

An Internal Assessment of Business in Box (BiB) Initiative

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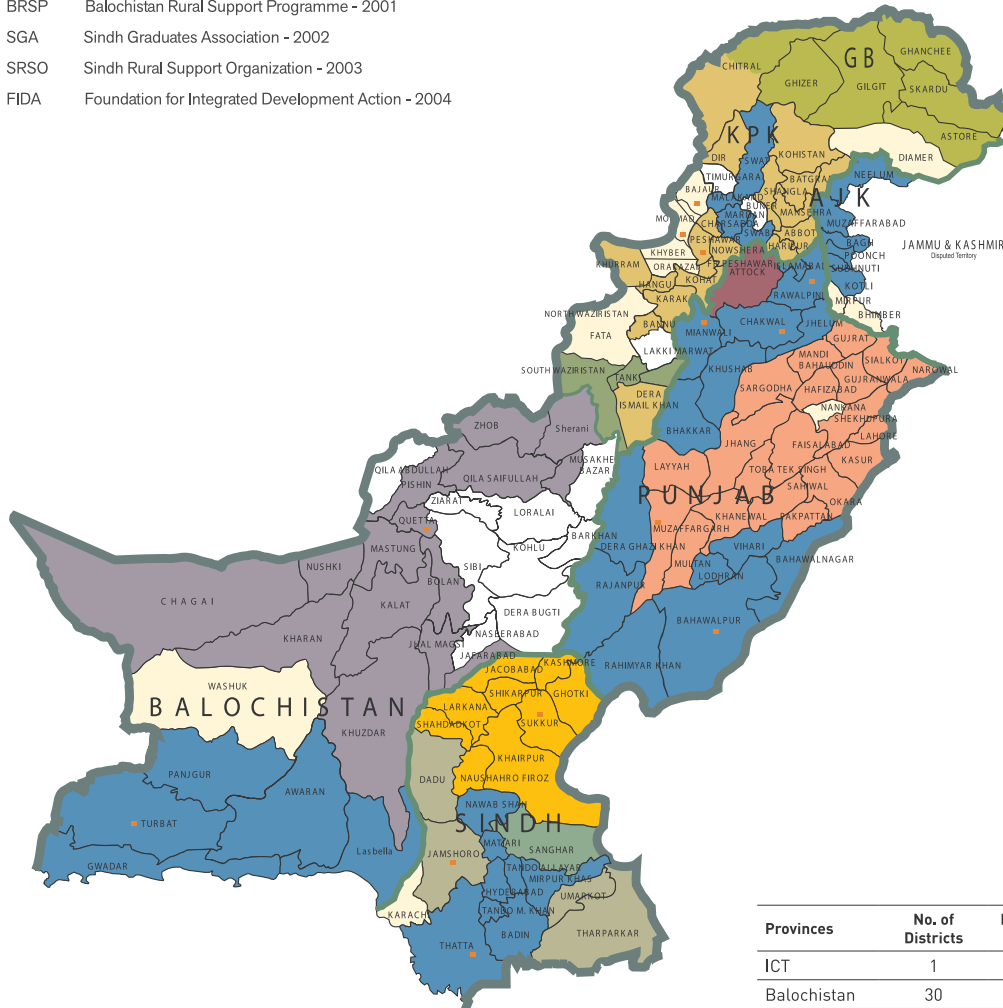
An Internal Assessment of Business in Box (BiB) Initiative

**Business in Box:
Bridging the Gap in Reproductive Health Services
through Sustainable Social Marketing and Entrepreneurship**

June, 2016

The Outreach of the Rural Support Programmes Across Pakistan

- AKRSP Aga Khan Rural Support Programme - 1982
- SRSP Sarhad Rural Support Programme - 1989
- NRSP National Rural Support Programme - 1992
- IRM Institute of Rural Management - 1993
- GBTI Ghazi Barotha Taraqiati Idara - 1995
- TRDP Thardeep Rural Development Programme - 1997
- PRSP Punjab Rural Support Programme - 1998
- BRSP Balochistan Rural Support Programme - 2001
- SGA Sindh Graduates Association - 2002
- SRSO Sindh Rural Support Organization - 2003
- FIDA Foundation for Integrated Development Action - 2004



Provinces	No. of Districts	RSP's presence in Districts
ICT	1	1
Balochistan	30	22
KPK	24	23
Sindh	23	22
Punjab	36	36
AJK	10	10
GB	7	6
FATA/FRs	13	5
Total	144	125

RSPs are present in 125 districts including 5 FATA/FR Agencies.



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ACRONYMS

ACEO	Acting Chief Executive Officer
ANC	Antenatal Care
BRAC	Building Resources Across Community
BHU	Basic Health Unit
BIB	Business in Box
CBV	Community Based Volunteer
CHW	Community Health Worker
CRP	Community Resource Person
FFH	Freedom From Hunger
FGD	Focus Group Discussion
FP	Family Planning
IMR	Infant Mortality Rate
IUCD	Intrauterine Contraceptive Device
LHV	Lady Health Visitor
LHW	Lady Health Worker
MMR	Maternal Mortality Rate
MNCH	Maternal, Newborn and Child Health
MWRA	Married Women of Reproductive Age
M&E	Monitoring and Evaluation
NGO	Non Government Organization
NRSP	National Rural Support Programme
ORS	Oral Rehydration Salt
PRSP	Punjab Rural Support Programme
PSI	Population Services International
RAF	Research and Advocacy Fund
RH	Reproductive Health
RSPN	Rural Support Programmes Network
RSP	Rural Support Programme
UC	Union Council
UCHC	Union Council Health Committee
USAID	United States Agency for International Development
VHC	Village Health Committee

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We would specially like to thank to Community Resource Persons (CRPs), community members, beneficiaries of BiB, Village Health Committees (VHCs), and Union Council Health Committees (UCHCs) for their valuable time to participate in in-person interviews.

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EXECUTIVE SUMMARY

The report reflects the result of an internal assessment of the Business in Box (BiB) initiative in three districts of the Punjab province, namely Bahawalpur, Jhang and Rahim Yar Khan. The BiB initiative is a micro social entrepreneurship approach for women and consists of a health commodity kit, which consists of over-the-counter health commodities, household usage items and short-term contraceptive methods (condoms and oral pills). In each district, 150 female community resource persons (CRPs), who were willing to take up this initiative, were provided BiB kits and relevant trainings. The initial BiB kit was provided as a grant to kick start the initiative. Each BiB kit was worth Rs. 3,000. As part of the project, CRPs were required to visit individual households in their catchment area and sell the items in the kit. CRPs would use revenue generated to replenish the kit. Any surplus (profit) generated could be used to expand the inventory of the kit or their personal consumption.

To carry out the assessment study, 10% of the CRPs participating in the initiative were selected and interviewed. Project monitoring data was used for selecting 15 CRPs of 'good performance', 15 CRPs of 'average performance' and 15 CRPs of 'low performance' for in person interviews. In addition, study included 3 FGDs with VHCs, 2 FGDs and eight in person interviews with BiB beneficiaries. Convenience sampling was used for selecting participants for the FGDs and 'average performance CRP' interviews. While systematic sampling method was used for interviews with 'good performance' and 'low performance' CRPs.

The assessment showed that BiB intervention was a source of income generation for 64% of female CRPs. In total, each CRP catered 120 to 400 MWRAs; majority of the CRPs (42%) reached 251-300 MWRAs for provision of BiB items. Moreover, 42% CRPs earned an average monthly surplus of Rs. 101-200 from BiB, 13 % earned between Rs. 201 - 300 and 20% earned for more than Rs. 500 average surpluses per month. Even though majority of the women earned a profit between Rs 101 – 200, most of them emphasized that they will be able to gradually expand this business. Seventy-eight percentages of CRPs re-purchased goods for BiB to continue their business. Out of them, 68% were directly connected to the distributors from where they purchased items. Village Health Committee (VHC) as a community institution supported 78% of the CRPs while 84% were willing to continue their business.

The findings of FGDs with beneficiaries showed that BiB is a beneficial intervention for women in the community. It was observed that majority of the demand was of female related products such as cosmetic, accessories, jewellery and undergarments. The demand for these products were high as they were not easily available in the village shops and the women had to travel to the nearest urban market to purchase them. Through BiB, they were able to easily purchase these products from the CRPs working in their neighbourhood. In addition to this, the majority of the VHC members were aware of this initiative and supported CRPs in advocacy of BiB, providing suggestions and ensuring female members of the households bought from BiB. They were also comfortable with the BiB prices. However, one VHC did not seem to be very supportive to CRP as the community members were not aware of the BiB and they thought that goods were a bit over priced. They further opined that the sustainability of family planning products couldn't be fully ensured through BiB.

The study showed that the CRPs who were somewhat financially sound reinvested their surplus in BiB in order to expand their business. The demand of the BiB items was also subjected to seasonal variation e.g. during Eid, wedding or cotton harvesting season. Moreover, the location was another major factor. BiB was more successful in rural areas as compared to urban as items were easily available in the urban. Moreover, CRPs' own motivation and interest in running the business also contribute to its success.

On the other hand, various factors contributed to lack of successful BiB. Amongst them was CRP's financial dependency on their monthly honorarium for their daily requirement. These CRPs could not re-invest their surplus in the BiB. Another factor was the demand of the BiB products in the area. Moreover, some CRPs lacked the motivation and passion to operate a micro business. Financial constraints and the low demand in the community for the products in BiB kit demotivated them in reinvesting in their kits.

One of the key findings of the study is the lack of identification or weak supply mechanism for short-term methods after the completion of project. This could play a big role in continuity of short-term contraceptive methods through the kit after the completion of project. The most of the CRPs had not identified an alternative source of short-term contraceptive methods and relied on the project LHV camp for supply of these methods. Furthermore, LHWs had recently started providing free short-term methods in the few areas that they had not covered when the project intervention started, resulting in lesser demand of the short-term method from BiB. In some cases the CRPs also seemed to be reluctant to provide these items beyond project life, mainly due to less demand by the community as many women have adopted injectable contraceptive method.

It is recommended that CRPs should be linked with distributors/wholesalers for purchasing short-term contraceptive methods. Moreover, district team should also coordinate with the Basic Health Unit (BHU) for the provision of contraceptive methods in the catchment areas. Moreover, those CRPs who become less motivated due to financial constraints can perhaps be encouraged further by training and or other support. The experience gained thus far and lessons learnt should be incorporated before any expansion of the BiB initiative to new union councils.

INTRODUCTION

Background of the BiB Initiative

BRAC Experience: The first organization to adopt a strategy similar to BiB was Building Resources Across Community (BRAC), Bangladesh. The aim was to ensure the financial sustainability of their female Community Health Workers (referred to as Shasthya Shebikas in Bangladesh). Shasthya Shebikas (SS) are female volunteers recruited and trained by BRAC in order to provide essential healthcare services within their own associated communities, similar to the community resource persons (CRPs) of PSI/RSPN project. Micro-finance pioneer and Chairman of BRAC, Sir Fazle Hasan Abed, advocated for an approach which development experts call 'Micro-Franchising' (BRAC, 2011). Micro Franchising combines elements of traditional franchising to small-businesses in the developing world. The key principles of micro franchising are replication, sustainability and social impact. The objective is developing business models that are replicable by entrepreneurs in the low-income strata hence giving self-employment opportunities to those who lack entrepreneurial skills. According to Acumen Fund, "Micro franchising follows the same precepts of franchising though it strongly focuses on the development benefits to the micro franchisee and his or her community, and the efficient delivery of products and services to low-income consumers as opposed to the commercial and for-profit benefits to the participants of a typical franchise." Micro- Franchising models are also called "Business-in-a-Box" model (Acumen Fund, 2008).

Since then, many health programmes have adopted similar approach of recruiting and training community-based health volunteers to carry out health promotion as well as service delivery activities within the community. The challenges that these programmes face are mainly related to post project sustainability. During the tenure of the project, these community volunteers are remunerated for their work in the form of a monthly honorarium, paying a small monthly salary from the project and other cash incentives on sale of medicines. These financial incentives are required to keep the Community Health Workers (CHWs) motivated, to maintain their performance and retain them once they have been trained. However, once the project ends the CHW/CRP will be less motivated to work without any financial incentives (BRAC, 2011). BRAC applied the same principles in providing health care. BRAC aimed to develop a sustainable business model for the CHW that can help them become self-employed micro-entrepreneurs who earn a decent income from delivering vital products and services that will be for the benefit of the community. They trained their CHWs in providing simple but vital services in villages. BRAC provides the branding, inventory and training to the micro-entrepreneurs, who in turn provide the product to clients in the villages where BRAC operates. This model has had remarkable success and has been replicated by various other organizations all over the developing world.

Similar work was initiated by Freedom from Hunger (FFH), an NGO that provides a variety of products to female entrepreneurs in Ghana to sell within their communities. Women in this program are also called 'health keepers' and they operate as micro franchisees. They sell health care products door to door and earn a commission on the products they sell and pay fees to FFH. They are also trained to teach customers how to hang bed nets to prevent malaria, to use

contraceptives, and to recognize if a child is dehydrated (Freedom for Hunger, 2008).

Another NGO, Living Goods launched a similar operation in Uganda in 2007. They offer micro entrepreneurs the option to become franchisees. Micro entrepreneurs receive a standardized health kit, which contains preventive medications basic hygiene products such as soap and shampoos. Prevention products include long-lasting insecticide treated mosquito nets, vitamins, and water purification tablets. Curative treatments include antibiotics, anti-malarial drugs, oral rehydration salts, and zinc. The micro franchisees sell these products for a small profit in their communities from door to door, meanwhile help to prevent and treat some serious infections. As some of their micro entrepreneurs cannot afford the kit, Living Goods has partnered with BRAC to offer loans to them so they can start their business (Living Goods, 2016).

While there are more examples of micro-franchising; BRAC, FFH, Living Goods have shown that the micro-franchising models are more sustainable and successful in providing basic health care products and services in small villages and remote communities. The BiB component in PSI/RSPN PRHSSM project is a pilot micro franchise initiative that follows the same approach but with a few alterations. The main purpose behind BiB is to ensure post project sustainability as well as financial independence of the CRP. It is expected that with the help of BiB there would be sufficient monthly income to act as an incentive for the CRP. Further, it is expected that when the project ends, CRPs would carry on providing this service to the households in the neighborhood. In this respect, BiB is a micro- franchise that while meeting the community need also gives an incentive to the CRP to continue to provide the service.

Introduction to the PRHSSM Project

Rural Support Programmes Network (RSPN) in partnership with Population Services International (PSI) initiated a project titled “Provision of Reproductive Health Services through Social Marketing” in three districts of Punjab namely Bahawalpur, Jhang and Rahim Yar Khan. The project is being implemented through sub-agreement with two partner RSPs i.e. National Rural Support Programme (NRSP) and Punjab Rural Support Programme (PRSP). In collaboration with RSPN, NRSP has been conducting the project activities in Bahawalpur and Rahim Yar Khan districts and PRSP has been carrying out the project activities in Jhang district. The duration of the project is of 14.5 months starting from 16th April 2015 to 30th June 2016. The project aims to reduce Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) by increasing contraceptive prevalence rate in project districts.

Previous RSPN Success of the CRP approach

Community Resource Persons (CRPs) are community activists who are selected from the community in consultation with the community. CRPs are mandated to work in non-LHWs covered areas, as per agreed criteria. They undergo intensive six days training on community health issues, community mobilization and referral process followed by regular supportive supervision by Social Mobilisers. The community mobilization activity includes Village Health Committee meetings, household visits and referral to nearby health facilities for MNCH services. There are 600 women (CRPs) in three project districts.

RSPN has successfully used the CRP model in the past including the Community-based Volunteer Model (CBV) under the USAID funded FALAH project that focused on awareness, demand creation and referral for birth spacing and family planning services in non-LHWs covered areas. A third party evaluation conducted by Contech International showed that in CBV covered areas contraceptive prevalence rates (CPRs) increased from 29% at baseline to 51% in a period of only eight months. RSPN also implemented the CRP model in Dadu district of Sindh province with support from the Research and Advocacy fund (RAF). Under this project, RSPN effectively used CRPs to address the three delays and an end line evaluation showed that CRPs were effective in increasing ANC visits, institutional deliveries, improving the newborn practices. With the support from UNICEF under the NPPI project, RSPN also implemented the demand creation component by using CRPs in non-LHWs covered areas. The evaluation showed that this model was effective in creating demand and referral but government service delivery system was not responsive to meet the demand due to other political interest, lack of financial assistance, or lack of seriousness towards this issue

Business in Box (BiB)

One of the components of this project is piloting the Business in Box (BiB) initiative. In the project intervened areas, 450 women Community Resource Persons (out of total 600) were provided BiB kits, along with the training on BiB. The training focused on building knowledge of the CRPs on community health needs; assess the market potential and marketing of the health products during the households' visits. These female CRPs were also acquainted with concepts of entrepreneurship, so that by the end of project these CRPs could establish their microenterprise for continued supply of the health products and to meet community needs for these products. To start the BiB, each female CRP was provided a BiB kit with commodities worth Rs. 3,000. Products marketed in the communities through CRPs included short-term contraceptives (condoms and pills), health and hygiene commodities (folic acid, iodized salt, sanitary napkins, iron, zinc, vitamin-A, shampoo, toothpaste, pregnancy strips) and over the counter medicines (Panadol, Ponstan, ORS). Other products of community interest were also included in this list as per the need of the community. The main aim of BiB initiative was to ensure sustainability of the microenterprise beyond the project lifecycle. In the post project phase, the CRP will continue to make household visits for the supply of the health commodities including short-term contraceptives methods (condoms and pills) and referral of the potential clients to public sector clinics. BiB is also intended to function as a source of for the CRP, which would serve as an incentive to continue working on reproductive health in project areas.

This document presents the findings of the study conducted to assess the intervention of BiB on the targeted communities and the CRPs.

Objective of the Assessment

The objective of this study was to assess the potential of BiB initiative as a possible income generation means for the women and to explore continuity in supply short-term family planning methods in the community through this model, during and after the life of project.

Methodology

3.1 Scope and design

The assessment study was conducted in three project locations i.e. Bahawalpur, Jhang and Rahim Yar Khan. The scope of the process was to gather information from those CRPs who have been given BiB kits and community members from the areas covered by CRPs. A close-ended questionnaire was used for interviewing CRPs. While discussion guide was developed for conducting Focus Group Discussions (FGDs) with BiB beneficiaries and Village Health Committees (VHCs) which benefitted from the BiB pilot.

3.2 Sampling

3.2.1 Sample Size Determination

Ten percentages of CRPs who were given BiB kits in three districts were selected for the study resulting in a sample size of 45 CRPs for the interview. The list of the selected CRPs is attached as annexure III. Two FGDs were carried out in Bahawalpur and Rahim Yar Khan districts. Each FGD consisted of 10-12 members of the community. In addition, 8 in person interviews were conducted with individual beneficiaries in Jhang district and 3 FGDs, one in each project district were conducted with VHCs.

3.2.2 Sample Selection Process

Following steps were taken to carry out the selection process of CRPs in each district:

Step 1: Listing of all the CRPs who have been given BiB kit, along with their last month's (December 2015) profit.

Step 2: CRPs were divided in three categories: 'top performers', 'average performers' and 'low performers' on the basis of the profit earned from the sales of kit items in December 2015.

Step 3: Using systematic sampling, top 5 and bottom 5 names of CRPs were selected on the basis of their performance and last month's profit. In addition, 5 average CRPs were selected by using convenience sampling. As many CRPs fell under the category of average performers and due to shortage of resources and separate budget allocation on this study, convenience sampling was used for average performer CRPs.

Step 4: Repetition of step 1-3, in each district and selection of equal number of CRPs from each district.

3.3 Questionnaire Designing

A close-ended questionnaire was developed for interviewing CRPs. And, a discussion guide was designed to conduct FGDs with community members and VHCs.

The questionnaire for CRPs was divided into two important parts. It contains the detail about awareness on entrepreneurship knowledge, procedure of selling the items, demand of the community, income earning and its utilization. The discussion guide for beneficiaries and VHCs covers the knowledge of the respondent about BiB initiative, availability of items and the access, effectiveness of CRPs' work, demand of the community and potential benefits for them.

The questionnaire for CRPs is annexed at annexure I and the guide for FGDs is annexed at annexure II.

3.4 Data Collection

Monitoring Officer was responsible for the data collection from the field with the support of Research Associate, RSPN. As separate budget was not allocated for the study, hence project monitoring team collected the primary study data during regular monthly monitoring visits. This meant longer study period and addition days during visit for data collection. The data was thus gathered during three monthly monitoring visits from January 2016 to March 2016. Team interviewed 15 CRPs in each district and carried five FGDs with BiB customers and VHCs (3 with VHCs and 2 with the customers) and took in person interviews with eight customers. The one-on-one interview responses were recorded on questionnaires while the field diary was maintained during the FGDs. Before conducting interviews and FGDs, the consent was taken from all respondents to record their answers and take photographs. All participants of the FGD were encouraged to speak during the discussion.

The M&E Specialist provided supportive supervision to the team during the field work and ensured timely interview of the selected CRPs, selection of proper respondent, real time technical support on any question or confusion the team encountered during the visit, completion of all data collection planned for the visit and timely entry and exit from the field. After the collection of data, RSPN team entered the data from the CRPs questionnaire on MS-Excel format and generated the main results from the data and transcribed the responses of FGDs

3.5 Orientation of Monitoring Officer

One day orientation was arranged for Monitoring Officer by the M&E Specialist at RSPN office. The orientation had two major components. First component included the finalization of study tools, interviewing techniques and the potential problems that could arise in field. The other component consisted of developing methodology for carrying out the assessment, sample selection, and setting the overall structure for the report.

3.6 Data Entry and Cleaning

Simplified data entry format was developed in the MS Excel for the CRPs questionnaire. Checks and filters features on MS Excel were put in place to minimize data entry errors, maintain data quality and assist data cleaning. Efforts were made to initiate the data entry from the second day of data collection so that any field related anomalies could be resolved immediately.

3.7 Data Analysis

Dummy result tables were developed prior to the data analysis by the Monitoring Officer and shared with M&E Specialist, RSPN for the technical input. Once the tables were finalised, the assessment team generated the result using these tables.

3.8 Schedule of Study

The study was planned to align out with regular monthly monitoring visits by Monitoring Officer as there was no separate budget or time allocation to conduct the study. The team spent 50% of their

time in the field to collect data for this study hence the study was completed within 3 monthly monitoring visits from January to March, 2016.

Key Findings of the Study

This section depicts the major findings from the interviews with sample CRPs. It also presents the crux of the FGDs with customers of BiB and VHC members. At the end, an overall conclusion and recommendations are made based on the observations and analysis of the study. In total, 45 CRPs were chosen for in person interviews. The final sample selection is given in table 1.

Union Councils of Bahawalpur	No of Respondents
24 Bahawal Canal	1
Ali Kharrak	4
Jalala bad	4
Jamrani Kohna	3
Mari Shaikh Shajran	3
Union Councils of Jhang	15
Chak 446	1
Haveli Laal	1
Kot Lakhnana	3
Maluwand	1
Sheikh Chuhar	1
Shah Sadiq Nahang	5
Sheikh Chauhar	2
Sultanpur	1
Union Councils of Rahim Yar Khan	15
Bahudi Pur Qureshai n	1
Badli Shareef	2
Mau Mubarak	2
Mian wali Sheikhan	2
M. Pur Lama	1
Ranjhay Khan	1
Rasool pur	1
Shahpur	3
Sonak	2
Grand Total	45

During the selection of CRPs for the project, it was assumed that married women should be given a priority, as working in rural areas would be challenging for un-married girls. Furthermore, the subject of reproductive health is not usually welcomed for discussion in village communities. And, unmarried girls spreading awareness about birth spacing among married women of reproductive ages would not be encouraged. Nonetheless, few un-married girls that were selected changed this perception and excelled. Figure 1 represents the segregation of married and un-married selected CRPs for interviews.

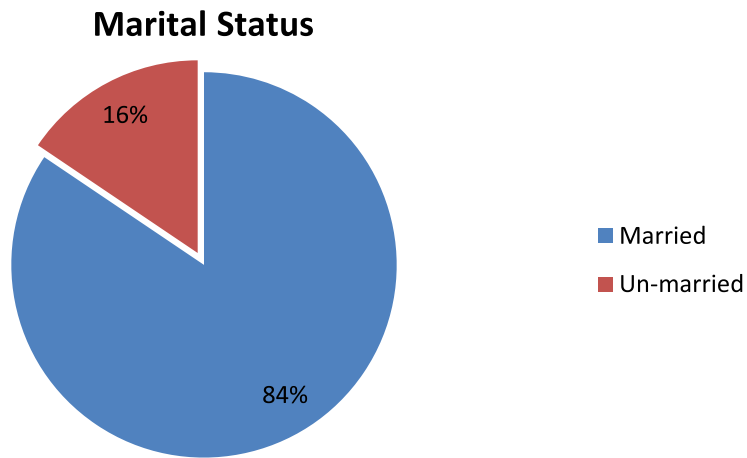


Figure 1: Marital Status of CRPs

The chart below (figure 2) depicts of CRPs' qualification. The highest number of the selected CRPs had passed matriculations i.e. 31%. There was a CRP who did not attend any schooling but she was able to read and write properly. And, she was able to prepare reports on her own and was confident enough to work for BiB.

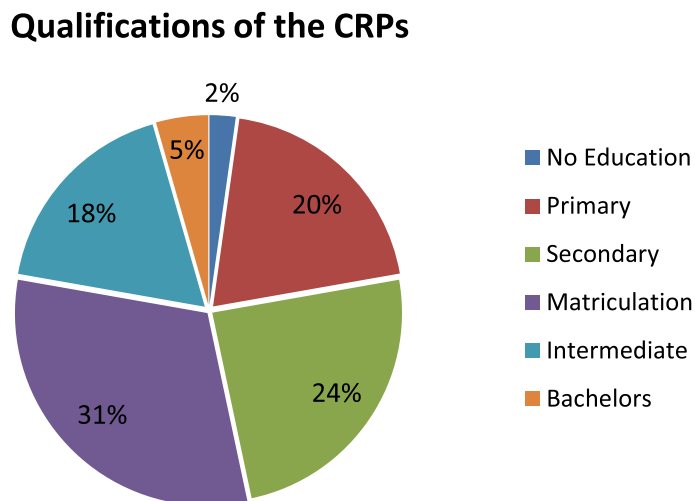


Figure 2: Qualifications of the CRPs

The Figure 3 depicts the different professions of the selected CRPs. It was seen that most of the CRPs, be in total or separately in each district, were homemakers or un-employed. The term un-employed is used here for both married and un-married women whereas; homemaker is used only for married un-employed women. Common profession of employed CRPs includes shopkeeper, tailors, teacher, beautician, and polio-worker. Most of the CRPs leveraged on their professional expertise by incorporating products related to the profession in their BiB. For example, there have been a few case studies where teachers started including edible items in BiB and started selling these items during break in the school. Moreover, tailors included stitching material in their BiB or beauticians introduced cosmetic and different beauty products. They brought innovation in their BiB by incorporating products related to their profession.

Professions of the CRPs

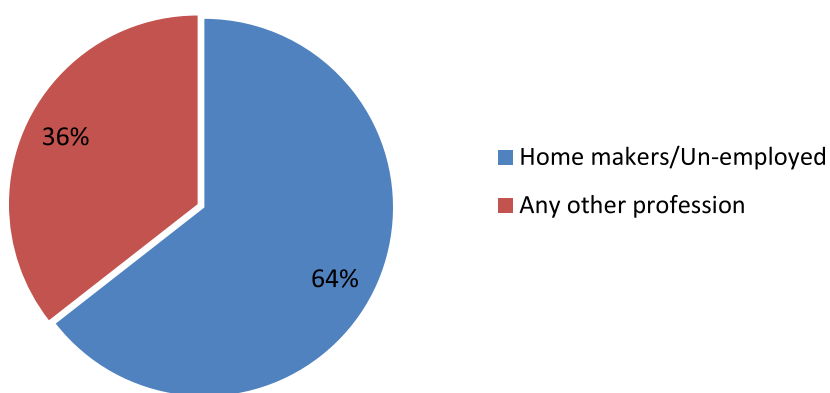


Figure 3: Professions of the CRPs

During the training, CRPs were given an orientation on BiB. The training introduced the purpose of BiB, its procedure, supply chain mechanism, and the surplus margin for sale. CRPs were provided with a list of items included in BiB. The list included cost of the items, prices to be charged and expected profit margin. A supply chain mechanism developed for this initiative recommends that CRPs should sell the items for a margin of 24%, however they could exercise their own judgement and consider the demand and buying ability of their clients. The following graph shows the profit range earned by CRPs. It has been observed that many CRPs sell small items at minimal cost price with a 100% margin. For example, an item purchased for Rs. 1 is sold at Rs. 2. However, items with a higher cost price were sold on 10-15% margins. On an overall, 64% of the CRPs earned 11-20% margins on BiB items.

Range of Surplus Earned by CRPs

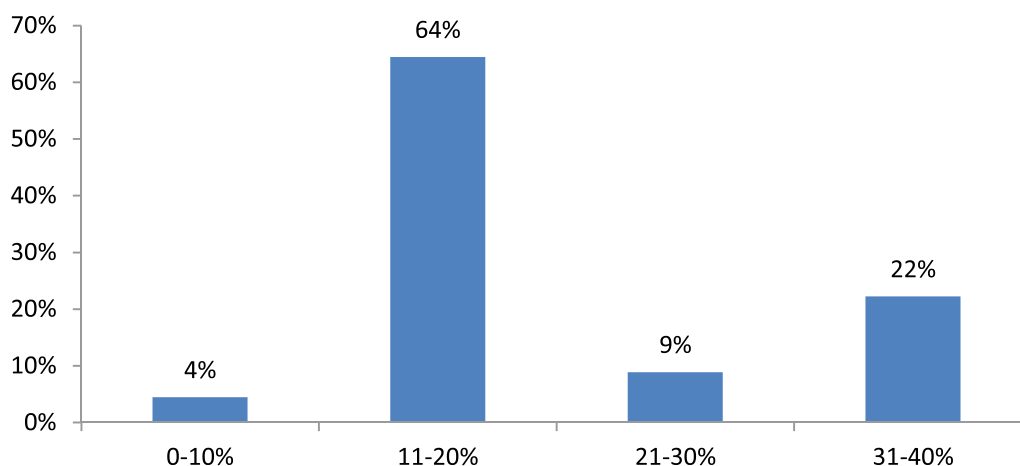


Figure 4: Ratio of Surplus Earned by CRPs

The figure below indicates the proportion of CRPs who had sold each item from BiB kit and re-purchased them. Seventy-eight percentages of CRPs successfully sold products from BiB, which were given to them by project team at the start of the project. These CRPs continued to purchase and sell these products and included new products to BiB, as demanded by the communities. A large number of CRPs who were financially sound re-invested their monthly honorarium or added more investment to include items like women undergarment, cosmetics, bangles, jewellery, henna/mehndi, different fairness cream, hair removing creams, and other products for females in their BiB. These CRPs invested even more during a festive or higher demand occasions in the community such as Eid, wedding, cotton picking or sugarcane harvesting season. Considering the need of students, few CRPs have incorporated stationeries, edible items and notebooks. The underlined chart also shows that 22% CRPs were not successful in selling start-up products from BiB hence did not have surplus profit to re-purchase new goods for BiB. This number also included those CRPs who used the products in their home instead. The reason for lack of sales was the lack of demand for those items in the community. These CRPs did not re-invest because they did not earn enough from the initial stock. Moreover, few CRPs also shared that their areas have a high rate of migration resulting in fluctuations in demand. In addition to this, in few areas houses were so scattered that it was difficult to travel from one household to another household even on a rickshaw or a bike, which meant CRPs had to invest more on transportation cost hence no more efforts were made to sell items from BiB.

Re-purchasing of BiB Items

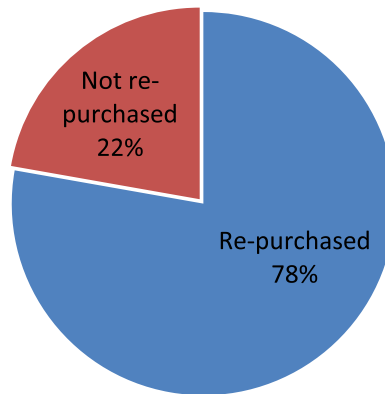


Figure 5: Re-purchasing of BiB Items

To assess the supply chain mechanism of BiB, CRPs were asked about their sources of repurchase. Sixty eight percentages of CRPs mentioned that they went to the market by themselves or with any male member of the family and purchase BiB items. They have established a procurement mechanism with local shopkeepers and often receive bulk-buying discounts. This was a preferred option since it saved them the middle-man charges (approximately 6%) and also that they could restock items as and when needed. They can purchase items at any given time and can exercise their own discretion in terms of what items to purchase. The selected CRPs were also given the option to repurchase items by a middle man nominated by the UCHC. Only 22 % CRPs avail this option, for those CRPs, who cannot go to the market avail the option of getting it done by the middleman. In addition to this, there are some CRPs that use other means of repurchase for instance through their neighbours, some relatives or any family members.

Sources of Re-purchasing Items

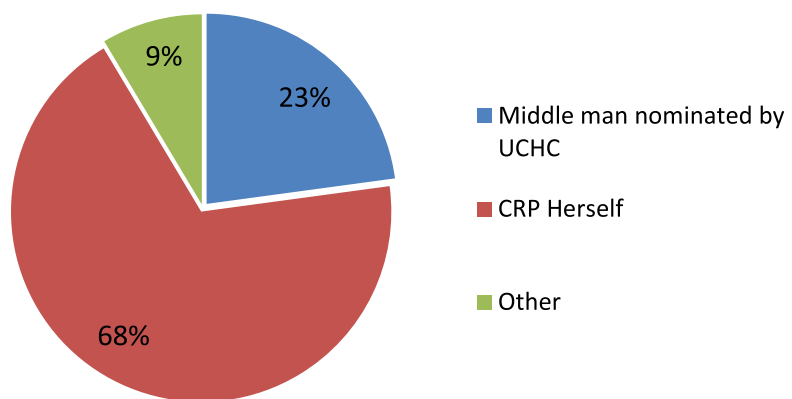


Figure 6: Sources of Re-purchasing Items

Figure No. 7 depicts the percentage of MWRA in CRPs' catchment area. It is deduced that most CRPs catered to the demands of 251-300 MWRA of their areas.

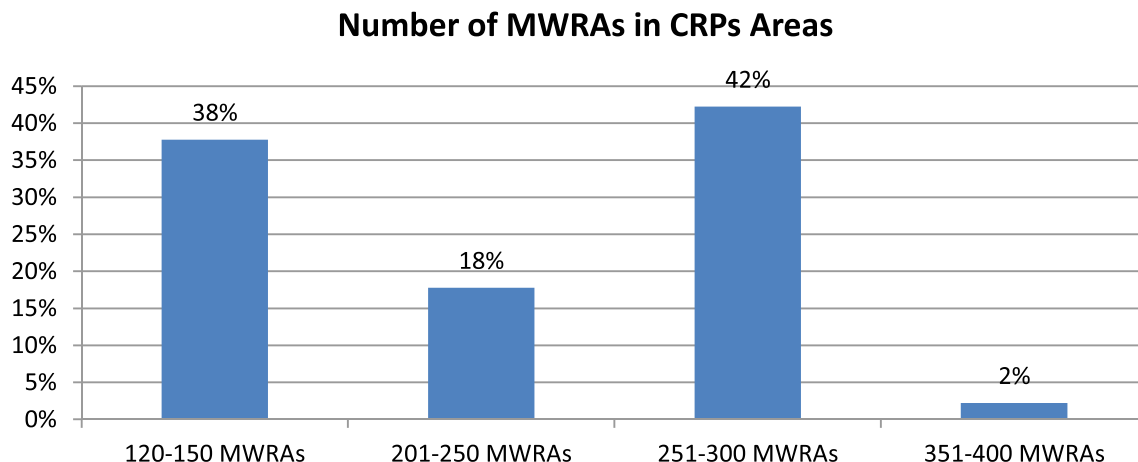


Figure 7: Number of MWRA in CRPs' Area

Figure No. 8 depicts percentage of household visits by the CRPs. The number of household visits was designed to be on monthly basis for selling BiB products however few CRPs who earned good surplus increased their visits and prefer to carry out more than one visit each month. Nine percentages CRPs visited households bi-monthly and 2 % preferred going weekly. However, 84% of CRPs carried out monthly visits. Amongst those carrying out monthly visits, 33 % of CRPs have expanded their BiB by establishing a small shop in their homes, which they operated from home throughout the month along with the household visits. BiB beneficiaries were also found to have come to CRPs' home for purchasing items from BiB in addition to their monthly purchase through household visits. The CRPs household visits included short-term contraceptives sales, referral services and a limited number of products that are convenient to carry. In order to purchase all other commodities, the beneficiaries visited CRP's shop. Five percentages of the CRPs only visited households once for the purpose of BiB, these CRPs faced significant difficulty in selling their products due to lack of demand.

Frequency of Household Visits

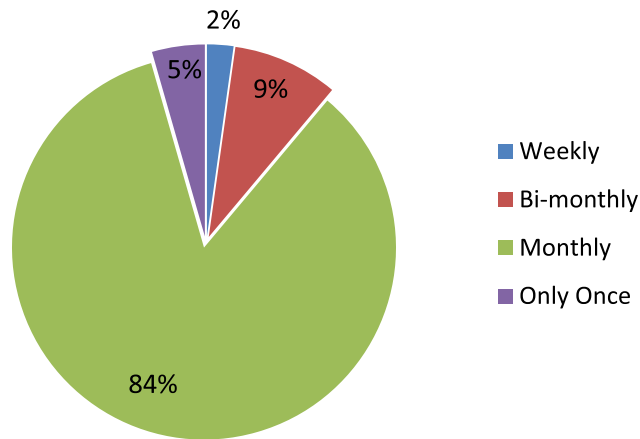


Figure 8: Frequency of Household Visits

In order to assess one of the objectives of BiB i.e. financial stability of CRPs, CRPs were asked about their average earnings per month. Figure No. 9 shows that 42% CRPs earned between Rs. 101-200, 13% earned between Rs 201-300 and 20 % CRPs earned more than Rs. 500. Amongst the 20%, the maximum surplus goes up to Rs. 3,500-4,000 per month. These are the ones who invested their honorarium or other sources of income and their surplus in their BiB and had successfully expanded their business. The 4 % of CRPs who earned between Rs 0-100 faced difficulties in selling items.

Average Profit Earned by CRPs

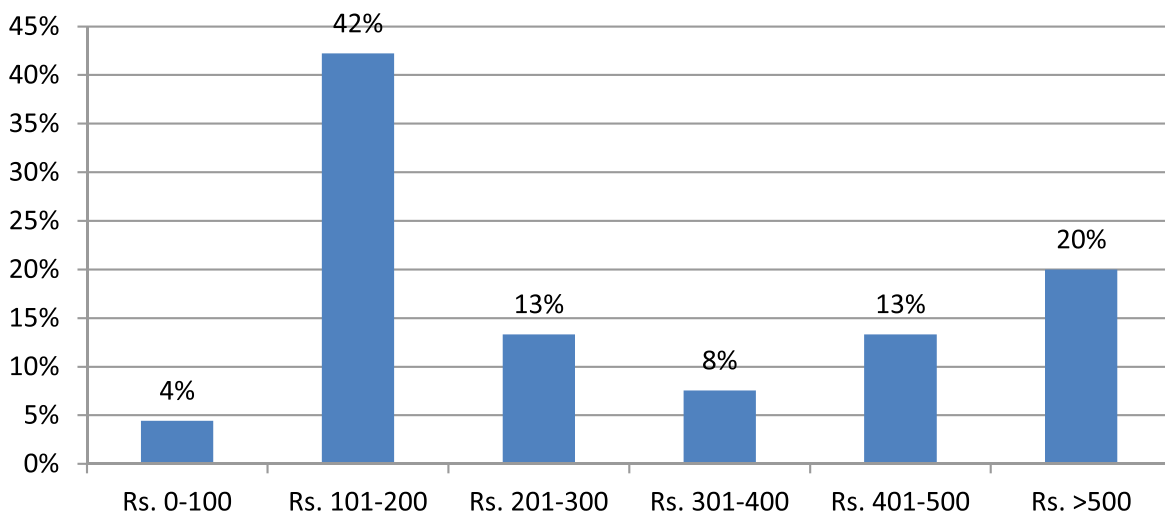


Figure 9: Average Profit Earned by CRPs Each Month

VHC, as a support to CRPs, played a very important role in promoting and assisting BiB activities in the area. Seventy-eight percentages of CRPs claim that VHC supported them in BiB as indicated by Figure No. 10. They shared that most of the times VHC members gave CRPs different suggestions on how to sell their items. They also advocated for BiB to the community members and encourage them to purchase items from CRPs. Male members of VHCs ensured that the female members of their households also purchase goods from CRPs whereas, female members of VHC bought from BiB. On the other hand, 22% CRPs believed that VHC was not supportive of BiB. They stated that CRPs were responsible for success of their business. Many of the members, particularly male members, were unaware of BiB and what it contains and hence were unable to provide any support to the CRP.

Support by VHCs to CRPs

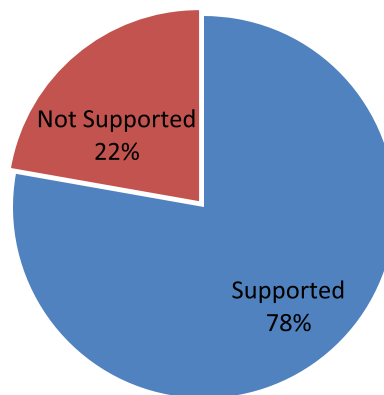


Figure 10: Support by VHCs to CRPs

Figure No. 11 indicates the proportion of CRPs who agree or disagree with the premise that BiB initiative serves the purpose of ensuring availability of short-term contraceptive methods in their catchment area. Seventy-one percentages of CRPs believed that BiB is a good initiative to provide short-term contraceptive methods in the area. Given that CRPs are women, MWRA in the community felt more comfortable in purchasing such items from them. Furthermore, follow up users purchased the short-term methods directly from CRPs and did not face any issue in using these products, as they were already familiar with the usage. Moreover, CRPs claim that after training and several refresher sessions by RSPs, they understood the proper procedure for the short-term method use and the possible side effects of these methods. Hence, they were confident to serve any non-user in their area after the project.

On the other hand, 29% CRPs claimed that even though the availability of these methods can be ensured through BiB but its purpose remains unfulfilled. Firstly, they emphasized that recently few LHWs have started working in the areas which were 'un-covered' when the project started hence the short-term methods were now provided by LHWs as well. Moreover, LHWs provided these services for free therefore community members preferred to take these methods from LHWs instead from the CRP. Secondly, they claimed that, most of their clients are either IUCD or injection users. In the case of injectable clients, the demand was for injectable and only few clients switched

to oral pills or condom. So ensuring availability of Pills and Condom when the majority of the demand is for contraceptive Injection did not serve community need. And, even though BiB ensures availability, lack of demand means stocking pills and condoms would not be financially beneficial to CRPs.

Do you think that BIB initiative serves the purpose of ensuring availability of short term contraceptive methods in your area?

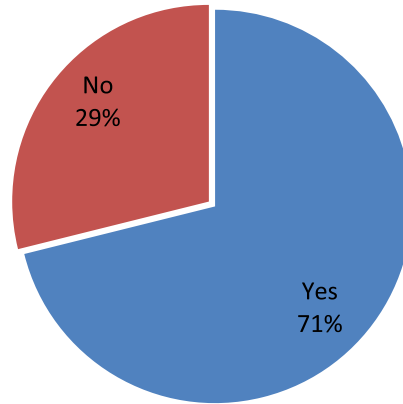


Figure 11: Availability of short term contraceptive methods through BiB

CRPs were further asked that if they believe that BiB ensures the financial stability for them after the completion of the project; 80% CRPs emphasized that it does whereas, 20% say that it does not as indicated in Figure 12. Eighty percentages of the CRPs believed that BiB has made them financially stable. As mentioned above, most of the CRPs were un-employed before the intervention, hence BiB has given them a platform to start earning and remain active after the project. Those CRPs who earned between Rs. 0-300 stated that they aim on gradually expanding their BiB. On the other hand, 20 % of CRPs who were not that successful stated that BiB gets them a minimal profit, which is of no use for them and hence it does not ensure financial stability for them.

Do you think that BIB initiative ensures your financial stability after the completion of project?

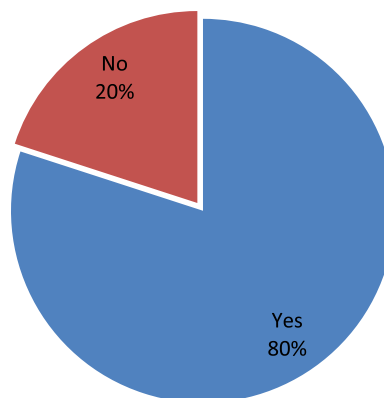


Figure 12: Financial Stability of CRPs beyond Project Life

To assess the stability of BiB, CRPs were asked if they are willing to continue working in BiB after the project. The results are depicted in Figure 13 that 84% CRPs responded in a positive manner however, 16% CRPs did not show any willingness to work in BiB beyond the project life. Eighty-four percentages of CRPs emphasized that BiB has provided them a platform to earn a decent income and enabled them to work independently for the community in exchange of some monetary benefits. Hence they were more than satisfied with this initiative. Their counterparts who are not willing to continue stated that BiB was a tiring job with minimal or no profit. And, as their BiB was not successful they could not earn a good profit. Majority of their earning was spent on transportation costs. Hence they were not motivated to continue with BiB.

Continuation of BiB After the Completion of Project

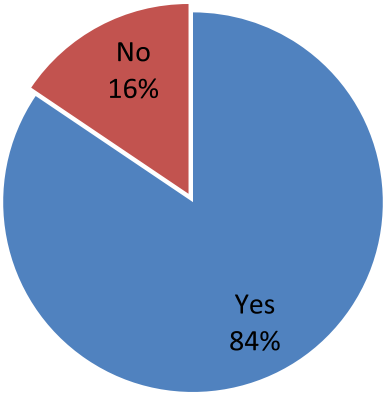


Figure 13: Continuation of BiB after the Completion of Project

Focus Group Discussions (FGDs)

Focus Group Discussions (FGDs) were incorporated into the study design to gather the feedback of community members and VHCs about BiB. In total, three FGDs were conducted with VHCs in the project area (one FGD with VHC Chak 22 at UC DNB of Bahawalpur district; one FGD with VHC Deragabola at UC Mianwali Sheikha of Rahim Yar Khan district and one FGD with VHC Chak 458 in UC Kot Lakhnana of Jhang district) and two FGDs were carried out with beneficiaries in Bahawalpur and Rahim Yar Khan districts (One FGD at Basti Mochiya in UC Mari Sheikh Shujra of Bahawalpur district; one FGD at Basti Chauk Bhugga in UC Ranjhaykhan of Rahim Yar Khan district). In Jhang, eight beneficiaries of BiB were individually interviewed in order to gather their feedback.



Figure 14: FGD with BiB beneficiaries at Bahawalpur district

FGDs with BiB Beneficiaries

The overall response of the community members regarding BiB services was positive. In all three project districts, BiB beneficiaries mentioned that the provision of BiB kits have been really helpful not just for CRPs in terms of earning money but also for women of the nearby areas for having an easy access to the goods. They shared that before BiB in the area, women were totally dependent on male members to take them to the city for purchasing items. They shared that CRPs started including items of high demand by females such as henna/mehndi, cosmetic, bangles, accessories, jewellery, undergarments, hair removing creams and other such items. They mentioned that these items are not easily available in local shops and to purchase them they have to travel to the city with a male member of their family. For many women, it was quite embarrassing to purchase these items from a male shopkeeper however with the CRP they purchase these products with ease and in the comfort of their own homes. In addition to this, they also mentioned that there were many female related items, which they had never heard off like sanitary pads or hair removing creams. One of the beneficiaries also acknowledged that when she saw a branded hair removing cream in a packet, she thought of it as a custard powder; later CRP explained that what it was and how to use that. They emphasized that BiB not only provided them an easy access to these products but also made them aware about different types of products. With the CRPs' consultation, women slowly started using these items i.e. sanitary pads and hair-removing cream. Moreover, given that the CRPs only provided short-



Figure 15: FGD with BiB beneficiaries at Rahim Yar Khan district

term contraceptive methods to follow up clients, who learn the usage from project LHVs, beneficiaries nonetheless acknowledged CRPs spreading knowledge about the use of contraceptive methods. Hence this intervention is also very fruitful for the community in terms of learning.

The FGDs were conducted amongst the BiB beneficiaries of CRPs who had set up small shops in their locale after gradual success of BiB. The CRP only carried few items while conducting household visits for health mobile camp referral and provision of short-term contraceptives. Even if CRP did not carrying all products during her household visits, the beneficiaries were happy with her work as they know the products were available at all times within their neighbourhood. The CRPs were not located far from their residence hence clients did not face any hindrances coming to their shop and purchasing items from there. They stated that getting goods at door steps is good but coming to the shop at any time is much favourable. They were also satisfied with the prices of each product. They mentioned that going to the city to get these items would cost them more.

Moreover, all of them mentioned that the timing of local shops and markets in cities are a limiting factor but with CRPs, there was no opening and closing time of the shop. The services were provided at any given time as they are established within the home of the CRP which was in the neighbourhood.

The beneficiaries of BiB and the CRPs were very satisfied with the BiB intervention. However, the constant availability of short-term contraceptive method after the project life was still questionable due to both demand and supply reasons. The IUCD and Injections were more prevalent in the area and CRPs were also unsure about the supply chain mechanism or the source of re-purchasing short term methods beyond project life.

FGDs with VHCs

One FGD was conducted with VHC in each district in order to assess their support to the CRPs for BiB. Majority of the VHC members in three districts knew about the component of BiB in the project. They claimed that VHC members provide support to the CRPs in terms of purchasing products from the market. Most of the times, CRPs opt to get the products by themselves however, if they face any hurdles the VHC helped CRPs in overcoming the hurdle. For example if she is having difficulty procuring the items, then one member of the VHC can assist her. Female members of VHC were shy and lesser active during the discussion.



Figure 16: FGD with VHC members

Members of VHCs as well as CRPs emphasized that VHC does the advocacy of BiB to other members of the area and encouraged everyone to buy items from CRPs. They also shared that female members and male members encourage their households to purchase as many items

from CRPs as they can. However, the VHC in Bahawalpur district were not very motivated about helping the CRP. This is because majority of the members were unaware of the BiB initiative and its purpose. Only the President of VHC knew about the initiative, items included in BiB kit, while the rest of the male members did not have any idea. Male members further stressed that since BiB contains the items for female use, it doesn't concern them. This should not have been the case as VHC members were supposed to assist CRPs in their work. And, VHC's lack of knowledge affected CRPs performance.

On the price of the items of BiB, VHC members said that CRPs charge the beneficiaries the right amounts and she should continue this way as it is affordable to the community members and the CRPs is also able to earn a surplus out of it. Few members of VHC claimed that they are content with over priced items as they get these items at their doorstep.

Talking about the two major purposes of introducing BiB in the project, VHC members from district Rahim Yar Khan and Jhang were aware of the purpose of BiB which is the financial stability of CRPs and provision of short term contraceptive methods, they claimed that BiB is serving that purpose in their community. However, in Bahawalpur district, members emphasized on the financial stability of the CRPs but they claimed that provision of short term contraceptive methods from BiB does not fulfil the purpose as their area is now being covered by the public LHWs and community members receive short term methods for free from the LHWs. Hence, they cannot encourage the community to pay a price for these methods as they are already being provided for free.



Figure 17: FGD with VHC members

Conclusion and Recommendations

Factors Leading to the Success of BiB:

One of the key factors leading to the success of BiB is creating and catering to an unidentified demand. While assessing the success of CRPs, it has been realised that many CRPs effectively communicated with the beneficiaries. They not only convince them to purchase items but also managed to generate demand for other products. The success stories of BiB indicate that female customers mostly raised demands of their own needs and their children's need for example, provision of cosmetics, dresses, under garments, notebooks and stationary for kids. Catering to these needs resulted in a higher surplus for the CRP hence making BiB a successful venture.

Another factor for success was the CRPs financial status, those who were relatively well off and not completely dependent on their honorarium were able to invest their honorarium and surplus in expanding their BiB by including new items. In other micro franchise model like BRAC the

products are standardized according to the discretion of the organization (BRAC, 2011). The only compulsory items that the CRP has to include in her BiB were the short-term contraceptives (oral pills and condoms). The findings of this study indicate that those CRPs who have adjusted their product offering as per the community demand like clothing; accessories, stationary etc were more successful in operating BiB.

Moreover, the sale of BiB items was subjected to seasonal variations. As the clients were primarily housewives, they were financially dependent on the male breadwinner of the household. However during cotton-picking season women who worked in the field earned an income hence they had the money to purchase items. Furthermore, during wedding and Eid seasons, women community members purchase items like dresses, cosmetics, henna, bangles etc by CRPs. The successful CRPs have adjusted for these seasonal variations by incorporated these items during the right season to earn a higher surplus.



Figure 18: Interview with CRP Zaitoon Bibi

Furthermore another important factor that affects demand is the location of the village. The demand for BiB items was high in remote villages. This is because the cost (time and money) to the community to go to the nearest facility to purchase these commodities was much higher; hence the intervention of BiB was successful in these areas.

The findings of this report indicate that VHC supported CRPs have been more successful in expanding their BiB as compared to those CRPs who have had less support from the VHC. Globally, with exception to BRAC, the element of community support is missing for previously established micro financing initiative. BRAC operates through Village Organizations (VOs) (Living Goods, 2015) similar to PRHSSM and supports SS in selling items. This support can be in terms of procurement mechanism, marketing of BiB, or providing assistance during sales. Whereas in the case of FFH, Vision Spring, Living Goods, the organization itself is a formal means of support for the CHW (Living Goods, 2015).

Factors Leading to the Failure of BiB:

With respect to the findings of the study, it is discussed that each bag is standardized and contains similar items and in similar quantity; whereas the need for these items varied from one UC to another UC. Hence CRPs should have been consulted individually so that the specific demands from her community could be catered.

In most cases, failure was linked to lack of demand for BiB in the community. The lack of demand was due to various reasons, firstly due to lack of financial resources. At times, the beneficiaries also did not have finances to purchase even basic items from BiB. Considering that most of the areas are marked by extreme poverty, there is lack of demand as the community members lack the 'ability' to purchase these goods. Secondly, many beneficiaries mentioned that the items present

in BiB are usually bought during their monthly ration hence they do not prefer to buy one or two single items from CRPs during household visits. In such cases, CRPs stopped the activity of BiB during their household visits. They mentioned that lack of demand de-motivated them and they were unable to market the products right. Hence these CRPs started consuming BiB items for their personal purposes.

It is also discovered that those CRPs who were dependent on their honorarium as their sole source of income could not expand their business. They used their profit and monthly honorarium in the home expenses and did not re-invest in expansion of BiB. In this regard, both CRPs and VHCs suggested that a higher investment in BiB is required to give them a jump-start towards financial independence, as the current investment is not sufficient to move out of the poverty trap threshold. However the CRPs level of motivation in selling items also needs to be taken into consideration. Thus it is recommended that those CRPs who cannot expand their businesses due to some financial constraint should be provided some kind of assistance. One approach could be that partner RSPs make an agreement with CRPs where they make them liable to sell a certain percentage of BiB item and depending upon the progress of the CRPs, RSPN could follow principles of micro equity and spend 2-3 cycle of investment on selected CRPs. And, as their business becomes stable, they should be encouraged to re-invest their profit.

Another factor which leads to the failure of the BiB is the location of business nearer to urban settlement. The villages near cities or markets are considered to be tough to work in as the demands of the community are usually met. Thus, community do not see any reason to purchase these items from CRPs even though they could get these products at their doorsteps. The BRAC model mainly operates in villages and products provided to microfinance clients help in 'bridging the last mile in the delivery of vital goods and services' (BRAC, 2011). However, the assessment findings show the lack of demand or need of the community to bridge any gap at current project location. Hence BiB should be targeted in remote areas where there are a lesser services available and high in demand.

The LHWs have currently started working in few catchment areas of CRPs and provide short-term contraceptive methods for free. Hence, the community was not interested in purchasing these methods. In such cases, there is a good possibility that the provision of short-term methods through BiB might not be viable due to low demand from the community and lack of motivation for the CRPs to stock/sell them in BiB. Hence it is recommended that the district team should coordinate with BHUs and LHWs of such areas in order to see the catchment areas of LHWs. If CRPs and LHWs share the same area then the duplication of the services would not benefit CRPs in terms of selling contraceptive methods from BiB. The CRP can be then advised to provide services to the nearest areas that are not covered by LHWs.



Figure 19: Interview with the CRP

Moreover, in non-LHW-covered areas CRPs have not been able to identify supplier for short-term contraceptive methods after the completion of project. Few CRPs mentioned that they can purchase them from any nearby medical store but this would mean no or low profit as the buying and selling rate would be the almost same. And, if CRPs sell them in higher rate, there is possibility that community members would not buy from them. Currently, these methods were provided to them by project LHVs at a minimal rate. CRPs later provide them to the MWRAs and earn a good surplus. But after the project, team members would not be able to provide them contraceptive methods every month. Moreover, very few number of CRPs purchase BiB item through UCHC nominated middleman; most of them buy the products themselves. Hence it is more likely that CRPs either continue purchasing short term contraceptive methods on their own or they will exclude these items from BiB if they do not earn a surplus from sales of these items. Thus, RSPs should develop a supply chain mechanism for contraceptive methods as well and connect CRPs with distributor so that CRPs could benefit from them even after the project ends.

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Annexure I

Provision of RH services through Social Marketing Business in Box (BiB) Assessment Community Resource Person (CRP) Questionnaire

Name of CRP: _____	Age: _____	Children: _____
Education: _____	Profession: _____	Guardian's Profession: _____
Village Name: _____	Union Council: _____	District: _____

S. No.	Questions	Responses
1	Do you have a BiB Kit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	When have you received the kit?	_____
3	Were you given the kit for free of cost?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	What items were there in the kit?	Condoms <input type="checkbox"/> Pills <input type="checkbox"/> ECP <input type="checkbox"/> Folic acid <input type="checkbox"/> Iodized salt <input type="checkbox"/> Sanitary napkins <input type="checkbox"/> Iron <input type="checkbox"/> Zinc <input type="checkbox"/> Vitamin A <input type="checkbox"/> Pregnancy strips <input type="checkbox"/> Panadol Ponstan <input type="checkbox"/> Cough syrup <input type="checkbox"/> Shampoo <input type="checkbox"/> Fairness cream <input type="checkbox"/> Hair removing cream <input type="checkbox"/> Others <input type="checkbox"/>
5	Were you given training on BiB by NRSP/PRSP?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Were you informed that on what rate you were supposed to sell the items?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	At what profit you sold the items?	0-10% profit <input type="checkbox"/> 11-20% profit <input type="checkbox"/> 21-30% profit <input type="checkbox"/> 31-40% <input type="checkbox"/> 41-50% <input type="checkbox"/> 51-60% <input type="checkbox"/> 61-70% <input type="checkbox"/> 71-80% <input type="checkbox"/>

8	What percentage of items you sold from the first stock you were given?	25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/>
9	Have you re-purchased the items?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	What new Items you included?	Fairness cream <input type="checkbox"/> Hair removing cream <input type="checkbox"/> Oil <input type="checkbox"/> Shampoo <input type="checkbox"/> Others <input type="checkbox"/>
11	What old items you excluded?	Sanitary Napkins <input type="checkbox"/> Pampers <input type="checkbox"/> Shampoo <input type="checkbox"/> Others <input type="checkbox"/>
12	How you re-purchased the items?	Through a middleman nominated by UCHC <input type="checkbox"/> CRP Herself <input type="checkbox"/> Other <input type="checkbox"/>
13	How many MWRA's in your catchment area?	131-150 <input type="checkbox"/> 181-200 <input type="checkbox"/> 201-320 <input type="checkbox"/> 381-400 <input type="checkbox"/>
14	How many MWRA's use any contraceptive method?	30-40 <input type="checkbox"/> 40-50 <input type="checkbox"/> 50-60 <input type="checkbox"/> 60-70 <input type="checkbox"/> Other <input type="checkbox"/>
15	What short term contraceptive method is popular in your catchment area?	Condom <input type="checkbox"/> Oral Pills <input type="checkbox"/> Emergency pills <input type="checkbox"/>
16	How often do you visit each household in your catchment area for sale?	Weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Once in two months <input type="checkbox"/> Customers visits CRP's home <input type="checkbox"/>
17	What is your average profit per month?	Rs. 0-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-300 <input type="checkbox"/> 301-400 <input type="checkbox"/> 401-500 <input type="checkbox"/> >500 <input type="checkbox"/>
18	What is the profit of your last month?	Rs. 0-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-300 <input type="checkbox"/> 301-400 <input type="checkbox"/> 401-500 <input type="checkbox"/> >500 <input type="checkbox"/>
19	How do you spend the profit?	Home expenses <input type="checkbox"/> Children's education <input type="checkbox"/> Health <input type="checkbox"/> Re-invest <input type="checkbox"/> Save <input type="checkbox"/> Other <input type="checkbox"/>
20	What is your husband's/ guardian's salary per month?	<3000 Rs. <input type="checkbox"/> 3000-5000 <input type="checkbox"/> 5000-7000 <input type="checkbox"/> 7000-10,000 <input type="checkbox"/> > 10,000 <input type="checkbox"/>
21	What issues do you face to sell the items?	Restrictions on going out of home to sell <input type="checkbox"/> Community do not buy as it is overpriced <input type="checkbox"/> Other <input type="checkbox"/>
22	Does VHC help you in selling items from BiB kit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
23	If yes, how?	Do the advocacy with community to buy items from CRP <input type="checkbox"/> Themselves buy the items <input type="checkbox"/> Give <input type="checkbox"/> suggestions

24	Do you think that BiB initiative serves the purpose of ensuring availability of short term contraceptive methods in your area?	Yes <input type="checkbox"/> No <input type="checkbox"/>
25	If no, what is the reason?	MWRAs do not buy from BiB kit <input type="checkbox"/> Already these items are available in local shops <input type="checkbox"/> Other <input type="checkbox"/>
26	Do you think that BiB initiative ensures your financial stability after the completion of project?	Yes <input type="checkbox"/> No <input type="checkbox"/>
27	If no, what is the reason?	Profit is of no use <input type="checkbox"/> I will not be allowed by family to continue after the project <input type="checkbox"/> Other <input type="checkbox"/>
28	Are you willing to continue doing the business even after the completion of project?	Yes <input type="checkbox"/> No <input type="checkbox"/>
29	If no, what is the reason?	it's a tiring job with minimal profit <input type="checkbox"/> There will be no check and balance so will not continue <input type="checkbox"/> Did not like selling items <input type="checkbox"/> Other <input type="checkbox"/>

Annexure II

Business in Box (BiB) Assessment

Focus Group Discussion (FGD) with Married Women of Reproductive Ages (MWRAs)

District: _____	Union Council: _____
Village Name: _____	Date: _____

- Q1. Do you have any community resource person in your area?
- Q2. What do you know about Business in Box component in the project?
- Q3. Do you receive the items of short term contraceptive method or daily day usage items at your door step by CRP?
- Q4. Are those items for your use? Have you suggested CRPs to include other items which are useful for you?
- Q4. At what rate, do you purchase the items?
- Q5. Do you think that she sells the items on a reasonable price? Or is it overpriced?
- Q6. How many MWRAs use any short term contraceptive method?
- Q7. From where did you use to buy these methods before the intervention of the project and at what price?
- Q8. Has someone experienced any side effects from short term method and what have they done to treat it? Has CRP helped in any way to eliminate those side effects?
- Q9. Do you think that this initiative is fruitful for community members? How?
- Q10. What are the drawbacks in this initiation?
- Q.11 Do you suggest anything to improve it?
- Q.12 If CRP continues doing her business; do you think community members would be benefitted from it?

Annexure III

List of Selected CRPs

Sr. No.	District	Village/Basti	Name of Union Council	Name of CRP (Female)
1.	Jhang	Kasmabad	Shah Sadiq Nahang	Samina Kausar
2.		Wallanwala	Shah Sadiq Nahang	Rubina Naz
3.		Wallanwala	Shah Sadiq Nahang	Nadia Rasheed
4.		Kot Araian	Shah Sadiq Nahang	Dur-e-Naz
5.		Rasik Abad	Shah Sadiq Nahang	Iqra Nida
6.		Doli Shaheed	Haveli Lal	Hasina Kanwal
7.		Cha Mochiyanwala	Sheikh Chauhar	Nargis Batool
8.		Shah Nazim	Sheikh Chauhar	Naeem Akhtar
9.		Mojdarya	Chak 446	Hamd Elahi
10.		Rairywala	Maluwand	Saima Javaid
11.		Kacha Khoo	SCH	Tasleem Akhtar
12.		Kot Lakhnana	Kot Lakhnana	Naheed Akhtar
13.		Kot Lakhnana	Kot Lakhnana	Zaitoon BiBi
14.		Chak 457	Kot Lakhnana	Musarrat Parveen
15.		JHG/KRW/15	Sultanpur	Sofia Nasir
16.	Bahawalpur	Choti 25 BC	24 BC	Rabia
17.		Basti Lodhran	Ali Kharrak	Fauzia BB
18.		Ali Kharram	Ali Kharrak	Samia
19.		Janhar wali	Ali Kharrak	Rehmat Javed
20.		Lodhan	Ali Kharrak	Rizwana Majeed
21.		Maharan	Jamrani Kohna	Tahira BB

22.		Basti Chachar	Jamrani Kohna	Azra Sultana
23.		Basti Chohan	Jamrani Kohna	Uzma Sultana
24.		Goth Lal	Mari Shaikh Shajran	Mumtaz
25.		Basti Mollani	Mari Shaikh Shajran	Shugra Mehboob
26.		Goth Lal	Mari Shaikh Shajran	Sharifan
27.		Rungpur	Jalalabad	Tasleem
28.		Basti Pohnra	Jalalabad	Maqsood BB
29.		Basti Pohnra	Jalalabad	Khadija
30.		Rungpur	Jalalabad	Azra
31.	Rahim Yar Khan	Basti Kubra Arain	Mian wali Sheikhan	Baiza Iftikhar
32.		Basti QalanderKhan	Mian wali Sheikhan	Muneeba
33.		Toba Machian	Shahpur	Bakhto Mai
34.		Chak 56 NP	Shahpur	Naureen Hameed
35.		Fateh Pur Tiwana	Shahpur	Rabia Irshad
36.		8NP	Muhammad Pur Lama	Tasawar Khanum
37.		Hajid Qadir Bux	Rasool pur	Nazaqat Parveen
38.		Chowk Bagga	Ranjhay Khan	Sadia Hameed
39.		Hakeem Abad	Bahadurpur Qureshian	Fouzia
40.		Chamb Balochan	Mau Mubarak	Aysha Mukhtiyar
41.		Basti Mau Mubarak	Mau Mubarak	Nazia Shafiq
42.		Allah Jawaya	Sonak	Azra
43.		Basti Khandorai	Sonak	Fauzia
44.		Basti Gujran	Badli Shareef	Kulsoom BB
45.		Jam Juma	Badli Shareef	Farzana

Annexure IV

Success Stories

Khadija: A BiB entrepreneur

Khadija BiBi, 30, lives in Basti Pohnra in Union Council Jalalabad of District Bahawalpur. Basti Pohnra is situated some 30 kilometers away from Bahawalpur City. Khadija was selected as a Community Resource Person (CRP) in the project. After seeing her dedication and her interest in micro social entrepreneurship, she was also given Business in a Box (BiB) kit.

Khadija took keen interest in selling items from BiB to community members at their door step and reinvested her money from the profits she earned each month. Gradually she managed to open her own shop in her home.

She introduces new items in her shop and gets a good profit out of it. During Eid season, she bought mehndi, bangles, cosmetics and jewelry and earned more than Rs.5, 000. She states, "I buy those items which are in high demand. This is how I easily cater to the demand of the members and earn good amount in return. During Eid season, my shop remained opened till 12 o' clock at night as women kept coming and buying goods."

One of her customers mentions, "It is difficult for us to go to the city and buy women accessories such as make up, bangles, etc. We have to be dependent on our male members to take us to the city for stuff like this. With Khadija's shop, we can easily get everything any time and it saves us the traveling cost as well." Khadija is very happy with her business and claims to continue working as an entrepreneur in her area.



Figure 20: Khadija Bibi

Small Business Uplifted my Social Status

Naeem Akhter wife of Haroon Shah (35), resident of Union Council Chuhar of Jhang district, is a housewife and mother of two school going children. Her husband is a farmer and she herself is a beautician.

Naeem was nominated as a CRP by VHC Sheikhna. After taking her formal test, she was selected as a CRP to work over a population of 2000. She successfully attended six days training in phase I of the project and later two days refresher session in phase II of the project. She was very active and confident throughout the training sessions. After the successful completion of training, she was given BiB kit. She commendably started doing her duties as a CRP and started selling items from BiB.

Since she was already a beautician, hence she introduced items like beauty products in her kit and expanded her business from there. Before BiB, she only provided her services to the women like hair cutting, eye plucking, facial and massages. With the provision of BiB, she started buying items for her parlor to sell from BiB.

Moreover, she bought 12 dresses of 12,000 rupees and sold them to women in her area for Rs. 1200 each. Currently, she is earning 2000 profit per month on BiB items. She says, "Before the intervention of this project, I was serving my community members as a beautician. I never thought to open up a small business for myself. In my daily routines of work, I started including items which are mostly demanded by women and started selling them. I used to buy products from market for community members and give it to them in exchange of purchasing amount but now I charge some profit out of it. I am grateful to PRSP which inculcated the sense of business in me and made me get benefits from it".



Figure 21: Naeem Akhter

An initiative that changed her life

Mrs. Tasawar Khanum, a 30 years old lady from a Syed family, lives in Chak 8 NP, Union Council Muhammad Pur Lamma located some 35km west of Rahim Yar Khan city. She is married for last 12 year and has no children. Due to that, her husband married again some five years ago and was not very supportive to her.

Tasawar Khanum is poor, but eager to explore new possibilities to bring change in her life. In April, 2013, Tasawar Khanum was selected as Community Resource Person (CRP) by the community in an open dialogue.

Due to her good performance and commitment she was selected for BiB. She successfully completed the training in social marketing and received community's support through VHC to promote her micro enterprise on a sustainable basis. In her nearby areas, there is a school for girls and boys; considering that, she included edible items (candies, chips, biscuits, chocolates), stationary and note book in her BiB. She takes the items to the school during break as there is no canteen in the school and she does not have any place to keep those items in school after break.

Thus she takes the BiB back and forth and sells goods. After School time, she has also set up a small shop in her home from where women of her areas purchase items. She also sells small household use items. Her clients trust her and they are happy with her dedicated services and professional approach. With a small but regular income, and respect from the community, Tasawar feels herself more strengthened and empowered.



Figure 21: CRP Tasawar Khanum

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