SHOPS PLUS

Social Enterprise Innovations in Family Planning

Case Studies

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Summary

As the United States Agency for International Development partners with countries in their journey to self-reliance, it is important to understand how to better engage and support different types of private sector entities. Social enterprises are private companies that combine a sustainable, private sector business model with social goals. These organizations are developing new business models and leveraging new technologies to overcome barriers that have historically prevented clients from accessing health information, products, and services. SHOPS Plus conducted a landscape analysis of social enterprises that offer family planning information, products, and services and wrote case studies on four. These case studies identify innovative strategies to overcome barriers in accessing family planning, core components of business models that support sustainability, and challenges and adaptations to models that may have relevance for other organizations. This brief describes the landscape process; presents examples of social enterprises delivering family planning and reproductive health information, products, and services; and highlights what can be learned about engaging social enterprises as global health partners based on the experiences of these organizations.

Keywords: Access to finance, condoms, contraceptives, corporate engagement, corporate social responsibility, digital health, family planning, financial sustainability, financing mechanisms, financing strategies, injectables, intrauterine device, Kenya, long-acting reversible methods, market-based approaches, market-based solutions, oral contraception, Pakistan, pharmaceutical partnerships, pharmacies, private provider networks, Rwanda, social enterprise, sustainability, total market approach

Cover photo: Kasha, 2018

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SHOPSPLUS
Public-private engagement for better health

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Social Enterprise Innovations in Family Planning: Case studies

Across low- and middle-income countries, people face obstacles in accessing health care. Clients may travel long distances to reach a health clinic. Supply chain weaknesses may cause their local facilities and pharmacies to often not carry their desired health product. Products and services in the private sector may be too expensive for them. They may face stigma and discrimination from nearby health care providers.

Around the world, social enterprises are emerging with market-based solutions to address these challenges. Social enterprises are private companies—either for-profit or nonprofit—that combine a sustainable, private sector business model with social goals. Like typical private commercial enterprises, social enterprises seek to generate revenue and often profits. Unlike typical commercial enterprises, social enterprises pair their revenue goals with a strong social mission. In the family planning and broader health space, social enterprises are developing new business models and leveraging new technologies to overcome barriers that have historically prevented clients from accessing health information, products, and services.

USAID's Private-Sector Engagement Policy calls on the agency to identify and embrace market-based solutions for greater sustainability of project activities and achievements. As USAID seeks to support countries in moving further along the journey to self-reliance, it is important to understand how to better engage and support different types of private sector actors. Social enterprises present an opportunity for USAID to partner with a different type of private sector actor and invest in new private sector-led initiatives.

The USAID-funded Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project conducted a landscape analysis of social enterprises that offer family planning health information, products, and services and developed case studies on a set of these enterprises. Through this analysis, SHOPS Plus sought to identify innovations in family planning product and service delivery that could be replicated and scaled. These case studies identify strategies to overcome barriers in accessing family planning, core components of social enterprise business models that support sustainability, and challenges and adaptations to their models that may

Photo: Nivi

have relevance for other organizations. This brief provides an overview of social enterprises; describes the process of selecting organizations for case studies; presents four examples of social enterprises that deliver family planning and reproductive health information, products, and services; and highlights what can be learned based on the experiences of these organizations.

Social enterprises in health

Over the past decade, social enterprises and social entrepreneurs have attracted increasing attention from global development thought leaders and governments to large corporations and the mainstream media.[1] With this growing popularity, a multiplicity of definitions for the term "social enterprise" has emerged, and the boundaries between what is and what is not a social enterprise have increasingly blurred (Martin and Osberg 2007; Whitley, Darko, and Howells 2013). Definitions of social enterprise tend to agree that this type of organization includes two components: (1) a focus on social impact, and (2) the pursuit of financial viability. Social enterprise models occupy a spectrum, from nonprofits that generate revenue, to hybrid models with for-profit and nonprofit arms, to for-profit business models that seek dividends for shareholders. It is therefore difficult to make a clear, black-and-white distinction between social enterprises and nonprofit organizations, and between social enterprises and for-profit commercial companies.

Drawing from various definitions,[2] SHOPS Plus characterizes a social enterprise in health as having the following characteristics:

1. Committed to realizing health impact as part of its core business
2. Possesses or is actively pursuing a sustainable, revenue-generating business model that frees them from grant or donor dependency
3. Seeks impact at scale

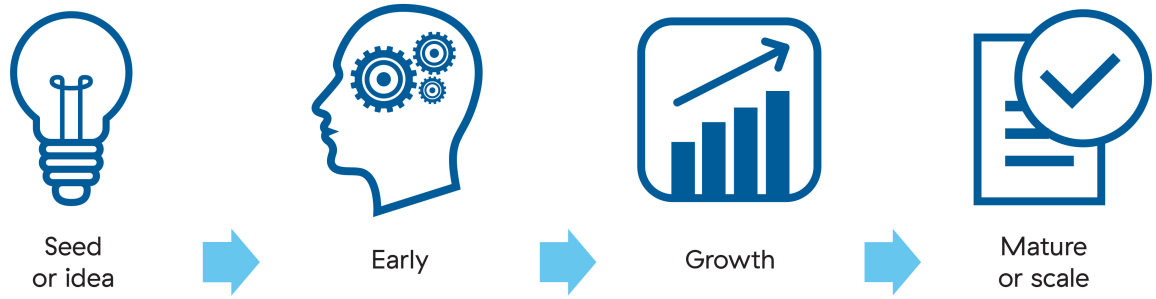
Social enterprises in health address a variety of global health challenges with a range of solutions. They develop innovations in digital health, health finance, medical technology, and pharmaceuticals. The enterprises differ in size and stage. Often, they are categorized into four or more stages, ranging from the *seed or idea* stage to the *mature or scale* stage (Figure 1).

The stages are frequently defined by where an enterprise is in its business journey, which might include the enterprise's years of operation or number of employees, whether it has begun generating revenue from its products or services, the number of distinct markets it is operating in, or the type or round of financing it is seeking.

[1] In 2019 alone, USAID released its *Unleashing Private Capital for Global Health Innovation* report, the government of Ireland launched its first national social enterprise policy, and Deloitte entitled its annual Deloitte Human Capital Trends Report, *Leading the Social Enterprise: Reinvent with a Human Focus*.

[2] Monitor Deloitte (2015); Lieberman, Roussos, and Warner (2015); and Whitley, Darko, and Howells (2013).

Figure 1. Social enterprises fall along a spectrum of business stages



In the field of global health, especially in private sector health, many organizations share some or all of the characteristics of stages shown on page 2. It could be argued that social marketing organizations such as Population Services International and DKT International are social enterprises, or that they at least employ social enterprise approaches in their work. Because this landscape analysis sought to identify innovations in family planning delivery, organizations with models that are already well known in the family planning space were not included. The landscape process is detailed in the next section.

Landscape process

There are countless social enterprises around the world that seek to improve global health. Because many social enterprises are local organizations with limited marketing capabilities and little online presence, they can be difficult to identify without extensive, on-the-ground networks. There are a number of social enterprise aggregators, including incubators, accelerators, and networks, that seek to identify and support social enterprises globally. Incubators and accelerators help enterprises establish themselves and grow through a combination of business development services (e.g., mentoring, coaching, and training in accounts management), funding, and access to physical space and equipment (GIIN 2015).[3] Social enterprise and innovation networks typically seek to build communities of enterprises or innovators with common goals and work to advance these goals through the creation of shared resources and mutually beneficial opportunities. These aggregators all have established processes to source participants in their programs and often have a rigorous due diligence or nomination process to screen potential social enterprises.

[3] Incubators typically focus on seed– and early–stage enterprises, while accelerators usually focus on growth–stage enterprises. This definition was adapted from a report published by the Global Impact Investing Network in 2015, *The Landscape for Impact Investing in West Africa*.

SHOPS Plus used aggregators to identify social enterprises that employ innovative strategies to deliver family planning and reproductive health products and services in low- and middle-income countries. The authors conducted a review of online resources to understand the portfolios of Endeavor, the Global Innovation Fund, Innovations in Healthcare, the Miller Center at the University of California Santa Clara, the Skoll Foundation, the Social Entrepreneurship Accelerator at Duke University, the SPRING Accelerator, and Villgro based on their global reach and expertise. The authors spoke by phone with some of the aggregators to better understand the health enterprises from their portfolios and to solicit recommendations on additional enterprises and aggregators to speak with.

Criteria for including enterprises in the first stage of review were (1) pursuit of a revenue-generating business model with the potential for sustainability, (2) a focus on family planning and reproductive health, (3) business stage (seed stage enterprises were excluded), (4) operating countries and target populations, and (5) the extent to which the enterprise offered a new or innovative solution that has not yet been widely adopted by the global health community. These criteria were used generate a short list of enterprises to consider for case study. SHOPS Plus contacted the enterprises for additional information and selected four to profile. Case studies were developed on the four enterprises, which had innovations in three areas: health information, product delivery, and service delivery.

Kasha operates an e–commerce platform and distribution system for a wide range of women's health products.

Photo: Kasha, 2018

Social enterprise cases

The case studies explore four organizations that are innovating to expand access to, and use of, family planning and reproductive health information, products, and services. Each of these cases presents an overview of the organization and its main products, efforts targeted specifically at family planning, its model for generating revenue, challenges they encountered and how they adapted, and future plans for growth.

Innovation in information delivery

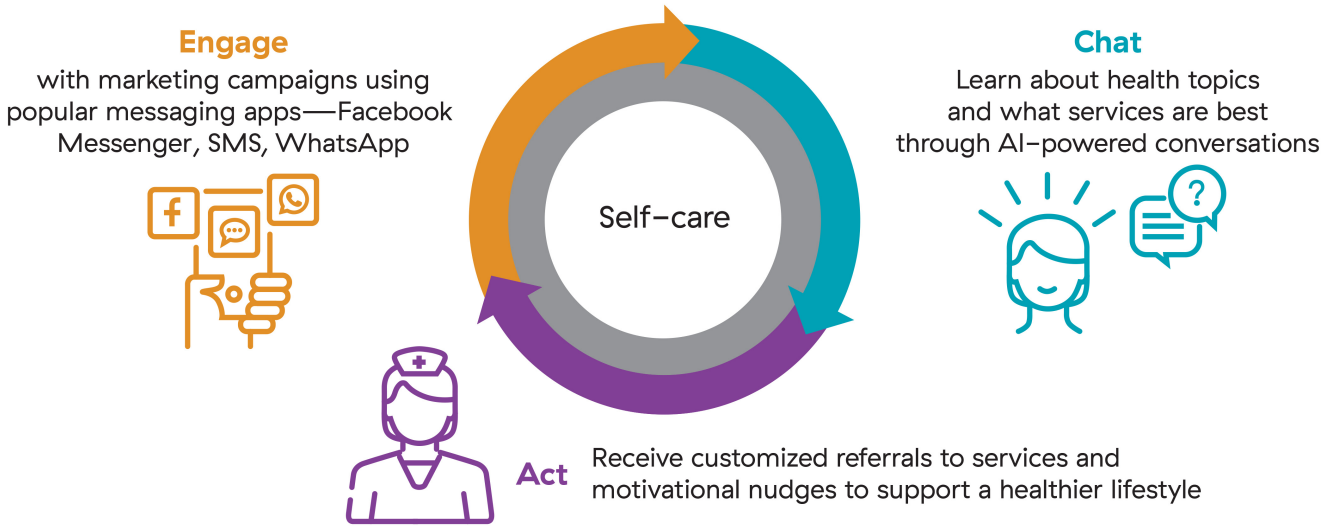
Accessing quality, timely, and relevant health information is an important first step in increasing use of modern family planning methods or any priority health service. Too often clients face obstacles in doing so. Among other issues, health care providers may be biased in favor of certain methods, adolescents may be uncomfortable asking certain questions, and people may feel that visiting a facility for health information alone is not a priority.

askNivi: Leveraging artificial intelligence to power confidential conversations on family planning

Nivi, a for-profit social enterprise operating in Kenya, seeks to address challenges in accessing health information by leveraging artificial intelligence (AI) and cloud-based technologies. Nivi grew out of the experience the two co-founders had developing a maternal health triage tool, Baby Monitor,[4] funded by USAID's Saving Lives at Birth program in 2011. While developing this tool, it became clear that a financially sustainable business model was needed to drive product adoption and scale (Bellows 2019). In 2016, with a seed grant from Merck for Mothers, the team developed and deployed a client-facing family planning screening tool in western Kenya inspired by the Population Council's Balanced Counseling Strategy Plus algorithm. From this experience, Nivi, Inc., spun off as a for-profit social enterprise to enable greater investment in developing a sustainable business model. With additional funding from Merck for Mothers in 2017, Nivi refined its product to create askNivi, a conversational client-facing platform that provides users with a convenient and confidential source of information on products, services, and referrals through popular messenger applications. In 2018 and 2019, Nivi introduced further updates to expand askNivi's offering to users (Nivi 2019a). Aiming to go beyond the traditional development grant-making cycle, Nivi relies on investment and revenue-generating organizational partnerships to financially drive its digital messaging platform that is free for users.

[4] Learn more at https://instedd.org/baby-monitor.

Figure 2. AskNivi's model to guide individuals on their personal health journey



How it works

askNivi is a conversation-based mobile platform designed to engage users through a series of questions to consider appropriate action for their health needs. Users learn about askNivi through marketing campaigns (digital and offline) that include a keyword and call to action. Users initiate a conversation by sending the keyword and their first question. Using a variety of channels, including Facebook Messenger, SMS texts, and soon WhatsApp, users are able to interact with AI-enabled automated conversation modules or live customer service agents if the user's specific topic is not covered by automated content yet. Users ask unstructured questions that may focus on maternal health, reproductive health, relationships, and general health information. They then encounter a series of follow-up questions to better understand the user's specific needs and interests. These questions are evidence-based, similar to general screening questions that a health care provider might ask. Different conversations have unique endpoints. At the end of the contraceptive screening questions, for instance, users are provided with a list of three recommended family planning methods based on their stated preferences. From this list and the user's approximate location, askNivi can refer the user to nearby facilities to obtain those methods (Bellows 2019). In Kenya, the company draws referral information from the Ministry of Health's master list of health facilities and then updates referral options and details based on users' experiences at those facilities.

More than 170,000 users have engaged with askNivi in Kenya to ask about maternal health, reproductive health, relationships, and general health information.

Photo: Nivi

Three days after the referral is shared, askNivi follows up with the user by message to check whether he or she went to a suggested provider. If so, the platform asks additional questions to determine the perceived quality of the service and satisfaction. In the future, Nivi plans to enhance this follow-up feature by linking to provider payment platforms to verify that services are delivered as reported.

Delivering family planning information

Since its launch, the platform has seen consumer engagement grow. Across multiple modules, including family planning, HIV testing, and cervical cancer, more than 170,000 users have engaged with the platform content in Kenya (Bellows 2019). Most of the growth has been in 2019, with 2,000 to 8,000 users engaging on sexual and reproductive health questions and comments each week (Green et al. 2019). More than 17,000 users have been given referrals for a specific service, and 1,900 have reported completing that referral and obtaining their desired service. Nearly two-thirds of its users are female, with an average age of 22.5 years.

These demographics are in line with askNivi's initial target demographic of adolescent girls and young women. It is important to note that the platform has attracted many male users, and that user demographics vary with specific marketing campaigns (Bellows 2019).

Over time, messaging patterns have emerged, and most users tend to engage in one of the following ways:

1. Inquiries about causes of health conditions (e.g., *Can someone using [a specific family planning method] still get pregnant?*)
2. Definitions and clarifications of key terms and concepts (e.g., *What is family planning?*)
3. Requests for advice (e.g., *What is the best family planning method for me?*)
4. Requests for information about accessing services or products (e.g., *Where can I access family planning?*)
5. Reporting symptoms or diagnoses (e.g., *Am I pregnant?*)

From these use patterns, Nivi identified the following insights:

- Most users (60 percent) requested factual information either about causes of health conditions or definitions of key terms and concepts.
- Just over one-third of users asked for advice or reported a condition that required follow-up (Green et al. 2019).
- Follow-up messages sent three days after initial interactions resulted in a sevenfold increase in the number of users reporting that they completed a referral (Nivi 2019b).
- For those who did not complete a referral within three days, the most common reasons included a lack of immediate urgency, a lack of desire to obtain a method, or unfamiliarity with the facilities identified (Nivi 2019b).
- For those who completed a referral, about one in five still did not obtain a method due to issues related to availability, cost, or fear of side effects (Nivi 2019b).

Across its current content library, family planning and contraception are the most sought-after topics of conversation among female and male users. In addition, male users are likely to ask questions related to sexual health, relationships, and sexually transmitted infections.

Revenue model

As a for-profit enterprise, Nivi must rely on revenue to sustain its operations over the long term. However, users are able to access the platform free of charge. Rather than charging users, Nivi has developed a business-to-business (B2B) model focused on generating revenue from organizations that are interested in and need consumer engagement insights that improve health programs. The company has begun selling, on a subscription basis, aggregated and anonymized consumer engagement insights to provider networks, civil society organizations, donors, and implementing partners. In the future, it plans to expand its business client base to include health insurance companies and other large organizations across multiple markets. askNivi's insights provide valuable, real-time information on consumer demand and interests as well as what information consumers need to make a decision. By selling these insights, Nivi is able to help its organizational partners understand the scale and reach of their campaigns, areas where consumers require more engagement and education, and trends in health-seeking behavior and use.

Nivi's key business model elements

1. **Separate user from payer** For many private enterprises that seek to deliver family planning services and products, a key challenge is balancing affordability for end users and the need to recover costs for financial sustainability. Nivi has addressed this by identifying paying customers who are separate from their end users, who access the service for free. Nivi has essentially determined two different types of customers, each of which derives value from aspects of their services.
2. **Low user acquisition and replication costs** By using AI and cloud technology, Nivi is able to offer a standardized product that is easily replicable to new settings. AI allows the platform users in any country to immediately hone in on their key information needs without having to develop new protocols and customized solutions. Similarly, cloud technology allows Nivi to immediately transfer the platform to new countries with low costs for infrastructure and staffing.

Organizations looking to partner with Nivi have several monthly subscription options:

- *askNivi Engagement Insights* provides access to engagement numbers, demographics, user behavior, and referral metrics.
- *askNivi Referrals Insights* provides access to a mechanism that generates and tracks referrals to specific service delivery providers and gets user ratings.
- *askNivi Content Distribution Analytics* allows organizations with relevant domain expertise to craft their content to broadly reach Nivi's growing number of users in multiple countries.

Organizations that want to understand how users engage with their content can unlock insights using Nivi's analytics engine. In addition, for $500 per month per keyword, organizations can add a subscription to *askNivi Keywords*, which allows for greater flexibility to tailor reports to organizations' specific needs. During its initial launch in Kenya, Nivi has provided this B2B service to Jhpiego, Population Services Kenya, and other implementing partners.

Challenges and adaptations

Delivering the family planning impact Nivi seeks while developing a for-profit, scalable model has not been without its challenges. For example, Nivi is interested in removing barriers and helping users to act on the referrals that they are seeking. The company experimented with providing transport vouchers and mobile money (M-Pesa) credits as incentives to motivate users to seek care. However, Nivi felt that these incentives made the relationship between askNivi and users too transactional; the company wants to build and sustain relationships with users based on trust rather than financial expectations. As a result, the company is instead investigating the possibility of adding an additional follow-up check-in 7 to 10 days after initial contact to help keep users engaged and motivated to take charge of their health. Nivi also faces challenges that are common for similar technology platforms, such as finding cost-efficient ways to integrate their software with partners' platforms. For the time being, Nivi is focused on offering a reliable product and experience that every customer finds valuable (Bellows 2019).

Looking ahead

Nivi will soon expand to India starting with Bihar, Rajasthan, Uttar Pradesh, and Delhi. This expansion will experiment with a digital-only strategy that will initially focus on digital messaging channels and integrating into provider networks for effective referral. To support this, the company received additional funding from Merck for Mothers and the David and Lucile Packard Foundation and is partnering with international NGOs and local affiliates. As part of this expansion, the company will seek to grow its content library localized to a new context, as well as introduce a new set of predictive analytics to further improve the scope of conversational topics and analytic insights for organizational customers. In this way, Nivi seeks to help governments, private service delivery organizations, and other organizational customers better meet the health needs of consumers and contribute more effectively to national health goals.

Innovation in product delivery

Women who wish to use family planning often face a range of obstacles as they navigate the journey to take control of their reproductive health. In many low- and middle-income countries, even when a woman is able to obtain quality counseling on the full range of family planning options, her preferred method may be unavailable or of poor quality. High levels of social stigma can prevent women from seeking a desired product or lead to uncomfortable interactions at a retail outlet. At the same time, product manufacturers face challenges reaching and serving these women. Specifically, there are limited

available data to help these businesses understand the consumers and markets they are trying to reach. This lack of data imposes significant start-up costs to building distribution and retail networks that are required to enter new markets.

Once products are in the country, it can be difficult for women to find contraceptives that are reliable and trustworthy. Poorly operating supply chains in the public and private health sectors often lead to stockouts of family planning products at the facility or retail level and a high prevalence of substandard or counterfeit products. Additionally, fragmented supply chains from the manufacturer to the retail outlet can impose additional costs that put the price of products out of reach for some consumers (Yadav 2015). This is particularly true for geographically isolated, low-income populations that have fewer options for where to purchase health products.

Kasha: A woman-centric platform for direct-to-consumer delivery of health and wellness products

Kasha, a for-profit social enterprise, seeks to give women access to a greater variety of more convenient, affordable, and trusted options for their health and wellness needs. Beginning in Rwanda in 2016 and expanding to Kenya in 2018, Kasha operates an e-commerce platform and distribution system that seeks to close the gap between women and manufacturers for a wide range of women's health products, including family planning and personal hygiene products.

Unstructured Supplementary Service Data (USSD)

USSD is a communications protocol that allows users to open a text-based communication session with a mobile network operator or other company. Users of this communications protocol may not notice differences between USSD and short message service (SMS), but there are some important differences. While both USSD and SMS are text-based, the former is a timed, active session between the user and an application, whereas SMS uses discrete messages that can be sent any time and are stored in the phone's memory. Mobile network operators may charge different rates for SMS (a per SMS fee) compared with USSD, which may be charged based on the length of the session. USSD is most useful when a user wants to engage with a menu-based information service. Both SMS and USSD are available on basic phones.

A billboard in Rwanda advertises Kasha products as "care delivered to you."

Photo: Kasha

How it works

Kasha's model consists of two primary components: an e-commerce platform and a wide distribution network. Its e-commerce platform, available both online and offline, makes it easier for women to browse for products, identify what they want, and complete a purchase. These products include personal care, menstrual health, and women's health products. Within women's health, Kasha specializes in family planning and other sexual health products (like HIV self-tests) that women may not be able to access. The e-commerce platform is optimized to offer women convenience and privacy in accessing their desired products. Online, the company operates a typical retail website where women can see the range of products available, place orders, and make payments. The company is expanding into the smartphone market with an Android-based mobile application. Offline, the company operates a call center where women can place orders, as well as a USSD (see text box on page 10) solution for use with a basic mobile phone, allowing the company to reach women of all backgrounds. When customers send a USSD code (very similar to an SMS and commonly used in low- and middle-income countries to buy airtime and other services), the company opens a text message session or "conversation" and sends back a text-based menu of options including Kasha's product categories. During this session, the customer can click through the menu of options to learn about products and prices and then make a purchase with no internet required (standard network rates apply). Kasha offers a variety of payment options, including M-Pesa, cash on delivery, and point-of-sale for bank and credit cards.

Kasha's distribution network offers three main channels to reach women in urban, rural, and low-income communities across Kenya and Rwanda. First, direct delivery is available to clients in urban settings. Second, Kasha pick-up points offer convenient, community-based centralized locations for customers to pick up orders in urban and rural settings. For the first two options, motorcycle drivers, managed by a fulfillment center that tracks orders, pick up products from Kasha's warehouse and partner pharmacies and bring them to the appointed delivery site. Kasha is not a pharmacy that stocks and stores products itself; rather, it connects pharmacy partners with clients. For the third delivery option, a network of sales agents offers marketing, sales support including socialization of the technology-driven platform, and last-mile delivery in hard-to-reach and lower-income areas. These Kasha agents earn a small commission from sales and deliveries. As of June 2019, Kasha had sold more than 238,000 product units to over 45,000 unique customers since launching in 2016.

A Kasha customer holds her order record. Kasha offers multiple channels to reach women in Kenya and Rwanda, including pick–up points for urban and rural clients.

Photo: Kasha

Kasha's key business model elements

1. **Different channels for different segments** Kasha has created multiple delivery channels for both its e-commerce platform and the health products it offers. Women without smartphones can order health products through an analog phone using a USSD menu or by dialing a call center. Kasha agents deliver products to hard-to-reach women, while also providing tech and sales support. For urban, tech-savvy women, Kasha has created a polished website and app and delivers to a convenient location of the customer's choosing. Offering different channels enables Kasha to increase uptake within each customer segment they seek to serve.
2. **Expanding choice and building loyalty** As customers browse and place orders on Kasha's e-commerce platform, Kasha collects data such as order history and demographics. This data can in turn be anonymized, analyzed, and translated into key market insights for manufacturers looking to enter into or expand in Kasha's markets. Selling these insights creates an additional revenue stream for the company, while supporting their ability to provide additional product choices for the women they serve. Offering a broader range of products enhances Kasha's value proposition, cultivating customer loyalty, which in turn improves customer retention and can lower user acquisition costs through referrals.

Delivering family planning

Kasha's goal is to increase access to health, wellness, and beauty products and services for all women by reducing geographic, cost, and sociocultural barriers. To date, of the 238,000 products sold, 26,000 have come from Kasha's health product offerings. Condoms, emergency contraceptives, and other sexual health products (HIV oral self-test kits and pregnancy tests) are among the most popular of these products sold. The specific products that are currently offered vary slightly between Kenya and Rwanda, based on product registrations and regulations. In both countries, Kasha offers short-acting methods that pharmacies are legally allowed to sell—oral contraceptives, emergency contraceptives, and condoms. As part of the ordering process, Kasha's staff verifies whether the woman has used the method before; if she has not, Kasha schedules a counseling session at a partner facility before the company will complete the sale.[5] Kasha also offers phone consultations and sells a range of long-acting reversible contraceptive methods including implants, injectables, and intrauterine devices (IUDs). For these methods, Kasha does not deliver directly to the consumer; instead, the company enables women to schedule an appointment at a properly vetted partner facility where clients can go to receive the service that accompanies the product (e.g., IUD insertion, injectable administration). The price for this method listed on Kasha's website includes the partner's service fee. While this additional step adds costs to Kasha's operations, the additional cost is marginal, and Kasha finds that offering a wide range of options to women provides value to the business. Customer insights research revealed that having many family planning options available makes clients trust Kasha (Uwase 2019). This trust—that Kasha will help connect women with all available options without

[5] Kasha requires counseling or a prescription from a doctor if a customer is requesting a method other than condoms or emergency contraception for the first time.

any sort of artificial barrier or bias—is an important selling point for the company to attract and retain clients. As a next step, the company is exploring new and innovative ways to share more comprehensive information with women on contraception.

Partnerships with suppliers and distributors have allowed for volume pricing that makes products more affordable to Kasha clients. The prices of products fluctuate and vary based on the brand and country. At the time of writing, oral contraceptive pills ranged from $4 to $28 in Rwanda, and from $0.70 to $4.00 in Kenya. Implants were available in Rwanda for $5.50 to $9.00. Kasha is continuously looking for ways to bring prices down, including through new partner pharmacies.

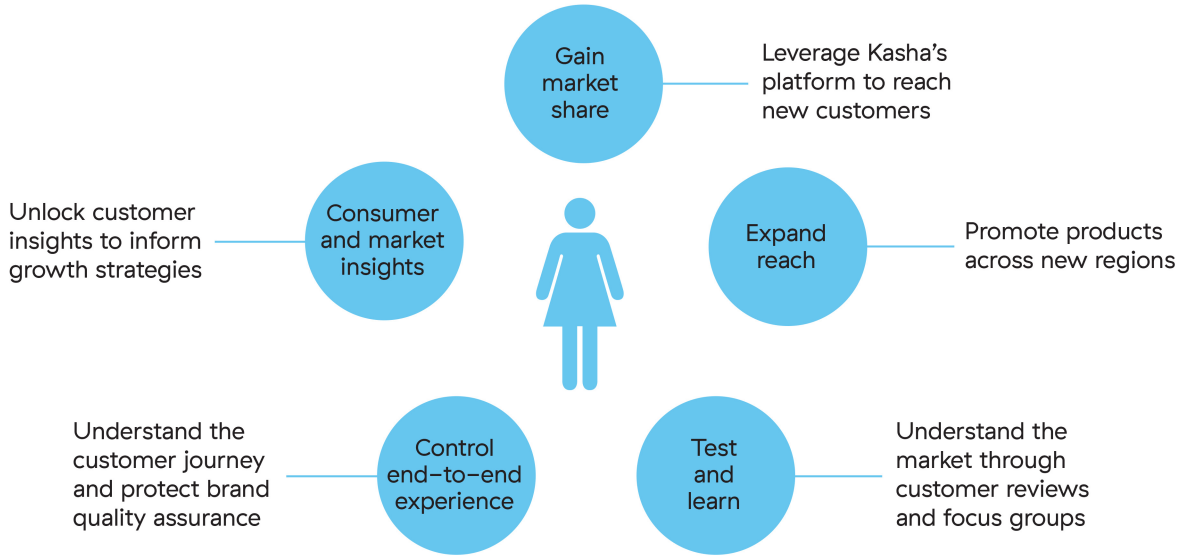
Revenue model

Kasha's operations rely on two complementary revenue streams: business-to-consumer (B2C) and B2B. Revenue from consumers comes from product sales and delivery fees, as well as subscription and loyalty programs to promote recurring revenue. These efforts are targeted at urban and rural women and girls across income segments. Currently, four out of five clients that the company serves are reached through Kasha agents. These agents are intended to reach lower-income communities that have higher barriers to access. The company continues to explore ways to increase access for women at the base of the economic pyramid.

Kasha's B2B revenue model is derived from its mission to help facilitate the entry of more—and more trusted—products into the markets in which it operates to give women more choice. Using its client and retail sales networks, Kasha has monetized its e-commerce platform to offer manufacturers, importers, distributors, and other health companies a range of data-driven services. The services include:

- Product marketing and new brand launch support
- Consumer insight reports
- Competitive sales strategy development
- Direct-to-consumer product and information distribution
- Subscription deliveries to schools and other institutions

Figure 3. Kasha's value proposition for business-to-business customers



Kasha has engaged the Bill & Melinda Gates Foundation, Johnson & Johnson, Kimberly-Clark, and Unilever through its B2B services. These two income sources, B2B and B2C, have helped Kasha quickly increase its revenue, which is already projected to double between 2018 and 2019 (Kasha 2019).

Challenges and adaptations

Kasha is bringing a new option for accessing health products to the market. Thus, its journey has not been without its challenges. First, there is a lack of policies and guidelines around online pharmacies both in the countries where the company operates and globally, which has required Kasha to work closely with multiple stakeholders. Having the buy-in of the Rwandan Ministry of Health has been critical to ensuring Kasha uses the right processes because e-commerce for pharmaceutical products is so new. In Rwanda, e-commerce in general is still emerging, which means that Kasha needed to use multiple channels to acquire customers, including offline activities to provide education on e-commerce and how it works.

Kasha's model has evolved differently in the countries, in part based on the partners present in those places. In Rwanda, Kasha runs most of their operations themselves, while in Kenya it has been able to outsource part of the operations, such as warehouse and delivery, to other companies for greater efficiency. Finding the right partners for these functions has been more challenging in Rwanda. In both Rwanda and Kenya, Kasha has leveraged partnerships to further its mission and experiment to reach new clients. Kasha collaborates with the Rwandan Ministry of Health on certain projects, such as the sale of HIV self-test kits. Additionally, working with the government has facilitated identification of new partners for the provision of health services, as well as for serving low-income populations (Uwase 2019). Under a grant from the David and Lucile Packard Foundation, Kasha is piloting a product subsidy to reach young people (age 15 to 30) in vulnerable areas with contraception to overcome additional cost barriers that volume pricing alone is not enough to overcome. In Kenya, a Bill & Melinda Gates Foundation grant is allowing Kasha to test new digital tools that will allow an increase in available information on family planning (Uwase 2019).

Looking ahead

By 2024, Kasha aims to expand operations to three countries across sub-Saharan Africa and Asia. For the immediate future, it is prioritizing expansion in the Kenya market and among low-income populations in both Kenya and Rwanda. Kasha's current and future growth has been financed by a combination of revenue, more than $2.5 million in seed investment rounds, and $2.8 million in grant funding. As it grows, the company will look to introduce new products

and services such as diagnostics and antiretroviral medicines to stable HIV clients. In Kenya, the company will stock and store products on its own through a partnership with one of its pharmacy associates. Kasha will continue to experiment with ways to bring down costs and further its mission of connecting women with the health and wellness products that they need.

MYDAWA: An e-retail pharmacy offering a streamlined and secured supply chain

MYDAWA, Kenya's first and only licensed e-retail pharmacy, is another for-profit social enterprise that is introducing innovation to improve access to quality health products. Founded in 2017, MYDAWA is overhauling the traditional supply chain and introducing efficiencies, quality controls, and improved delivery systems to connect clients with their desired health and wellness products. Built to capitalize on the growing e-commerce sector in East Africa, MYDAWA is a web and mobile platform that empowers users to purchase authentic, quality medicines and health and wellness products and have them delivered promptly to their home or location of their choosing (MYDAWA 2019). In order to ensure the platforms have a positive impact on health outcomes and attract new customers, the enterprise organizes its operations around four pillars—quality, affordability, convenience, and privacy.

How it works

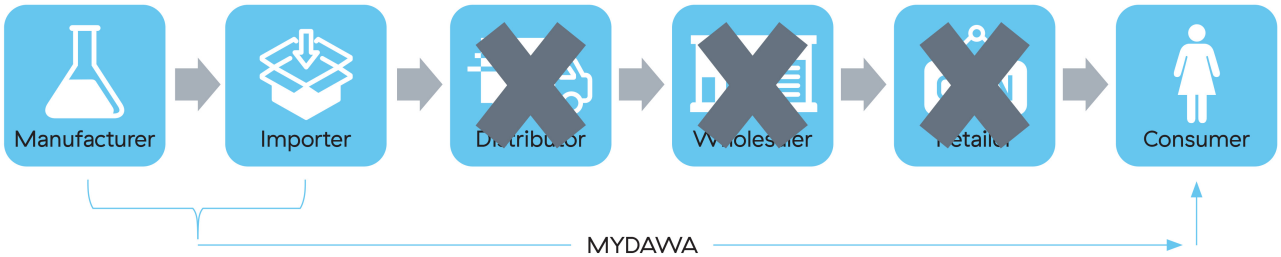
As an e-retail pharmacy, MYDAWA offers two innovative solutions to better serve its clients. First, it creates a streamlined supply chain to bring down costs for end users and second, it operates a consumer-facing platform, similar to Kasha's, that makes it easy and convenient for clients to find and order the products they want. Together, these two solutions make MYDAWA an affordable, reliable, and trusted source of family planning and other products for women in Kenya.

Streamlined supply chain

MYDAWA's streamlined supply chain is designed to promote quality and affordability. To ensure quality, the company sources health products directly from manufacturers and importers. This practice enables MYDAWA to oversee its own supply chain directly and implement its own methods to monitor the quality of the products that it sells. Notably, the company activates tamper-proof authentication seals when dispensing a product that a customer can then use to verify that the received product was intended for him or her, by name, and that it is the correct product. MYDAWA also seeks to reduce the risk of substandard and counterfeit medicines through independent product batch testing and validation of manufacturer credentials (MYDAWA 2019; Wood 2019).

MYDAWA's procurement strategy also helps bring down retail costs for its clients. In a typical private pharmacy, drug shop, or other retail outlet, many different entities are involved in getting the product from its origin with the manufacturer to the client. Each of these actors, including importers, distributors, wholesalers, and the retailers themselves, typically places a mark-up on the product to cover operating costs, which in turn increases the end price for the consumer. By procuring products directly from the manufacturer and delivering them directly to consumers, MYDAWA eliminates the role of distributors, wholesalers, and retailers, as well as the mark-ups that are associated with each of them (Wood 2019). On average, MYDAWA's products are 20 to 25 percent cheaper than those at retail pharmacies. For some products, MYDAWA contracts World Health Organization Good Manufacturing Practice and Kenya Pharmacy and Poisons Board-certified facilities to manufacture these as MYDAWA-branded products. These products are made available to consumers at up to 60 percent lower cost (MYDAWA 2019).

Figure 4. MYDAWA's simplified supply chain



E-pharmacy platform

MYDAWA's e-pharmacy platform is designed to ensure customer privacy and increase convenience in accessing health and wellness products. Instead of being limited to the options at a nearby pharmacy or health facility, clients can go to the company's website or mobile app to browse more than 5,000 health and wellness products, place the desired items in their shopping cart, and complete their purchase. Clients can access both prescription and over-the-counter medications, as well as self-administered diagnostic tests, nutritional supplements, and sexual health and feminine hygiene products, among other goods.

As prescription medicines are available through the platform, it is important that MYDAWA has systems in place to track their use. The e-pharmacy platform has a patient portal with tools that verify that clients have prescriptions from qualified medical professionals, provide reminders to complete the full courses of medications as prescribed, and authenticate products once they're delivered. The platform also facilitates payment by M-Pesa, credit card, and medical insurance, with easy uploads of insurance claims forms (MYDAWA 2019).

Once orders are placed, MYDAWA offers a four-hour delivery guarantee in Nairobi and a six-hour guarantee within a 50-kilometre radius of the capital to ensure quick, convenient access for clients. The online pharmacy also offers overnight delivery anywhere in Kenya by partnering with a local logistics company. While motorcycle drivers deliver over-the-counter and wellness products directly to a customer's prefered location, MYDAWA has its own licenced pharmaceutical technologists that complete deliveries of prescription medications and, when necessary, provide further consultations. MYDAWA helps ensure customer privacy by delivering products in sealed packages that prevent others from knowing what they have ordered. Where a patient cannot accept a home or workplace delivery, MYDAWA has a number of prequalified partner pharmacies where a patient can pick up his or her products. To incentivize pharmacies to partner with them, MYDAWA offers a commision on each order that they fill.

Delivering family planning

MYDAWA offers a growing range of short-acting family planning methods for its clients to purchase. These include multiple brands of condoms, oral contraceptive pills, emergency contraceptives, and the Sayana Press injectable, which was recently approved for self-injection (Advance Family Planning 2018). Prices for oral contraceptives range from $1.44 to $7.69 in Kenya, emergency contraceptives cost $0.96, and Sayana Press sells for $1.15 in Kenya. Currently, the company is exploring options to introduce products that cannot be self-administered, including other long-acting reversible methods, in line with partner requirements (Wood 2019).

Family planning products are targeted at two types of clients. The primary group includes mothers ages 25 to 45, who are often the household health care decision makers and are looking for information and quality products to manage their sexual and reproductive health. The secondary group includes upwardly mobile young men, ages 25 to 35, who may be interested in a convenient way to purchase quality condoms or other products. MYDAWA has more than 80,000 registered users on its platform. These users complete approximately 4,000 purchases per month, of which approximately 30 percent are sales of family planning products (Wood 2019).

MYDAWA's key business model elements

1. **Lower costs through vertical integration** Enterprises that seek to deliver family planning services or products are often dependent on the complex, at times inefficient, health systems in which they operate. Rather than developing a narrow solution, MYDAWA took on the medicines supply chain from the manufacturer to end user. This allows the company to reduce inefficiencies and dependencies in its model, such that there are fewer opportunities for the delays and inferior quality of others to affect its ability to serve customers. Ultimately, this allows the company to offer lower prices to consumers.
2. **Create value through trust** MYDAWA's streamlined supply chain and technology instill trust in end users and health care partners. Tamper–proof seals enable customers to verify that their medicine is the specific product intended for them, providing assurances in a market fraught with counterfeit medicines. The same transparency and visibility into a product's journey from manufacturer to end user provide value to manufacturers, providers, and insurers by reducing risk of fraud and price mark–ups. The company has created a trusted brand that customers and health care industry players know they can rely on.

Revenue model

The majority of MYDAWA's revenue comes from its direct-to-consumer e-pharmacy sales. Of these sales, approximately 40 percent are pharmaceutical products, half of which are prescription products. Due to the cost savings that MYDAWA has realized through its streamlined supply chain, the company is able to charge prices that provide a profit margin while remaining affordable for consumers. Roughly 80 percent of customers purchase products through M-Pesa, 10 percent pay using private insurance, and the remainder pay by credit card (Wood 2019). In the greater Nairobi area, MYDAWA does not charge a delivery fee; a fixed fee of $3.50 is charged for deliveries outside this area to cover the cost of the logistics service that the company uses to reach these areas.

More recently, MYDAWA began wholesaling its generic products to pharmacies. This B2B revenue stream represents a growing share of MYDAWA's business, accounting for roughly 20 percent of revenues (Wood 2019).

MYDAWA also sells products and distributes for large organizations, including insurance companies, employers, and pharmaceutical access programs. These customers are attracted to the transparency MYDAWA offers, which provides organizations the ability to track the specific product and price as it makes it way down to the consumer and to ensure consistency between the prescription and the product that is dispensed. Organizational clients are also attracted to MYDAWA's competitive prices and simple claims management process (insurers). For group or bulk orders, organizations can either place orders for specific product quantities or make monthly, fixed-amount deposits and draw down on these amounts and place orders as needed. MYDAWA currently serves insurers, self-insured organizations, and pharmacies in this fashion.

Challenges and adaptations

At just over two years old, MYDAWA is continuously learning how to improve its business model. As MYDAWA has come to know its customers, it has learned that building a direct-to-consumer business requires a significant role and budget for consumer marketing. While MYDAWA has had successes with digital marketing, it has found that to build customer trust, it also needs to invest in public relations and above-the-line marketing to promote its brand. Above-the-line marketing targets a broad audience using channels such as television, radio, and billboards and is normally expensive. The company has also learned that it needs to expand the range of consumer products to build a loyal customer base, and expects that it will need to continuously grow the number and range of products that it offers.

MYDAWA is also interested in expanding distribution into more rural, low-income areas. While it offers delivery to anywhere in Kenya, it has not yet identified a financially viable way to increase the business it does in hard-to-reach areas, which it sees as places where MYDAWA can have the greatest impact. Most of the company's model is vertically integrated, with MYDAWA owning and controlling multiple stages in its supply and distribution chain. However, as the company grows, it is learning that there are some areas in which partners are better positioned. This has been the case with last-mile distribution, which can be expensive and targets customers who have a lower ability to pay. MYDAWA is exploring partnerships to reach its different customer segments in different ways, understanding that partners may bring specialization and existing operations in these areas that allow them to more efficiently and effectively serve these customers.

Finally, MYDAWA was not originally focused on B2B service, including wholesaling its own branded products to pharmacies and selling to insurers and self-insured organizations. Over time this area of its business has grown, and the company has shifted to see the B2B service as integral to its long-term success, as it increases reach and impact in a relatively low-cost way (Wood 2019).

Looking ahead

The startup recently secured its first round of external investment ($3 million) through the Africa HealthCare Master Fund, which provides growth capital to startups that "leverage on the power of new technologies to disrupt the health care industry to tackle the region's challenges of access, quality and affordability of health care" (Jackson 2019). The organization hopes to use this funding to expand nationwide and to continue to increase the range of products it is able to offer. As part of this effort, MYDAWA is working to expand the availability of clinician-delivered products that it offers.

Increasing financing options through insurance is another priority and a recent growth area for the startup. MYDAWA is working closely with private insurers and recently partnered with a microfinance group; the two entities aim to launch a new microfinance payment option for customers. This option would allow customers to pay for products in installments, charging a low interest rate to cover costs. Over time, MYDAWA plans to partner with Kenya's National Health Insurance Fund, which would significantly increase the startup's customer base (Wood 2019).

Innovation in service delivery

Quality delivery of family planning and health services can be limited by a number of factors. In addition to barriers that limit the flow of information and products that are necessary inputs to broader health service packages, many countries face significant human resource constraints. The global shortage of workers at all levels of the health system and in the public and private sectors is well documented; these shortages are often more acute in rural and low-income areas (World Health Organization 2016). These shortages can force clients to travel long distances to access services or to avoid seeking them altogether.

Sehat Kahani: Connecting patients to female physicians through telemedicine

In Pakistan, as in many countries, human resources for health shortages are a significant barrier to accessing health services. One contributing factor to this shortage that is especially relevant for women seeking family planning products and services relates to the "doctor bride" phenomenon. In Pakistan, about 60 percent of graduating medical students—primarily women—never enter the health workforce, opting to get married instead. Furthermore, data suggest that 77 percent of women who go into practice discontinue once they get married (Sehat Kahani 2019b; PMDC 2019) due to familial and societal pressures that prevent women from working outside the home once they are married or have children. In a country where social taboos prevent female patients from seeking care from male physicians, a lack of female health care workers further restricts women's access to health care in Pakistan.

Sehat Kahani, a for-profit social enterprise, launched in 2017 to bridge Pakistan's underserved communities and the untapped workforce of at-home, nonpracticing female physicians. The organization leverages IT-enabled health care platforms to connect female health workers with hard-to-reach populations to increase access to health care through e-health clinics and mobile applications.

Sehat Kahani's 25 e-health clinics have provided 98,000 teleconsultations since inception.

Photo: Sehat Kahani

How it works

Sehat Kahani's model for expanding access to health services draws from Pakistan's dormant female health workforce. The enterprise employs 60 female physicians who deliver services across 25 e-health clinics and through its mobile application. The model draws from an extended network of 1,500 female medical doctors for new vacancies and short-term engagements. Sehat Kahani has also trained more than 65 underemployed female nurses and community health workers to support the enterprise's service delivery in marginalized rural communities and urban slums (Sehat Kahani 2019a). The company trains female staff in leadership, soft skills, telemedicine specialist skills, and electronic medical record management (Sehat Kahani 2017) and offers comprehensive benefits, including flexible hours to accommodate family obligations and free access to medical and technical training opportunities that result in additional professional certifications (Sehat Kahani 2019a).

Sehat Kahani deploys its female workforce to reach clients through two channels. In rural areas, Sehat Kahani converts existing community structures into e-health clinics staffed with one trained nurse. The nurse offers basic consultations and guides clients through teleconsultations with a remote female doctor to diagnose and address their health needs. These clinics are designed to cater to community needs and provide primary and specialized telehealth consultations, e-prescriptions, ultrasound services, lab testing, and tertiary referrals.

Sehat Kahani's key business model elements

1. **Tackle gender issues in the supply of health care**
   To address gender-based barriers to accessing health care, Sehat Kahani taps into the existing supply of female health workers who are either underemployed or unemployed. To ensure quality, the organization provides intensive training and continued learning opportunities for these workers. A key component of this recruitment strategy is providing benefits that allow these women providers to balance the familial pressures that originally excluded them from the workforce, including flexible hours and daycare assistance options.
2. **Leverage technology to overcome multiple barriers to access**
   Physically going to a health facility is a challenge for both female patients and providers. To cost-effectively bridge the distance between patients and providers, Sehat Kahani deploys an IT infrastructure that accommodates both provider and patient geographic constraints and personal schedules. The flexibility and reach enabled through the e-health clinic model and mobile app reduces costs associated with the physical transportation of patients and providers and empowers them to seek or deliver care on their own timeline.

Delivering reproductive health

Sehat Kahani's 25 e-health clinics have provided 98,000 teleconsultations (83 percent of which served female patients) since inception (Sehat Kahani 2019a). Female mobilizers conduct door-to-door marketing, community-based outreach, and mass SMS campaigns to generate demand for e-health clinic services (Sehat Kahani 2017). In addition to these routine mobilization activities, Sehat Kahani has partnered with pharmaceutical companies, foundations, and other groups to implement 15 health education campaigns in rural areas, reaching 900,000 people, 71 percent of whom were female (Sehat Kahani 2019b). These campaigns include needs assessments to understand disease patterns, community knowledge gaps, and health priorities, and tailored interventions based on results from the needs assessment. They conclude with a final impact assessment. Topics covered have included communicable and noncommunicable diseases; maternal and neonatal health; mental health and wellbeing; nutrition; sexual and reproductive health; and water, sanitation, and hygiene (Sehat Kahani 2019b).

After two years of operating e-health clinics, Sehat Kahani adapted its model to serve higher-income populations that seek easier access to convenient, quality services. The company developed a mobile application (available in iOS and Android) targeting the middle- to upper-income, urban market segment that can access telemedicine from their smartphones and online. The app offers beneficiaries convenient, confidential, and anonymous access to female physicians 24 hours a day, 7 days a week. Through the app, patients can schedule and conduct video consultations with female specialists and general practitioners, create patient profiles that include social and medical histories and are equipped to maintain patient medical records, receive e-prescriptions during video consultations, access an e-pharmacy platform through an external partner (only available in select cities), schedule lab diagnostic services, use a free chat feature to message doctors with concerns, and access additional information via an online health forum (Sehat Kahani 2019b; Zafar 2019).

Sehat Kahani takes a holistic approach to addressing women's health care needs by focusing broadly on reproductive health issues. However, its e-clinics do not directly deliver any family planning methods due to cultural norms and stigma in Pakistan. Women who visit the e-clinics or use the app can receive counseling and information on family planning methods and can be referred out for family planning procedures (Zafar 2019). Through their e-health clinic platform, Sehat Kahani has provided gynecological consults to more than 4,000 women (13 percent of all consults) since inception (Sehat Kahani 2019a). Reproductive health topics are also a substantial focus of the organization's routine community mobilization activities and corporate-sponsored health education

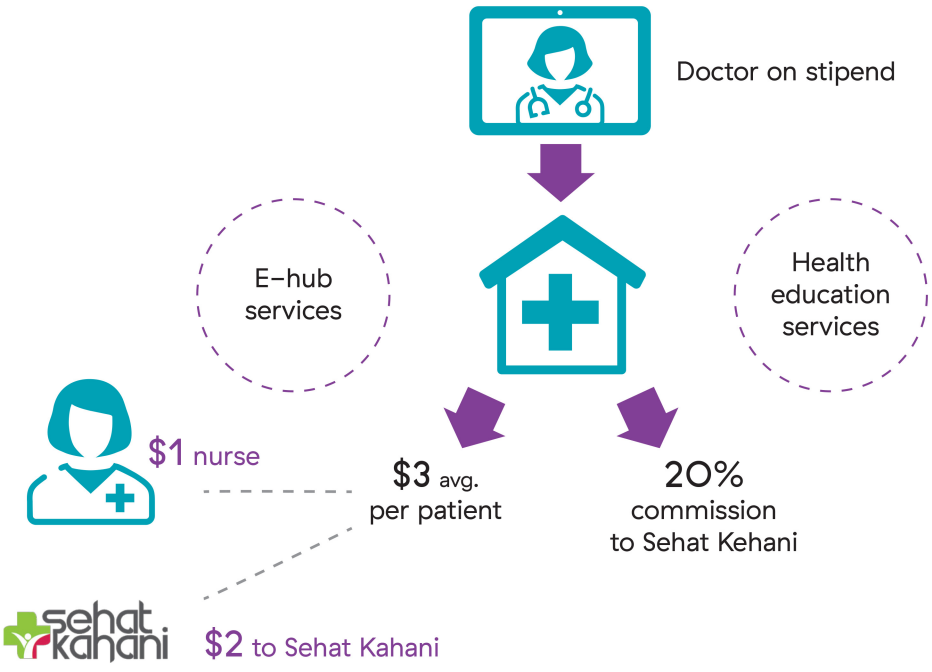
campaigns (Sehat Kahani 2019a). In 2018, Sehat Kahani won the United Kingdom Department for International Development's Amplify Challenge for its work improving community attitudes and behaviors toward antenatal care. Through the project, Sehat Kahani reached more than 1,200 pregnant women with health education modules focused on the importance of attending at least four antenatal care visits during pregnancy.

Revenue model

Since its inception in 2017, Sehat Kahani has prioritized sustainable revenue generation. The organization relies on different revenue models across its two primary service delivery platforms.

Sehat Kahani's e-health clinics generate revenue by charging clients a fee for consultations, $3 on average (Figure 5). Two-thirds of this consultation fee is used to cover operating costs, with the remaining third paid directly to the nurse operating the e-clinic. Apart from fees collected from patients, Sehat Kahani stages its health education campaigns out of the e-health clinics. These campaigns generate revenue through partnerships with sponsoring corporations, which are charged a 20 percent commission on the campaign. Under this financing structure, e-health clinics become sustainable on average within the first 12 to 18 months of operation (Zafar 2019).

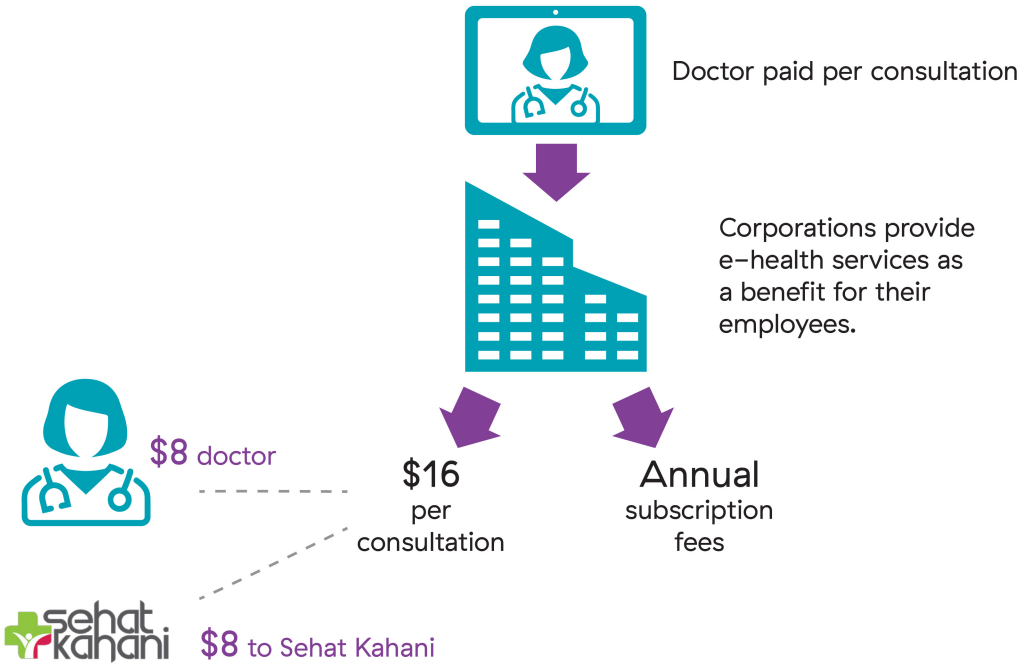
Figure 5. E-health business-to-consumer model



The mobile app has three revenue generation models. The first of these is their B2B model (Figure 6). Under this model, corporations pay an annual subscription fee to provide access to Sehat Kahani's services for their employees. In addition to the subscription fee, clients are charged between $5 and $16 per consult, which can be paid by either the employer or the employees. Half of the consult fee is used to cover Sehat Kahani's operating expenses, while the remaining half is paid to the online doctor (Sehat Kahani 2019b).

The enterprise also offers a business-to-business-to-consumer model. This model is used by insurance companies (e.g., Adamejee), banks, telecommunications groups (e.g., Jazz Teleco), and other large corporations with expansive user networks. These organizations contract with Sehat Kahani to offer access to the platform as a value-added service to their customers (Zafar 2019). Finally, Sehat Kahani plans to launch a B2C model for its app by the end of 2019. Under this model, users will pay directly for consultations via the app.

Figure 6. E-health business-to-business model



In its first year of operations, the enterprise successfully achieved a positive cash flow and has grown its revenue over the past two years (Zafar 2019.) Currently, around 40 percent of revenue comes from health education campaigns, 30 percent from the e-clinics, and 30 percent from the mobile

application. In the future, Sehat Kahani envisions that around 50 percent of its revenue will come from the mobile app, around 25 percent from health education campaigns, and 25 percent from the e-clinics. Sehat Kahani forecasts breaking even by 2021 (Sehat Kahani 2019a).

Challenges and adaptations

Since its launch in 2017, Sehat Kahani has adapted its model based on challenges and lessons learned in serving hard-to-reach populations. A critical pivot the organization made early on was working only in communities that were apolitical. After failing to launch an e-clinic in a community where political groups opposed the organization, Sehat Kahani began considering political tensions in its landscaping assessments before deciding whether to work in a community. As Sehat Kahani gained experience opening clinics in new communities, it has added criteria to its site assessments, such as internet connectivity and sufficient volume of patients to allow the clinic to become sustainable. The organization has also learned the importance of conducting *mohalla* meetings—village meetings—in order to introduce women to the concept of telemedicine and video consultations. This was implemented in response to initial confusion among community members on the concept of telemedicine.

As described previously, the enterprise has learned that its telemedicine offering can be adapted to reach additional market segments. With the recent launch of its mobile app, Sehat Kahani plans to increase revenue by targeting higher-income clients through a new channel. The organization is in the process of experimenting with multiple revenue models for this channel, and will refine its approach as needed.

Looking ahead

Sehat Kahani is focused on scaling its model across Pakistan. Over the next 10 years, the organization aims to serve 15 million clients through 500 e-health centers. In addition, it is looking to expand the reach of its mobile app across the globe to serve countries with similar socioeconomic contexts (Zafar 2019). After successfully raising $500,000 in seed funding in 2018, the enterprise is actively seeking investment to raise an additional $1 million to $1.5 million to support this expansion. Partnerships will also be central to Sehat Kahani's continued growth. Already, the enterprise has partnered with the British-Asian Trust to address mental health and nutrition issues in rural communities. Sehat Kahani will continue to establish and grow partnerships with governments, companies, and international donors to fulfill its mission to bring women greater control and access over their health care needs.

Key lessons

The advent of social enterprise models in global health is still a relatively new phenomenon, with many of the organizations identified through this landscape analysis being in existence less than five years. Moreover, there are few enterprises that are pursuing sustainable business models with a family planning focus and as a result, there is little evidence on what business models and strategies support sustainability and scale. However, the social enterprises profiled in this brief have identified unique ways to address longstanding challenges in the delivery of family planning information, products, and services, and these insights can add to global knowledge on social enterprises and family planning. This section highlights some innovative elements these organizations are introducing to support access in an affordable and sustainable way, as well as some of the challenges that remain for social enterprises in this space.

Innovations that support sustainable access

Leveraging digital technology to close the distance between consumers and the care they seek

All of the social enterprises profiled in this brief offer solutions that rely heavily on digital technology, using it to bring health information, products, and providers closer to consumers. Nivi's app gives consumers direct access to information on their family planning questions, empowering them to ask sensitive questions and learn about method choices without leaving their homes. This makes it easier for people to begin using a family planning method and can save them a trip to a provider until they are ready to make a decision. Similarly, MYDAWA and Kasha directly connect consumers with family planning products, allowing them to browse brands and prices from their mobile phones or computers and, depending on the method, have them delivered directly and discreetly to their homes. This direct connection can help family planning users overcome stockout challenges, provider stigma, or geographic barriers that limit their choices. Finally, Sehat Kahani brings female doctors closer to patients through telemedicine, making it easier for patients to overcome stigma and sociocultural-related barriers to access qualified providers. Relying on technology in this way brings down costs for the enterprises, eliminating the need for brick-and-mortar outlets and additional human resources. At the same time, it enhances the value proposition for customers, providing convenience and reducing transportation costs.

Creating additional revenue streams through the monetization of data

As social enterprises use technology to bring health information, products, and services closer to consumers—often serving as the direct link between health needs and the users—they are generating lots of data on the interaction between consumers and health care. As with startups throughout the tech world, the health enterprises profiled in this brief are finding ways to monetize the rich data they are generating on consumers and their health-seeking behaviors. Monetization requires that enterprises identify customers willing to pay for the data and that they translate the data into a useful format while protecting their clients'

privacy. Kasha provides manufacturers, importers, distributors, and other health companies with a range of services based on data from its client and retail sales networks, including consumer insights reports to inform sales and marketing strategies and distribution of products and information using Kasha's platform. Nivi is targeting global health provider networks, donors, and implementing partners with subscription packages that offer varying levels of access to consumer insights, including analytics on how users interact with these organizations' content and referral tracking. These revenue streams are in turn being used to support the enterprises' overall sustainability, facilitating their ability to provide services for free or at affordable rates for end users and to offer lower-margin services that other commercial enterprises might not decide to offer.

Optimizing the role of the provider

The shortage of human resources for health in low- and middle-income countries is a longstanding challenge. Social enterprises are addressing this by thinking strategically about the functions that require qualified health professionals and what level of provider is required for each function. In some cases, enterprises have identified areas where no human resources are required. This includes browsing product specifications and prices and ordering product refills through e-commerce platforms like MYDAWA and Kasha. It also includes providing basic family planning information through AI-enabled chatbots such as the askNivi app. In other cases, there are functions that require a human but do not require a clinician. Nivi uses nonclinical customer service agents to supplement and respond to client questions that go beyond the AI-enabled conversation modules. MYDAWA generally relies on motorcycle drivers for delivery of certain over-the-counter products but brings in licensed pharmaceutical technicians for deliveries of pharmaceutical products that require additional consultation with the client. Finally, other cases require a clinician but can leverage task-sharing guidelines to push that work onto lower-level provider types. Sehat Kahani employs nurses to run its e-health clinics and offer basic consultations, freeing up the organization's more expensive physicians to focus on diagnosis, e-prescriptions, and higher-level care. By considering the needs of their customers in terms of the level of clinical expertise that is actually required, enterprises are able to optimize the role of the health care provider. This enables the enterprises to lower the costs of health care delivery by using each human resource and each level of provider as efficiently as possible, reducing both the cost to the client as well as the amount of resources needed to sustainably operate the organization.

Challenges for social enterprises that seek to provide family planning at scale

Family planning is a low-revenue product and service offering; thus, few specialized family planning social enterprises have emerged.

In the landscape analysis, the authors struggled to identify successful social enterprises in which the delivery of family planning services and products was a significant part of their business model. Many of the initially short-listed enterprises in the service delivery category provide a broader range of services, such as primary health care or noncommunicable disease management. While they offer family planning, it is often a small share of their business and might not be a discrete area of service that they track. For example, one enterprise the authors spoke with considers family planning as part of a broader women's health package, which also includes services such as antenatal care and cervical cancer consultations. Thus, the enterprise does not track service statistics specific to family planning.

The dearth of family planning-focused social enterprises suggests that developing a sustainable business model around family planning services alone is difficult. There are a number of reasons for this. First, businesses that seek to provide a single product or service, in general, are unlikely to be sustainable unless they achieve massive scale. Second, and perhaps most importantly, family planning services and commodities are widely available free of charge in many low- and middle-income countries (Holtz and Sarker 2018). Data show that women across income levels access family planning commodities in the public sector (SHOPS Plus 2019), and in some countries, family planning commodities are also available free of charge in the private sector. As a result, it may be difficult for social enterprises to generate substantial revenue from the provision of family planning. This is further supported by a SHOPS Plus research study on social enterprises that participated in the HANSHEP Health Enterprise Fund. This research found that social enterprises delivering family planning in Kenya charged service fees that nearly covered the costs of providing the service. Therefore, the enterprises did not focus on growing family planning as a business line since the revenue generated did not contribute significantly to the their sustainability (Fay 2018).

While revenue generated from family planning is unlikely to contribute significantly to sustainability, many social enterprises still choose to offer family planning services and products. The SHOPS Plus HANSHEP Health Enterprise Fund research study found that service delivery enterprises integrate family planning into a broader suite of services, in part due to the nonrevenue benefits that accrue from offering family planning. For example, one enterprise said that customers consider the provision of family planning to be an indicator of quality, and another reported that offering family planning products and services generated increased foot traffic to its clinic (Fay 2018). Product delivery enterprise Kasha describes similar, nonrevenue benefits from offering clients a range of family planning products and services. The enterprise found that its customers feel that having a wide range of family planning options available makes Kasha a trustworthy brand and platform (Uwase 2019). Therefore, family planning can best be viewed as an indirect contributor to revenue through improved customer loyalty and retention, and thus lower user acquisition costs, as well as through traffic generated that results in sales of other, higher-revenue products. Thus, stakeholders may continue to see few family planning- specialized social enterprises, and instead health enterprises that determine a product mix that supports sustainable delivery of family planning services and products.

Family planning can be viewed as an indirect contributor to revenue through improved customer loyalty and traffic that results in sales of higher–revenue products.

There is a tradeoff between human resources for health optimization and family planning impact. As described previously, social enterprises strategically separate clinical and nonclinical tasks, as well as higher- and lower-level clinical tasks, in an effort to optimize the use of different types of human resources. While this strategy helps to lower operational costs, it has implications for the impact that these social enterprises can have on family planning outcomes. Certain types of family planning products and services require qualified providers with specialized training and in-person delivery in brick-and-mortar facilities (in some cases, where minor surgical procedures can be performed). These operational requirements are especially true for the delivery of long-acting reversible contraceptives, which are the most effective modern contraception methods. While the social enterprises profiled in this brief create referral linkages, either to access any services or to access more comprehensive services, their ability to ensure that the referral information leads to care-seeking and contraceptive use is limited. This was described as a challenge by Nivi, which relies on electronic self-reporting to track referrals, as well as by product delivery innovators seeking to expand the range of options that their platform can facilitate access to. As social enterprises seek to deepen their impact in family planning, they will need to evolve their models to provide more direct connections to clinical service delivery, either through expansions of their own offerings or stronger relationships with service delivery partners.

Social enterprises need to determine where to specialize and where to partner to support scale. The social enterprises profiled in this brief are still in relatively early stages and have each been experimenting with which components of their models they can produce versus which can be provided by partners. On one hand, MYDAWA has pursued a vertically integrated model in which it periodically takes on the role of manufacturer, distributor, retailor, and even financing provider as it explores a new microfinance option for product sales. Social enterprises may choose to pursue a vertical integration strategy due to the multiple advantages it offers: reduced dependencies, increased control over quality, and lower costs. However, they may also pursue it as a matter of practicality; Kasha reported that the company delivers its own products in Rwanda because there were not satisfactory partners available to play this role.

The alternative to vertical integration is specialization in which social enterprises identify their niche role and integrate partners into their value chain to fulfill other needs. Greater specialization is assumed to lead to greater efficiency, as each organization optimizes the process for delivering their product or service and achieves a competitive advantage. All of the enterprises profiled are exploring the role for partners in their value chains. Sehat Kahani is providing access to an e-pharmacy platform and diagnostic services through external organizations. MYDAWA is seeking partnerships to expand into more rural, low-income areas so that it can leverage its infrastructure and expertise. As these enterprises seek to scale and enter new markets, they will have to determine those functions where they have a competitive advantage and those roles that partners can play more efficiently and effectively.

Implications for family planning donors and implementers

Social enterprises around the world are working to improve access to health care while creating viable business models that offer the promise of sustainability and profitability in the long term. While few of these enterprises specialize in family planning, many are delivering family planning information, products, and services alongside other health offerings. Thus far, the direct contributions of social enterprises to family planning impact remain relatively limited. However, social enterprises are contributing indirectly through the innovative platforms they are creating to increase access to health care more broadly.

While there are too few sustainable, scalable examples of social enterprises, these organizations can be valuable global health partners, particularly as USAID and other donors pursue greater private sector engagement. USAID's Private-Sector Engagement Policy calls for market-based approaches and describes private sector engagement as a pathway to accelerate countries' progress on their journey to self-reliance. Social enterprises are identifying local challenges and propelling new, market-based approaches to expand access to family planning and other priority health services. Through these approaches, social enterprises are introducing innovative technologies and strategies to reach new users, improve care, and pursue sustainability. They are contributing private sector expertise and resources to the implementation of these approaches, creating local jobs and leveraging private capital to extend their reach. Social enterprises are also contributing in terms of how they work—experimenting, rapidly identifying user preferences and shortcomings in their models, and adapting in response. In these ways, social enterprises represent a different type of private sector partner for USAID and the global health community to engage, one that intentionally pursues financial sustainability from their inception while keeping social impact goals at the center of their work.

Donors who seek to engage social enterprises to expand access to family planning will need to do so with the understanding that this is a nascent industry with many unanswered questions about how innovations can be sustainably scaled. Innovation and scale are inherently different goals and at times are at odds with each other. Where innovation looks to continuously challenge the status quo, scale frequently requires a commitment to the current operating model (Seelos and Mair 2013) and integration with large, existing systems, such as national health systems. What follows

Photo: Nivi

is that different expertise is required to develop innovative health solutions and to deliver those solutions at scale. Social enterprises are unlikely to possess all of that expertise at once, but global health donors and implementing partners are well positioned to support them in several ways.

Partner with early-stage social enterprises that are innovating to identify new ways to improve access to family planning information, products and services. Early-stage enterprises are innovating by creating, testing, and continuously adapting new approaches in health care. Donors and implementers can:

1. **Engage social enterprises as thought partners that bring on-the-ground insights to programming from their cycles of innovation, experimentation, and learning**. As described in USAID's Private-Sector Engagement Policy, "Engagement itself can be valuable in achieving better development and humanitarian outcomes. For example, integrating private-sector perspectives in country strategic planning and mapping of local systems can lead to better identification of market constraints and market-based approaches in the design and implementation of projects." (USAID 2018). At the same time, donors and implementers have relevant health expertise and programming experience that can inform social enterprises' products, services, and business models.
2. **Play an active role in catalyzing innovation and identifying promising solutions in response to family planning challenges along the value chain**. Donors and implementers can conduct analyses to support country-level identification of social enterprises with innovative family planning solutions, or to produce and disseminate data on family planning markets and key barriers that social enterprises could address. These analyses should extend beyond the point of service delivery, to include supporting services and inputs along the family planning value chain. Donors and implementers can go a step further by establishing business plan competitions in partnership with universities, launching challenges or prizes that actively seek family planning and reproductive health solutions, or sponsoring incubators and accelerators to run health or family planning-specific cohorts through their own support programs.

By raising awareness of health challenges and inviting new organizations to engage, the global health community can bring a larger, more diverse group of people together to address family planning challenges. From this support of innovation, donors and implementers can expect to identify new approaches to improve access to family planning and reproductive health, as well as to learn new things about which strategies work, which do not, and the users that these approaches target.

Support social enterprises to scale family planning and reproductive health innovations that have demonstrated proof of concept. Through its landscape analysis of global health innovators, the Center for Accelerating Impact and Innovation's report, *Unleashing Private Capital for Global Health Innovation*, identified a lack of support between the early and growth stages, often referred to as "the missing middle" (CII 2019). Donors and implementers can create value by providing the following support to social enterprises that are still working to develop viable business models.

1. **Provide direct technical or financial support to social enterprises**. This could include providing access to health industry expertise and technical assistance to refine business models, and helping social enterprises determine where to specialize and where they should seek

partners. Financial support could include small, time-limited grants to refine specific business model elements to ensure that the enterprises' overall business operations are not being subsidized and distorting markets in the long term.

2. **Leverage in-country relationships to facilitate partnerships between social enterprises and critical partners**. International donors and implementers have vast networks across health systems and markets. Social enterprises are often new, local partners that have limited awareness, reach, and access. Donors and implementers can connect social enterprises to private clinic networks, local government stakeholders, insurers, and others that can help them expand their reach.
3. **Integrate innovations into existing programs to provide platforms for more rigorous testing or scale**. Global health programs are already working to deliver family planning information, products, and services through wide-reaching platforms across the public and private sectors. These platforms offer access to additional service delivery points and potential customers, providing opportunities to test and develop the evidence base for family planning innovations, and to scale those innovations that have proven effective. Donors and implementers should look for win-win opportunities to integrate relevant innovations from social enterprises into their existing projects to enhance or accelerate achievement of results.

While scale takes time, by supporting social enterprises on their pathways to scale, donors and implementers can support the diffusion of more effective, efficient approaches to global health challenges, and build the capacity of local, private sector partners to carry forward global health goals. Even if social enterprises do not reach scale themselves, once they have proven the technical feasibility or commercial viability of their innovations, these can be replicated by other global health stakeholders.

Social enterprises are bringing new technologies, business models, and ways of working into global health markets. In turn, these innovations can create new customer expectations, challenge existing norms and regulations, and trigger improvements across health systems as public and private competitors react to social enterprises in their markets. Global health donors and implementing partners bring strong in-country networks, convening power and influence, deep global health expertise, and an understanding of local health systems. Together, social enterprises and global health donors and partners can determine how to best scale and sustain the innovations that social enterprises are developing to achieve family planning and global health goals.

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