



A Total Market Approach for Family Planning

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June 21, 2016

— Total Market Approach,

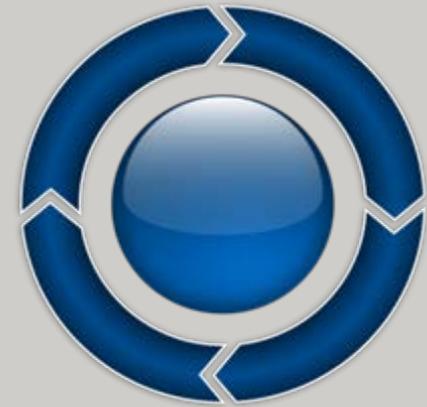


SPOTLIGHT: USAID FP FOCAL AREAS

Total Market Approach (TMA)

A lens for assessing actors and interventions in all three sectors (**public, non-profit, for-profit**) of the health system.

.....**Programs and policies promote and enhance contributions from all sectors and are client focused**



WHAT IS THE FP MARKET?

- *Contraceptive methods*
- *Clients*
 - *Current FP users*
 - *Potential FP users*
- *Providers/Sources*
 - *Public Sector*
 - *Not for profit/NGO*
 - *Commercial*
 - *Donors*

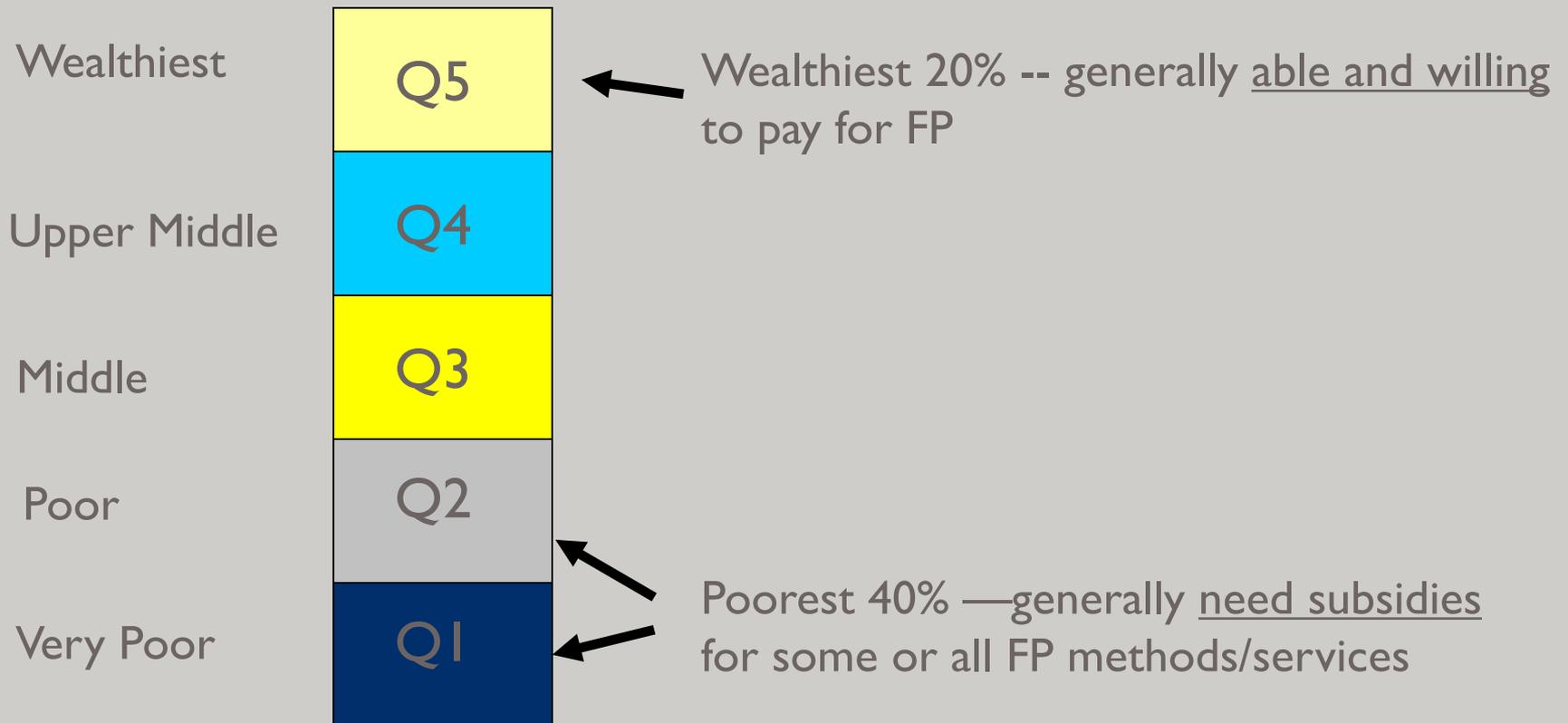


TMA IN PROGRAMMING: WHAT DOES IT LOOK LIKE?

- Are we maximizing participation of all FP provision actors?
 - Public sector
 - Not for profit NGOs, FBOs
 - Commercial sector
- What populations do they each serve and where?
 - Can clients pay? Do clients pay? Enough to generate cost recovery?
 - Who can serve those who are the poorest?
 - Are any clients not being served?
- What types of service delivery approaches can each do best?
- How can we grow the whole FP market?

When USAID graduates, FP will still be provided!

QUINTILES



COUNTRY SNAPSHOT: MOROCCO

Market Segmentation Analysis Revealed:

- Mismatch between older women's desires to limit + low use LARCs/PMs
 - Is there an access barrier? How can we serve them?
- Middle and upper quintile women using public sector for FP methods, wealthier urban women underserved
 - opportunity for private sector providers to serve the segment
 - Govt facing resource constraints, needs to prioritize poor
- Poor rural women not using FP but wanting to contracept
 - Target subsidies in rural areas to reduce barriers

COUNTRY SNAPSHOT: MALAWI

- Longstanding MOH support of NGO FP provision (PPPs, contracts)
- Task-sharing (e.g. clinical officers for PMs, CHWs for injectables)
- Fixed facilities
- Free FP services at community level
 - Mobile clinical outreach to rural areas (nearly nat'l coverage)
 - CBD of injectables and other methods

Malawi mCPR increasing

1992: 7%

2004: 28%

[steril=5.8%; implant=.5%]

2010: 42%

[steril=9.7%; implant=1.3%]



COUNTRY SNAPSHOT: BANGLADESH

- Government support for private sector AND FP
- Social Marketing Company (SMC), local organization
 - World's largest social marketing program
 - Responsible for large proportion of mCPR (35% in 2007)
- FP in multiple private channels: Drug shops, pharmacies, clinics, social franchises
- Private pre-service institutions
- Local manufacturing

Now: Expand private sector LARC/PMs

Private sector sources = 44% of modern methods



SERVICE DELIVERY: WHAT ABOUT SUSTAINABILITY?

- USAID FP programs aim for sustained:
 - Behavior change, demand and use
 - Equitable access
 - Local capacity and active engagement in FP
- Once modern CPR begins to increase, it does not usually decrease
- Sustainability aims of a program should be balanced with country's current mCPR, disparities in contraceptive access and use, and economic development

Health systems evolve and change over time

QUESTIONS FOR CONTINUED LEARNING IN YOUR SERVICE DELIVERY PROGRAM

- How effective are each of the service delivery approaches in your context ?
- Are they reaching new clients? Who are they? Helping clients switch between methods?
- Which ages are using which contraceptive methods?
- Are poor, underserved, vulnerable, populations reached?
- How widely available are different methods?, through which service delivery approaches?
- Are integrated services improving both outcomes?