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India

Frontier Health Markets (FHM) Engage

REPORT ON HEALTH MARKETPLACE DESIGN IN
INDIA

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An array of photos from the FHM Engage activity in India, 2023. Credit: FHM Engage

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Acronyms

| | |
|---------|---|
| AHU | Ayurveda, Homeopathy, Unani |
| B2B | Business-to-business |
| B2C | Business-to-consumer |
| C-NES | Centre for North East Studies and Policy Research |
| CSR | Corporate social responsibility |
| ECP | Emergency contraceptive pills |
| FHM | Frontier Health Markets |
| FP | Family planning |
| GBV | Gender-based violence |
| GMP | Good manufacturing practice standards |
| IR | Intermediate results |
| LARC | Long-acting and reversible contraception |
| KGMT | Kuntal Goswami Memorial Trust |
| MDA | Market Development Approach |
| OEM | Original Equipment Manufacturer |
| OBGYN | Obstetrics and gynecology |
| OCP | Oral contraceptive pill |
| PD | Pharmaceutical distributor |
| PHSI | Population Health Services India |
| PIP | Performance improvement plan |
| PPD | Public-private dialogue |
| PPP | Public-private partnerships |
| RFA | Request for Applications |
| S&D | Stigma and discrimination |
| SBCC | Social and behavioral change communication |
| SAMRIDH | Sustainable Access to Markets and Resources for Innovative Delivery of Healthcare |
| SHG | Self-help groups |
| SHOPS | Strengthening Health Outcomes of Private Sector |
| SOW | Scope of work |
| SRH | Sexual and reproductive health |
| SRHR | Sexual and reproductive health and rights |
| UHC | Universal Health Coverage |
| WOHLA | Woman's Health and Livelihood Alliance |

Executive Summary

The Frontier Health Markets (FHM) Engage project seeks to develop markets for women's health and reproductive health products, services, and information through strategic partnerships. Although significant progress has been made by Indian family planning (FP) programs over the years, a broad range of FP options for Indian women and girls remain elusive. Sterilization is often the first option that women go to for contraception.

For short-term birth spacing, the primary short-acting option in use is an oral contraceptive pill (OCP) of first or second generations¹ available across both public and private sectors as women in other countries are enjoying the benefits of third- and fourth-generation contraceptives. Approximately 75 percent of OCP production in India is second generation and is the only accessible option across all age groups.² Second-generation OCPs may fulfill contraceptive needs for certain age groups, but different age groups have different needs. Younger users need contraceptives with better cosmetic and cycle regulation properties, and older users seek only contraception as a function. In India, every age group has access only to the single choice, which is primarily targeted at an older generation.

Yet India is the world's largest manufacturer and exporter of a wide range of OCPs across the third and fourth generations and several types of long-acting and reversible contraception (LARC), which would, if accessible, suit the needs and aspirations of all women in India. Consumers in India need a range of choices, features, and benefits, but India's FP sector remains behind. FHM Engage aims to catalyze the potential of the private sector to serve younger populations with a range of short-acting methods and LARC that are better suited for today's women. This is even more important as donor funds for FP programming have decreased, and sustainable platforms need to be created to align consumer needs and market performance with enabling laws for youth and adolescents, who form one-third of India's population.

In the market description developed by FHM Engage in India, we identified three major constraints that are inhibiting the private sector from serving the needs of youth with a wide range of reproductive products and services:

- A lack of stewardship of markets to support the needs of private sector actors, including clear communication about enabling laws and regulations and rewards for performance that demonstrate a commitment to increasing business investment and serving the needs of underserved segments while being sufficiently compensated for innovation.
- No market intelligence unit to provide coordinated information on where supply is not meeting demand or emerging trends in user preferences and behaviors, information that would guide companies' investments and innovations.
- A lack of market development capital for manufacturers, distributors, and providers for investments to demonstrate innovative models for youth and women of reproductive age.

FHM Engage further validated the root causes of these three constraints and co-designed solutions to

¹ Combined pills are often defined by the generation of the pill, with the newer, later generations having slightly different side effects <https://www.proceedings.med.ucla.edu/wp-content/uploads/2017/01/Four-generations-of.pdf>

² Source : IQVIA RMS ending March 2020 analysis, (India Market Description)

address them sustainably among all stakeholders through a collaborative platform approach. Traditional vertical approaches, while effective in the public sector for FP, lack viability in the private sector as the market is limited in overall value, volume, velocity, and margins for supply chain actors. The project must remain focused on the needs of the younger demographic — including access to skills, economic empowerment, and livelihoods — especially as the members of this demographic mature and gain decision-making power.

As part of its efforts to grow markets for FP products and services, FHM Engage will support the development of a broader multi-sectoral women's health alliance of private sector organizations, such as the Women's Health and Livelihood Alliance (WOHLA), which will focus on supporting the government, commercial actors, and NGOs to improve the health outcomes of the most vulnerable women in India. This alliance will catalyze and facilitate greater collaboration and partnerships to increase the focus on women's and girls' issues, support resource pooling and efforts to expand access to care for sexual and reproductive health (SRH), strengthen gender equity and equality, eliminate gender-based violence (GBV), and provide economic security for women. The project will advocate for harmonized rules that create incentives for India's private sector manufacturers and innovators to demonstrate their range, innovation, and scope in the domestic market. It will promote and facilitate investments in products, services, financing, and last-mile delivery mechanisms. The project will enable this in part through investments in market intelligence that will underpin stewardship efforts to collect, synthesize, and signal opportunities to market actors, policymakers, and consumers. Importantly, the outreach and corporate sector membership of WOHLA, as an anchor partner and alliance member, will work toward improving access to skills and livelihood opportunities with an emphasis on gender-equal workplace charters and codes of conduct. Initiatives that drive income generation activities for women and their related purchasing power enhance their decision-making and their ability to improve contraceptive use.

This report shares the steps undertaken from March 2023 to September 2023 to co-design the marketplace, under the guidance of USAID/India, with an action plan that starts with the establishment of a marketplace management team by September 2023 and the rest of the components to be implemented in Year 3 (FY 2024) under the field support mechanism.

About FHM Engage

FHM Engage is a global cooperative agreement designed to provide technical assistance and support local actors to improve the ability of health markets to meet supply-side capacity gaps and consumer preferences and contribute to equitable provision of and access to high-quality FP and other health services and products in mixed health systems. Chemonics International implements FHM Engage as the prime and co-technical lead with its consortium partners: Results for Development (R4D) (co-technical lead), Pathfinder International, and Zenysis Technologies. FHM Engage supports USAID's commitment to working with new and local partners by continuing to work with and through 16 local, regional, and specialized network implementing partners.

FHM Engage is focused on strengthening local health markets by addressing the root causes of market failures in the core market functions of supply and demand for sustainable behavior and systems change. These root causes, as identified through the market development approach (MDA), are often associated with a health market enabling environment that includes stewardship, financing, regulation, and other supporting functions, which could be improved through interventions aimed at increasing access to business and consumer loans, balanced application and enforcement of health policies, increased availability and use of health market data, improved donor coordination, and broader platforms for systematic engagement between governments and private sector organizations.

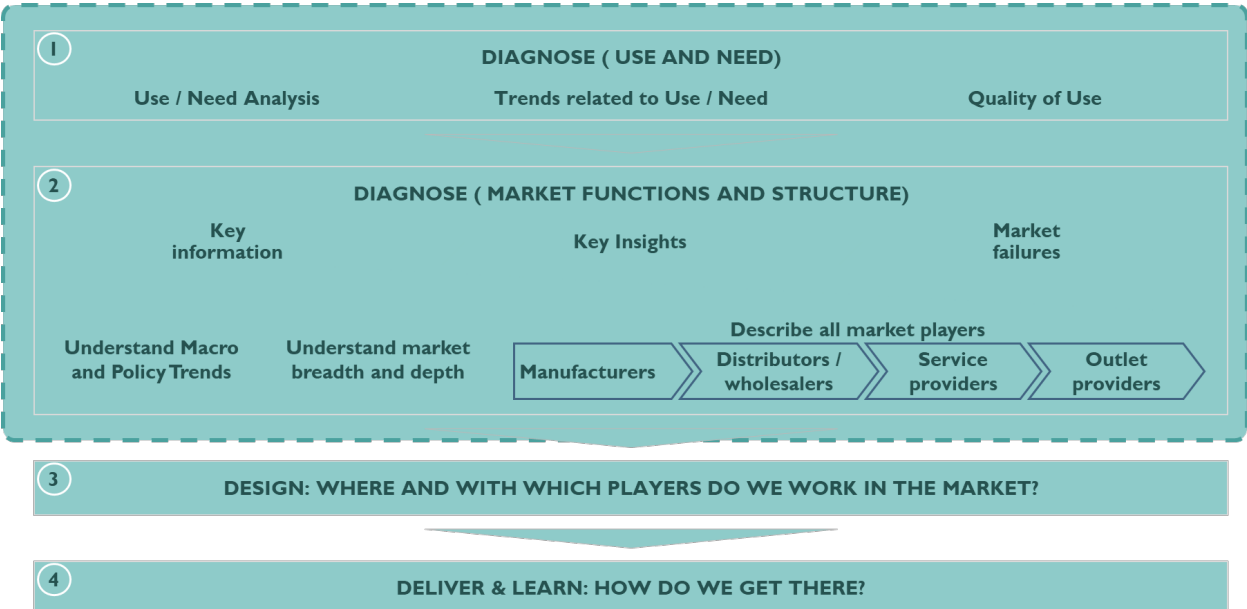
FHM Engage builds on over 30 years of USAID support, most recently to Strengthening Health Outcomes of Private Sector Plus and draws on methodologies like managing markets for health and problem-driven iterative adaptation to support local market actors to apply systematic, collaborative processes to improve their health market function. FHM Engage's technical approach has two key features to achieve a healthy market vision of growth, equity, and sustainability: applying a function-based approach to facilitate market development and delivering through the local partner ecosystem. We begin with an understanding of current market performance in terms of users as well as market functions and actors within the priority health markets of each FHM Engage focus country, identify the root causes of market underperformance, and determine potential leverage points for addressing underperformance. We then develop tailored solutions that systemically change supply and demand operations in the priority health markets and change the incentives and behaviors of a wide range of actors in the market system.

India FP Market Assessment

In early 2023, USAID/India drafted a scope of work (SOW) to bring in commercial actors to support healthier, sustainable contraceptive markets. The SOW noted, “India envisions institutionalizing an approach where the public and private stakeholders coordinate to jointly meet the FP needs and leverage each other’s strengths for maximizing the reach and quality of services.”

FHM Engage responded to this SOW through market analysis (shared separately as core deliverables) to describe, understand, and analyze the underlying market constraints in relation to the key objectives outlined in the SOW. By analyzing which segments the market is failing and how, FHM Engage was able to facilitate a co-design workshop with USAID/India in March 2023. This resulted in a list of prioritized market constraints across the health value chain, which were confirmed and refined through a series of stakeholder meetings in April and May of 2023.

FIGURE 1: BREAKDOWN OF DIAGNOSTIC APPROACH USED



FHM Engage observed that current policies related to supply of contraceptive products in India are outdated, and efforts to increase consumer demand for these products and services did not meet the wants and needs of young women in India. These women’s paramount concern is for economic security and well-being. To achieve economic security, they need entrepreneurship or other professional skills, digital and financial literacy, and financing to grow their resources. For their health and well-being, they need safe spaces to obtain contraceptive information and products, with features and benefits that match their needs and caring, non-judgmental, and high-quality services. Most importantly, they need autonomy, agency, and empowerment to control their fertility. In India’s states with higher fertility rates, permanent contraception, or sterilization, is the most common form of contraception that health providers offer. However, this option does not meet the needs of young women who want to focus on developing their professional skills and gaining experience in the workforce before having children. In general, there is a gap between what is available, and the newer contraceptive options youth want and need, which have fewer side effects.

There are no platforms or coalitions supporting the coordination or networking of entrepreneurs to

align private sector actors and advocate for policies and regulations that benefit the consumer. Existing market stewardship and coordination efforts are generally focused on specific products, such as the condom coordination mechanism, rather than the entirety of FP products. India’s FP market also needs a strategic approach to include Ayurveda, Homeopathy, and Unani (AHU) doctors in addition to private obstetrics and gynecology (OBGYN) and medicine, and surgery providers and offer contraceptive options other than sterilization.

Although the Ministry of Health has produced innovative public-private partnerships (PPPs) that support health (notably in social marketers and tuberculosis), the public sector market actors capacity to formalize partnerships is limited. No broader private sector engagement platforms exist for either innovating and developing strategies for spacing methods awareness or dissemination of information on various contraceptives by building on national and global corporate mandates for women’s economic empowerment and leadership. Neither does a stewardship platform or coalition exist that uses market intelligence and financing instruments to support the networking of entrepreneurs to align private sector actors and advocate for multi-sectoral policies and regulations that benefit the consumer (i.e., young girls and women).

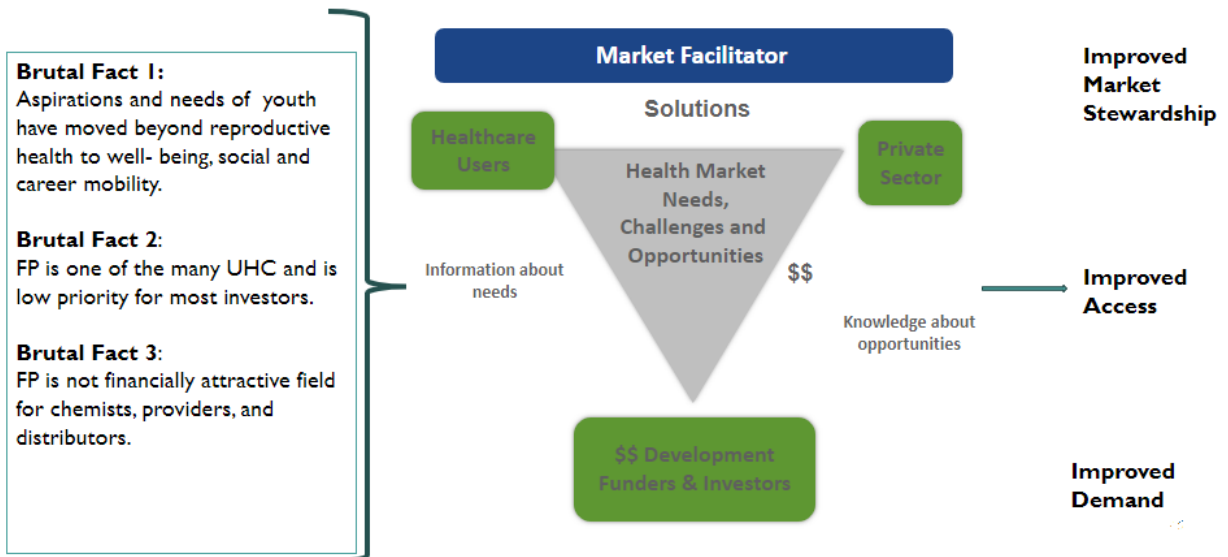
FIGURE 2: THE NEED FOR A STEWARDSHIP, FINANCING AND INTELLIGENCE PLATFORM



The India market description of FP products and services, developed by FHM Engage, highlighted the current constraints on core market functions of supply and demand and supporting functions in the market’s enabling environment (stewardship, market intelligence, financing, and laws and regulations) and concluded that the most feasible entry point into FP markets is through increasing the uptake of spacing methods among youth. There are multiple brands of spacing methods, OCPs, and emergency contraceptive pills (ECP) registered in India. However, a lack of sustained marketing efforts limits the motivation and incentives for manufacturers to consider investing in the domestic market.

Young girls, women, and men have relatively less awareness of these modern spacing methods and want access to spacing methods where and when they need them without embarrassment and fear of side effects. While neither the government nor corporations have had resources to invest heavily in demand creation for contraceptive methods, they do have mandates to drive women’s economic empowerment through multiple initiatives in education, skills, and livelihood/employment, and they are increasing the number of women in leadership positions. Additionally, companies are uniquely positioned to drive change around social norms by using their brand credibility, marketing expertise, reach, and access to key influencers, among other assets. Companies can create significant, lasting social change by shifting harmful social norms.

FIGURE 3: FAMILY PLANNING ALONE IS NOT SUSTAINABLE



Toward that end, FHM Engage developed a three-year comprehensive FP Youth Market Use Case (herein referred to as “FP Youth Market Strategy” or “Youth Strategy”) aimed at increasing access to OCP and ECP among urban/peri-urban youth from low- to middle-income groups of ages 19 to 29. The project will anchor the stewardship of SRH deliverables for youth-centered design through the local Indian agency that will establish and operationalize the management secretariat of a WOHLA. The WOHLA secretariat will facilitate the development of a platform that can sustainably catalyze a vibrant marketplace for women’s health with a vision to grow the value and volume of SRH commercial and social ventures through access to finance, networks, and mentorship.

Developing the Marketplace Design in Close Collaboration with Key Stakeholders

Following the first workshop with USAID/India in March 2023, the FHM Engage team met with multiple actors across the health value chain (including manufacturers, marketing agencies, aggregators for distributors, pharmacies, and providers, youth agencies, civil society groups, development partners, corporate industry actors, alliance conveners, and blended finance platforms) to co-design multi-year FHM Engage market development interventions. The information table below captures the background and context for illustrating potential partnerships, which address the constraints identified across market functions. It was an inclusive co-creation process through meetings and visits to sites where market actors implemented their operations, including across the anticipated project states of Maharashtra (the state capital, Mumbai, is 900 miles from the national capital, Delhi), Assam, Meghalaya (1,200 miles from Delhi), and Karnataka, where contraceptive manufacturers and other market actors are headquartered (1,300 miles from Delhi).

TABLE 1: POTENTIAL ROLES UNDER THE MARKETPLACE EXPRESSED BY STAKEHOLDERS DURING INITIAL SCOPING

| Market Function | Direct/Indirect Player | Possible Role | Experience | Comments |
|---------------------------------|--|------------------------|---|--|
| Coordination/guidance/financing | Samhita-CGF | WOHLA Secretariat Host | Social impact consulting. Expertise on women’s livelihood and returnable grants. Worked with over 100 companies to drive social impact within value chains. | Willing to compete for WOHLA role. |
| Coordination/guidance/financing | Catalyst Management Services | WOHLA Secretariat Host | Wide-ranging expertise on health, financing. | Willing to compete for WOHLA role. |
| Coordination/guidance/financing | IPE Global/Sustainable Access to Markets and Resources for Innovative Delivery of Healthcare (SAMRIDH) | WOHLA Secretariat Host | Expertise in setting up blended finance platform, leveraging market intelligence, linked with Atal Innovation Mission and Niti Aayog. | Experience in setting up SAMRIDH can guide setting up a women-oriented platform. |
| Coordination | KPMG | WOHLA | Supported the | Multiple verticals |

| Market Function | Direct/Indirect Player | Possible Role | Experience | Comments |
|---------------------------------|------------------------|---|---|--|
| n/guidance/financing | | partner | Ministry of Health with COVID-19 management and project implementation in several states. | within company, can play specific roles within WOHLA. |
| Coordination/guidance/financing | PwC | WOHLA partner | Under the project, Linkages across the Continuum of HIV Services for Key Populations Affected by HIV, identified health innovations for transfer and adoption of promising healthcare solutions between countries (India to Nigeria, Bangladesh). | Multiple verticals within company, can play specific roles within WOHLA. |
| Market intelligence | FSG | Supply chain and climate vulnerability landscape | Expertise in MDA across sectors in supporting functions and pathways to scale. | Willing to be a thought partner. |
| Market intelligence | Population Council | Market segmentation and investment case development | Research and Analyses for Scientific Transformation and Advancement initiative has done sub-analyses on India's domestic health services for total market approach studies. | Willing to be a thought partner. |
| Market intelligence | Jhpiego/Udaan | Product introduction – Implant, SubQ | Strengthened existing capacity of FP/SRH service providers. Improved youth-friendly health services; deployed | Willing to be a thought partner. |

| Market Function | Direct/Indirect Player | Possible Role | Experience | Comments |
|-------------------------------------|------------------------|---|--|---|
| | | | technology based financial instruments to remove or reduce financial barriers. | |
| | | Modules development and approaches for provider BCC | Addressing provider bias for FP/SRH services through self-paced and self-assessed digital modules. | |
| | | Youth-focused community groups identification | | |
| Product innovation and introduction | Viatrix | Largest manufacturer and marketer of oral contraceptive pills/EC/DMPA | Expertise in new product introduction and marketing. | Willing to launch and create market in USAID focus states. Willing to invest and be an anchor partner in WOHLA. |
| Product innovation and introduction | Pregna | World's largest manufacturer of LARC | Expertise in new product introduction and marketing. | Willing to understand use case for implant manufacturing in India. Willing to launch innovations in LARC (Silverline and HormonalUD) in USAID focus states. |
| Product innovation and introduction | Accent Pharma | Domestic manufacturer and currently under application for | Expertise in high-quality affordable branded generic contract manufacturing. | Willing to be a supply chain actor in northeast for oral contraceptive pills/DMPA. |

| Market Function | Direct/Indirect Player | Possible Role | Experience | Comments |
|-------------------------------------|---|--|--|---|
| | | pre-WHO authorization formalities for manufacturing of hormonal methods | | |
| Product innovation and introduction | Organon | Original Equipment Manufacturer (OEM) of Implanon NXT, women's health portfolio and sponsors of Asia Venture Partners Network, owns 'her Plan is Her Power' campaign | Innovator, investor, and advocate for WOHLA. | Willing to be an anchor partner in WOHLA. |
| Product innovation and introduction | FemTech platform | India's largest FemTech aggregator, women-led business and capacity to nurture social impact ventures | Innovators, raising investments for FemTech org. | Willing to be part of WOHLA and be the FemTech lead partner. |
| Product marketing agency | Population Health Services India (PHSI) | Sales, distribution, and social marketing agency with strong presence in East India; launching | Sole supplier of DMPA-SC in India for now. Wide range of women's health product portfolio and five decades of sales and distribution experience. | Willing to be the Sales & Distribution partner for testing and iterating S&D and marketing roles. Willing to be a coalition |

| Market Function | Direct/Indirect Player | Possible Role | Experience | Comments |
|--------------------------------|---|--|---|---|
| | | variants of OCP | | partner for rules and regulations advocacy. |
| Service delivery aggregator | Family Planning Association of India (FPAI) | Training of providers on clinical skills and counseling; advocacy for addressing regulation and market access barriers | Facilitates national FP technical support unit (TSU); 22 million serviced in 2022; reached 43 million through 65 clinics, 312 partner clinics, and agencies and telemedicine. | Willing to invest in developing a business model. Integrated, “one-window, one-stop” approach; works on addressing GBV. Willing to lead advocacy efforts. |
| Distributor channel aggregator | Pharmarack | Penetration of supply chain – distributors, pharmacies, and other supply chain actors/ stakeholders; pathways to bring in better FP products (market access) | Largest transacting business-to-business (B2B) healthcare platform in 430 districts, 10,000 distributors, 150,000 chemists. Consumption and stocking trends Drug/brand/company wise/region wise insights available. | Willing to be the distribution and supply chain aggregator to onboard distributors and chemists. Support supply chain increase in number of distributors and chemists stocking. Educate supply chain on product features, loyalty program, financing etc. |

TABLE 2: FINAL FUNNEL OF PARTNERSHIPS ACROSS FHM ENGAGE INDIA MARKETPLACE MODELS

| Tasks | Who does? | Who Pays? | Comments |
|--|----------------------|------------|--------------------------|
| Market Intelligence/Information/Guidance | | | |
| Detailed estimations of the FP market and sub-regional markets, building from use-need | FHM Engage core team | FHM Engage | FHM Engage will engage a |

| Tasks | Who does? | Who Pays? | Comments |
|---|--|--|--|
| estimates and existing knowledge of volumes. Estimates will include volume and market value estimates for the FP market, broken down by method and type of method, geography, and factor in sector-specific contributions from the public, commercial, and social marketing sectors. Market-size and demand estimates will illustrate the potential volume and value of products such as next generation OCPs and ECPs and help inform investment cases to support decisions by commercial actors, social marketers, and the public sector. | | | market intelligence unit within the WOHLA team to produce detailed estimates of the FP and sub-regional markets. |
| Market intelligence and analytics solutions to support FHM Engage: monthly stocking movements and sales consumption insights, availability, and consumption metrics to establish current baseline for women’s health; develop automated dashboards to consistently monitor impact and improvements. | Pharmarack | Services contracts through ACCESS Health International | Manufacturing and marketing companies identified as lead partners will share their data with FHM Engage. |
| Design and development at national level for supporting the Ministry of Health and interconnected ministries and departments for reach and scale of women’s health and economic empowerment initiatives enabled through USAID. | ACCESS Health International | FHM Engage | ACCESS Health International will map interventions and support government units. |
| Invest in Financing | | | |
| Women-targeted consumer financing for access to SRH modern methods. | Entity selected to run WOHLA or Samhita-Collective Good Foundation (Samhita-CGF) | WOHLA-leveraged resources | N/A |
| Supply chain financing for improving ability of manufacturers, marketing agencies, | Entity selected to run WOHLA or | WOHLA-leveraged | N/A |

| Tasks | Who does? | Who Pays? | Comments |
|---|--|------------------------|--|
| distributors, and retailers to improve the range of quality higher generation products. | Samhita-CGF | resources | |
| Resource mobilization for attracting investments into women's and adolescent sexual and reproductive health for supporting market development partnerships. | Entity selected to run WOHLA or Samhita-CGF here | FHM Engage | N/A |
| Design and development through state performance improvement plans (PIP) and national government units for strategic purchasing for integrated women's healthcare services. | ACCESS Health | FHM Engage | We will engage this task through task-based grants. |
| Investing in Reforming Rules and Regulations | | | |
| Landscaping and scoping opportunities across ministries and departments for building partnerships with pharmaceutical companies to understand the requirements and align them with 'Make in India' campaign. | ACCESS Health International | FHM Engage | This task will be performed at the national level. |
| <ul style="list-style-type: none"> ● Include newer generation of contraceptives in Indian government guidelines. ● Produce range of Drugs Controller General of India-influenced barriers for labeling, bundling, harmonizing drug scheduling-clarify schedules for marketing and promotion on offline and online channels. ● Clarify rules governing which type of service provider in online and offline channels in private sector can do what FP modern methods and where? | ACCESS Health International | FHM Engage | ACCESS will work jointly with the United Nations Population Fund (UNFPA) and provider associations at the national/state /district levels, including the TSUs supported by other development partners such as WHO-TSU. |
| Scope opportunities for project portfolio related to micro, small, and medium | ACCESS Health in collaboration | The market actors will | FHM Engage will leverage |

| Tasks | Who does? | Who Pays? | Comments |
|---|--------------------------------------|---|--|
| enterprises (MSMEs) in the pharmaceutical field with proven track records to meet national and international regulatory standards (WHO-Good Manufacturing Practice standards (GMP) or Schedule-M). | with market manufacturers | be investing their own money when accessing schemes | market actors for this task. |
| <ul style="list-style-type: none"> Analyze PPP schemes mobilization within state PIP for Assam, Meghalaya, and Maharashtra and work toward improving budget and enabling rollout of integrated healthcare through NGOs identified. Facilitate access to WOHLA-enabled credit for NGOs working in PPP schemes to tide over cash-flow issues, which are limiting scale and regular provision of services. | ACCESS Health International | FHM Engage | ACCESS Health International will work on this concurrently with WOHLA as a design principle. |
| <ul style="list-style-type: none"> Frequent mapping and engagement with the private sector (at the local district-level/block through regular convenings) for improved data reporting. Work through WOHLA for creating a platform for corporate partners to pledge their support through workplace and corporate social responsibility (CSR) initiatives (like the Corporate TB Pledge). | ACCESS Health International | FHM Engage | ACCESS Health International will work on this concurrently with WOHLA as a design principle. |
| Improving Youth Access | | | |
| <ul style="list-style-type: none"> Wholesalers and distributors — expansion and addition of increased range of OCP and ECP. Pharmarack — strengthen and improve network coverage by doing detailed analysis of distributors and pharmacies based on criteria in collaboration with FHM Engage and manufacturers, especially for cities prioritized by FHM Engage under demand estimate analysis for N-E states and Maharashtra. | Market aggregators like Pharmarack | Service contracts through FHM Engage and WOHLA | N/A |
| New product introduction and sales — B2B marketing (distributor and pharmacy engagement) to push sales/ procurement of women’s health products at distributor and | Market manufacturing partners of FHM | FHM Engage to initiate and lead | N/A |

| Tasks | Who does? | Who Pays? | Comments |
|---|--|--|---|
| pharmacy levels — through digital communication (through an app and social media) and off-app communication (workshops, orientation for district level pharmacy associations). | Engage | partners invest their own funds | |
| Provider capacity, consulting, and prescription: curated schemes/loyalty programs on a Pharmarack-like platform to drive product procurement and improve knowledge and practices of pharmacies in ensuring safe and stigma-free purchase of women’s health products by consumers. | Provider aggregators org like Pharmarack/Federation of Obstetric and Gynecological Societies of India/FPAI/National Integrated Medical Association | Service contracts through FHM Engage and WOHLA | N/A |
| Identifying catalytic solutions, for climate change effects and mitigation study through sub-grant. | Consulting companies like FSG | FHM Engage through sub-grants | N/A |
| CSOs and NGOs will work with 15–29-year-olds across multiple initiatives, such as GBV, prevention of sexual abuse, digital literacy and financial literacy, skilling, and livelihoods. They will also train staff on method specific side-effects, countering misinformation and related issues and linking with digital platforms for user support. | WOHLA team supported through FHM Engage | WOHLA-matching grants and anchor partners’ investments | N/A |
| Investing in Improving Youth Demand | | | |
| Leveraging digital technology to generate demand and test scalable solutions to improve management of side effects, including supporting consumer-oriented digital platforms where girls and women are already comfortable for repeat purchases for women’s health products; focus on making the category less clinical and improving self-managed initiatives. | Digital online platforms for information and BCC, supported under WOHLA member companies or anchor partners | FHM Engage subgrant | Concurrently work with WOHLA as design principle. |

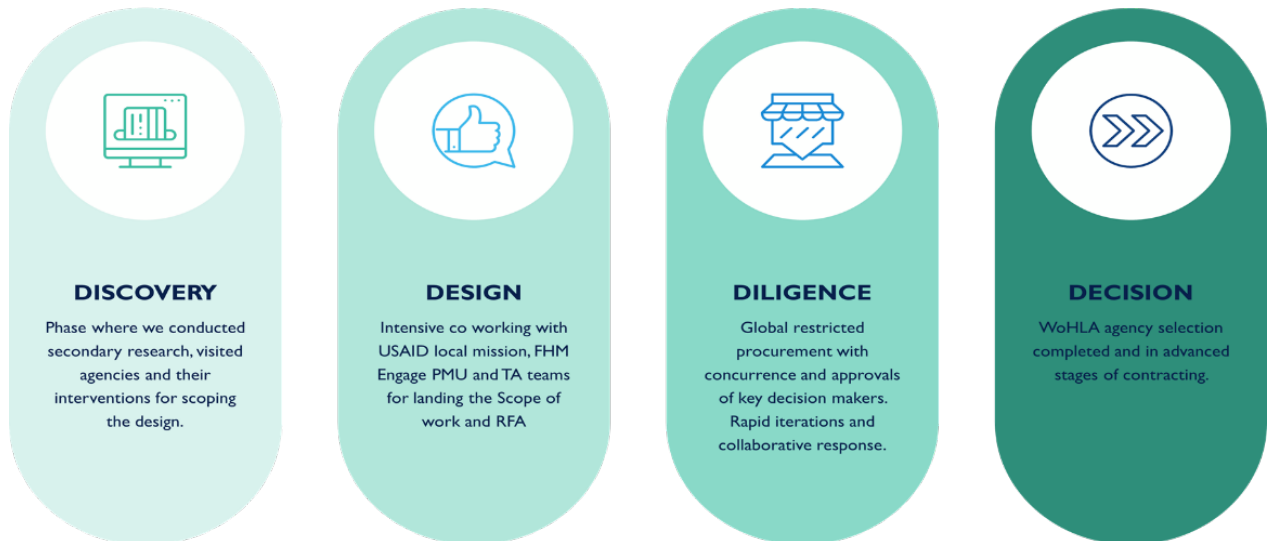
| Tasks | Who does? | Who Pays? | Comments |
|--|---|--|---|
| Point of service financing linked with investments by service providers to design facility layouts or mobile clinical outreach activities, which encourage safe spaces to encourage youth to seek information, products, and services for increasing demand with youth for FP. | Linked to invest in financing, and micro-entrepreneurship development under WOHLA | Link to financing and entrepreneur initiatives under WOHLA | TA for SRH issues facilitated by FHM Engage. |
| Demand aggregation platform wherein information collaterals and relevant capacity building will be integrated into anchor partner company workforces, workplace interventions conducted by WOHLA in private and public sector outreach. Train staff on method-specific side effects, countering misinformation, and related issues. | WOHLA team, supported through FHM Engage | WOHLA matching grants and anchor partners' investments | Concurrently work with WOHLA as design principle. |

These discussions facilitated the co-design of a health marketplace model to forge a WOHLA in India made up of corporations, industrial associations, and development partners committed to strengthening market stewardship efforts. It will improve access to better quality and affordable healthcare products and services, including SRH care, ensure social inclusion and economic security for women, mobilize private sector resources for targeted initiatives for women’s health and livelihoods, and facilitate enabling ecosystems for greater collaboration between the private sector and government, which can build women’s agency to make decisions related to healthy timing and spacing of pregnancies.

The establishment of WOHLA was divided into four phases, as outlined in Figure 4.

FIGURE 4: FOUR PHASES OF WOHLA ESTABLISHMENT

ROUTE TO EXECUTION



The conceptual framework for WOHLA aligned with the original core thematic areas and responded to the constraints and market functions, as illustrated in Table 3 below.

TABLE 3: CONCEPTUAL FRAMEWORK FOR WOHLA: THE WOHLA PLATFORM ADDRESSES SEVERAL ROOT CAUSES OF THE FP MARKET CONSTRAINTS AND WOMEN’S HEALTH ISSUES, INCLUDING FACTORS DRIVING GENDER INEQUALITY

| | | |
|--|---|------------------------------------|
| <p>Stewardship - No platforms /coalitions supporting coordination, networking of entrepreneurs to align private sector to expand access to Women’s Health, support gender equity and equality, Market stewardship/coordination currently focuses on products, not FP category, Lack of Women’s Health Continuum based PPP engagement strategy prevents government from optimizing private sector</p> | <p>Market Intelligence – Fit for purpose information informs OCP/ECP related policies, commercial actor investments, and market intervention</p> | <p>Improved Market Stewardship</p> |
| <p>Financing – Supply side - Lack of market capital to incentivize spacing methods and insufficient understanding of potential/ investment case to encourage product portfolio expansion.Lack of financing for product channel innovations to go to scale by startups. No blended financing models around FP . Consumer side (young girls and women) – need purchasing power for spacing , do not have innovative financing mechanisms from provider/ pharmacists for contraceptives, prefers investing in beauty products and skills / livelihood / employment opportunities</p> | <p>Rules/Regs - policy and regulatory environment facilitating commercial sector participation in the FP market, sale of OTC and prescription, self-care, tele-medicine</p> | |
| <p>Market Intelligence - Absence of inter-sectoral market intelligence collection, analysis, and data dissemination inhibits understanding of Women’s Health (and SRH) market cross-sector convergence on issues of perceived importance. Existing FP data is restricted to few INGOs and FP coalition partners who ‘ interface’ between market players and consumers. There are multiple actors working in skills / livelihood / entrepreneurship</p> | <p>Financing - Incentivize financing conditional to OCP/ECP use to reach more youth for manufacturers, distributors, private providers, and then among those working in the women entrepreneur ecosystem</p> | <p>Improved Access</p> |
| <p>Rules / Regulations – Lack of clear Guidelines on telemedicine and self care for integrated women’s health needs; Price regulation restricts innovation and range introduction in domestic market, particularly for new generations of FP hormonal drugs and devices. Conflicting regulations for dispensing across drug schedules & medical devices</p> | <p>Work with where young girls / women get Skills Livelihood, Entrepreneurship; also look at digital and offline platforms Go to where are they purchasing products / services for their health to take care of themselves</p> | |
| | <p>Improve availability and choice of on demand and discrete OCP/ECP methods – improve supplier diversity and related provider skilling for counsel, provide and support; Harness the power of digital technology to identify and test scalable solutions, esp. for improved management of side effects, and reach towards youth</p> | <p>Improved Demand</p> |
| | <p>Work with where Women and Young Girls get Skills Livelihood, Entrepreneurship; also look at digital and offline platforms Through Youth Group HCD agencies - Map where are they going to get information on how to take care of their health to sustain themselves What can we talk to them about, to help them use on demand and discrete methods continuously - development of content for communication and marketing materials to support private actors to create a support system for young girls and women to continuously use OCP and ECP without fear of side effects</p> | |

FHM Engage participated in a series of co-creation meetings with USAID/India to align the scope of work with work plan objectives. They developed the statement of work, application guidelines, and merit

review criteria. The next step was to draft the request for application (RFA) for selecting the local sub-recipient (or marketplace management team) in coordination with Chemonics' Partnerships and Contracts Compliance teams.

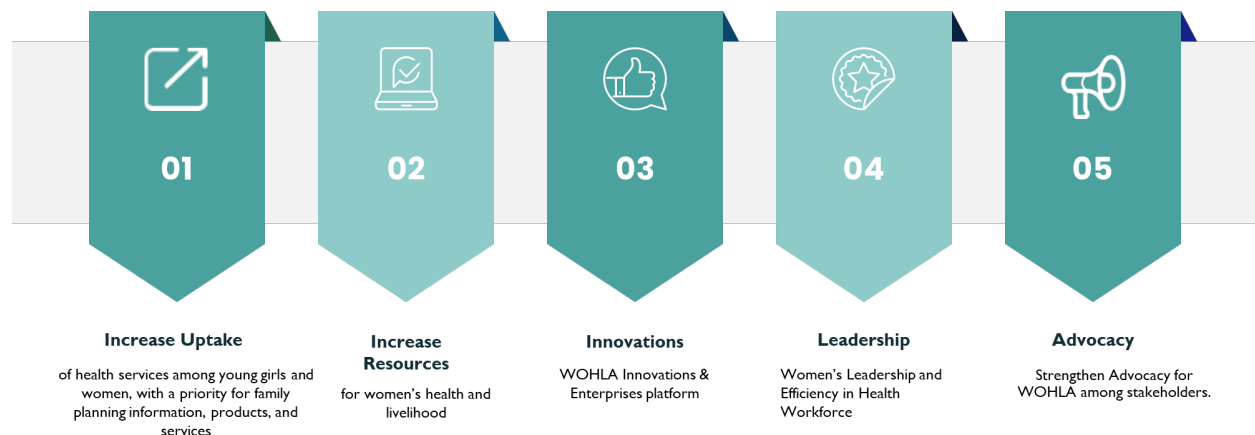
The selected agency will incubate WOHLA, which includes designing and establishing a governance structure and supporting documents, including by-laws, terms of reference of board members, development of strategy; management structure and recruitment of key leadership positions supporting the secretariat of WOHLA; establishment of systems and processes to support management and operations; and development of work plans to achieve agreed strategic objectives and goals. The selected entity will concurrently bring together a consortium of partners committed to improving access and demand for FP services by strengthening the private sector engagement with the Indian government and NGOs through support/participation in WOHLA and ensuring WOHLA has the necessary approvals (or government registrations as needed) for operations in India.

Vision for WOHLA

FHM Engage’s expectation for the establishment of a WOHLA in India is that over the project timeline (36 months), this alliance, led by the selected applicant, will have the capacity, networks, and blended finance platform to:

1. Lead support for improved stewardship of markets for women’s health and FP products and services, catalyzing a range of private sector actors to grow the FP market sustainably.
2. Become the nodal alliance for facilitating the matching of financing instruments from different sources (development finance, corporate sector, CSR, others) and for growing the seed grant from FHM Engage multiple times during the project period for sustained work on women’s health, livelihood, and leadership.
3. Become self-sustaining to run the core secretariat and associated functions needed to support the market, government, and civil society for progress toward FP 2030 goals for youth and women of India.

FIGURE 5: THE WOHLA ALLIANCE WILL WORK AROUND THE FOLLOWING FIVE CORE THEMATIC AREAS



Alliance members facilitate the implementation of several activities and interventions within the thematic areas to improve access to discrete and on-demand spacing contraceptive methods for women. This role then allows women to obtain contraceptives comfortably and use them continuously in line with their reproductive goals. Listed below are the themes that guide WOHLA’s goals.

Theme 1: Increased Uptake of Health Services Among Young Girls and Women in Targeted Geography, with a Priority for FP Information, Products, and Services

We have strategically designed the WOHLA marketplace management secretariat’s activities to cater to women at various stages of life and diverse lived experiences, like women facing early marriage, teenage pregnancy, unwanted and untimely pregnancies, and addressing post-partum well-being and childcare needs. This thematic focus aligns directly with Intermediate Results (IRs) 2 and 3, outlined in the multi-year work plan of FHM Engage in India. Specifically, it aims to enhance access to and demand for priority SRH products, services, and information.

This envisioned theme encompasses the integration of women’s health into workplace programs, both

formal and informal, with the primary objective of raising awareness of and increasing access to contraceptives. This empowerment enables women to take charge of their reproductive intentions effectively. Implementation strategies involve reaching out to youth and women in their workplaces through innovative initiatives such as “WOHLA on Wheels,” which entails mobile outreach to vulnerable populations at their points of need. Additionally, we will deploy clinical outreach teams with a focus on marginalized groups, including tribal women and other hard-to-reach vulnerable women.

A significant emphasis lies in developing solutions that facilitate integrated access to SRH services in conjunction with skilling/livelihood and social protection schemes. This includes leveraging the Ministry of Electronics and Information Technology’s initiative of common service centers to promote integrated health products, livelihood opportunities, and social protection packages.

We will actively pursue collaboration with state governments to implement solutions devised by FHM Engage partners, thereby contributing to achieving FP 2030’s goals and fostering PPPs. The initiative’s scope also extends to providing funding and support for innovation and business expansion along the entire value chain within targeted states. Moreover, it involves collaboration with private sector entities to enhance contraceptive choices, especially among the youth, through improved market segmentation and the introduction of new contraceptive methods. This comprehensive approach underscores our commitment to advancing women’s reproductive health and well-being across India.

Theme 2: Increase Resources for Women’s Health and Livelihoods

One of the critical constraints highlighted in the FHM Engage Family Planning Assessment is how FP and SRH are considered a low priority for private sector entities, resulting in limited investments in this crucial area. This challenge is exacerbated by a decline in financial support from traditional donors for private-sector FP interventions. Additionally, the financial revitalization of initiatives, such as social marketing, social franchising, clinical outreach teams, and PPP schemes, has not adequately addressed the evolving youth market and its associated constraints. Alliances previously established to tackle capital shortages were found to be inadequately designed or lacked the appropriate incentives.

This constraint aligns directly with the overarching sustainability strategy and vision for WOHLA within the FHM Engage program. To address this challenge, the management secretariat will collaborate with alliances, investors, and partners operating in related thematic areas to attract investments dedicated to the sexual and reproductive health of women and adolescents. They will proactively develop CSR and market-based investment opportunities, seek to secure matching funds, coordinate CSR roadshows, and facilitate collaborations among social organizations, private enterprises, and government departments.

Furthermore, the management secretariat will support the cause marketing collaborative, explore viable market opportunities for SRH products, establish and nurture partnerships, and review schemes supported by government departments. The management secretariat will play a pivotal role in identifying solution providers and exploring potential avenues for securing direct funding from anchor partners. These efforts signify the management secretariat’s commitment to addressing this constraint and mobilizing the necessary resources to advance the objectives of the FHM Engage program surrounding sexual and reproductive health.

Theme 3: WOHLA Innovations and Enterprises Platform

Within the WOHLA Marketplace framework, several financing needs have been identified as requiring attention to facilitate the empowerment and well-being of women:

- Market actors operating in the supply chain, which include distributors, chemists, and providers of AHU services, require access to credit. This credit is essential for upgrading their facilities, ensuring adequate working capital to optimize inventory management, and incorporating efficiency tools and management information systems to enhance their operations.
- Women requiring access to credit for various life experiences or situations that can significantly affect their health, livelihoods, or entrepreneurial pursuits, ultimately affecting their purchasing power.

The management secretariat's role is to establish and manage WOHLA as a dedicated platform and marketplace tailored to women's health. The primary objective is to mobilize resources that enhance access to finance, livelihood opportunities, and economic empowerment for women. To achieve this, the management secretariat will orchestrate the convergence of various sources of private funding, including commercial loans, corporate financing, and returnable grants, in addition to public funds through strategic purchasing and framework agreements.

To further this mission, the management secretariat will explore innovative demand-side mechanisms that can be funded by private sector actors, such as e-vouchers and payback schemes. On the supply side, the management secretariat will develop programs related to savings and insurance to bolster women's financial capabilities. Furthermore, the management secretariat will create an e-platform dedicated to healthcare business opportunities, facilitating access to financial resources for women's health entrepreneurs, and work toward incentivizing blended finance programs to attract investment.

In alignment with a comprehensive approach, the management secretariat will prioritize integrating sexual and reproductive health products and services into emergency response plans. The management secretariat will also explore opportunities in warehousing and distribution to ensure the efficient delivery of essential healthcare resources. In sum, the management secretariat's efforts are geared toward addressing identified financing needs and promoting women's health and economic empowerment through innovative and holistic strategies.

Theme 4: Women Leadership and Efficiency in Health Workforce

This thematic focus is centered on enhancing stewardship skills in the context of women's health while bolstering access to and demand for healthcare services. The management secretariat's role encompasses several key initiatives:

- *Addressing health challenges:* The management secretariat will support the development of solutions to tackle health-related challenges faced by women in the healthcare workforce, particularly those arising from career disruptions and external responsibilities. This includes providing counseling services to help women navigate these challenges effectively.
- *Promoting digital literacy:* A significant aspect of this theme involves promoting digital literacy among women working in the healthcare sector. This is aimed at empowering them with the skills

needed to harness technology for professional growth and service delivery.

- *Establishing e-health and mobile health platforms:* The management secretariat will establish electronic health and mobile health platforms. These platforms will serve as instrumental tools to create leadership opportunities for women within the healthcare sector, empowering them to take on more prominent roles.
- *Training and capacity building:* The initiative will include the design and implementation of training and capacity-building programs tailored to women aspiring to attain leadership positions within the healthcare industry. Supporting women-owned and women-led healthcare enterprises will be high priorities.
- *Women-centric healthcare:* To foster increased participation and productivity of women in emerging high-growth industries such as logistics, warehousing, home healthcare, childcare, and field sales, the management secretariat will provide access to women-centric healthcare services. These services will address critical areas such as menstrual health, contraception, and nutrition, ensuring that women can thrive in these industries.

This thematic approach focuses on empowering women in the healthcare sector, both professionally and personally, while enhancing their access to specialized healthcare services. These efforts are geared toward facilitating women's active participation in new, dynamic industries and contributing to their overall well-being and success.

Theme 5: Strengthen Advocacy for WOHLA Among Stakeholders

This initiative represents a pivotal stewardship activity, as outlined in IR I, focusing on centering women and youth in discussions and policymaking. Its core objective is to create an enabling environment for fostering greater collaboration among the private sector, government, and NGOs in women's health.

The management secretariat's strategic approach involves establishing partnerships between WOHLA and prominent figures from diverse fields, encompassing women parliamentarians, celebrities, bureaucrats, and healthcare professionals. These partnerships elevate the visibility of women's issues, celebrate their achievements, and highlight opportunities for their advancement. In addition, collaborations with female sports personalities will be forged to support marketing initiatives associated with WOHLA.

The management secretariat will actively advocate for government commitment to women and youth interventions, particularly within the framework of FP 2030 and other Indian government initiatives, through public-private dialogue (PPD) at both the national and state levels.

The management secretariat will play a leadership role in promoting adolescent and youth sexual and reproductive health and women's economic empowerment by amplifying women's voices through the strengthening of civil society groups and initiatives. The management secretariat will advocate for and collaborate with providers of youth-friendly services, contribute to content development, and support corporations and companies affiliated with WOHLA in effectively engaging with their female employees.

In summary, this stewardship activity is dedicated to placing women and youth at the forefront of policy discussions and fostering collaborative efforts among various stakeholders to advance women's health. It involves strategic partnerships, advocacy at various levels, and initiatives to empower women and

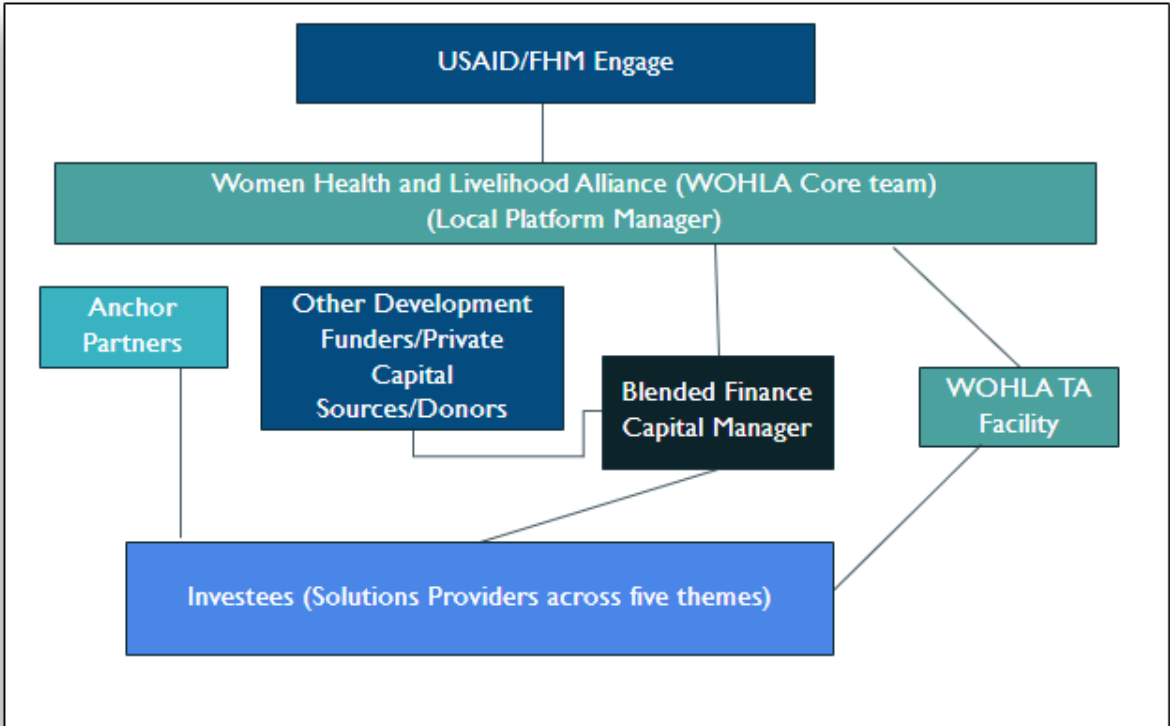
youth in the healthcare sector and the broader workforce.

Crosscutting considerations include climate change, digital technology, innovative financing, gender, and social inclusion.

Launching the Marketplace Model

FHM Engage’s India team will be responsible for selecting the local partner for the WOHLA performance management secretariat and will work with the local partner on the design of the platform, identification of investees (solution providers across all five themes), oversight and reporting, monitoring and learning tasks, and resource mobilization and marketing activities. The graphic below shows the roles expected to be provided by WOHLA and the anticipated relationship with FHM Engage and other donors and investors likely to contribute financial and technical resources to this alliance.

FIGURE 6: THE WOHLA ALLIANCE WILL WORK AROUND THE FOLLOWING FIVE CORE THEMATIC AREAS



As FHM Engage and the mission continued to develop the scope of work, they shortlisted four organizations based on the following criteria: their experience in managing blended finance platforms, their ability to raise funds from multiple non-U.S. government sources, their experience with USAID/India, and their development of tools and processes for identifying solution providers and thematic interventions.

While the RFA process to select the WOHLA managing entity was underway, FHM Engage developed pitch presentations about the WOHLA concept, facilitated joint meetings with USAID/India for one of the manufacturers of Long Acting Reversible Contraceptives (LARC), and shared a concept note, inviting them to become an anchor partner in the WOHLA marketplace. FHM Engage also presented the concept to another donor agency and UNFPA teams, as both have identified investing in sexual and reproductive health and rights (SRHR) and academic, vocational, and life skills for girls and young women as opportunities for sustainable and inclusive development. The donor agency and UNFPA expressed interest in becoming active partners in the alliance. Once WOHLA is established, FHM Engage will work toward obtaining commitments from these partners and reaching out to additional partners.

In August 2023, FHM Engage facilitated meetings for USAID in Maharashtra and Assam with partners to arrive at a shared understanding of factors that limit the growth of the FP market in India. In these meetings, they also validated root causes to determine which of these were responsible for each constraint on each category of market actor and market function, then determined whether they could respond to those constraints given time and other resources. At the meetings, FHM Engage and partners identified market actors that could perform the core functions of growing FP supply and demand and co-create ideas on improving the enabling environment. FHM Engage clearly communicated its interest specifically in supporting market actors that would work on addressing challenges in rules/regulations, financing, and market intelligence to strengthen the market among youth for reversible contraception.



PHOTO TAKEN ON 8TH AUGUST (MUMBAI) WITH FHM ENGAGE PARTNERS WITH USAID, WOHLA, ACCESS HEALTH INTERNATIONAL, PHSI, PHARMARACK, SAMHITA, COLLECTIVE GOOD FOUNDATION, AND REPRESENTATIVES FROM SEVERAL MARKET ACTORS.

The purpose of the FHM Engage partners meeting in Mumbai and Guwahati was to:

- Develop a comprehensive approach to strengthen the market and improve women’s access to suitable reproductive health products with the understanding while considering the broader market system and causes of dysfunction.
- Build collaborative partnerships between various stakeholders, including FHM Engage, Samhita-CGF, Access Health, pharmaceutical companies, distributors, providers, and others to develop a vision for change and steps for achieving this vision.
- Introduce the WOHLA initiative, which seeks to empower women economically while addressing their health needs.
- Explore strategies to harmonize efforts, bridge gaps in contraceptive availability, enhance awareness among healthcare providers, and promote soft skills training. The meeting aimed to lay the foundation for collaborative actions that align with WOHLA’s objectives.
- Facilitate discussions among key stakeholders to pave the way for meaningful interventions and improvements in women’s health and well-being.

Prioritizing and Addressing Key Health Market Issues, Challenges, and Opportunities: A Value Chain Approach to the Marketplace Model

To enhance FP and women’s health markets, FHM Engage introduced a comprehensive strategy to elevate the sector. Simultaneously, FHM Engage assessed the value propositions of various market participants, along with the role of market drivers. “Market functions” encompass the diverse roles and activities shaping the production, distribution, promotion, and consumption of FP-related goods and services. These functions span manufacturing, marketing, distribution, financing, provision of products/services, and demand aggregation. The evaluation aimed to elucidate these market functions’ contributions within market operations, addressing relevant issues. Through meticulous analysis of these market functions and their barriers encountered at each tier, this strategy highlighted a holistic developmental approach that tackles each underlying concern. As illustrated below, WOHLA, the India Marketplace platform, will be the intermediary between investors and market actors. The aim of the WOHLA marketplace platform is to increase correct and consistent use of healthcare products, services and behaviors among women and youth. Towards this, the platform brings together a set of solution and service providers for supply, demand and enabling market functions.

FIGURE 7: INDIA MARKETPLACE PLATFORM

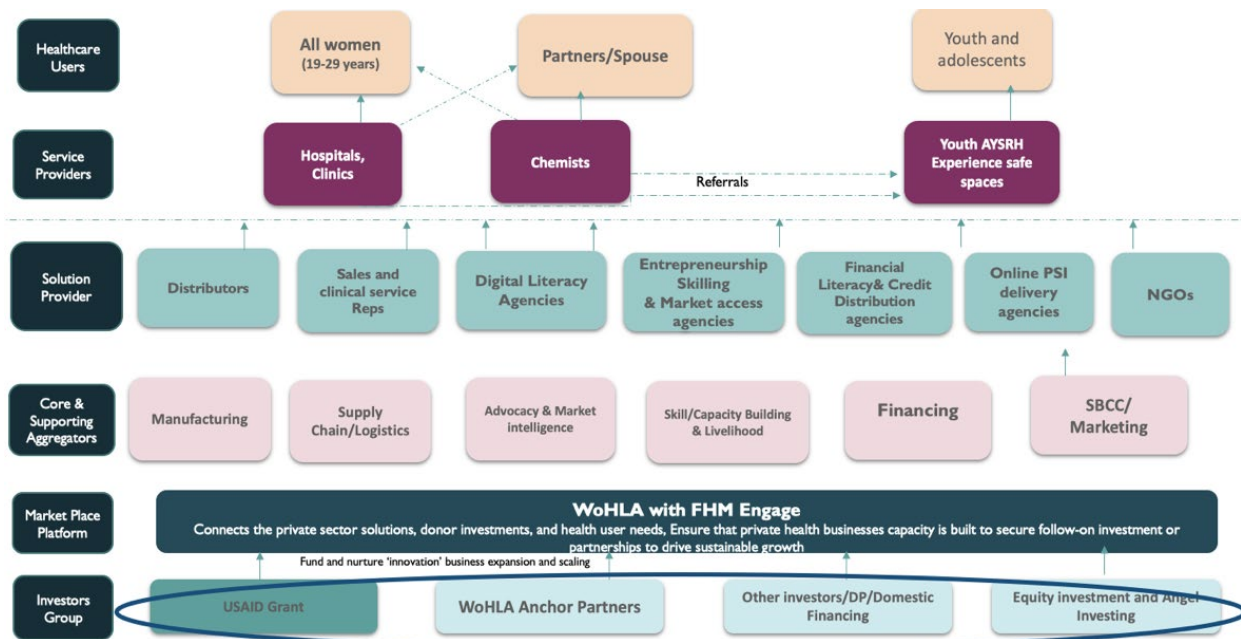
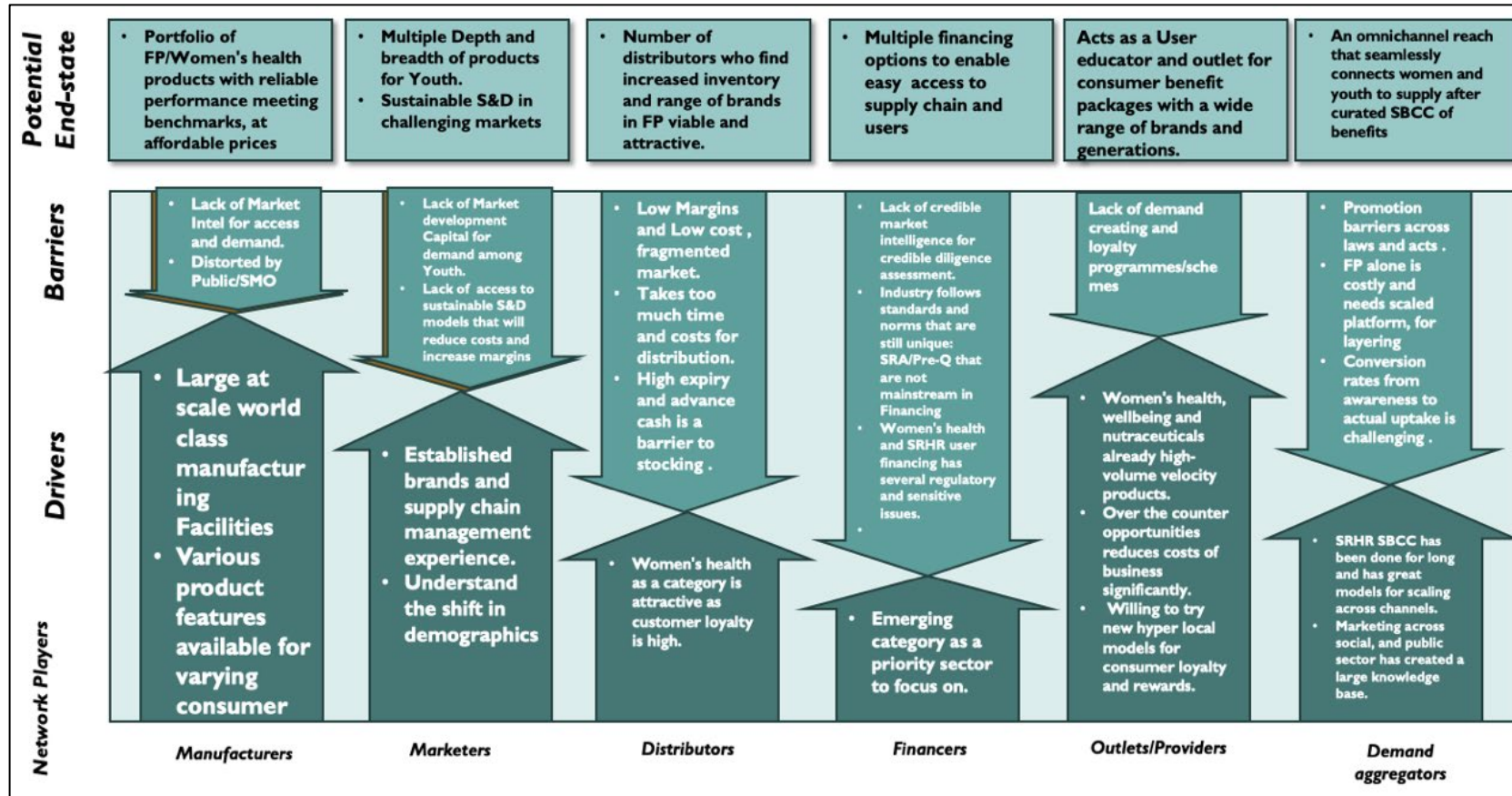


FIGURE 8: INDIA MARKETPLACE PLATFORM



The analysis suggested that FP and women’s health markets can be strengthened through collaborative efforts at every level of the value chain. Manufacturers should prioritize accurate market insights and education, and marketers need innovative strategies. Distributors can optimize inventory management, financers should standardize norms, and providers must focus on demand creation. Demand aggregators can enhance reach by leveraging existing social and behavioral change communication (SBCC) models and knowledge bases. This multifaceted approach will drive sustainable market growth and empower women's health.

Operationalizing the WOHLA

The FHM Engage team approached the design transition to make WOHLA come to life as a project through five tasks. These tasks would help FHM Engage to operationalize the WOHLA and perform key market facilitation roles to enhance women's health and economic empowerment.

Task 1: Establish WOHLA: Responsibility, WOHLA Strategic Partnerships Team

- Identify and engage potential partners from diverse sectors, including philanthropies, CSR partners, healthcare manufacturers, private sector entities, social enterprises, and more, to create a well-rounded alliance.
- Design and establish the governance structure, including by-laws, board member terms of reference, and strategic development.
- Recruit key leadership personnel to support the secretariat of WOHLA.
- Develop operational systems and processes to facilitate management and day-to-day operations.
- Formulate detailed work plans to achieve strategic objectives and goals.

Task 2: Serve as WOHLA Secretariat: Responsibility, WOHLA Strategic Management Team

- Develop an organizational chart that effectively manages the alliance and implements technical interventions.
- Recruit and hire qualified staff to support the alliance's activities.
- Coordinate and oversee multiple activities concurrently.
- Develop work plans and budgets, monitoring work plan activities against budget allocations.
- Ensure consistent and regular communication among alliance members.

Task 3: Manage Annual Work Plan Development: WOHLA Management Team

- Create specific work plans for each of the following areas:
 - Platform management team and roles (strategic partnerships, financing instruments, technical assistance team, monitoring, evaluation, and learning [MEL] team)
 - Additional stakeholders/alliance partners (anchor partners, solution providers, and resource providers/enablers)
 - Due diligence frameworks for downstream and upstream partners
 - Types of partnership arrangements (memorandum of understanding, grant agreement, service agreement)
 - Communications and marketing plan (linked to Theme 5: Advocacy)

Task 4: Identify and Implement Activities for Youth Market: Responsibility, WOHLA Strategic Management Team

- Integrate a women's healthcare program focused on sexual and reproductive health and FP into existing livelihood interventions.
- Monitor and support promising private sector partnerships to enhance access to women's health services and products.
- Create a financing platform to improve the availability of financing instruments for women's health solutions.
- Facilitate dialogue, linkages, and partnerships between various market actors in public and private sectors.

Task 5: Develop WOHLA MEL Plan: WOHLA MEL Team

- Design a comprehensive MEL plan to track and report on expected program outputs linked to the FHM activity MEL plan.
- Onboard all program participants onto the WOHLA technology platform to ensure regular tracking.
- Implement robust data privacy and security measures to protect sensitive information.
- Utilize a mixed-methods approach to generate quantitative data and collect qualitative insights and case stories.
 - Leverage the expertise and technology of alliance partners to establish a robust technology and MEL platform for WOHLA.

This action plan outlines the key tasks and responsibilities required to operationalize WOHLA and fulfill its role in enhancing women's health and economic empowerment. It emphasizes collaborating with diverse partners and developing comprehensive monitoring and evaluation mechanisms to ensure program success. The proposed set of indicator themes will measure the anticipated program outputs effectively. These indicators will be crucial metrics for assessing the program's impact and progress. The detailed MEL framework, along with the analysis plan, will be developed at the program's outset after thorough consultations with USAID. We have identified the following indicators of thematic areas:

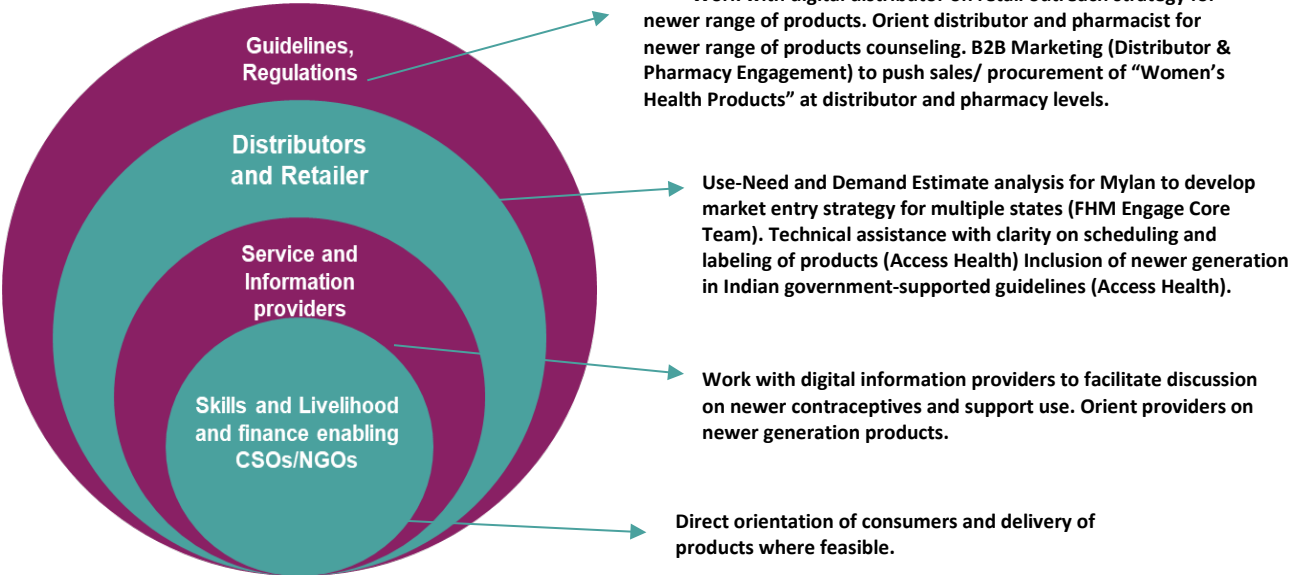
1. *Private fund mobilization:* Measure the ability to raise private funds, including domestic resources, for providing grant and debt financing to healthcare enterprises and innovators, thereby enhancing their capacity to produce and supply high-impact health solutions.
2. *Private sector partnerships:* Monitor the increase in private sector partnerships established through WOHLA, including collaborations with companies, corporate partners, foundations, development organizations, government entities, and social agencies.
3. *Innovative programs:* Track the growth in the number of innovative programs, particularly addressing women's issues like gender equity, SRH (including menstrual health), GBV, livelihoods, child marriage, and challenges faced by women healthcare workers in the health workforce.
4. *Support for women workers and entrepreneurs:* Quantify the increase in the number of women workers and female entrepreneurs who receive support for capital, skill-building, leadership, and employment, with a focus on linkages with SRH interventions.

5. *Lives impacted*: Measure the increase in the number of lives impacted, disaggregated by gender (male and female), age groups (e.g., pregnant women, children [0-1 years and 0-5 years], adolescents [10-14 years], and adolescents [15-19 years]).
6. *Capacity building*: Assess the increase in the number of individuals trained, including medical staff, nurses, and community health workers, in leadership skills development.
7. *Health facilities and product outlets*: Monitor the increase in the number of health facilities or product outlets supported with an expanded range of methods (both types and brands of methods).
8. *Contraceptive product distribution*: Track the increase in OCP and ECP brands sold or distributed to health facilities, outlets, or wholesalers with support from FHM Engage.
9. *Adolescent-friendly health services*: Measure the expansion of adolescent-friendly health service delivery sites providing FP counseling and/or services.
10. *Innovative approaches for hard-to-reach communities*: Evaluate the innovative approaches developed to improve access to FP/SRH services in hard-to-reach communities within the private sector, assessing uptake by the public or private sector.
11. *FP-related messaging and counseling*: Quantify the increase in FP-related outputs, such as the number of people reached with messages on FP products and services through various communication channels, as well as the number of target population clients counseled at in-person touch points for their reproductive needs and contraceptive use.
12. *Private sector capacity enhancement*: Assess the improved capacity of private sector formal and informal employers to implement FP/SRH and GBV initiatives, with a focus on the number of private sector firms that have enhanced their management practices or technologies due to U.S. government assistance.
13. *Advocacy efforts and evidence-based approaches*: Evaluate the strengthened advocacy efforts and evidence-based approaches, particularly through the expansion of technical and leadership platforms at the state level. This includes tracking the increase in FHM Engage-supported PPD platforms that regularly share and discuss data from both the public and private sectors or health market challenges.

These indicators collectively provide a comprehensive framework for assessing the program's achievements, partnerships, and contributions to advancing women's health and well-being in various contexts.

How Do We See Supply and Demand Through Market Development Partnerships Across Women’s Health and Livelihood Sectors?

FIGURE 9: SUPPLY AND DEMAND ACROSS MARKET DEVELOPMENT PARTNERSHIPS IN WOHLA



Annex 1. FHM Engage Market Development Partnerships – Field Visits in Mumbai (Maharashtra) to Demonstrate Potential.

The meetings held from August 8 through August 10 focused on understanding the scale and range for the first set of market development partnerships established under FHM Engage. There are USAID and Indian Federal Contribution Regulation Act rules governing the flow of funds across tiers of partnership, so blended financing instruments will be needed, such as collateral-free loans (i.e., returnable grants), performance-linked service agreements, mobilizing credit guarantee schemes available within the Indian government for financing, and development of MSME. Through the commercial sector stewardship function of the WOHLA secretariat, FHM Engage will develop a platform over the life of the anticipated sub-award that will act as a sustainable “marketplace” for matching solutions for improving access and demand for FP services and products, with financing resources available, to grow the value and volume of social ventures to succeed with access to finance, networks, and mentorship. For the first set of partnerships, FHM Engage will work with lead firms relevant in women’s healthcare markets that show the capacity, willingness, and incentives to expand. FHM Engage will facilitate market actors’ behavior change — rather than fulfilling a market function — through the following initial partnerships:

1. Domestic manufacturers for social enterprises currently servicing low-income populations will need credit guarantees for working capital to increase the production of quality products. Through their strong relationships with product suppliers, they will ensure competitive prices.
2. Marketing companies need access to newer platforms (such as adjacent markets) for promoting newer generations of contraceptives. They also need to increase distributor-chemist outlets in underserved areas with an expanded range of products, underwrite risk for advances given to distributors to improve marketing of contraceptives, build linkages with market-building initiatives, and facilitate distribution resilience through financing models to prevent stock outages through increased inventory and credit terms.
3. Distributor aggregators need to appoint distributors and onboard chemists to launch contraceptives in new locations, lead reward and loyalty programs for chemists and distributors to increase user engagement and client support, generate real-time insights for stakeholders to apply market intelligence to business planning, and increase the depth and breadth of distribution points in challenging and evolving markets.
4. Clinics and hospitals need technical assistance and financing to design facility layouts or mobile clinical outreach efforts that foster safe space for youth to seek information, products, and services.
5. Companies employing women in value chain and corporate positions want to start employee and value chain wellness initiatives and get ideas for complying with environmental, social, and governance regulations.
6. Digital platforms, like Nivi, e-commerce, and FemTech India, are looking for connections with providers and platform integration for tailoring user journeys and improving the value proposition for supporting the young population across the life stage approach.
7. Marketing and manufacturing companies are looking for insights, demand potential, and facilitation

for partnering with digital transformative enterprises to save costs and improve efficiency.

8. NGOs and CSOs with the capacity to implement GBV prevention, skilling, and livelihood initiatives and women empowerment schemes need financing to increase scale and introduce social protection schemes to provide value to their target population.
9. Two leading Global IT Companies are supporting digital literacy initiatives to equip women workers and entrepreneurs with tools and practices to maximize their smartphone usage for business as well as healthcare needs and improve digital safety and security for young girls and women to be comfortable in seeking online information. They can include counseling on contraceptive methods with information on method-specific side effects, countering misinformation and related issues, and linking with digital platforms for user support.
10. Financial inclusion and financial literacy programs are supporting women in planning for their financial needs as single entrepreneurs and business entrepreneurs and linking them with customized healthcare financing products for improving savings and investments toward health and well-being. They can include counseling on contraceptive methods with information on method-specific side-effects, countering misinformation and related issues, and linking with digital platforms for user support.

Finally, catalytic crosscutting short-term sub-grants would facilitate:

- Identifying actions for improving guidelines and skilling initiatives for all levels of providers in private sectors on a newer range of contraceptives.
- Mapping user journey around purchasing behaviors and development of content to support the market actors enabling SRH information/ products/services.
- Narrowing down on actions that promote resilience across the value chain against climate changes and other shocks.
- Identifying entry points for improving the presence of women in leadership positions and participation in the supply chain for pharmaceuticals and in enabling health products and services.

Annex 2. Pathway to Scale for MDA Activity – Working with “First Movers” to Create a Demonstration Effect.

Field Visits to Distributor Aggregator

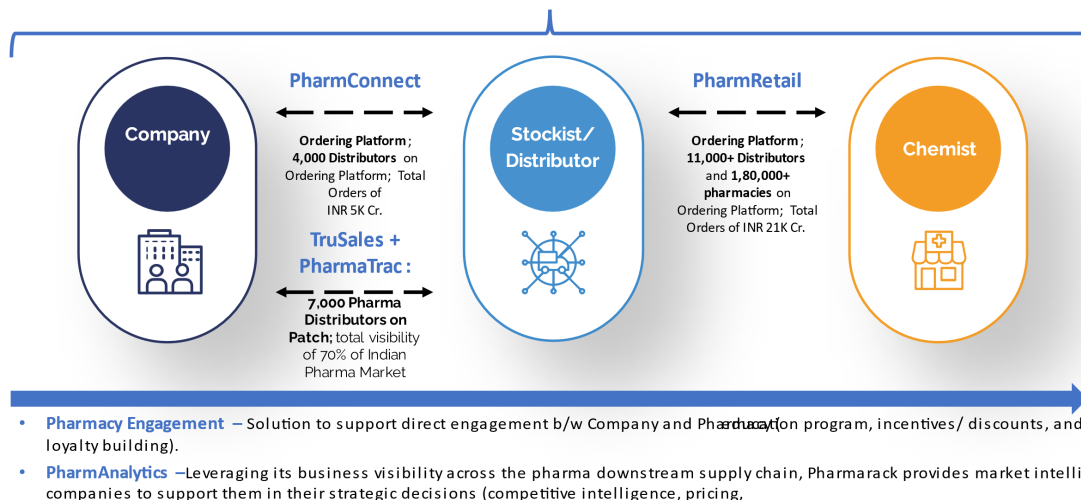
National Family Health Survey data shows that private retail supply stores comprise over 50% of sources for condoms and pills. In select districts of Maharashtra, over 80% of people between ages 19 to 29 obtained condoms and pills from unsubsidized sources. Over the past few years, with the decline in donor funding, social marketing agencies are struggling, but distributors have diversified with multiple other products in similar target beneficiary categories such as skin care, cosmetics, anti-infectives, vaccines, nutraceuticals, and vitamins.

If incentivized with market development interventions that reduce their cost of operations, these agencies can be an effective retail outreach strategy for women’s health products, including newer generation contraceptives targeted at youth. Pharmarack is India's largest integrated B2B healthcare technology platform, combining technology, analytics, supply chain, retail engagement, and financing. Backed by over 17 Indian pharmaceutical companies, Pharmarack is building products and solutions to overcome barriers in the access and availability of healthcare products.

By digitizing the transactions for distributor and pharmacies network, Pharmarack has the potential to work with both manufacturers and retailers for a retail outreach strategy resulting in improved product availability at lower cash deployment & parity or lower cost to serve.

FIGURE 9: PHARMARACK OVERVIEW

Pharmarack Digital Assets Supporting Pharmaceutical Industry in Ensuring Access and Availability of Products at the Last Mile



FHM Engage will collaborate with Pharmarack to use its digital assets and distributors and pharmacies network to:

- Expand its women’s health products portfolio to meet women’s health needs
- Improve/strengthen supply points to ensure an adequate number of distributors and pharmacies procuring women’s health products
- Improve knowledge and practices of pharmacies in ensuring safe and stigma-free purchase of women’s health products by consumers
- Provide real-time market intelligence and insights on women’s health products

Meeting with Pharmarack-Supported Drug Distributors

VENUE: OFFICE OF PHARMACEUTICAL DISTRIBUTOR (PD)

GOREGAON (W), MUMBAI

The distributor agency is with over 20 years in business and an annual turnover of over 100 crore (one crore equals 10 million rupees [INR]). He deals with 150 to 200 (or more) manufacturers in pharmaceuticals, nutraceuticals, and generic products and approximately 1,500 to 2,000 chemists in Goregaon and adjacent areas.

- The owner of the distributor agency, reported that he joined the Pharmarack network a couple of years ago. At first, he refused to join the network despite repeated recruitment attempts from Pharmarack. However, he later realized its potential, reached out, and joined the network. Pharmarack digitally connected him with its chemists. This connection allowed chemists to put their orders with mobile technology. The digitization of the supply chain allowed the distributor to streamline their operation by reducing 50% of their workforce.
- A few years ago, the owner attended a seminar on “good distribution practice” organized by the government. He suggested having bar codes or QR codes on all pharmaceutical products so that anyone could easily find information about the product, like where the product was made, who the distributor was, the vendor, and the product purchaser. This access to information could prevent leakage into the market at every stage. According to him, there are 160,000 types of pharmaceutical products in the market, and it is impossible to know from where a certain product is sourced.
- The distributor gets products from 180 manufacturers; two are currently in the Pharmarack network. He believes that his data is secure with Pharmarack. He thinks the biggest problem in drug distribution is the lack of infrastructure and scarcity of correct data.
- The distributor thinks that rules and regulations in the Indian market sometimes apply to market actors disproportionately. Many pharmaceutical products are being sold on online platforms like Amazon, but the same products cannot be bought from physical Amazon pharmacies due to rules and regulations. The online platform is convenient for many customers but the quality of the products through online platforms is always doubtful.
- The distributor uses the Pharmarack platform to aggregate retail orders and supplies. The distributor uses a different software for bookkeeping and payments. There is an opportunity for



PHOTO TAKEN ON 8TH AUGUST (MUMBAI) WITH FHM ENGAGE PARTNERS WITH USAID, AND THE PD (PHARMARACK SUPPORTED DRUG DISTRIBUTOR)

Pharmarack to offer a suite of products for inventory and billing. However, this may require more analysis, as an initiative like this can backfire, especially given the flexibility available to manage finances using specialized platforms for entrepreneurs. A formal, rigid system with little room to streamline finances may not be many distributors' preference.

- There is also an opportunity for pharmaceutical manufacturers to embed QR codes in their products, provided adequate legislation is passed so that inventory management practices like Nearest Expiry First Out can be implemented at the distributor level, which can help pharmaceutical companies avoid the huge costs of dealing with expired products, a yet unaddressed issue.
- Some restricted drugs are often sold through online platforms, while those medicines may not be available through the e-pharmacy. The distributor pointed out how the guidelines do not take every situation into account when they are implemented.

The distributor mentioned that he had a net savings of 50% on workforce costs due to implementing Pharmarack software. These savings can be primarily attributed to the removal of salespeople, who used to go shop-to-shop and take orders, then physically enter those orders into the system, which further increased order intake and execution time.

Less demand for fuel from Pharmarack's intervention creates other savings. Pharmarack's business plan estimates gaining 36% market share of the organized pharmaceutical market, with 75% transaction growth year-over-year. If monetary value can be assigned to the savings and equivalent carbon credit can be purchased and traded through platforms like EKI Energy Service Limited, this becomes another positive factor on Pharmarack's balance sheet. It also serves FHM Engage's objective of supporting carbon neutrality and responding to climate change through environmental, social, and governance initiatives.

VENUE: ANDHERI EAST, MUMBAI

DISTRIBUTOR OF PHARMA PRODUCTS

The company is a pharmaceutical distributor, manufacturer, and exporter with an annual turnover of 400 crore (4 billion INR). It began manufacturing pharmaceuticals in 2012. WHO-GMP certified the distributor's manufacturing facilities at 2 major cities in Gujarat.

- Company's manufacturing product lines include over 15 products in therapeutics, general antibiotics, anti-spasmodic, cough preparation, pain management, antacids, cosmetics, gynecology and infertility, and liver care fields. Its primary function is manufacturing formulas into tablets, capsules, syrups, ointments, injectables, and cosmetics.
- The owner, Mr Sharad (Name changed), mentioned that it fulfills all the prescribed quality parameters for pharmaceutical products up to the factory level and receives certificates of analysis for every production batch. After production, the distributor has no control over the product, as it has effectively changed hands.
- The company has seen a 15% to 20% improvement in order intake after adopting the Pharmarack system. The coverage of retail outlets improved by 300 to 500 outlets, with errors in order intake and sales returns reducing profits substantially.
- Due to Pharmarack's pedigree, the company trusts that its data is secure.
- The company is presently dealing in leading manufacturer of injectable contraceptives, reaching a total of 5,000 pharmacies from Churchgate to Dahisar with this product, and distributes it beyond Dhanu and Palghar all the way up to Gujarat. The distributor also retails

some of its manufactured products through a business-to-consumer (B2C) online pharmacy, Dawa.com.

- Mr. Sharad claimed that his organization's employees are 100% women in key business areas, like order intake, order processing, and billing.
- The company started as among the only two pharmaceutical companies working on a 300 square-foot premises supplying to a few medical stores in southern Mumbai. Today, the group supplies lifesaving drugs, from antibiotics to cancer drugs, and a vast range of injectables, orals, and solids from pharmaceutical companies to over 5,000 retailers in Mumbai. It is the largest distributor of several pharmaceutical companies for the western part of the country.
- The company markets contraceptives for multiple contraceptive manufacturers. It feels that the market is more developed for ECPs than for OCPs and that consumers and chemists must be educated to drive awareness of women's health products among distributors and pharmacies. This will then allow them to create more demand for these products through digital marketing (in-app and social media), push notifications and SMS, tele-calling, workshops/orientation sessions, field team engagement, and retailer incentivization.

Annex 3. Pathway to Scale for MDA Activity — Working with Market Actors in Adjacent Markets to Strengthen the Core Market of Interest

Field Visit to Demand Aggregators and Social Inclusion Facilitators

Market systems development is meant to catalyze a process that results in a more competitive, resilient, and inclusive market system. An empowerment approach to social inclusion in market systems development means:

- Improving people’s access to economic resources and opportunities.
- Increasing people’s agency to make decisions that affect their lives.

Samhita-CGF is working toward both objectives by improving:

- The availability of services, opportunities, and resources for women, which helps them advance economically or, more often in health market contexts, improve their well-being through enabling interventions for social security, digital safety and literacy, and financial inclusion.
- Women’s ability to influence their environment (voice), to make and act on economic decisions (choice), and to control resources and profit (control) by enabling access to credit, skilling and livelihood opportunities, market linkages, and enterprise development.

Samhita-CGF wants to lead a social change catalyst in India, positively impacting every person who needs societal support. The organization’s mission is to leverage the power of philanthropy and collaboratives and impact 10 million lives by 2030, including 5 million women. Samhita-CGF has forged multiple strategic partnerships across the government, corporations, philanthropists, and on-ground implementation partners to ensure end-to-end delivery of government schemes and entitlements. Their work has impacted varied groups, including women from marginalized communities (over 157,000 individuals), by improving their awareness of social entitlements and working directly with them to apply for one government scheme or more. Some of the schemes/entitlements being focused on are around enabling access to basic documents such as Aadhar card updating, mobile number linkage to bank accounts, Permanent Account Number cards, healthcare schemes such as Ayushman Bharat Yojana through the Ayushman Bharat Health Account cards, women empowerment schemes like Sukanya Samridhi Yojana, financial inclusion schemes like Pradhan Mantri Suraksha Bima Yojana, and

entrepreneurship-related schemes like Udyam Aadhar registration, among others.

Samhita, through its multiple alliances, works on addressing critical financial, health, educational, and social barriers to livelihood development in India (impacting over 550,000 individuals so far). To accomplish this, Samhita-CGF planned a field visit with on-ground NGO partner. Through this field visit, Samhita aimed to bring out insights related to the livelihood development journey of underprivileged women in India and the healthcare challenges they face, given the reality of livelihood and health issues mutually reinforcing each other. Samhita selected a small organization supporting widows and orphans as a hub for the NGO, given that it is a site of a large number of urban impoverished, including women. During the pandemic and lockdown, the women in this area worked in cloud kitchens. After COVID-19, demand for cloud kitchen jobs declined. Therefore, the NGO saw this as an opportunity to put the skill and time of these women to productive use as well as improve the financial situation of the population. After going through the newly curated Women, Incubation, Skilling, and Entrepreneurship (WISE) training, these women can enhance their skills and develop themselves as supervisors.



PHOTO TAKEN ON 9TH AUGUST WITH FHM ENGAGE PARTNERS WITH USAID AND NGO Partner SUPPORTED BY SAMHITA-CGF

The NGO collaborates closely with underprivileged women to empower them to become financially prosperous and independent by using a three-pronged approach:

1. *Incubation*: Nurture women for roles in new and small businesses by offering an enabling environment and the resources they need, all under one roof.
2. *Skilling*: Enable women to learn marketable skills and connect while establishing the connection with livelihood opportunities.
3. *Entrepreneurship*: Enhance entrepreneurial knowledge and skills via structured programs.

Over the span of several years, the NGO has made a substantial overall impact by engaging with over 20,000 artisans and successfully establishing and strengthening 100 artisan producer groups. Under its upcoming WISE program, it has -

- Set up 10 community centers to train women and trained 500 women in a holistic model
- Set up a family day program
- Developed one-funder, one-order, one-market linkages
- Executed master training on the train-the-trainer program
- Conducted exhibition outreach



PHOTO TAKEN ON 9TH AUGUST WITH FHM ENGAGE PARTNERS WITH USAID AND NGO (AN INITIATIVE SUPPORTED BY SAMHITA-CGF)

The WISE program has faced a few challenges because of societal restrictions for women, including

- Women often face domestic and social constraints on their entrepreneurship journey. For example, they face opposition to working from their homes because this goes against societal norms.
- Women have many responsibilities at home and cannot leave for extended periods. They must be able to either work from home or work near their homes.
- The burden of out-of-pocket expenses for basic and primary healthcare can pose significant obstacles. As these healthcare expenditures deplete the family's savings, women often find themselves with limited options, making it difficult for them to continue their entrepreneurial endeavors.
- The loss of working hours owing to health issues that come up can often be something that many women are not prepared to handle.

FHM Engage, in partnership with Samhita-CGF, intends to work with market actors in USAID-focus states to incorporate inclusive business practices that benefit target groups (i.e., young girls and women) at scale and ensure incentives and root causes/leverage points are addressed. By strengthening platforms where target groups can exercise their agency and influence the market systems they engage with, FHM Engage would empower women as producers, suppliers, consumers, and employees. As a market player, Samhita-CGF possesses both the incentive and the capacity to deliver change (high will, high skill).

Through the intended WOHLA alliance, Samhita-CGF, along with FHM Engage, aims to drive the following key objectives:

- Improving access, quality, and affordability of healthcare products and services for women's health (including SRH care).
- Increasing agency and economic opportunities for women.
- Mobilizing the private sector to invest in women's health and livelihoods.
- Facilitating an enabling ecosystem for increased collaboration between the private sector, government, and NGOs for women's health.

FHM Engage Market Development Partnerships — Field Visits in Assam and Meghalaya to Identify Potential Partners

Several field visits in and around the city with different organizations and market actors accompanied the partners' meeting in Guwahati. These partners included health service providers, B2B and B2C platforms, marketing agencies, distributors, chemists, and civil society organizations. Brief descriptions of these field visits are given below.

Meeting with Health Service Providers

Field Visit: A charitable hospital, Guwahati, Assam

This charitable multispecialty hospital has an award-winning outreach program. In the last fiscal year, the hospital conducted 97 health/outreach camps, reaching 13,500 patients. They also work with other CSOs/NGOs in the area, to support health camps in the urban slums of Uzan Bazaar, Guwahati. The hospital will start a paramedic training program for physician's assistants, radiology technicians, and four other specialties. They also run a clinical immersion program for young nursing graduates for a

small fee from other private hospitals in the city.

The USAID Team visited the Hospital accompanied by FHM Engage and Samhita-CGF. The representatives from the hospital, informed the team about their medical education program and placement opportunities post-paramedic training.

The hospital could contribute to market stewardship, financing, and market intelligence. The hospital currently conducts 400 deliveries per month and works with Pradhan Mantri Jan Suraksha Yojana and Pradhan Mantri Jan Arogya Yojana. The hospital superintendent discussed the challenges in getting government funding on time and the delays in getting reimbursements from different schemes. Despite several challenges, there were never delays in paying the salaries of staff doctors.

Currently, the hospital has 70% occupancy, where 15-20 beds are unavailable due to renovations since last year and 137 beds are currently being used. The hospital has a license for 162 beds, a quarter of which are reserved for free treatments. Food is provided free of charge. Overall, the cost of treatment in the hospital is 20-30% less than other hospitals with a 10% discount. For normal delivery, the hospital charge is INR 8,000-10,000 with two days of hospitalization. For C-sections, the cost of treatment is around INR 18,000. The hospital also has an adolescent clinic, run by an OBGYN with holistic healthcare for pregnant women.

The hospital organizes camps in different locations like Nagaon, Nalbari, Barpeta, Morigaon, and Chaygaon which are located 45-200 km away from Guwahati. The outreach team is equipped with test machines for blood sugar (sugar strips), blood pressure, hemoglobin for kids, and thyroid levels without any cost. However, portable ultrasounds are unavailable due to licensing issues.

Field Visit: Maternity Care Trust Hospital, Guwahati, Assam

The hospital is one of the 12 private hospitals in Guwahati that participate in the Strengthening ANC/PNC via AskNivi Tailored Health Information program of Nivi, focusing on maternal and child health. The program tracks absolute neutrophil count and disseminates appropriate information on good practices to follow through the first 1,000 days of a child's life. Nivi has a WhatsApp-based application that guides pregnant women and young women to their required maternal health services and information using a one-way conditional branching algorithm.

The gynecologist at the hospital focuses on providing counseling to women's partners on FP. The hospital is working toward increasing male involvement by allowing husbands in the delivery room while the wife is delivering. The hospital intends to set up an adolescent-friendly health clinic — a safe space for adolescents with a focus on mental health.



FIELD VISIT OF USAID TEAM TO THE HOSPITAL

Field Visit: Local NGO working in PPP model on Health, Guwahati, Assam

The NGO runs 15 boat clinics that provide primary healthcare and FP services to the 25 riverine islands along the Brahmaputra River in partnership with the National Health Mission (Assam) under a PPP model. The local population of these islands is mainly Bengali-speaking Muslim migrants.

A boat hospital is being built with an estimated cost of five crore, currently being funded by the North-East council. From Year 2 onwards, the operational expense will be five crore and will be borne by the Indian government. While the camp lasts three to four hours, beneficiary travel time may take over 24 hours. The NGO has created an annual micro-plan to enable the schedule.

Its outreach activity also consists of promoting and performing FP services among the migrant Muslim population, a community that is difficult to reach and that face many challenges in improving healthy behavior. According to them, OCP acceptance has been positive in the communities that they serve. Three community workers carry out mobilization activities across 12-13 villages where the boat clinic anchors to maximize its use.



PHOTO: FHM ENGAGE TEAM AND NGO REPRESENTATIVES GOSWAMI

Meeting with Marketing Agencies/Distributors

Field Visit: Marketing Agency, Guwahati, Assam

The marketing company procures FP and women's health products from several manufacturing companies. It markets many brands of contraceptives and women's health products, including pills, injectables, and sanitary napkins with the same brand name. They have stopped the ethical promotion of their third and fourth generation contraceptive pills and do not have an ethical promotion team as of this date.

Presently, the company is doing an average sale of approximately 55 lakhs (550,000 INR) per month, with a presence across 1,000-1,200 outlets across northeastern states, mostly in Assam and other states, including Meghalaya. They have close to 100 stockers/distributors in the northeast, with an average sales figure of 55,000 per stocker/distributor from their products.

The company deals with the primary sales (sales from producer to distributor). Once the distributor places the order and pays in advance, they release their products from their warehouse. The distributor sells the product to the wholesalers and retailers; these are secondary sales. The retailers selling the product to the customers are tertiary sales.

Secondary sales are done on credit. Wholesalers and retailers often order their products from the distributors without paying anything in advance. This puts pressure on the distributor.

Marketing agencies like this sometimes run different schemes or provide gifts to promote their products. They may offer gifts to customers and distributors. At the customer level, the typical promotions could be to give away another related product or 'buy one get one,' whereas the gifts to retailers could be to give away different gift items for selling a stipulated number of products of a particular brand.

The company could help FHM Engage/WOHLA market newer generation pills. However, if WOHLA could cover the retailers' credit, then it would be easier for distributors to take the risk of sending the product to their retailers. If the increased demand helps to sell more products, credit could be paid back easily.

Field Visit: Pharma Distributor, Guwahati, Assam

The distributor and semi-wholesaler is linked to approximately 500 wholesalers. Each wholesaler has about 50 chemists in Guwahati. The company is connected to a leading marketing company of Northeast to primarily sell their branded pills and condoms. They also sell other OCP brands marketed by other companies. The company does business of 3.3 lakhs (33,000 INR) per month.

The company uses software for billing but did not specify the name of the software. Sumit Dyal (Name changed) reported that much of his business is conducted through the phone and WhatsApp. He thinks his retailers remain with him because he gives them the products on credit. Generally, the retailers pay the credit within 90 days. If he does not offer credit, retailers could switch distributors, and he will lose business. He mostly sells prescription drugs and generally does not deal with over-the-counter drugs.

When he first started his business, he used to sell 1,000 social market products of pills. Now he sells 4,000-10,000 cycles of different companies. But he thinks that, in recent years, ECPs are slowly taking



PHOTO: MEETING WITH representatives of marketing company)

over the OCP market.

Condoms are not promoted very much by the distributor; stocking levels of condoms at his outlet were also low. He does not employ sales promoters; retailers call him over the phone and get their stock replenished. It is not currently known as to whether his retail offtake would improve if he promoted contraceptives or if shedding some credit debt would allow him to improve stocking.

Field Visit: Pharma Distributor, GUWAHATI, ASSAM



PHOTO: MEETING WITH the DISTRIBUTOR)

Mr Sanjay Gogoi (Name changed) has worked as a distributor for over 28 years in Guwahati. He has over 90 employees working for him.

He asked about FHM Engage and its interventions. He thinks that promoting the third- and fourth-generation pills will be most effective if the program can promote it as the “safest contraceptive.”

According to him, retailers/pharmacists can play a big role in marketing any new pharmaceutical product. The people generally do not talk about FP with the doctors but with the retailers. Therefore, they promote the products that give their customers the best benefit. But retailers also want to keep a good relationship with the distributors, especially the big distributors, or else the distributors may stop the supply of ethical brands to the retailers. Online shopping could be a good supply strategy, especially for the younger generations.



PHOTO: MEETING WITH THE DISTRIBUTOR)

The distributor has a good distribution system in northeast India. As a businessman, he thinks he can play a key role in distributing newer-generation pills. He is also looking for a business opportunity to market and distribute products that women’s livelihood partners produce.

Meeting with Pharmarack

Pharmarack does not have a significant presence in Northeast states and has started operations recently. Their state entry strategy involves reaching out and selling their proposition to distributors to be on their platform. This is human resource intensive, and they are understaffed in the Northeast.

The local distributor generally uses C-Square software to run their business, which is compatible with the distribution platform). A competitor software, is also being used by many distributors. But to their benefit, more distributors are switching over to Pharmarack’s platform.

Currently, 94 distributors are ordering through Pharmarack. The software platform also supports

retailers and marketing agencies but only distributors need to pay around 12,000 INR per year to use the platform. There are around 300-400 marketing companies operating through Pharmarack, including social marketing companies, which get subsidies from the government. In Assam, there are local actors as well as hawkers, who supply the drugs to the retailers, but those actors mostly deal with generic drugs and not ethical drugs.

Meetings with Pharmacies/Chemist Shops

Field visit: Pharmacy located in Six Mile, Guwahati, Assam

The chemist shop is in the Six Mile area, a prime location in the city surrounded by business centers, hotels, and markets. The shop is 15 years old. The shop has been doing business with Pharmarack for four of those years, joining because of the ease of ordering drugs through Pharmarack's mobile application. Currently, the shop places orders with 10 distributors within Pharmarack's network or three outside of the network. About 90% of their business is being done through Pharmarack.

None of the distributors that supply contraceptives are linked to Pharmarack. The shop sells OCP, ECP, and condoms. The shop's OCP sales are declining while their ECP sales are increasing. Condom sales are consistently high, totaling around 100-110 packs in a day. About 10 packs of OCP and 30-40 I-pills are being sold per day.

The shop uses Recon for billing. They have been using this for the last three to four years, especially after the introduction of the Goods and Services Tax (GST).

Field visit: Pharmacy located in Rupsagar, Guwahati, Assam

This chemist shop is located near Guwahati Medical College in a semi-residential area. The shop opened in 2019, but the owner has been in this business for nearly 25 years. The shop only procures drugs using Pharmarack, not contraceptives. A Pharmarack salesman came to the owner and proposed that they join the network. Pharmarack makes it easy for shops to order their drugs and does not use any billing software.

The chemist shop offers OCP brands but only sells one or two packs daily.

Many leading condom brands are also being sold.



PHOTO: PHARMACY RUPSAGAR, GUWAHATI

Field Visit: Pharmacy located in Rehabari, Guwahati, Assam

The chemist shop is located in the middle of a residential area that opened in 1997. Like other pharmacists, the owner of this shop, found Pharmarack easy to operate and ordering drugs using the mobile application easy and convenient. This shop does not run its business on credit, so it can buy drugs from a wide range of distributors. Like others, this shop also does not order contraceptives through Pharmarack.

The owner mentioned that they generally do not push certain drugs or brands and instead follow what the doctors prescribe. In case of an over-the-counter request from the customer or if the doctor did not mention any brand, they could suggest brands that give the greatest benefits.

This shop has a wider variety of OCP brands than the other shops; Around five OCP cycles are being sold per day, whereas about two ECPs are being sold per day. The shop carries the different brands of condoms and sells about 10 packets per day. and sells about 10 packets per day.



PHOTO: PHARMACY, REHABARI, GUWAHATI

Meeting with CSOs/NGOs Working in Women’s Livelihoods and Youth

Field Visit: NGO working with Young Women on Livelihood, Guwahati, Assam

The NGO is run by missionaries but not affiliated to any church. It runs a high school for tribal girls from different northeastern states, especially from Meghalaya (Khasi and Garo), including Manipur, Nagaland, and Arunachal Pradesh. The organization also has a vocational training center for girls who dropped out of school where they can learn how to tailor. About 60 girls are residential students in school, and about 20 girls are currently learning tailoring and helping them complete high school to avoid child trafficking, which is sadly very common in northeastern India.



PHOTO: STUDENTS OF GIRLS' SCHOOL RUN BY NGO

The NGO showcased its livelihood and health initiatives in rural Assam and the slums of Guwahati by forming women’s self-help groups (SHGs). They are present in 13 districts of Assam (including Lakhimpur in Dhemaji), the Garo hills of Meghalaya, one district of Tripura, and the Subansiri region of Arunachal Pradesh.

In Arunachal Pradesh, the NGO formed women’s SHGs with about 20 women in each group. There are a total of 800 SHGs, out of which 300 SHGs transitioned to the National Rural Livelihoods Mission. They currently work with about 7,500 women who are in their childbearing years. There are about 500 SHGs for these women formed by the NGO in Lakhimpur. These groups do microfinancing, weaving, and plantation of the Eri and Muga plants. It helps weavers who used to weave in the traditional way (hip-looms) adapt to new methods by using handlooms. This intervention by the organisation through the National Rural Livelihoods Mission increased their production. The use of modern machines to spin silk, instead of using *charkha* as they previously did, and fly-shuttle handlooms to weave the cloths. The use of better technology also increased Muga production in the region. Presently, it is using the services of Assam Gramin Vikas Bank to facilitate lending to these groups. It can also provide information to these women on SRH.



PHOTO: OUTREACH PROGRAM IN GUWAHATI BY THE NGO

They sell the products in local markets and fairs organized at different locations. The organization associates with Assam agricultural universities research where they partner with the community in pickle making, jam making, processing elephant apples used as a local remedy for diabetes, drying, processing and dehydrating jack fruit, etc.

The NGO can train different women’s groups in WOHLA for their livelihood. The WOHLA platform on the other hand can arrange for better marketing of their products. As an NGO, they are always looking for funding opportunities. They can sell the finished woven products from these women groups through the Open Network for Digital Commerce, a government e-commerce platform.

The NGO is presently getting funding from different foreign funding agencies They work with government programs but face challenges in securing funding through this source. The organization requires support to scale up the intervention of weaving fibers into yarn and facilitate livelihood for more women in the community. Since these products are sourced from remote areas, the level of support needed to support this intervention requires strategizing. The propensity to scale is good, estimated to reach 3,000-5,000 women in six months.

Field visit: NGO located in Ribhoi, Meghalaya

The NGO works with children, women, and girls within communities and by partnering with schools. They discussed two flagship programs where they are working with the communities on personal safety and education. In one of these programs, the organisation addresses youth and adolescent issues during the formative years and provides unstructured instructional guidance through community-based activities and games like frisbee.

The second program is a school-based intervention that is based in Shillong. In this program, the NGO works with children by organizing capacity-building training and workshops to educate them about child sexual abuse and teenage pregnancy and counseling children and parents to practice gender-equitable behavior at home. Program outreach is very low, given their longstanding presence in the community.

Their team is a 12-member team with little capacity to undertake financial modelling, compliance, developing team and project deployment structures, etc. They are presently being funded by the following organizations. Getting information on programmatic activity was difficult because of poor connectivity and infrastructure issues compounded with poor organizational capacity and negligible or nonexistent reporting requirements..

The NGO formed a group among youths in the region. The youths have now become a close group, to take collective action toward promoting traditional practices for agriculture. This program prevents children from dropping out of school. The foundation has the necessary clearance for 80G, 12A, and the Federal Contribution Regulation Act.



PHOTO: RI BHOI, MEGHALAYA

About FHM Engage

Frontier Health Markets (FHM) Engage is a five-year cooperative agreement (7200AA21CA00027) funded by the United States Agency for International Development. We work to improve the market environment for greater private sector participation in the delivery of health products and services and to improve equal access to and uptake of high-quality consumer driven health products, services, and information. FHM Engage is implemented by four core consortium partners: Chemonics International (prime and co-technical lead), Results for Development (co-technical lead), Pathfinder International, and Zenysis Technologies. FHM Engage Network Implementation Partners include ACCESS Health India, Africa Christian Health Association Platform, Africa Healthcare Federation, Amref Health Africa, Ariadne Labs, CERRHUD, Insight Health Advisors, Makerere University School of Public Health, Metrics for Management, Solina Group, Strategic Purchasing Africa Resource Center, Scope Impact, Stage Six, Strathmore University, Total Family Health Organization, and Ubona Institute.

