##

Market Analysis Tools for Sexual and Reproductive Health and Rights Programming

Using Cash and Voucher Assistance

This document combines three market-related tools aimed at assessing the feasibility and appropriateness of using cash and voucher assistance (CVA) for sexual and reproductive health and rights (SRHR) outcomes. It includes

* A table to select the key SRHR services and commodities and places to focus on during a market assessment (to fill based on desk review and focus group discussions (FGDs) with community members)
* A table to use during interviews with service providers as part of the market assessment
* A series of key questions to ask during interviews with SRHR authorities (such as ministries)

These tools can be complemented by other market assessment tools, such as the ones presented [here](https://www.careemergencytoolkit.org/topics-issues/1-cash-and-voucher-assistance/3-assessment-and-analysis/3-2-market-analysis/).

A market analysis is a crucial part of the situational analysis for any SRHR response, not just those that use CVA. Humanitarian responses must be designed within the consideration of key market systems, or they risk damaging livelihoods, jobs, and businesses and undermining livelihood rehabilitation, which can prolong dependence on assistance. CARE responses should **DO NO HARM** to consumers and markets and should make use of market systems when and where they are functional.

For SRHR programs, market analysis can answer questions related to:

* The quality and costs of SRHR services and related commodities currently available on the market;
* Access of crisis affected households, especially women, to these marketplaces or healthcare facilities;
* The most appropriate delivery modality to deliver CARE’s SRHR response; and
* The relevance of supporting SRHR-related market systems.

CARE has global guidance on market assessments that are relevant for informing SRHR programs. They can be accessed here: <https://www.careemergencytoolkit.org/topics-issues/1-cash-and-voucher-assistance/3-assessment-and-analysis/3-2-market-analysis/>

**For SRHR-related market assessments, make sure that the tool you choose is gender-sensitive.**

**Tool 1: Key markets and SRHR commodities/services needed by the targeted population to meet the program’s objectives.**

This table should be completed based on the team’s existing contextual knowledge, **desk review, an** as well as data coming out of the design-stage FGDs.

It should be used to inform the location of the market assessment as well as the key commodities/services to focus on.

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| **Geographical area & key SRHR commodities and services** |
| Name of the targeted area(s) |  |  |
| Population size in the area(s) |  | *Potential disaggregation by gender/ age/ other characteristics depending on the intended target group(s)* |
| List below the most important SRHR commodities and services needed by the targeted group (use results from the FGD at the design stage). |
| Name of the service or commodity*(Note in order of importance.)* | How much/many of these supplies/services are likely require for the catchment population during a three-month period? Utilize MISP guidance and population size for this estimate. | Indicate availability at community, primary health care, and referral facility (mark an “X” where accessible at relevant location and specify name of each location where feasible): |
|  Community (pharmacy, CHW, etc.); specify name  | Primary healthcare center (specify name) | Referral site (specify name) |
| Emergency contraception |  |  |  |  |
| Combined oral contraceptive pills |  |  |  |  |
| Progestin only pills |  |  |  |  |
| IUDs |  |  |  |  |
| Implants |  |  |  |  |
| misoprostol (combipac) |  |  |  |  |
| Mifepristone |  |  |  |  |
| Magnesium sulphate |  |  |  |  |
| Normal delivery |  |  |  |  |
| Basic Emergency Obstetric and Newborn Care |  |  |  |  |
| Caesarean section/ CEmONC |  |  |  |  |
| Syndromic management of STIs |  |  |  |  |
| Antenatal care |  |  |  |  |
| Postnatal care |  |  |  |  |
| Lab-testing |  |  |  |  |
| Clinical Management of Rape |  |  |  |  |
| **(Country offices to add to this list as relevant)** |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
| List the intended targeted communities, their population size, and the places they normally frequent to access SRHR services and commodities | Distance between community and where the SRH service/commodity is accessible |
| In summary, what are the main places used by the target group to access key SHRH services and commodities? | 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| Capacity and accessibility |  |  |
| Based on past experiences, secondary data, and key informants, is it likely that these places will be able to provide sufficient quantities of the key commodities and services needed? |  |  |
| Identified places*Based on section above* |  | Likely or unlikely to provide sufficient quantities *Mark if likely or unlikely*  | Comments *Add comments that may need further investigation during market actor interviews* |  |  |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| Are there security, ethnic, gender, or other social issues that can affect access to those places?  |  |  |
| Identified places*Based on section above* |  | Security, ethnic, gender, or other social issues that can affect access to this place*Mark YES or NO*  | Comments *If you marked YES in the adjacent column, please explain what issues there are, why, and for which target groups in particular* |  |  |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| Conclusion |  |  |
| *Based on the information above, identify here the key places and commodities/services requiring further investigation as part of the market assessment.**Include also any potential concerns related to access to this places or commodity/services* |  |  |

**Tool 2 : Key information to gather during interviews with market actors or SRHR providers**

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| **Basic Information** |
| Name of Interviewer: |   |   |   |   |  |   |  | Date of Survey: |  |  |   |
| District: |   |   |   |   |  |   |  | Community: |  |   |
| Market Name (if any): |   |   |   |   |  |   |   |  |   |   |  |   |   |  |    |
| *I’m contacting you today to ask you some questions regarding the price and availability of some commodities or services you are providing. The interview will take no more than 15 minutes. There is no direct benefit to you for participating in this survey. However, this survey can help us to understand how markets operate in this area. All the information you give will be strictly anonymous and confidential. Your cooperation is greatly appreciated, as it will help us to understand the problems that face markets in this area. Do you have any questions for me? Do you consent to take part in the interview?* | Name of shop/facility 1:  | Name of shop/facility 2: |   | Name of shop/facility 3: |   | Name of shop/facility 4:  | Name of shop/facility 5: |   |
| Exact Location: |   | Exact Location:  | Exact Location: |   | Exact Location:  | Exact Location:  |
| Name of shop/facility owner or director: |   | Name of shop/facility owner or director: |   | Name of shop/facility owner or director: |   | Name of shop/facility owner or director: |   | Name of shop/facility owner or director:  |
| For each commodity and service below, indicate whether each shop/facility provide it or not and if so, at which price. |  |
| SRH commodity/service*Based on the selected commodities and services using Tool 1* | Shop/facility 1 | Shop/facility 2 | Shop/facility 3 | Shop/facility 4 | Shop/facility 5 |
| Availability (Y/N) | Price | Availability (Y/N) | Price | Availability (Y/N) | Price | Availability (Y/N) | Price | Availability (Y/N) | Price |
| *SRH commodity/service 1* |  |  |  |  |  |  |  |  |  |  |
| *SRH commodity/service 2* |  |  |  |  |  |  |  |  |  |  |
| *SRH commodity/service 3* |  |  |  |  |  |  |  |  |  |  |
| *SRH commodity/service 4* |  |  |  |  |  |  |  |  |  |  |
| *SRH commodity/service 5* |  |  |  |  |  |  |  |  |  |  |
| For each commodity and service below, indicate whether each shop/facility would be able to respond to an increase in demand (include information here about how many people you intend to support to give a clearer idea about the expected increase in demand). |  |
| SRH commodity/service*Based on the selected commodities and services using Tool 1* | Shop/facility 1 | Shop/facility 2 | Shop/facility 3 | Shop/facility 4 | Shop/facility 5 |
| Capacity to meet increase in demand (Y/N) | How? | Capacity to meet increase in demand (Y/N) | How? | Capacity to meet increase in demand (Y/N) | How? | Capacity to meet increase in demand (Y/N) | How? | Capacity to meet increase in demand (Y/N) | How? |
| *SRH commodity/service 1* |  |  |  |  |  |  |  |  |  |  |
| *SRH commodity/service 2* |  |  |  |  |  |  |  |  |  |  |
| *SRH commodity/service 3* |  |  |  |  |  |  |  |  |  |  |
| *SRH commodity/service 4* |  |  |  |  |  |  |  |  |  |  |
| *SRH commodity/service 5* |  |  |  |  |  |  |  |  |  |  |
| For each commodity and service below, provide an assessment of the quality of the SRH commodity or service. *(This can be done through observations, talking to the providers about standards and procedures in place, or by talking to clients/patients present during the interview. For commodities, the quality assessment can be based on the brand, the expiration date, storage facilities, etc. For services, it can be based on who provides the services, the privacy offered, and the cleanliness of the facilities).* |
| SRH commodity/service*Based on the selected commodities and services using Tool 1* | Shop/facility 1 | Shop/facility 2 | Shop/facility 3 | Shop/facility 4 | Shop/facility 5 |
| Quality assessment (1= very satisfactory, 2= satisfactory3= unsatisfactory) | Please provide the rationale for your rating | Please include actions for quality improvement | Quality assessment (1= very satisfactory, 2= satisfactory3= unsatisfactory) | Please provide the rationale for your rating | Please include actions for quality improvement | Quality assessment (1= very satisfactory, 2= satisfactory3= unsatisfactory) | Please provide the rationale for your rating | Please include actions for quality improvement | Quality assessment (1= very satisfactory, 2= satisfactory3= unsatisfactory) | Please provide the rationale for your rating | Quality assessment (1= very satisfactory, 2= satisfactory3= unsatisfactory) | Please provide the rationale for your rating |
| *SRH commodity/service 1* |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *SRH commodity/service 2* |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *SRH commodity/service 3* |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *SRH commodity/service 4* |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *SRH commodity/service 5* |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Tool 3 : Key questions for interviews with SRHR health authorities**

**State:**

**Locality: Area:**

**Name of the respondent:**

**Gender of the respondent:**

**Date:**

*(All words in italics are notes to the interviewer)*

*Before the interview:*

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| **INFORMED CONSENT** *Hello. My name is (your name). I work for CARE International, an organization that is interested in learning more about sexual and reproductive health concerns in (add location).* *Add information here about the precise aim of this interview – for instance, a baseline for a CVA for SRHR program* *I am grateful for your participation in this interview. The interview will take about (adjust based on the total number of questions) minutes to complete. Whatever information you provide will be kept strictly confidential and will not be disclosed to other people.* *Participation in this interview is completely voluntary and you can choose not to answer any individual question if you feel uncomfortable.* *At this time, do you want to ask me anything about the interview?* *Do you agree to take part in the interview?* *RESPONDENT AGREES TO BE RESPONDENT DOES NOT AGREE TO BE* *INTERVIEWED ...........................--->. 1 INTERVIEWED ........................................ ──> END*  |

1. What are the main sexual and reproductive health problems faced by people living in *(adjust based on the total number of questions)*? Among the problems that you just mentioned, which ones are the most important or pressing?
2. What are the unique health/SRHR needs for the marginalized and vulnerable sub-groups (e.g. pregnant and lactating women, adolescent girls)? *Adapt* *to the context, e.g. asking about specific indigenous communities, documentation/legal/refugee status, sexual orientation or gender identity, etc.*
3. What are the main barriers preventing community members from accessing those commodities and services already available in the community?

*If not mentioned, ask about: financial barriers, cultural barriers, religious barriers, physical access barriers, and legal barriers (such as accessing contraception for minors****)***

* 1. Do specific groups face more challenges and barriers than others (e.g. young people, people living with disabilities, minority groups, etc.)?
1. Who provides healthcare to whom? (For example, what types of healthcare provide services? Do local beliefs and practices let male health workers care for women? Is the language of the service provider the same as the language of the client? Are midwives allowed to provide services like long-acting reversible contraceptives?)
2. What are the key commodities or services related to sexual and reproductive health (such as family planning services, pre- and post-birth consultations, etc.) that are needed in the community?
	1. Which ones are easily accessible?
	2. Which ones are not?
3. What are the local beliefs and practices related to marriage, family planning, pregnancy and birth, disposal of dead bodies, washing, water use, cooking, and animal care? Are any of these harmful for women, men, girls, boys and people of all genders and other vulnerable groups?
4. Do women and men talk about and/or get information about health differently? How about adolescent boys and girls? People of other gender groups and other vulnerable groups? What cultural and religious practices affect health care?
5. Do you think that supporting people with cash grants/vouchers would be an effective approach to increase access to SRHR commodities and services? Are there any policy restrictions on provision of cash or voucher assistance to people in this community?
	1. If such an activity was implemented, what complementary activities should be put in place to reach this objective?
6. If households in the community are supported with cash grants/vouchers and complementary activities, do you think that suppliers of those SRHR commodities and services will be able to meet the increase in demand?
	1. If so, how?
	2. If not, why? And what could be done to help them meet this increase in demand?
7. For SRHR commodities and services that are not currently available in the community, what support should be put in place to make them available? Who should be supported and how?
8. In your opinion, could supporting people (in particular women) to access SRHR services and commodities create tensions or conflicts within the household or within the community?
	1. If so, how?

Feel free to add any other SRHR-specific questions to inform the design of your program.

*Thank you for your time. I have learned a lot thanks to you. This information will be helpful for my organization to design relevant programs. Your contribution is appreciated.*