



## A Participatory Approach: Using Evidence to Support a Total Market Approach to Family Planning



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## **USAID | DELIVER PROJECT, Task Order 4**

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### **Abstract**

Between 2006 and 2011, the USAID | DELIVER PROJECT's Latin America and Caribbean Regional Contraceptive Security Initiative developed and tested a series of participatory market analysis activities in Honduras and Nicaragua to improve how in-country stakeholders understand and respond to family planning customers' needs and work to expand the contraceptive market. Subsequently, in 2012, this approach was adapted and applied in Ethiopia. Through this series of activities, the USAID | DELIVER PROJECT developed a participatory market analysis approach.

This guide provides background and material to help family planning stakeholders in other countries adapt and apply this approach to their own setting. The process takes stakeholders through a series of six steps to analyze, understand, and use market analysis data to inform family planning policy decisions. As a result, family planning manager's knowledge about the total market—public, nongovernmental, and commercial—has improved. In addition, family planning stakeholders have increased their commitment to improve service provision and develop concrete, coordinated, and sustainable strategies to reduce gaps in access to family planning services and commodities.

Cover photo: During a mapping exercise at a training class in Nicaragua, contraceptive security committee members locate service delivery sites. USAID | DELIVER PROJECT, August 2010.

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# Acronyms

CDC	Centers for Disease Control and Prevention
CS	contraceptive security
DHS	<i>Demographic and Health Survey</i>
FP	family planning
IPPF	International Planned Parenthood Federation
LAC	Latin America and the Caribbean
MDA	Market Development Approaches
MOH	Ministry of Health
MSA	market segmentation analysis
NGO	nongovernmental organization
RHCS	reproductive health commodity security
RHS	Reproductive Health Survey
SPARHCS	Strategic Pathway to Reproductive Health Commodity Security
TMI	total market initiative
UNFPA	United Nations Population Fund
USAID	U.S. Agency for International Development





# Glossary

Contraceptive prevalence rate (CPR)	The percentage of women of reproductive age using—or whose partner is using—a contraceptive method, at a specific point in time; this is almost always reported for women married or in sexual union (MEASURE Evaluation PRH 2013). The measure usually includes all contraceptive methods (modern and traditional), but it may only include modern methods. For more information, see <a href="#">CPR definition at the Measure PRH website</a> .
Contraceptive or reproductive health commodity security (CS or RHCS)	When clients are able to choose, obtain, and use quality contraceptives whenever they need them (Hare et al. 2004). For more information, see <a href="#">SPARHCS: Strategic Pathway to Reproductive Health Commodity Security: A Tool for Assessment, Planning, and Implementation</a> .
Contraceptive security committee	Multisectoral working groups that meet regularly to develop policies and strategies, and to track and monitor progress toward improving contraceptive availability. For more information, see <a href="#">Tips &amp; Tools for Strengthening the Effectiveness and Sustainability of Contraceptive Security Committees</a> and <a href="#">CS Indicators</a> , which include data on committees, including which countries have committees, the composition of the committees, and frequency of committee meetings.
<i>Demographic and Health Survey</i> (DHS)	Nationally representative household surveys that provide data for a wide range of monitoring and impact evaluation indicators in population, health, and nutrition (MEASURE DHS 2013). For more information, see a <a href="#">manual describing the DHS at the Measure DHS website</a> .
Market Segmentation Analysis (MSA)	A data analysis process/report that presents data divided into subgroups by a country's past, current, and potential contraceptive users—each has specific social, economic, and demographic characteristics and family planning needs. Population subgroups are primarily divided into categories: socioeconomic groups, based on ability to pay for services and willingness to purchase contraceptives; education level; geographic area; age; actual and preferred use of contraceptive methods; source of supply; and unmet need for family planning. For more information, see Reproductive Health Supplies Coalition Market Development Approaches Working Group's <a href="#">Market Segmentation Primer</a> .
Total market initiative (TMI)	A <i>total market initiative</i> (TMI) coordinates the public and private sectors in order to target the segments of the population they are best suited to serve (Reproductive Health Supplies Coalition 2013). The TMI facilitates market segmentation with a broad range of in-country stakeholders from the public and non-public sectors, and defines the targeted market segments, roles, and

	<p>responsibilities of the groups. Components of the initiative may include—</p> <ul style="list-style-type: none"> <li>● formative research to identify market segments</li> <li>● advocacy around segmented approaches and consensus on matching providers to segments</li> <li>● generic demand creation for reproductive health products and services</li> <li>● targeted subsidy schemes</li> <li>● ongoing advocacy and supportive policy work</li> <li>● evaluation and lessons learned.</li> </ul> <p>For more information, see Reproductive Health Supplies Coalition Market Development Approaches Working Group’s <i>Total Market Initiatives for Reproductive Health Primer</i>.</p>
<p>Unmet need for family planning</p>	<p>The number or percentage of women currently married or in union who are fecund and who want to either terminate or postpone childbearing, but who are not currently using a contraceptive method (MEASURE Evaluation PRH 2013). The total number of women with an unmet need for family planning include two groups of women: (1) those with an unmet need for limiting, and (2) those with an unmet need for spacing. Women with an unmet need for limiting are those who do not want additional children and who do not currently use a contraceptive method. Women with an unmet need for spacing are those who want to postpone their next birth by a specified length of time—for example, for at least two years from the date of a survey—and who do not currently use a contraceptive method. For more information, see the <a href="#">definition of unmet need at the Measure PRH website</a>.</p>

# Acknowledgments

The authors extend a special thank you to all the contraceptive security committee members in Honduras, Nicaragua, Ethiopia, and in other countries with similar activities, who recently helped pilot and develop this methodology. The dedication of the government, nongovernmental organizations, and commercial-sector family planning stakeholders in sharing their knowledge, and more important, making their data on demand and use for family planning available to others, has been critical for developing the material and tools presented throughout this guide and for setting the groundwork for a total market approach to family planning service delivery in all three countries.



# Executive Summary

Since 2003, while working to achieve contraceptive security (CS), the U.S. Agency for International Development (USAID) and partners supported family planning (FP) market segmentation studies from the *Demographic Health Surveys* (DHS) in multiple countries. Historically, although FP stakeholders read and analyzed these studies, they did not always use them to define and implement concrete strategies to expand access to contraceptives, particularly in the commercial sector.

Under the USAID | DELIVER PROJECT, several countries—Ethiopia, Honduras, Nicaragua, and others—developed and tested a participatory market analysis approach that builds local ownership of the data and shares a broad set of contraceptive market data among stakeholders. This approach, which is used to analyze the FP market and identify concrete steps to improve contraceptive availability, combines demographic analysis with provider supply data and commercial-sector product and customer data, when available; it is used to learn more about the total contraceptive market and to find opportunities to strengthen, expand, and sustain the market, over time. These strategies are defined through an interactive, consensus-building process based on each actors' comparative advantage to serve various market segments.

This guide documents the approach; it is intended for ministries of health (MOHs), nongovernmental organizations (NGOs), and commercial-sector companies providing FP services and/or supplies; as well as members of contraceptive security committees and other policymakers and program staff who want to strengthen and sustain FP programs. Because practical material, curriculum, and tools are linked throughout, readers can download these resources and adapt this approach for their individual needs.

This guide takes the user through a series of six steps to analyze, understand, and use market data for decisionmaking:

**Step 1.** Analyze demographic data and other contraceptive market data—desk-based analysis.

**Step 2.** Disseminate and validate key findings after analysis with stakeholders.

**Step 3.** Collectively share and analyze supply and demand data across market actors—participatory workshop.

**Step 4.** Build consensus to prioritize major contraceptive market challenges—participatory workshop.

**Step 5.** Identify market niche by institution and organization—participatory workshop.

**Step 6.** Develop strategies and an implementation plan to address market challenges—participatory workshop and follow-up meetings and communications.

This series of participatory exercises has improved FP stakeholders' knowledge about the total market—public, nongovernmental organizations, and commercial—and has revitalized their commitment to reducing gaps in access to contraceptives. Ultimately, these strategies aim to expand and sustain FP markets in developing countries as their economies and customer bases evolve and grow.



# Background

Since 2003, while working to achieve contraceptive security (CS), the U.S. Agency for International Development (USAID) and partners have supported family planning (FP) *market segmentation*<sup>1</sup> or *market analyses* desk studies, based on analyses of *Demographic Health Survey* (DHS) data. These studies were conducted in multiple countries, with technical support from several USAID contractors, as well as others, including the United Nations Population Fund (UNFPA) and the Centers for Disease Control and Prevention (CDC). Historically, although in-country stakeholders read and analyzed these studies, they did not always use them to expand access to contraceptives across public, nongovernmental organizations (NGOs), and commercial sectors. In addition, these analyses were limited to population-based data from the DHS, rather than a broad set of market data from all service providers and/or suppliers.

Contraceptive security exists when clients are able to choose, obtain, and use quality contraceptives whenever they need them.

Recently, a participatory approach that builds local ownership of a broader set of demand and supply data<sup>2</sup> has shown promising results. In addition to demographic data, when possible, FP service providers share supply side data: Ministry of Health (MOH) FP programs; donors, such as USAID, UNFPA, and their implementing partners; NGOs, such as the International Planned Parenthood Federation (IPPF) affiliates; social marketing firms; and distributors and/or suppliers. Furthermore, when available, market research data—such as data on product sales and customer research—is obtained from the commercial sector<sup>3</sup> to illustrate the total market for contraceptives. During a series of exercises, to inform their decisions, FP stakeholders actively share, explore, and analyze these various data.

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<sup>1</sup> In this guide, the terms *market segmentation* or *market analysis* suggest analyses based on demographic survey data, although other methods—focus groups, market surveys, product and customer research, etc.—are also used. Remember that, beyond the public health field and, particularly, in the social marketing and commercial sector, MSAs can use various methods when segmenting the market. For example, a customer's lifestyle; interests; opinions; benefits needed from a product—convenience, status, value—their experience with a product or company, such as brand loyalty; among others. For more information on MSA techniques, access <http://www.segmentationstudyguide.com/> and <http://hbr.org/2006/02/rediscovering-market-segmentation/ar/1>.

<sup>2</sup> The range of data shared during with this approach varies, but can include information on customer preferences and profiles; service providers' distribution networks and future plans for meeting customer needs; and contraceptive manufacturer and product information, such as amounts; and types and brands of products available, distributed, and consumed.

<sup>3</sup> To protect their business interests, commercial-sector companies will often limit the amount of data they share. However, participants are often surprised with the amount of information NGOs and commercial-sector partners will make available. Additionally, commercial-sector suppliers and distributors have shown great interest in public health sources of data and data analysis techniques—particularly DHS analysis—discussed throughout this guide.

These efforts culminated in a series of national and regional workshops that have used market data to strengthen CS.<sup>4</sup> The output and lessons learned from these events have been used to develop the steps and material outlined in this guide.

This series of events include—

- *Honduras, 2009–2010*: Under the auspices of the Reproductive Health Supplies Coalition’s (RHSC) Market Development Approaches (MDA) working group, Abt Associates; John Snow, Inc.; and the USAID | DELIVER PROJECT carried out a total market initiative<sup>5</sup> activity. The working group conducted and shared market research in a strategic planning workshop and a series of activities that engaged commercial-sector contraceptive suppliers in the CS strategic plan. Commercial-sector partners joined the CS Committee; they currently form part of a market segmentation sub-committee and strategy.
- *Latin America and the Caribbean (LAC) Regional Workshop, May 2010*: An eight-country regional meeting was held using market analysis data and case studies from Nicaragua and El Salvador on strengthening inter-institutional alliances between the MOHs and social security institutions. The activity helped identify strategies to strengthen and more equitably serve the FP market across these two institutions by developing, implementing, and monitoring more complementary financing, insurance, and service delivery schemes.
- *Nicaragua, 2006–2012*: A series of meetings were held to share and analyze supply and demand data from public and NGO family planning service providers, advocates, and policymakers. Participants, after conducting a gap analysis of the contraceptive market, identified underserved populations, particularly adolescents. The CS strategy was updated with a sub-strategy and commitment from all CS committee members to focus on researching youth needs and preferences, and to strengthen how they satisfy their high levels of unmet need for FP.
- *Ethiopia, 2012–2013*: At a multisectorial workshop and series of follow-up meetings, market analysis data were presented, and stakeholders participated in interactive sessions to share and analyze both supply and demand data. Stakeholders identified strategies for expanding the FP market across public, NGO, and commercial sectors to sustain the country’s gains to date and to improve how they serve the large segments of the underserved population.

A total market initiative (TMI) joins the public and private sectors in a coordinated effort to target those segments of the population they are best suited to serve (Reproductive Health Supplies Coalition 2013). The TMI seeks to facilitate market segmentation with a broad range of in-country stakeholders from the public and non-public sectors, and to define the targeted market segments, roles, and responsibilities of the groups involved.

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4 This brief focuses on the main country or regional workshops; however, the USAID | DELIVER PROJECT and JSI have carried out similar activities in countries that include Ghana, Guatemala, Romania, Ukraine, and several others; they helped inform the resources and approach described in this guide.

5 For more information on the total market approach, as defined by the MDA working group of the RHSC, see this primer Total Market Initiatives for Reproductive Health. More on the Honduras activity can also be found at Total Market Initiative - Honduras.



To summarize, in partnership with other total market initiatives, the USAID | DELIVER PROJECT developed and tested a participatory market analysis approach. This approach utilizes demographic data, as well as current and future provider supply data and market research. Local stakeholders are actively engaged in a participatory process to interpret this data and to ensure all service providers understand their customers' needs, across population segments. Using this evidence, stakeholders develop locally appropriate solutions to strengthen, expand, and sustain their contraceptive markets, over time.



# Guide's Purpose and Content

## Purpose

This document is a step-by-step guide to the participatory market analysis approach; it presents useful tips, resources, and case examples throughout.

## Audience

This guide is intended for MOHs, NGOs, and commercial-sector companies that offer FP services or supplies; it will also be useful for other FP leaders, partners, and technical assistance providers that want to strengthen, expand, and sustain contraceptive markets in developing countries. Many of these organizations participate in CS or FP coordinating committees at the country level; therefore, these groups are also a primary audience because they provide a forum for collaboration and consensus building across all sectors—a key focus of the methodology.

## Content

The guide takes the user through a series of steps to analyze, understand, and use market data for decisionmaking. Each section describes important actions/considerations, identifies resource needs, and provides tools and references; this will enable country stakeholders to download, adapt, and use this material to launch their own process.

Click on the links throughout the guide to download the materials one by one, as needed, or [click here to download a compilation](#) of all MSWord templates.

Although this guide provides extensive material, including curriculum from past workshops, it does not provide instructions on how to conduct a desk-based market segmentation analysis of quantitative data, or detailed information on the highlighted country case examples.

For more information on the project's quantitative market segmentation analysis methods, please contact [askdeliver@jsi.com](mailto:askdeliver@jsi.com). Also, access the following publications for more detailed country case study information:

- Example Material – [Honduras Total Market Initiative](#) and [A Total Market Approach to Meeting Ethiopia's Family Planning Goals](#)



# Participatory Market Analysis Approach

## What is the approach?

The participatory approach encourages FP stakeholders to take ownership of their FP and contraceptive supply and demand data, and to jointly define concrete actions to improve access to FP services among all sectors—public, NGO, and commercial—and for all segments of the population, particularly underserved customers. Developed and first tested in Latin America and Ethiopia, this approach can be adapted and applied to other countries.

The process takes FP data—primarily from market segmentation reports and other available market research—and breaks down and disseminates this information through a series of exercises that actively engage a broad range of advocates, service providers, and decisionmakers in a strategic planning and consensus-building process. Through active participation and data sharing, stakeholders learn about the broad range of customers, suppliers, and products available throughout the country; and, together, as the contraceptive market develops and grows, define ways to improve how they complement one another and equitably meet the FP needs of the whole population.

### **Consensus building—A key ingredient**

Throughout the participatory market analysis process, family planning staff work to build consensus as they become familiar with different types of data and learn to work together creatively to use this data for decisionmaking.

## How is the process carried out?

Participatory market analysis is often carried out by a country's CS committee through a series of interactive meetings, data sharing exercises, and communication and advocacy strategies.

Each country will adapt the approach to meet their needs and environment, beginning at different points in the process and extending the process over various periods of time: i.e., months or even years. The steps in the participatory market analysis approach are—

### **Nicaragua Market Analysis Approach**

This approach took many years. Beginning in 2006, with the first market segmentation study, it continued with drill-down analysis in 2009, 2011, and 2012. Events were held between these studies to build interest and ownership of the data. Ultimately, the entire process culminated in a multisectoral commitment to meet adolescent needs—they were identified as significantly underserved. Today, the CS committee understands the needs of adolescents; youth advocates are now part of the planning and implementation process. This approach helped create a catalyst for service improvements across the total market. As a result, adolescents' unmet need for family planning has decreased from 29 to 17 percent.

- Step 1.** Analyze demographic data and other contraceptive market data—desk-based analysis.
- Step 2.** Disseminate and validate key findings from an analysis with stakeholders.
- Step 3.** Collectively share and analyze supply and demand data across market actors—participatory workshop.
- Step 4.** Build consensus to prioritize major contraceptive market challenges—participatory workshop.
- Step 5.** Identify market niche by institution and organization—participatory workshop.
- Step 6.** Develop strategies and an implementation plan to address market challenges—participatory workshop and follow-up meetings and communications.

## When should a country use this approach?

Ideally, the market analysis approach can help provide evidence needed to define or update a country's CS strategic plan. In countries where strategic planning has already taken place, this guide can help update the existing plans by formulating data-driven strategies and actions to close the remaining gaps in access to FP services and supplies.

Before beginning the process, a team of analysts, facilitators, and stakeholders must join forces and agree to carry out this process. This usually begins by developing a concept note and scope of work that identifies the key goals of the approach and the various steps and tasks required to complete the process, prior to launching the activities. This note should be shared and agreed-to by all key actors or CS committee members.

- *Example template material:* See a sample [concept note](#) and [scope of work](#).

In addition, this methodology is most appropriate for countries that—

- are already committed to strengthening their FP program
- are open to collaborating and identifying comparative advantages across public, NGO, and commercial-sector service providers to strengthen the total FP market
- have access to recent data that show increasing contraceptive prevalence, uptake in demand for contraceptive methods, and/or high unmet need for family planning.

# What skills are needed?

Various personnel, with specific skills, are needed to effectively carry out the process.

- *Desk-based analysis.* A data analyst with basic statistical and geospatial analysis skills and familiarity with demographic surveys, family planning service and customer data, and other contraceptive supply and demand data.
- *Workshop facilitation and experience with using data for decisionmaking.* Workshop facilitators with consensus building skills are needed. They should have the ability to prepare compelling presentations and develop interactive exercises to build ownership of the information and understanding of the contraceptive market.
- *Family planning leadership.* Respected FP leaders, from the MOH and NGO sector, need to be actively engaged from the outset and assign a key person who will oversee the process. These individuals should be familiar with all the major service providers and national FP policies and strategies. They should also have the authority to bring all the FP partners together, encourage them to share their data, and help them agree on strategies for developing the contraceptive market.
- *(Optional) Market development expertise.* Market development expertise may not be required to begin the process, but it may be needed later, particularly if the focus of the activity is to better engage commercial-sector partners. Advisors with experience developing contraceptive markets; for example, introducing new products, working with manufacturers, and identifying and targeting key customer segments to increase uptake, can help move strategies to the implementation phase. These advisors may also have experience with routinely collecting and using market research data to monitor and stimulate market growth.

# What does the participatory market analysis process aim to achieve?

By sharing evidence and actively building consensus about market challenges and development opportunities, the approach aims to—

- *Improve stakeholders understanding of the total market* for FP, including customer preferences and profiles; service providers' distribution networks and future plans for meeting customer needs; and contraceptive manufacturer and product information, such as amounts, types, and brands of products available, distributed, and consumed.
- *Sensitize stakeholders* to the important role of the commercial sector in expanding and sustaining access to contraceptives.
- *Identify subpopulations that are underserved* and/or opportunities to expand access for certain market segments.
- *Set up mechanisms for routinely monitoring and evaluating market data*, over time.
- *Diversify CS committee membership* by engaging the NGO and commercial sector in the forum and bringing CS topics to the attention of higher-level policymakers.
- *Encourage stakeholders to define strategies that better meet their customers' needs*, across all sectors—public, NGO, and commercial.
- *Motivate national and international partners to redefine their respective roles* and strategies jointly to achieve CS and, therefore, support a sustainable FP market.

## **Lessons on collaboration across market partners**

The USAID | DELIVER PROJECT experience in multiple countries shows that it can be a slow process before the public and nongovernmental organization sectors, with the donor community and technical assistance providers, understand and consider ways to coordinate market dynamics between all sectors, including the commercial sector. In most countries where the total market concept has been introduced, the project has engaged in intensive orientation, capacity building, and advocacy—to reach the point where family planning stakeholders will share product data among sectors, let alone consider policy changes to stimulate improved market segmentation between sectors. Getting and sustaining buy-in and trust among sectors may be the longest, hardest step in the process; if achieved, it can be a catalyst for future market growth.



# What are the steps in the participatory market analysis process?

## **Step 1. Analyze demographic data and other contraceptive market data—desk-based analysis.**

### *Purpose*

Step 1 compiles and generates an analysis of the total FP market, including customer preferences and profiles; background on service providers and their distribution networks, and future plans for meeting customer needs; and manufacturer and product information, such as amounts, types, and brands of contraceptives available, distributed, and consumed in the market. This step is the foundation for the participatory process; it includes (1) a broad review of existing literature and data, (2) an in-country data collection process, (3) a desk-based analysis, and (4) optional focus group market segment research, if needed.

### *Expected Outcome*

At the conclusion of this step, the analysis team will have completed the following:

- Documented major FP policies and the potential for collaboration between public, NGO, and commercial sectors.
- Documented the current status of the contraceptive market and how contraceptive prevalence and demand for FP has evolved over 5–10 years.
- Identified whether the public, NGO, and commercial sector share of the market is shrinking or growing.
- Identified key underserved segments of the population and geographic regions.
- Identified key service providers, manufacturers, and products available in the market.

### **Ethiopia market analysis study**

In 2013, a recent *Demographic Health Survey (DHS)* illustrated significant gains in contraceptive prevalence. Country program managers were interested in learning where, geographically, and among which subpopulations, these gains were the most and least prevalent. This detailed data analysis was not available in the published DHS publication; a deeper analysis of the survey data was very well received and was a key resource throughout the participatory process.

### *Detailed Description*

1. *Conduct review of existing literature and data.* The literature review comprises collecting and compiling background information on the country's various policies, programs, and trends for strengthening reproductive health, FP, and CS efforts. Past research on the contraceptive market may have already been conducted, which will provide a good understanding of the country's plans for improving CS and enabling a sustainable contraceptive market. Information on type, brand, and amount of products donated or procured can be collected from existing databases, procurement agents/donors, and service providers—MOH FP programs; NGOs, such as IPPF affiliates; social marketing firms; and others—and analyzed for a general sense of the amount

and type of supplies flowing into a country's subsidized market.

- *Examples of material, reports, and data* that can be collected and reviewed—
  - official documents—the MOH national health plan and the national reproductive health and FP strategies
  - reports on FP interventions across all sectors, including donor-funded—USAID, UNFPA, and others—projects
  - any previous national CS indicators<sup>6</sup>, Strategic Pathway to Reproductive Health Commodity Security (SPARHCS)<sup>7</sup> assessments or plans
  - previous demographic survey analysis
  - willingness and ability-to-pay studies
  - research on customer preferences, or product and customer market studies, from the MOH, NGOs, and social marketing firms
  - procurement or donation data from procurement agent/donor databases—e.g., [Reproductive Health Interchange \(RHI\)](#) and the [USAID | DELIVER PROJECT procurement databases](#).
- 2. *Conduct market segmentation analysis*, if it is not already available. These analyses have historically included a more granular breakdown of demographic health survey data than what is published in the official report.

**Note:** *As mentioned earlier, although this guide provides extensive material, including curriculum from past workshops, it does not include instructions on how to conduct a desk-based analysis of quantitative data. For more*

### **Honduras Market Research**

The team purchased data from the IMS Health for the total market initiative activity. These data included pharmacy point-of-sale data for contraceptives, including the brands, manufacturers, amounts, and prices of products sold monthly, over several years. The team analyzed these data to determine preferred brands and how the market share for various products has changed. The analysis suggested an opportunity to increase the market for injectables in the commercial sector, because few low- and medium-cost brands were sold commercially. This finding was considered during the workshop strategic planning step and while engaging with key manufacturers and wholesalers who attended the event. The country also discussed options for sustaining more routine monitoring of this type of product data, not just from the commercial sector, but also for products distributed in nongovernmental organizations and the public sector.

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<sup>6</sup> The systematic tracking of [contraceptive security \(CS\) indicators](#) can be an effective way for stakeholders to regularly monitor their country's CS status and inform decisionmaking, advocacy, and program planning. The USAID | DELIVER PROJECT conducts yearly data collection of CS indicators from over 40 countries.

<sup>7</sup> [The Strategic Pathway to Reproductive Health Commodity Security \(SPARHCS\)](#)—pronounced “sparks”—is a tool used to help a country:

- Identify and prioritize key commodity security issues.
- Assess current capacity for commodity security among country or regional programs, systems and policies
- Shape commodity security strategic plans.

information on the project's quantitative market segmentation analysis methods, please contact [askdeliver@jsi.com](mailto:askdeliver@jsi.com).

3. *Collect and analyze product, service, and customer information and market research.* Public sector, NGO, and commercial-sector service providers, as well as market research companies, can provide basic background information about their FP services and supplies. For a clearer idea of the range of products available through FP clinics and pharmacies, these could include type, brand, and amount of products procured, distributed, sold, and consumed. They may also have studies available on their customer profiles and preferences; range and location of services available throughout their network; and plans for scaling up or targeting, and moving forward.

- *Key data sources include—*

- FP service providers' background material, including information on distribution networks, product and customer profiles; and supply data from websites, reports. This information can be obtained through direct correspondence and semi-structured interviews.
- Data on imports or pharmacy sales data from social marketing firms, such as [DKT International](#), [Population Services International](#), and [Marie Stopes International](#), as well as data available for purchase from market research companies, such as [IMS Health](#), [Espicom](#), or [Nielsen](#).

4. (Optional) *Carry out more detailed market research on customer profiles*, including focus groups with actual or potential FP customers, about their lifestyle and preferred methods, services, reasons for use or non-use, and intentions to use or change their levels or types of use moving forward. This type of qualitative research often requires Institutional Review Board approval by the MOH and donors, because it involves human subjects; it may be more time consuming. If countries plan to carry out this type of research, long-term planning is recommended.

- *Example templates/material*

- Sample market analysis desk-based studies:
  - [Bangladesh](#)
  - [Ghana](#)
  - [Nicaragua](#)
  - [Ethiopia](#).

#### **Honduras Customer Profiles**

An analysis of Demographic and Health Surveys identified customer profiles that showed similar behaviors and, potentially, could be targeted for increased uptake. To complement this desk-based analysis, the team held focus groups to learn more about these potential market segments. Examples of the profiles that were developed include—

**Segment 1:** *Young women in union.*

15–25 years old, average no. of children: 2.1

Users: 53% modern methods

Future intent: Injectables preferred

Non-users: 98% want more children

**Segment 2:** *I think my family is complete.*

15–29 years old, average no. of children: 2.8

Users: 67% modern methods

Future intent: Injectables preferred

Non-users: Majority do not want more children

- Geospatial analysis of demographic and supply data:
  - [Ethiopia](#)
  - [Guatemala](#)
- Templates and presentations that illustrate data collected from various stakeholders:
  - Example Ethiopia [template](#) used to collect data
  - Example Honduras [presentation](#)
- How-to guides and synthesis from focus group discussions to develop customer profiles:
  - [Guide](#) on market segmentation, including developing customer profiles
  - Example Honduras [presentation](#) (in Spanish) from Honduras developed by Abt Associates, highlighting results from focus groups and customer profile analysis.
- Country case studies.
  - [Honduras Total Market Initiative](#)
  - [A Total Market Approach to Meeting Ethiopia’s Family Planning Goals.](#)

## Step 2. Disseminate and validate key findings from analysis with stakeholders

### Purpose

Step 2 familiarizes participants with the data in step 1, explores areas for further research, and engages FP stakeholders to begin to understand and own this information.

### Expected Outcome

At the conclusion of this step, in-country FP stakeholders will—

- Have a solid understanding of data analyzed, including having provided input and received feedback on additional data validation/analysis.
- Be confident that their input to the data analysis process are valuable and useful for providing country context.
- Be part of the overall process and be confident that they are a critical stakeholder.

### Detailed Description

1. *Share data widely with all FP stakeholders* to familiarize them with evidence about composition and trends in the contraceptive market.

This activity can be done either virtually or during working group meetings. This step does not

### Ethiopia Data Validation Process

At first, stakeholders asked a lot of questions about the source of the *Demographic and Health Surveys* (DHS) analysis. It took some time to clarify that, although these data are not published in the formal DHS report, analysts used the DHS database to run more granular analysis than what users are accustomed to seeing in the formal DHS publication. After stakeholders understood that the national DHS was the source, they were eager to ask for additional geographic analysis, as well as more information about pastoralist and youth populations.

usually require short-term technical assistance, but, instead, has a local counterpart already working with the CS or FP, who can lead this process by clearly presenting the data in a culturally appropriate way.

2. *Clarify and validate the data analysis and obtain feedback on additional analysis requests.* Virtual correspondence and/or a series of meetings can give stakeholders an opportunity to view the data analysis for the first time, compile questions; and request additional, customized analysis, if there is interest.

Often, at this stage, stakeholders have many questions about the source of the data, the methodology used to collect and analyze the data; and whether the analysis has information about specific products, service providers, and/or subpopulations they are interested in learning more about. It can be helpful to carefully and explicitly respond to these questions and to include very basic orientation about demographic and health survey data indicators and other market data from the desk-based analysis.

3. *Respond with clarifications and additional data analysis.* After receiving feedback, analysts can respond to stakeholder input by orientating/building basic capacity on the data sources and methodology, refining the analysis to correct any inaccuracies, and conducting and sharing any additional data analysis requested.

This iterative step helps set the groundwork for local stakeholders to become more comfortable with sharing their own supply and demand data and engaging the commercial sector in the process. Also, by engaging stakeholders in a consultative process, the data analysis team can tailor results to in-country priorities and obtain stakeholder buy-in on the value of using this data for decisionmaking.

- *Example Templates/Material*
  - Key terms and concepts from the DHS explained in [training curriculum](#) from Measure DHS
  - Orientation material on market development approaches and market data:
    - the MDA working group of the RHSC Coalition [tools and guidelines](#)
    - IMS Health [background on market data](#)
  - Presentations that illustrate data analysis results:
    - [Ethiopia](#)
    - [Nicaragua](#)

### **Ensuring consensus through a participatory workshop**

Steps 3–6 of the participatory market analysis approach are completed during a 2–3 day workshop that brings all the important family planning stakeholders together—sometimes for the first time—to discuss what each one is already doing to serve the contraceptive market and to discuss and agree-on opportunities to improve how they can work together to meet the populations' needs.

### Step 3. Collectively share and analyze supply and demand data across market actors—participatory workshop.

#### Purpose

At a participatory workshop, bring FP stakeholders together to continue sharing their own data and to analyze supply data and understand the respective role each one plays in serving and supporting the contraceptive market.

*Note: Until now, participants will have primarily focused on understanding and taking ownership of the desk-based analysis. At step 3, stakeholders can come together to begin the process of active, in-person, multisectoral collaboration through a participatory workshop.*

#### Expected Outcome

At the conclusion of this step, FP stakeholders will have—

- convened for the launch of a multisectoral national workshop
- together, more actively shared and geographically mapped supply-side data on FP
- further familiarized and analyzed market data in group exercises, drawing conclusions about major gaps and overlaps in service provision.

#### Detailed Description

1. *Develop agenda for participatory workshop.* It is important to work together with FP leaders in identifying the key objectives and activities for the workshop. It is preferable that an MOH FP champion(s) actively take ownership of defining the agenda, including agreeing to facilitate appropriate sessions.
2. *Send invitations to all major FP stakeholders,* including organizations that have not participated on the CS committee (e.g., manufacturers, all NGO service providers, commercial clinics, etc.).

It is important to have a broad representation of the contraceptive market, across all sectors, and to encourage non-traditional partners to attend by following-up and, to secure their participation, ensuring sufficient advance planning. In some cases, one-on-one meetings will be required to explain the objectives of the workshop and to ensure participants are committed to those objectives and willing to share data with others.

**Nicaragua Mapping Exercise**  
Stakeholders—including service providers, donors, and technical service providers—came prepared to locate their programs, facilities, and product sales locations on a giant-size map. As the interactive exercise unfolded and various partners pinned their locations on the map, participants expressed surprise to learn about programs and services they did not know existed. Quickly, it became obvious that certain areas of the country were underserved, while others had more than enough support. Subsequently, participants combined this analysis with *Demographic and Health Surveys* geographic information system analysis to make some initial conclusions for ways to better, and more equitably, coordinate service provision.

3. *Ask participants to prepare their background and supply information.* Every organization that plans to attend can be asked to develop a presentation prior to the meeting; it could generally outline (1) its role in serving or supporting the FP market; (2) its principal segments or target populations, e.g., universal coverage, adolescent groups, or indigenous populations; and (3) the types of services offered, products and brands of contraceptives offered, service statistics and logistics data (including brands and amounts of product procured, distributed, sold, and consumed), and the location of activities and services or dispensaries.

Some of this information may already be included in steps 1 and 2 of the desk analysis and validation process. If so, technical advisors can use this information, with any additional information collected, to help participants prepare presentations with the background information they will share at the event.

4. *Share background and supply information with participants.* The workshop can begin with a series of exercises to help FP stakeholders get to know and build trust with one another and to learn more about each other's various roles in serving or supporting the FP market.

One key exercise includes an interactive mapping exercise where all the partners describe and locate their programs and services on a large map; this helps to illustrate what the market looks like when all partner data are geographically visible.

- *Example Templates/Material*

- Sample agendas:
  - [Template agenda](#) for use and adaptation
  - Example [Ethiopia invitation and agenda](#)
  - Example agenda [Nicaragua](#) (in Spanish) and [Honduras](#) (in Spanish)
- Templates and presentation for introductory sessions of workshop:
  - [Template instructions](#) for preparing a presentation
  - Example background [Nicaragua presentation](#) (in Spanish)
- Curriculum for group work:
  - [Participant instructions](#) for group work session on getting to know one another
  - [Participant instructions](#) for mapping exercise
  - Facilitator notes in [Word](#) and [PPT](#) for mapping exercise

## **Step 4. Build consensus to prioritize major contraceptive market challenges—participatory workshop.**

### *Purpose*

As part of the participatory workshop (step 3), continue to work with FP stakeholders to analyze data generated to this point. Using this data, you can understand and, over time, arrive at a consensus on the challenges and opportunities for developing a strong and sustainable contraceptive market.

**Note:** *Until this point, participants will have primarily focused on understanding the desk-based analysis on their own terms and sharing their own supply and demand data with each other. At step 4, stakeholders begin to pull these various pieces of data together and collectively draw conclusions about the major challenges and opportunities in the total contraceptive market; however, they may have already started to identify some of these patterns in step 3. Furthermore, a key point in this step is the consensus-building exercise that helps participants generally agree on what priority issues to work on first.*

## Expected Outcome

At the conclusion of this step, FP stakeholders will have—

- Further analyzed market data in group exercises, including data on demand from the DHS analysis generated in steps 1 and 2, and compared it to the supply-side data generated and shared in step 3.
- Participated in a group consensus building exercise to agree on the major opportunities and challenges for expanding the family planning market.

## Detailed Description

1. *Carry out gap and causal analysis.* Participants are encouraged to participate in group exercises to compare and combine all the data they have seen and shared with each other, up to this point. Through this exercise, participants identify how the FP market is being served and the gaps in service provision, unmet demand by customer segment, and overlaps in the contraceptive market that lead to inefficiencies or issues in meeting customer needs and preferences. Additionally, participants are asked for ideas on the possible cause of each gap.
2. *Build consensus on market issues and opportunities.* Next, participants work through a series of group exercises to reach a consensus and prioritize identified issues and opportunities for strengthening the contraceptive market.

A group consensus building exercise helps participants harmonize the various lists of gaps and causes prepared in smaller groups. Each exercise builds on all the previous steps completed during the meeting. The consensus building exercise includes a back-and-forth iterative process between the group work and plenary session; finally, at the end of the session, most participants will agree with the final conclusion.

### **In LAC, a regional workshop helped evidence overlaps in health financing and service provision**

Participants were part of group exercises that helped them understand *Demographic and Health Survey* market analysis. The analysis included evidence that customers—who technically should receive family planning services at social security institute clinics because they pay into this health insurance package—are actually often obtaining these services at MOH clinics. After participants saw this evidence in the group exercises, it became one of the major challenges identified for the rest of the event. They concluded that their public health financing and service delivery schemes in multiple LAC countries were redundant; to more equitably serve the population, they needed to be resolved. As a result of commitments made at that meeting and the follow-up reforms, several social security institutes have increased their family planning market share, enabling the MOH to focus better on the most vulnerable populations that do not have access to social security benefits.



- Example Templates/Material
  - Curriculum for group work:
    - Participant instructions for sessions on [identifying gaps in supply and demand](#) and [identifying priority issues](#) and opportunities
    - [Facilitator notes](#) and PPT [template](#) for session on identifying priority issues and opportunities
    - Example Ethiopia lists of agreed-to priority issues and opportunities in [Word](#) and [PPT](#)

## Step 5. Identify market niche by institution and organization—participatory workshop.

### Purpose

To compare the advantages and strengths of all FP stakeholders, including non-traditional participants—universities and the commercial sector, for example—to expand the contraceptive market and serve the population more equitably.

**Note:** *In the previous exercises, participants primarily focused on understanding the key issues and opportunities for market strengthening across all sectors. Step 5 is an opportunity to collectively consider the role of each actor in addressing these priority issues and opportunities. In particular, to nurture a more sustainable market, this session focuses on understanding the role of the commercial sector service providers in complementing other sectors by helping to satisfy demand for family planning services among certain market segments.*

### Expected Outcome

At the conclusion of this step, FP stakeholders will have—

- Identified the market niche or strength of their institution or organization, compared to the other organizations.
- Better understand the respective roles of all partners, particularly the commercial sector, in strengthening the contraceptive market.

### Detailed Description

1. *Review organizational market niche.* Participants can explore their role in serving the FP market, and share their ideas about the strengths and weaknesses of that role with other participants through additional group work and plenary sessions.
2. *Explore the role of the commercial sector.* In addition, this session can include an exercise specifically focused on non-traditional partners from the commercial sector—such as pharmacy representatives, manufacturers, distributors, private clinics, among others—to understand what motivates commercial for-profit providers and what they can contribute to strengthening the market.

### Understand the role of the commercial sector in Ethiopia

Throughout the series of workshop exercises, participants became increasingly aware of how ambitious their family planning goals are and the significant and sustained investment the public and nongovernmental organization (NGO) sectors might require to fully meet these goals. Midway through the workshop, participants began to increasingly emphasize that, to achieve the family planning goals, it is critical for the commercial and social marketing sectors to absorb more demand.

3. *Identify concrete steps for improving collaboration.* After a market niche or role is clearly explained, the different participants are then encouraged to identify concrete steps to improve theirs and their partners' collaboration with the CS committee and how to strengthen the market.
  - Example Templates/Material
    - Curriculum for group work:
      - [Participant instructions](#) for session on market niche and involving the commercial sector
      - [Facilitator notes](#) for session on market niche and involving the commercial sector.

## **Step 6. Develop strategies and an implementation plan to address market challenges—participatory workshop and follow-up meetings and communications.**

### **Purpose**

Develop strategic and implementation plans to address the identified key market challenges; leverage the comparative advantage of all the various FP stakeholders.

**Note:** *Until now, stakeholders will have spent a lot of time identifying challenges and opportunities for strengthening the market. A lot of emphasis will have been made on the need to agree on these analyses and ensure conclusions are based on the evidence shared throughout the process. After stakeholders agree on a way forward, it is essential to translate these ideas into a strategic plan that can subsequently be monitored and implemented in the weeks and months after the workshop ends.*

### **Expected Outcome**

At the conclusion of this step, FP stakeholders will have—

- Identified key strategies for strengthening FP service provision, meeting the needs of the underserved, and expanding the contraceptive market across all sectors.
- Developed a draft strategic plan to guide and monitor the process of strengthening the FP market, moving forward.
- Defined the role and next steps to be carried out by the various participants to follow-up and ensure implementation of the activities outlined in the strategic plan.

#### **Follow-up to Honduras Total Market Initiative Workshop**

After the workshop, the CS Committee formed a market segmentation sub-committee, which was led by manufacturers and key family planning service providers. In 2013, the group defined a market segmentation strategy that the CS committee has formally adopted; it is considered a key sub-strategy to the National CS Strategy.

## Detailed Description

1. *Identify interventions and concrete action to strengthen the contraceptive market.* This step involves an iterative process to review all the evidence and identify the actions that will specifically address the challenges identified throughout the process.
2. *Draft strategic plan that maps each of the actions to the identified priority list of challenges.* This step involves sharing group work on the proposed strategies and agreeing on the strategies to be included in the plan.

Often, various groups arrive at different conclusions on the actions that will address or respond to the evidence analyzed during the workshop. Sometimes, various approaches are warranted, or can be assigned, to different sectors—i.e., an NGO may take a different approach than the MOH. Other various approaches may still reflect a lack of consensus that should be discussed more during the plenary. It is important throughout the consensus building process to discuss some of the disagreements and determine which course of action is most appropriate politically and culturally; and, that can also be substantiated with the wealth of evidence provided in previous exercises.

3. *Identify next steps and the respective roles of the various stakeholders in the room to implement the strategic plan.* Review with participants what was successfully completed during the workshop and what remains to be resolved/addressed; assign these tasks to the stakeholders present.
4. *Conduct follow-up meetings to develop a clear national-level strategy and implementation plan—including monitoring indicators—and disseminate these decisions to all the important stakeholders.*

An initial draft of the strategic plan can be developed during the workshop. However, to fully define indicators for monitoring implementation and assigning various resources and roles to ensure successful implementation, in most cases, the plan will need to be developed further during follow-up meetings. The CS committee can serve as a platform for following up and monitoring these agreements.

- Example Templates/Material
  - Curriculum for group work:
    - [Participant instructions](#) for session on identifying strategies for addressing challenges
    - [Facilitator notes](#) for session on identifying strategies for addressing challenges
    - Example [Ethiopia synthesis](#) of group work exercises
    - Example [Ethiopia](#) and [Guatemala](#) (in Spanish) strategic plans
    - [Template for strategic plan](#) in excel
    - [Template for implementation plan](#) in ppt



# Final Thoughts

This guide includes a set of tools that FP stakeholders and CS committees can use and apply to analyze and improve their understanding; they can use market analysis data for decisionmaking; it is also one way to help achieve contraceptive security.

In summary, the methodology described in this guide includes—

- a strong participatory road map that simultaneously analyzes supply and demand data—service providers’ and market research data with demographic data
- techniques to identify vulnerable populations and develop strategies to reduce unmet need for family planning and increased demand
- exercises to identify the comparative advantages and strengths of the principle participants working in FP and to understand the total market better
- exercises to identify strategies that will help close gaps in service delivery
- tools for consensus building at the national level between sectors and actors involved in FP
- methods to incorporate service provider plans and market development strategies to help expand the contraceptive market.

A few important lessons learned on conducting market analyses include—

- Building consensus and encouraging participation in planning will yield concrete, practical strategies and solutions for increasing equitable access to FP.
- To create a strong, clear, and integral vision, a national government must have leadership and political will to strengthen a total market approach, including a variety of public, NGO, and commercial providers, suppliers, policymakers, researchers, and technical assistance providers.
- All participants within the health sector must make a coordinated effort to increase coverage.
- A market analysis, based on a comprehensive set of supply and demand data, will give planners information they can use for effective strategic and action planning to expand the contraceptive market.
- The concept of market niche is important to take advantage of the strengths of all service providers in public, NGO, and commercial sectors.
- A participatory total market analysis that targets the underserved can yield agreement on gaps and priorities. It also builds country ownership of data, strengthens inter-institutional alliances and partnerships, and improves how the scarce resources in a country are used.



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# Appendix A

## Tools for Conducting a Participatory Market Analysis

These tools and links can be accessed on the [USAID | DELIVER PROJECT](#) website. Click the links below to download the tools and adapt them to your needs. [Click here for a compilation of all MSWord templates.](#)

### Background Material

#### Manuals and Definitions

[CPR definition at the Measure PRH website](#)

[Manual describing the DHS at the Measure DHS website](#)

[Definition of unmet need at the Measure PRH website](#)

[Study guide on market segmentation approaches used in the commercial sector](#)

#### Key Documents on Contraceptive Security

[SPARHCS: Strategic Pathway to Reproductive Health Commodity Security: A Tool for Assessment, Planning, and Implementation.](#)

[Tips & Tools for Strengthening the Effectiveness and Sustainability of Contraceptive Security Committees CS Indicators](#)

#### Key Documents on Market Segmentation

[Market Segmentation Primer](#)

[Rediscovering Market Segmentation](#)

[Study guide on market segmentation approaches used in the commercial sector](#)

#### Key Documents on Total Market Approaches

[Total Market Initiatives for Reproductive Health Primer](#)

[Total Market Initiative - Honduras](#)

[Total Market Initiative - Madagascar](#)

[A Total Market Approach to Meeting Ethiopia's Family Planning Goals](#)

#### Preparatory Material

For more information on the project's quantitative market segmentation analysis methods, please contact [askdeliver@jsi.com](mailto:askdeliver@jsi.com).

Sample participatory market analysis [concept note](#)

Sample participatory market analysis [scope of work](#)

## **Step 1. Analyze demographic data and other contraceptive market data—desk-based analysis.**

Procurement or donation data can be obtained from procurement agent/donor databases:

- [Reproductive Health Interchange \(RHI\)](#)
- [USAID | DELIVER PROJECT procurement database](#)

Data on imports or pharmacy sales can be obtained from:

- Social marketing firms, such as [DKT International](#), [Population Services International](#), and [Marie Stopes International](#)
- Market research companies, such as [IMS Health](#), [Espicom](#), or [Nielsen](#)

Sample market analysis desk-based studies:

- [Bangladesh](#)
- [Ghana](#)
- [Nicaragua](#)
- [Ethiopia](#)

Geospatial analysis of demographic and supply data:

- [Ethiopia](#)
- [Guatemala](#)

Templates and presentation that illustrate data collected from various stakeholders:

- Example [Ethiopia template](#) used to collect data
- Example [Honduras presentation](#)

How-to guides and synthesis from focus group discussions to develop customer profiles:

- [Guide on market segmentation](#), including developing customer profiles
- Example [Honduras presentation](#) (in Spanish) developed by Abt Associates, highlighting results from focus groups and customer profile analysis.

Country case studies:

- [Honduras Total Market Initiative](#)
- [A Total Market Approach to Meeting Ethiopia's Family Planning Goals](#)

## **Step 2. Disseminate and validate key findings from analysis with stakeholders.**

Key terms and concepts from the DHS explained in [training curriculum](#) from Measure DHS

Orientation material on market development approaches and market data:

- MDA working group of the RHSC Coalition [tools and guidelines](#)
- IMS Health [background on market data](#)

Presentations that illustrate data analysis results

- [Ethiopia](#)
- [Nicaragua](#)

## **Step 3. Collectively share and analyze supply and demand data across market actors—participatory workshop.**

Sample agendas:

- [Template agenda](#) for use and adaptation
- Example [Ethiopia invitation and agenda](#)

- Example agenda [Nicaragua](#) (in Spanish) and [Honduras](#) (in Spanish)

Templates and presentation for introductory sessions of workshop:

- [Template instructions](#) for preparing a presentation
- Example background [Nicaragua presentation](#) (in Spanish)

Curriculum for group work:

- [Participant instructions](#) for group work session on getting to know one another
- [Participant instructions](#) for mapping exercise
- [Facilitator notes](#) for mapping exercise and [identifying priority challenges](#)

#### **Step 4. Build consensus to prioritize major contraceptive market challenges—participatory workshop.**

Curriculum for group work:

- Participant instructions for sessions on identifying [gaps in supply and demand](#), and [priority issues and opportunities](#)
- [Facilitator notes](#) and [ppt template](#) for session on identifying priority issues and opportunities
- Example Ethiopia lists in [MSWord](#) and [PPT](#) of agreed-to priority issues and opportunities

#### **Step 5. Identify market niche by institution and organization—participatory workshop.**

Curriculum for group work:

- [Participant instructions](#) for session on market niche and involving the commercial sector
- [Facilitator notes](#) for session on market niche and involving the commercial sector

#### **Step 6. Develop strategies and an implementation plan to address market challenges—participatory workshop and follow-up meetings and communications.**

Curriculum for group work:

- [Participant instructions](#) for session on identifying strategies for addressing challenges
- [Facilitator notes](#) for session on identifying strategies for addressing challenges
- Example [Ethiopia synthesis](#) of group work exercises
- Example [Ethiopia](#) and [Guatemala](#) (in Spanish) strategic plans
- [Template for strategic plan](#) in excel
- [Template for implementation plan](#) in ppt



For more information, please visit [deliver.jsi.com](http://deliver.jsi.com).

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