A TOTAL MARKET APPROACH FOR VOLUNTARY FAMILY PLANNING PROGRAMMING THAT INCLUDES SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

INTRODUCTION

Despite significant gains in the acceptance and voluntary use of modern family planning (FP) methods in low- and middle-income countries, health markets in these countries often operate inefficiently, failing millions of potential FP users. In an uncertain funding climate, donors, governments and implementers need to focus resources and create solutions that have the highest impact and return on investment. One methodology that has gained traction recently is the Total Market Approach (TMA). TMA is a process used to improve the performance of a market in an equitable and sustainable manner, with the goal of achieving universal coverage of products and services. Using TMA for FP programming involves making the most efficient use of existing resources and delivery points in the health system to generate demand for voluntary FP and ensuring that all consumers can access the FP method of their choice, regardless of their income level.¹

Transform/PHARE (hereafter referred to as PHARE), a five-year (2015‒2020) project funded by the United States Agency for International Development (USAID), sought to address barriers to modern contraceptive use, transform attitudes about reproductive health and increase demand for FP products and services in Benin, Burkina Faso, Côte d’Ivoire and Niger. The project used a variety of innovative practices from marketing, advertising, human-centered design and behavioral economics, including the use of TMA.

This brief is intended for managers, including government stewards, of voluntary FP programming. Based on PHARE’s experience in Côte d’Ivoire, it provides a guide for using the TMA methodology, including conducting a landscaping of social and behavior change communications (SBCC) in the FP market. It should be noted that SBCC is often overlooked or downplayed in FP market analysis. Its inclusion in the TMA analysis in Cote d’Ivoire yielded a comprehensive picture of the FP market, which in turn, informed subsequent programming to support improvements in the FP market to meet consumers’ needs.

¹How PSI is Shaping Markets to Address Global Unmet Need
ANALYZING THE FP MARKET: TMA AND SBCC LANDSCAPING

GOAL
Identify strategic priorities in voluntary FP programming by mapping all actors involved in the FP product/service value chain and SBCC interventions (e.g., manufacturers, distributors, nongovernmental organizations [NGOs], public and private health providers) to better understand market strengths and weaknesses, and how SBCC can be leveraged to meet clients’ needs, aspirations for voluntary FP use, and barriers to access and use.

STEP 1
Collect quantitative data on the market for voluntary FP: key actors, products, prices, promotional practices, regulatory policies, etc.

STEP 2
Collect qualitative information on the roles of key FP actors through interviews or focus groups to complement the quantitative information collected in Step 1.

STEP 3
Analyze and synthesize the quantitative and qualitative data.

STEP 4
In collaboration with stakeholders, formulate recommendations for action by public, NGO, and private sector actors to address FP market weaknesses.

USING TMA TO CONDUCT SBCC LANDSCAPING FOR VOLUNTARY FP: CASE STUDY FROM CÔTE D’IVOIRE
Traditionally, TMA focuses on the supply side which can lead to overlooking important demand-side failures and opportunities. PHARE conducted an analysis of the FP market in Côte d’Ivoire, with an emphasis on SBCC activities, using TMA. SBCC can influence individual behaviors by providing accurate information, building self-efficacy, and promoting attitudes and social norms that support healthy reproductive behaviors. The goal was to better understand the gaps in the overall FP market and in FP communications to inform voluntary FP programming.

The analysis examined both supply-side factors (e.g., manufacturers, suppliers, importers, distributors, health providers in public and private sectors), and demand-side factors (SBCC activities and consumers). PHARE reviewed Demographic and Health Survey (DHS) data, conducted a literature review of the FP market and organized semi-structured interviews with key actors in FP in five different urban/peri-urban cities (Abidjan, Bouaké, Ferkessedougou, Man and Tanda) to gather additional information on the functioning of the FP market. The interventions being implemented by different organizations in FP and SBCC for FP were then mapped, and the data synthesized to identify market strengths and weaknesses by grouping the information in a simple matrix around key themes: actors, supply and demand (a description of the FP products, prices, place and promotion) and rules (policies, regulations and taxes).

The use of and need for voluntary FP methods by consumers were analyzed according to various criteria (e.g., reproductive age, marital status, place of residence, socioeconomic status) informed by a review of the (then most recent) DHS.

The mapping yielded rich information on the FP market. A value chain was prepared, showing all actors who had a direct role in the delivery of a FP product or service, from producer to consumer. It mapped: (1) the supply chain actors across public, private, NGO and social marketing sectors; (2) service providers offering voluntary FP (public, pharmacy, private, NGO); (3) the volume and value of FP products sold by the different sectors; (4) the enabling environment for reproductive health (policies and plans, regulations, dues and taxes); and (5) the support systems, including interventions carried out by the different actors to increase the supply of voluntary FP services through coordination, funding and communication (figure 1).

2Mass Media: Reaching Audiences Far And Wide With Messages To Support Healthy Reproductive Behaviors
The value chain analysis revealed that all FP products available in the country were imported. There were limited government subsidies for the purchase of FP products, and high taxation on products in the private sector, which increased their cost to consumers. FP commodities were unevenly distributed throughout the country, especially in rural areas. Recurring stockouts and shortages of contraceptives, especially in rural areas, often affected providers’ ability to offer quality services, as did the inadequacy of training for providers on contraceptive methods. In the public sector, there was an inequitable distribution of health providers in relation to the population; for example, 40% of the health workers served Abidjan, whereas only 24% of the general population lived there.

Oral contraceptives (single, combined, emergency) were offered primarily by the private sector (78%), followed by the public sector (9.8%) and social marketing (9.6%). Injectables (2- and 3-month), implants and intrauterine devices were mainly offered at public sector health centers. Seventy-nine percent of condoms were socially marketed.

The National Program for Maternal and Child Health (Programme National de Santé de la Mère et de l’Enfant (PNSME)) is responsible for oversight and coordination of all FP activities, including SBCC activities, with support from NGOs. PHARE mapped the national and international NGOs implementing SBCC activities for voluntary FP in support of the Government of Côte d’Ivoire, their target audiences, geographic coverage and channels (e.g., radio, television, community sensitization activities, interpersonal communication). The mapping also considered both SBCC activities intended for the general population and for FP providers. The majority of SBCC activities are implemented via partner NGOs, in coordination with the PNSME; the mapping highlighted a number of trends and areas for improvement in these activities. For example, while there are a number of NGOs working in FP, the geographic coverage of each is quite limited, leaving the majority of the country without interpersonal communication activities or community health talks. The PNSME intended to use mass media campaigns to bridge the gap but radio and television spots were costly and their budget was insufficient for such activities. Most SBCC activities target the general population rather than adapting messages and approaches for priority populations and few took advantage of mobile technology or social media.

SBCC activities focusing on providers were limited with the main actor being the PNSME, focusing primarily on modern contraceptive technology training. The analysis underlined the need for continued training and assurance that all providers be trained in a full range of modern FP methods, including long acting reversible contraception (LARC). While a number of partners are supporting trainings, there are relatively few providing...
supportive materials and job aids around FP methods and even fewer in counseling and communication techniques for FP providers.

The study highlighted the need for a national communication strategy for voluntary FP to coordinate and inform partners of strategic priorities and needs within the country. It concluded that for the Government of Côte d’Ivoire to reach its FP goal, the Ministry of Health needed to increase the reach of SBCC, including the use of mass media (TV, radio) and social media communication activities for consistent exposure of the public to FP messages over the long term. The study recommended policy changes to exempt FP communication messages from all taxation to reduce costs, thereby allowing enhanced and wider dissemination of messages about voluntary FP. Other recommendations included: training service providers in contraceptive technology and stock management; exempting or reducing taxes on FP products, especially in the public sector; improving procurement and supply chain systems in the public sector to assure the uninterrupted delivery of methods from the central level to the periphery; and increasing state subsidies for the procurement of FP products.

**KEY TAKEAWAYS**

Looking at the entire market—supply side factors and demand side factors—is important in order to prioritize areas for intervention. Once the underlying causes of market strengths and weaknesses are understood, the intervention areas can be prioritized in partnership with the Ministry of Health and other stakeholders. For governments, TMA is an effective approach to help with overall coordination, to understand who is doing what, and to identify strategic priorities for their national programs.

As implemented in Côte d’Ivoire, the TMA [survey] identified key players in the market, the functions they were or were not performing, and how the enabling environment influenced their capacities and incentives to perform. Adding the SBCC component to the traditional TMA was important to understand the activities (or lack thereof) around demand creation—an important element of voluntary FP, and especially the challenges to the use of mass media identified in the country.

The TMA analysis in Côte d’Ivoire enhanced PHARE’s understanding of voluntary FP and SBCC interventions at the national level and painted a full picture of the FP market which, in turn, could be used to inform programming at every level to support positive behavior change. The Côte d’Ivoire FP Technical Working Group validated the TMA report in November 2017. As a result, the Ministry of Health initiated a national communication campaign in 2018 that was eventually launched in 2019 to encourage the use of voluntary FP. Other gaps were addressed through new projects, such as PSI including training for providers on modern contraceptive technology in new projects and indicators to monitor stock levels at health centers.

**ADDITIONAL RESOURCES**


- More information on PHARE is available at the project website.