



KEYSTONE DESIGN FRAMEWORK MANUAL

APPLYING MARKETING PRINCIPLES TO
IMPROVE HEALTH OUTCOMES



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Population Services International wishes to acknowledge the inspiration for certain principles underlying the Keystone Design Framework, the Keystone Design Process and certain design concepts and tools associated with the same from the following resources: The Springfield Centre (2015) *The Operational Guide for the Making Markets Work for the Poor (M4P) Approach, 2nd edition* funded by SDC & DFID; *The Field Guide to Human-Centered Design* by IDEO.org; *design thinking bootleg* by d.school at Stanford University; the *Introduction to Human-Centered Design* online course taught by IDEO.org through +Acumen, a program of the Acumen Fund, Inc.; PSI Board Member and Maverick Collective Founding Member, Pam Scott; and PSI Board Member Marty Schneider.

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PREFACE

A MARKETING APPROACH TO PUBLIC HEALTH INTERVENTIONS

At Population Services International (PSI) we believe consumer-powered healthcare results in better health outcomes. In practical terms this means:

1. **Influencing consumers** to take up, sustain and advocate healthy behaviors, and
2. **Promoting functional, sustainable healthcare markets**, either by getting directly involved or influencing other players (governments, providers, businesses, communities) to support healthy consumer choices

To accomplish these goals, PSI applies many of the same marketing strategies that private sector corporations use to influence consumer behavior and generate demand for their products and services. Further, PSI puts mechanisms in place to deliberately assess and learn from the implementation experience in order to ‘understand what works, why and why not’ in order to adapt its own programming and influence externally.

THE KEYSTONE DESIGN PROCESS

Building on 50 years’ experience of social marketing, PSI has evolved a new approach that marries a relentless focus on consumer and social behavior change with market development. This is underpinned by the rigorous application of commercial marketing principles and deep public health expertise.

Traditionally, PSI has leveraged commercial marketing approaches, using the “P’s” – **proposition, product, price, place** and **promotion** - as levers to influence supply and demand.

In today’s world for many health behaviors, the “P’s” aren’t enough on their own. We need to understand the broader context of our beneficiary’s behavior - how her ability, opportunity and motivation to adopt healthy behaviors is influenced by her interactions at an interpersonal level (friends and family), community level (providers or influential community members) and societal level (institutions and social norms).

But what if appropriately designed products aren’t available, are of low quality, or are priced too high for our consumer? To account for this, we build our understanding of the value chain. Our approach engages commercial organizations to help them play a role in driving demand and bringing products and services to market that meet our beneficiary’s needs.

Since our markets are highly regulated, often publicly financed, and reliant on global markets and supply chains; we are developing our ability to influence the enabling environment at both the global and national levels in order to develop well-functioning markets.

This new approach keeps the beneficiary at the center, while recognizing that she’s part of a wider system which often requires more complex interventions. That is why we developed The Keystone Design Framework, a systematic approach to program design that helps teams diagnose health needs, decide where PSI or other market actors can most effectively intervene, design user-centered interventions and deliver measurable health impact in a sustainable way.

PHASES AND OUTPUTS OF THE FRAMEWORK

There are four major phases in the Keystone Design Framework:



Diagnose

unmet health needs
in a market



Decide

where to intervene for
greatest impact



Design

user-centered
interventions



Deliver

intervention(s) to
address health needs

These four phases will guide you through creating:

- A **Project Summary** describing your project and the reasons why you chose to apply a particular set of interventions and marketing strategies to address a specific health need
- An **Implementation Plan** that teams can follow to carry out the intervention and apply the marketing strategies
- A **Theory of Change**, identifying how your intervention and marketing strategies will lead to consumers adopting healthy behaviors and meet their needs
- Additional **Supporting Documentation**, as required

WHEN TO USE THE FRAMEWORK

Here are examples of situations where you might apply the Keystone Design Framework.

USE CASE	PROBLEM/OPPORTUNITY	FREQUENCY
Health area market strategy	When starting work in a new health area, or if we find that our existing interventions in an established health market are no longer producing satisfactory results. This may also be a direct request from a donor to conduct a total market assessment.	This deep dive analysis focused on the Diagnose and Decide phase should happen approximately every 3 years in each health market.
Designing a specific intervention program (SBC or Market Facilitation Focused)	'Business-as-usual' project and program design for PSI interventions. These interventions may have a specific leaning towards social and behavior change or market facilitation.	The design process should be applied at the beginning of a program/project to build out the intervention strategy and program. Following this, the design process would be used on a regular basis (e.g. annually/bi-annually as necessary) to refresh and optimize an intervention program – annual market planning in this instance, the Diagnose/Decide phases would be a 'light-touch' review.
Portfolio management and enterprise strategy	For ongoing management of a product or service that PSI delivers directly to the market; launching of a new product/service; building a business plan for an Enterprise Fund or Social Enterprise.	As needed , as part of regular business cycle and for annual marketing planning.

USE CASE	PROBLEM/OPPORTUNITY	FREQUENCY
Annual marketing planning	For creating or updating a marketing plan for a product or service (new or existing in the portfolio) or a behavior change program.	Usually an annual or bi-annual (once every two years) basis.
New business development	<p>The design framework should be used to guide robust proposal strategies and demonstrate PSI's expertise and differentiated approach. This could apply to multiple scenarios:</p> <ul style="list-style-type: none"> • Responding to an RFP that calls for specific interventions. • Where an RFP offers space for a broader proposal beyond specific interventions that are already requested or when developing a proactive concept note for a donor. • Responding to a proposal as a sub-recipient. • Follow-on funding for a current program. 	As needed

USE CASE	PROBLEM/OPPORTUNITY	FREQUENCY
<p>User-centered activities</p>	<p>The design process has been infused with the core elements of user-centered design: empathy building, insight generation and prototyping. This helps to ensure that all of our interventions are as effective, engaging and relevant as possible to our target audience. There may be additional cases where applying EIP principles may apply – for example:</p> <ul style="list-style-type: none"> • Pre-capture of consumer insight and/or ideas prior to a proposal dropping for quick validation. • Where teams are engaging on a more routine basis with their target audience (e.g. consumer or providers) to help them move closer to our beneficiaries. • When trying to improve a particular piece of a program that doesn't require the whole design process to be applied. 	<p>In most cases, when teams want to take a user-centered approach to program design they should follow the design framework. For the other cases mentioned above, there is an EIP toolkit that houses all the tools and techniques that can be applied across multiple settings.</p>

INSTRUCTIONS

HOW TO USE THE FRAMEWORK

PREPARATION

Before applying the framework, you should do the following:

1. RECRUIT A TEAM

There will be many stakeholders involved in applying the Keystone Design Framework. It is important that your Keystone team is a multidisciplinary team that involves program staff, research staff, marketing staff, as well as any other relevant staff to your use case (for example, sale staff for social enterprise use case).

It is important that a Design Team Leader be assigned, who is ultimately responsible for driving the Keystone framework forward. The Design Team Leader's scope is narrowed to the application of the framework, so it is not always the case that the Leader be the same person responsible for the implementation of the project post Deliver phase, although the Design Team Leader is a valuable resource to retain during implementation in the case course correction is necessary and another application of the Keystone framework is necessary.

2. DOWNLOAD KEYSTONE PROCESS DOCUMENTS



Please email keystone@psi.org to request access to our process documents.

- A **project summary template**. This will help you create an executive summary describing your intervention and the rationale/evidence behind it in a clear, concise way that other PSI staff and external stakeholders (donors, partners) can understand.
- A set of **activity guides** and **strategy "playbooks"** that detail the specific activities and strategies involved in designing and implementing marketing-based interventions. Some activity guides and playbooks will be more relevant to your specific program than others. This manual will help you identify which guides and playbooks you might want to use.
- **Project Presentation template** associated with the various guides and playbooks, to help you present your outputs in a way that others can readily understand.

3. SCHEDULE INITIAL MEETINGS

The Design Team Leader should schedule the following meetings:

- At the beginning of the process, the Sponsor(s) and Design Team Lead should meet to discuss goals, staffing and deadlines/deliverables for the project.

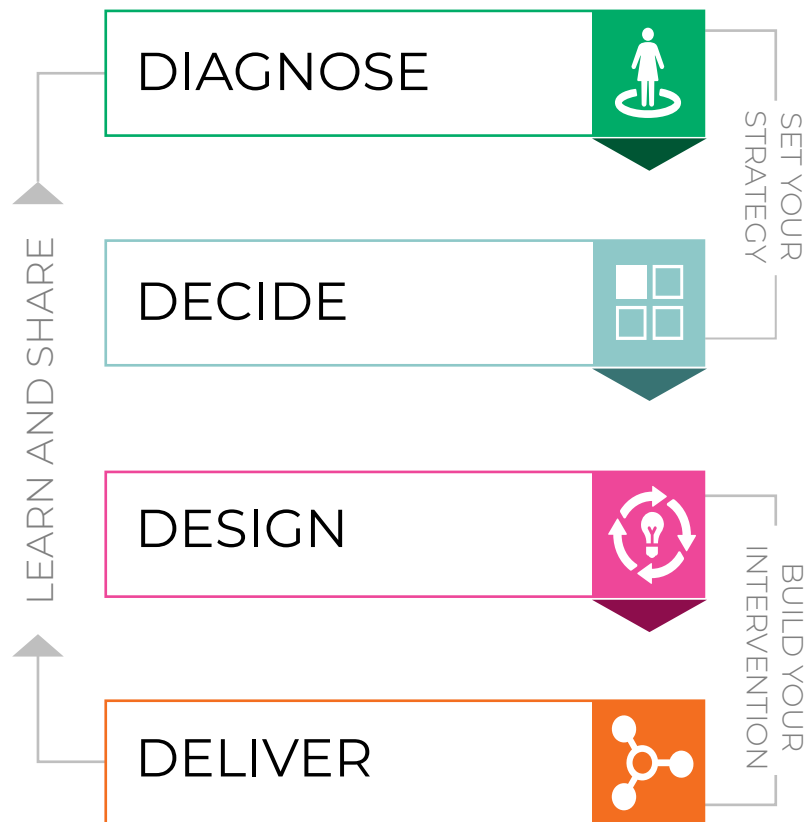


Together, they should review and complete the **"Strategy Checklist"** in the Keystone Project Summary Template.

- Once a team is in place, set up a kick-off meeting (in person or virtual) with team members and advisors to review the framework/process, discuss roles and responsibilities, outline a high-level schedule and set expectations for participation (frequency of meetings, time spent on design project work, etc.).

PROCESS OVERVIEW

In the sections that follow, we will provide instructions for completing each phase of the Keystone Design Framework.



NOTE:

Which specific activities you carry out will be entirely dependent on the needs and available resources of your project.

For example, if you are submitting a proposal related to a health area for which PSI recently did extensive market research, you might simply acknowledge that you are using the Diagnose Phase outputs from the previous project and quickly move on to the subsequent phases.

If you choose to skip or partially complete any major phase or step in the framework, just be sure to document your reasons for doing so in the [Keystone Project Summary Template](#).

THEORY OF CHANGE

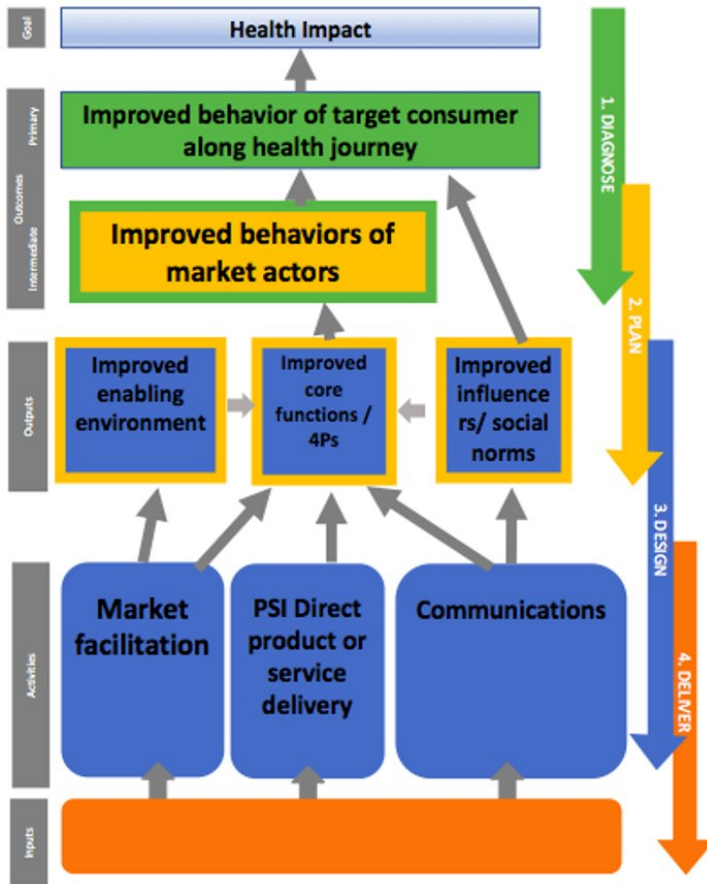
The Theory of Change (ToC) is a specific approach to program design used by many of PSI's donors as well as leading public health organizations such as the WHO. **PSI requires creation of a Theory of Change document for *every* project (see activity guide for guidance across use-cases).**

The primary goals of the ToC are to:

- Summarize the “big picture” strategy for your project,
- Clarify your team’s understanding of how the market is currently failing,
- Explain how the activities you intend to undertake will improve Outcomes and contribute to the ultimate health goals in a substantial way,
- Ensure that the expectations of your donor, MoH, and other key stakeholders are reflected in the way your approach to the design of your intervention,
- Capture key performance indicators (KPIs) and other important metrics that will be tracked to monitor progress towards to the goals and demonstrate the extent of the impact the intervention has made in a clear and measurable way.
- Identify key assumptions in your project strategy that can be tested through a learning agenda

While working through the Keystone Design Framework, you will create a Theory of Change in parallel with your various Keystone project outputs. There are several places within this manual and other Keystone documents where you will be instructed to complete certain sections of your ToC.

Levels of theory of change filled out during the phases of Keystone Design framework



The Keystone Design Framework is intended to work in harmony with the Theory of Change, and you will no doubt find your work on one informing and reinforcing the other to help you clarify the key outcomes, outputs and activities required to accomplish your program’s goals.



We strongly recommend that you read the **“Theory of Change”** **playbook** prior to starting your first Keystone project, and refer back to it as necessary to complete the various sections of your ToC.

ENSURING FIT-FOR-PURPOSE EVIDENCE

Many of the activities within the Keystone Design Framework call for teams to gather evidence to support internal decision-making and external thought leadership. For example:

- Gathering information and data about the health need and market to assess the key constraints.
- Learning more about your target consumer and their behavior to deepen your empathy and identify rich insights to drive our intervention programs.
- Prototyping products, services and interventions with the target audience to check they are relevant, compelling and useful.
- Conducting formal qualitative and quantitative research studies to test different elements across the marketing mix (5P's) and address existing evidence gaps.
- Tracking and monitoring the success of interventions in market to course correct as needed.
- Building the evidence base for 'what works and why', to inform routine evidence-based adaptations within and across PSI countries
- Build strategic evidence that contribute to PSI's Strategic Evidence Agenda and/or influence relevant areas of global health funding, policy and practice.

NOTE:

Remember, research offers a great opportunity to build relationships with the stakeholders you want to influence. Before conducting research, ask yourself: *who else is working in this space? Who is influential? How can evidence be used to advance health and program objectives? What are the evidence gaps and how can we contribute to building strategic evidence? How can we engage influential actors during the research process? How will we share out key insights internally and externally throughout the research?*

CASE STUDY

PASMO, PSI's consolidated network member in Latin America, conducted a market sizing study to determine the potential market for HIV self-testing kits in Central America. The PASMO team took the opportunity to use their research findings to build stronger relationships with key stakeholders, such as the ministry, funding partners, and other international NGOs. To do so, they created a sharing and influencing strategy where they identified a roadmap for HIVST policy influence in the region:

- Share results with each country's national HIV program and USAID offices to get local buy-in.
- Share results with USAID global.
- Share results with PEPFAR, Global Fund, WHO.
- Share results with providers of self-testing kits, and coordinated the delivery of high-quality self-testing kits in the region as a donation for use in further studies.
- Used research results in webinars and presentations hosted by WHO.
- An academic article is being written to share the results of the study in academia.

With this research, and a strategy to share the findings to influence key stakeholders, PASMO was asked to include HIVST into their 2020 workplan for HIV.

TIPS FOR EVIDENCE COLLECTION AND USE

There will always be a balance between ensuring you have a robust and comprehensive understanding of the health need, target consumer, market and other factors involved in your intervention program without spending excessive time, money and effort conducting and analyzing research. You should work with your Regional and Technical Advisors and support teams to determine an appropriate level of evidence for your projects. Some tips to help you make that decision are:

- **Don't let a lack of perfect data slow you down or needlessly spend time and resources on primary research** if that research won't produce a significant improvement in outcomes! Consult with your Technical Advisors to determine whether the data you have is sufficient for decision-making purposes.
- **Don't fall into the trap of assuming that you already know most of what there is to know!** Especially for building our consumer insight, you need to challenge your assumptions and ensure you stay connected to your consumer and build a deep empathy with them.
- **Present and discuss evidence both internally and externally according to its classification.** Don't misrepresent weaker evidence as being validated or good data. While multiple types of evidence can contribute to thought leadership (i.e. the use of evidence and experience to influence externally), ensure you have the right level of evidence to support any claims you make while writing and speaking.

ETHICS IN PROGRAM DESIGN, IMPLEMENTATION AND RESEARCH

In our industry, it is our shared responsibility to first “do no harm,” and to ensure that the dignity and welfare of our beneficiaries are protected before, during, and after they receive our services. This includes at least three dimensions of protection:

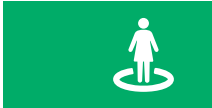
- Ensuring ethics in the design, implementation and evaluation of programs, as well as our research, paying particular attention to the most vulnerable such as youth and persons with disabilities.
- Prioritizing data responsibility and only collecting the data that we really need, protecting our clients' private information, and maximizing what we learn from the data that we do collect.

Committing to uphold the highest safeguarding measures in everything that we do, from recruitment and staffing policies, to service delivery approaches.

To “do no harm” means that we that we anticipate how our actions can affect our beneficiaries, our organizations, as well as the communities, cultures and societies where we work, during our programs and after we leave. This awareness is integrated into program design, implementation and evaluation, with the intention of avoiding potential harm and is particularly relevant when working with and for marginalized populations, including those based on age, gender, sexuality, class, caste, economics, and disability.

In this context, “harm” goes beyond physical risk and includes emotional, psychological and financial wellbeing as well as risks to confidentiality, data security, social and cultural attitudes, beliefs and norms.

Keystone activities that include collecting information from beneficiaries or analyzing identifying data about our beneficiaries can pose risk to them and may require ethical review by Ethics Boards.

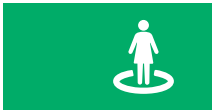


PHASE 1: DIAGNOSE

In order to decide how PSI can most effectively intervene in a market to address a health need, we must assess the present state of the market, identify our target consumers and clarify how we want consumers and other market players to change their behavior related to the health need.

Depending on your use case, you will focus on different activities during the Diagnose phase:

USE CASE	KEY DIAGNOSE PHASE ACTIVITIES
Health Area Market Strategy	Conduct a comprehensive assessment of the present state of the market and consumer behavior around the health need. Identify key constraints or opportunities.
Designing a Social and Behavior Change Focused Intervention Program	<p>If a robust market development assessment already exists, review and pull from all previous data analysis to complete the Diagnose stage.</p> <p>If starting from scratch, focus on the 'Profile the Target Consumer' step of the Diagnose phase, plus review relevant elements of Market performance from the 'Assess the market' step.</p>
Designing a Market Facilitation Focused Intervention Program	<p>If a robust market development assessment already exists, review and pull from all previous data analysis to complete the Diagnose stage.</p> <p>If starting from scratch, focus on the 'Assess the Market' step of the Diagnosis phase, plus a light touch overview of the 'Profile the Target Consumer' step.</p>
Launch of a New Product /service or Updates to an existing product/Service or Building a Business Plan/enterprise strategy	<p>Focus on the 'Assess the Market' and 'Profile the Target Audience' steps, pulling information about the market structure where relevant.</p> <ul style="list-style-type: none"> If a robust market development assessment already exists, review and pull from all the previous data analysis for the Diagnosis phase.
Annual Marketing Planning for Product / Service Portfolio or behavior change program	<p>A 'light-touch' Diagnosis/Plan analysis should be completed to review current market performance and consumer behavior.</p> <ul style="list-style-type: none"> If a robust market development assessment already exists: review and pull from all the previous data analysis that was completed.



USE CASE	KEY DIAGNOSE PHASE ACTIVITIES
<p>Responding to an RFP that Calls for Specific Interventions</p>	<p>Do a 'light touch' review of the Diagnose & Decide stages to understand how the proposed activities sit within the broader context and verify that you are working towards a more sustainable future. Ideally this should be pre-work for bid, otherwise add to the scope of the proposal.</p> <p>This can be a point of differentiation for PSI through the bidding process. Furthermore, the analysis can benefit the global health community as a whole.</p>
<p>Responding to an RFP that offers space for a broader proposal or developing a proactive concept note.</p>	<p>Build resources into the proposal to conduct a comprehensive diagnosis of the market and consumer behavior in order to identify where PSI should intervene. Build out adequate resources to conduct a user-focused design phase to design the most effective, relevant interventions.</p>

DIAGNOSE PHASE STEPS

Review the following steps with the Design Team and assign members to complete any activities that seem relevant to your project. Consult Technical and Marketing Advisors as necessary. After each step, summarize the output of each activity (or your rationale for skipping the activity) in the Keystone Project Summary document.

1. DEFINE THE HEALTH NEED AND IDENTIFY THE TARGET CONSUMER

OBJECTIVES

In this step, we will:

- Look at the drivers of disease burden and place the health need in its larger epidemiological context
- Identify key developments and trends in the health system and health area, approach and market
- Describe major policy changes, progress towards global objectives and, where relevant, highlight trends in financing and efficiency metrics
- Identify target consumer populations (and segments within populations) who have the largest unmet need for a product or service
- Examine any issues in quality of use such as non-adherence, discontinuation, inconsistent use, etc.

GUIDING QUESTIONS

- What are the broader developments and trends that are likely to impact your market?
- What are the key epidemiological indicators?
- How is the country performing in the health area against national targets or policy objectives?
- What is the total gap between how many people have need for the product or service and how many are currently using the product/service?
- Amongst which segments (socio-economic, geographic, demographic, gender, etc.) is the highest gap between use and need?



CASE STUDY

PSI wanted to explore the potential of HIV self-testing in the private sector in Kenya. Before diving into the analysis of the self-testing market, the team set the stage by outlining the size and key drivers of the epidemic, trends in all HIV testing, and donor targets for the next year. The team found adolescents were a key driver of incidence, that overall testing numbers were rapidly increasing, and that identifying positive HIV cases was becoming much more expensive due to declining yield rates.

The team also analyzed the treatment cascade and found that while Kenya was on target to meet the 90-90-90 targets for women, men and adolescents still had major gaps in both testing and treatment. With this information in hand, the team was able to build a solid case that new strategies were needed to meet the needs of adolescents and men and that self-testing could potentially be a cost-effective approach. By doing this analysis of context up front, the team was able to position its HIVST program around addressing gaps to help the government achieve its 90-90-90 targets.

SOURCES OF EVIDENCE

This step should be completed through secondary research only.

ACTIVITIES

1.1. Understand the Broader Context of the Health Market

Before designing a program, we should take time to understand the broader context in which the program or social enterprise will operate. In this step, you will build an understanding of the key developments and trends affecting the health system and epidemiology, as well as the overall economy of the country to inform the approach that will be used (generally prevention, treatment or diagnosis for health programs, or enterprise approach in the case of social enterprise), and the specific market that you will influence.

Where relevant, the analysis should describe major policy changes, progress towards global objectives and some indicators on financing and efficiency metrics. This will enable you to set the stage for the rest of the analysis and better position your findings within the broader objectives of the Ministry of Health and global partners.



Refer to the **“Understand the Broader Context of the Health Market” activity guide** to read more about how to analyze the context of the health market and work your way down the funnel of focus from the health system and epidemiology to your specific market.

1.2. Analyze Use/Need and Quality of Use



A **“Use/Need Analysis”** will identify how great the need is for a particular health area in a country and explore which group/s has/have the highest gap between Use and Need across different segments. The gap between use and need can then be analyzed through various lenses such as age, gender, geography, wealth quintiles and risk factors to identify the largest groups with unmet need. Use/Need analysis frames the magnitude of need for a product or service in absolute, quantitative terms, which can help us recognize opportunities that might get ‘hidden’ when usage is only discussed as a percentage. The information can be used to select a target consumer segment.

It is possible that consumers may be using a product or service improperly or inconsistently, thus constraining the health benefit. Where relevant, teams may want to analyze issues related to quality of use such as non-adherence, discontinuation, inconsistent use, etc.



Refer to the **“Use/Need and Quality of Use Analysis” activity guide** to read more about how to conduct these analyses.

OUTPUTS

- Summary of public health trends and gaps in the Project Presentation template
- Description of the target consumer segments in the Project Presentation template

CASE STUDY

As part of the Health Communities Project, PSI partnered with Pfizer to increase access to hypertension screening and treatment in Myanmar and Vietnam. In Myanmar, team initially planned to focus efforts on increasing the number of adults screened for hypertension. The team analyzed the country’s STEPS Survey and plotted the size of the populations at each step in the cascade of care from diagnosis to treatment and control.

The team was surprised to find that of the 6.2M adults who were estimated to be hypertensive, 5.1M adults had been diagnosed (80%). However, only 1.9M (32%) were on treatment and fewer than 610,000 had their hypertension under control (10%). As a result of the analysis, the team shifted its focus to increasing the number of adults on treatment, the quality of treatment being provided, and the adherence of patients to prescribed treatment regimens. Target consumers were defined as the 3.2 million individuals who had been diagnosed but not put on treatment and the 1.3 million people who had been put on treatment but who were not controlling their hypertension.



2. PROFILE THE TARGET CONSUMER

OBJECTIVES

In Step 1 of the Diagnose stage, you identified your target consumer based on the health need – **this target consumer is likely to be defined by factors such as age, gender, wealth quintiles, risk behavior, and geography.** Good program design requires a deeper understanding of your target consumer and the factors that either motivate or prevent them from adopting healthy behaviors.

At this stage, we are starting to build **empathy** with our target consumers – putting ourselves in their shoes, so we can gain greater **insight** into what drives their behavior.



Empathy

Empathy is the ability to be aware of, understanding of, and sensitive to another person’s feelings and thoughts without having had the same experience. It is also a fundamental cultural value that allows for the development of solutions (concepts, products, services, strategies) that are both innovative and responsive to actual user needs and desires.



Insight

Insights are ideas or anecdotes that interpret patterns in our research findings. They offer a new perspective, even if they aren’t always new discoveries. They are inspiring and relevant to the challenge we are addressing and often help us explain the ‘why’ behind a behavior.

Journey mapping can help you to understand the decision-making processes that consumers go through in the process of accessing services, using products or changing behavior, and to understand their emotional experiences during each step in their journey. Sometimes journey mapping is a useful tool at this stage to help diagnose opportunities and barriers where your program might best intervene.

Also in this step you will divide (or “segment”) your target consumer population / target audience into smaller groups according to their specific needs, preferences and characteristics, and create journey maps for each of the prioritized segments. Segmenting helps to allocate limited resources toward the specific consumers/audiences with whom your intervention program can achieve the greatest impact.

GUIDING QUESTIONS

- What is the ideal consumer journey?
- What are the major stages/milestones on the consumer journey to the desired behavior?
- Where are consumers dropping off or getting stuck in the health journey?
- What are the barriers holding consumers back in the journey? What are the motivators moving consumers forward in the journey? What/who are the influencers at each stage of the journey? Are they positive or negative influencers?



- How and where do the 5As play a role in the consumer journey?

SOURCES OF EVIDENCE

The first step should be to review what existing research is available through a desk review – both internally at PSI and from other organizations. This will be a good place to start building what is already known about current behavior of consumers and their barriers/motivators.

- Primary research is recommended at this stage either to: fill a gap where existing research is not available, where there is a need to challenge assumptions of what is ‘known’, or to validate the secondary research analysis.
- Speaking to your target consumer at this stage can be an important way to build empathy with them and to gain critical insights to build out a robust journey map.

ACTIVITIES

NOTE

The activities in this step – segmenting the target consumer population and mapping the consumer journey – do not have to be completed in any particular order. In some cases, you might segment first in order to create more specific journey maps for each segment. Other times, you might create a journey map for your broader target consumer population first, which could yield insights for how to segment that population into smaller groups. When time is limited, when a target audience is pre-determined, or where the program or audience is so specific that segmentation and the desired behavior change is undisputed, journey mapping might be best completed during the Design phase to reconfirm assumptions and develop interventions.

2.1 Identify and Prioritize Target Consumer Sub-Segments

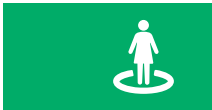
It is often necessary to divide or “segment” your target consumer population into smaller groups according to their specific needs, preferences and characteristics. This can help you allocate limited resources toward the segments for whom there is the greatest potential to improve health outcomes, or deliver differentiated solutions tailored to the specific needs of each segment.



Refer to the “**Identify and prioritize target consumer segments**” activity guide to read more about how you can be more focused in your interventions through segmentation.

2.2 Map the consumer journey

When designing interventions, it can be helpful to think of consumers as going on a “journey” from their current state of health, characterized by unhealthy behaviors, to a better future state of health where they not only adopt healthier behaviors but promote those behaviors to others.



“Journey mapping” is a technique for collecting, analyzing and visualizing qualitative data in the context of a consumer’s life experiences as they progress towards healthier behaviors. A journey map demonstrates how the target consumer interacts with their socio-ecological framework and the health market throughout their journey and where the key barriers and motivators lie. A journey map at the diagnose stage will help identify which behavioral determinants of each target audience are key to ultimately changing behavior of the target consumer.



Refer to the **“Map the Consumer Journey” activity guide** to read more about how you can use this approach to analyze consumer interaction with health markets and their socio-ecological sphere.

OUTPUTS

- Prioritized target consumer segments in the Project Presentation template.
- A visual journey map which helps to illustrate the milestones, decisions, behaviors, expectations, and emotions consumers have during each stage of their journey in the Project Presentation template.
- Brief summary of key barriers and influences. Add this to the Keystone project summary template.

3. ASSESS THE MARKET

OBJECTIVES

Understanding the current and past performance of a market is critical to determining how you might be able to influence it in the future. It will provide you with market intelligence needed to make informed decisions. In this step, we will:

- Calculate total volume and total value of the product and service to examine trends in the size of the market.
- Identify existing offerings (products/services/brands) in the market and evaluate their performance.
- Determine affordability of products on the market, gather input for setting prices, and identify price-point gaps.
- Identify where the product/service is available and where there are gaps in availability. Identify the largest channels of distribution and where there are opportunities to increase access.
- Assess the performance of other players operating in the supporting and regulatory functions. For example, assessing the performance of INGOs working on policy changes that directly or indirectly affect the market our intervention operates in based on their indicators and program reports.

GUIDING QUESTIONS

- How big is the category in terms of volume and value?
- How is the category performing over time?
- How is the category performing across different regions/ geographies for larger markets or diversified markets?
- What are the key trends affecting category performance?
- How big is each product/service offering and how are they performing?
- What is the market share of each offering in the market?
- What range/variants are available for each offering/ brand?
- Are there different pricing tiers in the market and how are they performing?
- Outline different pricing tiers and size of each tier (value and unit volume sales) - % growth of each pricing tier (value and unit volume sales)
- What is your consumer able to afford in this market, and how sensitive are they to pricing changes?
- What are the key channels of distribution? How big are they?
- Which players are driving demand in the market? What activities are they doing?



- Are there other key players operating in the support and regulatory functions of these market that we need to be aware of? What is their performance in meeting their objective? How does their work affect ours?
- What functions in the market are missing, being inadequately performed, or are being performed by the wrong player?

SOURCES OF EVIDENCE

- Ideally this data comes from secondary sources or market data that has been purchased from Nielsen, IMS Health or a smaller provider. There are many existing data sources available externally to PSI.
- Where data is not available, it may be necessary to conduct some primary market landscaping research (which could be done by a consultant) or the team might want to conduct a rapid outlet survey. Contact the Evidence Team for more support on this.

ACTIVITIES

3.1 Review market performance

There are two basic ways to measure a market’s performance.

- First, **market depth** analysis examines trends in the size of the market by looking at the total volumes and values of relevant products and services by sector, channel and geographic area.
- **Market breadth** analysis examines the variety of products and services available in the sector, and the distribution outlets which make those products and services available. Specifically, this refers to the 5P’s of the market.

Beyond that, you may also conduct a portfolio analysis if PSI already has a portfolio of goods and/or services in the market, to determine whether the portfolio is meeting the target audience’s needs and preferences. You should also do a similar analysis for goods and services that compete with PSI’s portfolio.



Refer to the **“Review Market Performance” activity guide** to read more about the criteria we apply for determining a market’s ability to meet health needs.

OUTPUTS

- Summary of the key headlines for how the market is performing across market depth and breadth in the Project Presentation template.
- List of key gaps or opportunities to improve market performance and serve the consumer better in the Project Presentation template.



3.2 Map the Value Chain

Before you can develop a deep understanding of the players in the market, you’ll need to identify how products flow to consumers, including all the service or distribution channels. You will also want to map the relationships and interconnectedness of key players in the value chain.

A value chain, also sometimes referred to as the supply chain, can be described as the processes, inputs and outputs that occur to produce, distribute, and get a product or service in the hands of a consumer. The basic value chain for a product includes manufactures, importers, distributors, wholesalers, providers/retailers, and of course, consumers.



Refer to the **“Map the Value Chain” activity guide** to read more about how to analyze and map value chains in your market.

3.3 Analyze Key Market Functions

During this activity, you will map the key functions in a market using prior research, team knowledge and interviews with market players. You should interview market players to understand their business model and the capacities and incentives that might allow or prevent them from serving the target consumer. Also engage policy makers, regulators and other stakeholders. You can use the Production-to-Use matrix to collate findings from the analysis and to provide a visual representation of where the market is failing.



Refer to the **“Key Market Functions Analysis” activity guide** to read more about the process of analyzing key market functions.

CASE STUDY

The PSI India team was asked to assess the market for menstrual hygiene products. The team was able to purchase data from Euromonitor that showed the value and volume of products from 2004-2020.

The data showed that, with an 11% annual growth rate, the market was doubling every five years. Using this and the data from the use/need analysis, the team was able to project the growth path of the market over the coming decades demonstrating that, while growth was already very strong, the market was really just getting started. The team forecast that the market would grow from 5.1 billion pads per year in 2016 to approximately 100 billion pads before reaching saturation. The market sizing was a major eye-opener for commercial actors as well as policy-makers who would have to find ways to address the disposal issues.

4. IDENTIFY HIGH IMPACT OPPORTUNITIES & CONSTRAINTS

OBJECTIVES

At this point, you have a good understanding of the public health need, understand the key influences on your target consumer's behavior, and have identified trends in the market. The next step will build from this work to understand why the market is failing. You will want to capture the perspective of players in the market to build an understanding of their capacities and incentives to serve the target consumer. You will want to build empathy with them – put yourself in their shoes so you can gain insights into what drives their business and prevents them from serving your target consumer. Similarly, you will want to build an understanding of the behaviors of policy-makers, regulators and partners.

This step brings together the outputs of steps 2 and 3 into a summarized list of high impact constraints and opportunities in this market system. This list of constraints and opportunities is the culmination of the Diagnose phase, and it will be followed by the Decide phase, where we determine which of the constraints and opportunities PSI (or other market actors) will take on.

GUIDING QUESTIONS

- Why are existing players not serving the target consumer? Is it a problem of capacity and/or incentives?
- What are the priority constraints in this market? What are their root causes?
- What are the biggest opportunities to improve market performance or take advantage of a key motivator of behavior?
- Who/what influences this health area, both positive and negative? E.g. policy, funding, key implementors. How do they view the situation? Is it in line with PSI's view?

SOURCES OF EVIDENCE

- Start with what PSI already knows! You might be surprised as to how much we already know.
- Conduct desk review of secondary data sources.
- Conduct interviews with commercial actors, policy-makers, regulators and other stakeholders to fill gaps and gain more insight across different market players.



ACTIVITIES

4.1 Prioritize Key Constraints/Opportunities for the Market to Serve the Target Consumer

This activity allows you to bring together everything you have learned in the Diagnose phase into a **summary list of market constraints and opportunities that should be prioritized for intervention**. The synthesis of the Diagnose phase and the final list of constraints and opportunities can serve as a core advocacy tool with donors and market stakeholders when presented as an agnostic, or PSI-neutral, total market assessment. This list should also be the menu of options for setting your PSI strategy in the Decide phase.



Refer to the “**High Impact Constraints and Opportunities**” activity guide to review the steps for prioritizing key constraints and opportunities.

OUTPUTS

- A visual representation of the value chain showing the flow of products and/or information in the Project Presentation template.
- Summary of key insights for each market player along the production to use spectrum with color coding to show where the market is failing in the Project Presentation template.
- A list of prioritized market constraints and an analysis of their root causes in the Project Presentation template.
- A list of potential opportunities to grow the market (for this product/service) and serve your target consumer’s needs better in the Project Presentation template.

WRAP-UP / PREPARING FOR THE NEXT STAGE:

At this stage, you should also be able to complete the ‘Goal’ and ‘Outcomes’ section of your Theory of Change.

NOTE

Consider how to use your market landscaping outputs as an opportunity to learn with and influence others. Who can you strategically involve in conducting the landscaping? Who can you convene to review and synthesize the outputs? How can you make the outputs publicly available to inform future work in the market, without jeopardizing PSI’s competitive edge?

PHASE 2: DECIDE

Having assessed the present state of the market around a particular health need, we will now create a plan and timeline for how PSI and other market actors can intervene to address the key constraints and opportunities, moving the market toward a desired future state. The initial development of this plan will be centered on deciding which market actors are best positioned to improve different functions across the market.

Depending on your specific use case, you will likely focus on different activities during the Decide phase:

Use Case	Decide Phase Activities
Health Area Market Strategy	Identify where PSI is uniquely placed to play a role across potential intervention areas, and where other strategic partners are needed.
Designing a Social and Behavior Change Focused Intervention Program	Identify which key behavioral determinants of which target audience(s) will be addressed, where PSI is best placed to conduct SBC activities and/or where other strategic partners may be important to engage.
Designing a Market Facilitation Focused Intervention Program	Identify which market actors are best placed to address the key market constraints and opportunities.
Launch of a New Product / Service or Updating an existing product/service or Building a Business Plan/enterprise strategy	Identify the biggest opportunity to grow the market for each product/service and how PSI should bring this to market (e.g. PSI-owned brand, manufacturer partnership etc.)
Annual Marketing Planning for Product / Service Portfolio or behavior change program.	Review existing objectives for each product/service/program and update or amend as necessary based on the latest market/consumer understanding.

Use Case	Decide Phase Activities
<p>Responding to an RFP that Calls for Specific Interventions</p>	<p>Do a 'light touch' review of the Diagnose & Decide stages to understand how the proposed activities sit within the broader context and verify that you are working towards a more sustainable future. Ideally this should be pre-work for bid, otherwise add to the scope of the proposal.</p> <p>This can be a point of differentiation for PSI through the bidding process. Furthermore, the analysis can benefit the global health community as a whole.</p>
<p>Responding to an RFP that offers space for a broader proposal or developing a proactive concept note.</p>	<p>Build resources into the proposal to conduct a comprehensive diagnosis of the market and consumer behavior in order to identify where PSI should intervene. Build out adequate resources to conduct a user-focused design phase to design the most effective, relevant interventions.</p>

DECIDE PHASE STEPS

In the Diagnose phase we took an “agnostic” view of the market around an unmet consumer health need, without deciding whether or how PSI should intervene. **In the Decide phase we will develop possible intervention areas and make a decision about whether PSI should get involved (directly or indirectly) and where to focus our efforts.**

There are two steps in the Decide Phase, each with their own specific goals and outcomes:

1. Outline the Future Vision for Sustainability and Set Your Strategic Priorities
2. Identify Intervention Objectives and Set Metrics

After each step, summarize the outputs of each activity (or your rationale for skipping the activity) in the Keystone Project Summary document.

The Decide phase is a critical part of the framework, where you will make many important decisions that will impact the direction of your intervention. **You should invite your senior leadership and management team, including CR, to participate, as the decisions made at this point will determine your program’s strategy in the year(s) to come.**

A high-quality Decide Phase will result in a list of concrete intervention areas for each constraint or opportunity, that will support the move to a future vision of the market. Each intervention area will have the most appropriate market actor assigned to play a role and a clear objective for what success looks like.

This will be summarized in the Intervention Strategy figures in the Keystone project overview template. In addition, it may be beneficial for teams to create a more detailed summary (10-20 slides) that summarizes the key outputs from Diagnose and Decide phases. This would pull together an outline of the health need, highlights of market performance and the key barriers and motivators on the consumer journey, the prioritized constraints and opportunities and a summary of the proposed interventions. This can be used both internally and externally to engage and align teams.

NOTE

You should not need to conduct much research in the Decide phase, as most if not all of the research needed should have been done in the Diagnose phase. **All of the activities in the Decide phase, together, should ideally be completed in under a week.**

1. OUTLINE THE FUTURE VISION FOR SUSTAINABILITY AND SET YOUR STRATEGIC PRIORITIES

In the first step of this phase, you will define and describe a vision of an improved and sustainable future market. You will also determine who will perform and who will pay for key functions in the future. You will set broad Strategic Priorities that will help your team, and possibly other organizations, work together towards the long-term vision of a sustainable market. For enterprises, this will form the basis of your business strategy.

GUIDING QUESTIONS

- For each of the prioritized constraints / barriers, what would an ideal future state look like?
- In this future state, what are the roles/behaviors of consumers, influencers, and market actors?
- In this future state, who does and who pays for key market functions?
- What broad sets of strategic priorities need to be accomplished to move you towards the future state?

ACTIVITIES

1.1 Outline the Future Vision for Sustainability and Set Strategic Priorities



Refer to the “Outline the Future Vision for Sustainability and Set Strategic Priorities” activity guide to read more about the process

OUTPUTS

- A vision statement, which captures the goal and purpose of your intervention. The goal should typically be related to improvements in health status (e.g. related to health area mortality or morbidity). The purpose should typically be related to improvements in user (risk-reducing) behavior.
- The vision statement is also comprised of a completed sustainability framework i.e. the ‘Who Does, Who Pays table’ (the sustainability framework template is found in the Keystone Project Summary template). The sustainability framework captures your vision of a healthy, sustainable market (the future state that you want to work towards), as well as a summary of the currently constrained market functions (and the associated players, their capacities and incentives).
- A set of broad strategic priorities that will help you work towards the future state. These should be linked to the constraints identified at the end of the Diagnose phase, and summarized in the sustainability framework.
- You may also want to create a few slides to bring this to life in more detail with more data from the Diagnose section.

2. IDENTIFY INTERVENTION OBJECTIVES AND SET METRICS

Staying agnostic to PSI, identify short and medium-term interventions that can provide actors with the skill (capacity) and will (incentives) perform functions that are necessary to serve the

target consumer. Note that it may be necessary to develop interventions that address commercial players, NGOs, government partners, policy-makers, etc. Select the Intervention Objectives that PSI will pursue. For any programs or enterprises where PSI is delivering products or services directly, these will be your annual intervention (or marketing) objectives. If applying Keystone to an annual marketing plan cycle, this stage would be an update of the previous year's objectives based on the latest market/consumer behavior understand and performance of PSI's offerings (learnt in the Diagnose phase).

GUIDING QUESTIONS

- What are the key intervention objectives required to deliver the Strategic priorities and achieve the future vision?
- What is the relative "skill" and "will" of different players in the market to perform critical functions?
- How might we help market actors develop the skill and will to take actions that resolve market constraints and increase access for our target consumer?
- Does PSI have the skill and will to take on those potential interventions?
- Is there a comparative advantage for PSI to take on this intervention versus other partners or stakeholders taking it on?

We should also consider:

- Unintended consequences of intervention,
- The skill and will of players and what we can *realistically* do to increase their skill or will,
- How a proposed intervention aligns (or does not align) with PSI's larger strategic direction.

ACTIVITIES

2.1 Identify Intervention Objectives and Set Metrics



Refer to the "Identify Intervention Objectives and Set Metrics" activity guide to read more about the process

OUTPUTS

- A set of proposed intervention objectives and metrics to address each Strategic Priority. Add this to the Keystone Project Presentation template.
- A list of which intervention objectives that PSI will pursue and a brief description of the rationale for their selection. Add this to the Keystone Project Summary template.

2.2 Determine the Learning Potential of your project/initiative

Once you identify intervention objectives and set metrics, you can determine the learning potential of your project/initiative. Walk your use case through PSI's Learning Decision Tree to classify the project/initiative along the learning continuum. This tool can be applied by the design team lead, technical advisor or NBD lead during proposal strategy meetings or program design.

OUTPUTS

- Project/initiative classified by type of learning project: Learning for Program Improvement, Learning for Building Evidence, Learning for Thought Leadership.

WRAP-UP / PREPARING FOR THE NEXT STAGE:

At this stage, you should also be able to complete the 'Outcomes' section of the Theory of Change.

Refer to your Keystone Project Presentation template, which consolidates learnings and findings from Diagnose and Decide phases, as you prepare for and carry out the Design phase.



PHASE 3: DESIGN

At this point in your strategy, you should know exactly which problems you are set to solve, and you have an overall vision for solving them. You should have selected interventions, defined the specific deliverables required within a set timeframe and identified which stakeholders are best placed to act against key market opportunities and constraints.

The next phase is **Design**, where we will develop a plan for any PSI-focused interventions, including a deliberate plan to learn from the implementation experience.

Depending on your use case, you will focus on different activities during the Design phase:

USE CASE	DESIGN PHASE ACTIVITIES
Health Area Market Strategy	Based on the previous phases, resources/funding can be sought for specific intervention areas that are identified for PSI (e.g. direct delivery of product/service, social & behavior change program, advocacy efforts). Once funding is secured, the team would apply the Design & Deliver phases to create the intervention program.
Designing a Social and Behavior Change Focused Intervention Program	Follow all stages to build your intervention program across the marketing mix (Proposition, Product, Price, Place Promotion).
Designing a Market facilitation Focused Intervention Program	For intervention areas that PSI will drive, follow all stages to develop an intervention program that either has PSI playing a direct role in the market or in a market facilitation role.
Launch of a New Product / Service or Updating an existing product/service or Building a Business Plan/enterprise strategy	Leverage the Portfolio Management and Service Delivery playbooks to develop a portfolio strategy for each product/service.
Annual Marketing Planning for Product / Service Portfolio or behavior change program	Follow all steps and leverage the Portfolio Management, Service delivery and Communications playbooks to refine your marketing plan across the “P’s”. Use ideation and prototyping to build/improve your Promotion campaign.



USE CASE	DESIGN PHASE ACTIVITIES
<p>Responding to an RFP that Calls for Specific Interventions</p>	<p>Explain how the design framework will be applied to design the most effective interventions. Ensure adequate resourcing and funding for each stage.</p>
<p>Responding to an RFP that offers space for a broader proposal or developing a proactive concept note.</p>	<p>Build resources into the proposal to conduct a comprehensive diagnosis of the market and consumer behavior in order to identify where PSI should intervene. Build out adequate resources to conduct a user-focused design phase to design the most effective, relevant interventions.</p>



DESIGN PHASE STEPS

Review the following steps with the Design Team and assign members to complete any activities that seem relevant to your project. Consult Technical and Marketing Advisors as necessary. After each step, summarize the output of each activity (or your rationale for skipping the activity) in the Keystone Project Summary document.

During the Design phase, it is recommended to bring people from our target audience into the process – designing with them, rather than just for them. This can help ensure our intervention programs are the most feasible, desirable and effective in driving the desired health behavior.

We can engage them in several stages of the process – seeking input in research design, developing a learning agenda, data analysis prototyping solutions and in finding ways to bring them to scale. By giving our target audience a voice in program planning (either in design, execution or problem solving), we bring a deeper and more relevant perspective to our work.

GUIDANCE FOR ENGAGING USERS:

- List as many users and stakeholders for the project. Ensure that as many of these perspectives can be included as possible.
- Brainstorm with local staff to pre-identify potential participant contacts among the stakeholder groups. Include people who can contribute “fresh eyes” to the problem.
- Users from your target audience should be included in as many touch points and program activities as feasible throughout the design process.
- Conduct outreach/recruitment ahead of time! Users engaged should be offered training to ensure that they have adequate information to understand the scope of the commitment and the tasks they will be engaged in.
- Consider providing compensation to participants as appropriate. Reach out to your research advisor to ensure that compensation is not coercive.
- Make participating users as comfortable as possible, regardless of their level of participation. Ensure safety, transparency and confidentiality.
- Obtain consent prior to engaging users. Consent should include: description of project, what you are asking the participant to do, time required for participation, data being collected and how that data will be used, and any risks to participation.
- During both recruitment and consent processes users should be informed that ethics, safeguarding, gender and data privacy are key principles of PSI; they should be told how the team will uphold these principles in collaborative work; and that their participation is voluntary and that they can opt out at any point in the process.
- If the activity is classified as high risk program research, it must be submitted to PSI REB for ethical review.
- Facilitators should highlight the importance of diverse participants and ensure that ground rules are established to value everyone’s contributions



- Define the problem together - ensure that the group has a shared understanding of the problem
- Work in interdisciplinary teams to allow for diverse perspectives
- Try not to rush, spend time getting to know each other- quality of participation will increase when people are comfortable around each other
- Use open-ended questions, avoid asking closed-ended questions. Also avoid leading/misleading questions
- Encourage dialogue and refrain from rejecting ideas
- When testing prototypes, try to recreate the use environment as closely as possible to stimulate genuine responses from participants
- Build user stories to connect to larger narrative – it helps to remain connected to users
- Ask about extremes (what did you like most/what did you dislike most) – this is where you can dig deeper.

LEARNING AGENDA:

You should consult with your Technical and Learning Advisors, who can direct you to other sources of information, help establish a reasonable standard of evidence and evaluate the credibility, quality and timeliness of any sources you discover through your research.



Human Centered Design (HCD)

Human Centered Design (HCD) is a process for arriving at transformative solutions. Originally developed by design and innovation firms to create new offerings for consumers, more organizations like PSI are turning to HCD as a way of cracking old problems and thinking in new ways to design solutions for our beneficiaries. But rather than employ HCD as a ‘boutique’ approach only when and where there were resources, PSI decided to pull the best from HCD and integrate those components into the way we do business. This integration is called Empathy, Insights, and Prototyping (see below).



Empathy, Insights, and Prototyping (EIP)

EIP (Empathy, Insights and Prototyping) allows PSI to apply the best of a multi-disciplinary approach, with roots in commercial marketing strategy and techniques and tools from human centered design. By integrating the valuable components of HCD into its own processes, PSI is able to better understand users, dig deeper into the whys behind behavior, and quickly test out proposed solutions before investing in them.

Why Was EIP Chosen? Because...



- **Empathy** helps teams to not only understand the behavior of a user but the 'why' behind that behavior. Gaining empathy for our target audience ensures that we keep them at the center of all of our decision making, and it forces us to seek empathy not only for our beneficiaries, but for any player along the value chain, be it a provider, a manufacturer or an end user.
- Sharpening our **Insights** around our target audience allows us to operate from, and program at a deeper level. Rather than make decisions based only on observation or service level data, insights allow us to dig deeper, to better understand what our observations really mean.
- **Prototyping** can test these insights to see if they resonate with our target, and allows us to learn faster. Rather than forcing a user to articulate what they want, prototyping provides the opportunity to respond to something tangible, allowing space to co-create with our user and continue to gain insights into how they think and feel.



I. CONDUCT DISCOVERY OF BEST PRACTICE

OBJECTIVES

When designing interventions, we can save a great deal of time and effort by borrowing ideas from past projects that produced successful outcomes in similar situations.

In this step you will:

- Search for information about similar programs (implemented by PSI or other organizations) and learn from their successes and failures,
- Determine if the program models and best practices from those programs could potentially be adapted for your intervention program, or whether you will need to innovate a new approach.

GUIDING QUESTIONS

- Do any of the programs you found share a similar target audience to your program? A similar desired behavior? A similar market context?
- Can the same models be used to address the constraints or opportunities identified for this project? Are the target behavioral determinants the same? Would any of the differences make the model less relevant to our context? Can we adapt the model to account for differences?
- Are there internationally recognized best practices or standards we must follow for this type of intervention or when working with our target audience (e.g., young people)?
- What would be the cost to develop completely new approaches and what is the potential benefit? Is it worth the investment of time, money and effort to try to create a new solution or would applying an existing model be sufficient for our purposes?
- When considering launching a new product or changing an existing product, understand what is available through the global PSI product portfolio.



GENERAL GUIDANCE FOR DESIGNING INTERVENTIONS

While we value innovation, it's important to remember that **interventions don't need to be completely new to be effective**. 'Innovation' does not necessarily a completely new model, but iterating on an existing model with a different way of bringing it to life based on new consumer insight. **PSIers are encouraged to "steal with pride"** and copy successful programs if there is reason to believe they will translate to your current market context.

To help PSIers learn from each other's experiences, Global Marketing and the health area teams compiled a set of "**playbooks**" containing best practices, case studies and guidance for common intervention strategies.

In many cases, a next step would be to conduct a literature review to learn about other similar intervention programs that have been conducted, focusing first on the country in which you are working, then gradually widening the net to neighboring countries, the region and beyond.

If you still can't find a proven model, then there are various techniques you can use to help generate and validate new solutions, which we will learn at the next step.

CASE STUDY

For example, if you are working with girls 15-19 in East Africa to increase uptake of modern contraception through youth friendly services, you can likely find an abundance of available resources on successful past initiatives.



ACTIVITIES

REVIEW 'PLAYBOOKS'

Your search for established models and best practices should begin with a review of the best practices in this particular use case. PSI has compiled a number of 'Intervention Playbooks' to help guide your team through developing a solution. The playbooks bring together best practice guidance and tools based on PSI's collective experience and third-party sources. The playbooks also offer guidance to help determine which models and practices may be appropriate for your specific program.

Please reach out to us at Keystone@psi.org for more information on our Playbooks.

LITERATURE REVIEW

While you may have already conducted literature reviews as part of the Diagnose and Decide phases, this review will be much more narrowly targeted, as we now have a specific intervention audience, target consumer and intervention areas.

Depending on the target audience, desired behavior and intervention area, there may be a wealth of information available or there may be very little information. While conducting the review you should go beyond the usual sources to find examples of programs that have successfully addressed similar needs. Your search could include:

- Published whitepapers and other peer-reviewed academic literature
- "Grey literature" – i.e., research circulated publicly by organizations but never officially published (this could even include unreleased drafts of reports if organizations are willing to share)
- Websites, databanks, networking platforms and blogs maintained by other NGOs and individual researchers/practitioners
- Recordings and slideshows from global meetings, conferences or workshops
- Overviews of best practices compiled by major donors like PEPFAR or DfID

You should consult with your Technical Advisors, who can direct you to other sources of information, help establish a reasonable standard of evidence and evaluate the credibility, quality and timeliness of any sources you discover through your research.

1.1 Deciding between adapting a best-practice model or designing a new solution

Once you have conducted a comprehensive discovery, you should bring the health area, marketing and research teams together to review what you discovered and decide on the way forward. This can be done in a short workshop or meeting and may be facilitated by an external team member, global technical advisor or consultant.

Review the various models and best practices discovered and ask:



- Do any of the activities or models found share a similar target audience to this project? A similar desired behavior? A similar market context?
- Could any of the models be used to address the constraint or opportunity identified in this project? Would the model fit within the intervention area selected?
- Are there public health or internationally accepted standards we must follow for the target audience, behavior and context we are addressing?

If the answer to the above questions is “yes”, then *you may be able to adapt an existing model to your context*. In this case, skip ahead to step 3.3, Prototyping / Adaptation.

If the answer is “no”, then you will likely have to think up (“ideate”) a new solution, drawing upon your research for inspiration.

OUTPUTS

- A summary of your findings, citing your various sources.
- Identified the relevant playbook to guide the development of your intervention program.
- A decision on whether to iterate upon an existing model or innovate a new model



Share what you have learned with other teams in a systematic manner, using the **Keystone Project Summary** document.



2. CONDUCT INTERVENTION AUDIENCE "DEEP DIVE"

OBJECTIVES

To design an effective intervention, we to develop empathy for and insight into the mindset of the intervention audience.

In this step you will create “archetypes” (profiles) of fictional individuals representing “typical” members of your target audience and high-priority segments, but with a level of personal detail that will help us think of our audience as real, living people.

NOTE

Remember that the **“target audience”** may or may not be the same as the **“target consumer”** identified in the **Diagnose phase**. For example, in an intervention aimed at lowering the price of HIV self-testing kits, the “target consumer” would be the users of the kits, while the “intervention audience” might be manufacturers, distributors or regulators.

While public health practitioners may find it fairly easy to empathize with consumers suffering from unmet health needs, “empathizing” with executives at a for-profit pharmaceutical distributor or government regulator can be a challenge. In these cases, empathy may mean building an understanding of the business model or political context to know what is driving decisions. It can often be very helpful to build Excel models to help you understand their perspective – e.g. the potential return on investment, potential of a new market, or how interventions can fit within broader policy objectives. You might also consider using the SmartChart 3.0 framework for better communicate with these target audiences.

GUIDING QUESTIONS

- Is our target audience different from our target user population? If so, how do the two groups relate?
- What does a “typical” member of our intervention audience think, feel, say and do regarding the desired behavior, opportunity or constraint? What are their reasons for engaging with this health need and what are their goals (e.g., to manage a health condition, to earn a profit, etc.)?
- Where are the tensions or contradictions among what they think, feel, say and do? Where might their views and motivations seem to be out of alignment with our own objectives for the intervention?
- If the target audience is a business, what are the key drivers of profitability?
- If the target audience is a regulator, policy maker or donor, what are their broader objectives and core concerns?



ACTIVITIES

2.1 Develop Intervention Audience Archetypes

When doing research or implementing programs, we can sometimes come to see our audience as an undifferentiated group. However, in the end, the “behavior” of a group is the culmination of many individual thoughts, decisions and actions.

If we want to design solutions that resonate with our intervention audience, we need to build a strong sense of empathy with audience members as individuals and try to view the market context and health need of the target consumer through their eyes.

To this end, it can be helpful to create “archetypes”, or profiles of hypothetical members of our target audience, to help us think of them as individuals and design interventions that align with their circumstances, personal goals and core concerns.

NOTE

It may be important to segment your target audience – refer back to the Diagnose phase for more guidance.



Refer to the **“Develop Intervention Audience Archetypes” activity guide** to read more about how you can gain insights into your target audience by profiling hypothetical members of that population.

OUTPUTS

- Summarize target audience archetype(s) in the Keystone Project Presentation document
- Complete and attach a profile of each archetype



3. DESIGN INTERVENTION(S)

OBJECTIVES

The time has finally come to take your research and apply it to designing specific intervention activities. In this step, it is highly recommended to bring people from your target audience throughout these steps. This will help to ensure your final intervention program is as relevant, compelling and effective as possible.

In this step, you will:

- Generate ideas for interventions based on your audience insights and findings from the discovery process, if required
- Create prototypes and test them with users, rapidly iterating through multiple rounds of trial and error experimentation and user feedback. Note that in some cases, a prototype could be even be an Excel model.
- Build out a fully designed intervention program

GUIDING QUESTIONS

- Where PSI is playing a direct role in delivering products and services to the consumer, have we built the most effective solution across the 5Ps (proposition, product, price, place, promotion)?
- For any behavior change communication, is our communications message and campaign relevant and compelling to the audience?
- How will PSI build an intervention program to successful engage with other market actors or influence the enabling environment?



ACTIVITIES

3.1 Conduct ideation sessions (if required)

“Ideation” is a systematic approach to creative problem solving used by many leading organizations. Teams go through structured exercises designed to help them think about problems in a different way and find innovative, new solutions.

Whether you are developing an entirely new intervention from scratch or just trying to improve or adapt an existing model, ideation can be a worthwhile exercise whenever creative thinking is required.

Conducting an ideation session can be extremely helpful when your team is seeking to design new interventions for meeting consumers health needs in situations where existing models aren’t working or don’t apply. Another example is if you are doing annual marketing planning for a product/service or behavior change program, you may consider using ideation (and prototyping) to find new promotional ideas or channels to reach your target consumer.



Refer to the **“Conduct Ideation Sessions” activity guide** for advice on how to conduct productive ideation sessions.

3.2 Prototyping

A recommended technique is to build low-cost models or simulations (“prototypes”) of a product or service, so we can get feedback from members of the target audience early in the process, before we invest time and money create the fully realized solution.

Creating and testing prototypes can avoid a situation where we invest a great deal of time, resources and effort to design and deliver an intervention only to have our target audience react negatively or indifferently to it.

If you are creating a new intervention that will be costly to build or heavily modifying an existing intervention that will be difficult to adapt, then prototyping is a worthwhile activity to validate your concept prior to development.



Refer to the **“Prototyping” activity guide** to read about recommended best practices for prototyping solutions.

3.3 Design solution

Now that you have identified a promising concept for accomplishing the goals of your intervention, you need to build out the specifics of the intervention to an actionable degree of detail.



Exactly how you go about this and what strategies/models you employ will vary greatly depending on the health need, the goals of the intervention and the nature of your proposed solution. For example:

TYPE OF INTERVENTION	WHAT THE INTERVENTION PLAN WILL LOOK LIKE
Behavior change communications campaign	Marketing plan showing how the program will come to life across the 5Ps (proposition, product, price, place, promotion). Communications campaign developed with assets and media channel plan.
Launch or ongoing marketing of a product/brand	Marketing plan showing how the product will come to life across the 5Ps (proposition, product, price, place, promotion). Promotional campaign developed with communication assets and media channel plan.
Service delivery program	Specific intervention plan will be dependent on type of channel – e.g. CHWs, mobile clinics, social franchise. Ideally includes a marketing plan across Ps: Product – which services & quality assurance Price – price/value of service Place – where it can be found Promotion – how demand will be generated
Advocacy program	Communications plan that identifies key messages for different stakeholders.
Social enterprise or new business model	Business strategy and financial plan (5 year horizon)
Market facilitation	Dependent on specific intervention (e.g. global manufacturer engagement, regulatory environment interventions).

SOURCES OF EVIDENCE

As you develop your intervention program, particularly for a product, service or behavior change campaign, it will be beneficial to test and refine your plan using research. E.g., testing your packaging design or validating key communications messages. In this case you could either:

- Use prototyping for quick validation with your target audience
- Use formal research methodologies if time and resources are available – refer to the Marketing research selection guide for more details.



Refer to the [playbooks for your specific intervention](#) (links above) to learn more about fundamental skills and concepts, recommended best practices and case study examples for applying marketing strategies to public health interventions.



OUTPUTS

- Final intervention program (either a marketing plan, a behavior change communication plan, an advocacy plan or market facilitation plan) validated with target audience for desirability, feasibility and effectiveness. A high-level overview should be included in the Keystone Project Summary template. In addition, teams may find it beneficial to create a longer overview of their program (e.g. in ppt or word) that can be used for engagement and alignment with internal and external audiences.
- If you are launching a new product, changing an existing product/service or are a Social Enterprise/Enterprise Fund – be sure to gain the appropriate approvals.
- Prototyping plan and report card (as relevant)



4. DEFINE STRATEGIC PARTNERS' ROLES IN YOUR INTERVENTION PROGRAM

Identify the role of strategic partners in delivering the intervention and how to influence for success. During the Decide phase, you identified some other market actors that may be important partners in a particular intervention. During the Design Phase you may have identified additional strategic partners or stakeholders who will be important in driving success of your program.

For example:

- For the distribution of a product, the third-party distributor will be a critical partner in driving sales. Having the right agreement set up with them for mutual benefit and to hold them accountable for performance will be important.
- For a behavior change program with providers, a professional peer network is a great opportunity for advocacy and engagement (leveraging a channel that already exists).

At this stage of Design, it is helpful to list out these strategic partners or stakeholders and identify how you might leverage this relationship for greater success.

GUIDING QUESTIONS

- Who are the strategic partners or stakeholders who are critical to the success of your intervention program?
- How might you engage, influence and incentivize these actors?

ACTIVITIES

4.1 Engage and Influence

Take an opportunity as you build out your intervention program (e.g. during a marketing planning workshop or ideation workshop) to brainstorm as a team the different strategic partners that are relevant. Then think through how you might engage with them and influence them for the success of your program.

- Key activities to work with these Strategic partners can be built into your marketing plan.
- You may want to refer back to the Advocacy playbook to build out a more comprehensive plan for engagement.

WRAP-UP / PREPARING FOR THE NEXT PHASE

At this point, you should also be able to complete the 'Activities/Output' sections of the Theory of Change.



PHASE 4: DELIVER

By now you have designed an intervention program to address a specific constraint or opportunity in the market related to your target consumer's health need. You also conducted research and analysis to inform your intervention design, and ensure that it will promote a healthy, sustainable market and make it easier for the target consumer to adopt the desired behavior, product or service.

Now it is time to implement! In this last phase of the Keystone Design Framework, you will prepare for implementation and pass responsibility for the intervention to the implementation team.

Depending on your specific use case, you will likely focus on different activities during the Deliver phase:

USE CASE	DELIVER PHASE ACTIVITIES
Health Area Market Strategy	Based on the previous phases, resources/funding can be sought for specific intervention areas that are identified for PSI (e.g. direct delivery of product/service, social & behavior change program, advocacy efforts). Once funding is secured, the team would apply the Design & Deliver phases to create the intervention program.
Designing a Social and Behavior Change Focused Intervention Program	Complete all sections of the Deliver phase to prepare for implementation.
Designing a Market Facilitation Focused Intervention Program	
Launch of a New Product / Service or Updating an existing product/service or Building a Business Plan/enterprise strategy	Complete all sections of the Deliver phase to prepare for implementation. Link to guidance on approvals process for Social Enterprise and Enterprise Funds.
Annual Marketing Planning for Product / Service Portfolio or behavior change program	Complete all sections of the Deliver phase to prepare for implementation.



USE CASE	DELIVER PHASE ACTIVITIES
Responding to an RFP that Calls for Specific Interventions	Build out a realistic timeline and workplan to deliver the project within the donor defined timelines.
Responding to an RFP that offers space for a broader proposal or developing a proactive concept note.	Ensure your budget is sufficient to appropriately cover all resources required to fulfill the Keystone project as you have built into your program.



DELIVER PHASE STEPS

Complete only those activities that are relevant to your specific project. After each step, summarize the outputs of each activity (or your rationale for skipping the activity) in the Keystone Project Summary document.

1. FINALIZE TOC AND LOGFRAME

During this step, you will conduct one more review pass of your Theory of Change and create a Logical Framework (Logframe) to guide implementation.

Guiding Questions

- Does our Theory of Change provide a complete and coherent guide that outside teams could follow for implementation?
- Have you budgeted sufficient time and resources for reflection, learning and sharing? Activities

1.1 Finalize Theory of Change and Logframe

Throughout the previous phases of the framework, you have been developing a Theory of Change (ToC) to outline how your intervention will promote a healthy, sustainable market that meets your target consumer's health needs. While your ToC should be largely complete at this point, it will likely require a few more adjustments prior to implementation.



Refer to the “Finalize Theory of Change and Logframe” activity guide to read more about this process.

OUTPUTS

- Finalized Theory of Change in the Keystone Project Presentation template
- Logic Framework (Logframe)



2. DEVELOP AN APPROACH TO TRACKING AND ADAPTATION

As a final step, you need to capture any lessons learned from the design process, then package this information, along with your work outputs and research products, in a structured way to ensure that other teams can benefit from your experience. Furthermore, be sure to design your project/interventions so it captures and shares knowledge throughout the implementation experience to inform learning, adaptive management, and external thought leadership. How will we monitor progress of the program?

- What metrics will we use to evaluate its success?
- Do you have a clear thought leadership/learning agenda that articulates what questions you're asking/answering, how you will capture the relevant evidence, and how you will package and communicate it for external influence?

ACTIVITIES

2.1 Develop an Approach to Tracking and Adaptation

All PSI programs must be monitored and evaluated to confirm that the activities defined in the workplan are being carried out successfully, on schedule, and producing the expected results. Then, if reality does not match our expectations, we must learn from the data and respond appropriately in time to account for new obstacles, new findings or new conditions in the field.

PSI has developed a three-part workshop series (project kick-off, midpoint, and synthesis) that aims to integrate a deliberate approach to learning in strategic projects. These workshops build on one another and support teams to articulate deliberate learning questions, to create learning mechanisms and feedback loops throughout program implementation, and to produce targeted outputs intended to maximize technical learning internally and externally.

OUTPUTS

- Robust Tracking and Adaptation plan
- Data to Action frameworks



3. DEVELOP A WORKPLAN AND BUDGET

Now that you have designed your program, it is time to develop a **workplan and budget** to help your team coordinate activities and allocate resources during implementation.

GUIDING QUESTIONS

- Will the necessary resources available for implementation?
- Are activities defined to an actionable level, such that an outside implementation team could carry them out based on the directions we provide in the workplan document?
- Is the timetable for completing the activities realistic, especially accounting for activities that might need to be carried out sequentially?

ACTIVITIES

3.1 Develop Workplan and Budget.



Refer to the “**Develop a Workplan and Budget**” activity guide to read more about the process.



Refer to the ***Technical Learning Generic Language**, the **Technical Learning Staffing Structures**, and **Technical Learning Activity & Budget Guide** for resources in creating a workplan and budget for Technical Learning.

NOTE

If launching a new product or making a change to an existing product, refer to the new product launch process ([link](#)) for guidance on how to set up a launch tracker to ensure ‘on time, in full’ (OTIF) delivery of the product into market.

3.2 Hand Off Design to Implementation Team

Schedule meeting with the sponsor and the Implementation Team members.

3.3 Iterate / course correct as needed

Periodically check in with the Implementation Team on their progress.

OUTPUTS

- Detailed workplan
- Detailed budget

4. CAPTURE AND SHARE KNOWLEDGE

As a final step, you need to capture any lessons learned from the design process, then package this information, along with your work outputs and research products, in a structured way to ensure that other teams can benefit from your experience. .



GUIDING QUESTIONS

- What did you learn and what new solutions did you innovate that might prove useful to other teams?
- Are your project documents and research products well organized, annotated and comprehensible, so that other teams will be able to easily reuse them in the future?

ACTIVITIES

2.1 Capture and Share Design Knowledge



Refer to the “**Capture and Share Design Knowledge**” activity guide to read more about this process.

You also need to implement your Technical Learning Strategy, designed in your ‘Learning Kick-Off Workshop’ order to capture, apply, and sharing learning from the implementation experience itself.

2.2. Capture, Apply, and Share Implementation Knowledge

Refer to the “Technical Learning: Capture, Apply, and Share Implementation Knowledge’ activity guide to read more about this process. To be developed in 2020 and will guide what happens between Learning Through Implementation Workshop Series, detailing how you will

1. CAPTURE different types of data (monitoring, research, program experience, etc.)
2. APPLY to inform routine program adaptations
3. SHARE dynamically (for real time learning and thought leadership). Links to:
 - a) Learning Briefs
 - b) Technical Publications
 - c) ConferencePoint
 - d) Best of examples from different projects.

OUTPUTS

- A copy of the **Keystone Project Summary and Knowledge Capture Tool** containing your major learnings from the process and cataloging your outputs and sources of information
- An organized **folder on SharePoint (or a ZIP file) containing your Keystone process outputs and any other information assets** (research, etc.) you amassed during the project.

WRAP-UP / CONCLUDING THE PROCESS

It is critically important to capture the key learnings from your success and challenges of the process and share your outputs with other members of your organization, as well as key external audience as appropriate.

You may also choose to commemorate project completion by organizing a celebration event, as appropriate.



Congratulations and thank you for completing the process!

APPENDICES

APPENDIX A: KEYSTONE GLOSSARY

Activity	An intervention program is made up of multiple activities - different executions for how the program comes to life across different channels.
Advocacy	Targeted communication to influence a decision.
Archetype	The persona of your target audience, bringing them to life through a description of their needs, goals, values, drivers and lifestyle.
Barrier	An influence that prevents a consumer from uptaking a healthy behavior. These factors can be at the individual level (opportunity, ability, motivation), the community level or in the enabling environment.
Behavior	An action taken by a consumer or other market actor. In PSI's case, we focus on the uptake of healthy behaviors - e.g. use of modern contraceptive to avoid unwanted pregnancy, use of ARTs for HIV treatment or use of a mosquito net to prevent malaria. The desired behavior is defined by public health policy and epidemiological best practice.
Brand	Branding is the process of creating a unique and recognizable identity for a product or service. A brand name is the distinctive name that is given to this product or service that creates a link to the source of the product or service and generates equity among consumers and trade.
Brand variant	A different type of the same product under the same brand name (e.g. flavor, price point, formulation).
Brand extension	A new product in a different category under an existing brand name.
Brand equity	The level of appeal and engagement that your target consumer has for your brand - the amount of 'brand love'. Brand equity evolves over time and is enhanced by a strong value proposition, a great consumer experience and good awareness.

Business plan	A robust assessment of a growth strategy for a product/service or portfolio – whether launching a new product/service, making a change to an existing product or exploring a new business model for an intervention. This includes a clear growth strategy based on market and consumer insight, along with a 5-year financial projection. This enables us to explore how sustainable the portfolio is over time (important where donor funding may be declining), and identify the level of investment required to support the proposal.
Category	A term that refers to all products/services of a given type available in market (e.g., condoms in general). This would be inclusive of both PSI and other players’ brands. So, for example, you might ask “How well are condoms as a category meeting consumers’ family planning needs?”
Communication asset	The core elements of your communications (or promotion) campaign that will convey your key message in an engaging and relevant manner – this is usually a TV or radio advert, print or OOH advert, or digital/social media materials.
Communication channel	A channel strategy outlines how you will reach your target audience with your key message. Usually this is either mass media or 'above-the-line' media (TV, print, radio, OOH); promotional activities or 'below-the-line' media (PR, instore, events); or more often digital and social media.
Competitive landscape	An assessment of the other products or services that the consumer may choose to use instead of yours. This could be other brands or products/services within the same category, or other substitutes that the consumer uses in a different category.
Constraint	A critical challenge that is identified through market and consumer analysis that is preventing the target consumer from uptaking the desired healthy behavior. This can be the result of a market failure or a significant barrier in her socio-ecological sphere. An intervention will be required to address and overcome this constraint.
Core Functions	The delivery of the five Ps of the market: proposition, product, place, price, and promotion to understand demand and supply throughout the value chain.

Cost of goods sold (COGS)	Cost of goods are direct costs attributable to the production of the goods sold. This will include cost of commodities, packaging and labor to creating the final good to consumers along with all costs attributable to receiving the product. (i.e. – shipping & handling, customs fees, duty).
Demand	The health care expectations expressed by individuals or communities. The willingness and/or ability to seek, use and, in some settings, pay for services.
Demand creation	An intervention program that specifically focuses on increasing demand for a particular healthcare product or service. This is usually conducted through a behavior change campaign.
Direct distribution	Where PSI is selling and delivering products directly to retailers or certain channels (e.g. high risk venues).
EIP	Empathy, Insights and Prototyping. This is PSI's approach to integrating human-centered design principles into our design process to ensure that our interventions are relevant, desirable and effective for our consumers.
Empathy	Helps teams to not only understand the behavior of a user but the 'why' behind that behavior. Gaining empathy for our target audience ensures that we keep them at the center of all of our decision making, and it forces us to seek empathy not only for consumer, but for any player along the value chain, be it a provider, a manufacturer or an end user.
Enabling environment (or rules)	Govern the functions of different market actors/players – specifically this refers to policy and regulation.
Enterprise Fund	An Enterprise Fund (EF) is an accounting set-up that allows for tracking of sales and expenditure, and assessment of performance against both budget and financial sustainability.
Epidemiological analysis	A picture of the extent of the disease burden in the country, risk behaviors etc. A review of key health indicators (for the health area) and trends over time.
Five 'A's	A subjective assessment of how well the market is performing from the perspective of your target audience. How well does the market perform against key metrics: Availability, Acceptable quality, Appropriate design, Affordability and Awareness.
Goal	The measurable health impact that your intervention is intended to achieve. The top level of the Theory of Change.

Health need	Identification of the priority target population segments based on Use/Need analysis, understanding of epidemiology and health trends for the disease burden.
Health market (or system)	A health market is the system of actors involved in the supply, demand, and enabling environment related to the delivery and uptake of a health service for a population in need
Human centered design (HCD)	Human Centered Design (HCD) is a process for arriving at transformative solutions. A creative approach to problem solving through a process that starts with the people you're designing for and ends with new solutions that are tailor made to suit their needs. Originally developed by design and innovation firms to create new offerings for consumers, more organizations like PSI are turning to HCD as a way of cracking old problems and thinking in new ways to design solutions for our beneficiaries.
Hybrid distribution	Where PSI employs both a direct and indirect distribution model simultaneously to increase coverage.
Ideation	Exploring a wide variety of possible solutions to address the intervention area through generating a large quantity of diverse possible solutions, allowing one to step beyond the obvious and explore a range of ideas.
Indicator	
Indirect distribution	Where PSI sells and delivers product to a distributor or wholesaler, who then sells onto retailers and other outlet types.
Influencer	A person or market actor that through their own behavior affects the ability, opportunity or motivation of our target consumer to uptake the healthy behavior.
Insight	An intuitive understanding of why consumers behave in a certain way. Rather than make decisions based only on observation or service level data, insights allow us to dig deeper, to better understand what our observations really mean.
Intervention area	The focus of where we need to work in the market to address the constraint/opportunity (e.g. launch a new product, conduct a communications campaign, capacity building, advocacy).
Intervention objective	The specific direction that the intervention needs to deliver over the defined time frame (e.g. Get MoH procurement to forecast commodities better through building their capacity in supply planning management / enable sex workers to demand use of a condom every time by increasing her agency).

Intervention program	How this intervention will come to life, as defined during the design phase. This could be across the 5P's or relevant other for facilitation interventions.
Iteration	Adaptation of an idea or best-practice intervention (from another country or health area) to make it as relevant as possible for the specific context. This involves testing with users to fine-tune the intervention program – keeping the critical success factors learned during previous research and making necessary improvements for the particular consumer, market or health context.
Journey mapping	An exercise to build out the path that a consumer goes on towards a healthy behavior – through awareness, decision, uptake, maintenance and advocacy. At each stage, we seek to understand the key influences, motivators and barriers that move the consumer along or prevent her from moving along her journey. Ideally journey mapping is conducted with the consumer in primary research.
Knowledge Management	Creating sharing and reusing/adapting implementation-ready insights.
Landscaping analysis	The process of building a comprehensive understanding of the context in which we are operating for a particular health area in a country. This analysis enables us to gain insight into our target audience and understand market dynamics and category performance.
Literature review	An assessment that surveys research, scholarly articles and other sources (e.g. dissertations, conference proceedings) relevant to paint a picture of providing a description, summary, and critical evaluation.
Market actor/player	A market actor can be a company, agency, organization, individual, or group – basically a participant in the value chain of a market. A market actor has a role to play in the effective functioning of a market, and they need to have the right capacities and incentives to play this role successfully.
Market breadth	Assessment of across the 5P's of the market to identify which products/services are available, how they are priced, availability across channels and how demand is being generated.
Market depth	Total volume and total value of the product/service in a market, assessed in absolute and through trends over time.

Market development	Utilizing consumer and market insights to shape strong systems, structures and players so we can help grow markets over the long-term and help move countries towards patient-centered primary care and UHC (conducted on a national level).
Market performance	How well the actual market for a particular product or service in a country is delivering against the need – an assessment of the market depth and breadth.
Market shaping	Leveraging resources to bring better products to market or at lower prices on a global scale. Interventions are focused on a global scale.
Market structure	Mapping and understanding market players and the enabling environment to understand who is doing what in the market. This includes a broad understanding of how products and services reach our beneficiaries, the major market players and the roles they play, and the functions supporting both the value chain and enabling environment.
Marketing mix	The 'P's of how a product/service is delivered to consumers - positioning/proposition, product, place, price, promotion.
Marketing spend	Marketing spend are business activities that support promoting and selling of PSI products. These will include spend on advertising/communication, customer promotions, trade marketing (display/visuals) and market research.
Metric	The measurement of how we track success of a particular indicator (related to the intervention).
Motivator	An influence that encourages a consumer to uptake a healthy behavior. These factors can be at the individual level (opportunity, ability, motivation), the community level or in the enabling environment.
Obsolete Stock	Stock that is too close to its expiration date to safely be able to dispatch it from PSI's warehouse(s) without risking expired stock reaching the end consumer.
Opportunity	A gap that is identified through market and consumer analysis that could unlock the desired healthy behavior amongst the target consumer. This can be a gap in the market for a product/service, a market function that is not well-served or an idea to influence her socio-ecological sphere. An intervention will be required to unlock this opportunity.

Outcome	The effect the intervention has had on the specific target audience in terms of changing their behavior. The third level of the Theory of Change.
Output	The results of the intervention plan. This might include, for example, how many people a project has affected, their ages and ethnic groups or the number of meetings held and the ways in which the findings of the project are disseminated. The fourth level of the Theory of Change.
Place	Where the target consumer will access the product or service – across channels and geographies.
Portfolio	The basket of products and/or services that PSI offers to the consumer. This would include both branded and unbranded items.
Portfolio management	A set of processes that provide guidance for effectively supporting the portfolio of products/services to ensure they are delivering against consumer needs and are delivered to market in the most efficient and sustainable way.
Portfolio strategy	A plan for how to grow the market for each product/service in your portfolio. How you will get more consumers to use the product/service or get consumers to use more of the product/service (in line with the desired quality of use). This strategy will be based on strong market understand and consumer insight; employing foo marketing financial discipline to assess the sustainability of the proposed growth plan.
Positioning/proposition	The ‘offering’ that you are providing to the target audience – or the value that they will receive (functional and emotional benefits).
Price	The cost the target consumer pays for the product or service. The pricing structure through the value chain (e.g. distributors and retailers) to incentivize all actors to sell.
Product	The tangible product or service that the target consumer experiences, aligned to her needs and preferences.
Production to use spectrum	A matrix to organize analysis and insights to illustrate how different actors in the core value chain perform in relationship to the enabling functions supporting a healthy market.
Profit & Loss statement	A financial statement that summarizes the sales, costs and expenses that are incurred during a period of time. The purpose of the P&L is to show stakeholders the health of the business operations.

Promotion	How the product/service is communicated to the target consumer – how she becomes aware of it and is convinced that it is right for her.
Prototyping	Testing insights to see if they resonate with our target. and allows us to learn faster. Rather than forcing a user to articulate what they want, prototyping provides the opportunity to respond to something tangible, allowing space to co-create with our user and continue to gain insights into how they think and feel.
Provider	A person who provides health care (services, products or information) to a consumer. This could be a formal provider (e.g. doctor, nurse) or informal (varies across countries).
Purpose	The specific change in the target consumer's knowledge, attitudes and behaviors that you expect to see from your intervention. The second level of the Theory of Change.
Quality of use	How products or services are being used by priority populations – for example: frequency of use, consistency of use, occasions for use and adherence.
Risk behavior	An action that is taken frequently by a consumer segment that increases their risk of contracting a particular disease or negative consequence (e.g. unwanted pregnancy).
Safety Stock	A planned amount of stock that gets held as a contingency to help protect programs from stockout in case of forecast oversells and/or delays in procurement and delivery.
Sales & Distribution	The system of selling and delivering products to outlets that sell on to consumers – conducted in line with the goals of the program or enterprise.
Segmentation	The subdivision of a market into discrete customer groups that share similar characteristics. This allows for better tailoring of intervention programs to specific preferences and needs of each segment; and prioritization of which segments to focus interventions for based on need, ability to reach and influence.
Service delivery	The provision of health care services (e.g. IUD insertion, contraceptive counselling, hypertension screening, VMMC).
Social & Behavior change	The discipline of positively influencing behavior through a comprehensive understanding of the individual, community and societal factors that influence consumer behavior. In PSI's case, SBC is a key focus to drive the uptake and maintenance of healthy behaviors.

Social ecological framework	This model considers the complex interplay between an individual and influences relationship, community, and societal factors. It allows us to understand the range of factors that put people at risk.
Social enterprise	Achieving health impact through a commercial business model that sustainably drives market growth and generates surplus.
Social marketing	An approach that uses marketing principles and concepts, such as product and packaging design, pricing, place and promotion, to influence demand and supply and promote use. The objective is to ensure user-friendly product design, appropriate pricing, efficient sales and distribution, and effective communications to influence the behaviors that benefit individuals and communities for the greater good.
Social Franchise	A methodology to expand a successful model or concept by granting use of an operating model and brand according to agreed-to terms. Social franchising has historically been operated by PSI as a way to expand and sustain its health impact through integrating services within existing health providers.
Stakeholder	A person with an interest or concern in the intervention or market. This could be an internal or external person, group or organization.
Stock out	Occasion where markets run out of stock of commodities that should otherwise be available to fulfill demand in that market. A stockout is defined at PSI as an event where zero or negative sales were realized for a commodity during the whole calendar month and the absence of available stock was not planned or desired by the program at the time.
Strategic partner	A person, group, organization, entity that is important to engage and involve in a particular element of your intervention to ensure success.
Supply	Availability of stock in-market to meet sales/distributions commitments.
Supply planning management	Supply Planning uses the current forecast plus knowledge of existing inventory and stock on order to balance product supply with consumer demand.
Supporting functions	Key elements that need to be in place to influence the core supply and demand value chain for the market you support - specifically: Information, Guidance, Quality Assurance, Financing, Co-ordination, Labor and production capacity.

Target audience	The market player/actor whose behavior you need to influence through your intervention program in order to successfully reach the target consumer. This could be the consumer directly, the provider, or another actor (e.g. the government, a retailer).
Target consumer	The end-user who is the ultimate beneficiary of your intervention program.
Theory of Change	Lays out your project’s strategic framework – goals, outputs, and eventually, how activities support program objectives. Start by identifying goal and purpose level objectives for your intervention. This step is iterative, informed and refined as you better understand overall health needs, the market and our beneficiary.
Thought Leadership	Recognized expertise (experience and evidence) influencing funding, policy, and practice.
Use/need	Use/Need identifies the gap between the number of consumer who have a need for a particular health product/services and those who are currently using it. The analysis identifies who are populations most at risk, the scale of need in your market, and an estimated number of products and services required to address that need.
User-centered design (UCD)	See <i>HCD</i> .
Value chain	A value chain, also referred to as the supply & demand chain, has been described as the processes, inputs and outputs that occur to produce, distribute, and get a product or service in the hands of a consumer. The value chain includes manufactures, importers, distributors, retailers, and of course, consumers.
Volume Forecast	A volume forecast is an estimate of how much of a particular product will be needed to meet sales/distributions commitments. During business planning and portfolio management planning, this may be stated as expected annual volumes. In the execution phase for supply planning, it gets expressed per item per month.
Workplan	The tasks laid out for who will do what and when to bring the intervention to market/

APPENDIX B: SUMMARY OF PHASES / STEPS

Diagnose	1	Define the Health Need and Identify the Target Consumer <i>Identify who the market is failing and the desired behavior.</i>
	2	Profile the Target Consumer <i>Identify the target consumer's journey and barriers/motivators that influence their behavior.</i>
	3	Assess the Market <i>Identify the key market players and potential gaps in the market.</i>
	4	Identify High-Impact Opportunities and Constraints <i>Determine which market functions are failing the target consumer.</i>
Decide	1	Outline the Future Vision for Sustainability and Set Strategic Priorities <i>Describe a vision of who will perform and who will pay for key market functions in the future.</i>
	2	Identify Intervention Objectives and Set Metrics <i>Explore potential intervention areas to address the constraints/opportunities and achieve the future vision.</i>
Design	1	Conduct Discovery of Best Practices <i>Review existing best practice models and technical resources (both internal and external) to 'steal with pride'.</i>
	2	Conduct Target Audience "Deep Dive" <i>Build empathy and deep insight into the target audience (consumer, provider or other actor) and bring them to life as a real person (where relevant).</i>
	3	Design Intervention(s) <i>Synthesize audience insights and discovery outputs for best practice ideas. Rapid prototyping testing with users to co-create, iterate and fail fast (as required). Build out how the intervention program comes to life.</i>
	4	Define Strategic Partners' Roles in Intervention Program <i>Identify the role of strategic partners in delivering the intervention and how to influence for success.</i>
Deliver	1	Finalize ToC and Logframe, <i>Finalize Theory of Change.</i>
	2	Develop an Approach to Tracking and Adaptation <i>Develop Tracking and Adaptation approach for implementation. Enable continuous monitoring to course correct as needed (through data-to-action).</i>
	3	Develop Workplan & Budget <i>Create clear go-to-market plan. Ensure effective management of budget/resources</i>
	4	Capture and Share Knowledge <i>Develop plan to distill lessons learned, develop case study and share across the network to inform future interventions.</i>