

# The Social Marketing of Micronutrient Powder in Sudan

Generating consumer insights to address  
micronutrient deficiencies

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## Key messages

- > Sudan is among the 34 countries that together account for 90% of the global burden of malnutrition.
- > In 2013, the Sudanese Ministry of Health, in collaboration with the World Food Programme, piloted the introduction of micronutrient powder in three localities of Sudan's Red Sea state.
- > Formative research was conducted to gain consumer insights to inform the design of social marketing strategies to generate demand for micronutrient powders.
- > The research allowed an understanding of the consumer experience which was essential for reshaping program services and communication activities to fit beneficiary requirements.
- > "Pull" strategies could be implemented before "push" strategies began, so that service providers and community leaders were prepared to respond to people's motivations to enroll in the new MNP program.
- > Strategically engaging national government stakeholders in the process led to strong buy-in, with the national government actively supporting the launch of the program.

The home fortification program with MNP single-dose sachets is currently being implemented in seven states across the country with the aim of reaching approximately 300,000 children under the age of five in 2017. WFP is now engaging with the private sector to develop a retail strategy and introduce MNP on the Sudanese market, ensuring an exit strategy and long-term sustainability.

### Malnutrition in the Sudan

Sudan is among the 34 countries that together account for 90% of the global burden of malnutrition.<sup>1</sup> Out of 184 localities in the country, 59 have a prevalence of Global Acute Malnutrition (GAM) among children aged 6 to 59 months which is above the emergency threshold of 15% as defined by the World Health Organization (WHO). Nationally, stunting affects 38% of all children under five, with geographical disparities across regions.<sup>2</sup> Iron, vitamin A and iodine deficiencies are widespread among vulnerable population groups. Iron deficiency anemia (IDA) affects 88% of preschool children and 58% of pregnant women,<sup>3</sup> while 28% of preschool children and 16% of pregnant women are vitamin A deficient.<sup>4</sup> Only 9.5% of households consume iodized salt, while over a million infants remain unprotected from iodine deficiency disorders.<sup>5</sup>

The traditional Sudanese diet contains cereals (sorghum or millet), beans, meat, fish, fruits and vegetables. However, widespread food insecurity limits access to nutritious food. Economic constraints cause families to sell rather than consume their livestock and produce, resulting in dietary imbalance compounded by culturally accepted food taboos.<sup>6</sup> Poor health care coverage and inadequate infant feeding practices further exacerbate the situation.

### Addressing micronutrient deficiencies in the Sudan

In 2013, the Ministry of Health (MoH) in collaboration with the World Food Programme (WFP) piloted the introduction of micronutrient powder (MNP) in three localities of the Red Sea state. Targeting caregivers at health and nutrition centers, the aim was to increase the consumption of micronutrients in children aged 6 to 59 months. Caregivers received a monthly take-home ration of locally produced flour (3 kg) composed of maize and beans fortified with micronutrients. In addition, caregivers could attend sessions on flour preparation and Infant and Young Child Feeding (IYCF) education. Six months into the program, attendance rates and product acceptance remained low. As a result, the MoH and WFP recommended discontinuing the preparation and distribution of flour in order to reduce the opportunity cost to caregivers, and re-designing the program, introducing home-based fortification with single-dose MNP sachets in order to increase uptake and consumption.

### Understanding the MNP consumer by means of social marketing research

#### Research aim

Before introducing single-dose MNP sachets to caregivers, formative research was conducted to gain consumer insights which would inform the design of social marketing strategies to generate MNP demand and encourage positive child feeding practices.

#### Research approach:

##### Putting the audience at the center

To engage key stakeholders from the MoH as well as community mobilizers in the research process, the project started with a workshop aimed at reaching a common understanding of the social marketing principles that were to be applied to the research. This engagement was critical to ensure national buy-in and ownership at all stages of the project.

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Combining ideas from commercial marketing and the social sciences, social marketing is the systematic application of interactive principles and techniques that harness audience participation for understanding, creating, communicating and delivering value to achieve specific behavioral goals for a social good.<sup>7</sup> In social marketing, the audience is viewed as decision-makers with choices, rather than students to be educated by experts who know what is best and will tell people what to do.<sup>8</sup>

A fundamental requirement in the scoping of a social marketing strategy is to establish a complete picture of people's lives: what is important to them, what moves and motivates them, and what causes and influences not only the problem but also the desired behavior.<sup>9</sup>

This formative research adopted an audience-centered approach in order to understand the reasons for low program acceptance, gain insight into people's needs and desires, and gauge how the new MNP product needed to be positioned to naturally fit within people's comfort zones and gain acceptance by the public. In other words, research was designed to discover how to make the novel seem familiar.

#### Methods: Understanding the audience in the round

To obtain a 360° understanding of the target audience, the sam-

**TABLE 1:** Research methods and sampling

	Total no. of participants	User caregivers	Non-user/ dropout caregivers	Community leaders	Pediatricians	Community mobilizers & health center staff
<b>Individual interviews</b>	50	20	15	9	0	6
<b>FGDs<sup>a</sup></b>	57	15	10	0	10	22
<b>Home trial</b>	16	8	8	0	0	0

<sup>a</sup> A total of seven focus group discussions (FGDs) were conducted – two FGDs with caregiver users, one FGD with non-users, and one mixed user/non-user FGD. In addition one FGD was conducted with pediatricians and two FGD's with community mobilizers.

pling included caregivers who used to receive fortified flour at health and nutrition centers but dropped out of the program, as well as satisfied caregivers. Both groups were important to help develop an understanding of existing barriers and perceived benefits to uptake of health and nutrition services, what drove retention and loyalty, and what needed to be changed in the new program design to increase uptake of single-dose MNP sachets. The sample also included caregivers who had never used fortified flour, with a view to gaining insight into their behaviors and perceptions around child feeding and health care, acknowledging they would be the potential users of single-dose MNP sachets in the future.

In addition, a 29-day home trial with MNP single-dose sachets was conducted with caregivers, to gain a real-time understanding of perceived benefits and constraints around the daily use of the new MNP product.

Interviews with key community influencers (religious leaders, community chiefs, natural healers) and pediatricians complemented consumer insights with information about the consumers' social network and their motivations for engaging in activities to positively influence the target audience.

A total of 123 people – including caregivers, community influencers, pediatricians, community mobilizers and health center staff living in targeted communities of the Red Sea state – participated in individual and focus group interviews between March and June 2014 (Table 1). The interview topic guides were adapted to each audience group, and covered multiple dimensions of people's lives, beliefs and values, as well as ideas for promoting the new MNP.

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Data were collected in Arabic by bilingual data collectors. Findings were translated, transcribed and coded using the qualitative software NVivo<sup>10</sup> and then analyzed, drawing on principles of social marketing and Grounded Theory.

#### *Analyzing demand and supply: The “push” and “pull”*

One way to identify areas relevant to a social marketing strategy is to look at the consumer “push” (i.e., what currently encourages people to use MNP and to practice positive child feeding practices) and a product service “pull” (what attributes does the promotion and provision of MNP require in order to be able to attract people to use the services). This notion can also be expressed as addressing both supply and demand.

To get the full picture of the MNP consumer journey, the research looked at both the consumer demand side (push) and the service provision side of MNP (pull).<sup>11</sup> The latter included mapping the mechanisms of service provision and information-sharing practices at health center level, as well as analyzing community mobilizers' awareness, knowledge and motivation to engage in the program.

#### **Fatma Hussein<sup>12</sup>**

**Age: 29, married**

**Number of children: 3**

**Total number of adults living in household: 4**

**March 23, 2014, Assotriba, Port Sudan, Sudan, 08:00 am**

#### **This is Fatma's story**

Fatma dropped out of the fortified flour program a few months before she met the research team to tell her story at the Assotriba Health & Nutrition Center.

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 The first time Fatma heard about the fortified flour was from

her neighbor. Fatma and her friends from the neighborhood often gather for tea and a catch-up. Fatma used to receive the fortified flour for her two-year-old, but soon her child's fecal matter and urine began to color, and one day her child had diarrhea. Her mother-in-law suggested that the fortified flour was the problem. As a result, Fatma decided to discontinue using it. When she heard that her neighbor had also discontinued her use of it, she felt confirmed in her decision.

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Fatma's husband takes care of the finances, but when it comes to food shopping, Fatma is in charge. Although the family is financially constrained, her children's food preferences and her own perceptions of what is good and healthy dominate her choice of meals. When she believes that something causes adverse effects like diarrhea, or when a child rejects a meal, she stops serving it. When her children are sick, she first consults her mother-in-law. Doctors are a last resort for her. Fatma's family does not believe in illness prevention. "This is all in God's hands," she says. But she believes there is a link between nutrition and health. "Good food can help children grow, gain weight, be active, happy and smart," she says. When her children are well, Fatma has more time for herself. When they grow up, she wants her children to become doctors or teachers.

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Fatma examines the new MNP sachet. "It is very small," she says. "Does it contain all the things my child needs?" She likes the fact that she can use it with any meal, such as her children's favorite *Kisra* porridge.<sup>13</sup> "This is better than the old one. I will try it, if it doesn't give my child diarrhea."

### Research insights

#### *A consumer insight snapshot*

Speaking to caregivers like Fatma (see box below) revealed why they may choose to discontinue the use of products and services offered at the health center, what could have prevented this decision, and how the new MNP service provision and promotion can be designed to better fit the thinking of caregivers like Fatma.

By seeing the target audience in the round, the research team was able to identify a number of key insights which helped shape strategies to generate MNP demand and improve service provision.

### Social marketing insights

#### *From product-centered to consumer-centered promotion*

When Fatma and other caregivers dropped out of the MNP program, they usually had one reason in common: They had difficulties recalling any product benefits that they personally valued. As a result, the program lacked credibility and value in the

eyes of consumers like Fatma, who were more easily convinced to drop out. This was not the case for caregivers who reported personal perceived benefits associated with the product, such as visible child growth, tangible weight increase, glowing skin, increased physical activity, appetite gain and emotional benefits for the mother.

At the time of research, however, community mobilizers implemented a product-focused approach for promoting MNP, highlighting its nutrition properties rather than consumer benefits, using technical terminology such as anemia and malnutrition as well as concepts of disease prevention, none of which were common or easily accepted in the target community.

The lack of a consumer-centered brand and benefit-focused promotion were key barriers to acceptability, retention and positive perceptions around the MNP fortification program in the community.

The importance of consumer-benefit-focused, timely communication, especially during the product initiation phase, was further confirmed during the home trial with MNP single-dose sachets: Participants who were regularly consulted by community mobilizers trained in audience-centered communication were more likely to report positively on the product.

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### *Service provision*

An analysis of the MNP service provision at health & nutrition center level revealed that not all community mobilizers and health center staff were equally briefed about MNP, and most lacked the necessary skills and communication tools to promote the program in a consumer-friendly way. None had personal experience with the product, and as a result, they often paraphrased product properties rather than using their own local concepts and terms to describe product benefits for the consumer. For the research period, all community mobilizers were given the opportunity to sample MNP single-dose sachets and asked to keep a diary of their experiences. In role-play sessions, community mobilizers engaged in reshaping their messages and communication tactics so as to integrate their own experiences. Generating these “self-made” techniques was an important exercise to help gauge the level of motivation, self-efficacy and creativity required for building communication capacity in the long term.

FIGURE 1: The VITAMINO brand development journey



### Community engagement

Interviews with religious and community leaders revealed that, despite showing great interest in being ambassadors for good nutrition in the community, most lacked the knowledge and tools for active participation, especially in religious institutions.

### Translating research insights into action: Social marketing strategies in the mix

With a 360° picture of the MNP target audience, project stakeholders agreed that in order to increase MNP uptake and encourage positive behavioral change, the following needed to be in place: a culturally appropriate, consumer-driven brand for the new MNP; a sustainable strategy to improve MNP service provision; and a culturally appropriate strategy for active community engagement.

### Building a brand for MNP

In collaboration with a local marketing agency, an MNP brand and brand strategy were developed, utilizing research insights. A pre-testing exercise with the target audience helped to define and refine the brand name and visual identity (see [Figure 1](#)). The final brand, VITAMINO, focuses on building credibility and trust in MNP, with a culturally appropriate identity and a benefit-focused positioning. The brand is supported by a multimedia communication strategy, including a television talk show on good nutrition and corresponding radio spots.

As a next step, VITAMINO will be expanded to include branded plates, cups and cutlery specifically designed for children, so as to improve complementary feeding and consumption compliance of MNP at household level.

### Improving MNP service provision through skill building

To improve MNP service provision at health center and community level, a capacity-building methodology was designed in 2015. The SPLASH!<sup>14</sup> is a participatory train-the-trainers methodology to empower community mobilizers and mothers at community level with the communication skills needed to act as ambassadors for good nutrition and to help generate demand for MNP by putting the needs and concerns of the target audience first.

### Harnessing religious and cultural engagement

To actively engage religious community leaders, it was important to meet them within their comfort zone by considering possible sensitivities to some nutrition and health themes as prescribed by religion and culture. A sermon guide, infused with nutrition and health issues as supported by the Quran, was developed for this purpose. Selected imams were trained to train others in turn to inform and educate the congregation on nutrition and health.

### Conclusion

Extending the research approach beyond an analysis of barriers such as knowledge and attitudes allowed an understanding of the consumer experience which was essential for reshaping program services and informing communication activities to fit what the audience wants and needs.

By understanding both the demand and supply side, “pull” strategies could be implemented before “push” strategies began, so that service providers and community leaders were prepared to respond to people’s motivations to enroll in the new MNP program.

Strategically engaging national government stakeholders in the research process as well as program development led to strong buy-in into the principles and significance of social marketing and ownership of the home fortification program implementation as a whole. As a result, the local government actively supported the launch of the program, with its own strategy for community mobilization, using local nutrition champions as credible advocates.

The home fortification program with MNP single-dose sachets is currently being implemented in seven states across the country with the aim of reaching approximately 300,000 children under the age of five in 2017. WFP is now engaging with the private sector to develop a retail strategy and introduce MNP on the Sudanese market, ensuring an exit strategy and long-term sustainability.

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### Notes on the text

12. For the purposes of this article, the data collected during one interview were summarized and key insights highlighted. The interviewee's name was modified for reasons of confidentiality.
13. *Kisra* is a traditional Sudanese porridge made of durra or wheat. It is usually served with meat.
14. The SPLASH! methodology is a peer-led dialogue approach, anchored on seven key principles:
- S** – Being Sensitive to people's culture, religion and gender-defined roles while supporting the target audience with focused communication to avoid antagonizing them;
  - P** – Provoking consumers to share and ask questions;
  - L** – Listening skills that allow the facilitator to hear what is not being said but is implied;
  - A** – Being Articulate, without ambiguity;
  - S** – Providing feedback immediately (*Speedback*);
  - H** – Being Honest enough to refer rather than fumble with technical information; and
  - !** – Being innovative in the delivery of nutrition messages that are focused on what the consumer needs and values.

To date, 6,900 community mobilizers and peers have been trained in this approach in ten states in Sudan.