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UNITED NATIONS, NEW YORK, N.Y. 10017 CABLE ADDRESS: UNICEF - TELEPHONE: (212) 754-1234

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Social Marketing and the

CHILD SURVIVAL AND DEVELOPMENT REVOLUTION

A report of a Consultative Task Force meeting, Division of Communication and Information, New York, April 1984.

Present at the Meeting:

Ms. S. Barry Mr. G. da Cunha Mr. H. Ghassemi Ms. M. Girgenti (Secretary) Mr. R. Haile Mr. T. Hewett Mr. S. Joseph Mr. R. Manoff Mr. R. Moyer Mr. H. Munthe-Kaas Mr. T. Murata Mr. Nyi Nyi Dr. W. Smith Mr. W. Throyer Mr. R. Tuluhungwa Mr. T. Vittachi Mr. J. Williams (Chairperson)

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1. Background

UNICEF has a pledge, a promise to itself and the world to help achieve the Child Survival and Development Revolution. It must now mobilise the global, national and community resources-- techniques, technologies, and economies-necessary to realise a reduced incidence of death and diseases amongst the children of the world.

UNICEF is only one agent amongst many potential collaborators, partners and allies who must positively work for CSDR. Ultimately the most important partners are the millions of village dwellers who must begin to act for themselves, to identify and solve their problems, to demand for and participate in the development of better health and better health services for their children and for themselves. With our international and national collaborators we need to be ready to meet these basic needs, these demands effectively.

The pursuit of CSDR is a matter of urgency. We must find ways and means to accelerate the "revolution", the required change in the hearts and minds of millions of people and especially our own staff. UNICEF programmes of cooperation with the governments of many developing and developed countries need to be informed with the latest innovations in principles and techniques of communication and persuasion for "revolution", for change.

It is within this framework that we consider the application of the principles and techniques of Social Marketing to help achieve an accelerated CSDR.

2. <u>Social Marketing</u>

UNICEF needs to adopt an approach radically different from the traditional notion of supply of programmes and products to the people. We must begin to involve communities and deliver the people to the programmes and the products. The emphasis is on demand rather than supply.

The concepts deployed in Social Marketing are those developed in commercial marketing. "Marketing is understood to cover market/audience segmentation, product design, pricing, distribution, sales effect or profit. We have Social Marketing when the product is a socially important concept or strategy, the market/audience is a beneficiary community, distribution is the use of all channels to that community and sale effect/profit is the impact of our efforts."

Social Marketing as a strategy begins with an accurate reading of a community's needs and demands. It specifies, among other things, the resistances and barriers that prevent people from seeking change in their condition of life as it promotes the value and appeal of the change persistently over a long period of time. Social Marketing uses skillful communication techniques in developing messages (simple, imaginative, consistent, relevant and timely) to make it possible for people to seek change and to accept change. Social Marketing helps evolve the right mix of ideas, actions and supplies to meet the requirements of a changed attitude and behaviour. It helps develop a rationale for the interventions-- legal, technological or commercial as the case may be-- for a given situation at a given time. It helps assure that people are asked no more than the time/money/effort/sacrifice they can give, or are motivated to give. UNICEF has some in-house expertise in Social Marketing. But it may also be necessary to cooperate with a professional marketing agency to help introduce systematically the practice of Social Marketing in programming activities for CSDR. Model strategies could be developed for application, adaptation at UNICEF country offices around the world. This does not preclude initiatives taken at the country office in cooperation with national professional agencies. Here is one example:

In Brazil, an advertising agency and related suppliers work with programmes in which UNICEF collaborates. They are remunerated on an out-of-pocket basis. The mass media donates time and space. In this way, a media campaign for breastfeeding was run in 1983 worth over a million dollars for which the UNICEF investment was around US \$37,000.

3. Strategic Alliances

Cooperation with the professional Social Marketing agencies is one example of the kind of strategic alliance that will be needed in going national with CSDR. All agent and intermediary groups-- governmental and non-governmental organisations, religious and secular groups and organisations working among the rural and the urban poor are considered potential allies. Professionals and professional groups comprise an especially important category. Among these professionals are journalists of print and electronic media.

UNICEF needs to mobilise them all because they represent a significant force in our actions to universalise the desirable attitudes and behaviours of national and household levels of administration. UNICEF's relationship with these "long arms of change" must be continuing and creative. The media used journalistically and as instruments in the marketing/communication plan could be our most important allies.

4. <u>Retooling for Social Marketing</u>

The practice of Social Marketing must begin at home-- within UNICEF. A large proportion of our staff come to programming with experience rooted in supply of products and services. A special campaign of exposure, of training and education in the "how to" of Social Marketing will be needed for them and for their Communication and Information colleagues.

Similarly such an exposure, training and education should be considered for the various groups among our strategic allies. The continuity of this effort needs to be ensured through feedback, monitoring and evaluation mechanisms at all stages of the marketing planning and implementation.

5. Caveats

The components of CSDR are aimed at different objectives and envisage different behaviour changes among a variety of groups. No common strategy will work for all of the elements. For instance, a community in an EPI thrust will not react to an ORT-type strategy as well as it might to a methodology designed to promote immunisation. A flexible package of action is required. A varied media mix is necessary. At the community level, a variety of optional actions should be available to meet situations not always predictable. But whatever the detailed programme or objective, our overall goal must be not so much "development" as <u>IMR reduction</u>. This needs constantly to be kept in focus.

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The international CSDR concept needs to be translated into local, workable programmes. These must be protected by priority from haphazard switching, stop-go etc. Governments may need to be assisted into adopting the right timetables within a long-range plan. This, too, is an essential part of Social Marketing planning.

6. The Next Steps

These would be (a) to select some test regions, or areas, or countries where we might test market the Social Marketing approach in going to scale on CSDR; this would require, among other things, an inventory of communication resources and our own capabilities there; and (b) to evolve the criteria and modalities for associating a professional marketing/communications organisation with our work.

Gerson da Cunha Réesom Hailé Toshi Murata Revy Tuluhungwa NEW YORK - 5 April 1984.

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Accelerating CSDR - A Communications Strategy

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Background

- 1.1 It is a matter of public knowledge that UNICEF has committed itself to the realization of the Child Survival and Development Revolution on a global scale within the decade. This commitment has been articulated to a world audience in the State of the World's Children Reports for 1982-83 and 1984. The possibility for an accelerated CSDR is suggested by a number of new and powerful developments in the fields of health technologies, communication systems and social organisations which, in combination, add up to an unprecedented opportunity to help reduce the incidence of death and diseases among the world's children.
- 1.2 The primary message from developments in the health field is that the major causes of infant and early childhood mortality are preventable by simple, low-cost, and widely applicable technologies within reach of many communities. In most instances the main barrier between the communities and these technologies is an invisible wall of beliefs, attitudes and habitual behaviours incompatible with necessary changes. The removal of this invisible wall is critical to the success of the CSDR.
- 1.3 UNICEF among other agencies in the field of social development has long believed that a range of traditional and

modern communication systems can be successferily pressed into service to bring about the necessary changes in attitudes and behaviours among beneficiary communities. This is precisely the task of UNICEF's Programme and Project Support Communications staff in the field offices. However, these efforts need to be multiplied many times over if the objectives of CSDR are to be realized at an accelerated pace.

- 1.4 UNICEF's current efforts in communications and education for social change can be multiplied by strategic alliances with the numerous social organisations that link the local community with the national and international communities much as they link one community with another. UNICEF alone can not achieve CSDR. It must enter into collaborative arrangements with the many professional, technical and social organisations that can help extend its reach and reinforce its role as a change agent for Child Survival.
- 1.5 The prospects for an accelerated CSDR depend very much on the initiatives, new methods and approaches adopted by the worldwide network of UNICEF offices, divisions, sections and units to translate the opportunities into programmes and projects that will ensure the survival of the world's children. The global map of the opportunities in health technologies, communications and social organisations may not hold true for all countries and, our country offices may be faced with legitimate constraints and limits to their scope of action. We need to develop country specific strategies to meet with country specific constraints and problems and take advantage of the opportunities therein. The strategic

objectives mowever must remain to develop programmes and projects better focussed for a real reduction in infant and early childhood mortality rates, the priority objective of the CSDR.

1.6 <u>Social Marketing</u>

Among the new approaches in social development programming that shows a great deal of promise is an approach commonly known as social marketing. It is an approach that employs the principles and techniques of modern marketing, commercial advertising and broadcast communication to the pursuit of social goals. It has been applied by a number of countries in the last decade to organise and carry out effective educational campaigns that have changed health and nutrition related behaviours with notable improvement on the status of the target populations.

1.7 Among the countries that have gained from the application of social marketing techniques to health education problems are the U.S.A. in its National High Blood Pressure Education Programme; Indonesia in a large-scale Nutrition Improvement Programme; Honduras and Gambia in their promotion of ORT and Brazil in its National Breastfeeding Promotion Programme.

The American High Blood Pressure Education Programme was aimed at a national audience of hypertensives, to enable them to bring their blood pressure under control. Since its inception in 1972, the programme has helped reduce mortality rates for strokes by up to 40%. The percentage of the population of hypertensives who had their blood pressure under good control jumped from 16% at the start of the programme to 50% ten years later.

In the Gambia and Honduras mothers learned a new set of practices about diarrhoea. After an eight month campaign in the Gambia the number of mothers using salt and sugar solution rose from 3% to 48%. In Honduras the number of mothers who had tried LITROSOL (ORT Packet) rose from 0% to 49% within one year of the start of a similar campaign.

A strategic combination of applied behavioural research, health technologies, communications and social organisations developed by social marketing experts distinguishes such campaigns of education/ communications that seem to deliver the results.

1.8 Social marketing represents a departure from the traditional approaches to programme and project implemenation in a number of ways. The most important departure is perhaps that it begins with an accurate reading of a community's needs and demands. The notion of supply of programmes and products to the people is deemphasised in favour of community involvement and delivery of the people to the programmes and products. It specifies, among other things, the resistances and barriers that prevent people from seeking change in their condition of life as it promotes the value and appeal of the change persistently over a long period of time.

The approach requires a skillful application of applied

research in behavioural sciences, market anarysis, product performance, consumer habits, audience analysis, message formation and media planning to develop systematic and intensive education/communication campaigns. In marketing terms an integrated set of marketing objectives, advetising objective and mass media objectives are part of the design of the technological, economic, legal and other interventions necessary to meet the express needs and demands of the target populations. The key to the success of the social marketing approach whether in the service of commerce or social development is a sophisticated management backed by research at every stage of the marketing effort.

1.9 Some expertise in social marketing does exist within UNICEF. The better efforts of our Communication and Information Staff and specifically PSC Staff aim to develop such an integrated approach for the CSDR. It may be necessary to scale-up these efforts by collaborating with professional social marketing agencies. These social marketing agencies must be carefully selected for their experience and their know-how in social development work among developing countries. The criteria for selection can be developed in consultation with country offices where the opportunities for accelerating CSDR are most evident. Our collaboration must be tempered with an objective and demanding supervision over all aspects of our joint campaigns. These collaborations must be seen as experimental and their continuity strictly dependent on tangible results within agreed upon time-frames. The following actions are being recommended for discussion and further refinement.

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- 1.10 UNICEF headquarters is to establish a social marketing unit to coordinate all of our efforts in this area. The unit consisting of at least two professionals must be closely linked to External Relations, Programme and Communication/Information Divisions.
- 1.11 Its functions include:
 - a. In consultation with country offices and headquarters select the country or countries ready and willing to initiate large-scale campaigns in those areas of priority to the CSDR.
 - In consultation with country offices and headquarters initiate contracts with suitable social , marketing agency candidates that fulfill a predefined selection criteria.
 - c. Map out the terms of collaboration, areas of collaboration and other details in coordination with host governments, UNICEF country offices and the candidate agencies.
 - d. Help develop administrative, supervisory and monitoring instruments to enable governments, UNICEF country offices to launch, sustain and monitor the campaigns.

e. Serve as a resource unit on all developments in our social marketing efforts and to channel the lessons learned towards efforts in upgrading the capabilities of our Communication/Information and PSC Staff.

1.12 The establishment of the Social Marketing Unit and the preparatory work of that unit should preferably be completed with the next three months (June-July-August). The objective is to launch large-scale education/communication campaigns in at least two countries beginning in the latter part of 1984 to obtain some preliminary results by the end of 1985.

Réesom Hailé

New York, 25 April 1984.



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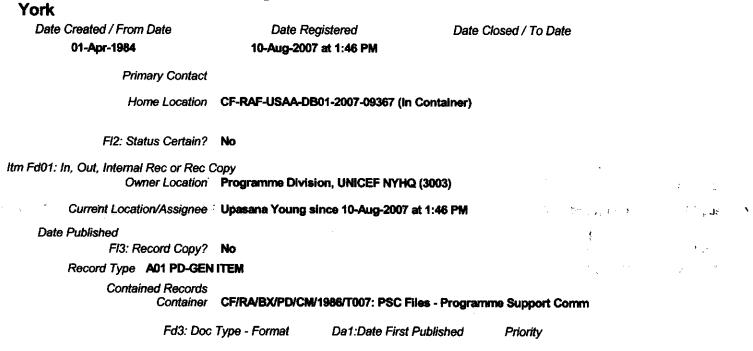


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