

# Reach Out



Our global toolkit  
for marketing excellence



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INTERNATIONAL

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# What is Marketing Excellence?

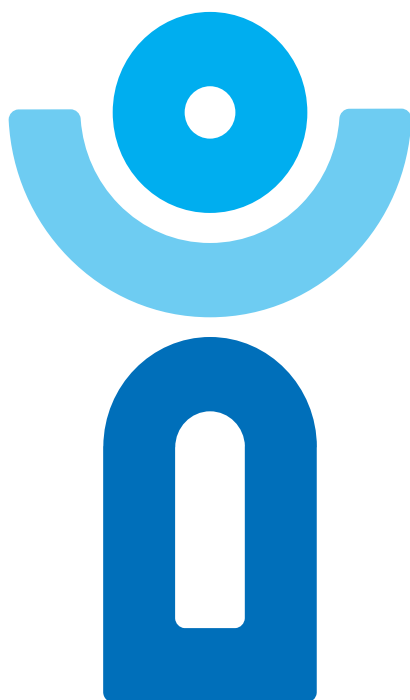
**Marketing Excellence is about meeting people's needs. That's why it's a priority at MSI.**

**With a better understanding of our clients, existing and potential, we can tailor our programmes and services to meet individual needs.**

This toolkit will help us build our marketing capability at all levels of the organisation. As a team, we need to use our marketing skills to reach and serve clients more effectively. That is the spirit of "Reaching Out".

Meeting needs means providing a product or service that delivers value to people's lives. To do this, we need to understand their reality – their hopes and aspirations as well as their frustrations. This insight will allow us to define how we meet their needs and improve their lives. When we do this successfully, we benefit by growing our health impact and our business.

Planning for marketing excellence requires a disciplined approach to gathering information and mapping our strategic response. The framework sets out that process, and serves as an outline for a marketing plan.



# Our Marketing Excellence Framework



## 1. Market Analysis

This is a study of market dynamics and the health situation locally. It analyses our performance, itemises alternative providers, and highlights gaps in the market. Our analysis sets out social or legal barriers to our implementation, recommends potential finance opportunities for MSI and consumers, and identifies internal and external threats and opportunities.

## 4. Objectives

These set out what we hope to achieve at client, brand or sector level, and how that will lead to delivery of common outcomes and goals.

## 2. Audience Segmentation & Insight

In this section, we identify and quantify priority audiences for each channel. We gather information, and document our understanding of our providers and current and potential clients. Our knowledge of their lives and needs helps us develop key insights which inform our brand, objectives and marketing strategy.

## 5. Marketing Strategy

In this, we describe the strategies we will implement to achieve our objectives, relating to any or all of the 5Ps: product, price, placement, promotion and people. A detailed work plan and budget ensure we deliver our strategies, and that they are resourced appropriately.

## 3. Brand Strategy

This describes what our brand offers our audience, and how our product or service delivers on that promise. We show what makes us stand out from our competitors, both functionally and emotionally, and what we need to reinforce, build or correct to ensure perceptions of our brand match our aspirations.

## 6. Monitoring and Evaluation

Here, we outline the measures we will use to track progress and evaluate the success of our activities. These include performance and brand health measures, and evaluation of marketing impact.

# From analysis to strategy...

**Each step in the process is connected: our information on the market helps inform audience segmentation and insight, which helps inform brand strategy, and so on through the process of strategy development.**

A strong marketing strategy shows clear analysis, justification and a logical flow from beginning to end. What we learn from monitoring and evaluation informs revisions to the plan, in an ongoing cycle of analysis, implementation, measurement and repeat.



**Let's examine what a logical flow from analysis to strategy for country X might look like:**



## Country X example – from analysis to strategy

### 6. Monitoring and Evaluation

- Conduct an annual mini-survey to monitor brand awareness and knowledge about LARCs among young people in urban areas where we have BlueStar providers
- Monitor monthly reports on trends in the age of clients visiting our BlueStar providers. Check whether providers who conduct campus counselling show an increase in service uptake by younger clients in the following two months
- Repeat youth mystery clients at least once a quarter, prioritising providers close to tertiary institutions or other places where young people meet.

### 5. Marketing Strategy

The tactics used to help achieve these objectives include:

#### Product

- Define the benefits and differentiators of long-acting methods in a way that is relevant to a young client
- Conduct mystery client studies of our BlueStar providers using young people to determine key areas for improvement, and monitor our providers' sensitivity to youth needs.

#### Price

- Offer regular student discounts in BlueStar clinics for all contraceptives.

#### Placement

- Work with tertiary institutions to organise one "Free BlueStar Contraceptive Counselling"

### 1. Market Analysis

DHS analysis shows a high unmet need for contraception (38%) among young people aged 18-24 in urban areas.

Current government policies provide free contraception at public health centres, but religious beliefs create a stigma about sex before marriage. Other private providers sell contraception but the cost is 30% higher than ours. Although private providers do little promotion, they attract a high number of younger clients, who believe they provide a more confidential service. Our clinic records show that only 13% of our MSI clinic patients, 18% of our BlueStar patients and 10% of our outreach FP patients are under 24.

session per month on their campus using a local BlueStar provider.

#### Promotion

- Create a BlueStar web page to help people locate their nearest provider and include the web address on all materials
- Work with youth organisations and the community to hold discussion groups on "Getting where you want to be"
- Launch a radio campaign using a successful young woman, to discuss the friendly advice she needed to prevent pregnancy until she was ready using a long-acting method.

#### People

- Conduct youth-friendly sensitisation training for BlueStar providers.

### 2. Audience Segmentation and Insight

The analysis above would seem to justify a stronger focus on the 18-24 years segment.

However, in rural areas, the average age for marriage is 20, and women are under pressure to produce their first child quickly, so demand for FP is low in this segment. In urban and peri-urban areas, the average age of sexual debut is 18, and the average age of marriage for women is 25. This would indicate that our BlueStar channels should focus on urban young people, as BlueStar is widely available in urban areas, and offers more affordable pricing than private providers.

Research on this segment shows that young women aspire to finish school and work for a few years before starting a family. They fear that pregnancy at a young age (and before marriage) would destroy opportunities for a career and a better life, and risk family rejection. They are aware that free contraception is available, but believe public nurses would look down on them, and might tell their families about their visit. This group looks to friends for advice on contraception, and they prefer condoms, although use them inconsistently. Some have taken the pill, but are unconvinced of its reliability as they have friends who became pregnant when they didn't take the pill regularly. They would prefer a contraceptive that is low-maintenance, and will reliably keep them pregnancy-free for at least two years, without major side effects. Awareness of long-acting methods is low.

### 3. Brand Strategy

BlueStar is well-known among older women, but brand awareness is low among young people.

The brand needs to build awareness of its SRH speciality and its welcoming environment for any type of client (confidentiality and privacy feed into this).

### 4. Objectives

The programme sets three key objectives related to BlueStar:

1. To increase the monthly average number of young clients aged 18-24 seen by all BlueStar franchisees from 250 (baseline) to 500 by the end of 2014
2. To increase the percentage of urban women aged 18-24 who know that BlueStar clinics are an affordable and friendly sexual health service provider, from 10% to 35%, by the end of 2014
3. To increase the percentage of 18-24 year olds who adopt a long-acting contraceptive at one of our BlueStar clinics, from 10% to 35%, by the end of the year.





# From analysis to strategy...

(continued)

Use the guidance and tools in this kit to help collect, organise and use relevant information and develop a marketing strategy. Use the tools to lay out the strategy clearly. Once complete, don't forget to develop a work plan and budget to ensure we can implement our strategy, then share the plan with programme staff.

## **What should a marketing plan look like?**

**The framework steps reflect the sections in our marketing plan.**

We can use the tools and guidance in this kit to go through the questions and analysis that form part of a good plan. Depending on the focus of the plan and country context, we may choose to spend more time on some sections than others.

This toolkit is a starting point. We could use more tools and undertake further analysis which may not be contained in this version of the toolkit. As long as the plan follows a logical flow of information to insight and decision making, and it can be translated into a feasible work plan and budget for the team, we're off to a great start.

# 1

# Market Analysis

## Tools you will need

- 1.1 Service uptake analysis

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- 1.2 Market alternatives analysis

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### Don't forget

- What is the health context?
- What are the alternatives to our products/services in the market and how do they compare to us?
- How effective are our service channels in terms of health impact and efficiency?
- What impact do laws and customs have on our work?
- What are our strengths, weaknesses, opportunities and threats (SWOT)?

A market analysis is a detailed study of the market in which we operate. It contains research data (external and internal), country health statistics, MIS data and operational data .

Senior managers provide input to the analysis from donor and government policy perspectives, including donor priorities and deliverables, and government obstacles. Outreach and field communications staff bring knowledge and understanding of clients' circumstances and operational conditions on the ground.

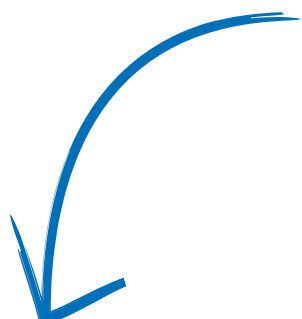
### There are five elements to our analysis:

- **The Health Context** Where is the need for sexual and reproductive health? Where is the gap in service provision? Which group or community is not served currently?
- **Market Alternatives** Who offers alternative services? What do they provide? How do we ensure our offer is different and relevant?
- **A Performance Analysis** How effective are our service channels in terms of health impact and efficiency?
- **A Policy Analysis** How might national strategies, customs and laws help or hinder our work? How do donor priorities affect our decision making?
- **A SWOT analysis** Which internal or external factors help or hinder our ability to meet our clients' needs?

A comprehensive market analysis is essential in creating a sound basis for future marketing strategy. By undertaking a thorough study the first time, you can simply build on this information when you need to update your strategy moving forward.

# Market Analysis

The five elements of your market analysis can be grouped into two sections: the **facts** about the current market environment, and the **implications** these might have on your programme.



	Facts	Implications
<b>Health Context</b>	<p>The context includes information on reproductive health needs in-country, such as CPR, trends in FP methods, unsafe abortions, gaps in provision, and under-served groups and their sizes. This material is available from recent DHS data, Ministry of Health (MoH) statistics and other academic literature.</p>	<p>The implications of this data might include:</p> <ul style="list-style-type: none"> <li>• Potential audience segments (make-up and size) who are not served currently by any provider</li> <li>• Additional products or services required to meet existing needs.</li> </ul>
<b>Market Alternatives</b>	<p>This area identifies other major organisations which offer sexual and reproductive health (SRH) services, and includes descriptions of their products or services, current client base, pricing and distribution methods, brand perception and current promotions. The <a href="#">1.2 Market alternatives analysis tool</a> can help you organize this information.</p> <p>The Global Marketing Team's <b>MPAC market opportunity analysis (online)</b> provides guidance on analysis for the social marketing of products.</p> <p>The RME Team's <b>MPAC evidence toolkit (online)</b> gives advice on collecting market information before and after product launch.</p>	<p>The implications of this data might include:</p> <ul style="list-style-type: none"> <li>• Areas where we can differentiate our brands</li> <li>• Ways in which we add value to the sector</li> <li>• A reality check on whether our pricing is reasonable for the category</li> <li>• Gaps in the market where we could have a presence.</li> </ul>

<p><b>Performance Analysis</b></p>	<p>This is a review of our performance.</p> <p>Do we maximize opportunities to speak to clients about FP when they visit for other reasons, for example? Use the <a href="#">1.1 Service uptake analysis tool</a> to analyse current services used by clients and identify ways to improve uptake of our core services.</p> <p>Mystery client and exit surveys check that we consistently deliver quality service. Monitoring data and client information show which activities are successful in generating client demand and which are not.</p>	<p>The implications of this information might include:</p> <ul style="list-style-type: none"> <li>• Whether our strategies should concentrate on improving internal staff practices or focus externally to attract more clients</li> <li>• Which activities should be scaled up and which stopped, based on their success in generating demand for our services</li> <li>• Where service delivery or environment could be improved to provide a more satisfying client experience. The <a href="#">5.3 Consumer touch-point tool</a> in Chapter 5, Product, will help you respond to this question.</li> </ul>
<p><b>Policy and Sector Analysis</b></p>	<p>Policy analysis includes any legal restrictions to activities, advertising or messages within the SRH sector, and the extent to which they are enforced. It could also include national policies that support or mention FP or SRH. This section may name public champions or opponents of FP/SRH. It can also include restrictions on the licensing, sale and promotion of pharmaceutical products.</p>	<p>The implications of this might include:</p> <ul style="list-style-type: none"> <li>• Ensuring our strategies are in line with local regulations</li> <li>• Identifying potential “ambassadors” for our work</li> <li>• Identifying secondary audiences who influence women’s decision making around SRH.</li> </ul>
<p><b>SWOT Analysis</b></p>	<p>SWOT identifies internal strengths and weaknesses as well as external threats and opportunities. It includes issues relating to resources, skills, capacity, coverage, reputation, policy, infrastructure and social norms.</p>	<p>Implications of a SWOT analysis might include:</p> <ul style="list-style-type: none"> <li>• Areas that require greater attention or resources</li> <li>• Opportunities to be developed within our marketing strategy.</li> <li>• Areas of potential threat requiring contingency plans.</li> </ul>

# Our Tools

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For  
Market Analysis



# 1.1 Service uptake analysis



## What is this tool?

The [1.1 Service uptake analysis tool](#) provides guidance on analysing existing service data at our channels (primarily clinics) in an attempt to:

1. Recognise our current client composition and the services they seek
2. Understand opportunities to increase uptake of core services through cross-selling services
3. Provide a basis for determining the potential to maximise staff and resource utilisation.

Service delivery at MSI clinics tends to be mixed, with some clinics operating at maximum capacity and delivering a high number of core services, while others have a very low client load and provide a limited number of core services. Most clinics fall somewhere in the middle. While external promotions can assist low client load sites to move up, high client load sites with low numbers of FP clients need to make additional efforts to find ways to improve CYPs.

<b>Increasing client load</b>	<b>High client load High FP #</b>	<b>High client load Low FP #</b>
	<b>Low client load Low FP #</b>	<b>Low client load High FP #</b>
<b>Increasing FP case load</b>		

# 1.1 Service uptake analysis (continued)

## Why should I use it?

**At the core of our mission is a world where every birth is wanted.**

This means we need to look for ways to ensure that clients **already** coming to MSI access core SRH/FP services whenever appropriate. Ensuring we take the time to understand our client profile and offer services they may not have considered is an essential part of marketing and a big step towards achieving our global mission. This tool is designed to get the marketing, research and clinical teams working together to analyse and understand existing data, ask the right questions, and strategise the best ways to increase the demand for core SRH/FP services.


## What should I be asking?

The first question we should consider is where our internal opportunities lie (directing our focus on existing non-core clients or one-time users). The example below is a review of one programme's service delivery which shows:

1. The number of clients
2. The number of new clients
3. The number of one time clients
4. The number of repeat clients
5. The number of clients seeking non-core services.

What this graphic shows us is the huge potential for MSI to drive CYPs and revenue – with the clients who are **already** coming to us for service.





A simple questionnaire, like the example below, could be conducted at reception or during group information sessions to provide information to help with cross-selling.

## Good morning. How can we help you today?

### 1. How old are you?

(Administer checklist only if client is between 15-44 years of age. If she is not between 15-44, end screening for conversion).

### 2. Are you pregnant?

**Yes** – offer to schedule a FP consultation to discuss postpartum contraception

**No** – go to 3

### 3. Are you trying to get pregnant?

**Yes** – end screening

**No** – go to 4

### 4. Are you using a method of family planning?

**Yes** – go to 5

**No** – offer to schedule a FP consultation

### 5. Are you satisfied with your method?

**Yes** – explore interest in LTM if on STM otherwise end screening

**No** – offer to schedule a FP consultation



# Entry to the Marie Stopes Brand – repeat visits and revenue by entry-point

Data from MSI's Client Information Centre (CLIC), new clients May 2012 to 31 April 2013 who returned in the period May 2012 to 31 April 2013

We can see from the data below how many clients come to MSI and the services they seek.



**12,239**  
Total existing clients

**39,344**  
Total new clients

**= 51,583**

Clients came through MSI's doors in the 12 month period

**76%**

Of these clients were new (coming to an MSI clinic for the first time).

**<30%**

Less than 30% of PAC clients adopted a FP method during their visit, which is a failure on our part in helping women prevent a future unwanted pregnancy.

**65%**

Of these new clients, nearly 65% came for non-core services (general health). This represents over 25,000 clients who attended our clinics and did not take up an FP method.

Clients	No FP (64.8%)		Family Planning (17.7%)		PAC (12.2%)		PAC and FP (5.2%)	
	One-time (78.8%)	Repeat (21.2%)	One-time (83.8%)	Repeat (16.2%)	One-time (90.3%)	Repeat (9.7%)	One-time (90.2%)	Repeat (9.8%)
Avg initial sales	20,110	5,402	5,845	1,127	4,338	466	1,855	201
Avg return visits	1.7	1.4	1.3	1.2	1.3	1.2	1.2	1.2
Avg return visit sales per client	49,337.89	24,769.65	34,788.95	26,118.91				

**78%+**

More than 78% of clients came to MSI once and did not return that year. To put this in perspective, return visits from our general service clients generated an average of 49,337 (in the local currency), and the 20,110 who never returned represent 992,167,070 in potential revenue that was not earned.

# 1.1 Service uptake analysis (continued)

## Service demand

- Work with research and clinical teams to find ways to increase demand for core SRH/FP services
- Use client profiles to encourage existing clients to use a wider range of services.

Data available at MSI, together with observation, can be analysed to prompt questions about potential for improvement, such as:

- Is our clinic/outreach set-up conducive to cross-referral. For example, do we separate people based on the service they come in for? If we look closely at what women come in for, we may see clearer opportunities. For example, are they bringing in young babies for immunisation? Are they suitable candidates to refer for spacing methods?
- Do we need to incentivise providers to increase FP uptake for PAC clients?
- Do providers have appropriate counselling training to improve their confidence in promoting PAFP?
- Can we create a service package for PAC clients that makes PAFP affordable?
- If clients report general satisfaction with our services, why don't they return? Is the service provider perceived to be unfriendly? Is our product/service offering too narrow?

Responses to some of these questions can be gathered in a mystery client survey or through focus groups, rather than statistics on satisfaction (where people tend to be very kind in their answers). The information can also feed into the [5.3 Consumer touch-point tool](#) in the product chapter.

# 1.2 Market alternatives analysis



## What is Market alternatives analysis?

**This section is a guide to the alternatives in the market for SRH services and products.**

It provides an understanding of where our offering is similar to or different from other options (safe, unsafe, formal and informal providers), and informs our strategy by showing how we can differentiate ourselves, and build brand loyalty among our clients.

Analysis can identify gaps as well as opportunities to grow and improve the sector, by turning unsafe services into safe ones, or providing access where none or no affordable one exists, and by extending client choice.

Overall, our aim is to add value to the client, provider, sector and organisation by providing high quality products and services for women and families, particularly in area where these options are not available.

Recording this information is not only useful in retaining institutional knowledge, for example, where an experienced staff member leaves, but also to create a visual that makes it easier to analyse current options and trends, and identify gaps and opportunities.

# 1.2 Market alternatives analysis (continued)

## Customer choice

- Reinforce customer choice of MSI through high quality, confidential, welcoming and respectful service
- Promote this in a way that differentiates MSI from other providers
- Use analysis to identify gaps in provision as well as opportunities to grow and improve the sector.

## How will this help my programme?

**When a client comes to our MSI or franchise clinic, or outreach site, or buys one of our products, they are making a choice.**

They are choosing to use our product or service rather than use nothing, or one that is potentially unsafe, and they are choosing our brand and organisation over alternatives. We need to reinforce their reasons for making that choice by providing high quality, confidential, welcoming and respectful service.

We also need to stand out from others in how we promote these benefits. To make our offering unique and desirable, we must understand the landscape: the alternatives and what they offer, how we are different, or where we can fill a service delivery gap.

- If the alternative service is an expensive private sector doctor, we might highlight our comparable quality at more affordable cost, or our specialist expertise in reproductive health. If it is a public sector centre, we could highlight our consistent availability of the products people want, or the fact they can see a friendly, professional doctor or nurse quickly without a long wait.
- On pricing, we can design a strategy that makes us more appealing and better value for money within the category. Access through affordability is key, as well as ensuring our offer meets client needs and provides a quality experience. Our strategy should explain why our prices may be higher than alternatives, for example, where we offer a safer or more effective product, as in the case of an illegal provider. If we find

others are using flexible pricing schemes, we may want to consider areas where we need to be equally flexible, by having a sliding scale for clients living in poverty, or discounts for students, for example.

- In terms of audience segment and placement, understanding where under-served areas and alternatives are positioned helps us spot possible gaps in access, quality or service that we can fill with a new clinic, franchisee or outreach service. For a product, this would be increased distribution or a new distribution channel.
- Understanding the positioning and promotional messaging and media used by alternative providers helps clarify the benefits they promise. This, combined with a clear understanding of consumer needs, allows us to identify gaps and focus on our unique strengths. For example, if another network promotes the quality of their staff and equipment, we could re-confirm our quality credentials and emphasise our comfortable facilities and welcoming staff. We can learn about good promotions from those who are successful, and avoid methods used by low quality or illegal providers, ensuring we protect our brand.
- In terms of people, we need to understand the types of providers available in the facility or community, and be clear about what they offer. This might influence how we position ourselves, depending on the level of provider in our centres. It could also influence where we want to seek new franchisees, sell products or establish partnerships.

# 1.2 Market alternatives analysis (continued)

## What information should I be collecting?

Category: Clinical services (public, social franchise or private operators), including outreach.

Name of provider/ clinic	Client profile	Services offered	Price charged	Areas served	Positioning and promotion	People

What type of people generally visit this clinic? What services do most of the clients go for?

What is the general catchment area for this clinic? Do they do any outreach or mobile services? If so, where?

What level of provider(s) is present in this facility?

List out the different options offered in their clinic related to SRH.

What does this cost? Include any consultation fees, injection or insertion fees and the cost of any product, if it is not included in the total.

What do they claim that their brand offers the client, or why do they say people should choose them? What channels do they use to promote themselves?

**The first question we might ask is: do we need to map every provider country-wide? The answer depends on the programme and the market.**

Consider profiling providers in areas where we currently provide services. If these providers are part of a larger group, such as another franchise, or within the public sector, we don't need to profile them individually. We can summarise general options and prices within the public sector (if this varies by level of facility, it should be captured in the summary), as well as prices and options within another franchise.

In terms of private providers, we need to identify different levels in the market such as hospital, maternity clinic, or midwife, and sample from each level. When we start to see the same options and prices repeated, we can stop looking at new locations. If there are providers who advertise heavily or are particularly popular, include them individually in the analysis.

**To collect this information, try a variety of methods:**

**Step 1** Start by asking staff in the field; you might be surprised how much they know.

- Community health workers and outreach staff know about other services in the area, particularly public clinic offerings and prices (if any). They can help gather this information during their daily work by asking people where they usually access a particular product or service (or where people they know go to get it)
- Community-based staff are usually familiar with the situation on the ground and any hidden costs. For example, public services might be “free” but people have to buy their own supplies (bandages, medicine or syringes) and bring them when they need treatment. Staff can also obtain information through discussion with the target audience in the course of their daily work
- Ask staff to also collect information on other providers around the community, including fliers, brochures or price lists, and photographs of posters or billboards.

### Mapping

- Map alternative providers, using a variety of methods to gather information
- Profile those in areas where we currently provide services.

# 1.2 Market alternatives analysis (continued)

**Step 2** Talk to the women we work with, whether current clients or those we speak to during community outreach.

- Find out which providers they have visited and ask them about the experience. Which service did they access and how much were they charged? How did they hear about that provider?
- We may also ask where their friends go, or what their friends say about particular providers.
- Gather information informally with women waiting at our clinics, or formally through consumer focus groups or in-depth interviews.

**Step 3** Ask people to pose as clients or shoppers if there is concern that the information would not be given otherwise.

- A great deal of information can be gained by someone visiting or calling a clinic or provider to ask questions as a potential client. This can help with prices or in some cases overall offerings. There is no need for the person to actually buy anything or use the service if it can be avoided.

**Step 4** Look at existing studies or assessments done by others, or conduct your own research.

- There may be existing research by other NGOs, academic groups or government, which has information on where women access services and why they prefer specific providers. Ask your research manager or regional research adviser for assistance in a desk review of these studies to gain additional information.



# 2

# Audience Segmentation and Insight

## Tools you will need

2.1 Segmentation

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2.2 Fact to insight

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2.3 Audience profiling

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### Don't forget

- Segments are groups of consumers with common needs
- Identifying segments allows us to tailor products and services to their needs
- Allocate relevant channels to specific segments
- Audience insight is the WHY behind the audiences actions and beliefs and helps inform all other aspects of programme strategy.

## Why Segment?

There are hundreds of millions of people who want or need quality SRH products and services. They vary in terms of income level, family size, job, lifestyle, values, hopes and fears. There is no single product, service or message that suits all of them. Some have similar needs, others have different requirements.

Where we see common areas of need, we can group people into segments. This is important for service providers, as we lack the resources to reach everyone with the same service. Creating segments allows us to define and understand the needs of specific groups, enabling us to tailor products and services to their requirements and lifestyle. This makes it more likely they will use and keep using what we offer.

A segment is a subset of a larger population, in which members are similar to each other and different from other subgroups, in relation to our products and services. Similarities may be defined by demographics (age, education, income, marital status), psychographics (values, habits, aspirations), life stage (newly married couples, new mothers), attitudes (perceptions and bias around a particular product/service/brand) or behaviour (short-term FP users, dissatisfied users).

At MSI, we operate through multiple service channels (clinics, social franchise, outreach, social marketing). This gives us a unique opportunity to tailor each channel to individual segments. Segmentation minimises overlap between channels, reduces the likelihood that we compete with ourselves, and allows us to offer appropriate products and services to more people who need them. This leads to increasing numbers of new and returning clients in each channel. The [2.1 Segmentation tool](#) is

# Why segment?

(continued)

## Tailoring needs

- We segment our audience into groups with similar requirements
- This allows us to tailor our offer to their needs, and identify relevant channels to reach them.

designed to map our existing client base by channel, and show any overlap to help us channel strategies more effectively.

Segments may shift over time as the market changes. Our marketing strategy should identify the most appropriate segments, based on current market information. As our tactics succeed, we may find we need to shift our focus to new segments.

## How do I know who to segment?

Market analysis information, together with existing research on current behaviours and attitudes, provide a good understand of which segments to include in our strategy. The decision on how to segment and what to include is based on a deep understanding of each country's context and needs. We may want to consider the following issues when prioritising segments:

- **Need** Where can we have the biggest health impact? Who is not currently being served?
- **Size** How many people are in this segment? Is it large enough to deliver a significant health impact if we devote resources to it?
- **Interest** How interested is the client now in the products and services we are promoting?
- **Ease of reach** Will we be able to reach this group cost-effectively with our services and message? Do we know how to find them?

# Tanzania segmentation example

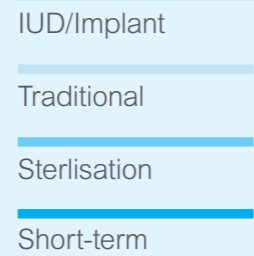
**The Tanzania 2010 DHS showed that women who want to limit pregnancy were generally not using long-acting contraceptive methods for this purpose (Fig. 1).**

It also highlighted that in urban areas, where more users live, women were more likely to be using traditional methods (Fig. 4), and this was increasing over time (Fig. 2).

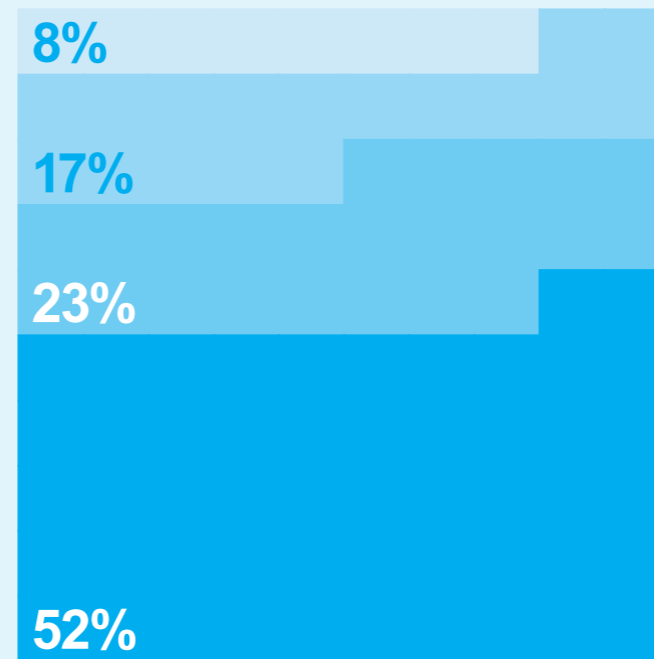
Nearly all growth in long-acting methods was in rural areas (Fig. 3). This indicated that we should create a segment of urban women who wish to limit their child-bearing, for our promotion of long-acting and permanent contraceptive methods. Further exploration of the DHS could help identify which groups of women were most interested in limiting their pregnancies, allowing us to target our communication and service delivery.



Fig. 1  
Majority of limiters are not using LAPMs

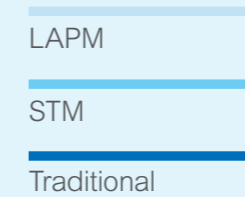


### Method mix of women using to limit



Source: 2010 DHS

Fig. 2  
Large increase in use of traditional methods in urban areas between last two DHS surveys



### Urban method mix

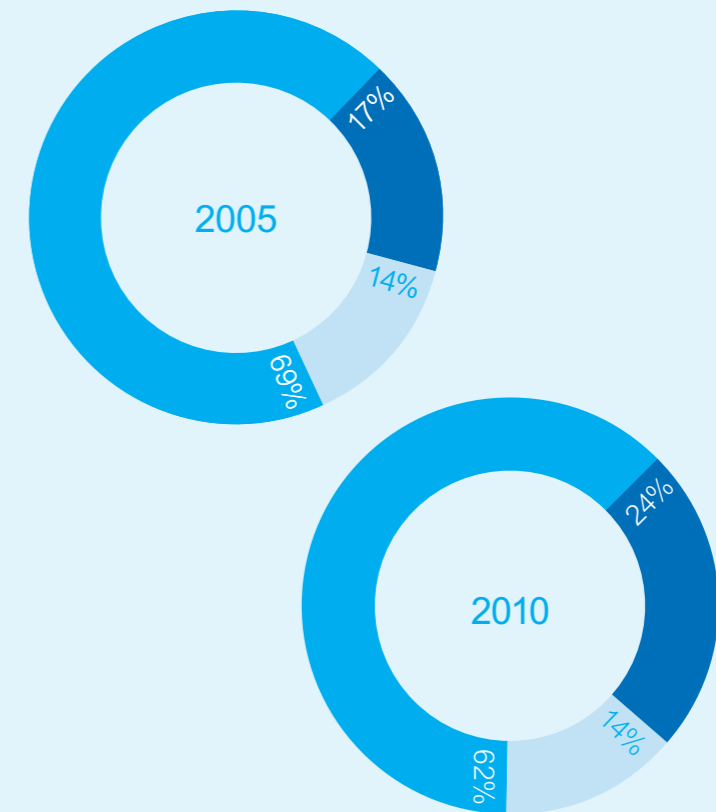
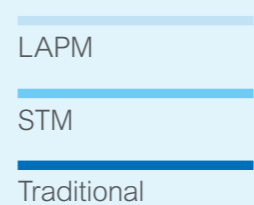


Fig. 3  
Significant progress in increasing use of long-acting and permanent methods



### National method mix

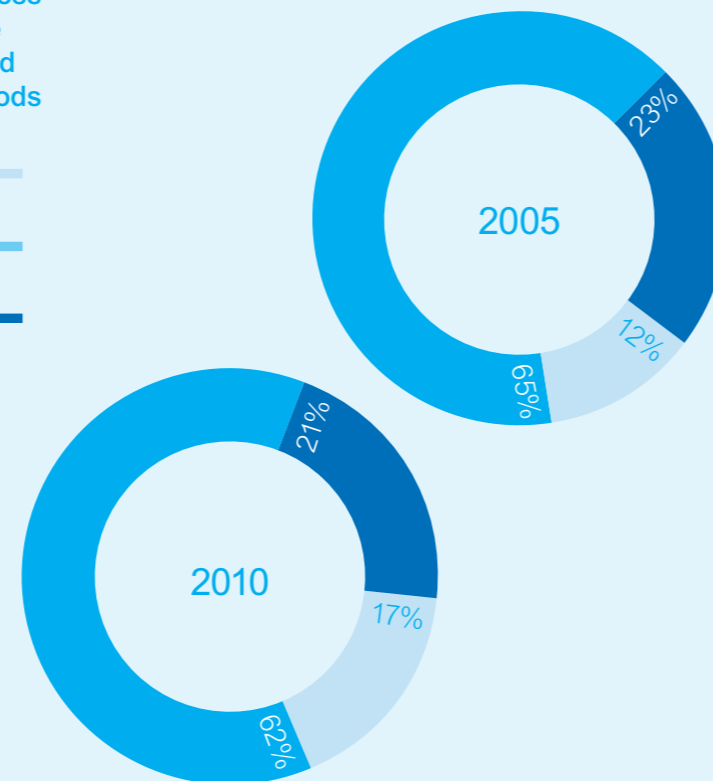
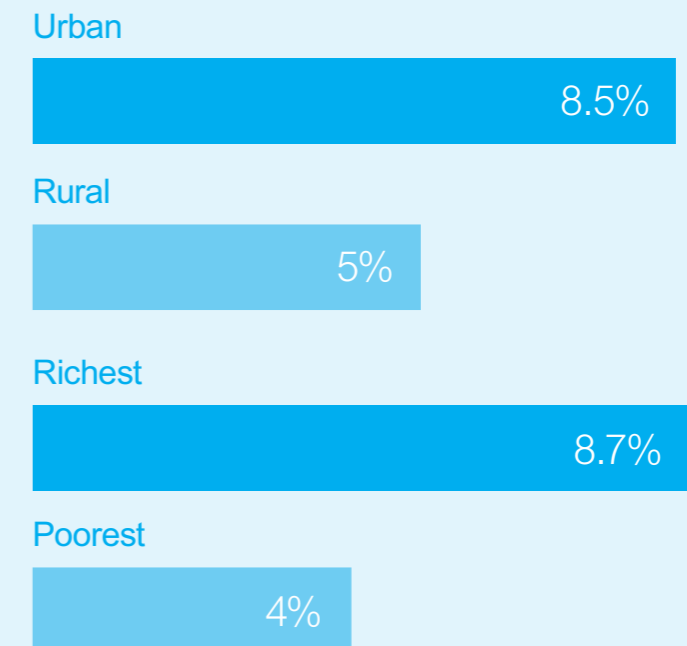


Fig. 4  
Traditional method use highest among urban and wealthy women

### % of women using a traditional method\*



\*includes periodic abstinence, withdrawal, lactational amenorrhea, and other folk/traditional methods

# What is an insight?

**An insight is defined at MSI as an essential and universally recognised truth which brings a new perspective to what we know, and creates fresh thinking and opportunities.**

Insights are not facts. They provide deeper information by identifying the motivation behind an observation or a fact. Put simply, a fact is what someone said; an insight is **why** they said it. Insights about our audience can be related to what they think (values, beliefs), how they feel (desires, emotions), what they need (functionally), or what they do (habits, lifestyle).

**An insight has three characteristics:**

- 1. Consumer truth** A simple fact about their life or their use of a product/service
- 2. Consumer need** The strongest reason why they do what they do. This could be the end need (happiness, health, safety) or a more immediate goal (saving time, losing weight)
- 3. Consumer friction** The problem they face with the current situation. This is the most significant element of the insight, as it informs the “so what?” question that forms the basis of our marketing strategy.

**Let's look at two typical examples of insights in the family planning category:**





## Insight #1

- 1. Consumer truth** I use pills to prevent pregnancy
- 2. Consumer need** Because I don't have to worry about pregnancy right now, but I can stop and start the method easily
- 3. Consumer friction** But they don't let me fully relax, as I worry when I forget to take one.



## Insight #2

- 1. Consumer truth** I get family planning information from my friends
- 2. Consumer need** Because I need information before I choose a contraceptive method
- 3. Consumer friction** I would prefer more reliable information, but the public nurse never has time to answer my questions.

For more guidance on going from facts and observations to insights, see the [2.2 Fact to insight tool](#).

# Why are insights important?

Insights inform and shape all areas of our marketing strategy, from brand positioning to product/service portfolio, innovation, pricing, promotion (particularly message development and delivery) and people.

Insights create a win-win situation, where our clients are happy (as their needs are met) and we achieve our mission of improving the reproductive health of more people across the globe.

Let's use these examples to look at how we move from fact to insight to strategy implications.



Fact	Insight	Implications
Most women prefer to use pills for family planning	But it doesn't let them relax, because it requires them to remember to take them on time	Promote the simplicity of long-term methods: 'Just one clinic visit and you're protected for up to 10 years with no more effort needed!'

In developing our strategy, we begin with a clear understanding of and insight into our audience: their lifestyle and priorities, and the factors that help or prevent them from accessing SRH products and services. We can then provide what they need, in a place and at a time they can access it, and frame this in a way that helps them overcome obstacles to improving their reproductive health. The [2.3 Audience profiling tool](#) provides guidance on building audience understanding, and drawing out the core insights that drive strategy.

### Insights summary

- Insights define the motivation behind a fact or action
- They relate to values, beliefs, emotions, needs and lifestyle
- Insights shape all aspects of marketing strategy, especially messaging.

Fact	Insight	Implications
Most women go to their friends for FP advice and information	They want reliable information, but the public nurse has no time to answer questions	Use the call centre as an easy access source of reliable SRH information: "Like having a nurse in your own home!"



# Our Tools

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For Audience  
Segmentation  
and Insight



# 2.1 Segmentation



## What is this tool?

The [2.1 Segmentation tool](#) helps us think through priority segments for each of our channels, and ensures we minimise overlap between channels by targeting different groups. It follows a logical process to organise existing client information, which informs decision making. Ultimately, it requires a broader strategic vision of where and how our country programme has the best opportunity to grow.

## Why should we use it?

Identifying clear segments for each of our channels allows us to tailor our offering to be more relevant to client needs and lives. It also helps us decide how we plan to grow our health impact (in CYPs) or our overall business (in terms of income and client volumes). While our products and services reach a broad audience, prioritising key segments is useful in developing a growth strategy (either in CYPs, revenue, or both) and providing insight on which to base our decisions.

## What should we be looking at?

Start by checking that we have differentiated segments in each of our channels. We can use existing client data from MIS and exit interviews to compare audiences in each channel, and see where we could differentiate more effectively. This information should be analysed against the unmet health need already identified in the market analysis step.

# 2.1 Segmentation

(continued)

The following summary table is an example of this (other criteria can be added based on your data availability):

Criteria	MSI Clinics	BlueStar/ franchise	Outreach
<b>Age</b>	65% age 25-35	72% age 25-35	73% age 25-35
<b>Income level</b>	28% low income (under \$2.50/day)	20% low income	60% low income
<b>Education</b>	61% have secondary	55% have secondary	31% have some secondary
<b>Marital status</b>	40% married	50% married	75% married
<b>FP status</b>	15% new users, 45% switchers, 40% continuing	10% new users, 40% switchers, 50% continuing	55% new users, 25% switchers, 20% continuing

**Looking at the table opposite, we can see significant overlap between our MSI clinics and our franchisees.**

If they are located close together, they are likely to be taking clients from each other. Outreach has successfully engaged a different audience, in terms of income and education level. From these we may conclude that we need clearer and different segments for our MSI and BlueStar channels.

This process helps us to spot gaps in our service provision. If we know from DHS or other statistical data that young people under 25 need sexual and reproductive health services, we should be concerned that none of our channels reach them effectively. If we have evidence that they do not have a quality provider, we may want to prioritise them as part of our demand creation, and consider why they do not choose us currently (could we adjust our service delivery offering?). Given that our MSI clinics seem to be doing the best job of attracting younger and unmarried women, we may want to link our efforts that channel to grow that portion of our client base.

# 2.1 Segmentation

## (continued)

The following process helps identify and choose appropriate focal segments.

### Step 1 Identify potential segments within the market

Segmentation splits the market into large, reachable segments with similar members, making our marketing more efficient and successful. Segments may be based on demographics (age, gender, income levels), geography (regions) or psychographics (consumer needs, attitudes, behaviours).

This is a complex process, and one best informed by a formal segmentation study. However, where resources do not allow this, we can use existing data to try and identify potential segments.

First, discuss and agree the most **actionable** variable on which to base your segmentation, such as age, attitudes, behaviour, income levels or needs. Actionable means a factor that informs and directs our marketing activities. It must be a variable that helps us understand:

- How to communicate with the audience in terms of FP
- What resonates with them in terms of FP
- How we can reach them
- What they want from our clinics.

Choosing a variable such as “what kind of housing they live in” makes this difficult, as it may not tell us much about how to communicate on FP, while the variable “attitudes” might produce a segment such as “open to contraception but fears side effects”. It then becomes clearer how we should communicate with this group (for example, by offering easy opportunities to find out about different methods), what resonates with them (information that gives a balanced viewpoint, testimonials from real users), how we can reach them (free FP counselling, hotlines) and what they want from our clinics (comprehensive counselling on all methods and their side effects).

Once the variable has been identified, desk research provides deeper understanding of consumers in relation to that variable. Desk research includes DHS data, PSI reports, other published reports and internal studies.



# Identifying and choosing focal segments

With desk research completed, arrange a workshop with relevant people to identify different segments based on the selected variable. For example, if “attitudes to contraception” is selected, the segments might look as follows:

- i. strong rejecters of contraception (social or religious reasons)
- ii. open to contraception but don't have a need for it
- iii. open to contraception but lacks information on where to go/what method to choose
- iv. open to contraception but fears side effects
- v. rejects modern contraception as happy with traditional methods
- vi. open to contraception but husband is the barrier
- vii. has a need but feels dissatisfied with side effects of current method
- viii. has a need but feels current method is stressful
- ix. satisfied with current method

It is important that we capture all possible attitudes. As we want a maximum of seven segments, we may need to combine similar segments.

**For example:** strong rejecters due to social norms and strong rejecters due to religious views can be combined as these groups share similar attitudes and behaviours, and are predicted to respond in a similar way to marketing.

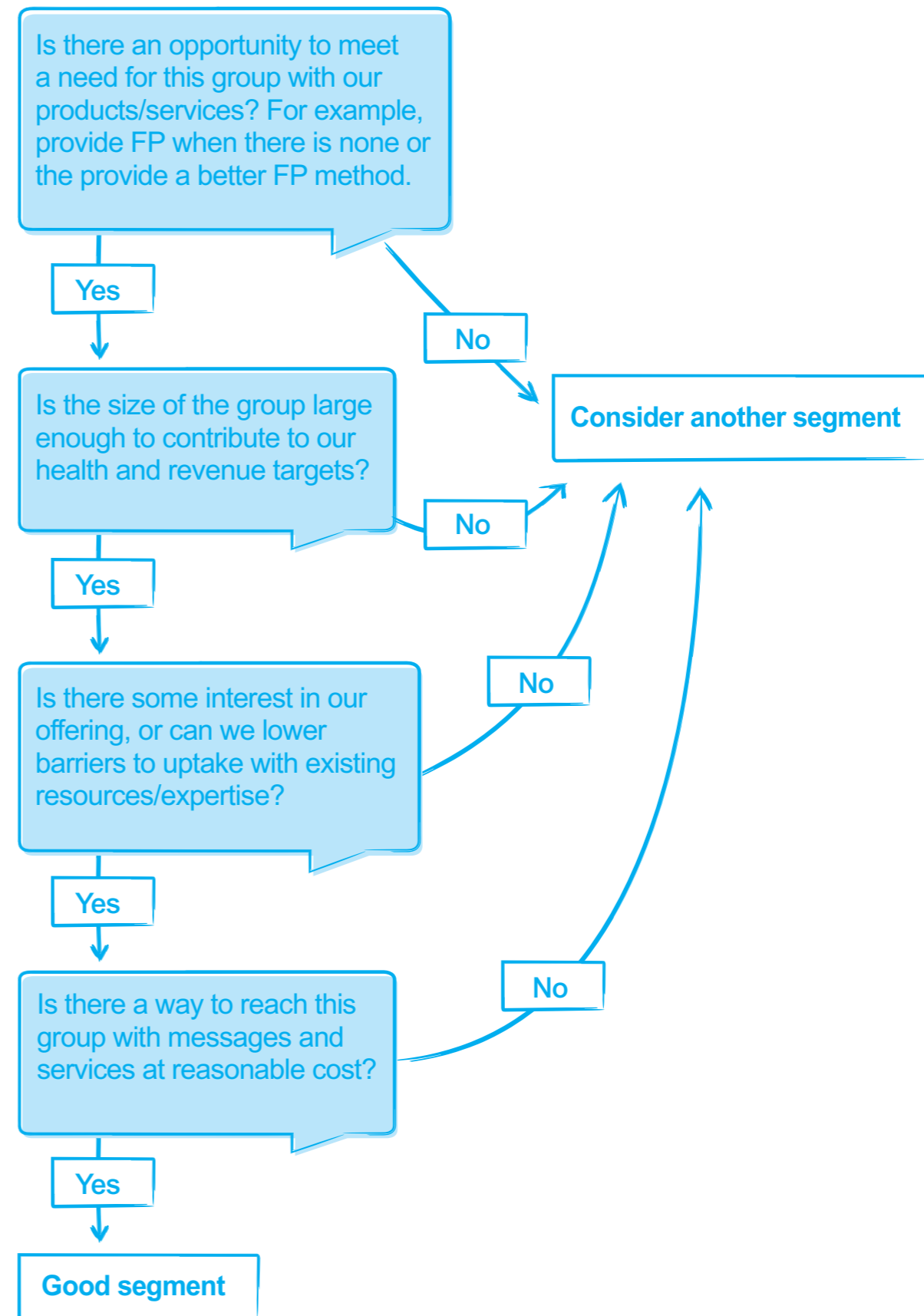
Once the segments are agreed, we need to “size” segments by assessing how many consumers belong to each one. This could be done scientifically using data such as DHS, or it could be based on our best guess, depending on how much information is available. Sizing is important as bigger segments deliver bigger overall impact.

**Step 2** Narrow down which segments might be most appropriate for each channel.

Considering the segment options in step one, the following flowchart helps identify groups to consider. For each potential segment, ask the following:

**Step 3** Document what we know about this segment by creating an audience profile (see [2.3 Audience profiling tool](#)).

Once we have selected a segment, we need to collect as much information about this audience as possible to ensure we identify insights to inform our strategies.



## 2.2 Fact to insight



### What is this tool?

This tool is designed to help us move from facts (as found in the DHS or other research sources) to insights about our target audience, by digging deeper into the reasons why something is happening. This requires input from all available research (desk research, quantitative, qualitative), observation of the target audience, or observations by members of staff who work closely with the target audience on a regular basis.

### Why should I use it?

Facts alone are not enough. Insights help us identify the “so what?” behind the facts, becoming triggers for action as they identify an opportunity to do something. They identify the underlying reasons for behaviours and perceptions, which improves the inputs into our marketing strategy. We use these insights to decide where we might want to adjust our current activities, from product/service attributes, pricing and placement to promotional messages or staff incentives and targets.

### What do I need to do?

A common exercise for going from fact to insight is called “Five Whys”. This is a simple concept, though it requires a strong understanding of our target audience to be completed effectively.

Start with a fact about our target audience and then ask the question “why?” of each new piece of information up to five times (if you identify a great insight before asking why five times, then you can stop asking – it may result in a good insight first time). You can also adjust the question to ask “Why is that important?” or “Why is that relevant?” or a similar question.





### Here is an example:

**Fact** 76% of sexually active young women aged 15-24 do not want to have a child in the next two years, yet only 23% are using a modern contraceptive.

#### Why?

Because they believe contraceptives have unacceptable side effects, such as weight gain and nausea.

#### Why?

Because they asked their friends for advice, and that is what their friends have heard.

#### Why?

Rumours amongst friends are the most common source of sexual health information.

#### Why?

Because they don't feel comfortable talking about sex or related topics with anyone else.

#### Why?

Because they would be looked down upon by older women and health workers if they admitted they were sexually active before marriage.

## 2.2 Fact to insight (continued)

To use this exercise to create an insight, we would identify the truth, the need and the friction inherent in the outcome of the exercise.

**1. Consumer truth** I don't use contraception, even though I want to avoid pregnancy

**2. Consumer need** Because I don't want to worry about nasty side effects, like weight gain


**3. Consumer friction** I want to find a method, but I only hear bad things from my friends and I am uncomfortable asking anyone else.

The implications of this insight might be the creation of a peer educator group, hiring young people to staff our call centre and promoting it to young people ("we understand you because we are just like you") or using youth-oriented channels such as social media (Twitter or Facebook) to generate discussion. If we find that our nurses are not youth-friendly, we could also improve our staff response through training or sharing the results of a youth-specific mystery client study.

**Try this with your own fact:**



Fact
Why?
Why?
Why?
Why?
Why?
Why?
Consumer Truth: Consumer Need: Consumer Friction:



## 2.3 Audience profiling



### What is this tool?

The framework below is a simple way to capture and organise key information about our audience. You should repeat this exercise for each segment, in each channel.

### The tool can be used to describe:

- **Current clients** those who have already accessed our services and continue to access them
- **Potential clients** audiences that may not access or are accessing low-quality SRH services, and have requirements which are not being served
- **Providers** potential private sector franchise partners or product customers, or public sector provider partners
- **Secondary audiences** those who have influence or power over SRH decision making for our primary audience (such as husbands, mothers-in-law, religious leaders, etc).

## Why should I use it?

Describing our segment as a typical person one might meet on the street helps us recognise they are real individuals faced with real challenges, which often differ depending on who or where they are. It helps us recognise where they already have positive perceptions of SRH products and services (where we don't need promotion) and where we may need to work harder or use new strategies to overcome negative perceptions. For providers, it helps us identify the easiest ways to appeal to them, and the best channels through which to reach them. All this forms a basis for the key insights that will drive our marketing strategy.


## What am I asking?

Start by thinking about what we hope the audience will think, feel and do. Based on this, collect and frame the information about what they actually think, feel and do. Once the profile is completed, we use triggers and barriers to create the insights that will inform our marketing strategy.

Focus on what a typical member of your audience segment might be like, and use the following sections as a guide for organising the information:

## 2.3 Audience profiling

### (continued)

<p><b>The person</b></p> 	<ul style="list-style-type: none"> <li>• <b>Living situation</b> Who do they live with (immediate, extended family)?</li> <li>• <b>Habits</b> What do they do and where do they go in a typical day?</li> <li>• <b>Fears/Worries</b> What keeps them awake at night?</li> <li>• <b>Aspirations</b> What do they hope they (or their family members) might achieve in life?</li> <li>• <b>Sources of trusted information</b> Who or what do they listen to when they need information (either media or people)?</li> </ul>
<p><b>Current behaviour</b></p> <p>What does our audience do currently with respect to the use (for consumers) or the provision (for providers) of SRH services?</p>	
<p><b>Perceptions of MSI</b></p> <ul style="list-style-type: none"> <li>• <b>Awareness</b> Is our audience aware of MSI/BlueStar?</li> <li>• <b>Perception</b> What does the audience think of us?</li> <li>• <b>Alternatives</b> How does this compare to what they think of other SRH service providers?</li> </ul>	
<p><b>Triggers to behaviour</b></p> <p>What moves our audience closer to adopting the desired behaviour?</p>	<p><b>Barriers to overcome</b></p> <p>What keeps our audience away from the desired behaviour?</p>

### Triggers and barriers can exist on various levels:

- Institutional factors, such as access to existing services or equipment, consistent availability of products, attitudes or practices of health care workers, policy and laws
- Community factors, including religious beliefs, social norms, stigma, traditional practices, spousal/family support
- Individual factors, such as knowledge, attitude, sense of control, access to money/resources.

### How do I collect this information?

The information in our profile may come from existing sources of information, or we might need to undertake new research. In collecting information, consider:

#### Secondary information sources:

- DHS contains information on current behaviour, knowledge and source of FP methods, media habits and basic information on barriers to FP. This is often segmented by demographic variables (age, education, location, wealth). DHS may not contain the level of detail we require but it is often a good starting point.
- Other existing studies – academic institutions or other NGOs may have studies on our audience, from which we can extract information. For example, PSI posts qualitative studies (called FoQus studies) on the publications page of their website (<http://www.psi.org/resources/publications>), which can be searched by country and health topic.

#### Conducting primary research:

- **New research** – We may need to conduct our own research to fill gaps in information that we cannot source from existing studies. Qualitative research may be the best approach. Speak to your Regional Research Adviser and the Global Consumer Insight Manager for advice on methodology and discussion guide development.

## 2.3 Audience profiling

### (continued)

#### Why is she called Mary?

Is she a real person? “The team chose a typical local name, ‘Mary’, though this does not represent a real person. By giving her a name, it helps the marketing team see her as a real person with real needs.”

#### What might this look like?

To better understand this tool, let’s look at a hypothetical example of Mary. Mary represents a typical young, working mother (aged 20-30) in an urban area, who is looking to space her pregnancies. She is a short-term user, and is a good candidate for a long-term method.

#### Example: Mary, the young, working mother



We build our profile of each segment to help identify insights and implications for our programme. Go to the [2.2 Fact to insight tool](#) to see how examples of facts such as these can be transformed into insight to inform the marketing strategy.



## The person – Mary

Mary is in her early 20s and lives with her husband, Peter, in a small, rented apartment in the capital. Mary became pregnant soon after marriage, as she felt a lot of pressure from her in-laws to have a child. Mary and Peter work in unskilled jobs, and struggle financially but want to be able to afford a good education for their son. Mary's biggest worry is that one of them loses their job or falls sick and loses income. Mary often talks to her sister and girlfriends at work when she needs advice. She learns about health by watching TV and from the public nurse when her son has his vaccinations.

## Current behaviour

Mary does not want to be pregnant right now, but does want to have a second child eventually. The government clinic gave her a choice between pills and an injection. She chose pills because her friend said the injection would make her bleed a lot. However, with her tiring schedule she sometimes forgets to take a pill. She dislikes waiting at the government clinic but thinks she can't afford a private provider.

## Perceptions of MSI

- **Awareness** Is our audience aware of MSI/BlueStar?
- **Perception** What does the audience think of us?
- **Alternatives** How does this compare to what they think of other SRH service providers?

## Triggers to behaviour

- Mary knows that contraceptives are available at both public and private providers
- Mary is interested in delaying her next pregnancy
- Mary's husband does not want another child at the moment
- Mary knows about pills, injections and the coil for preventing pregnancy
- Mary has experience with the pill and is a current user.

## Barriers to overcome

- Mary hates having to wait a long time to get her contraceptives at the clinic
- The nurses at the government clinic are too busy to give her information on different methods
- The government clinic stocks only short-term methods
- Mary relies on her friends for information on FP, and they give her incorrect information
- Mary doesn't have any details about long-term methods, and fears they would prevent her from ever getting pregnant again
- Mary fears heavy contraceptive side effects that might affect her ability to work
- Mary believes the pill is inconvenient, as she can't always remember to take it
- Mary's mother-in-law is starting to pressure her to become pregnant again.

# 3

# Brand Strategy

## Tools you will need

6.1 Marketing measurement

2.3 Audience profiling

### Don't forget

- A brand represents the perceptions, beliefs, emotions and experiences around a product or service in the hearts and minds of the audience
- Research public perceptions to understand what we need to reinforce, correct, or build
- Being consistent in how we represent ourselves makes our brand stronger
- Our team members and our strategy need to reinforce what we stand for and what we promise.

## Why brands are important?

A brand is what your product, service or organisation stands for in the hearts and minds of the people, in their feelings, beliefs, trust, understanding and experience of using that brand. A brand does not exist on a package or on a shelf. It is not the word on a can or the name on a clinic.

The strongest brands are successful because they understand and connect with their audiences. They have a unique and compelling **brand promise** that their product or service will fulfil consumer needs – stated and unstated. Delivering on this creates a perceived value for a brand, and builds a strong relationship that inspires consumer loyalty and advocacy of the brand to others. While innovation, quality and service are important drivers of consumer choice, everyday choices are increasingly based on brand appeal.

Think for a moment about your favourite brand. Why do you love it? Of course, it starts with the **function** of the product or service – the taste, excellent service, comfort or durability – but loving a brand also comes from the way it makes you **feel**: proud, healthy, responsible, respected, envied, confident, loved or any other positive feeling. Delivering on both the functional and emotional needs of the audience builds a successful brand and creates loyal clients.

Brands help simplify decision making by giving us a shortcut to what we know we like. A process of choosing between many options (think of a trip to the supermarket), which could take a long time if you really examined each option, takes only a few seconds because we can go straight to the brands we prefer. The same applies to health providers. If we have a good experience of a health service, we want to return for the same experience

# Brand Strategy

(continued)

## Our MSI brand

- Ensure clients' experience of our brand is consistent everywhere and every time they come into contact with MSI
- All aspects of our programme reflect our brand values and brand promise
- Staff attitudes and behaviour, clinic environment and service standards must reflect brand values.

next time (or tell our friends). This is valuable in all channels, even where there may not be many other alternative service providers or products. Sometimes, our greatest “competition” is the decision not to access the service at all.

If a client experiences friendly and respectful service at the Marie Stopes brand, they will return or talk about their experience to others. This is useful for follow-up visits and to create future demand for our services. When people who have experienced our outreach services travel and see the brand in urban areas they know immediately the services they can access and the service quality they can expect.

That is why it's important that the brand experience is consistent everywhere. Companies want the consumer to experience the same level of connection and satisfaction in using their brand, whether that experience was last year or last week, and whether it took place in London or Lusaka. To make this possible, they spend significant time and resources researching their audience and developing a **brand identity** that is credible, distinctive and relevant to that audience.

This identity helps ensure everyone who works for the organisation understands what the brand stands for – **its values**. It is important that all employees live these values in their daily work and interaction with their audience.

All aspects of the programme should reinforce what we stand for and what we promise. To ensure this is the case, it's important to gather regular feedback on audience experiences of the brand, and adjust the marketing strategy if necessary. The [6.1 Marketing measurement tool](#) in the Monitoring and Evaluation chapter will help you manage this process.

Our brand strategy influences many elements of our programme, including staff behaviour and training, clinic environment, customer service standards, tone of promotions, and price offering and flexibility. Once established, it's important that the brand stays true to its identity over time so that a consistent image is presented to our clients.

## Defining our Brand

Defining our brand identity starts with audience insight and our understanding of the global MSI brand.

Using this insight and our overall mission and brand, and knowing our core strengths, we can identify the attributes that we want stand for in the minds of our audience. Since our brands are generally established in the market, we need to find out if our expectations match actual perceptions of our brand.

### Brand research needs to explore:

- **Awareness** Have you heard of our brand(s)?
- **Perceptions** Which of the following attributes do you associate with MSI...?
  - Use the [6.1 Marketing measurement tool](#) to help develop your questions on attributes then test the results against the list of attributes we believe we stand for
  - If you heard the following word, which health service provider would you think of? How does our brand rank on key criteria versus alternative product/service options?
- **Experience** Have you ever been to (our brand)? How would you describe the experience?
  - You may want to include this question in other audience research to check the consistency of the response against our exit interview data
  - **Awareness:** Have you heard of our brand(s)?
  - **Perceptions:** Which of these **attributes** you associate with MSI...? If you heard the following word, which health service provider would you think of? How does our brand rank versus alternative product/service options on key criteria?
  - **Experience:** Have you ever been to (our brand)? How would you describe the experience?

### Perceptions

- The Marketing Metrics Tool can help inform questions to ask here
- You can use this research to test against the list of attributes we have identified that we would like to stand for.

### Experience

- Note: Though this is captured in exit interviews, it is also worth exploring in other audience research when possible as the answers may be more honest.

# Defining our brand

In organising this information, we need to combine audience research, market analysis and our existing corporate brand attributes, as in the example below.

The attributes in column 1 should be agreed and documented based on audience insight gathered in the [2.3 Audience profiling tool](#), and in line with the core attributes of MSI globally.



What do we want to stand for?	How are we currently perceived?	Who is well perceived on this point?
e.g. Quality that exceeds expectations	Good quality	Private doctors, Western pharmaceutical companies
SRH expertise	Only family planning focused	Private maternity clinics, midwives
Welcoming staff	Nice staff but slow service	Private nurses, midwives, TBAs and local drug shop staff
Understanding client needs	Takes the time to understand my needs	MSI, private nurses and midwives
Providing choices that fit client needs	Focused on long-term FP methods	No one

**This information shows which attributes we can continue to reinforce about our brand, those we need to correct (if it's a negative perception), and where we need to build perceptions that don't exist currently.**

In the example above, we may choose to reinforce our reputation for quality, our welcoming staff and our good counselling. We may work to correct the perception that we are only focused on FP or that our service is slow, and to build the perception that we have a range and choice of FP methods and services to meet clients' needs. We then need to be consistent about these at every point of client experience.

These decisions should feed into your brand-related objectives, as discussed in the next chapter, *Setting objectives*. The outcomes also highlight areas where we are different from or similar to others in the market. Where we are different, we can tailor our communication to make our brand stand out, while continuing to reinforce other positive qualities. We can also see where we need to improve clinical processes or staff training to improve the client experience. All brand building requires an investment in staff time and money that should be budgeted in advance. This will pay off in the long-term as client volumes grow.

Short-term, there may not be an immediate return on investment from brand-building activities. However, if we can see improvements in overall brand health over time, the investment return will be growing numbers of new and loyal clients long-term. Meeting clients' functional and emotional needs effectively and consistently results in people not only returning, but telling their friends about their positive experience of MSI.

### **Brand-building**

- Use research and analysis to identify the aspects of brand we need to reinforce or correct, and where we need to shift existing perceptions
- Brand-building activities are a long-term investment to increase client numbers and loyalty.

# Extending our brand

## Brand extensions

- Line extensions – a variation on an existing product or service – help attract a new or specific audience segment
- New lines benefit from our brand reputation, and are cheaper to launch than a new brand
- Extensions must not conflict with the main brand.

**A line extension is a new alternative within a larger brand. For example, Coke Light and Coke Zero are extensions of the Coca-Cola brand. Sometimes we need to add variety within our brand, offering alternatives to overcome key barriers to product or service use, or to fill a gap in the market at a different price point.**

For example, in Bangladesh the team has chosen to extend the Marie Stopes clinic brand by creating “Marie Stopes Premium” clinics. These offer a wider range of services and a more luxurious environment, for which wealthier, urban clients are willing to pay more. Premium clinics can charge a higher price and earn more income to support other activities.

Line extensions build on the core brand reputation. They can be launched much more cheaply than a new brand, since awareness and positive perceptions of the main brand already exist. However, they are limited by preconceived ideas of what the main brand stands for, and those are difficult to change.

A line extension can be made to feel slightly different from the original brand, as long as it doesn't stop loyal consumers using or thinking less of the main brand. The line extension must be consistent with the main brand if it is to be successful.

# 4

# Objectives

## Tools you will need:

- 4.1 Objective setting template

## Setting objectives

**Objectives define what we need to focus on to meet audience needs more effectively, and how we plan to measure success. Setting objectives is a critical step in successful marketing planning.**

In setting our objectives, we bring together all the information collected and analysed in the previous three chapters (market analysis, audience insight and brand strategy), then prioritise and distil that information into a direction for our marketing strategy. It is important that we work with other functions, as these objectives apply beyond the marketing team.

We start by considering what we need to achieve as an organisation to achieve our goals: reductions in maternal mortality, unsafe abortions and increasing contraceptive use. Marketing objectives help identify the marketing activities that connect to and help us achieve our organisational objectives. The objectives in our marketing plan may be short-term outputs, representing what we hope to achieve as a result of our activities, and longer-term outcomes, representing what we hope to achieve at population level over the medium to long term.

### Typical outcome measures include:

- **Product/Service use** Products or services where we want to increase overall utilisation, for example, IUDs, permanent methods, cervical cancer screening, or other services.
- **Market share** The percentage by which we want to grow our contribution to a specific category, such as the share of long-acting and permanent FP methods provided by our providers.

### Don't forget

- Objectives define what we want to achieve
- Marketing objectives feed into organisational objectives
- Marketing objectives usually fit into one of three categories: client-focused, brand health and sector-building
- Ensure all objectives are SMART – specific, measurable, achievable, relevant and timely.



# Objectives

(continued)

## Marketing strategy

- Marketing strategy objectives fall into three categories: client-focused, brand health and sector building
- All activities within the marketing strategy must relate to achieving agreed objectives.

- **CYPs** The level the country programme should achieve annually.

### Typical output measures include:

- **Coverage** The number of areas or outlets in the country where we want our products/services to be available (access).
- **Income** The percentage of costs we need to recover in each channel (income-to-cost ratio), based on our funding outlook and sustainability targets (efficiency).
- **Quality** The percentage of our clinics and franchisees that should obtain an 80% or 90% rating on minimum quality standards (quality).

Output objectives are designed to achieve outcome goals. Because outputs are the result of activities, we need to ensure that any activities we plan as part of our marketing strategy are designed to achieve the objectives we have set. Activities that cannot show a direct contribution to our objectives should be discontinued.

Objectives that influence our chosen marketing strategies often fall into one of three types: client-focused, brand health or sector building. Ideally we would have at least one objective from each of these categories, but this should be informed by country context, market and audience needs, current performance, and in some cases donor mandate.

**1. Client-focused objectives** set out what we want to achieve in terms of client numbers, client experience, barriers to use or focal segments.

**2. Brand health objectives** focus on our brand in terms of increasing overall awareness, perceived benefits or advantages, or correcting negative perceptions.

**3. Sector-building objectives** define our contribution to the broader health market, such as building public sector capacity or resources, or improving quality or variety in the private sector.

Different types of objectives fall under each of these categories, and there are different reasons for choosing to focus on one versus another. The table below illustrates a variety of areas we may wish to include in programme objectives. We don't need one of each example, only those most important to our audience, our brand and our programme. Use the examples and focus areas to start a conversation with the team about the best choices for the programme and the organisation.

These examples build on and complement those in the RME team's **Monitoring and evaluation manual (online)**. Use the **4.1 Objective-setting template** to create and organise objectives and check there is a logical connection from output to outcome.

#### Online tool

- Remember to download marketing examples, guidance and tools, please go to: <https://marketingcomms.mariestopes.org>

# Objectives

(continued)

Focus area	Example	Rationale
<b>Client-focused</b>		
<b>Reach</b>	Increase the number of women aged 30-45 who receive FP services during our outreach from X to Y in 2014, where X is our baseline and Y our target.	If specific segments are under-served or are underutilising SRH services despite an expressed need, we may want to set an objective to reach that segment and invest in exit interviews or CLIC to measure our success.
<b>Recruit</b>	Increase the average number of new clients accessing our services from X/month to Y/month.	If the performance analysis shows low numbers of new clients, or if we focus on a new segment that we do not currently reach, we may want to set a recruitment objective and invest in M&E activities to track our success.
<b>Retain</b>	Increase from X to Y the percentage of repeat clients (those who have accessed our services at least once before).	If CLIC or exit interview data indicates that most clients are new, or if clients due for follow-up are not returning, we may need to work on strategies to retain clients.
<b>Referral</b>	Increase from X to Y the percentage of clients who are referred to us by a friend or relative who has used our service.	Word of mouth is one of the most powerful forms of promotion when it comes to health providers. If we are trying to recruit new clients, particularly in a close-knit community, we may want to set an objective to track those who come in as a result of a recommendation from a satisfied client. This can be measured by our MIS or CLIC.
<b>Quality</b>	Increase from X to Y the percentage of clients who say they were satisfied with the respectfulness of our staff.	Client satisfaction surveys or exit interview results tell us about up to 10 areas of service delivery. Objectives can be tailored to focus on specific elements, such as staff attitude, waiting time, service delivered, cleanliness or others.

Focus area	Example	Rationale
<b>Client-focused</b>		
<b>Trial of a new product/ service or switching to a better product/ service</b>	<p>Increase from X to Y the percentage of adopters (in delivery channel x)</p> <p>Increase from X to Y the percentage of clients who switch from a short-term to a long-acting or permanent method of family planning.</p>	Internal performance analysis of MIS or CLIC data can identify how many clients choose to adopt a new method or switch to a more effective long-acting method. In addition to encouraging providers to suggest more effective methods, the adoption objective can incentivise providers to encourage women who visit for a non-core service, such as vaccinating their child, to consider family planning methods, as they may be an appropriate audience and are already at our clinic.
<b>Behaviour change</b>	Increase from X to Y the percentage of women aged 20-30 who believe that a two-year gap between children will result in a healthier family.	Individual or societal factors, including attitudes, access, gender dynamics, etc, can affect uptake of SRH services. In these instances, we may need objectives focused on reducing those barriers. The base information comes from our audience profile and needs to be based on reliable research.

### What is X and Y?

- **X** represents the current situation or baseline. We need to look at our current data to calculate this figure
- **Y** represents our target. We need to consider time, context and resources to set a target that the team feels is achievable.

# Objectives

(continued)

To be able to measure brand health over time, the marketing budget should include money for studies to measure brand awareness and perceptions amongst our audience.

## Brand health

- To be able to measure brand health over time, the marketing budget should include money for studies to measure brand awareness and perceptions amongst our audience.

Focus area	Example	Rationale
<b>Brand health</b>		
<b>Awareness</b>	Increase from X to Y the percentage of women aged 20-35 who cite Marie Stopes or BlueStar as an SRH provider in their community.	When measuring brand health, we may find that people in the community are unaware of our brand or the services we offer. The first step in changing this is to build awareness of who we are and what we offer.
<b>Reinforce</b>	Maintain at X or above the percentage of women aged 20-30 who believe MSI offers the highest level of clinical quality in their SRH services.	When building a baseline for our brand health dashboard, we may find that the audience has positive perceptions about the brand we want to maintain. Consistently reinforce that positive quality in brand promotions and maintain service delivery standards.
<b>Build</b>	Increase from X to Y the percentage of women aged 20-35 who believe Marie Stopes International offers an inviting and non-judgmental environment for clients.	Insight into audience needs may reveal attributes not currently associated with Marie Stopes that the audience would welcome, and which we are well-placed to deliver. Where this is the case, we may need to build new perceptions around our brand, not only through promotions, but also through changes to how we deliver services.
<b>Correct</b>	Increase from X to Y the percentage of men and women in our catchment areas who believe that Marie Stopes International clinics offer a wide variety of SRH services.	In building the brand baseline, we may find some negative perceptions of our brand which we need to correct. For example, there may be a widespread perception that we are primarily focused on post-abortion care, which influences new client opportunities and stigmatises existing clinics. We may want to correct this by promoting the wide range of services we offer, and ensuring we recruit and grow the number of clients for these services.

Focus area	Example	Rationale
<b>Sector-building</b>		
<b>Public</b>	Increase from X to Y the percentage of public sector providers trained to insert implants.	Where a high percentage of the population already accesses public health services (due to cost or access factors), we may decide to improve public capacity to offer more method choice to clients as a way of increasing overall contraceptive use in the country. This is potentially more cost-effective than trying to reach these people with our outreach efforts. In many cases this will also be supported by donors.
<b>Private</b>	Increase from X to Y the percentage of private providers who are able to offer high quality advice and product for PPH/PAC.	If market analysis reveals that the private sector is the first stop for most women, who are often given inaccurate instructions or low-quality medication, we may work with private providers to improve this through training, franchising and/or product sales or provision.



### Don't forget that good objectives should be SMART:

- **Specific** Be very clear about what we want to achieve. Explain how objectives would be measured (avoid being vague about the audience or the baseline and target amounts).
- **Measurable** Objectives should be quantifiable as much as possible. Be clear on how (using which tool) we would measure progress.
- **Achievable** They should be achievable and affordable given our resources. Set realistic expectations of how long it might take to change an existing situation.
- **Relevant** Objectives should be relevant to our broader goals and should link directly to our planned activities.
- **Time-bound** They should specify a date or period by which we want to achieve the target. We can use a relative time, such as end of year one, end of programme/project.

# 5 Marketing Strategy

## Tools you will need:

- 5.1 Product/Service messaging
- 5.2 Business case justification
- 5.3 Consumer touch-point
- 5.4 Market price benchmarking
- 5.5 Relative product price
- 5.6 Margin calculator
- 5.7 Information channel selection matrix
- 5.8 Creative brief
- 5.9 Pre-testing
- 5.10 Communications planning template

**At the heart of any marketing strategy is the consumer, the focus of everything we do. Our analysis, segmentation, insight and brand strategy work have given us a deep understanding of our consumer, allowing us to build and define objectives for our marketing strategy.**

The strategy sets out the path from where we are now to where we want to be. Within the strategy is a detailed activity plan, explaining the steps we will take to engage our consumers and achieve our objectives.

Our strategy defines how we will develop and integrate the 5Ps – Product, Placement, Price, Promotion and People – to deliver the right products and services in a way our consumers prefer.

It is essential that all the strategy components and teams across functions – clinical services, sales and operations – work together in a shared understanding of our marketing objectives. All our activities need to be directed towards achieving these, and monitored regularly to check this is the case.

Ultimately, each country programme determines how best to ensure our activities work together cohesively, and everyone involved not only understands our direction but works as a team to achieve our objectives.



Think...

Product

Placement

Price

Promotion

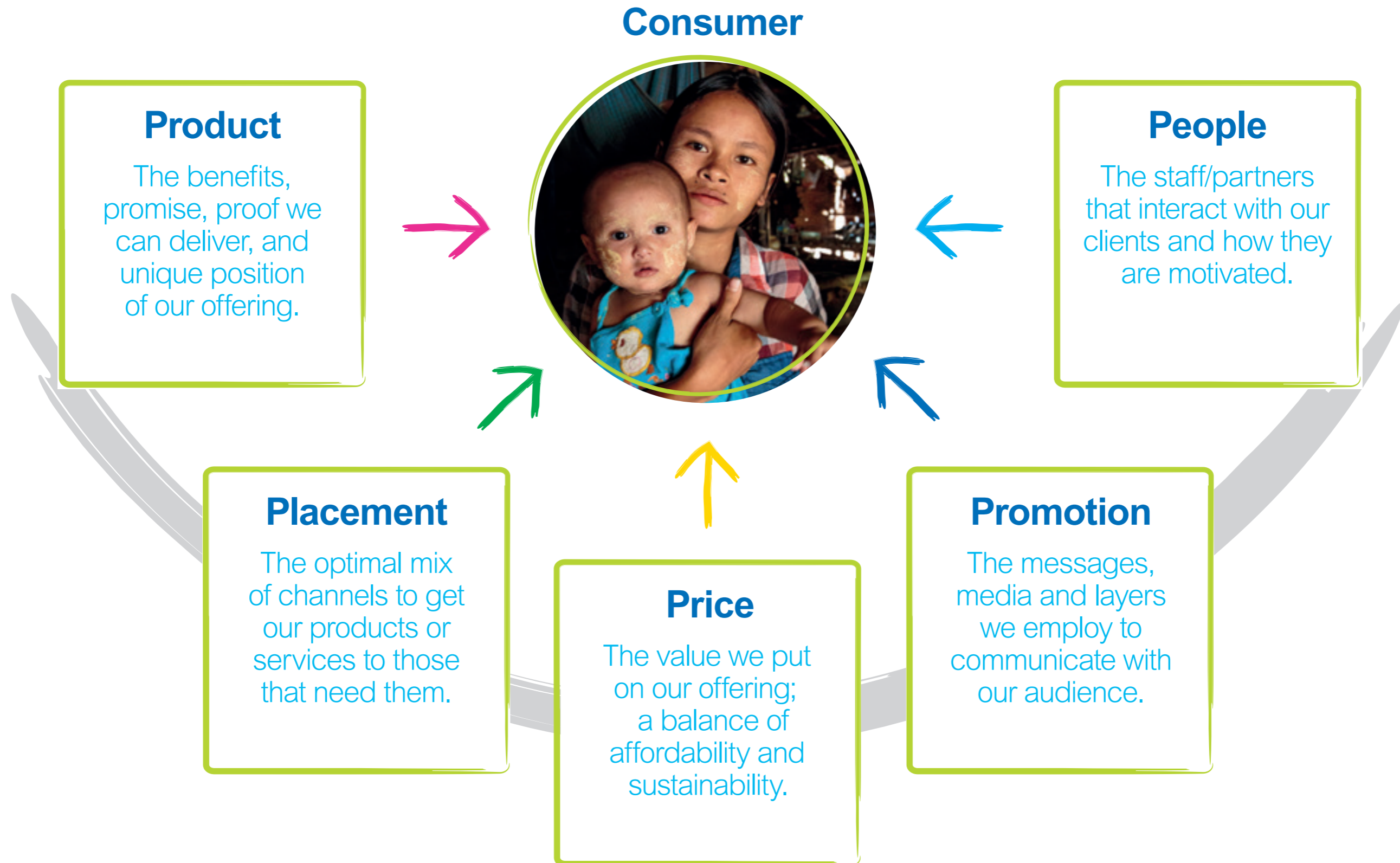
People



**Our strategy defines how we will develop and integrate the 5Ps – Product, Placement, Price, Promotion and People – to deliver the right products and services in a way our consumers prefer.**

# 5. Marketing Strategy (5Ps)

## The Marketing Mix



# Product

## Placement

## Price

## Promotion

## People

When we talk about product, we mean a product or a service which meets a need or fulfils a desire. At MSI, product refers to the actual products we sell – whether an FP method in our clinic or a product sold to a pharmacy – as well as the services we provide.

To encourage people to use our product or recommend it to others, our audience needs to see value in our offering, and the experience of using our product must live up to the promise and expectations we create. This applies equally to an end user as well as a provider joining our franchise network.

Placing our audience at the centre of our product strategy, we can think about the strategy in two parts: defining our product offering, and building our product experience.

### Defining our offering

Defining our offering starts with a clear portfolio of what we offer and where we offer it. Any product or service in our portfolio should meet the need of a specific audience segment, served by the channel delivering it. This is best explained in a table, as in the example opposite:



		MSI Clinic	Franchise	Outreach	Social Marketing
Core	Contraception	Pills Injections Implants IUDs Tubal Ligation Vasectomy	Pills Injections Implants IUDs	Implants IUDs Tubal Ligation Vasectomy	Condoms Pills Emergency Contraception
	Testing	Pregnancy Syphilis Chlamydia Gonorrhoea HIV		Pregnancy	Pregnancy
	Post-abortion care	Medical Surgical	Medical Surgical	Medical Surgical	Medical
Non-core	Cervical cancer	Pap smear Cryotherapy			
	Immunisation	MMR Polio			
	Offered	Insert other products or services offered	Insert other products or services offered	Insert other products or services offered	Insert other products or services offered

# What are the product/service benefits?

## Product Placement Price Promotion People

Compare the information above against the products and services identified in the [1.2 Market alternatives analysis](#), and the needs captured as part of audience insight.

We must ensure our offer is relevant to the audience for a specific channel, and look to fill gaps where we can add a valued service that few other providers offer. Ideally, we seek products or services that deliver a health impact and/or bring in clients who may also need family planning. For example, providing immunisation services during outreach may attract mothers with young children, providing an opportunity for us to talk to them about adopting or switching their FP method.

As the market evolves, our portfolio should also evolve. When thinking about launching a new product, it's important to have a clear view of wider options, as well as our planned strategy. The [5.2 Business case justification tool](#) can help guide the process of deciding whether or not to launch a new product.

With a good understanding of our portfolio, we need to consider how consumers see each of our offerings. The motivation to use our product or service starts long before an individual walks into our clinic or their local pharmacy. Everything they see and hear about the product should help them understand **WHY** it might be relevant and helpful to them.

Our ability to make it relevant starts, as all strategies should, with audience insight. Think back to the work we did with the [2.2 Fact to Insight Tool](#) in the Audience Segmentation and Insight stage. What did we learn about our audience that could help us describe the product or service in a way that is most relevant to them? Are there attributes that should be highlighted or changed to make our product or service more relevant?

**Based on this insight, think about the benefits each product or service will deliver to our audience, both at a functional and an emotional level.**

- **Functionally**, what can the product deliver which will result in a physical benefit, such as disease or pregnancy prevention, minimal side effects, long-term protection, value for money, etc?
- **Emotionally**, what kind of social or psychological benefit can the product deliver, based on its functional benefits, that would have most impact on our audience, for example, reassurance, confidence, relief, peace of mind, etc?

We then narrow these criteria to one key emotional benefit and a few functional benefits. Look for benefits that are highly relevant to our audience and unique to the product or service, to avoid highlighting the same benefits repeatedly for different products.

Pulling together the benefits enables us to articulate the promise we are making with this product or service, in a statement that captures the key benefits in a concise and simple way. It should be supported by proof: which facts about our product or service support the promise we are making? For example, if we claim a high quality product, we may refer to the testing we carry out, or the certification/standards our manufacturers achieve, as proof of our quality. If we claim effectiveness, we can look to clinical trial data and our internal records to show the effectiveness of the product or service.

Finally, we identify the differentiator, or unique selling point. What is it about our product or service that makes it stand out from alternatives?

# Product and services

Let's look at an example of putting it all together:

Product	IUD
<b>Audience Insight</b>	She wants an FP method that is discreet and low maintenance, but is afraid that the IUD will make her infertile
<b>Benefit (Functional)</b>	Highly effective, reversible contraceptive that can prevent pregnancy for up to 10 years without using hormones
<b>Benefit (Emotional)</b>	Quiet confidence: in my busy lifestyle, this product offers discreet protection with no user maintenance, that can be removed easily when I want to become pregnant
<b>Promise</b>	99% effective, reversible pregnancy prevention with minimal side effects; safe, quick insertion by a highly trained practitioner
<b>Proof</b>	Non-hormonal, quality product from a pre-certified manufacturer; more than 99% effective; meets international standards of training for providers and extensive experience in inserting
<b>Differentiator</b>	The only long-lasting and reversible method without hormones  The provider with the most expertise and experience in insertion of IUDs



Use the [5.1 Product messaging table tool](#) to create this table for your products and services. It should be used for all products and services in our portfolio, regardless of whether they are newly launched or have been offered for some time. The table can be developed at any time, not only for a planned campaign.

If products were promoted in the past, consider what attributes were highlighted and which of those were most effective. When the tables are completed, they can help inform and save time in developing job aids, future campaigns and creative briefs.

# Building the experience

**However important the brand promise, the best communication in the world will fail if the product does not deliver.**

We want to create an environment and an experience that make it easy for our clients to obtain advice and make the right choice of products and services, and that inspires them to come back again and again. That is why a deep understanding of the client and improving the client experience are critical to success.





Start by considering how and when the consumer interacts with our brand. Detailed audience research, combined with our exit survey and MIS information, help with this. In thinking about the experience, we want to understand:



## 1 Where did the client/consumer first hear about our brand of product or service?

This might be anything from a friend or relative, a signboard outside our clinic, a government health worker, our website, a brochure or a media advertisement.

## 5 What other elements of the product or service experience might influence their overall perception?

- Think about the environment of a clinic. Are the toilets clean? Is the waiting room comfortable? Is there something to do or read while waiting?
- Think about the exterior of a clinic. Does it make the clinic easy to recognise and differentiate from other options? Is it clear what is offered there?

- Think about the packaging of a product. Are the instructions easy to understand? Is the packaging easy to open? Does the design get it noticed on the shelf and differentiated compared to the competition?
- Does the package or environment communicate our brand values well?



## 2 What made them decide to choose our brand for the product or service they are being given today?

This may or may not be different from the first question – but after initial awareness, they may investigate their options before choosing our product.



## 4 Who will they interact with while accessing the product or service?

This could be a pharmacist selling them the medication or various clinic staff throughout their visit (the receptionist, the counsellor, the nurse or doctor). What are their expectations of these people? How should these people look? How should they speak to the client?



## 3 What do our clients see first when they access our product or service?

This may be related to how the product is shelved in a pharmacy or what the external façade of our clinic looks like.

## 6 What is the last thing they see and hear before leaving the access point?

This could be a reminder from a pharmacist or nurse, a card with the call centre number on it, a receipt from the receptionist. What do we want the client to remember?



The [5.3 Consumer touch-point tool](#) helps us organise and use this information to identify client expectations and priorities, and create appropriate action points in response.

# Our Tools

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For Marketing  
Strategy – Product



# 5.1 Product/Service messaging tool



## What is this tool?

This table enables you to organise information about each product or service being promoted, to inform your messaging strategy. It also helps you to identify the most relevant functional and emotional benefits of a product in light of your audience's needs and barriers.

## Why should I use it?

Using this tool will make your communication strategy easier, by creating the building blocks for effective message development and delivery. It gives you a way to structure discussion with your team about how you want to talk about each product or service, in a way that relates to existing insights about your audience. This establishes what needs to be said in advance, to inform your creative brief (or materials design) and speed up communication planning. Ultimately it should increase the effectiveness of your communication by ensuring materials are as focused and relevant as possible. You will refer to this table again when you get to the messaging step of your communication strategy.

## What should I be deciding?

For each product or service being promoted, you should establish:

- **Insight** What are the needs and concerns of our audience in relation to this product or service?
- **Benefit (functional)** What tangible benefit does this product or service provide to our audience (for example, effective and convenient pregnancy prevention)?

# 5.1 Product/Service messaging tool

(continued)



- **Benefit (emotional)** What social or psychological benefit does this bring to our audience (for example, relief, confidence in the future)? This should link directly to the insight.
- **Promise** What does this product or service promise to do for our audience?
- **Proof** Why should our audience believe this promise? (for example, clinical studies, provider recommendations, source or ingredients, provider experience/training, etc.)
- **Differentiator** What does this product or service deliver that is different from alternatives?

## Example:

Product	Vasectomy
Audience Insight	Though he knows his family cannot support any more children, he feels that being sterilised will make him less of a man (diminishing strength and sexual performance)
Benefit (Functional)	A quick procedure that provides safe, permanent contraception for men
Benefit (Emotional)	Pride: I have the power to reduce my family's stress and worry
Promise	99.9% effective and permanent way to prevent future pregnancies without affecting your health or sex drive  MSI is there for you before and after the procedure with expert support from our clinics and call centre
Proof	Does not affect production of testosterone therefore has no influence on sex drive and erections; MSI has highly experienced providers; surgery takes 10-15 minutes
Differentiator	The only long-term contraceptive that men can take charge of; MSI is a global expert in provision of this service

### How do I know what to put in the table?

Developing your messaging table requires a combination of medical and marketing support. The medical team can help establish what the product can deliver, provide proof that it can deliver as stated, and describe what makes it different from alternatives.

The marketing team use their understanding of the audience to provide insights into the product or service, agree the relevant functional and emotional benefits for the audience, and narrow the promise and differentiator to make them fit with existing audience needs.

### Fill in the table for your own products and services:

<b>Product</b>	
<b>Audience Insight</b>	
<b>Benefit (Functional)</b>	
<b>Benefit (Emotional)</b>	
<b>Promise</b>	
<b>Proof</b>	
<b>Differentiator</b>	

# 5.3 Consumer touch-point tool



## What is this tool?

The [5.3 Consumer touch-point tool](#) is designed to put us in our client's shoes. It helps us identify the various points at which someone "touches" our brand as they go through the process of obtaining a product or service from us.

## Why should I use it?

Understanding our client's "journey" – from hearing about our brand to experiencing our product or service – helps us see opportunities to improve perceptions, which leads to satisfied clients and ultimately, more recommendations. By identifying the points of greatest impact in the client's interaction with our brand, we can ensure our products and services deliver the experience they expect, making it more likely that they will return (and bring a friend).

## What should I be including?

**There are several steps in this exercise:**

1. Think through the client's experience from first hearing about our brand through to using our product or service, and completing their product experience.

**Use the following questions to inform your input:**

- Where did the client/consumer first hear about our brand of product/service?
- What sources (if different from the previous question) made them decide to choose our brand for the product/service they are getting today?
- What is the first thing they will see when they come to access our product/service?

## 5.3 Consumer touch-point tool

(continued)

- Who will they interact with while accessing the product/service?
  - What other elements of the product or service experience might influence their overall perception (such as packaging, clinic environment)?
  - What is the final thing they will see and hear before leaving the access point (take away message or material)?
2. For each of those points, assess the consumer's expectation of that stage in the interaction (in order to be considered quality, respectful and reliable). This should relate to what we promise through our marketing efforts, and to consumer responses to exit interviews or any qualitative research of audience perceptions.
  3. Prioritise which of these points are most important to the client. If we are not sure, we can collect this information in our exit interview or other audience survey, by listing different touch-points and asking clients to rank from 1-5 or 1-10 (1 being most important), which are most important to them.

Based on their expectations and top priority areas, identify actions we can take to improve the client experience. Include measurement indicators for these in the monitoring and evaluation plan. Choose how many areas to work on based on resources and the severity of the problems highlighted.

Service example (please adjust based on the channel):

Touch-point	Expectations	Priority	Action points
Radio advertisement	Relevant to my needs, outlines benefits of the brand		
Signboard on the road	Quality design, easy to read and see	8	1. Trim tree branches around sign monthly to keep it visible
Community health worker	Can clearly describe advantages and disadvantages of options	11	1. Invite local health workers to tour the clinic twice a year, offer free service to them
Friend or relative	Recommends the service received at our clinic	3	1. Create referral cards for clients to give to friends or relatives 2. Generate follow-up SMS to ask clients whether they would recommend the service (1 = yes, 2 = no)
Call centre	Friendly and able to answer my question clearly in a language I can understand, can resolve my question quickly, can help me make a booking	4	1. Mystery callers once per quarter to test attitude and clarity of call centre staff 2. Refresher training twice per year on product/service information
Clinic façade	Clean, well-kept and maintained, welcoming	9	
Receptionist	Friendly and welcoming, provides clear information about the process and cost	5	

Continued overleaf...



## 5.3 Consumer touch-point tool

(continued)

Touch-point	Expectations	Priority	Action points
<b>Waiting area</b>	Comfortable, clean, quiet, TV or reading material available, wait is not too long	6	<ol style="list-style-type: none"> <li>1. Ask cleaner to throw away any damaged magazines</li> <li>2. Buy plants to add colour to the room</li> </ol>
<b>Toilet</b>	Clean, with soap and toilet paper	10	
<b>Counselling/consultation</b>	Non-judgmental attitude, able to clearly and easily answer questions, takes time to understand my needs	1	<ol style="list-style-type: none"> <li>1. Sensitivity training for nurse counsellors</li> <li>2. Have new nurses serve as mystery clients</li> <li>3. Add question into exit survey on how well counsellor understood needs</li> </ol>
<b>Procedure</b>	As quick and painless as possible, respectful provider who informs me what is going to happen	2	
<b>Take-away materials (condoms, brochure, call centre card, etc)</b>	Clear and easy-to-understand take-aways that let me know what to watch out for and what to do if I have any problems or questions	7	<ol style="list-style-type: none"> <li>1. Create pictorial warning signs and take-away material with call centre number</li> <li>2. Train nurse to remind clients of warning signs verbally before they leave the clinic and hand out call centre card</li> </ol>

## Product example (can be adjusted for different outlets):

Touch-point	Expectations	Priority	Action points
Friend or relative	Has heard of the product, believes it is good quality	6	
Website	Answers my questions on benefits and risks, easy to navigate	5	
Pharmacy point-of-sale material	Clear and easy to read, highlights key benefits and contraindications	7	
Package appearance on shelf	Quality look and feel, easy to spot on a shelf	8	
Pharmacist counselling	Recommends the product, ensures the product fits my needs, gives clear instructions on usage and warning signs, tells me what to do if I have problems	1	<ol style="list-style-type: none"> <li>1. Conduct regular detailing visits to refresh information</li> <li>2. Develop provider job aids for usage and instruction</li> <li>3. Mystery client visits to top 20 outlets twice per year</li> </ol>
Take-away materials (client brochure, call centre card, etc)	Clear instructions on use, warning signs and what to do if I have questions or problems	4	
Product package (insert, foil, outer packaging)	Quality material, easy to follow instructions, easy to open	2	<ol style="list-style-type: none"> <li>1. Add pictorial instructions to insert</li> <li>2. Switch to laminated material for outer pack to improve durability</li> </ol>
Call centre	Friendly and able to answer my question clearly in a language I can understand, can resolve my question quickly	3	

# 5.3 Consumer touch-point tool

(continued)

### How do I know what to put into the tool?

The inputs for this tool, including prioritisation, should come from our audience research (exit interviews, MIS and any other audience research conducted), as well as our own observations of clinic or sales outlets through daily work or mystery client studies.

If there are have gaps in some areas, speak to your research manager about options for gathering this information.



Fill in the table for your own products and services:

Touch-point	Expectations	Priority	Action points

Touch-point	Expectations	Priority	Action points

# Placement strategy

## Product Placement Price Promotion People

**Placement is about being in the right place to best serve our audience and meet their needs effectively.**

It's important that we use our channels strategically to ensure we are in the right locations to maximise client access to RH services. To deliver this, we need to answer four key questions:

- Where is the need?
- Where am I already operating?
- Where are other quality alternatives available?
- Where are the gaps?

### **Where is the need?**

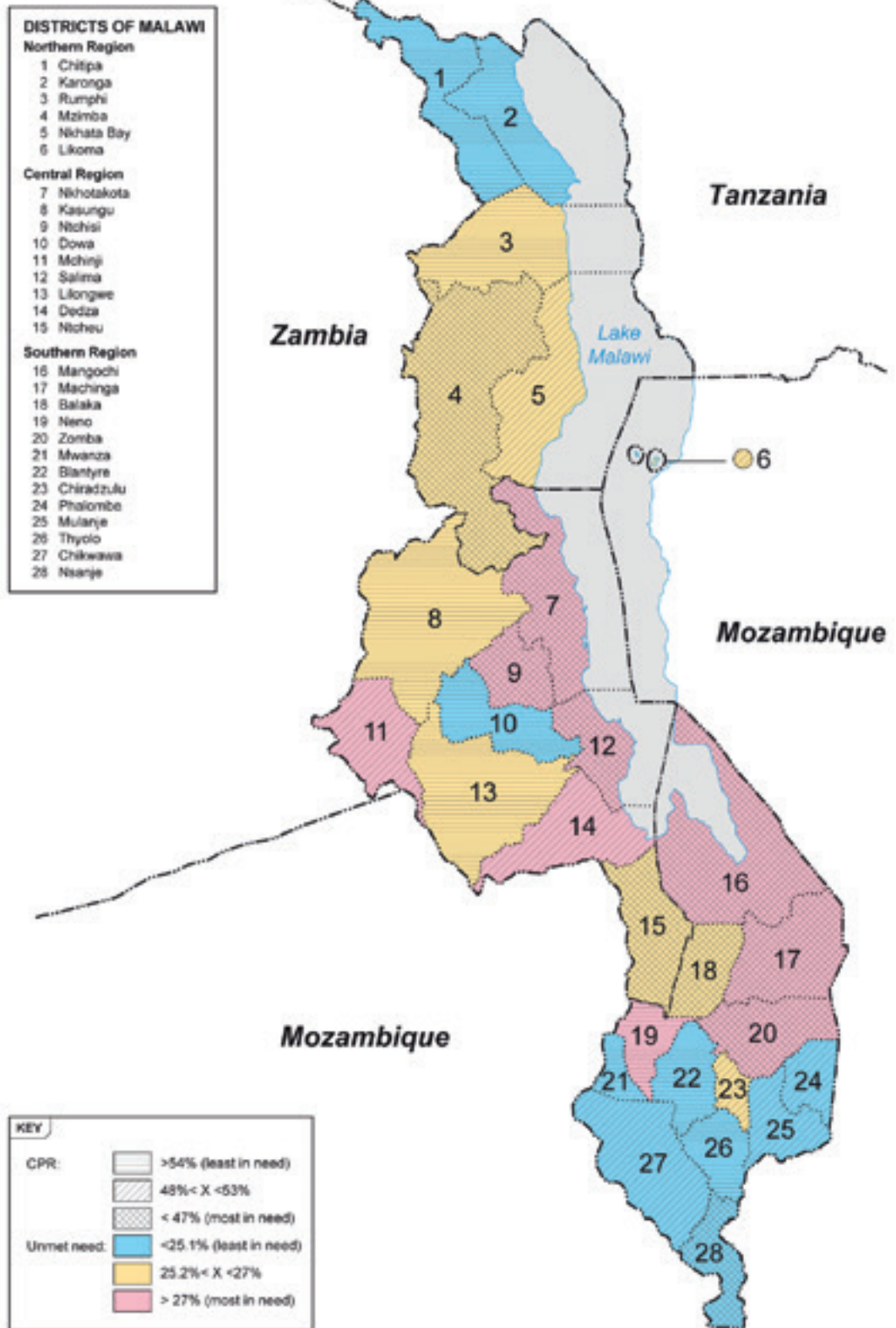
The first step is to look at the areas of greatest need for our services. The DHS can provide information on current contraceptive use by region, showing where there may be potential for improvement.

In this example from Malawi, the current CPR was represented by different colours (red for low, yellow for moderate, and blue for higher CPR). We can cross-reference this with population sizes in each region to quantify potential need, based on our chosen audience segment. For example, zone 11 has low CPR but may also have a small percentage of the country's population.

This exercise can help teams prioritise where there is sufficient need for an actual clinic (whether MSI or franchised) against an occasional outreach visit. It can also help us identify areas that require product distribution.

Understanding the size and location of need helps us reach areas with large quantities of unmet need, which means more CYPs for the programme.

## Health need amongst women of reproductive age (15-49 years)



# Where am I already operating?

## Product Placement Price Promotion People

Once the high-need areas are identified, it's helpful to draw up a map of all the locations where we operate, including all channels (MSI centres, franchisees and outreach, and retail outlets if we have product sales).

In this example, Kenya plotted the location of its clinics, franchisees, community health workers and outreach sites on one map, then compared the health need, to identify gaps in our service delivery.

An overall view helps identify where we may have large overlaps between channels. Where we have many franchisees in a small area, we may be competing with ourselves. This reduces opportunities and client potential for our franchise clinics, unless there is a very high population density to justify the number of clinics in the area.

Conducting outreach in an area close to our clinics is an inefficient use of resources. Outreach should be used for hard-to-reach areas where other services are unavailable. In a high-density slum area, where community health workers can help fill a gap, we could contract our franchise providers to provide free services to the area a few times a year. Or we could use a voucher system to enable low-income clients obtain RH services free from our local franchise clinics.

Mapping can be done with hand-drawn maps, but we should use GPS to plot locations. This has several advantages: the information is useful even if nearby landmarks change; the data can be used to plot travel routes for sales or detailing staff; it can be used to demonstrate the extent of our network visually to a donor; and the details can be entered into Google maps allowing potential clients to find their nearest MSI or BlueStar clinic. MSI/Ethiopia has recently used this for their clinic network.

**Having identified areas of need, we then find out if other quality services are available in those places, whether public or private sector.**

This helps us decide if we need to be there to fill an access gap, or identify new potential franchise partners if we feel there is room for quality improvement. The Global Social Franchising Team has guidance on **Provider mapping and recruitment (online)**, with examples from Uganda and the Philippines.

It's useful to understand where people go for health problems and questions. We may find the first stop for women is a local drug seller or pharmacy which tend to be cheaper than a clinic, require little waiting time and are located closer to home. This has implications for our social marketing in identifying priority outlet types for sales and detailing.



# Where are other quality alternatives available?

Product  
**Placement**  
Price  
Promotion  
People

## Where are the gaps?

Detailed knowledge of outlets gives us a full picture of the current situation, helping us identify opportunities for new partnerships with the public or private sector to meet people's needs.

The information illustrates the breadth of our franchise network relative to the total number of private providers, and allows us to compare the number of potential outlets for our products against existing stockists.

Let's look at the fictional example opposite.



The figures in blue represent the percentage of each provider outlet type that has purchased an MSI product in the last two months (this is calculated by comparing customer sales records against the total universe of each type of outlet).

	Outlet type	National	Region 1	Region 2	Region 3	Region 4
<b>Population</b>		1,300,000	400,000	350,000	250,000	300,000
<b>CPR</b>		28%	38%	28%	18%	23%
<b>Unmet need</b>		18%	9%	15%	26%	28%
<b>Public sector outlet types</b>	Hospital	2	1	0	0	1
	Clinic	90	40	20	10	20
	Primary health care centre	235	100	50	45	40
<b>Private outlet types</b>	Pharmacy	250 (29%)	120 (15%)	80 (40%)	20 (50%)	30 (40%)
	Drug seller	590 (9%) 110 (10%)	110 (10%)	130 (7%)	200 (10%)	150 (8%)
	Doctor clinic	95 (12%)	45 (10%)	30 (10%)	5 (20%)	15 (20%)
	Nurse or midwife	260 (100%)	85 (80%)	90 (75%)	25 (50%)	60 (35%)
<b>MSI</b>	Clinic	3	2	1	0	0
	Franchisee	39	16	10	5	8
	Outreach sites	28	5	7	6	10

# Where are the gaps?

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In the example (overleaf), we might note that:

- **Region 3** has a high number of drug sellers but a low number of other health care options. We may want to prioritise drug shops in that area for detailing visits, and increase the number of outreach sites in the region, given the high unmet need for contraception which could be addressed through provision of LAPM in outreach.
- **Region 1** has a high number of private providers for the population size yet our franchisee number is relatively low. We may want to look at the quality of services offered to see if it is worth expanding our franchise network. However, CPR is high and unmet need in this area is low, so it may not be a priority for us unless we want to increase revenue by tapping into the existing market.
- **Regions 2 and 4** have limited public sector services relative to the size of their population. We may want to consider expanding outreach sites in these areas or creating franchisees from the nurse/midwife providers. At a minimum, product coverage among nurses and midwives in region 4 has room to improve, considering the size of unmet need there. Our outreach activities could be used as a mechanism for visiting and stocking these providers.
- **Nationally**, there is huge scope for MSI to expand its distribution. At 29%, the pharmacy sector distribution coverage is a potential priority, depending on where consumers are most likely to go to access contraceptives (this knowledge should be part of our audience insight work). Drug sellers are the most numerous outlet type and present an opportunity to improve access by increasing the percentage stocking our products. However, we should ensure that doing so will not damage our brand reputation, if these

outlets are known to sell unregistered or poor quality pharmaceutical products. We should rely on research to indicate where our audience is most likely to look for the product first. It is also worth evaluating the market infrastructure (what are other pharmaceutical companies doing?) against our current distribution structure to find a way to reach drug sellers more effectively, for example, through an existing distributor or large wholesaler.

## Social Marketing Product Distribution

Creating a distribution strategy for socially marketed products depends on the country's infrastructure and policies. When planning our distribution, there are a few rules of thumb:

### 1. Use existing infrastructure where it is appropriate

Explore existing distribution networks in the country. The **MPAC market opportunity assessment (online)** provides a list of questions to help us understand the best options for our market and potential distribution partners. The Procurement Department has a sample distributor contract. We may want to consider "mapping" the path of the product from one level to the next by talking to retail partners (Who do they buy their product from? Do they pick it up or is it delivered? Where does that person acquire product? How many "middle-men" are there?). Where there is a functional sales infrastructure through distributors, wholesalers or semi-wholesalers that reach our desired customers, we can tap into it without having to go directly to the retail level. Use these networks as much as possible to reduce costs to us (vehicle maintenance, drivers, money collection, etc). Knowing the extent of a network can help us understand how to structure our pricing, given different trade margins between us and the consumer.

# Social marketing product distribution

## Distribution

- Country infrastructure and policies determine the distribution strategy for socially-marketed products
- Refer to the five 'rules of thumb' for distribution.

## 2. Minimise the number of direct customers where possible

Setting up direct sales accounts creates administrative, staff and distribution costs. Where reliable distribution partners exist, use them for distribution and money collection to minimise the number of sales accounts that need to be managed and stocked (and customers from whom money must be collected). We can continue to visit retailers for detailing purposes, but the cost of detailing activities is far lower than the cost of direct sales and distribution. It will be easier to collect cash from a distributor with whom you have a legal agreement than from a number of small retailers where there is no legal protection.

Where existing distributors have low capability or the distribution network is small, this approach may not yield much saving or be worth a partnership. When considering this option, look at:

- The revenue lost by giving a distributor their margin, versus the costs accrued through direct sales (salaries, petrol, vehicle maintenance, per diems)
- The existing network of outlets reached by a given distributor. If we will still need to go to 70% of important outlets ourselves, the distributor may not be providing much cost saving
- The number of customers who are important strategic partners with whom we want to maintain a close relationship, and who are low maintenance due to large, regular purchases (for example, a large corporate customer or government customer who purchases for their employees)

# Product Placement Price Promotion People

- Any legal requirements that may necessitate direct distribution or the use of a specialised distributor
- Existing activities (such as outreach) that we may be able to use for sales and distribution purposes without adding significant cost.

### 3. Spend more of your time and resources with the top 20%

It is generally true that 20% of our customers comprise 80% of our sales. Make sure we are clear who our top customers are (this can be found in our sales database), then visit them more often, and partner with them on trade promotions.

Where we have a clinical network that we stock regularly with other products, such as medical supplies, promotional material, we may be able to add product distribution at very little cost, and offer preferential pricing separately from our normal distributor pricing. However, we should treat this with caution as it could lead to leakage (our franchise clinics selling into the private sector to take advantage of their preferential pricing), and should be monitored carefully.

### 4. Balance “push” and “pull” marketing

Ensure we market to the trade as well as the consumer. “Push” marketing tactics are designed to push product into outlets, for example, offering retailers a “buy two cartons, get one free” type of promotion. “Pull” tactics encourage the consumer to buy product from the outlets, for example product vouchers, demand creation campaigns or in-store discounts.

# Social marketing product distribution

(continued)

Product  
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Pushing product into outlets without sufficient demand can result in product expiring on the shelf and unhappy customers. Don't rely too heavily on price discounts to the trade to move your product if there is no matching demand creation plan. Equally, creating "pull" without enough products in the market can lead to disappointment among consumers when they can't find the product.

## 5. Minimise the number and size of vehicles we need to transport products

Using the points above, conduct a realistic assessment of how many and what type of vehicles the programme needs for distribution. If most product needs to be moved from our receiving warehouse to the distributor(s), one or two larger vehicles might suffice. If detailing teams are not required to sell or distribute directly, they may be able to travel with a simple motorbike. Vehicles are expensive to maintain if they are not being used.

Each country and context has needs and priorities. Contact the **Global Marketing Team** to help you improve your distribution and detailing strategies.

# Pricing strategy

Countries have to set prices for many different aspects of their programmes. While there is no single strategy that is right for everyone, there are some common factors to be considered when determining prices.

Whether it's product prices for our trade or franchise partners, the price of a service to our clients (through our own or our franchise clinic), charges to our franchisees for membership or equipment, or the price we need to be reimbursed from government, there are four factors to consider:

In all these basic factors, ensure the key benefits and differentiators for our product or service are priorities in discussions and research. Ideally, our products and services have added value which differentiates us from market alternatives, and this helps determine our optimal price.

Once established, remember to review pricing strategies regularly (at least once a year) to ensure we remain current with consumer or market trends.





# Our consumer

## Product Placement **Price** Promotion People

**In many of our programmes, our pricing strategy begins with the consumer – the person who ultimately uses our product or service.**

Pricing in each of our channels is often tailored to help improve equity, ensuring our target audience can access products or services at a price that is acceptable to them. However, it is often difficult to know what that price should be, and the answer is not always as straightforward as one might think. For example, the poorest may be accustomed to paying more for health care (due to limited options in their community) while wealthier segments access free government services. There are several activities which can help us understand the consumer's perspective and needs:

- **Conduct a Willingness to Pay (WTP) study**

By asking people the preferred and maximum prices they are willing to pay for a product/service (Burkina Faso has conducted an example of this) we can separate different income segments and look at differences in WTP by income level. We can also use an in-market study which tests different price points in different clinics/ areas for the same service, and measures how different prices affect overall demand. It is important that we build the key benefits and promise of our product (as defined in our [5.1 Product messaging table](#)) into any WTP study to ensure the respondents' willingness to pay corresponds with their understanding of our unique selling points compared with alternatives. For example, if people know a call centre is available to respond to questions, they may be willing to pay more for a pharmaceutical product. This type of study is useful when considering a new product launch or when we need to make changes to our pricing strategy and want to test the effect on overall demand. Consult MSI's Willingness to Pay Toolkit for more information about implementing a WTP study.

### Understand what they are currently paying

- The [5.4 Market price benchmarking tool](#) helps summarise what is currently being paid for the same or a similar service, allowing us to price our product or service within a broader context, and ensure we remain competitive. However, it is important to frame this in the context of the advantages we offer compared to alternatives. If we are charging 0.90 for a product/service, and most other private providers charge \$1 for a similar item of lower quality (and people pay for it), we have space to increase our price to the same or higher than \$1 and justify it by our higher level of quality.

### Understand what they are spending on other products in the market

- The [5.5 Relative product price tool](#) shows the amount consumers already spend on household products in our market or a similar market. This is useful when pricing a new product or service with no direct comparisons in our market. If we recognise that people are willing to spend \$4/month on soap or painkillers, it could indicate that they may be able to afford a similar amount on contraception in a month. This tool also compares prices of the same products in similar countries to check if our price is reasonable compared to similar markets.

### Understand what they consider “too cheap” as much as what they consider “too expensive”

- It’s important to remember that for many consumers, price is an indication of quality. While we may focus on affordability and equity, consumers may assume our quality is low because the price is low. When conducting WTP studies, we can identify price points at which we are considered “too cheap”, where

# Our Provider and Market

## What is a margin?

- Margin is the percentage of the sales price that is profit. This can be represented as a hard number (unit margin) or a percentage. For example, if a pharmacist buys a product for \$1 and sells it for \$1.50, his unit margin is 0.50 and his percentage margin is 33%.

low pricing might damage our brand reputation, in which case we should increase our price in line with our brand position.

## Our provider/trade partner

In the social franchise or social marketing channels, our partners are essential in delivering our product or service effectively. This means that our recommended pricing must reflect not only consumer needs, but also the needs of the service/product provider. Their profit margin must cover their costs and motivate them to continue as a supplier. Therefore it is important to understand:

### • Product margins

– What level of profit margin do our competitors achieve for the same or a similar product? Do we compare more or less favourably? This information is collected as part of the [5.6 Margin calculator tool](#), which also contains typical trade margins in other MSI countries, for comparison.

### • Provider costs

– How much does it cost our provider to supply the service? The Research Team's **Cost calculator (online)** can help determine the average cost of providing a particular service for our franchise providers.

## Our Market

Managing our pricing strategy requires an understanding of market alternatives and trends. This can help us see where we might be positioned – at the low, middle or high end of consumers' options. It also helps us manage

our pricing over time. Knowing our market means understanding:

- **Pricing of market alternatives**

- The [5.4 Market price benchmarking tool](#) helps us organise the average price of alternatives in our product/service category, and where we stand against similar brands. This should be reviewed annually to ensure our prices stay in line with those of alternative products. In some countries, programmes have benchmarked their price against another brand. For example, they maintain their prices at 70-75% of a competing brand, and adjust the price as the competing brand does. Use the **Purchasing power parity (PPP) graph (online)** to identify countries whose economies are similar to our own and compare pricing of the same product in other markets.

- **Inflation**

- Managing and reviewing pricing annually allows us to keep pace with inflation and other economic trends, to maintain the real value of our product or service. For example, if inflation is six percent per year, then to maintain the value of our product over time, we would need to increase our price by six percent annually. If we don't, the real value of our product will decrease over time. Consumer price inflation trends in each country for the past five years are tracked by the World Bank and can be found online at: <http://data.worldbank.org/indicator/FP.CPI.TOTL.ZG>

# Our sustainability

## Product Placement **Price** Promotion People

**Programmes must consider their long-term vision and prospects when determining pricing.**

The abundance or lack of future donor funding may impact the programme's ability to subsidise specific products and services. It is important that the country director is involved in this aspect of programme strategy. To consider sustainability as part of our pricing strategy, we need to understand:

- **Costs**

- For services, the **Cost calculator (online)** examines what it costs our clinic/outreach teams to provide specific services. For products, the **5.6 Margin calculator tool** helps us understand the price point required to recover basic product costs. The income/cost ratio is helpful at an overall clinic level, but these tools provide more detail, allowing us to see where we make a profit or loss on individual products or services.

- **Revenue requirements**

- The country director and finance team should identify the revenue (beyond current funding) required to sustain programme activities over the coming two to three years. They also need to consider the revenue our products and services need to generate. This informs any changes needed in pricing strategy.

- **Profit and loss projections**

- When launching new products and services, it is important to project where or if we will break even, or make a profit, in the first three to five years of sales. This is essential in areas with limited or no donor funding, to ensure the product or service is viable over time, and that initial capital investments will not be wasted.

### **Prioritising the factors**

Knowing which of the factors above should play the more dominant role in pricing decisions depends on our market and funding outlook. It may also differ by channel. Here is some general guidance on when specific factors might need to be prioritised:

Your priority might be...	If the situation is...	So the most helpful tools are likely to be...
<b>The consumer</b>	<ul style="list-style-type: none"> <li>• Price is a major barrier to accessing services</li> <li>• Government services are poor quality, not free or have limited reach</li> <li>• There is perception that our pricing indicates low quality</li> <li>• We have a lot of funding and the product category is new in the market (with no competition)</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">5.4 Market price benchmarking tool</a></li> <li>• <a href="#">5.5 Relative product price tool</a></li> <li>• Willingness To Pay study</li> </ul>
<b>The provider/trade</b>	<ul style="list-style-type: none"> <li>• We are struggling to recruit new franchisee partners</li> <li>• We have a new, socially marketed product and are trying to encourage outlets to stock and recommend it</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Cost calculator (online)</b></li> <li>• <a href="#">5.4 Market price benchmarking tool</a></li> </ul>
<b>The market</b>	<ul style="list-style-type: none"> <li>• Our product is in a highly competitive market with lots of alternatives</li> <li>• There is economic instability resulting in a volatile market with many price/inflation swings</li> <li>• There is a deep recession which may affect disposable income</li> <li>• Our pricing is so low that it is preventing entry of any viable quality alternatives in the market</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">5.4 Market price benchmarking tool</a></li> <li>• <a href="#">5.3 Consumer price inflation trends</a></li> </ul>
<b>Sustainability</b>	<ul style="list-style-type: none"> <li>• Donor funding is in decline and likely to end soon</li> <li>• The donor is putting pressure on the programme to increase its sustainability</li> <li>• The programme needs extra revenue to support subsidies or a new product launch</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">5.6 Margin calculator tool</a></li> <li>• <b>Cost calculator (online)</b></li> </ul>

# High vs low

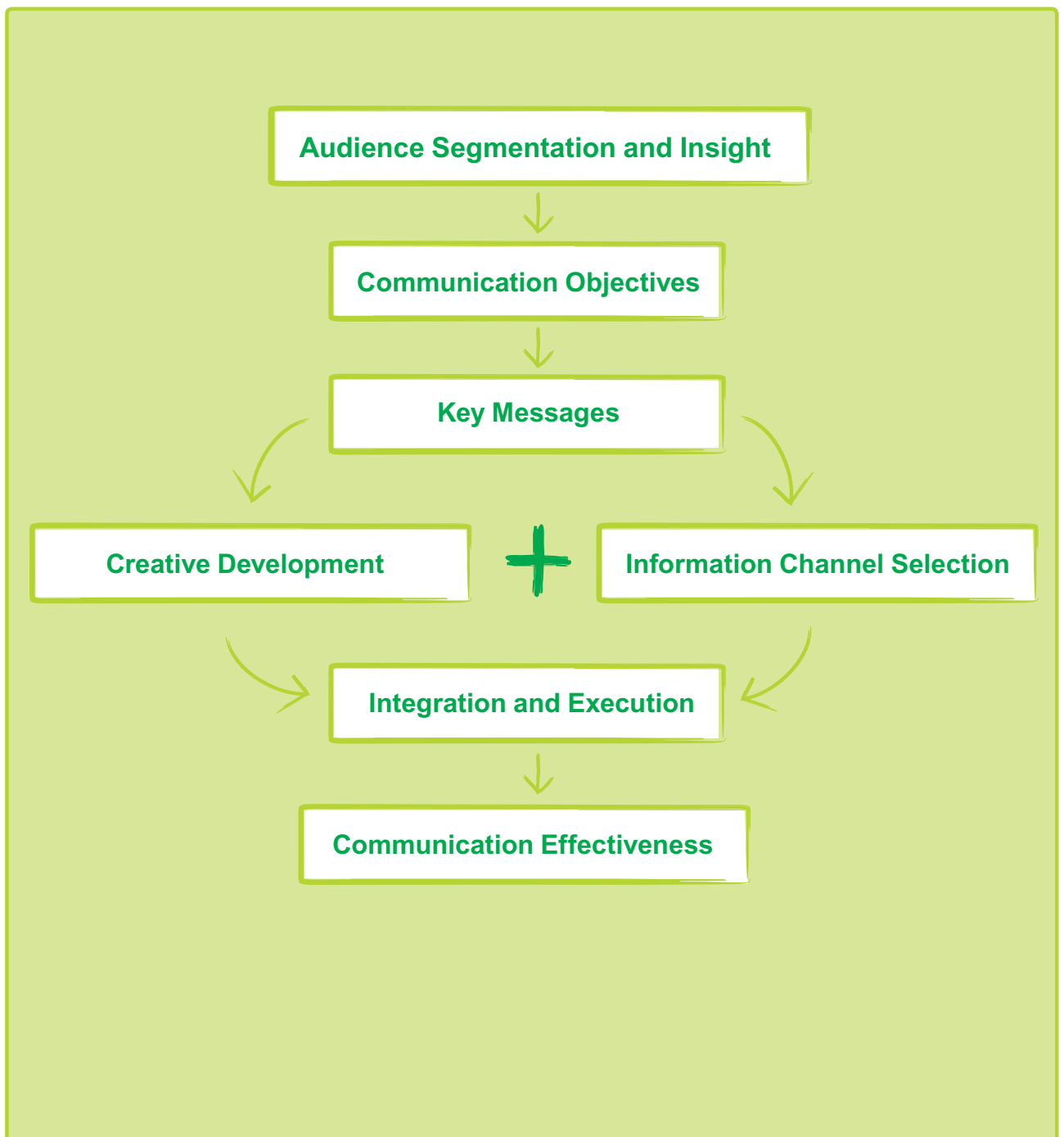
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**Regardless of what our market information tells us, lowering or discounting a price is much easier than raising it.**

When in doubt, start at a slightly higher price and monitor it over time to see if targeted discounts (e.g. vouchers for low-income clients or trade rebates) are necessary, or if the price is too high for the market to sustain. If we start low and find it is unsustainable, we will have created expectations among consumers and trade partners that will be difficult to change, which may restrict our ability to increase the price to a sustainable point.

# Promotion strategy

Good communication requires careful thought and planning. Our communication planning process builds on decisions made in earlier steps, and is structured like this:





# Audience segmentation and insight

Product  
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**At this stage, we should remind ourselves of three key points:**

- Who am I speaking to? (Audience segment)
- What does my audience currently think/feel/do and what do I hope they will think/feel/do? (Audience profile and objectives)
- How can my brand solve a problem or create a new opportunity that will make it easier for them to think, feel or act differently? (Brand and product strategy)

These questions inform our objectives – what we need to achieve – and our message.

## **Communication objectives**

Any good campaign, whether a simple brochure or complex multi-media promotion, begins with a statement of what it hopes to deliver. This is the communication objective. What would show that our campaign was a success?

Depending on current audience awareness, our objectives could range from building basic awareness of a brand or new product to generating recommendations from clients. The most important aspect is ensuring our objectives relate directly to what we know about our audience and their barriers or motivators to adopting healthier behaviours.

**When thinking of objectives, consider which of the three “A”s they might fall under:**

- **Building awareness** – creating knowledge of a new brand, product, service or fact that people do not know currently
- **Changing attitudes** – changing perceptions or attitudes of an existing product, service or behaviour, including perceptions of people who use the product or display the behaviour
- **Inspiring action** – increasing trials of a new product or service, visits to a specific facility, return visits by existing clients, recommendations from clients to friends, or dialogue between partners.

The table below gives examples of these communication objectives:

Awareness	Attitudes	Action
Increase awareness amongst our target audience that BlueStar clinics provide a wide range of FP methods from X to Y by the end of the campaign.	Increase from X to Y the percentage of our audience who believe the side effects of modern contraceptives are easily manageable by the end of the campaign.	Increase from X to Y the percentage of women who have spoken to a friend or partner about contraception in the last three months by the end of the first programme year.

# Key messages

## Product Placement Price **Promotion** People

While one campaign may have several objectives, we should focus on only a few objectives to ensure we are not trying to do too much, which could confuse the audience and dilute our main message.

### Key messages

A communication objective is a measure of what we aim to achieve with our campaign; a key message is what we want to say in our campaign.

The message is a summary statement of what we want our audience to remember after hearing or seeing our communication. A key message is not a slogan, a tagline or the text in our communication medium. It describes what needs to be communicated, helping the creative team understand what people should remember from our communication. Good key messages help us evaluate whether our communication is clear and effective during pre-testing.

The [5.1 Product messaging table tool](#) in the Product chapter can help create our key message by asking the following questions:

**What should I do?** – The call to action – what to do (direct) or how to think/feel (indirect)

**Why should I do it?** – The benefit (functional and emotional) and promise (what is being delivered?)

**Why should I choose your product/service?** – The proof (how do I know it works?) and differentiator (what makes this option different?)

Putting the responses together into a concise summary becomes our key message. Let's look at an example:

Be confident you can prevent pregnancy until you're ready, with hassle-free, discreet contraception for up to 10 years from the IUD. Visit your nearest Marie Stopes clinic to talk to our expert IUD providers and find out if this method is right for you.

Key messages can be developed for both consumers and providers. Messages about a specific product or service generally contain the same core information for different audiences. The complexity of information in the message will change according to the target audience. A message to a nurse about the IUD would contain more complex medical information (such as proven efficacy rate and product quality information) than the basic message above, which is directed at a potential consumer. This is called layering – adding to or taking away from the message – and it raises credibility with highly educated consumers and providers, as well as comprehension among less educated ones.

### A Key message builds in:

- Emotional benefit
- Promise
- Functional benefit
- Call to action
- Differentiator and proof

## Information channel selection

Having defined who we are speaking to and what we want to say to them, we need to consider how to deliver the message in a way that reaches our audience effectively. This is based on how and if they **use** a channel, its **relevance** to their lives and our message, and the **cost** relative to both audience reach and our budget.

## USE

**Point 1: People only benefit from what they see or hear**

**Implication:** The **media we select must reflect our audience's choices**. Check DHS and other media consumption studies to understand which media our

# Information channel selection

## Product Placement Price Promotion People

audience follows, how often, and where they find their information. This helps ensure that our audience sees or hears our message frequently. Take into account their ability to understand our messages and materials. Producing brochures for illiterate or semi-literate women is not a good use of resources.

Choose media and time slots when people actively consume information - when they have time to do so. For example, using radio when people are listening in the car/bus might be a good choice, as this is their entertainment source, but using radio when they are working in the field, when it is background noise, might be less effective.

### Point 2: People's preferences and learning styles differ

**Implication:** Using only one medium to communicate our message is less effective than **sending the same message through multiple media**. Think about how people prefer to get their news – some like to read it on the internet, some prefer to watch TV news, while others ask their friends for news. This relates to how people like to learn (TV provides a nice summary with pictures, the internet provides more details and links) and which sources they trust to provide fair and accurate information. To ensure they hear/see and trust the information we deliver, we need to use multiple media, which gives us a higher chance of success with a larger percentage of our audience.

### RELEVANCE

**Point 3: Not all messages are appropriate for all media, and not all media may be appropriate for our brand**

**Implication:** Consider both the content and purpose of the message when choosing information channels. If we're teaching a skill or relating detailed

medical information, then mass media channels are inappropriate. If our communication relates to a culturally sensitive topic, we may have to restrict it to print or interpersonal channels. However, if we're building basic awareness, mass media often provide the easiest and most effective channels.

We must also consider the **fit between the channel and our brand**. If the information source has a reputation for inaccurate information, for example, a tabloid newspaper, or is used by illegal or unlicensed practitioners, we may want to avoid it to protect our reputation. This may be a hard decision, particularly if there is a tabloid newspaper that many people read – but we have to be cautious about the content that is associated with our brand.

## **COST**

### **Point 4: Cost-effectiveness is not the same as cost**

**Implication:** Though budget is a key factor in choosing media, we shouldn't focus on overall cost alone when making decisions but the **cost per person reached**. If mass media reaches our target audience effectively (and not many irrelevant people at the same time), it is often a cheaper medium per person than community and interpersonal channels. Community and interpersonal channels should be balanced carefully with other information channels, and should focus on messages that cannot be delivered effectively en masse (refer to truth #3 above).

The **5.7 Information channel selection matrix** provides a simple summary of the points above, and a guide to choosing the most appropriate media for our audience and message. External creative agencies can also assist in identifying appropriate media.

## **Creative development**

Once we have set out what communication needs to achieve, our key message(s) and how we plan to communicate, we are ready to capture the information in a creative brief.

A good brief is essential in creative development. It summarises key decisions in one document and

# Creative development

## Product Placement Price Promotion People

ensures the programme team has agreed their strategy in terms of audience, objectives and messages before any materials are developed. The brief also sets out deliverables, ensuring the creative team understands our requirements. The [5.8 Creative brief template](#) provides a format for writing a brief, which can be used with an internal creative team or an external agency.

When the first materials have been developed, we should evaluate them internally (among our own team) and pre-test them with our audience to make sure they meet the purpose we intended. When you check new materials, ask the following priority questions:

### Internally:

- Does this get someone's **attention**?  
Would they notice it?
- Is our **brand** clearly represented?
- Is our key **message** obvious and clearly communicated (both emotionally and functionally)?

### Externally:

- Does our audience understand the content?
- Is it distinctive (does it look different from other ads they have seen before)?
- Does the message seem relevant to their lives?
- Is the message persuasive?
- Do they like it?
- Is there anything offensive about it?

The [5.9 Pre-testing guide](#) provides direction on how to test new materials with the target audience.

### **Integration and execution**

Bringing a campaign together means creating a plan to integrate our message across multiple information channels, and across time and geography. A good campaign reflects the “surround sound” concept – hearing the same message at the same time from different channels increases the likelihood of it being heard and understood.

The integrated plan provides detail on how often and for how long a medium is used, linked to available budget. It helps the creative team understand what needs to be ready, by when and, in the case of different geographies, in what language.

The [5.10 Communications planning template](#) provides a format for organising this information.

### **Communication effectiveness**

A campaign is only as good as its execution. For this reason it is important to monitor implementation as well as evaluate the success of the campaign.

When monitoring on-going implementation, keep track of:

- **Timing: Are the campaign elements being launched on time? Are mass media spots being aired as promised?**
  - For the first few weeks of a mass media campaign, nominate one person to ensure we are getting what



# Integration and execution

## Product Placement Price Promotion People

we paid for – checking that radio/TV spots are aired at the time agreed, and that billboards are up in the right locations.

- With interpersonal or community activities, make sure supervisors are aware of their priority messages, and their staff are communicating the right information during their activities.

- **Reach: Are the right people being exposed to our message? Are we reaching the right number of people?**

- When the campaign is under way, ask clinic visitors who match our audience profile if they have seen our campaign
- Make sure IPC/outreach supervisors know who the priority group(s) are and work with them on how best to find these groups.
- For mass media, ask the media planning agency or TV/radio station for statistics on listener or viewer information during our campaign period.

- **Message: Are we delivering the message correctly and clearly?**

- Check that IPC/outreach staff are focused on the right message(s). Do this through observation or by talking to the audience after an activity to find out what they remember and understand.

**Post-campaign, there are several ways to evaluate success:**

- If our campaign was focused on awareness building or attitude changes, small pre- and post-campaign surveys will show if we have achieved our communication objectives.
- Look at trends based on our call to action. For example, if we direct people to visit our website, we can track changes in hits per week or per month. If we list our call centre number, we can track the number of calls. If we promote a specific product or service, we can look at trends in uptake.
  - When making comparisons, include not only the months before the campaign, but also the previous year, as there may be seasonal trends that affect numbers. Continue to monitor these trends for up to six months after the campaign ends, as it may take time for people to act.

# Our Tools

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For Marketing  
Strategy – Promotion



# 5.8 Creative brief template



## What is this tool?

This template is used to create a new communication tool or campaign. It ensures our design team or agency understands clearly what the communication needs to achieve. Ideally, one brief should be used per campaign (not per tool) as this ensures that all the campaign elements work together in design and concept.

## Why should I use it?

Using a brief helps clarify exactly what we want, making it easier to convey our ideas to the designer. The more clarity we can give, the more likely that the concept and design will fit our needs. It also provides an objective against which we can evaluate concepts, both internally and in external pre-testing, to ensure the audience understands and remembers the right message.



# 5.8 Creative brief template

## (continued)

### What should I include?

<b>Background and goal</b>	Who we are and why we are conducting this campaign. This can include health background or business information.
<b>Target audience</b>	Describe the target audience.
<b>Key insights</b>	Describe any key insights about the audience that are relevant to the overall objective and key message.
<b>Communication objective</b>	<p><b>What do we want this communication to achieve?</b> Think in terms of changes in awareness, attitude or action.</p> <p>(There may be more than one objective for a campaign, for example, creating awareness of implants and encouraging women to ask for one at their nearest BlueStar clinic.)</p>
<b>Key message</b>	What core message do we want our audience to take away from this communication? Include a call to action, the benefits of that action, and the promise and proof related to the benefits.
<b>Brand positioning</b>	Describe the core functional and/or emotional benefits of the brand being promoted.
<b>Tone</b>	Describe the tone of voice we want for this communication (for example, serious, humorous, down-to-earth, professional).
<b>Things to avoid</b>	Describe what we don't want in this communication. This can include style considerations, but also words or images that need to be avoided due to societal or political sensitivity.
<b>Executorial requirements</b>	<p>Describe exactly what materials we need, including:</p> <ul style="list-style-type: none"> <li>• Formats (TV, print, outdoor, radio, other)</li> <li>• Sizes or lengths</li> <li>• Languages</li> <li>• Geography (this can help with image selection)</li> <li>• Specific logos or language that need to be included</li> <li>• Photos versus illustrations (if there is a preference).</li> </ul>

# 5.8 Creative brief template

(continued)

<b>Timeline</b>	<p>Key deliverables and deadlines. Build in time for any points at which sign-off or pre-testing is required.</p>
<b>Evaluation criteria</b>	<p>If we are inviting several agencies to pitch for the brief, we should inform them on how they will be judged during their pitch. The ACID criteria is a good basis for this:</p> <ul style="list-style-type: none"> <li>• A – About the strategic benefit: Did they understand and respond to the brief? Does the concept deliver on our key message and objective?</li> <li>• C – Consumer/Client relevant: Does it speak clearly to our audience and their lifestyle? Will the audience understand the message clearly?</li> <li>• I – Inspiring: Will the audience want to watch it more than once? Does it have a relevant emotional hook?</li> <li>• D – Distinct: Will this grab the attention of our audience? Does it seem different and does it stand out from previous ads?</li> </ul> <p><b>With new agencies, we may also want to consider:</b></p> <ul style="list-style-type: none"> <li>• Value: Does the proposed budget deliver value for money? Has our non-profit status been considered?</li> <li>• Experience: Can they demonstrate experience in a similar campaign or with a similar audience?</li> </ul>
<b>Budget (optional)</b>	<p>We may or may not want to include a budget figure or range, depending on whether we are working with a regular partner or bidding out a large campaign to new agencies. Providing a range helps an agency understand the limitations they face, but they may be tempted to budget to our number rather than starting with the best possible option for us.</p>



Use the blank template below to develop your own brief:

<b>Background and goal</b>	
<b>Target audience</b>	
<b>Key insights</b>	
<b>Communication objective</b>	
<b>Key message</b>	
<b>Brand positioning</b>	
<b>Tone</b>	
<b>Things to avoid</b>	
<b>Executorial requirements</b>	
<b>Timeline</b>	
<b>Evaluation criteria</b>	
<b>Budget (optional)</b>	

# 5.9 Pre-testing guide



## What is this tool?

This tool introduces guidelines for pre-testing materials with our target audience. It can be used for mass media communications, such as TV and radio spots or outdoor signs, as well as one-on-one visual aids and printed materials. The questions and categories in the tool provide a basis for any pre-testing tool rather than an exhaustive list of possible questions.

## Why should I use it?

Pre-testing is important to ensure our communications will deliver the intended message (based on our strategy) to our audience in a comprehensible and relevant way. Internal feedback is not sufficient, as those working in our offices are often not representative of the target audience, both demographically and from SRH knowledge and awareness perspectives. Asking the right questions of our target audience can help us spot potential problems or weak concepts before we spend a lot of money on the final execution.

## What should I be looking for?

The following criteria and questions are a guide on what we should be seeking to test, whether we use quantitative or qualitative methods for gathering information. If the materials are strategically important or part of a large-budget campaign, we may want to consider using a research agency for the pre-test. This tool is useful to brief the agency or check that the agency is covering the right topics in their proposed pre-testing tool. For less significant materials or low-budget campaigns, we may want to conduct pre-testing ourselves. In this case, the tool can help the marketing team work with the research team on appropriate topics for pre-testing.



# 5.9 Pre-testing guide

## (continued)

Depending on our communication objective, we may focus more on some areas than others. For example, if we are primarily seeking to trigger an immediate lift in sales or client volumes, we might focus on measuring the call to action. If we are trying to build our brand reputation, we might ask more questions on brand response and association.

### **Memorability**

- Do they remember which brand the material/ad was for? (Brand association)
- What can they remember from it? (Recall)
- If we show them three different ads, would ours stand out? (Attention grabbing)
- Do they perceive it as distinctive or different from other materials/ads they have seen? (Distinctive)

### **Creative power**

- Do they like it? (Appeal)
- Do they understand it? (Comprehensibility)
- Is there anything offensive about it? (Sensitivity)

### **Brand response**

- Which words would they associate with our brand after seeing it? (Branding)
- What did they take away as the main message? (On strategy)

# 5.9 Pre-testing guide

## (continued)

### Call to action

- What do they think it is asking them to do?  
(On strategy)
- Would they consider doing that as a result of  
having seen this material/ad? (Persuasiveness)

### How do I get the information?

Pre-testing involves showing consumers who are representative of our target market a form (either finished or rough) of the material/advertising, and measuring the material's performance in terms of impact, communication and appeal. This can be done via audience surveys or qualitative interviews/ focus groups.

The number of people in the survey group and choice of method depends on what we are testing. If it is a mass media spot (radio or TV) that costs a lot of money, a quantitative pre-test with a large sample size (minimum 100 respondents) may be the most appropriate method. However, if we need detailed feedback on the concept, we may want to consider qualitative groups in advance of any survey.

If we're testing a single item or smaller campaign, qualitative research may be sufficient, either through small group or one-on-one interviews. For each audience segment, it's a good rule of thumb to continue talking to people until we start to hear the same comments repeated. At that point, we have spoken to enough people.

The research manager can help decide the method and sample size that is right for our needs, and whether we should use an external research agency.

**Additional considerations:**

- Consider whether we want to test our material among current brand users or clients, or defined segments we hope to attract who have not yet used our brand.
- When testing printed materials or outdoor designs, we can test an almost-finished version. If it's a TV or radio spot, we may want to pre-test a rough version, such as a storyboard for a TV ad or a script for a radio spot. This will give an indication of whether the concept is good before spending money on production.
- Once production is completed, we can test the elements that can be changed easily in post-production editing, such as voice-overs or music.
- When considering audience responses, it's not necessary to address every individual concern. Instead, focus on common problem areas for multiple respondents, or those that affect the audience's ability to understand the message.
- When choosing between multiple concepts, the concept with greater persuasiveness can help influence the final decision, even if more than one concept is appealing and memorable.

# People Strategy

Product  
Placement  
Price  
Promotion  
**People**

## How do we help deliver better customer service?

As a service-based organisation, people are one of the most critical parts of MSI's brand and mission. It's important that team members feel like part of a bigger team and that their work helps us reach out to more women in need. Keeping our people motivated, confident in their work and proud of what they do contributes to a positive atmosphere in the office and for our clients at clinics and outreach sites. It also helps us retain our top performers. Clients will also notice the difference between those who enjoy and feel fulfilled by their roles and those who don't. Satisfied and proud team members will be more effective in turning their eyes towards what the client needs and ensuring that they have a good experience and a good perception of our brand.

Accomplishing this requires ongoing effort in assessing performance, filling capacity gaps and identifying appropriate ways to maintain energy and motivation. This means providing five key things: direction, training, support, tools and recognition.





## Direction

We all work better if we know what we are working towards. Ensuring we have clear and realistic targets is an important part of this, but by no means enough. When we spend time to lay out a clear strategy and share with others where we are going, how our targets fit into the strategy, and where our roles fit into the broader picture of meeting the needs of our clients, this can add motivation and reduce confusion or frustration. Consider creating a summary strategy document that can be tailored for each team to help them understand what everyone is working towards.

# Training

## Product Placement Price Promotion People

### Training

Training is not only useful for building new skills or refreshing old ones, it is also a kind of incentive. When they receive training, team members perceive that time and resources are being invested in them, making them feel more valued. While MSI is strong in providing regular training for medical staff on new techniques and products, we should look for opportunities to train other staff on areas including, but not limited to, medical topics.

#### Some ideas include:

- Training ALL clinic or outreach-based team members on delivering excellent customer service – In Kenya, they looked to those that train the hotel hospitality industry for help in this area.
- Training and testing sales and detailing team members on product knowledge – Though they may have learned it once, it might surprise us to see the variability of what sales and detailing staff actually say about the product when they're in the field. The commercial pharmaceutical industry only allows someone to work with a product after they have passed a product knowledge test. The Medical Development Team is currently working on developing standard training and tests for MSI products.
- Training managers on supervision, coaching and feedback skills – there is a big difference between delegating and coaching – both can result in happier and more productive team members, if they are done well. This type of training can also boost the confidence of our managers.
- Training sales, detailing and outreach colleagues on communication and listening skills – talking to clients day after day often results in boredom and

a lecture-style delivery of information to our audience. It is essential that each client is seen as an individual, and that they feel that they are being treated as such. Refresher trainings on active listening and adjusting discussion topics based on client barriers can increase engagement and more effective interpersonal communication. The Global Marketing Team is developing a standard training for medical detailers to improve our communication with providers.

- Training programme teams on how to read and use research and MIS/CLIC reports – the more programme colleagues understand research and MIS, the more they are able to ask the right questions and request changes that will help them make more effective decisions. Reviewing MIS data with programme teams may also identify information that no one needs – allowing us to slim down our data collection requirements!
- On-the-job reminders and tests – these can be in the form of posters on the walls, checklists for procedures or other innovative techniques. In Uganda they piloted the use of SMS to send reminders and quiz questions to staff on key areas of weakness (such as hand washing, mixing of solution and vocal local). Team members reported a much higher awareness of these issues as a result and consulted colleagues and instruction books to check on things they did not remember.

## Support

Following any training, extra support and supervision will be important to ensure that the training content is used, understood and embedded. However, whether a seasoned veteran or a new hire, everyone can benefit from regular support and feedback on their performance.

# Support and tools

## Product Placement Price Promotion People

Without it, people may feel undervalued or worse, that the quality of their work doesn't actually matter to the organisation.

Semi-annual performance discussions are great, but systems should be created that enable people to get some level of feedback at least once per month. Effective performance management, which is the responsibility of every line manager, relies on having great performance-related conversations regularly. With new field team members, or directly after a skills training, provide extra supervision to check if they are using their new skills (at least three times within the first two months). In the case of field agents (sales, promoters, outreach), this could be in the form of a supervision visit. In the case of clinic-based team members, this could be in the form of supervision visits or monthly meetings to review client feedback, targets, etc. In the office this could simply be part of a weekly or monthly catch-up session. However, where possible we should look for opportunities to give individuals feedback on both where they are doing well and where they can improve on the job.

### Tools

In order to provide adequate support, managers and supervisors should have tools to assist them in decision-making, including MIS reports, field supervision assessment tools or service quality feedback mechanisms. Managers should have input into the content and format of the reports they receive and how often they receive them. However in return they should be demonstrating on a regular basis to their teams how that data is being used for new targets or direction, so that everyone can continue buying in to any changes (and so those taking the time to fill in the data feel rewarded in seeing it used!).



Assessment tools for sales, detailing and community outreach staff can cover not only accurate medical knowledge, but also communication and listening skills, and whether any priority messages were delivered (based on our strategy). Assessments can be done using direct observation, using tape recording by permission (where direct observation might be inappropriate due to confidentiality or sensitive topics), and also by speaking to the client/audience after a session.

When it comes to service quality feedback, we have great QTA tools for medical quality. However, there is recognition that we need to find better ways of soliciting honest feedback from clients on a regular basis about our services. Below are some methods that countries are trying out, along with some new twists on ways they can be used:

- **Mystery client visits** – these remain one of the best ways to get honest feedback on service quality and should be conducted as often as possible given time and resources.
  - With a twist: Use clinic staff from one area to pose as mystery clients for clinics in a different area (where they are not already known to one another). This not only means excellent feedback, it also reminds staff what it feels like to be in the clients' shoes.
- **Client feedback forms** – asking for comments or answers to a few simple questions right after a service are also common ways to solicit feedback. Unfortunately it is difficult to get honest answers as many clients feel pressured to give positive feedback when they are still standing in the clinic.
  - With a twist: Try getting comments or answers to a basic question (e.g. “From 1 (terrible) to 10

# Recognition

## Product Placement Price Promotion People

(wonderful), how would you rate the friendliness of our staff?") via SMS a day or two after the service. Reward the person with a small amount of airtime if they reply. Alternatively, try having someone from the call centre contact them the day after their service to get feedback (though both of these require getting accurate phone numbers on client intake forms!).

- In Uganda, they created satisfied user groups in the community, who helped create demand and also solicited feedback. They then reported back any concerns to the outreach teams.
- **Feedback/comment boxes** – some clinics have boxes which clients can drop comment cards into. This can be successful if enough clients elect to provide comments, but often yields low numbers and more complaints than compliments.
  - With a twist: MSI/Afghanistan made this as simple as possible, with three boxes (unhappy, satisfied and very happy) – without having to write anything, clients could simply drop a token into the box that represented how they felt about the service. At the end of the month, the tokens can be added up to get a general rating of that clinic's performance.

### Recognition

More important than how we measure quality is how we manage and incentivise team members to improve on it. Without consistent feedback and reward loops, customer feedback may go under-utilised by programmes.

While many programmes have incentives in place around meeting donor targets, we should also try to balance rewards for the quantity of work with those for the quality

of work. By improving the way that we measure quality, it becomes easier to provide incentives or bonuses for high quality work. Research shows that incentives in the form of gifts rather than money often work well for health providers (e.g. gift certificate, small appliance, time off, etc.). Asking our staff what type of reward would be appreciated can be a nice way to identify options.

There are also many ways to recognise great performance or a change in behaviour that don't have to cost the programme much money. Feeling appreciated or having the opportunity to showcase your skills is often reward enough for many people. Consider any of the following non-monetary incentives:

- **Employee of the month awards** – this could be done per region or per team in a larger country, or throughout the whole organisation in a smaller country. Recognise people via e-mail or internal/network newsletter.
- **Internal mentors** – reward high performers with trips to mentor others in different clinics or regions. If possible, look for opportunities to promote them to supervisory positions or pay them extra to assist with trainings.
- **Staff appreciation days** – reward high performing clinics with a lunch or dinner where they can bring their families. Arrange for testimonials from satisfied clients (where possible) so that staff members are reminded that their work can improve people's lives.
- **High flyer awards** – once a year, ask staff to nominate one of their colleagues who went above and beyond to provide great service to a client. Tell their story and recognise that person with a gift and applause at the end-of-year event.

# Recognition

(continued)

Product  
Placement  
Price  
Promotion  
People

- **Conference or training participation** – When there are international conferences or trainings, reward high performers by sending them to represent the organisation.
- **Continuing education** – Pay for skills training or courses above and beyond their normal work, such as computer skills, English language training, etc. This creates a longer-term loyalty to the organisation and often helps set them up to be promoted by filling skills gaps!
- **Give them praise/feedback** – This is the simplest and quickest way to recognise good performance and one which can leave a team member feeling incredibly proud and valued.

Using the performance analysis and the objectives discussed earlier in the marketing process, we can establish which measures are priorities to track in our clinics and develop methods to incentivise them. Over time, even as priority measures change and new services are introduced, the culture of quality, recognition and appreciation will encourage more motivated team members and more satisfied clients.

# 6 Monitoring and Evaluation

## Tools you will need:

- 6.1 Marketing measurement tool
- 

Monitoring and evaluation play a pivotal role in marketing strategy development and implementation. They indicate if and how well our strategy is working, and whether we are likely to achieve our targets. They also inform future strategies by providing evidence for effective techniques, channels and media.

There is no perfect set of indicators for monitoring and evaluation. Indicators must be adapted in line with the objectives we set and the strategies we create. They should reflect our brand strategy, our outcome and output objectives, and the marketing strategies and changes we plan to implement. We need to establish our indicators before we start implementing a new strategy, so that we can set a baseline level, and establish mechanisms for tracking success.

This chapter focuses on the process of developing a monitoring and evaluation plan for our marketing strategy. Please see the [6.1 Marketing measurement tool](#) for a comprehensive list of marketing indicators to use or adapt. For products, guidance on both indicators and tools is available in the **MPAC evaluation toolkit (online)**. For comprehensive information on monitoring and evaluating an entire programme, please see MSI's **Monitoring and evaluation manual (online)** from the RME team, available from the Best Practice Gateway.

### Step 1: Establish what we will be tracking

Start with the objectives for our overall marketing strategy. Imagine that many of our current clinical clients come to us for general health services, but not FP. To increase our CYPs (and lower our cost per CYP) we want to increase the percentage of all clients who access FP services. We have learned from the DHS that many women who want to limit childbearing are still using short-term methods, and we want to encourage these

### Don't forget

- Monitoring and evaluation tell us how effective our marketing strategy and activities are
- Measurement indicators are developed from marketing objectives
- Indicators set a baseline for measurement and a process for tracking success
- Decide how often and through what method indicators will be measured.

# What will we be tracking?

## Note

- The **target audience** should line up with the audience(s) selected in the segmentation and insight chapter.

clients to adopt long-acting or permanent methods where appropriate. From a brand perspective, we want them to believe that MSI is a trusted reproductive health expert, who cares for individual needs.

### Our core indicators for success will be linked to our objectives, such as:

- % of all client visits where FP services were accessed
- % of FP services delivered which are LAPMs
- % of **target audience** who perceive MSI to be a trusted reproductive health expert
- % of target audience who believe MSI cares for their individual needs.

We need to consider the strategies we will use to achieve these objectives, so that we can measure whether our marketing is effective. If, for example, we use radio, community meetings and street theatre shows to build awareness of our clinical services, address barriers to FP uptake and/or to improve perceptions of the MSI brand, we will want to ask clients what motivated them to come to our clinic, to find out:

- # of new clients who were motivated by radio spots
- # of new clients who were motivated by community meetings
- # of new clients who were motivated by theatre shows.

To measure the general effectiveness of these information channels in reaching our audience, we can include indicators on **recall and recognition**, such as:

- % of target audience who recall seeing/hearing our advert/activity
  - **This could be unaided:** “Have you seen or heard any information about reproductive health providers recently? Can you tell me which organisation was featured?”
  - **Or aided:** “Have you heard a radio spot with the slogan “XXX”? Have you participated in a show where people were wearing a shirt with this logo (show logo)?”
- % of target audience who remember the message in our advert/activity.

We can evaluate channel **cost-effectiveness** by comparing the cost of each channel against the estimated reach and number of clients who used our service as a result of exposure to those channels. Currently, we already calculate the cost-effectiveness of our service delivery (cost per CYP, income to cost ratio, cost per method by channel). We can use similar indicators to look at the cost-effectiveness of specific marketing activities. For example:

- **Cost/person reached:** if we spend \$100 on community events and reach 100 members of our target audience, the cost per person reached is \$1
- **Cost/client brought in:** if 20 clients come to our outreach out of the 100 reached in the community event, the cost is \$5 per client who came to our services

### Cost-effectiveness

- For mass media, this number may be provided by the media agency/station. For community channels, programmes should determine their own method for counting reach (e.g. the # of our target audience that were present and attentive at our activity for a minimum of five minutes).

# What will we be tracking?

(continued)

- **Client value vs. cost to reach:** if each of those 20 clients spends an average of \$2 on services, then we are spending \$5 to bring in \$2 of revenue. This may be acceptable if we are targeting hard-to-reach groups, but may not be acceptable in a normal urban environment where we want to achieve sustainability.

To make it easier to track specific activities, we may want to test the use of vouchers/cards or promotional codes. For example:

- Cards handed out by community promoters, which entitle the user to a free service or gift at our upcoming outreach. When the card is redeemed, we can track the clients who decided to come to us as a result of a particular activity or promoter
- Promotional codes mentioned in mass media or print (such as “Mention the code ‘mariecares’ when you come to the clinic and receive a 15% discount on any service”). We can track those who quote the code for the discount, and know they saw/heard that channel and recalled it.

## **Step 2: Establish the method for collecting baseline and follow-up data**

When choosing our indicators, it is vital we consider how we will measure them. We may need to strike a compromise between what we want to know, and what we can realistically measure with our financial and human resources.

We can work with our research team to find out what we are already able to track (for example through CLIC or other client information systems) and where we may need new mechanisms (either by adapting existing tools or creating new tools, such as an audience survey or



retail audit for product distribution indicators). For new activities, budget, time and staff responsibility must be planned.

Continuing with our example above, we may be able to track some of these indicators using CLIC/client records or our annual exit survey. Tracking cost-efficiency, however, may require improving our systems for referral tracking, as well as how we count reach. Recall and recognition indicators and brand perception data may require a broader audience survey (for example, **Post-campaign survey**, KAP survey) to help collect this information in the areas where our campaign will air. Anecdotally, we can use qualitative methods (such as focus group discussions) for current brand perceptions, although this will not give us a measurable indicator. Guidance and related tools for the exit survey, KAP survey and focus group discussions are available on the Best Practice Gateway.

### **Step 3: Decide on the frequency of reporting for each indicator**

We should establish baseline levels of our key indicators before implementation starts, to ensure we can measure our progress. Once activity is under way, indicators based on routine client data collected at the clinic or outreach site may be easy to report once a month, or at least once a quarter, if we have systems in place. However, data that requires an audience or retail survey may be more complex to collect.

Depending on how quickly we want to be able to act on our data, and how long it may take to see a change in a given indicator, we can decide how often we want to collect or report on each one. Some are likely to show a change quickly, while others may take longer:

#### **Post-campaign survey**

- This is a very short survey done with our desired target audience shortly after the start of a new campaign to measure whether we are achieving our reach and recall targets within the campaign area.

# The frequency of reporting

**Short-term (two to three months)**



- Advertising recall and recognition
- Brand awareness
- Call centre and website traffic volume
- Trial product/service uptake
- Outlet penetration for products
- Out-of-stocks, shelf visibility, price adherence
- Return visits/repurchase
- Brand perceptions

**Long-term (one year or longer)**

For any indicator requiring a survey tool, we need to check our budget and research capacity, and be realistic about how long any change might take when scheduling frequency of data collection. Once we have started to implement, a few simple guidelines can help with our expectations and decision making:

- Any survey designed to assess recall and recognition of a specific campaign should be done within the first one to two months after campaign launch (sooner if the campaign is a very short one). This allows sufficient time for audience exposure to the campaign, while giving us time to make changes to media placement if results show that reach and recall are not as strong as we had hoped.
- Effective branding of our adverts and staff uniforms/ materials (when conducting events or meetings) is important in helping survey respondents remember if they saw one of our ads/events versus an unrelated activity. For example: “Do you remember talking to someone who wore a blue MSI shirt like this one (show picture)?”
- Short-term indicators might serve as proxies for long-term indicators. For example, if we find that website or call centre traffic increases following a campaign, it might be a good indication that client numbers at our service will rise soon after.
- Although building brand awareness can be done quickly, brand perceptions may be slow to change if our brand is already established in the market. It is worth waiting until any campaign or strategy changes have been in place for at least three to six months before looking for changes in brand perceptions.

Step 4: Put together the overall summary of your indicators, data collection methods and timings from short-term to long-term in one table, similar to the example below.



Indicator	Definition	Data source	Frequency of data collection and reporting	Assumptions
At least Y% of target audience can recall hearing a radio advert from MSI by end of campaign period	<p><b>Numerator:</b> # of audience members surveyed who can recall hearing our latest radio campaign</p> <p><b>Denominator:</b> # of the target audience surveyed</p>	Post-campaign survey	Once within two months of campaign launch, reported by Research Manager to Marketing team	
At least Y% of audience can recall our radio campaign tagline: "Bring your needs to the experts" by end of campaign period	<p><b>Numerator:</b> # of audience members surveyed who can recall the slogan of our latest radio campaign</p> <p><b>Denominator:</b> # of the target audience surveyed</p>	Post-campaign survey	Once within two months of campaign launch, reported by Research Manager to Marketing team	
# of clients who were motivated to attend by the radio campaign has increased from X to Y within period (a)	<p><b>Numerator:</b> # of new MSI clients attending during period (a) who report at registration having been motivated by the radio</p> <p><b>Denominator:</b> # of new MSI clients attending during period</p>	CLIC or through receptionist or exit interviews in outreach and clinics	Weekly within the campaign period, reported by regional managers to national Marketing team	Assumes our client records can track those who came as a result of radio

Indicator	Definition	Data source	Frequency...	Assumptions
% of all clinic client visits whereby FP services were accessed increases from X to Y in period (a)	<p><b>Numerator:</b> # of clinic client visits whereby FP services were accessed during the period</p> <p><b>Denominator:</b> Total # of clinic client visits during the period CLIC or MIS in clinic</p>	Monthly, reported by regional managers to national Marketing team		
% of target audience who believe MSI cares for their individual needs increases from X to Y by end of programme year	<p><b>Numerator:</b> # of survey participants who associate MSI with the statement: "This is the health provider who cares for my needs."</p> <p><b>Denominator:</b> # of survey participants</p>	Audience survey	Annually, reported by Research Manager to Marketing team	Assumes we will capture baseline % this year; assumes funding for brand perception studies once a year

### Step 5: Start implementing the strategy and tracking progress

Once implementation is underway, regularly set aside time to review progress on indicators with the team, and make adjustments as needed.



# Our Tools

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For Monitoring  
and Evaluation



# 6.1 Marketing measurement tool



## What is this tool?

The **6.1 Marketing measurement tool** is a guide to common indicators used in measuring progress towards achieving marketing objectives.

Programmes are not expected to use all these indicators but select appropriate indicators based on context and objectives. The indicators described here represent typical industry measures.

## Why should I use this tool?

Our marketing effectiveness depends on being able to measure what is working and what is not. This involves identifying key indicators in advance of implementation, setting baseline levels and from these, tracking our progress over time. By doing this, we can make adjustments as we go through implementation, to optimise the effectiveness of our strategy. Indicators in this tool represent typical measures from the private sector, and can help improve and expand the measures in our programme, enabling us to access more and better information.

## What should I include?

Indicators are based on our objectives and the focus of our marketing plan. They should also reflect the strategies we plan to use to achieve our objectives.



# 6.1 Marketing measurement tool

## (continued)

### We need to ask:

- What are we marketing (our own clinics, the franchise network, a product brand)?
- Who is our primary audience?
- What objectives have we set ourselves?
- Which “Ps” are being used in our strategies:
  - Are we making changes to clinic appearance or process? (product)
  - Are we launching something new? (product)
  - Are we making changes in our pricing to providers or consumers? Are we attempting a discounting scheme (vouchers or coupons)? (price)
  - Are we trying to expand product or service accessibility? Are we relocating? (place)
  - Are we using mass media, community or interpersonal channels for communication? (promotion)
  - Are we trying to incentivise changes in staff or provider behaviour? (place/people)

RME’s **Monitoring and evaluation manual (online)** provides additional standard indicators on access, equity, quality and cost-efficiency. The indicators below operate at input and output levels, and feed into broader outcome objectives for the organisation, such as increasing contraceptive prevalence or high-impact CYPs. The timeframe and desired change from baseline for each indicator should be inserted by the programme.



## Typical marketing indicators

Indicator	Source
<b>Core service indicators</b>	
# of total client visits, by method per day/month/quarter	MIS/CLIC
# of new client visits per day/month/quarter	MIS/CLIC
# of repeat client visits per day/month/quarter	MIS/CLIC
% of client visits where FP services are accessed	MIS/CLIC
% of FP services which are LAPM	MIS/CLIC
% of FP client visits which are switching from a short-term to a long-term method	MIS/CLIC
% of FP client visits which are new users of FP	MIS/CLIC
% of client visits who receive an FP method within 42 days of delivering at an MSI facility	CLIC
# and % of client visits within a specific audience group (e.g. under 24 years old)	MIS/CLIC, Exit interviews
% of short-term method clients due to return who actually did return	CLIC
% motivated to come to our service by each applicable information source (e.g. radio, friend, poster, CHW, etc)	Exit interviews/CLIC
Average revenue per client visit	MIS and financial account/CLIC
Market share By volume By value	Market audit data (e.g. Nielsen), Impact 2 or other available secondary sources
% of clients satisfied or very satisfied with our service	Exit surveys

# 6.1 Marketing measurement tool

(continued)

Indicator	Source
<b>Brand indicators</b>	
% who have heard of our brand (unaided and aided)	Audience survey
% who would consider going to or using our brand for an SRH need	Audience survey
% who have ever tried our brand	Audience survey
% who choose to go to/use our brand most often for SRH needs	Audience survey
% who say our brand is their first choice for SRH needs	Audience survey
% who associate (insert our desired brand attribute) with our brand	Audience survey
<b>Social media</b>	
# of Followers/Fans	Manual count, Social media analytics
# of Shares (Facebook)	Manual count, Social media analytics
# of Likes (Facebook)	Manual count, Social media analytics
# of Comments	Manual count, Social media analytics
# of Mentions (Twitter)	Social media analytics
# of Retweets (Twitter)	Social media analytics

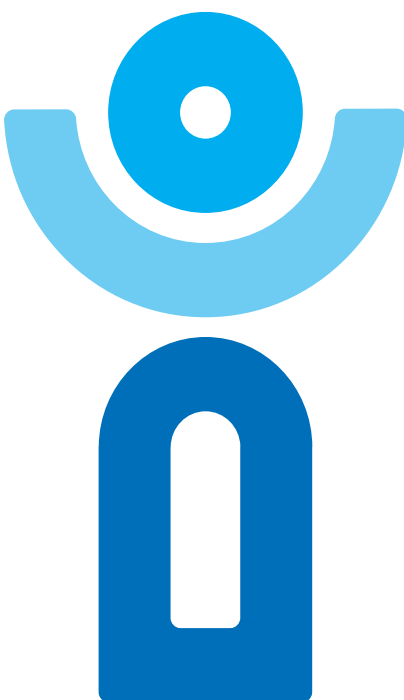
Indicator	Source
<b>Websites</b>	
# of total visits per day/month	Website analytics
# of unique visitors per day/month	Website analytics
Average visit duration	Website analytics
% new visits	Website analytics
# of visits from referral sites	Website analytics
# visits from social media	Website analytics
# visits from search engines	Website analytics
Search engine ranking for keywords	Search engine checks, search ranking tools
Most popular pages	Website analytics
Visitor flow within site	Website analytics

# Putting it all together

**The steps in the marketing framework help us work through the information gathering, analysis and strategy development needed to plan the next 12-18 months of our marketing activities.**

The outline overleaf provides basic guidance on summarising the analysis and the decisions made. This does not have to be a Word document; it can be a PowerPoint presentation, which makes it easier to share and present to external partners or staff. The points below may apply to different degrees, depending on whether the document focuses on a specific product/service or channel, or a comprehensive plan for all channels.

It's important to maintain a logical flow from one step to the next – the market analysis should inform audience segmentation and insight, which informs our brand strategy and objectives, which inform our strategy, which informs our metrics. This becomes a living document and should be updated every year to keep pace with changes in the market, the results of our monitoring and evaluation, and any operational lessons learned. It can be updated more often in the event of a major market or economic shift (such as policy change, economic crisis, new product innovation, etc).



# Putting it all together

## Market Analysis

1

- Summarise key health information for the country or region to feed into decisions on product/service and audience prioritisation, using DHS or other available data.
- Describe the policy environment, including existing supportive or restrictive policies, in relation to our service or product provision and promotion.
- Describe our current performance in terms of client numbers, new versus returning clients, core service utilisation [1.1 Service uptake analysis tool](#), service quality, income/cost ratios, successful and unsuccessful demand creation techniques, and product sales and market penetration. Add any other lessons learned from previous implementation efforts.
- Describe the current market, including alternative product/service providers, their client focus, their pricing, their promotional message and media, and their offering [1.2 Market alternatives analysis](#).
- Describe any internal strengths we can draw on or weaknesses we need to address. Describe potential opportunities or threats not already mentioned in earlier sections.
- Summarise the potential implications of this information on our targeting, objectives and activities.

## Audience Segmentation and Insight

2

- Describe which target audiences will be prioritised in each channel and why [2.1 Segmentation tool](#). For each prioritised audience, describe what we know about them [2.3 Audience profiling tool](#), including group size and key insights which will help inform our objectives and strategy [2.2 Fact to insight tool](#). Note any secondary audiences that we may need to engage to help influence our primary audience.

## Brand Strategy

3

- Describe the key attributes we want our brand(s) to stand for, and the current awareness and perceptions of our brand among our target audiences. Identify what we need to build, reinforce or correct in the market to achieve our desired brand strategy. Key attributes of our brand should stay consistent over time, and be in line with the parent MSI brand.

## Objectives

# 4

- Describe the marketing objectives the programme hopes to achieve during the plan period, giving consideration to any client-focused, brand health or sector-building objectives that might be relevant [4.1 Objective setting tool](#). Justify how the output level objectives will help us achieve our outcome objectives and goals.

## Marketing Strategy

# 5

- Describe the current product/service offering and identify gaps in the market that the programme would like to explore. Ensure that key benefits, proof and differentiator for priority products or services are clearly defined and agreed [5.1 Product messaging table](#). Identify key actions to be undertaken to improve the client experience and when they should be completed [5.3 Consumer touchpoint tool](#).
- Describe the rationale for existing product/service pricing for each channel (use pricing tools and [1.2 Market alternatives analysis](#) data as appropriate). Identify any changes that need to be made and explain how and when they will be implemented. Describe any planned discount strategies (e.g. volume discounts, vouchers) for trade partners, franchisees or clients/consumers.
- Outline our existing product/service coverage in the country, identify gaps and describe what we will do to help reduce them (e.g. new outreach sites or franchisees, new distribution partner or wholesaler, etc). Identify serious overlaps between sites or channels and what we will do to minimise them. If we have product sales, describe our current supply chain, including potential opportunities to improve our distribution cost-efficiency.
- Describe our communication objectives for the period of the marketing plan, specify our key messages, and map out how and when they will be delivered to our audiences [5.10 Communications planning template](#).
- Describe the training, tools and incentives (monetary or recognition) to be used to motivate and provide regular feedback to our staff and partners. Identify how often this will be done and who will be responsible for monitoring and implementation.

# Putting it all together

## Monitoring and Evaluation

# 6

- Describe which metrics will be tracked to measure progress towards our objectives and evaluate the success of our marketing strategy. Specify when, how often and by which method each metric will be measured.

## Work Plan

- Identify the actions to be taken and when, to achieve all our marketing strategy deliverables. State who will be responsible for each action and, whenever possible, where the budget will come from. Refer to the **Budget template (online)** from the New Business Development team to ensure adequate funds have been allocated to marketing to carry out the intended work plan.







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