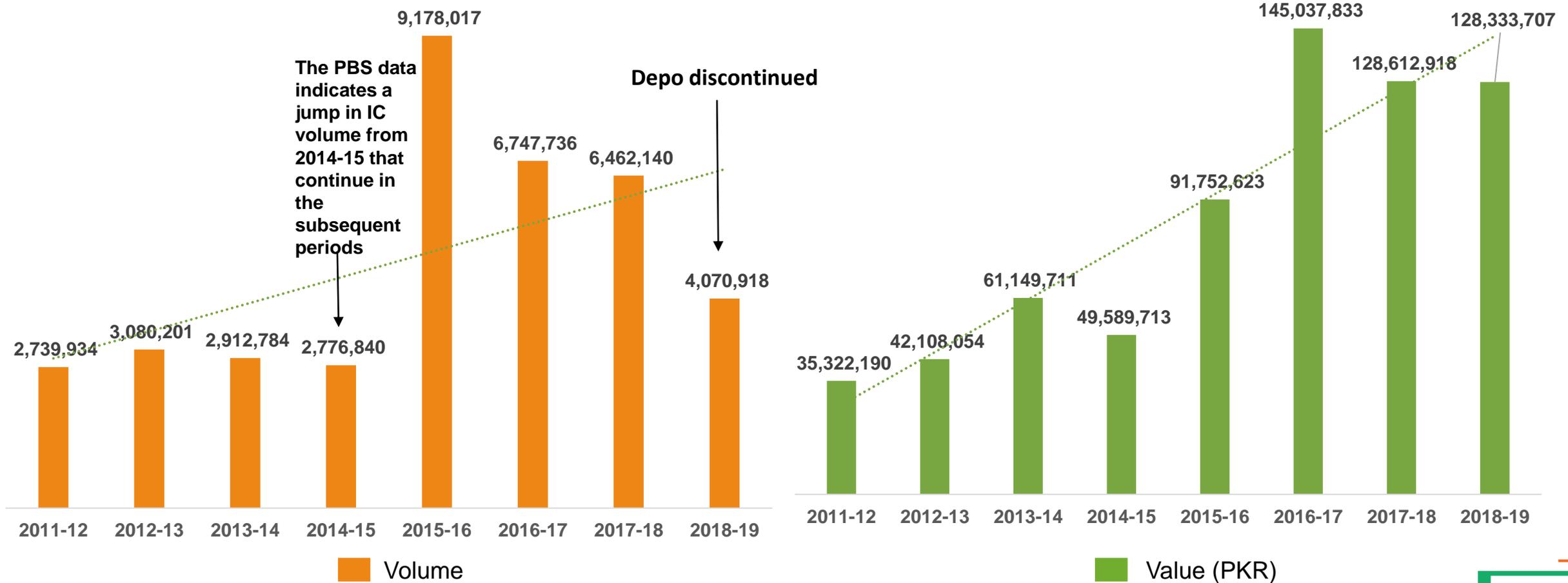
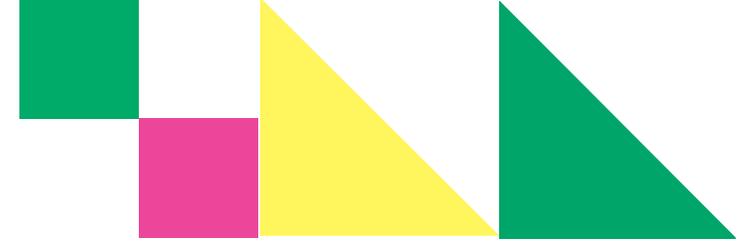
Overall

- 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

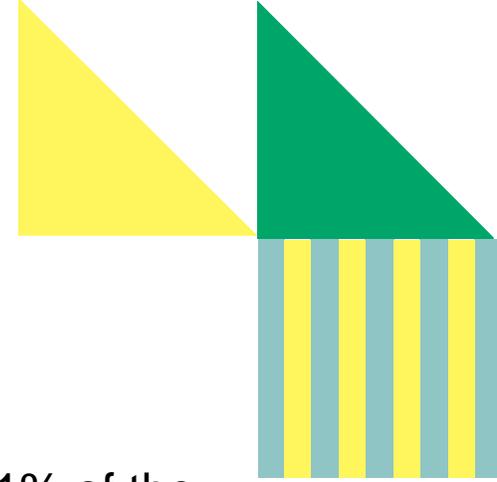
Market Volume and Value of ICs



Value data not available for 2015-16

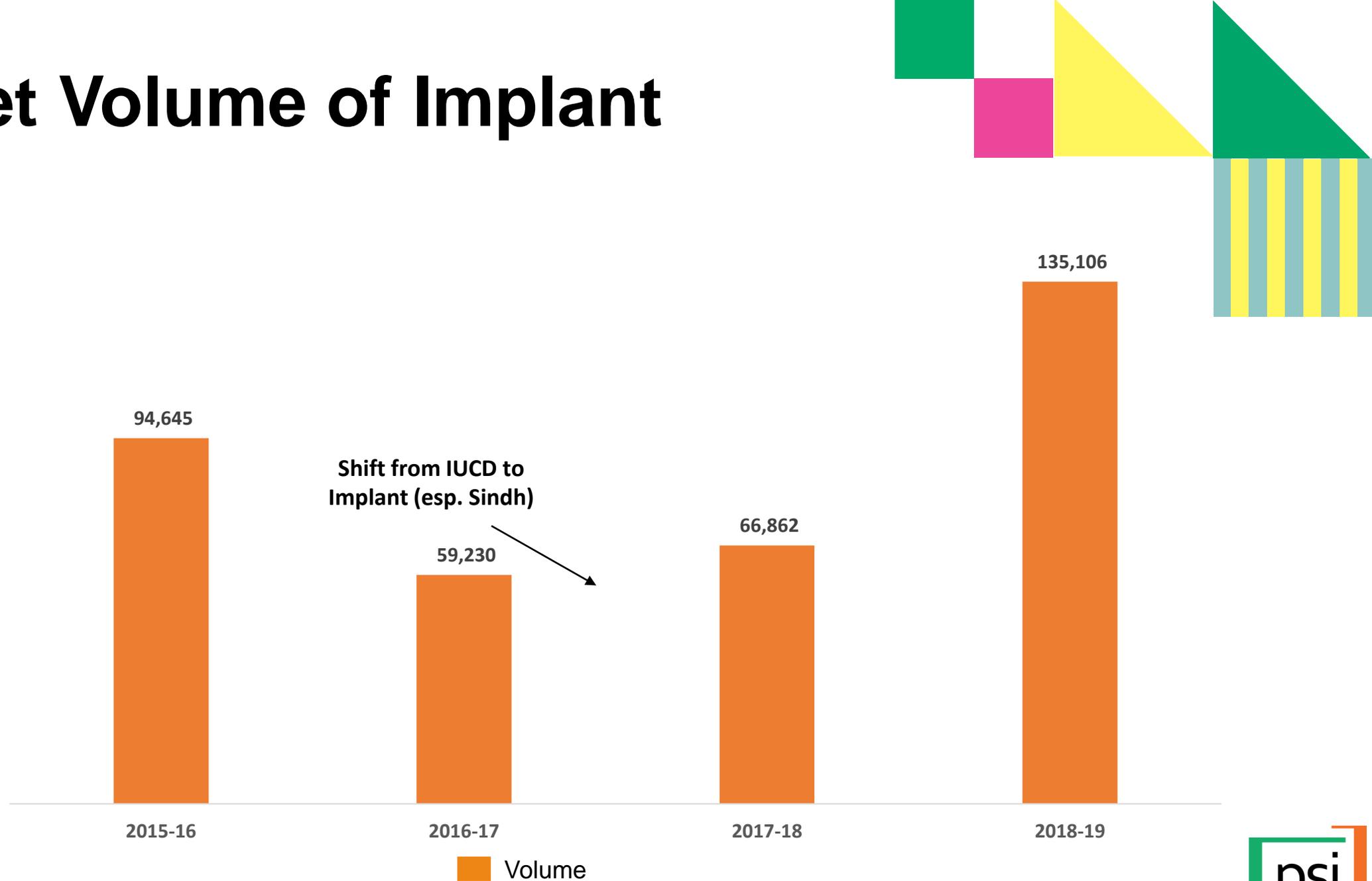
Source: PBS 2011/12-2014/15;2017 , GSM MIS; DKT international Contraceptive Social Marketing Statistics 1991-2018

Market Volume and Value of Implants

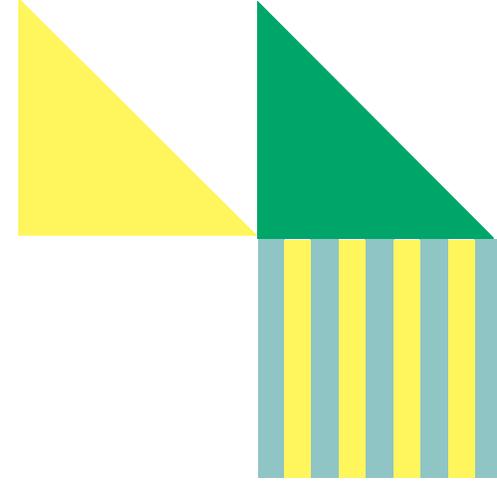


- **Market for implants is nonexistent**
 - Use/Need: implants comprise 0% of the method mix in Sindh and KPK, and only 1% of the method mix in Punjab
- **Provided only by the public sector since 2016**
 - Implants (Implanon) are provided free of cost by the public sector in all provinces

Market Volume of Implant



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

MCHIP program

3,493,491

Two major donor-funded projects ended

2,494,727

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

Shift from IUCD to Implant

1,140,810

1,526,444

1,289,947

1,421,450

1,667,106

1,513,677

2015-16

2016-17

2017-18

2018-19

2011-12

2012-13

2013-14

2014-15

Volume

Female Sterilization Market – Breadth and Depth Summary



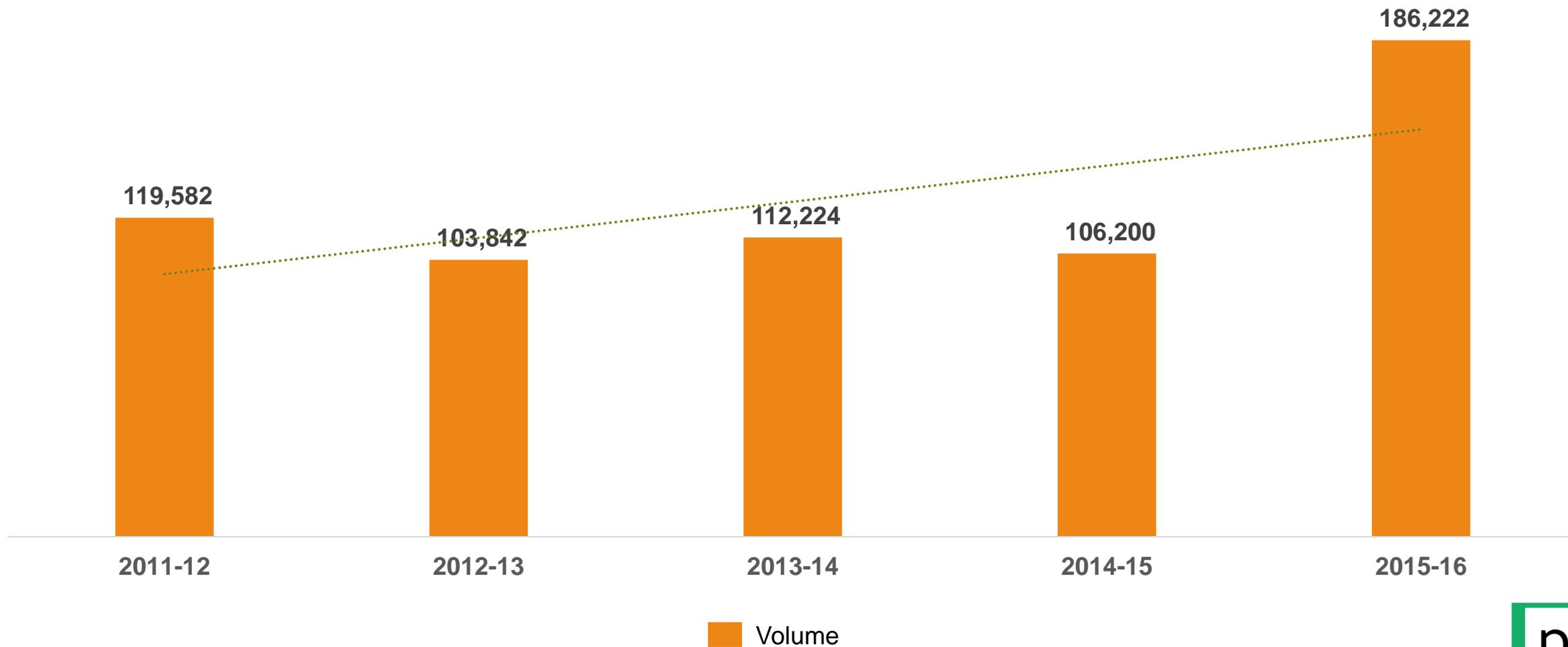
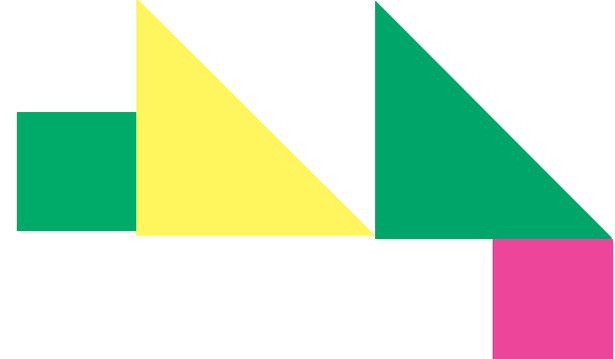
Overall

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

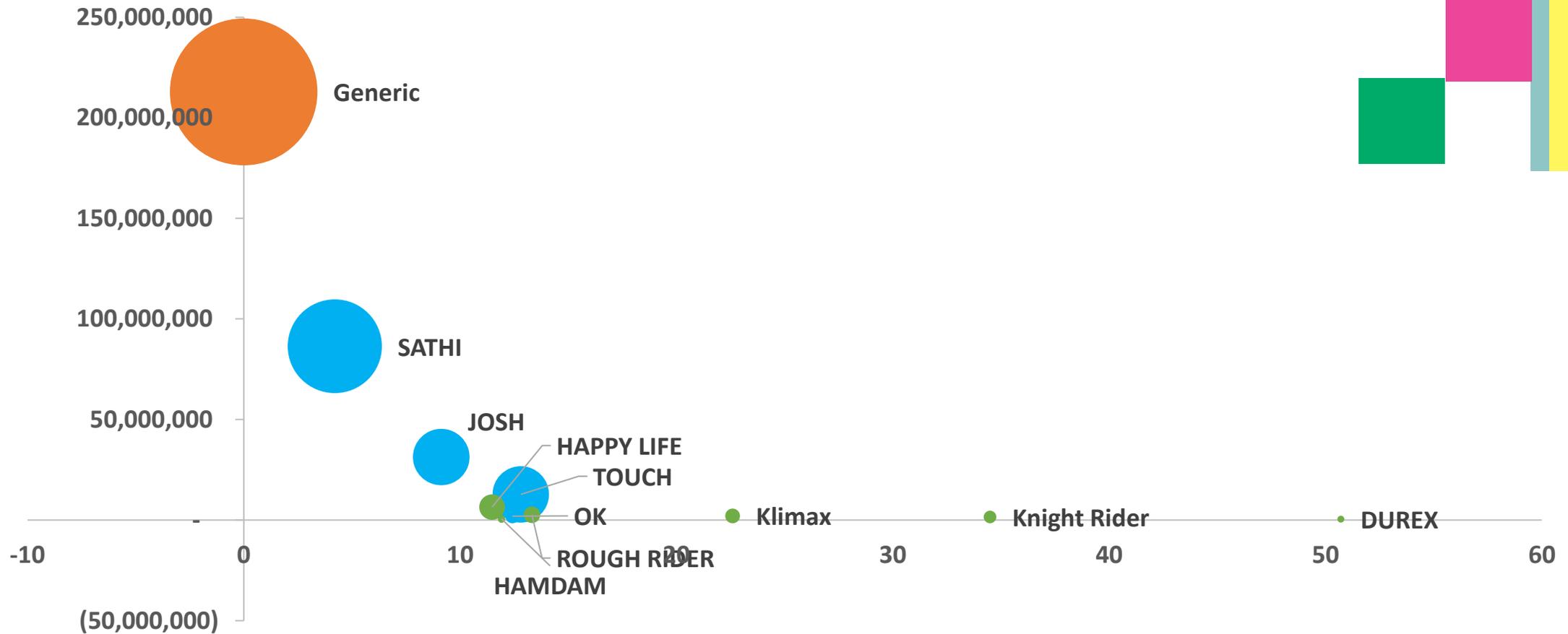
Market Share

- Dominated by free generic public sector service (76% in 2015-16), with SMOs holding 24% share

Market Volume of Female Sterilization



Consumer Price Landscape for Condoms



Generic (212,847,540 at 0 PKR)

SMO

Sathi (86,417,048 at 4 PKR)

Touch (12,759,750 at 13 PKR)

Josh (31,363,977 at 9 PKR)

OK (208,382 at 12 PKR)

Commercial

Happy Life (6,468,505 at 11 PKR)

Klimx (2,112,736 at 23 PKR)

Hamdam (542,626 at 12 PKR)

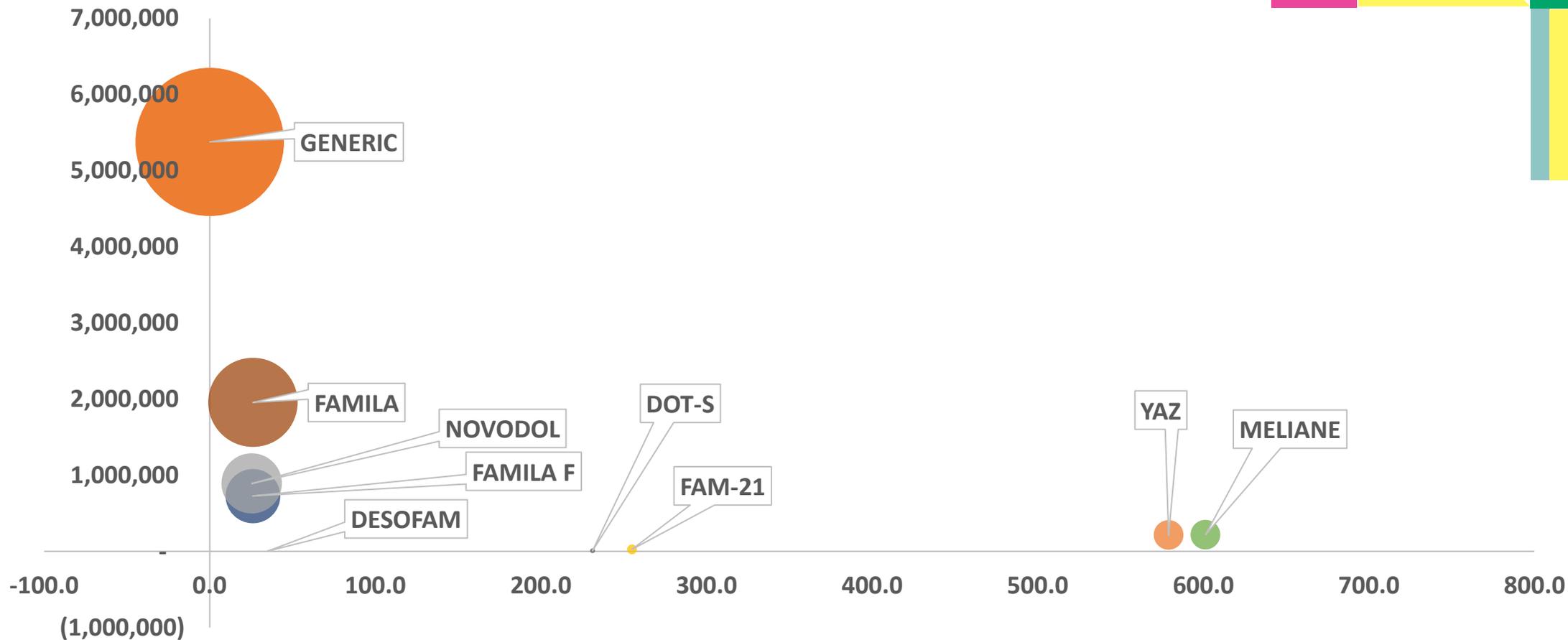
Commercial (cont..)

Rough Rider (2,644,795 at 13 PKR)

Durex (476,029 at 51 PKR)

Knight Rider (1,534,796 at 34 PKR)

Consumer Price Landscape for OCP



Generic (5,376,174 at 0 PKR)

Zafa Pharmaceuticals

2nd Gen: Famila (1,955,393 at 26 PKR)

2nd Gen: Famila 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

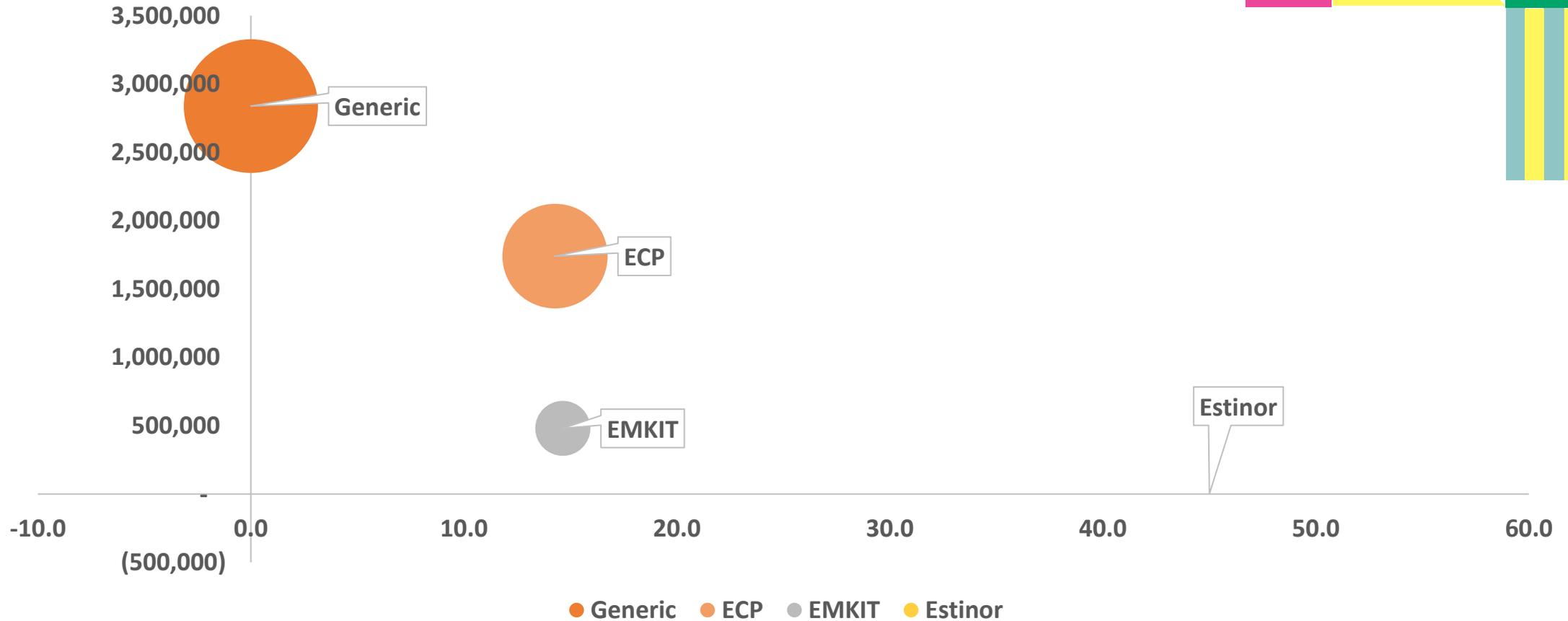
2nd Gen: Novadol (890,178 at 25 PKR)

Bayer

3rd Gen: Meliane (217,605 at 601 PKR)

4th Gen: Yaz (215,692 at 579 PKR)

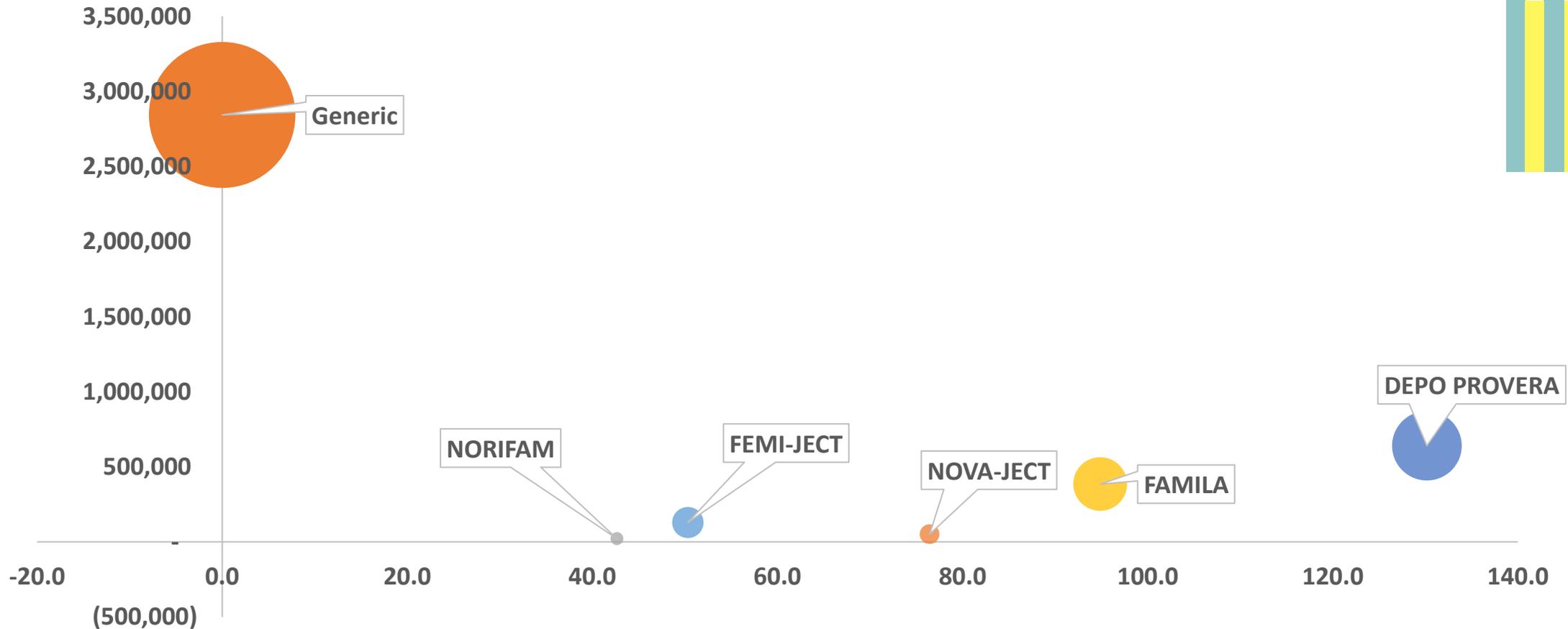
Consumer Price Landscape for ECPs



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

Zafa 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

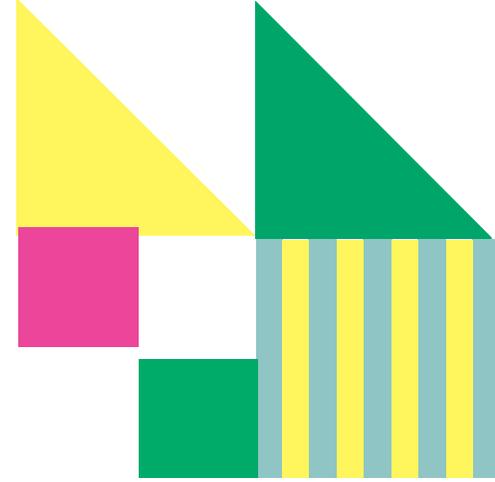
FAMILA (384,915 at 94 PKR)

NORIFAM (21,933 AT 42 PKR)

Pfizer

Depo Provera (640,107 at 130 PKR)

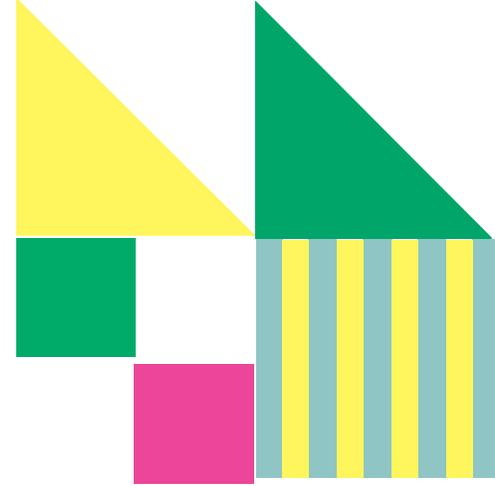
Market Performance – Summary



- **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

DIAGNOSE

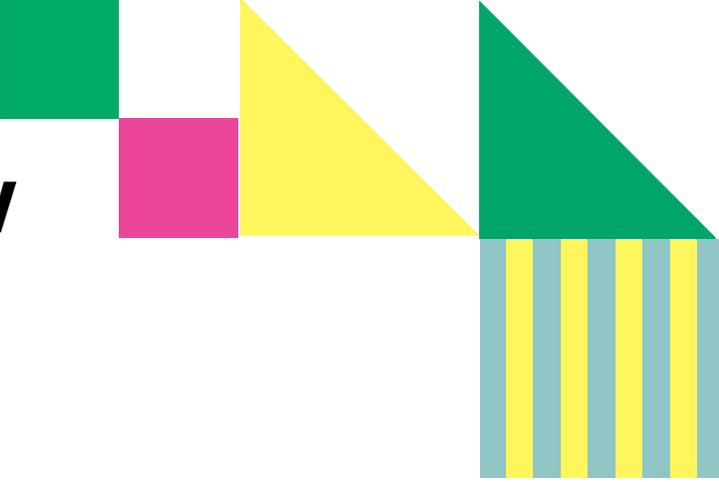


Define the Health Need and Identify the Target Consumer

Assess the Market

Profile the Target Consumer

Identify High-Impact Opportunities and Constraints



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)

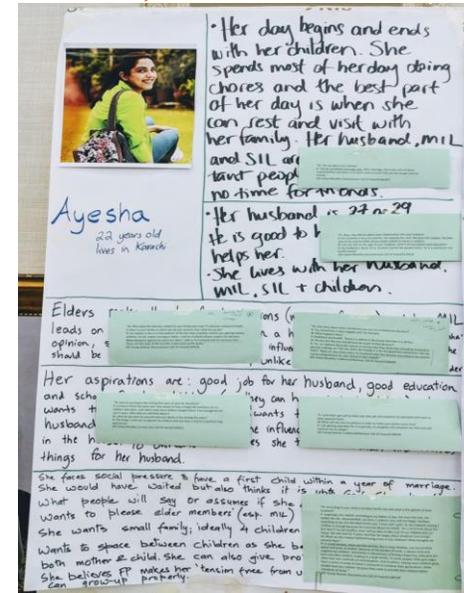
in both rural and urban areas

Drafted Ideal FP Journey And Socio-demographic Archetypes (Based On Age And Geography)

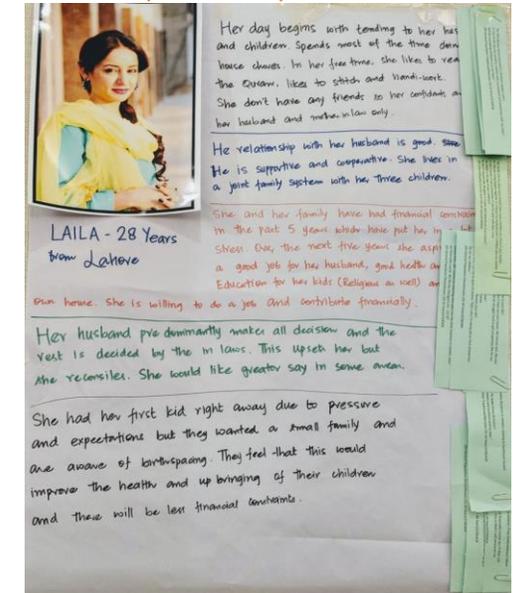
ARCHETYPES

18-24yr old

up to 34 years old



Urban



FAMILY PLANNING DRAFT IDEAL CONSUMER JOURNEY



AWARENESS → DECISION → USE → MAINTENANCE → ADVOCACY



- 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

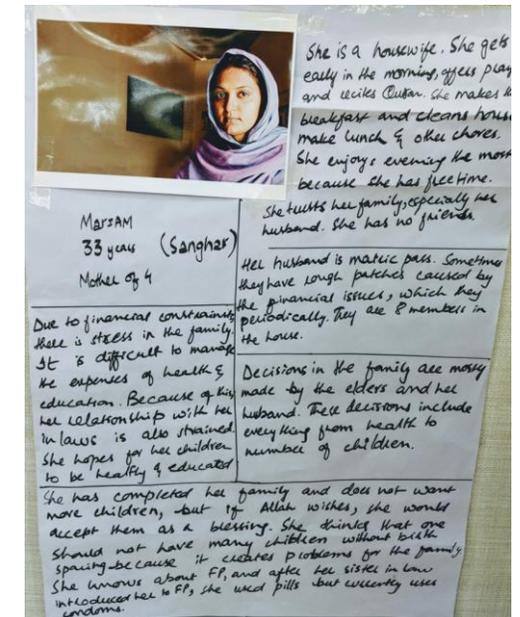
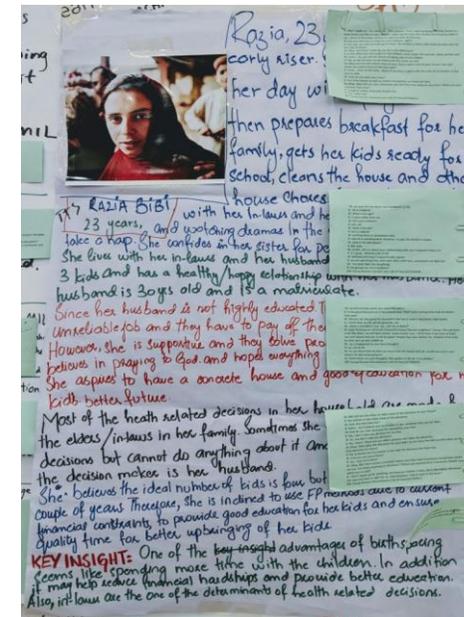
- She has the agency, the support she desires from her partner and family, and necessary and trusted information to select a method that best suits her FP needs, lifestyle and health
- She decides to adopt FP and decides to choose a modern method

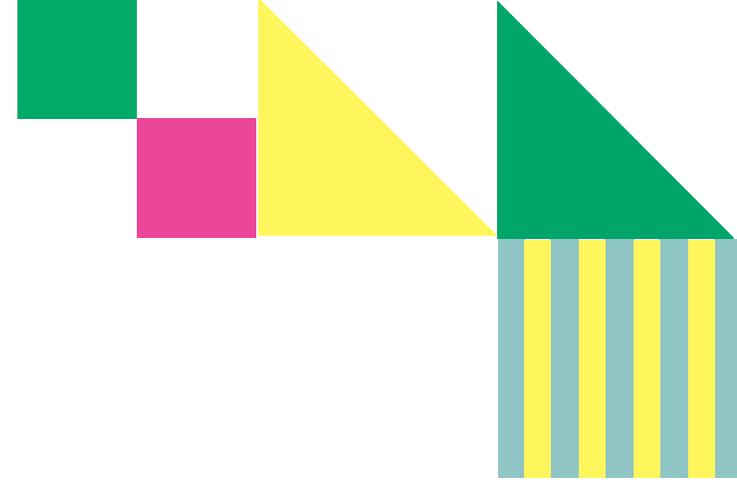
- She obtains her preferred method, and feels it is affordable, available, of appropriate design, and assured quality.
- Quality counseling helps her make an informed choice and provides necessary information and support for successful continued use
- She receives stigma- and judgment- free quality services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

- 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

- 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





JOURNEY MAPS

Consumer Insight Study

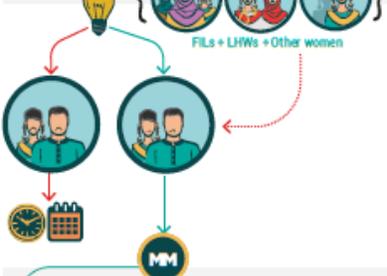
FP PATHWAYS OF A YOUNG (18-24YRS.) RURAL WOMAN² AWARENESS



Having no pre-marital understanding of FP or spacing, she is exposed to the idea after the birth of her first child.

Initially she receives her information from FILs and LHWs that visit her house and then hears more about it from the women in her community who have used MM or know about it.

DECISION



While her influencers for considering FP remain the same, the husband's decision prevails when it comes to opting for or against MM. He is either willing to adopt MM and allows her to access it or will object to MMs and decide to go for TMs or no methods.

His decision is influenced by his own influencers, ease of access, trust in MM, preference of more children or religious values.

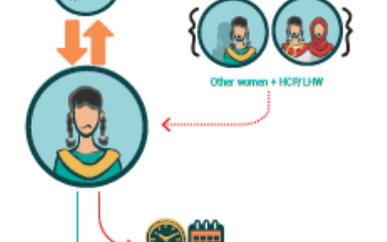
USE



When it comes to use, while she does consult, her MIL and husband, she is more independent to opt for a method based on her understanding of FP from LHWs & other women.

However, opting for condoms is unlikely unless it's mutually decided between the couple. Regarding choice of methods, her motivators are cost, ease of access and effectiveness.

MAINTENANCE



She understands the benefits of spacing for herself, her children and the wellbeing of her family and would prefer to continue using MM.

She doesn't trust MM, especially injectables and IUDs and has heard other women talk about their negative impact and is quick to discontinue if she feels any side effect.

Similarly, poor counselling leaves her unprepared for managing the side effects.

ADVOCACY

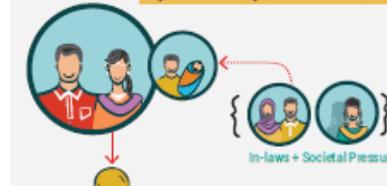


Depending on her experience, she will either encourage other women to opt for MM or discourage them, in case she found them unsafe and inconvenient.

HCP: Healthcare Provider FIL: Females-In-Law LHW: Lady-Health-Worker MM: Modern Method MIL: Mother-In-Law TM: Traditional Method

² In JMs across this document, green arrows signify a positive or the desired pathway, red arrows signify a lost opportunity, or a negative pathway & brown arrows represent potential pathways that could lead from the green to the red. A detailed key of the icons is given under Annex 1.

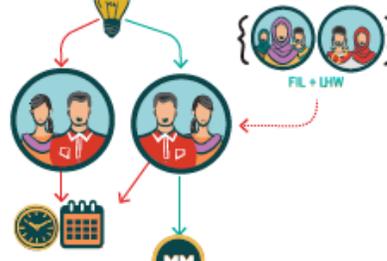
FP PATHWAYS OF A YOUNG (18-24YRS.) URBAN WOMAN AWARENESS



With no pre-marital understanding of birth spacing and FP, and familial and societal pressure, the couple has kids right after marriage.

Awareness of FP starts after bearing two children. Females in Law and LHWs often introduce the FP option.

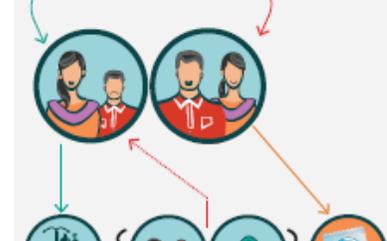
DECISION



Husbands are key gatekeepers in the decision to acquire FP information and use. Some are willing to adopt MM, in which case HCP and other women are key influencers.

While other husbands will allow for information gathering but still use TM or not entertain the possibility entirely.

USE



In method intake, husbands again pay a significant role. Some directly opt for condoms, due to preference, low side effects or ease of access.

However, when opting for other MM, she can choose on their own. In which case she takes into account FILs, HCP and other women's opinions and experiences, along with ease of access.

MAINTENANCE



During use she experiences multiple issues including side effects, lack of access, and inconvenience. These result in her switching methods, generally in consultation with her influencers.

Either she finds a suitable method, and continues or chooses to discontinue out of frustration or fear of side effects.

ADVOCACY



While young women are likely to share their experience of MM, positive or negative with other women, dissatisfaction with their method is a strong motivator to advocate against MMs.

HCP: Healthcare Provider FIL: Females-In-law LHW: Lady-Health-Worker MM: Modern Method MIL: Mother-In-Law TM: Traditional Method

FP PATHWAYS OF A GENERAL (25-34YRS.) RURAL WOMAN

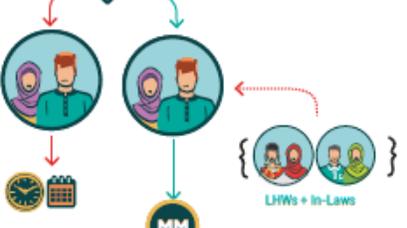


AWARENESS

With little to no pre-marital understanding of FP, her journey of FP begins after the second child.

FILs, LHWs and other women in the neighborhood introduce her to the idea of birth spacing.

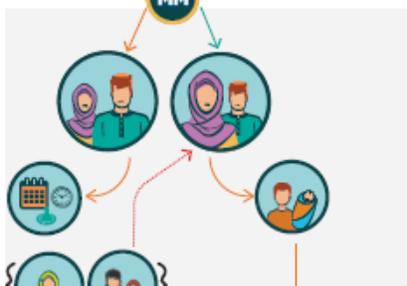
DECISION



When it comes to decision, apart from her husband, her in-laws play a prominent part, with either expectations of grandchildren or encouraging the couple to space.

As a result the couple might decide to consider MM or continue with TM or no spacing until they have reached their ideal family size. Externally, LHWs act as a primary influencer through counseling and engagement.

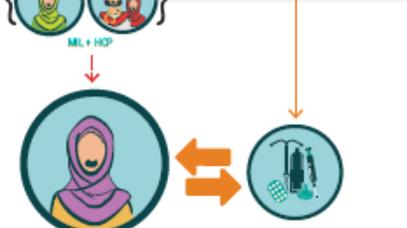
USE



If her in-laws and husband are encouraging, she would further engage with LHWs/HCP to get information.

However, eventually she (or them together) will decide to wait till they have two or more children to complete their family size, before she finally adopts a method. Alternatively, they might decide to use condoms or TMs to manage their spacing.

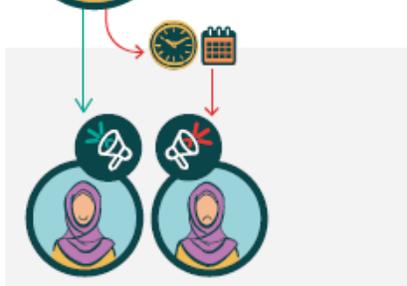
MAINTENANCE



During maintenance side effects, effectiveness, ease of access and convenience, play a prominent part in whether she continues or not.

If the method suits her, and she is not dissuaded by the side effects she will continue to use it, otherwise she will grow apprehensive and give in to her fear of harmful effects and discontinue.

ADVOCACY



Those women that have satisfactory experience are likely to promote MM use, while those who discontinue due to dissatisfaction with their method are relatively more motivated to influence other women against MM.

HCP: Healthcare Provider FIL: Females-in-Law LHW: Lady-Health-Worker MM: Modern Method MIL: Mother-in-Law TM: Traditional Method

() Influencers

FP PATHWAYS OF A GENERAL (25-34YRS.) URBAN WOMAN

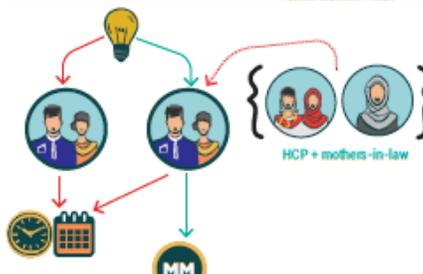


AWARENESS

She has no pre-marital counseling on FP and starts to find out about FP between her 1st and 2nd child.

During the awareness phase, her influencers are women around her (FILs & neighbours) and the HCP that she engages with.

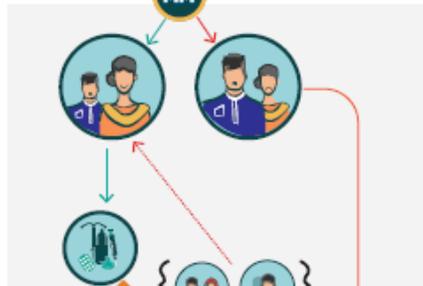
DECISION



Husbands are the primary decision makers when it comes to adoption of FP method, however, they are likely to discuss it as a couple.

If he's willing for her to adopt MM, in that case HCPs and MILs are her key influencers. If he's against MM uptake, then either they will opt for TMs or not opt for a method altogether.

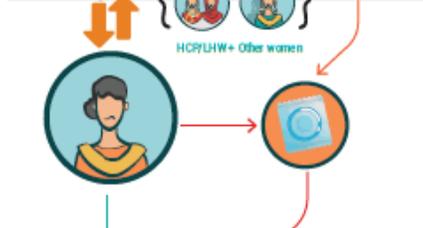
USE



In method uptake, husbands, HCP and other women in the community play a part. Accessibility & quality of service weigh heavy on her choice.

Based on these factors she will opt for a MM method that caused the least inconvenience. However, alternatively the decision is strongly influenced and made entirely by her husband and who have a preference for condoms.

MAINTENANCE

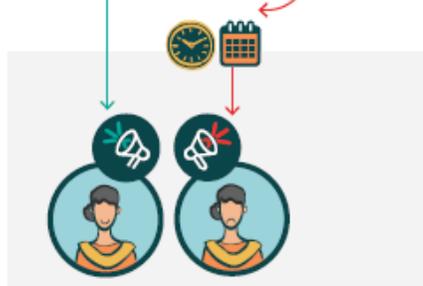


Ease of access and method satisfaction are primary drivers for her.

She will either find a suitable method and continue or complain of side effects and method failure and will opt to discontinue.

Similarly lack of resources in case of side effects is another contributing factor for discontinuation.

ADVOCACY



If her experience was satisfactory, she is likely to promote MM use, while if discontinues due to dissatisfaction with the method, she will be relatively more motivated to influence other women against MMs.

HCP: Healthcare Provider FIL: Females-in-Law LHW: Lady-Health-Worker MM: Modern Method MIL: Mother-in-Law TM: Traditional Method

() Influencers

FP PATHWAYS OF YOUNG URBAN (18-24YRS.) WEALTHY WOMAN



AWARENESS

She has more exposure and access to resources and was aware of FP and birth-spacing prior to her marriage. Her sources of information include the internet/social media, female family members, friends and her gynecologist.

However, the societal pressure to have her first child right after marriage was still there and she would likely approach MM after her first pregnancy.

DECISION

Due to greater access to information and more autonomy she is most likely to make mutual decisions with her husband on FP and opt for MMs.

Similarly, due to greater access to relevant healthcare and counseling she is likely to make an informed choice that better aligns with personal and career priorities.



USE

While deciding on what MM to use, she is most likely to only consult her husband.

However, citing the convenience of use of short-term methods such as condoms and pills and the ease in procuring them from pharmacies, she is prone to opting for them instead of injectables or IUDs.



MAINTENANCE

She is willing to keep using MMs as they allow her to balance her personal and professional goals, manage those as well.

However, if she feels they are not effective or there are side effects, she is likely to switch between methods and eventually to traditional methods as she feels she can manage those as well.



ADVOCACY

She does advocate for FP and birth-spacing, however, she is more in favor of short-term methods. She doesn't necessarily feel MMs are more effective than TMs, while she thinks the latter is relatively safer.



HCP: Healthcare Provider FIL: Females-in-Law LHW: Lady-Health-Worker MM: Modern Method MIL: Mother-in-Law TM: Traditional Method

{ } Influencers

FP PATHWAYS URBAN (25-34 YRS.) WEALTHY WOMAN

AWARENESS

Having been introduced to reproductive health at school, she is aware of FP and its importance. While friends and media were her sources of information on types of methods for FP.

Similar, she has also discussed the matter with her husband, sister(s), FILs & gynaecologist.

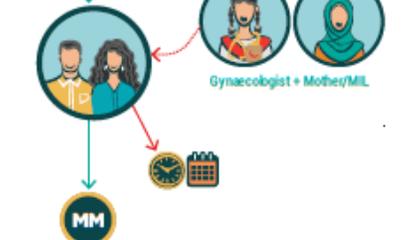


DECISION

Decisions related to FP are considered a personal matter between the couple and thus, are taken independently by them. They do at times take advice of the elders or the gynaecologist.

The couples want to focus on their career and family life and are satisfied with the benefits of FP.

However, there are others who feel traditional methods are sufficient to meet their FP needs and opt for those instead.

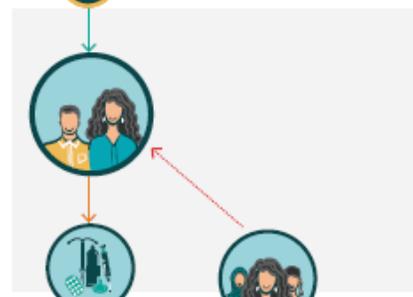


USE

At the FP usage level, she takes advice from her mothers, sisters, and sisters-in-law. While her husband is also involved during the entire process.

Factors such as ease and convenience of use, better health for her and the child and avoiding unwanted pregnancy play an important part in her choices.

She is happier with condoms as it is non-invasive and does not have any side effects as such.



MAINTENANCE

She is aware of the advantages of modern methods and realises the support it offers her in balancing her career and personal life. Similarly, since most methods are widely available, they are convenient.

However, side effects to some MMs have caused her to switch between methods and if she feels nothing suits her, she settles for TM instead.



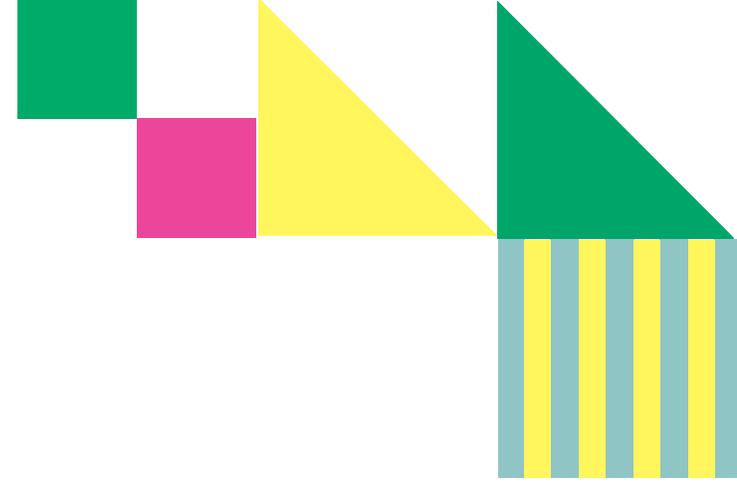
ADVOCACY

She does advocate for FP and birth-spacing, however, she is more in favor of short-term methods. She doesn't necessarily feel MMs are more effective than TMs and thinks the latter is relatively safer.



HCP: Healthcare Provider FIL: Females-in-Law LHW: Lady-Health-Worker MM: Modern Method MIL: Mother-in-Law TM: Traditional Method

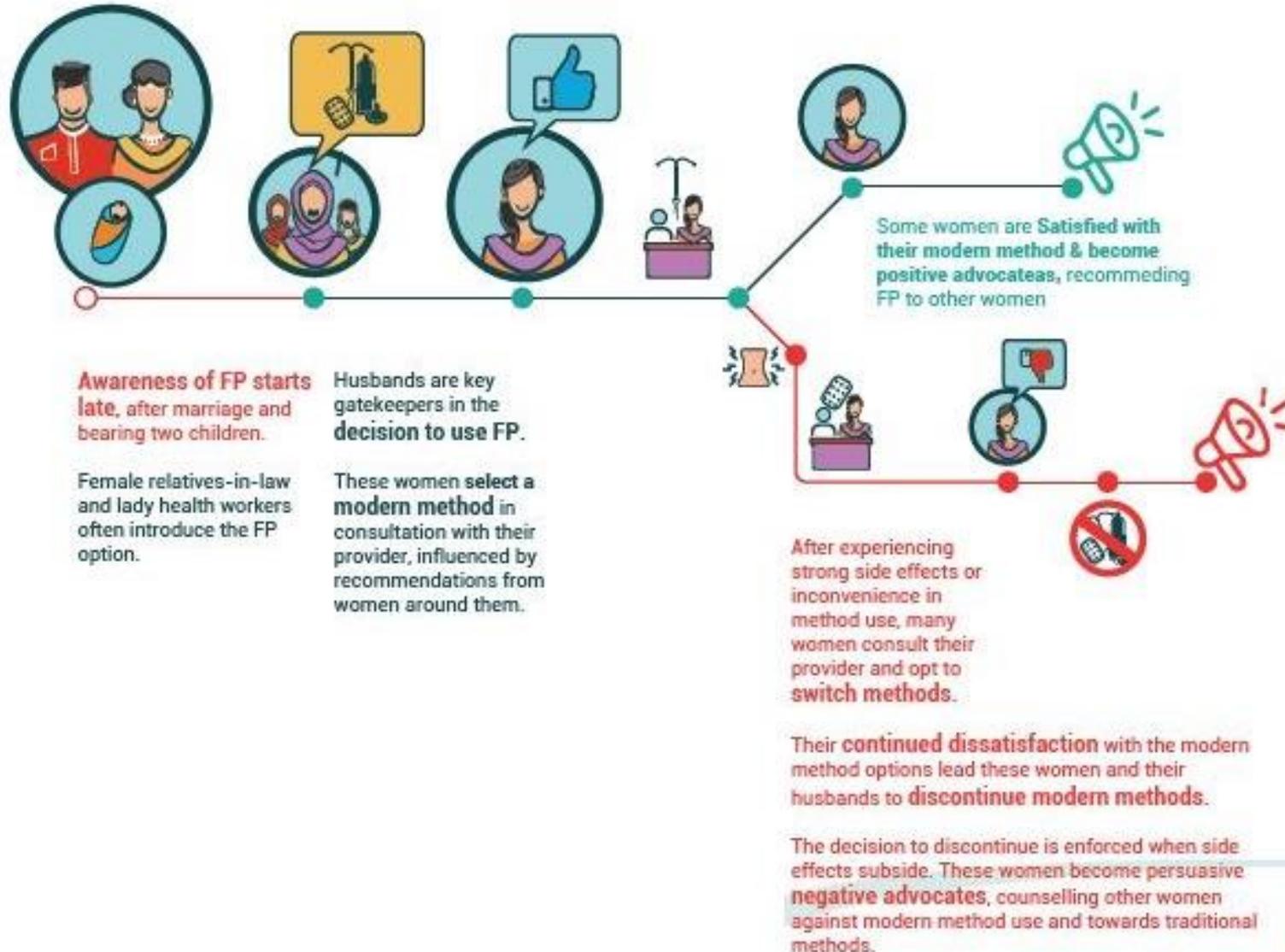
{ } Influencers



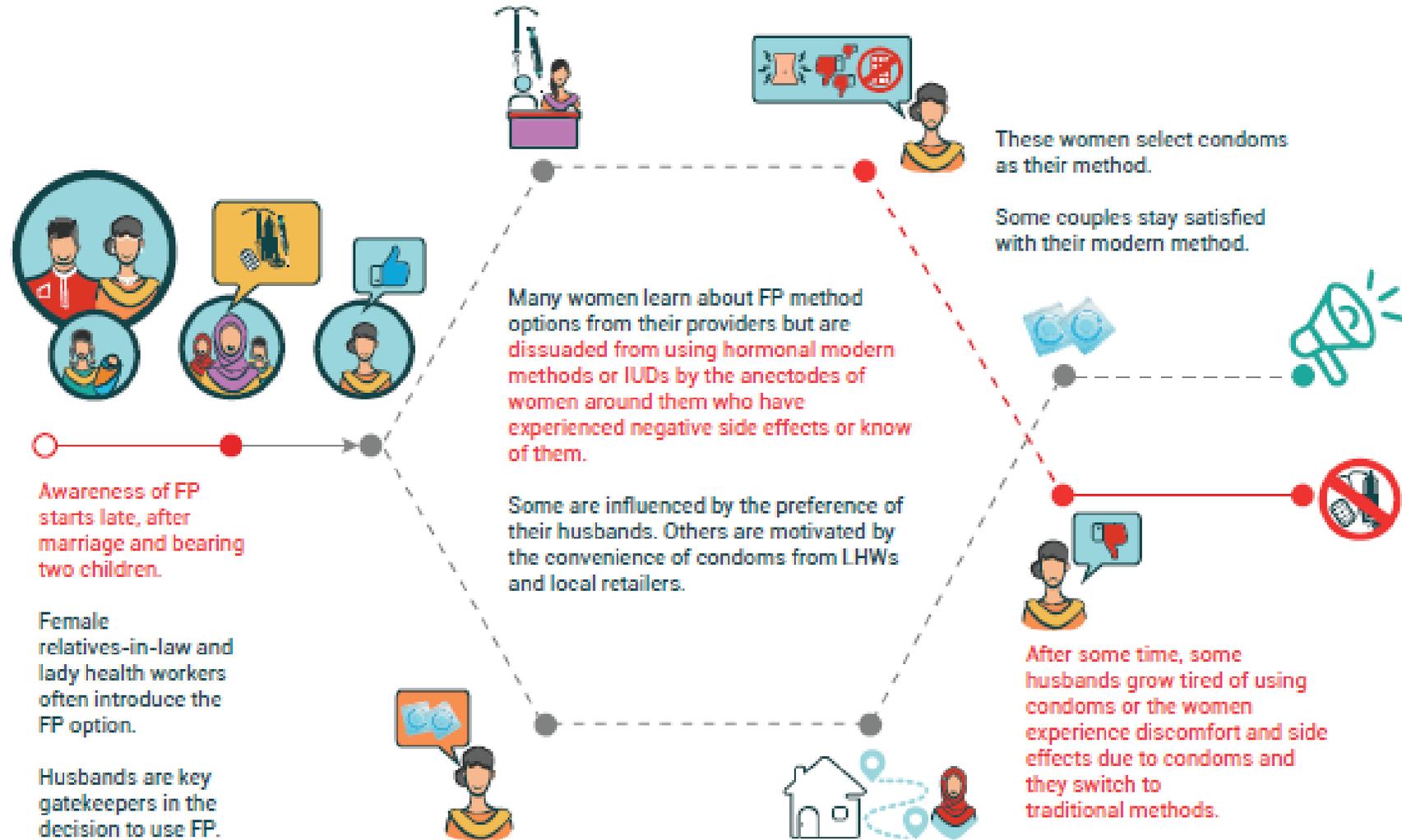
Psychographic FP Pathways

A Women's Journey

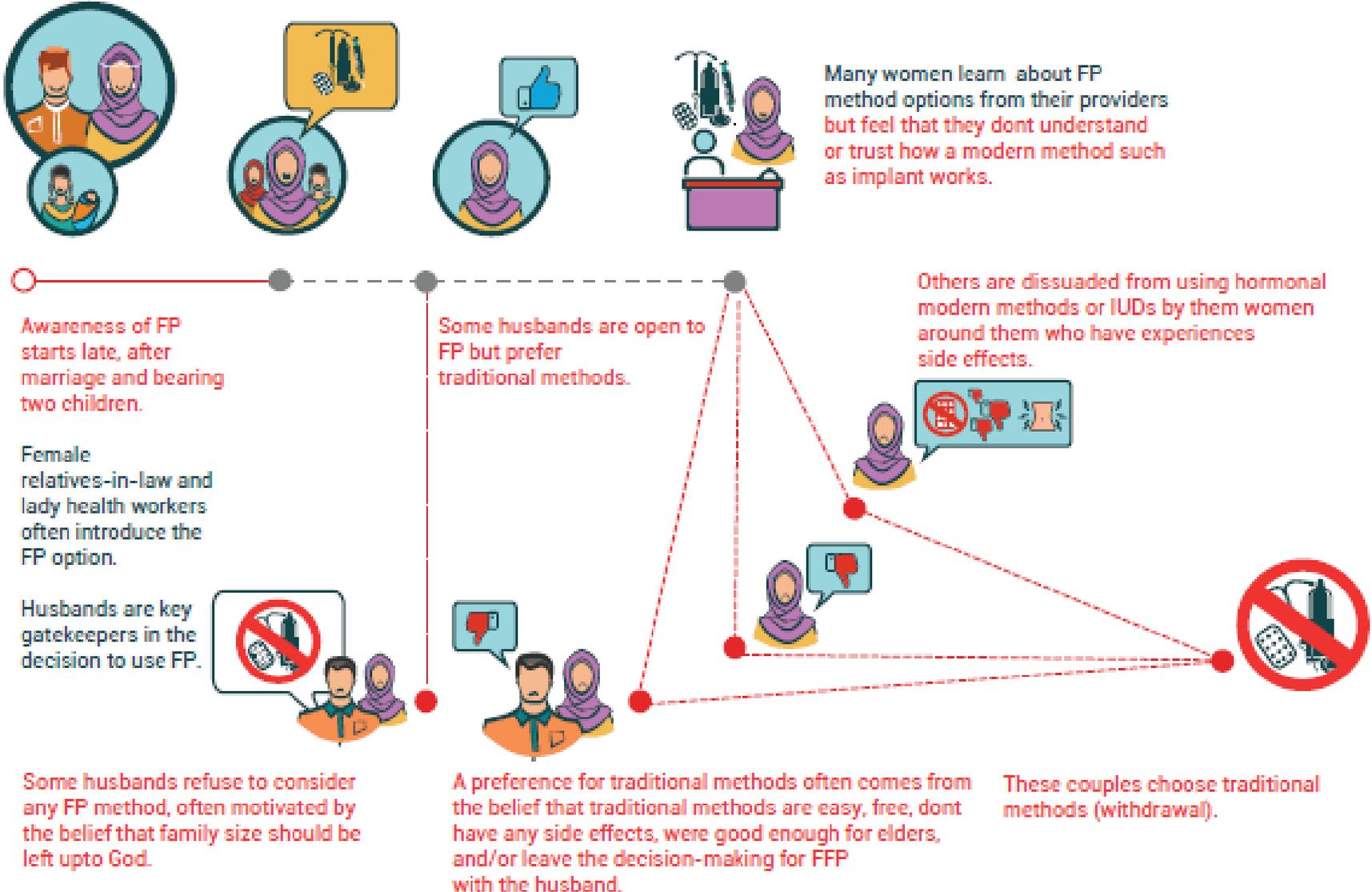
Dissatisfied MM switcher - Future Negative Advocate



CONDOM-ONLY USER - FUTURE DISCONTINUER



TRADITIONAL METHOD-ONLY USER





**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

DIAGNOSE



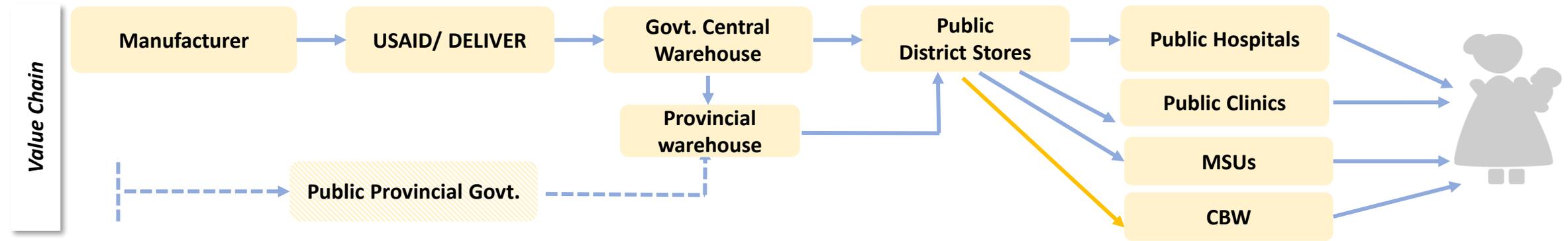
Define the Health Need and Identify the Target Consumer

Assess the Market

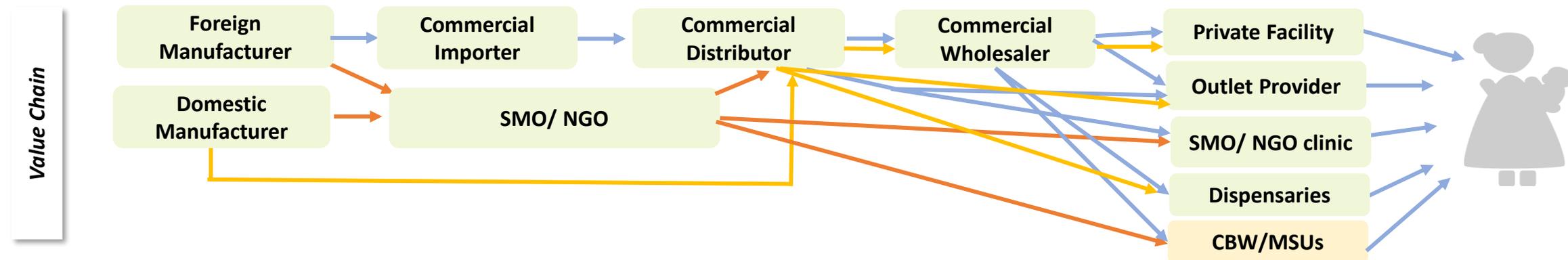
Profile the Target Consumer

Identify High-Impact Opportunities and Constraints

Pakistan FP Market (Public Sector- Urban)



Pakistan FP Market (Private and SMO/NGO Sectors)



Levels	<u>Domestic Manufacturer</u> Zafa Medipharm Hansel	<u>Commercial Importer</u> UDL Reckitt Benkisel Biogenics PZ HAMDAM Co.	<u>Commercial Distributor</u> National distributor UDL PZ Primer Regional distributor (sub-provincial)	<u>Commercial Wholesaler</u> Pharmacy Wholesaler FMCG Wholesaler	<u>Private Facilities</u> Private Hospitals Private Clinics <i>Male doctor clinics</i> <i>Female doctor clinics</i> <i>LHV/ Nurse/ Midwife</i> <i>Homeopath/ Hakeem clinic</i>
		<u>SMO</u> Greenstar DKT			<u>SMO/ NGO Clinic</u> Outlet Provider Pharmacy FMCG shops
		<u>NGO</u> MSS			<u>Dispensaries</u>

PAKISTAN Production to Use Spectrum Matrix

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

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

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