**Templates for a Participatory Market Analysis of Family Planning Services**

Companion to the Guide:

[*A Participatory Approach: Using Evidence to Support a Total Market Approach to Family Planning*](http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/MarkAnalyFPServ.pdf)

**Templates for a Participatory Market Analysis of Family Planning Services**

USAID | DELIVER PROJECT, Task Order 4

The USAID | DELIVER PROJECT, Task Order 4, is funded by the U.S. Agency for International Development (USAID) under contract number GPO-I-00-06-00007-00, order number AID-OAA-TO-10-00064, beginning September 30, 2010. Task Order 4 is implemented by John Snow, Inc., in collaboration with Asociación Benéfica PRISMA; Cargo Management Logistics; Crown Agents USA, Inc.; Eastern and Southern African Management Institute; FHI 360; Futures Institute for Development, LLC; LLamasoft, Inc; The Manoff Group, Inc.; OPS MEND, LLC; PATH; PHD International (a division of the RTT Group); and VillageReach. The project improves essential health commodity supply chains by strengthening logistics management information systems, streamlining distribution systems, identifying financial resources for procurement and supply chain operation, and enhancing forecasting and procurement planning. The project encourages policymakers and donors to support logistics as a critical factor in the overall success of their healthcare mandates.

Recommended Citation

USAID | DELIVER PROJECT, Task Order 4. 2014*. Templates for a Participatory Market Analysis of Family Planning Services.* Arlington, Va.: USAID | DELIVER PROJECT, Task Order 4.

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.

These templates accompany the guide, [*A Participatory Approach: Using Evidence to Support a Total Market Approach to Family Planning*](http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/MarkAnalyFPServ.pdf)*.* The 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.

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Concept Note on Ethiopia Market Segmentation Strategy, June 2012

**Background**

The demand for Contraceptive is growing in Ethiopia. According to the 2011 EDHS the use of contraceptive methods among currently married women has increased nearly six fold in the last 11 years, from 6 percent in 2000 to 14 percent in 2005 to 27 percent in 2011 (EDHS 2000, 2005, 2011). Although injectables have always been popular in Ethiopia and their use continues to grow, more and more women are also using implants, oral contraceptive pills, and to a lesser extent IUD and male condoms**.**

The public sector is the major source of modern contraceptive methods in Ethiopia, serving 82 percent of users. By comparison, only 13 percent of current users reported that their modern method of contraceptive was obtained from the private sector. Forty-seven percent of users obtained contraceptive methods from a government health centre, and 27 percent, from a government health post or Health Extension Worker (HEW). This shows the Ethiopian Ministry of Health is providing contraceptives to the population with very limited support from the private sectors. A balanced or “appropriate” public- private mix is important to attain the consumer needs from various segments/ sectors (Public, commercial or NGO) in such a way that maximizes effectiveness and sustainability.

The FMOH through its FPTWG agreed to examine the contraceptive market to identify gaps in access and use including between socioeconomic groups , age, region, education and according to other characteristics. The goal of the market analysis exercise is to facilitate a collaborative process among all FP product and service providers to satisfy remaining unmet need in the contraceptive market leveraging the strengths and potential coverage that can be provided by the various service providers.

**Objectives**

The specific objectives are:

1. To gather and consolidate key information regarding current and potential FP clients to design effective strategies for extending and targeting FP services to clients with unmet need and latent demand for FP services.
2. To facilitate greater stakeholder collaboration at country level in key areas of contraceptive security and ensure that plans for strengthening FP service provision are complementary among service providers and aligned with the existing RHCS Strategy.
3. To contribute to the design and development of an overall multi-sectoral strategy to further extend family planning services to regions and segments of the population with an unmet need for family planning.

**Activities**

The activity will be implemented in two phases.

* The first phase encompasses the market analysis and initial stakeholder meetings to explore DHS data and the roles and plans of the various service providers in-country to increase access and demand for FP services (activities 1 and 2).
* The second phase will then include further data analysis (such as focus groups with users) and the design and development of a multi-sectoral market segmentation strategy (activities 4 and 5).

**1. Review DHS data to describe main characteristics of target populations**

Begin gathering key information for the development of market segmentation strategies; analyze the Ethiopia 2011 DHS data to provide essential information not already available in the published DHS and work closely with key stakeholders to determine what further analyses are necessary. The analysis will most likely include:

* A description of the population with unmet need for contraception (geographical areas, education, socioeconomic segments, age, barriers to access, intention to use, exposure to media, reasons for non-use, etc), including the identification of any obvious subgroups with distinct characteristics within this population;
* The identification and description of segments of current contraceptive users that would ideally shift from one sector, service provider or method to another or would require additional information to begin using modern contraceptive methods (i.e. those in the richest quintiles using subsidized public sector services, those with a preference to use a different commodity, those with a misconception regarding family planning, etc).

**2. Synthesize background information**

Once activities 2 and 3 are completed, we will prepare a series of presentations and interactive exercises that will serve as the basis for a Stakeholders Meeting. These material will include key information such as:

* Contraceptive use and sources of supply by socioeconomic quintiles, including trends;
* Sales/distribution information and trends from stakeholders such as MOH, DKT, FGAE and Marie Stopes.
* Information on source of supply for contraceptives and supply gaps and overlaps for all service providers in-country.
* Literature review of past studies on user preferences.

**3. Plan and hold a multi-sectoral data analysis and planning workshop**

The planning workshop will be an essential first step in the process of familiarizing all important stakeholders and service providers to the DHS data and service provision data available in-country. It will be considered a success if a critical mass of stakeholders come to the table, design a draft action plan, and remain engaged and committed to its implementation. The planning for the meeting, including the identification and contact of potential participants, will occur concurrently with activities 1-2 and the meeting itself will take place once activity is completed, most likely during the first week of October 2012.

The planning of the workshop will be a collaborative process of extreme importance. We will consult with stakeholders to assess their expectations of what can be accomplished and design an action-oriented agenda, which will likely include such items as: an overview of the market analysis data; critical analysis of unmet need and barriers to use and possible strategies to decrease them; review of each stakeholder’s core strengths and challenges in the delivery of contraceptives; consensus on areas and gaps in the market that the various service providers can help to address; identification of the subpopulations with high levels of unmet need and how the various providers in country can help to cover remaining unmet need in-country; stakeholders’ action plans for covering the needs of these target populations, including any demand-side interventions and the identification of inputs required to mobilize the resources required for implementation.

**4. Conduct supplementary small scale quantitative and qualitative analysis with target populations**

Based on the DHS analyses and results of the initial planning workshop, conduct additional quantitative and qualitative analysis to drill down into the target populations included in the draft strategy between November 2012 – January 2013.

One option will be to conduct a small set of focus groups (8-10) to produce a richer, more in-depth description of some of the target segments, and their preferences on for FP information, methods, service providers, reasons for non-use, etc.

* Focus groups with non-users (those with unmet need) and any identified subgroups to understand their attitudes, barriers to use (including affordability, misconceptions, cultural barriers), intentions to use, and preferred/probable sources;
* Focus groups with segments of users identified in the DHS analyses as good candidates for shifting sectors, methods, or need for additional information to understand how they choose their source of contraceptives and what could make them shift.

**5. Conduct final stakeholder meeting to finalize market segmentation strategy**

Convene all Stakeholders again to 1) present additional data analysis 2) assess progress toward achieving the commitments made in the original planning workshop and 3) finalize the market segmentation strategy in February 2013. The meeting will be considered successful once health sector institutions, specifically those members of the RHCS Committee, agree on the implementation of specific activities to better meet demand for family planning services in a coordinated manner.

This meeting will help to develop a list of inter-institutional actions that will enable family planning providers to work as a national team with the goal of increasing access to family planning services. These new strategies will be based on each service provider’s comparative advantages and strengths.

The strategy and action plan will identify subsequent interventions and concrete actions to improve family planning access to goods and services. All strategies and activities should support the MOH policies and plans and move toward achieving contraceptive security in the country.

**6. Finalize action plans document and disseminate process and outcomes**

Following the Stakeholders Meeting, we will work with the FPTWG to ensure the draft action plan from the workshop is finalized and approved by all parties, obtain stakeholder feedback on the process, and document and disseminate the experience, results, and lessons learned. We will also help the committee devise strategies for identifying and mobilizing funding sources to carry out the action plans.

**Milestone Summary Table**

| **Objectives and Activities** | **Milestones** | **Responsible Party** | **Completion Dates** |
| --- | --- | --- | --- |
| I. **To gather and consolidate key information to guide the collaborative process**:  1. Review DHS data to describe main characteristics of target populations  4. Synthesize background information | 1. Data analysis plan 2. Data analysis presentation   5. Supply and demand presentations  6. Workshop material |  | July, 2012  July, 2012  August, 2012 |
| I. **Conduct initial planning workshop to draft market analysis strategy**:  7. Plan and hold planning workshop  10. Conduct supplementary small scale quantitative and qualitative assessment of target populations | 8. Planning workshop  9. Draft market segmentation strategy  11. Data collection protocol  12. Additional quantitative analysis  13. Focus group discussion guides  14. Focus group transcripts |  | October, 2012  October, 2012  January, 2013 |
| II. **Hold stakeholder meeting to finalize the market segmentation strategy:** | 15. Workshop material  16. Progress reports |  | February, 2014 |
| II. **To finalize market segmentation strategy for Ethiopia and specific targeting strategies for each stakeholders:**  17. Finalize action plans, document and disseminate process and outcomes | 18. Draft action plans  19. Final action plans  20. Final report  21. Dissemination meeting |  | Feb-May, 2013 |

Scope of Work: USAID | DELIVER PROJECT Ethiopia Participatory Market Analysis Support

**Background**

The USAID | DELIVER PROJECT works with the Federal Ministry of Health and other partners on a number of key initiatives, including improved commodity / contraceptive security, the improvement of the Ministry’s essential health commodity supply system (integrated pharmaceutical logistics system). Currently, the project supports the Ministry and PFSA plan on the transition of program commodities, including contraceptives in to the Integrated Pharmaceutical Logistics System.

The demand for contraceptives is growing in Ethiopia. According to the 2011 EDHS the use of contraceptive methods among currently married women has increased nearly six fold in the last 11 years, from 6 percent in 2000 to 14 percent in 2005 to 27 percent in 2011 (EDHS 2000, 2005, 2011). Injectables have always been popular in Ethiopia and their use continues to grow, more and more women are also using implants, oral contraceptive pills, and to a lesser extent IUD and male condom. The public sector is the major source of modern contraceptive methods in Ethiopia, serving 82 percent of users.

The FMOH through its FPTWG agreed to examine the contraceptive market to identify gaps in access and use including between socioeconomic groups, age, region, education and other characteristics. The goal of the market analysis is to facilitate a collaborative process among all FP product and service providers to better satisfy remaining unmet need in the contraceptive market.

This scope of work is for desk based analysis to support an overall participatory market analysis process in Ethiopia. The objectives of the process include:

1. To gather and consolidate key information regarding current and potential FP clients to design effective strategies for extending and targeting FP services to clients with unmet need and latent demand for FP services.
2. To facilitate greater stakeholder collaboration at country level in key areas of contraceptive security and ensure that plans for strengthening FP service provision are complementary among service providers and aligned with the existing RHCS Strategy.
3. To contribute to the design and development of an overall multi-sectoral strategy to further extend family planning services to regions and segments of the population with an unmet need for family planning.

**Specific Objectives**

The specific objective of this scope of work will be to prepare for and conduct STTA to support a market analysis stakeholder meeting to be held in early October.

**Activities**

1. **Synthesize background information for stakeholders meeting**

Once data analysis has been completed, the STTA provider will prepare background material (presentations, introductory material, etc.) that will serve as the basis for a Stakeholders Meeting (activity 2). This material will be distributed to participants prior to the meeting and will summarize key objectives of the market analysis activity and data results. The data will include analysis on the following:

* Contraceptive use and sources of supply by socioeconomic quintiles, including trends;
* Sales/distribution information and trends from stakeholders such as MOH, DKT, FGAE and Marie Stopes.
* Information on source of supply for contraceptives and supply gaps and overlaps for all service providers in-country.
* Literature review of past studies on user preferences.

**2. Plan and hold a multi-sectoral data analysis and planning workshop**

Prepare for and facilitate the multi-sectoral data analysis and planning workshop. Coordinate with in-country CS Advisor to ensure buy-in and that the key stakeholders will be available for the meeting. Develop all background material to be used during the meeting.

The planning workshop will be an essential first step in the process of familiarizing all important stakeholders and service providers to the DHS data and service provision data available in-country. It will be considered a success if a critical mass of stakeholders come to the table, design a draft action plan, and remain engaged and committed to its implementation. The planning for the meeting, including the identification and contact of potential participants, will occur concurrently with activities 1-2 and the meeting itself will take place once activity is completed, most likely during the first week of October 2012.

The planning of the workshop will be a collaborative process of extreme importance. We will consult with stakeholders to assess their expectations of what can be accomplished and design an action-oriented agenda, which will likely include such items as: an overview of the market analysis data; critical analysis of unmet need and barriers to use and possible strategies to decrease them; review of each stakeholder’s core strengths and challenges in the delivery of contraceptives; consensus on areas and gaps in the market that the various service providers can help to address; identification of the subpopulations with high levels of unmet need and how the various providers in country can help to cover remaining unmet need in-country; stakeholders’ action plans for covering the needs of these target populations, including any demand-side interventions and the identification of inputs required to mobilize the resources required for implementation.

**3. Finalize action plans, document and disseminate process and outcomes**

Following the Stakeholders Meeting, coordinate with in-country CS Advisor to ensure the action plan from the workshop is finalized and approved by all parties, obtain stakeholder feedback on the process, and document and disseminate the experience, results, and lessons learned.

**Deliverables:**

* Background presentations and materials to prep in-country stakeholders of importance and objectives of market analysis and key data results
* Curriculum and material to be used during the workshop.
* CS Brief on market analysis process
* Action plan and report summarizing workshop results
* Follow-up emails to gain buy-in in the participatory market analysis process
* TAR report

**TA Provider**

* 2 CS advisors with experience in analyzing, presenting, and facilitating a participatory market analysis process.

**Funding and LOE**

Maximum: 15 days, 2 weeks in country, and per diem and airfare for each TA provider

Sample Agenda

Technical Meeting on Market Analysis and Future Strategies “Contributing to Contraceptive Security by Improving Access to the Most Vulnerable Populations”

(Country, date)

*[País, fecha]*

*Technical Meeting on Market Analysis and Future Strategies*

*“Contributing to the Assured Availability of Contraceptive Supplies in order to Improve Access in the Most Vulnerable Populations”*

*(Country, date)*

**Suggested Participants**

*CS Committee members*

[You may take this opportunity to involve new stakeholders in the CS process. For example, family planning service providers from public, NGO and commercial sectors, projects or partners who work in the area of reproductive health / family planning, distributors or suppliers from the commercial sector, representatives from civil society, research or statistical institutions, etc.]

**Goal**

To identify opportunities to extend access of family planning services in an effective and efficient way to the most vulnerable populations

**Objectives**

To facilitate analysis of the FP market to help develop strategies to strengthen the provision of family planning services and supplies

To analyze the composition of the supply of family planning services and products to help better define the role of the various family planning stakeholders and service providers

To contribute to the CS Committee strategic planning activities with an emphasis on vulnerable populations who have been identified by local institutions

**Expected Result**

Health sector institutions, specifically those members of the CS Committee, will agree on the implementation of mechanisms and specific activities to better meet demand for family planning services in a coordinated manner.

Day One

Objective of the day: To better understand the supply and demand of family planning services

Technical Meeting on Market Analysis and Future Strategies “Contributing to Contraceptive Security by Improving Access to the Most Vulnerable Populations”

(Country, date)

General facilitator: (insert name)

08:30 Welcome and presentation of CS in [country] – Facilitator: [insert name[

08:45 Introduction of event objectives and agenda – Facilitator: [insert name]

09:00 Presentation of participants and facilitators – Facilitator: [insert name]

09:30 Plenary session: Presentation of current market study and trends – Facilitator: [insert name]

10:30 Coffee break

10:45 Plenary session: Presentations by the public sector on family planning supply and future FP plans. Facilitator: [insert name]

Ministry of Health – current supply of services and products, future plans

Social Security Institute

12:00 Lunch

13:00 Plenary session: Presentations by non-governmental organizations: Family planning supply and future FP plans – Facilitator: [insert name]

[insert names of organizations]

14:30 Coffee break (during last group of presentations)

14:45 Plenary session: Presentations by private sector: supply and future FP plans - Facilitator: [insert name]

[insert names of organizations]

16:00 End of day one

Day Two

Technical Meeting on Market Analysis and Future Strategies “Contributing to Contraceptive Security by Improving Access to the Most Vulnerable Populations”

(Country, date)

Objective of the day: To identify gaps in the supply of family planning services and/or commodities and other stakeholders

08:30 Review of previous day and comments – Facilitator: [insert name]

09:00 Plenary session: Geographic mapping of stakeholders/ providers in the [insert country name] market – Facilitators: [insert name]

10:00 Group work : Identify gaps in the supply of family planning services and/or commodities and other key stakeholders to cover those gaps

Facilitator: (insert name)

11:00 Coffee break

11:15 Group work (continued): identifying gaps and stakeholders for covering those gaps.

12:00 Lunch

13:00 Plenary session: Group presentations of gaps and key stakeholders for covering those gaps. Discussion and analysis– Facilitator: [insert name]

15:00 Coffee break

15:30 Ministry of Health Presentation: Commodity Security strategic plan – Facilitator: [insert name]

Questions and discussion on strategies to reduce gaps in family planning services - Facilitator: [insert name]

17:30 End of day two

Day Three

Technical Meeting on Market Analysis and Future Strategies “Contributing to Contraceptive Security by Improving Access to the Most Vulnerable Populations”

(Country, date)

Objective of the day: Develop proposals on specific strategies and activities to include in the CS strategic plan

09:00 Review previous day and comments – Facilitator: [insert name]

09:15 Framing today’s work – Facilitator: [insert name]

09:45 Consensus in plenary session – Prioritize gaps and identify causes - Facilitator: [insert name]

10:45 Coffee break

11:00 Work Session in three groups: Develop strategies and specific activities to address identified gaps

12:30 Lunch

13:30 Plenary session: Discuss the role of the private sector and other stakeholders in CS, Identify their role and future contribution – Facilitator: [insert name] *(This session will be adapted depending on whether the private sector is invited to this meeting)*

14:00 Coffee break

14:15 Present strategies and activities proposed by each group. Comments, discussion and summary of ideas – Facilitator: [insert name]

16:00 Identify next steps to include strategies and activities defined in the strategic plan [insert dates] – Facilitator: [insert name]

16:30 End of day three.

Expanding Supply and Demand for Family Planning Services: A Key to Achieving Health and Development Goals in Ethiopia

**Expanding Supply and Demand for Family Planning Services: A Key to Achieving Health and Development Goals in Ethiopia**

Technical Meeting of the Federal Ministry of Health

Family Planning Technical Working Group

Harmony Hotel, Addis Ababa

November 8-9, 2012

**Workshop Goal**

To reach agreement on a multi-sectoral approach to strengthen and expand demand and use for family planning services and reproductive health commodity security in Ethiopia

**Workshop Objectives**

* To gather and share key information on customer demand and use of family planning
* To facilitate greater stakeholder collaboration in efforts to strengthen family planning services and reproductive health commodity security.
* To contribute to the design and development of an overall strategy further expand family planning services and strengthen reproductive health commodity security.
* To provide evidence and recommendations to consider during the development of future national reproductive health and family planning goals

Day One

Technical Meeting on “Expanding Supply and Demand for Family Planning Services: A Key to Achieving Health and Development Goals in Ethiopia”

Harmony Hotel, Addis Ababa

November 8-9, 2012

**Objective of the day: To better understand the supply and demand of family planning services**

08:00 *Registration*

08:30 Welcoming address

*- Federal Ministry of Health*

08:45 Introduction of event objectives and agenda

09:00 Icebreaker and participant introductions

09:20 **Plenary session:** Family Planning Achievements, Goals, and Future Directions

Presenter: *Mr. Sintayhu Abebe, Acting Director, UHPDP Directorate, FMOH*

10:30 *Coffee break*

10:45 **Plenary session:** Using Evidence to Understand Family Planning Successes and Challenges and Meet Our Customers Need

Presenter: *Nadia Olson, USAID | DELIVER PROJECT*

12:30 *Lunch*

13:30 **Plenary session:** Geographic mapping of supply of family planning services and programs

15:00 **Group work:** Sharing success, challenges and future directions

15:30 *Coffee break*

15:45 **Group work:** Identify gaps in the supply of family planning services and/or commodities

17:00 *End of day one*

Day Two

**Objective of the day: To identify gaps in the supply and demand of family planning services and develop strategies and activities to expand the market.**

Technical Meeting on “Expanding Supply and Demand for Family Planning Services: A Key to Achieving Health and Development Goals in Ethiopia”

Harmony Hotel, Addis Ababa

November 8-9, 2012

08:30 Review and summary of previous day

09:00 **Plenary session:** Using Demand Data to Measure Progress in Reaching Family Planning Goals

*Presenter: Ariella Bock, USAID | DELIVER PROJECT*

09:45 **Group work:** Reviewing results from other groups and identifying priority challenges

10:30: *Coffee break*

10:45 **Plenary session:** Building consensus to prioritize challenges

11:45 **Group Work:** Developing strategies and specific activities to address challenges

12:30 *Lunch*

13:30 **Group Work:** Developing strategies and specific activities to address challenges (cont.)

14:30 **Plenary Session:** Sharing plans and activities identified during group work

15:30 *Coffee break*

15:45 **Plenary session:** Building consensus to prioritize strategies

16:30 Next steps and follow up to workshop

17:00 *End of meeting*

Example Agenda: Nicaragua

*Reunión Técnica para el Análisis de Mercado y Estrategias a Futuro*

*“Contribuyendo a la Disponibilidad Asegurada de Insumos Anticonceptivos para Mejorar el acceso a las poblaciones más vulnerables*

*Nicaragua, del 3-5 agosto 2010*

**Participantes**

Nacionales: MINSA, CMP-MINSA, PROFAMILIA, PASMO, Ixchén, AMNLAE y Puntos de Encuentro

Internacionales: PATH, UNFPA, USAID, USAID|FAMISALUD, Proyecto HCI-USAID, USAID|PROYECTO DELIVER

**Meta**

Identificar oportunidades para extender el acceso a servicios de planificación familiar, en una forma efectiva y eficiente a las poblaciones más vulnerables.

**Objetivos**

* Facilitar el análisis del mercado de anticonceptivos con el fin de identificar estrategias para fortalecer la oferta de servicios e insumos de planificación familiar.
* Analizar la composición de la oferta de servicios y productos de planificación familiar en Nicaragua con el fin de identificar el rol de los actores y proveedores de servicios de planificación familiar.
* Contribuir a las actividades del plan estratégico del comité DAIA en Nicaragua, con énfasis en las poblaciones vulnerables identificadas por las instituciones locales, como los adolescentes y jóvenes.

**Resultado Esperado**

Las instituciones del sector salud de Nicaragua, específicamente las que integran el Comité DAIA, acuerdan la implementación de mecanismos y acciones específicas para atender en forma coordinada la demanda de servicios de planificación familiar.

**Martes 3 de agosto 2010**

*Reunión Técnica para el Análisis de Mercado y Estrategias a Futuro*

*“Contribuyendo a la Disponibilidad Asegurada de Insumos Anticonceptivos para Mejorar el acceso a las poblaciones más vulnerables*

*Nicaragua, del 3-5 agosto 2010*

Objetivo del día: Conocer el mercado actual, analizar la forma en que está segmentado en Nicaragua, y las tendencias de las últimas dos Encuestas Nacionales de Demografía y Salud

Facilitadora General: Nora Quesada

08:30 Bienvenida y presentación de la DAIA en Nicaragua - Dr. Carlos Cuadra

08:45 Introducción de los objetivos y la agenda del evento - Wendy Abramson

09:00 Presentación de participantes y facilitadoras - Nora Quesada

09:30 Plenaria: Presentación del Estudio de Mercado actual y las tendencias – Nadia Olson

Preguntas y discusión

10:30 Café

10:45 Plenaria: Presentaciones del Sector Público de la Oferta y Planes Futuros de Planificación Familiar. -- Facilitadora: Carolina Aráuz

* MINSA – Oferta Actual de Servicios y Productos, Planes Futuros

12:00 Almuerzo

13:00 Plenaria: Presentaciones de las Organizaciones No Gubernamentales: Oferta y Planes Futuros de la Planificación Familiar - Facilitadora Carolina Aráuz

* PROFAMILIA
* PASMO

14 :00 Plenaria : Continuación de las presentaciones

* Ixchén
* Puntos de Encuentro
* AMNLAE

15:00 Café (Intermedio en el último grupo de presentaciones)

16:00 Clausura del día

**Miércoles 4 de agosto 2010**

*Reunión Técnica para el Análisis de Mercado y Estrategias a Futuro*

*“Contribuyendo a la Disponibilidad Asegurada de Insumos Anticonceptivos para Mejorar el acceso a las poblaciones más vulnerables*

*Nicaragua, del 3-5 agosto 2010*

Objetivo del día: Identificar brechas en la oferta de servicios y/o insumos de planificación familiar y otros actores clave.

08:30 Resumen del día anterior y comentarios - Nora Quesada

09:00 Ejercicio en Plenaria: Mapeo geográfico de los actores/proveedores en el mercado Nicaragüense – Facilitadoras: Wendy Abramson y Maritza Narváez

10:00 Ejercicio en grupos: Identificación de brechas en la oferta de servicios y/o insumos de planificación familiar y otros actores clave para cubrir dichas brechas

* Facilitadora Nadia Olson

11:00 Café

11:15 Continuación del ejercicio en grupos para identificar las brechas y los actores claves para cubrirlas

12:00 Almuerzo

13:00 Plenaria: Presentaciones de grupos sobre las brechas y los actores claves para cubrirlas

Discusión y análisis después de las tres presentaciones – Faciitadora Nadia Olson

15:00 Café

15:30 Presentación del MINSA - Plan Estratégico DAIA 2009–2011 - Licda. Maritza Cáceres

Preguntas y discusión general de estrategias para disminuir brechas en servicios de planificación familiar - Facilitadora: Carolina Aráuz

17:30 Clausura del día

**Jueves 5 de agosto de 2010**

*Reunión Técnica para el Análisis de Mercado y Estrategias a Futuro*

*“Contribuyendo a la Disponibilidad Asegurada de Insumos Anticonceptivos para Mejorar el acceso a las poblaciones más vulnerables*

*Nicaragua, del 3-5 agosto 2010*

Objetivo del día: Desarrollar propuestas de estrategias y acciones específicas para un reto para incluirlas en el Plan Estratégico DAIA 2009 -2011.

09:00 Resumen del día anterior y comentarios - Dr. Wilmer Beteta

09:15 Enmarcando del trabajo del día – Dr. Carlos Cuadra y Lic. Maritza Cáceres

09:45 Ejercicio en plenaria – Priorización de las brechas e identificación de las causas

10:45 Café

11:00 Ejercicio en tres grupos: Identificación de estrategias y acciones específicas para enfrentar la brecha identificada

12:30 Almuerzo

13:30 Presentaciones de propuestas de estrategias, acciones e actividades por los grupos – Maritza Cáceres y Carolina Arauz

Comentarios, discusión y debate

15:30 Café

15:45 Identificación de los próximos pasos para incluir las estrategias y actividades definidas dentro del Plan Estratégico 2009-2011, incluyendo estrategias para abordar el tema de DAIA con el sector privado comercial – Nora Quesada

16:30 Cierre del evento

Taller de Segmentación de Mercado de Anticonceptivos y Condones en Honduras

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| **H O N D U R A S** | |
| INICIATIVA TOTAL DE MERCADO | TMI |
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**Meta**

Propiciar mayor coordinación entre los sectores que ofrecen servicios y productos de Planificación Familiar en Honduras, para establecer interrelaciones y acciones de trabajo que coadyuven a atender en una forma equitativa y eficiente el mercado de métodos anticonceptivos y condones con un enfoque de mercado total.

**Objetivos**

Presentar y analizar los resultados de los estudios de segmentación del mercado de anticonceptivos y condones en Honduras e identificar ineficiencias y brechas en el acceso y prestación de servicios y productos de planificación familiar.

Analizar las fortalezas y oportunidades de cada uno de los sectores que proveen servicios y productos de Planificación Familiar, para mejorar las estrategias de segmentación del mercado de anticonceptivos y condones en Honduras bajo un enfoque integrador.

Identificar oportunidades específicas en cada uno de los sectores y sus recursos disponibles para desarrollar y aplicar mejores coberturas de Planificación Familiar en el país tomando en cuenta los mercados que atiende cada uno de ellos.

Definir estrategias y líneas de acción que contribuyan a mejorar el acceso equitativo a los insumos y servicios de Planificación Familiar en Honduras.

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| **H O N D U R A S** | |
| INICIATIVA TOTAL DE MERCADO  TMI | **Taller de Segmentación del Mercado de Anticonceptivos y Condones en Honduras** |
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**A G E N D A**

**Fecha**: Miércoles 17 de Marzo, 2010

**Lugar**: Hotel Marriot / Salón La Leona

**Horario:** 8:30 a.m. – 4:30 p.m.

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| **Hora** | **Actividad** | **Responsable** |
| 8:30 – 8:45 | **Inauguración del Taller** |  |
|  | * Palabras de Apertura. | *Dr. Jorge Fernández Asesor Dirección General Promoción de la Salud*  *Secretaría de Salud* |
| 8:45 - 9:00 | * Introducción de las metas y objetivos del taller, agenda de las actividades y detalles administrativos. | *Dawn Crosby*  *Abt Associates, Inc* |
|  |  |  |
| 9:00 – 9:05 | **Conformación del Comité de Redacción** |  |
|  | * Conformar un Comité de 5 integrantes en los que estén representados: S de Salud, Ashonplafa, Pasmo, IHSS, Laboratorio de Hormonales y Representante de Importadores de Condones. | *Martha Mérida*  *Abt Associates Inc* |
|  | * Instruir a la Comisión sobre su rol y las expectativas de su trabajo. |  |
|  |  |  |
| 9:05 – 9:20 | * TMI en Honduras, objetivos, actividades y avances a la fecha | *Dawn Crosby*  *Abt Associates, Inc.* |
| 9:20 – 9:40 | **Vinculación de la DAIA y la Iniciativa Total de Mercado** |  |
|  | * Marco Conceptual de la DAIA. | *Dr. Manuel Sandoval, Director Médico de Ashonplafa* |
|  |  |  |
| 9:40 – 10:00 | * Marco Conceptual de la Segmentación de Mercado | *Martha Mérida*  *Abt Associates, Inc* |
| 10:00 – 10:20 | **Coffee Break** |  |
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| 10:20 – 11:30 | **Segmentación del Mercado de Anticonceptivos y Condones en Honduras** |  |
| 10:20 – 10:50 | * Presentación de Estudio de Segmentación del Mercado de Anticonceptivos, Año 2008 | *Nora Quesada*  *JSI* |
|  |  |  |
| 10:50 – 11:20 | * Presentación: Resultados de los Análisis Cualitativo y Cuantitativo: Análisis de los Segmentos de Mujeres No Usuarias de Métodos Anticonceptivos | *Dawn Crosby*  *Abt Associates, Inc* |
| **Hora** | **Actividad** | **Responsable** |
| 11:20 – 11:30 | * Presentación: Análisis de los Segmentos de Hombres | *Yma Alfaro*  *Abt Associates, Inc* |
| 11:30 – 12:00 | **Análisis de la Disponibilidad de Anticonceptivos** |  |
|  | * Presentación de hallazgos del abastecimiento de Anticonceptivos por proveedores públicos y privados | *Nora Quesada*  *JSI* |
|  |  |  |
| 12:00 – 12:25 | **Resultado de las Entrevistas a Actores Claves** | *Martha Mérida*  *Abt Associates, Inc* |
| 12:25 – 12:45 | **La Reforma en el Sector Salud y el Mercado de la Planificación Familiar** |  |
|  | * Presentación | *Dra. Justa Urbina Secretaría de Salud* |
|  |  |  |
| 12:45 – 1:45 pm. | **Almuerzo** |  |
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| 1:45 – 2:35 | **Análisis de los Mercados** |  |
|  | * Análisis del Mercado de Condones | *Yma Alfaro*  *Abt Associates, Inc* |
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| 2:35 – 3:05 pm. | **Coffee Break** |  |
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| 3:05 – 3:50 pm. | * Análisis del Mercado de Anticonceptivos Hormonales | *Dawn Crosby*  *Abt Associates, Inc* |
|  |  |  |
| 3:50 – 4:30 pm. | * Análisis del Mercado de Servicios AQV y DIU | *Dawn Crosby*  *Abt Associates, Inc* |
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| **H O N D U R A S** | |
| INICIATIVA TOTAL DE MERCADO  TMI | **Taller de Segmentación del Mercado de Anticonceptivos y Condones en Honduras** |
|  | |

**Fecha**: Jueves 18 de Marzo, 2010

**Lugar**: Hotel Marriot / Salón La Leona

**Horario:** 8:30 a.m. – 1:00 p.m.

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| **Hora** | **Actividad** | **Responsable** |
| 8:30 - 8:40 am. | **Resumen Actividades del 17/marzo** |  |
|  | * Síntesis de lo discutido el día anterior | *Representante Comité de Redacción* |
|  |  |  |
| 8:40 – 10:00 am. | **Análisis prospectivo de las fortalezas, desafíos y oportunidades para la segmentación del mercado por sectores** | *Facilitan sesión:*  *Nora Quesada*  *Dawn Crosby*  *Yma Alfaro*  *Martha Mérida* |
|  | * Análisis grupal por sectores : las fortalezas y oportunidades |
|  | * Priorizar los retos |
|  | * Definición de 2 estrategias para cada reto (como mínimo) y para cada sector * Preparar presentación del grupo a la audiencia con base a guía específica. (Utilizar carteles o slides de power point) |
|  |  |  |
| 10:00 -10:20 | **Coffee Break** |  |
|  |  |  |
| 10:20 - 11:30 am | **Plenaria:** |  |
|  | * Presentación de estrategias por grupo. (Utilizar carteles o slides de power point) 20 minutos por grupo | *Facilita sesión:*  *Nora Quesada*  *JSI* |
|  |  |  |
| 11:20 - 12:20 pm | **Conclusiones y Siguientes Pasos** |  |
|  | * Presentación de las Conclusiones y Próximos pasos de la segmentación del mercado de Anticonceptivos en Honduras en el marco de la DAIA. (Utilizar 3 a 5 slides de power point). | *Facilita sesión:*  *Dawn Crosby*  *Abt Associates, Inc* |
|  |  |  |
| 12:20 - 12:30 pm | **Clausura del Taller** |  |
|  | * Palabras de Clausura | *Representante de la Secretaría de Salud* |
|  |  |  |
| 12:30 – 1:30 pm. | **A l m u e r z o** |  |
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Participant Instructions Group Work 1 –Sharing successes, challenges, and future direction

**Group work session, 08.11.12, 15:00 pm**

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| --- | --- |
| TASK: | 1. Individually note down your institution/program’s major successes, challenges, and plans for the way forward 2. Share your observations with the group. |
| METHODOLOGY: | Complete in five groups chosen by the facilitators |
| OBJECTIVES: | Identify and share your organization/program’s successes, challenges and plans for moving forward to better identify how each participant could contribute in improving access to family planning services |
| REQUIRED MATERIALS: | Table to be filled out by individual (see below), box in middle of table, flip chart to summarize by institution |
| REPORT TO: | Facilitator |
| TIME ASSIGNED | 30 minutes |

|  |  |
| --- | --- |
|  | Instructions |
| 1 | Name a moderator to monitor the time, objectives and facilitate the session. Name a secretary to take notes on the flip charts provided.  ***Suggested time: 2 minutes*** |
| 2 | Individually read the guide to understand the group work activity and, if needed, resolve questions with the facilitator.  ***Suggested time: 2 minutes*** |
| 3 | Identify your institution/program’s major successes and challenges and plans for the way forward to better serve the family planning market . Write your observations in the first table below. When complete, place your sheet of paper in the box in the middle of the table.  ***Suggested time: 6 minutes*** |
| 4 | The moderator should randomly select pieces of paper from box and ask the person who submitted the description of their institution/program’s work to summarize his/her points for the group in **no more than 4 minutes**.  The secretary should summarize the descriptions provided by his/her colleagues on the flip charts provided. Each paper should be organized by institution. They will be pasted on the wall after the end of this session. **During the coffee break the various groups should review the work completed by the other groups.**  At the end of the exercise, the moderator should identify the participant that most effectively and quickly summarized his/her points for the group and he/she will win a prize.  ***Suggested time: 20 minutes*** |

**Table 1: To be used to take individual notes.**

**Name of your Institution:**

|  |  |  |
| --- | --- | --- |
| **Major Successes** | **Major Challenges** | **Plans for the way forward** |
| *Example. We have increased the use of injectable in rural areas and among the poor through our community level outreach activities and service provision* | *Example. Women continue to be concerned about using long-acting and permanent methods* | *Example. Continue to strengthen our capacity to provide long-acting and permanent methods* |
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Facilitator’s Guide – Geographic Mapping

**Plenary session, 08.Nov.12, 13:30 pm**

**Note: This guide is not given to participants.**

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| --- | --- |
| TASK: | Prepare a map by variable and by provider. This exercise helps visualize actual supply, opportunities for collaboration, and to identify duplication and gaps in service provision. |
| METHODOLOGY: | Develop in plenary session |
| OBJECTIVES: | Prepare a map that shows the supply of services, products, and providers of FP technical assistance |
| REQUIRED MATERIALS: | Map, stickers of different colors and sizes, flip charts |
| TIME ASSIGNED: | 1.5 hours |

|  |  |
| --- | --- |
| Each service provider will place the stickers on a map to highlight the regions, woredas in which they have presence.  NGO –   * Flag yellow pins: with capacity for short and long-term methods (IUD/surgical) * Small yellow pins: exclusively short-term methods * White pins: for the promotion or service delivery targeting adolescents   Note: The stickers will be placed by woreda for fewer number of facilities. Even if they have various services, they should place a circle sticker for each woreda. If there are too many to complete exercise, pins should be placed by regional capital  International support / technical assistance –   * Flag blue pin: provide technical assistance by entire region * Small blue pin: provide technical assistance in specific geographically focused area in specific region or woredas * Small red pin: provide technical assistance concentrated at the national level * White flags: for the promotion or service delivery or programs targeting adolescents   Ministry of Health –   * Large green pins: have a presence at the national and regional level   Note: The stickers will be placed by regional capital. Even if they have various services, they should place a circle sticker for each region. | |
|  | **Instructions** |
| 1 | The Ministry will place large green stickers in the regions where they have presence. The FMOH will place their sticker on Addis Ababa and then each of the regions will stand and place their stickers on the regional capitals.  When each representative stands up he/she will place the sticker on the capital and then answer the following questions. The facilitator will prompt the representative to answer the questions:  Describe the:  Population that your institution/programs serves. Do you have target populations (i.e. in terms of socio-economic level, age, etc.)?  Describe the geographic focus of your programs (i.e. urban, semi-urban, rural, woreda, community level, etc.)  Type and brands of methods offered  Family planning service provided by level of care  Any special services/programs offered (i.e. IEC, education, advocacy, etc.)  *Suggested time: 35 minutes* |
| 3 | The NGOs that provide family planning services directly to the client (with established clinics or through mobile units) will place yellow and white pins of varying sizes depending on the variables:  Where they have health establishments with long-term methods capacity  Where they have health establishments or work with the community with short-term methods capacity  Where they have establishments for the promotion or service delivery with a focus on adolescents  After the mapping, the facilitator will prompt the representative to answer the questions:  Describe the:  Population that your institution/programs serves. Do you have target populations (i.e. in terms of socio-economic level, age, etc.)?  Describe the geographic focus of your programs (i.e. urban, semi-urban, rural, woreda, community level, etc.)  Type and brands of methods offered  Family planning service provided by level of care  Any special services/programs offered (i.e. IEC, education, advocacy, etc.)  *Suggested time: 25 minutes* |
| 4 | Donors, technical assistance providers, and NGOs that do not provide services will place blue stickers of different sizes and small red stickers depending on the variables:  Where they provide technical assistance by region (large blue)  Where they have technical assistance focused geographically (small blue)  Where they provide technical assistance focused at the national level (small red)  After the mapping, the facilitator will prompt the representative to answer the questions:  Describe the:  Population that your institution/programs serves. Do you have target populations (i.e. in terms of socio-economic level, age, etc.)?  Describe the geographic focus of your programs (i.e. urban, semi-urban, rural, woreda, community level, etc.)  Any special services/programs offered (i.e. IEC, education, advocacy, etc.)  *Suggested time: 20 minutes* |
| 5 | Looking at the stickers placed on the map and studying the posted maps around the room, determine the location of geographic areas with concentration of services supply, in terms of health sites, methods offered, populations served or by socio-economic level or by age, and supply deficiencies.  *Suggested time: 5 minutes* |

Group Work 2: Identifying gaps in supply and demand for family planning services and commodities

**Participant Instructions**

**Group work session, 08.11.12, 15:45 pm – 17:00 pm**

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| TASK: | 1. Individually identify and analyze gaps in the contraceptives market. 2. Discuss the market analysis in group and identify key challenges gaps in use and service provision. 4. Develop a review of results in the table included below |
| METHODOLOGY: | Complete in groups chosen by the facilitators |
| OBJECTIVES: | 1. Participants will familiarize themselves with the data on supply and demand that has been shared up to this point 2. Generate ideas about the causes of the inequities and unmet demand for family planning |
| MATERIALS NEEDED: | Computer, instruction sheet, table to fill out (included below), market analysis presentation and maps, refer to map and flip charts on the wall |
| REPORT TO: | Facilitators |
| TIME ASSIGNED | 1 hr and 15 minutes |

|  | Instructions |
| --- | --- |
| 1 | Choose a moderator to monitor time and objectives; name a secretary to take notes and fill the table below for the summary of results for the session.  ***Suggested time: 2 minutes*** |
| 2 | Individually read the guide to understand the group work activity and, if needed, resolve questions with the facilitator.  ***Suggested time: 3 minutes*** |
| 3 | Each participant will individually review all the data/information provided throughout the day along with his/her experience and institutional challenges/successes/way forward Based on these information, every person should identify the populations, geographic locations, method types and types of services in which gaps or barriers to access/used are observed in the FP market. Note your observations in the first table below. Consider these categories of gaps (see examples in table):   * Capacity and geographic location of the health care network (i.e. urban, semi-urban, rural, departmental, etc.) * Level of care (in/outpatient, surgical capacity for sterilizations, etc.) * Type of methods offered/used by level of care/ geographic area/ population segment (age, socioeconomic, education level) * Target populations (i.e. in terms of socio-economic level, age, etc.) * Other services offered (i.e. IEC, education, advocacy, etc.)   ***Suggested time: 15 minutes*** |
| 4 | Based on your individual analysis, discuss your findings with the group. Share your observations on the most important findings. Then analyze together to come to a consensus about which are the most important gaps or challenges that need to be addressed. Write those agreed upon challenges in the second table below to be reviewed by other groups later in the workshop.  ***Suggested time: 25 minutes*** |
| 5 | Analyze in groups the following questions and identify answers with your group **using the evidence provided** (maps, graphs and evidence provided, research, etc). After discussing each question, write the answers in the table 3 below. Finally, after discussing these questions, return to your list of gaps in Table 2 and modify it as necessary.   * Where are women obtaining their contraceptives? (Ministry of Health, clinics, NGOs, etc.) In what percentages? Do you think that is appropriate access? Why or why not? * How does contraceptive source or method mix change based on geographic location , socio-economic groups, age, education? * Which are the populations that have the highest unmet need? * What are the gaps in service. Method mix, and areas of unmet family planning needs/demand: classify them by population groups, geographic areas, type of product supply? * Are adolescents and other subpopulations (pastoralist, etc) being served? * Are health services located in geographically strategic places? * Is there duplication in service delivery in geographic areas or in the type of contraceptives or services provided across sectors? * Where are the wealthiest and the poorest populations obtaining their services? * Is each institution is covering an appropriate market niche/segment or population? * Does the current use/service provision correspond to the demand (what clients want/need)? * Why are some women not using contraceptives?   ***Suggested time: 30 minutes*** |
| 6 | Please give a copy of Table 2 to the facilitators. |

| **Table 1:** **Individual Observations on GAPS/CHALLENGES** | |
| --- | --- |
| Capacity and geographic location of the health care network (i.e. urban, semi-urban, rural, departmental, etc.) | *Ex. Restricted availability/access to services in Eastern regions* |
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| Level of care (in/outpatient, surgical capacity for sterilizations, etc.) | *Ex.Low availability of permanent methods in all levels, regions, sectors of healthcare network* |
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| Type of methods offered/used by level of care/ geographic area/ population segment (age, socioeconomic, education level) | *Ex. Low availability of long-acting methods in rural areas, high use of injectable* |
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| Target populations (i.e. in terms of socio-economic level, age, etc.) | *Ex. Lower CPR in least educated, lowest wealth quintiles* |
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| Other services offered (i.e. IEC, education, advocacy, etc.) | *Ex. Lower unmet need in certain regions* |
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|  |
| Other |  |
|  |  |
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| **TABLE 2: GROUP CONSENSUS ON GAPS/CHALLENGES** | | |
| --- | --- | --- |
| Capacity and geographic location of the health care network (i.e. urban, semi-urban, rural, departmental, etc.) |  | |
|  | |
|  | |
| Level of care (in/outpatient, surgical capacity for sterilizations, etc.) |  | |
|  | |
|  | |
| Type of methods offered/used by level of care/ geographic area/ population segment (age, socioeconomic, education level) |  | |
|  | |
|  | |
| Target populations (i.e. in terms of socio-economic level, age, etc.) | |  |
|  |
|  |
| Other services offered (i.e. IEC, education, advocacy, etc.) | |  |
|  |
|  |
| Other | |  |
|  | |  |
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| **TABLE 3: EVIDENCE BASED ANALYSIS** | |
| --- | --- |
| Where are women obtaining their contraceptives? (Ministry of Health, clinics, NGOs, etc.) In what percentages? Do you think that is appropriate access? Why or why not? |  |
| How does contraceptive source or method mix change based on geographic location , socio-economic groups, age, education? |  |
| Which are the populations that have the highest unmet need? |  |
| What are the gaps in service. method mix, and areas of unmet family planning needs/demand: classify them by population groups, geographic areas, type of product supply? |  |
| Are youth and other subpopulations (pastoralist, etc) being served? |  |
| Are health services located in geographically strategic places? |  |
| Is there duplication in service delivery in geographic areas or in the type of contraceptives or services provided across sectors? |  |
| Where are the wealthiest and the poorest populations obtaining their services? |  |
| Is each institution is covering an appropriate market niche/segment or population? |  |
| Does the current use/service provision correspond to the demand (what clients want/need)? |  |
| Why are some women not using contraceptives? |  |

Group Work 3: Participant Instructions Reviewing results from other groups and identifying priority challenges

**Group work session, 09.11.12, 9:45 pm – 10:45 pm, including coffee break**

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| --- | --- |
| TASK: | 1. Review challenges identified by various groups and identify similarities and differences 2. Review latest evidence and any new considerations to determine if any new challenges should be added or eliminated from the various tables 3. Arrive at consensus in group about priority challenges to be addressed |
| METHODOLOGY: | Complete in groups chosen by the facilitators |
| OBJECTIVES: | To learn about other group analysis, review challenges in light of new members of the group and evidence, and arrive at consensus in group about challenges to be addressed nationally |
| MATERIALS REQUIRED: | Computer, instruction sheet, table to fill out (included below), other groups tables with identified challenges, previous presentation with maps showing demand, refer to map and flip charts on the wall |
| REPORT TO: | Facilitators |
| TIME ASSIGNED | 1 hour, work through coffee break if needed |

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|  | Instructions |
| 1 | Choose a moderator to monitor time and objectives; name a secretary to take notes and fill the table below for the summary of results for the session.  ***Suggested time: 2 minutes*** |
| 2 | Individually read the guide to understand the group work activity and, if needed, resolve questions with the facilitator.  ***Suggested time: 3 minutes*** |
| 3 | Each participant should individually review the new maps provided and other group’s tables on challenges. Please note your 3-4 priority challenges in Table 1 below. Consider the following:  1) the similarities and differences between the various challenges identified by the different groups  2) if any new challenges need to be added or adapted in light of the new evidence provided; and  3) which of all of these challenges (3-4 total) should be prioritized at the national level.  *(Please consider whether these challenges are appropriate and feasible to be addressed by this multi-sectoral group, led by the FMOH, moving forward.)*  ***Suggested time: 15 minutes*** |
| 4 | Based on your individual analysis, discuss your priority challenges with the group. Analyze together to come to a consensus about which are the most important gaps or challenges (3-4 total) that need to be addressed by this multi-sectoral group, led by the FMOH, moving forward. Write those agreed upon challenges (3-4 total) in the second table below to be shared during the plenary session. Make sure your challenges can be substantiated with research, evidence, and data.  ***Suggested time: 20 minutes*** |
| 5 | **Please give a copy of Table 2 to the facilitators.** |

**TABLE 1 INDIVIDUAL OBSERVATION ON PRIORITY CHALLENGES**

|  |  |
| --- | --- |
| Priority Challenge #1 |  |
| Priority Challenge #2 |  |
| Priority Challenge #3 |  |
| Priority Challenge #4 |  |

**TABLE 2 GROUP CONSENSUS ON PRIORITY CHALLENGES**

|  |  |
| --- | --- |
| Priority Challenge #1 |  |
| Priority Challenge #2 |  |
| Priority Challenge #3 |  |
| Priority Challenge #4 |  |

Facilitator’s Guide – Building consensus to prioritize challenges

**Plenary session, 09.Nov.12, 10:45 am**

**Note: This guide is not given to participants.**

|  |  |
| --- | --- |
| TASK: | Generate a list of priority challenges on ppt table and work to arrive at consensus on 4 key challenges |
| METHODOLOGY: | The discussion will be carried out in plenary session |
| OBJECTIVES: | Arrive at a consensus at the national level about the main challenges to be tackled by the multi-sectoral group moving forward |
| MATERIALS REQUIRED: | PowerPoint presentation |
| TIME ASSIGNED | One hour |

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| --- | --- |
|  | Instructions |
| 1 | The facilitators will generate a list of all identified challenges in the ppt template during the coffee break.  *Suggested time: 5 minutes* |
| 2 | The facilitator will ask the participants to review the challenges, observe commonalities, differences and key patterns/observations about these challenges. The facilitator will prompt the participants to think about the data that has been provided and whether these challenges can be substantiated with evidence.  *Suggested time: 25 minutes* |
| 4 | The facilitators will ask participants to arrive at a consensus on the main challenges at the national level. Those results will be noted in PowerPoint. It will be important at this time to emphasize that the country should identify two to three challenges that affect everyone and that they can begin to work on together. This is an opportunity to motivate the participants to work together in solving a national challenge.  *Suggested time: 30 minutes* |

GROUP CONSENSUS ON GAPS/CHALLENGES

| **TABLE 2: GROUP CONSENSUS ON GAPS/CHALLENGES Group A** | |
| --- | --- |
| Capacity and geographic location of the health care network (i.e. urban, semi-urban, rural, departmental, etc.) | * Limited attention, lack of support to remote underserved areas * Slow progress in expanding LAPM services at all HC and Health Posts (implanon) |
| Level of care (in/outpatient, surgical capacity for sterilizations, etc.) | * Limited attention to Voluntary surgical continuation (VSC) * Limited engagement of private sector in FP |
| Type of methods offered/used by level of care/ geographic area/ population segment (age, socioeconomic, education level) | * High use of short acting methods against the high unmet need which is for spacing and limiting * Interrupted supply of commodities |
| Target populations (i.e. in terms of socio-economic level, age, etc.) | * Low utilization of LAPM by the highly fertile sector of the community (married adolescents) * Lower CPR at highly populous regions with high fertility * Very limited awareness and use and demand of FP among pastoralist communities |
| Other services offered (i.e. IEC, education, advocacy, etc.) | * Limited government engagement on doing tailored BCC and media interventions * Low advocacy efforts among decision makers and influential community/religious leaders |
| Other |  |

| **TABLE 2: GROUP CONSENSUS ON GAPS/CHALLENGES Group B** | |
| --- | --- |
| Capacity and geographic location of the health care network (i.e. urban, semi-urban, rural, departmental, etc.) | * There is restricted access of FP services in the pastoralist dominated regions (like Afar) * Lack of trained health professionals on FP methods (LAFP) especially in removed rural woredas * Weak counseling skills of FP services providers especially in giving method mix counseling usually their focus is on short term methods |
| Level of care (in/outpatient, surgical capacity for sterilizations, etc.) | * Low availability of LAFP methods commodities * Mal-distribution of LAFP methods in different facilities * Lack of timely reporting of stock out of methods to the supplier side |
| Type of methods offered/used by level of care/ geographic area/ population segment (age, socioeconomic, education level) | * Low awareness of the community on LAFP methods and on how to get the services * A misconception on use of condom as a contraceptive (because they think they will be stigmatized saying she’s promiscuous) * Service provider bias on only giving short acting methods to their clients |
| Target populations (i.e. in terms of socio-economic level, age, etc.) | * Low CPR among the rural population |
| Other services offered (i.e. IEC, education, advocacy, etc.) | * Poor community education and mobilization on different issues (like on side effects and different option/choices) * Lower awareness on male contraceptives by the community |
| Other | * Mal-distribution of partners working on FP. They are more concentrated on urban and easily accessible regions * This is a high economic and social value of children |

| **TABLE 2: GROUP CONSENSUS ON GAPS/CHALLENGES Group C** | |
| --- | --- |
| Capacity and geographic location of the health care network (i.e. urban, semi-urban, rural, departmental, etc.) | * Concentration of facilities near to capacity, following the major road * Pastoralists area, prevalence is low * Unmet need is low * No changing progress of CPR in Afar and Somali * High turner over including HEW |
| Level of care (in/outpatient, surgical capacity for sterilizations, etc.) | * Lack of friendly health services * Married adolescent girls are not focused * Lack of supply, equipment and referral linkage * Poor commitment of health workers * Poor supervision and follow-up of clients after doing the procedure particularly permanent methods * Shortage of removal accessibility care |
| Type of methods offered/used by level of care/ geographic area/ population segment (age, socioeconomic, education level) | * Most of them are short term method users but currently they are shifting to LAPM (e.g. implanon) * Removal of implants is a challenge |
| Target populations (i.e. in terms of socio-economic level, age, etc.) | * High unmet need among adolescents * Low demand of FP in pastoralist areas * Fertility rates increased in Urban areas (not Rural areas) |
| Other services offered (i.e. IEC, education, advocacy, etc.) | * Poor production of IEC material, not based on culture, religion, language * IEC production of IEC materials for disabled people * Low community awareness among pastoralist c |
| Other | * Due to current HMIS reporting system, poor data capturing and analysis |

| **TABLE 2: GROUP CONSENSUS ON GAPS/CHALLENGES Group D** | |
| --- | --- |
| Capacity and geographic location of the health care network (i.e. urban, semi-urban, rural, departmental, etc.) | * Capacity in terms of Human resources to reach all communities * Capacity to avail all products down to the service delivery system (supply system) * Capacity in terms of skill (implanon insertion and removal) |
| Level of care (in/outpatient, surgical capacity for sterilizations, etc.) | * Little number of skilled or trained health professionals in the long term contraceptives (implants and IUCD) * Most health facilities in the region do not provide IUCD |
| Type of methods offered/used by level of care/ geographic area/ population segment (age, socioeconomic, education level) | * Injectables are the most preferred choice but there are some rumors (cultural plus religious) * Low promotional activities to the long acting contraceptives * Demand for IUCD is low |
| Target populations (i.e. in terms of socio-economic level, age, etc.) | * Some communities that are residing far from health facilities are not using contraceptives * The accessibility of the health facilities to the community have impact on the use * The residence of the community and its distance to the health facility |
| Other services offered (i.e. IEC, education, advocacy, etc.) | * Lower advocacy works to increase FP products * Awareness of the society to the usage of the long acting contraceptives is very low |
| Other |  |

| **TABLE 2: GROUP CONSENSUS ON GAPS/CHALLENGES Group E** | |
| --- | --- |
| Capacity and geographic location of the health care network (i.e. urban, semi-urban, rural, departmental, etc.) | * Pastoralist communities have poor access to family planning * Health care system capacity is not strong to provide quality family planning services * Private sector engagement is poor in service provision |
| Level of care (in/outpatient, surgical capacity for sterilizations, etc.) | * Integrating services is poor |
| Type of methods offered/used by level of care/ geographic area/ population segment (age, socioeconomic, education level) | * Poor method mix * Task shifting needs to be promoted * Providers bias towards LAFP methods * Young adolescents have poor access to FP services * Disabled and economically disadvantaged segments of the population have low access to family planning |
| Target populations (i.e. in terms of socio-economic level, age, etc.) | * Hard to reach groups have low access to FP services * Most at risk population groups have low access to FP services * Poor FP access to people living with HIV/AIDS |
| Other services offered (i.e. IEC, education, advocacy, etc.) | * Poor male evolvement * Poor tailored and targeted IEC and BCC interventions * Poor social mobilization * Poor involvement of opinion leaders/champions |
| Other | * Poor coordination among partners and stakeholders * Poor resource mobilization |

| **TABLE 2: GROUP CONSENSUS ON GAPS/CHALLENGES Group F** | |
| --- | --- |
| Capacity and geographic location of the health care network (i.e. urban, semi-urban, rural, departmental, etc.) | * Unmet need is very high in pastoralist and rural areas * Low CPR in pastoralist areas expect for Gambella * TFR in urban areas is not declining * Low access to FP information in rural areas |
| Level of care (in/outpatient, surgical capacity for sterilizations, etc.) | * Poor counseling at PNC * Poor coordination within the health institutions and along the referral network * Limited capacity of health workers |
| Type of methods offered/used by level of care/ geographic area/ population segment (age, socioeconomic, education level) | * Low utilization of LAPM (e.g. IUCD) especially among younger ages * Limited capacity to provide LAPM * Low availability of LAPM |
| Target populations (i.e. in terms of socio-economic level, age, etc.) | * The poorest and poorer quintiles have the highest unmet need * The youngest age group have the highest unmet need * A very large number of adolescents have very high unmet need (1.5 million out of 5.2 million) |
| Other services offered (i.e. IEC, education, advocacy, etc.) | * Poor counseling at PNC |
| Other |  |

Group Work 3: Participant’s Guide –   
Discussion of Role of the Private Sector

Plenary Session Exercise: Discussion of the role of the private sector [Insert day and time]

*Part I.*

Identifying the contribution of the private sector:

* Which types of organizations make up the private sector? (private pharmacies, commercial manufacturers, contraceptive producers, distributors, private clinics, doctors, others)
* What are the products and services offered/provided by the commercial sector?
* What is the profile of the population reached by the different private sector entities, such as for example, for-profit private clinics and private pharmacies?
* Are there specific geographic areas that the private sector reaches better than others?
* Taking into account your organization’s profile and market, are there opportunities for the private sector to serve the market not covered and increase the utilization of family planning (FP) services? For example, the adolescent population.
* What are the products, services and/or information that the private sector offers in (insert country name) that complements what the public sector and NGOs offer?
* What is the private sector’s contribution to the work and objectives of the CS Committee?
* Given the discussion of the role of the public sector and that of NGOs in achieving CS, what could be the role of the private sector in fulfilling unmet need and reaching hard-to-reach populations?
* What are the advantages and disadvantages of the commercial manufacturers, distributors, private pharmacies and the private sector in general?

*Part II.*

Identify the main challenges in collaborating with the private sector

Now that the role of the private sector has been discussed, what are the main challenges that your country faces, in the public sector as well as in NGOs, to developing strategies to collaborate with the commercial sector and vice versa?

What steps can the CS Committee take to help resolve these identified challenges?

*Part III.*

Identify opportunities for the Ministry of Health, in its public sector steering role, to collaborate and coordinate with the private sector and incorporate the commercial sector into CS efforts.

What are the main activities the public sector can undertake to coordinate and include the private commercial sector in CS efforts?

*Part IV.*

Work in groups to identify the steps needed for the commercial sector to collaborate in CS strengthening efforts.

From your perspective, how do you think the CS Committee can formalize a strategic alliance with the private sector so that it continues to cover its FP market niche?

What are the necessary next steps to reach out to the private sector?

Group Work 3: Facilitator’s Guide –   
Discussion of Role of the Private Sector

**FACILITATOR’S GUIDE**

*Plenary Session Exercise:*

Discussion on the role of the private business sector in CS [Insert date and time]

|  |  |
| --- | --- |
| TASK: | During the plenary session, participants will participate in a brainstorming activity to identify effective ways of involving all Contraceptive Security (CS) actors, including the commercial sector. |
| OBJECTIVES: | 1. Identify the most effective ways the CS Committee can include the commercial sector to support the achievement of CS objectives  2. Generate ideas on the role and support of the commercial sector in complementing and/or strengthening the CS Plan  3. Identify how the commercial sector can contribute to improving access to family planning (FP) services |
| MATERIALS NEEDED: | Flip chart and markers  A session facilitator and a flip chart note taker will also be required. |
| TIME ASSIGNED | 30 minutes |
| During the discussion, the facilitator and the facilitator’s team will share some ideas and proposals on strengthening the “total market” vision to guarantee access to FP services and products for the entire population. Some ideas that have been effective in the past are: the private sector has promotional materials and publicity spaces where, with coordination, effective messages can be adapted for the adolescent population.  Being able to rely on the private business sector within the CS Committee will ensure that the niche that they cover will continue to be served as a part of the population of FP services and products. This would be an important step for the future sustainability of FP and CS services.  In addition to the private sector, and in the framework of the CS strategic plan, what other actors do you think would be important to invite to strengthen the CS Committee, especially to address the needs of adolescents? National Youth Council? Ministry of Education?  As the CS Committee is an advisory and coordination entity, sharing information with the private commercial sector would naturally lead to more coordination with the Ministry of Health.  Establishing alliances with the private sector in general and the pharmaceutical industry to develop televised public service announcements to inform adolescents and promote healthy behaviors regarding their sexual and reproductive health. In other countries, the private sector, private businesses and donor organizations have created alliances to gather resources for educational campaigns targeting adolescents. These alliances are successfully promoted since each member has something to gain by supporting the delivery of effective messages to populations such as adolescents and youth. | |
| Methodology | |
| 1 | Identifying the contribution of the private commercial sector in [[nsert country name]:  Taking into account the strategy development exercise, the plenary session provide an opportunity to brainstorm using the following questions:  Note for the facilitators: participants will have the list of questions that are detailed here on a separate worksheet.  Who make up the private sector in [insert country name? (private pharmacies, commercial manufacturers, contraceptive producers, distributors, private clinics, doctors, others).  What are the products and services that the private sector offers in (insert country name)?  What is the profile of the population reached by the different actors in the private business sector, for example, private, for-profit clinics and private pharmacies?  Are there specific geographic areas best suited for the private sector?  Taking into account your profile and your market, what are the opportunities so that the private commercial sector serves the uncovered market and increases the use of family planning services? For example, adolescents.  What are the products, services and/or information that the private sector offers in [insert country name] that complement what the public sector and the NGOs offer?  What contribution could the private commercial sector bring to the work and objectives of the CS Committee?  Given the discussion of the role of the public and NGOnsector in achieving CS, what could be the role of the private sector in fulfilling unmet need and serving hard-to-reach populations?  What are the advantages and disadvantages of the commercial manufacturers, distributors, private pharmacies and the private sector in general?  Suggested time: 10 minutes |
| 2 | Identify the main challenges with collaborating with the private commercial sector.  Now that the private sector presence and supply have been defined, what are the main challenges that the public sector and NGOs face in the country?  What steps can the CS Committee take to overcome these identified challenges?  Suggested time: 10 minutes |
| 3 | Identify Ministry of Health opportunities to collaborate and coordinate with the business sector and incorporate it into CS efforts.  What are the main activities that the public sector can undertake to coordinate and include the private commercial sector in its CS efforts?  Suggested time: 5 minutes |
| 4 | Together, now we can identify the steps so that this sector collaborates with CS strengthening efforts.  From your perspective, how do you consider the CS Committee could formalize a strategic alliance with the private business sector so that it continues covering its FP market niche in [insert country name]?  What are the next steps for approaching the private sector?  Suggested time: 5 minutes |

Group Work 4: Participant Instructions: Develop strategies and specific activities to address challenges

**Group work session, 09.11.12, 11:45 pm – 12:30 pm, break for lunch, cont. 13:30 – 14:30**

|  |  |
| --- | --- |
| TASK: | 1. Review and note the top 3-4 national priority challenges 2. Identify causes of these challenges 3. Identify key strategies for addressing these challenges moving forward through multisectoral collaboration |
| METHODOLOGY: | Complete in groups chosen by the facilitators |
| OBJECTIVES: | To identify causes of key challenges and strategies to help address these causes moving forward through multisectoral collaboration. |
| MATERIALS REQUIRED: | Computer, instruction sheet, table to fill out (included below) |
| REPORT TO: | Facilitators |
| TIME ASSIGNED | 1 hour 45 mintues |

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|  | Instructions |
| 1 | Choose a moderator to monitor time and objectives; name a secretary to take notes and fill the table below for the summary of results for the session.  ***Suggested time: 2 minutes*** |
| 2 | Individually read the guide to understand the group work activity and, if needed, resolve questions with the facilitator.  ***Suggested time: 3 minutes*** |
| 3 | Review the 3-4 common challenges identified in the previous session and note them in Table 1 below.  ***Suggested time: 5 minutes*** |
| 3 | Jointly discuss the main causes for these challenges (see examples below). In your analysis of the causes, consider if there are political, economic, social, transportation, communication, financial or other barriers that contribute to these challenges. For each of the priority challenges, note the causes in Table 1 below. Example:  ***Challenge: The unmet demand is high among women living in rural areas, especially between the ages of 15-19.***  *Why is the unmet need high among women ages 15-19 living in rural areas?*  *They do not seek health services for family planning services.*  *Why?*  *They only have the option of going to a clinic near their village and do not feel comfortable in that environment.*  *Why?*  *Because their privacy may not be protected if they attend a clinic nearby home.*  ***Suggested time: 30 minutes*** |

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| 4 | For the challenges and causes identified, discuss with group and arrive at consensus about key strategies to be implemented to help address these challenges. Note these strategies in Table 1 below. *See example in table.*  ***Suggested time: 30 minutes*** |
| 5 | For each of the strategies identified, identify the main result expected and the key activities to be carried out as a part of this strategy. Determine the responsible party, supportive groups, time-frame and resources needed to carry-out each activity. Note these results in Table 2 below. *See example in table.*  ***Suggested time: 30 minutes*** |
| 6 | **Plenary session**: Give a copy of Table 1 and Table 2 to the facilitator. Select a spokesperson to present the results of your groupwork in the plenary session.  ***Assigned time: Approximately 10 minutes per group*** |

TABLE 1: Group Exercise to Identify Causes of Challenges and Strategies to Address These Challenges

|  |  |  |
| --- | --- | --- |
| **Priority national challenges** | **Causes of these challenges** | **Strategies to help address these causes** |
| ***Example*** *–*  *Low supply/use of long-term method by various sectors and in most geographic areas* | ***Examples (analyze the “why” for each of these causes):***  *High use of injectables in the population, low demand for long-term methods.*  *Why?*  *Women’s preference/custom in communities of using short-term methods.*  *Why?*  *Lack of availability, information, and trust around methods that limit pregnancy for longer period.* | ***Examples:***   1. *Develop comprehensive multi- media campaign on the benefits, cost-effectiveness and limited side effects associated with long-acting methods such as IUDs, implants, and female sterilization.* |
| Priority Challenge #1: |  |  |
| Priority Challenge #2: |  |  |
| Priority Challenge #3: |  |  |
| Priority Challenge #4: |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TABLE 2 GROUP EXERSICE TO IDENTIFY STRATEGIES AND PRELIMINARY ACTION PLAN** | | | | | |
| **Key Strategies** | **Specific Activities** | **Responsible Party** | **Supporting Partners** | **Resources Needed** | **Time-frame** |
| *Example:*  *Develop multi-sectoral multi- media campaign on the benefits, cost-effectiveness and limited side effects associated with long-acting methods such as IUDs, implants, and female sterilization.*  *Expected Result: Uptake in long-acting method use* | * 1. *Set up and convene working group to develop campaign* |  |  |  |  |
| * 1. *Employ communications experts to develop campaign* |  |  |  |  |
|  |  |  |  |  |
| Strategy #1:  Expected Result: |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- |
| **Key Strategies** | **Specific Activities** | **Responsible Party** | **Supporting Partners** | **Resources Needed** | **Time-frame** |
| Strategy #2:  Expected Result: | 2.1 |  |  |  |  |
| 2.2 |  |  |  |  |
| 2.3 |  |  |  |  |
| Strategy #3:  Expected Result: | 3.1 |  |  |  |  |
| 3.2 |  |  |  |  |
| 3.3 |  |  |  |  |

Facilitator’s Guide – Sharing plans and activities identified during group work and building consensus to prioritize strategies

**Plenary session, 09.Nov.12, 14:30 pm – 16:30 pm, including coffee break after 1st hour**

**Note: This guide is not given to participants.**

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| --- | --- |
| TASK: | 1. Each group will report out identified strategies in plenary and review the activities that will accompany these strategies 2. All strategies will be recorded in ppt template 3. Participants will be asked to further discuss, refine these activities |
| METHODOLOGY: | The discussion will be carried out in plenary session |
| OBJECTIVES: | Arrive at a consensus at the national level about the main strategies to be tackled by the multi-sectoral group moving forward |
| MATERIALS REQUIRED: | PowerPoint presentation |
| TIME ASSIGNED | 1 hour 45 minutes, with coffee break after one hour |

|  |  |
| --- | --- |
|  | Instructions |
| 1 | The facilitators will ask on spokesperson from each group to present his/her group’s main strategies and give a brief summary of the activities identified for each strategy. All the major strategies will be recorded as participants present their information. During break these will be set up and projected for next discussion.  ***Suggested time: Approximately 8 minutes per group with 2 minutes for Q&A*** |
| 2 | The facilitator will ask the participants to review the main strategies identified, observe commonalities, differences and key patterns/observations about these challenges. The facilitator will prompt the participants to think about the data that has been provided and whether these strategies are feasible and really resolve the causes and challenges identified.  ***Suggested time: 30 minutes*** |
| 4 | The facilitators will ask participants to arrive at a consensus on the main strategies to be carried out at the national level. Those results will be noted in PowerPoint. It will be important at this time to emphasize that the country should identify major priority strategies that they can begin to work on together. This is an opportunity to motivate the participants to work together in solving a national challenge.  ***Suggested time: 30 minutes*** |

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