Global Health eLearning Center

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Applying Segmentation to SBC in Family Planning

Session 1: Setting the Stage

This course will provide insight into how segmentation can be a valuable asset in implementing social and behavior change (SBC) programming within family planning and other health areas. The course will provide a brief overview on how segmentation is completed and then look more closely at how to apply the results to programming. After completing this course, you will have a greater appreciation for the value of segmentation and how it could help your organization's efforts.

Let's start by introducing you to a case study of Niger, where the segmentation process helped address an unmet need for family planning.

Glossary Term:

Audience segmentation

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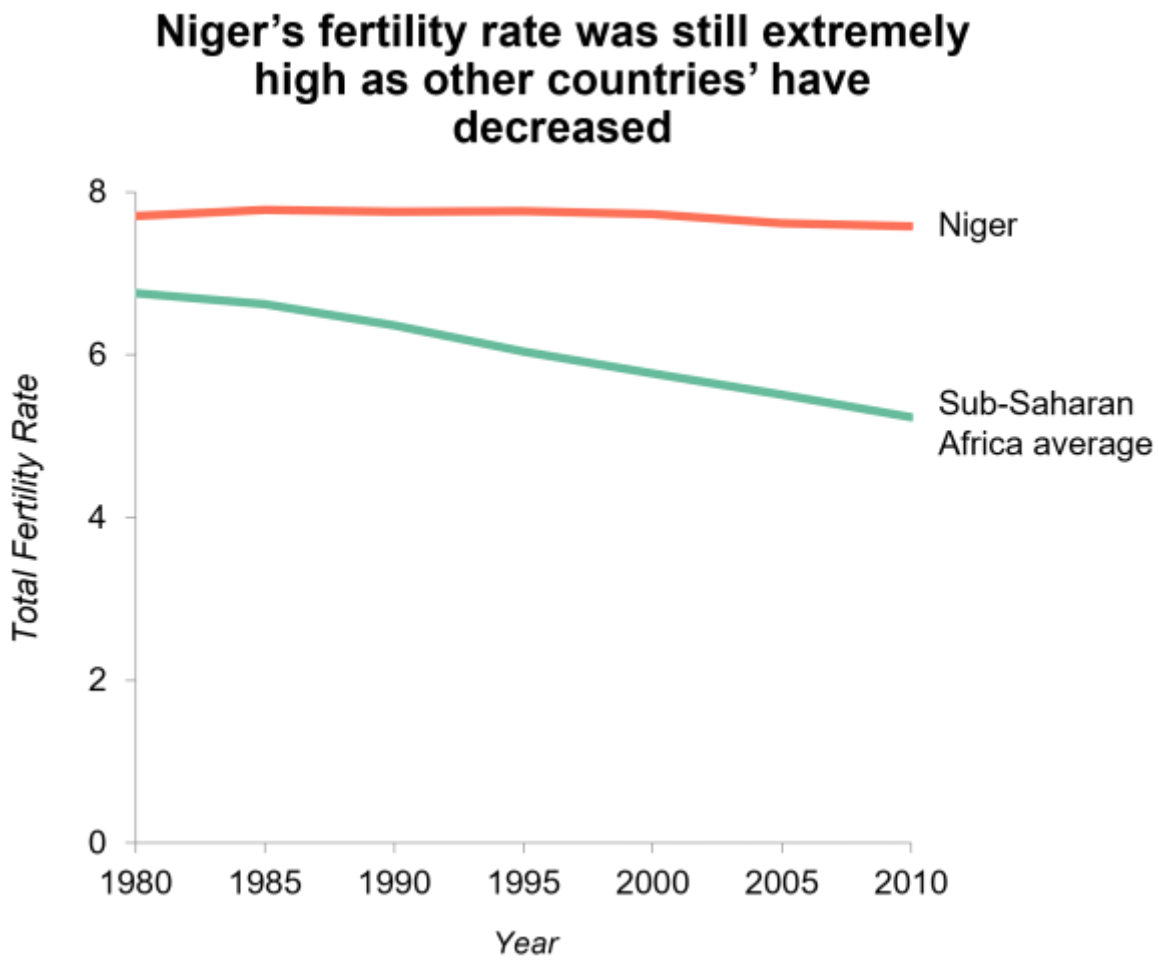
Niger's Unmet Need for Family Planning

In Niger, 1 of every 7 women dies from a pregnancy-related cause. Low education levels (especially for young girls), the prevalence of early marriage, and a general lack of women's empowerment contribute to challenges for reproductive health for women and girls in Niger. A 2012 World Bank Demographic and Health Survey found that Niger's fertility rate had increased from 7.1 in 2006 to 7.6 children per woman, making Niger's fertility rate the highest in the world. More importantly, 33 percent of all Nigerien women (and 91 percent of single women) say it would be a problem if they found out they were pregnant, yet only 24 percent of women have ever tried modern contraceptives, with only 13 percent using it consistently. These data indicate the unmet need for family planning was at least partially driving the relatively high total fertility rate (TFR).



In 2013, understanding that a change needed to occur, the Niger Ministry of Health led a group of stakeholders (including the Hewlett Foundation, the Bill & Melinda Gates Foundation, and USAID) to develop an integrated market entry strategy to decrease unmet need for family planning and increase modern contraceptive prevalence rates (mCPR).

They designed an approach using primary qualitative and quantitative market research on supply and demand related variables influencing the current and prospective use of modern contraceptives by women in Niger. Ultimately, it was this segmentation process that helped the Niger team identify the top SBC programming that would increase mCPR and decrease unmet need for family planning.

This course will follow the Niger example as it highlights the key steps of segmentation. Other case studies will show additional examples of how segmentation can be completed and used to inform SBC programs.

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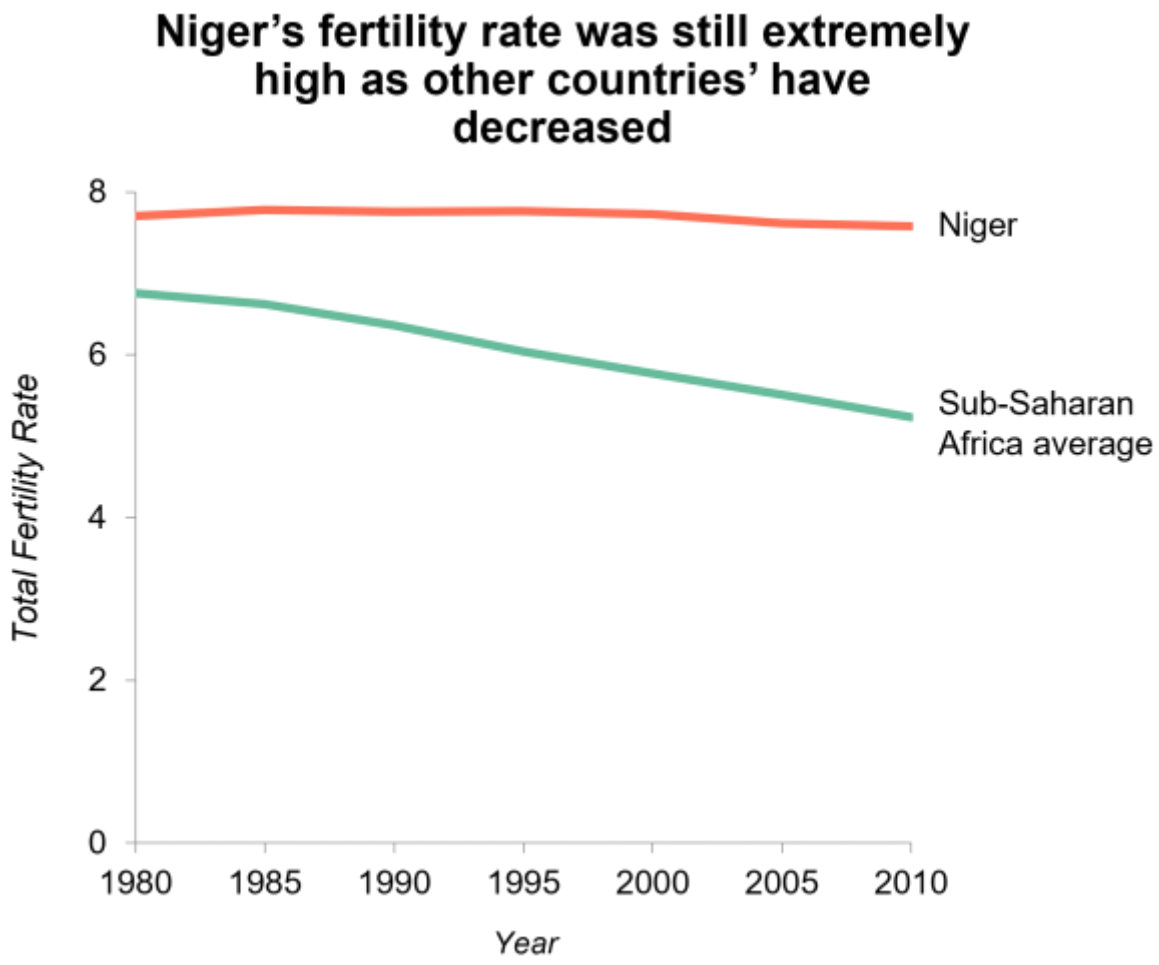

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Course Learning Objectives

After completing this e-learning course, you will be able to:

1. Describe the value of and role for segmentation in the process of implementing SBC programs
2. Identify the steps necessary to conduct an audience segmentation effort
3. Identify what a successful segmentation looks like
4. Describe how a segmentation can be leveraged to develop SBC interventions

Please Note

After completing this course, it will still be difficult to complete the full set of steps outlined without outside support or partnership from segmentation experts. While you may be able to complete more simple segmentations (which will be covered), taking full advantage of quantitative research and statistical analysis to derive data-driven segments requires support from segmentation professionals. At the conclusion of this course, we will discuss how to go about finding strong partners.

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Course Structure

The course is divided into seven sessions.

1. **Setting the Stage:** Introduction to the course
2. **Introducing Segmentation:** What is segmentation and what value does it provide?
3. **Define and Identify Segments:** How do you define segments, starting with outlining the objectives for the segmentation effort and concluding with the personification of the identified segments?
4. **Design, Test, and Apply:** How do you start using the segments and data to test, implement, and monitor new SBC approaches for a prioritized set of segments?
5. **Learning by Example:** How were these three phases enacted in two additional case studies?
6. **Conclusion:** How do you get started with segmentation?

Before diving into Session 2, Introducing Segmentation, we'll start off with a basic quiz to test your knowledge of segmentation going into the course.

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Session 2: Introducing Segmentation

Segmentation can be a critical element supporting SBC programming. This session will introduce segmentation, highlight the value it can provide, and present a big picture view of where it fits into an SBC effort.

This session will prepare you to describe the role segmentation plays in the process of designing and implementing SBC programming. You'll learn how to:

1. Define segmentation
2. Recognize multiple segmentation types
3. Recognize multiple methods of collecting and analyzing data
4. Identify the benefits of using segmentation
5. Recognize how segmentation fits into the three phases of SBC (as defined by the SBC flowchart)

Photo courtesy of Yagazie Emezi/ Getty Images/ Images of Empowerment

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Session 2: What is Audience Segmentation?

Photo courtesy of Jonathan Torgovnik/Getty Images/Images of Empowerment

In Session 1, we introduced a case study on Niger and the unmet need for family planning that women expressed there. As we work through this course, we'll highlight how they developed a segmentation and used it as a tool in developing SBC programming to decrease unmet need. Before we dig in, though, we want to start with a basic definition of segmentation and why you might consider using it.

What is Segmentation?

According to Compass' Advanced Audience Segmentation for Social and Behavior Change, "Segmentation divides a population or market into subgroups that have, or are perceived to have, meaningfully similar characteristics, and significant differences from other subgroups." Importantly, these differences should link specifically to the objectives of your SBC effort.

Why use segmentation in SBC efforts?

The Compass resource above also states, "Segmentation serves to align messages, message delivery channels, products, and services with the needs and preferences of an intended audience to maximize program impact." Segmentation helps us create messages and services/products that are specifically designed to reach and resonate with a group of people (i.e., target audience), utilizing resources more effectively.

When not to use segmentation?

Segmentation is a tool that can be useful in designing SBC programming. However, it does take time and resources to complete. In cases where you are already working with a relatively homogeneous audience, further segmentation may not be necessary.

Now, let's look at how we can go about dividing our audience into segments, or groups.

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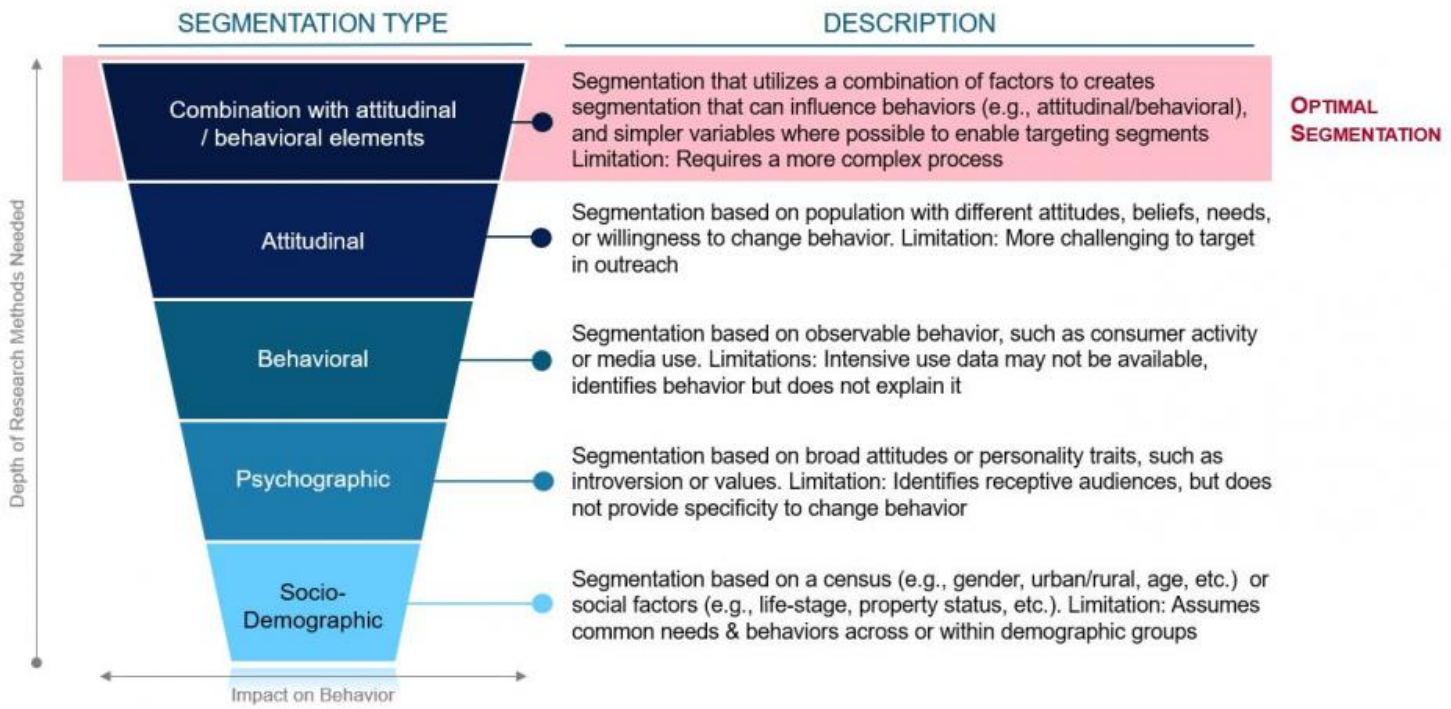
Types of Segmentation Variables

There are many ways that an audience can be divided into smaller subgroups. The most common way is by using socio-demographic data to, for example, reveal how different genders, age groups, or geographies differ. But there are other important ways to segment an audience that you should consider as well, such as using psychographic, behavioral, or attitudinal variables.

The following image describes different types of segmentation based on the types of variables mentioned above. The infographic shows that as you move from the types of variables at the bottom (e.g., socio-demographic and psychographic) to the top (a combination of variable types with attitudinal behavioral elements), the segmentations produced can have a larger impact on behavior, but also require more in-depth research methods.



Segmentations based on these different types of variables, or all these segmentation types, have their uses, advantages, and disadvantages. However, when being used for SBC programming, a combination of variable types that includes needs, behaviors, and attitudes is most useful to ensure programming effectiveness.

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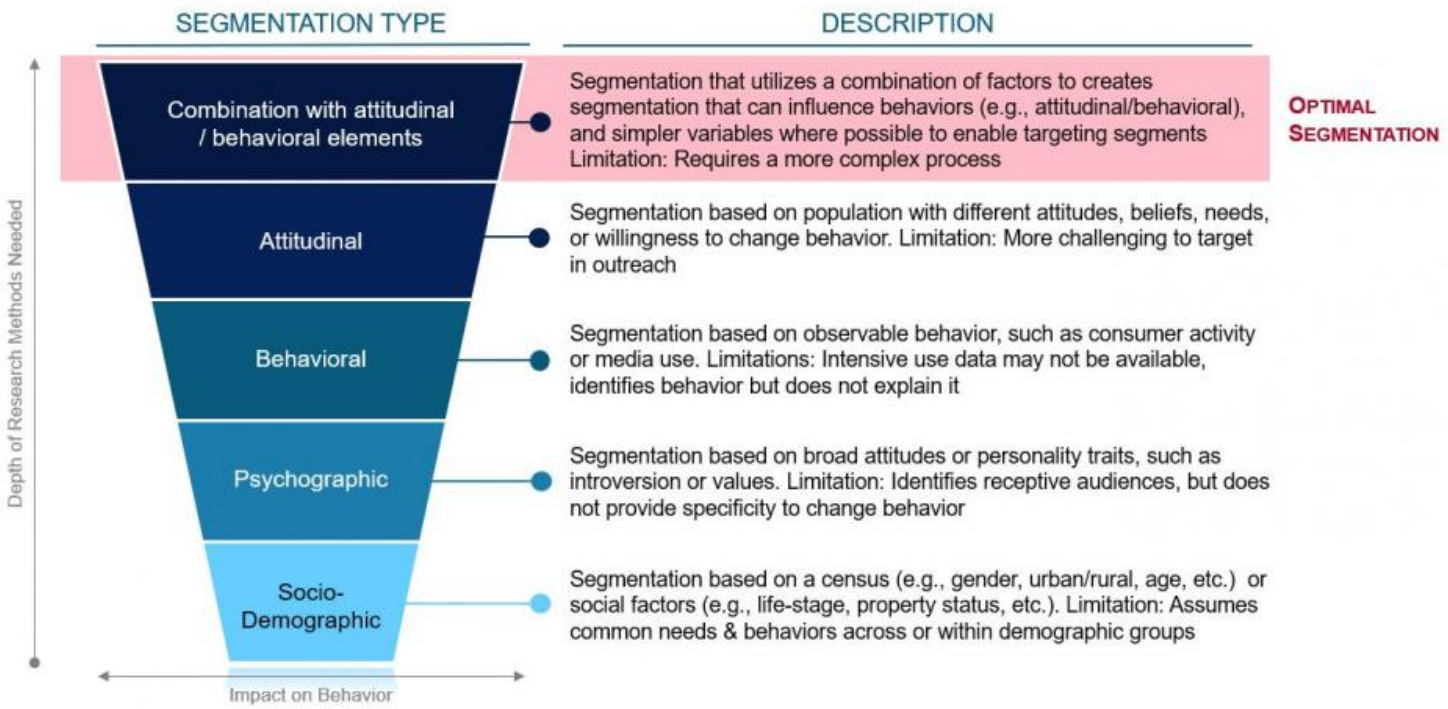

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More Details Yield Better Results

As suggested in the infographic on the previous page, dividing a population using demographic or attributional characteristics can only take us so far.

Let's look at an example. Imagine that you are designing programming to reach wealthy, Senegalese men residing in urban areas who are between the age of 40 and 50. Here are two men who fall into your target audience.

The image shows the pictures of two well-known Senegalese men, Khalilou Fadigo, a football player, and Ousmane Sonko, an author and politician. Both are the same age, having been born in 1974.

Despite falling into the same demographic groups, they might have significant differences that would require unique SBC approaches.

For example, what if Fadiga only trusts information from his peers, while Sonko prefers it to come from health organizations? What if Fadiga believes that contraception is against his religion but Sonko doesn't? What if Fadiga is most concerned that family planning might affect his wife's long-term fertility, but Sonko isn't? This is a simple example and is likely false, but it does highlight the risk in using demographics to segment populations.

Understanding our audience better can lead to more effective SBC solutions, but how do we gain access to this type of information? Let's find out by reviewing data gathering and analysis methods.

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Methods for Gathering More Information

Segmentation requires an in-depth understanding of your audience. In almost all cases, this requires supporting data to verify or challenge previously held beliefs, or a deeper understanding beyond the basic assumptions one can make.

In the segmentation steps we'll outline in Session 3, we recommend using the following data collection methods:

- **Background/secondary research:** Reviewing data already available can be the most efficient and cost-effective way to get a baseline understanding of the audience you seek to segment. Spending some time up front to understand data that are readily available can help streamline the research steps that follow. Unfortunately, background/secondary research can usually only take you so far, so primary research is necessary to get a strong enough understanding of your audience to complete a segmentation.
- **Qualitative research** seeks to build on the knowledge gained in the background phase by meeting with and interacting with members of the target audience through interviews, focus groups, observations, online discussion boards, or other methods. Through these more open-ended research approaches, you'll learn more about the target audiences in a way that allows improved development of surveys in quantitative research.
- **Quantitative research**, or surveys, will allow you to further capture data to back up, or modify, the insights gained in earlier research. In ensuring the research is representative of the population being interviewed, you can use the outputs of the data to conduct statistical analysis to develop the segments. Please note: While some of the earlier steps can be completed independently, the quantitative research and following analysis likely requires support from experts in segmentation.

There are ways to segment populations without using all three of the above research methods, and we'll discuss some of these at the end of Session 3. However, success is in the details when it comes to understanding human behavior and an audience's motivations.

Next up, we'll provide an overview of the three phases of developing SBC programming, and how segmentation can fit into them.

Did You Know?

These methods are based on work long conducted in the private sector, which has proven there are various benefits that come from using psycho-behavioral segmentation to better understand the different attitudes, needs, and behaviors of a target audience.

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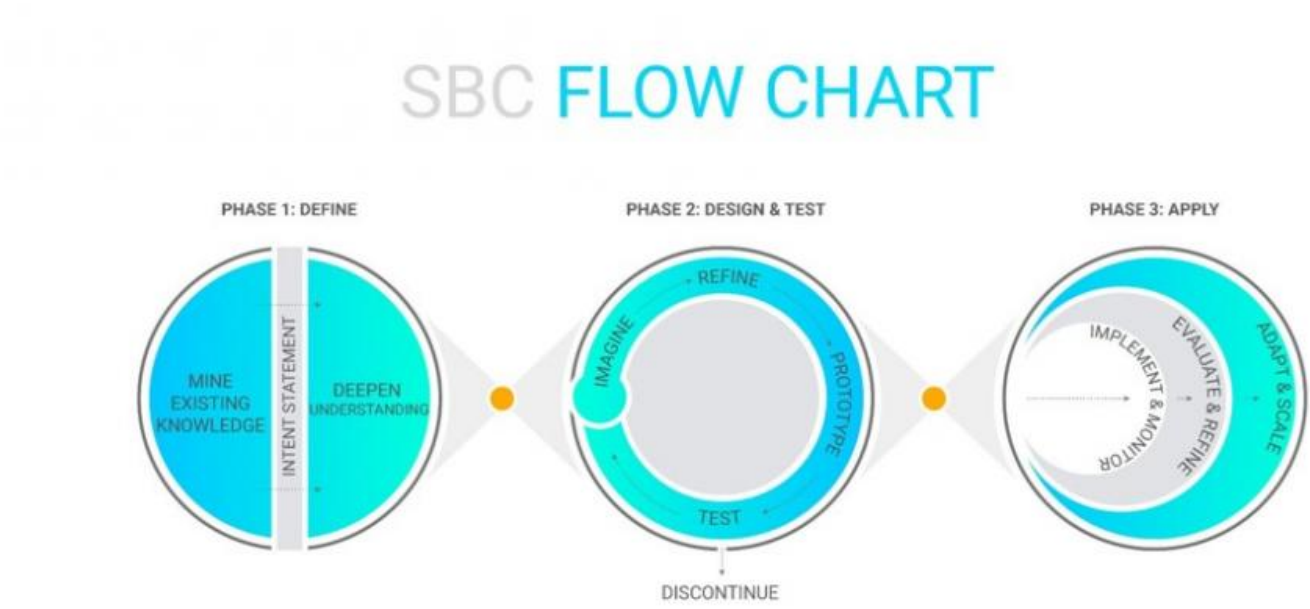
Phases for Developing SBC Programming

According to the SBC Flow Chart, designed by Breakthrough ACTION and funded by USAID, there are three main phases to developing SBC programming. The following infographic and bullets provides more detail on these phases.



- **Phase 1: Define and understand the problem**: This phase assesses the findings and insights that already exist and establishes mechanisms to deepen understanding of the problem's complexity. This is

accomplished by establishing empathy with those with whom we work and uncovering new perspectives and insights to guide solutions.

- **Phase 2: Design and test potential solutions and concepts**: Grounded in deeper understanding, this phase informs how social and behavior change will be addressed by involving community members in the solution ideation process. Ideas and concepts are iteratively developed and tested within the context they will be applied, to reach optimal outcomes.
- **Phase 3: Apply successful prototypes as activities or interventions**: Once testing feedback has been synthesized into a prioritized suite of solutions, this phase marks their progressive implementation. Using real-time monitoring and evaluation to assess success, necessary tweaks and adjustments are made as the solutions are scaled over time.

Segmentation, among other tools, can be extremely useful within this process. With that in mind, we'll use these three phases to guide you through the process of segmentation. Session 3 will focus on the development of segments as part of Phase 1: Define. Session 4 will focus on how the segmentation can be used to develop, test, implement, and then monitor SBC interventions, as part of Phases 2 and 3.

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Learn more about the SBC Flow Chart

Mine existing knowledge an

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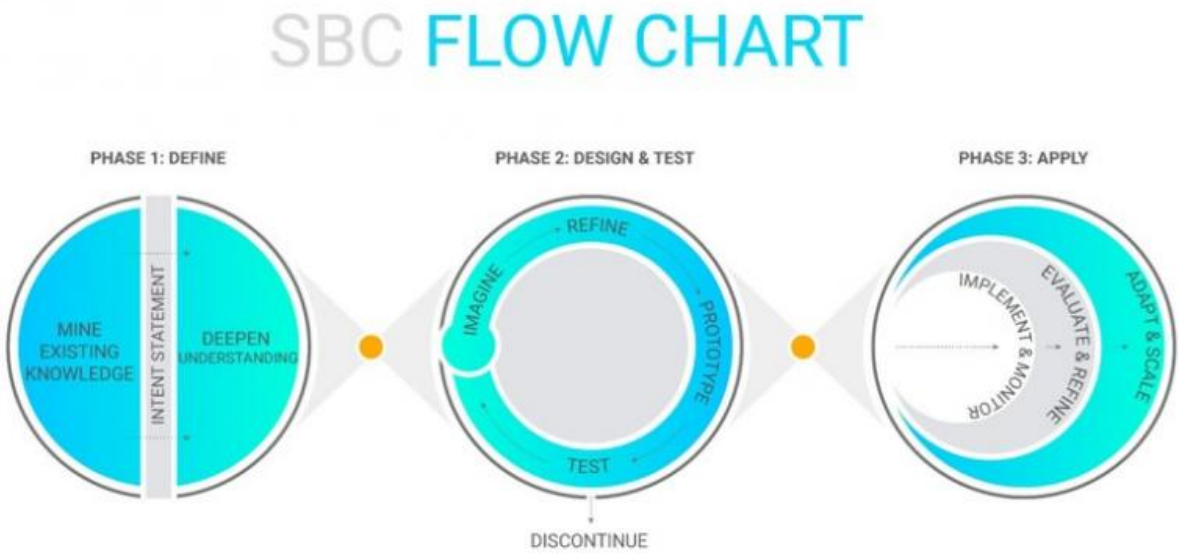

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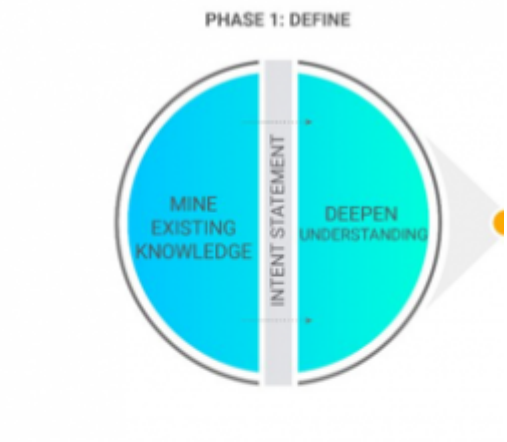
Phase 1.0: Define

Phase 1.0 of the SBC Flow Chart seeks “to assess the findings and insights which already exist and establish mechanisms to deepen understanding of the problem’s complexity.” Segmentation can support this goal through the following seven steps:

1. **Align on objective(s):** Ensure that the program objectives are clearly defined and key stakeholders in the process are aligned on them.
2. **Synthesize background research:** Review data available within your organization or in the public domain to build a baseline understanding of your audience.
3. **Conduct qualitative research:** Build on the background phase by meeting with and interacting with members of the target audience through interviews, focus groups, observations, online discussion boards, or other methods.
4. **Develop hypothesis segments:** Brainstorm key characteristics that could segment your population into actionable groups.
5. **Conduct quantitative research:** Conduct surveys to amend insights gained in earlier research and produce data to enable statistical analysis.
6. **Derive and define segments:** Conduct statistical analysis to define segments in an iterative process to ensure segments make sense to the team.
7. **Personify the segments:** Build segment personas to allow members of the team to better utilize the segments in Phases 2 and 3.



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After completing Phase 1, you’ll have a much better understanding of your target audience via the completed segmentation and the additional data gained through the various research steps.

Glossary Term:

Situation analysis

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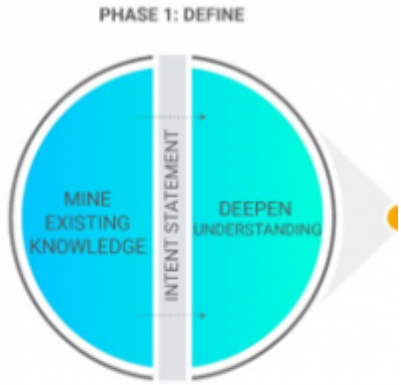

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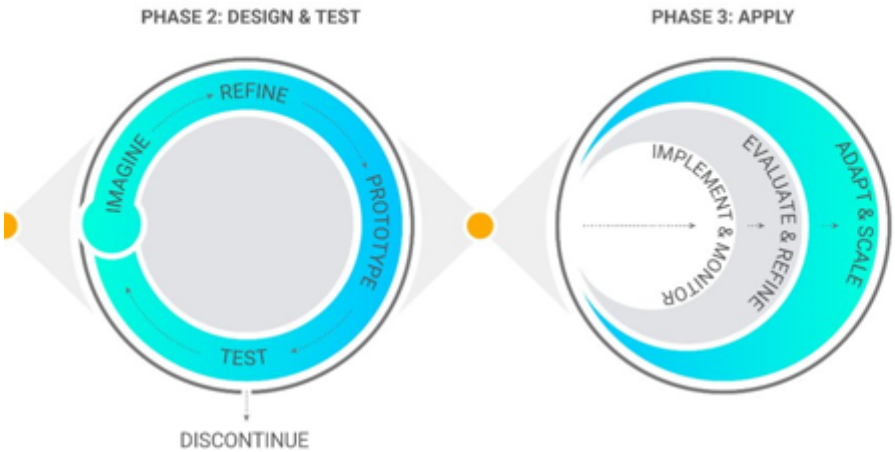
Phase 2.0: Design and Test, and Phase 3.0: Apply

With a deeper understanding of your audience, you are now positioned to design and test solutions.



Design and test potential solution concepts
Grounded in deeper understanding, this phase informs how social and behavior change will be addressed by involving community members in the solution ideation process. Ideas and concepts are iteratively developed and tested within the context they will be applied, to reach optimal outcomes.

Apply successful prototypes as activities or interventions
Once testing feedback has been synthesized into a prioritized suite of solutions, this phase marks their progressive implementation. Using real-time monitoring and evaluation to assess success, necessary tweaks and adjustments are made as the solutions are scaled over time.

Phase 2.0 includes the following steps, which will be discussed in more detail in Session 4.

- **Prioritize segments**: Prioritizing segments within SBC programming is often necessary to maximize impact with the resources available.
- **Identify approaches**: By this point in the process, you already have ideas on how you will engage the target audience. It's time to put them down on paper and identify the most feasible solutions.
- **Create and test the prototype(s):** The initial design of SBC programming tests prototypes with small selection of the target segment population to test effectiveness before broader implementation.

After this phase is complete, you will have an initial SBC program design and approach. Building on lessons learned from the prototypes and implemented tests , it will then be time to take the interventions to scale, while continuing to monitor progress and make adjustments as necessary.

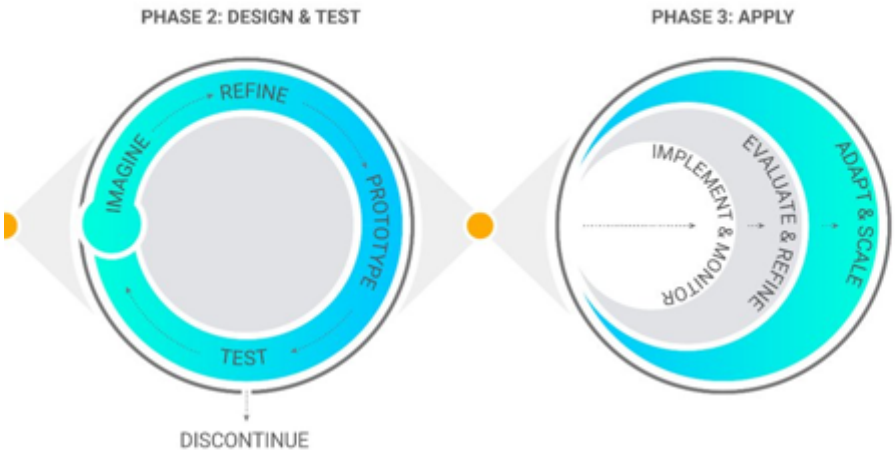
Phase 3.0 includes the following steps, which will also be discussed in more detail in Session 4:

- **Implement:** Build on the prototypes and initial SBC programming, broadening implementation to the full target audience as you scale the activities, adapting with changes as necessary.
- **Create a success monitoring plan:** Review the initial program objectives, identify which data are needed to monitor progress, develop a monitoring plan, and ensure program effectiveness.
- **Make adjustments:** Using the monitoring plan, make adjustments to programming as necessary.

Next, we'll provide a quick overview of Session 2 before starting a brief quiz to test what you've learned so far.

Phase 2.0: Design and Test, and Phase 3.0: Apply

With a deeper understanding of your audience, you are now positioned to design and test solutions.



Design and test potential solution concepts

Grounded in deeper understanding, this phase informs how social and behavior change will be addressed by involving community members in the solution ideation process. Ideas and concepts are iteratively developed and tested within the context they will be applied, to reach optimal outcomes.

Apply successful prototypes as activities or interventions

Once testing feedback has been synthesized into a prioritized suite of solutions, this phase marks their progressive implementation. Using real-time monitoring and evaluation to assess success, necessary tweaks and adjustments are made as the solutions are scaled over time.

Phase 2.0 includes the following steps, which will be discussed in more detail in Session 4.

- **Prioritize segments**: Prioritizing segments within SBC programming is often necessary to maximize impact with the resources available.

- **Identify approaches**: By this point in the process, you already have ideas on how you will engage the target audience. It's time to put them down on paper and identify the most feasible solutions.
- **Create and test the prototype(s):** The initial design of SBC programming tests prototypes with small selection of the target segment population to test effectiveness before broader implementation.

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Closing Review

Below is a summary of some of the key lessons learned in this session.

Segmentation definition

> Dividing a population or market into subgroups that have, or are perceived to have, meaningfully similar characteristics, and significant differences from other subgroups.

Recognize multiple segmentation types

1. Socio-Demographic
2. Psychographic
3. Attitudinal
4. Behavioral
5. Combination including behavioral and attitudinal variables

Understand the benefits of using segmentation

1. Better understand specific groups of people, and what may be required to support social and behavioral change.
2. Create messages and services/products that are specifically designed to reach and resonate with a group of people (i.e., target audience), utilizing resources more effectively.

Recognize multiple methods of collecting and analyzing data

1. Background/secondary research
2. Qualitative research
3. Quantitative research

Recognize the three phases of the SBC flow chart

(segmentation can be used as a tool in each of these phases)

1. Phase 1.0: Define
2. Phase 2.0: Design and Test
3. Phase 3.0: Apply

After you take a short quiz, we will explore how segmentation plays a crucial role in **Phase 1.0: Define.**

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Session 3: Define the Situation

Photo courtesy of Jonathan Torgovnik/Getty Images/Images of Empowerment

This session will introduce you to the steps of segmentation that fit within Phase 1 of the SBC flow chart: Define. After completing this session, you will understand:

- The importance of aligning on objectives early and revisiting those objectives throughout the segmentation process
- The steps taken to get to defined segments
- The qualities of a successful segmentation
- Alternative approaches to defining segments, which require less intensive primary research

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- Alternative approaches to defining segments, which require less intensive primary research

Phase 1.0: Define

Let's take another look at the steps and outcomes of how segmentation fits in the first phase of the SBC process: Define. These steps will act as an outline for this session.

1. **Align on objective(s):** Ensure that the program objectives are clearly defined and key stakeholders in the process are aligned on them.
2. **Synthesize background research:** Review available data within your organization or in the public domain to build a baseline understanding of your audience.
3. **Conduct qualitative research:** Build on the background phase by meeting with and interacting with actual members of the target audience through interviews, focus groups, observations, online discussion boards or other methods.
4. **Develop hypothesis segments:** Brainstorm key characteristics that could segment your population into actionable groups.
5. **Conduct quantitative research:** Conduct surveys to amend insights gained in earlier research and produce data to enable statistical analysis.
6. **Derive and define segments:** Conduct statistical analysis to define segments in an iterative process to ensure segments make sense to the team.

7. **Personify the Segments:** Build segment personas to allow members of the team to better utilize the segments in Phases 2 and 3.

After visiting each of these steps in the process, we'll also spend some time at the end of this session looking at some potential ways to conduct a simpler segmentation, without necessarily conducting primary research.

Source

Advanced Audience Segmentation for Social and Behavior Change

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Advanced Audience Segmentation for Social and Behavior Change

Step 1.1: Align on Objective(s)

The first step in the segmentation process is to ensure that the program objectives are clearly defined and the key stakeholders are aligned on them. This will help you identify which opportunities to address through improved segmentation of the intended audience.

The results of your segmentation exercise will vary depending on your program objective.

As an example, those leading the Niger effort mentioned in the introduction to the course aligned on the following key objectives for their effort:

1. Provide a baseline understanding of family planning dynamics in Niger that can be used by any family planning partner (government, donor, or NGO) to inform its strategy and programming.
2. Identify the most significant opportunities—related to demand and supply of contraceptives—to drive an increase in women's modern contraceptive use in Niger.
3. Describe how the stakeholders to this project and their partners might adjust their grant-making and programming in Niger to address these opportunities.

These objectives were clearly agreed upon and guided the segmentation effort in Niger that followed.

If your team is having trouble getting started, it may be helpful to complete **a situation analysis and/or an audience analysis.**

Photo courtesy of Jonathan Torgovnik/Getty Images/Images of Empowerment

A situation analysis guides the identification of priorities for an SBC intervention and informs all the following steps in the SBC process. It establishes a clear, detailed, and realistic picture of the opportunities, resources, challenges, and barriers regarding a particular health issue or behavior.

An audience analysis is a process used to identify and understand the priority and influencing audiences for a SBC strategy.

Ensuring early alignment on the objectives among all key stakeholders will help reduce conflicts later on. Continue to revisit the objectives as you go forward in the process to help ground the effort, or make changes to objectives if necessary.

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Step 1.2: Synthesize Background Research

At this point in the process, you have a basic understanding of the problem and have aligned on objectives. You also likely have initial insights on the people you need to engage. However, before you dig into primary research, it is good to first review and understand the existing data and information that are already available and which data are not available. Specifically, start by identifying variables associated with the broad target population that may be relevant to achieving the identified objectives.

1. Identify potential key variables

- **Internal Brainstorm.** Conduct an initial brainstorm based on internal knowledge and a review of existing data to list out all the variables that may be relevant to the target population. List as many as you can, thinking through any variables that might split people into different groups with different likelihoods to adopt family planning practices. Complete the brainstorm by consolidating the list, selecting the variables the team suspects are most relevant. Referring to the Integrated Behavior Model may be helpful in thinking about what types of variables are most likely to connect with behaviors. Refer to the following table for a list of variables to consider adding.

A List of Variables

Variable Categories	Variables

Variable Categories	Variables
Socio-Demographic	◦ Age ◦ Employment ◦ Property ownership ◦ Ethnicity ◦ Gender ◦ Family size ◦ Literacy ◦ Marital status ◦ Life stage ◦ Urban/rural ◦ Region ◦ District ◦ Hamlet
Psychographic	◦ Activities (e.g., fashionistas) ◦ Risk Profile (e.g., risk-takers) ◦ Socially disconnected (e.g., introverts) ◦ Social standing
Behavoral	◦ Duration of behavior ◦ Frequency of behavior ◦ Habits ◦ Salience of the behavior ◦ State of change ◦ Use of technology

Variable Categories	Variables
Attitudinal	◦ Beliefs ◦ Interests ◦ Intentions ◦ Opinions ◦ Perceptions of social norms regarding behavior ◦ Perceptions of self-efficacy in performing behavior ◦ Preferences ◦ Needs

- **Literature Review.** Fill in the gaps in existing knowledge with peer-reviewed and grey literature from public health and other relevant disciplines to identify gaps in knowledge about your target population. Start by investigating existing evidence on knowledge, attitudes, and practices through national or subnational data. If local data are not available or sufficient, review data from contexts with cultural, religious, or other significant similarities.
- **Stakeholder/key expert interviews.** Consider interviewing key stakeholders and experts who can provide added perspective on society, religion, and culture and how those variables might influence the behavior(s) of interest.

2. Identify information gaps

To close out the background research phase, it is crucial that you highlight what is still unknown. Document the major questions you still have and what you need to learn in the upcoming primary research phases.

Background research for Niger segmentation

The background research conducted in Niger was intended to guide the primary research by shedding light on topics that could be explored further in Niger or that did not need to be explored further because a definitive view on those topics already existed. Little information was found on how women use modern and traditional contraceptives, but there were findings that indicated potential determinants of modern contraceptive use, which supported the team in their planning for primary research.

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Step 1.3: Conduct Qualitative Research

At the end of Step 1.2, Synthesize Background Research, you listed variables that may be relevant in facilitating change among your intended audience and a set of information gaps to investigate. In order to confirm these variables, you need to gain additional perspective on the population as well as confirm relevancy.

Gain Population Perspective

To create a strong segmentation, it is important to understand a wide range of variables that may influence your audience's decision-making. To gain a comprehensive perspective on key decision-making variables, conduct a **qualitative** investigation of the needs, attitudes, and behaviors of the population. This helps identify potential barriers and motivators to adopting the desired behavior.

There are a number of qualitative research methodologies that may be appropriate to use. Data may be collected through methods such as:

- Focus groups discussions
- Interviews
- Consultations
- Observations

Participatory methods such as human-centered design workshops and photovoice may also help uncover differences between subpopulations that will guide your segmentation.

Confirm Relevancy

The qualitative research should include various populations relevant to the behavior of interest. For example, if your program is trying to increase family planning use among women of reproductive age nationally, your research should consider sampling a range of women that might include urban and rural women, younger and older women, married and unmarried women, or women at different critical life moments (e.g., recently married, new mothers). Results of qualitative research should help inform and refine the sampling strategy for the quantitative research.

The results of the qualitative research activity will provide you with additional insight into behavioral determinants, including barriers, facilitators, and influences on the intended audience, as well as other socio-cultural variables associated with the desired behavioral outcome. It will also help fill the gaps you identified after synthesizing the existing evidence as discussed above.

Next, let's take another look at the Niger example and see how qualitative research helped them understand the population, getting them one step closer to segmentation.

Glossary Term:

Qualitative research methods

> **Tip**
>
> Observational research allows you to learn about an experience from the perspective of your audience and can be very useful in learning about their decision-making process and preferences.

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Step 1.3: Example—Qualitative Segmentation in Niger

The Niger team conducted interviews and focus groups primarily to understand why modern contraceptive use was so low. By exploring these drivers of use, the team could generate ideas for how use might be increased and to ensure they understood the full range of options to test in a survey. The team also had secondary goals of testing language for the survey and strengthening the fact base for the project.

Summary of major findings:

- **Child Spacing/Family Planning:** Child spacing is widely practiced and accepted but family planning is practiced infrequently and is not considered a social norm
- **Ideal Number of Children:** Nuanced views from participants; some believe the number of children one has is up to Allah or that there are more pros than cons to many children, while others argue that you must be able to care for your kids. A mix of attitudes about ideal family size was uncovered.
- **Modern Contraceptives:** Little to no outright rejection of the idea of using modern contraceptives, but fear of side effects and potential loss of fertility prevents some from considering or using them.
- **Traditional Contraceptives:** Wide range of traditional methods are used to space births and often used when other options aren't available.

These and other findings helped the team gain a greater, more nuanced understanding of their audience.

Specific research conducted:

- Conducted 18 focus groups, in and around Niamey, Zinder, and Tahoua
- Conducted 100+ healthcare observations/interviews to identify any variables that might influence a women's propensity to use family planning services
- Balanced between urban, peri-urban, and rural

Source

Using Marketing Science to Understand Contraceptive Demand in High-Fertility Niger

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Step 1.4: Develop Hypothesis Segments

Now that you've conducted your qualitative research and analyzed the data, it is time to hypothesize target segments. This step consists of brainstorming what effective segments might be to support the objectives outlined earlier. Completing this step will help ensure that the quantitative research that follows can be more targeted (e.g., testing whether the hypotheses are true, or if not, what alternatives might be). Without this step, you could risk asking too many questions or testing too many potential variables with the audience, resulting in wasted time and effort.

Before starting the process of dividing a population into the hypothesized segments, it's worth noting that segmentation is a blend of both art and science, requiring evidence and intuition. However, segments must, at a minimum, meet the criteria outlined in the table below.

Criteria

Criteria	**Description**
Actionable	The program is able to reach the segment with distinctive interventions
Homogeneous	Members of the segment are similar in terms of needs, attitudes, and preferences as well as other significant attributes
Heterogeneous	Each segment is relatively unique compared to other identified segments
Measurable	Data can indicate the size of the segment
Salient	The segment is substantial in either size or potential impact to warrant targeted interventions
Reachable	The program intervention can reach the segment
Recognizable	Program implementers can recognize the segment
Responsive	The segment can be expected to consistently respond better to a tailored approach rather than a generic intervention
Stable	Stable enough to remain relevant for a reasonable period of time

Start by identifying characteristics that make subsets of the population significantly different from the other subsets. A significant difference is one that requires different messages or strategies to reach and influence the audience.

Next, think about what variables you would use to identify those characteristics; e.g., a significant difference between two groups of women could be related to whether they make family planning decisions with their partner, or more independently. This could be either a behavioral variable (measuring how they've made decisions in the past), or an attitudinal variable (how they would like to make family planning decisions).

There are several types of segmentation variables that can be used to segment an audience and, as mentioned before, each has its own advantages and limitations. Again, your approach to segmentation will depend on the program and behavioral objectives identified as a result of your situation analysis, audience analysis, and program analysis.

At this point, you should hypothesize as many segments as there are meaningful differences in subgroups related to the behavior change objective. Before you move into the quantitative research phase, outline what you know about your segments, what you believe to be true about them, and what remains to be uncovered.

> The team leading the Niger segmentation didn't construct formal hypothesis segments, but rather hypothesized the qualities of priorities segments, which similarly helped guide them in their quantitative research.

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Step 1.5: Conduct Quantitative Research

Once the qualitative research is complete and hypothesized segments are developed, use quantitative research to test those segments and build other insights that can be substantiated by data. In the event that the previous step was skipped, as was the case with the Niger team, use this opportunity to collect the data you need to confirm your understanding of the potential target population.

- **Select variables.** Select a set of variables to test based on willingness to practice the behavior of interest. Depending on the results of your earlier evidence-gathering exercise, the variables to test through statistical analysis may include demographic, behavioral, and attitudinal variables associated with willingness to adopt the desired behaviors and/or other key considerations.
- **Design a survey.** Thoughtful survey design and recruitment criteria are integral to producing useful quantitative outputs. The survey instrument should be informed by the results of:
  - Qualitative research
  - Background research
  - Insights gathered starting from the initial brainstorm and stakeholder interviews
- **Select screening criteria.** The screening criteria should be based on the hypothesis segments and the sample should be representative by variables such as geography, education, marital status, and income or socioeconomic group. The instrument should investigate needs, attitudes, behaviors, and other variables thought to influence the behavior(s) of interest.
- **Create an analysis plan.** The plan should establish:
  - Which questions are to be answered
  - Which sub-groups should be used
  - Which specific hypotheses are to be tested
- **Analyze.** Analysis techniques typically used for segmentation included cluster analysis, latent class analysis, and perceptual mapping. Completing these analyses will likely require the assistance of someone well versed in segmentation statistics.

Next, we'll review what this looked like in the Niger case study.

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  - Insights gathered starting from the initial brainstorm and stakeholder interviews
- **Select screening criteria.** The screening criteria should be based on the hypothesis segments and the sample should be representative by variables such as geography, education, marital status, and income or socioeconomic group. The instrument should investigate needs, attitudes, behaviors, and other variables thought to influence the behavior(s) of interest.
- **Create an analysis plan.** The plan should establish:
  - Which questions are to be answered
  - Which sub-groups should be used
  - Which specific hypotheses are to be tested
- **Analyze.** Analysis techniques typically used for segmentation included cluster analysis, latent class analysis, and perceptual mapping. Completing these analyses will likely require the assistance of someone well versed in segmentation statistics.

Next, we'll review what this looked like in the Niger case study.

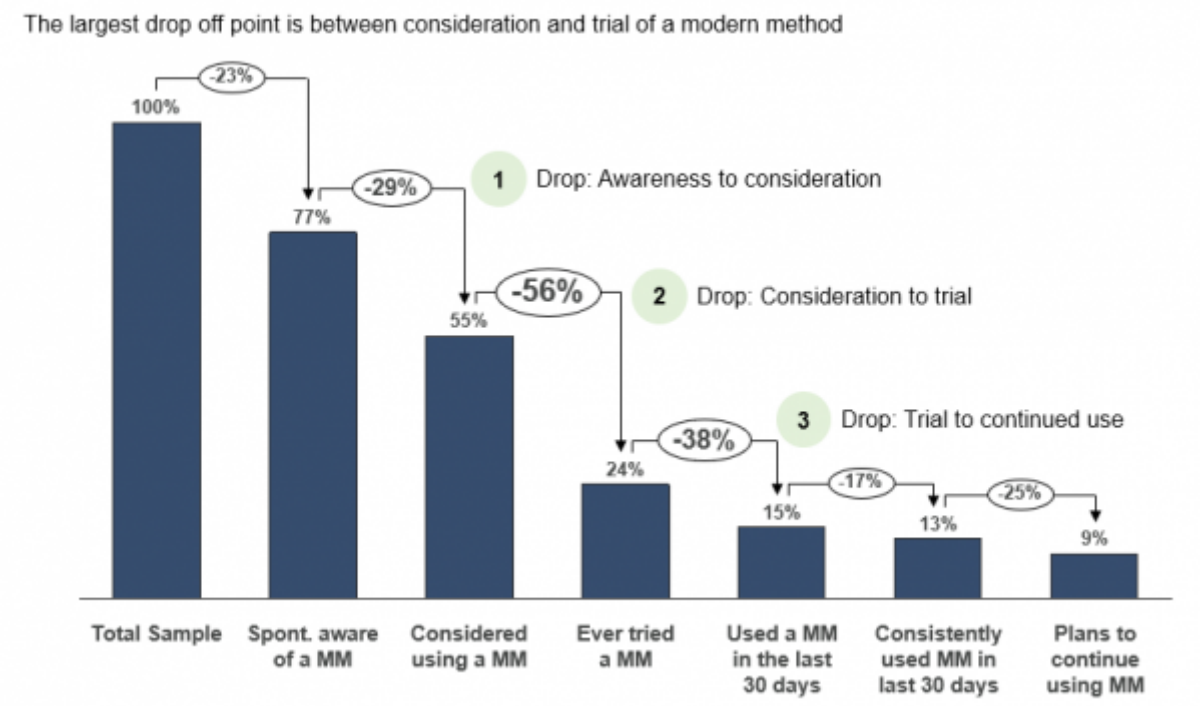
Step 1.5: Example—Quantitative Research in Niger

To test early thinking on key variables for modern contraceptive use, the Niger team surveyed 2,004 women of reproductive age (15–49).

- **Sampling:** Sampling methodology was consistent with the 2012 Demographic and Health Surveys (DHS) to ensure representativeness of data.
- **Consent:** Strict consent policies were followed, requiring written consent from all participants, and additional parental consent for unmarried minors.
- **Approval:** Survey methodology was vetted and approved by independent academics, as well as the Niger Ethics Committee.

The following chart and table highlight sample findings from the research:

The chart below shows the percentage of sample participants at each necessary step for adoption of a new practice, highlighting the percentage dropoff between each. For example, the first bar shows 100 percent of the sample (the full population observed). Only 77 percent of the survey sample are spontaneously aware of modern methods. In other words, 23 percent of women can't start using modern contraceptives because they aren't aware of them. The largest dropoff point is between consideration and trial of a modern method, which accounts for a drop from 55 percent of the sample down to 24 percent of the sample. More than half of women who have considered using a modern method contraceptive then try using one.



The surveys also allowed the team to test a few hypotheses regarding drivers of modern method acceptance and use. Prior to conducting the research, the team had developed a set of 6 hypotheses on how different variables may affect modern method use. The following table shows which of them confirmed while others were refuted.

Variables Confirmed and/or Refuted

	Topic	Finding	Consistent with Hypothesis?
A	Demographics	Consistent with other family planning research, demographics that have a clear correlation with modern methods use include: type of residence, social class, age at marriage, and number of children	Yes
B	Women's Agency and Decision-Making	Women who have some household decision rights, as well as women who decide on contraceptive use in collaboration with their husbands tend to accept, consider, and use modern methods more than women who don't	Yes
C	Social Norms	Women who think that use of modern methods is a practiced social norm by women in their community are much more likely to accept, consider, and use modern methods themselves	Yes
D	Access	Distance from health centers does not appear to have a strong correlation with modern methods acceptance and use	No
E	Supply	Although more than two-thirds of the sample believe that supply (lack of stock outs) is important when choosing contraceptives, very few consider it the most important factor, and it is not a barrier to consideration or use	No

	Topic	Finding	Consistent with Hypothesis?
F	Religion	Women who are very religious are less likely to consider modern methods, but this factor does not correlate with modern methods use. There is a portion of women (42 percent) who think contraception is a sin, and this impacts their use moderately	Uncertain

Next, we'll show how to use the survey data and the insights gathered to develop a set of segments.

> **Quote**
>
> "Creating hypotheses enables surveys to be developed with specific ends in mind, and allows common expectations to be overturned."

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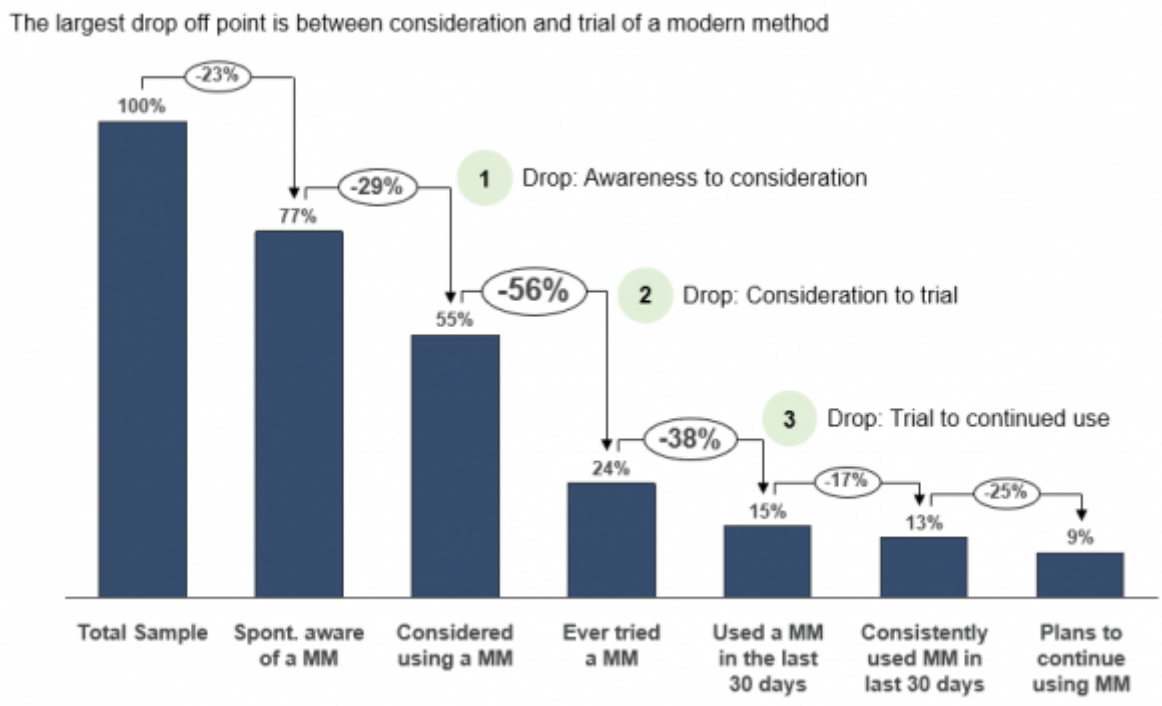

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Step 1.6: Derive and Define Segments

Your segmentation efforts so far have included:

- Confirmation of objectives and background research to identify variables that need further investigation
- Qualitative research into the population's behavior in order to refine key variables and hypothesize segments
- Quantitative research to test the hypothesized segments

Did the quantitative research confirm the hypothesized segments or did it highlight other, more important variables to consider? To answer that question, you'll want to perform the following tasks (these steps generally require the support of an experienced partner, given the technical nature of segmentation statistics):

- **Reflect.** Start by reflecting on some of the initial lessons from the quantitative analysis. While statistical analysis can help highlight unexpected variables, you will still need to start the analysis with some predictions on what you expect the key segmentation variables to be.
- **Conduct the analysis.** Coordinating with your partner, identify the right type of analysis for the situation and then run the analysis. We won't go into detail here, as it gets pretty complicated, and generally requires advanced degrees to complete!
- **Review and question.** Review newly identified segments and consider whether they confirm or dispel your initial assumptions and hypothesized segments. In some cases, your final segments may look very similar to what you initially brainstormed, and, in other cases, quite different. Share the results of your segmentation exercise with key stakeholders to assess whether they meet the criteria for segmentation within your context.
- **Refine.** Refine the segments in an iterative process to ensure that they meet the objectives of the effort. Additionally, keep in mind the criteria for successful segments, presented earlier in this session (the criteria are copied from the early step for your convenience).

Criteria

Criteria	Description

Criteria	Description
Actionable	The program is able to reach the segment with distinctive interventions
Homogeneous	Members of the segment are similar in terms of needs, attitudes, and preferences as well as other significant attributes
Heterogeneous	Each segment is relatively unique compared to other identified segments
Measurable	Data can indicate the size of the segment
Salient	The segment is substantial in either size or potential impact to warrant targeted interventions
Reachable	The program intervention can reach the segment
Recognizable	Program implementers can recognize the segment
Responsive	The segment can be expected to consistently respond better to a tailored approach rather than a generic intervention
Stable	Stable enough to remain relevant for a reasonable period of time

Tip

Create as many segments as are needed to reflect meaningful differences across the target population, while keeping in mind segment sizes and the overall complexity of the segmentation. While exceptions exist, effective and practical segmentations tend to produce between four and seven segments.

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Step 1.6: Example—Variables to Define Niger's Segments

Let's return to the Niger example, where we'll review the segment outputs in three parts:

1. Variables to define Niger's segments

2. Niger's five distinct segments
3. Differences in Niger's segments

In Niger, survey data were first run through chi squared analyses and then using a latent class analysis software. Key variables were included in the latent class model based on the initial quantitative analysis, and the model was run iteratively to improve the consistency of the narratives of the sub-segments that were identified. As the team ran the model, several variables dropped out after they didn't help form meaningfully different segments, while others were added, based on high correlation in a regression model.

The key variables used to define the segments were related to use behaviors, level of proactivity, views on social norms, views on contraceptive attributes, and attitudes and beliefs. The following table provides more detail on these.

The iterative process finally closed with five segments. The following page shows these.

More Information on Key Variables

Category	Key Variables used to segment
USE BEHAVIORS	• Consideration of traditional and modern methods • Trial of traditional and modern methods
LEVEL OF PROACTIVITY	• Been to a health center for a consultation • Tried to obtain methods • Tried to obtain family planning information • Attended information session on family planning
SOCIAL NORMS	• Perception of number of women in community using modern methods
VIEWS ON CONTRACEPTIVE ATTRIBUTES	• Contraceptive attributes that are important (i.e., fertile immediately after discontinuation, ability to stop at any moment, method is natural)
ATTITUDES AND BELIEFS	• Family planning attitudes (i.e., health, spacing, timing, discretion, role of husband, religious beliefs) • Acceptance of spacing, limiting, use of modern methods • Variables that are important when deciding to use modern methods (i.e., access, permission of others, simplicity of use, availability of information, side effects)

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Step 1.6: Example—Niger's Five Distinct Segments

Based on the key variables, the five segments were developed and spanned a range, from women who were proactive in family planning and interested in family planning, to more conservative women who view contraception as a sin and had little autonomy to make decisions. Names were selected that best described the group and enabled people to quickly comprehend the people that sit within the groups.

Modern Elites
(16% of population)

"I want a good life for myself and my children, and that starts with good family planning"

Healthy Proactives
(28%)

"My health is important, so I try to learn as much as I can, and reduce my burden by spacing"

Traditional Autonomists
(10%)

"What my husband and I decide is our business, and for now we think traditional methods are better"

Conservative Passives
(19%)

"It's important to me that others do not oppose my FP choices"

Sheltered Skeptics
(28%)

"I'm not too familiar with Family Planning methods, but I don't trust them"

On the next page, we'll see how the segments are different quantitatively.

Did You Know?

Quotes derived from the qualitative analysis are used to help illustrate the segments.

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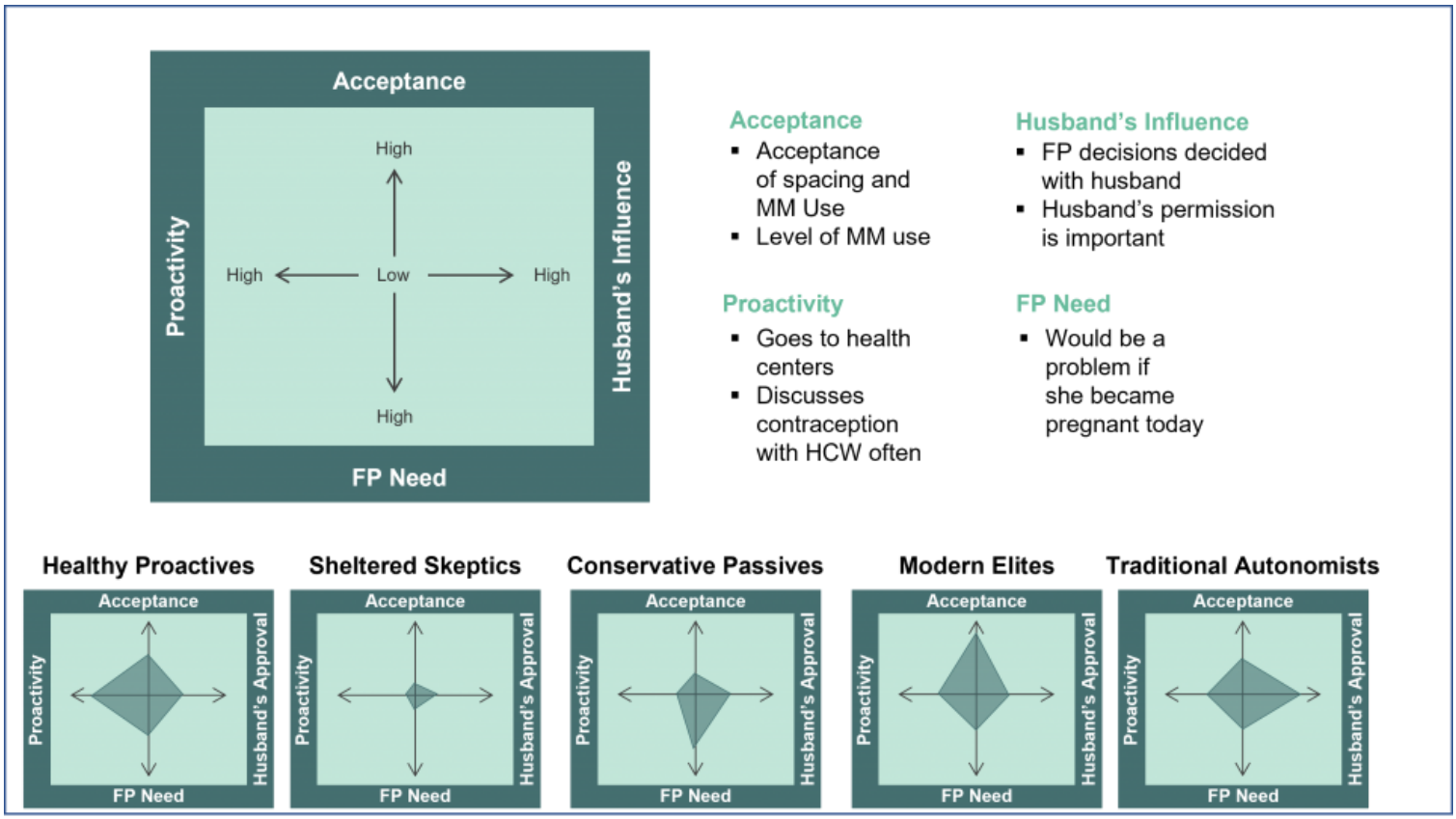
Step 1.6: Example—Differences in Niger's Segments

Across sets of variables, including acceptance of modern methods, proactivity in their health, the level of husband's influence, and their need for family planning, clear differences arise across the five segments. For many of these, variables matched with expectations: e.g., "Modern Elites" showed the greatest acceptance and use of modern contraceptives already. Conversely, some data points are surprising; e.g., Conservative Passives were the group most likely to say that becoming pregnant today would be a problem for them (46 percent).

The following charts show how the five segments reflect these key data points across the sets of variables. For example, across all four variables, Sheltered Skeptics score low, while Healthy Proactives score high on health proactivity and moderately on the other variables.



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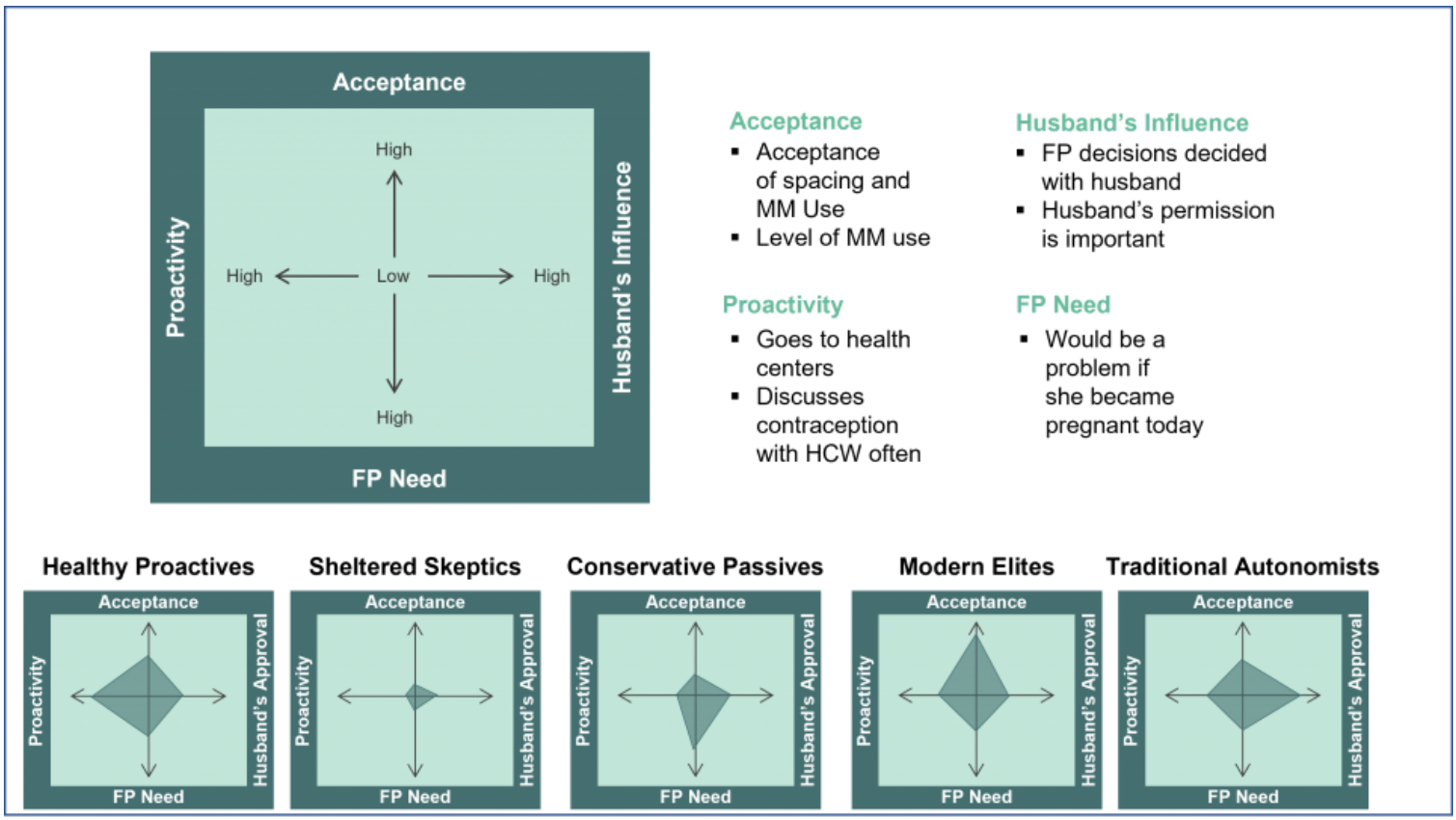

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Step 1.6: Example—Transform/PHARE in Cote d'Ivoire

To highlight the need for iteration and how you can leverage other segmentation efforts, let's take a look at work completed as part of the Transform/PHARE project in Côte d'Ivoire.

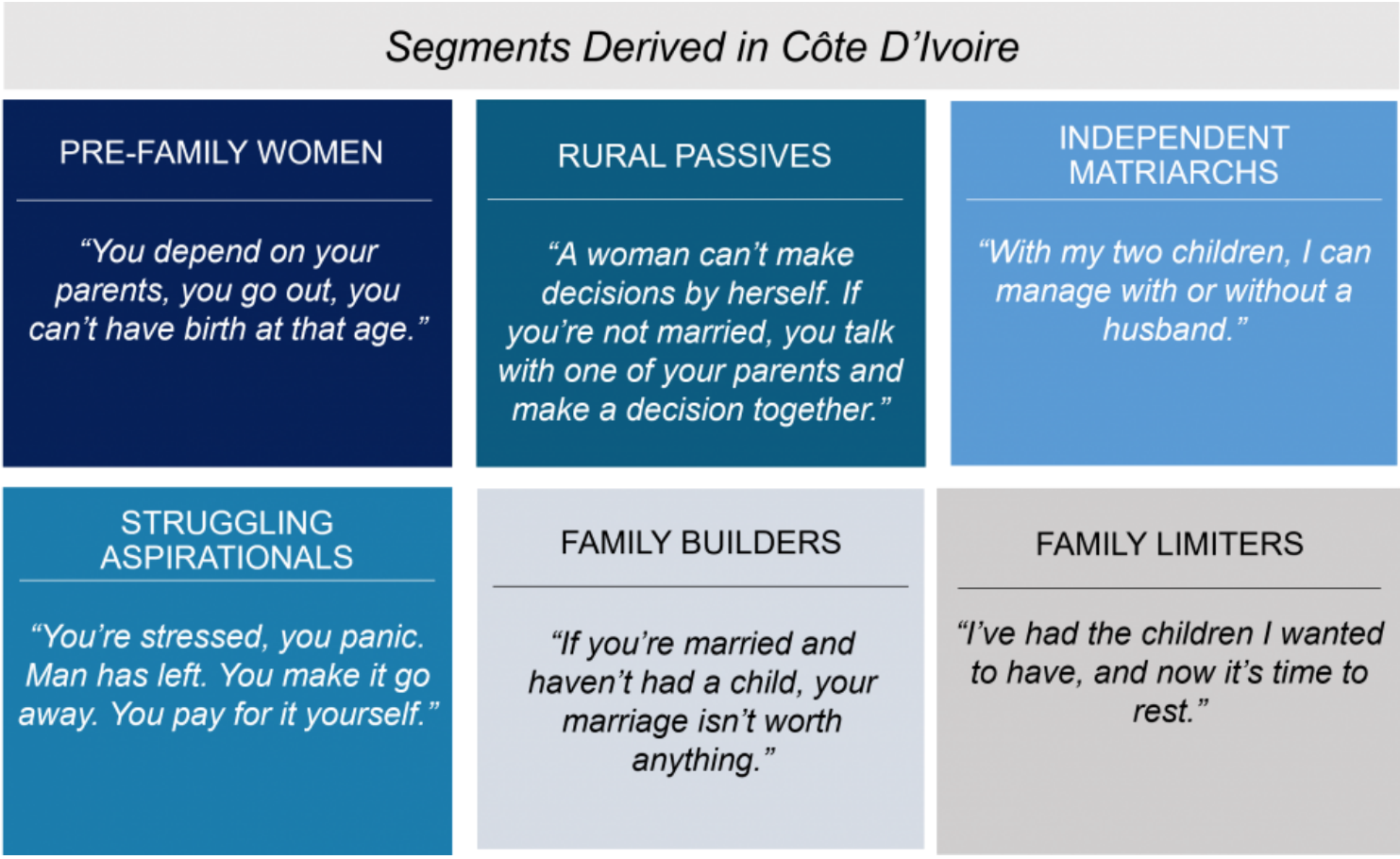
The project began with qualitative research to determine if the Niger segmentation was relevant in the Ivorian context. This research revealed that there was a much larger proportion of women in Cote d'Ivoire who were reporting sexual relationships before marriage (and were largely seeking to avoid pregnancy, as opposed to planning for a family). Out of this first round of qualitative research, three segments were identified based on life stage: Pre-family Women, Family Aspirationals and Family Planners.

Once the quantitative research was conducted and the full advanced audience segmentation process was complete, six main subgroups of women were revealed. These roughly included the three qualitative segments but split apart the "Family Planners" lifestage into four sub-groups with significant differences in their family planning attitudes, beliefs, and behaviors:

- Pre-family Women

- Struggling Aspirationals
- Rural Passives
- Independent Matriarchs
- Family Builders
- Family Limiters

The rigorous segmentation exercise provided Cote d'Ivoire with a far more nuanced national picture of the type of potential family planning users. This then allowed for more targeted SBC programming and messaging strategies to adequately address each audience's needs and concerns.



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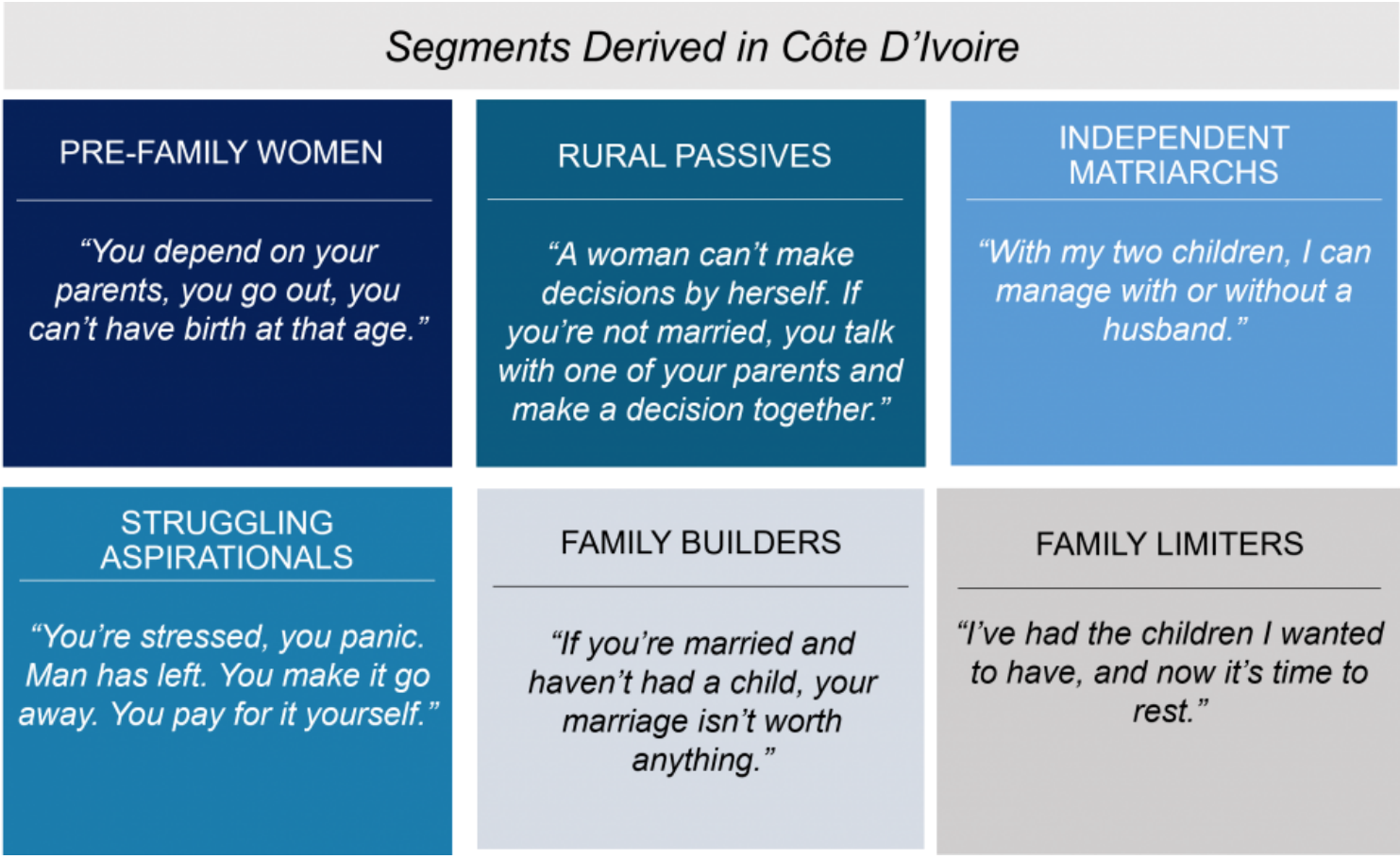

Step 1.7: Personify Segments

We now have defined segments, having used data to better understand them. However, it can still be tricky to determine how best to engage each segment. It can help to depict segments in a more relatable way by personifying them in segment profiles.

Creating profiles rather than relying on tables and charts, for example, helps you digest the most important segment variables. While we believe attitudes and behaviors are more important variables in segmentation than those related to lifestyle and social status, we can learn a thing or two from how well people remember the personas developed by psychographic segmentation. It's easier to picture a person when someone mentions a "Brazzaville Sapeur" than if they started listing out the relevant behaviors and attitudes derived from the data (e.g., an "urban, stylish, community oriented male").

Did You Know?

A good segmentation is one that people feel good about. They should be easily recognizable.

Source

Customer segmentation kit

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Step 1.7: How to Personify

To personify means simply to represent something in human form. To that end, we want to make the profile as real as possible. To personify segments, we start by using the quantitative and qualitative data collected to create a profile of one or more people in the segment. These people will act as representatives of the actual people we wish to reach.

However, a person is more than their data. A person can also be defined by their attitudes and subsequent behaviors. Focus on relevant behaviors and attitudes derived from the data (e.g., a "moderately religious, highly proactive about their health, and open to discussions of family planning" woman) as you add the persona-oriented aspects.

Next, make the persona more interesting and engaging by:

- Using pictures of an actual person in the segment if possible.
- Preparing examples of the types of things she might say if you spoke with her. Actual and illustrative quotes bring segments to life.
- Giving her a name that speaks to her behaviors or attitudes
- Keep it short.

By adding these details to the persona, we can "see" this woman as more than her data. You now have a picture of who you are trying to reach, and, ultimately, the type of strategy that will enable success.

Understanding the people in segments allows you to imagine their reactions to processes, products, and messages you may design in order to encourage their behavior change.

Photo courtesy of Yagazie Emezi/ Getty Images/ Images of Empowerment

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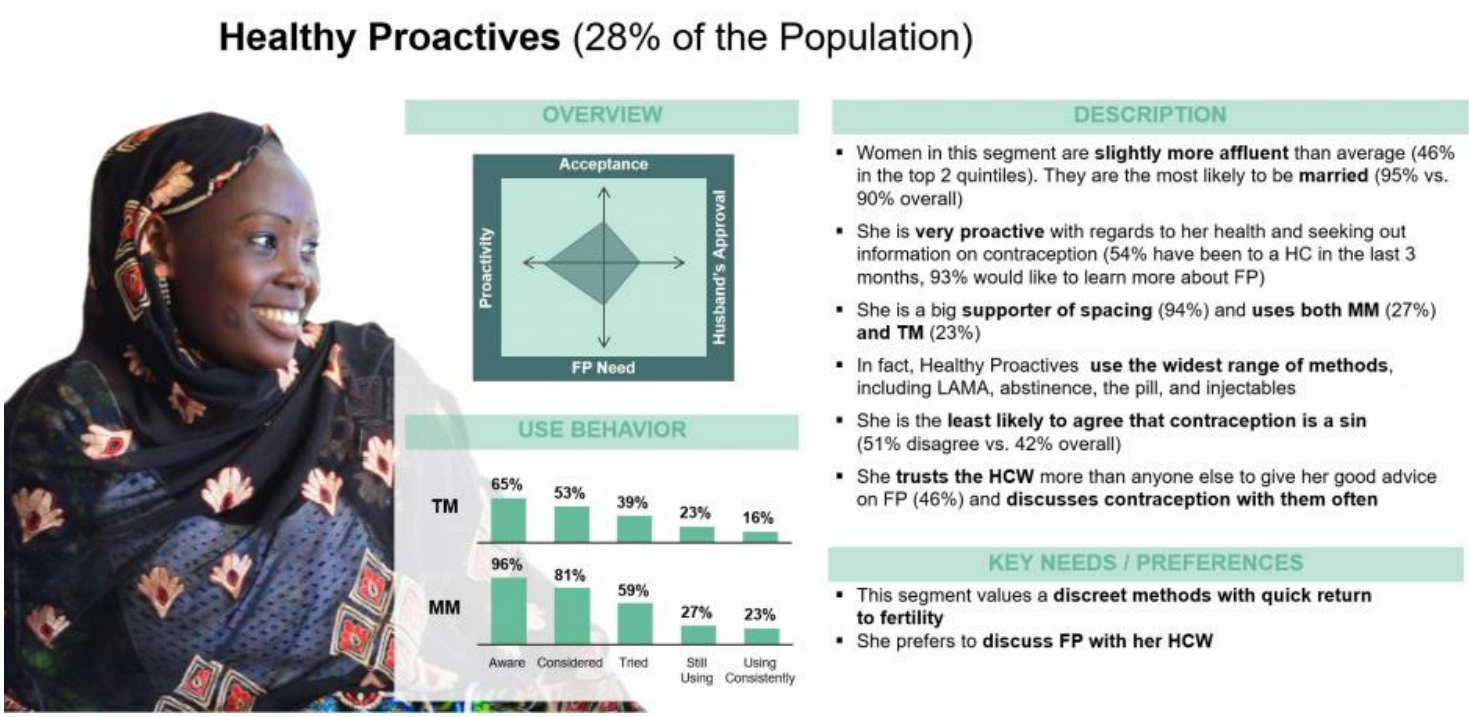
Step 1.7: Example—Personas Developed in Niger

Let's refer again to the Niger example. The graphic below depicts the Healthy Proactives segment. It includes a picture of a woman who belongs to the segmentation, along with content reflecting statistics about the larger segment group. These include the percentage of the total population, the drop-off pattern that describes their use behavior, and statistics that make the group unique.



Following this step, the team was ready to start prioritizing segments and designing interventions. We'll start digging into those steps in Session 4, but first we want to discuss some alternative approaches for getting to this stage in the process.

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Using Marketing Science to Understand Contraceptive Demand in High-Fertility Niger

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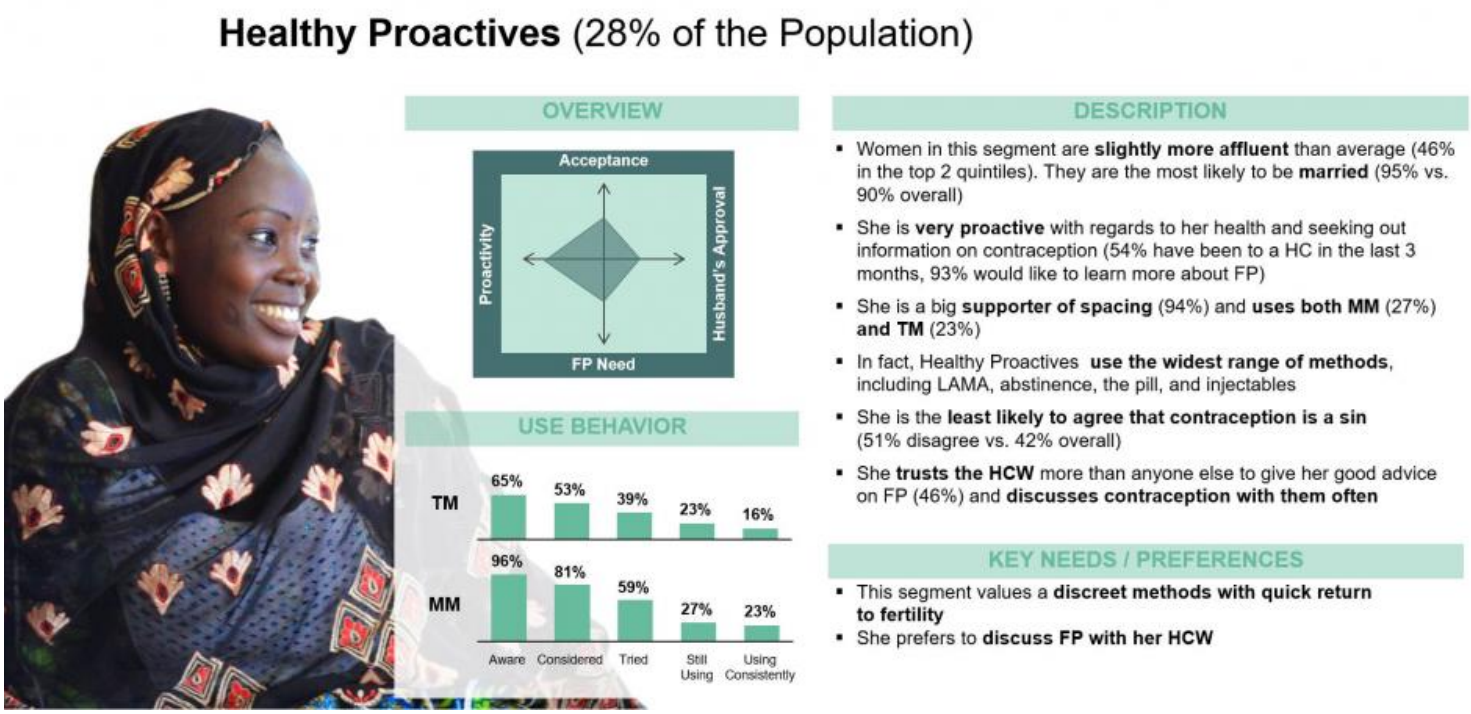

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Alternative Segmentation Routes

Based on current data availability and resource constraints, there are various ways to undertake a segmentation, reducing or eliminating the need to conduct primary research. While the outputs may not be as thorough as a full segmentation, they can still support the programming goals of an organization.

First and foremost, you can construct segments based only on secondary data. In this case, you may already have plenty of qualitative or quantitative data (internal to your organization, from publicly available data, or a combination), so that after completing Step **1.2: Synthesize background research,** you may be ready to hypothesize segments **(Step 1.4)** and run the data through the analysis to derive segments **(Step 1.6).**

Alternatively, you may feel that running the statistical analysis isn't required. In this situation, you can view **Step 1.4, hypothesizing the segments,** more or less as the development of segments (either completing primary qualitative research **(Step 1.3)**, or not). In the following phases where you test implementation of approaches, you can always refine the segments as they make sense.

Finally, if a relevant segmentation already exists, either publicly or from past efforts relevant to your organization, you can always start from them and make adjustments to them based on knowledge of your audiences. In this case, you would be skipping steps **1.3: completing qualitative research, 1.5: conducting qualitative research,** and **1.6: derive and define segments.** On the following three pages, we will present one example of this using segments pre-defined from DHS calendar data.

Alternative Segmentation Routes

Based on current data availability and resource constraints, there are various ways to undertake a segmentation, reducing or eliminating the need to conduct primary research. While the outputs may not be as thorough as a full segmentation, they can still support the programming goals of an organization.

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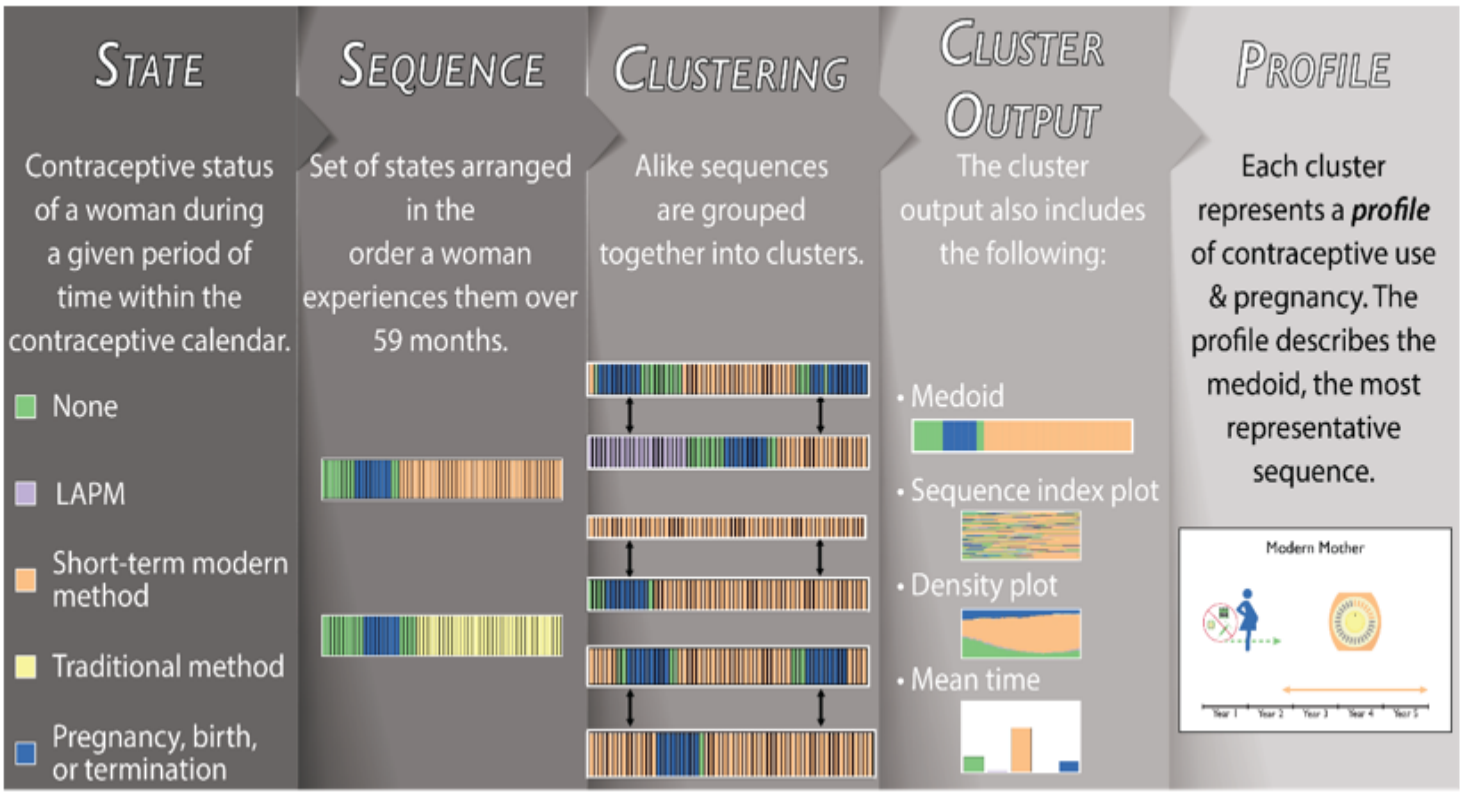
Alternative: Example—Using DHS Calendar Data for Segmentation

A DHS analytical study, "Women's Contraceptive Profiles throughout the Life Course in Burundi and Nepal," identifies patterns in women's contraceptive use and pregnancy experiences, using DHS contraceptive calendar data.

The approach applies sequence and cluster analysis of contraceptive calendar data to create profiles that characterize women's contraceptive and pregnancy behaviors. Burundi was one of the first countries selected with a relatively high TFR of 5.5 and to help support Burundi's commitments towards FP2020's goal of 120 million additional users of modern contraception by 2020.



View a larger version

Six profiles were identified for contraceptive use and pregnancy experience in Burundi using sequence and cluster analysis to identify and visualize discrete profiles that characterize women's contraceptive and pregnancy behaviors. Based on these data, one could prioritize approaches with the different segments or use the segments provided as a starting place to refine or create slightly different segments with an overlay of past experience and qualitative research.

Profile	Descriptions
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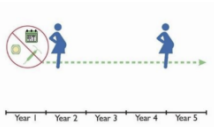
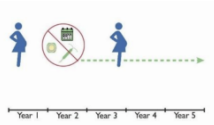
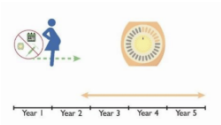
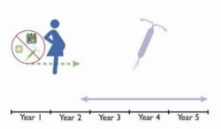
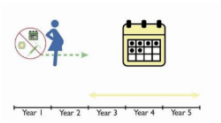
Family Builder 1 	Women with this profile do not use any method of family planning and experience two pregnancies at the beginning of the second year and the end of the fourth year within a 5-year period.
Family Builder II 	Women with this profile do not use any method of family planning and experience two pregnancies at the beginning of the first year and at the end of the third year within a 5-year period.

Modern Mother 	Modern Mothers are women who adopt a short-term modern method of family planning after a period of non-use and one pregnancy within a 5-year period.
Consistently Covered Mother 	Consistently Covered Mothers are women in Burundi who adopt long-acting reversible contraception or permanent methods after a period of non-use and one pregnancy within a 5-year period.
Traditional Mother 	Traditional Mothers are women in Burundi who adopt traditional methods at the end of the second year after non-use and one pregnancy within a 5-year period.

These profiles can be a great starting place for organizations looking to better understand the people they're working with, and to help think through how best to meet their needs.

Glossary Term:

Les Methodes Permanentes et à la Longue Durée d'une Action(LAPMs)

Looking for more information

For more information, refer to the DHS Contraceptive Calendar Tutorial. It is designed to help DHS data users understand the DHS Contraceptive Calendar, its history, how it is completed in an interview, how the data are stored in the Individual Recode datasets, uses of the calendar data, and how to analyze the data. Learn more: DHS Contraceptive Calendar Tutorial

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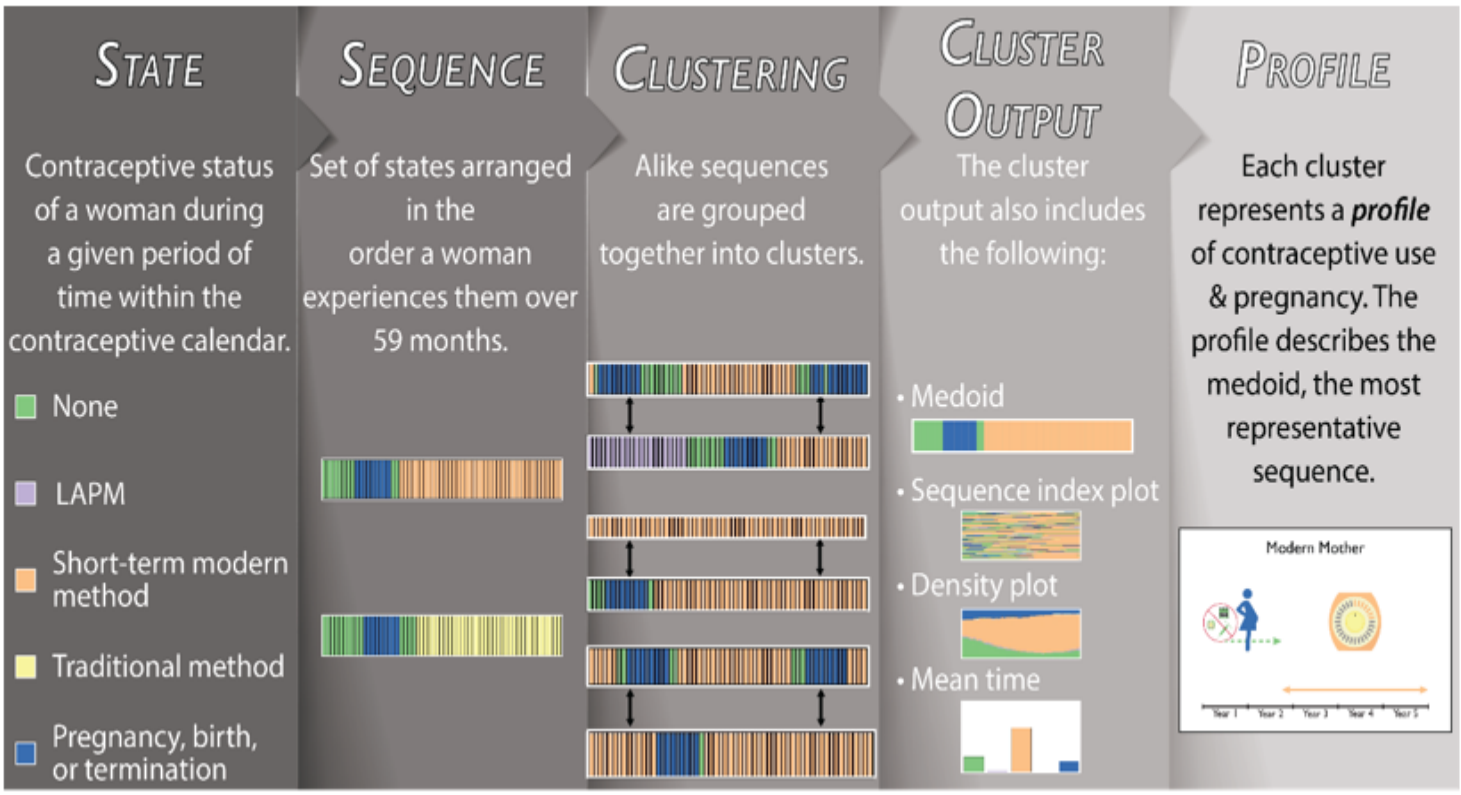

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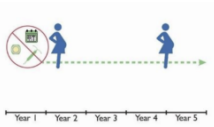
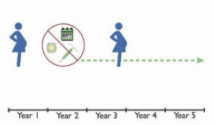
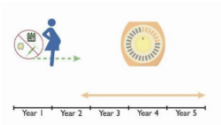
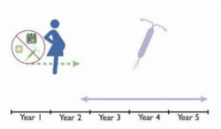
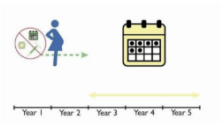
Family Builder 1 	Women with this profile do not use any method of family planning and experience two pregnancies at the beginning of the second year and the end of the fourth year within a 5-year period.
Family Builder II 	Women with this profile do not use any method of family planning and experience two pregnancies at the beginning of the first year and at the end of the third year within a 5-year period.

Modern Mother 	Modern Mothers are women who adopt a short-term modern method of family planning after a period of non-use and one pregnancy within a 5-year period.
Consistently Covered Mother 	Consistently Covered Mothers are women in Burundi who adopt long-acting reversible contraception or permanent methods after a period of non-use and one pregnancy within a 5-year period.
Traditional Mother 	Traditional Mothers are women in Burundi who adopt traditional methods at the end of the second year after non-use and one pregnancy within a 5-year period.

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1. Steps used to define the situation include:
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    - 1.2 Synthesize background research
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    - 1.5 Conduct quantitative research
    - 1.6 Derive and define segments
    - 1.7 Personify the segments
2. Defining and aligning on objectives are crucial, as these will be revisited throughout the process.
3. Where possible, segmentation using a combination of variables that includes attitudinal and behavioral variables should be prioritized over other forms of segmentation (e.g., solely demographic), as it creates maximum opportunity for successful SBC interventions.

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Self-Study Activity

The following questions may be helpful for you to think about in terms of your own organization. If your organization were to use segmentation:

- What SBC programming is your organization currently running that you think could be improved by segmentation? What are the behavioral challenges you are addressing and potential objectives?
- What data do you currently have to better understand your audiences? What information would you like to collect?
- What segments do you hypothesize would result? How would you go about testing these?

Photo courtesy of Jonathan Torgovnik/Getty Images/Images of Empowerment

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Session 4: Design and Test

Now that you've developed a segmentation, you are ready to design, test, and apply new SBC programming, building on the outputs of that effort. Building on the developed segmentation to actually reach those audiences aligns roughly with Phase 2.0 and 3.0 in the SBC workflow.

Phase 1.0: Define the Situation
Phase 2.0: Design and Test
Phase 3.0: Apply
This session will look more closely at how audience segmentation can be applied during Phase 2.0 and 3.0 of the SBC workflow. After completing this session, you will better understand:

- The value of prioritizing audience segments
- How to identify strategies for engaging your audience segments
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Phase 2.0 and 3.0 Overview

With a deeper understanding of your audience, you are now positioned to design and test solutions. Phase 2.0 includes the following steps, which will be discussed in more detail through this session.

1. **Prioritize segments:** Prioritizing segments is often necessary to achieve the greatest impact with the resources available.
2. **Identify strategies.** By this point in the process, you may start to have ideas on how you will engage the audience segments. It’s time to put them down on paper and identify the most feasible solutions.
3. **Create and test the prototype(s).** You will test those ideas with the audience segments before finalizing your overall approach

Following prototype development, you’ll shift to implementation along with necessary monitoring and adjustments to implementation. Based on how successful (or unsuccessful) those programs are, you may even need to go back to the steps of Phase 2, identifying new strategies and creating new prototypes.

1. **Implement.** Depending on the prototype(s) and required resources, the solution(s) might need to be phased in.
2. **Create a monitoring plan.** Looking back to the start of this process, when you envisioned success, what data are needed to demonstrate you are making progress and/or have arrived?
3. **Make adjustments.** Using the success monitoring activities, monitor progress and make adjustments, if necessary, in the prototypes and approaches to ensure success.

After you complete these steps, you should have an evidence-informed intervention designed specifically for the priority audiences.

Let's get started by prioritizing the target audience segments identified in Phase 1.

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If you have limited resources, prioritization is essential to ensuring a focus on the highest-opportunity segments to maximize impact.

Reaching an audience segment requires specific actions that won't necessarily work across all the other targeted segments. If you prioritize the right ones, you can effect a greater change than if you develop generic solutions for all the different segments.

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Step 2.1: How to Prioritize Segments

There are two activities to perform when prioritizing segments.

1. Gather stakeholders and review the problem statement and objectives. Is everyone still in agreement?
2. Rank the segments based on three criteria:
    - Opportunity to engage
    - Motivation to engage
    - Ability to engage

Stakeholder Review

Assuming the team is still in agreement regarding the problem and objectives, inquire if members of the team have criteria they feel should be considered when prioritizing segments.

For instance, will the following criteria play a role in decision-making?

- Segments that represent the least advantaged
- Segments that reach the most people

Engagement Criteria Matrix

Create a grid, listing the segments down the left side and the three engagement criteria (or more if the group agrees on others) across the top. At the intersections, note to what extent that segment meets the criteria. Use the table below as a guide when assessing engagement level.

Engagement Criteria Matrix

Three Engagement Criteria	Engagement Level
Opportunity to Engage	• Size of total segment • Size of unmet demand within segment • Risk of engaging in unhealthy behavior • Expressed knowledge, interest, consideration, or past use of family planning • Ripple effect of behavior change within (or beyond) segment
Motivation to Engage	• Interest • Openness to change • Buy-in • Assessment of critical moment/scale of need • Trust level towards various sources of information • Social norms and peer support • Understanding of role of family planning in achieving other life goals
Ability to Engage	• Accessibility • Available channels to engage • Ability to change opinion • Agency of individual • Privacy and confidentiality • Potential provider bias • Clarity of required SBC messaging/services/format • Competing urgent life demands/needs/concerns

Important

If data are available, modeling the potential impact by segment can be a powerful criterion. For example, in Niger, the team ran a simple model multiplying the size of each segment along with an estimated percentage of people who might move one step along a continuum from awareness to consideration to use of modern

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Step 2.1: Example—Prioritizing Segments in Niger

Returning to the Niger example, the team aligned on three target segments based largely on the ability to increase modern contraceptive usage to achieve the greatest impact.

Segments chosen: **Traditional Autonomists, Sheltered Youth, and Healthy Proactives** were all selected as priority segments because they exhibited low to medium modern contraceptive use at the time, but with potential avenues to increase usage.

Segments set aside: Often, prioritization is less about the groups that are selected and more about those that are not. **Modern Elites** and **Conservative Passives** were not selected because there was little potential to increase usage; however, for two very different reasons.

- Modern Elites were deprioritized because the group was fairly small and already had a high rate of modern contraceptive use.
- Conservative Passives were deprioritized because engaging them was unlikely to yield a change in behavior at that time. Potentially, by changing the overall norms in society by engaging with other groups, this segment might be more open to family planning in future years.

	MODERN ELITE	HEALTHY PROACTIVES	TRADITIONAL AUTONOMISTS	CONSERVATIVE PASSIVES	SHELTERED YOUTH
% SAMPLE	16%	28%	10%	19%	28%
MC USE	High	Medium	Low	Low	Low
ABILITY TO INCREASE USE	Low	High	Medium	Low	Medium
SELECTION	Deprioritized	**Prioritized**	**Prioritized**	Deprioritized	**Prioritized**
RATIONALE	Small size, likely to access contraceptives already, incremental gains smaller compared to other segments	High potential segment due to proactivity Opportunity to increase spacing	Potential to convert some traditional method users to modern method use Different needs compared to Health Proactives	Not engaged/interested. Not autonomous Thinks contraception is a sin.	Potentially large opportunity for growth if educated.
SEGMENT OBJECTIVE	-	Shore up an increase in family planning behavior	Encourage autonomy, seek to use more effective traditional methods or modern methods	-	Expose to a broader way of thinking, seek to redirect to Healthy Proactives or Traditional Autonomists segments

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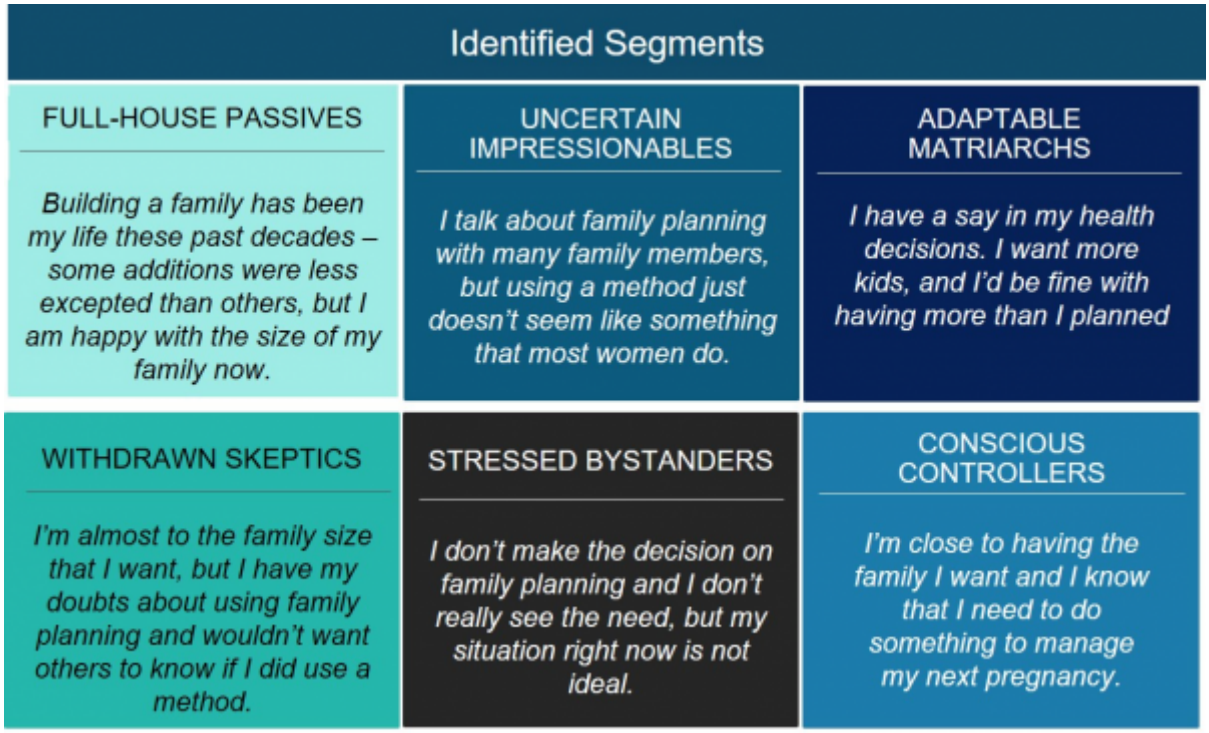
Step 2.1: Example—Prioritizing Segments in Ethiopia

Let's look at another example. In 2017, a detailed segmentation study was conducted in Ethiopia to help identify opportunities for providers to support behavior change around contraceptive uptake among women.

Ethiopia's mCPR has reportedly increased fivefold since 2000, but the TFR has remained almost constant. Women are having roughly the number of children they want, but pockets of unmet demand exist, especially among postpartum women, particularly in rural areas.

As such, the (re)solve, a project led by Pathfinder International, with funding from the Bill and Melinda Gates Foundation, executed a segmentation focused on women in Tigray, Ethiopia to better understand who the target population should be and the key behavioral dynamics that define them. Through this process, the following six segments were identified related to women's behaviors and attitudes around family planning:



To further prioritize these six segments, the team leading the effort first stepped away from the segments completely. It defined four categories of factors and specific criteria within those factors, and then applied weights to each of these to signify relative importance. The following table highlights these:

Four Categories of Factors, Specific Criteria, and Applied Weights

	Category	Key Questions	Factors	Weight
1	Potential Impact	How significant is the opportunity to change this segment's family planning engagement?	• Size • Unmet need/demand • Critical moment • Amplification	40%
2	Opportunity to Learn	What are the evidence gaps? Is this segment underserved?	• Evidence gap • Underserved	15%

	Category	Key Questions	Factors	Weight
3	Feasibility	Is this segment practical to target and receptive to family planning?	• Location • Channel • Behavioral approach • Buy-in	35%
4	Scalability	Is it likely that any achieved impact will be scalable and/or adaptable?	• Generalizability • Global interest	10%

When evaluated against the four criteria and their associated data points, segments could be ranked to assess which should be prioritized for the intervention. With this ranking order, the team was able to identify what outreach its resources allowed, then select the number of segments that fit. Full-House Passives and Uncertain Impressionables scored highest due mainly to the feasibility in reaching them and the scalability possible in the group. Conversely, Conscious Controllers were at the bottom of the list, with especially low scores in Potential Impact and Opportunity to Learn.

Glossary Term:

Total fertility rate (TFR)

More information

For more information on the (re)solve project more broadly, please refer to the following webpage: Project (re)solve

Source

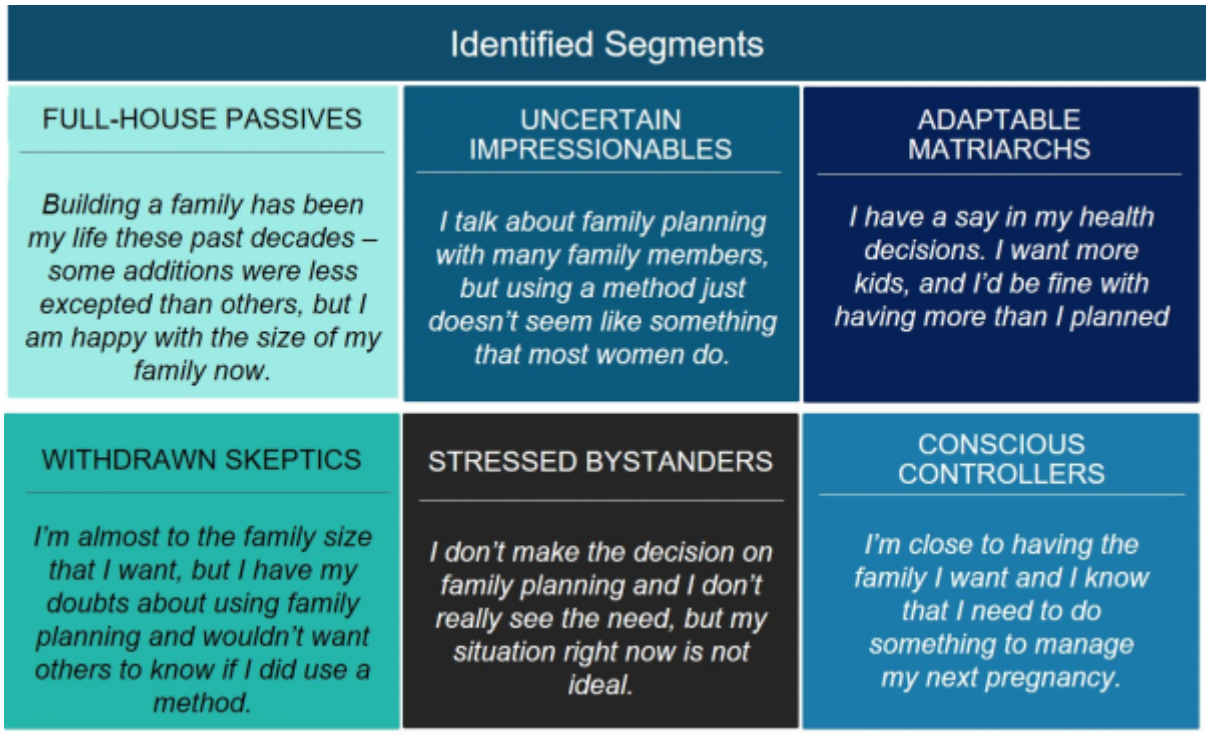
Ethiopia Segmentation, Internal Documents, Camber Collective/ Resolve project.

Step 2.1: Example—Prioritizing Segments in Ethiopia

Let's look at another example. In 2017, a detailed segmentation study was conducted in Ethiopia to help identify opportunities for providers to support behavior change around contraceptive uptake among women.

Ethiopia's mCPR has reportedly increased fivefold since 2000, but the TFR has remained almost constant. Women are having roughly the number of children they want, but pockets of unmet demand exist, especially among postpartum women, particularly in rural areas.

As such, the (re)solve, a project led by Pathfinder International, with funding from the Bill and Melinda Gates Foundation, executed a segmentation focused on women in Tigray, Ethiopia to better understand who the target population should be and the key behavioral dynamics that define them. Through this process, the following six segments were identified related to women's behaviors and attitudes around family planning:



To further prioritize these six segments, the team leading the effort first stepped away from the segments completely. It defined four categories of factors and specific criteria within those factors, and then applied weights to each of these to signify relative importance. The following table highlights these:

Four Categories of Factors, Specific Criteria, and Applied Weights

	Category	Key Questions	Factors	Weight
1	Potential Impact	How significant is the opportunity to change this segment's family planning engagement?	• Size • Unmet need/demand • Critical moment • Amplification	40%
2	Opportunity to Learn	What are the evidence gaps? Is this segment underserved?	• Evidence gap • Underserved	15%
3	Feasibility	Is this segment practical to target and receptive to family planning?	• Location • Channel • Behavioral approach • Buy-in	35%
4	Scalability	Is it likely that any achieved impact will be scalable and/or adaptable?	• Generalizability • Global interest	10%

When evaluated against the four criteria and their associated data points, segments could be ranked to assess which should be prioritized for the intervention. With this ranking order, the team was able to identify what outreach its resources allowed, then select the number of segments that fit. Full-House Passives and Uncertain Impressionables scored highest due mainly to the feasibility in reaching them and the scalability possible in the group. Conversely, Conscious Controllers were at the bottom of the list, with especially low scores in Potential Impact and Opportunity to Learn.

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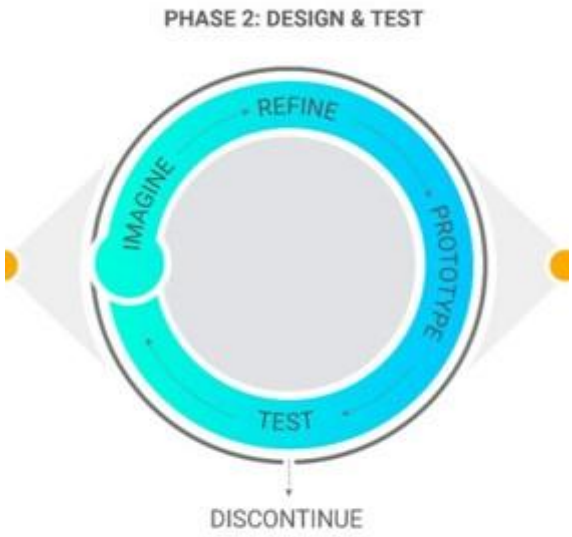
Step 2.2: Identify Approaches



Following the prioritization of segments, you now shift into the heart of the second phase: developing, refining, prototyping, and testing SBC approaches. For this process, information developed in Phase 1 will be helpful, specifically:

- The original objectives outlined for the effort **(Step 1.1)**
- Qualitative information and quantitative data gathered about the priority segment(s) in earlier phases **(Steps 1.2, 1.3, and 1.5)**
- Other information on the audience segments available

It takes creativity, collaboration, and energy to imagine approaches and/or messages that will engage the audience segments and encourage social and behavior change.

The following activities will aid in designing effective SBC interventions.

Imagining

This part of the creative process typically begins with a collective Imagine workshop that helps the team envision a new future that is informed by:

- Insights
- Deeper understanding
- Identified opportunities

Using the insights gained from Phase 1's research as inspiration, representatives from the following transdisciplinary groups come together to rapidly generate a broad array of possible solutions and opportunities.

- Designers
- Health experts
- Development specialists
- Stakeholders
- Members of the target audience

With the aim of generating as many ideas as possible, idea generation is not limited by considerations of desirability, feasibility, or scalability. Out-of-the-box thinking is encouraged, and no idea is discounted. Expansive, divergent thinking and the presence of several disciplines in the Imagine workshop increases the likelihood of uncovering effective solutions.

Refine initial ideas into prioritized concepts.

This expansive set of ideas is then refined into a smaller subset of promising ideas to develop further. This refinement process helps prioritize the best ideas through a set of criteria such as innovation, desirability, impact, feasibility, and scalability. The team will also consider how different intervention ideas might work differently with different audience segments.

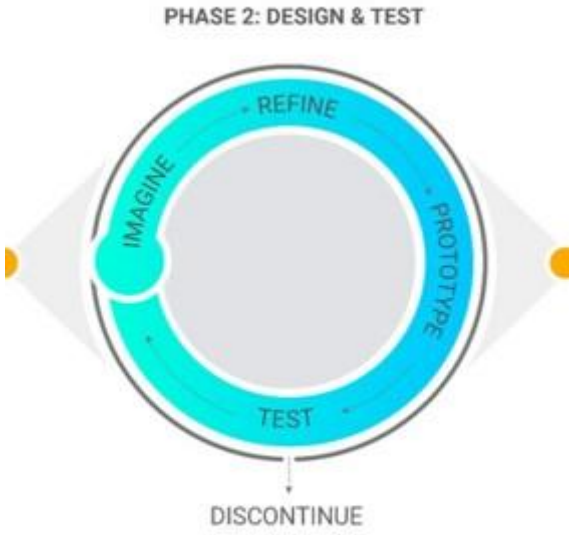
Source

SBC Flow Chart USAID / Breakthrough ACTION: Social and Behavior Change Flow Chart

Remember

In Niger, the team identified a number of programs already in existence as potential approaches. The plan would be to adjust specific programs that fit well with certain segments and then adjust them so they are a better match with that particular segment.

Step 2.2: Identify Approaches



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Step 2.2: Example—Developing a Strategic Concept in Niger

In Niger, the team culminated the Identify Approaches step with a strategic concept for each of the prioritized segments. This strategic concept was used to guide the team in its thinking on how to approach the segment. Although we present the final version below for an example segment, there were multiple iterations before this that allowed the team to really think through the segments and their unique needs.

Healthy Proactives: Strategic Concept

"GETTING IT RIGHT"

When taking care of your and your family's health, you care about getting it right, and do the things necessary to make sure you do. And to do this, health care workers have been a good resource to you. So when it comes to family planning, it's important to have good information, reliability, and safe options. It's about learning about your fertility and obtaining the best information about contraceptives from the people you trust. You can choose the methods that suit you best, whether these are traditional or modern, long or short term. And it's interesting these days that better, more reliable modern methods are available. So take the time, learn what you can, talk with people you trust, and make the choices that work best for you and your family.

Next, we'll move on to Step 2.3, creating and testing a prototype.

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Step 2.3: Create and Test the Prototype(s)

SBC approaches must be designed and tested with an audience by creating prototypes (e.g., product, message, approach).

Iterate low-fidelity prototypes of the most promising ideas to get rapid feedback.

The next step is to bring these ideas to life by creating tangible, low-fidelity prototypes. Because prototypes are meant to convey an idea—not to be perfect—project teams can quickly and inexpensively move through a series of iterations on initial ideas, building on what is learned from the intended audience through testing. Low-fidelity prototypes can take a variety of formats, such as storyboards, role plays, diagrams, or models. The goal is to quickly make ideas visible, touchable, and malleable, most commonly using paper and pencil to obtain feedback from the target audience early, often, and at little cost, thereby mitigating risk.

As part of this process, document the implementation requirements for the prototype to ensure the necessary resources are available.

Test prototypes with audiences in the context in which they would be used.

The rough prototype mockups are then tested with communities or target audiences. Teams rapidly iterate and further refine prototypes based on the audience's feedback, co-creating successively higher fidelity versions. Importantly, based on what is learned from prototyping, teams are not afraid to discontinue prototypes that fail, are too complex, or are outside their ability to implement. In many instances, prototyped ideas are combined to create new versions in response to feedback.

Test the implementation requirements to ensure they work.

Repeat this phase more than once to iterate and improve ideas until they can be implemented at small scale.

Teams typically cycle through the Design and Test phase multiple times. The first cycle of iteration typically tests the prototypes for desirability, the second cycle tests the prototypes for feasibility, and the third cycle tests the prototypes for viability, continually improving the proposed solution(s) along the way. Successful prototypes are implemented in a limited geographic area over a longer timeframe, monitored, and evaluated.

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Step 2.3: Example—Recommended Approaches for Healthy Proactives

Based on the knowledge gained on Healthy Proactives through the Define phase and the strategic concept, the team considered which types of interventions might be most appropriate to reach this segment.

The team considered the four already in motion programming efforts: 1) mobile clinics, 2) community-based dialogue (CBD) and education, 3) youth outreach, and 4) husband outreach. If these four weren't sufficient, the team also kept open the option of new programming as well.

The team identified three of the programs that fit well for Healthy Proactives and then started identifying how to specifically use those programs to best fit the segment:

- **Mobile Clinics:** Healthy Proactives living in rural areas would be a key segment to target, as they:
  - Trust healthcare workers to provide them with good family planning advice, and may be seeking more effective options
  - Are open to modern methods and accept spacing and limiting to some extent
  - Represent a large segment (28 percent of the population), of which 78 percent are rural
  - Value methods that are discreet
- **CBD:** Healthy Proactives would be a key segment, as they accept modern methods use and tend to be more rural compared to Modern Elites
  - We could imagine a referral program where Healthy Proactives shift from short-term modern methods obtained from CBD, toward longer term methods at Integrated Health Centers (CSI) and mobile clinics
- **Youth Outreach:** Young Healthy Proactives should be supported in their search for information and educated on appropriate methods for different life stages (transitioning to longer acting methods as they get older)
  - They are also the ideal segment to set a positive example for other youth, and should be engaged to develop youth programming and advocacy

Next, we'll move on to Phase 3, Implement, and how segmentation plays into this.

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Step 3.1: Implement

Building on the prototypes and tests already developed, project stakeholders will need to decide how to modify and expand the programs into a full-scale implementation. The SBC Flow Chart highlights three potential pathways to scale up the previously launched prototypes/test approaches to a broader audience.

Implementation Considerations

1. Integration
2. Collaboration
3. Adaptation
4. Targeting segments
5. Scaling up efficiently

Integration

This includes determining how the new prototypes will be integrated into:

- Community action plans
- Existing national and program SBC strategies
- Implementation plans

Collaboration

Collaborating with stakeholders allows teams to:

- Determine the sequencing, phasing, reach, and intensity for implementation, agreeing on who will support which aspects of implementation (administratively, technically, and financially)
- Develop an implementation plan, budget, and a monitoring, learning, and evaluation plan with clear indicators.
- Establishing or using an existing coordination mechanism, clearly articulating the roles and responsibilities of stakeholders, and ensuring resources are in place to support implementation and

help reduce challenges along the way.

Adaptation

Adapting the solution concepts to achieve impact at scale. Further adaptation may be needed in order to implement at scale.

- Horizontal scale-up expands coverage to new people (geographically or new audiences)
- Vertical scale-up moves decision-making from individual to collective levels or from simple to complex organizations, with internalization of the program or project principles
- Functional scale-up moves beyond one function (e.g., health) to integrate others (e.g., education, agriculture)

In addition to the above, there are additional considerations important for implementation based on segmentation, specifically.

Targeting segments

As you roll out the segmentation on a larger scale, how can you be sure that the targets are truly reaching your segments?

- In cases where segmentation is based on attitudes and/or beliefs, it may even be tricky to know which segment one belongs to. We'll cover this on the following pages (e.g., how to use a profiling tool).

Scaling up efficiently

Segmentation can provide a nuanced understanding of a given audience or population, and if done at a national level can be used at scale in a given country. Segmentations can sometimes be applied to other countries or contexts for wider scale-up, but some additional testing and adaptation may be required.

Source

SBC Flow Chart USAID / Breakthrough ACTION: Social and Behavior Change Flow Chart

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Step 3.1: Segmentation Mapping Tool

As mentioned on the previous page, one of the challenges of developing SBC programming for segments can actually be identifying which segment a person belongs to. As an example, imagine you provide a healthcare worker with specific recommendations on how they should interact with a client based on which segment they belong to. If the segments are based on attitudes/behaviors/beliefs, it likely won't be immediately obvious which segment a person belongs to.

In these situations, creating a segmentation mapping tool can be helpful. This tool will construct a set of questions to be asked to potential clients that will place them in certain segments. It works as a reverse process to what was completed in Phase 1, Step 6, so if you worked with a partner on that stage you can bring them back in again.

Steps for creating a segmentation mapping tool:

Step 1. Develop the a list of questions

The first step in designing a tool that can help SBC practitioners and message disseminators deliver the most appropriate behavior change strategy is to create a list of questions based on the data used to define your segments. Return to the survey questions and answers that helped create the segmentation in the first place and identify all the questions that would be necessary to definitively match a segment with a person; e.g., if there are six variables in the segmentation analysis, it's likely that six questions would be necessary. If more variables were included, then more questions would be necessary.

Step 2: Refine the list of questions

Starting from the longer list above, work to refine the questions so that the process is more simple for the people asking and answering the questions.

- First, look for areas where questions can be eliminated based on the other circumstances; e.g., if the person asking the questions is a health provider, are there certain segments that are unlikely to seek out healthcare in the first place?
- Second, look for overlap between the segmentation questions and items a person might need to ask regardless. A healthcare provider likely has a list of questions they already ask patients. Is there overlap here?

The goal is to find the minimum number of questions necessary to place a person in a segment.

Step 3. Package and distribute the mapping tool

Build the set of questions into an easy to read document and identify which people will be engaging members of your segments. These questions can be outlined either as flow charts (e.g., if your answer is A, you go to question X, if your answer is B, you go to question Y, etc. until you reach the different segments) or tabulated counts (we'll show an example of this on the following page). Additionally, you'll need to create a plan to put the mapping tool and your products and/or messages into the hands of the right people (likely healthcare workers or community leaders).

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Step 3.1: Example—Niger Family Planning Questionnaire

In the Niger example, a questionnaire was developed so healthcare providers could quickly identify which segment a person belonged to and properly direct specific family planning messages. This questionnaire, provided in French (the local language), asked specific questions related to family planning, and assigned points to different columns based on whether the answers were yes or no. After asking 12 questions, the provider would sum the different columns, with the highest score deciding the segment.

As an example, the first question was "Have you already gone to a health center for a consultation on family planning?" A yes for this question would provide a point for the columns associated with Healthy Proactives and Modern Elites, while a no would provide a point for the columns associated with the other segments.

DATE: _____

			Colonne 1	Colonne 2	Colonne 3	Colonne 4	Colonne 5
1	Vous êtes-vous déjà rendue dans un centre de santé pour une consultation de Planification Familiale ?	N	1		1		1
		O		1		1	
2	Saviez-vous qu'il existe des moyens pour retarder ou éviter la grossesse ?	N	1				
		O		1	1	1	1
3	Trouvez-vous acceptable pour un couple d'espacer les naissances de leurs enfants ?	N					
		O					
4	Trouvez-vous acceptable pour un couple de limiter le nombre d'enfants qu'ils mettent au monde ?	N	1	1	1		1
		O				1	
5	Trouvez-vous important qu'une méthode de contraception soit une méthode naturelle ?	N	1	1			
		O			1	1	1
6	Trouvez-vous important qu'une méthode de contraception soit facile à interrompre à tout moment ?	N	1				
		O		1	1	1	1
7	Trouvez-vous important qu'une méthode de contraception soit discrète, que personne ne sache que vous l'utilisez ?	N	1		1		
		O		1		1	1
8	Trouvez-vous important qu'une méthode de contraception protège des Maladies Sexuellement Transmises, ou MST ?	N	1	1	1		
		O				1	1
9	Avez-vous déjà essayé de vous informer sur la contraception, par exemple comment l'utiliser, les effets indésirables, le coût, où les procurer, ou d'autres informations ?	N	1		1		1
		O		1		1	
10	Confirmez-vous que vous avez essayé de vous informer sur les wwlieux où vous procurer différentes méthodes de contraception ?	N	1		1		1
		O		1		1	
11	Avez-vous déjà utilisé une méthode de contraception ?	N	1		1		
		O		1		1	1
12	Lesquelles de ces méthodes avez-vous envisagé d'utiliser : ☐ abstinence, ☐ amulettes ou grigris, ☐ méthode du calendrier, ☐ retrait, ☐ MAMA, ☐ préservatif masculin ou féminin, ☐ pilule, ☐ pilule du lendemain, ☐ DIU, ☐ injections ou ☐ implant ?	0-2	1	1	1	1	
		3+					1
TOTAL DES COLONNES (entourer le nombre le plus élevé)							
			Sceptiques Inexpérimentées	Proactives En Santé	Conservatives Passives	Élites Modernes	Autonomes Traditionnelles

Highlight

While the team prioritized three segments, the profiling tool led to specific approaches healthcare providers could take with all five segments. Prioritization doesn't mean you have to completely avoid certain segments!

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DATE: _____

			Colonne 1	Colonne 2	Colonne 3	Colonne 4	Colonne 5
1	Vous êtes-vous déjà rendue dans un centre de santé pour une consultation de Planification Familiale ?	N	1		1		1
		O		1		1	
2	Saviez-vous qu'il existe des moyens pour retarder ou éviter la grossesse ?	N	1				
		O		1	1	1	1
3	Trouvez-vous acceptable pour un couple d'espacer les naissances de leurs enfants ?	N					
		O					
4	Trouvez-vous acceptable pour un couple de limiter le nombre d'enfants qu'ils mettent au monde ?	N	1	1	1		1
		O				1	
5	Trouvez-vous important qu'une méthode de contraception soit une méthode naturelle ?	N	1	1			
		O			1	1	1
6	Trouvez-vous important qu'une méthode de contraception soit facile à interrompre à tout moment ?	N	1				
		O		1	1	1	1
7	Trouvez-vous important qu'une méthode de contraception soit discrète, que personne ne sache que vous l'utilisez ?	N	1		1		
		O		1		1	1
8	Trouvez-vous important qu'une méthode de contraception protège des Maladies Sexuellement Transmises, ou MST ?	N	1	1	1		
		O				1	1
9	Avez-vous déjà essayé de vous informer sur la contraception, par exemple comment l'utiliser, les effets indésirables, le coût, où les procurer, ou d'autres informations ?	N	1		1		1
		O		1		1	
10	Confirmez-vous que vous avez essayé de vous informer sur les wwlieux où vous procurer différentes méthodes de contraception ?	N	1		1		1
		O		1		1	
11	Avez-vous déjà utilisé une méthode de contraception ?	N	1		1		
		O		1		1	1
12	Lesquelles de ces méthodes avez-vous envisagé d'utiliser : ☐ abstinence, ☐ amulettes ou grigris, ☐ méthode du calendrier, ☐retrait, ☐ MAMA, ☐préservatif masculin ou féminin, ☐pilule, ☐pilule du lendemain, ☐DIU, ☐injections ou☐implant ?	0-2	1	1	1	1	
		3+					1
TOTAL DES COLONNES (entourer le nombre le plus élevé)							
			Sceptiques Inexpérimentées	Proactives En Santé	Conservatives Passives	Élites Modernes	Autonomes Traditionnelles

Highlight

While the team prioritized three segments, the profiling tool led to specific approaches healthcare providers could take with all five segments. Prioritization doesn’t mean you have to completely avoid certain segments!

Step 3.2: Create a Monitoring Plan

Implementing and monitoring our best solutions in the real-world setting

Effective implementation requires frequent data collection from a variety of sources to troubleshoot hiccups or unplanned challenges. Monitoring data informs decision-making for progressively larger implementation.

This real-time monitoring of program delivery outputs and estimated coverage helps determine if interventions are being delivered as planned, if they are achieving their intended results, and how the program needs to pivot if they are not.

Local health teams or community health management teams can be important assets in real-time monitoring. As the activities are integrated into local health and development plans, local resources are applied to ensure the success of activity implementation. Local teams meet weekly or monthly to assess progress, and to identify local resources to enhance implementation. They are also responsible for reaching out to district, regional, or national stakeholders for additional support, where needed.

Connection to Segmentation

Creating a monitoring plan is largely the same whether the implementation is based on segmentation or not. The one key difference is that in collecting data, you may need a larger sample size to ensure you can separate the different segments in your data. You will also want to include questions in your baseline and impact evaluation studies to track how well your program is doing across different segments.

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SBC Flow Chart USAID / Breakthrough ACTION: Social and Behavior Change Flow Chart

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Step 3.3: Make Adjustments

Evaluating if the solutions are delivering results and achieving the desired SBC outcomes.

Evaluation helps describe whether, for whom, and at what level the solution is delivering results according to the theory of change and associated indicators. Sound program evaluation leads to program improvements and necessary refinements in the design processes, materials, or overall strategies and approaches. Alternatively, and sometimes simultaneously, it will show what works and how to replicate positive impact.

In relation to segmentation, there are a a few areas where you should pay close attention:

- Check to see if programs that have been especially effective with one segment may be applicable to others. Sometimes you may find the programs created for one segment are more generally applicable than originally thought.
- Over a longer period, track the segments themselves to ensure they still have the same characteristics that define how you develop programming for them. Needs, attitudes, and behaviors often change with time so segmentation should be an ongoing process where insights continuously feed into program strategy.

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Step 3.3: Example Niger Impact

The results of the Niger segmentation study were presented and approved by the Nigerien Ministry of Public Health in November 2014. Since then, segmentation of clients and family planning has been accepted as a national intervention approach to strengthen the demand for family planning.

Although the United Nations Population Fund took the lead on the development of the national communication strategy, the national demand analysis (NDA) and segmentation work undertaken in Niger were also used in the development of the communication plan accompanying the National Family Planning Repositioning Plan. The NDA has been the backbone of the communication strategy developed by Niger. The use of the results has boosted the demand and cost of improving contraceptive prevalence.

While the team can't attribute success directly to the interventions, the NDA (including the segmentation) may have contributed to the improvement of the creation of demand in Niger evidenced by the progress recorded in terms of contraceptive prevalence: 18.1 percent in 2018 (PMA survey 2020–2018) against 12.2 percent (EDSN 2012).

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"Additionally, this engagement provided key considerations on family planning to other organizations—DKT International, Marie Stopes International, Population Services International—considering entering or expanding their services in Niger."

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Summary

Photo courtesy of Paula Bronstein/ Getty Images/ Images of Empowerment

There are a few key things to keep in mind when completing Phases 2 and 3 of the SBC workflow with a segmentation:

1. Prioritizing audience segments can maximize your impact by focusing on the highest opportunity segments for your organization and most efficiently using limited resources.
2. Use the data and information gathered in Phase 1 to design SBC approaches that fit the specific needs of the segment, then develop prototypes to test those approaches in a real-world setting.
3. Implement refined prototypes at scale considering ways to integrate with other programs, collaborate with other organizations, or adapt to broader settings.
4. It may be necessary to build a segmentation mapping tool to enable healthcare providers or others in the field to identify which segment a person belongs to.
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Self-Study Activity

After completing this session, the following questions may be helpful for you to think about in terms of your own organization. Let's start by thinking about who your organization is already serving, and whether some prioritization is already occurring.

- What segments do you think your organization is currently serving? Describe them. What have you heard them say? What are some key data points around attitudes or behaviors that would identify them? What names would you give these groups?
- What segments do you think your organization is already prioritizing and de-prioritizing? Which of the segments above are already prioritized/deprioritized? How might you increase impact by further prioritizing?

Next, think of two real or hypothesized segments for your organization. Take 10–20 minutes and write out some of your thinking on the following:

- Between the two identified segments, what are the key differences between them that would influence the outreach you design for them?
- What current programs could you leverage for these segments?
- What might messaging look like to these two organizations? How would it differ? How would it be the same?
- What channels would you use? Who do these segments trust?
- How could you realistically change services for these segments?
- How effective do you think the above would be in increasing impact within these segments? Could you imagine these programs having impact for other deprioritized segments as well?

After you take a short quiz, we will explore some additional case studies.

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Session 5: Learn by Examples

Now you should have a good understanding of the three phases of the change process and how audience segmentation can help you define, design, and apply successful SBC programming.

One of the best ways to learn how to use segmentation to improve programming is to see how other programs have done it in the past. In this session, we are going to review two new cases that illustrate the phases in action. One is focused on HIV prevention in Malawi and the other is an offshoot of the previously shared work on Niger, but this time focused on engaging men.

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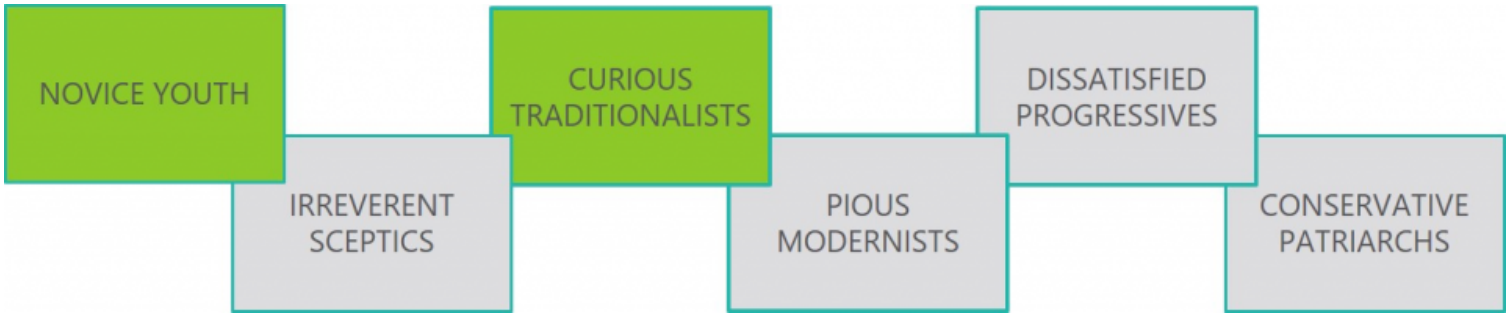
Extending Niger's Family Planning Programming to Men

Following the completion of the segmentation effort for women in Niger, the Hewlett Foundation, the Niger Ministry of Health, and Camber Collective identified a need for greater involvement of men to address unmet need for family planning. Men were segmented based on attitudinal (e.g., how they feel their religion affects contraceptive use) and behavioral variables (e.g., whether they've tried family planning already) to help stakeholders define and implement interventions that change behaviors.



Through this process, six segments of men were identified, and of these, two were prioritized based on a weighted scoring rubric that included the following factors:

- **Segment size**: Size of the segment
- **Opportunity to increase use**: What proportion does not use family planning (either the men themselves or their partners)
- **Critical moment**: Necessity to engage segment in current life stage
- **Amplification**: Level of influence segment has on others

- **Accessibility**: Ease of physical access to segment
- **Openness to family planning**: Current opinion and ability to change opinion on family planning
- **Buy-in**: Willingness of stakeholders to engage segment

Next we'll discuss the pilot interventions that were designed to fit the needs of these two priority segments specifically.

Source

Camber Collective project work

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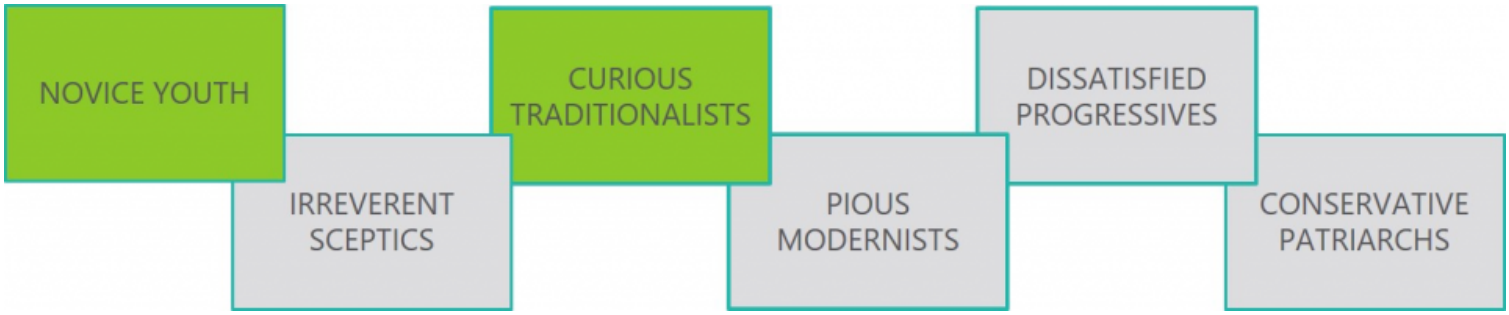

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Niger Pilot Interventions

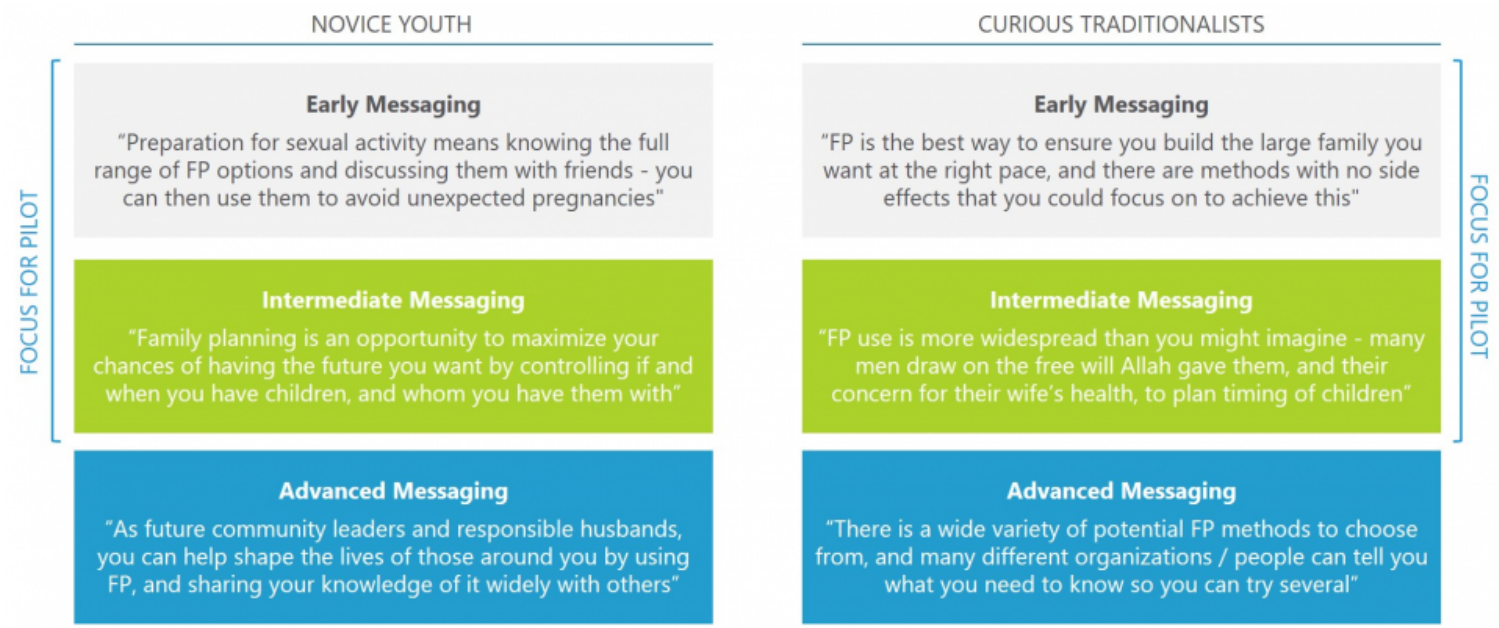
A pilot intervention program was run in rural Niger, targeting each segment of men in accordance with their respective needs and preferences for family planning learning. Interventions included:

- **Small groups and teatime sessions:** smaller group sessions with people trusted by the male segments, e.g., esteemed peers, in the case of Curious Traditionalists, and popular youth leaders for Novice Youth
- **Engaging the church:** Discussions with church leaders and village preachers to ensure both segments of men hear views on family planning's compatibility with Islam, something important to both groups
- **Home visits:** Discussions on family planning with Curious Traditionalists and their partners, building on their interest in discussing it further in the privacy of their own homes
- **Media:** Radio and stage/film productions to engage Novice Youth

Additionally, for the pilot, they tested a tiered messaging strategy to slowly shift the target segments to the target behaviors.

- **Early messaging** for both segments introduced basic ideas for why they might consider family planning: "it can help avoid unwanted pregnancies" for novice youth, and "a lack of side effects" for curious traditionalists.
- **More detailed messaging** spoke more to concerns of the groups, e.g., highlighting that family planning use is more widespread than "Curious Traditionalists" might've considered, and that many men use it in connection to their religion
- **The final message** sought to drive home the behavior change targeted.

The following image depicts specific language from the tiered messaging strategy.



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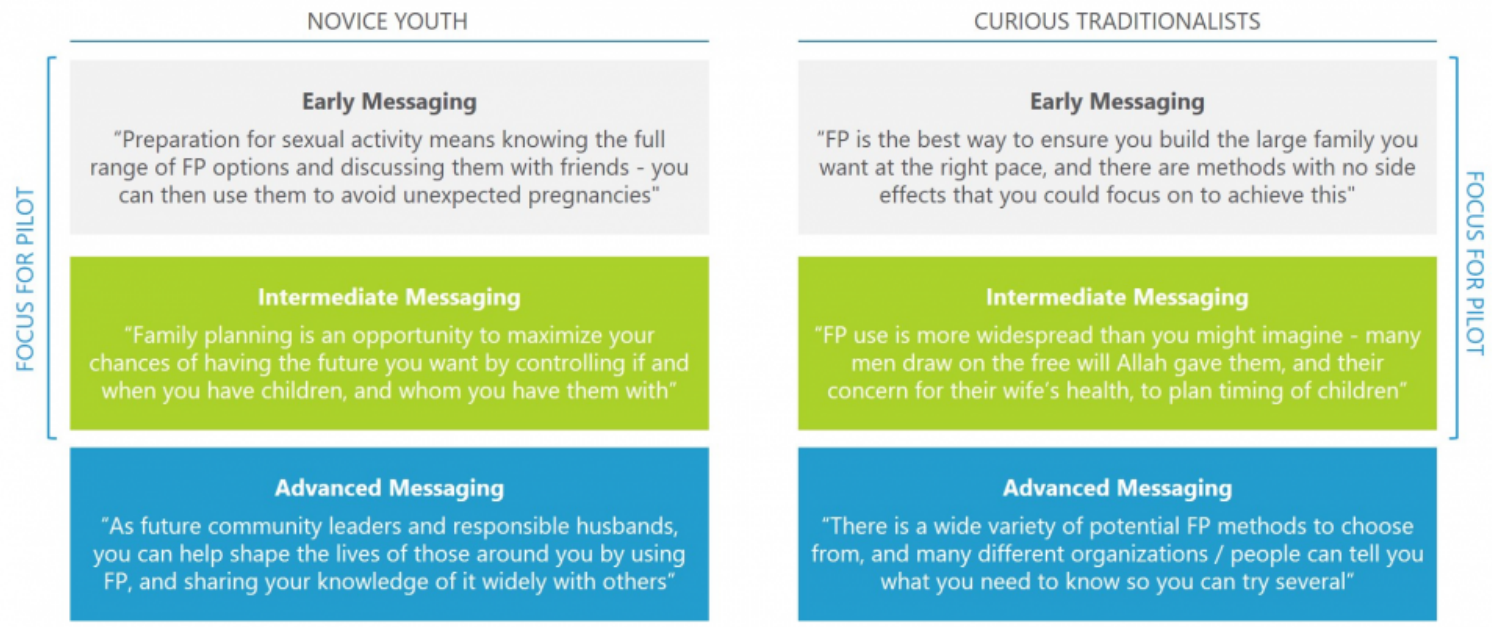

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Impact of Niger's Male Segmentation Program

Following the rollout of the above programming and messaging, large increases in key metrics were marked in the prioritized segments in Niger's male segmentation.

Specifically, dramatic increases were seen in knowledge of family planning methods, and the intention both to use modern contraceptive methods and more generally partake in conversations about family planning with their female partners.

	NOVICE YOUTH	CURIOUS TRADITIONALISTS
Rise in knowledge of 1 FP method	↑ 10x increase, to 84%	↑ 2x increase, to 100%
Rise in knowledge of 3 FP methods	↑ From near 0 to 55%	↑ 5x increase, to 73%
Rise in intention to use (NY) or current use (CT) of MM	↑ 4x increase, to 96%	↑ 4x increase, to 86%
Rise in intended (NY) / current (CT) partner discussion: **FP**	↑ From near 0 to 64%	↑ 2x increase, to 74%
Rise in intended (NY) / current (CT) partner discussion: **financial decisions**	↑ 12x increase, to 31%	↑ 2x increase, to 52%
Rise in intended (NY) / current (CT) partner discussion: **visit health centers**	↑ From near 0 to 44%	↑ 1.5x increase, to 51%

Next, we'll review another case study, this time in Malawi.

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Context of Malawi HIV Prevention Segmentation

Malawi was facing a health crisis due to HIV/AIDS. Prevalence was extremely high, resulting in high death rates and low life expectancy for both men and women. Specifically, as of 2009, Malawi had an 11.9 percent AIDS prevalence rate and the male and female life expectancies were 41 and 42, respectively.

The Malawi BRIDGE project completed a relatively simple segmentation to identify programming options to prevent HIV. Researchers at Johns Hopkins University segmented individuals based on risk perceptions and beliefs on the efficacy of preventative measures to assist interventions aimed at changing HIV-related behaviors in Malawi. Researchers conducted household surveys of 968 individuals in four districts in Malawi, then used cluster analysis to create four groups within the risk perception attitude framework. Analysis was also run to determine how membership in groups would affect knowledge about HIV, HIV testing uptake, and condom use.

Four segments emerged from this research:

- **Responsive:** 35 percent of the population and characterized by high risk, strong efficacy in convincing partners to use condoms
- **Avoidance:** 7 percent, high risk and weak efficacy
- **Proactive:** 48 percent, low risk and strong efficacy
- **Indifference:** 10 percent, low risk and weak efficacy

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Rimal, Rajiv N et al. “Audience segmentation as a social-marketing tool in health promotion: use of the risk perception attitude framework in HIV prevention in Malawi.” American journal of public health vol. 99,12 (2009): 2224-9. doi:10.2105/AJPH.2008.155234

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Malawi Bridge Program

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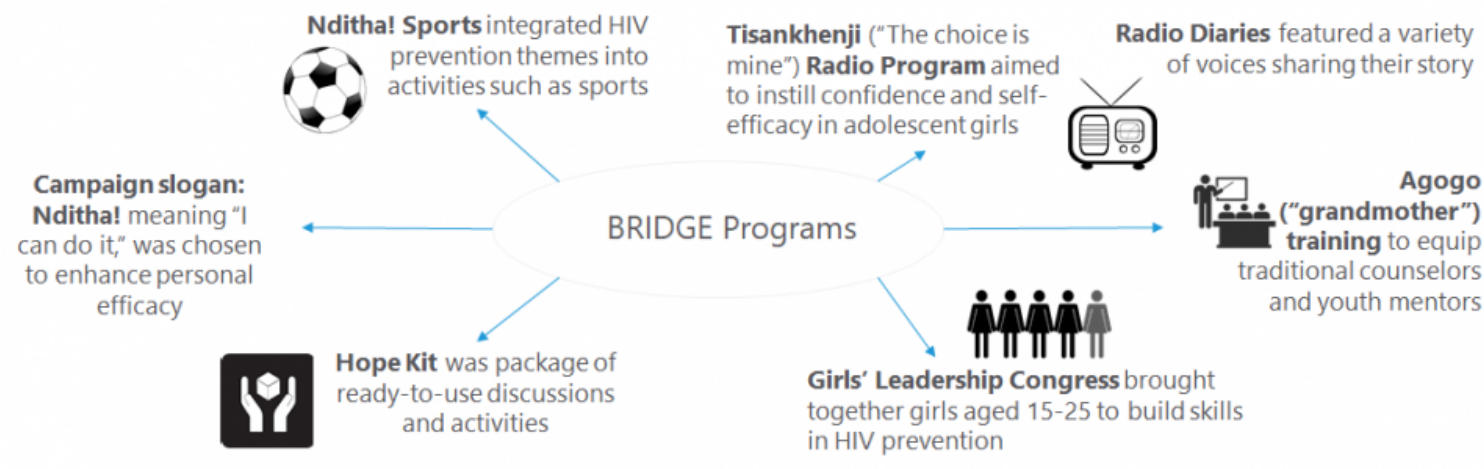

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The implemented programs showed success in a number of areas. Knowledge of HIV/AIDS increased by 11 percent, number of sexual partners decreased, testing for HIV increased fourfold, and condom use increased. Additionally, exposure to the BRIDGE project was generally high. The project generated trust in the communities and contributed to the “hope and openness” necessary to create and sustain an enabling environment.

Specifically, three programs showed the following impacts:

- **Tisankhenji Radio Program:** Students were significantly more likely to have greater career aspirations, self-esteem, and engagement in meaningful discussions relating to their futures.
- **Radio Diaries:** The more audiences listened, the more stigma was reduced toward people with HIV/AIDS.
- **Girls’ Leadership Congress:** Participants reported acquiring critical thinking skills, increasing their ability to deal with challenges of gender norms, and increased social networks.

Next, we’ll move on to Session 6, the conclusion.

Highlight

Interventions were created to simultaneously address perceptions of personal vulnerability and build strong efficacy beliefs.

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- “Malawi’s Bridge Project,” Tools of Change, Cullbridge (2014)
- This Photo by Unknown Author is licensed under CC BY-SA

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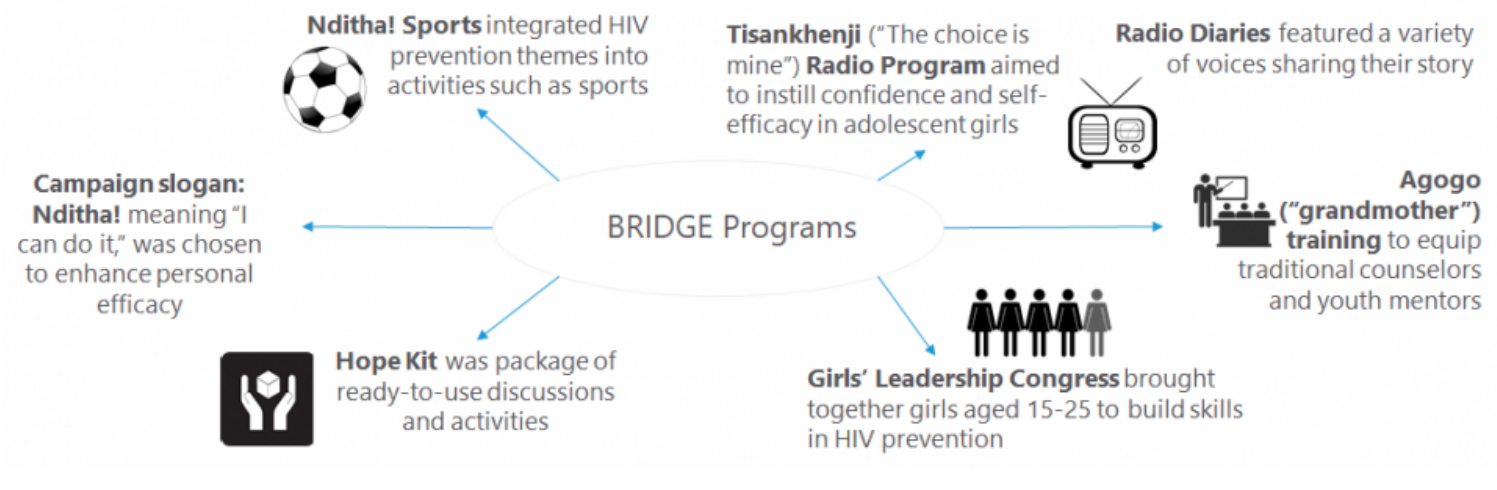

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Session 6: Conclusion

This session will provide a conclusion to the course and help you identify how to use the information learned in this course for your own organization. To wrap up, we will start by revisiting the key lessons of the previous sessions.

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Course Learning Objectives

At the start of this course, we provided the following learning objectives. Let's take a moment and briefly review how we met the objectives.

1. Describe the value of and role for segmentation in the process of implementing SBC programs
2. Identify the steps necessary to conduct an audience segmentation effort
3. Identify what a successful segmentation looks like
4. Describe how a segmentation can be leveraged to develop SBC interventions

Let's do a brief recap of the phases we discussed as part of meeting these objectives.

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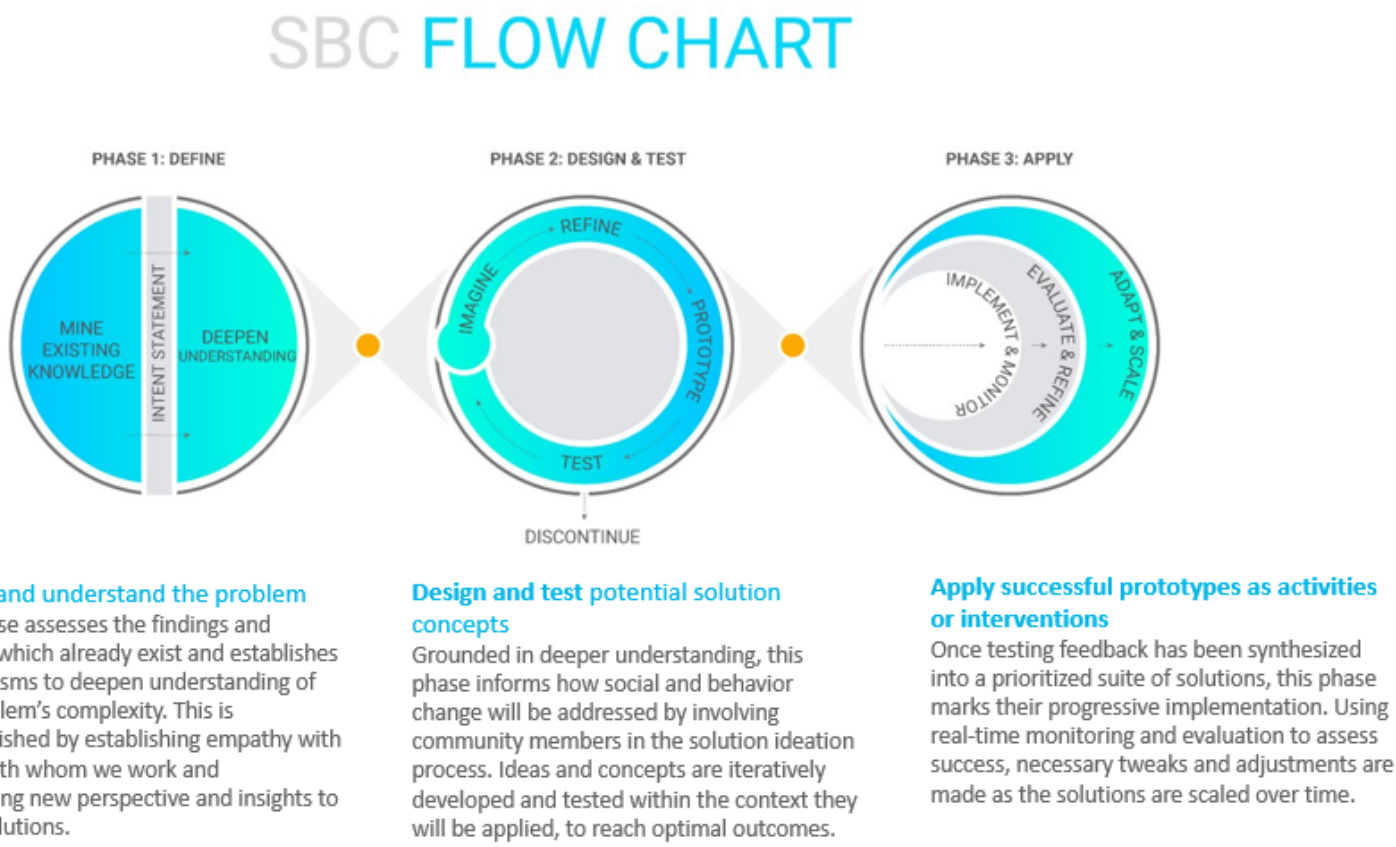
Let's do a brief recap of the phases we discussed as part of meeting these objectives.

Recall the Change Process Using Segmentation

Recall that at the start we introduced the SBC Flow Chart, of which segmentation can be a helpful part.

Photo courtesy of Jonathan Torgovnik/ Getty Images/ Images of Empowerment



View a larger version

As you go forward in designing SBC programming, you should consider how segmentation can play a part across the three phases. We typically see the following steps in the segmentation process:

Phase 1.0: Define

1. **Align on objective(s):** Ensure that the program objectives are clearly defined and key stakeholders in the process are aligned on them.
2. **Synthesize background research:** Reviewing data available within your organization or in the public domain to build a baseline understanding of your audience.
3. **Conduct qualitative research:** Build on the background phase by meeting with and interacting with actual members of the target audience through interviews, focus groups, observations, online discussion boards, or other methods.
4. **Develop hypothesis segments:** Brainstorm key characteristics that could segment your population into actionable groups.
5. **Conduct quantitative research:** Conduct surveys to amend insights gained in earlier research and produce data to enable statistical analysis.
6. **Derive and define segments:** Conduct statistical analysis to define segments in an iterative process to ensure segments make sense to the team.
7. **Personify the segments:** Build segment personas to allow members of the team to better utilize the segments in Phases 2 and 3.

Phase 2.0: Design and Test

1. **Prioritize segments:** Prioritizing segments for all, or at least some, of the SBC programming is often necessary to achieve the greatest impact with the available resources.
2. **Identify approaches:** By this point in the process, you already have ideas on how you will engage the target audience. It's time to put them down on paper, discuss them with experts, and identify the most reasonable solution.
3. **Create and test the prototype(s):** Conduct initial design and implementation of SBC programming as a prototype small selection of the target segment population to test effectiveness before broader implementation.

Phase 3.0: Apply

1. **Implementation:** Build on the prototypes and initial lighter touch SBC programming, broadening implementation to the full target audience with changes as necessary.
2. **Create a success monitoring plan:** Reviewing the initial program objectives, identify which data are needed to monitor progress and ensure program effectiveness.
3. **Make adjustments:** Evaluate and refine the program interventions as you go forward. Check to see how lessons learned in one segment can be applied to others.

We understand that this is a lot to take in. However, you don't have to go it alone. Recall in the example cases where partners were engaged to help. Let's look at considerations for engaging partners.

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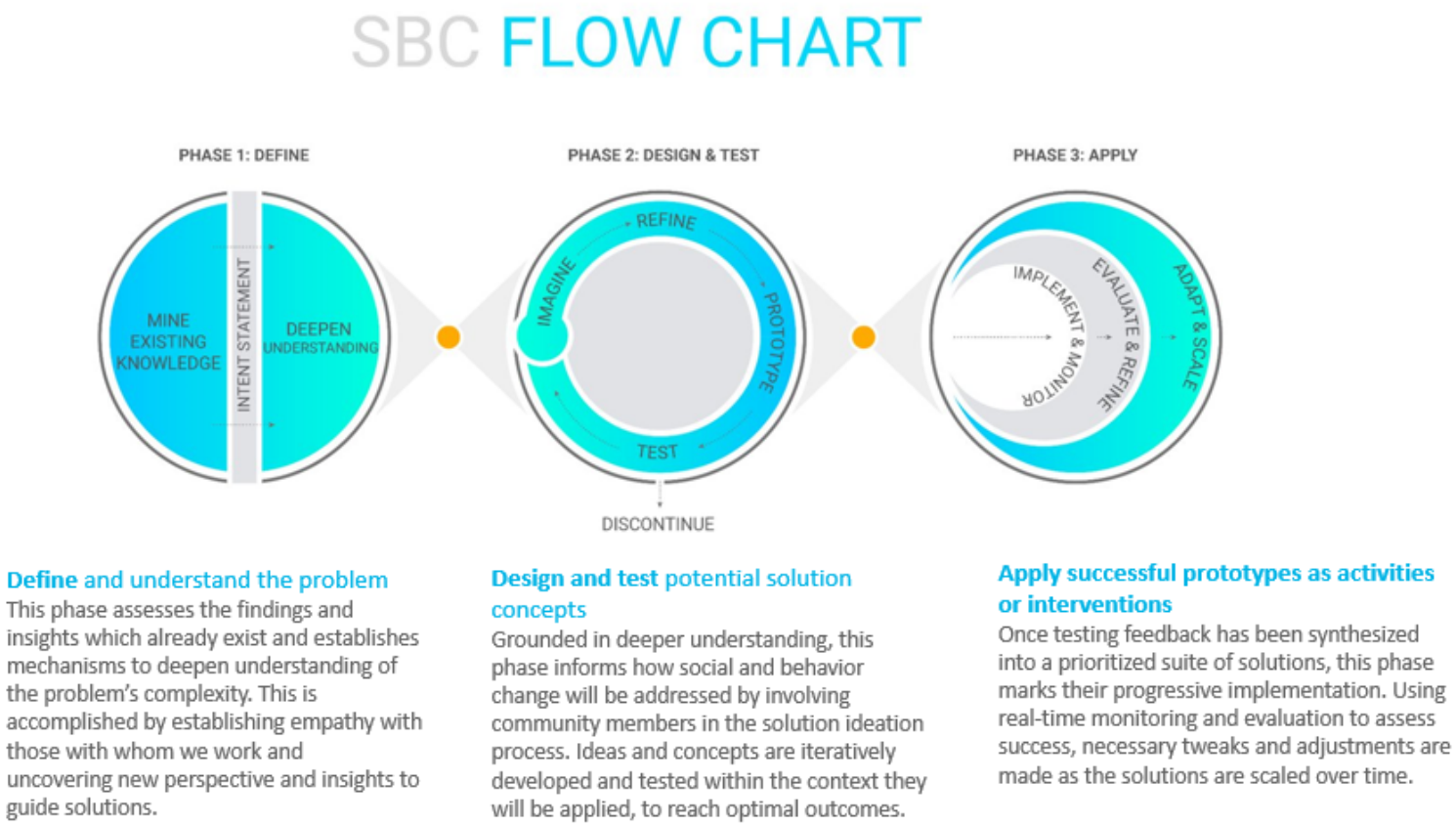

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Considerations for Engaging a Partner

Working with an external market research firm or partner well-versed in segmentation to support the process can help take full advantage of the segmentation process. While you will still need to work actively with them, and having a good understanding of the segmentation process will help with this, their expertise can be invaluable in the following ways:

- Bringing impartiality to the process by coming in with an outside perspective
- Helping set up the qualitative/quantitative data collection and analysis in a way that fits specifically with the needs of the segmentation process
- Conducting statistical analysis, building on your knowledge of the audience and iterating as necessary

There are a few things that are important to consider if you plan to hire an external market research firm to support your effort:

- You should start by first aligning on the team's objectives before seeking out partners. Talk through your objectives with potential partners and the role they can play in your segmentation effort. A quality firm will help you understand and refine your objectives.
- Identify where the organization will provide support. Are they going to help from beginning to end, or just select pieces of the effort (e.g., conducting surveys or completing the segmentation analysis).
- Look for the firm's desire to learn deeply about your organization's issues and objectives.
- If the firm is just completing the quantitative survey, still try to have them be a part of hypothesis discussions so they understand the greater context of what you're looking for.
- Ask questions about the firm's ability to complete segmentations using many different techniques. They should be able to match the method to the situation at hand.
- Don't underestimate the hours your team may need to spend on the effort. Consider it a red flag if the firm plans to complete research in isolation from your team.

Next, we'll highlight some specific questions you can ask potential partners in the process.

Highlight

You can identify potential partners either through a broad based RFP or by tapping your network for recommendations. Contacts at large NGOs, bilateral organizations (e.g., USAID, FCO), or people from UN agencies may be able to help if you're completely stuck. Ideally, local contacts could find organizations based in the region or country.

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CGAP customer segmentation playbook

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Questions for a Potential Provider

Beyond the thoughts provided on the previous page, the following are specific questions you may want to ask a firm as you consider enlisting them for support. It may be helpful to print this page or save it separately to keep it handy as you reach out to organizations.

1. What are examples of segmentation activities you've worked on in the past?
    - What types of variables did you use to develop the segments (e.g., demographics, behaviors, attitudes)?
    - What types of statistical analysis have you used to complete segmentations?
    - How iterative is your process? How will we be able to engage with the data and outputs to help refine the results?
2. What's your experience with qualitative and quantitative research methods in this market, specifically?
    - What range of methods do you offer?
    - What training does your project lead or team members have?
    - Would you provide a few examples of projects you've led and what you learned? Would you provide references?
3. When conducting research in this market:
    - What sampling methodology do you recommend for qualitative and quantitative research?
    - For quantitative research, what are the variables you control to ensure a representative sample?
    - Will the discussion guide/survey need to be translated into local languages? Which ones?
4. One thing we definitely want to ask participants is, "[Insert your question here]." How would you go about eliciting valuable responses to that question?
    - How would you lead into the question to uncover more truthful, less guarded responses?
    - What exercises would you recommend?
5. What's your approach to quality control?
    - For the process, qualitative outputs, and quantitative outputs?
    - How do you plan to engage with our research team?

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Self-Study Activity

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- What are the biggest challenges facing your organization in terms of achieving impact?
- What programming is necessary to achieve impact, and for what target audience(s)?
- Are there ways you could see customizing that programming for subsets of that audience that would make it more effective?
- If so, what information is available to determine those subsets? How would you identify them?
- What might you do differently if you could find these groups?
- How should you start the process? Do you think your organization can start this work on its own, or would it need a partner to support its thinking?
- What allies / partners do you currently have that could provide support in the early stages, potentially, without any cost to you?

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