

Draft II

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**The Child Survival and Development Revolution**

**UNICEF'S MARKETING STRATEGY FOR THE 80'S**

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A. CSDR: Commitments and Opportunities

UNICEF has committed itself to the realisation of the Child Survival and Development Revolution on a global scale within 15 years. This commitment has been articulated to a world audience in the State of the World's Children Reports for 1982-83 and 1984. The key to UNICEF's strategy for an accelerated CSDR is a global information, education, and communication campaign which will multiply its own commitment and efforts to reduce sharply the major direct causes of infant and early childhood mortality.

According to the SOWC Reports, the possibility for an accelerated CSDR is suggested by a number of new and powerful developments in (1) the field of health techniques and technologies, (2) information, education and communication systems and (3) social organisation which, in combination, add up to an unprecedented opportunity to help reduce the incidence of death and diseases among the World's children. The primary message from the health field is that some of the major causes of infant and early childhood mortality are preventable by simple, low-cost, widely applicable techniques and technologies within reach of many communities around the world. Thus, an important objective of the CSDR strategy is to increase the awareness, knowledge and conviction of these communities that they can ensure the survival and healthy development of their own children. UNICEF appreciates the enormity of this task and seeks to amplify its own limited resources by strategic alliances with national social organisations and communication systems. Such an alliance has already resulted in the wide circulation of the SOWC Reports.

B. CSDR: A Marketing Strategy

The strategy for CSDR as outlined in the SOWC Reports is best understood as a broad marketing strategy, of the kind better known as social marketing. Basic social marketing means:

- I to promote, distribute and sell
- II an idea, a service or product
- III to a consumer
- IV for an agreed upon value or price
- V to achieve a recognised social value.

Social marketing differs from marketing proper only in its objective: to achieve a recognised social value. In the context of the CSDR, the social marketing objective is to reduce infant and young child mortality and morbidity. The CSDR strategy may be reframed in social marketing terms as shown in Fig.1.0.

Figure 1.0

Social Marketing	Social Marketing For CSDR
I to promote, distribute and sell.	to promote, distribute and sell using all communication and social organisation channels.
II an idea, a service or product.	simple and widely applicable health technique and technologies (GOBI-FFF)
III to a consumer	to children and parents, service providers, governmental and non-governmental agencies.
IV for an agreed upon value or price	for low-cost
V to achieve a recognised social good	to reduce infant and early childhood mortality and morbidity

### C. CSDR: A Social Marketing Approach

The global objective of CSDR may not be realised by a single social marketing approach for all health interventions, all places and times. Individual campaigns to promote growth monitoring, oral rehydration, breastfeeding and immunisation will vary from place to place in accordance with the varying constraints and opportunities. There are however some common procedures that must be taken into account in the planning of a social marketing campaign and these are outlined below:

#### 1. Problem definition:

In the CSDR strategy, the problem is broadly defined as mainly a lack of awareness, knowledge and conviction among parents that action to reduce the high incidence of death and diseases among children is within their grasp.

#### 2. Goal setting

The overall goal of the CSDR is to reduce substantially (by 50%) infant and young child mortality from preventable causes and to also reduce the number of children impaired for life by debilitating diseases within the next 15 years.

#### 3. Target market segmentation

Market segmentation for CSDR begins with the primary group of children and mothers. The social structures that link millions of family households to national and international centres may be seen as different segments of the market. A broad segmentation may be rendered thus:

Children and mothers

Service Providers

Government publics

Governments

Donor Publics

Donors

#### 4. Consumer analysis

The CSDR's success demands a change of attitudes and behaviour among the various segments in the market from children and mothers to governments and donors. A systematic analysis will be required to determine the precise gaps between current and desired attitudes and behaviour among the various market segments. There may be a number of reasons to explain the absence of a desired behaviour:

- NECESSARY SKILL OR KNOWLEDGE MAY BE ABSENT
- NECESSARY MATERIAL OR IMPLEMENTS MAY BE UNAVAILABLE
- PEOPLE MAY NOT KNOW WHEN AND WHERE TO ENGAGE IN THE DESIRED BEHAVIOUR
- THERE MAY BE NO POSITIVE CONSEQUENCE FOR ENGAGING IN THE DESIRED BEHAVIOUR
- THERE MAY BE POSITIVE CONSEQUENCE FOR ENGAGING IN INCOMPATIBLE BEHAVIOUR
- THERE MAY BE PUNISHING CONSEQUENCES ASSOCIATED WITH THE DESIRED BEHAVIOUR

Consumer analysis helps determine the answers to these and other questions that may arise in the planning of the appropriate marketing strategy.

#### 5. Channel analysis

The CSDR strategy calls for alliance with social organisations and the media of communications. UNICEF needs to amplify its own efforts through joint and parallel activities by political, social, legal, economic, technological and information groups or channels of influence whenever practicable. The precise nature of the channels of influence required or available need to be determined for each individual social marketing campaign. Also, child survival initiatives by national and international organisations, religious and secular groups, public and private bodies, professional organisations and the media are to be actively sought and encouraged.

#### 6. Marketing strategies and tactics

As earlier stated, the social marketing strategies and tactics adopted for CSDR may vary from place to place. Each campaign requires its own unique blend of product, place, price and promotion to reach the people. The CSDR products are the simple, widely applicable health

techniques and technologies represented in the GOBI cluster. The places are the households, villages, townships, provinces, nations and regions of the world characterised by varying opportunities and challenges for the wide distribution of the health techniques and technologies. The price to the children and parents is expected to be more of effort—cognitive, attitudinal and behavioural leading to action — than cash, given their generally depressed incomes. Promotion is the information, education, training and communication effort necessary to elicit the desired action from the various communities to adopt and adapt the health techniques and technologies to secure the survival and development of children.

### 7. Implementation and evaluation

The implementation of the social marketing plans must be assigned to specific individuals. There need to be explicit timetables, adequate budget and controls to help monitor the implementation and to evaluate the results. Ultimately the results must be consistent with that expected in the CSDR strategy: a substantial reduction in infant and young child mortality and morbidity. Intermediate measures of success may include any or all of these: a) the number of new people to adopt the health techniques and technologies. b) the speed and c) the continuity of adoption. It is also important that d) the social change required for CSDR is not perceived as having an adverse impact on other aspects of communal or national wellbeing.

#### D. CSDR: A Paradigm Shift?

The CSDR strategy has been referred to as a paradigm shift. UNICEF has traveled the route of many development organisations. There were times when UNICEF was primarily a supply oriented organisation. This orientation may in fact persist among some UNICEF offices to this day. The more recent orientation is better characterised as a programmes and projects orientation with more emphasis on non supply inputs in the delivery of development assistance. It shifts UNICEF's supply orientation into a demand orientation or the creation of a popular demand for better health for children. The social marketing approach begins by specifying the resistances and barriers that inhibit people from seeking change in the conditions of life for children and to promote the possibility of improvement over which parents will have a measure of control.

E. CSDR: Implications

The success of the marketing approach whether in the service of commerce or social development rests in the principle of management by objectives backed by evaluation at every stage of the marketing effort.

While the overall objective of the CSDR remains the reduction of the IMR it requires an integrated set of marketing objectives, advertising objectives and mass media objectives specifically designed to promote any one of the health interventions (GOBI) at any place and time. The broad marketing objective of the CSDR is the global distribution of the health techniques and technologies. A CSDR advertising objective may be that these techniques and technologies are simple, low-cost and applicable by all. The media objective for CSDR is to use an optimum combination of radio, newspapers, pamphlets, flipcharts, television, film and interpersonal media.

All of these decisions depend on the quality of management and the quality of research available to UNICEF. The budgetary implications for the social marketing efforts for CSDR will vary from country to country and from campaign to campaign. There is a good chance that UNICEF might be able to take advantage of the resources of other organisations in this effort. Public or private media may be able to donate free time and space to broadcast the CSDR messages. However UNICEF should make available adequate resources to allow for timely decisions to be taken by those responsible for the specific campaigns. It is also important to remember that a commitment to conduct social marketing campaigns must be a long-term commitment. In this as in other programming approaches there can be no short-term magical solutions.

F. CSDR: Plan for Action

1. In the long-term UNICEF needs to review its staff requirements to be able to conduct social marketing campaigns that would accelerate the Child Survival and Development Revolution. Staff training will need to be better focused on the desired changes in current practices by supply, programme, project, communication and information officers to better understand and operationalise UNICEF's overall marketing posture.



2. Some expertise in social marketing does exist within UNICEF. The better efforts of the Programme, Communication, Information and specifically PSC staff aim to develop an integrated approach for the CSDR. It may be necessary to scale up these efforts by collaborating with professional social marketing agencies.

A UNICEF social marketing coordinating team in consultation with country offices, regional offices and governments could develop the criteria for selection of and collaboration with national and/or international social marketing agencies. These social marketing agencies need to be carefully selected for their experience and know-how in social development work among developing countries. UNICEF's collaboration may first be limited to those countries where the opportunities for CSDR are most evident. But it must be a collaboration designed with an objective and demanding supervision over all aspects of the joint marketing campaigns. It is suggested that these collaborations be seen as experimental and their continuity strictly dependent on tangible results within an agreed time.

In summary— It is suggested that UNICEF establish a social marketing coordinating team closely linked to the Programme, and Communication/Information Divisions— perhaps an expanded version of the current PSC services whose functions will include:

- a. To assist in the overall effort to establish UNICEF's marketing orientation called for by the CSDR strategy.
- b. In consultation with country offices, host governments and UNICEF headquarters, select the country or countries ready and willing to initiate large-scale social marketing campaigns in those areas of priority to the CSDR.

- c. In consultation with country offices, host governments and UNICEF headquarters initiate contacts with suitable social marketing agency candidates that fulfill a predefined selection criteria.
- d. Map out the terms of collaboration, areas of collaboration and other details in coordination with country offices, host governments, and the candidate agencies.
- e. Help develop administrative, supervisory and monitoring instruments to enable host governments and UNICEF country offices to launch, sustain and monitor the social marketing campaigns.

G. Social Marketing in Action— Some Examples

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 The 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, it is reported that 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.

An example in which UNICEF has had some involvement is in Brazil where 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 US \$37,000. The mass media component of the programme has gone beyond the desired effect on low-income urban mothers. It has facilitated various other activities with the programme such as education and motivation of health professionals and administrators.

Report to the Task Force on Social  
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