

Social Sector Stakeholder Insights

The following summarizes insights from the BAM360 team's professional experience and interviews with roughly 20 social sector stakeholders working in global health and development, behavior change, social marketing, advertising, and marketing. These stakeholders were identified by the BAM Steering Committee and by the project team.

Stakeholders from the social sector highlighted a range of practices (e.g., audience segmentation and insights, use of brand, practical measurement techniques, and timeline agility) that could be applied to development sector initiatives. They also identified several barriers to wide adoption of these practices, which ranged from individual and organizational level barriers; system constraints, including donor requirements; and broader socio-cultural challenges (for example, many believe it inherently more challenging to market things people do not want, such as condoms, circumcision, and family planning).

For consistency, we have organized stakeholder feedback in the same structure we used to present the private sector best practices: Consumer Focus, Brand Strategy, Bringing the Brand and Marketing to Life, and Measurement. We included quotes from our stakeholder interviews, highlighted in italics, to illustrate the discussion themes. We listed the barriers at the end of this section, as the barriers touch multiple practice areas. Finally, we concluded this section with a discussion of Human Centered Design, which was cited by several stakeholders as promising approach, particularly for developing stronger audience understanding.

Opportunities and Barriers for Marketing Best Practices

A. CONSUMER FOCUS

Stakeholders indicated the importance of truly understanding the audience, as a fundamental requirement in marketing. As one noted, "The number one rule of marketing is 'understand your consumer.' That's the heart of marketing." Stakeholders identified three opportunities to improve consumer focus:

1. **Developing Insights:** Many stakeholders shared their perception that the private sector is better at knowing the consumer and identifying insights. Some mentioned there is often a reluctance and/or inability to gather relevant audience insights, as one stakeholder shared, "people don't get out enough into the field and actually go into homes."
2. **Empathy:** Some stakeholders saw an opportunity to develop more empathy with the target audience. For example, the consumer is often described as a 'woman of reproductive age' or a 'most at risk person' but this is not how they see themselves.

EXAMPLES OF STRONG INSIGHTS IN HEALTH CAMPAIGNS:

While insight development was recognized as an opportunity area, stakeholders did provide two examples of insight-driven health campaigns:

Scrutinize, a mass media campaign in South Africa for HIV prevention. The big idea was that the audience at risk for HIV was often influenced by rumors and misinformation, but should 'scrutinize' their current risky behaviors. The campaign encouraged 'telling the truth' about HIV in an irreverent, funny way that appealed to the primary audience.

Truth, the US based youth anti-tobacco campaign, built on the big idea that smoking means you have 'let the man win' – a message that resonated with teenage audiences inclined to rebellion and wary of authority.

"There is a more human centered approach now. Communities are being involved to come with solutions, that are culturally relevant, dignified and vetted by them. We see them as human beings that aren't that different from ourselves. When we don't do that, we tend to reduce them to their problems – victims of violence, HIV patients. We forget that there is so much dimension to their lives."

3. **Focusing on needs vs. wants (relevance):** One stakeholder commented that practitioners default to disseminating clinical information when dealing with health-related issues, even in the private sector. Another commented about the differences in the way that each sector approaches the fundamental drivers of behavior.

“Commercial marketing focuses on want vs. need, and NGOs focus on need vs. want.... As a result, social sector messages and strategies lack aspiration and don’t focus on fundamental human wants. In reality, people are motivated by sex, fun and money.”

B. BRAND STRATEGY

Social sector stakeholders recognize the power of brands to bring categories and products to life for consumers and to make them more appealing and aspirational.

1. **Opportunity for multi-category lifestyle branding:** Several stakeholders discussed the opportunity for high quality branding to eliminate programmatic silos by uniting interventions under a single brand (e.g., a brand to include reproductive health, communicable diseases, adolescent health, environmental health, financial empowerment, etc.).

“Brands can help to integrate interventions across sectors under one brand -- a lifestyle brand. For example, Nike isn’t a shoe company; it’s created a lifestyle around fitness. This doesn’t often happen in the social sector because of the silos that are often created by the donor. For example, a lot of work has gone into creating condom brands [PSI for example] and in some ways this is a missed opportunity to create lifestyle brands that are more than condoms.”

2. **Adopting a brand-oriented approach:** Some stakeholders bemoaned the tendency to structure programs in the social sector around technical, health or disease area silos (FP, HIV, ASRH, financial services). This narrow approach limits the amount of control a manager can have in all things that influence the adoption of the product, service or behavior. By contrast, the private sector is typically structured around a product, service group or consumer.

“In the private sector the brand manager is responsible for everything about the brand – the product supply, pricing, packaging, communication, etc., but in the social sector often different groups are responsible for program elements. Or there may be a program manager, but they don’t have the marketing skill set.”

C. BRINGING THE BRAND AND MARKETING PROGRAM TO LIFE

Social sector stakeholders recognize the power of brands to bring categories and products to life for consumers and to make them more appealing and aspirational.

1. **Opportunity for consistent and continuous marketing:** Several stakeholders cited the lack of message continuity as an opportunity.

“Is there a public sector project that has had the same overall big idea for a decade? A year would be long in this space. Why is the Coke bottle the same for a million years? The Marlboro man is a powerful image, because it has stayed largely the same.”

“There’s this thinking that ‘we’ll do this thing for 3 years and then it’ll be sustained’ but ...you have to keep pushing it, keep reminding people. You can’t just support it and walk away.”

2. Opportunity for marketing that engages and delights the audience: Several stakeholders expressed frustration that much of marketing provides information, but does not inspire engagement, passion or advocacy. The comments below were made by four different stakeholders:

“Have you seen the posters? You’d have to have an undergrad degree in biology to understand them. The ‘marketing’ is dull, complicated, doesn’t address women in the right terms; it doesn’t address engagement.”

“Marketing is about big ideas. Public health is not; it’s about information. There is power and effectiveness in a big idea. A lot of marketing is posters – who even wants to read them or how would anyone even remember anything on them?”

“We can actually change people’s behaviors by delighting them in the process. We don’t always give ourselves permission to delight people. Sometimes we are too earnest or think that education is important even though we know that emotions are what drive behavior.”

“So much of marketing isn’t even marketing. It’s just fliers.”

D. EVALUATION AND MEASUREMENT

Stakeholders expressed frustration that only large, expensive, representative studies (typically household studies) were seen as credible, and yet these studies were fairly inflexible and often took too long to be useful for timely program decisions. Additionally, the whole notion of using a population representative sample size and large study runs counter to fundamental marketing principles that rely on careful consumer segmentation, where marketers measure program success not by impact at scale, but among targeted consumer segments. These smaller and more nimble private sector approaches allow implementers to measure and change as they go.

1. **Too many measures:**

“Measurement is more difficult in the public sector. The private sector measures sales and profit. There are too many metrics in the social sector. And the data cycle is infrequent or based on the project cycle.”

2. **Opportunity for practical, experimental research:** While stakeholders recognized the limitations of private sector techniques, many believed there were opportunities to mine private sector methodologies to better inform and measure programs in the social sector. Specifically, stakeholders suggested approaches that were more experimental and/or more immersive as ways to improve not only the quality of program insights but also their timeliness.

“The approach to testing and evidence in the social sector is either nothing or an RCT. What about quick qualitative? If you do it enough you start to get insights and understanding, but the community sees this as not robust enough, it’s ‘soft’ and ‘not technical.’

“It’s very frustrating that what marketing does is disregarded. If you look at public health, they are close to doctors and pharmacists, where RCT is the gold standard for results, but is that right for what we’re doing? The RCT ends up dictating the work vs. doing the right work. You need to do a baseline, follow up, allocate people randomly to groups, the intervention is time-bound. Marketing, when done well, is a 360, you measure and change as you go.”

“On the communications side, we really do very little to ensure BCC messages are strong, applying the commercial methods to quantitatively measure messages and track uptake and awareness and attribution.”

“Many think ‘rigorous research’ has to be bigger and more expensive. I think research needs to get smaller and faster; there are a lot of tools within the tech sector to test a product in a week, and then learn and iterate as quickly as possible. Testing ideas faster is the opportunity. Even if it’s a 10 million dollar program you can still act like a startup -- try a program before getting to scale. In development there are too many learning loops and overreliance on ‘rigorous research.’ Sometimes these learning loops take 1-2 years until you are actually learning something. They are irrelevant after that much time.”

“In the private sector they are given a little bit of angel funding then they have to figure out what they do with it, proof of concept and then going to scale helps them to figure out how to improve. But in donor funded programs, there are all of these reporting requirements and activities and the expectation that things would go exactly as planned”

The reliance on more rigid research models was also believed to be driven in part by fear of the IRB process, or of being accused of ethical violations when using approaches like those in HCD, that encourage quick changes to the study methodology and population as new findings around behavioral drivers emerge.

Barriers to Adopting Better Marketing Practices

A. CULTURE BARRIERS

- 1. Scientific culture is often dismissive of less rigorous or credentialed approaches:** Some stakeholders noted that ‘study teams’ that deploy private sector methods in development programs (e.g., HCD) often include lay researchers, designers and creatives -- vs. academically qualified researchers who are more typical of public health programs. Many donors and those from the academic community were thought to be dismissive of this kind of qualitative research, or any other research methods that relied on smaller sample sizes and were conducted by individuals without standardized research ‘credentials.’
- 2. Disdain for private sector as “the dark side”:** Similarly, while the stakeholders we interviewed did not generally share this perspective, they noted that private sector marketing is often held in contempt by some in the social sector. There is a perception among some that the private sector is predatory and manipulative. Even the word “marketing” is problematic, as one stakeholder shared:

“I’m a little skeptical that this project will go anywhere. Many see marketing as a ‘bad’ word. Is there a way to help people see it better? How can you unpack the language, to start with helping people understand what marketing really is?”

B. CAPACITY

Capacity in marketing and other innovations is project- and organization-specific. Over the years, several global efforts to build behavior change capacity, including improved marketing skills, have been implemented. Many of these capacity building efforts were tied to USAID-funded flagship SBCC or social marketing programs (e.g., C-Change, Health Communication Capacity Collaborative, Breakthrough Action). Capacity efforts were limited by the length of the project. While some of these

efforts resulted in improved capacity at the local government level and among local community-based organizations, in many cases, when the projects ended, gaps in capacity remained.

1. **Capacity limitations among governments and creative agencies:** While some countries were identified as having a large cadre of marketing expertise (e.g., South Africa, India), capacity is often lacking in others, even among the local affiliates of large agencies, and among government counterparts. Very often, local creative agencies struggle with distilling audience and market insights or are hampered by NGOs and government partners who may not know how to translate strategic documents like creative briefs, for instance, into actionable execution. One stakeholder shared an example where the government wanted to embark on an advertising campaign. Once the work was started, however, the consultant realized they didn't have enough audience understanding and guided the team to take on an HCD approach. Another stakeholder gave a recent example from South Africa's national VMMC program:

“The market research identified great insights, great segmentation and helpful guidance, but when it ended up in a demand creation guide for district and sub district male circumcision coordinators, they had a list of 80 potential messages [instead of a much shorter list of prioritized key messages]. The government did not involve an agency or anyone else with marketing expertise at the sub national level to creatively transform these insights into meaningful messages, and there was no budget allocated to help that happen.”

2. **Capacity limitations among donors:** Many stakeholders said that donors often encourage the adoption of what is touted as an ‘innovative’ tactical approach discovered in the private sector – e.g., branding, digital, mobile money -- but fail to link this approach to the consumer need, or to recognize the role that budgets (size and flexibility) and management structures play in ensuring those approaches are successful.

C. STRUCTURAL BARRIERS

1. **Opportunity for marketing to play a more strategic role:** Most commonly, the prime grant recipient, usually the organization with the largest budget, dictates the approach the project will use. While partners with expertise in behavioral economics, anthropology, social science or HCD may be included, because of their smaller, sub-recipient role, they often have minimal influence on the overall technical approach and the way these specific disciplines are integrated.

“Partners often don't know what they don't know. They don't know the value of the other approaches or what differentiates the other components. There is a rejection (by the prime) of unfamiliar approaches and the assumption that ‘we do that already.’”

2. **Funding cycles and procurement structures prohibit longevity, agility and operational excellence:** Very often funding cycles prevent the development and rollout of long-term, audience centered marketing strategies and/or brands. Programs are faced with considerable uncertainty about whether funding will continue, and lack the necessary agility to make changes throughout program implementation. By contrast, the private sector allows more routine iteration when a new insight is obtained or the competitive environment changes.

“There is a deep systematic barrier to true marketing impact in the social sector. Work is on a different cycle: plan-execution-analysis-lessons learned. This process can take 3-5 years but it needs to be as short as possible. Some donors are getting better, but many are less flexible. In most cases, you have to know what you are doing before you get the work, then you have to execute exactly that.”

Another stakeholder had a similar perspective:

“Why can't donors just give targets and tell the implementers to go figure it out instead of being directive? Let the partner diagnose the problem and then determine what they need to develop the program.”

3. ‘Turf’ and Competition among Implementers Limits Quality: Stakeholders noted that the idea of a consistent and widely adopted set of global SBC standards in the social sector has so far proven to be unrealistic, given the way organizations are funded. The majority of implementing organizations compete against each other by “selling” the donor their unique set of skills and approaches in the field. Competition for scarce funds requires NGOs to bring something new and individual to the table.

The social sector by its nature is therefore highly competitive, where donors reward ideas that seem new, innovative, and -- frequently -- proprietary. In this environment, there is every incentive for NGOs to reinvent the wheel (or the behavior change framework), brand it, and promote it widely. Conversely, while there is pressure from funders during a project cycle for organizations to share and harmonize their work with other projects and organizations, these efforts diminish once the project ends, and implementers often reclaim the tools or frameworks as once again proprietary.

Many stakeholders acknowledged that the lack of common nomenclature creates confusion. However, there is little desire to create a common language or approach, because signing on to a single set of standards and a common language would limit implementers’ control as well as their ability to claim their approach as unique.

“It would be useful to have a single-minded approach, it would be good to understand what we are all saying, for instance what is good segmentation, what is a persona, people don’t understand the difference, it creates confusion...by not being clear on common terms we are all defining, we end up with duplication, people doing what has already been done, unnecessary competition because of the way we are funded.”

4. Vertical structures impede the ability of the social sector to deliver holistic solutions: Historically, behavior change in the social sector has been left to SBCC practitioners who focus on communication-based solutions. This limited focus has prevented more holistic solutions that would simultaneously address systems, product, pricing changes, etc. -- as would be done in the commercial sector.

The vertical disease-focused, programmatic approach is also a barrier to being truly customer-centric.

“We are still looking at diseases, not people. We should not be looking at ‘ASRH among young girls’; they are whole people! We can change the way we fund programs to look at them more holistically. For example, a recent journey mapping identified that there is no such thing as a ‘journey to HIV prevention.’ It is a journey for a better youth or for better ASRH, but we only do the part we are rewarded to do – what we are funded to do. It all goes back to the donors.”

Human Centered Design – A successful example of applying best practices

Despite stakeholder views on the negative effects of cultural, capacity, and structural barriers, HCD was recognized as a positive deviant -- an example of how one methodology, drawn from the private sector, has been incorporated across organizations and projects.

Several stakeholders highlighted Human Centered Design as an approach that has been successful in developing deeper audience understanding.

“Public health and development practitioners often seek to position themselves as experts rather than students. Inquiry-based methods, including Human Centered Design, help identify solutions together with the community we seek to serve. These methods enable us to understand both the problem and the opportunities from the audience’s perspective.”

HCD’s ‘explosion’ onto the social sector scene may present a model for how to gain consensus among a varied group of stakeholders about best practices in behavior change. While some stakeholders said they considered HCD a passing trend, or that it’s ‘just marketing’ because it relies on audience insight, others have adopted many of the principles, e.g., understanding the target audience thoroughly, prototyping, and routine iteration.

When asked what made HCD different in terms of stakeholder willingness to adopt the method, reasons ranged from timing to the fact that organizations like IDEO.org were ‘everywhere’ promoting the approach through stakeholder meetings, with donors, and through social media.

Another suggested that HCD was a break from the norm.

“(HCD) may have taken off because there is an assumption that the private sector does things better. Also, the design sprint is fun and engaging and gives you immediate feedback through the daily download process.” ■

Appendix C: Development Sector Stakeholders Interviewed

	NAME	COMPANY	TITLE
1.	Sohail Agha	BMGF	Senior Program Officer – Integrated Delivery
2.	Cal Bruns	Matchboxology	Chief Incubationist
3.	Gina Dallabetta	BMGF	Senior Program Officer
4.	Doug Evans	GWU	Professor of Prevention and Community Health
5.	Tom Farrand	CIFF	Consultant
6.	Briana Ferrigno	McCann Global Health	President
7.	Clea Finkle	BMGF	Program Officer – Family Planning
8.	Babitha George	Quicksand	Design Researcher
9.	Anabel Gomez	AVAC	Global Marketing Manager
10.	Dave Kim	BMGF	Program Officer Financial Services for the Poor
11.	Steve Kretschmer	Desire Line (fmr. IPSOS)	Founder, DesireLine
12.	Brian Pedersen	FHI 360	Technical Advisor, Social and Behavior Change
13.	Chris Purdy	DKT	President
14.	Mike Rios	17 Triggers	Chief Innovation Officer
15.	Dimos Sakallerdis	DKT Nigeria	Country Director
16.	Pam Scott	The Curious Company	Founder
17.	Neha Singh	Quicksand	Partner
18.	Beth Skorochod	Collaborate Up (fmr. PSI)	Director of Practice
19.	Whitney Sogol	Wellness Works Global	Founder and CEO
20.	Mel Stanley	CHAI	Consultant
21.	Mari Tikkanen	M4ID	Co-CEO, Co-Founder
22.	Richard Wright	Unilever	Behavioral Science Director
23.	Jocelyn Wyatt	IDEO	Chief Executive Officer

Stakeholder selection criteria:

- Stakeholders were recommended by the BAM360 steering committee or identified by the project team based on social marketing/ SBC experience