



A Participatory Approach: Using Market Analysis to Improve Access to Family Planning Services



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Abstract

Since 2003, to work toward achieving contraceptive security (CS) in the Latin America and the Caribbean (LAC) region, the U.S. Agency for International Development (USAID) has supported family planning *market segmentation* or *market analyses* studies based on secondary data analysis from demographic or reproductive health surveys. Historically, although CS committees read and analyzed these market analysis studies, they did not always use them to identify concrete strategies and activities for *how* to reduce gaps in access to family planning services.

The LAC Regional Contraceptive Security Initiative Team developed and tested a participatory market analysis methodology to analyze client needs; it uses a wide variety of activities and a framework that combines supply and demand for family planning and coordination. This approach takes the user through a series of six steps to analyze, better understand, and use market analysis data. As a result, local active stakeholder collaboration, particularly in the LAC region, has increased their knowledge about the family planning market, revitalized their commitment to improve service provision, and led them to develop more concrete and better coordinated 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	Demographic and Health Survey
GIS	geographic information system
IUD	intra uterine device
LAC	Latin America and the Caribbean
MOH	Ministry of Health
NGO	nongovernmental organization
RHS	Reproductive Health Survey
UNFPA	United Nations Population Fund
USAID	U.S. Agency for International Development

Acknowledgments

A special thank you to the Ministry of Health of Nicaragua, the members and delegates of the Nicaraguan Contraceptive Security Committee, and the USAID | DELIVER PROJECT team in Nicaragua for allowing the Latin America and the Caribbean (LAC) Contraceptive Security Regional team to pilot test the methodology described in this guide in their country. We would like to thank Paul Dowling and Bernardo Uribe from John Snow, Inc., for their thoughtful technical review. We also express our appreciation to Lindsay Stewart from the U.S. Agency for International Development (USAID) LAC Bureau in Washington, DC, for providing the LAC contraceptive security funds for this activity.

Executive Summary

Since 2003, while working to achieve contraceptive security (CS) in the Latin America and Caribbean (LAC) region, the U.S. Agency for International Development (USAID) has supported family planning *market segmentation* or *market analyses* studies that are based on secondary data analysis of demographic or reproductive health surveys. Historically, although CS committees read and analyzed these market analysis studies, they did not always use them to identify concrete strategies and activities for reducing gaps in access to family planning services.

Under the USAID | DELIVER PROJECT, the LAC Regional Contraceptive Initiative team developed and tested a practical market analysis methodology that uses a six-step participatory process to analyze the current and future national family planning market, and also identifies concrete steps to improve access to family planning services and commodities. This approach combines demographic data analysis with current and future provider supply data to identify and define concrete strategies based on each family planning provider's comparative advantage. This guide takes the user through a series of six steps to analyze, understand, and use market analysis data.

Step 1. Analyze demographic and health survey data

Step 2. Disseminate and validate key findings from desk-based analysis with stakeholders

Step 3. Analyze and geographically map supply and demand data

Step 4. Build consensus to prioritize major family planning service provision issues

Step 5. Identify market niche by institution and organization

Step 6. Develop new strategies and an implementation plan.

From this approach, local active stakeholder collaboration, particularly in the LAC region, has helped increase the team's knowledge about the family planning market, revitalize their commitment to improve service provision, and led them to develop more concrete and better coordinated strategies to reduce gaps in access to family planning services and commodities.

This guide is intended for ministries of health, CS committees, nongovernmental organizations (NGOs) providing family planning services, and other leaders in family planning who want to increase their coverage and outreach of services.

Background

Since 2003, while working to achieve contraceptive security (CS) in the Latin America and Caribbean (LAC) region, the U.S. Agency for International Development (USAID) has supported family planning *market segmentation* or *market analyses* studies¹ that are based on secondary data analysis of demographic or reproductive health surveys. To validate and disseminate these findings, USAID, through numerous projects, has supported national workshops for CS committees throughout the LAC region. These family planning market analysis studies were conducted in eight 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 CS committees read and analyze these market analysis studies, they do not always use them to identify concrete strategies and activities for *how* to reduce gaps in access to family planning services.

Most recently, family planning market analysis efforts in the region have culminated in a series of USAID-supported national and regional workshops that have improved how data is used to advance CS. The output from these events, with the in-country analysis work previously disseminated, were used to develop the steps outlined in this guide.

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

This series of events included—

- *Honduras, February 2010:* A strategic planning workshop was held to engage the commercial sector contraceptive suppliers in the CS planning process.
- *Nicaragua, May 2010:* An eight-country regional meeting was held using a one-page analysis of the family planning market and case studies from Nicaragua and El Salvador on strengthening inter-institutional alliances between ministries of health and social security institutions to better serve the family planning market, especially users affiliated to the social security health scheme.
- *Nicaragua, August 2010:* Using a participatory process, a meeting was held to analyze supply and demand data for the first time. Participants conducted a gap analysis in the family planning market that examined desk-based market analyses, facility-based data, and family planning service supply; they developed actions to resolve these issues.

Under the USAID | DELIVER PROJECT, the Latin America and Caribbean (LAC) Regional Contraceptive Initiative team used a participatory process to develop and test a practical market analysis methodology. This approach combines demographic data analysis with current and future provider

¹ The terms *market segmentation* or *market analysis* suggest a report that presents data divided into subgroups by a country's current and potential contraceptive users—each has specific social, economic, and demographic characteristics and family planning needs. Population subgroups are divided mainly into categories: socioeconomic groups, based on people's ability to pay for services and their willingness to purchase contraceptives; education level; geographic area; age; actual and preferred use of contraceptive methods; and unmet need for family planning services.

supply data to identify and define concrete strategies, based on each family planning provider's comparative advantage.

Local active stakeholders have worked together to analyze and plan these activities, increasing their knowledge about the family planning market, revitalizing their commitment to improved service provision, and leading them to develop concrete and better coordinated strategies that will reduce gaps in access to family planning services and commodities.

Guide's Purpose and Content

Audience

This guide is intended for ministries of health, CS committees, nongovernmental organizations (NGOs) providing family planning services, and other leaders in the family planning market that want to increase their coverage of and outreach for family planning services.

Approach

What makes this approach different from the previous analyses is that the stakeholders and family planning service providers simultaneously use the analysis of supply and demand data. This participatory process builds consensus among national-level stakeholders. The approach enables family planning staff and contraceptive security committees to collaborate through public-private partnerships, strengthen service delivery, and actively engage new partners: universities, advocacy groups, and the commercial sector. These activities will revitalize the national CS committee.

Purpose

The approach offers a road map for a participatory process that will analyze the current and future national family planning market; and identifies concrete actions to improve access to family planning services and commodities. Developed and tested in Latin America, this approach was and can be adapted and applied to other health sector programs and to other regions of the world.

Content

This guide offers a sample methodology to analyze a comprehensive set of supply and demand data for family planning services; it can be used to make informed decisions and strategic and action planning to reduce gaps in access to family planning. However, as useful as this guide is, it does not include instructions on how to carry out a statistical analysis of secondary health and demographic data.

When To Use This Approach

Ideally, use this guide as a starting point when you begin to develop a CS strategic plan. However, in countries where strategic planning is more advanced, use this guide to help revitalize the current plan by formulating data-driven strategies and actions to close the gaps in family planning access.

Participatory Market Analysis Approach

This section includes an overview of the objectives and a description of the participatory market analysis approach.

What is a participatory market analysis?

- This methodology ensures that all participants work together to identify, build consensus, and take appropriate actions to solve gaps and duplication issues in family planning services. A series of chronological phases will naturally take place as countries move from an initial desk analysis to actually working in the field.
- Policymakers and managers can use this tool and process to enable their country to simultaneously analyze both supply and demand for family planning services; it also helps visualize the composition of the family planning market, actual contraceptive users, and potential contraceptive users; and to understand why family planning services are not being used.

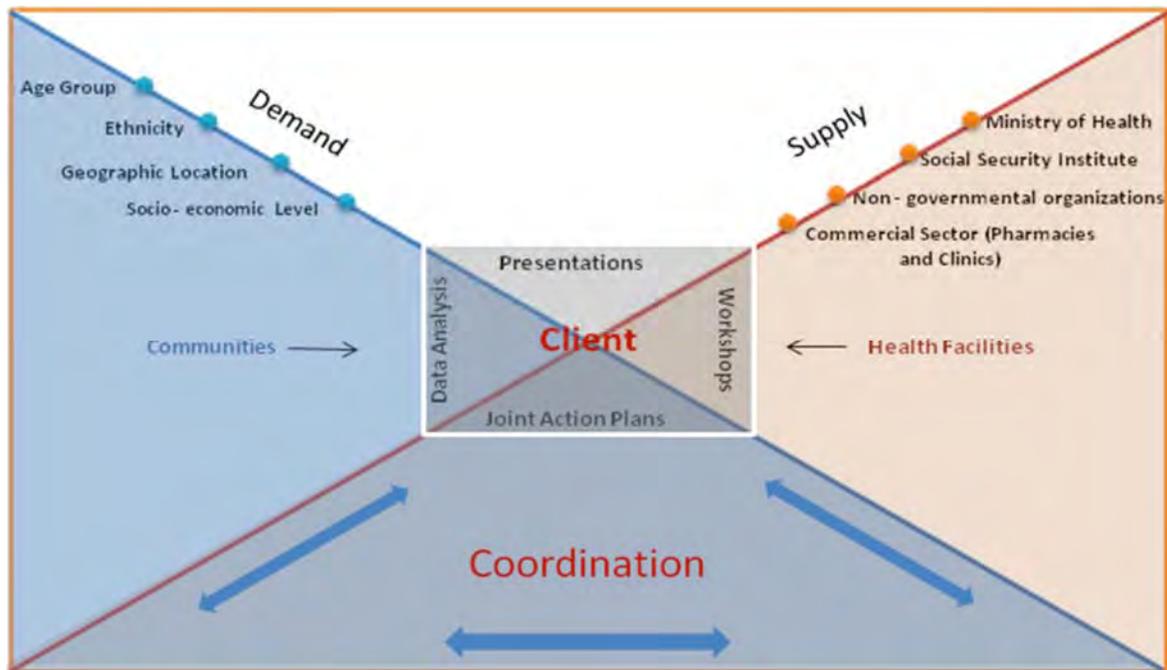
What are the objectives of a participatory market analysis?

The analysis will show how to incorporate data about the family planning market into planning and the decision-making processes:

- Identify vulnerable populations, and develop strategies and actions to reduce unmet need for family planning; it will also increase future demand among vulnerable populations.
- Identify and prioritize gaps and overlaps in access to services and products.
- Identify the advantages and strengths of all participants working in family planning; then, based on that information, identify opportunities to reach new segments of the population.
- Build consensus at the national level between sectors and participants involved in family planning; then, identify partnerships and collaborate to reduce gaps in service delivery.

Figure 1 shows a framework that highlights the importance of converging supply and demand for family planning. The figure also illustrates that coordinating various activities is the key to determining client needs: analyzing data, making presentations to disseminate supply and demand data, using collaborative workshops to identify innovative approaches to improve access to equitable services, and developing joint work plans.

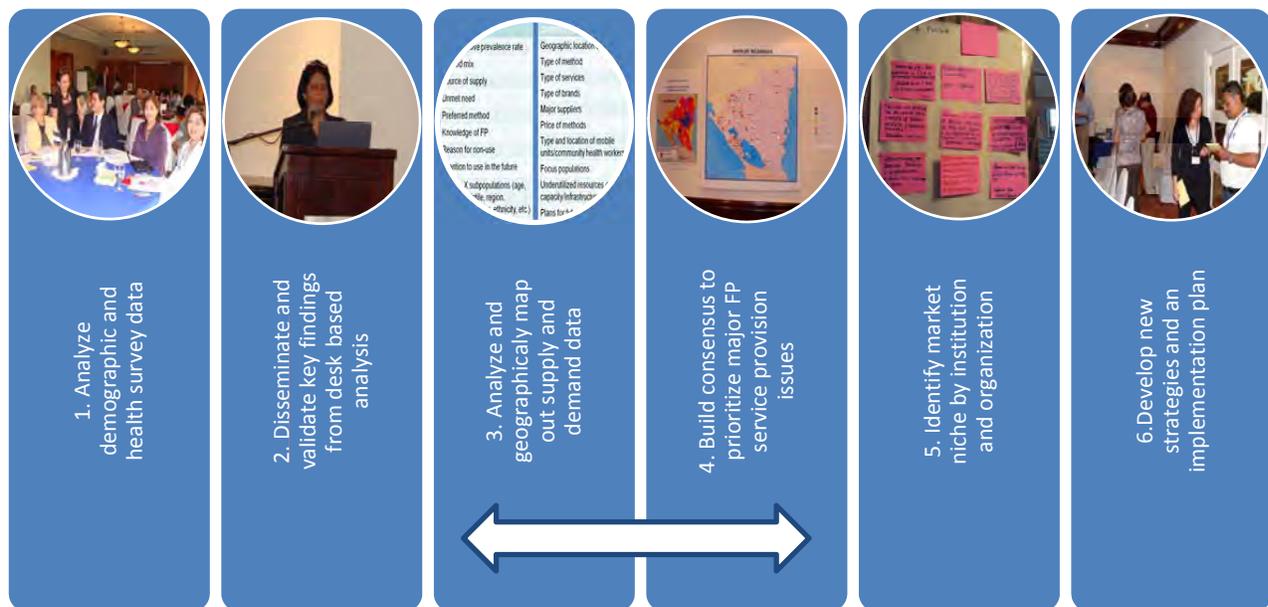
Figure I. Supply and Demand Framework



What steps are included in a participatory market analysis?

Figure 2 graphically illustrates the process.

Figure 2. Road Map for Participatory Market Analysis



Step I. Analyze demographic and health survey data.

You can conduct a desk analysis of the total market for family planning by examining different variables, including, but not limited to, population, method mix, geographic area, socioeconomic quintile, education level, age, etc. (See appendix A for an illustrative example of a desk analysis done for Nicaragua.)

What key surveys, studies, and reports are included in a desk-based market analysis?

- Demographic and Health Survey <http://www.measuredhs.com/>
- Reproductive Health Survey <http://www.cdc.gov/reproductivehealth/Global/surveys.htm>
- any studies on family planning demand and client behavior preferences
- any previous market analyses done by family planning providers in-country.

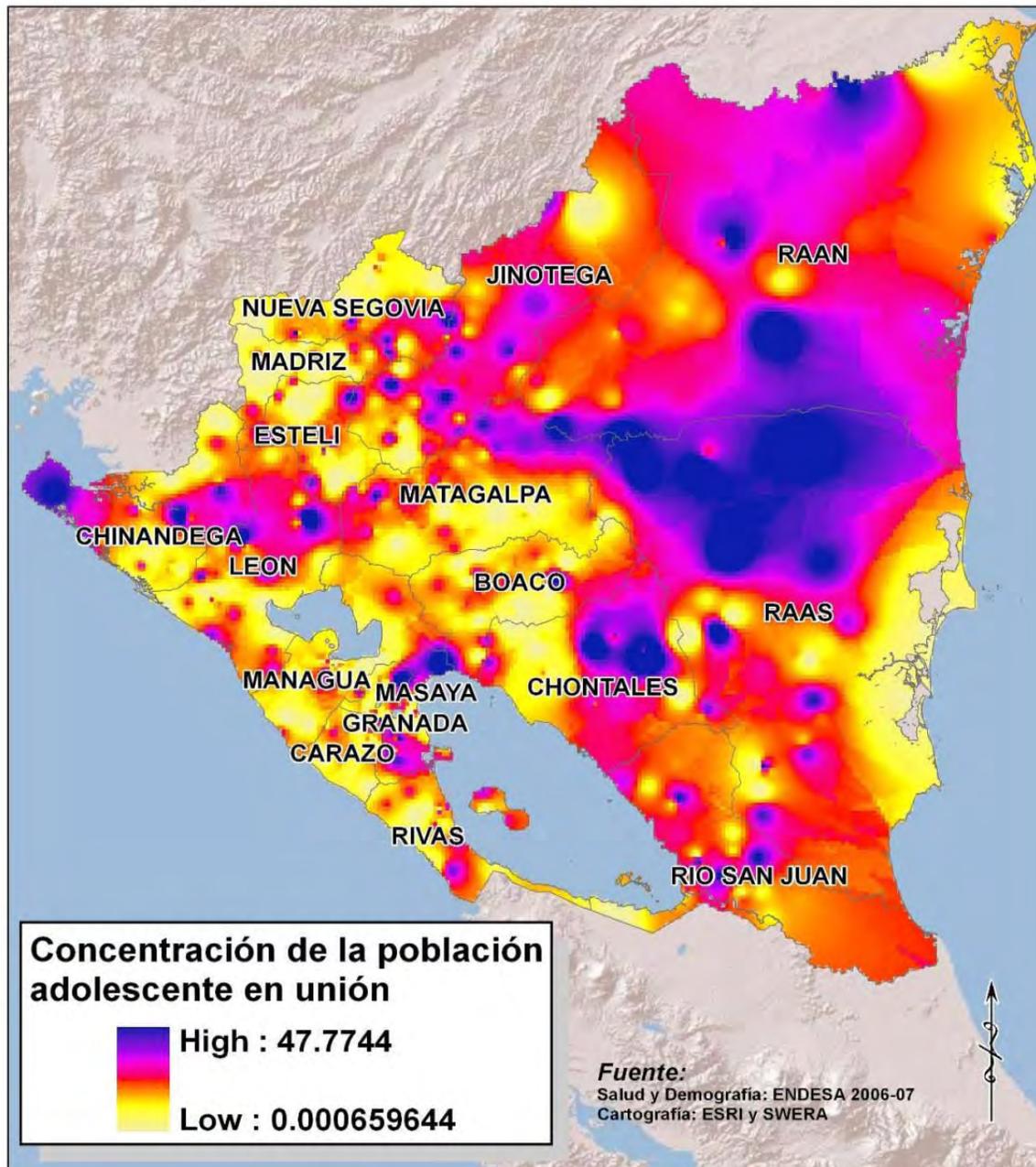
The studies indicated above can be reviewed if a desk-based statistical market analysis has already been done. If a desk-based analysis is not available, the ministry of health (MOH), as a health sector leader, may be able to identify technical experts that can conduct the analysis; it should be done in close collaboration and participation with selected CS committee members.

Other country reports that can be collected and reviewed include—

- official documents—the MOH national health plan and the national reproductive health plan
- reports on family planning interventions, including donor-funded projects, universities, and academia
- any previous national contraceptive security plan
- large wall-size maps generated using geographic information system (GIS) software, with key variables from national surveys.

These materials will visually depict several family planning variables, including maternal mortality, unmet need for family planning services, contraceptive prevalence rate, method mix, geographic location of adolescents, and socioeconomic wealth quintiles. Figure 3 displays the map used during the August 2010 Nicaragua workshop.

Figure 3. Concentration of the Adolescent Population (15–19 years) in Union, 2006–2007



Step 2. Disseminate and validate key findings from a desk-based analysis with stakeholders.

One of the first activities in the process is to familiarize participants with the data gathered and studied in Step 1. These data should be clearly presented, in a consolidated format, and include some of the major findings from the desk review.

You can include key market patterns in this presentation, particularly the variables related to population (age and education level), method mix, geographic area, and the socioeconomic quintile. Most of the

analysis (including tables and charts) are available in market segmentation studies completed by the USAID | DELIVER PROJECT and other USAID partners. Go to http://deliver.jsi.com/dlvr_content/resources/allpubs/presentations/NG_ContMarkAnaly.ppt to view or download an example presentation used in the August 2010 Nicaragua workshop.

Step 3. Analyze and geographically map supply and demand data

Supply-side data on family planning is an important element when you analyze the service delivery availability and distribution of health facilities. Prior to the workshop, every organization can develop a presentation that outlines its role and principal segment or target populations (e.g., universal coverage, adolescent groups, or indigenous populations). The organizations should plan to share the following information:

Include data on future and planned service provision.

You should include the following data:

- geographic location by urban, peri-urban, or rural; by department; and by level of care
- type of health facility and level of care (e.g., hospital or clinic that can perform surgical contraception or IUD insertion, or primary health care clinic that provides only short-term contraception methods)
- type and location of mobile units, or community health workers that provide family planning
- focus population by socioeconomic level, age, and education
- capacity and focus on other family planning components: education, information, education, and communication (IEC); advanced and refresher trainings; advocacy; and research
- communication efforts through any media, including radio, television, newspaper, billboards, pamphlets, or others
- any underutilized physical capacity (i.e., infrastructure) or resource
- plans to open new health facilities with family planning services.

At this point, each of the family planning staff participating in the analysis will present their current and future service delivery and outreach data.

Go to http://deliver.jsi.com/dlvr_content/resources/allpubs/presentations/SuppFPServComm.ppt to view or download an example PowerPoint presentation template for health service providers. You will find a sample agenda to help you plan a participatory market analysis workshop at http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/TempMtgMarkAnal.docx

Conduct an interactive geographic family planning supply mapping exercise.

Before beginning the interactive plenary session, tape wall-size maps (see step 1) on the meeting room walls.

Why conduct a supply mapping exercise?

A supply mapping exercise will help you—

- visualize key health and demographic data
- better understand the location of health facility and outreach units
- identify supply gaps and duplication
- visualize where future family planning services may need to be located
- locate technical assistance providers, either at the national level or in targeted regions.

Because this process involves many institutions, it is important to identify whether one of the participants has the information technology and skill to electronically map and juxtapose these data across participants and across geographic areas. If this is impossible, you may find that a manual supply mapping exercise is just as useful.

To make this exercise as participatory as possible, you can invite all service providers in the room to come to the front and physically map where they work. For this exercise, facilitators can use a large map and other workshop materials; participants can identify the location of their facilities and the location of future facilities (either plans to build new facilities or expand existing facilities). Non-service delivery providers can also participate by identifying advocacy, training, research, and other interventions and the location of each. Go to http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/TempMtgMarkAnal.docx to view or download sample facilitator instructions on this mapping exercise.



The Nicaragua Contraceptive Security Committee maps supply chain data.

This exercise will produce a map, constructed by each of the participants and the many variables that visually depict family planning supply across the country. The following photograph shows a map of supply chain data in Nicaragua, created by the Nicaragua CS committee.

Step 4. Build consensus to prioritize major family planning service provision issues.

Build consensus.

To avoid duplication of service provision and to provide the most equitable and efficient supply of services and products possible, participants will use the previous steps to build consensus around criteria that identifies each participants' market niche. They can analyze supply based on each provider's mission and its target population, geographic focus, product or method mix (short- or long-term and type), population age, and education level.

Conduct a participatory multifaceted gap and causal analysis.

At this point, you can do a gap and causal analysis to identify how the family planning market is being served and to identify the gaps in provision and unmet demand. Additionally, during the gap analysis, you can generate ideas to help build consensus on the possible cause of each gap.

Examples of some gaps may include—

- *An undersupply of long-term family planning methods in poor and hard to reach areas.* This gap could be caused by a lack of knowledge regarding long-term methods. If so, why is there a lack of knowledge? Could the women in these communities be accustomed to using short-term methods—pills and injections—and, therefore, that is their preference? If so, why?
- *A shortage of long-term methods that results in older women of childbearing age accessing short-term temporary methods.*

The group can also discuss previous strategies and interventions and their effectiveness, share lessons learned, and identify new ways to address gaps. Go to

http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/TempMtgMarkAnal.docx to view or download participant instructions on how to form groups and complete the gap analysis.

Prioritize gaps and problems.

The next step is to prioritize each identified issue. Use this exercise to review the gaps and their causes and to use group consensus to harmonize the various lists of gaps and causes. This exercise builds on all the previous steps taken during this meeting; it continues to build consensus among the key family planning participants.

After each group has prioritized the gaps and identified their cause, you can hold a plenary exercise to share the prioritization of each group and then merge these lists into a mutually agreed-to list. Go to http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/TempMtgMarkAnal.docx to view or download facilitator instructions on how to prioritize gaps and causes.

Step 5 - Identify market niche by institution and organization.

Country stakeholders can compare the advantages and strengths of all participants working in family planning, including non-traditional participants—universities and the commercial sector—to recognize opportunities to reach new segments of the population and potentially increase efficiency and equity in future supply.

Consensus Building—A Key Ingredient Throughout the Process

Throughout these phases, consensus building of family planning staff takes place as they become familiar with the different types of data and their use and as they learn to work together creatively. Some countries may go through these various phases iteratively, moving back and forth between them over a number of years; other countries may move quickly through each of the activities and focus on concrete operational planning.

Participants can complete an exercise to first identify both internal and external obstacles that each person faces when serving their segments. Second, participants can identify the comparative advantages that each organization or institution can provide within the country context.

Collaborate with non-traditional participants and the private commercial sector.

During this session, you can examine the options for including other participants who may not have been part of the family planning efforts led by the Ministry of Health. During this session, it is important to carefully determine how these non-traditional participants work, including what drives their operations and increases in services.

Each country may want to approach these non-traditional participants differently. This guide focuses primarily on the private commercial sector—pharmacies, manufacturers, distributors, and clinics, among others—in order to understand what motivates commercial for-profit providers and what they can contribute to strengthen the family planning market.

After a market niche or role is clearly explained for the different participants in the private commercial sector, you can then identify and take concrete steps to improve the collaboration with the CS committee. Go to http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/TempMtgMarkAnal.docx to view or download instructions for facilitators and participants on how to discuss the roles of the private commercial sector.

Identify a Market Niche

What is the market niche or strength of your institution or organization—oversight, policy development, financing of goods or services, procurement, direct service delivery, social marketing, introduction of new methods, advocacy, education and communication, other?

Step 6 - Develop new strategies and an implementation plan.

Develop new strategies.

Use this exercise 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. At this point, you can develop new strategies based on each service provider's comparative advantages and strengths. Go to http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/TempMtgMarkAnal.docx to view or download a sample guide on how to identify strategies to complement the CS plan; go to http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/CSPlanStrat.xls for a strategic framework in Excel; and go to http://deliver.jsi.com/dlvr_content/resources/allpubs/presentations/WorkPINatCSPlan.ppt for a PowerPoint template that will help you summarize and present the CS plan.

Develop action plans.

Now, you should identify subsequent interventions and concrete actions to improve family planning access to goods and services. After the new strategies and interventions are agreed upon, you can develop a consolidated national-level strategy and implementation plan. All strategies and activities should support the MOH policies and plans and move toward achieving contraceptive security in the country.

Final Thoughts

This guide provides a set of tools that stakeholders and CS committees can use and apply to analyze, improve understanding, and use market analysis data; it is also one way to help achieve contraceptive security. See Appendix B for a complete list of electronic tools that can be downloaded and adapted to local contexts.

In summary, the methodology described in this guide includes—

- a strong participatory road map to simultaneously analyze supply and demand data (service providers' actual data with demand data from the Demographic and Health Survey [DHS] or Reproductive Health Survey [RHS])
- techniques to identify vulnerable populations and to develop strategies that will help reduce unmet need for family planning and increasing demand
- exercises to identify the comparative advantages and strengths of the principle participants working in family planning and to understand the total market better
- to close gaps in service delivery, tools for consensus building at the national level between sectors and actors involved in family planning
- methods to incorporate service provider plans into the reproductive health and family planning decision-making processes.

A few important lessons learned over the past eight years on conducting market analyses include—

- Building consensus and encouraging participation in planning will yield concrete, practical strategies and solutions for increasing equitable access to family planning services.
- To create a strong, clear, and integral vision, a national government must have leadership and political will to strengthen a total market approach that includes a variety of public and private family planning providers, suppliers, policymakers, researchers, and technical assistance providers. It is important to sustain this leadership even when government or ministerial leadership changes.
- 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.
- 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 helps use the scarce resources available in a country more efficiently.
- The concept of market niche is important to take advantage of the strengths of all service providers in both public and private sectors.

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Appendix A

Nicaragua: Contraceptive Market Analysis

I. Contraceptive Use and Unmet Need for Family Planning: 2006-07 (women in union)

	CPR: MODERN METHODS	UNMET NEED FOR FP
Wealth Quintile		
Q1	63.7	13.3
Q2	68.4	12.0
Q3	72.6	11.1
Q4	72.5	8.9
Q5	73.1	7.3
Geographic Area		
Urbana	71.3	10.5
Rural	68.0	10.9
Age		
15-19	59.7	16.7
20-24	68.3	12.3
25-29	70.8	10.3
30-34	74.5	10.5
35-39	76.2	7.2
40-44	73.8	9.6
45-49	58.8	8.5
Literacy level		
Illiterate	64.8	12.6
Primary 1-3	69.6	11.9
Primary 4-6	69.4	11.0
Secondary	71.1	10.2
Tertiary	74.4	7.0
Modern methods	69.8	N/A
Trad methods	2.7	N/A
TOTAL	72.4	10.7

2. Source of Contraceptives by Method, Quintile and Geographic Area

	PUBLIC SECTOR (MOH)	PREVISIONAL MEDICAL COMPANY	COMMUNITY SECTOR	CLINIC/HOSPITAL/PRIVATE PROVIDER	PROFAMILIA	PHARMACY/MARKET	OTHER NGOS	OTHER SOURCE/DOESN'T KNOW
METHODS								
Female sterilization	69.5	6.1	0.0	6.7	12.3	0.0	4.3	1.0
Vasectomy	Not available							
Pill	57.5	2.7	1.0	1.7	0.2	33.6	1.4	2.1
IUD	69.2	6.3	0.0	10.9	3.0	0.0	9.5	1.1
Injectable	79.4	1.5	1.5	1.4	0.7	13.1	1.4	1.0
Condom	29.6	1.2	0.2	0.4	0.2	67.0	0.0	1.5
Other	31.1	0.5	0.0	12.9	14.2	0.8	3.3	28.4
QUINTILE								
Q1	83.2	0.2	2.4	0.6	2.7	5.0	1.5	4.4
Q2	80.2	1.2	0.7	1.0	4.5	8.3	2.1	2.0
Q3	71.1	3.5	0.1	2.3	5.2	14.4	2.6	0.9
Q4	59.3	5.8	0.0	4.3	4.8	20.6	3.7	1.6
Q5	41.0	8.3	0.0	12.2	7.0	26.0	4.6	1.0
GEOGRAPHIC AREA								
Urban	58.3	5.7	0.1	5.8	5.4	20.2	3.4	1.1
Rural	79.0	0.9	1.4	1.6	4.3	7.5	2.0	3.2

Public Sector

- Public Hospital
- Polyclinic
- Health Center
- Health Post

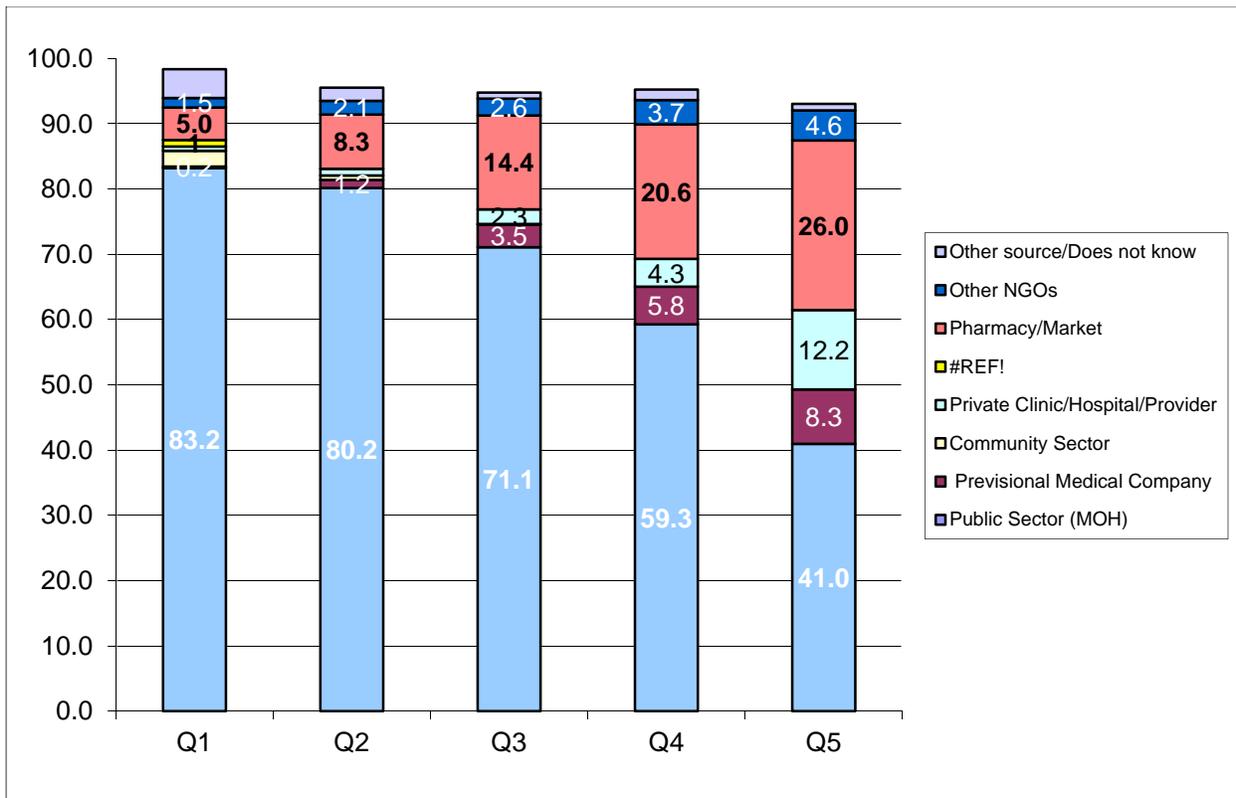
Community Sector

- Home Base
- Community Agent

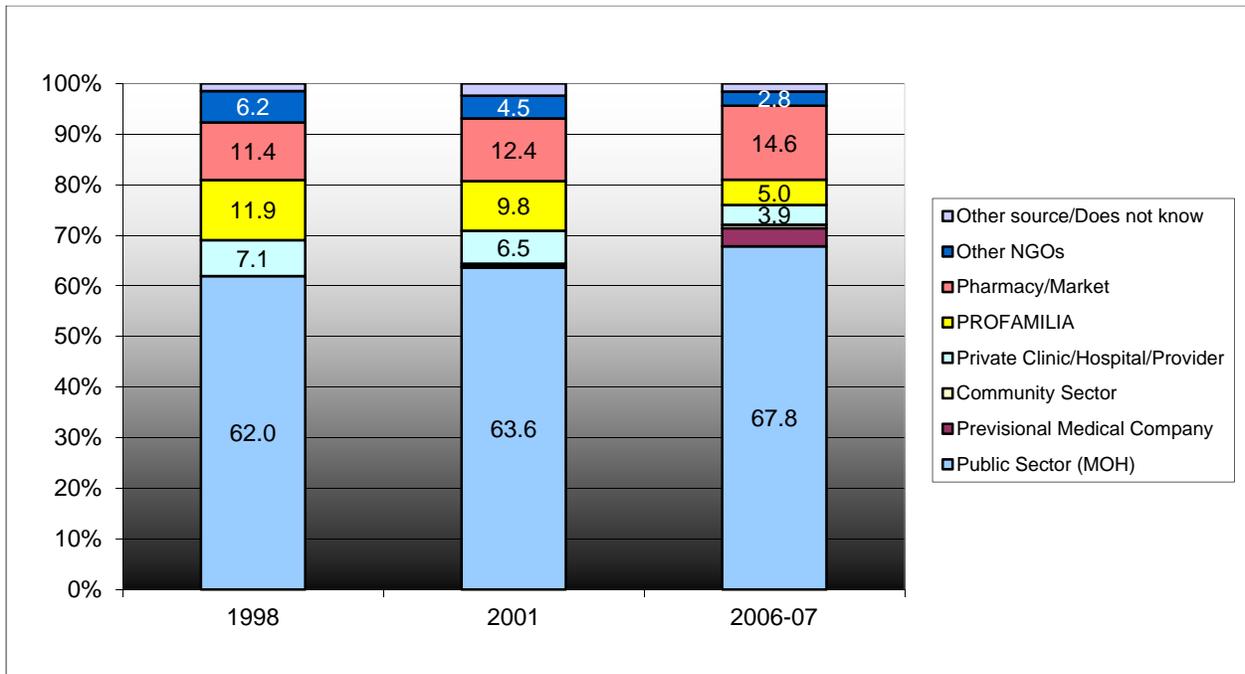
Private Sector

- Clinic/Hospital/Private Provider
 - Clinic/Private Hospital
 - Private Practice/Private Provider
- Profamilia
 - PROFAMILIA Clinic
 - Promotora de PROFAMILIA
- Other NGOs
 - IXCHEN
 - SI MUJER
 - Other Promoters
- Previsional Medical Company
- Pharmacy/Market

3. Source of Contraceptives by Quintile: 2006-07



4. Source of Contraceptives: 1998-2006/07

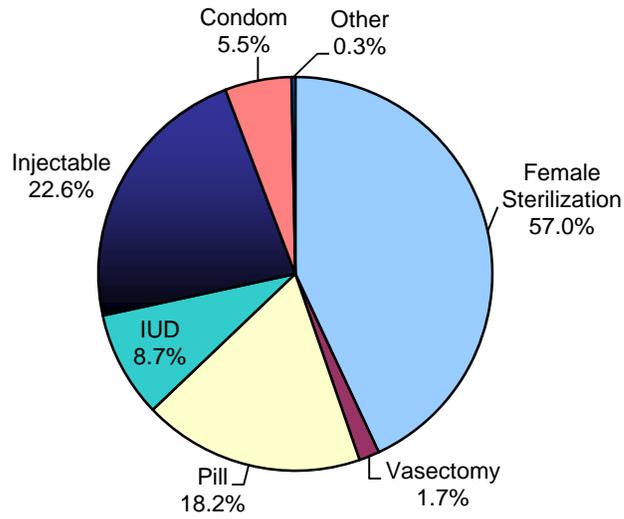


Note: The community sector and previsional medical clinic do not appear in the 1998 DHS

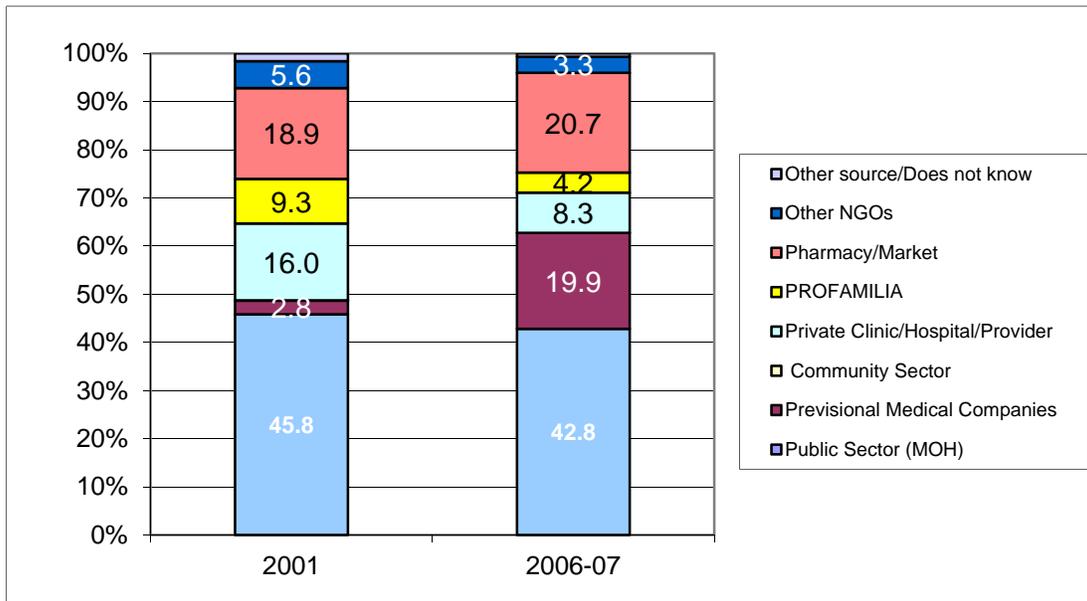
5. Reasons for Non Contraceptive Use: 2006-07 (women in union)

	RELATED WITH PREGNANCY FERTILITY	OTHER REASONS	PREGNANT	POST PARTUM/ BREASTFEEDING	MENOPAUSE /LOW FERTILITY/O PERATED	WANTS PREGNANCY	NOT SEXUALLY ACTIVE	HEALTH REASONS	FEAR OF SIDE EFFECTS/HAD SIDE EFFECTS	GEOGRAPHIC/E CONOMIC ACCESS	DOES NOT KNOW ANY METHODS	PARTNER IS OPPOSED	DOES NOT LIKE TO USE	RELIGIOUS REASONS	OTHER
Welfare Quintile															
Q1	67.2	32.8	26.9	8.5	21.5	7.3	2.9	1.9	12.7	1.8	1.2	2.3	5.7	1.8	5.0
Q2	71.7	28.3	29.4	4.2	24.5	9.5	4.1	2.9	10.8	1.0	1.5	0.8	2.2	1.0	6.3
Q3	74.3	25.7	32.7	4.4	18.7	12.9	5.6	4.5	8.5	0.8	0.7	0.5	3.5	0.3	6.8
Q4	78.8	21.2	26.3	4.4	24.6	15.8	7.8	5.4	7.3	1.2	0.0	0.0	2.2	0.5	4.4
Q5	77.4	22.6	22.4	6.4	22.7	16.8	9.1	5.4	5.1	0.0	1.0	0.5	2.0	0.9	7.2
Residential Area															
Urban	75.0	25.0	27.9	5.2	21.9	12.5	7.5	4.7	7.9	0.7	0.6	0.5	2.6	0.6	6.9
Rural	71.0	29.0	27.7	6.4	22.8	10.8	3.3	2.7	11.0	1.5	1.3	1.4	4.2	1.4	4.8
Age															
15-19	77.1	22.9	52.2	9.3	2.5	10.7	2.4	2.6	5.9	1.1	4.2	0.7	2.8	0.2	4.5
20-24	79.2	20.8	40.8	9.7	4.8	15.8	8.3	1.8	6.9	1.6	0.1	1.6	2.5	0.7	5.4
25-29	70.5	29.5	33.7	6.3	7.4	17.6	5.5	4.1	14.0	0.9	0.9	1.7	2.6	0.7	4.5
30-34	66.5	33.5	27.2	6.5	11.9	15.5	5.3	4.5	14.4	2.2	0.3	1.1	2.4	1.7	6.0
35-39	68.0	32.0	17.3	2.9	31.3	11.2	5.3	6.7	12.1	1.4	0.0	0.0	4.6	1.0	5.8
40-44	66.7	33.3	5.4	1.3	50.6	3.7	5.8	3.3	10.2	0.3	0.7	1.0	6.6	3.2	7.9
45-49	77.8	22.2	0.6	0.6	71.8	0.9	3.7	4.2	3.6	0.0	0.2	0.0	4.3	0.2	7.8
Education Level															
No education	65.9	34.1	19.5	5.1	34.2	5.0	2.1	2.6	11.7	2.3	0.9	2.8	5.7	1.9	5.6
Primary 1-3	69.0	31.0	24.7	5.6	27.6	7.0	4.1	3.2	9.4	2.5	0.9	1.3	3.3	1.4	7.7
Primary 4-6	74.8	25.2	28.3	6.1	21.2	12.5	6.7	3.2	10.3	0.8	1.4	0.6	2.8	0.7	5.0
Secondary	75.3	24.7	35.1	6.3	13.9	14.4	5.6	5.3	9.3	0.1	0.9	0.0	2.3	0.7	5.7
Tertiary	82.3	17.7	27.1	5.5	17.2	22.6	9.8	3.5	2.9	0.0	0.0	0.7	3.8	0.4	5.6

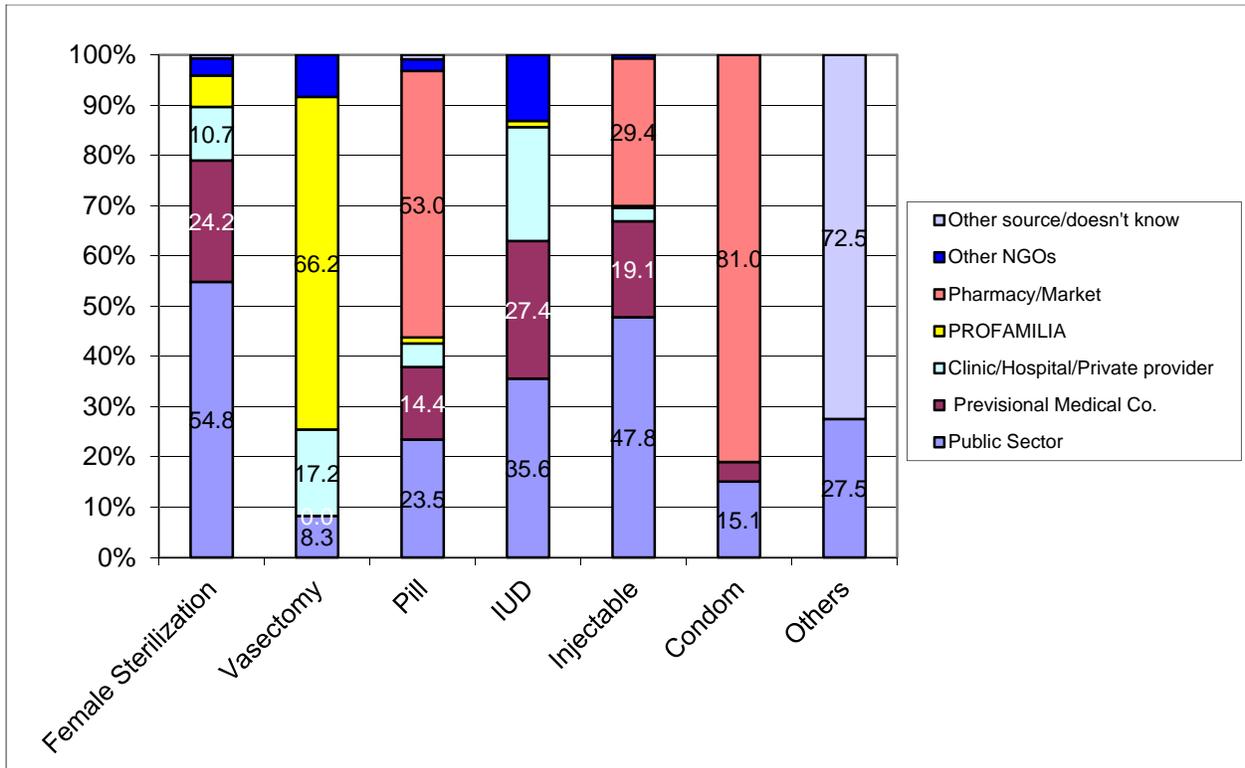
6. Method Mix of Insured Clients



7. Distribution of Insurance Clients by Supply Source: 2001 and 2006-07



8. Distribution of Insurance Clients by Method and Method Source: 2006-07



Appendix B

Tools for Conducting a Participatory Market Analysis

Other than the Health Surveys, these tools can be found on the USAID | DELIVER PROJECT website. Click the links below to download the tools and adapt them to your needs.

Step 1. Analyze demographic and health survey data.

Demographic and Health Survey

<http://www.measuredhs.com/>

Reproductive Health Survey

<http://www.cdc.gov/reproductivehealth/Global/surveys.htm>

Step 2. Disseminate and validate key findings from a desk-based analysis with stakeholders.

Example Presentation of a Family Planning Market Analysis (Nicaragua Workshop 2010)

http://deliver.jsi.com/dlvr_content/resources/allpubs/presentations/NG_ContMarkAnaly.ppt

Step 3. Analyze and geographically map supply and demand data

PowerPoint Presentation Template for Health Service Providers

http://deliver.jsi.com/dlvr_content/resources/allpubs/presentations/SuppFPServComm.ppt

Sample Agenda for a Participatory Market Analysis Workshop

http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/TempMtgMarkAnal.docx

Sample Facilitator Instructions for a Mapping Exercise

http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/TempMtgMarkAnal.docx

Step 4. Build consensus to prioritize major family planning service provision issues.

Participant Instructions for Completing a Gap Analysis

http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/TempMtgMarkAnal.docx

Facilitator Instructions for Prioritizing Gaps and Causes

http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/TempMtgMarkAnal.docx

Step 5 - Identify market niche by institution and organization.

Instructions for Facilitator-Participant Discussion on the Role of the Private Commercial Sector

http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/TempMtgMarkAnal.docx

Step 6 - Develop new strategies and an implementation plan.

Sample Participant's Guide to Identifying Strategies to Complement the CS Plan

http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/TempMtgMarkAnal.docx

Example Strategic Framework in Excel

http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/CSPlanStrat.xls

PowerPoint Presentation Template for the Implementation Plan

http://deliver.jsi.com/dlvr_content/resources/allpubs/presentations/WorkPINatCSPlan.ppt

For more information, please visit deliver.jsi.com.

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