



Kick-off Meetings: Learn and Launch—a Learning Initiative for CHMI Programs

November 17-19, 2015, Nairobi, Kenya and December 1-3, 2015, Mumbai, India

I. Summary

The [Center for Health Market Innovations](#) (CHMI), with support from the Bill and Melinda Gates Foundation, has created Learn and Launch, a new learning initiative for CHMI programs. CHMI held kick off meetings for Learn and Launch, in partnership with the [Africa Capacity Alliance \(ACA\)](#) and [ACCESS Health International, \(ACCESS\)](#) from November 17-19, 2015 in Nairobi, Kenya and December 1-3, 2015 in Mumbai, India. A summary of the discussion and key outcomes is outlined in this note.

Participants

The following CHMI programs are participating in Learn and Launch 2015-2016's cohort: ayzh, doctHERS, iKure, Life Circle Senior Services, MOBicure, PACE, Purple Source Healthcare Limited, Swasth, and TotoHealth. Representatives from Results for Development (R4D), ACCESS, and ACA were also in attendance. For a list of participants, please see Annex 1.

Outcomes

1. **Increased knowledge on marketing, demand creation, human resources, and pricing.**
2. **Participants developed work plans to test these learnings in their model.**
3. **Participants developed new partnerships within the cohort.** For example, Toto Health and MOBicure are planning a scoping visit to assess the viability of introducing Toto's maternity packs in the Nigeria market through MOBicure. Ayzh is testing the viability of selling their clean birthing kits to primary health care clinics and may work with Swasth's clinical team to understand this market.

II. Overview of Learn and Launch

What is Learn and Launch?

[Learn and Launch](#) is a new peer-learning initiative to address practical challenges that prevent programs from growing and reaching more people with quality care. CHMI supports [targeted peer-learning collaboratives](#) by facilitating in person events, site visits, and a \$5,000 award per organization for pilot testing new ideas and learnings generated during the kick off process.

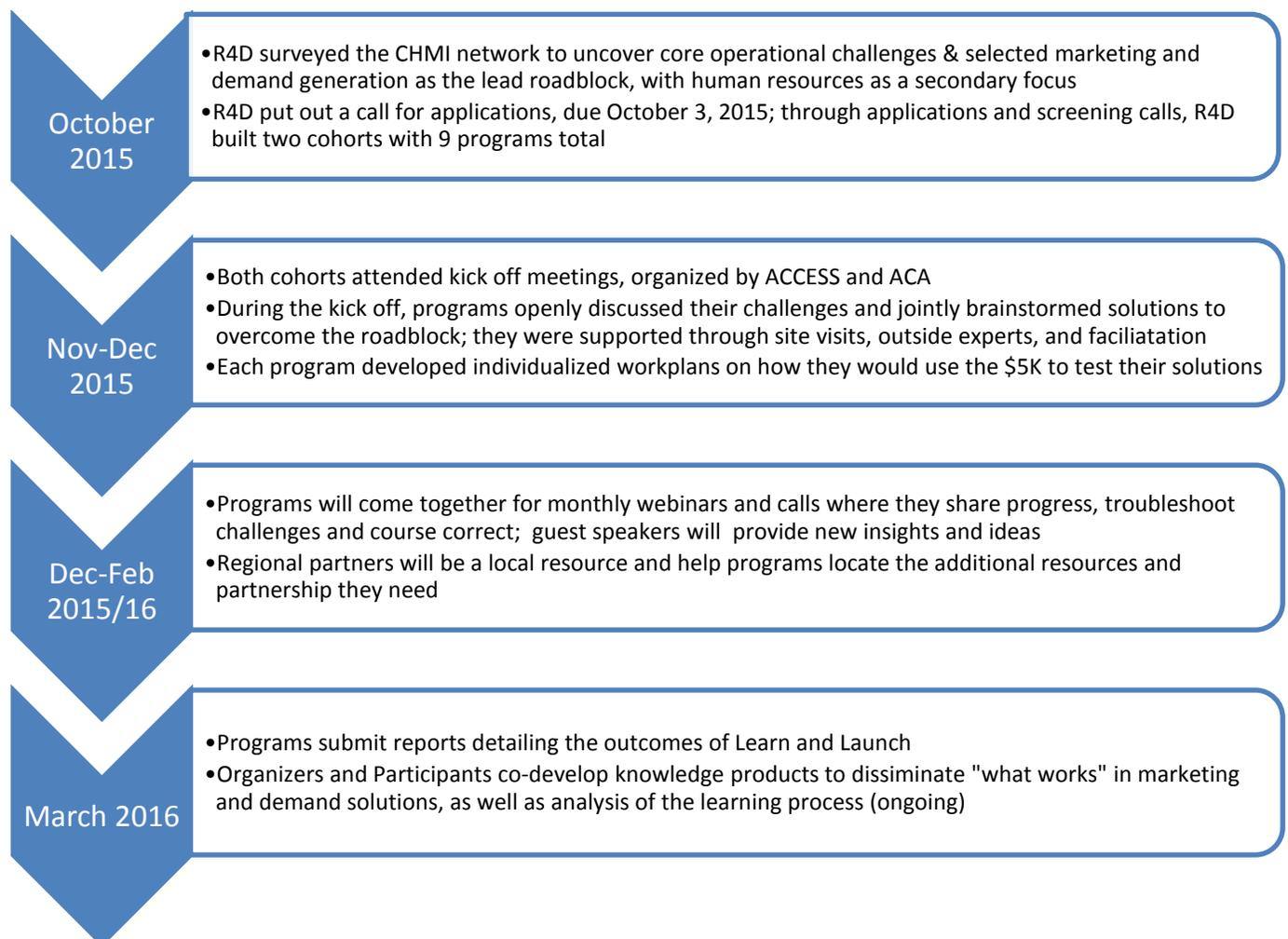
Why was it created?

- Around the world, innovative health care programs are finding new ways to serve the poor—but they often face similar “operational roadblocks” in their path to scale



- These core roadblocks– such as marketing and human resource management– prevent programs from reaching new patients who could benefit from quality and affordable care. But program managers often lack the time, business training, and financing to take risks and test new solutions.
- CHMI believes peer learning has the potential to unlock new solutions. A collaborative model gives programs a dedicated and safe space to share challenges, brainstorm solutions, and pilot new ideas.
- By documenting both the learning and implementation process, CHMI will share these solutions with the broader mixed health systems community. By helping programs across our network solve their operational challenges, CHMI aims to help promote the diffusion of promising practices that improve the way the primary care providers grow and scale. In turn, governments will be better able to harness these innovative models to deliver priority services.

The Learn and Launch Process



III. Discussion Highlights

Both Learn and Launch kick off meetings followed a similar, three-day format; please see Annex 2 for the full agendas.

Understanding the roadblock—why ‘marketing and demand creation’?

Increasing the accessibility and affordability of quality care for the poor does not stop at the supply side. Often, program managers struggle with demand side interventions—how do you get people to utilize affordable, high quality care?

Over the three-day kick off process, all participating organizations shared their challenges relating to marketing and demand creation. Common themes included (1) a lack of trust in new healthcare facilities and a tendency to utilize long-standing but low quality drug shops for care; (2) difficulties balancing donor priorities with a need to become sustainable, which requires greater responsiveness to market needs; (3) difficulties in translating health education and awareness campaigns into increased utilization of health services; and (4) a need to better understand the link between customer satisfaction and increased usage of quality care. Through the Learn and Launch kick off process, CHMI and participating programs explored new marketing and demand generation strategies to overcome their challenges and better reach the poor. [Highlights from the discussions are included here.](#)

How do you understand your target market?

Before you can implement a sales and marketing strategy, you must understand your target market. A deep understanding of your target customer can impact every detail of your business model, from your service mix, to your clinic hours, to the strategies you use to encourage treatment adherence. Zach Oloo, joint CEO of Changamka Micro-Insurance Limited, and Shally Mukherjee, Senior VP, DDB Mudra, shared their strategies for how to understand your market.

- **Know your purchaser.** What is the right audience to reach in order to meet your business objectives? Often, buyers and users are different. Changamka realized that although their target user was low-income families in rural areas, the buyer was often higher-income individuals living in urban areas.
- **Know your influencers.** Whose behavior needs to change in order to make the biggest difference, and who do they listen to? For example, if a diabetes patient requires lifestyle changes as part of their disease management plan, their family and friends can serve as influencers to help the patient adhere to treatment.



- **Consider the customer’s rational, emotional, and social brain.** How do people make decisions about your service or product? Knowing if your service is (1) high or low stakes; (2) frequent, necessary, or discretionary; (3) of high or low complexity; (4) and urgent or time dependent can put you in the frame of mind of your customer. Understanding how your target customer makes their current healthcare decisions can help you shape your services to meet their needs.

Key Takeaways

- Interrogate the assumptions you are making about your target customer—do you fully understand their decision making processes, expressed needs, and unexpressed needs?
- Users, buyers, and influencers should all factor into your marketing strategies

How do you price for the bottom of the pyramid?

Many CHMI-profiled programs aim to reach “bottom of the pyramid” consumers, but pricing for this target market is a challenge. Deborah Mburu, Managing Director of Ideas Tank in Nairobi, Kenya, shared the “Seven Ps” of pricing— price, promotion, product, place, people, physical ordinance and, process— and how they apply to BOP consumers.

Bottom of the Pyramid Pricing—Market Characteristics	
Opportunities	Challenges
Brand conscious	Difficult in assessing market size
Well-connected, including to higher income earners	Extreme price sensitivity
Readily accept new technology	Distribution challenges
Always trying to “upgrade” from their current situation	High per unit transaction costs
Have collective purchasing power	Low margins and high fixed costs

Key Takeaways

- When customers do not see value, they see price—brand value and perception is key
- Price slicing, bundled pricing, and pay as you go models work well for BOP products & services
- To reduce price, you need to check every cost input—can you piggyback on larger partners through partnerships? Have you maximized your tax structure?

How do you recruit, train, and motivate your staff?

Each and every staff member has a contribution to your organization’s mission. Faith Muigai, Chief Medical Officer at Jacaranda Health in Nairobi, Kenya, and Siddhartha Bhattacharya, former Executive Partner at GVK EMRI in India, shared strategies to keep staff engaged, motivated, and productive as your organization grows.



- **Use a tiered hiring system.** Jacaranda starts with a verbal interview and then moves prospective hires into a screening stage. By watching their interactions with clients and staff, the hiring manager gauges if they are the right fit and gives existing staff an opportunity to participate in the hiring.
- **Trust your staff and let them grow.** Each staff member should be given an opportunity to succeed. Provide clear benchmarks to help staff grow and encourage feedback loops to engage staff in the organization. Empower your staff to own their responsibilities and give them the tools to succeed.
- **Build a reporting culture.** Your staff are your frontline to ensure operational excellence. By building a reporting culture, you foster ongoing communication. Every single detail in Jacaranda's clinic, down to a light bulb or a door knob, deserves an incident report. Strong operational procedures make strong clinical procedures.
- **Use data to improve performance.** GVK EMRI uses case reviews, trainings, staff feedback loops and continuous monitoring of data to improve performance. Jacaranda conducts case reviews on Monday and Friday to understand how patient care is aligned with clinical protocols.
- **Utilize reward and incentive programs.** A job well done should be recognized. Ticket programs, prize drawings, employee of the month programs and bonus all reward staff and keep them motivated. GVK EMRI hires staff directly from the local community; their new status as a lifesaver in their community provides a non-financial reward.

Key Takeaways

- Every staff member has a role in an organization's mission—remind them what it is and give them the right tools, training, and standard operating procedures to achieve it!
- Staff incentive structures are not one size fits all. In India, perceived social status is a valuable incentive, but Nigerian participants noted that bonuses work best in their context.

How do you define your marketing and sales strategies?

Once you understand your target market, strengthen your team, and price to sell, you need to define your marketing and sales strategies. Zach Oloo, joint CEO of Changamka Micro-Insurance Limited, Shally Mukherjee, Senior VP, DDB Mudra, and Siddhartha Bhattacharya, former Executive Partner at GVK EMRI, shared their insights on how to align your sales and marketing to increase customer acquisition.

- **Use above and below the line¹ marketing.** Changamka relied on corporate partnerships to sponsor above the line marketing efforts which informed potential customers about the service, but relied on below the line efforts to drive actual sales. They relied on aggregators, including microfinance institutions and hospital networks, to find customers in bulk. Young adults worked as sales agents to explain the service to potential customers and sign up new subscribers; they received a commission for each sale.

¹ Above the line marketing uses mass media to promote the brand and reach consumers. Below the line marketing reaches customers at the point of sale through one-on-one strategies such as fliers and promotions.



- **Make it easy to use.** Processes must be aligned to support the use of your product. For Changamka, this meant maintaining ongoing engagement with providers who recommended the service, creating multiple touch points with customers, and staffing a call center to handle customer questions.
- **Partnerships can support marketing and sales.** Partnerships breed more partnerships. When organizations belong to networks, it serves as an endorsement that builds trust. Partners can also support you in your organization's "weak spots", allowing you to focus on your strengths. But real partnerships take time to build; to maximize your efforts, broadcast even small steps and successes.
- **Involve the community.** Hiring directly from the community, hosting community health camps, and sponsoring community trainings can increase your brand recognition and generate word of mouth. GRMK reached an 80% brand recognition by educating the community on the importance of emergency care. They got the media to cover cases where the ambulance service saved lives and had community members give personal testimonies after using the service. Ubuntu Africa and the Reliance Foundation, which hosted cohorts at their clinic sites, also use a community model to drive word of mouth and brand recognition.
- **Define your value proposition.** The largest integrated marketing and communications firm in India, DDB Mudra executives are experts at defining a brand's value proposition. They shared five key principles to remember when crafting your marketing campaigns: (1) make customers think "that's for me!"; (2) is the requested action easy to do?; (3) will the customer see immediate payback?; (4) align a behavior or product to a self-image your customer wants to identify with; and (5) turn trial into a lasting habit. Finally, always ensure you are using language that your customer will understand.

Key Takeaways

- Understand and utilize the language of your target market (i.e. "health plans that protect the family", not "insurance")
- Product and processes must be one—people may like the product, but if the processes don't work smoothly, you won't make a sale
- Sales and marketing strategies should align— are you converting leads into customers?

IV. Moving Forward—the Implementation Period

All nine Learn and Launch program participants received a \$5,000 grant at the conclusion of the kick off meeting which will allow them to test the feasibility of a new solution to overcoming the original roadblock. During the kick off meetings, programs developed individual work plans for the implementation period, which were presented back to the group and refined through peer feedback. Themes that emerged in the programs' work plans included the use of customer surveys, improving social media and marketing materials, developing new customer acquisition plans, strengthening talent management, and targeting corporate social responsibility programs for cross subsidization. Individual program plans are detailed here; all programs will pilot their new solutions from December, 2015—February, 2016 and present the results to both cohorts on an online webinar in March, 2016. R4D plans to develop a knowledge product that synthesizes the learnings from this process and disseminates them



to the broader mixed health systems community, in an effort to diffuse promising practices in primary care and health market innovation.

What was your original roadblock and what solution will you test?

ayzh (India) develops and distributes low-cost technology designed to meet the unique needs of women in low-resource settings.

- **Original roadblock:** Target customers, both mothers and healthcare facilities, lack awareness regarding clean and sterile birth practices. This has resulted in a demonstrated need, yet a low demand for purchasing clean birth kits in low-resource areas.
- **Solution for testing:** Dani from ayzh received a suggestion from cohort peers to partner with institutes that provide training in maternal and child care. These institutes can communicate with their trainees, which are usually government or private providers, about ayzh's products. Also, after visiting cohort member Swasth's clinics, ayzh saw the potential in utilizing established primary care networks to reach mothers and delivery centers with the kits. During the implementation period, ayzh is designing a market survey to test the viability of selling clean birth kits to training institutes and primary health care chains in India.

Life Circle (India) provides subscription-based home nursing services to senior citizens in India.

- **Original roadblock:** Home-based care is a new industry in India, surrounded by misconceptions. Life Circle receives a large volume of calls and website visits, but their conversation rate of potential new customers has remained low.
- **Solution for testing:** Motivated by marketing presentations on understanding your customer and customizing your pitch, Life Circle will be re-vamping their website (where most people first learn about the service), hire a new communications strategist, and overhaul their sales strategy to increase their conversation rate.

Swasth (India) is a network of self-sustaining health centers located in slums that provides quality & affordable primary healthcare services to India's urban poor.

- **Original roadblock:** Swasth has recently increased its focus on chronic disease management as an area where they can have a high impact on their patients. A recent, internal study found that Swasth's current patients have an adherence level of approximately 50% to treatment, as compared with 30-40% in the catchment population, which they have attributed to lowered costs; the clinic would like to reach more patients with care and improve treatment adherence to 80%.
- **Solution for testing:** During the week, Pranay from Swasth shared a key learning- that he actually did not understand their target customer as well as he thought! Swasth will be undergoing a customer survey to better design their primary care and NCD package to the needs of the catchment area, in an effort to reach new patients and boost treatment adherence to chronic disease treatment.

iKure (India) is creating an integrated network of rural health centers to provide affordable quality healthcare in close proximity to under-served rural populations of India.



- **Original roadblock:** iKure has built a strong network of rural healthcare providers through a hub and spoke model and drives demand in low-income patients through effective community mobilization. iKure is looking to improve sustainability of their model in rural areas by taking their community engagement activities further. iKure also looks to partnering with CSR campaigns, but has so far been relatively unsuccessful in reaching corporates.
- **Solution for testing:** Through the marketing presentations, Sujay learned the importance of tailoring your pitch—one for customers and the other corporates. iKure will develop tailor made communication material and approaches for clients, community and corporates during the implementation period.

doctHERS (Pakistan) is a novel healthcare marketplace that connects female doctors to millions of underserved patients in real-time while leveraging online technology.

- **Original roadblock:** doctHERS model relies on corporate clients to subsidize the service for low-income, rural patients in the community. Reaching corporate clients and understanding how to effectively market the service to their needs has been a challenge.
- **Solution for testing:** doctHERS will create and test a rapid prototype of their corporate model by establishing a tele-medicine center within a head office of a corporation that caters specifically to job-specific stressors in the working population of Karachi. doctHERS will recruit a new health and wellness expert to support the center and utilize the lessons learned on marketing and sales strategies to identify the corporate partner for the pilot.

MOBicure (Nigeria) created mobile app (OMOMI) that consists of an SMS service, which enables mothers and expectant mothers to monitor their children's health, as well as provides access to relevant maternal and child health information.

- **Original roadblock:** Receiving health information through mobile technology is still a new concept to most women in Nigeria. In order to encourage women to sign up for the SMS service, MOBicure utilizes foot ambassadors, youth sales agents that explain the service to mothers and encourage sign-ups. MOBicure has struggled to retain foot ambassadors who are knowledgeable about marketing for the healthcare space.
- **Solution for testing:** Motivated by presentations in human resources and pricing, MOBicure will test a new incentive structure for foot ambassadors in an effort to drive more SMS subscriptions. They also plan to launch an aggressive social media marketing campaign to reach new mobile users.

PACE (Uganda) is a network organization affiliated with PSI that serves as a significant contributor to the Ugandan Ministry of Health's priority health areas including, HIV/AIDS, child health and reproductive health via social marketing.

- **Original roadblock:** A donor funded organization, PACE has struggled with improving the sustainability of its operations in the community. An upcoming re-branding of PACE Uganda as Tunza, the PSI franchise in Kenya, has provided a new opportunity to revisit PACE's marketing strategies,



service mix, and sustainability strategy. In particular, PACE needed to explore new marketing strategies for Trust condoms in order to more effectively reach youth in Uganda.

- **Solution for testing:** Inspired by a site visit to Ubuntu Afya in Nairobi, PACE will research new business opportunities that can be built into the design of the programs to improve sustainability. They plan to undergo a market analysis and social media campaign to increase the reach of Trust condoms among the youth population in Uganda.

Purple Source Health Care (Nigeria) is a healthcare organization with a mission to create sustainable, scalable healthcare solutions for the mass market, with a focus on maternal and newborn health.

- **Original roadblock:** PurpleSource has acquired a hospital network with seven locations in Lagos. Prior to the acquisition, a lack of investment led to a poor reputation of the hospitals in the community. PurpleSource was looking for guidance on how to simultaneously drive demand to improve sustainability, while at the same time, implementing a turn-around process for the seven locations.
- **Solution for testing:** PurpleSource learned from Jacaranda Health that the key to operational excellence lies in a qualified and motivated staff, determined to deliver high quality customer-focused care. Just as crucial is understanding the nuances of your target market. Purple Source will develop and implement in-depth market research to better understand their customers and will research ways to use technology to streamline current operations to increase efficiencies.

Totohealth (Kenya) is a social enterprise in Kenya leveraging mobile technology platforms to effectively monitor and deliver access to quality maternal and child health services and information.

- **Original roadblock:** 7.8 million Kenyan adults are illiterate; most affected are women of child bearing age who live in marginalized communities in the North Eastern province. To reach this population, Totohealth is currently rolling out a voice application that corresponds to their existing SMS based service. In order to ensure uptake of the service, TotoHealth needed a new marketing and sustainability strategy to reach illiterate new potential market of illiterate or visually impaired mothers. TotoHealth also provides birthing kits to mothers, reaching them through the SMS service.
- **Solution for testing:** Toto Health will roll out the voice application in February 2016 with a targeted marketing strategy and strategic partnerships to reach women in North Eastern province. Toto Health is also exploring a partnership with cohort member MOBicure to sell their birthing kits in the Nigerian market.



ANNEX 1: PARTICIPANT LIST

ORGANIZING BODIES

- [Results for Development](#) (R4D), which manages CHMI, as the developer and lead coordinator of Learn and Launch. R4D was represented by Cynthia Charchi and Rachel Neill.
- [ACCESS Health International](#) (ACA), a CHMI regional partner in India, led the Mumbai meeting and is the lead coordinator and technical assistance provider for the South Asia cohort. ACCESS was represented by Prashanthi Kumar, Rohini Rao, Vera Sieso, and Nishant Chavan.
- [Africa Capacity Alliance](#) (ACA), the CHMI regional partner in East Africa, led the Nairobi meeting and is the lead coordinator and technical assistance provider for the Africa cohort. ACA was represented by Caroline Simumba, Elizabeth Mwashuma, Daniel Mwisunji, and Cosmas Kavinda.

PARTICIPATING PROGRAMS

South Asia Cohort Members

- [iKure](#) was represented by Sujay Santra, CEO and Founder.
- [Lifecircle Senior Services](#) was represented by Anant Kumar, CEO and Founder.
- [AYZH](#) was represented by Danielle DiPietro, Business Development Associate.
- [Swasth](#) was represented by Pranay Bhatia.
- [DoctHERS](#) was represented by Makkiya Jawed via electronic teleconference.

Africa Cohort Members

- [Totohealth](#) was represented by Malele Ngalu, Director of Sales and Marketing.
- [PACE](#) was represented by Sarah Mbabzi.
- [Mobicure](#) was represented by Charles Akhimien, Co-founder.
- [PurpleSource Healthcare](#) was represented by Oludare Bodunrin, Management Associate.



ANNEX 2: KICK OFF MEETING AGENDAS

AFRICA COHORT KICK OFF MEETING: NOVEMBER 17-19, 2015 IN NAIROBI, KENYA

TIME	TUESDAY - 17th November 2015 Venue: Sarova Panafric	WEDNESDAY - 18th November 2015	THURSDAY - 19th November 2015 Venue: Strathmore Business School
8.30-9.15am	Welcome & introductions <ul style="list-style-type: none"> What does your organization do best What would you like to learn from this meeting 	Field Visit to Ubuntu Afya - Kibera site Morning session will involve a tour of the hospital to understand its operations (9am – 12 noon)	Facilitated by Mellissa Nyawira Recap of Day 1 and 2 Activities <ul style="list-style-type: none"> Discussion on lessons learnt, What have they taken from the interactions at this kickoff meeting
9.15- 9.30am	Overview of the Learn and Launch Programme Facilitated by: ACA & R4D		
9.30 – 11:00am	Brief overview of programs’ operational challenges, successes and learning objectives Presentation 1: Purple Source Presentation 2: PACE Presentation 3: TotoHealth Presentation 4: Mobicure		
11:00-11.30am	Tea Break		Tea Break
11:30 – 1:00 pm	Facilitated discussion defining success of this collaborative program and define desired outcomes		Work Planning Session – Translating knowledge gained into action
1:00-2.00pm	Lunch Break	Lunch Break	Lunch Break
2:00 – 5:00pm	Presentation 5: Session on marketing strategies for low resource markets- Facilitated by Mr. Zack Oloo, CEO, Changamka Microclinic Ltd Presentation 6: Talk on pricing structures for BOP consumers, - Facilitated by Deborah Mburu, Ideas Tank Presentation 7: Talk on staff hiring, motivation, and retention- Facilitated by Faith Muigai, Jacaranda Health	A field visit to Jacaranda Health Tour of the hospital to understand its operations (2pm – 4pm) Includes a discussion detailing its history, its improve customer services and experience, ethics, incentivize staff performance to increase results, milestones, Q&A	Understanding the modalities in implementing the program <ul style="list-style-type: none"> Which strategies can be used to facilitate conversations after kickoff meeting Sustainability plans of the collaborative Reflection on the whole program. Was it successful?



SOUTH ASIA COHORT KICK OFF MEETING: DECEMBER 1-3, 2015 IN MUMBAI, INDIA

TIME	TUESDAY – 1st December 2015	WEDNESDAY – 2nd December 2015	THURSDAY – 3rd December 2015
	Venue:		Venue:
8.30-9.00am	Welcome and introductions Learn and Launch Program objectives Facilitated by: ACCESS Health and R4D	Site Visit to Swasth Foundation Morning session will involve a tour of the Swasth Primary Health Care Clinics to understand its operations (9.00 – 12.00)	Overview of Day 3 and introduction to Aravind Hospitals / GVK EMRI (8.30-8.45)
9.15 – 10:30am	Overview: Brief overview of programs operational challenges, successes and learning objectives, and aspirations Presentation 1: Lifecircle Presentation 2: Ayzh		Internal capacity building and consumer service experience Speaker: GVK EMRI (9.00-11.00)
10:30-10.45am	Coffee Break		Coffee Break 11.00-11.15
11:00 – 12:30pm	Presentation 3: DoctHERS (to be confirmed) Presentation 4: iKure Presentation 5: Swasth		Work Planning session: Translating knowledge gained into action.
12:30-1.30pm	Lunch Break	Lunch Break	Lunch Break 13.00-14.00pm
13:30 – 16:00pm	Building a brand Marketing strategies for low resource markets. Speaker: Shally Mukherjee, Senior VP, DDB Mudra Consumer Education Consumer education, improve consumer awareness and trust. Speaker: Shally Mukherjee, Senior Vice President, DDB Mudra	Site visit to Reliance Foundation Afternoon session will involve a tour of the Reliance Foundation to understand its operations specifically in the area of health care (14.00 – 17.00)	Work plan presentations Presentation 1: DoctHERS Presentation 2: Swatsh Presentation 3: iKure (14.00-15.30)
16.15-17.00	Introduction to behavior change and communication work plan framework Presenting toolkit for organizational solutions Speaker: Shally Mukherjee, Senior Vice President, DDB Mudra	Debrief – reflect on the visit Facilitated by: ACCESS Health and Results for Development	Presentation 4: Lifecircle Presentation 5: Ayzh Panel discussion Feedback on organizations presentation and discussion on next steps, and lessons learnt, from the interaction at this kickoff meeting