Asma Noureen, a 24-year-old from Bahawalpur is a perfect example of how social entrepreneurship can be life changing. A participant in a new development programme, Business in a Box (BiB), which distributes contraceptives and other items needed by women in villages but under a business model, Asma has not only improved birth control prevalence in her village but also earned a good profit by doing so.

Most of Asma’s clients are happy with the service: “Sometimes we could not even afford a trip to the market but now we don’t need to leave our house since these items are available with Asma who lives nearby,” said one of her many satisfied
customers. Last month, Asma earned a profit of 500 rupees, double of what she earned a few months ago.

“I am glad that I took this opportunity. My profit is gradually increasing for the last four months from 200 to 500 rupees per month. I am empowered and I am less dependent on others since as I have my own business now,” she says. While the amount may seem small, it can go a long way in a small village such as the one Asma resides in.

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**A social innovation marries business with a birth control programme to great effect**

The brainchild of Rural Support Programmes Network’s (RSPN) Mr Manzoor Hussain, BiB was conceptualised while Hussain was travelling with Muzaffar Uddin, BRAC–Pakistan’s CEO six years ago. “I often wondered how development interventions could be sustained beyond project life,” says Hussain who has worked on health-related projects for the last 16 years.

In partnership with Population Services International, RSPN initiated the project in 2013 in three districts of rural Punjab which were not covered by the government-run Lady Health Worker Programme. The project aims to reduce maternal and infant mortality rates by increasing awareness and contraceptive prevalence rate among a population of over 900,000 in the three districts; one is located in central Punjab, and two in southern parts of the province.

BiB is carried out through women representatives or Community Resource Persons (CRP), who are recruited through a central committee or the Village Health Committee (VHC). The BiB participants are provided a kit valued at 3,000 rupees
comprising items such as contraceptives, health and hygiene commodities (folic acid, iodised salt, sanitary napkins, iron, zinc, Vitamin A, shampoo, toothpaste, pregnancy strips) and over-the-counter medicines.

The VHCs and CRPs have been instrumental in changing villagers’ minds and in making contraceptives more socially acceptable in the area. The CRPs conduct monthly visit to households in their designated area to register all married women of reproductive age; they also provide awareness on birth spacing and contraceptive methods and refer potential clients to regular Lady Health Visitor camps organised as part of the project. In addition, they also sell contraceptives and other items available in the BiB kit to women in the villages.

The VHCs are federated at the union council level (the lowest tier of administration in Pakistan) to form Union Council Health Committees. The Union Council Committees support the VHCs by establishing supply chain to ensure cost-effective regular supplies to CRPs through bulk purchases.

As RSPN began to build a sustainable model of micro-franchising blended with social entrepreneurship, 600 CRPs were hired on a monthly honorarium of 1,000 to 2,000 rupees and provided with training on entrepreneurship. The CRPs are supposed to reinvest the income earned through the sale of BiB items. Each month, VHCs hold a meeting to discuss the performance of their BiB representatives.

An internal study on BiB shows that 78 per cent of the CRPs successfully sold BiB items. The BiB representatives have also been entrepreneurial, customising their kit for clientele in their areas; many of them have expanded the number of items in their kit to include other things such as women’s undergarments, cosmetics, bangles, jewellery, and henna.
Also, 33 per cent of CRPs expanded their BiB by establishing small shops in their homes. Nearly 80 per cent CRPs said that they were willing to continue working after the project ended since BiB generated enough profit to make it sustainable for them without external support.

“BiB helped me in making my own way, I can now finance my own education and expenses, I don’t need to depend on anyone,” says 23-year-old Sharifa, from district Bahawalpur. Similarly, it has also not stopped 25-year-old Sadia from Rahim Yar Khan, who is physically challenged, from introducing contraceptive products to nearly 90 new clients. “I wanted to be independent but I could not study as I couldn’t walk to my school, an hour’s walk away. Though I have a foot abnormality, I am standing on my own feet now,” she points out.

One of the key reasons BiB has met with such success is accessibility and people not having to travel long distances to purchase small items. As one client put it: “It takes us 30 minutes on motorbike and one hour by rickshaw and costs 100 rupees to access health and hygiene items available in Sadiqabad. Before Sadia we had to wait for one of the male members in the family to take us to Sadiqabad. Now it is easier to buy them from Sadia in our neighbourhood. She is also flexible in payments.”

It so often happens that due to a shortage of funds, a project comes to an end just as it begins to show tangible results. There are, however, exceptions: ‘Shasthya Shebika’ in Bangladesh, a project started by Building Resources Across Community, ‘Community Health Promoter’ in Uganda initiated by Living Goods and ‘Shakti’ run by Hindustan Unilever Limited in India. Pakistan’s BiB can now be added to
that list.

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TODAY ON IMAGES

‘A plate of nihari is a joy forever’