SOCIAL MARKETING AND
WATER SUPPLY AND SANITATION:
AN INTEGRATED APPROACH

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SOCIAL MARKETING AND WATER SUPPLY AND SANITATION: AN INTEGRATED APPROACH

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by

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EXECUTIVE SUMMARY

Social marketing offers a comprehensive approach to integrating improvements in water supply and sanitation with the behavior change necessary to make these technologies effective in improving public health status in developing countries. Social marketing is a relatively new methodology adapted from commercial marketing. It has been used in, among other things, seat belt and anti-smoking campaigns and in the promotion of contraceptives, improved nutrition, and oral rehydration therapy. Clearly, marketing strategies cannot solve every water and sanitation-related health problem. However, as a planning and implementation methodology for integrating technology (hardware) and behavior change (software), social marketing can be very effective, and its consumer orientation complements health education and community participation efforts.

Few private corporations would attempt to sell services or products—whether they be jet aircraft, washing machines, or soft drinks—without first determining whether there is a demand for them and, if so, in what form they are most useful and appealing to the consumer. Only after careful market research and lengthy negotiations with local sponsors, retailers, or distributors would the service or product be launched.

Applying this same concept to social services for specific audiences, social marketers determine the four Ps of an appropriate "marketing mix"—product, price, place, and promotion. What services and products are likely to sell and in what form, for how much, and where? And what are the appropriate messages for promoting the product or services? Instead of offering what the sponsors perceive as health-giving, the product is developed with the consumer in mind and is based on his or her perceptions of product efficacy. The product becomes the variable and it is up to the marketers to fit the product to the consumer.

In water supply and sanitation projects the products might include improved water systems, latrines, soap, covered water storage vessels, clothes lines, or dish drying racks. The "purchasing" units for each will vary accordingly, from entire villages to households to individuals.

There are six stages in the circular marketing process—analysis; planning; developing, testing, and refining plan elements; implementation; assessing marketing effectiveness; and making mid-course adjustments. Initially, the target audience is studied very carefully, including its numbers, demography, age structure, social organization, cultural and religious practices, economic stratification, needs, and wants.

For water supply and sanitation basic questions about target audiences would include: How many neighborhoods or villages have adequate water supplies? What sources are currently used? What do people perceive as "good" and "bad" water? What are reasonable criteria for "adequate" water supply and sanitation? Do these criteria differ between men and women? How much do people pay now for water—in time spent fetching it or in monetary terms if
they purchase from vendors? How do men perceive latrines? As status symbols or as conveniences? Do women perceive them the same way or differently? Are people willing to pay for the installation and maintenance of improved water systems? How much? For what type—improved open wells, handpumps, or gravity-fed systems?

When these data are collected and analyzed, an overall marketing plan is developed. Based on analysis of the initial data, the audience is segmented into discrete units with common characteristics, i.e., housewives with responsibility for hauling and using water or all able-bodied adults who might be available to help construct a water system. Depending upon project objects, products and messages are developed for the relevant segments and then tested among representatives of the target audience. This testing includes the price consumers are willing to pay for the product and how far they are willing to go to get it. During testing, products, messages, and, sometimes, prices are modified as necessary, refined, and retested until they are understood and acceptable to members of the target audience. Then and only then is a product or service introduced. The activities are then carefully monitored, modified, and assessed in a continuing process of program planning and management.

Some of the initial problems in applying a social marketing approach to water and sanitation are likely to include a lack of understanding of the concept among responsible institutions and difficulties in bringing together engineering, promotion, health education, and other marketing activities as part of a single program. However, experience with social marketing in other sectors indicates that with careful preparation and planning these difficulties can be surmounted and that social marketing offers a valuable approach for solving problems in water supply and sanitation that are related to behavior rather than technology.
Chapter 1

INTRODUCTION

- A five-year rural child nutrition marketing program in Indonesia resulted in improved nutritional status among 40 percent of the children in the target population, an average weight gain of one kilogram, and better growth rates after five years of age.

- A three-year water supply and sanitation communication and health education program in Honduras resulted in 75 percent of the target population adopting two of the four practices promoted in the program, including covering drinking water vessels, covering latrines and keeping their surroundings clean, using ladles to dip from storage vessels, and contributing money to maintain the water supply systems.

Evidence from the developing world indicates that improvements in water supply and sanitation projects do not result in benefits to health through the introduction of technology alone. If water supply and sanitation interventions are actually to improve public health, two additional ingredients are essential—well developed health education activities and the full participation of the community to be served. Only when accompanied by the right mix of such "software" can technology improve a community's health.

Water supply and sanitation technologies must be appropriate for and desired by the people whom they are to serve and must be properly used and maintained by the community. Donor organizations, sponsoring agencies, and project managers must therefore find effective and economic methods of determining which technologies, products, services, and messages are likely to be used successfully. They must, in short, adopt a consumer orientation.

In the wider world of business, international development, and public health there is also a growing recognition that a customer orientation is essential. Business organizations have discovered that to succeed in increasingly competitive markets they must consistently meet or exceed customer expectations. There is growing support for the idea that the purpose of business is to create and keep customers—and that profit is the reward for doing this efficiently. Development organizations are also coming to recognize that programs built around consumer perceptions, needs, and wants are likely to be better received by prospective beneficiaries and actually be more beneficial than programs designed and managed exclusively from the top down. The consumer oriented approach to behavior change is proving successful in family planning, nutrition, immunization, and oral rehydration therapy in developing countries and in cancer detection, smoking cessation, the use of seat belts, and the prevention of heart disease in industrial countries. This consumer orientation is at the heart of "social marketing."
1.1 Marketing to Solve Social Problems

Social marketing is "the application of commercial marketing techniques to social problems" (Ward 1986). Social marketing is a systematic process of research, analysis, testing, monitoring, and follow-up to determine consumer perceptions and preferences for products and services. From this process the appropriate "marketing mix" is determined—in other words, what products and services are likely to be purchased and/or used, how much consumers are willing to pay for them, where they should be offered, what promotional messages should be disseminated through which media, and what is required to reinforce service and product use over time. Product, price, place, and promotion are the four "Ps" to be considered in the marketing mix.

1.2 The Social Marketing Rationale

It is established practice for a commercial firm selling a manufacturing plant, a jet aircraft, a household appliance, or a cake of soap to first determine consumer acceptability, technical feasibility, and profitability of the goods or services it is planning to offer. Customers may include the board of directors of local companies, government ministries, households, or individuals. Whatever the target market, a new product is generally launched only after rigorous market research and analysis and long and arduous negotiation with governments, contractors, and subcontractors. There will be follow-up and monitoring and, if necessary, modification of the product or service to assure continued sales.

With regard to improved water supplies, sanitation, and hygiene, the water system itself is "sold" to a community which is responsible for its operation and maintenance, a latrine to a household, and a dish drying rack or cake of soap to an individual consumer. Each level requires the introduction of a new product or service and the desire of the consumer to use it and to use it properly. Whether it be commercial or social marketing, the process for arriving at the appropriate mix of product, service, and message is the same.

The effectiveness of the commercial enterprise is measured by profit, and the effectiveness of improved water supplies, sanitation, and hygiene would ideally be measured by change in behavior or a community's ability to use the experience gained with the water system to support additional development projects for their community. In addition, there is growing evidence in the developing countries that people are willing to pay for goods and services that were once free of charge (if these goods are available on demand). This includes, among other things, the purchase of water supply and health services. Furthermore, if such goods and services continue to meet the needs of the client population they should become self-supporting and therefore locally sustainable.

1.3 Effective Social Marketing for Health

1.3.1 Behavior Change and Nutrition in Indonesia

In 1977-82 Indonesia's Ministry of Health used social marketing techniques to improve the nutrition of children under two and pregnant and nursing women through the AID-supported Nutrition Communication and Behavior Change Project developed and implemented by Manoff International. The program reached 40,000 households in three provinces through newsletters, posters, flipcharts, brief radio messages, and the efforts of 2,000 volunteer nutrition workers. After extensive preliminary research to determine the appropriate message and media strategies, mothers were taught about food quantities, balanced diet, and improved breast-feeding and weaning practices.

A 1986 evaluation of villages from the target area showed three significant positive results. First, parents gave their children more of the foods recommended in the message. Second, the children had higher intakes of protein and calories, and 40 percent had improved their nutritional status. Third, the children had better growth rates after five years of age, and at 23 months weighed an average of one kilogram more than infants from other villages.

1.3.2 Communication, Community, and Health in Honduras

In 1981 the Academy for Educational Development helped the Government of Honduras design a health-communications program for rural communities as part of the AID-sponsored Water and Sanitation Project (PRASAR) in Honduras. The project included wells, latrines, small aqueducts, and sewer-disposal systems and had a three-fold purpose: to reduce waterborne disease by improving rural systems of water supply and sanitation, to encourage the residents in the proper use of sanitation systems, and to change water-use and excreta-disposal habits through health communications.
The communications component used mass media, person-to-person instruction, and courses in primary school to teach new water and sanitation practices. It also trained public health counterparts in training, planning, implementation, and evaluation of the new communications methodology and emphasized detailed, repetitive audience research; coordination and integration of printed materials, broadcasts, and face-to-face instruction; and creative solutions that broke with tradition. The primary targets were rural families in towns with fewer than 2,000 inhabitants, engineers and health promoters who worked with the project, and rural primary school teachers. The program reached nearly 300,000 people through mass media and printed materials, including 80,000 through face-to-face contact with promoters.

The target audience was segmented into subgroups (teachers, school children, health personnel, organized groups, heads of families, influential persons within the communities, volunteers helping construct the systems, and the general audience of radio listeners and others reached by mass media). Messages were specifically designed for each subgroup. Printed material included student comic books and teachers' guides, flipcharts, and posters. Health workers and community leaders were trained to continue the project without external support.

A December 1983 evaluation found that 75 percent of the target population practiced regularly at least two of the four basic behaviors the project was promoting— including covering drinking-water vessels at home, covering latrines and keeping their surroundings clean, using ladles to dip water from storage, and contributing money to maintain rural water supply systems (Vigano, 1985).

1.4 Caveats and Challenges

Social marketing derives from commercial marketing but differs from it in several ways. The marketing of commercial products does not usually involve sustained change in consumer behavior (apart from brand switching), whereas the "products" of social marketing are more complex and usually require significant behavior change. The Coca-Cola tastes good. The shampoo leaves one's hair shining. However, putting on a seat belt is effective only if one is exposed to a very unpleasant incident which in the consumer's mind isn't going to happen anyway.

In the same vein, a mother in a developing country takes her baby to the clinic to be treated for diarrhea. In the past the baby was rehydrated intravenously, an "instant cure." The mother is told, however, the most effective cure is oral rehydration solution. She is probably already overworked and tired and now she must mix the salts properly, give the solution slowly over perhaps two days to a depleted or cranky baby, and, though the dehydration may be reversed, the diarrhea may persist which is the symptom she wants "cured" in the first place. She often does not even know what dehydration is or how serious it is.
Another difference is that commercial marketers tend to focus on middle or upper income audiences, while social marketers working in development and health tend to focus on audiences with the greatest need. And those with the greatest health needs are the poor—the least literate and the least likely to understand the connection between poor sanitation and illness or to have any extra resources, either time or money, to devote to health. Nor in most instances do the poor have ready access to health services. Communicating with the poor and less educated from different cultural, religious, and economic backgrounds therefore presents a special challenge.

And finally, the levels of expectation for social marketing are often unrealistically high compared to those of commercial marketing. For instance, if a ministry of health launches a campaign to reduce infant mortality and at the end of six months can demonstrate a decline of a mere two or three percent, the program is subject to criticism. An American shampoo manufacturer, on the other hand, is jubilant when a campaign of the same length reaps a two or three percent increase in sales (Saunders and Smith, 1984).

Nevertheless, social marketing works—it has considerable potential, as yet untapped, for effectively reaching disparate populations in developing countries with messages and services.
2.1 The Marketing Concept

At the core of marketing is exchange—the exchange of some product or benefit for something else of value (money, labor, time, political support, etc.). Marketing, then, is really about the creation and shaping of exchange processes, including perceived costs and benefits. The marketing transaction succeeds when each of the participating parties gets at least as much out of it as they put in.

2.2 Marketing Strategy for Water Supply and Sanitation

There is a general body of theory, knowledge, and practice that cuts across all marketing—industrial and consumer products, business and non-profit organizations. But the marketing concept offers no rigid guidelines for how an organization should operate at any given time or place. Different types of markets and different types of products and services call for different marketing strategies.

The various products, services, ideas, and behavior which together comprise the offerings of integrated water supply, sanitation, and hygiene education projects are quite diverse. This diversity is the starting point.

2.2.1 Water Supply and Sanitation: The Product Mix

Community water supply systems can be viewed as a form of capital equipment, a product category which includes goods such as heavy machinery, heating plants, and forklifts. Like other customers in the capital equipment market (factories, government agencies, etc.), the customer for community water supply systems is an organization. Latrines, on the other hand, are more like consumer durables (i.e., washing machines) and their major customers are households and families. However, the products, messages, and behavior which are central to hygiene education have more in common with consumer package goods—particularly personal care products such as beauty products, soaps, etc.—and the market for these products is made up of individual consumers.

These three very distinctive product lines offer different features and benefits and each has a potentially different market. For each, the buying process follows a different course.
The features, benefits, and buying process characteristic of each are as follows:

**Product Features**

The technical complexity and the number of constituent components are greater for water supply systems than for latrines, and the array of products and services in the sanitation line are more numerous and complex than those used for personal hygiene. Water supply systems require, in most cases, outside engineers to locate and drill boreholes, install pumps, and supervise the laying of pipes. Latrines can usually be built by local contractors using local materials. To ensure their use, however, people need to express preferences (color, style, etc.). Improved hygiene requires even less in the way of technical supports; the products and behavior involved are fairly simple—though this is not to say that effecting the desired behavior change is quick or easy. It is important to note that the single most important thread running through this entire process is the support and accord of the users, i.e., the community as a unit, as a cluster of households, and as individuals.

**Product Benefits**

A product feature is something inherent in the product or service that makes possible and supports the benefit. The benefit exists independently of and apart from the product or service being provided. Benefit is dependent on its being recognized as such and the willingness of the users to change their behavior. Changed behavior is dependent on belief which tends to act as a stumbling block for such change. These are basic but important distinctions. Product features may be obviously beneficial and persuasive to the supplier, but in the end, it is the customer's personal perception and desires which determine why he or she buys the product.

Improvements in water and sanitation offer consumer benefits not directly related to health, and these other additional benefits may be far more attractive and more immediately rewarding to consumers. However, because they are not directly related to health and may have more to do with convenience or social status, they are not always recognized as benefits by project planners. In ignoring the consumer's perspective major marketing opportunities may be lost. The more complex the product, the more likely this is to occur. Whether in the industrial marketplace or in development, an excessive focus on the engineering and technical dimensions of the product can become the major barrier to a true marketing orientation as sponsors may be less flexible in responding to customer needs and preferences and may try to change the customer to fit the product. Contrary to this, for successful marketing, the preferred course in product development is to start with the customer and this means that the product is viewed as a variable rather than as a given.

Though governments and donor organizations have traditionally justified investments in improved water supply on health grounds, users often see time savings as the primary benefit. Freed from the burden of hauling water long distances, rural women have time for other activities. Increased quantities of water may also mean new opportunities for generating income through
gardening, raising small animals, and other forms of productive labor. Improved sanitation has also been widely viewed as an investment in public health, but once again the specific reasons for a family agreeing to install and use latrines has very rarely been based on health status per se. When customers decide to purchase a latrine or upgrade to a flush toilet they are often motivated by convenience, privacy, and status rather than by considerations of health. Improvements in personal hygiene—through more frequent washing, the use of soap, and the appropriate storage and protection of water—may be motivated by a desire to prevent illness, but other benefits may be just as important including, for example, an increased sense of self worth, social status, or personal attractiveness.

Yet water supply and sanitation projects are not in the business of helping people feel more attractive or socially important—they are for the purpose of public health. And so it goes against the grain of the sponsors of such projects to promote what are intended to be health interventions as something else, even though this something else is what customers really want.

This failure to distinguish between the customer's view of a benefit and the advertiser's or manufacturer's view is one of marketing's most common mistakes and is also common in public health. The seller or health promoter may be so enamored of his product's unique attributes because they are what distinguishes his offering from the competition's, that he mistakes them for consumer benefits. Or the seller may intentionally discount the customer's point of view, for it is part of what needs to be changed. For a program to be successful, the consumer must be satisfied and a successful marketing strategy must bridge the gap between "buyer" and "seller."

The Buying Process

Buying behavior also differs for each line of products. Because the customer for water supply systems is the community, buying behavior tends to involve many persons interacting in the context of a formal organization. As a result the decision-making process leading to purchase is often protracted and more highly structured—though not necessarily more rational—than in consumer marketing, and negotiation between buyers and seller is also more drawn out and complex. The actual sale of the product may also cement a much longer term buyer-seller relationship that includes periodic consultation, servicing, and continued technical assistance.

The purchase of an individual latrine involves a family, a couple, or an individual householder, and because of this, the buying process tends to be less protracted and convoluted. A latrine is still a relatively big investment for an individual household, however, and generally the decision to purchase will come only after consultation, the weighing of alternatives, if there are any, and careful budgeting.

Hygiene education or "promotion" is directed at both the community and certain groups in the community. But here, the focus is on the individual behavior change.
To sum up, the products and services provided through integrated water supply, sanitation, and environmental health projects range from capital equipment marketed to organizational buyers, consumer durables marketed to households, and health behavior marketed to individuals. To develop a single, overall marketing strategy for such a diverse and complex marketing mix, one must focus on the common threads tying them all together.

First, the health impact of clean water, improved sanitation, and hygiene education is diluted if any of the three are missing. As health products, then, they do form a synergistic package. This does not mean, however, that improved water supply and sanitation should necessarily be promoted on the basis of their health benefits, particularly when consumers value them for other reasons such as time savings, convenience, and social status. It does mean that as long as the fundamental objective is to better the health of rural communities the offering should be designed and presented in such a way that it will be taken up and used and used effectively. It is necessary to strike the right balance between what is good for the community, from a public health standpoint, and what the community wants.

2.2.2 Strategies for Matching Products and Markets

The integration of water supply systems, sanitation, and hygiene education within a marketing framework requires a conceptual shift toward an expanded view of the product as a bundle of consumer values and benefits.

Marketing professionals and health educators have, over the last 10 or 15 years, worked closely and successfully together in a number of areas. Health educators are coming to view their products in much the same way that marketers view theirs—as integrated packages of goods, services, behaviors, and relationships. The emphasis is upon matching products and customers, of offering the right product to the right customer. In some contexts this may mean the whole water and sanitation package. In others, only part of it. Whether health communications, hardware engineering, or community organization will receive the greatest attention will depend largely on local conditions and objectives, but the basic marketing process remains the same. Consumer research and analysis identify problems and opportunities; market segmentation leads to product and message development; and the effective matching of markets and products is always guided by careful attention to the consumer.

2.2.3 The Marketing Process

The marketing process is iterative with the last step feeding back in a continuous cycle and is divided into six steps:

1. analysis
2. planning
3. developing, testing, and refining plan elements
4. implementation
5. assessing in-market effectiveness and
6. making mid-course adjustments.
The Marketing Process

1. **Planning**
   - **Analysis**
   - **Develop, test, refine plan elements**
   - **Implement**
   - **Feedback to Stage 1**
   - **Assess in-market effectiveness**

2. **Objectives**
   - Marketing Strategies
   - Marketing Mix
   - Action Plan

3. **Products**
   - Concepts
   - Components

4. **Distribution**

5. **Price**

6. **Communication**
   - Concepts
   - Messages

Program Testing, Training

Feedback to Analysis

Execute Action Plan
Monitor Marketing Progress
Monitor Institutional Performance

Review, Synthesis
Program Revisions
Feedback to Analysis

Consumer Response
Community Response
Professional Response
Communication
Sales and Financial

Market Analysis
Consumer Analysis
Institutional Analysis
The six stages are designed to take into account audience wants, needs, expectations, and satisfactions and dissatisfactions to utilize an integrated marketing approach and marketing mix; and to continuously track target audience and market response.

**Step 1: Analysis**

In this initial step three broad areas are examined: the market, the consumers (or prospective beneficiaries) who make up that market, and the organizational context and structures within which the offering is to be made available.

**Market Definition**

Development projects and organizations generally are given their operating mandates before entering the marketplace, though these may be defined only in general terms and are subject to change. The market will be defined, then, within the boundaries of the organization's "business." This entails making quantified estimates of the current and projected size of the market. How big is it? How many neighborhoods or villages have adequate water supplies and sanitation? What sources are currently in use? What do people perceive as "good" and "bad" water? And, of course, within a specific market, what are reasonable criteria for "adequate" water supply and sanitation? What are the government's plans for the sector? How do they propose to implement sanitation programs based on behavioral change? Which ministries or organizations will be involved?

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<td>♦ what is the reaction to the concept/product being presented?</td>
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<td>♦ what resistance points are there?</td>
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<td>♦ what do they use for water and sanitation?</td>
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<td>♦ what media reaches them?</td>
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<td>♦ are they willing to pay?</td>
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high in some regions and low in others and how does this distribution correlate with the levels of water availability and usage and existing forms of water supply? If, for instance, the water project covers only a certain geographic area in a guinea worm endemic country, are uncovered communities likely to re-introduce the disease into the communities with improved systems?

Distribution channels also fall within market definition. It is important to know how the current market is structured, i.e., how are spare parts and equipment reaching communities? How are educational materials being distributed? How and where are training programs being conducted? These access or distribution channel strategies will later be an important part of the marketing program.
The final element of the market analysis is an assessment of the local resources which can be drawn upon in implementing marketing programs. Are market researchers available in either the public or private sectors? Where is the engineering expertise? Who can handle communications? Printing and packaging? Distribution? What other programs are involved in similar or complementary projects? Are there any other development projects one can draw upon to share resources?

**Target Audiences**

In analyzing the target markets or audiences, the following should be examined:

Who are the end users or project beneficiaries, the primary audience? Who influences them? One might consider water committees and/or associations and their channels of communications to the village community, specifically to women and other child caretakers. Sometimes, such committees already exist, other times they need to be formed.

What is the demography of beneficiary populations? Population characteristics worth examining include gender, age structure, occupation, income, education and literacy, social class, family size and life cycle, religion, residence, and ethnicity. Such demographic data help determine levels of service and channels for behavioral change. It is not uncommon to find in some village communities that the elites would have access to project staff and thus would request a much higher level of service than the rest of the community can support. Community standpipe or house connections might be requested where only handpumps and hand-dug wells can be realistically supported by the community.

What are the cultural, psychological, and behavioral characteristics of target audiences? In some village communities, religious groups live in a specific part of the village. Moslems in one part, newly converted Christians in another, and animists interspersed among both. In some cases where only one water system was possible and these differences were not taken into consideration, the systems have not been used.

Target audience analysis must also consider the buying organization, the "buying center," as well as individuals involved in the buying decision. The buying center is the group within the buying organization that actually decides to purchase. In some cases the buying center may coincide with a formally organized grouping such as a village water/health committee, a council of elders or a group of village elites, but in many, if not most, instances the composition and the interpersonal transactions characteristic of the buying center may be difficult to pin down. As mentioned above, they might constitute water/health committees or committees of village elites.

**Institutional Analysis**

The third broad area of marketing analysis concerns donor or sponsoring organizations which are directly or indirectly involved in the market. In the water supply and sanitation sector this is of critical importance. Different
ministries are often responsible for different aspects of the same program. Urban water might be the responsibility of one institution and rural water of another. Sanitation might be the responsibility of the ministry of health, while community agents are drawn from ministries of rural development, social affairs, or women's affairs. Which organization is responsible for various components? Do they have the financial, management, and staff resources necessary to mount an effective marketing program? The next step is to determine the size and scope of those resources which can actually be committed to the program so that program planning can proceed realistically. An effective marketing strategy requires both an honest assessment of the organization's strengths and weaknesses and good information about customer needs and wants.

**Mission Statement**

Analysis of the marketplace, target audiences and organizations, and institutions influencing the market should lead to a clear articulation of a water supply and sanitation project's fundamental mission. Frequently a project will fail because it has not decided exactly what it wants to do or be. What is the fundamental mission of water supply and sanitation projects? Is it an improvement in the water supply and sanitation infrastructure as measured by the number of wells dug and pumps installed? Should sanitation be included? Is the mission an improvement in community health through the reduction in waterborne diseases? Or is it to increase the capability of the community, through participation in community-based water projects, to participate in the development process? The mission statement specifies what the organization wants to achieve but not necessarily how to achieve it. Yet, only on the basis of a clear understanding of its mission, can a project set its objectives.

**Step 2: Planning**

The planning phase should result in specific blueprints for action. They must be clear and they must be viable. Perfunctory planning should be avoided. Ideally, a set of plans should be so well conceived and clearly expressed that they could be followed by another project team having nothing to do with the analysis and planning process. The most successful approach to involving the community in the planning process is through its participation in problem definition and solving. While the content will vary from one community to the next, the process which project staff will follow can be standardized. The end product could be a village-based health plan, with the commitment of the community to meet at certain times to carry out certain activities.

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Setting Objectives

Once the project mission is clear to the different organizations and to the community, specific marketing objectives can be identified. This is not always easy. Objectives must be realistic, even though it is tempting to overstate behavior change goals or promise more than is realistically possible. The goals must also be measurable. One way of accomplishing this is to use cumulative goals whereby end goals are preceded by interim goals.

In the water supply and sanitation sector the objectives must be clearly defined and measurable. This could be, for instance, in terms of a specific goal such as a measurable increase in the number of people covering household water jars or the number of people using special utensils for dipping into the well or an increase in the knowledge and ability to use old and new water sources, the number of people with soap in their kitchens, or the numbers of people owning and using latrines.

Planning Components for Effective Social Marketing

Adapted from Vigano, 1985.

In addition to being realistic, marketing objectives must be ranked. Not all objectives are equally important, and some things must be achieved before others. Available resources also limit what can be achieved, so it is important at this point to link objectives to budgets.
The identification of measurable, well-articulated behavior will also be important to assess overall project performance both in mid-course and nearing completion. Mid-course corrections are to be anticipated. If quantified objectives are to have any relation to reality, however, they must be based on an adequate data base—for example, sound estimates of how many existing water supply systems actually work, existing water sources, existing water-related behaviors, waterborne disease prevalence, and people's perception of reasons for such diseases.

Marketing objectives should also be consistent over time. This is especially important in social and health change projects. Projects which revise their objectives too frequently may disrupt the continuity necessary to move consumers beyond awareness, interest, and trial to acceptance and sustained and effective use. Based on formative research, marketing objectives may need to be revised.

Market Segmentation

Segmentation, or grouping consumers into categories according to what they seek, allows program planners to focus their efforts on specific priority segments, thus avoiding the risk of spreading program resources too thinly. It is very rare that a water supply and sanitation project can provide different water systems to different segments of the population, i.e., house connections to elites and handpumps for the rest. Segmentation involves tradeoffs, however. In the context of development and public health, it often means making difficult decisions about which groups to focus on and which will benefit from spillover effects of messages. (For this reason, a thorough, comprehensive, and well-planned community approach is absolutely essential.)

Markets can be segmented in any number of ways, but a good place to start is with criteria directly related to product demand and usage. Rural communities might be segmented into three groups: villages which do not have year-round access to water supplies, villages which have reasonable access to water all year, and rural towns where improved systems are already installed.

Which of these segments should be given priority? If the emphasis is on increasing communities' access to water, then the first and third groups would have high priority. But in the first group the more direct benefits of water supply will come in terms of reduced drudgery and not necessarily in terms of better health.

The Four Ps of Water Supply and Sanitation

Product: Once objectives have been set and audiences segmented, strategies can be devised for each element in the marketing mix. The first of these is the product. An important decision is determining product positioning. This involves a careful study of market segments in order to select a viable niche in which to locate the product. The product should be positioned at some point on the spectrum of what the audience wants. For example, latrines might be important for men for different reasons than for women. For men, the appeal might be status, for women it might be improved health for their children. For water systems the concerns for women might be time savings, for men financial costs. Positioning has to address resistance points which should be uncovered in the formative research phase.
Other product strategy decisions involve carefully selecting appropriate characteristics for the offering. In the case of potable water, for example, some communities perceive the taste of chlorine as offensive and thus refuse to use it. Others perceive the taste of chlorine as medicinal and therefore "strength-giving."

**Place:** Distribution strategies are also part of planning the marketing mix. The regular movement of products from a storage area to the point-of-purchase may include the use of commercial distributors, project personnel, or a combination of these or other systems. Considerations may include warehousing, security, insurance, inventory control, transportation logistics, scheduling, compensation arrangements, and verification. Issues around the operations and maintenance of water systems will require attention in above mentioned areas, i.e., are tools for systems repair available? Are spare parts to be available through distributors? Should all repairs be undertaken by the community? Should government or private sector provide service of systems? How about cement for building latrines? Or soap, or wood to construct dish racks?

Another aspect of distribution strategy is to determine the outlets in which products will be made available to consumers. Water and sanitation planners must balance consumer accessibility and distribution costs.

**Price:** Perhaps the most difficult strategies relate to price. What consumers are willing to pay for a product or service presents very real research problems and usually requires actual test marketing. Perceptions of price/value may be assessed via survey research or through quasi-experimental designs, but there appears to be no real substitute for in-market, "real world" experience. Price strategies must be constantly assessed. Here, one needs to make communities aware of the on-going costs associated with improved services. Similarly, water vending and the willingness of communities to pay for water must be factored into the approach.

**Promotion:** The communication strategy is based on the earlier stage of analysis and the promotional message should tell the target audience what it can expect, why it should believe what the message promises and the specific action it must undertake. The tone or image to be conveyed over time should be carefully determined. Often, one finds that women in the community are quite aware of changes in behavior required to improve their family's health and well-being. However, frequently government-sponsored messages are given by authoritarian figures in the capital, e.g., doctors or political leaders, in language which is not understood locally. It may therefore be necessary to provide additional input to complement messages with personal interaction or to find different spokespersons.

An effective communication strategy should be clear and it should be simple, with a minimum of ideas and directions (i.e., it should cover what will be communicated and give close attention to how).
Many different communications channels should be examined. The choice of media can be crucial. In one example from Thailand, mass communication had limited effect because personal face-to-face communication is very important for persuading people to change behavior (see WASH Field Report No. 210, Hygiene Education Strategies for Region 1 for the Ministry of Health in Thailand). Another example comes from Cameroon. An initial survey in the project area showed that all families have and use radios, but it did not indicate which station people listened to. Subsequently, radio messages were developed and aired on Radio Cameroon. However, follow-up investigation showed that communities listened to nearby Radio Nigeria.

When the marketing plan is finished and has been reviewed and approved, all the components of the marketing process are integrated into a single detailed course of action. This action plan is the blueprint for everything that follows.

The Four Ps

Adapted from Furst, 1985

Step 3: Development, Testing, and Refinement of Plan Elements

The first steps in executing the action plan occur at Step 3 of the marketing process. Here, the elements in each of the four components of the marketing mix are developed and tested and the program is refined.
The initial step in this stage is the development of the product concept for dissemination and testing. The concept is the underlying idea for positioning new products or repositioning established ones in relation to target market wants, needs, and expectations.

In the commercial product field, a product concept might be:

"a hair conditioner that keeps your hair looking beautiful all the time, because you can use it anytime--when you shampoo and between shampoos."

In developing a water and sanitation program in a developing country, market and institutional analysis and product strategy development might lead to this example of a product concept:

"Our pump is our responsibility for our health."
(motto from USAID-funded Togo Rural Water Project).

It is important to carefully formulate the type of service (with cost implications) and test product concepts before full program development. Testing at this stage is usually small-scale and is designed to determine market interest and to remedy any weaknesses that are uncovered.

Product concept tests are designed to assist in screening the number of possible product alternatives or to evaluate the "goodness" of a product idea. Product concept tests usually explore what the concept statement communicates to consumers, how meaningful and relevant the information is felt to be, how unique, important, and believable the statement is about the product, the consumers' specific likes and dislikes about the product, and the consumers' interest in buying or trying the product.

Test Program

- test market
  - promotion evaluation
  - distribution run-through
  - product test
- run training sessions
- hold classes
- pilot test latrine, peoples' behavior at water source.

A second aspect of product development is the creating and testing of products or their components. It may mean the development of a family drinking water source to complement the community source, e.g., water jars and rainwater catchment. Other hygiene-related practices might be the introduction of clotheslines to decrease skin diseases and dish racks to decrease contamination of eating utensils or the sale of water filters in guinea worm endemic communities.

Promotional messages are also developed and tested at this stage. They may consist of graphics and verbal and written phrases and may include a slogan. Pretesting at this stage can lead to the elimination of ineffective or unacceptable messages and products, and the emergence of messages and products that appear to have the most potential. Sometimes variations or entirely new concepts emerge from respondent reactions.
Once the concepts with the most potential have been prepared, pretested or refined, entire messages can be created. These may be full radio announcements, booklets, posters, transportation placards, television spots, or vehicles.

These messages should be produced in draft form for pretesting and refinement, if warranted, before final production. The pretesting is necessary to assess comprehension, estimate message recall, identify strong and weak points in the message, assess personal relevance to the market target, and gauge sensitive or controversial aspects of the message that may require revision.

Program refinement follows through prototype evaluation, full test marketing, and regional distribution. A fourth aspect at this point is training of the project staff, intermediary organization staff, spokespersons, distribution firms staff, and support personnel.

Prototype evaluation consists of assembling all components of the program in a form as close as possible to its final form, and obtaining a realistic assessment of market reaction. In this way, changes in product and objectives may be made before more extensive and costly steps are undertaken.

Step 4: Implementation

At this point in the marketing process the full program is implemented including monitoring marketing progress and monitoring the institutional/structural performance of project organization. The communication elements--advertising, publicity, interpersonal channels, promotion, and point-of-purchase/point-of-decision--are fully activated. The schedule of events must be closely followed and necessary adjustments made in the time frame that was prepared as part of the plan of action. This is a critical point in the marketing process. It is the least creative or analytical and for that reason may be delegated to staff or receive less management attention than previous steps. Yet, the details and logistics control of this stage are central to the success of the entire program. The most well-conceived and well-designed program may not achieve its full potential if the details of implementation are not carefully worked out.

Distribution channels must be monitored closely to determine that the offering is moving to the marketplace and that adequate resources are being tapped to support field teams. Communication must be monitored as part of the process of tracking performance in the marketplace. This may involve verifying the placement of paid and/or public service advertising, quantifying the amount of print and broadcast publicity that was generated, and tracking interpersonal communication. The institutional performance of the program itself must be monitored to assure that the organization is functioning effectively. This includes staff performance, management, attention and response to recommendations, funding, the flow of internal and field communications, and the process of decision-making.

Project implementation should not begin until the baseline data have been completely collected. Otherwise it may not be possible to measure product impact.
If you always put the container under the tap (thus eliminating standing water), that will prevent mosquitoes (from breeding).

Source: Lesson Plan developed by the Health Education Unit, Ministry of Health, Sudan, 1980.

Step 5: Assessing In-market Effectiveness

The ongoing monitoring in Stage Four and the continuous assessments in this stage should fit together into an effective management information system. Consumer reactions and responses, distributors and field workers performance, communication penetration and impact, level of sales or their analogs and finances are usually assessed in relation to program objectives.

Step 6: Making Mid-course Corrections

The last stage—Stage 6—feeds back into the first. The monitoring and assessment in previous stages have measured progress and have been used to adjust the program and to prepare for replanning. In Stage 6 this replanning
is done. All the research, analysis, field intelligence, and other data are reviewed carefully to uncover problems, identify weaknesses, and identify opportunities that can be explored in the next cycle.

Adjustments and mid-course corrections are part of a never-ending process and can occur at any point at which it seems necessary at any stage of development. Finally, all the data are recycled into "Stage 1--Analysis" to begin anew the continuous and systematic process of refinement and improvement.
Chapter 3
THE PROBLEMS AND POTENTIAL OF SOCIAL MARKETING
FOR WATER SUPPLY AND SANITATION

3.1 The Problems

Social marketing cannot offer a solution for every problem in water supply and sanitation. Some problems are economic or structural and some are beyond the control of any single development project. However, as a planning and implementation approach capable of integrating hardware and software, technology and behavior change, social marketing can be very effective.

Despite the great potential of social marketing, as with any development strategy, difficulties may occur. These may include the question of institutional responsibility, the lack of understanding of social marketing, or the difficulty in coordinating construction activities with social marketing activities.

Who can do social marketing? The issue of institutional responsibility for water supply and sanitation projects is often problematic. Typically, the agency responsible for upgrading water and sanitation is concerned primarily with the hardware and the physical construction of facilities, and its personnel are trained solely for this purpose. For this agency to have to promote behavioral change in water use and sanitation practices is problematic. If on the other hand, other agencies, such as ministries of health and education, take on marketing responsibilities for water and sanitation projects, the result may be diffusion of project control and interagency disputes over staffing, budgeting, and coordination.

Traditional organizations know little of marketing concepts and methods. This is true of municipal agencies, ministries of planning, and water supply and sanitation agencies. It is particularly true in the case of agencies whose projects are conventional and highly technical to the exclusion of low-cost alternatives.

The coordination and timing of marketing and construction activities is essential to success. Lead time is required for collection and analysis of baseline and formative data, setting objectives, target audience analysis, message development, and testing. The problem emerges as planning and implementation begin in earnest. The construction schedule must be tied closely to distribution and promotion. Coordination may be difficult, but this simply means that more resources need to be allocated to project planning and management.

3.2 The Potential

The application of social marketing is becoming progressively easier as more is learned about it and the private sector plays an increasingly larger role. Social marketing firms have an in-house capacity for project planning and can coordinate the marketing of water and sanitation products and services with
the ministries installing hardware. The very existence of this collaboration between public and private sectors can sharpen the skills of ministry personnel and lead to new and innovative approaches to design and management.

Where health problems can be improved through feasible interventions, social marketing offers a valuable approach for solving problems that have long been associated with water supply and sanitation projects.
BIBLIOGRAPHY


