

4 Challenges in Implementing Communication for Behavior Change

This chapter describes common challenges facing World Bank Task Managers and their counterpart program managers in planning and implementing social marketing/communication for behavior-change activities in their programs.

1. Giving due importance to formative research.
2. Beginning formative research prior to the project being funded.
3. Lack of understanding in government ministries of social marketing and of the need to focus on behavior.
4. Getting effective help for social marketing planning.
5. Measuring impact for decision-makers.
6. Making training of service providers and communicators more effective.
7. Turnover among individuals responsible.
8. Finding the right funding level for social marketing/CBC.

Challenge #1: Giving Due Importance to Formative Research

The time and expense needed for formative research and strategy development are significant. Is there another possible alternative? Is this worth doing?

National officials (or even World Bank Task Managers!) might argue that many projects have been successful without these steps; that it is difficult to find the expertise (in-country or out-of-country) needed to carry out these tasks; that standard messages are known (e.g., in *Facts for Life*), and that what is required is to simply concentrate on the production and

dissemination of educational materials that, if well done, would educate people.

In fact, there is ample evidence that simply giving people “the facts” from a public health point of view rarely leads to actual changes in practices. This is because such an approach addresses neither the reasons for current practices nor the barriers to and motivations for adopting improved, more healthy behaviors. Formative research enables planners to re-define problems from the consumers’ point of view, to understand the audience and the best options for them to, say, increase the caloric consumption of their young children, the social and material costs, difficulties with services, the quality of service and the information and promotion that motivates people to act in a manner to support better health and nutrition.

Investing in good qualitative research allows program actions to be better defined and to have a better chance of increased impact. Formative research cannot be omitted. It has costs that must be accepted, but it is very cost-effective because it makes both communication activities and the project as a whole much more effective.

One alternative, if the project has several components, would be to phase the formative research, doing only the part required for the first set of materials. While this is not ideal because so often the additional research is not done, at least there is a base and staff gain some competency.

If constraints of time and money truly make it impossible to carry out new qualitative research, an alternative, by no means otherwise recommended, is to perform a very thorough literature search and interviews of experts such as veteran public health specialists, TBAs, and anthropologists as the basis for preparing a behavior-change strategy. Later, once draft materials are ready, their pretesting should be extremely thorough, with more attention than normal on the acceptability and effectiveness of

key message elements—proposed behaviors, appeals, information to overcome negative attitudes, and authority figures.

Challenge #2: Beginning Formative Research Prior to the Project Being Funded

In the World Bank project cycle, details on media, materials, and other expenses must be known by the time of project appraisal in order to have relatively accurate budget and time estimates. It is therefore highly desirable that the formative research be initiated, with at least some initial pieces completed, during project preparation and therefore prior to the availability of project implementation funds. This is not possible without a prior donation or investment from the country or from special project planning trust funds available through the Bank (such as the Japanese loan fund), from UNICEF, or from bi-lateral donors.

All project components require an assessment. Unlike the others, social marketing requires that this be very detailed as to the behaviors and/or products, audiences, and costs, the communication media to be used, the accessibility of services, and social and cultural influences. These data are indispensable to solidly establish a behavior-change strategy; the type and quantity of educational, promotional and communication materials; and needed support to the desired behaviors from non-communication actions such as purchasing supplies, expanding or improving services, and training. Except for some routine information for ministry health programs and special surveys and studies, much of this information does not usually exist.

Clearly the best scenario is that the formative research and strategy definition be made at the same time as the assessment of the other components. If this is impossible due to lack of funds, an alternative would be to plan no social marketing interventions in the first year of the project. During this first year, while the implementing agency was taking some clearly needed steps to develop and strengthen services, formative research

could be carried out, strategies devised, materials developed and pre-tested, and a baseline carried out.

In this case, it should be clear to program implementors, supervisors, and evaluators that the project plan's description of the social marketing component is provisional at the time of appraisal particularly as it relates to materials development and dissemination and coordination with other components (availability and supplies, improvement of services, accessibility, time schedules, etc.).

Challenge #3: Lack of Understanding in Government Ministries of Social Marketing and of the Need to Focus on Behaviors

Many ministry of health officials and technical staff lack familiarity with social marketing and its focus on modifying behaviors rather than simply providing "health education." Task Managers cannot assume ministry acceptance of social marketing just because it has been proposed by the Bank. Some may feel that social marketing is "manipulative" like commercial marketing. Even if the ministry is open to trying social marketing, the lack of familiarity may lead to crucial steps being skipped or short-changed.

"Social marketing" means different things to different people—anything from marketing socially useful products, to mass media ads for social programs, to the concept used in this paper of a disciplined approach to defining problems and solutions from a behavioral point of view through constant consultation with those involved in the program. Because there is no standard understanding of the concept, one cannot expect it to be uniformly understood by all. It is therefore recommended that the Bank arrange a meeting, seminar, or workshop at which the Task Manager, consultants and host-country counterparts can discuss the concept and its implications to all aspects of the project. It might even be possible to hold the meeting outside of the country, and/or with the participation of well-known experts in social marketing. Clearly, it is important to make

sure that those who participate are the key people, not delegates who have little decision-making authority.

For the implementors, more detailed instruction may be necessary that includes a real transfer of the basic social marketing management skills. Often, ministry of health staff have ample expertise in traditional, knowledge-based health and nutrition education techniques. What may well be lacking is an understanding of formative research, behavior-change strategy formulation, state-of-the-art message design and production of materials, and monitoring, evaluation and pretesting. Also commonly lacking is experience with contracting or otherwise collaborating with the private sector in some of these activities. If the private sector is involved it is helpful to have a joint orientation with the ministry managers, so a common understanding is formed. Just because the company might be expert in commercial marketing does not mean its staff are automatically experts in social marketing.

The lack of a base of common understanding from the beginning increases the risk that different types of resistances and revisions of plans and schedules will arise and put the process in danger. Because of this, achieving consensus and transferring social marketing skills are indispensable either during project preparation or early during implementation. If this transfer is successful, the need for subsequent technical assistance and supervision will be reduced.

Challenge #4: Getting Effective Help for Social Marketing Planning

The problem of scarce resources for organizing planning missions is real. Where it is possible to include an expert in social marketing or CBC, it is crucial that this person have specific experience in these areas, not just in communication or IE&C. It is essential that the social marketing expert or firm be an integral part of the planning team while it is working in country. The daily cost of this expertise is similar to that in other technical areas. The social marketing expert should be incorporated into the plan-

ning team from the first mission as his/her insights should influence overall project design. In fact the social marketing consultant may well need more days than other team members, because s/he may have more training/transfer of skills tasks than other team members and must try to pull together as much information as possible about the potential project beneficiaries.

Criteria for selecting social marketing consultants should include experience in projects of this type, management of formative research using qualitative and quantitative methods, and a full understanding of the basic elements of marketing (products or services, promotion or communication, positioning, and price). It is best to contract a consultant who understands the entire social marketing process rather than one who specializes in one aspect such as qualitative research or interpersonal communication. It is also best to identify someone who has the capability and interest in transferring his/her knowledge and skills.

Appendix F offers generic terms of reference for Bank missions at different stages of preparation.

Challenge #5: Measuring Impact for Decision-Makers

Project components need to measure achievements that are significant for the donor agency as well as for the government. For behavior changes related to nutrition, what types of indicators are both measurable and of interest to decision-makers?

Some Task Managers feel that the only social marketing indicators that can be measured are activities and materials completed: materials printed, messages disseminated by radio and television, meetings, workshops, etc. In fact, limiting feedback to such process indicators illustrates a lack of understanding of social marketing and its focus on behavior change. Another (often inappropriate) approach is to measure changes

in important practices, such as immunization coverage, but to attribute them solely to communication activities, when in fact these changes resulted from improvements in services, motivating or retraining the health staff, etc. In a true social marketing approach, it is the *behavior-change strategy* and its impact on practices that is evaluated, along with, if feasible, impact on nutritional status, growth, and health.

Accurately measuring impact requires a baseline survey and a final evaluation survey, ideally in the project area and a control area. This is not always possible due to limitations of budget and/or time and the fact that the program may be national in scope. What should always be possible, however, are monitoring studies of CBC and other related components of the behavior-change strategy, to gauge the extent to which activities are proceeding as planned, how many of various target groups received project messages, how health or nutrition workers, mothers and other target groups feel about them, and the extent to which target groups are changing essential knowledge, attitudes, and behaviors. Attribution of changes to the program can be made by comparing people by their level of exposure to the program.

The key indicators for social marketing are changes in the specific behaviors targeted after the formative research showed them to be both technically appropriate and behaviorally feasible. Secondary indicators concern the key changes in knowledge and attitudes that should facilitate changes in the targeted behaviors. For example, these might include changes in attitudes towards risks previously accepted, new knowledge, the recognition of errors in perception, the acceptance of new models, improved credibility of the health system, increased awareness of responsibility for health, increased priority for health among family priorities, etc. For some of these, it may be difficult to measure significant change in the relatively short time of the project. More sustained projects can measure actual changes in health status, e.g. child growth, rates of malnutrition, and rates of goiter, anemia, or xerophthalmia.

Challenge #6: Making Training of Service Providers and Communicators More Effective

Many nutrition interventions require that people take the time and effort to avail themselves of project services. Although there may be a large component of World Bank project money devoted to technical training, the effects of this training on program quality and impact are often limited, because:

- content is not based on a good needs assessments of required skills,
- methods are too didactic and not sufficiently hands-on or activity-based;
- knowledge, attitudes, and skills included in training are often not reinforced through monitoring, supportive supervision.

Moreover, even if initial job training is well done, it may be insufficient in itself to significantly improve the quality of services to the public; health facilities often lack basic drugs and supplies and are poorly maintained, particularly when funding is scarce. And, health workers require constant reinforcement to change long-held perceptions of clients and roles.

Social marketing considers training to be very important because it can strengthen both technical quality of services and client satisfaction. In marketing terms, training is important for building the "sales force" for the services, products, and concepts need to improve health and nutrition. Since formative research should identify essential knowledge, attitudes, and skills that health workers need to be more effective, including skills in how to treat and communicate effectively with clients, training ideally should be planned and carried out *after formative research* findings are available that can inform about health worker performance and the perceptions of clients.

Training must be task-based. If communication and counseling is a major part of the job, then training must emphasize these skills, not just the technical information. The technical information can be given out in short sessions, for example each month at reporting meetings. However, training on how to counsel requires modeling, practice, feedback and more practice, with continuing confidence-building. Role plays, practice at health centers, and even video-taping are all useful tools in training on interpersonal communication or counseling. Training should also include communication skills related to the specific project materials, e.g. how to counsel using project counseling cards and how to facilitate a group discussion using a project video, cassette recording or flipchart.

Challenge #7: Turnover among Individuals Responsible

The main ministry counterpart(s) may change frequently, they may be a political appointee and/or not appropriate because the ministry has not been able to attract more qualified persons because of low salaries, lack of job security, low prestige, etc. How can the World Bank Task Manager handle the situation when key ministry of health staff are not experienced in social marketing and nutrition and/or when they are replaced during the course of project planning or implementation?

Although there is no way of preventing changes in personnel, the risk or impact can be minimized. The Task Manager can discuss the importance of the staff stability with upper echelon ministry officials and include specific clauses in agreements and contracts. S/he can require close contact between contractors and various ministry staff. S/he can also make recommendations to ministry authorities about strengthening the capability of the institution through ensuring a cadre of stable technical people, possibly by arranging for them to be paid more than the ministry norm, who would stay even if their boss changed. Although such salary incentive is not always sustainable, it may be justified by the rarity of social marketing skills, the few number of experts in social marketing in the

public sector, the critical nature of the development phase, the investment made in staff capacity-building, the large coordination role required, the ongoing relationship that the coordinating person/unit should maintain with the officials throughout and beyond the ministry. The added effectiveness that social marketing can give the overall project makes it worth considering such extraordinary efforts. If staff changes do occur, the Task Manager must do his/her best to quickly orient the new counterpart, not forgetting the conceptual underpinnings of the process.

Another tactic to strengthen project stability is to recommend that the government establish an advisory group to the project. This group can give motivation in the form of training or other recognition to key staff and can provide a source of stable support. It is important in social marketing efforts to build an understanding and skills at several different levels to provide the continuity needed for effective implementation in this relatively new field.

Challenge #8: Finding the Right Funding Level for Social Marketing/CBC

During project preparation, there are so many unknowns that it may be hard to know how to budget the social marketing component. The common tendency is to over-budget on communications materials and under-budget on strategic planning, monitoring studies and mid-course correction. Another tendency is to cut the budget of the social marketing component if the number of materials has not been what was projected or when new program directors do not understand the implications of adhering to the strategy. These tendencies lead to problems, as pointed out by a World Bank staff member (Meera Priyadarshi) after she reviewed this paper: "Even with the best project designs, in large programs such like ICDS [Integrated Child Development Scheme], due to slow start in the first two-three years of the project, hardware components such as civil works and procurement of equipment take over as these goals are more easily attainable. Ultimately what is achieved in the communica-

tions component is a lot of print and media material without any focus on the segmenting of target audiences, media plan, and message or training strategy.”

The budget percentages given in Table 5 show that a little more than half the budget should be in materials development and implementation and that this development and implementation should be spread over a few years, following strategy-building and followed by monitoring and refinement. Because the social marketing planner manages a comprehensive behavior-change strategy, the budget should not be altered blindly. A good social marketing manager will optimize resources, will use the best mix (not necessarily all) communication channels, and will craft materials to fit the strategy. A program that has produced almost every type of communication material with little rationale to support them is a program with no strategy. In this case, it may be better to change the managers than the budget.

