

The Performance of Health Campaigns in Balochistan: The Importance of Community Involvement During Planning and Decision-Making.

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Abstract

The motivation for this study is the performance of health campaigns in Balochistan. The government responds to health issues through social marketing campaigns that are what the study term 'downstream' social marketing initiatives. This is to misunderstand important connections in the processes of putting policy into action. For, although their initiatives are based on partnerships with planned outcomes, the partners are unsuccessful in delivery of partnership outcomes. Change in developing countries can be fostered at the grass roots by an attention to upstream elements of social marketing. The paper discusses the importance of community involvement during planning and decision-making. Then the research will show with the help of data how important cognisance of power relations and interdependency is for fostering change in a developing society like Pakistan. A qualitative case study approach was selected on the ground of scarcity of knowledge, given that there has been no research related to social marketing interventions in Balochistan, particularly to the concept of partnership, people and power relations. So, the research provided examples of narratives, each engaging with issues related to the partnership. The conceptual framework has been devised as five core concepts, with planning and decision-making processes absolutely central. Successful policy implementation, leading to change at the grass roots level, requires attention to the interdependence of people, power relations, partnership around planning and decision-making.

Introduction

The motivation for this study is the performance of health campaigns in Balochistan. The government responds to health issues through social marketing campaigns that are what the study term 'downstream' social

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marketing initiatives. This is to misunderstand important connections in the processes of putting policy into action. For, although their initiatives are based on partnerships with planned outcomes, the partners are unsuccessful in delivery of partnership outcomes. Change in developing countries can be fostered at the grass roots by an attention to upstream elements of social marketing. The paper discusses the importance of community involvement during planning and decision-making. Then the study will show with the help of data how important Elias' idea of power relations and interdependency (Mowles, 2015) is for fostering change in a developing society like Pakistan. After the analysis and discussion of data, the conceptual framework has been devised as five core concepts, unequally distributed since planning and decision making processes have been found to be absolutely central.

Upstream social marketing use approaches such as capacity building, advocacy and community mobilisation to effect policy change (Gregory, 2005). Pakistan needs these approaches to foster policy change in healthcare. Pakistan has a varied and multi-level healthcare system that has developed exponentially during the last three decades (WHO, 2013). The health care system include both non-state and state; and not for profit and profit services provision (WHO, 2013). The provincial and district health departments with the help of non-government organisations, para-statal organisations, social security institutions and private sector finance, provide health services (WHO, 2013). The setting of this study is a developing nation with a need for external partnership to create uplifting changes aimed at improving the lives of individuals (Anderson et al, 2013). In the West there is also a connection between healthcare and societal well-being – where the economic impact of healthcare is staggering (Deloitte 2012), and where the focus is on patient-centred care (Sweeney et al 2015). But in developing nations such as Pakistan it is a matter of life or death for so many children. It really matters that policy to improve healthcare is put into practice through partnerships such that its ends are achieved: this study makes a significant contribution to this. Figure 1 illustrates the framework of the research.

Figure. 1 Framework of the research



The framework of this research study therefore has two central concepts of planning and decision-making and three supporting concepts of partnership, people and power relations. These five concepts are fundamental for conception of a partnership in a social marketing campaign in a developing country like Pakistan. For a social marketing intervention to be effective social marketers have to develop relationships with all the stakeholders (Hastings, 2003) based on valuable exchange. The process of planning and decision-making can be a phase for such relationship formations. Value can be created with the help of learning gained through interaction with people. The learning gained during the process can be implied to foster change in communities and society.

It is fundamental to realize that in a social marketing campaign, people are also a partner, as the aim is to provide them with services that can bring a change in the community. Transformative social research acknowledges that 'service fundamentally affects our lives and our well-being, as individuals, employees, families, and communities' (Anderson and Ostrom, 2015 p.243). Our conceptual framework models the importance of people during the process of planning and decision-making. There is interdependency between the international development Agencies (IDAs), local partners and people and its recognition is vital for fostering change. The organizational partners need to recognise the interdependency in the process of planning and decision-making and involve local partners and people to overcome challenges. Processes of planning and decision- making are central and act as the point of convergence for partnership, people and power relations in successful implementation of policy. This implies that effective practice of

planning and decision-making help in policy implementation, such as social marketing campaign in this case.

Literature underpinning the focus on social marketing, partnerships and policy

Initially, the focus of social marketing approach was to offer a product (solution) to the consumer who should have an exchange value and intangible outcome (behaviour change). Behaviour change communication was a fundamental part of social marketing, and the focus was mainly on product offering and individual behaviour change. However, initiatives such as: economic, policy, education, information campaigns and law & regulations are only partial solutions to social issues (Lefebvre, 2013). Social marketing has emerged as a way to bring change among people that can be sustainable and have a positive impact on their well-being and health (Lefebvre, 2013). But there is something more that need to done which can complement the social change approaches. This has been called upstream social marketing. This extension to the concept of social marketing was made to accommodate this higher-level and broader than the individual-focus and the mnemonic of three further Ps: Policy, People, and Partnership were added beside the preliminary Four Ps (Product, Place, Price and Promotion)(Stead et al., 2007). Stead, M., Gordon, R., Angus, K. & McDermott, L. 2007a. A systematic review of social marketing effectiveness. *Health Education*, 107, 126-191.)

MINDSPACE is the best example for government confidence and seriousness in social marketing(Gordon, 2011). This was an initiative by the government to influence the behaviours through public policy (Dolan et al., 2010). The government in UK created collaboration between the Department of Health and Consumer Focus that let to formation of the National Social Marketing Centre (NSMC). The function of NSMC is to build capacity and skills in social marketing at strategic and operation levels. In the United States, the implication of social marketing into public policy was directed towards disease control (Mah et al., 2006). Whereas, in UK the public policy focus is more on behaviour such as binge drinking (Szmigin et al., 2011), in US and Canada such behaviours are tackled by universities or private institutions (Donovan and Henley, 2010). In underdeveloped Africa, the main focus of social marketing is to control HIV (Noar et al., 2009). Australia and New Zealand social marketing is being used in range of issue such as health, sport, food and environment and the main focus are how social marketing can be used in sponsorships (Brennan and Binney, 2010, Donovan, 2011, Donovan and Henley, 2010). Scholars argue that the

governments find it easier to target the individual then changing the whole in context(Szmigin et al., 2011).

The main challenge that the researcher in the area of partnership faces is that the concept emerges from various disciplines such as, health care, education, economics, non-profit management, natural environment, administration, organisation studies and public policy (Selsky and Parker, 2005). It is problematic to define the notion of health and social care partnerships as many features are involved in it and rather than a one-time start-finish process it is an evolutionary process that can deteriorate and progress with time(Brady, 2013). This indicates the process requires a continuing planning and evaluation rather than planning from the start of partnership and evaluation at finish.

The main idea that distinguishes the partnership under study from other forms of partnership is its scale and nature. This partnership is an outcome of a national policy that is implemented across Pakistan. It is between government and international organisations. The fundamental argument in this research is that organisations lack critical competencies, and they cannot develop them on their own as their environments are more uncertain hence they develop partnerships(Selsky and Parker, 2005) . Such partnerships in this sense are seen as a way to address organisational needs with the added benefit of addressing a social need(Selsky and Parker, 2005).

Partners often fill this gap for social marketers. Partners provide ways to promote a message, distribute a product, overcome barriers to behaviour change, or assist in any aspect of price, place, promotion, or product. Simply put, they provide the capital and infrastructure that social marketers need to get their job done(Gregory, 2005).

Methods

A qualitative case study approach was selected on the ground of scarcity of knowledge, given that there has been no research related to social marketing interventions in Balochistan, particularly to the concept of partnership, people and power relations. The understanding was that ‘individuals’ narratives are situated in particular interactions, and also in social, cultural and institutional discourses, which must be brought to bear to interpret them’ (Riessman 1993:61). The approach assumed that language does not merely hold ideas: it has a function in itself and is both constructive and constructed. So, the research provided examples of narratives, each engaging with issues related to the partnership.

To enrich the data credibility in this case study research a number of data sources are considered. The idea is to converge the data from multiple sources in the analysis process, with each piece contributing to the understanding of the whole phenomenon (Baxter and Jack, 2008). The iterative process of observing and questioning continued until the end of the data collection process. The researcher gained information about the meaning of observed behaviours, rituals and interaction over the time as new things were learnt about the context (DiCicco-Bloom and Crabtree, 2006). Semi-structured interviews were conducted with the respondents whom the researcher met outside NCB.

Apart from interviews the researcher also used participant observation as a source of data collection. The study is used observation for the following reason. Triangulation of methods confirmed and deepened the information (Woodside and Wilson, 2003). Observation was selected as a method so that the researcher can obtain a greater depth of knowledge and more information (Woodside and Wilson, 2003). As, doing that was not be possible from looking at things from outside (Vinten, 1994).

Table 1 List of respondents

Respondents Code	Organisation	Position
W1	World Food Programme	Provincial Head WFP
W2	World Food Programme	Co-ordinator WFP
U1	United Nations International Children Emergency Fund	Co-ordinator Nutrition UNICEF
N1	Nutrition Cell Balochistan	Head of NCB
N3	Nutrition Cell Balochistan	Co-ordinator NCB
N7	Nutrition Cell Balochistan	Senior Field Worker

The three research questions address how to construct this framework and how to demonstrate its relevant from data to be description, analysis and interpretation. The data is organised as part of achieving each objective is presented in three different modes: participant narratives, story boxes and observation exhibits. Stories within the boxes highlight their importance to the research. It doesn't mean that other responses are less important but rather these responses are perhaps more stimulating of insight. Observation

exhibits are presented within the text to support a finding or present an alternate interpretation.

Research Questions

- 1) How partnership is conceptualised in a social marketing campaign in Balochistan?
- 2) What is the nature of planning and decision making in Balochistan?
- 3) What is the importance of community involvement during planning a social marketing campaign in Balochistan?

Research question 1: How partnership is conceptualised in a social marketing campaign in Balochistan?

U1: When the government tries to address health and social issues, they are faced with the problem of limited resources, when I say resources; it does not mean money only. It means time, capacity, and technical skills [...] we have some understanding, targets, and mandates and countries have signed global agreement and from there the element of partnership starts.

This response resonates with the theory of partnership creation. When partners have limited resources, they create a partnership to overcome their shortcomings, in a manner that would benefit all the parties (Selsky and Parker, 2005). With their responses employees of IDAs wanted to create an impression that they are here to help NCB. However, the employees of NCB think otherwise.

N3: Due to security reasons their (IDAs) mobility is restricted, they request security, then its home department discretion to provide security. The places that we visit people know us and can relate to us. They are ready to listen to us and share their experiences openly. We know their language and culture and because of this, they feel connected to us. These agencies cannot work without us; they need us, to get their work done.

For the coordinator of NCB, the government is helping the IDAs. It is more convenient for IDAs to get their work done through the local partners. There

is interdependency among the partners, but they fail to realise it. The employees of IDAs think they are helping NCB and NCB claims they are helping the agencies. However, they don't realise the fact that they are helping each other. They refer to this partnership as their work not our work. The partners in this intervention are divided at different levels. There is division between: the IDAs and the local partner, the employees of health department and NCB, employees of DG office and employees of secretary office, partners of Balochistan and partners of Islamabad.

The fundamental aim of a partnership is to work for the mutual benefit of all the partners (Seitanidi, 2010). The aim of a partnership is to create mutuality and responsibility in the operations (Stern and Green, 2005, Lister, 1999). Story box 1 tells an interesting account about the status of mutuality in this partnership.

Story box 1. The rat race.

W2: [These] three [UN] agencies will not even look at each other's faces (*shakal bhi nahe daikay ge*), they are competing for resources, and working for their own benefits. Actually, a nutrition policy is in making [...] WHO and UNICEF are working on it and a rat race is on between them. The policy was initiated by WHO, but UNICEF is the lead agency in this partnership so, they whipped it from them (*woh beech me ghus aae*). UNICEF made a policy from their end and sent it to the government. Eventually, the government has to run the policy, and they have no idea about it (*unke kak be nahe pata*) like what is in, how it was made, and who made it. It's a magic show (*ya ek topi darma hai*).

There is an intense rivalry between the UN agencies in this partnership. The expression "*shakal bhi nahe daikay ge*" is used to express highest level of hatred and cut throat competition. The expression "*woh beech me ghus aae*" is used to indicate when someone interfere in a work without the consent of other party or steal something. "*Unke kak be nahe pata*" is used for a person who has no knowledge or interest about a task, which in this case is the government of Balochistan. Based on these assumptions the policymaking is termed (*ya ek topi drama hai*) as a magic show where what you see is not the reality. A nutrition policy for Balochistan is in making, and the government has no involvement or interest in it.

The agencies are competing with each other to take the credit for this policymaking. The partners are not optimistic about the outcome of this policy. This indicates mutuality is low in this partnership. The government should drive policy matters but in this case their role is missing. Partnerships are created to empower the partners and share responsibility (Lister, 1999). The partners are competing with each other without shared responsibility.

Research question 2: What is the nature of planning and decision making in Balochistan?

A partnership can be more productive if the process of planning and decision-making is effective. In theory during the process, all the stakeholders should be part of it (Brady, 2013). The partners can develop consensus for the common goals of the partnership. Partners will take ownership for a decision if they are involved in the process of planning.

Planning

The main emphasis during the process of planning is on producing a document, which is then used for implementation of the campaign. The researcher attended a planning meeting as an observer. The agenda of the meeting was to develop five years plan for an immunization campaign. The planning meeting can be termed as rhetoric; the final document was not produced, and inputs from the local partners were not incorporated in the plan. The main issue was that important stakeholders were not present in the meeting. Secretary of health department pointed out the issue during the opening session of the meeting. The comments from the head of health department reinforce the fact that the meeting was rhetoric.

Observation Exhibit

“ Fieldworkers, monitors or the field supervisors like the EDOHs and Lady health supervisors. They are the core workers who are facing difficulty in implementation of our plan. So, if you arrange such exercises and aim for success, then, they should be invited to such forums to give their input, if you are not going to do that then I think this meeting [of planning] cannot be fruitful”.

Then before leaving he interrupted the discussion between the members of WHO from Islamabad:

“Let me add to your discussion, the prime concern of the government is always to get a plan, that is implementable, you may go through this exercise, workshop, seminar, any gathering, or what so ever you may call it. You will come up with a plan that you think is implementable, workable and acceptable to the government, but then we are unable to implement the plan. We need a plan, a strategy that is workable for us; that is the prime concern of the government, and this should be kept in mind while finalizing your plan.”

He was sceptical about the meeting because relevant stakeholders were not present in it. He showed his disappointment by leaving the meeting early and not attending the closing session on the final day. Despite his indication, stakeholders such as EDOHs or fieldworkers were not called for the meeting to share their input. This indicates IDAs don't take their local partners input seriously during planning. Comments from the secretary specified that his department was not satisfied with the planning process. This also indicates the planning is disjoint and unshared.

Decision-making

During the data collection, an earthquake occurred in Balochistan. Nutrition emergency was declared in the affected district of Awaraan. The researcher was told that according to the agreement of partnership, it was NCB duty to provide nutrition in the area. However, the task was assigned to an NGO without the consent of NCB. It took more than 90days to start emergency nutrition. The head of WFP claimed that this decision was mutual. Though, from her response it can be inferred that she already made a decision when she reached out to NCB:

W1: We came up with a proposal ourselves and we meet with NCB to get their agreement [...] I don't have complete coverage with LHWs, so, we agreed to go ahead with the partner [NGO] for the initial three months. It was my decision, but NCB agreed to it.

The head of NCB proclaimed that the decision was mutual, but it was not about giving the task to an NGO:

N1: They [WFP] changed the decision after I went on leave if I was here even their father could not give it to NGO (*inika baap bhi NGO ko nahe daita*). It's in their power they can give it to anyone, as long as I am not around.

The head of NCB emphasised that the decision was changed after he went on leave. However, he never mentioned what the original decision was. He affirmed that if he were here he would have never allowed an NGO to take this task. “*Inka baap bhi*” is an expression that is used in Pakistan when a person wants to show total control. He admits that they have the power to take the decision but when he is not around.

After the earthquake, WFP planned and decided about the nutrition for the affected area without consulting NCB. When the same issue was discussed with the coordinator of WFP, he said:

W2: The reason is that when you go to a new district government don't have the capacity to handle it. When our [WFP] supply will reach there, there will be 20 or more trucks, and you tell me now can we trust the employees of the health department to handle 20 trucks?

They don't trust the employees of health department with their work. The employees of health department felt mistrusted after the decision narrated the coordinator of NCB.

N3: WFP decided with the consent of NCB that an NGO will carry out the project in the district. We took this decision on the assumption that all the LHW's in the area would be displaced due to earthquake but when I visited the place the EDOH was very annoyed with this decision. He was not happy with the decision that we have given the task to an NGO; he said to me, “trust me! We could have done it. Why have you given it to them? [...] He was not happy with the decision.

From this narrative, it can be said that they couldn't respond in a timely fashion to an emergency. The decision was taken on assumptions while ignoring the ground realities. If the EDOH was included in the process of planning and decision-making he could have presented a better picture of ground realities. Maybe then the decision could have been quicker and more effective.

Research question 3: What is the importance of community involvement during planning a social marketing campaign in Balochistan?

For this research, community involvement is fundamental for two reasons. Firstly, their involvement is essential for development of trust. Secondly, in

Pakistan there is a central political fact that in its diverse forms, the society is greatly strong and the state is weak(Lodhi, 2011). Not involving the society may not reflect the ground realities.

A senior fieldwork shared his thoughts:

N7: The main reason for ineffectiveness of these interventions is that the individuals in Islamabad have never visited Awaraan or Noshki, but they will plan intervention for these areas. The ground reality is 100% opposite from their perception. They are neither accustomed with our tribal norms nor with our religious norms [...]

Most of the respondents mentioned the fact that people living in Islamabad don't understand their religious and cultural values. Secondly, people living there are not tribal like the people of Balochistan(Lieven, 2011). They can be stratified on an ethnic basis but compare to tribalism it's a weaker bond(Lieven, 2011). They plan for people who are religious cum tribal; so, it can be hard for the planners to perceive the ground reality effectively. This indicates that involvement of people is fundamental for apprehending the ground realities for better policy making. Story box 2 illustrates the thinking of UNICEF the lead agency in this partnership about involvement of people.

Story Box 2. Community involvement

U1: Nobody involves them [people] in planning; give me one example from the whole country where community was involved during planning [...] I think it won't make any difference. The place from where you came it might matters but not here. People in Pakistan are fragmented. How it is possible to make them part of the planning they will never agree with each other. In Pakistan we can't do that we can't make them think a like, their involvement means putting an end to the planning. They will never agree and there will only be fighting not planning.

In social marketing campaigns, community is a partner; the aim is to provide services that can support a change for them. UNICEF acknowledges the fact that the people of Pakistan are different, and they think differently. Still, a single plan is created for these fragmented people in anticipation that it would be implementable. Diversity among the people could be a motivation

for their inclusion in the process rather than an excuse for exclusion. They want to bring a change and to bring that change they may have to do things differently. However, the partners appear cynical about community involvement. The access of people is missing during the process of planning.

Conclusions

This study provides compelling evidence from the perspective of a developing country like Pakistan of how partnership is conceptualised differently by different parties in a social marketing campaign in Balochistan. The empirical evidence shows how planning and decision-making are practiced. Of key importance for successful policy implementation, the study introduces the concept of power relations to the conceptualization of partnership in a social marketing campaign.

- **Conceptualization of partnership**

The principal need for creation of this partnership was lack of money and technical skills to tackle malnutrition. The government was not able to provide funds to the nutrition cell, nor it could train the staff for technical skills required to address malnutrition. Nutrition Cell Balochistan (NCB) lacked critical competencies, they could not develop them on their own, and hence, the partnership was created (Selsky and Parker, 2005). Partnership in this sense is a way to address organisational needs while addressing the issue of malnutrition in Balochistan (Selsky and Parker, 2005). Ideally in a partnership, each partner should enjoy equal rights and shared responsibility. They would correspondingly help one another to accomplish the collective goals of the partnership. In this intervention, such characteristics of partnership are limited. IDAs are driving the partnership and promoting their own targets. Their actions would make it hard to reach the common objectives of the partnership (Lister, 1999).

- **Nature of planning and decision making**

The main emphasis in the process of planning is on producing a document that could be then used for implementation of the campaign. The planning meeting attended by the researcher during the three days produced a draft plan with important components still unaddressed. The participants were informed that the plan would be finalised in Islamabad. The secretary of health informed during the meeting that his department was not satisfied with the planning process, as relevant stakeholders have no access to the

process. Due to this exclusion of stakeholder, health department is not getting an implementable plan.

Contrary to Brady (2013) this partnership is not considerate about the process of planning. There is one-time planning and assessment of the process. For decision making partners who held the resources can set limits to the process. For example, NCB holds the food commodities in their warehouse, so they decide how to distribute them. UNICEF and WFP hold the funds for seminars and trainings, so they decide about it. In this case, all the parties have access to some kind of resources, but the vital resource is money that decides the authority. This puts the IDAs as the major decision makers.

- **Community involvement**

Community involvement is fundamental to this partnership for two reasons. Firstly, their involvement is vital for fostering change in a community. Secondly, in Pakistan there is a central political fact that, the society is significantly strong and the state is weak (Lodhi, 2011). The basic reason for the weakness of state is the kinship loyalty that can also bring steadiness in the society (Lieven, 2011). This loyalty is probably strong enough to prevent any attempt to change the society even if its for a positive development or reform (Lieven, 2011). Without the support of people it can be difficult to implement a change campaign. There is no learning from the people that may create value. Involvement of people can provide a better understanding about the ground reality and co-create value for the intervention.

Recommendations for policy makers

Mowles (2015) suggests that in highly differentiated societies fluctuation in relations lead to production of knowledge. Diversity among the people should be a motivation for their inclusion in the process to generate knowledge, not an excuse for their exclusion. The isolation of people caused the intervention to be perceived impersonal with no value to the people. The ‘collective will’ about adopting nutrition practices is missing. Hegemony can be used to create that ‘collective will’ by articulating a variety of demands, beliefs and interest. This would offer ways to resolve the problem in accordance with popular norms and values (Haugaard, 2009). In this case the partners instead of creating a ‘collective will’ are aiming for a ‘collective submission’ and that too without any articulation. People would protect their old beliefs as they think it serves their interest. The decision to change their

beliefs cannot be forced. That perception can only be co-created through interaction, so isolation is not an option.

To create a consensus about nutrition practices through persuasion, the partners need to involve the people in the process. Otherwise, people would resist the change in nutrition practices to protect their set of beliefs. The access of people is fundamental during the process of planning to create value. As suggested by service logic this value must be co-created through learning. Conflicts can be addressed if the people are involved in the process of planning. Mowles (2015) discussing from Elias' perspective suggest that interdependency is fundamental for highly differentiated society like Pakistan. However, the IDAs are ignoring that interdependency and trying to work in isolation. They are ignoring the interpersonal nature of power asserted by Elias (Van Krieken, 2001)

UNICEF acknowledges the fact that the people of Pakistan are different, and they think differently (see story box 2). However, they make a single plan for these fragmented people and think it will be implementable. Mowles (2015) suggests that in highly differentiated societies fluctuation in relations lead to production of knowledge. Diversity among the people should be a motivation for their inclusion in the process to generate knowledge, not an excuse for their exclusion. Story box 2 indicates that the partners are unconvinced about community involvement. They want to bring a change and to do that they may have to do things differently.

To create a consensus about nutrition practices through persuasion, the partners need to involve the people in the process. Otherwise, the kinship groups can resist the change in nutrition practices to protect their set of beliefs. The role of people is fundamental during the process of planning to create value. As suggested by service logic this value must be co-created through learning. Policy needs to be implemented through acknowledgement of power relations and consequences of these for partnerships, planning and decision-making. To foster change in communities and society the policy makers have to recognise this interdependency and involve people in the process.

Directions for future research

The centrality of planning and decision-making can now be used to examine value creation and implementation for a social marketing campaign. Further case study research could be conducted on health intervention operating in Pakistan. A comparative case study could be conducted between a campaign in Balochistan and Punjab. The comparison can highlight how planning and

decision-making in the most developed region of Pakistan are different from the under-developed region of Balochistan.

The paradox of stability and change (Mowles, 2015) from Elias perspective can be applied to future research. The investigation can look into the implications of process reduction in social marketing campaign. The research can look into process of inclusion and exclusion manifested in human interdependence and the interpersonal nature of power (Mowles, 2015).

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