



## **Private-Sector Assessment Tool**

**A Handbook for Assessing the Potential for Youth  
Reproductive Health and HIV/AIDS Program  
Interventions in the Private Sector**

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## **Introduction**

Government-sponsored programs have done much to advance youth's knowledge of HIV/AIDS and reproductive health issues. But these organizations alone cannot carry the full workload. The private sector can also help by encouraging young people to build a productive and healthy future. The private sector already has an interest in the health of the world's youth because youth are both tomorrow's workers and some of the world's greatest consumers.

The private sector has immense potential for serving young people. Many young people already use the for-profit sector, seeking care from private doctors, nurses, and nurse-midwives, or at local pharmacies. The challenge is to build on the inherent attractiveness of the private sector for youth.

This handbook is a guide for conducting a technical assessment of the potential for private-sector youth reproductive health (YRH) interventions in a selected country. Assessing this potential requires an in-depth understanding of both the market for reproductive health care and the specific needs and situations of young people. To understand the potential of the private sector, some basic understanding of the current public sector services is also necessary. Other crucial areas to explore are the factors affecting demand and supply for YRH care, the broad environment for health care, and the legal and regulatory issues that affect youth, reproductive health, and private health care. The process requires examining current strategies and activities being supported by donors, as well as current activities of the business community and youth groups.

Section I provides guidance on assessing the environment for the private sector and YRH in five areas: general background information, demand for YRH care, supply of YRH care, financing options, and the policy environment. Section II contains questions for more in-depth probing in four key strategic areas: livelihoods, social franchising, workplace programs, and NGO capacity building. The appendices include information on various sources of information, which may help in conducting the assessment.

The manual is presented as a checklist of questions. It includes some questions that may not yield specific answers but do provide insights and guidance toward understanding practical guidelines for gathering data and assessing opportunities for private sector YRH interventions.

The manual combines essential questions about the private sector, youth, and reproductive health. The manual is meant to complement other existing tools for assessment of the private sector, youth, and reproductive health (see Appendix B).

This manual can assist a broad range of people who are interested in helping the private sector serve YRH needs better. These include the staff of organizations providing technical assistance for YRH in developing countries and bilateral donors such as the

U.S. Agency for International Development (USAID) and international organizations such the World Health Organization (WHO) and the World Bank.

This assessment tool contains a number of general questions about the market for reproductive health care and the private-sector environment, as well as more specific questions that examine how this market relates to youth. It uses a checklist format to help gather information, analyze conditions, and identify potential areas of opportunity for YRH interventions. The checklists are intended to serve as a guide and are by no means complete. Each assessment and the corresponding areas of focus will vary by country. As assessments are conducted, the lessons learned from each experience will provide inputs and will help refine subsequent assessments and the process itself.

Young people are assets to their communities and they can and should play a role in their own development. Reproductive health programs for young people should encourage adult and youth partnerships for development, and promote gender equity and respect for the human rights of young people. Accordingly, a private-sector country assessment must strive to give voice to a broad range of stakeholders in youth reproductive health, including rural and urban girls and boys of varying socioeconomic and educational backgrounds, parents, religious leaders, policy-makers, business representatives, and others working in the field of youth, health, and development. By including voices from varied sectors of society, such an assessment can provide a useful picture of a country's young people.

## **Section I. Assessing the Environment for the Private Sector and YRH**

Assessing the potential for private-sector involvement in YRH activities requires a basic understanding of the general situation of the private sector, youth, and reproductive health. General information and pertinent country data are available through secondary research sources obtained from technical assistance organizations and bilateral and multilateral donor agencies. This preliminary research can help identify particular areas of focus that may warrant further data gathering and analysis.

### **Section I-1. General Background Information**

#### **I-1-A. Demographics and Reproductive Health Status**

##### *Why it is important*

Basic demographic can indicate current and future potential market size. Knowledge about the current status of key reproductive health indicators for young people is central to understanding the main reproductive health issues that youth face.

##### *What and how to assess*

Relevant demographic information is available for most countries and provides a helpful description of the market for YRH providers and services. Important indicators include population size, composition and growth rates, childbearing, use of contraception, and mix of contraceptive methods. Indicators of sexual activity and marriage patterns are particularly important in analyzing the situation of young people. A thorough review of Demographic and Health Survey (DHS) or other similar country health surveys is important. Many of these overview documents and country profile information are available from a range of organizations, including from some easily accessible Web sites (see Appendix B for details on sources of information).

##### *Key questions*

##### Population Size and Composition

- What is the current population of the country? What are the population breakdowns by region?
- What are recent and projected trends in population growth?
- What is the age structure of the population, including the percentage of the population that is youth (ages 10-24)?

### Sexual Activity and Marriage

- What is the median age of sexual debut and first marriage?
- What percentage of youth is sexually active, by age group?
- What percentage of the youth population is married, by age group?
- Are there significant differences between boys and girls with regard to sexual activity and marriage?

### Childbearing and Contraceptive Use

- What is the total fertility rate?
- What is the current contraceptive prevalence rate?
- What percentage of sexually active youth use contraception?
- What is the method mix for young people?
- What percentage of young women gives birth before they turn 20?
- What proportion of pregnant teens receives prenatal care?
- What proportion of teen mothers has a trained attendant at their child's birth?

### HIV/AIDS and other STIs

- What is the overall adult (15-49) HIV/AIDS prevalence rate and at what stage is the epidemic?
- What percentage of youth (15 to 24 years) is infected with HIV?
- What are the major modes of HIV transmission for young people?
- What other STIs are major problems for young people?
- Are there significant differences between boys and girls in HIV/STI infection rates?

### Determinants of YRH Behaviors

- What proportion of the youth population is in school, out-of-school, employed, unemployed, orphaned (because of AIDS or other factors), head of household?

- What are the strongest influences on youth behaviors (peers, media, role models, other)?

### **I-1-B. Economic and Development Indicators**

#### *Why they are important*

Determining the extent of the role of the private sector in the economy and levels of economic development suggests the potential for private-sector involvement in YRH. Private-sector involvement will depend upon the extent of existing private-sector activity and the prevailing economic environment. Government stability and the country's political history are also key factors to consider before contemplating any substantial initiative.

#### *What and how to assess*

Economic indicators are relatively easily to find through government publications or international organizations such as the World Bank. Indicators of the overall economic environment include per capita GNP, economic growth rate, consumer spending patterns, literacy rate, education rates, and access to TV and radio. Interviews with government and business leaders, as well as perusal of government policies, can provide information on the role of the private sector and government attitudes.

#### *Key questions*

- What is the level of economic development?
- What is the per capita income?
- What are the prospects for economic growth?
- What is the role of the private sector in the country?
- Are there national programs, policies, or plans that promote enterprise development and private investment?
- Is there adequate infrastructure (roads, telecommunications, etc.)? Are there government plans to develop infrastructure?
- Does the government support private-sector activity?
- Are there efforts to privatize sectors of the economy?
- How stable is the government?
- What is the level of unemployment?



- What is the level of foreign investment?
- What are the prospects for significant youth markets or a significant youth work force?
- Are there active business service organizations such as the Chamber of Commerce, Rotary, Business Roundtables, or professional societies?
- What are the primary commercial businesses and industries and the principal markets/customers?
- How do these markets relate to youth?
- What, if any, subsidy or affiliate relationships exist between local companies and U.S. or other multinational companies?

### **I-1-C. Donor Activities**

#### *Why they are important*

Understanding the priorities of key international donor agencies may help determine which areas of YRH have been neglected. International donors often provide much of the funding for YRH activities and can be instrumental in influencing government policies and programs.

#### *What and how to assess*

Information on donor priorities and activities is available from donor documents through their Web sites and through interviews with government, NGO, and donor officials.

#### *Key questions*

- What are key objectives and programs supported by donors in terms of private-sector development of YRH or related health-care markets?
- How do these objectives relate to or include YRH?
- What are the key current donor-supported YRH activities?
- Where are donor activities located by geographic region?

**Section I-1 General Background Information Checklist Notes**

## **Section I-2. Demand for YRH Care**

Analyzing the current and potential demand for YRH care is central to determining the feasibility of effective interventions. This requires examining the demand for health care overall, the demand for YRH care in particular, and factors affecting demand.

### **I-2-A. Levels of Demand for Health Care**

#### *Why they are important*

To understand demand for RH care by adolescents, it is helpful to assess demand for broad health-care services and other products.

#### *What and how to assess*

Surveys of health-care utilization and analysis of health-care spending patterns are typical measurement tools for health-care demand. Age-specific information on general demand may be available, depending on the country. Government-sponsored surveys, special studies on health-care use financed by donor agencies (including the World Bank and USAID), and private market research are often useful sources of information on health-care demand.

#### *Key questions*

- What is the demand for broad health-care services and products?
- What health-care services and products are young people most likely to use or purchase?
- What factors affect demand for broader health-care services and products?
- Is demand for broader health care gender-segmented (i.e. men use private and women use public services)?

### **I-2-B. Levels of Demand for YRH Care**

#### *Why they are important*

The extent to which youth currently use RH products and services, and the potential for increasing this demand, is crucial to understanding potential private-sector involvement. Determining the extent to which price and other factors affect demand is also a key element of the assessment.

#### *What and how to assess*

Information on demand for YRH care comes from a variety of sources, including primarily the DHS or similar survey, a youth-focused study, or market research. DHS typically do not survey the youngest adolescents (age 10-14); information on this age group is rare but may occasionally be found in special studies. Reproductive health programs typically measure demand for pregnancy prevention in terms of current contraceptive use plus unmet need for contraception. In many countries, unmet need is highest among young people. Demand for young people may be inhibited by their lack of knowledge about contraceptive methods.

Current demand for HIV/STI prevention and treatment can be measured in part by looking at current levels of condom use, attitudes towards condoms, use of VCT services, patterns of STI diagnosis and treatment in public and private clinics, and awareness of HIV/STI prevention mechanisms. Demand for maternal-child health (MCH) care can be measured through surveys on use of MCH services. Although some of this information is broken down by age group, more analyses may be needed to extract data on young people. Information on willingness to pay is sometimes included in a DHS but more likely will be found in income surveys or segmentation studies. To complement quantitative data, interviews or focus groups with NGOs, youth organizations, and groups/leaders can provide insight on factors influencing levels of demand.

#### *Key questions*

- What is the demand for YRH products and services, and how does it compare to overall levels of demand for RH care?
- How does demand vary by gender, age, marital status, school attendance, economic status?
- Is there any information on the willingness of youth to pay for YRH care?
- Does youth willingness to pay vary according to the type of RH care (i.e., pregnancy prevention, STI/HIV treatment, MCH care)?
- Does youth willingness to pay vary by gender, age, marital status, etc.?
- Are young people any different than adults in terms of their willingness and ability to pay for RH products and services?
- What factors influence youth willingness to pay for RH care?
- What degree of control do youth have over their income (i.e., how much control do they cede to other family members)?

#### **I-2-C. Factors Affecting Demand for YRH Care**

##### *Why they are important*

Better understanding the factors affecting demand will help explain why youth do or do not use RH services or seek RH care.

#### *What and how to assess*

Finding studies or data that can explain the various factors that affect demand for YRH is often difficult. However, in some cases the DHS or other studies provide information on consumers' motivations and preferences for using clinics, pharmacies, or other sources of YRH services and products. Factors may include peer pressure, family, media, church, school, confidentiality, and the social, cultural, and political context. Traditional cultural beliefs and practices can adversely affect YRH (such as gender inequalities that expose young girls to risk, or society viewing young people as problems rather than as assets). These factors must be identified and prioritized since each affects demand for YRH.

#### *Key questions*

- What factors affect current patterns of use for YRH services or products?
- Is there evidence of latent demand for YRH products or services? What factors constrain that demand from being realized?
- Does there appear to be room for increasing overall demand for YRH?
- What youth serving organizations, youth groups/leaders or business/NGO leaders could be instrumental in mobilizing the community to increase demand?
- Is there information on youth specific RH and HIV/AIDS concerns (i.e., STIs, HIV stigma, confidentiality, other issues affecting and important to youth)?
- What are the roles of men, of women, and of different youth segments in the demand for products and services?
- What are the social and cultural barriers to YRH (i.e., contraceptive use)?
- What are the views of young people on the private sector as a source of YRH information and services? How do these compare with their views on other sources of care, including government services?

### **I-2-D. Demand Creation Activities**

#### *Why they are important*

Many countries have campaigns to stimulate demand for reproductive health care, or YRH care in particular. Government-led campaigns to increase access and quality of YRH may indicate willingness to work with the private sector and could possibly

increase overall demand for YRH products and services in both the public and private sectors.

*What and how to assess*

Information on national campaigns may be available from existing documents or through interviews with key officials. Some campaigns include evaluation studies that may detail the impact of the campaign on patterns of YRH care utilization.

*Key questions*

- What sorts of activities has the country carried out recently to stimulate demand for YRH care, (including information/education/communication campaigns, social franchising, workplace interventions, or social marketing programs)?
- How do any of these programs or efforts affect public sector vs. private sector demand initiatives?
- Have mass media campaigns been used to create demand for RH/HIV services involving radio, television, or newspapers?

**Section I-2. Demand for YRH Care Checklist Notes**

### **Section I-3. Supply of YRH and Related Health Care**

The background assessment will provide some sense of the supply of YRH products and services, including, for example, the types of contraceptive methods available. The assessment questions in this section seek to identify principal providers and networks, determine availability and pricing of products and services, and assess how supply may affect the level of unmet need for YRH services.

#### **I-3-A. Sources of Supply and Cost of Reproductive Health Care**

##### *Why they are important*

Information about how health-care services are delivered or obtained, compared to YRH services in particular, provides important context for private-sector provision. Pricing is an important issue, particularly in gauging the ability of private commercial providers to compete. For instance, in many countries, contraceptives available from the public sector are free or below cost. It is difficult for private distributors and private providers to compete on price alone, unless the low-cost and subsidized products offered by the government are targeted to those who can least afford to pay for them.

##### *What and how to assess*

The supply factors that influence where young people go for YRH care are important to identify. Do providers offer a broad range of services to consumers, or are there gaps that can be filled by the private or commercial sector? What is the quality of care, as perceived by the government, the medical community, and consumers? The most recent DHS for each country usually identifies sources of reproductive health care, including breakdowns by services, by regions, urban vs. rural, etc. However, the survey reports do not typically present information on the youth market. Thus, additional analyses may be required. Studies conducted for social marketing activities are another potential source of information.

##### *Key questions*

##### Source of Supply

- What is the overall role of the private sector as a provider of health care?
- Does the supply of YRH products and services meet the demand? For example, are there sufficient supplies of condoms to meet youth demands?
- What are the main sources of supply for health-care products and services? What is the role of each of the following in providing health care?
  - Public health-care system



- Commercial health care
- NGOs and other nonprofit groups, including faith-based organizations
- How does the provision of YRH services and products differ from the provision of related health-care services and products?
- How developed are existing commercial distribution channels for health products?
- What are the relative roles of the commercial, NGO, and public sectors as suppliers of RH care?
- Where do youth consumers obtain their products and services?
- Do products and services differ by type of provider (i.e. private vs. public)?
- Does the source of supply vary by contraceptive method?
- Does source vary by region or by urban vs. rural?
- Does source vary by male or female adolescents?

### Pricing

- What is the current basis for pricing of products and services currently? (What are they selling for and what is the percent of cost recovery or normal profit margin?)
- How do prices for medical consultations vary among public sector, NGO, and commercial suppliers?
- How do the prices of contraceptive products and services vary among public sector, NGO, and commercial suppliers?
- To what extent do donors subsidize products and services?

### **I-3-B. Private Health Providers**

#### *Why they are important*

Private providers often play a key role in the delivery of YRH services and products. It is therefore important to understand how private providers work in each country.

#### *What and how to assess*

Important information on private providers includes: how many work in private practice (full-time and/or part-time); whether physicians are organized in networks, are in isolated

clinics or hospital-affiliated; and the role of midwives and nurses in delivering counseling and services.

#### *Key questions*

- What are the main types of private health-care practitioners (including doctors, Ob/Gyns, general practitioners, nurses, midwives, pharmacists, traditional practitioners, and others) and how are they distributed throughout the country?
- What are the roles of different providers, in terms of RH services and price levels?
- What are the roles of women providers, including doctors, midwives, and nurses?
- How does the quality of care in the private sector compare to the quality in the public sector? How well do perceptions of quality differences match reality?
- What plans or activities are private providers involved with that focus on youth?
- What are the factors that affect supply of YRH by private providers? What are the obstacles? What are factors that promote provision of YRH?
- To what degree are reproductive health services “youth-friendly”? Are exclusive services (dedicated staff, consultation room, etc.) provided for youth? Is there a separate room or space provided for youth to gather (music, peer counseling, etc.)? Are there “youth promoters” or youth outreach workers who promote services in the community?
- What is the level of provider knowledge, attitudes, and practices on “youth-friendly” RH and related health care services? Are there gaps that training and other approaches can fill?
- How willing are private providers to provide RH services to young people, especially those who are unmarried?
- To what extent do private providers offer HIV testing? How feasible is it to expect private health practitioners to offer comprehensive voluntary counseling and testing services for young people?

### **I-3-C. Product Distribution Systems**

#### *Why they are important*

Reproductive health products – condoms in particular – play an important role in meeting the needs of young people. Assessing the capacity of product distribution systems is an important step in determining the potential for programs such as youth-focused social marketing of condoms.

### *What and how to assess*

Key information for the assessment includes how the pharmaceutical industry and distribution infrastructure works in a given country, including the distribution of contraceptives and other reproductive health products from wholesale to retail channels, and price levels/margins at each distribution point. It is also critical to understand what constraints young people face in obtaining RH products from retail establishments. Also, you should explore any issues that affect commercial product distribution such as leakage of product from public or NGO sources.\*

### *Key questions*

- Is the distribution system effective in meeting demand? For example, are condoms distributed from central warehouses efficiently to outlying regions of the country? Is product quality being maintained?
- What is the distribution infrastructure for RH products and how does it work? How does it relate to the manufacturer?
- Are there local manufacturers of RH products?
- What are the largest sources of retail sales?
- What are the constraints to product distribution? Is it profitable?
- Does the distribution system vary by contraceptive method or by product?
- How important a problem is “leakage” of RH products from the public and NGO sector?
- How do young people view retail outlets as a source of RH products? How comfortable are young people in purchasing condoms and other products from retail establishments? What are the attitudes of pharmacists and other retail sales people towards provision of RH products to young people?

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\* “Leakage” occurs when government or NGO officials redirect commodities meant for distribution through subsidized channels for commercial sale for their own financial gain.

### **I-3. Supply of YRH and Related Health Care Checklist Notes**

## Section I-4. Financing Options

This section will help in analyzing how YRH services are being financed and examine whether financing mechanisms or other interventions can facilitate the continuity and expansion of access to services among youth.

### I-4-A. Health Insurance

#### *Why it is important*

As a payment mechanism, public or privately financed health insurance plays an important role in some countries. Assessing the degree of insurance coverage will give insight into the payment options of consumers. This is particularly important in countries where young consumers may have difficulty paying at the time they receive private health care.

#### *What and how to assess*

An assessment of the health insurance industry starts with understanding the role of any public sector or social security insurance systems already in place. Since risk sharing mechanisms work better with larger volumes, the viability of social insurance schemes is dependent on the level of enrollment. Determining the percentage of the population covered by private health insurance versus consumer expenditures (out-of-pocket) provides insight into the role insurance plays in paying for health care – as well as the public’s perceptions towards private health insurance. Other helpful issues to assess include: reforms or industry trends towards managed care, network of providers, and insurance management firms that may offer opportunities to broaden the range of services to consumers. Information on insurance is available through interviews with key officials and review of documents, particularly studies that focus on health-care financing. Information on how well insurance plans cover young people can be obtained through interviews with health officials, youth-serving organizations, and review of insurance plans.

#### *Key questions*

##### Public Insurance Plans

- Is there a public insurance – i.e., a social security system -- in place? If so, what benefits does it include?
- Does the insurance system cover preventive care? Does it cover any YRH prevention or care services?
- How many members are enrolled in the system? What percent of the population does the system cover? Are youth covered under their parents’ insurance policies?

- How aware is the population of the public insurance system in place?
- Is there a need to use such tools as the National Health Accounts, or for data to implement insurance plans in the country?

#### Private Insurance Plans

- What is the relative importance of private health insurance? (Distinguish between community-based schemes and commercial insurance plans.)
- What benefits do private insurance plans cover?
- Do they cover preventive care? Do they include YRH services? If not, why not?
- What is the level of awareness of private health insurance?
- What is the size of the risk pools (how many beneficiaries are there)?
- What kinds of cost control measures are in place?
- Are their utilization review systems? What other review mechanisms are in place?
- What is the perceived quality of the services?

#### Managed Care and Networks

- Are service providers forming networks that affiliate with insurers?
- Are third party administrators being established?
- Are insurers and third-party administrators establishing utilization review and other forms of controlling services?

### **I-4-B. Credit and Capital**

#### *Why they are important*

The degree to which health professionals have access to credit and capital is an important factor in the ability of private providers to expand their services.

#### *What and how to assess*

Do providers have a need for financing to establish or expand their private practices? Taking the supply analysis a step further, could access to credit expand the delivery or distribution of certain services or products? (Loan fund assistance is available through the Summa Foundation and other credit assistance.)

*Key questions*

- Do providers have access to credit? Is financing from traditional sources available for providers? If so, at what rates and borrowing terms?
- How do providers finance their private practices?
- Do they need business training?
- Are there other credit or financing requirements to expand the supply of products or services?
- Is there need for financing among midwives, nurses, or para-medical practitioners to expand their services?
- Are micro-lending programs targeting health-care providers?
- Are traditional lenders or other financing organizations interested in providers' loan funds?

#### **I-4. Financing Options Checklist Notes**



## Section I-5. Policy Environment

This section should help determine how conducive the policy and regulatory environment is to a private-sector YRH initiative.

### I-5-A. Policy Environment for Private Health Care

#### *Why it is important*

Government policies and attitudes toward the private sector and enterprise development provide a critical context for private health provision. Moreover, the government itself is often a key provider of YRH products and services, and its actions will thus affect the context for private care.

#### *What and how to assess*

Key elements of the assessment include the attractiveness of private-sector interventions and whether the private sector is able to finance new activities; whether trade regulations help or inhibit the distribution and movement of vital products and services; whether currency controls restrict private-sector activity; or whether import duties impact the supply of product. It is also useful to assess how investment policies or regulations affect the decision of foreign companies to establish health-care ventures or insurance programs and the physical infrastructures and government planned commitment to improve infrastructure for commerce. What is the prevailing environment for the pharmaceutical industry? Are there ways to build regulations to encourage increased commercial sector supply of YRH products and services?

#### *Key questions*

##### Policies affecting the private sector

- Are there laws in place that protect/promote private-sector participation?
- Is the government involved in promoting or working with the private sector?
- Are there restrictions to increasing demand among consumers for private and commercially provided YRH products and services?
- Is there strong political/cultural/social pressure against promotion of YRH services?
- Are there restrictions on advertising of branded products versus generics?
- Does the government target its services (i.e., to those who can least afford to pay)?  
Are there efforts by the government to segment the market?

##### Regulation of private medical practice

- How burdensome are regulations on the establishment of private practices?
- Do such regulations prevent any private practitioners from establishing practices?
- Are private health-care providers restricted as to which methods they can offer?
- What training is required to provide “youth-friendly” YRH services? (Are there curricula, manuals, education materials?)
- Is there a need to develop or enforce quality of care standards or approaches?
- What opportunities exist for public-private collaboration on quality of care regulation?
- Is there a need for licensing or certification of health-care providers or facilities?
- Are there any new health sector industries or facilities that are as yet unregulated?
- How do laws or regulations limit the types of services that medical professionals, pharmacists, and others can provide to young people?

#### Investment climate and controls

- What is the investment climate? Does it encourage private-sector intervention?
- Does the government encourage industrial parks or enterprise development zones?
- What are trends in the level of private investment? Is foreign investment increasing in health-care activities?
- Do regulations or policies affect trade in the pharmaceutical sector?
- How widespread is the availability of credit?
- What are the prevailing interest rates?
- How adequate for commercial distribution and growth are the communications system, roads, points of entry, etc.?

#### Public health-care system

- How are public health-care services provided through the existing structure (i.e. centralized government or localized)?
- Are there plans to privatize the delivery of health care?

- Are there plans for public sector outsourcing to the private sector?
- How willing is the government to limit access to services through means testing or other mechanisms?
- How willing is the government to promote private services for those who are able to pay?

### Pharmaceuticals

- Is the sale or distribution of pharmaceutical products (particularly contraceptives and/or YRH products) regulated? Are contraceptive pills available all over the country?
- Are there import and/or price controls on pharmaceutical products?

## **I-5-B. Policy Environment for Government Provision of YRH Care**

### *Why it is important*

Government policies towards reproductive health and young people influence the successful implementation of YRH programs.

### *What and how to assess*

Is it feasible to improve the environment for YRH and other reproductive and related health services by examining existing policy and regulatory frameworks? Other important factors to consider in assessing the environment are the cultural and religious attitudes towards provision of YRH care.

### *Key questions*

#### Government policy on YRH

- What national policies, if any, support YRH programs?
- Is there an intergovernmental working group or evidence of cooperation between ministries on national youth issues?
- Are youth included in the government's multi-year national plan or in national plans in response to HIV/AIDS?
- Can youth receive VCT without parental permission?
- Are youth needs and interests expressed and considered in national RH/FP programs?

- To what extent do age-of-consent laws hamper provision of YRH care? Can sexually active, unmarried youth receive RH services?
- If the government does support YRH, what types of interventions, contraception, and educational programs does the government support?
- Does the government permit advertising of YRH programs or products? What programs or products have been advertised so far, and how long?
- Are pregnant students required to drop out of school?

#### Cultural and religious attitudes

- Are there religious restrictions or traditional cultural practices affecting particular contraceptive methods and risk behaviors in youth? If so, how can these practices be addressed?
- Are there provider constraints or biases against the delivery of certain methods?

## **I-5. Policy Environment Checklist Notes**

## **Section II. Assessing Strategic Areas for Private-Sector Involvement in YRH Interventions**

In some countries, large corporations or business organizations take a lead role in social causes or other cause-related marketing. These companies can be a source of financing for YRH programs. Models for such partnerships may already exist in the country but are not well documented. Discussion with business leaders and youth groups can provide further information on the potential for partnering with corporations.

It is important to determine the major industries in the country, including which companies, operations, or vendors are related to U.S. or European multi-national companies. The next step is to determine what corporations might be interested in program linkages or partnerships for YRH. Appendix B has some resources to help, such as the Corporate Council on Africa and the Global Business Coalition, which has linkages to U.S. companies already working on HIV/AIDS issues. Some corporations may also be involved in youth enterprise development or revenue generating programs.

Four primary strategic areas may attract corporate involvement: youth livelihoods, social franchising, workplace programs, and NGO capacity building. Below are assessment questions for each of these areas.

### **Section II-1. Youth Livelihoods**

#### *Why they are important*

The link between poverty and RH/HIV has been clearly established internationally including connections between poverty and sex exchanged for money. Many youth have a high level of frustration and despair due to their economic status and lack of opportunity. A multisectoral approach is needed to address poverty and idleness in order for youth to hear and accept the HIV prevention and positive RH messages that lead to behavior change. Livelihoods comprise a broad and interrelated set of programs and policies that include employment opportunities, credit, training in job and business skills, building alliances to advance the economic interests of youth, and promoting pro-livelihood policies. Livelihood programs also present opportunities to directly reach young people with life skills and reproductive health information and services.

#### *What and how to assess*

What livelihood programs for young people exist and what is the potential for linking them with YRH? Some information may have already been gathered on the extent of formal vocational training and microfinance efforts. It will also be useful to gather information on the willingness and capacity of linking livelihoods and YRH activities directly from interviews with young people and staff of both livelihood and RH organizations.

### *Key questions*

- What is the extent of social entrepreneurship or micro-financing for small informal revenue generating activities for youth (reference program/organization examples)?
- What types of vocational training programs (public sector, NGO, or company-sponsored) exist for young people? Are there informal youth training/apprenticeship programs? How are existing programs segmented by age or gender?
- Can YRH-focused organizations effectively add livelihood activities to their existing services?
- What are the prospects for youth groups and youth-serving NGOs to link with youth training and micro-financing programs?
- How interested are organizations now focusing on livelihoods, including vocational training centers, in adding a life skills/RH component, such as integrating “life skills” into existing curricula?
- What are age restrictions or other conditions of existing micro-financing programs in providing start-up funds to youth revenue generating activities?
- How feasible is it to introduce financial products geared to AIDS-affected youth such as education trusts for minors and allowing youth from AIDS-affected households to use microfinance services? What training and financing opportunities exist for AIDS orphans?
- Are there networks of young people living with HIV/AIDS? Do these networks have programs to help young people find employment?
- How well do national YRH policies address livelihood-related issues (i.e., policies that protect and support youth in especially difficult circumstances, such as street kids, refugees, and war victims; protect the property rights of AIDS orphans and address the needs of young people affected or infected by HIV/AIDS; and improve the job, credit, and schooling opportunities of adolescent girls and reduce their vulnerability to sexual exploitation)?
- Is there any research or dialogue around “labor intensive technologies,” especially those friendly to youth?
- Has “manpower planning” been undertaken? What plans have been made for shortages in the next two decades (i.e. health and education sector) due to HIV/AIDS?

## Section II-2. Social Franchising

### *Why it is important*

Franchising can be a successful commercial mechanism to replicate a proven business strategy and to deliver high-quality, high-volume, and low-cost services or products. Social franchising is a potentially powerful strategy for expanding access to YRH care. It works through developing collaborative, community networks of providers and nongovernmental organizations to deliver consistent quality and youth-friendly reproductive health services through franchising techniques such as referrals, information-sharing among members, quality standards and training, and trusted-brand recognition.

### *What and how to assess*

Important areas of assessment include the legal and regulatory framework, business practices, the attitudes of medical professionals and health NGOs, and health-seeking behavior of young people. Interviews with NGOs and commercial health providers and review of documentation on the regulatory environment will be important. In some countries, information may be available from surveys of health professionals and from national surveys such as the DHS that analyze patterns of use of private facilities by young people.

### *Key questions*

- What percentage of health providers are self-employed or own/franchise their business?
- Are providers part of networks?
- Are there existing models of franchised clinics or pharmacies? If so, who are the franchisers? The donors?
- Are there legal or regulatory constraints to registering products for purposes of social marketing or social franchising?
- Does any existing network provide “youth-friendly” services or target a youth market?
- How willing are young people to seek YRH care at private clinics or health centers?
- What types of YRH services would be most attractive to a potential franchisee?
- What sort of franchising arrangement would be most attractive to potential franchisees? A “stand-alone” franchise (McDonalds-style exclusively goods/services



franchise) or a “fractional franchise” (adding a YRH service to their existing business/social program)?

- What selected franchising techniques might apply to existing collaborative networks, that is, branding techniques to enhance NGO collaboration for YRH community program?
- What kinds of incentives would attract private providers to join a youth-focused franchise or network?
- Would providers be willing to be bound to contractual standards of quality and other terms of agreement?
- To what extent would the country’s infrastructure support an effective referral system among franchisees?
- To what extent does the legal and regulatory environment allow advertising and other forms of promotion for health-centered franchises?
- To what degree would private providers be willing to involve youth, parents, and community stakeholders in the design and running of the franchise?
- How willing are commercial health providers to collaborate with nonprofits and the public sector in a franchising effort?

## Section II-3. Workplace Programs

### *Why they are important*

Large numbers of young people are entering the formal work force in developing countries. At the same time, the work place will increase in importance as a setting for reproductive health programs. For example, in some African countries, AIDS is a major cause of disruption to businesses, removing productive, reliable workers. Workplaces provide a variety of opportunities for training, education, advocacy, and health services for employees, many of whom are young adults.

### *What and how to assess*

It is important to determine if employer-provided health-care services or employee benefits include YRH or HIV/AIDS prevention and care services or products. In some countries, employers are required to provide or to finance health-care coverage for their employees, either through payments to government social programs and/or private health-care schemes. In some settings, employers chose to deliver the health care directly, thus creating opportunities to provide YRH services to large groups of employees, either on-site or through contracted suppliers. Interviews with business leaders, and government and NGO officials will be the most important source of information for assessing the potential for workplace interventions.

### *Key questions*

- Are there data on age and sex distribution in the labor force? What are the country's larger industries? Are there differences in labor force trends by region?
- Are private employers, especially large employers of women workers, providing health-care services to employees? If so, what services do they cover?
- Do any large companies operate health clinics for their employees?
- Are workplace clinics networked in any way with each other, with NGOs or with public services (i.e., any referral system or other social franchising techniques used to structure networks)?
- Does the government have any programs or laws regarding employer provision of YRH or HIV/AIDS prevention/care services?
- Do employer federations, unions, or business associations, or individual major companies have policies or codes of practice regarding provision of YRH care, including HIV/AIDS prevention/care services?

- Are companies familiar with the International Labour Organization Code of Practice on HIV/AIDS in the workplace and have they incorporated the code into their policies in any significant way?
- How aware are employers of extent to which HIV/AIDS and other reproductive health problems hurt their business and harm the broader economy?
- How aware are employers of the costs and benefits of YRH interventions, including pregnancy prevention and HIV/STI prevention and care?
- What are the prospects for collaboration among employers, labor unions, and the government on developing policies for workplace YRH policies and for implementing them?
- What are the prospects for NGOs and government organizations to provide businesses with expertise and services for YRH care? Are businesses willing to contract with NGOs and government organizations for such care?
- Is there interest by larger companies in providing or financing employer-based health care or exploring workplace HIV/AIDS and related YRH programs?
- What are the prospects for new businesses with significant youth markets, or a significant youth work force?

## Section II-4. NGO Capacity Building

### *Why it is important*

Building the capacity of nongovernmental groups to institutionalize and to continue providing reproductive health activities for young people – beyond initial project funding – could be aided by the resources and expertise of the private sector in financial planning as well as in management and institutional support. At the same time, NGOs can aid the private sector through provision of services and information.

### *What and how to assess*

Financing, cost-recovery, and related management issues affect the institutional capability of an NGO or group of providers to sustain services or to band together (i.e., franchise) to provide products or services in the private sector. Analysis of financing options, ways to increase client volumes, organizational capacity, and management skills may help to identify the types of interventions needed to improve, sustain, and ultimately scale up YRH programs.

### *Key questions*

- Which NGOs play a significant role in providing YRH services?
- How do NGOs establish prices for cost recovery or sustainability?
- Do NGOs conduct strategic program planning, marketing/PR, board development and renewal, or management training to develop institutional capacity to help sustain YRH programs?
- Are NGOs able to diversify revenue sources and/or sustain their operations on their own financially?

## Appendix A. Acronyms, Abbreviations, and Glossary of Terms

AIDS	Acquired immune deficiency syndrome
CDC	Centers for Disease Control and Prevention
DHS	Demographic and Health Survey
FBO	Faith-based organization
HIV	Human immunodeficiency virus
HMO	Health maintenance organization
IEC	Information, education, and communication
ILO	International Labour Organization
INGO	International nongovernmental organization
LSMS	Living Standard Measurement Survey
MCH	Maternal-child health
NGO	Nongovernmental organization
PAHO	Pan American Health Organization
RH	Reproductive health
STI	Sexually transmitted infection
UNAIDS	United Nations Programme on HIV/AIDS
USAID	U.S. Agency for International Development
WHO	World Health Organization
YRH	Youth reproductive health

**Demand for YRH Care**—The desire or motivation of young men and women to seek information, counseling services, and health products that lead to behavior change and improved reproductive health, including reducing the risk of acquiring HIV and other sexually transmitted infections.

**Private Sector**—Includes commercial, for-profit organizations as well as nonprofit NGOs.

**Youth**— This document uses the terms *young people*, *youth*, and *adolescents* interchangeably. All are defined as people from the ages of 10 to 24 unless otherwise specified.

**Youth Reproductive Health**—Reproductive health refers to the health and well-being of young women and men in terms of sexuality, pregnancy, and birth, as well as their related conditions, diseases, and illnesses. Reproductive health care for young adults includes primarily the following:

- Information, education, and counseling on human sexuality, reproductive health, and parenthood
- Information, counseling, and services for pregnancy prevention
- Information, counseling, and services for prevention and treatment of HIV/AIDS and other sexually transmitted infections (STIs)
- Management of abortion-related complications and, where legal, safe abortion services
- Prenatal, postnatal, and delivery care

## **Appendix B. Sources of Information for Conducting the Assessment**

### **1. Secondary Data Sources**

#### **General Background Data and Demographic Statistics**

- Demographic and Health Surveys (DHS) by Macro International
- Centers for Disease Control and Prevention (CDC), Reproductive Health and Young Adult Surveys
- East-West Center, Young Adult Surveys
- World Bank: Living Standard Measurement Surveys (LSMS) and other studies
- Population Reference Bureau (PRB) country briefing packets
- Global Business Coalition (GBC)
- Corporate Council on Africa <http://www.africaencl.org>
- International Labour Organization (ILO)
- World Health Organization (WHO)
- Pan American Health Organization (PAHO)
- Joint United Nations Programme on HIV/AIDS (UNAIDS)
- World Bank
- United Nations Development Program (UNDP)
- United Nations Population Fund (UNFPA)

#### **Demand /Supply Data**

- Demographic and Health Surveys (DHS)
- General health sector studies and surveys for countries available
- Surveys or studies from other organizations
- Previous in-country social marketing studies

#### **Economic and Income Data**

- UNDP or UNFPA country data (see on-line sources)
- Organization for Economic Cooperation and Development (OECD) country studies
- World Bank, International Monetary Fund, and the regional development banks (see on-line sources)
- Local advertising agencies sometimes track socioeconomic data to determine people's ability to pay for a given product or service using a variety of variables, including educational level, occupation, ownership of selected consumer goods, living situation, expenditures, and income
- Demographic and Health Surveys (DHS)

#### **Health-Care Practitioners**

Professional medical associations (i.e., doctors, Ob/Gyns, midwives, pharmacists) can provide information on the practitioners in a given country, their numbers and sometimes, the percentage of practitioners in the public and private sectors. Professional associations may be able to set up focus group discussions with their members or facilitate the

conduct of a survey, for example, to determine the range of current family planning services or obstacles faced by private practitioners.

#### **Level of Commercial Activity**

- The major accounting firms typically publish reports on the business climate in a given country. For example, Deloitte Touche Tohmatsu Emerging Markets, Ltd., publishes a report entitled, “The International Tax and Business Guide Series,” which is currently available for 48 countries or regions.
- The Economist Intelligence Unit (based in London) also produces reports on the business climate in selected countries.

#### **Regulatory Environment for the Health and Family Planning Sectors**

- Health expenditure surveys provide such information as the incidence of illnesses.
- National health accounts show how resources are allocated among the public and private sectors.
- Secondary reports from other groups such as USAID and the World Bank occasionally provide an overview of the regulatory environment for the health or family planning sectors.
- In other instances, it is necessary to conduct a regulatory review firsthand.

#### **Youth-serving Organizations**

International NGOs can provide general information on the status of young people and often have offices or programs in country. Prominent youth-serving NGOs include:

- Boy Scouts
- WAGGGS
- YMCA
- YWCA
- Save the Children
- Christian Children’s Fund
- International Youth Foundation
- International Planned Parenthood Foundation

## **2. Interviews**

#### **Private Health Professionals**

- Individual doctors, midwives, nurses, pharmacists
- Associations of medical providers and pharmacists

#### **Health-Care Companies**

- Pharmaceutical companies
- Manufacturers, distributors, and retailers of YRH products
- Social marketing organizations

#### **Health Insurance and Financing Groups**

- Health-care management companies
- Health insurance companies

- HMOs, industry association, etc.

#### **Business Leaders**

- Large corporations
- Industry associations
- Chambers of Commerce

#### **Survey or Market Research Agencies**

Can be a source of information and important contacts for future work requiring research.

#### **Advertising/Public Relations Agencies**

By obtaining recommendations for good and reputable organizations or agencies to work with, and visiting their offices, one can assess their operations and get a feel of local capacities.

#### **NGOs**

Interviews with nongovernmental organizations, including youth-serving NGOs and NGOs providing reproductive health care can help team members to assess the various issues that NGOs face in seeking to provide services and products.

#### **Young People**

Youth, whether as individuals or through youth-serving NGOs, should be included in informant interviews and the assessment team.

#### **Donor Agencies**

Many donors have in-country offices with officials focusing on health issues, private-sector development, and business liaison.

#### **Ministries of Health**

Ministries of Health are often the best sources of information on existing and proposed policy and programs. They also have access to helpful information and research data. Some ministries now have adolescent-specific units. It might be especially useful to meet with a director-level officer who oversees program implementation and the director of pharmaceutical and/or product registration.

#### **International Technical Assistance Organizations**

Many countries have offices of international technical assistance organizations working on reproductive health, youth, or private-sector issues. Their staff can often provide helpful studies and sources of information, and valuable assessments of local capacities, including staffing.

### **3. Additional Resources**



### **Assessment Tools**

YouthNet. *Country Needs Assessment Tool*. Arlington, VA: Family Health International/YouthNet, 2003.

Deloitte Touche Tohmatsu. *Assessment Manual. A Handbook for Conducting Private Sector Country Assessments*. Washington, DC: CMS Project, ND.

Available at:

<http://www.cmsproject.com/resources/PDF/Assessment%20Manual.pdf>

### **Corporate Social Responsibility and Alliances**

Global Development Alliance Secretariat. *Tools for Alliance Builders*.

Washington, DC: USAID, Global Alliance Secretariat, 2002. Available at:

[http://www.usaid.gov/our\\_work/global\\_partnerships/gda/tab.doc](http://www.usaid.gov/our_work/global_partnerships/gda/tab.doc)

### **Livelihoods**

Rosen J. *Youth Livelihoods and HIV/AIDS*. InFocus. Washington, DC: FOCUS on Young Adults, 2000. Available at:

[http://pf.convio.com/pf/pubs/focus/IN%20FOCUS/jan\\_2001.htm](http://pf.convio.com/pf/pubs/focus/IN%20FOCUS/jan_2001.htm)

Esim S, Malhotra A, Mathur S, et al. *Making It Work: Linking Youth Reproductive Health and Livelihoods*. Washington, DC: International Center for Research on Women, 2001. Available at:

<http://www.icrw.org/docs/Makingitwork.pdf>

### **Policy Environment**

Kenney G. *Assessing Legal and Regulatory Reform in Family Planning*.

Washington, DC: The Futures Group International, 1993.

Feeley F. *Practical Pointers for Conducting Commercial Sector Family Planning Assessments*. Arlington, VA: PROFIT Project, 1996.

### **Social Franchising**

LaVake S. [\*Applying Social Franchising Techniques to Youth Reproductive Health/HIV Services\*](#). *Youth Issues Paper No. 2*. Arlington, VA: Family Health International/YouthNet, 2003.

### **Capacity Building**

The Summa Foundation ([www.summafund.com](http://www.summafund.com)) and the Commercial Market Strategies Project, ([www.cmsproject.com](http://www.cmsproject.com)) are useful resources. Management Sciences for Health has produced a *Pocket Guide to MDA Indicators*.

<http://erc.msh.org/mainpage.cfm?file=2.1.4.htm&module=sustain&language=English>

**Workplace Interventions**

*Workplace HIV/AIDS Program. An Action Guide for Managers.* Arlington, VA: Family Health International, 2002. Available at [http://www.fhi.org/en/HIVAIDS/Publications/manualsguidebooks/Workplace\\_HIV\\_program\\_guide.htm](http://www.fhi.org/en/HIVAIDS/Publications/manualsguidebooks/Workplace_HIV_program_guide.htm)

Roberts M. *Private Sector AIDS Policy: Businesses Managing AIDS, A Guide for Managers.* Arlington, VA: Family Health International, 1998.

## **Appendix C. Suggested Outline for Country Assessment Document**

### **Background Information**

#### **I. General Background**

- a) Demographics: population size, age structure, marriage trends, growth trends
- b) General economic status and development of the country
- c) Role of the private sector in the economy and key privatization efforts
- d) Government stability; political atmosphere

#### **II. YRH HIV/AIDS Prevention/Care Background**

- a) Provision of services; public and private-sector mix
- b) Other health status indicators (maternal and child health, family planning/fertility, STDs, etc.)
- c) Overview of government YRH programs and priorities
- d) USAID efforts in country
- e) Activities of other donors/NGOs in YRH

#### **III. Summary of Background Section/Initial Findings**

### **Analysis of Demand For YRH HIV/AIDS Prevention/Care Products Or Services**

#### **I. Demand for YRH Products or Services**

- a) Size of the existing market and demand for YRH products or services
- b) Unmet need for YRH
- c) Factors that affect or inhibit demand for YRH

#### **II. Demand for Related Health Care**

- a) Size of the existing market and demand for FP products or services
- b) Latent demand for FP
- c) Factors that affect or inhibit demand for FP

#### **III. Summary of Findings – Potential Opportunities to Increase Demand**

### **Analysis of Supply of YRH HIV/AIDS Prevention/Care Products or Services**

#### **I. Sources of Supply for YRH Products or Services**

- a) Private-sector supply (providers, manufacturers, distributors, retailers, social marketing programs, NGOs, etc.) vs. public sector
- b) Consumer preferences in obtaining YRH products or services
- c) Factors that affect or limit supply of YRH products or services
- d) Supply by contraceptive method
- e) Regional differences within a country

## **II. Sources of Supply for FP Products or Services**

- a) Supply for FP by public and private sector
- b) Private-sector supply of FP products and services
- c) Consumer preferences in obtaining FP products or services
- d) Factors that affect or limit supply FP products or services

## **III. Summary of Findings – Potential Opportunities to Increase Supply**

### **Assessment of Financing Options**

#### **I. Health Insurance Sector**

#### **II. Employer-provided Programs**

#### **III. Credit and Capital**

- a) Providers
- b) Distributors or retailers

## **IV. Summary of Findings – Potential Opportunities to Assist with Financing**

### **Assessment of Policy Environment**

#### **I. Environment Affecting Demand for YRH Products and Services**

#### **II. Environment Affecting Supply of YRH Products and Services**

#### **III. Standards and Quality of YRH**

#### **IV. Policy and Planning**

### **Next Steps / Time Frame**

### **Attachments**