Many people were involved in the research, design, field-testing and finalization of the Market Research for Microfinance and Health Protection How-to Guide. In particular, we would like to acknowledge the primary author of this guide, Rossana M. Ramírez. In addition, we would like to acknowledge Cassie Chandler, Laura Fleischer-Proaño, Edouine François, Bobbi Gray, Marcia Metcalfe and Myka Reinsch for significant technical contributions. We would like to give special thanks to Betty Moreira and Francisco Moreno from Fundación Espoir for their participation and valuable input in the field-test of the guide. Finally, we would like to thank our MFI partners and dedicated staff from Bandhan, CARD, CRECER, PADME and RCPB without whom none of this would be possible.

All images contained within this document are property of Freedom from Hunger and all rights are reserved: ©Karl Grobl for Freedom from Hunger, 2010 or ©Freedom from Hunger, 2010.
# Table of Contents

List of Acronyms ................................................................................................................................................................................. i

About This Technical Guide............................................................................................................................................................ ii

Section I: Introduction  
Introduction to the Integration of Microfinance and Health Protection Services ........................................................... 2  
Overview of Market Research for Microfinance and Health Protection ............................................................................ 7

Section II: Market Research Process  
Phase 1: Design the Market Research Plan ..............................................................................................................................12  
Phase 2: Conduct the Secondary Market Research ...............................................................................................................20  
Phase 3: Select the Market Research Tools ..............................................................................................................................24  
Phase 4: Prepare the Market Research Tools ..........................................................................................................................31  
Phase 5: Finalize the Fieldwork Preparations .......................................................................................................................37  
Phase 6: Implement and Document the Fieldwork .................................................................................................................43  
Phase 7: Analyze the Data and Develop a Product Concept ...............................................................................................56  
Conclusion ...................................................................................................................................................................................... 67

Section III: Market Research Toolkit  
Interview Tool  
Guide for Interviewing Health Providers ................................................................................................................ 71  
Focus-Group Discussion Tool  
Guide for Conducting Focus-Group Discussions with MFI Clients ............................................................................... 73

Participatory Rapid Appraisal Tools  
Tips for Implementing Participatory Rapid Appraisal Tools ................................................................................................ 76  
Life-Cycle Profile to Analyze Health-Care Needs Over Time ............................................................................................... 77  
Health-Care Service Attribute Ranking ........................................................................................................................... 80  
Relative Preference Ranking ........................................................................................................................................ 83  
Health Care-Seeking Behavior Maps .................................................................................................................................. 86

Section IV: Appendices  
A. Health Protection Service Packages .............................................................................................................................. 90  
B. Modified PRA Tool ........................................................................................................................................... 91  
C. Suggested Training Method ........................................................................................................................................ 93  
D. Note Sheet ........................................................................................................................................................ 100  
E. Observation Checklist ........................................................................................................................................... 101  
F. Sample Fieldwork Schedule ........................................................................................................................................ 101  
G. Tally Sheet ........................................................................................................................................................ 102  
H. Quality-of-Care Matrix ........................................................................................................................................... 103
LIST OF ACRONYMS

CARD—Center for Agriculture and Rural Development, Inc.
CRECER—Crédito con Educación Rural
FGD—Focus-Group Discussion
MAHP—Microfinance and Health Protection
MFI—Microfinance Institution
PADME—Projet d’Appui au Développement des Micro-Entreprises
PRA—Participatory Rapid Appraisal
RCPB—Réseau des Caisses Populaires du Burkina
SWOT—Strengths, Weaknesses, Opportunities and Threats
ABOUT THIS TECHNICAL GUIDE

Background

Freedom from Hunger, a recognized expert in integrated financial and nonfinancial services for the poor, launched the Microfinance and Health Protection (MAHP) initiative in January 2006 with funding from the Bill & Melinda Gates Foundation. In partnership with the five microfinance institutions (MFIs) listed below, MAHP developed and tested integrated health protection innovations for the very poor.

- Bandhan (India)
- CARD (Philippines)
- CRECER (Bolivia)
- PADME (Bénin)
- RCPB (Burkina Faso)

At the time of developing this guide, these MFIs were collectively reaching more than three million clients with microfinance services. With technical support from Freedom from Hunger, each MFI designed, developed and implemented a unique package of integrated health protection services on the basis of market research and institutional capacity. At the end of the demonstration phase of the initiative, the MFIs were extending the availability of these packages to new areas and clients and providing health protection products and services to over 200,000 MFI clients.

The idea behind integrating health protection services is to implement services that contribute to improved client health but that can be practically, realistically and sustainably offered by MFIs without dramatic changes to their business models.

Lessons learned from these innovations are now available in a series of technical guides that are designed to enable other MFIs to successfully add and integrate health education, health financing mechanisms, health provider linkages, and/or other health services. This technical guide, Market Research for Microfinance and Health Protection, is the first in the series, and draws primarily from the market research experiences of the MAHP partners.

Objectives

The objectives of the Market Research for Microfinance and Health Protection guide are to

- provide MFIs the process, tools and approach needed to carry out market research for health protection services and
- provide guidance on how to analyze the data and develop the concept of a health protection service package.

While there are a host of valuable resources currently available on market research processes, the Market Research for Microfinance and Health Protection how-to guide offers a unique focus on developing innovative health protection solutions to address health issues that affect the financial and physical well-being of MFI clients. This guide demonstrates how to collect and analyze research data in a systematic way to develop a
cohesive, integrated health protection service package that can improve the capacity of MFI clients to prevent and manage health problems, and to further protect families from the financial shocks of serious illness and recurrent ill health.

Audience
This technical guide is addressed to MFI staff who are considering adding health services to the MFI’s existing financial services. This guide was designed specifically for staff who might have some experience with market research, but who are seeking in-depth guidance on designing, planning and implementing health related market research and product development. All key staff who will be involved in the market research and concept development process—including managers and leaders—will benefit from reviewing this guide.

How to use this guide
This guide is comprised of three major sections:

<table>
<thead>
<tr>
<th>Section I: Introduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>A brief synopsis of the rationale for integrating health protection services with microfinance services, and an overview of the market research process.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section II: Market Research Process</th>
</tr>
</thead>
</table>
| Practical step-by-step guidance on market research and development of a product concept for a health protection service package. Section II is the core of this guide, comprised of seven phases in the market research process.  
Each phase consists of a series of steps that guides users on the design, planning and implementation of the market research and concept development. At the beginning of each phase is an objective that indicates what the user will achieve by following the suggested guidance. To achieve the objective, users need to reach specific milestones. Users can measure their progress with a checklist, which is included at the end of each phase. By completing the tasks and reaching the corresponding milestones, users will be ready for the next phase in the market research process.  
This section includes actual examples from MFIs that have completed similar market research plans. |

<table>
<thead>
<tr>
<th>Section III: Market Research for Health Toolkit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section includes Interview Tool, Focus-Group Discussion Tool and Participatory Rapid Appraisal Tools to guide the market research process.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section IV: Appendices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional documents to guide the market research process.</td>
</tr>
</tbody>
</table>

Technical Guide Series
Additional resources in the MAHP technical series include: Developing Linkages with Health Providers, Health Loans and Health Savings. Freedom from Hunger also created a workshop for MFI leaders and practitioners on the rationale and consideration for integrating microfinance and health services. More information about Freedom from Hunger, the MAHP initiative and the associated products and guides is available at www.ffhtechnical.org.
SECTION I: INTRODUCTION
Introduction to the Integration of Microfinance and Health Protection Services

Why consider microfinance and health protection services?  

In the past few years, microfinance has been widely heralded as a successful contributor to the alleviation of poverty and a valuable tool for achieving the Millennium Development Goals. While access to financial services is undeniably powerful, credit and savings products address only one dimension of poverty—a lack of liquidity—which is insufficient to tackle serious difficulties the poor face when struck with illness and disease. Poverty and ill health are intertwined and, as such, must be addressed in tandem. The poor are least likely to be able to afford health care when they are injured or fall ill. As a result, the poorer the clientele, the more difficult it is to obtain basic preventive and curative health services, and the higher the morbidity and mortality rates. The ensuing loss in income and life results in greater vulnerability and shock for the entire family. A vicious cycle of poverty and ill health affects the ability of MFI clients to repay their loans, grow their businesses and build assets—conditions that are essential for pulling people out of poverty. As clients are unable to repay their loans and continue borrowing, MFI financial performance can also be dramatically impacted.

But when clients access timely and effective health services, they improve their likelihood of preventing disease, recovering from ill health and resuming their productive activities. MFIs can help realize this change and bring an end to the trap of poverty and ill health by integrating innovative health protection services that leverage the institution’s financial services and further its social mission. This integration of financial and health related services becomes valuable to clients and MFIs along social and financial dimensions, as shown in Figure 1.

**FIGURE 1: BENEFITS OF INTEGRATED HEALTH AND FINANCIAL SERVICES**

<table>
<thead>
<tr>
<th>Social</th>
<th>Financial</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improved health of clients and families</td>
<td>• Greater competitive advantage</td>
</tr>
<tr>
<td>• Enhanced household well-being</td>
<td>• Improved repayment rate</td>
</tr>
<tr>
<td>• Sustained ability of clients to grow businesses</td>
<td>• Reduced portfolio-at-risk</td>
</tr>
<tr>
<td>• Enhanced capacity of clients to overcome poverty</td>
<td>• Greater client loyalty and retention</td>
</tr>
</tbody>
</table>

What health protection services can be integrated by MFIs?

Recognizing the vicious cycle of poverty and ill health, and the impact on clients’ abilities to repay loans, build assets and pull themselves out of poverty, some microfinance institutions have added nonfinancial services, such as dialogue-based education and a range of health related services and products. Figure 2 shows how client needs can be addressed with a spectrum of services provided by MFIs.

---

1 This chapter draws extensively from Dunford, C. et al. 2007. “How microfinance can work for the poor: The case for integrating microfinance with education and health services” and McCalfe, M. and Reinsch Sinclair, M. 2008. “Enhancing the impact of microfinance.”

The list of health protection services shown in Figure 2 is not exhaustive, but rather suggestive of the types of services that might be provided by MFIs. These services, described in further detail below, provide a framework for thinking about innovative solutions that can address client needs and demands.

**FIGURE 2: WHAT HEALTH PROTECTION SERVICES CAN BE INTEGRATED BY MFIS?**

**Health Education Services**

A proven approach for strengthening the ability of clients to prevent illness and improve health is dialogue-based education that promotes positive lifestyle changes.\(^3\) Coupling microfinance with behavior-change education can be especially powerful. The combination of greater knowledge of sound health practices and the increased income to act on that knowledge are essential for achieving dynamic, positive change. For example, as clients learn about the use of insecticide-treated mosquito nets to prevent malaria, it is equally critical that they are able to access the necessary financing to buy the nets. Figure 3 lists examples of dialogue-based, behavior-change education.

---

\(^3\) For more information on the impact of combining education with credit, see the following:


FIGURE 3: EDUCATION SESSIONS DEVELOPED BY FREEDOM FROM HUNGER

<table>
<thead>
<tr>
<th>Health Topic</th>
<th>Behavior Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Malaria</td>
<td>• Prevent and appropriately treat common illnesses</td>
</tr>
<tr>
<td>• Diarrhea</td>
<td></td>
</tr>
<tr>
<td>• HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>• Breastfeeding</td>
<td>• Commit to breastfeeding and breastfeeding exclusively for six months</td>
</tr>
<tr>
<td>• Healthy Habits</td>
<td>• Adopt healthy habits to ward off chronic disease</td>
</tr>
<tr>
<td>• Women’s Sexual and Reproductive Health</td>
<td>• Engage in healthy practices for the well-being of mother and baby</td>
</tr>
<tr>
<td>• Plan for Better Health</td>
<td>• Prepare their families to cope with the financial impact of illness</td>
</tr>
<tr>
<td>• Using Health Care Services</td>
<td>• Make the most out of available health services</td>
</tr>
</tbody>
</table>

*To access these modules, visit www.ffhtechnical.org*

Health Savings, Loans and Microinsurance

In recognition of client demand for protection against health related financial shocks and the MFI’s own interest in protecting its portfolio from illness-induced defaults, some organizations are delivering health financing mechanisms, such as health savings accounts, health loans and health microinsurance:

- Savings accounts dedicated to prevention or treatment of disease provide clients a safe place to put money aside specifically for future health related expenses.

- Health loans can be especially important to fill the financial gap clients are likely to encounter when savings and personal finances are depleted and when faced with a major disease or illness requiring hospitalization.

- Health microinsurance takes the financing solution a step further by protecting families from the risk of health shocks in exchange for regular, affordable, insurance-premium payments.

Linkages to Health Providers

Distance, quality and affordability can be major barriers to timely health care for MFI clients—particularly in rural areas, where providers are sparse, transportation is difficult, and public services are not well funded. However, rather than

*Figure 4: Health Financing Options*

Bandhan, an MFI based in northeastern India, is one of the fastest growing MFIs in the world. Bandhan members have access to health loans to help cover the costs of major illnesses and other high-cost health needs. The health loans are provided at a lower interest rate and are on average smaller than other Bandhan loans. An extended repayment period of up to one year allows the MFI clients time to improve their health and regain their productivity and earnings.

In the Philippines, members of the Center for Agriculture and Rural Development, Inc. (CARD)—the largest MFI in the Philippines, with almost a half-million borrowers—are protected from the high costs of hospital care through CARD’s extension of PhilHealth, the national social health insurance program.
Introduction to the Integration of Microfinance and Health Protection Services

Develop expertise in health care, MFIs can leverage their local influence and business acumen to create reliable linkages with providers, negotiate rates, and advocate for better quality of and accessibility to health care.

Access to Health Products

Increased financial resources and knowledge about preventive health measures cannot help microfinance clients avoid malaria when insecticide-treated mosquito nets are not sold in their community or when prescribed antibiotics are outdated or the prices exorbitant. MFIs can facilitate client access to health products in several different ways: by providing affordable financing to enable purchase of higher-costing health products; by directly furnishing basic preventive and curative health products; or by enabling access to products through linkages with health providers.

How should the health protection services be selected?

The criteria for selecting the components of a health protection service package might include the following:

- **Responsive to client needs.** Services should respond to the needs and demands of clients as revealed through market research.
- **Potential for impact.** Services should most likely be able to influence positive change in the community.
- **Within the MFI’s capacity.** Services can be realistically offered, given institutional financial and operational capacities.
- **Sustainable.** Services should be financially and operationally sustainable so that they can be offered on an ongoing basis. Achieving sustainability, however, may take several years in some cases.

While any one health product or service can be delivered individually, MFIs opting to combine complementary services—such as two or three components that work together—will create a more comprehensive and cohesive health protection service package that works in an integrated way to address the most important health-care needs and demands of the local population. For example, education on the importance of prenatal care may be more effective when combined with linkages to health-care facilities that can provide pregnant women with the necessary routine care.

Appendix A lists examples of integrated health protection service packages that are currently being delivered by MFIs in various parts of the world.

---

4 These service packages have been developed through Freedom from Hunger’s Microfinance and Health Protection Initiative (MAHP).
What is required from the institution to successfully integrate health services?

The integration of health services, as with any new MFI product, carries costs and risks. In considering embarking on market research for integrating health related services, the MFI should consider its level of commitment and capacity by examining the following:

**INSTITUTIONAL COMMITMENT**
- Social and financial benefits of providing health services to clients.
- How these benefits measure up against financial costs.
- If committed to providing these services, the rationale communicated to all staff and Board of Directors.

**INSTITUTIONAL CAPACITY**
- Financial and human resources.
- Effective delivery and promotion mechanisms.
- Necessary internal control and monitoring systems.
- Location and accessibility of necessary health-care expertise to help with design and ongoing monitoring of health services.

Many of these questions will only be answered once the MFI has designed in detail the health services that it plans to provide. The rest of this guide will focus on the market research that will provide the necessary information to design effective and quality health related services.
Overview of Market Research for Microfinance and Health Protection

Why conduct market research for microfinance and health protection?
In the microfinance field, market research is defined as “an activity designed to understand the environment within which an institution is operating and to identify the needs of current clients as well as those of potential clients.” Armed with information collected from clients and the local environment, MFIs are better positioned to make strategic decisions regarding their product offerings, marketing strategies and delivery mechanisms. Figure 7 shows the types of health data that can be generated through market research and how the data might be used by the MFI to design health services.

**FIGURE 7: HEALTH DATA GENERATED THROUGH MARKET RESEARCH**

<table>
<thead>
<tr>
<th>Types of Market Research Data</th>
<th>Uses of Market Research Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Common illnesses</td>
<td>• A thorough knowledge of local illnesses and their financial impact can inform the design of health related financial services, such as health loans and savings.</td>
</tr>
<tr>
<td>• Frequency and cost of treating illness and disease</td>
<td></td>
</tr>
<tr>
<td>• Household financial impact of illness</td>
<td></td>
</tr>
<tr>
<td>• Preventive and coping strategies</td>
<td>• An understanding of availability and accessibility of healthcare services, and the ways in which MFI clients prevent and treat disease, can inform the design of linkages to health providers, such as establishing reduced prices for clients with local health providers.</td>
</tr>
<tr>
<td>• Availability and accessibility for clients to various types of local health care (doctor; medicines, hospital)</td>
<td></td>
</tr>
</tbody>
</table>

What are the characteristics of conducting qualitative market research?
While a market research process can incorporate a mixture of methods, this guide focuses on qualitative tools because a keen understanding of the health needs and demands of clients requires a nuanced approach best achieved through the exploratory nature of qualitative research.

Specifically, qualitative research
• seeks to explain underlying reasons for behaviors and beliefs, but cannot statistically generalize findings to the entire population;
• utilizes dialogue-based methods, such as focus-group discussions (FGD), participatory rapid-appraisal tools and semi-structured interviews, which are combined to develop a deep and thorough understanding of key research questions;
• utilizes methods that are open and flexible, allowing researchers to adapt the research to examine new issues that emerge throughout the study;
• fosters an environment in which participants can discuss sensitive topics; and
• accommodates illiteracy through dialogue-based inquiries and use of verbal and visual data-collection techniques.

How does qualitative research generate reliable findings?

Although qualitative research data is not used to generalize findings to an entire population, rigorous qualitative research can generate very robust data that the MFI leadership can trust in making strategic and operational decisions. To generate valid and reliable findings, a market research process needs to incorporate the following elements:

- **Triangulation.** Obtaining reliable findings requires using diverse sources of information that cross-reference, confirm or contrast with each other to achieve a high level of accuracy and reduce bias. In Bénin, clients reported that nearby health centers lacked equipment and did not provide certain services, requiring distant trips to the hospital. Upon visiting the health centers, however, the market research team found that certain equipment and services were in fact available—making it important to further explore the reasons that clients bypassed local clinics for care at more distant hospitals.

- **Documentation.** Rigorous documentation involves recording and capturing all the information collected from the research and analysis process in a systematic manner. In Bolivia, the research team met after each group discussion and interview to document non-verbal impressions, and at the end of each day of fieldwork to discuss the team’s findings and prepare for the next day of fieldwork. This consistent data-documentation process bolstered the reliability of the research findings.

What is the process for conducting market research?

The specific phases and steps for conducting market research are outlined below, and are explored in-depth in Section II. The steps are designed to achieve robustness in the design plan and generate valid and reliable data.

### Market Research Process

1. Design Market Research Plan
2. Conduct Secondary Market Research
3. Select Market Research Tools
4. Prepare Market Research Tools
5. Finalize Fieldwork Preparations
6. Implement and Document Fieldwork
7. Analyze Data and Develop a Product Concept

How long will the market research process take?

An MFI can get started by developing a preliminary timeline using the market research process described below to establish key milestones. Once the market research tools and participating sample are selected, the MFI will be able to update the timeline with more precise dates and locations, as well as staff and other resources that will be required. Figure 8 shows a suggested timeline for the market research.
FIGURE 8: PRELIMINARY MARKET RESEARCH TIMELINE

<table>
<thead>
<tr>
<th>Month 1</th>
<th>Month 2</th>
<th>Month 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>2–4 weeks</td>
<td>1 week</td>
<td>2–4 weeks</td>
</tr>
<tr>
<td>Design the market research plan</td>
<td>Conduct secondary market research</td>
<td>Select and prepare the market research tools, and finalize fieldwork preparations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Implement and document the fieldwork</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Analyze data and develop product concept</td>
</tr>
</tbody>
</table>

What are the costs for conducting health related market research?

The success of the market research depends heavily on the ability of the MFI's senior management and leadership to procure the necessary resources and ensure that key staff members incorporate the market research-related tasks into their work plans. The MFI staff can develop a preliminary budget by estimating expenses as outlined below.

STAFF COSTS

Staff costs represent the bulk of the market research costs. As such, one of the most significant decisions the MFI leadership will need to make is the extent to which it can dedicate staff to the market research process—the more staff involved, the less time it will take to complete the research process. A typical research team would include the key roles outlined in Figure 9.

FIGURE 9: MARKET RESEARCH KEY ROLES

<table>
<thead>
<tr>
<th>Key Roles</th>
<th>Estimated Time Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>MFI Leadership to provide strategic guidance, secure the necessary financial resources and participate in developing the product concept.</td>
<td>Two to three days at the beginning of the process to provide the necessary guidance and resources, and one to two days at the end of the process to develop the product concept.</td>
</tr>
<tr>
<td>Process Champion to plan, manage and shepherd the process from planning the market research to developing the product concept.</td>
<td>One staff person engaged throughout the entire process in various degrees of intensity for approximately two to three months.</td>
</tr>
<tr>
<td>Research Coordinator to train the research team and oversee the fieldwork process.</td>
<td>An in-house staff or external consultant dedicated to the preparation and implementation of the market research for approximately four to six weeks.</td>
</tr>
<tr>
<td>Research Teams to collect and compile the data, and participate in the data analysis.</td>
<td>Typically two to eight field-based staff dedicating a significant amount of time for the fieldwork, approximately two to four weeks, and a lesser amount of time during the preparation and concept development phases, about one week. Each team is comprised of two people; one person facilitating and the other one taking notes.</td>
</tr>
</tbody>
</table>
Health Resource Person to provide information about the local health environment and input into the research design and concept development stages to ensure that the product concept is of high quality and meets client health needs and demands accordingly.

An in-house staff or consultant with health-care background and experience to provide guidance at critical junctures—for example, one to two days to assist with the design of the market research and one to two days to consult with staff on the design of the product concept.

Note: The responsibilities of the Process Champion and Research Coordinator might be combined and fulfilled by a single individual.

NON-STAFF COSTS

1) **Fieldwork costs:** Transportation, per diems, food and lodging for the research team.

2) **Research materials:** Markers, paper, flipchart paper, counters.

3) **Data documentation:** Notebooks, pens, tape recorder and tapes (if needed).
Phase 1: Design Market Research Plan

Objective: Design the parameters of the market research plan for health and microfinance

A good market research design is key to the successful development and integration of health related services. As the diagram below illustrates, the design is the starting point that drives the data collection and analysis, which in turn leads to the development of a product concept for the health protection service package.

1. Identify location

Because health related issues can be specific to certain localities, it is important that the market research take place in the same area or very similar area to where the health services might be initially delivered or pilot-tested.

Considerations in choice of location might include the following:

- Process Champion's proximity to the target location and accessibility for conducting monitoring visits.
- Similarity of area to other locations served by the MFI—to facilitate broader scale-up after the pilot-test.
- Age and capacity of branches and staff in target area.

1.2 Define market research goal

The goal sets the overall approach and scope for the research study, which can range from a broad assessment of the health needs and demands of a community, to a more narrowly focused study of a single health issue. Figure 10 includes two examples of research goals that demonstrate distinct approaches.
The decision about how broadly or narrowly to approach the market research will determine the required level of investment to support the process. Figure 11 describes an example of this process. This is an important consideration, because the MFI will need to balance the market research needs with the availability and allocation of financial and human resources. For this reason, it is crucial that the MFI senior leadership agree to and support the market research goal.

### 1.3 Establish market research objectives

The next step is to outline specific research objectives that will help achieve the goal. The MFI senior leadership should also be heavily involved in this process, to ensure that the objectives are in line with the MFI’s overall strategy.

In order to define the health focused research objectives, the MFI should consider five key dimensions to health protection. Although the MFI may ultimately decide not to address all of these dimensions, this framework can help surface relevant issues:

- Common illnesses
- Health knowledge
- Health behaviors and patterns of health-care utilization
- Availability of and accessibility to quality health-care and health products
- Costs of illness and treatment, and financing of health services

Below is a more thorough explanation of each health dimension and the relevant research objective, followed by an actual example of how the research objective drives the focus of the market research.

---

**Figure 10: Defining A Research Goal**

**Broad research goal:**
To assess the demand for health protection services among poor female members.—Bandhan (India)

**Specific research goal:**
To examine the feasibility of integrating education sessions into our credit program to meet the financial and health related needs of current and potential clients in the target area.—PADME (Bénin)

---

**Figure 11: A Narrowly Defined Market Research Approach**

An MFI in West Africa had been considering for some time the development of a savings product that could be used for health related expenditures. As a result, the MFI defined its market research goal as the following: “to identify the product attributes for a health savings product.” Instead of engaging in market research that would broadly examine a complete range of client health concerns and local health-care resources, the MFI management engaged in a narrower study to obtain information specifically needed for the design of a health savings product. To meet this objective, the MFI decided it only needed to conduct a short series of FGDs with clients to explore the desired features of the savings product. This tailored approach saved the MFI valuable effort and resources.
Common Illnesses
The health protection service package needs to respond to the most important health needs and demands of microfinance clients. Market research should gather data on the types and frequency of diseases and illnesses that affect clients and the impact of those on the household’s well-being.

**Possible Research Objective:**
To identify the types of illnesses clients face and assess the impact of those illnesses on clients’ lives.

Example: Market Research in the Philippines showed that chronic diseases, such as diabetes, high blood pressure, heart disease, and chronic respiratory disease have a very significant impact on the lives and livelihoods of target communities. A local MFI might determine that to address these diseases, clients need access to routine health care and information on ways to reduce the risk of chronic disease.

Health Knowledge
Understanding MFI clients’ current knowledge about illness and disease combined with their beliefs and customs can help the MFI identify opportunities to improve client access to critical health information to prevent and reduce disease.

**Possible Research Objective:**
To examine knowledge gaps clients have about prevention and treatment of disease.

Example: In Bolivia, researchers determined that MFI clients correctly understood that high blood pressure and diabetes were growing problems for them and other women in their credit groups, and that these diseases could be related to diet. However, clients didn’t know what changes could be made to their daily diets and about other healthy habits that could prevent and manage these diseases. These types of research findings can be used by MFIs to build health education components that promote specific ways to adopt healthy practices that can help clients avoid getting sick.
Health Behaviors and Patterns of Health Care Utilization

The health seeking behaviors of MFI clients is shaped by multiple health related factors: the frequency and severity of the illness, the accessibility and availability of health providers, the knowledge clients have about how to treat or prevent a disease, and the financial resources readily available to pay for care. Examining the interplay of all of these factors can help point to potential services that could lead to clients seeking prompt and reliable health care.

Possible Research Objective:

To deepen the understanding of how clients treat and prevent disease, and how they utilize health-care services.

Example: In the Philippines, many people seek the help of albularios—folk healers—as the first option to treat illness. Market research indicated that clients believe that albularios can cure some diseases that doctors cannot, and that clients resort to using albularios in part because they are nearby and provide treatment at low cost with flexible payment terms.

To address this, an MFI might decide to recruit traditional healers in a training certification program designed to strengthen the health information they provide and encourage them to provide referrals to appropriate health-care services for certain health conditions.

Availability of and Accessibility to Quality Health Care and Health Products

Access to timely, quality and affordable health services can make a difference in the prevention of and prompt recovery from illness and disease. Information on local health services can reveal gaps in health care and provide insight to the MFI on potential ways to address those gaps.

Possible Research Objective:

To identify and assess gaps in the availability and quality of local health care and health products.

Example: Market research in Bolivia indicated a lack of quality health-care services available in the rural areas. As a result, clients were traveling long distances to get necessary services, or putting off care until illnesses became very serious. Given these conditions, an MFI might decide to work with health practitioners to provide mobile health-care services in which providers periodically travel to more rural areas to provide basic health consultations and checkups.
Costs of Illness and Treatment, and Financing of Health Services
The amount of money that the poor spend on treatment over the course of a year often represents a disproportionately high percentage of their total household income. As a result, they either are unable to pay for preventive products and adequate treatment, or must resort to borrowing money or selling assets to pay for health care. Information on this dynamic can help define potential health related financial services.

Possible Research Objective:
To estimate the financial impact of illness and disease on poor MFI clients and identify how clients currently pay for their health-care expenses.

Example: Market research in Burkina Faso found that people wait several days before taking family members sick with malaria to see a doctor because of the expense of getting treatment. This delay in seeking early treatment often leads to more severe illness, which can result in more expensive and unaffordable treatments or hospitalization. To address this financial constraint and to encourage timely treatment, an MFI might decide to provide a health savings product that can help families access and pay for health care.

1.4 Articulate key market research questions
The next step is to articulate key research questions for each objective. The research questions should ask for information the organization needs to know to design adequate health protection services. The key research questions will then be incorporated into each of the market research tools used to collect data.

Using the five dimensions of health as the starting point, Figure 12 provides examples of related research questions for each research objective. These questions will generate a broad and comprehensive amount of information on the health conditions of clients. MFIs that have a very specific focus for the research should articulate questions that reach a greater level of specificity.
### FIGURE 12: MARKET RESEARCH OBJECTIVES AND QUESTIONS

<table>
<thead>
<tr>
<th>Health Dimension</th>
<th>Research Objective</th>
<th>Examples of Key Research Questions</th>
</tr>
</thead>
</table>
| **Common illnesses** | • Identify the types of illnesses clients face and assess the impact of those illnesses on clients’ lives. | 1. What are the most frequent illnesses or health problems in the area?  
2. Which illnesses have the greatest impact on the lives and productive activities of MFI clients? |
| **Health knowledge** | • Examine knowledge gaps clients have about prevention and treatment of illnesses. | 1. What do clients know about the causes of illnesses?  
2. What do clients currently know about preventing and treating infectious and/or chronic diseases?  
3. How do clients obtain health related information? |
| **Health behaviors and patterns of health-care utilization** | • Deepen the understanding of how clients treat and prevent illnesses, and how they utilize health-care services. | 1. How do they treat illness and disease?  
2. Where and when do they go for preventive care and treatment? Why?  
3. Which health providers do they prefer? Why? |
| **Availability of and accessibility to quality health care and health products** | • Identify and assess gaps in availability and quality of local health care and health products. | 1. Who are the main health providers in the area and what services do they provide?  
2. What are the barriers to accessing health-care services?  
3. What health related services are most needed? |
| **Costs of illness and treatment, and financing of health services** | • Estimate the financial impact of illness and disease on poor MFI clients and identify ways in which clients currently pay for their health-care expenses. | 1. How much do people pay for preventive and curative care?  
2. How do people pay for these services?  
3. What are other costs that result from illness (e.g., transportation, productive time lost due to illness, seeking care, and taking care of sick family members)?  
4. What financing options are most needed to pay for health related expenses? |
1.5 Refine research questions

Once the research questions are articulated, the research team and MFI staff should determine the extent to which they might be able to answer some of the key research questions based on information they already have. Information that the MFI staff has can often be further confirmed through the secondary market research process and can also be used to further refine the areas to be explored through field research with clients and providers. This provides additional assurance that staff perceptions about client health-care needs and available services are accurate and unbiased.

Figure 13 lists examples of questions that MFI staff might be able to answer, and how this information can be confirmed or further researched in depth.

**FIGURE 13: REFINING RESEARCH QUESTIONS**

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Existing Information or Knowledge from MFI Staff</th>
<th>Information to be Confirmed or Researched Further</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the most frequent illnesses or health problems in the area?</td>
<td>• Chronic diseases, such as diabetes and heart disease, have a high impact on clients.</td>
<td>• Secondary research data from regional and national sources can confirm which diseases cause the most morbidity and mortality. Local health centers might also be able to confirm statistics at the local level [refer to Phase 2 for details]. • Market research tools such as interviews and group discussions can more closely examine knowledge and behaviors that clients might be missing to prevent chronic disease [refer to Phase 3].</td>
</tr>
<tr>
<td>How do clients treat disease?</td>
<td>• Clients tend to self-medicate and use home-based remedies.</td>
<td>• FGDs can confirm this information and also explore when clients seek treatment and where. • Additional group discussions could examine the risks and consequences of self-medicating and using home remedies, as well as strategies for helping clients get appropriate health care when they need it, before their health conditions worsen to a more serious degree.</td>
</tr>
<tr>
<td>How do clients cope with the cost of serious illness?</td>
<td>• Missed loan payments are often the result of illness of clients or family members.</td>
<td>• Individual interviews should include questions about how individuals finance illness, including whether they use business loans, the overall financial impact on the family and how this impact is managed.</td>
</tr>
</tbody>
</table>
MILESTONE CHECKLIST

This phase presented the design phase of the market research process. In order to move forward, an MFI should assess whether it has achieved the milestones for this phase. Milestones are achieved by completing the following tasks:

<table>
<thead>
<tr>
<th>Milestones and Tasks</th>
<th>YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Milestone 1.1:</strong> Identify the location.</td>
<td></td>
</tr>
<tr>
<td>• Have you determined where you plan to conduct the market research? This should be the same location where the services will be initially pilot-tested.</td>
<td></td>
</tr>
<tr>
<td><strong>Milestone 1.2:</strong> Define the market research goal.</td>
<td></td>
</tr>
<tr>
<td>• Have you determined how broad or narrow your approach will be?</td>
<td></td>
</tr>
<tr>
<td>• Have you identified your goal for the market research?</td>
<td></td>
</tr>
<tr>
<td><strong>Milestone 1.3:</strong> Establish the market research objectives.</td>
<td></td>
</tr>
<tr>
<td>• Have you determined which health dimensions apply to the research goal?</td>
<td></td>
</tr>
<tr>
<td>• Have you determined the objectives of the market research?</td>
<td></td>
</tr>
<tr>
<td><strong>Milestone 1.4:</strong> Articulate key market research questions.</td>
<td></td>
</tr>
<tr>
<td>• Have you articulated key research questions for each objective?</td>
<td></td>
</tr>
<tr>
<td><strong>Milestone 1.5:</strong> Refine research questions.</td>
<td></td>
</tr>
<tr>
<td>• Have you determined what information you might already know that needs to be confirmed?</td>
<td></td>
</tr>
<tr>
<td>• Have you determined whether you need to explore certain issues in more depth?</td>
<td></td>
</tr>
</tbody>
</table>

Upon completing the tasks above, the MFI will be ready to proceed to the next phase.
Phase II: Conduct Secondary Market Research

Objective: Utilize secondary market research to answer and refine key market research questions

Data from secondary research sources can be used to refine the market research objectives and key questions prior to the fieldwork. Combined, data from both secondary and primary research sources serve to validate findings or uncover divergences that might need to be further explored.

2.1 Identify secondary research sources

Secondary research sources consist primarily of data generated by government agencies—at the local, regional and national level—and international multilateral organizations. Local organizations can be especially important because they may have more specific information about common diseases and their impact that would be more relevant to the MFI’s client population. Industry data about the competition is another form of secondary research. The secondary market research findings should enable the research team to build a general profile of the population health status and the national and regional health-care systems. Figure 14 lists the types of secondary research sources that might be available.6

6 For examples of a comprehensive Health Economy Profile with secondary research sources, please see: http://www.ifhtechnical.org.
### FIGURE 14: SECONDARY MARKET RESEARCH SOURCES

<table>
<thead>
<tr>
<th>Sources</th>
<th>Type of information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country Health Ministry Reports</td>
<td>• Morbidity and mortality rates</td>
</tr>
<tr>
<td>Local or Regional Health Ministry Offices</td>
<td>• Patterns of care</td>
</tr>
<tr>
<td>National Census Information</td>
<td>• Most common diseases or reasons for use of hospital or</td>
</tr>
<tr>
<td></td>
<td>• other health services</td>
</tr>
<tr>
<td></td>
<td>• Health spending</td>
</tr>
<tr>
<td></td>
<td>• Immunizations</td>
</tr>
<tr>
<td></td>
<td>• Family income and expenditures</td>
</tr>
<tr>
<td></td>
<td>• Demographic information (age, birth rates)</td>
</tr>
<tr>
<td><strong>International Organizations:</strong></td>
<td></td>
</tr>
<tr>
<td>United Nations/Human Development Report:</td>
<td></td>
</tr>
<tr>
<td>wwwhdr.undp.org</td>
<td></td>
</tr>
<tr>
<td>Demographic and Health Surveys: <a href="http://www.measuredhs.com">www.measuredhs.com</a></td>
<td></td>
</tr>
<tr>
<td>World Health Organization: <a href="http://www.who.int">www.who.int</a></td>
<td></td>
</tr>
<tr>
<td>UNICEF: <a href="http://www.unicef.org">www.unicef.org</a></td>
<td></td>
</tr>
<tr>
<td>The Henry J. Kaiser Family Foundation/Global Health Facts:</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.globalhealthfacts.org">www.globalhealthfacts.org</a></td>
<td></td>
</tr>
<tr>
<td><strong>National statistics:</strong></td>
<td></td>
</tr>
<tr>
<td>• Socioeconomic and demographic data</td>
<td></td>
</tr>
<tr>
<td>• Health status indicators</td>
<td></td>
</tr>
<tr>
<td>• Population access and health improvement measures</td>
<td></td>
</tr>
<tr>
<td>• Health-care spending, private vs. public funding of health</td>
<td></td>
</tr>
<tr>
<td>• Health system descriptions (organization, funding, challenges)</td>
<td></td>
</tr>
<tr>
<td>• Household patterns of care</td>
<td></td>
</tr>
</tbody>
</table>

Additional sources can be identified for specific countries or even regions, with simple queries on internet search engines using key search terms such as: health status [plus name of target country and region], morbidity or mortality [plus name of target country and region], or health systems [plus name of target country and region].

### 2.2 Review and refine objectives and key research questions

Using the key market research questions previously identified, and drawing from the information obtained from key secondary research sources presented above, Figure 15 uses data from the Philippines secondary market research to illustrate how secondary research data can help the research team understand some of the key issues that MFI clients may face and to refine questions so that more specific information can be obtained during the primary research activities.
# FIGURE 15: EXAMPLE OF SECONDARY MARKET RESEARCH FINDINGS FOR THE PHILIPPINES

<table>
<thead>
<tr>
<th>Initial Key Research Questions</th>
<th>Secondary Research Findings</th>
<th>Possible New or Additional Research Questions</th>
</tr>
</thead>
</table>
| Which illnesses have the greatest impact on the lives and productive activities of MFI clients? | **Diseases with highest incidence:**  
• Pneumonia  
• Diarrhea  
• Bronchitis  
• Influenza  
• Hypertension  
• Tuberculosis  
*Source: Philippine Department of Health* | 1. Are the incidence rates of these diseases at the national level the same as those of the local population?  
2. What is the impact of these diseases on the health and financial well-being of MFI clients? |
| How and when do people treat illness and disease? | Information on behaviors is difficult to obtain. However, one data source indicates that children are not getting adequate health care, as only 55% of children under five years old with an acute respiratory infection are taken to a health provider.  
*Source: UNICEF* | 1. What are the barriers to children getting adequate health care?  
2. What differences are there between the health care that children and adults receive?  
3. How do adults treat their own illnesses and disease? |
| Which barriers exist for accessing health-care services? | Private hospitals decreased from about 1,200 in 2000 to 700 towards the end of 2005 because of the lack of doctors, nurses and midwives.  
*Sources: Private Hospitals Association of the Philippines, World Health Organization* | 1. What is the impact of this decrease for the MFI clients?  
2. What do clients think about the local sources of health care available to them?  
3. Can they get care that is effective and affordable? Why or why not?  
4. What challenges face clients in accessing adequate care? |
| How do people pay for these services? | The most dramatic change in how Filipinos access and pay for health is occurring with the growth of enrollment in PhilHealth, the national health insurance program.  
*Source: Philippine Department of Health* | 1. Do MFI clients have access to the national health insurance, PhilHealth?  
2. Are they enrolled, and if not, why?  
3. What health-care services are covered and not covered by PhilHealth?  
4. How do clients pay for the expenses not covered by PhilHealth?  
5. What would help clients have better access to PhilHealth and make the best use out of the program? |

Secondary research data might also uncover concerns not initially identified that need to be explored in more depth during the fieldwork. For example, in the Philippines, secondary market research revealed that the country faces a severe shortage of trained health workers. As a result, the team may want to be sure to collect specific information about availability and types of health-care professionals in the study area.
### MILESTONE CHECKLIST

This phase presented the process for collecting secondary research data. In order to move forward, an MFI should determine whether it has achieved the major milestones by completing the following tasks:

<table>
<thead>
<tr>
<th>Milestones and Tasks</th>
<th>YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Milestone 2.1</strong> Identify secondary research data sources.</td>
<td></td>
</tr>
<tr>
<td>1. Have you identified potential secondary research sources at the national, regional and local level?</td>
<td></td>
</tr>
<tr>
<td>2. Have you determined how you will access that information?</td>
<td></td>
</tr>
<tr>
<td><strong>Milestone 2.2</strong> Review and refine research objectives and key research questions.</td>
<td></td>
</tr>
<tr>
<td>1. Have you determined which research questions can be answered with secondary research sources?</td>
<td></td>
</tr>
<tr>
<td>2. Have you identified any issues not previously identified that might need to be further explored through primary market research?</td>
<td></td>
</tr>
</tbody>
</table>

Upon completing the tasks above, the MFI will be ready to proceed to the next phase.

**Next Phase ➔ Select Market Research Tools**
Phase 3: Select Market Research Tools

Objective: Select the primary market research tools and participant sample

This phase elaborates on the methods and tools used for collecting data from the field. The phase also provides guidance on identifying the sample of participants.

3.1 Review the market research methods and tools

The tools in the Market Research for Health Toolkit (see Section III) are based on three different types of methods:

- In-depth Interview
- Focus-Group Discussion (FGD)
- Participatory Rapid Appraisal (a specific type of FGD)

Data generated with the various tools can be compared as a way to triangulate findings and build the robustness of the final conclusions. The methods and the specific tools for each method are described below.

**In-Depth Interviews**

The in-depth interview is a technique used with a single participant to elicit a vivid picture of the participant’s perspective on a research topic. The interview might last one to two hours, and usually takes place in a setting where the interviewee feels comfortable and safe.

The guide for an in-depth interview consists of a series of open-ended questions about a particular topic. Probing can be especially valuable to hone into specific details and generate a comprehensive understanding behind interviewee’s responses.
Figure 16 lists ways in which in-depth interviews can be utilized to obtain relevant data.

**FIGURE 16: USE OF IN-DEPTH INTERVIEWS**

<table>
<thead>
<tr>
<th>Participants</th>
<th>Purpose of Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>MFI clients</td>
<td>• Identify knowledge gaps and ways in which clients obtain information about preventive practices and treatment options.</td>
</tr>
<tr>
<td></td>
<td>• Understand client decisions about when and where they seek care.</td>
</tr>
<tr>
<td></td>
<td>• Identify and assess the barriers to accessing existing health services.</td>
</tr>
<tr>
<td></td>
<td>• Determine how clients currently pay for health care.</td>
</tr>
<tr>
<td></td>
<td>• Identify challenges clients have in paying for health related expenses.</td>
</tr>
<tr>
<td>MFI field staff</td>
<td>• Identify illnesses and diseases that affect clients’ repayment capacity.</td>
</tr>
<tr>
<td>MFI management</td>
<td>• Assess the extent to which client illnesses affect the MFI’s financial performance.</td>
</tr>
<tr>
<td>Staff of local health providers</td>
<td>• Deepen the understanding of the health issues faced by the local community.</td>
</tr>
<tr>
<td></td>
<td>• Understand the number and frequency of cases seen in local clinics.</td>
</tr>
<tr>
<td></td>
<td>• Discuss the types of health issues that are misunderstood by patients.</td>
</tr>
<tr>
<td></td>
<td>• Obtain comprehensive information on available health services.</td>
</tr>
<tr>
<td></td>
<td>• Assess challenges in meeting the health needs of the local population.</td>
</tr>
<tr>
<td></td>
<td>• Understand the costs and payment options for health services.</td>
</tr>
</tbody>
</table>

The Toolkit in Section III includes a sample interview guide to be used with staff of local health providers and clients. The guide includes questions that address all of the dimensions of health specified during the research plan design.

**Focus-Group Discussion (FGD)**

An FGD is a data-collection technique that brings together a group of six to eight participants to discuss a particular issue led by a moderator. With this method, the research team can collect a relatively large amount of data in a relatively short period of time, usually one to two hours. FGDs are especially valuable in exploring client concerns that are raised tangentially by other methods.

The moderator of an FGD uses a discussion guide prepared in advance to organize the discussion with participants. The FGD guide is comprised of a series of open-ended questions about a particular subject. Throughout the discussion the moderator probes to obtain additional information or to clarify an issue.

Figure 17 lists some of the topics that can be examined in depth during an FGD with clients.
Phase III: Select Market Research Tools

FIGURE 17: USE OF FOCUS-GROUP DISCUSSIONS

<table>
<thead>
<tr>
<th>Participants</th>
<th>Purpose of Focus-Group Discussions</th>
</tr>
</thead>
</table>
| MFI clients  | • Discuss impact of disease on the household finances and capacity to repay loans.  
|              | • Discuss what clients know about preventing and treating local common illnesses.  
|              | • Examine challenges clients face in accessing local health services.  
|              | • Discuss client decisions about when and where they seek care.  
|              | • Determine how clients currently pay for health care.  
|              | • Identify challenges clients have in paying for health related expenses. |

The Toolkit in Section III includes a sample FGD guide used with MFI clients.

Participatory Rapid Appraisal (PRA)

The PRA method is a type of FGD. What distinguishes the PRA method from a regular FGD is the utilization of simple visual tools, using drawings and small objects, such as beans or small stones, to elicit an in-depth participatory examination of specific topics through the dynamics of peer-group discussion.7

Figure 18 lists the 11 PRA tools and a brief description on the type of information that is obtained.

FIGURE 18: PRA FOR HEALTH TOOLS

<table>
<thead>
<tr>
<th>Pra Tool</th>
<th>Purpose</th>
<th>Data Generated</th>
<th>How Data Might Be Used</th>
</tr>
</thead>
</table>
| Life-cycle profile | Identify the stages in the life cycle of a typical individual and the most widespread health needs throughout the various stages. | • Common illnesses at different stages of a person’s life cycle.  
|                |                                                                         | • Client behaviors to prevent and treat common illnesses.  
|                |                                                                         | • Strategies for financing health-care costs. |
|                |                                                                         | This information can be used to tailor health education sessions or health services to fit the age- and gender-specific characteristics of people affected by certain diseases.  
|                |                                                                         | The information can also identify preferences for financing health-care expenses. |


8 Consultant, ©2005 Microfinance Opportunities.
### Phase III: Select Market Research Tools

<table>
<thead>
<tr>
<th>Health-care service attribute ranking</th>
<th>Explore how clients perceive the components of health services and the ones they consider the most important.</th>
<th>This information can be used to decide on whether to provide referrals or create linkages to specific health providers. This information could also be used if the MFI decides to provide primary and routine health-care services by identifying the attributes clients prefer for health services.</th>
<th>• Ranks specific attributes of a health provider that are important to clients. • Frequency with which the health service is used. • Costs for services offered by the provider.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relative preference ranking</td>
<td>Examine client perceptions and preferences for health providers and the components of the services offered.</td>
<td>For MFIs wanting to develop some type of linkage with health providers, this tool can help an MFI identify the providers that would be preferred by clients.</td>
<td>• Preferences for health services based on specific criteria. • Explanation on why some health services are preferred. • Information on financing options for these service providers.</td>
</tr>
<tr>
<td>Health care-seeking behavior maps</td>
<td>Identify where the community goes for different health services, and which health providers and institutions they trust or value and why.</td>
<td>This information can be especially helpful if the MFI tries to negotiate discounted services with some providers by determining the take-up potential.</td>
<td>• Health service centers that are preferred by clients. • Challenges in using these services. • Costs of using these services. • Ways to pay for these services.</td>
</tr>
</tbody>
</table>

3.2 Select the tools and research sample

The research plan should ideally include a combination of methods: key-informant interviews, FGDs and PRA tools. However, while each of the market research tools has a distinct focus, the use of more tools will not necessarily generate better data. The number of times each tool is implemented also needs to be considered. While it holds true that the more times each tool is used, the more reliable the results will be,9 in order to balance financial and human constraints with the need to generate robust data, implementing each tool with at least three to four groups will provide enough confidence in the accuracy of the findings. However, implementing a tool with a small number of groups is most effective when combined with other tools that provide similar information in order to compare and triangulate findings.

In some cases there might be a prevailing consensus on key issues that will result in the data reaching a point of saturation. Saturation is the point in data collection “when new data no longer brings additional insights to

---

When the research has clearly reached a saturation point, the Research Coordinator might decide to reduce or cancel the remaining interviews or group discussions.

In many instances, once a few of the focus groups and interviews are conducted, the research team might identify certain issues it needs to explore in more detail. This often requires additional FGDs centered on those outstanding issues.

**Sampling**

Sampling is the process of selecting the people who will be asked to participate in the market research. Since inviting all current and potential clients is not feasible, only a representative subset of people is selected to participate. In a qualitative research study, only a relatively small, non-random sample of information-rich cases is necessary to obtain a wealth of information.

The most common method for identifying the study sample is purposeful sampling, in which participants are selected according to predetermined criteria relevant to a particular research question. Selecting participants who are representative of an MFI's client base will simplify the process.

To be representative, the sample will need to reflect the range of traits of the target population. The traits to be considered might include the following:

- Age (e.g., young and old)
- Gender (e.g., male and female)
- Geography (e.g., living in urban, rural, and peri-urban areas)
- Poverty level (e.g., poor and very poor)
- Client status (e.g., client, drop-out client, non-client)

**INTERVIEW SAMPLE**

In-depth interviews should be conducted with select key informants—people who are perceived as being experts or having relevant experience about a particular subject.

Key informants might include the following:

- Clients, including current, potential and drop-out clients
- Community chiefs or leaders (primarily in rural areas)
- MFI field staff and leadership
- Local health providers

MFI s might need to estimate approximately three or four interviews for each type of key informant. The total number of interviews will depend largely on the types of information being sought, the variety of sources, and the geographic reach of the study. Balancing the number of interviews with the rest of the research activities is an additional consideration. If the research plan includes a large number of FGDs with clients, individual interviews might be best limited to MFI staff and health providers.

---

FGD AND PRA SAMPLE

In addition to being representative of the target population, the composition of the focus groups should aim to achieve homogeneity within individual groups and diversity across groups. To achieve this, participants might need to be grouped into specific market segments.

- **Homogeneity within each group of participants** reduces variation brought about by individuals with outlier opinions, and simplifies analysis. For example, for an MFI whose clientele is made up of women of all ages, to achieve homogeneity the group discussions should be comprised of women of a similar age and socioeconomic background.

- **Diversity across groups** makes possible the cross-reference of data and builds the reliability of the data. Diversity requires having several groups, each of which provides a different perspective based on the selected set of traits. For example, for an MFI serving women of various age ranges, diversity would be achieved by having groups of young women (e.g., ages 18–35) and groups of older women (e.g., ages 35+).

While segmentation can provide valuable information about preferences and issues affecting different groups of people, too much segmentation could also dilute the data that is generated. For that reason, segmentations should be kept to a minimum.

Figure 19 shows a sampling strategy for an MFI that wants to find out the most pressing health issues, including access to health providers, faced by its clients who are predominantly women, ranging widely in age.

**Figure 19: Sampling Strategy**

**Selected tools and sample:**

- Four interviews with different health providers.
- FGDs focused on preferences for health services with 3 groups of 8 women of all ages = 24 women total.
- PRA Life-Cycle profile with 3 groups of 8 young women (18–35 years old) = 24 women total.
- PRA Life-Cycle Profile with 3 groups of 8 older women (35+ years old) = 24 women total.

After conducting the above research activities, the research team decides it wants to explore in more detail the options clients would prefer for financing health services. To that effect, the MFI decides to conduct additional FGDs:

- FGDs focused on preferences for financing options with 3 groups of 8 women of all ages = 24 women total.

Based on the above, the research would need 100 participants (96 clients and 4 providers).
Figure 20 presents a matrix that indicates how the total sample size might be calculated.

**FIGURE 20: TOTAL SAMPLE SIZE**

<table>
<thead>
<tr>
<th>Research Method</th>
<th>Number of Participants per Tool</th>
<th>Number of Sources/Groups/Tools</th>
<th>Range of Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview</td>
<td>3–5 per key informant source</td>
<td>2 or 3 key informant sources</td>
<td>6–15</td>
</tr>
<tr>
<td>Focus-Group Discussion</td>
<td>6–8 per group</td>
<td>3 or 4 groups total</td>
<td>18–32</td>
</tr>
<tr>
<td>Participatory Rapid Appraisal</td>
<td>6–8 per group</td>
<td>3 or 4 groups per tool per market segment/2 or 3 tools</td>
<td>36–96</td>
</tr>
</tbody>
</table>

Range of Total Sample 60–143

**MILESTONE CHECKLIST**

This phase presented the process for selecting the market research tools and research sample. In order to move forward, an MFI should determine whether it has achieved the following milestones:

<table>
<thead>
<tr>
<th>Milestones and Tasks</th>
<th>YES/NO</th>
</tr>
</thead>
</table>
| **Milestone 3.1:** Review the market research methods and tools.  
  • Have you reviewed the research methods?  
  • Have you reviewed the Market Research for Health Toolkit? | |
| **Milestone 3.2:** Select the tools and research sample.  
  • Have you determined which methods and tools to use to meet your research objectives?  
  • Have you identified the characteristics of the population to be part of the study sample?  
  • Have you determined whether you will need to segment the target population?  
  • Have you identified who will be interviewed?  
  • Have you identified who will participate in the FGD?  
  • Have you identified who will participate in the PRA discussions?  
  • Have you determined the number of interviews and group discussions needed for the research?  
  • Have you determined the total sample size? | |

Upon completing the tasks above, the MFI will be ready to proceed to the next phase.

**Next Phase ➔ Prepare Market Research Tools**
Phase 4: Prepare Market Research Tools

Objective: Demonstrate how to finalize the market research tools to be used in the field

This phase focuses on preparing the market research tools, including the guides for each tool and the documentation of findings.

4.1 Adapt the tools

After the methods and market research tools have been selected, each of the tools must be reviewed to ensure consistency with the overall market research objectives. Because the tools are generic in design, they might need minor modifications to reflect local conditions, including local health terms and expressions.

Figure 21 outlines examples of modifications that might be necessary for various parts of the tools.

**FIGURE 21: POTENTIAL MODIFICATIONS TO THE MARKET RESEARCH FOR HEALTH TOOLKIT**

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Modify only if the tool is changed in its overall design.</td>
</tr>
<tr>
<td>Procedure</td>
<td>Modify the steps to reflect local conditions and resources.</td>
</tr>
<tr>
<td></td>
<td>Example: Resources such as flipchart paper might not be locally available. Instead, the tool might need to be drawn on the ground with sticks or other locally available materials.</td>
</tr>
<tr>
<td>Questions and Probing</td>
<td>Modify to achieve the research objectives and reflect local terminology.</td>
</tr>
<tr>
<td></td>
<td>Example: If the MFI is focused exclusively on designing a health savings product, probing questions would focus on preferred features of a savings product.</td>
</tr>
</tbody>
</table>
In places where MFI clients are not native speakers of the dominant language, the research team has to agree on a specific translation list of technical terms as there might be different expressions in which health concerns might be described.

Refer to Appendix D for an example of one PRA tool that was modified for an urban area in Bolivia, where chronic conditions and lifestyle are increasingly affecting clients’ health.

### 4.2 Test the tools

After the toolkit has been modified as necessary, the research team should conduct a field-test of the tools prior to the actual implementation to verify the effectiveness of the tools and procedures. In cases in which the research tools are translated into a local language, the field-test will also confirm the quality of the translation.

Each interview guide should be field-tested with at least two or three key informants, and each group-discussion tool should be field-tested at least once with a group that has similar characteristics to those of the selected sample of participants. The field-test should take place in areas comparable to where the market research will be implemented to ensure that it is contextually appropriate.

Figure 22 lists the steps for conducting the field-test.

#### Figure 22: Steps for Testing the Market Research Tools

1. Select the area where the test will be conducted.
2. Select a date, time and venue.
3. Select and invite participants to attend the field-test.
4. Organize materials needed for the tools (counters, flipcharts, markers, etc).
5. Train the staff participating in the field-test.
6. Carry out the field-test, with the Research Coordinator as an observer.
7. Debrief results obtained from the field-test.
8. Make final modifications to the tools based on the field-test results.

Although the Market Research for Health Toolkit has been successfully utilized in a variety of countries and contexts, a local test would serve to identify health or medical terms that require further explanation as well as sensitive issues that will need to be carefully addressed or skipped completely. The field-test might also reveal issues that need to be explored in further detail through additional FGDs or in-depth interviews. Figure 23 provides some examples of how a field-test could provide valuable information.
### FIGURE 23: SENSITIVE TOPICS, COMPLEX TERMINOLOGY, AND FOLLOW-UP DISCUSSION ITEMS

| Sensitive Topics | A discussion about birth control might be viewed as offensive or uncomfortable in certain communities and therefore more appropriate to address during individual interviews. Facilitators might detect that a certain topic is a sensitive issue if the participants fail to respond during a group discussion, seem nervous when the issue is raised, or tend to look away from the moderator when he or she mentions certain topics. |
| Complex terminology | Urinary-tract infection symptoms can be quite common among women, yet the women might not be familiar with its acronym “UTI.” As a result, if a facilitator asks about “UTIs,” some women might not respond because they do not know what it means. By defining the term at the beginning of the discussion, the facilitator will encourage participants to share their opinions about that topic. |
| Follow-up discussion items | During a group discussion using the life-cycle profile, the issue of domestic violence might emerge as part of a broader discussion of health issues affecting young and middle-aged women. Since this particular topic is not specifically mentioned in the Market Research for Health Toolkit, a dedicated FGD that focuses exclusively on the topic could be helpful to understanding the issue in more detail as well as to determine how it may be addressed. |

Upon completion of the field-test, research team members should meet to debrief the test results, including:

- Determining whether the guide instructions were clear for the facilitator/interviewer.
- Assessing whether the instructions for participants were clear and easily understandable.
- Assessing the effectiveness of the tools in answering the key research questions—determine whether to change, delete or add key questions and probing.
- Determining whether the terminology was appropriate for the target audience.
- Determining whether there were any questions that were particularly sensitive and, if so, how these should be handled differently.
- Identifying salient issues that require additional group discussions or interviews.

As a result of this analysis, the Research Coordinator should be able to make any necessary changes. If major changes are made to the guides, additional field-tests might be necessary.

### 4.3 Finalize the fieldwork documents

To carry out the fieldwork, the research team will need two main documents: the guides for each of the selected market research tools and a document for taking notes during and after the interview or group discussion. The suggested approach is to take notes on a pre-formatted form, which lists the questions for each corresponding tool. The pre-formatted form has the advantage of saving the note-taker writing time because the key research questions are already listed.
Figure 24 shows an example of a blank pre-formatted sheet with the questions and diagram for the PRA tool Life-Cycle Profile. Appendix D includes a blank form that can be used as a template for the note sheets.

**FIGURE 24: NOTE SHEET FOR THE PRA TOOL LIFE-CYCLE PROFILE**

<table>
<thead>
<tr>
<th>Location: ______________________________________</th>
<th>Community Group: ________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Participants: _________________________</td>
<td>Number of Women:______________________________</td>
</tr>
<tr>
<td>Facilitator/Interviewer: _________________________</td>
<td>Observer ______________________________________</td>
</tr>
<tr>
<td>Date: ______________________________________________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>Start Time: ______________________________________</td>
<td>End Time: ______________________________________</td>
</tr>
<tr>
<td>Description of participants (age, zone, poverty level, other): __________________________________________</td>
<td></td>
</tr>
<tr>
<td>Research Tool Description: __________________________________________________________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Questions to build the life-cycle profile</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What are the most common illnesses in your community?</td>
<td></td>
</tr>
<tr>
<td>• Which age groups have more/less of each disease you mentioned?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Probes</th>
</tr>
</thead>
</table>

**Common Illnesses**
- What is the impact on your household when someone in your family gets sick with one of the diseases you indicated as having the greatest financial pressure?
- Why are these diseases a greater burden in some life stages than others?

**Health Behaviors and Patterns of Health-Care Utilization**
- How do you treat these diseases?
- What do you do to prevent getting sick with these diseases?
- Where do you go for treatment? Why?
### Costs of Illness, Treatment and Financing of Health Services
- How do you amass the lump sums needed to cover the financial expenses related to these diseases?

  **If savings were used,**
  - Where were savings stored?
  - How long did it take to save the necessary money?

  **If credit was used,**
  - Where did the credit come from? How much was borrowed?
  - At what rate of interest? Repayable over what time period?

For PRA Tools only—include an image of the final results of the tool.

<table>
<thead>
<tr>
<th>Life Stage</th>
<th>Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood (0–12)</td>
<td></td>
</tr>
<tr>
<td>Adolescence (13–17)</td>
<td></td>
</tr>
<tr>
<td>Young Adult (18–35)</td>
<td></td>
</tr>
<tr>
<td>Middle Age (36–65)</td>
<td></td>
</tr>
<tr>
<td>Old Age (&gt;65)</td>
<td></td>
</tr>
</tbody>
</table>
**Phase IV: Prepare Market Research Tools**

- **MILESTONE CHECKLIST**

Before proceeding, it is important to double-check that the appropriate steps have been followed to ensure adequate preparation of the market research tools before they are used in the field. It is crucial that the MFI assess whether it has completed the tasks for each of the key milestones.

<table>
<thead>
<tr>
<th>Milestone and Tasks</th>
<th>YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Milestone 4.1:</strong> Adapt the tools.</td>
<td></td>
</tr>
<tr>
<td>• Have you determined what modifications, if any, might be necessary for each tool to meet the research objectives?</td>
<td></td>
</tr>
<tr>
<td>• Have you made the appropriate changes to the toolkit?</td>
<td></td>
</tr>
<tr>
<td><strong>Milestone 4.2:</strong> Test the tools.</td>
<td></td>
</tr>
<tr>
<td>• Have you selected the area in which you will conduct the field-test?</td>
<td></td>
</tr>
<tr>
<td>• Have you trained the research staff in charge of the field-test?</td>
<td></td>
</tr>
<tr>
<td>• Have you selected and invited participants to attend the field-test?</td>
<td></td>
</tr>
<tr>
<td>• Have you prepared the materials for the field-test?</td>
<td></td>
</tr>
<tr>
<td>• Have you completed the field-test?</td>
<td></td>
</tr>
<tr>
<td>• Have you determined whether the key research questions for each tool were answered?</td>
<td></td>
</tr>
<tr>
<td>• Have you completed the relevant changes to the toolkit guides?</td>
<td></td>
</tr>
<tr>
<td><strong>Milestone 4.3:</strong> Finalize the fieldwork documents.</td>
<td></td>
</tr>
<tr>
<td>• Have you prepared the notes sheets for each of the tools?</td>
<td></td>
</tr>
<tr>
<td>• Have you assembled all the guides and notes sheets?</td>
<td></td>
</tr>
</tbody>
</table>

By completing the tasks above, the MFI will be ready to proceed to the next phase.

**Next Phase ➔ Finalize Fieldwork Preparations**
Phase 5: Finalize Fieldwork Preparations

Objective: Prepare the research team to carry out the market research fieldwork

Once the tools have been field-tested and finalized, the next major steps include training the research team in implementing the research tools and finalizing the fieldwork logistics.

5.1 Establish a protocol for collecting data

Figure 25 lists key issues with four different approaches to capturing data, all of which can be combined. Consistency is crucial throughout the data-collection process—regardless of the approach—to ensure reliable results.

FIGURE 25: METHODS FOR CAPTURING DATA

<table>
<thead>
<tr>
<th>Method</th>
<th>Advantage</th>
<th>Disadvantage</th>
</tr>
</thead>
</table>
| Written notes by an observer | • Effective note-takers can capture the essence of the discussions.  
                          | • Less expensive than tape recordings.  
                          | • The note-taker can capture non-verbal cues.                                                                   |
|                       | • Written note-taking captures only a portion of the discussion.  
                          | It is difficult to capture verbatim statements, especially when more than one person is talking at a time.     |
|                       | • Using observers dedicated exclusively to note-taking represents an additional cost. |                                                                                                                  |
### Phase V: Finalize Fieldwork Preparations

<table>
<thead>
<tr>
<th>Written notes by the facilitator</th>
<th>Recorded discussions</th>
<th>Photographs (only needed for PRA tools)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• No additional staff is necessary.</td>
<td>• Recorded data is the most effective and thorough way of capturing data.</td>
<td>• Taking pictures of the final results of the PRA tools will allow note-takers to focus more on the discussion and other non-visual cues.</td>
</tr>
<tr>
<td>• Data is not as reliable because the notes will rely exclusively on the facilitator’s memory, which may introduce bias.</td>
<td>• Recordings can be reviewed to verify information captured by note-takers.</td>
<td>• MFI field staff may already have mobile phones with built-in digital cameras.</td>
</tr>
<tr>
<td>• This approach can compromise either the quality of the facilitation or the quality of the documentation as it is very challenging to do both simultaneously.</td>
<td>• Tape recordings must be transcribed into typed text files to be useful.</td>
<td>• This introduces an additional expense if a camera is not readily available.</td>
</tr>
<tr>
<td></td>
<td>• The transcription of data into text files can be very expensive and time-consuming.</td>
<td>• The pictures are not essential; the final results of the PRA tools can be captured with handwritten notes.</td>
</tr>
<tr>
<td></td>
<td>• Some participants might feel stressed and refuse to be recorded</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Voice recordings do not capture visual cues, such as nodding or other physical expressions.</td>
<td></td>
</tr>
</tbody>
</table>

Although the MFI’s decision on how to document the data results will depend largely on the budget available for the research, a recommended approach for ensuring quality of the collected data would include the following steps:

1. Observer takes detailed notes during the group discussion.
2. Facilitator and observer allow 30 minutes after each group discussion to write additional comments on the note sheet, including overall impressions and non-verbal cues.
3. At the end of each day of fieldwork, the research team meets to clean, organize and type notes and observations from the day.

### 5.2 Train the research team on the use of the tools

To ensure quality of the market research results, the research team should be trained in the use of the interview and group-discussion guides. The training session should incorporate the following three components:

1. **Facilitation and interviewing skills.** To encourage or draw out desired information from participants, team members should develop and strengthen their facilitation and interviewing skills. Figure 26 lists a skill set recommended for facilitators and note-takers as well as tips for effective facilitation and interviewing.
### FIGURE 26: QUALITATIVE RESEARCH SKILL SET

<table>
<thead>
<tr>
<th>Phase</th>
<th>Skill Description</th>
</tr>
</thead>
</table>
| 1. Prepare well for the group discussion | • Become familiar with the group-discussion guide and research objectives.  
• Practice the facilitation of the group discussion or interview in advance as much as possible.  
• Identify health and medical terms that may need to be defined or simplified.  
• Avoid using technical jargon. |
| 2. Establish a positive rapport with participants | • Incorporate humor when appropriate.  
• Be friendly.  
• Make eye contact.  
• Become familiar with your audience and establish a rapport with them. |
| 3. Engage participants in an open dialogue | • Use open questions and avoid closed questions (a closed question can be answered with a “yes” or “no” answer, which provides limited information, whereas an open question utilizes questions such as “what,” “how” and “why,” which lead to a greater amount of information being shared).  
• Use probing questions to follow up in more depth about specific issues.  
• Avoid biased questions or comments. |
| 4. Listen actively to participants | • Listen carefully and demonstrate genuine interest.  
• Allow participants to speak without being interrupted by others.  
• Confirm key points by repeating and paraphrasing what participants say. |
| 5. Take effective field notes | • Take notes that are clear and can be easily referenced during the analysis.  
• Take 30 minutes after the group discussion to debrief and document general impressions and non-verbal cues. |

2. **Develop Health Knowledge.** The Health Resource Person could facilitate a session highlighting common health issues that the research team is likely to encounter in the field. The objective is to strengthen the knowledge of the research team of key health concerns affecting the local community in order to develop a better understanding of the issues clients face. Figure 27 lists health concerns that are common where MFIs typically operate around the world.
Phase V: Finalize Fieldwork Preparations

3. Practice Using the Tools. An important aspect of the training is a practice session in which the research staff simulates the implementation of the tools. These practice sessions are crucial to preparing and familiarizing moderators so that they are comfortable with the procedural flow of the guides and can achieve the intended research objectives.

There are a number of resources readily available that can be utilized to train staff in the use of qualitative research tools.

Appendix E includes a suggested training approach and a list of references on training guides currently available on the internet.

5.3 Finalize logistics

Fieldwork logistics should be confirmed and finalized only when all of the tools, sampling and procedures have been completed, as those will directly influence the fieldwork schedule and determine the resources needed. Figure 28 lists the key steps in finalizing logistics.

---

**Figure 28: Fieldwork Logistics**

1.) Identify a venue

   The venue ideally should be large enough, comfortable, private and quiet so that participants feel at ease to discuss their health and other concerns. However, in cases where there are no indoor facilities, participants should meet in an outdoor venue where they feel comfortable gathering to have health related discussions.

2.) Develop a schedule for the fieldwork

   a. Select dates and times that enable participants to be away from their businesses and household responsibilities—some group discussions might need to be conducted in the evenings or on weekends.

   b. Confirm participation of research team members and assign specific tasks—interviews, group discussions, transcription of data, and data analysis.

   continue on next page...
A preliminary schedule was developed during the initial design of the market research plan. Now, after having selected the tools, participants, and research team, this fieldwork schedule can be reviewed and finalized. The final fieldwork schedule should include dates for the research, including specific times allocated for data transcription and data analysis.

Appendix H includes a Sample Fieldwork Schedule.
MILESTONE CHECKLIST

This phase highlighted the tasks that must take place prior to beginning the fieldwork. Before moving forward, an MFI should assess whether it has achieved the following milestones.

<table>
<thead>
<tr>
<th>Milestones and Tasks</th>
<th>YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Milestone 5.1:</strong> Establish a protocol for collecting data.</td>
<td></td>
</tr>
<tr>
<td>• Have you determined how you will capture the research data? (i.e., tape recorder, observer, facilitator or video recording)</td>
<td></td>
</tr>
<tr>
<td>• Have you secured the necessary resources for capturing the data? (i.e., staff, recorders, notebooks, pens)</td>
<td></td>
</tr>
<tr>
<td><strong>Milestone 5.2:</strong> Train the research team on the use of the tools.</td>
<td></td>
</tr>
<tr>
<td>• Have you identified who will conduct the training?</td>
<td></td>
</tr>
<tr>
<td>• Have you selected a date and confirmed the venue for conducting the training?</td>
<td></td>
</tr>
<tr>
<td>• Have you developed a training agenda?</td>
<td></td>
</tr>
<tr>
<td>• Have you determined which skills to focus on for the training?</td>
<td></td>
</tr>
<tr>
<td>• Has the research team practiced the tools?</td>
<td></td>
</tr>
<tr>
<td><strong>Milestone 5.3:</strong> Finalize the logistics.</td>
<td></td>
</tr>
<tr>
<td>• Have you selected dates and venues for carrying out the market research fieldwork?</td>
<td></td>
</tr>
<tr>
<td>• Have you finalized the fieldwork schedule?</td>
<td></td>
</tr>
<tr>
<td>• Have you recruited the target participants?</td>
<td></td>
</tr>
<tr>
<td>• Have you informed the participants of the research objectives?</td>
<td></td>
</tr>
<tr>
<td>• Have you prepared the materials for the research tools?</td>
<td></td>
</tr>
<tr>
<td>• Have you arranged the necessary transportation for the research team and participants to attend the group discussions and interviews?</td>
<td></td>
</tr>
<tr>
<td>• Have you arranged for the food, drinks and/or additional compensation for clients?</td>
<td></td>
</tr>
</tbody>
</table>

Upon completing the tasks above, the MFI will be ready to proceed to the next phase.

Next Phase ➔ Implement and Document the Fieldwork
Phase 6: Implement and Document Fieldwork

Objective: Carry out the fieldwork and document the results

Previous phases presented the processes for designing, planning and preparing for the market research fieldwork. This phase provides guidelines for carrying out the fieldwork as well as guidance on developing and writing the report of the market research findings.

6.1 Carry out the fieldwork

A series of key research procedures have been previously presented (see Phase 5). Figure 29 synthesizes those procedures into steps for carrying out the fieldwork.

Figure 29: Market Research Fieldwork Guidelines

1. Prior to the group discussions or interviews, the research team becomes familiar with the research objectives and practices using the group discussion or interview guide.

2. Group discussions/interviews should be about 1–2 hours long, but never longer than two hours.

3. Participants should sit in a way that promotes participation and interaction, preferably in a circle facing each other.

4. Moderator explains to participants the objective of the market research and promises confidentiality.

5. Moderator conducts the group discussion or interview following the questions and probing indicated in the guide.

6. Moderator listens attentively and encourages participants to listen to others before speaking.

7. Moderator uses open questions to probe and clarify points of discussion.

continue on next page...
Phase VI: Implement and Document Fieldwork

6.2 Transcribe the data

After the fieldwork, data from the various tools—interviews, FGD and PRA—need to be transcribed. The transcription process consists of typing the written notes and recordings (if applicable) into text files—typed text files are easy to read and search—which will facilitate the latter steps of processing and synthesizing the data. If the research team uses the note sheets for all their observations, transcription would follow the same format.

**FIGURE 30: TRANSCRIBED NOTE SHEET**

<table>
<thead>
<tr>
<th>Location:</th>
<th>El Alto, Bolivia</th>
<th>Community Group:</th>
<th>Viacha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Participants:</td>
<td>8</td>
<td>Number of Women:</td>
<td>8</td>
</tr>
<tr>
<td>Facilitator/Interviewer:</td>
<td>Juana De la Cruz</td>
<td>Observer:</td>
<td>None</td>
</tr>
<tr>
<td>Date:</td>
<td>21 August 2006</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Time:</td>
<td>13:45</td>
<td>End Time:</td>
<td>14:42</td>
</tr>
</tbody>
</table>

Description of participants (age, zone, poverty level, other): Mostly mothers in the 25–50 age range from a peri-urban region.

Research Tool Description: Life-Cycle Profile to analyze health-care needs over time.
Phase VI: Implement and Document Fieldwork

Questions to build the life-cycle profile

<table>
<thead>
<tr>
<th>Diseases</th>
<th>Life Stage</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhea</td>
<td>Childhood (0–12)</td>
<td>Children catch colds from other children, and get diarrhea from foods they eat outside the house.</td>
</tr>
<tr>
<td>Cold</td>
<td>Adolescence (13–17)</td>
<td>Young people have more cases of appendicitis because of the animal grease they consume.</td>
</tr>
<tr>
<td>Chicken Pox</td>
<td>Young Adult (18–35)</td>
<td>There are a lot of diabetes cases, especially among young adults, because they drink soda drinks all the time.</td>
</tr>
<tr>
<td>Appendicitis</td>
<td>Middle Age (36–65)</td>
<td>For middle-aged people, rheumatism is caused by getting cold, washing clothes in cold water. Gall bladder problems are due to excessive worrying and getting upset.</td>
</tr>
<tr>
<td>Kidneys</td>
<td>Old Age (&gt;65)</td>
<td>Old people are more vulnerable to all types of illnesses. For PRA Tools only—include an image of the final result of the tool.</td>
</tr>
</tbody>
</table>

For PRA Tools only—include an image of the final results of the tool.

6.3 Consolidate key market research findings

The data consolidation process consists of arranging the transcribed data into a format that highlights trends and patterns. The best way to achieve this is for research team members to meet as soon as possible after completing the fieldwork to consolidate the results—meeting the day after the fieldwork phase ends facilitates recollection of the various interviews and group discussions. Recommended steps for this meeting are outlined in Figure 31 and explained in more detail below.
### Phase VI: Implement and Document Fieldwork

**FIGURE 31: SUGGESTED STEPS FOR THE DATA CONSOLIDATION PROCESS**

<table>
<thead>
<tr>
<th>Identify Common Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Arrange participants into small groups; give each group paper and pens and copies of the tally sheets and all transcribed data.</td>
</tr>
<tr>
<td>2. Assign an identification code to each key research question.</td>
</tr>
<tr>
<td>3. Ask participants to read individually through the transcribed data and identify answers for each of the key research questions that appear to have consensus within the group. Participants should highlight these answers and write the corresponding identification code for the research question being addressed.</td>
</tr>
<tr>
<td>4. Each group should then develop a list of common answers, which will be documented on the tally sheets for each key research question.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fill Tally Sheets</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Ask groups to place a checkmark by common answers that are found for each group discussion or interview.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Compare and Summarize Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Have all the groups reconvene in a plenary. Ask each group to present its data findings for each major objective.</td>
</tr>
<tr>
<td>7. Facilitate a discussion with the rest of the participants to compare findings. Note the key points from the discussion.</td>
</tr>
</tbody>
</table>

**Identify Common Answers**

The first step in the consolidation of findings is to identify common answers for each of the key market research questions. Common answers are responses from the interviews or group discussions that seem significant because they appear to have consensus within and across groups for each of the key research questions.

To start, the research team should review the key research questions and provide a simple identification code or number to each one. For example, if there are 15 key research questions, each question might be numbered Q1, Q2, Q3... Q15.

Research team members are then organized into small groups, each of which is assigned all raw transcribed data from one of the tools. For example, one group would take the notes from all group discussions that used the PRA Tool Life-Cycle Profile; another group would be in charge of the notes from the interviews, and so on. To expedite the review process, each group might then distribute the tally sheets among the group members.

Participants are to complete a straight-through reading of all their assigned transcribed text, looking for common answers. As team members sift through the data, they can either underline or highlight specific words or phrases that appear to be significant and have consensus among participants. As they highlight key phrases or words, they should place the question identification code next to it, for easier identification later on.

Figure 32 highlights excerpts from three FGDs with key issues underlined for Question #10, “What are the barriers to accessing health-care services?” (see Figure 12 for the initial list of key research questions.)
FIGURE 32: EXCERPTS FROM GROUP DISCUSSIONS IN BOLIVIA
FOR THE PRA TOOL HEALTH CARE-SEEKING BEHAVIOR MAPS

<table>
<thead>
<tr>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group 1</strong></td>
</tr>
<tr>
<td><strong>Group 2</strong></td>
</tr>
<tr>
<td><strong>Group 3</strong></td>
</tr>
</tbody>
</table>

After the group members complete the first read-through, they should create a list for each key research question with answers that appear to have consensus among groups. In the process of identifying common answers, a story will emerge that highlights certain themes and addresses the major research objectives.

For example, in the group discussions above, the common answers for the question on the barriers to accessing health services include the following:

- Poor treatment by hospital or clinic staff
- Long waiting times
- Discrimination
- Far-away facilities

**Fill Tally Sheets**

For the next step, each group fills out a tally sheet for their assigned tool. A tally sheet tabulates all the common answers found across the group discussions for one particular tool for each key research question.

*Note:* Each tool will likely have additional follow-up questions that focus on specific details. These questions, while not included on the tally sheets, can provide additional insight into the overall research objective.

Each group will write a list of common answers on the tally sheet for each key research question. The groups then review the transcribed notes for a second time, recording the occurrences for each common answer by
Phase VI: Implement and Document Fieldwork

placing a checkmark for each group discussion or interview in which the common answer appears. To provide a more complete and vivid picture, narratives from the note sheets should be added to the tally sheets.

See Figure 33 for an example of a partially completed tally sheet. Section IV has a sample tally sheet.

**FIGURE 33: TALLY SHEET FOR FOCUS-GROUP DISCUSSIONS**

<table>
<thead>
<tr>
<th>Q11: What are the issues people face with health-care services?</th>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
<th>Total N°. of ✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad treatment</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Slow service/Long wait times</td>
<td></td>
<td></td>
<td>✓</td>
<td>1</td>
</tr>
<tr>
<td>Lack of personal information privacy</td>
<td>✓</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Limited high-quality local health-care facilities</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Poor quality of information</td>
<td>✓</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Discrimination</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

**Notes:**

Many of the groups prefer private hospital care for treatment, even though hospitals are often far away. There are differences in the quality of treatment received, but overall, many participants seem to have experienced poor service, often as a result of discrimination. Health providers also appear to have provided inappropriate or incomplete information to clients about treatment and illnesses.

In this example, six common themes are listed for the question, “What are issues people face with health-care services?” The tally sheet indicates that the issue of “poor treatment” appeared to be significant for groups 1 and 2, while it either did not show up or was not significant for Group 3; the issue of “slow service” was only mentioned by Group 3; and so on.

By tallying each of the answers to the key research questions, the research team will be able to see emerging patterns. The tallies, however, should not be misconstrued as being a representative view of the target population. In the example above, one of the patterns that seems to emerge is the poor treatment clients are receiving, which might be related to the feelings of discrimination.

**Compare and summarize results**

Once the groups complete their tally sheets, participants will reconvene to discuss the group findings. The objective is to determine whether data from one tool corroborates or contradicts data in the other tools. This step is crucial because it allows the entire research team to look for patterns across the data—these patterns, or trends, are necessary for identifying appropriate health services.
The group discussion might play out as follows:

1. The group that synthesized the data for the FGDs presents the data findings corresponding to the key research questions of one of the research objectives. For example, one group would present findings on the following:

   **Research Objective:** Identify and assess gaps in local health care.
   **Key Research Questions:**
   - What are the issues people face with health-care services?
   - Who are the main health providers in the area?
   - What types of health services do they provide?

2. After the findings for each objective are presented, the Research Coordinator will ask the rest of the participants to answer the following based on their own group's findings:
   - What data seems to be confirmed by the other tools?
   - What seems to be contradictory?
   - What might explain these contradictions?
   - What patterns are emerging?
   - What additional information might be needed to clarify outstanding issues?

3. After the discussion, another group presents the findings for the next research objective. The discussion structure outlined above is followed again. The group rotations continue until all research objectives have been covered. Comments from discussion should be noted by one of the research team members.

4. Once all groups present and discuss their findings, all the notes from the data-consolidation process and discussion comments should be gathered, as these notes will be crucial to writing the final report.

6.4 Document the results

Writing a concise, yet comprehensive report that effectively captures the findings from the market research is crucial because many of the key stakeholders involved in product development will not be involved in the fieldwork, and will need to rely exclusively on the research report. Major steps to consider when developing the report are described below.

**Develop an Outline**

Developing an outline from the onset will provide focus and guidance to writing the report. The flow of the report should be logical and center on the objectives of the research. See Figure 34 for a suggested outline. The synthesized results should tell a story for each research objective, highlighting major findings, as well as any major inconsistencies found among participants, especially across group segmentations.
Figure 34: Report Outline

I. Introduction
   a. Market research objectives.
   b. Key market research questions.

II. Context
   a. Site selection.
   b. Participant profile.

III. Methodology
   a. Brief description of selected tools.

IV. Highlights of Secondary Market Research
   a. Data relevant to key market research objective questions.

V. Research Objective: Identify the types of illnesses clients face and assess the impact of those illnesses on clients’ lives
   a. Major findings, including confirmation or disparities with secondary market research findings.
   b. Examples, quotations, graphics.

VI. Research Objective: Examine knowledge gaps clients have about prevention and treatment of disease
   a. Major findings, including confirmation or disparities with secondary market research findings.
   b. Examples, quotations, graphics.

VII. Research Objective: Deepen the understanding of how clients treat and prevent disease, and how they utilize health-care services
   a. Major findings, including confirmation or disparities with secondary market research findings.
   b. Examples, quotations, graphics.

VIII. Research Objective: Identify and assess gaps in availability and quality of local health care and health products
    a. Major findings, including confirmation or disparities with secondary market research findings.
    b. Examples, quotations, graphics.

IX. Research Objective: Estimate the financial impact of illness and disease on the poor, and identify ways in which clients currently pay for their health-care expenses
    a. Major findings, including confirmation or disparities with secondary market research findings.
    b. Examples, quotations, graphics.

X. Summary
   a. Summary Table
Synthesize the Major Findings

The synthesized results should tell a story for each research objective, highlighting major findings, as well as any major inconsistencies found among participants, especially across group segmentations.

**Figure 35: Market Research Narrative**

Research Objective: Identify and assess gaps in availability and quality of local health care and health products.

The information obtained shows there is a high level of agreement among the groups concerning the perception of health-care quality, with a few differences for the groups in the rural areas. The research identified a significant lack of trust in medical care and doubts about its ability to help them heal. Moreover, participants described experiences of being treated poorly and receiving substandard care as well as a general lack of kindness and a limited distribution of information, both from administrative personnel and medical staff. This was especially highlighted for participants in the rural areas. There is greater availability of health services in the urban areas. As a result, participants in the rural areas highlighted the lack of access to doctors and medical equipment.

Compare the Research Findings with Secondary Research Data

Reviewing and comparing findings from the fieldwork with the secondary research data is necessary as a triangulation method to increase validity of the research results. Secondary data does not only substantiate the findings from the field, it can also clarify vague or ambiguous findings from the field.

For each key market research question, the Process Champion or Research Coordinator should review the secondary data and the consolidated research results and try to answer the following:

- What is the same?
- What is different?
- Why are there differences in the data?
- What might be some possible explanations?

Key points from this comparison should be used as a reference to emphasize or clarify specific findings from the fieldwork. These points are integrated into the section on the relevant research objective.
Illustrate the Data

Adding quotes from clients who participated in the market research can facilitate the reading of the report by illustrating shared perceptions or major points.

**Figure 37: Illustrative Quotes**

“They don’t get good care at the Health Centers... the doctor isn’t there. Many women treat their illnesses with healers or do nothing at all.” —Focus Group with Crédito con Educación Rural (CRECER) advisers, La Paz, Bolivia

“We go to the Noruega Hospital. At Noruega, the attention is poor and there are long queues... when there is a serious illness, one has to go to the hospital.” —PRA Tool Health Care-Seeking Behavior Maps, Viacha, Bolivia

Graphs or charts can also supplement the narrative by synthesizing and illustrating large amounts of data. However, since graphs and charts are traditionally limited to quantitative methods, their use in displaying qualitative data must be carefully planned in order to maintain the validity of the data. The guidelines below provide some direction when utilizing charts and graphs.

- The simplest method for quantifying qualitative data requires counting the number of group discussions and/or interviews in which there was a specific reference to a key point. For example, the number of focus groups that identified malaria as the most serious disease affecting the community.

- When the total sample involves at least 25 cases (e.g., number of group discussions or interviews), the results can be displayed as percentages in a graph, as shown in Figure 38.

---

However, if a total sample is less than 25–30 cases, it is more accurate to include the actual number as part of a narrative description. A graph can still be utilized to display the data, as demonstrated in Figure 39.

This radar graph shows the most common illnesses affecting clients at RCPB, an MFI in Burkina Faso. The graph indicates that out of 10 FGDs, 8 groups identified malaria as the illness that most frequently affects households. HIV/AIDS followed second, then cough and whooping cough, and so on. Illnesses that occur less frequently include kidney disease and heart disease.
• Any quantitative presentation of qualitative data should be accompanied by a description of what the numbers represent. After all, qualitative research is conducted because it is nuanced and contextually rich, and can provide an in-depth understanding of behaviors, attitudes and preferences.

Create a Summary Table

In order to facilitate the analysis process that takes place in the next phase of the market research, the report should include a summary table that highlights no more than two or three findings for each research objective. The summary table should include the finding, the way in which clients are currently addressing that issue, and the constraints and challenges faced by clients. Figure 40 shows an example of a partial summary table.

FIGURE 40: SUMMARY TABLE

<table>
<thead>
<tr>
<th>Research Objective</th>
<th>Research Findings</th>
<th>Client Behaviors</th>
<th>Client Constraints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify the types and frequency of local illness and disease that clients face.</td>
<td>Clients and their families have frequent bouts of malaria.</td>
<td>Inconsistent use of untreated mosquito nets.</td>
<td>Prohibitive cost of insecticide-treated mosquito nets.</td>
</tr>
</tbody>
</table>
This phase presented the processes for implementing and documenting the fieldwork. In order to move forward to the last phase, an MFI should assess whether it has achieved the following milestones.

<table>
<thead>
<tr>
<th>Milestones and Tasks</th>
<th>YES/NO</th>
</tr>
</thead>
</table>
| **Milestone 6.1:** Carry out the fieldwork.  
  • Has the field team implemented the tools with the target participants?  
  • Have the data from the fieldwork been recorded? (If applicable)  
  • Have research team members taken notes for each group discussion and interview?  
  • Has the field team added notes to elaborate on non-verbal cues? |        |
| **Milestone 6.2:** Transcribe the data.  
  • Have the data from the fieldwork been transcribed into typed text files?  
  • Have copies of the transcripts been printed for each interview and group discussion? |        |
| **Milestone 6.3:** Consolidate key research findings.  
  • Has the research team participated in a data consolidation process to discuss the fieldwork findings?  
  • Has the team reviewed the transcribed data and identified common answers?  
  • Has the team completed the tally sheets?  
  • Has the team discussed emerging patterns and data contradictions? |        |
| **Milestone 6.4:** Document the results.  
  • Has the Process Champion and/or Research Coordinator examined all the documented fieldwork results?  
  • Has the Process Champion and/or Research Coordinator developed an outline for writing the report?  
  • Has the Process Champion and/or Research Coordinator compared the fieldwork results with secondary data?  
  • Has the Process Champion and/or Research Coordinator identified salient points that should be highlighted in a summary table?  
  • Has the Process Champion and/or Research Coordinator completed the market research final report? |        |

Upon completing the tasks above, the MFI will be ready to proceed to the next phase.
Objective: Analyze the market research findings and formulate a high-quality product concept

This phase will provide guidance on planning and implementing a workshop where stakeholders will utilize the research findings to generate product concept ideas. The phase concludes with quality guidelines for finalizing the product concept.

7.1 Prepare for a concept development workshop

Why: Develop the Rationale for the Workshop

Developing a new product requires a careful and deliberate assessment of client demands, the competitive and regulatory environment, and the MFI’s institutional goals and internal capacities. The assessment requires input from multiple stakeholders in the organization who would be likely to manage different aspects of the implementation of the new services. One way to address this multifaceted process is to bring together key staff to participate in a concept development workshop.

The workshop’s objectives will be determined by what the MFI’s leadership would like to have as a result. Some MFIs might decide they want to simply generate some initial ideas, which will be elaborated on at a later time by the MFI’s leadership and management. Other MFIs might define an objective that leads to a more concrete result, such as defining the attributes of the health protection service package to be provided by the MFI. The workshop should be designed to meet the MFI’s objectives.

Who: Identify the Participants

The analysis and concept development workshop might be attended by 8–16 people, consisting of the following stakeholders:

- MFI leadership
Phase VII: Analyze Data and Develop a Product Concept

- Process champion
- Research coordinator
- Health resource person
- Research team members
- MFI senior management from across operational areas

Having staff at various levels of the organization will provide different, yet complementary, perspectives. While senior management and leadership are the ones who comprehend more clearly the MFI’s vision and strategy, it is the field staff who—with their regular client interaction—better understand client needs, demands and challenges. The workshop facilitator can be either the Process Champion or a consultant familiar with the process of developing new services.

When: Establish a Timeline for the Workshop

The workshop should be carried out soon after the fieldwork is completed, while the memory of the research team members is still fresh. The workshop will likely take a full day, though this will depend on the specific activities that are designed for the workshop.

Where: Prepare the Location and Logistics for the Workshop

In order to maintain focus on the discussions, the location should be one in which participants will not be interrupted. Some of the logistics for the workshop include the following:

PREPARING DOCUMENTS:
- Copies of the market research report, including the Summary Table—one per participant—which should be distributed in advance of the workshop.

PREPARING FLIPCHARTS:
- One flipchart with the workshop objectives
- One flipchart with the workshop agenda
- One flipchart with the research findings—derived from the Summary Table in the market research report.

OBTAINING ANY NECESSARY SUPPLIES:
- Blank flipchart paper for 20–25 flipcharts
- Paper: four or five pieces of paper per participant
- Markers: eight to ten markers of different colors to write on flipchart paper
- Pens: one per participant
- Tape: a roll of tape

ARRANGING FOR FOOD AND SNACKS.
What: Establish the Content for the Workshop

Figure 41 shows a suggested agenda for a full-day workshop. This agenda can be adapted depending on the workshop objective and the availability of the MFI staff.

**FIGURE 41: SUGGESTED AGENDA FOR THE PRODUCT CONCEPT DEVELOPMENT WORKSHOP**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00–8:30</td>
<td>Introduce participants and present workshop objectives</td>
</tr>
<tr>
<td>8:30–9:30</td>
<td>Present a synopsis of the market research results</td>
</tr>
<tr>
<td>9:30–10:00</td>
<td>Facilitate a discussion to review and confirm the product concept criteria</td>
</tr>
<tr>
<td>10:00–10:15</td>
<td>Break</td>
</tr>
<tr>
<td>10:15–12:00</td>
<td>Guide participants through a brainstorming exercise</td>
</tr>
<tr>
<td>12:00–1:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00–3:00</td>
<td>Facilitate a Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis</td>
</tr>
<tr>
<td>3:00–3:15</td>
<td>Break</td>
</tr>
<tr>
<td>3:15–4:00</td>
<td>Facilitate a discussion focused on innovation</td>
</tr>
<tr>
<td>4:00–4:45</td>
<td>Identify next steps</td>
</tr>
<tr>
<td>4:45–5:00</td>
<td>Conclude the workshop</td>
</tr>
</tbody>
</table>

The next step suggests how each of the workshop activities listed above might be carried out. The specific instructions are provided in italics.

**7.2 Conduct the concept development workshop**

**Activity 1: Introduce Participants and Present Workshop Objectives**

- To start the workshop, introduce participants to each other.
- Then, present the workshop objective and agenda, and ask for any questions participants might have about the workshop.

**Activity 2: Present a Synopsis of the Market Research Results**

Since it is possible that participants will want more clarity about the findings or that not all participants will read the entire market research report in advance, providing a synopsis of the results at the beginning of the workshop will ensure that all participants have the same level of understanding of the research findings.

- Present the major findings from the market research report. To facilitate the presentation, point participants to the Summary Table in the market research report, and show the findings on a flipchart.
Phase VII: Analyze Data and Develop a Product Concept

The synopsis should be based on the summary table of the market research report. Figure 42 shows an example of a complete Summary Table.

**FIGURE 42: SUMMARY TABLE**

<table>
<thead>
<tr>
<th>Research Objective</th>
<th>Research Findings</th>
<th>Client Behaviors</th>
<th>Client Constraints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify the types of illnesses clients face and assess the impact of those illnesses on clients’ lives.</td>
<td>Clients and their families have frequent bouts of malaria.</td>
<td>Inconsistent use of untreated mosquito nets.</td>
<td>Prohibitive cost of insecticide-treated mosquito nets.</td>
</tr>
<tr>
<td>Examine knowledge gaps clients have about prevention and treatment of disease.</td>
<td>Clients are seeing an increased incidence of chronic conditions and do not know how to prevent them.</td>
<td>Clients have poor diets and lead sedentary lifestyles.</td>
<td>Clients do not have access to information on causes and prevention of chronic conditions.</td>
</tr>
<tr>
<td>Deepen the understanding of how and why clients treat and prevent disease, and how they utilize health-care services.</td>
<td>Clients only seek medical care when they are seriously ill.</td>
<td>Clients forego prevention and self-medicate themselves when ill.</td>
<td>Clients do not have the resources to get better health-care options.</td>
</tr>
<tr>
<td>Identify and assess gaps in availability and quality of local health care and health products.</td>
<td>Clients would like greater access to modern health-care centers because the diagnosis and treatments are appropriate.</td>
<td>Clients wait a few days until the condition gets worse before going to a health center.</td>
<td>Average distance to a health center is 10km, twice that recommended by the World Health Organization</td>
</tr>
<tr>
<td>Estimate the financial impact of illness and disease on the poor and identify ways in which clients currently pay their health-care expenses.</td>
<td>Clients are not getting quality care because they cannot afford it. Repeated and serious illnesses have a serious financial impact on families.</td>
<td>Clients resort to local healers, or public health clinics, which are more affordable, and borrow from moneylenders and friends for urgent needs.</td>
<td>The income of clients is very limited.</td>
</tr>
</tbody>
</table>

- *Ask staff who participated in the market research and who are present at the workshop to add any other points they want to highlight from their experience.*
- *Then tell participants to ask any questions they might have about the research findings.*
Activity 3: Facilitate a Discussion to Review and Confirm the Product Concept Criteria

- Show participants the product concept criteria.

The product concept criteria were explained in more detail in Section I, and should have been set prior to starting the market research. The product concept criteria is critical for maintaining focus as well as ensuring the service package is of high quality. Services that do not meet the criteria could divert valuable resources from the MFI into non-priority areas.

The criteria might include the following:

- Responsive to clients’ needs
- Potential for impact
- Within MFI’s capacity
- Sustainable
- Ask participants to review and confirm the criteria for selecting the health protection service package components.

This discussion provides an opportunity to remind everyone of the criteria, verify that they still seem appropriate, and agree on any adjustments to guide the concept development.

Activity 4: Guide Participants through a Brainstorming Exercise

The following sequence of steps outlines how to facilitate a brainstorming session on potential MFI solutions. Participants should already have a copy of the analysis matrix.

- Organize participants into small groups of two to five people. Tell group members to select one person who will be the recorder for the group.

The number and size of groups will be a function of the number of total participants, but three small groups is optimal. Fewer groups will mean fewer ideas to choose from, while more groups will lead to redundancy and more time needed for reporting and analyzing the concepts.

- Give each group flipchart paper and markers.
- Ask participants to take 15 minutes to examine the analysis matrix and brainstorm individually all potential ways the MFI can address the issues being examined, taking into account the product concept criteria. Tell participants to write their ideas on individual note cards.
- After 15 minutes, tell group members to take turns sharing each of their ideas with the rest of the group and post their note cards on the wall or a flipchart under a column titled Potential MFI Solutions. As group members take turns, only ideas that are not previously mentioned should be added to the flipchart.
Figure 43 shows examples of a variety of MFI solutions on cards.

**Figure 43: Potential MFI Solutions**

- Organize health days for treating patients in rural areas.
- Offer a health savings program.
- Education sessions on prevention and treatment of chronic conditions.
- Offer special loans for clients to buy mosquito nets.
- Build clinics in rural areas.
- Link clients to health providers who can give them discounted services.
- Provide a health loan that would allow clients to pay for the health care of their choice.
- Sell insecticide-treated nets at reduced cost during loan meetings.

**Next, ask each group to work together to analyze the brainstormed components and select a package of up to three components that complement each other and meet the product concept criteria. The result should be a holistic package of health protection services that work together in an integrated way to meet the needs and wants of the target population. Tell participants they have 45 minutes for this discussion.**

**Ask participants to write down the components of their selected health protection service package on a flipchart.**

Figure 44 shows an example of how an integrated package would be developed from an initial set of ideas. Refer to Appendix A for examples of health protection service packages currently being implemented in various countries around the world.

**FIGURE 44: INTEGRATING MFI SOLUTIONS INTO A HEALTH PROTECTION SERVICE PACKAGE**

<table>
<thead>
<tr>
<th>Potential MFI Solutions</th>
<th>Proposed Health Protection Service Package</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get health providers to travel to rural areas to provide checkups and diagnostic tests</td>
<td>Education sessions on prevention and treatment of chronic diseases.</td>
</tr>
<tr>
<td>for common chronic diseases.</td>
<td></td>
</tr>
<tr>
<td>Offer education sessions on prevention and treatment of the most common chronic</td>
<td>Health days held periodically in rural areas to provide general health checks</td>
</tr>
<tr>
<td>conditions that people are increasingly suffering from.</td>
<td>and diagnostic tests.</td>
</tr>
<tr>
<td>Provide a health loan to allow clients to pay for serious health-care expenses.</td>
<td>Health loans for health-care expenses.</td>
</tr>
</tbody>
</table>
Activity 5: Facilitate a SWOT Analysis

This next activity will provide an opportunity for all participants to analyze the proposed health protection service packages through a SWOT analysis. SWOT is an acronym for Strengths, Weaknesses, Opportunities and Threats, which is a common strategic planning method used to analyze a project. The input of the Health Resource Person, if available, will be very valuable in this analysis.

- Bring all the participants back together to review each group's service package. Each group takes five to ten minutes to present its health protection service package to all participants in plenary.
- After each group presents its health protection service package, all participants undertake a SWOT analysis of each package. The SWOT analysis will take place after each presentation, and should take no more than 20 minutes each (allow less time for a larger number of groups).
- Ask the Health Resource Person to provide an opinion on each package.

For the SWOT analysis, participants should discuss the strengths, weaknesses, opportunities, and threats in turn. The questions below may help provide guidance for this discussion:

**STRENGTHS**

- What are the strong aspects of this package?
- How well do the components complement each other and fit together as one package?
- What core competencies of the MFI would help achieve the delivery of this service package?
- How could this package strengthen the MFI's operations?

**WEAKNESSES**

- What are the weak aspects of this package?
- What are the gaps in this package?
- What MFI weaknesses or gaps would make delivery of this package difficult?

**OPPORTUNITIES**

- What external opportunities could the MFI take advantage of?
- How would this package affect the microfinance or health environment?
- How could this package positively impact the MFI's competitive position?

**THREATS**

- What external risks and obstacles could the MFI face?
- What are the competition and barriers to entry?
- Take notes on the SWOT analysis for each package on a flipchart.
Figure 45 shows an example of a SWOT analysis.

**FIGURE 45: SWOT ANALYSIS**

<table>
<thead>
<tr>
<th>Proposed Health Protection Service Package</th>
<th>Strength</th>
<th>Weakness</th>
<th>Opportunity</th>
<th>Threat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education sessions on prevention and treatment of chronic diseases.</td>
<td>MFI already has a Credit with Education program. The new topics could be disseminated through that mechanism fairly easily and quickly. MFI already has expertise providing loans. The components work well together by focusing on preventive strategies, and by also providing financial services to cover curative expenses.</td>
<td>It might be difficult and costly to coordinate health days that offer enough services to attract people to attend. Health loans are inherently risky, and could result in a higher default rate. All of these services will incur significant expenses initially. The MFI might need to find a way to finance the start-up costs.</td>
<td>Health days will contribute towards maintaining the health of clients. Adding these services might give the MFI a distinctive appeal, which might increase the number of clients. Services might improve repayment rates if clients can maintain better health conditions.</td>
<td>Clients might not trust the quality of the services provided during the health day forums. Potential default on health loans because clients are too sick to repay loan. Abuse of health loans by clients and providers. Could lead clients to have incorrect expectations of the MFI.</td>
</tr>
<tr>
<td>+ Health days held periodically in rural areas to provide general health checkups and diagnostic tests.</td>
<td>+ Health loans for health-care expenses.</td>
<td>+</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- After all the groups have completed their presentations, and participants have completed all SWOT analyses, post the flipcharts with each of the health protection service packages and corresponding SWOT analysis around the room.

**Activity 6: Facilitate a Discussion Focused on Innovation**

This activity is intended to encourage participants to think creatively beyond the health protection service packages that have been presented.

- Reorganize participants into pairs.
- Tell participants that in their pairs they should walk around the room and examine all the health protection service packages and corresponding SWOT analysis. After five minutes, they should discuss the following in their pairs:

**Given everything you have heard today, what service package would you be most excited to offer?**

- Explain to participants that based on their discussions, they can affirm a package that has been presented, come up with a completely new package that is comprised of components from other packages, or modify existing packages. The goal is to think beyond what has been presented. Each pair should write down on a blank sheet of paper their preferred package.
After 20 minutes, ask each pair to present its package and explain why the package is the best approach for the MFI to add health related services. Each group has five minutes to present its package.

After each presentation, tell the other participants they can ask questions or comment on the package being presented. Once again, the comments from the Health Resource Person would be very valuable at this juncture.

Activity 7: Identify Next Steps

Defining steps to be taken after the workshop will ensure that all participants know how to proceed with the more detailed development and implementation of the plan.

- Ask participants to identify the steps that should take place after the workshop to finalize the development of the health protection service package.
- After each step is outlined, ask participants who will be the key person responsible for each step and by when the step should start taking place.

Figure 46 shows an example of Next Steps

**FIGURE 46: NEXT STEPS**

<table>
<thead>
<tr>
<th>Step</th>
<th>Key Staff</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct additional interviews with health providers to determine their participation in the health days.</td>
<td>Process Champion</td>
<td>First month</td>
</tr>
<tr>
<td>Analyze financial viability of providing health loans.</td>
<td>Process Champion, Financial Manager</td>
<td>Month two</td>
</tr>
<tr>
<td>Assess resources needed to provide health education sessions.</td>
<td>Process Champion</td>
<td>Months three and four</td>
</tr>
<tr>
<td>Finalize health protection service package components and process.</td>
<td>Executive Director, Process Champion, Product Manager</td>
<td>Month six</td>
</tr>
</tbody>
</table>

Activity 8: Conclude the Workshop

In concluding the workshop, all the materials developed during the workshop—including analysis matrices, flipcharts with SWOT analysis and health protection service packages—should be collected.

- Tell participants that all of the information they have discussed will be collected and utilized in the development of the final product concept.
- Thank participants for their contributions.
7.3 Finalize the product concept

The finalization of the product concept should be led by the Process Champion, but will likely include the collaboration of key members of the MFI leadership and/or senior management. The task for the Process Champion is to decide which combination of components will work best to produce a holistic health protection service package.

Define the Health Protection Service Package

The information derived during the product concept development workshop will be used to select the components of the health protection service package. The final product concept should consider the following guiding principles, which were first presented in the Introduction to this guide:

1. A strong, cohesive health protection service package will likely include two or three components that work together to create synergies.

2. The components of the service package should meet the selected set of criteria, such as:
   - Responsive to client needs
   - Potential for impact
   - Within MFI’s capacity
   - Sustainable

3. The health protection service package should support quality health-care practices, services, and products, including:
   - Accessibility/Availability. Clients are able to access needed care more quickly and with the appropriate and affordable financing options.
   - Effective/Appropriate. Clients receive information about preventing and managing disease that is current and accurate; and they secure services that are safe, reliable and appropriate for their specific health needs.
   - Responsive/Patient-Centered. Services are acceptable to clients and designed to meet their needs. Clients are actively engaged in learning and improving health behaviors and practices.
   - Structure/Environment. Services create new or expanded opportunities for supporting or expanding local private and public health providers and initiatives.

Note: The Quality of Care Matrix in Appendix H provides a framework to help MFIs think about and plan packages with quality in mind.
Phase VII: Analyze Data and Develop a Product Concept

MILESTONE CHECKLIST

This phase presented the final step in the market research process: analyzing the data and developing the product concept for the health protection service package. The MFI should assess whether it has achieved the following milestones.

<table>
<thead>
<tr>
<th>Milestones and Tasks</th>
<th>YES/NO</th>
</tr>
</thead>
</table>
| **Milestone 7.1:** Prepare for a concept development workshop.  
  • Have you identified the objective for the workshop?  
  • Have you identified and invited the participants to the workshop?  
  • Have you finalized the logistics for the workshop, including getting the venue and materials? |        |
| **Milestone 7.2:** Conduct the concept development workshop.  
  • Have you led workshop participants to identify criteria to be used in the development of the product concept?  
  • Have you created a process through which participants could freely brainstorm on health protection services packages?  
  • Have you facilitated an analysis of the product concepts generated by participants?  
  • Have you provided a time for participants to think of how to create a health protection service package? |        |
| **Milestone 7.3:** Finalize the product concept.  
  • Have you selected the final product concept components?  
  • Have you ensured the product concept meets the criteria selected by workshop participants?  
  • Have you determined how to build quality standards into the health protection service package? |        |

With these tasks the MFI completes the market research and product concept development process. The MFI should now proceed to the pilot-testing phase, including financial modeling and operational planning for its product concept. Please see references provided in the Conclusion for available pilot-testing processes and tools.
Conclusion

The Market Research for Microfinance and Health Protection How-to Guide has provided step-by-step guidance on planning and conducting market research, analyzing the results, and developing a product concept for a health protection service package. For each major phase, users have had the opportunity to reflect on the tasks necessary to achieve specific milestones and objectives.

Key points to remember when planning and implementing market research for microfinance and health protection are as follows:

- Assign a Process Champion to lead and oversee the process.

**PHASE I: DESIGN MARKET RESEARCH PLAN**
- Identify a location in which to conduct the research.
- Establish a well-defined goal and specific research objectives that are understood and supported by senior leadership.
- Articulate clear key research questions that will achieve the research objectives.

**PHASE II: CONDUCT SECONDARY MARKET RESEARCH**
- Utilize secondary sources of information that will help provide background and context for understanding the local health environment.

**PHASE III: SELECT MARKET RESEARCH TOOLS**
- Triangulate findings by using diverse sources of information and methods that cross-reference, confirm or contrast with each other.
- Involve MFI clients and health providers in the market research process.
- Select the participants to achieve homogeneity within individual groups and diversity across groups.

**PHASE IV: PREPARE THE MARKET RESEARCH TOOLS**
- Field-test the tools to ensure they meet the objectives and are clear in their procedures.

**PHASE V: FINALIZE FIELDWORK PREPARATIONS**
- Establish systematic procedures for implementing and documenting the market research.
- Train the staff to carry out the fieldwork.

**PHASE VI: IMPLEMENT AND DOCUMENT THE FIELDWORK**
- Carry out the fieldwork.
- Capture all observations and responses.
• Review findings on an ongoing basis and go back to confirm key issues or explore in-depth new issues that arise.
• Document results in a clear report that synthesizes major findings.

PHASE VII: ANALYZE DATA AND DEVELOP PRODUCT CONCEPT

• Establish a clear objective for what the product concept development workshop should achieve.
• Involve MFI staff from various departments across the organization in the development of the product concept.
• Encourage innovative thinking in developing a health protection service package.
• Ensure that the final product concept meets the criteria selected by MFI staff, and that the components meet quality-of-care standards.

Once the product concept has been finalized, the MFI will need to define the specific product attributes and pilot-test the prototype before rolling out the health protection service package. To aid MFIs in this process, other guides produced through the Microfinance and Health Protection initiative provide guidance on product development and implementation for specific health protection services, including Developing Linkages with Health Providers, Health Savings, and Health Loans.

Additional References for Pilot-Test and Product Implementation

MicroSave/Toolkits: www.microsave.org

Market Research Toolkit

Developed by Shahnaz Ahmed Wright and adapted by Freedom from Hunger

This toolkit was applied to market research undertaken by Freedom from Hunger’s Microfinance and Health Protection initiative with technical assistance from Microfinance Opportunities and Shahnaz Ahmed Wright.
Interview Tool

Guide for Interviewing Health Providers

**Purpose**
To identify major health concerns affecting the surrounding community.

**Procedure**

**Preparations**
The interview should be conducted with key staff of a health-service center who have knowledge about the patterns of client-health needs and available health-care services.

**Steps**

1. Introduce yourself.
2. Explain the market research objectives.
3. Review logistics with person being interviewed:
   - Interview will take 60–90 minutes.
   - All information received will be confidential.
4. Ask the following questions:

   **COMMON ILLNESSES**
   - What are the most frequent illnesses or health problems served by this health service center?
     - Who is affected the most by them?
     - Why are these people affected the most?
     - What might be some reasons for the frequency of those illnesses?

   **Note:** If available, ask the provider for statistics on the most frequent diseases and profile of affected patients (age, gender, socioeconomic background, etc.).

   **HEALTH KNOWLEDGE**
   - What do clients currently know about preventing chronic and infectious diseases?
   - What, if any, are some of the issues about which clients might be misinformed?
     - What might be some of the reasons for this misinformation?
   - What type of health related information can clients get from this health center?

   **HEALTH BEHAVIORS AND PATTERNS OF HEALTH-CARE UTILIZATION**
   - How do clients treat illness and disease prior to coming to this health center?
• How long do clients wait to seek treatment at the health center?
• What typical behaviors do you observe among patients that are harmful to their health?
• What positive behaviors and knowledge are most needed by patients?

**AVAILABILITY AND ACCESSIBILITY TO QUALITY HEALTH CARE AND HEALTH PRODUCTS**
• What types of preventive and curative services are available through this health center?
• What are the number of doctors and nurses per patient?
• What are the waiting times for routine and preventive care?
• What are the waiting times for curative and emergency care?
• What are the main challenges to providing quality and timely care to patients that this health provider has?

**COSTS OF ILLNESS, TREATMENT AND FINANCING OF HEALTH SERVICES**
• How much do people pay for preventive care?
• How much do people pay for curative or emergency care?
• How do people pay for these services?
• Which illnesses have the highest treatment costs?
  • Why?
• What health-care financing services are available?

**OTHER**
• What are some ways in which MFIs can help improve the health status of clients?
• What else do you want to share with us that we have not already discussed?

5. Summarize the key points and ask for clarification on any points of confusion.

6. Conclude the discussion
• Ask whether interviewee has questions about the research.
• Explain that the information will be utilized to determine how the MFI might be able to help clients access quality health care.
• Thank interviewee for participating.
Focus-Group Discussion Tool

Guide for Conducting Focus-Group Discussions with MFI Clients

Purpose
To develop a comprehensive understanding of the health issues faced by clients and the ways in which clients prevent and treat disease.

Procedure
Preparations
The exercise is best done in a closed area with the assistance of a small working group of 6–12 people who are familiar with the community’s disease patterns.

Note: This guide can also be utilized as an interview guide with MFI clients.

Steps
1. Introduce yourself and welcome participants.
2. Explain the market research objectives.
3. Review logistics with participants:
   • Group discussions will take 1–2 hours.
   • All information received will be confidential and will not be utilized to determine loan eligibility.
4. Ask the following questions:

   COMMON ILLNESSES
   • What are the most frequent illnesses or health problems people face?
     ▪ Who is affected the most by them?
     ▪ Why are these people affected the most?
     ▪ What might be some reasons for the frequency of those illnesses?
   • What is the impact on your life when you or your family get sick?
     ▪ What is the impact on your finances?
   • Which health issues do you face that are the most serious?
     ▪ Why are these health issues the most serious?

   HEALTH KNOWLEDGE
   • What do you know about preventing chronic diseases? [provide specific examples of chronic diseases, such as high blood pressure and diabetes]
     ▪ What are the causes of these diseases?
• What do you know about preventing infectious diseases? [provide specific examples of infectious diseases, such as malaria and HIV/AIDS]
  ▪ What are the causes of these diseases?
• Where do you get information about the causes of these diseases?
• What are ways to get treatment?
• Where do you get information about how to get treatment?

HEALTH BEHAVIORS AND PATTERNS OF HEALTH-CARE UTILIZATION
• What do you do to prevent illness?
  ▪ What challenges do you face in preventing disease?
• When you or your family members get sick, what do you do?
  ▪ Where do you go to receive treatment?
  ▪ Why?
• Which providers do you prefer?
  ▪ Why?
• Which providers do you avoid?
  ▪ Why?

AVAILABILITY AND ACCESSIBILITY TO QUALITY HEALTH CARE AND HEALTH PRODUCTS
• Who are the main health providers in the area?
• What types of services do they provide?
  ▪ What aspects of these health providers do you like?
  ▪ Why?
  ▪ What don’t you like?
  ▪ Why?
• What are the challenges you face in accessing these services?

COSTS OF ILLNESS AND TREATMENT, AND FINANCING OF HEALTH SERVICES
• What happens to your outstanding loans when you or a family member get sick?
• How much do you pay for preventive care? [provide specific examples, such as getting pre-natal care, annual checkups]
• How much do you pay for curative care? [provide examples, such as getting blood transfusions, being treated for malaria, etc.]
• How do you pay for these services?
• What are other costs that result from illness? [provide examples, such as transportation, productive time lost due to illness, seeking care, and taking care of sick family members]

• What health-care financing services are available?

• Which way would you prefer to access money to pay for health services? [ex. loan, savings, insurance]
  ▪ Why?

OTHER

• What are some ways in which MFIs can help you improve access to quality health care?

• What else do you want to share with us that we have not discussed already?

5. Summarize the key points and clarify any points of confusion.

6. Conclude the discussion

  • Ask participants for questions they might have about the research.

  • Explain that the information will be utilized to determine how the MFI might be able to help clients access quality health care.

  • Thank participants for participating.
Participatory Rapid Appraisal Tools

Tips for Implementing Participatory Rapid Appraisal Tools

1. Read through the entire tool and practice in advance as much as possible to become familiar with all research questions.
2. Probe extensively to find the reason and logic for participant answers.
3. Avoid leading or directing participants to specific answers.
4. Listen and learn from the participants.
5. Encourage participants to share their points of view.
6. Make sure participants listen to each other without interrupting.
7. Paraphrase key points to validate the information being heard.
8. Remember that the discussions among participants as they develop the tool are often more important than the final results.
Life-Cycle Profile to Analyze Health-Care Needs Over Time

Purpose
The Life-Cycle profile seeks to identify the phases of a typical individual’s life and the most prevalent health-care needs. The information gathered can be useful in designing health-care services that match the various needs during a person’s life.

Procedure
Preparations

• The exercise is best done in a closed area with six to eight participants.
• Draw a life-cycle chart on the paper with the life phases along the vertical axis of the chart. The life phases might include the following age groups:
  ▪ Childhood: 0–12 years old
  ▪ Adolescence: 13–17 years old
  ▪ Young Adult: 18–35 years old
  ▪ Middle Age: 36–65 years old
  ▪ Old Age: >65 years old

Materials
Poster-sized paper, individual cards, markers (alternative: chalk can be used to draw on the floor) and approximately 200 stones/beans/seeds/bottle-tops.

Steps
1. Introduce yourself and welcome participants.
2. Explain the market research objectives.
3. Review logistics with participants:
   • Group discussions will take one to two hours.
   • All information discussed will be confidential and will not be utilized to determine loan eligibility.
4. Ask participants to confirm the age groups shown on the chart.
5. Tell participants to discuss and agree upon the two or three most important health concerns in each life phase.
   To facilitate this process, ask:
   • What are the most common health concerns for each of these age groups?
   When there are more than three health concerns for each age group, follow up by asking:
   • Which three health concerns are the most serious? Why are they the most serious?
6. Write each of the health concerns on individual cards, and place the cards along the horizontal axis.

7. Ask participants to place seeds/pebbles/bottle-tops to show the burden—minimum zero, maximum five—either due to frequency or severity of the disease or associated with each health concern for each age group on the life-cycle chart.

To facilitate this process, ask:

- How much is each age group affected by these health concerns? [mention one concern at a time].

  For example: If children suffer frequently from diarrhea, participants would place up to five stones to represent the high incidence of that disease in children.

8. Follow up with additional probing:

**COMMON ILLNESSES**

- What is the impact to your household when you face one of those health needs?
- Why are these diseases a greater burden in some life stages than others?

**HEALTH BEHAVIORS AND PATTERNS OF HEALTH-CARE UTILIZATION**

- What do you do to prevent getting sick with these diseases?
- How do you treat these diseases?
  - Where do you go for treatment?
  - Why?

**COSTS OF ILLNESS, TREATMENT AND FINANCING OF HEALTH SERVICES**

- Which health-care needs require lump sums of money?
  - How do you amass the lump sums needed to cover the financial expenses related to these diseases?
  - What happens to your finances when you get sick and incur these medical expenses?
  - What happens when you do not have the money to cover these expenses?
- What other financial services would help pay for the health related expenses?

**OTHER**

- What are some ways in which MFIs can help clients with these health concerns?
- What else do you want to share with us that we have not already discussed?

9. Summarize the key points and clarify any points of confusion.

10. Conclude the discussion:

- Ask participants for questions they might have about the research.
- Explain that the information will be utilized to determine how the MFI might be able to help clients access quality health care.
- Thank participants for participating.
### Tool Example

The final tool might look like the following table:

<table>
<thead>
<tr>
<th>Life Stage</th>
<th>Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Diarrhea</td>
</tr>
<tr>
<td>Childhood (0–12)</td>
<td>***</td>
</tr>
<tr>
<td>Adolescence (13–17)</td>
<td>*</td>
</tr>
<tr>
<td>Young Adult (18–35)</td>
<td>*</td>
</tr>
<tr>
<td>Middle Age (36–65)</td>
<td>*</td>
</tr>
<tr>
<td>Old Age (&gt;65)</td>
<td>**</td>
</tr>
</tbody>
</table>
Health-Care Service Attribute Ranking

Purpose
This ranking tool is designed to examine how clients and potential clients perceive key elements of specific health-care services, and identify those elements that are important to them. It also helps challenge pre-conceived notions about poor people’s attitudes towards health-care services, what matters to them, and why they have those preferences.

Procedure

Preparations

• The exercise is best done in a closed area with six to eight participants.
• Prior to the exercise, make sure to determine which health service will be discussed.

Materials
Paper cards and markers (alternative: chalk can be used to draw on the floor).

Steps
1. Introduce yourself and welcome participants.
2. Explain the market research objectives.
3. Review logistics with participants:
   • Group discussions will take one to two hours.
   • All information discussed will be confidential and will not be utilized to determine loan eligibility.
4. Tell participants which health provider they will be discussing.
5. Ask participants:
   • What do you like or dislike about this health provider?
6. Ask participants to make a list of all the likes and dislikes they identified, using neutral terms.
   For example: “long waiting times” becomes “waiting times” or “friendly staff” becomes “staff attitude.”
7. Write each criterion on individual cards.
8. Ask participants to rank the cards arranging them with the most important criterion at the top, going down to the least important at the bottom.
9. Follow up with probing:
   HEALTH BEHAVIORS AND PATTERNS OF HEALTH-CARE UTILIZATION
   • How often do you use this health service?
     ▪ Why?
     ▪ For what purposes do you use this health service?
AVAILABILITY AND ACCESSIBILITY TO QUALITY HEALTH-CARE AND HEALTH PRODUCTS

• Why are the factors at the top so important?
• Why are the factors at the bottom least important?
• Why is one more important than the one below?
• Are these factors just as important in an emergency?
  ▪ Why or why not?

COSTS OF ILLNESS, TREATMENT, AND FINANCING OF HEALTH SERVICES

• How much are services in this center?
• How do you pay for these costs?
• What are the financing options available through this center?
• What happens to your finances when you get sick and incur these medical expenses?
• What happens when you do not have the money to cover these expenses?
• What other financial services would help pay for the health related expenses?

OTHER

• What are some ways in which MFIs can help clients with these health concerns?
• What else do you want to share with us that we have not discussed already?

10. Summarize the key points and clarify any points of confusion.

11. Conclude the discussion:

• Ask participants for questions they might have about the research.
• Explain that the information will be utilized to determine how the MFI might be able to help clients access quality health care.
• Thank participants for participating.

Tool Example

The final tool might look like the following table, which includes examples of comments generated during the group discussion.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Rank</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distance/Proximity</td>
<td>1</td>
<td>This is the most important since there are few health-care facilities in the area and participants need somewhere that meets their needs quickly in case of emergencies.</td>
</tr>
<tr>
<td>Cost</td>
<td>2</td>
<td>The health-care service must be affordable.</td>
</tr>
</tbody>
</table>
Waiting time 3 In case of emergencies in particular—but even for non-emergencies—poor people have businesses to run and cannot wait all day.

Confidentiality 4 Poor people do not want to share the reason for visiting the health provider with everyone—particularly with the stigma attached to HIV/AIDS.

Staff Attitude 5 The staff should welcome their clients and not make them feel small and unimportant.

Cleanliness 6 Poor people want clean, respectable-looking health facilities—they are likely to be better and safer if they are clean.

Opening hours 7 Health needs don’t wait until the morning or after Sunday—good health services are open all the time.

Notes

Alternatively, participants can fill a preference matrix with bottle-tops, stones, seeds, etc., on a scale of 0–5 in the same way as done with seasonal calendars. Using this method, the researchers must take careful notes as the participants discuss how many bottle-tops, stones, seeds etc., to place next to each criterion/component. If unsure, you can check on the results using a negative ranking: start by asking participants to list all the components of the health-care services that they dislike and then repeating the ranking exercise, thus creating a chart that runs from the aspects the clients most dislike to those they like the most.
Relative Preference Ranking

**Purpose**

Relative preference ranking is designed to see how clients and potential clients perceive the health providers and components of the health-care services they provide. It also helps challenge pre-conceived notions about poor people’s attitudes towards health providers, what matters to them, and the reasons for those preferences. This tool is particularly informative in a competitive environment.

**Procedure**

**Preparations**

The exercise is best done in a closed area with six to eight participants who are familiar with the health providers in the community.

**Materials**

Poster-sized paper and markers (alternative: chalk can be used to draw on the floor) and approximately 200 stones/beans/seeds/bottle-tops.

**Steps**

1. Introduce yourself and welcome participants.
2. Explain the market research objectives.
3. Review logistics:
   - Group discussions will take one to two hours.
   - All information discussed will be confidential and will not be utilized to determine loan eligibility.
4. Ask participants for the health provider names (formal and informal) in the area. To facilitate this process, ask:
   - Where do people go when they are sick?
5. Write the names of the service providers that are mentioned along the top row of the matrix.
6. Ask:
   - What do you like about these providers?
7. Write each element on the left-hand-side column of the matrix. Turn each element into neutral terms.
   - For example: “long waiting times” becomes “waiting times” or “friendly staff” becomes “staff attitude.”
8. Tell participants to rank the health providers for each element by putting bottle-tops/stones or numbers in each box (highest number for most preferred, lowest for least preferred).
   - To facilitate the process, ask:
     - For distance, which provider is best/worst?
For example: If participants find that the local healer is the closest, followed by the public health center, then the clinic, and the private hospital is the farthest away, the local healer would have four stones, the public health center three stones, the clinic two stones and the private hospital one stone.

9. Follow up with additional probing:

**HEALTH BEHAVIORS AND PATTERNS OF HEALTH-CARE UTILIZATION**

- Which of these health providers do you use the most?
  - Why?

- Which of these health providers do you prefer?
  - Why?

**AVAILABILITY AND ACCESSIBILITY TO QUALITY HEALTH CARE AND HEALTH PRODUCTS**

- Why is this service provider [healer/herbal clinic/hospital] better in these criteria [distance, waiting time, cost] than the others?

- Why is this service provider [healer/herbal clinic/hospital] worse in these criteria [distance, waiting time, cost] than the others?

**COSTS OF ILLNESS, TREATMENT AND FINANCING OF HEALTH SERVICES**

- What costs do you incur when you access health services?

- How do you pay for health-care services?

- What financing options are available?

- What happens to your finances when you get sick and incur these medical expenses?

- What happens when you do not have the money to cover these expenses?

- What other financial services would help pay for the health related expenses?

**OTHER**

- What are some ways in which MFIs can help address the gaps in health services?

- What else do you want to share with us that we have not discussed already?

10. Summarize the key points and clarify any points of confusion.

11. Conclude the discussion:

- Ask participants for questions they might have about the research.

- Explain that the information will be utilized to determine how the MFI might be able to help clients access quality health care.

- Thank participants for participating.
**Tool Example**

The final tool might look like the following table:

<table>
<thead>
<tr>
<th>Health Providers</th>
<th>Healer</th>
<th>Herbal Clinic</th>
<th>Public Health Center</th>
<th>Private Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distance/Proximity</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Cost</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Waiting time</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Staff Attitude</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Cleanliness</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Opening hours</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Notes**

The totals of these columns are of little value unless each score is given a weighted value according to the relative importance of each of the criterion. A reasonable indication of the weights can be derived from the simple attribute-ranking.
Health Care-Seeking Behavior Maps

Purpose
The health care-seeking behavior map exercise is designed to develop an understanding of where the community goes to meet differing health-care needs and to lead into discussions of which health-care service institutions they trust or value and why.

Procedure
Preparations
The exercise is best done in a closed area with six to eight participants. Encourage participation of different representatives of the village.

Materials
Poster-sized paper and markers to draw a community map. If these resources are not available, chalk can be used to draw on the floor. An alternative is to use an existing community map.

Steps:
1. Introduce yourself and welcome participants.
2. Explain the market research objectives.
3. Review logistics:
   - Group discussions will take one to two hours.
   - All information discussed will be confidential and will not be utilized to determine loan eligibility.
4. Ask participants to draw a map of their village/community. Explain that they should draw a circle in the middle of the poster-sized paper to represent their own village or town. They should then draw additional circles to represent the surrounding villages, towns and cities. See the example at the end of this tool.
5. Ask the participants to use a variety of arrows to show where they go for specific health-care services.
6. For example, they might draw a simple arrow to show they go to a nearby town for hospital services.
7. After they have finished, ask participants to explain the map to you.
8. Follow up by asking:

   **HEALTH BEHAVIORS AND PATTERNS OF HEALTH-CARE UTILIZATION**
   - Which health services do you prefer? Why?
   - When must you go to the health-service centers in other towns? Why?

   **AVAILABILITY AND ACCESSIBILITY TO QUALITY HEALTH CARE AND HEALTH PRODUCTS**
   - What challenges do you face in using some of these services?
   - What health services are needed closer? Why?
COSTS OF ILLNESS, TREATMENT AND FINANCING OF HEALTH SERVICES

• What costs do you incur when you access health services?
• How do you pay for health-care services?
• What financing options are available?
• What happens to your finances when you get sick and incur these medical expenses?
• What happens when you do not have the money to cover these expenses?
• What other financial services would help pay for the health related expenses?

OTHER

• What are some ways in which MFIs can help address the gaps in health services?
• What else do you want to share with us that we have not already discussed?

9. Summarize the key points and clarify any points of confusion.

10. Conclude the discussion:

• Ask participants for questions they might have about the research.
• Explain that the information will be utilized to determine how the MFI might be able to help clients access quality health care.
• Thank participants for participating.

Tool Example

The final tool might look like the following image:
Appendix A. Health Protection Service Packages

Freedom from Hunger emphasizes holistic, cohesive and sustainable approaches to tackling the pressing needs of the chronically hungry poor. With technical support from Freedom from Hunger’s MAHP initiative, each MFI has developed a unique package of health protection services based on market research and institutional capacity. These packages are currently reaching more than 80,000 microfinance clients combined.

**Bandhan: Health Education, Access to Health Products, Health Loans and Linkages with Health Providers**

Bandhan is providing its clients in India with health education on preventing common illnesses, prenatal and neonatal care, family planning, care of sick children, referrals for medical care, and planning ahead to face health expenses. This education is accompanied by access to affordable, high-quality health products such as oral rehydration solution, paracetamol, water disinfectant tablets, oral contraceptives, de-worming medications, antiseptic solution and bandages, and sanitary napkins. Both the education and health products are delivered by health community organizers and village-level volunteers selected and trained by Bandhan. Bandhan also provides health loans to cover major medical expenses.

**CARD: Health Education, Health Microinsurance, Health Loans and Linkages with Health Providers**

CARD is offering two health protection service packages in the Philippines. In more urban areas, CARD offers health loans to pay the premium for PhilHealth, a national health insurance program that provides hospital coverage to CARD clients through a partner-agent model. In a rural area, CARD has created linkages with health providers who offer discounts to CARD clients for primary care. CARD is also exploring a franchise network for distribution of affordable essential drugs. Health education on health microinsurance, financial planning for health, rational use of available health services, and preventing and treating dengue fever complement the other services offered.

**CRECER: Health Education, Health Loans and Linkages with Health Providers**

CRECER is providing its clients in rural Bolivia with linkages to health providers who regularly visit communities to conduct “health days,” providing primary care and basic diagnostic services to clients and community members. Individual health loans are available to cover referrals for emergencies or major health needs, such as surgery and extensive dental work. Health education sessions focus on prevention and treatment of common infectious and chronic illnesses, effective health seeking behavior and managing health related financial risks.

**PADME: Health Education and Access to Health Products**

PADME provides behavior-change education in rural Benin on malaria (a high economic burden in the area), common but deadly childhood illnesses and HIV/AIDS. To complement the health education, PADME is providing access to health products, such as insecticide-treated mosquito nets.

**RCPB: Health Education, Health Savings and Health Loans**

RCPB’s innovation package in Burkina Faso includes three complementary financial products: health savings to cover the cost of primary care and medicine for common illnesses; health loans to cover the cost of treatment that exceeds clients’ health savings. RCPB is also offering health education on planning ahead to pay for health expenses and advocating for better health services.
Appendix B. Modified PRA Tool

Life-Cycle Profile to Analyze Factors Leading to Chronic Conditions

Purpose
The Life-Cycle Profile seeks to identify the life-style factors leading to chronic conditions, such as diabetes, high blood pressure and heart disease. The tool examines eating patterns, levels of activity, and other habits for each phase of a typical individual’s life-cycle. The information gathered can be useful in terms of designing prevention programs, including education sessions, aimed at reducing the incidence of chronic conditions.

Procedure
1. The exercise is best done in a closed area with the assistance of a small working group of 6–10 people.
2. Ask participants to define major phases in a person’s life. Provide an initial example, such as childhood, which might range from 0 to 12 years of age.
3. Draw a life-cycle chart on the paper with the life phases participants identify along the vertical axis of the life-cycle chart.
4. Write key life-style factors leading to chronic conditions on the horizontal axis of the chart.
5. Ask participants to discuss and agree upon the intensity of each life-style factor in each phase of life. As part of the discussion, ask participants to place 0–5 seeds/pebbles/bottle-tops to show the level associated with life-style factors on the life-cycle chart. The moderator will have to probe extensively to understand the reasons behind each decision.

For example, the moderator would ask:

- What age group eats the most/least street food?
  - When do they eat street food? Why?
- What age group does the most/least exercise?
  - What do they do for exercise?
  - Where do they exercise?
- What age group smokes the most/least?
  - Why do people smoke?
  - How much and how often do they smoke?
- What age group drinks the most/least alcohol?
  - Why do they drink alcohol?
  - How much and how often do people drink alcohol?
• What age group is the most/least stressed out?
  - What are some of the causes of stress?
• What age group eats the most/least fruits and vegetables?
  - When do they eat fruits and vegetables? Why?

Participants might indicate that middle-aged adults eat more street food because they don’t have time to go home to eat. Participants would then place 5 seeds in the street food column and the middle-aged row.

6. When this part of the exercise has been completed and each life-style factor has been assigned 0–5 seeds/pebbles/bottle-tops, start a discussion on what might help them reduce negative life-style factors (street food, smoking, alcohol, stress) and increase positive life-style factors (level of exercise, eating fruits and vegetables).

For example, the moderator would ask:
• What are some ways to reduce the amount of street food that people eat?
• What are some ways to reduce the amount people smoke?
• What are some ways to reduce the amount of alcohol people drink?
• What are some ways to reduce the amount of stress people have?
• What are some ways to increase the amount of exercise?
• What are some ways to increase the amount of fruits and vegetables that people eat?

7. Remember that what you learn from the discussion between participants as they prepare the chart is often more important than the chart itself—these should be noted carefully.

Example:
Thus, the final chart will look something like this:

<table>
<thead>
<tr>
<th>Life Stage</th>
<th>Street Food (sodas, chips)</th>
<th>Exercise</th>
<th>Smoking</th>
<th>Alcohol</th>
<th>Stress</th>
<th>Fruits and vegetables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood (0–12)</td>
<td>***</td>
<td>*****</td>
<td>—</td>
<td>—</td>
<td>*</td>
<td>***</td>
</tr>
<tr>
<td>Adolescence (13–17)</td>
<td>*****</td>
<td>***</td>
<td>***</td>
<td>***</td>
<td>**</td>
<td>**</td>
</tr>
<tr>
<td>Young Adult (18–35)</td>
<td>*****</td>
<td>***</td>
<td>***</td>
<td>***</td>
<td>**</td>
<td>**</td>
</tr>
<tr>
<td>Middle Age (36–65)</td>
<td>*****</td>
<td>*</td>
<td>**</td>
<td>*****</td>
<td>*****</td>
<td>**</td>
</tr>
<tr>
<td>Old Age (&gt;65)</td>
<td>*****</td>
<td>*</td>
<td>**</td>
<td>*****</td>
<td>*****</td>
<td>**</td>
</tr>
</tbody>
</table>
Appendix C. Suggested Training Approach

There are extensive resources readily available to train facilitators in effective group discussion and interviewing techniques. The table below suggests a training schedule that incorporates training guidelines from various resources available online. The suggested training might take place over one to two days, depending on the number of participants and tools being practiced.

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 minutes</td>
<td>Introduce participants and present training objectives and agenda</td>
</tr>
<tr>
<td>15–30 minutes</td>
<td>Review market research goals and objectives</td>
</tr>
<tr>
<td>30 minutes</td>
<td>Introduce four different types of questions</td>
</tr>
<tr>
<td>45 minutes</td>
<td>Introduce additional techniques to promote dialogue</td>
</tr>
<tr>
<td>45–60 minutes</td>
<td>Present and apply focus-group facilitation skills</td>
</tr>
<tr>
<td>60 minutes</td>
<td>Present key health concepts</td>
</tr>
<tr>
<td>15 minutes</td>
<td>Present the market research tools</td>
</tr>
<tr>
<td>1–2 hours</td>
<td>Practice in-depth interviews</td>
</tr>
<tr>
<td>1–2 hours</td>
<td>Practice FGDs</td>
</tr>
<tr>
<td>1–2 hours</td>
<td>Practice PRA tools</td>
</tr>
<tr>
<td>15 minutes</td>
<td>Conclude the workshop</td>
</tr>
</tbody>
</table>

Activity 1: Introduce Participants and Present Training Objectives and Agenda

- To start the workshop, introduce participants to each other.
- Present the workshop objective and agenda, and ask for any questions participants might have about the workshop.

The objective for the training workshop should fit the needs and characteristics of the participants. For example, in a setting where the staff have little or no experience with market research, the objective would be to equip staff with skills to carry out interviews and group discussions that will take place as part of the market research on health.

The agenda might include the following major activities:

- Promoting dialogue in interviews and group discussions
• Facilitation skills of group discussions
• Health concepts
• Practice sessions: Interviews, FGDs, PRA tools

Activity 2: Review Market Research Goals and Objectives
• Present the market research goal and objectives on a flipchart.
• Tell participants that the skills they will learn will help them implement the market research tools and achieve those goals and objectives.

Activity 3: Introduce Four Different Types of Questions
• Tell participants they will now discuss ways to promote dialogue in an interview or FGD.
• Show on a flipchart the four different types of questions used in an interview or FGD.

<table>
<thead>
<tr>
<th>Types of Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open questions</td>
</tr>
<tr>
<td>Closed questions</td>
</tr>
<tr>
<td>Forced question</td>
</tr>
<tr>
<td>Double-barrel question</td>
</tr>
</tbody>
</table>

• Ask participants to define each type of question and decide whether they should be used in an interview or group discussion. Make sure the following points are made:
  • Open questions use “what,” “why” or “how,” and elicit more elaborate responses from participants. These are the best questions to use in interviews or group discussions.
  • Closed questions generate limited answers or yes/no answers. They can be useful to get a very specific response, but they should be followed by an open question, such as what, why or how.
  • Leading questions lead participants to a specific answer. A leading question should never be used in an interview or group discussion.
  • Double-barrel questions consist of two questions in one. A double-barrel question should never be used in an interview or group discussion.

• Tell participants the following examples one by one and ask them to identify the type of question being posed.
  • Are you treated with respect by the health provider? [answer: leading question]
  • Where do you save money and for what purpose do you save? [answer: double-barrel question]
  • Do you save? [answer: closed question]
  • What happens when you get sick? [answer: open question]
• Tell participants to make sure to use open questions as they facilitate the interviews and group discussions. Ask participants to provide two or three more examples of an open question.

Activity 4: Introduce Additional Techniques to Promote Dialogue

• Tell participants that in addition to using open questions, facilitators can use a variety of other techniques to encourage dialogue among participants, including the following:

  ▪ Echoing, which is repeating and paraphrasing what participants say to ensure their comments are well understood. This might be accomplished by having the facilitator repeat key points mentioned by participants and asking for confirmation of the information by saying “What I am hearing is that…. Is that correct?”

  ▪ Expressions of affirmation include comments such as “I see,” “ok” or nodding with the head to show active listening and acknowledging participant comments. Probing refers to follow-up questions to find out additional information about specific topics. Probing questions are usually in the form of “why do you feel that way?” “would you please elaborate?” “how does that impact you?” etc.

• Arrange participants into groups of three to conduct a mock interview. Explain to participants that each of them will interview one other person with a series of questions about any topic, using the techniques previously discussed, such as open questions, echoing, affirmation and probing. The third person will observe the discussion.

• After five minutes, tell participants to provide each other feedback on what worked well during the mock interview and what could be improved.

• Tell participants to take turns playing the different roles, and provide each other feedback after each turn.

• After all participants have taken a turn interviewing another person, ask them to identify challenges in maintaining an open dialogue with participants and ways to overcome those challenges.

Activity 5: Present and Apply Focus-Group Facilitation Skills

• Ask participants to raise their hand if they have participated in a focus-group discussion. Then tell them that during the market research they will conduct a variety of group discussions. Show on a flipchart the characteristics of a group discussion.

Focus-Group Discussions

- A facilitator moderates a discussion with a small group of 8–10 participants seated in a way that they can see each other.
- The facilitator uses a guide with open questions to generate questions on a specific subject.
- Participants are encouraged to openly discuss their thoughts and feelings about the topic under discussion.
- FGDs should last no more than two hours.
• Ask participants to add anything else that describes a focus-group discussion.

• Explain to participants that you will conduct a role-play of a focus-group discussion. Tell participants to note the good and bad traits of the moderator.

• During the role-play, which should be no more than three to five minutes, act as a facilitator of an FGD who follows some of the traits of a good moderator and violates others (i.e., interrupt participants, take sides, act bored, get distracted).

• Ask participants to identify traits that a facilitator should demonstrate to ensure the FGD works effectively.

• Show on a flipchart the principles of good facilitation.

---

**Principles of Good FGD Facilitation Skills**

- Establish a positive, friendly rapport with participants.
- Listen actively to participant comments and acknowledge their opinions.
- Avoid technical jargon, define technical terms as needed.
- Encourage the participation of all participants.
- Maintain the flow of conversation without interrupting participants abruptly.
- Avoid correcting participants or taking sides during a discussion.

---

• Add any additional principles of good facilitation that participants mentioned that are not on the list.

**Activity 6: Present Key Health Concepts**

The intent of this activity is to ensure that participants obtain accurate information about local health issues; however, it is very important that market research staff know that the interviews and group discussions are not intended to provide information to clients about health concerns. More importantly, staff should not correct participants during the discussion. The knowledge about health issues that staff members learn during this session should simply help them better understand the issues that participants might raise during the market research. This knowledge will also be valuable during the analysis of the research data.

This session should be facilitated by a local health expert.

• Ask participants what they currently know about local health concerns.

• Present a list of the most common local health issues affecting the target population.

• Facilitate a discussion in which participants share what they know about the causes, prevention, and treatment of those common health issues. This is an opportunity for participants to clarify any misunderstandings or erroneous information they might have and to familiarize themselves with local practices for prevention and treatment that may be raised in focus groups.
Alternative Activity: Field Training

If a health resource person is not available, another way for field staff to acquire the necessary knowledge about health issues would be to conduct interviews with health providers. The interviews could be led by the Research Team Lead or another staff member highly experienced with interviewing techniques.

The objective of the interview is to ask the health provider about common illnesses among patients, causes and prevention of those diseases, and about patterns of health-care use in the local area. Staff members who participate in these interviews should be encouraged to ask as many questions as possible about those health issues.

Note: Guide for Interviewing Health Providers in the Market Research for Health Toolkit (see Section III) can be used to guide this interview.

Activity 7: Present the Market Research Tools

- Show on a flipchart or a handout a description of the tools they will be utilizing during the market research and explain how the tools will help achieve the market research objectives.
- Explain the purpose of each tool and the characteristics of the target groups.
- Tell participants they will spend the rest of the training practicing each of the tools.
- Encourage participants to ask any questions they might have about the types of tools they will be utilizing or the target groups.

Activity 8: Practice In-Depth Interviews

- Have participants review one of the in-depth interview guides that will be used in the field.
- Arrange participants in groups of three: one person as interviewer, one person as interviewee, and one person as group observer.
- Tell participants to conduct the interview as though they were in the field.
- After the interview, tell participants to give each other feedback on interviewing skills.
- Have participants rotate so that each person practices interviewing.
- If there is more than one interview guide, distribute copies of the additional guides for participants to review and ask for any clarifications.

Activity 9: Practice FGDs

- Have participants review one of the FGD guides that will be used in the field.
- Arrange participants into small groups, with one person as the facilitator and the rest playing the role of actual field participants.
- Tell participants to conduct the FGD as though they were in the field.
- After the FGD, tell participants to give each other feedback on skills.
- If there is more than one FGD guide, distribute copies of the additional guides for participants to review and ask for any clarifications.
Activity 10: Practice PRA Tools

- Have participants review one of the PRA tool guides that will be used in the field.
- Arrange participants into small groups, with one person as the facilitator, one person as observer, and the rest playing the role of actual field participants.
- Tell participants to implement the PRA as though they were in the field.
- After the group discussion, tell participants to give each other feedback on facilitation of the PRA tool and note-taking skills.
- If there is more than one PRA tool guide, distribute copies of the additional guides for participants to review and ask for any clarifications.

Activity 11: Conclude the training

- Provide participants a fieldwork schedule, and review for each day the tools and the places where the market research will take place.
- Ask participants for questions they might have about the schedule and procedure.
- Thank participants for their time and effort.

Additional Reference and Training Materials

**Facilitating Focus Groups**


Listening to Clients is an interactive, audio-visual market research training program for microfinance practitioners. The series guides users through the facilitation of FGDs using PRA tools. The DVD serves as a reference guide to those who already have a good understanding of participatory market research tools. Order from <http://www.microfinanceopportunities.org/> (October 15, 2009)


<http://www.idrc.ca/en/...> (October 15, 2009)
**PRA Tools**


**Interviewing Skills**


**Note-Taking**

## Appendix D. Note Sheet

Write the corresponding research questions, an image of the PRA tool (if applicable) and attach to each tool guide (interview, FGD, PRA). Add paper as necessary.

<table>
<thead>
<tr>
<th>Note Sheet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location: __________________________</td>
</tr>
<tr>
<td>Number of Participants: __________</td>
</tr>
<tr>
<td>Facilitator/Interviewer: __________</td>
</tr>
<tr>
<td>Date: ____________________________________________________________________________________</td>
</tr>
<tr>
<td>Start Time: __________________________</td>
</tr>
<tr>
<td>Description of participants (age, zone, poverty level, other): _____________________________________________________________________________</td>
</tr>
<tr>
<td>Research Tool Description: ______________________________________________________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Questions and Probes</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Include an image of the final results of the tool (PRA tools only)
Appendix E. Observation Checklist

Use the Observation Checklist to assist you in observing facilitators moderating a group discussion or an interview.

**Observation Checklist**

<table>
<thead>
<tr>
<th>Staff Name: __________________________</th>
<th>Observer Name: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location: __________________________</td>
<td>Date: __________________________</td>
</tr>
<tr>
<td>Research Tool Description: ___________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1. Introduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Explained the objectives of the research</td>
</tr>
<tr>
<td>b. Informed participants of the confidentiality of the discussion</td>
</tr>
<tr>
<td>c. Clarified expectations about the research, including MFI's limitations</td>
</tr>
<tr>
<td>d. Prepared and organized all materials (visuals, notes, recorder, food, compensation, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Core Facilitation/Interviewing Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Group Management</td>
</tr>
<tr>
<td>• Arranged participants to face each other</td>
</tr>
<tr>
<td>• Ensured participants listened and respected each other</td>
</tr>
<tr>
<td>• Encouraged active participation from all participants</td>
</tr>
<tr>
<td>b. Discussion</td>
</tr>
<tr>
<td>• Spoke loudly and clearly</td>
</tr>
<tr>
<td>• Clearly covered all the key questions in the guide</td>
</tr>
<tr>
<td>• Made sure to repeat questions if participants seemed confused</td>
</tr>
<tr>
<td>• Asked for clarification of unclear responses</td>
</tr>
<tr>
<td>• Listened to participant responses without interrupting</td>
</tr>
<tr>
<td>• Avoided technical jargon</td>
</tr>
<tr>
<td>• Clarified technical terms when necessary</td>
</tr>
<tr>
<td>c. Questions</td>
</tr>
<tr>
<td>• Used open-ended questions as indicated in the guide</td>
</tr>
<tr>
<td>• Used open-ended questions to probe and encourage active discussion</td>
</tr>
<tr>
<td>d. Visuals (PRA tools only)</td>
</tr>
<tr>
<td>• Showed visuals in a way that all participants could see clearly</td>
</tr>
<tr>
<td>• Explained how to manage the counters/diagrams</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Attitudes Displayed</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Demonstrated respect for the participants</td>
</tr>
<tr>
<td>b. Made participants feel at ease by being friendly and having a sense of humor when appropriate</td>
</tr>
<tr>
<td>c. Engaged with participants by making eye contact</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Completed the discussion/interview within the recommended time frame</td>
</tr>
<tr>
<td>b. Explained to participants what the next steps are in the research</td>
</tr>
</tbody>
</table>

Suggestions for Improvements: ___________________________________________
_________________________________________________________________________
## Appendix F. Sample Fieldwork Schedule

<table>
<thead>
<tr>
<th>Objective</th>
<th>Tools</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
<th>Day 8</th>
<th>Day 9</th>
<th>Day 10</th>
<th>Day 11</th>
<th>Day 12</th>
<th>Day 12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(PRA) Life Cycle Profile</td>
<td>La Paz 1–3pm</td>
<td>El Alto 1–3pm</td>
<td>La Paz 1–3pm</td>
<td>El Alto 1–3pm</td>
<td>La Paz 1–3pm</td>
<td>El Alto 1–3pm</td>
<td>La Paz 1–3pm</td>
<td>El Alto 1–3pm</td>
<td>La Paz 1–3pm</td>
<td>El Alto 1–3pm</td>
<td>La Paz 1–3pm</td>
<td>El Alto 1–3pm</td>
<td>La Paz 1–3pm</td>
</tr>
<tr>
<td></td>
<td>Focus Group Discussions</td>
<td>La Paz 3–5pm</td>
<td>El Alto 3–5pm</td>
<td>La Paz 3–5pm</td>
<td>El Alto 3–5pm</td>
<td>La Paz 3–5pm</td>
<td>El Alto 3–5pm</td>
<td>La Paz 3–5pm</td>
<td>El Alto 3–5pm</td>
<td>La Paz 3–5pm</td>
<td>El Alto 3–5pm</td>
<td>La Paz 3–5pm</td>
<td>El Alto 3–5pm</td>
<td>La Paz 3–5pm</td>
</tr>
<tr>
<td>Deepen the understanding of how and why clients treat and prevent disease, and how they utilize health-care services.</td>
<td>(PRA) Health-Care Service Attribute Ranking</td>
<td>La Paz 12–2pm</td>
<td>El Alto 1–3pm</td>
<td>La Paz 12–2pm</td>
<td>El Alto 1–3pm</td>
<td>La Paz 12–2pm</td>
<td>El Alto 1–3pm</td>
<td>La Paz 12–2pm</td>
<td>El Alto 1–3pm</td>
<td>La Paz 12–2pm</td>
<td>El Alto 1–3pm</td>
<td>La Paz 12–2pm</td>
<td>El Alto 1–3pm</td>
<td>La Paz 12–2pm</td>
</tr>
<tr>
<td></td>
<td>(PRA) Seasonality of Income, Expenditure, Savings and Credit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimate the financial impact of illness and disease on the poor and identify ways in which clients currently pay for their health-care expenses.</td>
<td>(PRA) Health-Care Seeking Behavior Maps</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(PRA) Interviews With Health-Care Staff At Local Clinic</td>
<td>La Paz 4–6pm</td>
<td>El Alto 4–6pm</td>
<td>La Paz 4–6pm</td>
<td>El Alto 4–6pm</td>
<td>La Paz 4–6pm</td>
<td>El Alto 4–6pm</td>
<td>La Paz 4–6pm</td>
<td>El Alto 4–6pm</td>
<td>La Paz 4–6pm</td>
<td>El Alto 4–6pm</td>
<td>La Paz 4–6pm</td>
<td>El Alto 4–6pm</td>
<td>La Paz 4–6pm</td>
</tr>
</tbody>
</table>
Appendix G. Tally Sheet

For each research objective and key research question, tally the most common and important answers.

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th></th>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Question 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Notes:

Research Question 2 | | |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Notes:
Appendix H. Quality-of-Care Matrix

The objective of the quality matrix is to provide non-health professionals with a structure for planning, designing and providing access to high-quality health services that are acceptable to clients and effective at protecting and improving health. The matrix is structured using a set of four different “quality of care” domains that are important dimensions of health-care quality.

<table>
<thead>
<tr>
<th>Health Protection Initiative</th>
<th>Access/Availability</th>
<th>Effectiveness Safe/Appropriate Intervention (Products, Services, Providers)</th>
<th>Responsiveness/Patient-Centeredness</th>
<th>Structure/Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Education</td>
<td>• Improved health knowledge and awareness of available services and other health protection services.</td>
<td>• Information provided is accurate and effectively presented.</td>
<td>• Health education sessions and forums engage women in active learning; • Clients apply information and knowledge to improve health behaviors and practices.</td>
<td>• Community health knowledge is improved; • Increased opportunities to expand and extend public and private health initiatives.</td>
</tr>
<tr>
<td>Health Financing and Insurance</td>
<td>• Reduced time and financial barriers to receiving health care. • Lower risk of reduced income and working capital. • Improved outcome/ reduced impact of disease and illness.</td>
<td>• Increased access to qualified providers. • Improved outcome/reduced impact of disease and illness.</td>
<td>• Members have more choices about receiving health care services. • Members enjoy greater financial and health security for themselves and family members.</td>
<td>• More providers available to provide care to clients/Improved local health-care landscape. • Increased awareness and change by providers to improve quality.</td>
</tr>
<tr>
<td>Links to Health Providers</td>
<td>• Reduced time and financial barriers to receiving health care.</td>
<td>• Increased access to qualified providers.</td>
<td>• Members have more choices about receiving health-care services. • Clients seek care from health providers when needed.</td>
<td>• More providers available to provide care to clients/Improved local health-care landscape. • Increased awareness and change by providers to improve quality.</td>
</tr>
<tr>
<td>Access to Health Products and Services</td>
<td>• Affordable health-care products and/or services are more available and accessible to clients.</td>
<td>• Clients and families purchase and appropriately use safe, quality services and products. • Supply of safe products is assured. • Appropriate referrals.</td>
<td>• Members have more choices about receiving health-care services and products. • Clients seek care from health providers when needed.</td>
<td>• Increased demand and market for affordable, safe and effective drugs.</td>
</tr>
</tbody>
</table>