



中国青年农民工项目

China Young Migrant Workers Programme



Training Manual on Social Marketing Approach

China Young Migrant Workers Programme

**TRAINING MANUAL
ON
SOCIAL MARKETING APPROACH**

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Written by Population Services International

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INTRODUCTION

Background of the Project

Protecting and Promoting the Rights of China's Vulnerable Migrants (YEM) is a 3-year (2009-2011) joint initiative of the UN and the Chinese Government, coordinated by the Ministry of Human Resources and Social Security (MOHRSS) and the International Labor Organization (ILO), and funded by the UN-Spain MDG Achievement Fund. The Project was launched in February 2009, and its objectives are to support the Chinese Government to promote the protection of the rights and interests of internal migrant workers. The program is implemented in various sending and receiving areas agreed upon between the Government and the UN.

Within the YEM, the Ministry of Health (MOH), the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) are implementing a Component entitled '*Design and testing of health promotion model to promote use of appropriate health services by migrant youth*' (Output 3.3 of the YEM). The project aims to increase young migrants' health knowledge and risks awareness and to improve their access to and utilization of health services. It is implemented in various intervention sites agreed upon between MOH, WHO and UNFPA: TEDA district in Tianjin, Xincheng district in Xi'an, Cang county in Cangzhou and Zhashui county in Shaanxi Province.

Local health counterparts in Tianjin and Xi'an have been trained on social marketing approach in September 2009, and received training on peer education intervention approach in April 2010. The Project was implemented from the second quarter of 2010, including setting up 'youth-migrant friendly stations', mobilizing community-based health service station/centre to recruit peer educator from youth-migrants to conduct peer education and outreach activities. To date, the beneficiaries of TEDA district is 10,000 and that of Xincheng District is 15,000.

Who is this manual for?

The Manual is a training tool developed for promoting health awareness of youth migrants. The Manual covers the concept and theoretical base of social marketing, project management, situation analysis, audience insight, 4P's etc. It can be used to organize systematic training for staff of government and NGO on social marketing interventions.

Development of the Manual

UNFPA has gained rich experiences in peer education through implementing youth migrants project in Tianjin and Xi'an. The project also bears out the strength of peer education. In order to share experiences with counterpart in relevant departments and help them to implement project more effectively, PSI has developed the Manual based on its experience in health education as well as studies and evaluation conducted in two project sites with project management, PE and target group.

How to use the Manual

The Manual consists of three parts. Part one is training modules, each module includes the theory and procedure of conducting training; part two is power point presentations and handouts; annex includes reference materials. The trainer can prepare teaching materials according to the description in the Manual, and adjust the time for each session according to the days of training, number and knowledge level of participants and the progress of the project.

Prepare for the training

1. Set training objective: The training objective of each session is identified for the trainer.

2. Information about the participants

The trainers need to understand the participants and organize training according to their needs, including:

- Number of participants
- Are they familiar with the training contents and methods
- Expectations, concerns and requirement
- Understanding of the training contents

3. Training content and arrangement

Having identified training objective, training duration and the participants, you can develop agenda and training plan. Ideally, the agenda is sent to participants if possible.

4. Set up the classroom

The trainers should check if the classroom meets the requirements before the training start, for example the chairs can be rearranged into group, the light, noise

outside, location for banner, whiteboard or flipchart. Is it spacious enough for playing games? If the classroom does not meet the requirement, the trainer needs to maximize the best use of it.

If the participants are no more than 20, the chair in the classroom can be arranged into horseshoe:

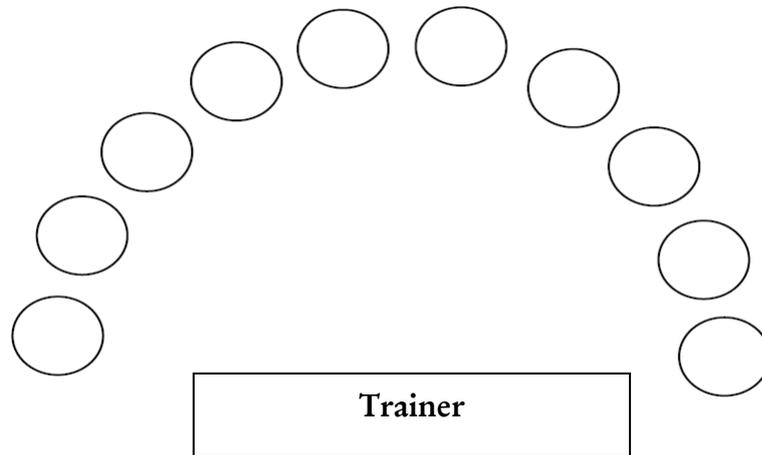


Chart 1: Horseshoe

If the participants are more than 20, the trainer can divide the participants into group of 4-8 as follows:

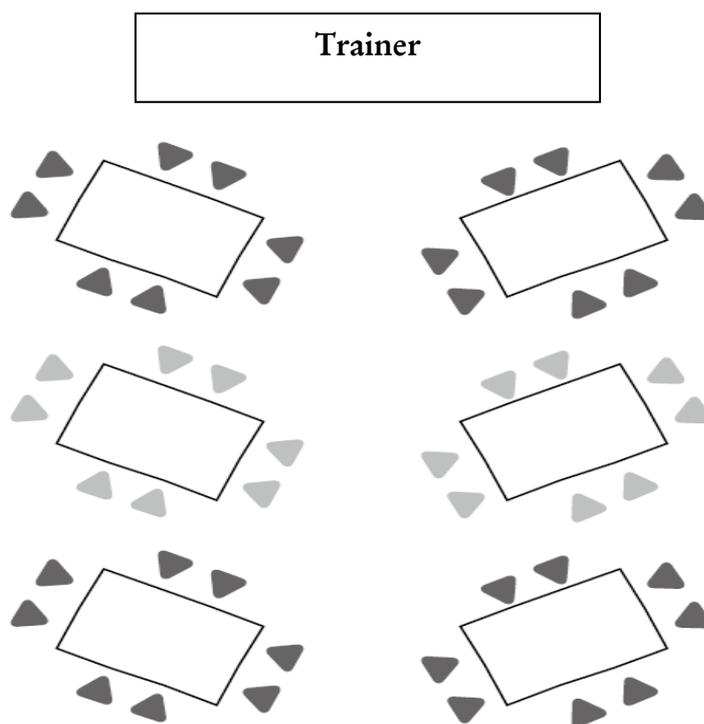


Chart 2: In groups

5. Prepare training materials

The trainer can prepare all the training materials one day before the training. We have listed some training materials needed for training. The trainer can prepare the materials according to the training contents, classroom and needs of participants.

- Training materials, including
 - Flipchart or whiteboard
 - Colored whiteboard pens, marker pens
 - Clip (or other materials to fix flipchart) , masking tape, scissors
 - A4 paper (or colored paper), ball pen, notebook
 - Name tags
- Tools
 - Peer education folder (with relevant materials)
 - Power point slides
 - Others: materials for game, review or evaluation
- IEC materials: brochure on reproductive health etc

- Handouts, materials for exercise
- Others(stationary, banner, snack, gifts etc

6. Facilitator/Trainer

The training is conducted by a team instead of just one trainer. In the training, one trainer (hereinafter referred to as facilitator in this Manual) will lead the training, other trainers will support him/her, such as participating in group discussion, taking notes during brainstorm session. The trainers should ensure all the participants are involved, and monitor the group discussion don't stray from the topic, and encourage all the participants to participate equally.

7. Select training methods

1) Presentation

The presentation should not exceed 20 minutes, otherwise the participants will be absentminded. The trainer can ask open-ended questions during the presentation to facilitate thinking and maintain their energy. If the participants feel tired or sleepy, the trainer can organize an energizer or have an early break.

2) Brainstorm

Brainstorm can help the participants to share their opinions and create new ideas. The facilitator should clearly describe the issues for discussion by considering the education background and language preference of the participants to ensure everyone is involved. Ask one person to record the opinion on flipchart or whiteboard. It is best to choose one participant familiar with brainstorm, good at summarizing opinions and recording to help you, or ask another trainer to help if the participant can do it.

3) Games

Icebreaker helps the participants to get to know each other and participate in training actively. The facilitator can choose appropriate icebreaker based on familiarity among the participants.

Energizer is used between breaks and before the afternoon session starts, or when the participants feel tired or sleepy. Energizer will refresh the participants and enable them to participate in the training actively.

Learning games are games that have been specifically designed to teach people about a certain subject, enable the participants to learn knowledge through practicing.

4) Recap and Evaluation

Recap is done at the end of the day or the beginning of next day to check the comprehension of the participants through games, group discussion, Q&A, and maintain their interests for the following training.

Evaluation aims at collecting the participant's feedback on training contents, methods, logistic support and needs for future training. Evaluation form is commonly used to collect feedback. The trainer can use other means for evaluation.

5) Group Discussion

Smaller group discussion enables the participants to fully participate in training. Group of 2-4 people (buzz group) can be used to solicit opinion, or before the facilitator introduce a new concept. Such discussion does not need much time or a facilitator for each group. The participants can be grouped into 4 to 6 persons to further discuss an issue. The facilitator can ask each group to choose a leader to facilitate group discussion, a recorder to write down the outcome of discussion, a reporter to feedback to the plenary.

If several trainers conduct training together, the trainers should join each group or go around and inspect each group to make sure the participants understand the issue and follow the instructions.

MODULE 1 OVERVIEW OF SOCIAL MARKETING

Training Objective:

- The concept and characteristics of social marketing
- The difference between social marketing and commercial marketing

Training Activity:

Topic1: **The difference between social marketing and commercial marketing**

- The concept and characteristics of social marketing
- The difference between social marketing and commercial marketing

Materials:

LCD Projector, laptop, power point slides, Flipchart, marker pens, A4 paper

Prepare for the training:

Background Information

The concept and characteristics of social marketing

1. History of social marketing

Various social problems have emerged during the process of social development, such as poverty, wealth gap, drug abuse, HIV prevalence, drinking, smoking, drunken driving, migrant, women and children trafficking etc. Each country and governments at all levels have promulgated policies and regulations to address these problems.

Policies and regulations are compulsory but not very effective in resolving these social problems. Individual or a group of people committed crime was punished by law, but their behavior has caused loss to the society and people. Moreover, it might foster their anti-social mentality and they would commit crime again.

In order to resolve social problems, besides policies and regulations, we need to change the beliefs of public and enable them to proactively adopt promoted behavior, hence we can avoid people adopting negative behaviors. In other words, regard promoted behavior as a product, and encourage target people to 'purchase' it voluntarily, which will benefit individuals and the society.

Social marketing began as a formal discipline in 1971 by marketing experts Philip Kotler. He suggested using the principles and skills of marketing to promote belief or behavior.

2. Concept of social marketing

Firstly, we need to understand what is marketing. Marketing is the process to create values, and exchange products and values with others to get what people want. In other words, marketing is a process to provide appropriate products and services to consumers at the right time and place, with appropriate price, through adequate communication and promotion methods. The 'appropriate' means you need to identify right consumers for the products and provide appropriate products for the consumers to purchase.

Social marketing is a process to provide appropriate products and services to target people at the right time and place, with appropriate price, through adequate communication and promotion methods. That is to say, social marketing uses the ideologies and skills of commercial marketing to advocate a belief or behavior, and change the beliefs and attitude of target people for them to change the behaviors,

ultimate benefit the people and society. Behavior in this context refers to adopting a product or service, such as using condom, VCT; or refers to not adopting a behavior, such as prohibit smoking, drug rehabilitation.

In social marketing, target people (project jargon), audience (media jargon), customer (commercial marketing) are the same.

3. Characteristics of Social marketing

A. Audience-centered

In social marketing, target people are not opposite to wrong behaviors or our 'enemies'. We should put ourselves into their shoes to understand their needs and adopt adequate and corresponding strategic measures to address them.

2. Affecting behavior and facilitating change are based on 'voluntary exchange'.

Though such behaviors lead to their vulnerabilities, but most people are happy with their existing behaviors and situations. We think their behaviors are wrong, but they can benefit from practicing the behavior. If they abandon the behavior or change the behavior, they can obtain something as well as lose something, which is an exchange.

To be audience-centered, we need help them analyze the costs and benefits of such exchange, instead of telling them the right and wrong. Social marketing requires us to work with people to analyze OAM and 'exchange' to obtain benefits that target people can get by practicing high risk behavior.

3. Social marketing is project designing, implementation and M&E based on researches

- A. Identify target people who are different from general population, such as facing higher risks, being easier to change. For example, HIV/AIDS prevention intervention for IDU, we focus on injecting drug users instead of non-injecting(snort, smoking), because IDU are at a higher risks. Compared to IDU don't share needles with others, IDU share needles face a much higher risk, therefore we focus on providing interventions to them.
- B. Understand OAM of target people. In social marketing project, we need to understand the barriers for target people to change through in-depth research. For example, people share needle don't know the harm to their health, or don't know where to get clean needle, or they think it is normal because everyone does so
- C. We can design interventions after indentifying OAM, including providing products and services, campaigning information and skills etc. Ensure relevance of the information and behavior by conducting pre-test to predict

to what extent the information will be accepted by target people.

D. Regular M&E for project progress to indentify and resolve the problems

4. Social marketing borrows 4 P's from commercial marketing

- Product
- Price
- Place
- Promotion

5. Social marketing divide target people into different groups to develop specific marketing strategies and maximize the benefits:

- Not all target people will practice high risk behaviors
- Not all people practice high risk behavior will change easily
- Besides target people, we should attach importance to policy makers, informal leaders etc
- Opinion leaders and others create an enabling environment for target people to change behavior more easily, we should design some intervention project for them.

Difference Between Social Marketing and Commercial Marketing

Social marketing has borrowed theories, strategies and skills from commercial marketing, but it differs from social marketing in many ways

1. Clients

social marketing focuses on low-income or vulnerable groups, for example migrants can't afford hospital. Social marketing intervention can provide migrants same medical service by providing stipend, discount, setting health service facilities for them. In other cases, target people practice high risk behaviors(don't wear helmet while riding motorbike, drunk driving-increase chances of accidents, smoking-increasing chances of lung cancer) instead of being poor.

2. Objective

The purpose of social marketing is to promote target people to change behaviors voluntarily, abandon unhealthy or wrong behaviors and adopt healthy behavior to benefit people and the society. Once more people change behavior, the society can benefit more. For example, if people become abstinent from drug, on one hand they can live a normal life and integrate into the society, on the other hand, the crime rate will decrease and the society will be safer.

3. Source of funding

social marketing is project-based and receives funds from individuals or enterprise or government.

4. Realization

Both social marketing and marketing are client-centered. Put ourselves into the shoes of consumers: 'How can this benefit me?, Why don't I pay for it?'. We need to understand the reasons that they don't change the behavior, as well as benefits of changing behavior and design specific measures to encourage more people to adopt the behavior.

| | Commercial Marketing | Social Marketing |
|-------------------|--|--|
| Client | General population | Low-income or vulnerable population |
| Purpose | Profit | Promoting health behavior |
| | Greater profit | Increase volume of use |
| | Increase demand | |
| Source of funding | Commercial investment | Grant, government funding |
| Realization | Ensure everyone receive the products desired | Ensure everyone receive the products desired |

Training

Pre-training Test

Print the test and distribute one copy to each participant

Youth Migrants Intervention Project

Pre-training test for Social Marketing Training

Month____ Year_____

1. What is social marketing?
2. What is project management cycle?
3. What does a logframe include?
4. To design an appropriate project, what do you need to know about migrant youths?
5. How can we facilitate youth migrants to use our service by using packaging strategy?
6. What are monetary and non-monetary costs for migrant youths to receive service?
7. Steps of Developing Communication Plan?

Answer

1. What is social marketing?

Social marketing is achieving public interests by using commercial marketing

strategies, or promote commercial services through public interests. Social marketing is to influence target people by using commercial marketing ideologies and skills, change their behaviors and benefit individuals and society.

2. What is project management cycle?

Identify and analyze problems—design strategies—submit proposal and approved—implementation and monitoring of project—evaluation and programming. Integrate capacity building and participation into the process.

3. What does a logframe include?

| Activity Description | Verifiable Indicator | Means of verification (MoV) | Assumptions |
|---|----------------------|-----------------------------|-------------|
| Goal: Improve health conditions of target people | | | |
| Purpose : Change risky behaviors of target people | | | |
| Output : change of opportunities, abilities, motivation | | | |
| Activity: A series of intervention activities | | | |

4. To design an appropriate project, what do you need to know about migrant youths?

- Name/nickname : A real name (E.g Xiao Fang), or a description (E.g lovable mother is an effective way to remind us that they are real people
- Summary: a summary of all key information about the target people can capture its overarching idea
- Demographics: sex, gender, marital status, education, SES, employment, accommodation etc.
- Psychographics: dreams, wishes, needs, attitude, concerns and worries, values etc

- Characteristics of behavior: behaviors, buying habits etc.
- Determinants for behavior change (OAM): opportunity, attitude and motivation
- Personal belief: what are the barriers for target people to change behavior or use our products or services? What benefits can target people have if they have changed the behavior? What kind of beliefs can promote behavior change? What kind of belief are conducive to consolidating promoted behavior?
- Media habits: Any information about what media is consumed and when, where or how
- W2P: maximum amount a person would be willing to pay

5. How can we facilitate youth migrants to use our service by using packaging strategy?

- The packaging communicates functional and emotional commitment of the product
- Serve as a campaign tool
- The number of products in one packaging can be flexible
- Different sized packaging can serve different purpose

Decorating youth friendly service sites is a kind of packaging for our service. For example, lively outdoor decoration, the decoration in the counseling room makes people feel relaxed and comfortable, the clinic should be simple and neat.

6. What are monetary and non-monetary costs for migrant youths to receive service?

Monetary costs: medical cost, transportation cost, charge for loss of working hours etc.

Non-monetary costs: time, experience, psychological risks, physical discomfort etc

7. Steps of Developing Communication Plan?

- Set communication objective
- Write key message
- Choose the communication tools
- Sync the objectives with the tool
- Develop detailed strategies and plans
- Write communication brief

Topic1: Concept and characteristics of social marketing

objective:

- Concept of social marketing
- Characteristics of social marketing

Time: 40Minutes

Method: Presentation, plenary discussion, group discussion

Procedure:

- Ask a participant to talk about his/her understand of social marketing.
Remind the participants there is no right or wrong answers, just feel free to tell your ideas
- The facilitator summarizes it
- Present slides2-10
 - Brain storm: Difference Between Social Marketing and Commercial Marketing?

Key learning point:

- Features of social marketing
-

MODULE 2 PROJECT MANAGEMENT

Training Objective:

- Understand project and project management cycle
- Understand Common M&E methods and tools
- Understand Documentation
- Understand Logframe

Training Activity:

- Topic1: project and project management cycle
- Topic2: Common M&E methods and tools
- Topic3: Documentation
- Topic4: Logframe

Materials

Flipchart, color pen

Prepare for the training:

Background Information

Project and Project management cycle

Project

Project is process in which all aspects of a proposed project are explored to examine the relationship between activities, events, durations, and resources (funding and human resources) in some geographic areas to achieve objectives (indicators) by using management and evaluation system (procedure).

Project Management Cycle

Project management is the discipline of planning, organizing, securing, and managing resources to achieve specific goals. Project planning include needs assessment, setting goals and objectives, defining strategies and activities, implementing the plan, M&E and budgeting.

Conduct the activities and M&E, submit regular report to donors and partners.

Project cycles are inter-related. Local situation, behavior of target, OAM, policies and political environment might have change over one project cycle, you need to develop a new project by building on previous project. It is a dynamic process going forward spirally.

Monitoring and Evaluation (M&E)

Monitoring

Monitoring is the systematic collection and analysis of information as a project progresses. It is aimed at identifying variance between work plan and implementation and improving effectiveness of a project by focusing on activities in progress:

- Overall project progress and direction, M&E of concrete activities, use of funds
- Quality, ability and performance of staff
- Bilateral/multi-sectoral cooperation
- External environment: politics and policies

Monitoring is based on indicators and work plan, including **process monitoring**(the process of project implementation, such as number of acivities have been organized and people reached, and whether you are doing what you planned to do) and **impact monitoring** (whether or not the activates generate outcome? Have the target people changed their behaviors, how many people how changed their behaviors due to the project, whether the quality of life of target

people have improve).

Monitoring helps to keep the work on track, and can let management know when things are going wrong. It enables you to determine whether the project is progressing according to the plan and in consistent with the objectives.

Evaluation

Evaluation is to look at the overall outcome and value of project/ intervention measures. It focuses the impact of project outcomes, in other words it links output or outcome with specific intervention measures.

Dimensions for Evaluation

- **Effectiveness:** Has the project achieved expected objectives? Are the activities organized according to the plan, achieved expected objectives, and reached target population?
- **Accuracy/relevance:** Whether or not project design meets the needs of target people? Do existing partners have the abilities to conduct interventions?
- **Efficiency:** Efficiency tells you that the input into the work is appropriate in terms of the output, whether the resources effectively used
- **Impact:** Impact shows whether or not what exerted mid-term or long-term impact upon target people, improved their life quality if the behaviors not changed; you did made a difference to the policies
- **Sustainability:** To what extent, has the ability of partners improved? Whether or not target people are empowered? Promulgation of enabling policies? Can the project be further implemented on completion of the project? Can the project exert long-term impact upon behavior change and life quality of target people
- **Lessons learnt:** The successful experiences to draw on and lessons learnt?

Difference between monitoring and Evaluation

M&E can ensure the quality of project, progress, achieving the objectives, identify successful experience and problems, improve project management and implementation, replicate good practice and adjust objectives or activities in time.

Evaluation focuses on outcome and impact

Table 2-1 Difference between monitoring and Evaluation

| | Monitoring | Evaluation |
|--------------------|---|--|
| Time | On-going | Phased |
| Focus | Project activity | Project progress, changes |
| Implementer | Project staff Stakeholder | Independent third party (external evaluation), project staff, stakeholder, donor |
| Method/Tool | Regular meeting , report , monthly/quarterly report or review | Specific meeting, possibly will collect additional information |

| |
|---|
| Common M&E Methods and Tools |
|---|

Reports

Regular Report

The implementing organizations need to submit reports to donor and higher authorities regularly, including:

- Annual, quarterly and final reports to donor
- Regular report of each project of thematic programme, even individual report
- Activity report, trip report, training and finance report

Regular Meetings

- Meeting with project management staff, implementers and stakeholders aiming at following project progress against work plan, including monthly, quarterly, six-month and annual meeting. Outputs include meeting minutes, reports and newsletters.
- Agenda of meeting
 - Whether or not the activities are conducted, how many times, number of people reached
 - Whether the tasks are completed at the right time and with the right quality
 - Quality of activity/feedback of target people

- target people's change in knowledge, attitude, skills and behaviors
- Challenges and problems
- How to resolve problems and challenges

Field visit and record

Besides regular reports and meetings, the project staff need to visit project sites if they are not direct implementers of the project, such as checking the products procured, progress of outreach, skills of outreach workers, feedback of target people and interaction with target people. The staff should document, report and give feedback and recommendations.

Interview

You can have individual interview or FGD with target people, partners and stakeholders. An interview list should be prepared. The interview group members can undertake different responsibilities, such as recorder, interviewer etc.

Researches

Research aims at collecting and analyzing information for systematic study, such as questionnaires for families, FGD. Ideally people with relevant academic background conduct the researches.

Case studies

Case studies is to describe and analyze the experience of individual or populations upon whom the project have significant impact.

Documentation

Documentation is an on-going process, including reports, journal, record, tables (volunteer registration form, activity form etc). Documentation should be standardized, timely and complete. Meeting minutes, telephone record, product distribution list, peer education record, important events should be documented in the form of written document, photo, video and audio. Both hard copies and electronic copies are required, preferably a backup disc is created for electronic version.

Documentation will standardize management, moreover, written record can avoid any dispute in the future and provide evidence to improve the performance.

| |
|-----------------|
| Logframe |
|-----------------|

Logframe

The logframe is an analytical tool used to plan, manage, monitor and evaluate projects. It is an agreement between implementing agency and donor, the logical basis for the project as well as causal model for intervention. Many donors require

Chinese logframe when an organization submits project proposal. If the logframe or the design is not clear, the proposal won't be approved.

Logframe Matrix (LFM)

The four columns are used to describe four different types of events that take place as a project is implemented. **Goal** is the long term and strategic development impact that the project contributes; **purpose** is the reason for implementing the project; **output**: what are the concrete outputs envisaged to achieve the specific objectives; **activities**: What are the key activities to be carried out and in what sequence in order to produce the expected results?

| Activity Description | Verifiable Indicator | Means of verification (MoV) | Assumptions |
|--|----------------------|-----------------------------|-------------|
| Goal: Improve health conditions of target people | | | |
| Purpose : Change risky behaviors of target people | | | |
| Output: change of opportunities, abilities, motivation | | | |
| Activity: A series of intervention activities | | | |

Activity Description

| | |
|---|---|
| Goal (overall broader objectives) | Improve health conditions of target people |
| Purpose: Outcomes of the project | Change risky behaviors of target people, such as change behavior of seeking medical service |
| Output: direct results of project intervention | Change of OAM, such as improved health awareness etc |
| Activities: A series of intervention activities | social marketing interventions |

Verifiable Indicator

| | |
|---|--|
| Goal-Indicator overall broader objectives | Improve health conditions of target people Indicator: Reduce HIV infection rate among young people between 15-24 year old |
|---|--|

| | |
|---|---|
| Purpose-Indicator The reason for implementing the project: impact upon target people | Purpose: Change risky behaviors of target people Indicator: Increase the rate of using condom during sex among young people between 15-24 year old |
| Output-Indicator The concrete outputs | Output: Increase access to condom Indicator: increased ratio of condom sales outlets |
| Activity-Indicator (too many details and usually not listed in logframe) Intervention activities | Activity: Conduct BCC activities Indicator: Organized 5 peer education activities in 6 months and covered 200 youth migrants |

Means of verification and assumptions

| MoV | Main Assumptions |
|---|---|
| <ul style="list-style-type: none"> - Follow up research - Sales report - Project progress report - FGD - Case studies - M& E database | <ul style="list-style-type: none"> - The factors and conditions not under the direct control of the project - External factors and conditions must be addressed to obtain the expected outputs <p>For example, Chinese government will achieve MDG by improving health conditions of migrant youth—this is a preferential factor.</p> |

Training

Topic 1 Project and Project Cycle Management

Objective:

- Understand the concept of project
- Understand project cycle management

Time: 40 Minutes

Method: Presentation, plenary discussion, group work

Procedure:

- Facilitator: I want to ask you a question. What do I need to consider if I travel to somewhere? You can ask one participant to tell about his/her idea, and ask other participants to talk. Present slides page 2-8, and introduce the factors on PowerPoint slides
- Ask the plenary: What is project? Present PowerPoint slides 10 or ask one participants to read aloud, then ask another participant to talk about the where they implement the project, its objectives, which organizations are

- involved, the starting and ending date etc
- Jigsaw puzzle: Present slides11, distribute a set of card paper to the participants (7 piece of paper: (identify problem, design strategies, submit proposal to be approved, implementation& M&E, evaluation& reprogramming, CB, participation)
 - Ask the participants to put the paper into matrix
 - The facilitator present slides12 and summarize
- Presentation PowerPoint slides13-24

Topic 2: Command M&E methods and tools

Objective: Understand different M&E methods and tools

Time: 60Minutes

Method: Presentation, group discussion,

Procedure:

- Presentation PowerPoint slides 25-36
- Divide the participants into groups according to project and discuss the methods and tools will be used
- Group feedback, plenary discussion.

Topic 3: Documentation

Objective: Understand requirements and methods for documentation

Time: 50 Minutes

Method: Presentation, group discussion

Procedure:

- Present slides34-36
- Group work: Review existing documentation and indentify things need to be improved.
- Determine methods and requirements of documentation for project site

Topic 4: Logframe

Objective: Understand logframe

Time: 30 Minutes

Method: Presentation, group work

Procedure:

- Present sides 38-44, demonstrate samples of logframe
- Note: The training does not require the participants to develop logframe, but need to understand the logic between objective and activities, and the role of current work in logframe

Key Learning Points:

- M&E tools
 - Documentation of the project
-

MODULE 3 SITUATION ANALYSIS

Training Objective:

- Understand steps and methods of situation analysis
- Identify health problems, strategic objectives and Strategic target and tactical segments
- Understand UoN calculation, total market approach, trial versus loyalty strategies
- Identify the strength, weakness, opportunities and challenges through SWOT

Training Activity:

Topic1: Situation analysis

Topic2: Health problems

Topic3: UoN calculation, total market approach, trial versus loyalty strategies

Topic4: SWOT analysis

Materials

Flipchart, color pen

Prepare for the training:

Background Information

Overview of Situation Analysis

Concept of situation analysis

The situation analysis analyzes the context in which we operate in order to identify strategic priorities for the marketing plan.

Strategic priorities are themes or big picture issues that the plan should address. They help you decide on your plan's marketing objectives and strategies, and improve quality perception of your products, for example increased satisfaction of migrant youth's to youth friendly service improved, increasing sustainability through better cost recovery.

A strategic priority might affect several marketing objectives or strategies at a time, for example:

| Strategic Priority | Marketing Strategies |
|---|--|
| Improve migrant population's satisfaction of CHSS | <p>Product:</p> <ol style="list-style-type: none">1- Provide more health service: Add gynecological examination and hepatitis test that are not available in the past2- Adopt new technology and equipments: In the past, people can only receive TORCH in large hospitals, now it is available in the CHSS <p>Price: Increase price</p> <p>Place/channels: Set service site close to their apartment of youth, 2 minutes by walk</p> |

Steps of situation analysis

Collect Data

The purpose of collecting data is to identify health problems, the behaviors that affect it and the populations at risk for it.

Sources for situation analysis:

- First-hand data: Pre-assessment, baseline survey

- Secondary data: Epidemiological survey, behavioral surveillance studies of CDC, research report and academic paper of other organizations
- You can use FGD and other methods to collect information if baseline survey and secondary data are not available

Analyze Data

Some types of data to analyze when identifying strategic priorities:

- Health problems
- UoN calculations
- Total market approach (TMA)
- Trial vs. loyalty strategies
- SWOT analysis
- Lessons learnt from research/experience
- Donor expectation and logframe

(Note: SWOT-strength, weakness, opportunities and challenges)

Identify Strategic Priorities

| |
|---|
| <h2>Identify health problems, behaviors and target people</h2> |
|---|

Situation analysis is to identify health problems, the behaviors that affect it and the populations at risk for it.

Health Problems

Considerations of using baseline survey, secondary data or population and health survey to understand local health problems:

- Incidence or prevalence of problem
- Trends over time
- Skews in geographic areas or population

Behaviors

Some health problems are the result of multiple factors, including policies, physical environment, social environment, public awareness, religious belief, personal behaviors etc. Social marketing will address personal behavior. For example, over

70% of **MY** know HIV/STI, but the rate of unprotected sex is still high, hence social marketing project will provide interventions on unprotected sex. You need to consider project requirement and available resources, select appropriate behaviors and target people.

Populations at risk

Strategic targets and tactical segments

After you have indentified your risky population, you might need to do more work in order to decide exactly who to target within that population. It's not always desirable to target an entire risk population, because it might be too heterogeneous and, thus too difficult to reach effectively with just one set of marketing strategies and activities. target people can be divided into several types, namely strategic target and tactical segments.

- **Strategic target**-your long-term strategic audience to whom your product /service/behavior is positioned
- **Tactical Segments**-sometimes called 'prime prospects' by commercial marketers, these are smaller and more homogenous groups within the Strategic Target, which are pursued on a short-term tactical basis. Each segment within the Strategic Targets should develop specific marketing strategies and activities.

For example 15-24 migrant youths are actually a very broad category including construction workers, waiters/waitress, venders, unemployed youth, students of senior high schools, secondary vocational school, polytechnic school, college and universities, or employees of state-owned, foreign enterprise, private sector. Usually employees of large enterprises have received good education, obtain higher salary and enjoy better benefits.

For students, the school clinic, teaching sector and Youth League will organize various activities disseminate knowledge, whereas construction workers and waiters/waitress are more vulnerable due to their occupation, hence they have more health problems. 15-24 migrant youths are tactical segments divided into three categories, namely employees, students, construction workers/waiters. If we have limited resources, we should prioritize most vulnerable group for intervention; if we have sufficient resources, we can provide interventions to all tactical segments with different strategies by considering their resources and conditions.

Define Tactical Segments

Tactical segments can be defined according to many different characteristics, including but not limited to the list below.

- Demographics: sex, age, matital status, education level, occupation etc.
- Psychographics: values, attitudes or lifestyles etc

- Current/recent behavior
- Intention to perform/stop the behavior

You can choose between segments according to the following criteria:

- Size of the group: the number of the group, is it large enough to have impact on the health problems;
- Health risk: what percent of the group is 'at risk' and/or how much are they at risk? In other words, will our project maximize health impact by addressing this group?
- Ability to persuade the group: How easy will it be to persuade them to change their behavior?
- Ability to reach the group: It is not difficult to reach MY. But reaching CSW and providing intervention to them is quite difficult, reaching and providing intervention to Social marketing in detention center can be more difficult.
- Cost to reach the group: Most of the youth migrants are in the cities, therefore the cost won't be increased. But if you want to conduct activities in mine, high way construction sites, the cost will be increased, including travel, food and accommodation and insurance.
- Equity: is this group of a lower or higher SES? Will they be discriminated? Correcting disparities, discrimination and stigma is a priority for many social marketing programme.

UoN, TMA, Trial versus Loyalty Strategies

UoN

UoN Calculations

The UoN represents the number of people in the risk group and/or risk occasions in which there is an opportunity to influence the target people's frequency of adopting the promoted product, service and behavior.

Example 1: One company plans to sell chewing gum in X town. The population of the town is 10,000, 20% of them are regular customers and they eat 4 chewing gums per day. The total UoN of the town is:

$$10,000 \times 20\% \times 4/\text{day} \times 365 \text{ days} = 2,920,000$$

The salesman can estimate annual sales volume.

Example 2: There are 1,000 people in B city, half of which are female, of which 1/3 are unmarried. We plan to promote contraception knowledge to them. 3 times per person for them to remember and adopt the knowledge and UoN is:

$$1,000 \times 50\% \times 1/3 \times 3 = 500 \text{ times}$$

UoN Calculations are useful because they help you...

- a) Compare the total number of risk occasions to the number of risk occasions you think your project will cover, indentify gaps and adjust the project accordingly.
- b) Consider the estimated contribution of other players. How many target people will they cover? For example, local family planning committee might cover 50% of UoN of condom, we might cover additional 50%
- c) Quantify project goals through UoN
- d) Decide if you want to pursue a trial or loyalty strategy

TMA

TMA help us to understand similar project and/or activities being implanted, what percent of market share does each sector enjoy? How have those market shares changed over time?

TMA has two main goals

- **Increase the overall market size**-This usually means increasing our sales by bringing new users into the market. For example, promoting reproductive health campaign and peer education helps more MY to understand contraception, and sales volume of condom will be increased. Providing youth friendly service will help MY to change health-seeking behavior, and more people will visit the clinics.
- **Help grow the commercial sectors**-Social marketing does not aim at stealing market share from commercial sectors, unless they are of an inferior and dangerous quality, eg. poor quality condoms, or the small clinic uses stained operation facilities. Ideally, private sector market share would increase over time, leading to a more sustainable category in the long term, as the economic conditions of target people have been improved, or the CSR of enterprise are strengthened, vulnerable target people can receive adequate products or services.

The implication is that commercial products and services are not our competitors. Non use of the product or service in question is the competition. We will further explore this in 4 P

Trial versus Loyalty Strategies

The concept of trial and loyalty strategies

- Trial--new consumers try our product or service
- Loyalty—persuade current consumers to consumer more products or services

For example:

| Trial Strategy | Loyalty Strategy |
|--|---|
| <ul style="list-style-type: none"> - Distribute free samples - Run discounted price promotions - Free medical consultations | <ul style="list-style-type: none"> - Increase direct-to-consumer communication via website, QQ chat group, and improve product and service accordingly - Motivate consumers to advocate with friends or family - Incentive mechanism: membership: The client get one free medical check-up for every two check-ups |

Decision-making Principle

- Generally it's easier to get current users to use more than to get people who have never tried a certain product/service/behavior to begin. An exception could be when you are dealing with a relatively new product or service and there is a lot of latent demand for it.
- If you choose to address non-intenders for product, service or behavior, the strategy will be trial-driven, if you've chosen to target inconsistent users, the strategy will be loyalty-driven.

SWOT Analysis

SWOT:

- Strengths
- Weakness
- Opportunities
- Threats

SWOT is an important tool to identify internal strength and weakness, external opportunities and challenges

| | |
|---|---|
| S | W |
| O | T |



Some internal issues to consider (strength and weakness):

- Staff capacity and management: quality of staff recruitment, relevant experiences, training programs or performance management system, quality control system etc.
- Resource availability: personnel, funding, time, stead partners
- Whether enough information about health problems and target people

Some external issues to consider (as threats or opportunities):

- Political factors: E.g government policies, whether China is a member of MDG—preferential opportunity for implementing youth migrants project
- Donor requirements
- Economic factors: E.g. inflation, employment, changing income levels, government trade policies
- Environmental/Logistical factors: natural disasters (earthquake, drought, flood),ethnic/political conflict

Training

Topic1: situation analysis

Objective:

- Understand the concept of situation analysis
- Understand the steps of situation analysis

Time: 40Minutes

Method: Presentation, plenary discussion, group work

Procedure:

- Brain storm: What is situation analysis? Steps of situation analysis?
- The facilitator summarizes the feedback
- Present slides 2-14

Topic2: Analyze health problems

Objective: Identify health problems according to the findings of research

Time: 100Minutes

Method: Presentation, group discussion, case study

Procedure:

- Present slides16-26
- Divide participants into project group, and distribute handout--case study

Group discussion:

- According to case study, what health problems shall we intervene?
- Behaviors affecting these health problems?
- Strategic targets and tactical segments?

Note: If the participants have their own research report, you should use their report, which will enable the discussion to be specific and relevant.

Topic3: UoN, TMA, trial versus loyalty strategies

Objective: Understand UoN, TMA, trial versus loyalty strategies

Time: 30Minutes

Method: Presentation, group discussion

Procedure:

- Present slides 28-31
- Exercise on p32.
- Presentation PowerPoint slides 33-40

Topic4: SWOT Analysis

Objective: Understand SWOT analysis, analyze the project by using SWOT

Time: 30Minutes

Method: Presentation, group work

Procedure:

- Present slides 42--44
- Each group analyze the project by using SWOT on P45

Key Learning Points:

- Steps of situation analysis
- SWOT analysis

MODULE 4 AUDIENCE INSIGHT

Training Objective:

- Understand the concept and purpose of audience insight
- Able to write Audience Profile

Training Activity:

Topic1: Audience insight

Topic2: Write Audience Profile

Topic3: Use Audience Profile effectively

Materials:

Flipchart, color pen

Prepare for the training

Background Information

Audience Insight

Audience insight is an indispensable tool to understand the context for implementing the project and to understand your target people. It will help us to adopt appropriate strategies to achieve the objectives.

What is audience insight?

Audience insight is knowing your target people so intimately that they become real people to you, and not just a jumble of demographic descriptions. Through audience insight, we can see his age, gender, lifestyle, behaviors, and develop our goals and plans for them.

Why audience insight is important?

Only real audience insight can help us understand how we should position our products, service or behavior. It provides us with the emotional hook upon which we will hang all our marketing.

Audience Profile

How to write audience profile?

It is time-consuming to write a detailed audience profile based on broad information of audience, but we can use Audience Profile to help us summarize the key information of target people by using primary researches and secondary researches, qualitative and quantitative research, and experience of working with target people:

Primary research:

- Baseline survey
- Quantitative data (monitoring form and breakdown form)
- Qualitative materials

Secondary research:

- Census
- Survey on knowledge and behavior
- Work experience

Audience Profile includes:

- Name/nickname: A real name (E.g Xiao Fang), or a description (E.g lovable mother is an effective way to remind us that they are real people)

- Summary: a summary of all key information about the target people can capture its overarching idea
- Demographics: sex, gender, marital status, education, SES, employment, accommodation etc.
- Psychographics: dreams, wishes, needs, attitude, concerns and worries, values etc
- Characteristics of behavior, use of product and service: behavior, buying habits, frequency of using certain product or service
- OAM: opportunity, capacity and motivation
- Media care habits: Any information about what media is consumed and when, where or how
- Perceived benefits of & barriers to the promoted & current behaviors

Audience Profile: Lian

Lian

Background

Lian is 19 year old girl from a poor village. She goes to work in the city to earn some money to support her family. Lian does not go to senior high school because her father is sick. Moreover she has two sisters and her mother manages household affairs alone. Lian comes to Tianjin and works for a restaurant early this year. The employer provides her with accommodation and meal and she can earn 1,000 Yuan per month.

She is quite thrifty and gives her family 700 Yuan each month. She has not friends here and is not accustomed to the city. It's difficult to integrate into the society, hence she feels depressed and lonely. Recently, she suffers from stomache and refrains herself from going to the doctor because it will cost money.

Demographics

- Age: 19
- Education: junior high school
- Hometown: a poor village
- Occupation: waitress
- Responsibility for the family: she gives her family 700 Yuan to support them

Behavior:

- Feel uncomfortable but does not want to see the doctor
- Mental pressure

OAM:

- Social norms: her peers just buy medicine by themselves or visit the doctor if they feel sick
- Intent: Willing to seek for support or visit the doctor

Main monitoring information :

- Knowledge: limited knowledge on physical and mental health
- Threat: Ignore health

Intention: Not willing to spend money for visiting the doctor

Perceived benefits of and barriers to visiting doctor and seeking for psychological support

(Source: experience)

| | Seek for psychological support | Visit the doctor |
|-----------------|---|--|
| Benefits | - Relieve stress and help her to adapt to the city | - Free from illness - Stay healthy |
| Barriers | - Does not know she can access support - Does not know where to get help | - Cost money - Does not know which clinic or hospital to go - Does not understand the procedure of visiting doctor |

Media habit:

- TV: watches TV while she's not busy
- Newspaper: reads newspaper in the restaurant while she's not busy

Willing to pay:

- She supposes visiting the doctor is too expensive, but she never consult with the price

Psychographics:

- Daily routine: She gets up early and sleeps late. Her job is to help the clients to order and serve dishes. She spends most of the day in the restaurant. She walks around the restaurant while she's free, but rarely spends money to buy anything.
- Characteristics: Cares for her family and tolerates the pain
- Needs: Needs psychological support and health service
- Wishes: Improve family economic situation and live a better life
- Lifestyle: Family-centered at the moment
- Worries: Her priority is to support her family financially and worries about spending money

Characteristics of a good audience profile:

- The best profiles include qualitative research as a source, helps to generate a wealth of in-depth audience insight
- The profile should be a 'living document', meaning it is regularly updated when new information becomes available

Note: No two profiles will follow the same outline

section

- Daily routines of target people: help inform all sorts of marketing decision from brand positioning to media placement
- 'Openings' over the target's lifetime: when you might be more receptive to your marketing efforts
- Whether a purchase is made in a planned or impulse manner can have implications for marketing planning (place, promotion etc)

How to use an Audience Profile?

As one of the cornerstones of DELTA process, the Audience Profile helps guide our marketing planning. For example when making decisions about communication material or distribution strategies, we should continually refer to the Audience Profile.

In order to help your team internalize who your target audience is, try posting the profile on the wall in the office.

Training

Topic1: Audience insight

Objective: Understand the concept and purpose of audience insight

Time: 20Minutes

Method: Presentation

Procedure:

- Presentation PowerPoint slides

Topic2: Write Audience Profile

Objective: Learn to write Audience Profile

Time: 50Minutes

Method: Presentation, group discussion, plenary discussion

Procedure:

- Presentation PowerPoint slides
- Group discussion: Audience profile of target people (waiter/waitress, workers in factory)
- Plenary discussion: Audience Profile and reach agreement

Topic3: Use Audience Profile Effectively

Objective: Understand how to use Audience Profile

Time: 20Minutes

Method: Presentation

Procedure:

Presentation PowerPoint slides

Key Learning Points

- Write Audience Profile
 - Use Audience Profile
-

MODULE 5 POSITIONING AND BRAND STRATEGY

Training Objective:

- What is brand
- Three levels of brand onion
- Develop brand strategy for your product and/or service

Training Activity:

Topic1: What is brand?

Topic2: Brand positioning

Materials:

LCD projector, laptop, PowerPoint slides, flipchart, marker pens, A4 paper

Background Information

What is brand?

The Concept of Brand

A brand can be defined as a summation of everything our target people knows and feels about our product or service. This means it is an intangible object, something that lives in the hearts and minds of your target people and not on a shelf in the store. This includes knowledge and emotions that results from things like using the product or service, being exposed to it via advertisements, or even recommendation from others.

The Role of Brand

A. People don't want to spend much time on trifles

The target people are busy with life and don't want to spend much time on Low involvement products, such as mineral water, chewing gum etc.

Products include low-involvement product and high-involvement product. Low-Involvement Products are bought frequently at low price and with a minimum of thought and effort, such as drinks, yoghurt and notebook that you can buy from supermarket or street outlet.

High-involvement products are expensive products purchased after a relatively long time, such as computer, fridge etc. It is also relevant to the consumption ability and habit of consumers, for example young people like fashionable mobile phone and change it frequently, for some of them mobile phone is low-involvement product. Some people don't change mobile phone for years, for them mobile phone is high-involvement product.

B. Brand can shorten the purchase process for clients

Brand represent 'quality product' in the hearts of consumers. It helps people to make decision quickly and create empathy which associate with a particular brand. Such as Johnson & Johnson baby products, Jimmy-cartoon, Extra-chewing gum,

Blackman-toothpaste etc.

C. The consumers will rank different brand according to their perceptions

The client has particular perception for each brand. Consumers have limited number of brands in mind, usually the clients have 2-3 low-involvement products in mind, take mineral water for example, Wahaha, Nongfushanquan etc; 7-8 high-involvement products in mind, such as LG, Hisense, Changhong (TV) etc.

D. It's hard to change the ranking once the perceptions established

People would easily accept information consistent with their beliefs or propositions. Brand positioning is describing the image of the product in people's mind to create empathy, and attract people to buy it.

What is Positioning

What is Positioning

It is the core of brand strategy and the first marketing decision you will make. It identifies the most compelling and unique benefit that your product/service/behavior stands for in the mind of the target people. For example, Lenovo launched **high-end** business laptop with **fingerprint identification system**, which is the unique benefit of its laptop

Brand positioning will capture what the brand stands for in the mind of the consumers, and they will remember the brand once they need it. For example, when people feel thirsty in summer, they will think of the white and red logo of Coca-Cola, and recall Colgate when they have tooth decay, and Rejoice when they see flakes in the hair.

The successful brands will associate the function of the brand with the psychological needs of consumers, and deliver long term positioning message to the consumers accurately. The manufacturers might have several positioning at the beginning, but they need to set most competitive strength and deliver it to consumers, and internalize it in the mind of consumers.

How to write brand positioning?

Put yourself in the shoes of consumer.

- Segment market and follow the needs of consumers
- Differences

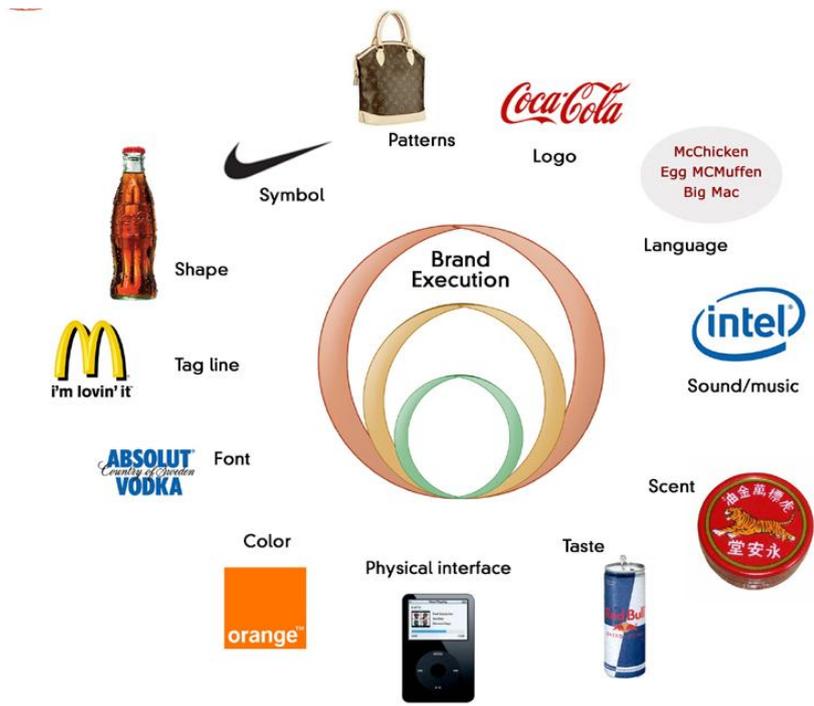
- What do the consumers want from the brand? Do our objectives meet the needs of consumers?
- Segment market: meet specific needs of consumers and create their needs, which are important for brand positioning
 - ‘Unique’ in the market: For example Marlboro represents masculine image of being free, bold, unrestrained, primitive and powerful. This image is irrelevant to cigarette, rather an artificial image. A brand does not need to be all-around for people to accept it, instead, just need to highlight single strength of the brand. Many international brands become famous for just particularly attribute, for example Motorola is positioned as being ‘small, thin and light’, Nokia’s attribute is no radiation; Volvo is positioned as being ‘ safe and durable’, Benz is famous for being ‘noble, king, prominent, supreme’, BMW focuses on the pleasure of driving.

The Brand Onion



Brand personality is strategic statement of 2-4 adjectives that help share the tone of voice for all brand commutations. It determines that packing, advertisement, name of the brand. Brand personality should be unique and focused.

Brand executions are the tangible ‘executional’ elements that a brand can own in the mid and hearts of the target:



Write Positioning Statement

A positioning statement is one sentence that captures what the brand stands for in the mind of the consumer. It defines the target audience, the frame of reference and the core benefit of the brand that makes it unique. A positioning statement is not a slogan, instead is an internal tool to guide the marketing strategy and execution. A brand positioning is a long term proposition that can't be easily changed.

The positioning statement has three parts, namely target audience, frame of reference (competition) and point of differentiation.

Table 1: Frame of Reference

| FRAME OF REFERENCE | EXAMPLE OF WHY IT MIGHT BE USED |
|----------------------------------|--|
| All other HIV prevention methods | To position condom use as the one HIV prevention method that provides something the other methods do not, e.g., to still 'have fun', though responsibly. |
| All other condom brands | To position this brand as one that promises something the other brands do not, e.g., confidence that it will never break. |
| Only high quality condom brands | To position this brand as one that promises something other high quality brands do not, e.g., high quality but at an affordable price |

Point of Differentiation (PoD)

Point of Differentiation is the core benefit that the brand offers to attract target people. There are two types of PoDs, functional and emotional PoDs.

- Functional PoDs are benefits derived from the product or service features. For example iPod has the functional PoD of Being the easiest to use portable music player
- Emotional PoDs fill emotional needs that the consumer has. Continuing the iPod example, its ease of use gives the consumer freedom because he can listen to any of his music anywhere and anytime he wants.

Characteristics of a good positioning statement:

A. Be concise:

Format:

For _____ (target), _____ (brand name) is the (frame of reference), that is _____ (PoD).

Example: For a mother who has a child under five, **Certeza** (PSI product) is the simplest water treatment (FoR) that leaves your water tasting pleasant (functional PoDs) and makes it easier for Xiuzhen to be a good mother (emotional PoDs).

B. Positioning should stem directly from an important piece of audience insight

| Audience insight | Positioning Statement |
|---|--|
| Lulu is a young girl full of fears for her future from the South. She is worried unwanted pregnancy will affect her work and studies, yet she does not use any contraceptive method. She believes that using a family planning method is not convenient and might limit her ability to fall pregnant. | For Lulu, Marvelon is the oral contraceptive that will give her time to fulfill her aspirations and become a good mother whenever she wants |

C. The PoDs chosen should be defensible over the long term. In other words, in the future no other brands should be able to enter the market and try to claim the same PoD.

D. Every positioning statement should have an emotional PoD that will be defensible over the long term.

E. The Best PoD are specific than general. PoDs are by definition, unique.

F. Good positioning demands sacrifice

Training

Topic1: What is brand?

Objective:

- Understand the definition of brand
- Understand the role of brand

Time: 20Minutes

Method: Presentation, Brain storm, plenary discussion

Materials: LCD projector, PowerPoint slides, flipchart, marker pens, colour post-it or card paper

Procedure:

- Present slides 2 and ask the participants to tell what it represents? Why you can recognize it immediately?
- Tell brand stories to the participants (2 in the appendix. The facilitator can update it or use new stories)
- Ask the participants to tell brand stories they know
- Presentation PowerPoint slides 4-10

Topic2: Brand Positioning

Objective:

- Understand brand positioning
- Understand the three levels of brand onion
- Write positioning statement

Time: 80Minutes

Method: Presentation, plenary discussion

Materials: LCD projector, PowerPoint slides, flipchart, marker pens

Procedure:

- Brain storm: What is positioning? How does company write positioning statement?
- Present slides 13-20
- Use No1 Condom as an example to illustrate brand onion
- Present slides 25-38
- Group work: Discuss and write positioning statement and brand onion for youth friendly service

Key learning point:

- Definition and purpose of brand
- Define and apply emotional PoD

MODULE 6 GOAL SETTING

Training Objective:

- Understand the principle of developing objectives
- Understand how to design behavioral objective
- Understand how to design sales/service objective
- Understand how to design coverage and access indicator

Training Activity:

Topic1: The principle of developing objectives

Topic2: Behavioral objective

Topic3: Sales/service objective

Topic4: Coverage and access indicator

Materials:

flipchart, color pen

Prepare for the training:

Background Information

Principles of Setting Objectives

Setting objectives is part of the plan. The objectives specify what you hope to achieve in the plan. The principles of developing objectives:

- social marketing ART: specific, measurable, achievable, realistic and time-bound
- Their time period will coincide with when they are able to be measured and not necessarily the duration of the plan.

Three types of objectives:

- Behavior objective
- Sales/service objective
- Indicator for coverage and access

A plan/proposal can set different objectives:

Behavioral Objective

Even though it will sometimes not be possible to measure changes in behavior during the short time of a plan, every health intervention should have a behavioral objective.

For example, by the end of 2011, 80% of MY in X community will use condom with commercial sexual partners

Sales/Service Objective

If the project involves social marketing, it should include sales objective. For example, sell 100,000 condoms in B County by December next year.

If the project involves service provision, it should include service objective. For example, by the end of 2011, 800 people received VCT service.

You can set the objective according to the requirement of the project.

Indicator for Coverage and Access

Coverage and access

Coverage is the proportion of geographically defined areas.

- For example, at least 10 VCT sites in 70% of X district (coverage)

Access is defined as the proportion of the target people that can be found within a product outlet or serve delivery point.

- An example of access objective might be 80% of MY of X district can access reproductive health service within 1,000 meters of a clinic. (access)

Training

Topic1: Principles for Developing Objectives

Objective: Understand the principles of developing objectives

Time: 10Minutes

Method: Presentation

Procedure:

Presentation PowerPoint slides

Topic2: Behavioral Objective

Objective: Design behavioral objective

Time: 20 Minutes

Method: Presentation, group discussion

Procedure:

- Presentation PowerPoint slides
- Group discussion: design behavioral objective and reach consensus

Topic3: Sales/Service Objective

Objective: Design sales/service objective

Time: 20Minutes

Method: Presentation, group discussion

Procedure:

- Presentation PowerPoint slides
- Group discussion: Design sales/service objective and reach a consensus

Topic4: Indicator for Coverage and Access

Objective: Design indicator for coverage and access

Time: 20 Minutes

Method: Presentation, group discussion

Procedure:

- Presentation PowerPoint slides
- Group discussion: Design indicator for coverage and access and reach a consensus

Key Learning Point:

- Design behavior objective
- Design sales/service objective
- Design indicator for coverage and access

MODUEL 7 BRAND STRATEGY

Training Objective:

- Understand brand strategy
- Understand product/ supporting service
- Understand product/ attributes
- Understand product/ packaging
- Understand product/ quality

Training Activity:

Topic1: Brand strategy

Topic2: Product/ supporting service

Topic3: Product/ attributes

Topic4: Product/ packaging

Topic5: Product/ quality

Materials:

Flipchart, color pen, sample product packing, picture of project sites

Prepare for the training:

Background Information

Product strategies refer to product, service or behaviors (p/s/b) promoting in order to have a health impact, including:

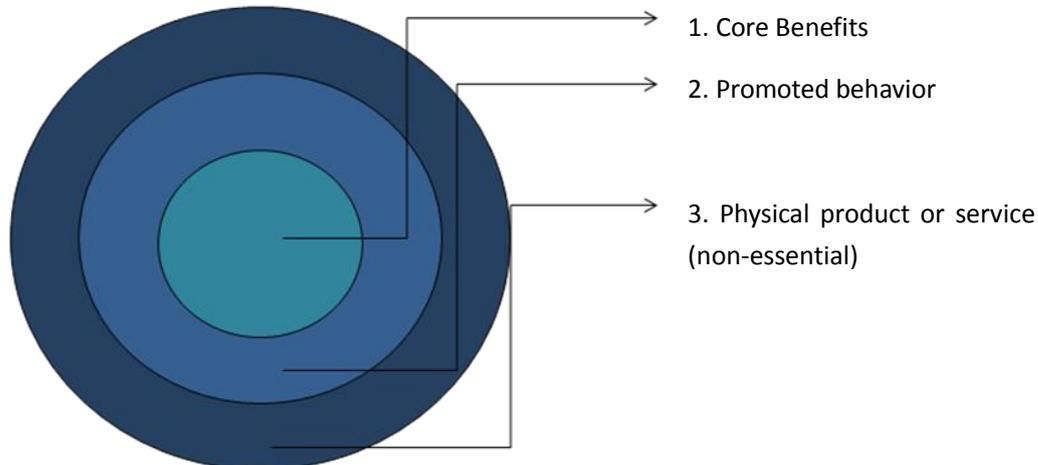
- Brand strategy
- Supporting products/service
- Attributes
- Packaging
- Quality

A service will sometimes break out parts of their product P strategies into additional 'Ps', such as:

- People(for staffing)
- Processes(for quality)
- Physical structure(for the clinic in which the service is provided)

Brand Strategy

In social marketing, products refer to things that we want to 'sell' to target people. Products include:



We have discussed three elements of a brand strategy in Positioning Module, namely brand positioning, brand personality and brand execution. You can add brand name to this, if your p/s/b is new. Some things to consider when choosing a brand name are (A brand name does not have to fit all these criteria):

- Is it easy to pronounce, recognize and remember?
- Does it capture or define product benefits or qualities (emotional or functional)?
- Is it distinctive (not too similar to another brand name)
- Does it speak to the brand positioning and personality?

Supporting products/service

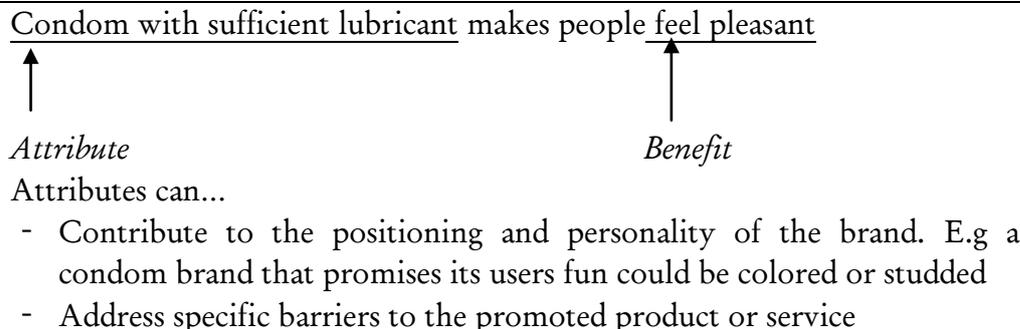
These are additional products or services you might promote in order to facilitate adoption of the p/s/b. They are not essential in that the target does not require it in order to adopt the p/s/b, but they do make it easier for the target.

| Supporting product..... | Helps facilitate..... |
|---|---|
| Psychological counseling hotlines | Any psychological problems of MY, such as making friends, condom use etc. |
| Youth club | Any health behavior, such as condom use, reproductive health |
| Summer package (heatstroke preventive, thermometer etc. | Prevent sunstroke, maintain health awareness |

Attributes

Attributes are functional features of your product or service that your target needs or wants and, thus, provide benefits.

For example:



Example of attributes that can address barriers:

Add-ons to a product or service

E.g. Project staff prepares some gifts for youths receive medical check-ups

Compensation for their economic loss will encourage them to take medical check-ups.

E.g Condom packing that includes lubricant

Increase availability of lubricant, which can help people with limited experience to enjoy sex.

Staffing features for a service

Sometimes called 'People P'

E.g. PSI staff learnt that male clients often avoided receiving HIV VCT at New Start because most of its counselors were female and they preferred to be counseled by men, because they felt less judged. Thus they are now trying to recruit more male counselors.

Packaging

Good packaging should do three things...

Clearly answer three questions

| | | |
|---------------------------------|-----------------|---|
| 1. What am I? | The category | e.g. youth friendly service site-psychological counseling |
| 2. Who am I? | The brand | e.g. Sunshine Cottage |
| 3. Why am I right for you 为? | The positioning | e.g. Relive your pressure |

Communicate that the positioning of product

- The packaging communicates functional and emotional commitment of the product
- Serve as a campaign tool
- The number of products in one packaging can be flexible
- Different sized packaging can serve different purpose

Facilitate use

Decorating youth friendly service sites is a kind of packaging for our service. For example, lively outdoor decoration, the decoration in the counseling room makes people feel relaxed and comfortable, the clinic should be simple and neat.

In other words, packaging should based on the needs of clients.

Quality

When it comes to health products and services, consumers always expect high quality.

Quality Control

- Place yourself in target people's shoes and assess the quality and variation of quality
- Adjust evaluation methods: use open-end questions, active participation of target people

Touchpoint:

Because a brand is the summation of everything that target thinks and feels about a product or service, we must deliver this quality through every brand ‘touchpoint’.

A **touchpoint** is any point of interaction between the brand and the consumer that happens before, during or after its use:

- Exposure to adverts
- Word of mouth
- Appearance on packaging at shelf
- Clinic staff (for services only)
- Building that houses the clinic (for services only)
- Product performance (for products only)
- Counseling (for services only), etc

Example: Touchpoint includes the following elements (table 1)

| Touchpoint Exercise | Touchpoint | Priority |
|---|---|----------|
| A touchpoint exercise is useful for defining quality as the target perceives it and for prioritizing the most critical touchpoints for immediate attention. | Mass media | C |
| | IPC | C |
| | Word of mouth | C |
| | Outside of clinic/ signage | B |
| | Pharmacy(eg. in-store, co-promotions) | C |
| | Website/Yellow Pages | C |
| See the sample right: an extract from PSI South Africa/SFH’s family planning & medical abortion program. (YP service site) | Hotline/Call Center Quality Attributes: - Separate numbers for abortion emergencies vs. generic matters - Female operator-not too old - Open 24 hours a day/7 days a week - Trained, friendly, knowledgeable, competent staff | |
| 1. Place yourself in your target people’s shoes and walk through each possible interaction they might have with the brand | Receptionist/waiting room Quality Attributes: - Clean, flower, relaxed, brand color - Ventilated, comfortable temperature - TV/video while waiting& magazines - Female around the age of 25 | A |
| 2. Prioritize the most critical touchpoints for that marketing plan duration | Bathroom | B |
| 3. Define through brainstorm or research how the target might define quality at those critical touchpoints | Counseling/consultation rooms Quality Attributes - Private, cheerful, welcoming, neat, well organized - No barriers-2 chairs, small table with drinks - Non-clinical environment, warm, feminine | A |

| | | |
|--|--------|--|
| | colors | |
|--|--------|--|

Touchpoint exercises are also valid for products and would likely also highlight importance of things like:

- Product performance. This, of course, is critical for all our products
- Packaging's visibility at shelf. Consumers can only buy your product if they can find it in the store.
- Presence of in-store promotional materials. For impulse products, these become very important

Training

Topic1: Brand Strategy

Objective: Understand brand strategy

Time: 10Minutes

Method: Presentation

Procedure:

- Presentation PowerPoint slides
- Review brand strategy developed

Topic2: Product/supporting service

Objective: Understand Product/ supporting service

Time: 20Minutes

Method: Presentation

Procedure:

- Presentation PowerPoint slides
- Plenary discussion: List supporting service provided by the project or support needed
- Summarize it and use as reference materials for implementing the project

Topic3: Product/ attributes

Objective: Understand product/ attributes

Time: 20 Minutes

Method: Presentation

Procedure:

- Present slides
- Plenary discussion
- Summarize it and use as reference materials for implementing the project

Topic4: Product/ packaging

Objective: Understand Product/ packaging

Time: 20Minutes

Method: Presentation

Procedure:

- Presentation PowerPoint slides
- Discuss the strategies for product and packaging
- Summarize it and use as reference materials for implementing the project

Topic 5: Product/ quality

Objective: Product/ quality

Time: 30Minutes

Method: Presentation, group work

Procedure:

- Present slides
- Group discussion: Discuss touchpoint: Indentify touchpoints in our service provision and prioritize it according to table 1.
- Feed back to plenary
- Summarize it and use as reference materials for implementing the project

MODULE 8 PLACE STRATEGY

Training Objective:

- Understand consumer considerations
- Understand place strategy

Training Activity:

Topic1: Consumer considerations

Topic2: Place strategy

Materials:

Flipchart, color pen,

Prepare for the training

Background Information

Place tell use the place to sell the products and reason for choosing these place.

| |
|--------------------------------|
| Consumer Considerations |
|--------------------------------|

Place—Consumer Considerations

As within 4P's , consumer insight should drive the place P decision making.

1. Is the product purchased on impulse or in a planned manner?

Impulse product should be more widely available than planned-purchase products. This is because the consumer may not decide he should purchase it until he actually sees it on a shelf. With planned products, the consumer decides in advance he wants to purchase and is usually willing to travel some distance to do so.

Be sure the audience profile indicates whether the product/service purchase is planned or impulse. If you don't know this, then include it in your research plan.

This consideration influences the Measuring Access and Performance (MAP) measures of Coverage and Access. Thus, impulse-purchase products require a higher minimum standard than planned-purchase product.

2. Where and when does the consumer prefer to purchase the product/service?

Example

| Scenario | Place Implication |
|---|---|
| Young people feel such and want to visit the doctor | Locate youth friendly service site close to their dormitory or flat |
| Young male often don't own automobiles and rely on public transport | Locate the clinic on bus route |

3. Does the brand positioning speak to any Place P strategies?

For example, 'professional' is one criteria for youth friendly service, thus, we should locate service site at CHSS, instead of being uncertified clinic.

Work Together: You can ask where and when the respondents prefer to by the products or services.

Key Points for Place P

A. Provide services and products at appropriate places

- Put yourself in the shoes of audience
 - Where do target people prefer to purchase products? (type of sales outlets, staffing, distance from home)?
 - What kind of sales outlets are more effective?
 - Peak hours or seasons for purchase?
 - The distance target people can accept?
- Planned-purchase
 - Less sales outlets (lower coverage)
 - Not many types of outlets
- Impulse-purchase
 - More sales outlet
 - Close to where high risk behavior happen

Planned purchase is a planned decision to buy before going to sales outlet. E.g TV

Impulse purchase is an unplanned decision to buy a product or service, triggered by seeing the product. E.g some small things

B. Commercialize products/services

Put yourself in the shoes of audience

- Will they feel embarrassed to buy it?
- Do target know where to get the products/services?

Planned purchase

- Should the outlet be hidden or put the products at somewhere not so conspicuous
- Instruction signs, posters of placement and sales outlets are important

Impulse purchase

- Conspicuous places
- Instruction signs, posters
- Put products that people feel embarrassed to buy at convenient place
- Put appropriate samples according to the situation of sales outlet

C. Ensure optimal combination of the brand

What is 'optimal'?

- Achieve maximum impact
- Margin
- Quick turnover
- Put yourself in the shoes of audience

- What products do they like best?
- Why products do they want to purchase?

Incentive mechanism, binding sales and health education can be inter-related to promote the brand.

Place - other considerations

Give full play to private channels

- Number of consumers we have
- The distribution system of other fast moving consumer goods

Sync objectives with incentive mechanism

- How to link sales volumes with commission?

Training

Topic 1: Consumer Considerations

Objective: Understand consumer considerations

Time: 30 Minutes

Method: Presentation, plenary discussion

Procedure:

- Presentation PowerPoint slides
- Plenary discussion: How do consumers choose service sites
- Summarize it and use as reference materials for implementing the project

Topic2: Place Strategy

Objective: Understand how to develop place P

Time: 30Minutes

Method: Presentation, group discussion

Procedure:

- Presentation PowerPoint slides
- Group discussion: How to design place strategies according the context of existing project
- Feed back to plenary
- Summarize it and use as reference materials for implementing the project

MODULE 9 PRICE STRATEGY

Training Objective:

- Understand monetary and non-monetary costs
- Understand determinants of price

Training Activity:

Topic1: Monetary and non-monetary costs

Topic2: Determinants of price

Materials:

Flipchart, color pen

Prepare for the training

Background Information

In social marketing, price means social marketers should help the target people to understand the benefits of promoted behavior, products or service outweigh the costs they have paid.

Monetary Cost and Non-monetary Cost

Price can include monetary cost and non-monetary cost. Monetary cost is the price of product/service. Non-monetary cost include:

- Time, effort. Eg. Spend time and effort to complete a task
- Psychological risk and mental frustration. Eg. I battled in my mind before coming to youth friendly service site because I worried people might talk behind my back.
- Physical discomfort

Product, Place and Promotion P can reduce non-monetary cost and improve benefit:

A. Time

E.g:

- Extending working days/hours to weekends (Product P)
- Increasing mobile outreach (Place P)

B. Effort

E.g:

- Increase the 'benefit' of abstinence by positioning it as a form of resisting peer pressure (Brand strategy & Product P)

C. Psychosocial Risk

E.g:

- Normalize HIV testing through celebrity endorsements (Promotion P)

D. Physical Discomfort

E.g:

- Change type of pain killers provided to the patient after the operation (Product P)

If a social marketing project does not provide service or product, you can adopt incentive mechanism to reduce monetary cost of target people, such as discount voucher, rebate. If the social marketing project provides products or service, we should provide target people service at reasonable price.

Then, how do we determine the price?

Determinants for Price

There are four things to consider when setting Price P strategies for products or services

1. Paying ability and willingness to pay (W2P)
2. Project funding and budget
3. Price of similar products or services
4. Existing and historical number of clients/sales volume

1. Paying ability and willingness to pay

PSI has used several methods to determine a customer's W2P for a product or service:

- You can examine prices paid for other similar products or services. For example, PSI Cambodia has compared the price of their upscale Number One condom to premium beer and cigarettes. Likewise, PSI Sudan has compared the price of their waterguard product to a household's important but non-essential products, like tea and sugar.
- Five W2P questions can be inserted into a research questionnaire to determine the price that the majority of the respondents report they will pay for a product or service. A problem with this method is that respondents almost always over estimate what they actually willing to pay
- To compensate for this, you can add an additional question at the end of the W2P questions that asks respondents how sure they are about their answers. For example, 'Just to confirm, you mentioned that you would be willing to buy this product at the price of X, How sure are you of this response?-Extremely sure, -Fairly sure, -Somewhat sure, -Not sure at all'.

Research has demonstrated that customers report with considerable accuracy how well they have answered previous questions, making it possible to omit people that did not answer 'extremely sure'.

- An alternative method is the Van Westendorp method, which asks respondents for four price parts.

How much is...

- Too expensive
- Expensive, but still within reason
- Too inexpensive
- Inexpensive, but still within reason?

Answers are then plotted on a graph to reveal the range of acceptable prices and the optimal price.

2. Project Funds and Budget

Project funding is limited, hence we need to make the best use of funding. Although cost recovery is not a main priority for our project, it needs to be a consideration because:

- Price that are too low, in essence, over subsidize those who are willing and able to pay more
- Spending too much on subsidies means we have less to spend in our program areas, such as IPC outreach or mass media
- Robust cost recovery increases the amount of program income, and, thus, funds available for investment in marketing activities. This can create a ‘virtuous feedback loop’ as more investment fuels more sales growth (and health impact) which then creates more program income etc.
- Some donors are becoming less and less willing to fund commodity costs, thus, expecting us to cover more and more of these cost ourselves.
- Programs that sell their product into the trade channel are usually not talked with serving the poorest of the poor. That target is more appropriate for public sector or free distribution programs

Does your program have a cost recovery goal? Below are PSI’s four levels of cost recovery.

| Level | Description |
|---------|--|
| Level 1 | Cost of goods sold (COGS) |
| Level 2 | COGS + marketing expenses |
| Level 3 | COGS + marketing expenses + its fair share of fixed program costs |
| Level 4 | COGS + marketing expenses + its fair share of fixed program costs + profit |

3. Price of Similar Products or Services

What’s the price of similar products/services? Do they share similar sales channels with us? Is our price consistent?? How do other products compete with you in terms of price?

4. Existing and Historical Customer Volume

What is historical price? Has price changed with accompanying changes in the products/service?

Training

Topic1: Monetary and Non-monetary Cost

Objective: Understand monetary and non-monetary cost

Time: 30 Minutes

Method: Presentation, plenary discussion

Procedure:

- Present power point slides
- Plenary discussion: List monetary and non-monetary cost for target people to receive service and work out resolutions
- Summarize it and use as reference materials for implementing the project

Topic2: Determinants for Price

Objective: Understand determinants for price

Time: 20Minutes

Method: Presentation, plenary discussion

Procedure:

- Present Power Point slides

MODULE 10 PROMOTION STRATEGY

Training Objective:

- Understand steps of developing communication plan
- Develop communication plan for existing project

Training Activity:

Topic1: Develop communication steps

Topic2: Set communication objective

Topic3: Write key message

Topic4: Choose the communication tools

Topic5: Sync the objectives with the tool

Topic6: Develop detailed strategies and plans

Topic7: Write communication brief

} Usually done after the marketing plan has been

Materials:

Flipchart, color pen

Prepare for the training

Background Information

Promotion strategies, also known as communication, which includes six steps:

- A. Set communication objective
- B. Write key message
- C. Choose the communication tools
- D. Sync the objectives with the tool
- E. Develop detailed strategies and plans
- F. Write communication brief

Set/Confirm Communication Objective

You need to consider the following issues when setting communication objective:

- Behavior objective can be indentified from work plan
- Or determined by OAM
- Some OAM can be intervened by promotion measures, some are otherwise. You need to identify which can be intervened by promotion.
- What knowledge, attitude or behavior change you want to achieve after conducting communication activities?

Behavior Change Communication (BCC) objectives are set according to barriers and motivation of behavior change, hence they should be specific.

“ Having implemented the communication activities, the target people will...”

Packaging strategies are usually considered as part of the Product P, but packaging itself can be a powerful communication tool. Every purchase indeed every time a consumer sees your brand at shelf in the store-is an opportunity to communicate the brand’s positioning and its high quality.

Many social marketing project end up becoming health communication projects because they rely solely or mostly on just the Promotion P. In these instances, the 4P’s have been jokingly called Pestors, Pamphlets, PSA’s and Publicity by some social marketing professionals.

Write Key Messages

Key Messages

...is the idea or belief that the viewer should retain after having been exposed to the communication piece

...is not the actual text that will appear in the communicating piece, but a summary of what that text should convey

...will be used again in the creative brief to describe the core idea upon which the advertising agency (or internal creative department) will build their concepts.

...address project determinant and therefore, is in addition to communicating your brand positioning. In other words, most communication pieces (posters, TV, ads, etc) will have to convey both the key message and the brand's positioning.

Note

Sometimes this step is done now and sometimes after the marketing plan as part of creative brief development. Some reasons to do it now include:

- We are planning to use communication tools that can address only one or two determinants at a time(e.g. TV sports or posters and not radio drama or in-school peer education programs)
- It will help us indentify which determinants can be combined into one message
- The determinant is multi-faceted and you want to break it part into more than one message/objective.

When writing a key message...

- **Ideally, it should have two components;**
 1. a clear call to action, and
 2. a promised benefit for performing that action (sometimes this benefit will be explicit and sometimes implicit. Try to make it explicit.)
- **It should be driven by audience insight**, as with all other marketing decisions. In other words, within the topic of that chosen determinant, you

still need an insight that will speak to your target and help you identify a relevant benefit.

- It should always speak to the determinant you have chosen as your communication objective. Think of the chosen determinant as the ‘field’ on which you have chosen to play.

Choose Communication Tools

In development work, communication tools are sometimes grouped into three broad categories, some times called channels:

- Media
- Interpersonal, and
- community-level activities (e.g., community meetings, street theater or local radio)

Criteria for choosing a tool:

1. Ability to reach the target

Ability to reach the target-Ask yourself...

A. Does the communication tool reach your target?

Possible resources for learning this include...

- Third party companies like A.C Nielsen
- TRaC studies that ask about the media commotions
- The ‘A day in life’ exercise from John Hopkins. This tool is useful for indentifying opportunities to communicate with target people. It’s especially helpful in countries where secondary data does not exist for this purpose.

Below is an example of a completed exercise:

| Target People | Adults 18-49 | |
|---|--|-------------------------------------|
| Time of Day | Location & Activities | Communication Opportunities |
| Early Morning | Commuting to work by bus | Billboards |
| Mid-morning | Office tea break | Worksite activities |
| Midday | Loch at canteen in office compound | Worksite activities, radio |
| Early Afternoon | In office | Radio |
| Around 3 pm | Tea break in office | Radio |
| Early evening | Commuting home | Billboards |
| Dinner | At home | Radio, TV |
| Late evening | At home | Radio, TV, magazines |
| Special events(list day, week or month) | Church gatherings, market days | IPC activities, place-based outdoor |
| Seasonal opportunities (harvest time, holiday seasons, etc. | During holidays, travel to home village by train | IPC activities, place-based outdoor |
| | These two columns are completed as part of the exercise. | |

The above exercise is from Chapter 6 Channels and Tools, “ A field Guide to Designing the health Communication Strategy”. Center for communication programs. Johns Hopkins, Bloomberg School of Public Health, page 148. The entire manual can be downloaded from: <http://www.jhuccp.org/pubs/fg/02/>.

B.Is the target open to the message at that moment/through that tool?

Openings are an important conception in communicating planning. People

are inundated with messages all the time and ‘tune out’ those they deem irrelevant. Reaching a person when s/he is most receptive can help alleviate that dynamic.

C. What amount of Reach does this tool generate against your target?

Possible sources for learning this include...

- Third party companies like A.C Nielsen
- TRaC studies that ask about the media commotions
- TRaC studies that measure previous exposure to similar campaigns
- Common sense that might indicate if a given would reach ‘ a lot’, ‘a little’, or ‘enough-not a lot but also not a little’.

D. What is the composition of the Reach?

Of the total audience reached, what percent is likely to be within your target group and what percent not?

This is most important if your target is a marginalized group such as Social marketing, or CSW for whom it would not be appropriate if non-target people were exposed to the message. However, it’s also important in general. Many communication specialists believe that the higher the composition of a particular target to a given communication tool, the greater affinity that target will have towards that tool. And, so the logic goes, the higher the affinity, the more likely the message will be attended to and well received.

Affinity means a natural predilection for or liking of something.

Effective communication is as much about the messenger as it is the message. Think carefully about who (or what) is delivering your message and whether or not it adds to or detracts from the message’s credibility

2. Cost Considerations

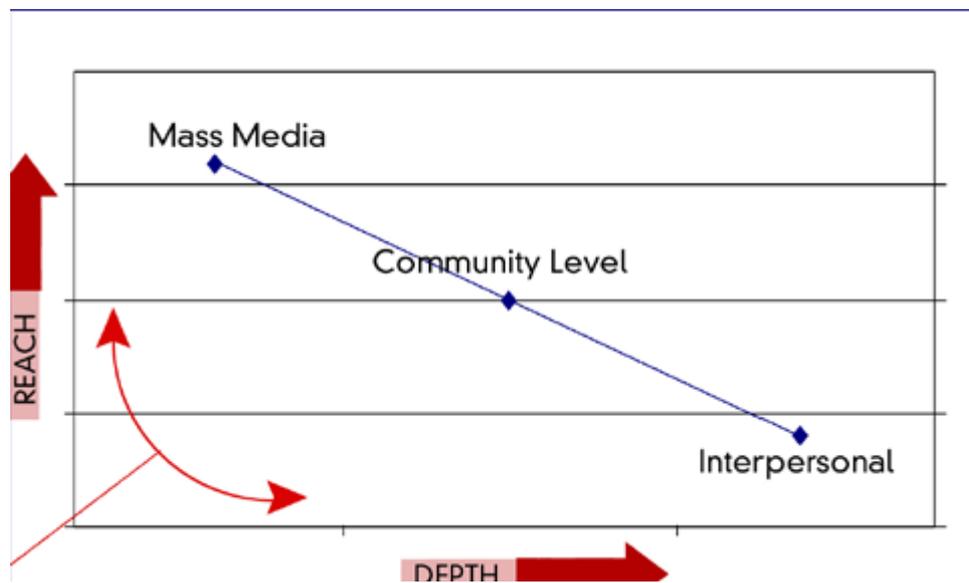
- A. Production costs
- B. Placement costs
- C. Human/managerial costs

3. Creative Considerations

A. How much ‘depth’ does the message require?

Depth refers to the amount of time or energy it takes to convey the message.

Some messages require a lot, e.g. teaching a new skill or persuading someone against a deeply held belief. Others require less, such giving simple knowledge or informing people where they can purchase an item



In general, the more depth a tool provides, the less reach it will have.

B. Are you leveraging the creative strengths of the communication tool?

The strengths and weakness of each communication tool

MASS MEDIA CHANNEL

| Communication Activity | Example of Activities | Advantages | Disadvantages |
|------------------------|---|--|---|
| Broadcast TV | <ul style="list-style-type: none"> Public service announcements(PSA) Talk show Call in shows(for example, ask the expert' shows) Diaries(reality programming) Serial dramas Situation comedies Magazine or variety shows Animated cartoons Musical videos Songs and jingles Celebrity endorsement | <ul style="list-style-type: none"> Range of formats conducive to health messages available particularly for TV Can be highly creative Dramas and comedies can depict behaviors rather than describe them Reaches a large percentage of the intended audience Opportunity for direct audience involvement through call-in shows Can use local languages and dialects Comes into the home | <ul style="list-style-type: none"> Difficult for intended audience to keep or pass on the communication material Production and air time can be costly(radio less costly that TV) Message may be obscured by commercial clutter |

| | | | |
|---|---|---|---|
| | | and can promote family discussion | |
| Print Media | <ul style="list-style-type: none"> • New coverage and advertising in newspapers and magazines • Direct mail • Decision-making aids for clients and providers • Comic books, photo novel as(a comic book-like form that uses photos to tell a dramatic story) • Pamphlets, fliers • Posters, billboards • Point of sales materials | <ul style="list-style-type: none"> • Reaches a large percentage of the intended audience • Can cover news more thoroughly than TV or radio • Intended audience has the change to clip, reread, contemplate, and pass along material • Small circulation papers may take PSA free of charge | <ul style="list-style-type: none"> • For literate audience only • News coverage demands a newsworthy item • Large circulation papers may take only paid ads and inserts • Newspaper exposure usually limited to one day • Keeping up good relations with news media ca be time-consuming |
| Information and communication technology | <ul style="list-style-type: none"> • Internet websites, social media (for example, e-forums, blogs and chat room) distance learning • CD-ROM's • Mobile phone programs | <ul style="list-style-type: none"> • Can reach large number of people rapidly • Many formats are available whenever the user wants access • Can update and disseminate information instantaneously • Can be interactive and user-directed • Can combine the audio-visual benefits of TV or radio with the self-pacing of reading | <ul style="list-style-type: none"> • Many intended audiences do not have access to the internet • Intended audience must search or sign up for information • Newsgroup and chat rooms usually require monitoring |

INTERPERSONAL CHANNELS

| Communication Activity | Example of Activities | Advantages | Disadvantages |
|--|---|--|---|
| Between providers and clients, teacher and student, parent and child, or among peers | <ul style="list-style-type: none"> • Telephone hotline • Client counseling • Instruction • Informal discussion groups | <ul style="list-style-type: none"> • Can be more credible because it is face-to-face • Permits dialogues(most participatory form of communication) and responds immediately to the individual • Can motivate , influence and support | <ul style="list-style-type: none"> • Can be expensive initially and/or costly to scale up • Reach may be limited • Difficult to keep messages consistent • Requires specific training |

COMMUNITY-BASED CHANNELS

| Communication Activity | Example of Activities | Advantages | Disadvantages |
|---|---|---|--|
| Community-level activities, group interaction | <ul style="list-style-type: none"> • Discussion groups, peer support groups, listening groups • Community meetings • rallies | <ul style="list-style-type: none"> • greater opportunity to use participatory approaches • may have more credibility because trusted local leaders and/or organizations are involved • enhances sustainability of effort • can cost little depending on number of participating communities | <ul style="list-style-type: none"> • Costly to scale up • Low reach compared with mass media • Low frequency • Difficult for intended audience to keep or pass on material (for community media) |
| Outreach activities by program staff or community members | <ul style="list-style-type: none"> • Community, village-to-village • Household • Peer-t-peer | | |
| Live performances | <ul style="list-style-type: none"> • Street theater • Puppet shows • Talent shows • Contest(talent, art, or dance) | | |
| Community media | <ul style="list-style-type: none"> • Community newspapers • Local radio | | |

These charts come from Johns Hopkins's Population Reports newsletter from January 2008.

C. Are you clear about the role that each communication tool will play in your overall plan?

When you choose a tool, articulate what you want it to accomplish in simple language, Consider youth friendly health service project.

| TOOL/CHANNEL | ROLL IN COMMUNICATIN PLAN |
|--|---|
| Mass media | To communicate the benefit of non-decimation environment in project site |
| Delighted clients who have become advocates for project site | Role model |
| IPC | To address barriers that are not suited for discussion in media, e.g., psychological counseling etc |
| | |

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| |
|-----------------------------------|
| Sync tools with objectives |
|-----------------------------------|

This is the step where you begin developing your communication plan. This is no one right design for a communication plan, but here are guidelines.

| | | |
|--|--|--|
| <p>Keep the plan as focused as possible</p> <p>Less is more, in this case, meaning that the fewer the objectives the better, and the more of the communication plan's 'delivery' that can be applied against one determinant at a time, the better. This leverages resources and maximized impact.</p> <p>Delivery refers to the number of people who will be reached by the communication plan and the average number of times they will be reached</p> | <p>Use an many tools as feasible at one time</p> <p>This is sometimes called maximizing 'intensity'. The more tools used, the greater the reach that will be generated. In addition, it likely increases the impact of the overall campaign because the same message is delivered in multiple ways and this can facilitate retention and comprehension.</p> | <p>Be sure that each tool contributes a meaningful amount of 'delivery'</p> <p>In other words, if you've included several tools in your plan but one tool is not expected to contribute more than 5% or 10% of the total delivery, you have to ask yourself if it's worth it. Does the cost of this particular tool be t out-of-pocket or CPM-warrant the small delivery it provides?</p> |
| <p>Leverage 'openings' when the target might be more receptive to your message</p> <p>E.g, promote birth control to people who has girlfriend/boyfriend</p> | <p>COMMUNICATIN PLAN</p> | <p>Be sure that the target will be exposed to the messages in your campaign multiple times</p> <p>It's generally accepted that a person needs multiple exposures to a message before behavior change will occur, though the exact number is not know. As a rule of thumb, you could aim for at least three exposures per communication tool used.</p> |
| <p>Beware message fatigue</p> <p>If you think you will have extended periods of time when the same determinant is being addressed, then be sure to budget for different executions of the same message to be developed. This includes support materials for IPC activities, such as brochures or flyers</p> | <p>Consider timing implications</p> <p>Are there priority times of the year during which to heavy up (low season) ?</p> | <p>Consider geographic implications</p> <p>Are there priority areas that should receive more delivery(e.g. small outlet)? Use local media or additional IPC/community-level acridities to 'heavy-up' in priority areas or to 'fill in' under-delivered areas</p> |

| | | |
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Sync Tools with The Objectives

With these guidelines in mind, here are some possible strategic options for the syncing of communication tools with objectives.

1. Focus on only one objective at a time across all the tools

| | Mo.1 | Mo.2 | Mo.3 | Mo.4 | Mo.5 | Mo.6 | Mo.7 | Mo.8 | Mo.9 | Mo.10 | Mo.11 | Mo.12 |
|--|------------|------|------------|------|------------|------|------------|------|------------|-------|------------|-------|
| IPC outreach Radio ads Billboards | objective1 | | objective2 | | objective3 | | objective1 | | objective2 | | objective3 | |

| Advantages | Disadvantages |
|---|--|
| Brings a lot of focus to bear on each objective | <ul style="list-style-type: none"> • Takes a lot of time to cycle through all the objectives • It may not play to the strength of every tool, as different tools will naturally be better suited to different determinants |

Be sure to allow enough time between objectives, especially if IPC is Being used. For example, assume an outreach team is using games to communicate its objectives and there are three objective that will be rotated every 2 month (as in the example above). You must be sure that two months is enough time to design new game and train up the IPC teams.

2. Focus on more than one determinant at a time (i.e in the same message), and do so at the same time across all tools.

It might graphically look like the chart below, assuming that objective 1 was of primary importance compared to the other two.

| | Mo.1 | Mo.2 | Mo.3 | Mo.4 | Mo.5 | Mo.6 | Mo.7 | Mo.8 | Mo.9 | Mo.10 | Mo.11 | Mo.12 |
|--|---------------|------|---------------|------|---------------|------|---------------|------|---------------|-------|---------------|-------|
| IPC outreach Radio ads Billboards | objective1, 2 | | objective1, 3 | | objective1, 2 | | objective1, 3 | | objective1, 2 | | objective1, 3 | |

| | |
|-------------------|----------------------|
| Advantages | Disadvantages |
|-------------------|----------------------|

| | |
|---|---|
| <ul style="list-style-type: none"> • There is still strong focus because every tool is sending the same message at the same time • Take less time to cycle through all the objectives | <ul style="list-style-type: none"> • It may not be playing to the strengths of each tool |
|---|---|

3. Use an ‘anchor tool’ that can address all the determinants and leave other tools to address the one best suited to each

| | | | | | | | | | | | | |
|--------------|------------------|------|------|------|------|------|------|------|------|-------|-------|-------|
| | Mo.1 | Mo.2 | Mo.3 | Mo.4 | Mo.5 | Mo.6 | Mo.7 | Mo.8 | Mo.9 | Mo.10 | Mo.11 | Mo.12 |
| IPC Outreach | objective1, 2, 3 | | | | | | | | | | | |
| Radio ads | objective2 | | | | | | | | | | | |
| Billboards | objective3 | | | | | | | | | | | |

| Advantages | Disadvantages |
|--|--|
| <ul style="list-style-type: none"> • Each tool get to play its strength | <ul style="list-style-type: none"> • Message fatigue could set in unless different executions of the same message are created |

Warning! Be sure to allow enough time before the start of a campaign for materials development and pre-testing. Pre-testing is a crucial step that often gets overlooked in the rush to meet campaign deadlines.

Training

Topic1: Steps of Developing Communication Plan

Objective: Understand the steps of developing communication plan

Time: 20 Minutes

Method: Presentation, group discussion, Feed back to plenary

Procedure:

- Distribute slips with steps of developing communication plan to each group, and ask participants to rank the order
- Each group report their order and explain the reasons
- The facilitator summarize it and present the slides

Topic2: Set communication objective

Objective: Understand how to set communication objective

Time: 30 Minutes

Method: Presentation, group discussion, Feed back to plenary

Procedure:

- Presentation PowerPoint slides
- Group discussion: communication objectives of the project
- Feed back to plenary, record and summarize it
- Use as reference materials for implementing the project
- Use as reference materials for implementing the project

Topic3: Write key messages

Objective: Understand how to write key messages

Time: 30Minutes

Method: Presentation, group discussion and feed back to plenary

Procedure:

- Presentation PowerPoint slides
- Group discussion: set communication objectives, write key messages and feedback to plenary
- Feed back to plenary, record and summarize it
- Use as reference materials for implementing the project

Topic4: Choose the communication tools (A day in life)

Objective:

- Understand different types of communication tools and its strengths and weaknesses
- Understand how to choose appropriate communication tools

Time: 20Minutes

Method: Presentation, group discussion, Feed back to plenary

Procedure:

- Plenary discussion: list communication channels and the advantages and disadvantages of each channel
- The facilitator summarize it and present the slides
- Group exercise: Hong's Day in Life. Hong is target people Please refer to audience insight
- Feed back to plenary, and choose appropriate openings
- Use as reference materials for implementing the project

Topic5: Sync the objectives with the tool

Objective: Understand how to sync the objectives with the tool

Time: 20Minutes

Method: Presentation, group discussion, Feed back to plenary

Procedure:

- Presentation PowerPoint slides
- Print communication objective, key messages and communication tools, distribute to the participants
- Each group sync objectives with tools according to the methods demonstrated on slides
- Group feedback, develop sync chart
- Use as reference materials for implementing the project

MODULE 11 WORK PLAN

Training Objective:

- Develop work plan

Training Activity:

Topic1: Develop work plan

Materials:

Flipchart, color pen

Prepare for the training

Background Information

Work plan is concrete management tool. The work plan should answer the following 4 questions:

1. What activities will be implemented?
2. Who is responsible for the activities?
3. When should each type of activity be implemented?
4. How much funds do we have?

Before you can begin making a work plan or budget, some decisions need to be made:

- Can you synchronize your work plan with your budget?
- How to link your work plan to budget?

WORK PLAN

| Activity Week beginning... | Expenditure Person Responsible | Budget | Duration | | | | | | | | | | | | |
|-------------------------------|-----------------------------------|--------|----------|---|----|----|----|---------|----|----|----|---------|----|----|----|
| | | | Month 1 | | | | | Month 2 | | | | Month 3 | | | |
| | | | 1 | 8 | 15 | 22 | 29 | 6 | 13 | 20 | 27 | 3 | 10 | 17 | 24 |
| TASKS | | | | | | | | | | | | | | | |
| Task 1 | A | | | | | | | | | | | | | | |
| Task 2 | B | | | | | | | | | | | | | | |
| Task 3 | C | | | | | | | | | | | | | | |
| Task 4 | A | | | | | | | | | | | | | | |
| Task 5 | B,C | | | | | | | | | | | | | | |
| Task 6 | ABC | | | | | | | | | | | | | | |
| Task 7 | ABC | | | | | | | | | | | | | | |

Initials of person responsible for the task?

Training

Topic1: Develop work plan

Objective: Understand how to develop work plan

Time: 30 Minutes

Method: Presentation, group discussion, plenary discussion

Procedure:

- Presentation PowerPoint slides
- Group discussion: Develop work plan
- Plenary discussion and reach consensus

Post-training Test

Post-training Test

Print the test and distribute one copy to each participant

Youth Migrants Intervention Project

Post-training test for Social Marketing Training

Month ____ Year _____

1. What is social marketing?
2. What is project management cycle?
3. What does a logframe include?
4. To design an appropriate project, what do you need to know about migrant youths?
5. How can we facilitate youth migrants to use our service by using packaging strategy?
6. What are monetary and non-monetary costs for migrant youths to receive service?
7. Steps of Developing Communication Plan?

Answer

1. **What is social marketing?** Social marketing is achieving public interests by using commercial marketing strategies, or promote commercial services through public interests. Social marketing is to influence target people by using commercial marketing ideologies and skills, change their behaviors and benefit individuals and society.

2. What is project management cycle?

Identify and analyze problems—design strategies—submit proposal and approved—implementation and monitoring of project—evaluation and reprogramming. Integrate capacity building and participation into the process.

3. What does a logframe include?

| Activity Description | Verifiable Indicator | Means of verification (MoV) | Assumptions |
|---|----------------------|-----------------------------|-------------|
| Goal: Improve health conditions of target people | | | |
| Purpose : Change risky behaviors of target people | | | |
| Output : change of opportunities, abilities, motivation | | | |
| Activity: A series of intervention activities | | | |

4. To design an appropriate project, what do you need to know about migrant youths?

- Name/nickname : A real name (E.g Xiao Fang), or a description (E.g lovable mother is an effective way to remind us that they are real people
- Summary: a summary of all key information about the target people can capture its overarching idea
- Demographics: sex, gender, marital status, education, SES, employment, accommodation etc.
- Psychographics: dreams, wishes, needs, attitude, concerns and worse, values etc
- Characteristics of behavior: behaviors, buying habits etc.
- Determinants for behavior change (OAM): opportunity, attitude and

motivation

- Personal belief: what are the barriers for target people to change behavior or use our products or services? What benefits can target people have if they have changed the behavior? What kind of beliefs can promote behavior change? What kind of belief are conducive to consolidating promoted behavior?
- Media habits: Any information about what media is consumed and when, where or how
- W2P: maximum amount a person would be willing to pay

5. How can we facilitate youth migrants to use our service by using packaging strategy?

- The packaging communicates functional and emotional commitment of the product
- Serve as a campaign tool
- The number of products in one packaging can be flexible
- Different sized packaging can serve different purpose

Decorating youth friendly service sites is a kind of packaging for our service. For example, lively outdoor decoration, the decoration in the counseling room makes people feel relaxed and comfortable, the clinic should be simple and neat.

6. What are monetary and non-monetary costs for migrant youths to receive service?

Monetary costs: medical cost, transportation cost, charge for loss of working hours etc.

Non-monetary costs: time, experience, psychological risks, physical discomfort etc

7. Steps of Developing Communication Plan?

- Set communication objective
- Write key message
- Choose the communication tools
- Sync the objectives with the tool
- Develop detailed strategies and plans
- Write communication brief

Key Learning Point:

- Develop work plan

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity.

UNFPA – Because Everyone Counts.

UNFPA China

Add: 1-161 Tayuan Diplomatic Office Building
14 Liangmahe Nanlu, Beijing 100600, China

Tel: 86 10 6532 0506

Fax: 86 10 6532 2510

Email: china.office@unfpa.org

1. Haier

When Haier just started its business, one day Zhang Ruimin, President of Haier, commanded the teary workers to smash 72 refrigerators with sledge hammers. Zhang's indignant still remains fresh for people who ever heard of it :“I will fire whoever ruined Haier's reputation!”. This brand story emphasizes the importance of products quality, reflects Haier Group's customer-orientated philosophy and embodies its brand slogan: To be true forever. This story impressed many costumers and they become loyal fans!

2. Quanjude Roast Duck

The brand story of the time-honored national brand Quanjude Roast Duck is also an interesting piece that people are fond of, such as Premier Zhou's Roast Duck diplomacy. In July 1971, Dr. Kissinger, presidential envoy of President Nixon, held a secret meeting with Premier Zhou Enlai. At the beginning of the meeting, both sides were not clear about each other's expectations, therefore are prudent and nervous.

They did not reach any agreement till lunch time when Premier Zhou suggested, “ Why don't we have lunch first? The roast duck is getting cold.” Zhou Enlai showed him how to eat the roast duck and put some nice duck meat to a lotus shaped pancake for Kissinger, which broke the stalemate of the meeting. On the second day, Chinese government announced to invite President Nixon visiting China. Therefore, Roast Duck diplomacy, Ping-pang Diplomacy and Maotai Diplomacy were well known as Premier Zhou's three diplomatic strategies. Nowadays, the stories of Commander Zhu having duck, chief's roast duck complex, Wang Guangying and crystal duck treasure are still widely circulated, which added modern elements for this famous restaurant.

Case study

1. Characteristics of Youth migrants

Majority of the youth migrants are over 18, of which 57% finished junior middle school, 23.4% finished senior middle school, 81.3% are unmarried. Most youth migrants in TEDA are trans-provincial while those in Xincheng District of Xi'an are inner-provincial. Only 12.4% youth migrants have been working in TEDA for more than 2 years, 1/4 of migrants in Xingcheng Xi'an have been working for more than 2 years, which indicates that migrants in Xi'an are more stable.

At the receiving place, youth migrant's income has wide disparities depending on their occupations and locations. In TEDA, the average income of youth migrants are RMB 1565.0 ± 690.08 which is higher than in Xincheng (RMB 1044.2 ± 546.4); technical workers and construction workers' income are higher than those in service industry and paddy dealers. The monthly communication expense is close among young migrant in these two locations. In TEDA it is RMB 619.27 ± 441.90 and in Xincheng it is RMB 580.18 ± 388.14 , while migrants in vocational school and in Zhashui have lower expenses level.

The average working time for youth migrants is 9-10 hours/day; most of the technical workers in TEDA work for more than 8 hours per day, followed by the farm product dealers in Xincheng, and construction workers and hotel employees' usually rarely work for over 8 hours.

Youth migrants' living environment is up to their occupations. Technical workers in TEDA live in apartment built for migrants; vocational school students live in dormitory, migrants work in service industries or business usually rent apartments. Youth migrants live in crowded places and lack basic sanitary facilities, 40% apartments have poor ventilation.

Youth migrants have a wide variety of leisure activities; most of them have access to traditional media such as TV and newspaper. Most people have mobile phone, 20% have internet access. Their social circles are mainly limited to colleagues and fellows from same town.

2. Health knowledge, awareness and behavior

Youth migrants have some knowledge in vaccination, the harm of smoking, overweight and the transmission route of HIV/AIDS, but lack knowledge on TB, anemia and hypertension, reproduction and contraception, chemical toxication, which echoes with other research findings. We should prioritize health education on these areas. The research also reveals that youth migrants have some health awareness and most of them proactively seek for health knowledge. They are aware that one should see doctor promptly if he/she has infectious disease.

Most respondents agree that personal hygiene has impact on health, which lays a good foundation for adopting healthy behaviors. Youth migrants in Zhashui have higher health awareness than other populations, followed by vocational school students and TEDA migrants. Youth migrants in Xincheng have lowest health awareness.

However, youth migrants have much higher incidence of practicing unhealthy behaviors, for example on average 40% male smoke. In Xincheng the rate is 52.3%, which is close to average national smoking rate reported in National Epidemiology Survey on Smoking in 2002. In addition, only half of the migrants have good personal hygiene, many youth migrants from sending areas share towels.

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Therefore it is necessary to help them to develop good hygiene, quit smoking and drink less alcohol. Research shows that smoking and drunkenness are risky factors for practicing unsafe sex. So quitting smoking and restricting alcohol help to promote safer sex and decrease risk of STI, HIV infection.

Unsafe sex among youth migrants includes sex in early age, premarital sex, commercial sex, nonuse of condoms and abortions. These issues have been revealed by other studies. It is notable that the incidence of above-mentioned unsafe sex among youth migrants in receiving areas is higher than young people in sending areas. It is possible because that they are sexually active but separate from their spouses or partners, also because nowadays people are more open to sex.

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Disseminating health knowledge is not enough to change unhealthy behaviors of migrant youth. The research shows that their awareness rate on HIV/AIDS is above 70%, which is higher than other similar studies. They also know various contraception methods, but have not translated into practices, still facing the risk of unexpected pregnancy and STI/HIV infection.

To promote healthy behaviors among youth migrant, we need to improve their risk awareness and skills, encourage them to participate in meaningful edutainment. The research focuses on 5 dimensions including infectious disease, life style and chronic disease, reproductive health, personal hygiene, occupational safety and health which demonstrate youth migrants' health risks, and lead to total score of health awareness and risks.

The results shows that the health risk rate in TEDA and Xincheng is 30.5% and 22.1% respectively; health risk rate in Zhashui and Cangzhou is 66.4% and 18.2% respectively; health risk rate in Xincheng vocational school and Cangzhou vocational school is 38.6% and 17.4% respectively. Less than 1/3 youth migrants know and adopt appropriate behavior on infectious disease, life style and chronic diseases, reproductive health, personal hygiene, occupational safety and health, and, which means their risk awareness need to be further promoted.

3 Health Care for Youth migrants

According to *The Decision of the State Council on Setting up Basic Medical Insurance System for Staff and Workers in Cities and Towns* issued in 2005, all employers in cities and towns should buy medical insurance for the staff (including staff of state-run enterprises, collective enterprises, foreign investment enterprises, private enterprises, government agencies, public institutions, non-governmental organizations, and private non-enterprise units). The *Labor Law of People's Republic of China* issued in June 2006 also clearly defined that the employers should pay social insurance fee for all employees.

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State Council Guidance on Piloting Urban Resident Basic Medical Insurance issued in July 2007 also indicated that the purpose of setting up Basic Medical Insurance System for Urban Resident is to ensure non-employed residents' (includes students in primary and middle schools, vocational school, technical secondary school etc) medical care. So far, many pilot cities have achieved this goal. In addition, since 2008 the new type of rural cooperative medical care system has covered all rural areas in China.

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In this sense, this project involves access to health care for youth migrants from sending and receiving areas, namely guarantee their opportunity to different types of medical insurance to ensure their effective utility of medical services. In general, social insurance, medical insurance and employment injury insurance are accessible in places where they are working, whereas the new type of rural cooperative medical care is only accessible in their place of origin.

The research found that there is large difference in the types and proportions of medical care among different populations, which is characterized by:

- 1) Large-scale and formal enterprises are more likely to comply with relevant laws and regulations, so their migrant employees can enjoy similar medical insurance as local residents, for example, 67.8% the technical workers in TEDA have at least one kind of insurance (medical insurance, employment injury insurance, social insurance), whereas only 40% of employees of hotels, restaurants, and construction workers enjoy the same insurance.
- 2) The percentage of joining the new rural cooperative medical care of the Zhashui and Cangzhou is 90.3% and 55.7% respectively, which varies significantly; the percentage of TEDA and Xincheng is 18.1% and 25.1% respectively. The ratio of receiving areas is considerably lower than sending areas, because this new medical care is only accessible locally. It is also the bottleneck for promoting medical care for migrants in China.
- (3) Although students medical insurance is included in the relevant policies in some cities, but it is not compulsory and the students buy it voluntarily. In Xincheng and Cangzhou, only 60% students have medical insurance.

In conclusion, there are gaps in medical care for youth migrants, for example the relevant laws and regulations are not well implemented and strictly followed by employers,

particularly smaller enterprises, service industry and construction industry. The barriers for them to access new rural medical care made youth migrants face high health risks and lack of medical security. Standardized implementation of laws as well as regulations, adjustment and improvement of the new medical care system are necessary.

4. The Utilization of Medical Services by Migrants

The two-week prevalence rate of respondents also varies. In TEDA and Xincheng, it is 13.7% and 13.5% respectively; in Zhashui and Cangzhou, it is 7.0% and 17.0% respectively; in Xincheng vocational school and Cangzhou vocational school, it is 9.8% and 45.9% respectively.

Their common diseases include cold, diarrhea, and physical injuries. Generally, the youth migrant's two-week prevalence is lower than the prevalence reported in the *Fourth National Health Service Survey*(urban: 22.2%; rural: 17.7%,total 18.9%). This difference is because the respondents are young people, and the survey was conducted in winter in Cangzhou, when it is the high season of influenza.

In both sending and receiving areas of youth migrants, most of the community health service facilities are first outpatient clinics (including township hospitals and village clinics), which indicate the importance of the community health service facilities in maintaining migrants' health. The percentage of choosing private hospitals/clinics are higher in receiving areas than in sending areas, which may relate to the convenience and flexibility in urban private hospitals and clinics.

Generally, youth migrants have fewer needs for hospitalization services. Among respondents who received treatment in hospital last year in receiving areas, nearly half of them chose to be hospitalized in cities they worked, while the other half went back to their home town for hospitalization, particularly female workers.

Regarding the expenditure reimbursement, only a low proportion of respondents ultimately receive reimbursement, Less than 20% youth migrants get reimbursement after treatment for illness or injuries. Compared to youth in sending areas, youth migrants in receiving areas have a lower proportion of receiving reimbursement; reimbursement for outpatient expenses are lower than inpatient expenses. The proportion of reimbursement is lower than the proportion of having medical insurance, which indicates those have medical insurance do not effectively utilize the medical insurance.

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5. The utilization of health services by Youth migrants and satisfaction

The study evaluated the utilization of health services by youth migrants in reproductive health, regular check-up and planned immunization. Generally, the utilization rate of medical care is higher than the utilization of preventive health care. Their utilization of reproductive health services is the lowest. The utilization rate of regular check-up by TEDA technical workers and vocational school students is higher than other groups.

The reasons of not using these services include “no needs”, “no time”, “not knowing where the service is available” etc, which shows that youth migrants have low health awareness, and the health services did not provide service to target migrants. The service provision of medical care needs to be improved.

3/4 respondents express their satisfaction with the services. They are most satisfied with planned immunization, least satisfied with injury treatment. The reasons for dissatisfaction include “too expensive”, “poor service”, “poor effects”. It indicates the problems with existing health care services.

Evaluation

Social Marketing for Migrant Youths

Training Evaluation Form

Your suggestions will help us improve the training and provide effective support for your work. This evaluation form is anonymous and we appreciate you for sharing your honest opinions with us to improve our work, particularly things you don't like about the workshop.

1. Please list 3 helpful things you have learnt from the workshop
2. What do you like least or least useful things in the workshop?
3. What has impressed you most in the workshop? Write whatever you can think of.
4. What need to be improved about the training?
5. What further training do you need in the future?
6. Do you like or dislike participatory training? Please list the reasons.
7. Do you have any suggestions on accommodation, logistic support and arrangement of the workshop?

Post-training Test

Post-training Test

Print the test and distribute one copy to each participant

Youth Migrants Intervention Project

Post-training test for Social Marketing Training

Month____ Year_____

1. What is social marketing?
2. What is project management cycle?
3. What does a logframe include?
4. To design an appropriate project, what do you need to know about migrant youths?
5. How can we facilitate youth migrants to use our service by using packaging strategy?
6. What are monetary and non-monetary costs for migrant youths to receive service?
7. Steps of Developing Communication Plan?

Answer

1. What is social marketing? Social marketing is achieving public interests by using commercial marketing strategies, or promote commercial services through public interests. Social marketing is to influence target people by using commercial marketing ideologies and skills, change their behaviors and benefit individuals and society.

2. What is project management cycle?

Identify and analyze problems—design strategies—submit proposal and approved—implementation and monitoring of project—evaluation and reprogramming. Integrate capacity building and participation into the process.

3. What does a logframe include?

| Activity Description | Verifiable Indicator | Means of verification (MoV) | Assumptions |
|--|-------------------------|-----------------------------|-------------|
| Goal: Improve health conditions of target people | | | |
| Purpose : Change risky behaviors of target people | | | |
| Output: change of opportunities, abilities, motivation | | | |
| Activity: A series of intervention activities | | | |

4. To design an appropriate project, what do you need to know about migrant youths?

- Name/nickname : A real name (E.g Xiao Fang), or a description (E.g lovable mother is an effective way to remind us that they are real people
- Summary: a summary of all key information about the target people can capture its overarching idea
- Demographics: sex, gender, marital status, education, SES, employment, accommodation etc.
- Psychographics: dreams, wishes, needs, attitude, concerns and worse, values etc
- Characteristics of behavior: behaviors, buying habits etc.
- Determinants for behavior change (OAM): opportunity, attitude and motivation
- Personal belief: what are the barriers for target people to change behavior or use our products or services? What benefits can target people have if they have changed

the behavior? What kind of beliefs can promote behavior change? What kind of belief are conducive to consolidating promoted behavior?

- Media habits: Any information about what media is consumed and when, where or how
- W2P: maximum amount a person would be willing to pay

5. How can we facilitate youth migrants to use our service by using packaging strategy?

- The packaging communicates functional and emotional commitment of the product
- Serve as a campaign tool
- The number of products in one packaging can be flexible
- Different sized packaging can serve different purpose

Decorating youth friendly service sites is a kind of packaging for our service. For example, lively outdoor decoration, the decoration in the counseling room makes people feel relaxed and comfortable, the clinic should be simple and neat.

6. What are monetary and non-monetary costs for migrant youths to receive service?

Monetary costs: medical cost, transportation cost, charge for loss of working hours etc.
Non-monetary costs: time, experience, psychological risks, physical discomfort etc

7. Steps of Developing Communication Plan?

- Set communication objective
- Write key message
- Choose the communication tools
- Sync the objectives with the tool
- Develop detailed strategies and plans
- Write communication brief

Pre-training Test

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Youth Migrants Intervention Project

Pre-training test for Social Marketing Training

Month____ Year_____

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Social Marketing for Migrant Youths

Training Agenda

Day 1

| | |
|------------------------|--|
| 9:00 a.m. – 9:40 a.m. | Opening Pre-training test Self-introduction, expectation, ground rules |
| 9:40 a.m. – 12:00 a.m. | Introduction of social marketing <ul style="list-style-type: none"> - Concept - Difference between social marketing and commercial marketing - Application of social marketing in public health/health sector - case studies |
| 12:00 a.m. – 1:00 p.m. | Lunch |
| 1:00 –5:30 p.m. | Project Management <ul style="list-style-type: none"> - Project Management - Logframe Situation Analysis <ul style="list-style-type: none"> - Health problems - Strategic targets and tactical segments - TMA, UoN calculations - SWOT Analysis |

Day 2

| | |
|------------------------|--|
| 9:00 a.m. – 12:00 a.m. | audience insight <ul style="list-style-type: none"> - Definition - What is audience profile - How to write audience profile - Case studies |
| 12:00 a.m. – 1:00 p.m | Lunch |
| 1:00 - 5:30 p.m. | Set Plan Objective <ul style="list-style-type: none"> - Process indicator |

| | |
|--|--|
| | <ul style="list-style-type: none"> - Outcome indicator <p>Product Strategy:</p> <ul style="list-style-type: none"> - supporting service - attribute - packaging - quality |
|--|--|

Day 3

| | |
|------------------------|---|
| 9:00 a.m. – 12:00 a.m. | <p>Place Strategy</p> <ul style="list-style-type: none"> - Consumer considerations - Place strategy <p>Price Strategy</p> <ul style="list-style-type: none"> - Monetary and non-monetary costs - Determinants for price |
| 12:00 a.m. – 1:00 p.m | Lunch |
| 1:00 - 5:30 p.m. | <p>Promotion Strategy</p> <ul style="list-style-type: none"> - set communication objectives - write key messages - choose communication tools, peer education and outreach - Sync objectives and tools <p>Develop Work Plan</p> <p>Evaluation</p> |