

Social Marketing to Sustainably Influence Nutrition Behaviors

Nutri'zaza's Strategy for triggering adequate consumption of complementary foods to prevent malnutrition in Madagascar

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Key messages

- > The bottom-up creation of a social offering improves its chances of success.
- > Focusing on consumer satisfaction and convenience, while at the same time respecting local food habits, is more effective than simply communicating a health promise.
- > Developing innovative distribution networks to increase the availability of products close to the poorest families is key.
- > Social marketing makes it possible to reach vulnerable populations.

Madagascar, a vulnerable and challenging environment¹

Every year, 9 million children worldwide die before the age of five. Directly or indirectly, one out of every two of these deaths is due to malnutrition. Malnutrition is especially devastating during the first 1,000 days of life, from an infant's conception to its second birthday. Even when it does not kill, malnutrition causes irreversible damage that lasts into adulthood (high morbidity, physical

and mental disabilities). This damage is passed on from one generation to the next, and has serious consequences for development. Malnutrition during this period is partly caused by the inadequate intake of nutritionally appropriate foods that are complementary to breast milk, and it can lead to food-borne diseases (diarrhea, parasitic infections) and/or the reduced bioavailability of micronutrients. The timely use of appropriate complementary foods and/or food supplements is generally recognized as a necessary prerequisite for preventing malnutrition. However, encouraging mothers to buy or prepare appropriate food products at the appropriate time is a challenge that has often been addressed without major success in developing countries.

“The manufactured complementary food products available on the market are generally of poor quality or else unaffordable, and 80 percent of urban Malagasy families live on less than US\$1.90 a day”

In Madagascar, 47.8 percent of children under 5 years suffer from chronic malnutrition (and up to 60 percent in some poor urban areas), which equates to more than 900,000 children. Feeding practices do not meet their needs, and the manufactured complementary food products available on the market are generally of poor quality or else unaffordable, and 80 percent of urban Malagasy families live on less than US\$1.90 a day.

How can this public health issue be addressed in a sustainable manner? Nutri'zaza's ambition is to ensure affordable and quality complementary foods for children aged 6–24 months are available to vulnerable populations with low purchasing power, and thereby to sustainably improve the consumption of adequate food and ultimately to help prevent malnutrition in infants and young children (**Box 1**).

BOX 1: Nutri'zaza: a Malagasy social business in the nutrition sector

Nutri'zaza is a social business that was set up in 2013 to build on the results of 14 years of nutrition projects led by GRET (a French development nongovernment organization) with its partners (IRD, Antananarivo University, TAF and Malagasy institutional stakeholders). Its aim is to improve infant feeding practices in poor neighborhoods in urban areas of Madagascar.^{1,2}

Consumer insights drive social marketing approach

To build an appropriate social marketing strategy with a high qualitative value proposition, consumer knowledge is key. Nutri'zaza regularly performs in-depth quantitative and qualitative diagnoses and analyses of consumer insights, including the global aspirations and needs of consumers, so as to develop a better offering in the long run. In Madagascar, the main findings of this work helped Nutri'zaza inform the development of a coherent strategy.^{1,3,4}

> **Nutrition knowledge:** More than 90 percent of mothers are convinced as to the importance of food diversification. However, almost 50 percent of them declared that this is difficult to achieve in practice (because of limited time, the



A Malagasy mother and child participating in a nutrition education session, in Antananarivo, the capital of Madagascar

low nutrient content of homemade food, the low all-year-round availability of some necessary types of food and the lack of budget to buy appropriate ingredients). Only one in every three mothers has a good knowledge of fortified foods.

> **Food practices and cultural perception of food:** Complementary food given to children – the traditional meal 'Vary sosoa' – is mainly composed of rice and water, and is of very low nutritional quality. Although nutritionally poor, rice is the star product in the perception of Malagasy, and in all respects: that of culture (rice is a staple food consumed daily); that of identity (in Malagasy, 'to eat rice' means simply 'to eat'); and that of nutrition (rice is considered as the perfect food that meets all dietary needs). Few people can afford to cook rice three times a day (because of lack of time or budget), so they prefer to buy out-of-home, ready-

TABLE 1: Local needs identified and expectations expressed

Local needs identified	Expectations expressed
Inadequate feeding practices from 6 months ('Vary sosoa')	Feeding and practices adapted to the nutritional needs of children aged 6–24 months
Low knowledge of infant and young child feeding	Knowledge of how to feed children better
Constraints in preparing meals with unprocessed raw material	Meals that are easy and quick to prepare and/or ready to eat
Poor sanitary conditions (especially water quality)	Ready-to-cook product
Time-consuming preparation for mothers and caregivers	Recipes adapted to the local food habits and constraints (with emphasis on the presence of rice and local flavors/tastes)
Insufficient financial means	Meals that are affordable for the majority of those sections of the Malagasy population who have low purchasing power
Difficulty accessing healthy food, especially in poor areas of urban cities	High-quality local product accessible near residential areas, and high proximity to consumers



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A Malagasy child consuming a local porridge, in Antananarivo

to-eat rice donuts or tea for their children. Eighty percent of children aged 6–24 months do not reach the acceptable minimum food intake, and only 28 percent receive the minimum number of recommended meals per day (according to WHO standards).

- > **Habits and purchasing behavior:** Parents generally buy food products on a daily basis in small grocery stores and in very small quantities. Consumption away from the home is common, especially because of the cost of preparing food at home. More than 80 percent of the population living in urban areas have a daily food budget of MGA200–500 per child per day (US\$0.06–0.13).
- > **Needs and expectations:** According to Malagasy mothers, the ‘perfect food’ has to be safe, accessible in terms of price, available close to home, composed of local ingredients (especially rice), quick and easy to prepare, adapted to local food tastes, in line with nutritional requirements for the child’s growth (at



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A flyer for the *Koba Aina* product range

least in terms of vitamin content) and easy to digest. Above all, Malagasy mothers want to please their children with the best food they can afford, not the cheapest (Table 1).

“Malagasy mothers want to give their child the best food they can afford, not the cheapest product on the market”

Nutri'zaza's value creation and social offering

To address these contextual issues, Nutri'zaza, with the technical support of GRET NGO and its partners, developed an innovative strategy to manufacture locally available, easy-to-use fortified products and to market them to low-income families with young children, while at the same time raising awareness of good feeding practices.

One key driver forms the basis of Nutri'zaza's social marketing strategy: focusing on consumer satisfaction and convenience while meeting local food habits (Box 2). This strategic orientation is more effective than simply communicating a health promise.^{1,2,5}

The product offered, *Koba Aina* ('flour of life' in Malagasy), is a ready-to-cook flour made from corn, soy, rice, sugar and peanuts, and fortified with 25 vitamins and minerals. It is used in the preparation of porridge and is similar to the traditional local rice flour. It is a complete infant flour (1 sachet = 1 meal) and is locally produced by TAF mainly from local raw materials (90 percent). *Koba Aina* is adapted to suit the nutritional requirements of infants and young children aged 6–24 months in addition to breast milk. It is also adapted to the eating habits of the local population, compliant with international quality standards and affordable for low-income populations. The consumption of one serving per day in place of one traditional meal, combined with the rest of the diet (including breast milk), covers the total daily recommended nutritional intake for children aged 6–24 months.

“The innovation lies also in the associated service that is offered to consumers with a view to achieving better compliance”

The innovation lies also in the associated service that is offered to consumers with a view to achieving better compliance. The product is available in two different formats (as ready-to-eat



A restaurant for babies in a poor urban area of Antananarivo

BOX 2: The social marketing mix

Product: *Koba Aina* fortified product (see above, 'social offering')

- > *Koba Aina* is a ready-to-cook flour fortified with 25 vitamins and minerals, which is used in the preparation of porridge.
- > It is compliant with international quality standards and local habits and tastes.
- > It is sold in three formats: unpackaged (as ready-to-eat porridge), in a one-portion-size 35 g sachet and in 1–50 kg bulk packaging.
- > The 35 g sachet comes in three flavors: natural, strawberry and banana.
- > The mascot – a bag of rice from Madagascar with a smiley face – highlights the values of the brand (quality, nutrition, local identity). The name *Koba Aina* ('flour of life'), the slogan ("I love my child, I give him *Koba Aina*") and all other communication messages have been chosen to reflect mothers' perceptions and expectations regarding infant food.

Place: three distribution channels facilitate the sale of the product in urban zones across Madagascar (Nutri'zaza):

- > The social market: 123 sales agents (well known to the community) sell the ready-to-eat porridge in urban zones as door-to-door ambulant vendors or through *Hotelin-jazakely* ('restaurants for babies'). Parents can also come to buy the porridge already prepared or instead can let their children eat it in the restaurant. This option (33 percent of sales volumes as at December 2018) also provides an opportunity for parents to monitor the baby's growth and to obtain advice.

- > The traditional market: around 8,000 retail outlets, including small and medium-size grocery stores, pharmacies and supermarkets, sell the 35 g sachet. Fifteen wholesalers also flood the market (accounting for 46 percent of sales volumes as at December 2018).
- > The institutional market, via NGOs and public institutions. Unbranded *Koba Aina* is sold to social institutions in order to reach populations in the E category (people living on less than US\$0.19 a day) by them offering free or subsidized products (accounting for 21 percent of sales volumes as at December 2018).

Price: unsubsidized to end consumers

- > Through the social network (restaurants for babies and door-to-door): MGA300 for one ladle/meal = €0.075.
- > Through the traditional network (retail): MGA500 per 35 g small sachet (one-portion pack/meal) = €0.125.
- > Through the institutional network (public organizations): free for the end consumers, and sold to the institutions at a lower price than via the other channels.

Promotion:

- > Media: advertising spots on TV and radio, sponsoring, documentaries, game contests online, national fairs.
- > Below-the-line marketing: sales agents in the neighborhoods (as the main communication vector), events on local markets (mobile animation) or with retailers and wholesalers, trade animators in regions, goodies.
- > **The message is not based on 'the cheapest solution for the poor.' Communication focuses on the fact that this is a local solution made from rice, and that it is convenient, available near your place, tastes good, of high quality and affordable. Its emphasis is on the pleasure given to the child, and the main aspiration is: "I love my child, I give him *Koba Aina*!"**

porridge served by the ladle and also as a 35 g sachet of flour), and is distributed in various ways:

- > via the traditional network comprising more than 8,000 direct sales outlets and wholesalers;
- > via a genuinely innovative social network, the 36 *Hotelin-jazakely* ('restaurants for babies');
- > via a door-to-door service at the heart of 123 neighborhoods in Madagascar; and

- > via the institutional network of public organizations conducting nutrition projects.

In parallel with the intensive commercial promotion, families receive appropriate messages from public actors on infant and young child feeding through a complete behavior change communication strategy focusing on complementary feeding and developed in line with government nutrition policies. This choice of combining both actions (social marketing run by Nutri'zaza and nutrition education run by public actors) is mainly driven by the very specific category of product being addressed (complementary foods for children aged 6–24 months). Indeed, following the WHO's International Code of Marketing of Breastmilk Substitutes and the recent resolutions of the World Health Assembly (May 2016), a private company cannot communicate nutrition education messages to this specific target group.^{6,7} This combination is essential to ensure the consumption of *Koba Aina* becomes part of a set of adequate food practices to prevent malnutrition among children.

Key learnings

Based on Nutri'zaza's experience, the social marketing of locally manufactured complementary foods appears to be a solution to provide quality and affordable foods that are fast and easy to prepare to as many people as possible. When accompanied by a complete behavior change communication strategy that increases awareness of appropriate feeding practices, social marketing

BOX 3: Nutri'zaza's social marketing strategy in numbers

- > More than 47 million meals of *Koba Aina* have been sold since 2013, which means more than 8,000 children under 5 are reached daily.
- > 600,000 families have access to *Koba Aina* near their home (all points of sales combined). More than 120 neighborhoods are currently covered by the door-to-door service in 45 districts, among which 36 restaurants for babies are operational and more than 8,000 direct sales outlets are active.
- > The monthly penetration rate, which is defined as the rate of children aged 6–24 months consuming at least one serving of *Koba Aina* (120 g of porridge made from 35 g of flour) per month, is around 62 percent (as at the end of 2017).
- > Low-income consumers (from the D category) buy the ready-to-eat porridge that is sold door-to-door using a ladle.
- > The 35 g small sachets that are available in the

traditional network reach families from the C to B categories, even when some of them live in neighborhoods where they could purchase ready-to-eat porridge delivered at home.

- > The brand awareness rate reaches the extremely high level of 90 percent in and around areas with restaurants for babies.



Nutri'zaza selling agent of *Koba Aina*, in Antananarivo

enables the appropriate consumption of the product in combination with other recommended practices and effectively improves nutritional impact.

Koba Aina is the only complete flour that is produced in Madagascar from 90 percent of local raw materials and is also specifically adapted to prevent malnutrition according to WHO standards among the crucial target group of children aged 6–24 months. It is two to four times less expensive than other industrial products available on the market and its price represents 4–8 percent of the budget of a family receiving a national minimum salary. Finally, *Koba Aina* is the only high-quality product sold in a convenient ready-to-eat format either via the door-to-door service or at the brand-dedicated baby restaurants.

Key figures show the current impact of Nutri'zaza's social marketing strategy (See **Box 3**).

Several lessons learnt can be shared as global recommendations:^{1,2,4,8-10}

1. Using social marketing to introduce a new adequate complementary food, in combination with a behavior change communication strategy focusing on relevant infant and young child feeding behaviors, influences more sustainable nutrition behaviors and triggers the adequate consumption of food.

2. Social marketing enables poor populations to be reached: the affordability of a high-quality product can be proven among C and D customers who are ready to pay more to get adequate food for their child if the product is perfectly adapted to their needs (in terms of the format of the selling units, content and distribution).
3. The bottom-up creation of a social offering improves the chances of success: in-depth diagnosis and regular analysis of the context, acceptability among the population and distribution network enable a better offering to be developed.
4. Offering a real-value proposition focusing on satisfaction (i.e., for the child), convenience and immediate emotional benefit (i.e., for the mother), while also meeting local food habits, leads to better adoption of the product by the target group than if only a health promise is made. "Mothers want to give their child the best food they can afford, not the cheapest product on the market."
5. Developing innovative distribution networks to increase the reputation and availability of products very close to the poorest families is key: a door-to-door service facilitates the use of a product in a context where many families do not have the facilities to prepare homemade meals and where some meals are usually eaten at home.
6. Developing a premium range (35 g small sachet) in parallel with a low-price product (porridge ladle) increases trust and the reputation of the product, triggers demand and ensures the product becomes aspirational for all target groups.
7. Combining research and action over a sufficiently long time span is key to find suitable and innovative solutions for each context and target group. Continuous monitoring and evaluation are also essential to ensure that the offering is still adapted to the context and that the messages are still in line with the target group and legal context.

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A stylized, minimalist illustration of a computer monitor. The monitor is represented by a large, rounded rectangle with a thick orange border. Below the rectangle is a trapezoidal shape representing the base of the monitor, also in orange. The entire graphic is centered at the bottom of the page.