



Improving Health through Market-based Approaches in India

India, home to 1.2 billion people, has a vibrant private sector that serves as the primary health care source for more than 65 percent of the population. However, India faces significant health challenges. Tuberculosis is the most common infectious disease in India, causing more than 280,000 deaths annually. Each year approximately 1.7 million children die before reaching their first birthday, 56,000 mothers die due to complications during pregnancy and childbirth, and 38 million couples have an unmet need for contraception.

Technical Approach

The SHOPS team in India aimed to refine and scale up market-based partnership initiatives that focus on reaching low-income consumers with essential health products and services. These initiatives were established by previous USAID-funded projects, including the PSP-One and Market-based Partnerships for Health (MBPH) projects, both led by Abt Associates.

A market-based partnership for health is a type of public-private partnership in which the public and private sectors formally collaborate to regulate, finance, or implement the delivery of health-related activities. In contrast to other types of partnerships, market-based partnerships leverage the private sector's investments in distribution, marketing and promotion, and product development to expand service delivery and improve health outcomes. Since the public sector cannot address all the health needs of India's growing population, partnerships with the private sector are emerging as a key strategy.



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Market-Based Partnerships

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Program activities initiated by:

Market-based Partnerships for Health

Activities in India

ITC e-Choupal Rural Health Initiative

SHOPS is addressing the lack of access to quality health information and products in rural India through the use of village health champions (VHCs), health entrepreneurs who are part of the communities in which they work. SHOPS works with the agribusiness division of one of India's largest companies, ITC. The company's e-Choupal network employs VHCs who sell a range of products directly to rural community members, and earn revenue from the sales.

SHOPS scaled the initiative from two districts under MBPH to 10 districts, and facilitated three new partnerships with product manufacturers. To reduce the turnover of VHCs, SHOPS refined the VHC selection process to include male household members and select only VHCs who need the profits to contribute to their household incomes. Additional communication skills training provided by the project increased sales and enabled the VHCs to counsel their clients on communicating with their husbands about contraceptive methods to encourage male involvement.

Under SHOPS, new family planning, diarrhea management, vision, and nutrition products were introduced according to consumer demand, expanding the basket of goods beyond the initial offerings defined by public health interests. This shift increased the profitability potential of the model, and by the end of SHOPS involvement, the e-*Choupal* network of VHCs sold 35,297 liters of ORS, 12,350 condoms, and 2,410 oral contraceptive pill cycles.

ITC has demonstrated strong commitment to continue the e-Choupal initiative

To integrate it into their system, ITC created a distinct brand identity for the rural health initiative, and expanded the model into five additional districts of Madhya Pradesh. ITC also formed a new partnership agreement for the distribution of solar lighting devices, and is in negotiations with several companies to bring basic diagnostics and referral services to the model.

Products sold through VHCs

Women (18-39 years)	Children	Household (including men)
1. Sanitary napkins* 2. Iron and folic acid 3. Calcium supplements 4. Oral contraceptive pills* 5. Fertility test kits 6. Ovulation test kits 7. Emergency contraceptive pills 8. Pregnancy test kits	1. ORS 2. Pediatric zinc	1. Condoms* 2. Multi-vitamins* 3. Pain balm 4. Glasses

^{*}Indicates product introduced during MBPH.

Advanced Cook Stoves Initiative

SHOPS tested new partnership models to overcome the distribution and financing challenges of health durables. The project facilitated three tripartite partnerships between the advance cook stove (ACS) manufacturer, Envirofit, rural distributors, and microfinance institutions. Each partnership varied in the distribution and financing mechanisms used. The project's partners found the ACS business to be commercially viable, as it takes advantage of their existing competencies, infrastructure, and staff, and requires few additional investments. The project found that aggressive techniques led to more sales, but also to lower utilization rates than marketing a range of products in a low pressure environment. Lower monthly payments led to increased sales and use, as cash flow within households is a limiting factor.

Improving the value proposition and providing consistent customer service may also increase conversion rates of high-value durable products, such as ACS, for which there may be latent demand but no expressed need. SHOPS supported changes in human resources and incentives, and built the distribution and technical capabilities of its partners. Those changes could then be used by the partners if and when an appropriately designed product is introduced to the market. Alternatively, these organization-wide changes and capabilities can be used to promote other durables with underlying health benefits, such as water filters.



An informal provider with Pharma Synth's new zinc product.

Pharma Synth ORS and Zinc Rural Health Initiative

SHOPS aimed to increase access to, and use of, oral rehydration salts (ORS) and zinc through a financially sustainable initiative implemented in partnership with the pharmaceutical company, Pharma Synth. The initiative was also an opportunity to test the ability of pharmaceutical companies to expand sales from urban centers to rural areas sustainably.

SHOPS found that careful investments are needed to overcome common barriers encountered by consumer product companies to reach rural markets in a costeffective way. SHOPS assisted Pharma Synth with identifying key influencers in rural markets that could be tapped to move products in rural areas. In this case. the project found that informal providers who served several villages, and whose care was sought when other treatments were unsuccessful, were key influencers in the adoption of ORS and zinc. SHOPS then assisted Pharma Synth with redrawing routes and restructuring incentive plans to allow sales agents to service these influential informal providers without detracting from urban sales. SHOPS also supported the development of a new Pharma Synth zinc product. The proportion of rural sales of ORS and zinc increased from 7 to 15 percent of total sales in the 22 districts where the initiative was active.

Pharma Synth scales up and diversifies its rural presence by leveraging SHOPS support

The success of the project in Uttar Pradesh led Pharma Synth to expand the initiative in all their markets in the states of Bihar, Madhya Pradesh, and Uttar Pradesh. The company's experience with rural markets and informal providers also led to their marketing of midpriced variants of multivitamins, pain balms and analgesics especially for rural markets. For a company of Pharma Synth's profile, this success demonstrates that entry into rural markets using existing sales and distribution infrastructure is a viable and cost-effective option.

Tuberculosis Prevention and Care Initiative

The Tuberculosis (TB) Prevention and Care initiative aimed to enhance the efforts of India's Revised National Tuberculosis Control Program by increasing community demand for directly observed treatment; strengthening the private sector to deliver high quality, standardized tuberculosis control services; and improving access to tuberculosis management services through a private provider interface agency. The group, housed within a local NGO, bridges the gap between the public and private sectors, and uses outreach workers, a TB careline, and support groups to promote care-seeking and treatment adherence. The group trained qualified private providers in proper TB diagnosis and treatment and provided them with in-clinic support services.



Careline counselors reassure TB patients and monitor treatment adherence.

Commen George

Lessons for reaching TB patients in slums by involving private providers

- Urban slum interventions require familiarity and rapport more than technical expertise, as these communities are resistant to outside intervention.
- The private sector was found to be effective in reaching vulnerable groups including children with TB prevention and care services, indicating that multiple channels of access to health services are required to reach diverse populations.
- Programs that have a demonstrable impact on client satisfaction gain the support of private providers and influence them to adhere to TB standards of care and to notify the Revised National Tuberculosis Control Program of their TB patients.

Dimpa Program

Dimpa is a network of private providers that focuses on increasing access to and demand for depot medroxyprogesterone acetate (DMPA)—a 3-month injectable contraceptive. The network of nearly 1.600 private clinics aims to widen the mix of contraceptive choices to increase family planning method adoption rates. In 2011, the MBPH project piloted a careline to answer users' questions about DMPA and remind them about their next injection. The pilot successfully increased DMPA continuation rates, which SHOPS then scaled to 34 towns with a DMPA user base of 25.000. Alongside the geographic scale-up, SHOPS used an advanced web-based technology to enhance operational efficiencies. This upgrade allowed for a shift from fieldtriggered careline registration to client self-registration through a missed-call mechanism.

While technology enabled a quick scale-up, the project identified the careline counselor as the drivers of this intervention, as they listen to the users' concerns, and reassure and refer users to a provider when appropriate. The counselors' ability to address concerns in high quality interactions that ensure unbiased and comprehensible information and protect users' dignity. confidentiality, and privacy was critical to the careline's success. For this reason, SHOPS designed a continuous learning plan to build the capacity of careline counselors. which included classroom technical sessions, on-the-job modules, and skill-building sessions through simulations. The project also developed a counselor toolkit that included call scripts, reference materials on technical concepts, frequently asked questions, and algorithms. To ensure that users were aware of the *Dimpa* Careline. SHOPS developed innovative outreach materials, including a comic booklet designed to support the target group's understanding of the service, and conducted in-clinic activities in 34 towns to promote client selfenrollment into the service.

As paramedic staff at service delivery points serve as both entry and exit points of communication, SHOPS developed an education plan to provide them with skills on effective family planning counseling and strategies that would motivate DMPA users to register with the careline.

Dimpa Careline nearly doubles users' continuation rates

SHOPS found that the follow up support provided by the *Dimpa* Careline nearly doubled DMPA continuation rates. SHOPS also discovered that *Dimpa* providers, who are motivated by the level of client satisfaction in the method provided, believed that the careline was effective in improving continuation among their clients.

For more information, visit www.shopsproject.org.

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For more information about the SHOPS project, visit: www.shopsproject.org



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