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Mainstreaming social marketing in the WASH interventions of Terre des hommes in South Asia

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The quest of Terre des hommes' (Tdh), South Asia WASH team for a structured systematic process in hygiene interventions seems appropriate through inclusion of Social Marketing (SM) approach. Social Marketing that is also used for influencing behaviour for social gain (in contrast to the corporate financial gain in case of commercial marketing), is also found to be applicable in community mobilization for water sanitation infrastructure sustainability and in the development of appropriate WASH infrastructure features. Further, Social Marketing is also found to be compatible with the logical framework approach of project cycle management. This paper briefs these aspects of Social Marketing along with its major features that are found to be relevant in the plan of Tdh in its application to address the issue of hand washing with soap.

Introduction: need of the shift

Terre des hommes (Tdh) is a Swiss NGO working in development and emergency since 1961 for the protection of children in over 30 countries. It introduced WASH in its health domain less than a decade ago. In the engineering of Water and Sanitation infrastructures (the hardware) a systematic process is followed: survey/assessment followed by design as per the results of the survey/assessment and then implementation with monitoring as per the design. A lack of a structured systematic process for the software part particularly for 'hygiene' gives the space for an ad hoc development and adoption of hygiene related activities. *[hygiene primarily covering promotion for the adoption of safe behaviours in excreta disposal, hand washing, drinking water and others around prevention of faecal-oral WASH disease and promotion of general cleanliness].* Consequently, compared to the hardware results where it is easy to know their status of functioning and use - understanding the status of software results is a continuing challenge. In our review, Social Marketing that uses marketing principles and techniques to advance a social cause, idea or behaviour (Lee *et al* 2011) and which is based on a systematic approach is very relevant in hygiene and other software aspects of WASH.

SM first seeks to understand the barriers that people may face in adopting a given behaviour and then assists the development of plans to help people find relevant and practical solutions to overcome the barriers. In addition to its systematic feature, it has also been found to have other advantages as well, such as: its compatibility with the logical framework approach of project design and management which Tdh follows; applicability in community mobilization for water sanitation facility sustainability; applicability for working in advocacy; applicability in the development of appropriate WASH infrastructure features; and in incorporating creativity. Covering these aspects, the Social Marketing strategy being adopted by Tdh in its hand washing program are briefed below.
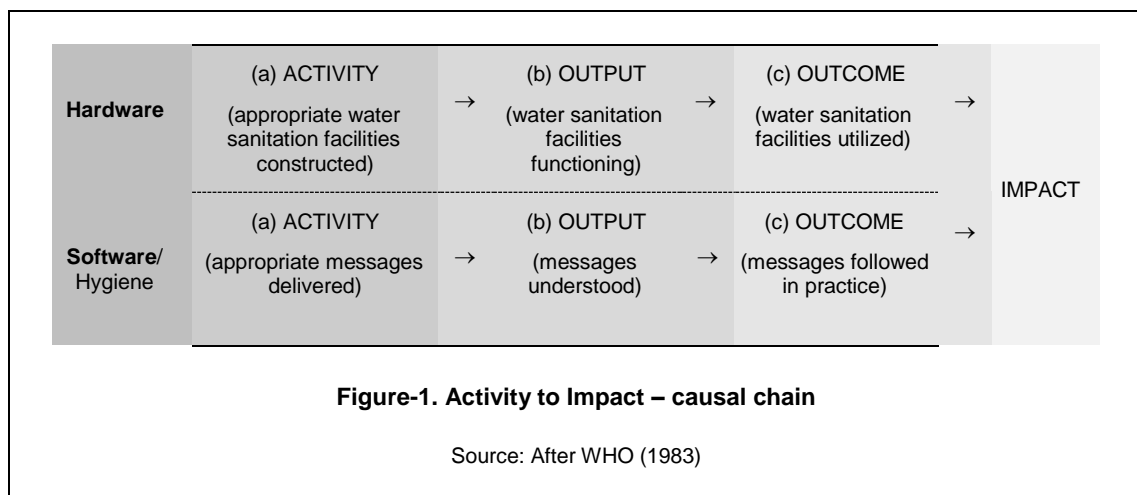
Shortcomings in the traditional method

A combination of best available tools including selected participatory PHAST (Wood et al 1998) sessions, household and community counselling, regular and special events (including street shows) and display have been adopted in hygiene promotion. Nonetheless, despite this, ensuring the effectiveness of such approaches always remained difficult in the absence of a comprehensive approach. Other drawback with these

traditional approaches have been found to be their unsuitability to the implement at scale. Hygiene sessions and activities not evidence and research based following a systematic process tend to be limited to imparting of knowledge mostly with little impact on actual behaviour. It is now established that there are a number of factors other than knowledge that are instrumental in influencing behaviour change. For example under FOAM (Coombes et al 2010), a behaviour change framework for hand washing with soap, knowledge is only one of the nine factors that could be relevant in any given situation. The same is of the RANAS framework, a more general behaviour change framework for health that is adopted in Mosler et al (1993). Similarly under SaniFOAM (Devine 2009) framework, only one out of fifteen factors relevant in sanitation behaviour change is knowledge.

Log frame and Social Marketing (SM)

Figure 1 shows a simplified activity-to-outcome causal chain used in logical framework analysis in project cycle management (PCM). It is worth mentioning here what Tdh PCM team caution while using the term 'causal chain' – that this term should not be taken to mean that the delivery of activities or inputs would on their own - either easily or certainly - lead to the mechanistic achievement of anticipated outcomes. In reality the practitioners are aware that as we move higher along the causal chain (towards the right in the figure), materialization of the anticipated results becomes successively difficult. Whereas for achieving the best possible outcomes choosing the right inputs or activities is important in the first place, the process along the causal chain also needs to be monitored and adjusted - with continuous back and forth learning loops - towards the achievement of the optimum outcome.

	(a) ACTIVITY		(b) OUTPUT		(c) OUTCOME		
Hardware	(appropriate water sanitation facilities constructed)	→	(water sanitation facilities functioning)	→	(water sanitation facilities utilized)	→	IMPACT
Software/ Hygiene	(a) ACTIVITY (appropriate messages delivered)	→	(b) OUTPUT (messages understood)	→	(c) OUTCOME (messages followed in practice)	→	

Figure-1. Activity to Impact – causal chain

Source: After WHO (1983)

The project outcomes in the simplified log frame causal chain shown here in figure 1 such as 'utilization of water sanitation facilities' and 'following of hygiene messages in practice' that are crucial for contributing to the project impact (such as reduction in incidence of diarrhoea) are actually behaviours that are targeted in Social Marketing. And this is exactly where project cycle management and Social Marketing have been found to be coming together with a vital common objective of behaviour change and thus making the process of achieving behaviour change through Social Marketing (where the principles and techniques adopted along the causal chain are well developed) compatible in PCM.

Exercise on hand washing with soap following SM approach

Tdh in South Asia is preparing to incorporate Social Marketing approach on hand washing with soap in its WASH program in the Kurigram District of Bangladesh. Major changes in the current mode of work in the field that would be necessitated by this shift would be on assessment, design and delivery and monitoring of the program.

In the current classical approach of hygiene promotion the initial assessments are generally in the form of baseline and KAP (knowledge attitude and practice) surveys. These surveys primarily seek to assess the status of practice, knowledge and some degree of attitude generally for all the WASH aspects pertinent in the project area – such as all the aspects relevant to water, sanitation, food hygiene, and cleanliness at personal, household and community levels. In contrast to this, with SM approach the assessment in addition

to the general KAP survey will be done with much focus and depth taking one of the behaviours at a time for a specific target group. In Tdh's case the selected behaviour is hand washing with soap before handling food and after contact with faeces; and the target group is mothers and children's care takers in the project area. After the general KAP survey, the assessment will be extended to all possible factors beyond knowledge for the behaviour and target group in question. Called as 'barrier analysis', the assessment basically openly and in depth explores with the target group the reasons perceived by the group to inhibit them from practicing the behaviour in question. Along with this, among the people in the target area that are already practicing the behaviour in question, the assessment also seeks to understand the factors (referred to as 'benefits') perceived to have encouraged and maintained the adoption of behaviour in question. As relevant barriers and benefits for behaviours in question (including how they may be manifested) may differ from place to place due to prevailing socio-cultural, economic and other environmental contexts, a fresh assessment needs to be done in each target area to be able to design subsequent program relevant to the target group in question. Such assessment - in addition to factors from relevant existing frameworks such as shown here in Table 1 - shall also be open to capture any other factors beyond those covered by such frameworks. The factors - shown in table 1 - are those proposed as relevant by Coombes *et al* (2010) and Mosler *et al* (1993) for 'hand washing with soap' and 'health in general'. In case of target group from a larger population where a quantitative survey with representative sample would be necessary, it is important to frame the survey questions to be able to measure the incidence of each of the factors and their intervention potential. A way of doing this is through the use of *likert* scale (by asking to respond to questions on the factors based on the extent to which the respondent agree)[1] (Mosler, H-J 2012).

Table 1. Behavioural factors example		
Behaviour	**Framework**	**Factors**
Hand washing with soap	FOAM	(i) Access/availability; (ii) Product attributes (iii) Social norms; (iv) Knowledge; (v) Social support; (vi) Belief and attitudes; (vii) Outcome expectations; (ix) Threat; (x) Intention
Health related behaviour in general	RANAS	(i) Factual knowledge; (ii) Vulnerability; (iii) Severity; (iv) Instrumental beliefs; (v) Affective beliefs; (vi) Descriptive norm; (vii) Injunctive norm; (viii) Personal norm; (ix) Ability Factors; (x) Self-efficacy; (xi) Maintenance (Coping) Self-efficacy; (xii) Recovery Self-efficacy; (xiii) Action control; (xiv) Coping planning; (xv) Remembering; (xvi) Commitment

While using the current mode of traditional activities in the on-going project until the Social Marketing approach is fully adopted, it is planned to orient some team members in how to incorporate Social Marketing approach following a qualitative approach. In contrast to the quantitative approach done for a larger area, here the team members will be trained to explore with the target group the barriers (also called costs) the non-adopters may be facing and the benefits (potential motivators) perceived by those already adopting the behaviour in question. To be more precise, after the PHAST session on WASH disease prevention (when the participants would be informed on the need to wash hands with soap before handling food and after contact with faeces), discussion will be held during the session and during home visit using open questions such as (Lee *et al* 2011) – (a) what adopting this new behaviour may entail practically; (b) their concerns; (c) if they think they can do; (d) why they have not been able to do this in the past or regularly; (e) why perhaps they quit doing it. The perceived benefits could also be assessed from the same group of non-adopters with open questions such as (Lee *et al* 2011) – (a) what they think they may get if they perform the behaviour; (b) how likely do they think it is that they will get this; (c) what do they really want to get.

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[1] For example, a question on the factor 'vulnerability' under RANAS framework of table 1 with respect to drinking raw/unsafe water can be – how high or low are the chances that you contract diarrhoea when drinking unsafe water? And the response collecting scale range here can be [−2 = very low . . . . . 2 = very high].

When the result of these assessments identify the important barriers (cost) and benefits, the next stage (using the team and communication expert) would involve the design of interventions in line with the theory of behaviour exchange (Lee *et al* 2011). According to the theory, for an exchange (change in behaviour) to take place, target audience must perceive benefits equal to or greater than the costs. Addressing the barriers and benefits perceived by the target group will entail choosing creatively from what may be already available and adapting or creating new ones where necessary following what is called in Social Marketing a 'strategic marketing mix' or (4Ps) consisting of an appropriate blend of Product, Price, Place and Promotion to influence the behaviour in question (Lee *et al* 2011).

The product here - in addition to the tangible objects and services (such as hand washing stations, soap, and water; and aspirational toilet models in case of sanitation) - would also include the feature of the behaviour (such as how to wash hands) and the benefits the target audience value. Price can include monetary costs (such as cost of soap, water and hand washing station), monetary incentives (such as discount coupons for hand washing station for the poor), monetary disincentives (such as fines), non-monetary incentives (such as public recognition), and non-monetary disincentives. Place, that is also referred to as the delivery system or the distribution channel includes where and when the desired behaviour is performed and the program related tangible goods and services that can be acquired. Promotion here would include communication strategies through the combination of messages, messengers and communication channels including innovative slogans and taglines –brainstorming and testing during their development as necessary. And for promoting these finally in the community, there are a number of established tools in community based Social Marketing (Mohr 2011) to choose from such as – (a) receiving commitment in public for the behaviour; (b) building community support by addressing the social norm in favour of the behaviour in question including mobilizing the influential others (Lee *et al* 2011) who the target audience listen to and follow; (c) speeding the adoption of behaviour through social diffusion; (d) assisting in remembering through prompts; (e) enhancing motivation to act through incentives; (f) and making the behaviour and associated actions convenient.

SM for hardware sustainability and advocacy

With regard to the use of Social Marketing for the mobilization of the community for the sustainability of WASH infrastructures, especially in case of large number of water points such as dug wells or tube wells, our observation is that it would be best in such case to work initially with some selected (such as interested and innovative) committees. We would discover the barriers and benefits first and then work with this group based on the behaviour exchange theory and strategic market mix of the four Ps (Product, Price, Place and Promotion), to develop, test and come up with the best possible interventions. The interventions then could be extended to the wider area for broader promotion most cost effectively using appropriate community based promotional tools such as social diffusion.

According to the 'stream' concept (explained in Lee *et al* 2011), out of the three streams such as – downstream, midstream and upstream, whereas working downstream and midstream respectively mean working with the target group and the influential others (such as friends, family, neighbours, healthcare providers); working upstream means to influence factors for environment conducive to the behaviour in question such as law, enforcement, public policy, built environment, school curricula, community organization, business practices, and the media. In line with this 'stream' concept working upstream using the structured SM process has been found to be synonymous with working for advocacy.

Concluding remarks

As highlighted in the paper, we in Tdh see a clear advantage in adopting Social Marketing approach in our WASH interventions. Though its incorporation requires the development of a comparatively higher level of skills in research, communication, M&E, and overall programing, the benefit this may bring about in terms of better project outcomes appears to outweigh the additional costs. SM based approach for us could emerge as the best way of professionalising our whole software approach in WASH with potential for its extension to other domains beyond WASH (such as to health and child protection).

However a sudden change to SM approach from a traditional approach may not be easy always. In such situations it could be initiated by following a softer and qualitative approach in a small scale through mobilization of a part of the team for the adaptation of the current approach towards a SM approach. As highlighted in the paper this could be done in the form of follow up actions to existing knowledge delivery targeted activities by assessing qualitatively the barriers to the adoption of expected behaviours and then

addressing the barriers with SM tools. Sharing the outcomes of such exercises and other advantages of SM highlighted in the paper (such as its compatibility with logical framework approach, its applicability in community mobilization for hardware sustainability and in appropriate infrastructure development, in addition to its systematic and comprehensive features), we believe, would then help in better advocating for its broader application.

Acknowledgements

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