



MAP THE CONSUMER JOURNEY

ACTIVITY GUIDE

OVERVIEW

NOTE:

PSI wishes to acknowledge the inspiration for certain principles described in this activity guide from the following resources: *The Field Guide to Human-Centered Design* by IDEO.org; *design thinking bootleg* by d.school at Stanford University; the *Introduction to Human-Centered Design* online course taught by IDEO.org through +Acumen, a program of the Acumen Fund, Inc.; and PSI Board Member and Maverick Collective Founding Member, Pam Scott.

This activity guide assumes that you have already identified a target consumer population for your program. This target consumer will likely be defined by factors such as age, gender, wealth quintiles, risk behavior, and geography.

At this step in the framework, we are trying to build a clearer picture of our target consumer, what their current behavior is and the motivators, barriers and influences on their journey towards the desired behavior. Throughout this analysis, we want to understand the target consumer’s interactions with both their socio-ecological circle and the market.



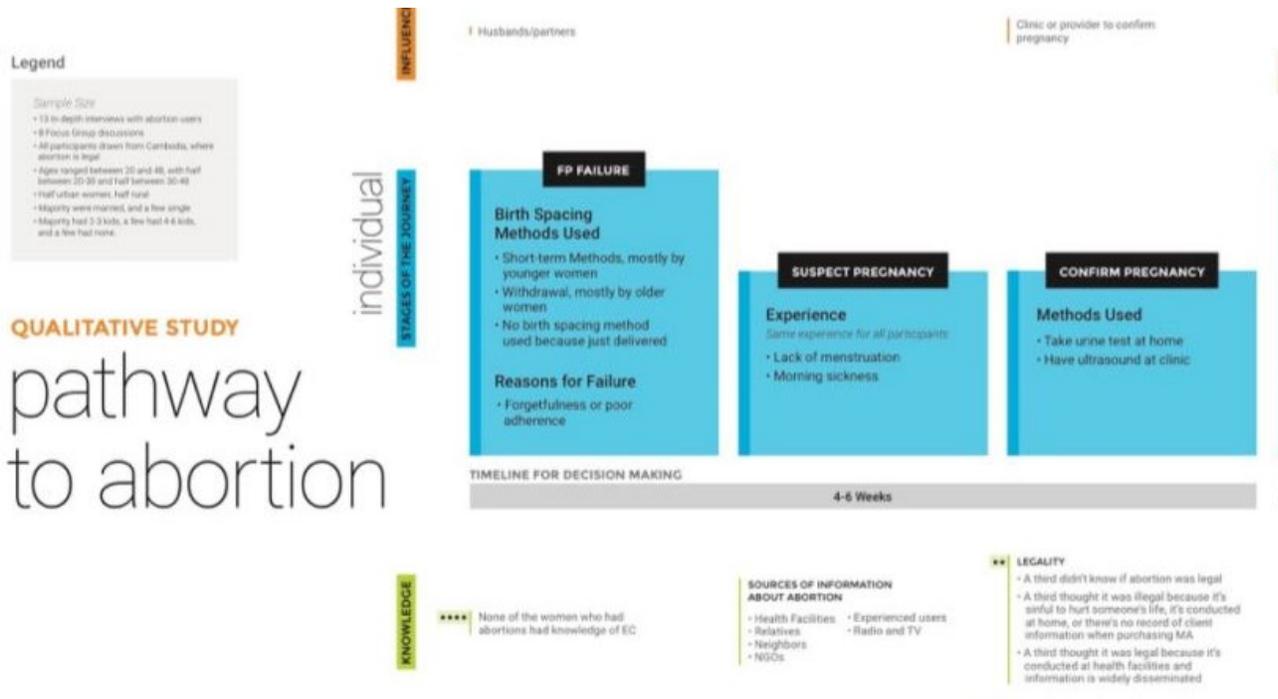


Broadly we need to understand the following:

- **What is the target consumer’s current behavior and who/ what influences that behavior?**
 - What is the current behavior of the consumer? What is the target consumer’s journey to adopting a healthy behavior or using a product or service?
- **What are the main motivators and barriers that drive our target consumer’s health behaviors?**
 - Who are the main influencers in our target consumer’s socio-ecological network (interpersonal, community and societal layers) that drive their behavior?
- **From whom and where does the target consumer get information?**
 - What media does our target consumer use, when and how often? What are the key media sources/channels to get information (e.g. digital, mobile)?
- **What is their interaction with the market?**
 - **Accessibility:** are products/ services available in all geographic regions through a variety of channels and accessible to the target consumer?
 - **Affordability:** are products/ services are affordable for the target consumer?
 - **Assured Quality:** do products/services meet minimum performance standards and does the target consumer perceive them of high quality?
 - **Appropriate Design:** are products/ services designed to be easy to use and accurate for the target consumer?
 - **Awareness:** Does the target consumer demand products/ services and know how to correctly use the product?

Journey mapping is a tool for collecting and analyzing qualitative data about consumer adoption of healthy behaviors. It can also be used as a way to synthesize information you already have about your target consumer, to identify visual gaps and areas of opportunity or constraint.

A journey map visualizes a consumer’s progress from their present state of health to a better, future state, as if it were a physical journey.



Presenting consumer data in this way can give you insight into their decision-making processes and common practices regarding accessing services, using products or changing behavior. A journey map demonstrates how the target consumer interacts with their socio-ecological framework and the health market. It can also help you understand their emotional reactions and personal experiences during each step of their journey.

While journey mapping is not the only tool for profiling your target consumer, it is comprehensive and can be tailored to the level of rigor and evidence required.



WHEN TO CONDUCT THIS ACTIVITY

NOTE:

Before creating a new journey map, we recommend contacting the relevant health area team or Global Marketing to see **what journey maps may have been already created** around the target consumer or health behavior of interest. This can provide a good starting point to build or adapt for your country and context.

Journey mapping can be useful when:	Journey mapping might be less useful when:
<ul style="list-style-type: none"> • When the product / behavior is complex, requires high involvement or repeated exposure, or involves a complex decision making or adoption process • When the target customer interacts with or is influenced by multiple people / institutions / systems • When you want to identify and overcome existing barriers along the consumer journey • When you want to build a new experience for the target consumer 	<ul style="list-style-type: none"> • When purchase/adoption decisions are simple • When the target consumer has little or no agency in the adoption/purchase decision



TIME, RESOURCE AND STAFFING REQUIREMENTS

The time, money and staffing requirements for journey mapping can vary based on the complexity of the journey map and the **level of evidence** requirements.

A mapping to be used only for internal circulation to inform programming can take from a few days to a few weeks to prepare, with data collection and interviews lasting anywhere from a few days in the field to 2 weeks, depending on the number of interviews conducted and the complexity of the health need.

If your team has deemed that a brief overview is sufficient, then the time and resources required may be much lower. However, if your program requires Institutional Review Board (IRB) approval, the timelines and resources will be greatly extended.

<p>Who will participate in this activity?</p>	<ul style="list-style-type: none"> • Design Team • Marketing Advisors <ul style="list-style-type: none"> ○ Consultant / agency could be engaged for field work or analysis and development of the segmentation, journey mapping or other consumer insight tools • Technical Advisors <ul style="list-style-type: none"> ○ Research team ○ Health area team ○ RMA ○ RR
<p>Who time and resources are required?</p>	<ul style="list-style-type: none"> • Prep time: 3-5 days • Field data collection: 3 days – 2 weeks (depending on sample size) • Empathy mapping: half a day • Analysis / Journey Mapping workshop: 2-3 days (depending on complexity)



INSTRUCTIONS

GOAL

At the end of the journey mapping process, you will have a **visual that represents how a real target consumer would come to adopt a healthy behavior**, depicting the milestones, decisions, behaviors, expectations, and emotions consumers encounter during each stage.

OUTPUT

The format of the journey map document can vary based on the specifics of your program, however, as part of the **Keystone Project Presentation template**, we have provided a basic template to use as a starting point and modify as needed.

PHASES OF A CONSUMER JOURNEY

One of the ways to approach this exercise is to divide the consumer's journey into five stages. The journey mapping chart should identify the decisions, key influencers, barriers and motivators affecting the consumer at each stage:

- **Awareness** – The consumer first becomes aware of a product, service or healthy (or unhealthy behavior)
- **Decision** – The consumer decides to use the product or service / adopt the healthy behavior (or drop the unhealthy behavior)
- **Uptake** – The consumer actually begins using the product or service or adopts the behavior
- **Maintenance** – The consumer continues to use the product or service or practice the behavior, consistently over time
- **Advocacy** – The consumer actively encourages others to use the product or service or adopt the healthy behavior

CASE STUDY

For example, a woman considering family planning may become aware of family planning in her community, make a decision about a method, uptake that method through multiple visits to the clinic, continue that method without any further clinical intervention needed, and then advocate with friends or family to try it. There are key decisions and milestones made at each of these stages that should be detailed. Not all women will go through every stage, but mapping out a complete journey will help you determine where consumers may be getting 'stuck.'

NOTE:

The stages outlined above are generic, following the basic steps of a journey according to the “stages of change” behavioral model. **You are encouraged to tailor the steps to the consumer journey in your country, and ensure they follow a logic that is most relevant for your project.**

GETTING STARTED

The first step in the journey mapping process is for the Design Team to meet with the Technical and Regional Advisors (i.e., health area and/or research teams, regional researcher, regional marketing advisor) to confirm that journey mapping is an appropriate tool for your program. If so, the next step is to determine the depth of investigation required, draft the research questions and develop a data collection plan for the project.

Depending on the level of rigor required and resources available, a consultant, market research agency or design firm may be leveraged to support field work and analysis.

INPUTS

A variety of inputs can be used to develop journey maps, including:

- **Primary research**, such as interviews, focus group discussions or surveys
- **Organizational experience** from peer educators, IPC agents or other field personnel
- **Secondary research** from literature reviews or grey literature



CONDUCTING PRIMARY RESEARCH

STEP 1: DEFINE THE SCOPE OF INTERVIEWS / SURVEY(S)

The most common primary research technique for journey mapping is interviews.

The number of interviews depends on the level of rigor and evidence required, as determined by the through a conversation between the health, marketing and research teams (and perhaps the donor).

For example, PSI has created journey maps based on interviews with as many as several hundred men (voluntary medical male circumcision) but has also used maps based on data from less than 20 patients (hypertension). The way a JM activity is designed should correspond to the intended use of the results, the population, behavior or context, and the existing sources of evidence.

<p>“Light Touch” (few participants) approach might be used when:</p>	<p>In-depth (many participants) may be required if:</p>
<ul style="list-style-type: none"> • PSI has extensive experience in the area and/or a strong evidence based exists (e.g. voluntary medical male circumcision in Southern Africa) • If results will be used only to inform programming, with no desire for publishing or generalizing across populations. • Program design does not require in-depth journey mapping or resources are not available to conduct extensive research 	<ul style="list-style-type: none"> • It’s a newer health area (e.g. menstrual hygiene management), where PSI has little experience and the evidence base isn't as extensive • A donor may want the results to become a 'public good', to be shared widely or published • The program decisions require teams to be confident that the journey represents the target consumer experience • The results will be used to influence other stakeholders or policy change • If results will be shared externally and/or with donors.

NOTE:

All activities in which we engage users, whether classified as research or not, must follow PSI policies for safeguarding, data protection, gender and the PSI commitment to ethics in youth powered design. If your data collection activity meets the definition of human subjects research or high risk program research, ethical review is mandatory. The review process requires additional time, documentation, and resources. Connect with your Group Research Advisor early on in the process.



STEP 2: CONDUCT THE INTERVIEWS / SURVEY

Work with your research team (and an external agency as needed) to conduct the research. Throughout this research, we are trying to build stronger empathy with our target consumer – putting ourselves in their shoes – in order to gain deeper insights into their behavior.

Building empathy requires us to capture not only what interview subjects say, but also what we suspect they *think* and feel. This starts with actively listening to ensure we truly understand the thoughts they are trying to articulate. We also need to infer things by paying attention to and taking notes on body language, tone, choice of words, facial expression – all of which can offer clues as to the interview subject’s true thoughts and feelings.

The ultimate purpose is to derive **insights**, an “Insight” being a remarkable realization that you can leverage to create a better intervention or solve a design problem.

- Insights often arise from patterns or contradictions between two user attributes (either within the same section of the empathy map or across different sections).
- When reviewing feedback with your teammates, be sure to ask “**Why?**” when you notice strange behavior or apparent contradictions. Explore with your multi-disciplinary team and probe deeper into the “Why?” question.

You can use the journey mapping process itself to engage with consumers. Simply ask consumers to draw the steps of their journey: who they interacted with, important decisions they made (or not), how they felt at each stage, who influenced them at each step.



Empathy

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



Insight

Insights are ideas or anecdotes that interpret patterns in our research findings. They offer a new perspective, even if they aren’t always new discoveries. They are inspiring and relevant to the challenge we are addressing and often help us explain the ‘why’ behind a behavior. An easy way to test if you have an insight is to use the “4 T’s”:

- Is it **true**?
- Is it **tacit**?
- Does it pick up on a **tension** in the findings?
- Does it **touch** the heart?

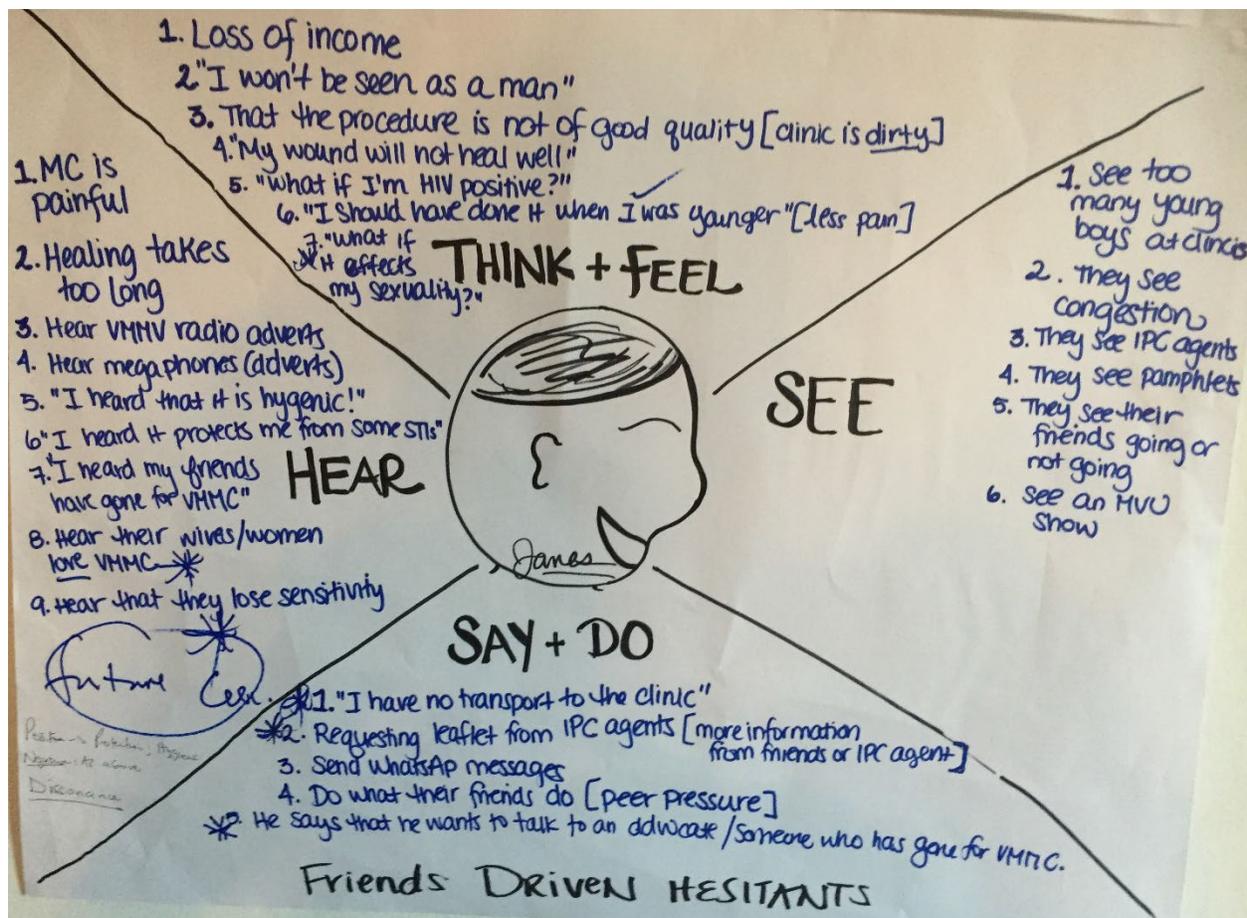


EMPATHY MAPS

Another tool that can be used to deepen insight is Empathy Mapping. An “empathy map” is a tool to help your team think about consumers as real people rather than a set of demographic data. It prompts us to answer key questions about what these individuals **say, do, think** and **feel**. Doing this can help us identify patterns or contradictions that create barriers or opportunities for consumers adopting healthy behaviors.

NOTE:
Empathy mapping isn't just for consumers. We can use it to better understand the behavior of providers, manufacturers, distributors and other players in the value chain, by empathizing with key decision-makers as human beings. This will be especially relevant when you profile your target intervention audience, which may include these actors, in the Design phase.

The output of the empathy mapping process is a chart that visually highlights the patterns and contradictions in what consumers **say, do, think** and **feel**. By comparing and reflecting on the items listed on the chart, we can identify opportunities and barriers to consumers adopting healthy behaviors.



TEMPLATE

We have furnished a template for empathy mapping, but you can use a different format if you wish. The most important thing is that the map be clearly laid out and easy to read, to help you spot any patterns or inconsistencies across the four areas.



A template is available as part of the **Keystone Project Presentation template**

Empathy Mapping



COLLECTING DATA FOR EMPATHY MAPS

Empathy maps are meant to be a “quick” tool to help you interpret data in a human context and develop a sense of empathy and compassion for the target population. Your team can create separate empathy maps for each individual you interview, then compare the individual maps to derive key insights. Alternately, your team might create a single empathy map representing an archetypal member of a target population, synthesizing data from multiple interviews and other sources.

You can use these guiding questions to help you analyze your target population’s behaviors:

- **SAY:** What are some quotes and defining words your target said?
- **DO:** What actions and behaviors did you notice?
- **THINK:** What might your target population be thinking? What does this tell you about his or her beliefs?
- **FEEL:** What emotions might your subject be feeling?

CREATE THE JOURNEY MAP

1. **Map out the “ideal” consumer journey.** What would represent the most direct path of least resistance for participants to adopt the desired behavior? Answering these questions can provide a point of comparison to the situations consumers face in the real world.

The ideal journey can be based on WHO or national guidelines or else consumer research when formal standards do not exist.

2. **Map the *actual* journey** and the milestones for each stage. This will help us determine whether consumers are following something closer to the 'ideal' journey or a more complex and difficult path.
3. List **key influencers** for every stage of the journey. These can be peers, partners, providers or other people who the consumer listens to and trusts. Note that their influence can be good (helping the consumer move forward in the journey), or bad (holding the consumer back in their journey). Be sure to specify exactly which influencers appear at which stages of the journey.
4. Identify any **barriers and/or motivators** that facilitate or hinder movement along the journey. What opportunity, ability, motivation, norms, structural issues are at play that trigger movement or stagnation along the journey? Note that barriers and motivators may be identified as you investigate other factors listed here, such as the physical journey or key influencers.
5. Conduct **5As assessment** of how well the market is performing from the perspective of your target audience. How well does the market perform against the five key metrics:
 - Acceptability
 - Affordability
 - Assured quality
 - Appropriate design
 - Awareness

The 5A's over time

Any of the 5 “As” could play a role, positive or negative, at various stages of the journey.

For example, a woman may have high awareness of family planning methods in the early stages of her journey, but when she reaches the stage of continued use, she might not be aware of the method’s side effects and may discontinue before reaching the stage of advocating to friends and family. This lack of awareness at a critical stage (continued use) could be a major factor in a consumer dropping off the journey.

6. Trace the consumer’s **‘emotional arc’** across the entire journey. This can help visually illustrate a pain point or opportunity for intervention.

Doing this can be as simple as asking consumers to rate their experiences and feelings or level of confidence across each stage of their journey. Plotting the consumer’s emotional arc can immediately show when and where consumers are feeling the most anxiety, or the most secure and happy across the journey.



ANALYZE THE CONSUMER JOURNEY:

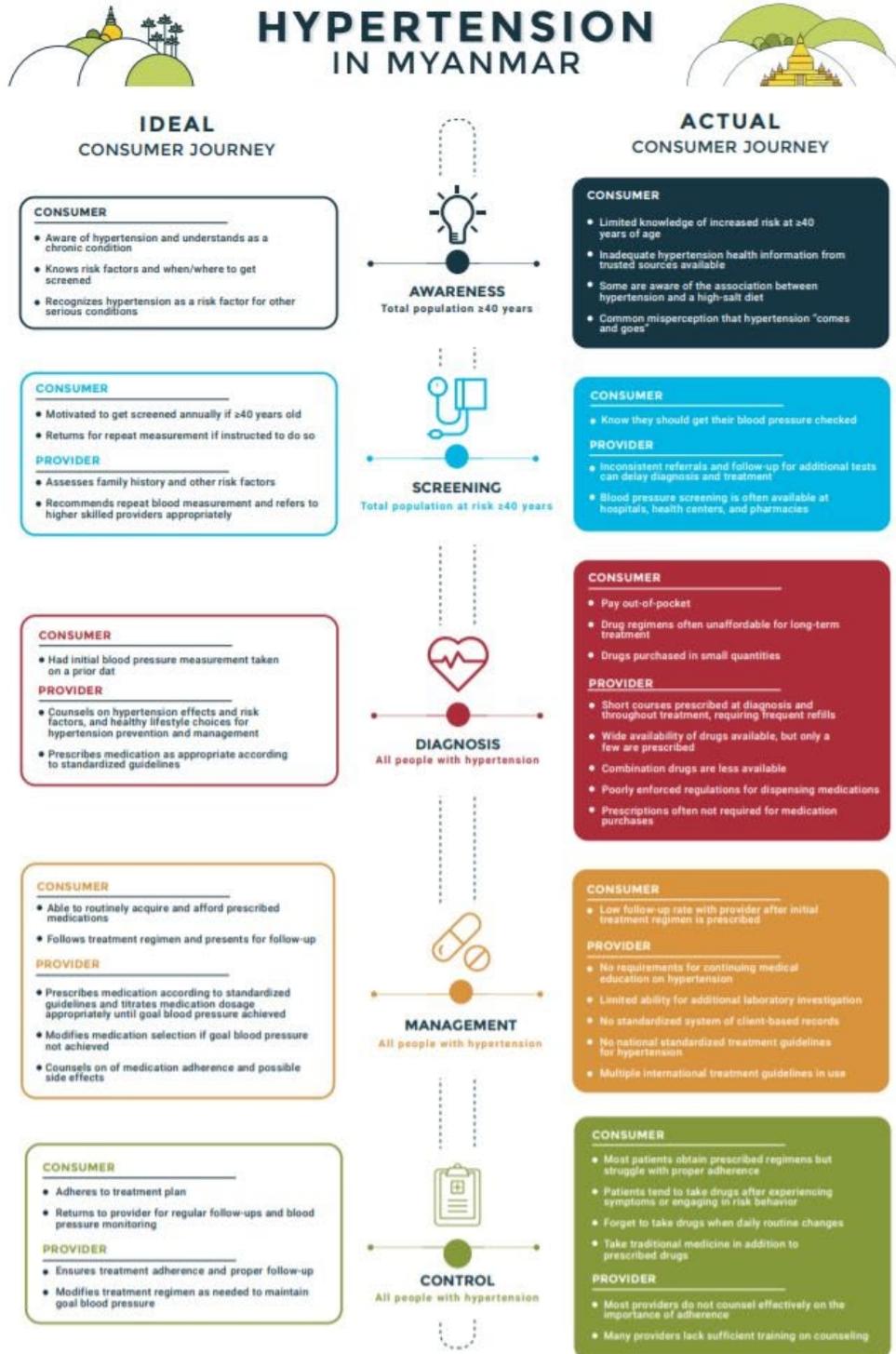
Once you have completed your consumer journey, review as a team and pull out the learnings (based on the insight learned through primary research):

- What are the biggest barriers to adopting a healthy behavior along the journey (this could be from their socio-ecological framework or the market)?
- Who are the biggest influencers for your target consumer?
- Where is your target consumer getting 'stuck' and why?



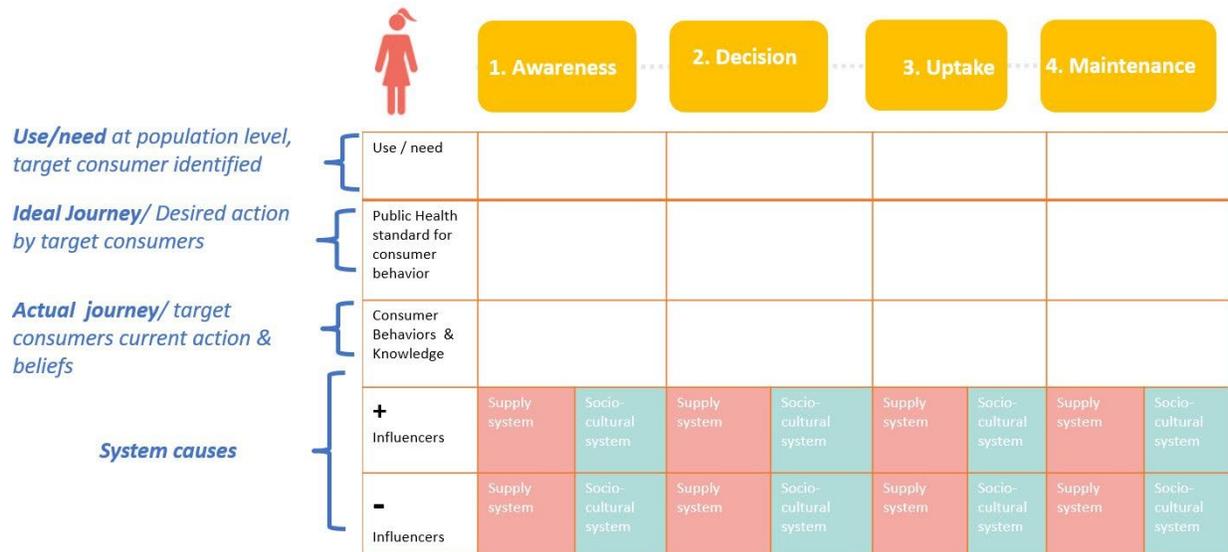
EXAMPLES

Myanmar Example Journey Map (Hypertension)





Sara example (template)



CONCLUSION

After completing this activity, you will have built a comprehensive understanding of your target consumer: their current behavior and the biggest barriers/motivators along their journey towards the desired behavior.

The output is a visual journey map which helps to illustrate the milestones, decisions, behaviors, expectations, and emotions consumers have during each stage of their journey, and a brief summary of the key barriers and influences.



Summarize the steps in the **Keystone Project Presentation template**, with a short explanation based on the data you gathered during this Diagnose phase, and include the full version in your project folder. Then return to the **Keystone Manual** and continue with the next phase.