ISPAHANI ISLAMIA EYE INSTITUTE & HOSPITAL
BANGLADESH

vynzomedia

CONFIDENTIAL STRATEGIC GROWTH PROPOSAL

Visionary
Growth Partnership

A 360-degree social, SEO, reputation and patient-growth transformation model.

Social media | SEO & Local SEO | Brand & Reputation | Patient Growth

01

EXECUTIVE INTENT

Amplify an already trusted institution.

Our proposal is not built on the idea that the hospital has a weak brand. It is designed to make its existing trust, clinical depth and community mission easier to discover, understand and act on.

01

Preserve

Heritage, authority, not-for-profit purpose and institutional credibility.

02

Connect

Social, search, local reputation, service pages, calls and appointments.

03

Measure

Engagement, enquiries, service demand and attended-patient outcomes.

The opportunity is not “more marketing”. It is a better digital operating system for trust and access.

02

PUBLIC AUDIT SNAPSHOT

Momentum exists. Conversion headroom is substantial.

Public estimates indicate positive traffic momentum and meaningful brand demand, while engagement quality and non-branded discovery remain open opportunities.

ESTIMATED BOUNCE RATE

56.75%

Opportunity to improve content relevance and next steps

PAGES PER VISIT

3.18

Visitors explore, but the journey can retain longer

AVERAGE VISIT DURATION

1:19

Content needs stronger pull and process clarity

TRAFFIC CHANGE MOM

+56.47%

Positive momentum ready for structured scaling

LINKEDIN FOLLOWERS

3,758

Professional audience exists, authority is underused

Public-data audit. Exact traffic, page-level bounce and patient conversion require GA4, Search Console, call-centre and appointment data.

03

THE OPPORTUNITY MAP

Five systems need to work as one.

Each channel is active in isolation. The strategic value comes from connecting them around a patient's real decision journey.

SOCIAL

Attention & education

Doctor-led, patient-first and platform-native

SEARCH

Discovery & intent

Priority services, doctors and symptoms

LOCAL

Trust & access

Branches, reviews, hours and directions

CONVERSION

Action & appointment

Call, WhatsApp, form and booking

DATA

Outcome & learning

Enquiry, attendance and optimisation

Current state

- Channels operate with different objectives
- Content questions are not always linked to service pages
- Calls and appointments lose source attribution
- Management sees activity more easily than outcome

Proposed state

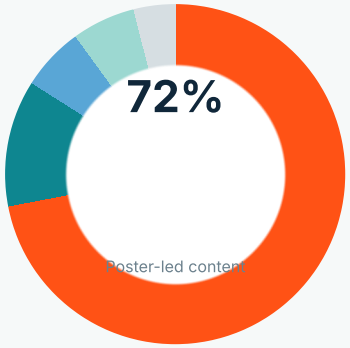
- Every campaign has one audience and outcome
- Every content asset has a measurable next step
- Every branch and service enters one reporting model
- Board reporting moves from volume to impact

04

SOCIAL MEDIA AUDIT

From poster publishing to a trusted media system.

Current activity is relevant and active, but static design density, limited human proof and platform duplication restrict the value of the content.



Posters / promotions	72%
Education	12%
Patient stories	6%
Impact / CSR	6%
Other	4%

FACEBOOK

Main patient-facing channel

Recent public video sample averaged approximately 2.87K views.

LINKEDIN

Recruitment dominates response

Sampled recruitment posts received roughly 2.9× the reaction of non-recruitment posts.

INSTAGRAM & YOUTUBE

Underdeveloped specialist media

Broad institutional identity and search-led clinical content can expand.

Content shift

LESS

Dense posters
generic greetings
one CTA everywhere

MORE

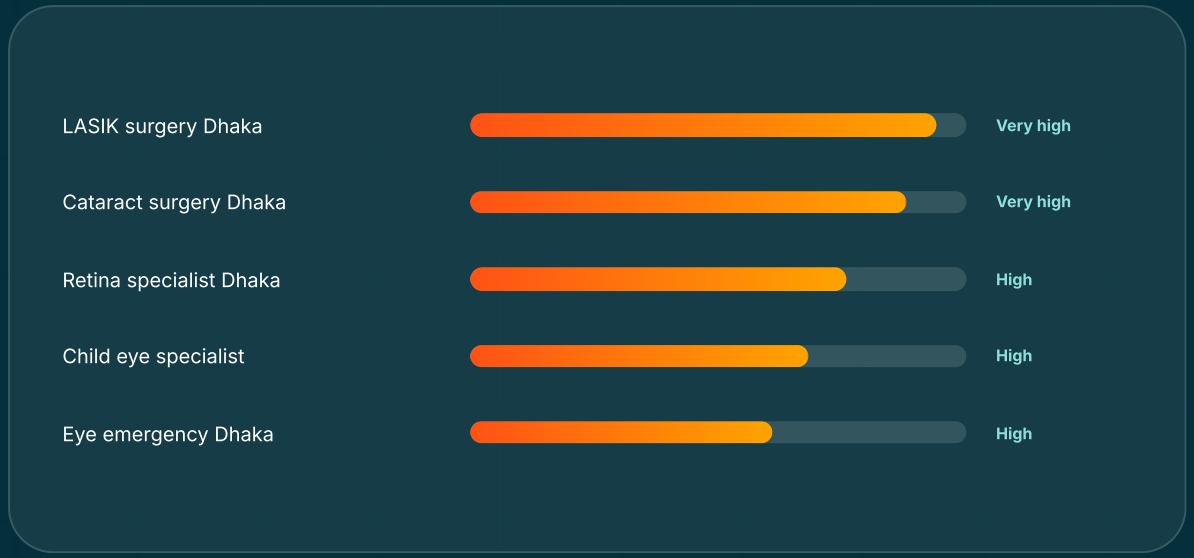
Doctor answers
patient journeys
symptom-led content
platform-native storytelling

05

SEO & LOCAL SEARCH

Own the searches people make before they know the hospital name.

Branded visibility is strong. The high-value opportunity is category and symptom demand across services, doctors and locations.



Thin service pages

Decision-stage questions are not fully answered.

Doctor discovery

Profiles, expertise, schedules and actions need structure.

Domain governance

Multiple public web ecosystems can split authority.

Local consistency

Branches, names, hours and listings need one source of truth.

06

BRAND & REPUTATION

Protect the trust people already feel offline.

Public feedback is broadly positive around affordability, doctors, staff and community value. The digital risk is inconsistency around waiting time, appointment clarity and operational information.

PUBLIC TRUST THEMES

Affordable care
Experienced doctors
Helpful staff
Community impact

Amplify with proof

EXPERIENCE RISKS

Waiting time
Registration friction
Hours inconsistency
Appointment uncertainty

Resolve and communicate

FOUR MESSAGE LANES

Patient care
Services, symptoms, doctors, appointments

Clinical excellence
Technology, research, training, specialists

Community impact
Access, outreach and not-for-profit mission

Institutional partnerships
Corporate eye care, schools, donors and allies

07

PATIENT JOURNEY

Make every next step clear — and measurable.

The proposed system connects awareness to attended-patient outcomes without treating marketing as a disconnected reporting exercise.

01
Intent
Search, social, referral

→

02
Education
Problem-specific content

→

03
Trust
Doctor, service, proof

→

04
Action
Call, WhatsApp, form

→

05
Outcome
Appointment and attendance

CONTENT EVENT
Video viewed / service clicked

CONVERSION EVENT
Call / WhatsApp / appointment

OPERATIONAL EVENT
Confirmed / attended / treated

MANAGEMENT VIEW
Service, branch, source and cost

08

GROWTH PROGRAMMES

Four focused programmes create a practical entry point.

Each programme has a clear audience, content system, search journey, conversion path and measurable outcome.

01

LASIK Decision Journey

Young professionals, glasses/contact-lens users and high-intent consultation demand.

Search hub · Doctor media · Consultation tracking

02

Family & Child Eye Care

Parents, schools and early symptom awareness.

Checklists · Parent Reels · School partnerships

03

Retina, Diabetes & Ageing

Patients, caregivers and recurring high-risk care.

Specialist education · Local search · Branch campaigns

04

Corporate Eye Care

Employers, schools, factories and institutional partners.

LinkedIn leads · Screening programmes · B2B case studies

09

CONTENT OPERATING SYSTEM

Every question becomes content. Every asset has a next step.

The content engine is designed around patient concern, clinical authority, human proof and measurable action.

1
Listen
Search, comments, reviews, calls

→

2
Prioritise
Audience, service and location

→

3
Create
Doctor, patient and process media

→

4
Convert
Clear action and service journey

→

5
Learn
Outcome and quality data

- Doctor answers
- Symptom signals
- Patient stories
- Process transparency
- Technology explainers
- Community impact
- Branch content
- Corporate insight

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90-DAY PROOF SPRINT

Foundation → Transformation → Growth.

The pilot is structured to prove the quality of the operating model before asking for long-term trust.

DAYS 1–30

Foundation

- Access and baseline
- Tracking and analytics
- Channel and local cleanup
- Keyword and audience map
- Clinical approval workflow

Outcome: one reliable foundation

DAYS 31–60

Transformation

- Doctor-led content series
- Priority service pages
- Review-response system
- Tracked conversion paths
- Corporate Eye Care funnel

Outcome: visible improvement

DAYS 61–90

Growth

- Scale high-performing content
- Retarget and optimise
- Expand search authority
- Compare branch performance
- Quarter-two recommendation

Outcome: tested growth model

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DIRECTIONAL OPPORTUNITY

Targets that management can understand and verify.

Planning ranges are directional, not guaranteed. Final KPIs should be agreed after first-party analytics and operational data are connected.

PATIENT ENQUIRY FLOW

+25–40%

Clearer service journeys, stronger calls to action and faster response.

MEANINGFUL ENGAGEMENT

+30–60%

Doctor-led, platform-native and saveable content.

ORGANIC DISCOVERABILITY

+40–80%

Priority service, doctor and local search expansion over time.

TRACKING COVERAGE

100%

Target for digital actions entering one reporting model.

Illustrative model at 10,000 sessions

56.75% → 45% bounce

1,175
additional engaged sessions

59
potential additional actions at 5%

41
potential attendance at 70%

12

DEDICATED TEAM

One accountable team from strategy to execution.

Specialist digital roles work with a local ground-support layer so that quality, speed and stakeholder coordination do not depend on remote execution alone.

AD

LEADERSHIP

Account Director

Executive alignment and delivery accountability.

HS

STRATEGY

Healthcare Strategist

Patient journeys and service-line positioning.

SL

SEARCH

SEO & Local Lead

Technical, doctor, service and branch discovery.

CS

MEDIA

Content & Social Lead

Creative direction and platform adaptation.

DA

MEASUREMENT

Data & Analytics Lead

Attribution, experiments and board reporting.

Dhaka ground support Doctor coordination · production support · branch content · faster issue escalation · monthly review support

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OPERATING MODEL

Clear owner. Clear timeline. Clear next action.

Our monthly process creates consistency without slowing clinical review or management decision-making.

1

Listen

Data and feedback

2

Prioritise

Service and audience

3

Create

Clinical + creative

4

Approve

Fast governance

5

Launch

Organic, paid, search

6

Measure

Action and outcome

7

Improve

Scale what works

WEEKLY

Action and issue report

MONTHLY

Performance and insight dashboard

QUARTERLY

Board summary and next investment decision

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360-DEGREE SCOPE

All services connected to one objective.

The engagement can begin as a focused pilot and expand only where evidence supports additional investment.

01

Brand & communication

Message architecture, visual system, campaigns and institutional storytelling.

02

Social media

Content, Reels, community, paid support and performance reviews.

03

SEO & content

Technical, services, doctors, Bangla content, authority and CRO.

04

Local reputation

Profiles, branches, reviews, Q&A and listing consistency.

05

Patient growth

Campaigns, landing pages, tracking, retargeting and attribution.

06

Reporting & governance

Weekly actions, monthly dashboards and board summaries.

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THE PROPOSED NEXT STEP

Start with a 90-day proof sprint.

Agree one leadership owner, select two priority service lines, connect the essential data, and evaluate Vynzo on visible improvement and reporting quality.

1. Leadership alignment
2. Data and access review
3. Final pilot scope
4. Kick-off

PRIVATE PROPOSAL DESK

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Prepared for the Board of Ispahani Islamia Eye Institute & Hospital and relevant Ispahani Group stakeholders.

Better discovery.
Better trust.
Better access.