

Lesson 3. The Situation Analysis: Analyzing Data and Past Performance

Lesson Objectives:

- 1) Identify information that should be utilized in understanding the health problem and making effective marketing decisions
- 2) Identify factors to consider when making decisions regarding the intervention behavior(s) and target group(s)
- 3) Identify key lessons learned from previous or similar strategies
- 4) Give examples of how PSI interventions contribute to the larger public health effort

I. Introduction

Every marketing plan should begin with a thorough analysis of all existing and relevant information. This means looking not only at the research you have conducted specifically for your project, but also at outside sources of information, and at practical information you have gathered while implementing previous marketing strategies. This should enable programmers to have a comprehensive understanding of the environment they are operating in and how it has affected their program to date in order to improve the efficacy of future strategies.

The process will always begin by gathering as much relevant information as possible. The information gathered should address the key social marketing questions related to PSI's social marketing logic, which follow the PERForM levels, including:

- What are the health and quality of life problems?
- Who is at risk, what are the risk behaviors, and who is our target group?
- What have been the achievements of the marketing strategy to date?

Lastly, it is useful to look out how PSI's public health efforts can fit into the bigger landscape (including health and commercial efforts) to identify our contribution to meeting health needs.

Part I: What research is available and how does this affect our decision-making?

II. Gathering Information

Whether you are planning for a new intervention or an existing one, it is always worthwhile to take time out to look at all existing information about your health area and/or target group. Thus the first step in marketing planning involves gathering as much relevant information as possible in order to understand the situation in which you are operating. This information can include but is not limited to:

- a. **Project Logframe** – it is important to look back at the project logframe(s) as proposed to the donor(s) to get a sense of what the program has committed to do and where there is flexibility. Depending on the donor, a logframe does not have to be written “in stone”, but that does not mean that one should ignore what was initially promised in it. This is a good reason why the logframe for any project proposal should be thoughtfully put together and carefully reviewed before it is submitted to a donor. In some cases the marketing plan may have to incorporate more than one logframe (in the case of multiple donors). In such situations, you have to consider all obligations to your donors and find ways to consolidate them when possible. Reviewing all relevant logframes will also enable you to identify any conflicting or contradictory commitments which should be sorted out with the donors involved before marketing planning can begin in earnest. [[Click here to see examples of Logframes for different PSI health areas](#)].
- b. **Secondary data** - this can be any data from previous research conducted by other organizations or researchers, such as journal articles, government surveys (DHS or census data), or unpublished reports from other related national or international health organizations. If you need assistance in locating recent research relevant to your health area or target group, PSI/Washington can help by providing a literature review. The request form for this can be found at www.psi.org/research under “tools”.
- c. **PSI research** – this can include any previous PSI research from your country, including TRaC studies, MAP studies, FoQus, Mystery Client surveys or other qualitative research. [[For an overview of the different types of research tools, click here.](#)]
- d. **Environmental analysis** – it is always useful to know as much as possible about the environment you are working in, including other players in the same area as you. This could include finding out about the activities of other NGOs offering similar products, services, or BCC programs (how they are conducting their programs and who they are targeting, whether they might be potential partners); finding out the number of products offered from the public or commercial sector (for product-related programs); finding out the market share of different players in a product market, finding out about any new policies that might affect your project, etc.
- e. **Field data** - this can include MIS statistics on success in achieving implementation (activity level) objectives, feedback gathered from program staff with regards to what worked and did not work during implementation, feedback from consumers/clients regarding product or service quality, feedback from the trade regarding sales or pricing strategy, etc.

III. What are the health and quality of life problems?

Once you have collected as much information as possible, the first step in developing the marketing plan is to define the health problem that you are addressing. This will rely heavily on

secondary data and possibly primary data if the project is an ongoing one. This should include information on prevalence/incidence of the problem, which populations are most heavily affected by it, any trends/shifts over time, and what behaviors are contributing to it. This will be the core element of your situation analysis in helping you to clearly define the risk behavior(s) and target group(s).

IV. Who is at risk, what are the risk behaviors, and who is our target group?

A. Identifying the Behavior(s) and Target Group(s)

To help in selecting the optimal target group, you will want to look at the secondary data to identify the subgroups within a population that have the greatest risk of disease or suffer the most from the problem. Most countries have Demographic and Health Surveys (DHS) or other health reports (UNDP, UNICEF, UNFPA, WHO, etc.) that provide epidemiological data on adults of reproductive age or high risk and vulnerable populations. Social marketers must find the most recent data available. This may require going directly to these organizations to see what they have available, and most are willing to share information if you explain that you are using it to develop programming that addresses the government's health issues and priorities.

These risk groups may be identified using demographic characteristics and/or geographic factors. You also will want to consider their current health status to determine where prevention can still do the most good. For example, in selecting populations for an HIV prevention program, you might consider age, gender, and infection status. If prevalence among 30-40 year old men is already 45%, prevention has come too late for many and your window of opportunity is relatively small compared to the population of younger men, who have a much lower infection rate.

Secondary data is also essential in choosing the behavior(s) that you want to influence. This may be done before or after choosing the target group. In some cases you may first identify those most affected by the disease and then determine which behaviors are putting them at risk. For example, for malaria the target group is pregnant women and children under five in malaria endemic areas. However, risk behaviors for severe malaria could include poor environmental hygiene around the house (leading to stagnant water sources), not sleeping under a net, not seeking treatment quickly enough, using ineffective treatment methods (traditional methods or anti-malarials to which there is already resistance), etc. In order to choose the most appropriate behavior(s) to focus on, it is critical to identify which risk behaviors can be addressed by PSI given your mandate, donor requirements and resources. For example, if appropriate treatment is not widely available, and PSI does not have the funding or resources to provide it, then there is little value in choosing that as a risk behavior on which to focus. In other cases, donor sensitivity may affect the choice of focus behaviors, such as with marketing condoms to youth.

In other cases literature might identify a specific behavior as a driver of an epidemic, such as concurrent sexual partnerships. If PSI thus commits to addressing that particular behavior, choosing the target group would require determining those groups most likely to practice this behavior (which logically are often also the groups most at risk of infection). You can use PSI

TRaC data, when available, to identify who is already practicing the protective behavior you want to promote (e.g., condoms or partner reduction) and who is not doing it (see section B below).

Although TRaC data is extremely useful in identifying potential subgroups to target, the decision may not be easy. In many instances, some demographic subgroups, such as young people, are more likely to practice the protective behavior, such as condom use, but are also at highest risk. In this case, you would probably want to target them because those that aren't using condoms are at such high risk.

B. Segmenting the Target Group

Often, the risk group identified in secondary research (or specified by the donor) is very large. For example, 15-49 males and females of reproductive age in both urban and rural areas may be the population at risk. In some countries this may be 60% of the population. Another example is the term “high risk groups” that often lumps together mobile populations, CSWs, men in uniform, out of school youth, etc. In some projects, there is not enough funding or time to reach the entire target group. Social marketers must segment this population in order to target the most appropriate group given their time, skills and resources. [Click here to learn more about the benefits of segmenting your audience.](#)

It is important to segment target populations into smaller, more homogeneous groups using current or past behavior, future intentions, demographics (e.g. age, sex, marital status, education level, socio economic status (SES), employment, and residence), psychographics (e.g. personality, values, attitudes, interests, and lifestyles), and firsthand accounts of how members of the target population view the desired behavior(s).

Previous or current behavior and behavioral intentions are probably the most effective way to segment an audience because people's behavior is such a good indicator of how responsive they are likely to be to your recommendations. People who have tried a new behavior or practice it irregularly are more likely to respond to your efforts to practice it regularly than those who have never tried it. Sometimes, even a behavior related to the one you are promoting might indicate a responsiveness to adopt. For example, people who never practice any form of contraception are going to be a lot more difficult to convince to use condoms regularly than those who already use them occasionally (e.g., with casual partners) but not regularly. Future intentions also are important to consider. People who have decided they want to start protecting themselves by using condoms or some other method will be far more responsive to your efforts to promote regular use than those who say they don't care and don't plan to change. Of course, responsiveness to change is just one criterion marketers consider when selecting segments; other examples include weighing each segments' vulnerability to the health problem or the potential to positively impact the health problem by influencing others to also change their behavior.

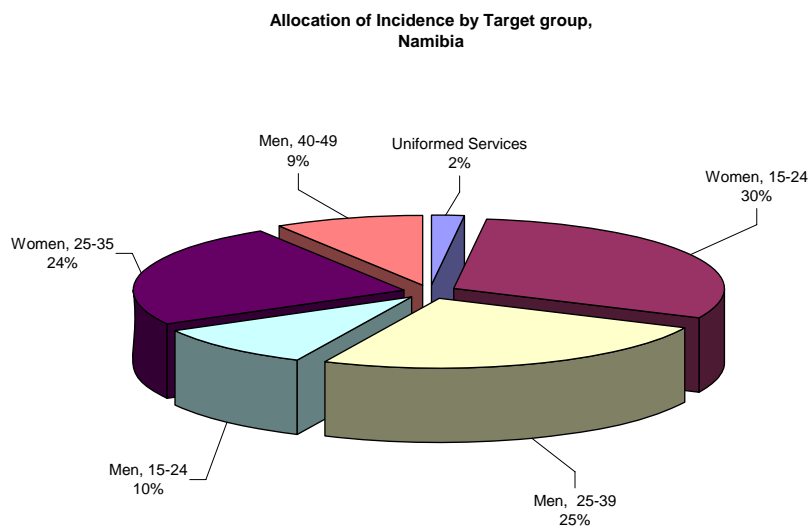
The PSI segmentation table can help with this process by doing a behavior/non-behavior comparison. In brief, the segmentation table compares people in the target group who already practice the promoted behavior (behavers) to those who do not practice it (non-behavers). This

comparison enables you to identify the factors or behavioral determinants (opportunity, availability, motivation) as well as population characteristics that differ significantly between the two groups. That information can be useful in narrowing down your target audience. As indicated above, at times it may make more sense to focus on irregular behavers than non-behavers as the group you hope to motivate to adopt the behavior regularly, especially when a large percentage of the target group has already tried the behavior. In these cases, segmentation data must go beyond a simple comparison between behavers and non-behavers in order to contribute to the segmentation process. You would drop the people who have never tried the behavior at all from the analysis and compare people who practice the behavior consistently or regularly with those who do so irregularly. Based on the behavioral data in your monitoring table, discuss with your research team which segmentation option would be most useful.

[Click here to learn how to read a segmentation table.](#)

Case Study – Selecting the Target Group and Behavior

Let's look at an example from Namibia and how research helped the social marketers select the target group and identify behavioral determinants. They are planning an HIV prevention program. Their first step was to look at secondary data to understand who they should give their greatest priority in developing the marketing plan. In this case, after a review of the Namibia DHS, MoH, WHO, Population Reference Bureau and UNAIDS data they summarized it all into a pie chart format to make visual interpretation simpler:



Based on these results, they may decide to target women 15-35 as the primary target group because that group alone makes up 54% of all new HIV infections in the country. If resources allowed, men 25-39 might be the secondary target group to focus on, which together would

allow them to target 79% of all new infections. (*Note: PSI differentiates between primary¹ and secondary² target groups.*) Although the pie chart only summarizes information based on age and gender, as mentioned earlier, other data (such as demographic or psychographic data) may still be useful to consider when selecting a target group.

Secondly, other secondary data from Namibia (not shown here) provided information on the types of behaviors contributing to the epidemic. First, the data showed that heterosexual sex is the primary route of transmission in Namibia. Then, it provided insight into the reasons for unprotected sex by target group. It showed that locus of control (in cross-generational situations), low risk perception and low self-efficacy are major factors leading to unprotected sex. This information helps the social marketers in Namibia in thinking initially about the behavioral determinants they need to change to reduce HIV. It also gives them ideas of the determinants (self-efficacy and risk perception) that might be important to investigate in any primary research they conduct.

This data also might be useful in defining the purpose level (behavior objective) of their project. In this case, since this information is among young women, they may focus on both abstinence and condom use. That way they are able to encourage women to avoid sex at younger ages, but to protect themselves when abstinence is not an option (whether for social or economic reasons).

This section of the situation analysis analyzed research data and its implications on marketing decision making, particularly selection of the behavior(s) and target group(s). In part II of this lesson, we will consider lessons learned from the success or failure of actual marketing strategies to date and how they will affect future decision making.

End Part I of this Lesson

¹ The **primary target** is the risk group that the interventions are trying to reach. This group is given the greatest priority in developing the marketing plan and allocating resources.

² The **secondary target** groups are other, usually smaller, target groups who may be at less at risk, more difficult to reach, or for other reasons are given less priority in planning decisions. The secondary target may also include groups that can influence the primary target group. Each target group requires separate communications strategies and interventions.

Part II: Lessons learned – what have we done so far and how do we fit into the bigger picture?

Following on from Part I of this lesson, this section of the situation analysis analyzes the success and failure of strategies to date and how that will affect future decision making. It also looks at how current intervention efforts fit into the bigger picture and the extent to which they address the existing need.

V. What have been the achievements of our marketing strategy to-date?

This step allows you to look critically at what you have achieved (or failed to achieve) to date and identify contributing factors that need to be considered for this marketing plan. Progress towards achieving intervention objectives is measured through the [TRaC monitoring table](#).

The analysis can be done in different formats, which can include tables, structured text and/or the SWOT [[Click here to learn more about the SWOT Analysis](#)] format. The most important aspect of this section is that you should draw practical conclusions which will inform your marketing strategies. It is not enough to say “*The government has regulations about condom promotion.*” You need to specify what the policies are and what they mean for your program, e.g. “*Government regulations prohibit brand-specific advertising for condoms on television. Brand promotion for our condoms will have to rely on other channels, while mass media can still be used to promote condoms generically.*”

A. The External Environment

What factors may affect your operations, but are outside of your control? Who are the players that can affect your program planning? This section should try to answer these two questions, taking into consideration the following factors:

- a. **Political factors** – Are there government policies that will affect your program? Are there key people in government who might oppose aspects of your program or restrict your creative options in promoting the desired behavior? Does your donor have an agenda or restrictions on how you implement your program?
- b. **Economic factors** – Will inflation, rising unemployment or even increased income affect the target group’s ability to buy a product or service or do a specific behavior (e.g. an increase in school fees might put a heavier burden on schoolgirls – thus making it harder for them to refuse “sugar daddy” relationships)? Does it indicate the need for a change in the pricing scheme (and when did you last change your price)? For behaviors, are you promoting a benefit that is strong enough to compete with the increased cost of avoiding the risk behavior? What are the trade policies and margins regarding other products on your category? Are your agreements with the trade in line with these?
- c. **Environmental/Logistical factors** - Are there any factors that will affect manufacturing/production of your product (e.g. frequent power cuts)? Are there

factors that might affect your target group's ability to access the product/service or do the desired behavior (e.g. floods, ethnic/political conflict)?

B. The Internal Environment

Not all failures in achieving objectives can be attributed to outside factors. Some may stem from weaknesses within the organization. When possible, consider:

- a. **Staff capacity and management:** staff recruitment system, staff training plan, performance management system; quality assurance system (for services);
- b. **Research gaps:** gaps in understanding of the target group that were uncovered during implementation and are not addressed adequately by the existing strategy (e.g. working with sex workers and encouraging them to get tested regularly for HIV or STIs, only to discover that they are highly stigmatized by health care personnel – unless that is addressed, their behavior is unlikely to change!)
- c. **Resource availability and management:** what resources are available? Were they previously allocated in the best possible way?

C. The Implementation of the Marketing Strategy and its Results: Lessons Learned

At this point in the situation analysis it is important to analyze your previous marketing strategies to identify what has worked or not worked. Much of this information can come from your [TRaC evaluation table](#) and your [MAP study results](#), some of it can also come via “on the ground” feedback mechanisms such as your MIS, field manager feedback, trade feedback, event evaluations and staff suggestions. For this reason it is useful for managers to meet with their staff prior to beginning the marketing planning process to gather this feedback.

The questions below provide guidance on analyzing your past success/failure in the 4Ps. If you already have a strong understanding of the 4 Ps and a positioning strategy, then you may do this analysis now. If you do not, then you can begin this analysis now but understand that you may not be able to answer all the questions at this time. That is not a problem - you will return to this analysis once you've completed the positioning as part of the 4 P lessons.

Product P:

General lessons learned:

- What general problems/successes did you have with your product strategy thus far in implementation (e.g. target group hated new package design)? What implications will these have on your decision making for the future?

Essential and Supporting Object/Service Considerations:

- If you have a supporting object/ service, does it address barriers to behavior change? Was this barrier identified through primary or secondary research?

- Is the brand name chosen consistent with the brand positioning?

Quality Considerations:

- Are you adhering to international/national quality standards or protocols?
- Are you measuring your target group's perception of quality and does your existing object/service meet their standard?

Packaging and Attribute Considerations:

- Are your current object/service attributes in line with your target audience needs?
- Are there any barriers to the promoted behavior which you could address through new or modified attributes (e.g. adding a shuttle service to/from your clinic)?
- Do your attributes reflect your brand personality?
- Does the appearance of your packaging (or your service environment) support your positioning strategy?
- Is your packaging the optimal size/quantity for your target group? Could you increase sales/DALYs by changing it without affecting demand in a negative way?

Place P:

General lessons learned:

- What general problems/successes did you have with your place strategy thus far in implementation (e.g. did you achieve your MAP objectives? Why or why not)? What implications will this have on your decision making for the future?

Consumer Considerations:

- Is your product purchased on impulse or planned? If you do not know this, do you have plans to conduct research to learn this?
 - Does this knowledge then feed into the distribution strategy (e.g., impulse products like condoms being more widely available than planned products like bed nets)?
- Is the product or service available to the extent that you've planned it to be? If you do not know this, do you have a MAP study planned in order to be able to set and monitor such goals?
- Is the product or service available in places and during the times that the target group prefers? If you do not know their preference, do you have research planned to learn it and then a MAP planned to measure it?

Customer (i.e. the Trade) Considerations

- Is your product being sold through at retail in a timely manner or does it sit on the shelves at retailers for an unreasonably long time? If you do not know, are there plans to conduct a MAP study to learn this?
- Are the margins that the trade receives from your product in line with the margins of similar products? If you do not know, are there plans to learn this?
- Is the product merchandised correctly at retail? For example...
 - is it stacked neatly on the shelf;
 - are there point of sales materials;
 - is it not expired;
 - is it in a highly trafficked area of the stores; etc.?

If you do not know, are there plans to conduct research to learn this?

- Are you relying on the commercial infrastructure as much as you can? Would there be savings of time and effort if you relied on it more?
- Is your sales force's incentive system in line with your distribution objectives?

Price P:

General lessons learned:

- What general problems/successes did you have with your pricing strategy thus far in implementation (e.g. How has the trade reacted if/when you changed your pricing)? What implications will this have on your decision making for the future?
- Have you tried to address non-monetary costs of your promoted behavior?
- If you are not providing a tangible object/service, are you utilizing other ways of reducing monetary costs (e.g. vouchers, etc.)? How has the target group reacted?

Consumer Price Considerations:

- Is your price affordable for the target group (based on willingness to pay or other pricing data) while still high enough to give the object/service value in the target group's mind?
- Is your price consistent with your positioning strategy?
- Are you changing your price annually based on inflation?

- How does your price compare with similar objects/services in the market? With PSI prices for the same object/service in neighboring countries?
- Are retailers adhering to your recommended consumer price?

Trade Considerations:

- Is your product new on the market or well established? Do your margins to the trade reflect this status?
- How do your margins compare with similar objects/services in the market? With PSI prices for the same object/service in neighboring countries?
- How have consumer price changes affected your sales in the past?

Cost Recovery Considerations:

- Are you reaching your desired level of cost recovery? Why or why not?
- Is it possible to recover more costs while keeping the product affordable in the mind of your target group?

Promotion P:

General lessons learned:

- What general problems/successes did you have with your promotion strategy thus far in implementation (e.g. tools that the target group liked or didn't like; problems with timing or quality of IPC, etc.)? What implications will this have on your decision making for the future?

Messages:

- Is your brand positioning communicated in all your communication pieces?
- Does the brand always appear the same way (e.g., logo, colors, etc.)?
- What percent of your targets recalls being exposed to your messages? If you do not have this information, do you plan to collect it in the future?
- Did pretesting show that your target understood your messages? Did they find them to be persuasive?
- Are the key messages as focused as possible (i.e., ideally address only one determinant at a time)?

Communication plans:

- Were the communication tools that were appropriate for the message being delivered (e.g., radio might not be a good medium to try to build skills through)?
- How much of your target was exposed to your campaign? If you do not have research that quantifies this, do you have plans to collect it?
- Was this exposure in line with expectations?
 - If not, do you think this is because you chose the wrong communication vehicles (e.g., TV was used but TV ownership is low among the target group or radio was used but during times of the day when the target is not listening)?
 - Alternatively, could this be because not enough of the communication tool was used (e.g., radio commercials only a few times per week or not enough billboards were used)?
- Are you using as many different communication tools in the same plan as is reasonably possible?
- Are the costs of each communication tool reasonable - in terms of both the absolute cost and the efficiencies (i.e., the cost per 1000 people reached) they provide?
- Are geographical priorities being met by the plan (e.g., a region with higher prevalence of malaria receiving more communication than other regions)?
- Are special timing considerations being accommodated by the plan (e.g., the rainy season receiving more communication than other times of the year)?

VI. How do our activities fit into the bigger picture?

A. *Estimating the Universe of Need*

Any effective intervention begins with understanding the health need from the perspective of the target audience. This is true both at the individual consumer level (segmentation, defining barriers to behavior change), and also at the macro level, where the needs of all the individuals in the target group combine to form the “universe of need”. The universe of need represents the number of risk occasions in which there is an opportunity to influence the target audience’s uptake of safer health behavior. This enables you to see how your intervention can help to fill the existing health need and how that will fit within the larger context of the public health landscape. Even general or approximate estimates of the universe of opportunity can inform your decision-making about the program. For this reason, PSI marketers routinely calculate the universe of need even though our donors do not require it.

The universe of need can be applied to a behavior, service or product. It requires identifying the scope of the problem (usually for a 12 month period) and what it would take to address it.

Estimating the universe of need may influence the scale and approach of your program and provides one sanity check of what level of impact is needed and possible.

To estimate the universe, we need to calculate 2 things:

1) The size of the target audience

2) The number of risk occasions per target group member

Example 1: First, let's look at the universe of need for a product. For example, if the program is targeting men 15-29 and focused on reducing acts of unprotected sex by encouraging condom use, one might take the following steps:

1. Estimate the size of your target group. In this case, the target group is men ages 15-29 who are having unprotected sex. We can hone that based on a few facts and estimates.

First, you know from **country census data** that there are 1.25 million men in this age group.

Second, from **DHS data**, we know 75% of men in this age group are sexually active.

Therefore, 1.25 million men X 75% sexually active = 937,500 men

Now you have an approximation of the size of the target audience.

2 . Define the number of risk occasions per target group member.

In this case we are trying to identify how many occasions need protecting.

From our last TRaC survey (or from secondary data), we may find out that men in this age group have sex an average of three times per week with regular partners. So, in one year (3 x 52 weeks) they have sex approximately 156 times with a regular partner. We also know that they report sex approximately two times per month with a non-regular partner. So we know that in one year (2 x 12 months) they have sex approximately 24 times with a non-regular partner.

Our TRaC data also tells us that consistent condom use with regular partners is 25% and with non-regular partner it is 80%.

So each man has sex approximately 156 times per year with a regular partner, on average 75% of these acts are unprotected (25% consistent condom use). **That means men in our target group average 117 (156 x 75%) unprotected acts per year with a regular partner.**

In addition, each member of our target group has 24 sex acts on average per year with a non-regular partner, 20% of which are not protected. **That means (24 x 20%) = 4.8 unprotected acts per year with a non-regular partner.**

3. Now we can estimate the universe size. We know that the estimated target audience size is 937,500. TRaC data tells us that approximately 70% of sexually active men have a regular partner and 50% have a non-regular partner.

The total universe of need is therefore the following:

For regular partners: 937,500 men x 70% with regular partners x 117 occasions = 76.78 million. This represents the approximate number of unprotected sex acts, annually, among this target group with regular partners.

For non-regular partners: 937,500 x 50% with non-regular partners x 4.8 occasions = 2.25 million unprotected sex acts per year with non-regular partners.

So, in one year, the total number of unprotected sex acts among our target group (76.78 + 2.25) = 79 million unprotected sex acts per year.

Why is this important? Knowing the universe size gives you a sense of the size of the challenge as well as putting your own program / intervention goals into perspective. For example, your program may only be attempting to address 5% of the risky occasions. What about the other 95%? Can it be addressed by the public or commercial sector? How could our program be scaled up in the long run? Are we targeting the right audience or would our resources be more efficiently allocated towards a smaller high risk group?

Many of these questions cannot be solved in the short term, nor are they daily discussion points with stakeholders. Yet we as marketers need to be asking these questions and searching for solutions over time. It may be that in 2 years, in the next proposal to a major donor, these fundamental issues are raised.

4. Now let's look at your specific program objectives.

If we are aiming to increase consistent use with regular partners to 30% and with non-regular partners to 85%, this means we plan to protect an additional 5.1 million sex acts with regular partners, and 562,500 sex acts with non-regular partners than what is currently protected. **In total, we plan to protect 5.66 million risky occasions, annually, by year 3.**

What does that tell us?

- a) First, **we will need to distribute approximately 5.66 million additional condoms** annually by year 3 to meet our target behavior change goal.
- b) Within an estimated universe of 79 million, **our 5.66 million goal will protect about 7% of annual risky occasions.**
- c) **93% of the universe will not be addressed by our program.** How could more of it be addressed? Should the public sector be doing more distribution (eg: bednets for malaria). Should PSI be pushing for more resources to scale up social marketing? Can the commercial sector do more?

Example 2: Now let's look at a behavior only intervention. In Cervezuela, PSI is launching an abstinence campaign for youth ages 12-17 called "I'm worth it!" as part of a larger HIV prevention campaign. The purpose is to increase the percentage of youth in the target group that report abstaining from sex in the past year.

As with a product, we begin with the size of the target audience.

- 1) **Size of Target Audience:** According to Cervezuela census data, the number of youth ages 12-17 is approximately 5 million.

Note: Because in this case there are not a number of risk occasions, rather only behaving or not behaving over the last year, we can go straight to step 3.

- 2) **Estimating the universe size:** Our baseline TRaC survey shows that 70% of youth in this age group report not having had sex in the last year. That means 30% of youth did have sex (5 million x 30%) = 1.5 million youth are sexually active
- 3) **Program objective:** The program aims to increase the percentage of youth who report being abstinent in the last year from 70% to 73%. That means that we need an additional 150,000 youth to abstain from sex in the next year in order to reach our target.

What does this tell us?

- 1) We need to reach a minimum of 150,000 youth through our program. Since not every youth we reach will be currently sexually active, the actual number will be larger than this. If we take into account that 30% of youth are sexually active we can revise this figure upward to account for random communication delivery. You can use the following formula: # needed to change/ (1 - % of behavers). So in this case: $150000 / (1 - 0.70) =$ **500,000 youth that need to be reached by the program.**
- 2) With an estimated universe of 1.5 million, by reaching 500,000 we are reaching 33% of at risk youth.
- 3) **66% of at risk youth will not be reached by our program.** How could more be reached? Are there other organizations we can partner with to reach additional youth? Are there other organizations working on abstinence? Can we collaborate with them to avoid overlap and share resources?

Example 3: Lastly, let's look at a service intervention. In this case, the program is focused on VCT. The aim is to increase the number of people who have been tested for HIV in the previous year.

- 1) **Size of target audience:** In this case, the target group is all adults ages 20-35 in three main urban areas of the country. According to census data, this represents 500,000 people.
- 2) **Estimating the universe size:** According to TRaC data, 10% of the target audience say that they have been tested for HIV in the last 12 months. So the size of your universe (those who have not been tested in the last year) = $500,000 \times 90\% = 450,000$
- 3) **Program objective:** The program objective is to increase the percent that have been tested in the last 12 months from 10% to 15% in the coming year. That represents an additional 25,000 people that need to be tested.

What does this tell us?

- 1) **We will need to test an additional 25,000 people in the next year on top of the existing number of people currently tested.** If this is spread across three urban areas, and each urban area has one testing center, then that means each center would need to test approximately 8,335 more people over the coming year than in the previous year (divided throughout the year this would be about 34 additional people per day). Is this feasible? Would it be necessary to open another center(s)? Will PSI be able to handle this alone or are you assuming this will include people tested by other organizations? If so, do they have enough capacity?
- 2) Out of a universe of 450,000 people, PSI would be reaching **5.5%**.
- 3) **94.5% of people who may need testing would not be covered by our program.** How many of these could be covered by the government or other testing organizations? What kind of demand is expected (intention data in the TRaC survey may give an indication of the percent intending to get tested in the next year)?

None of these questions are easily solved or short term. But as marketers committed to the needs of the people we serve, we need to be asking these questions and, over time, probing for solutions.

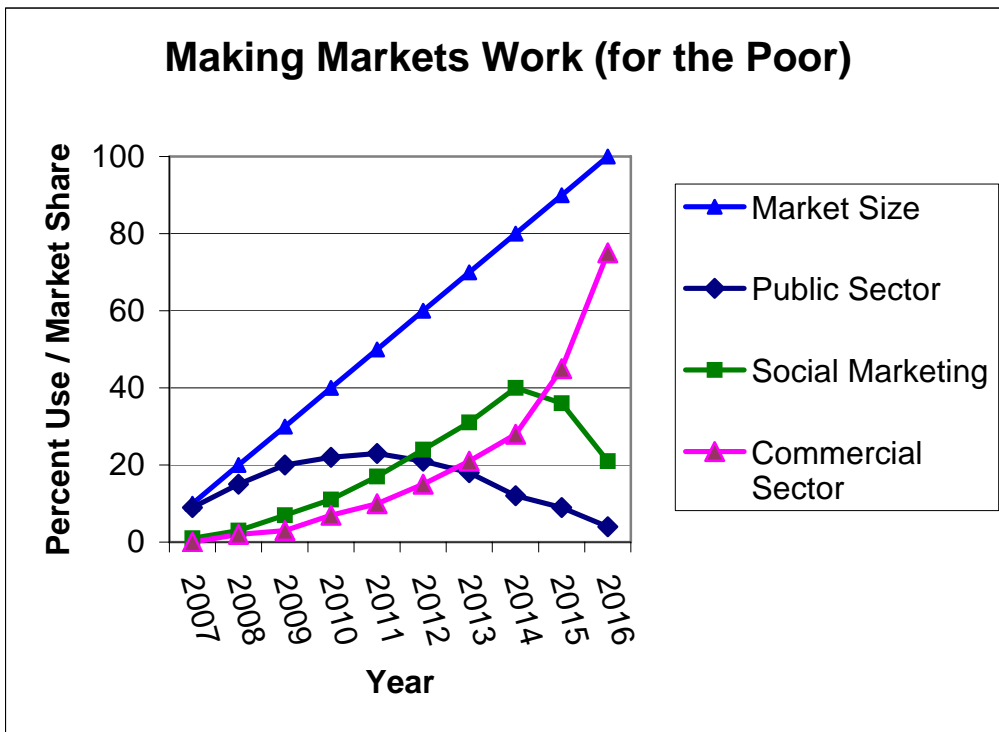
B. *The Total Market Approach*

As you realize when looking at the universe of opportunity, PSI is a player within a larger market that includes the public sector and commercial sector. In this respect it is important, particularly in markets that have commercial products in the same category as ours (e.g. Durex condoms), to evaluate where we stand in relation to the overall category market.

Keeping in line with the Total Market Approach involves two main goals:

- a. **Increasing the overall market size** – that is, increasing our sales by increasing the overall number of users of the product, rather than taking sales away from other brands in the category. This translates simply into PSI's overall goal: changing behavior by turning non-users into users. This would be measured in the purpose level indicators of your logframe. To do this, you will want to rely on PSI's TRaC monitoring table to determine: is the percentage of people doing the desired behavior (using the product) increasing?
- b. **Growing the commercial sector** – by increasing demand and thus growing the overall market, it is hoped that use will gradually shift from free to socially-marketed to high quality commercial brands. Over time, this means that less and less of the product will need to be subsidized by donors, ensuring sustainability of the product. The implication of this is that high-quality, effective commercial products are not our competitors. As we grow, so should they.

In an ideal situation, the market trend might appear something like this:



As you can see in the chart above, the overall market size continues to grow over time, indicating that more and more people are using the product. Early in the chart, public sector (free) distribution contributes most of the product. As social marketing and the commercial sector enter, the majority of early growth is in the socially marketed sector with slower growth in the commercial sector. After several years and higher rates of adoption, more and more people switch to socially marketed or commercial products as the public sector share begins to decline. Lastly, the socially marketed share begins to go down in favor of strong commercial sector growth. This chart represents a long-term sustainable model for product availability.

Overall market growth in your country can be determined by looking at the percentage of people overall using a product or service (as estimated via TRaC or other quantitative research). There are two potential ways to compare how the different sectors (commercial, public, socially marketed) affect each other: 1) If you know the total estimated #s of a product distributed by each sector you can divide their contribution by the total and establish market shares by volume; 2) If this data is unavailable, you can use TRaC surveys to measure what brand people are using and then use this as a proxy. However, the latter method may be misleading as it only measures market share among your target audience. In addition, socially marketed brands are so popular in some countries that the brand becomes the generic name for condoms. Thus, including pictures of packaging with the questionnaire when asking about brand usage can help to avoid misleading data. Nevertheless, by continuously comparing these numbers over time

we are able to see whether overall volumes are increasing for everyone or whether one sector is increasing at the expense of others.

If the social marketing sector is expanding at the expense of the commercial sector, this may indicate a need for better targeting by PSI. There needs to be a clear difference between users of a public sector, socially marketed or commercial brand. If there is no difference, this may indicate that PSI is not filling a useful niche in the market, or is not targeting the appropriate group. In that case PSI should re-evaluate their choice of target audience and marketing strategy. The way to determine whether PSI is targeting a unique segment of the population is to use the supply source choice segmentation table, which can be produced from your TRaC survey. [[Click here to learn more about the supply source segmentation table.](#)]

Lastly, the Total Market Approach is meant to ensure that a product or service is available for all segments in a population. This assumes that wealthier segments will be able to access commercial brands while poorer segments access socially marketed or public sector brands. As the percentage of people using a product grows over time, it is useful to analyze whether growth is equal in different income segments. This can be done using the concentration index. The concentration index provides a means of quantifying the degree of income-related inequality in a specific health variable. Information on your platform's concentration indices is available from PSI/W's research department.

VIII. Conclusion

Developing the situational analysis for your marketing plan is essential to the development of a clear, well-informed marketing strategy. This means gathering a comprehensive collection of information and working with your team to ensure an understanding of how external and internal factors have affected and will affect your marketing strategy decisions. Combined with existing information on your target audience (see *Audience Profile* lesson), this will supply the background to identify key strategic program priorities in your plan.