







Social Marketing in Benin: Bringing Diarrhea Treatment Closer to the Community

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Background ...



Benin

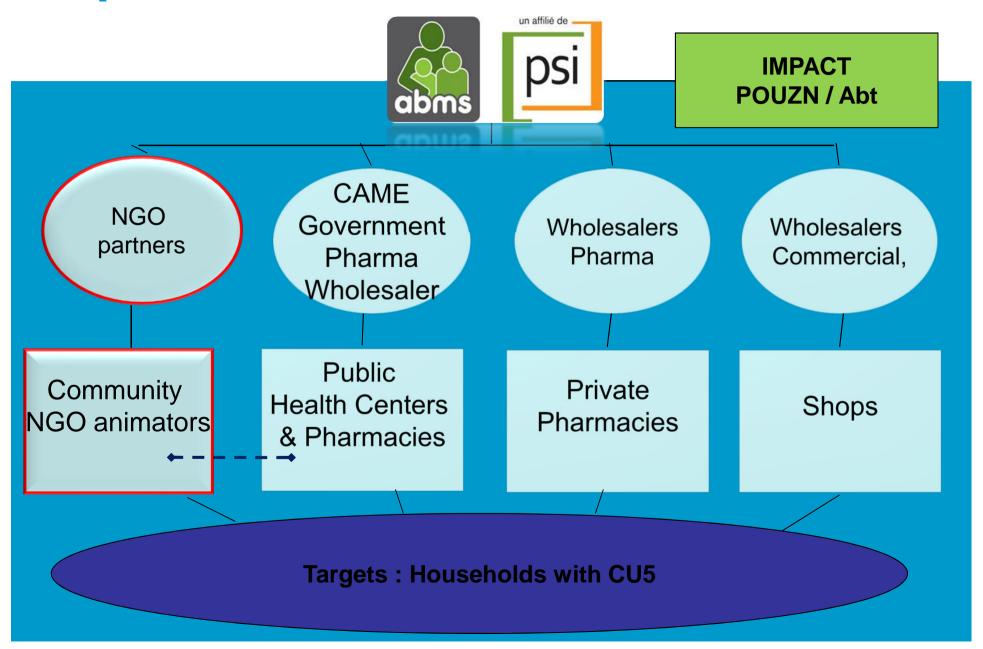
- Pop = 8.79M CU5 = 1.4 M
- CU5 diarrhea prevalence = 9% in the 2 weeks preceding DHS 2006

Timeline

- 1995: PSI/Benin began to socially market ORS, branded *Orasel*.
- 2008 March: UNICEF funding, PSI piloted a subsidized diarrhea treatment kit (DTK)
- 2008 July: USAID funding, POUZN launched a partial cost recovery DTK
- November 2009: DTK sales expanded through community based partnerships.



Implementation Model





1. Product: What made sense for Benin?

- No locally-made product available
- Imported zinc France's Nutriset (only available producer at the time)
- Imported low osmolarity oral rehydration salts from India
- Building off PSI's Orasel brand awareness, the diarrheal treatment kit Oraselzinc was launched.





2. Price: Ensuring Sustainability and Affordability

- <u>full cost recovery</u> in both public and private sector sales points (CFA 450 = \$0.90)
- Ensure <u>affordability</u>:
 - Consumer research (December 2007): 61.8% of women surveyed were willing to pay up to 450 CFA for DTK.
 - Household follow-up survey (November 2009):
 70% of respondents thought DTK affordable and
 35% willing to pay more if price increased.

3. Placement: How did we get DTK into the hands of mothers in Benin?

Commercial Sector

- Pharmaceutical wholesalers (3)
- Commercial non- pharmaceutical wholesalers (10)

Public Sector

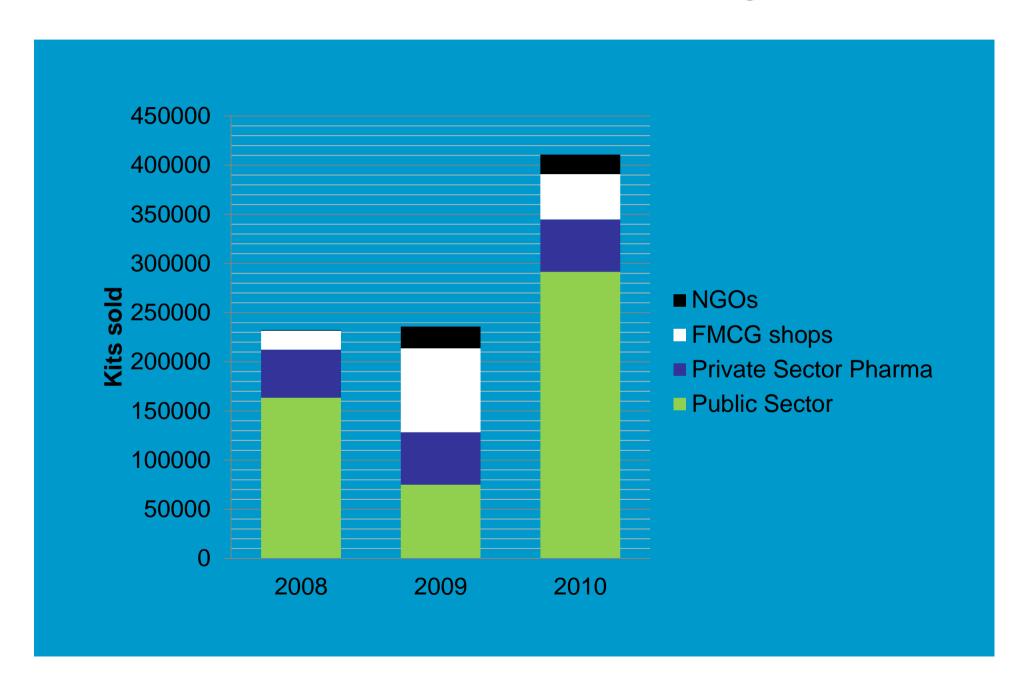
Government Pharmaceutical Wholesalers (CAME)

Community Based Distribution

- Partnerships with 13 NGOs working in rural areas
- Partnership with Association of Women's Microcredit Groups
- Partnerships with community health workers attached to MOH clinics and other USAID projects for sensitization and sales

OraselZinc sales





4. Promotion: So what is the best way to increase awareness and use among mothers?

Radio & Television

- Local language messages
- Joint role of ORS and Zinc

Billboards & Posters

- Awareness at point of sale
- Brand recognition





Small groups & Door to Door

 Women's Groups & Community Health Workers

Training of Providers

 Public (450) – NGO (90) – Private (500) – Pharmacy (310)

So how did we do?

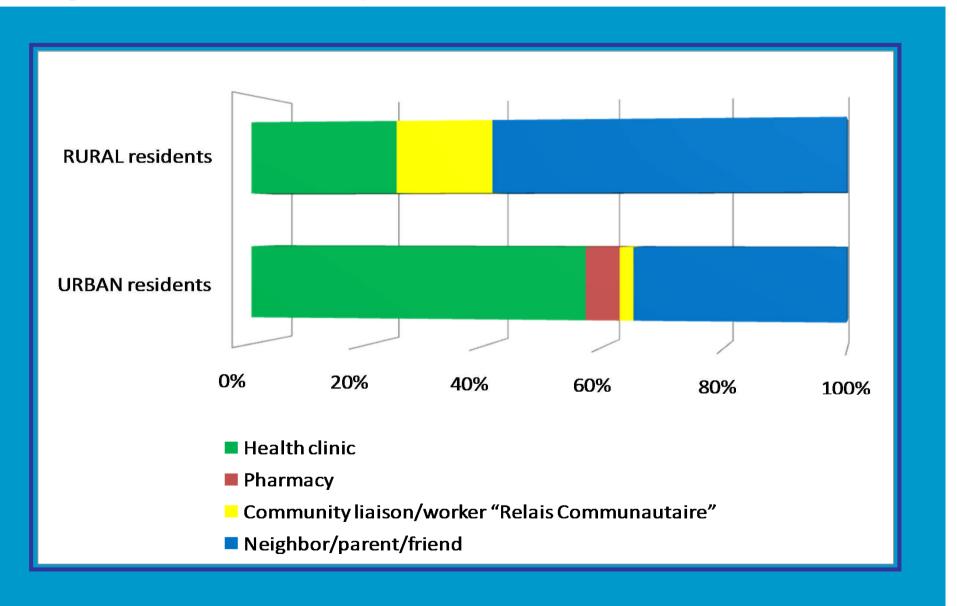


POUZN/PSI: HH survey in November 2009 (TRaC)	Among children with diarrhea (%)	Among zinc users (%)
Treated with zinc	30.9	
Treated with zinc plus ORS	27.0	87.5
Given zinc for 10 days or more	14.1	46.6
Treated with zinc for 10 days or more plus ORS	12.6	42.1

 Note: Use rates also reflect conversion from previous Orasel users as well as new users

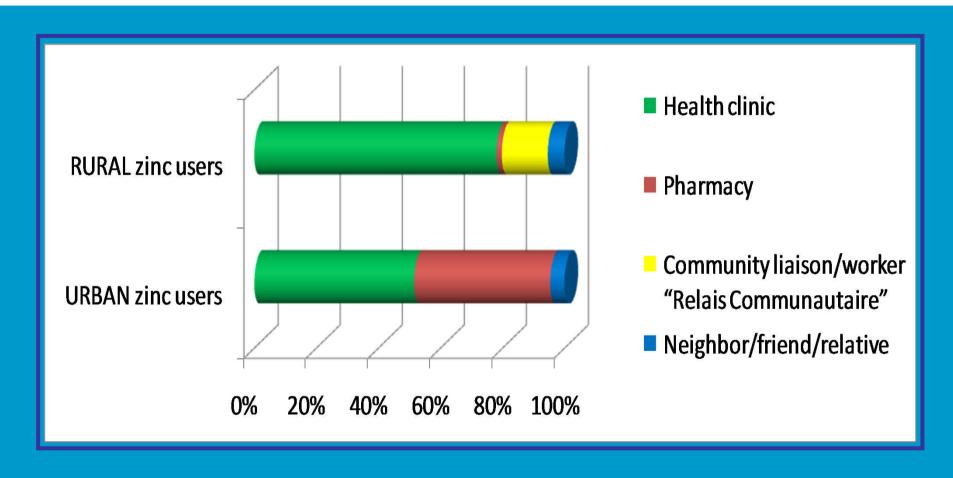


Caregivers are more likely to seek advice from ...



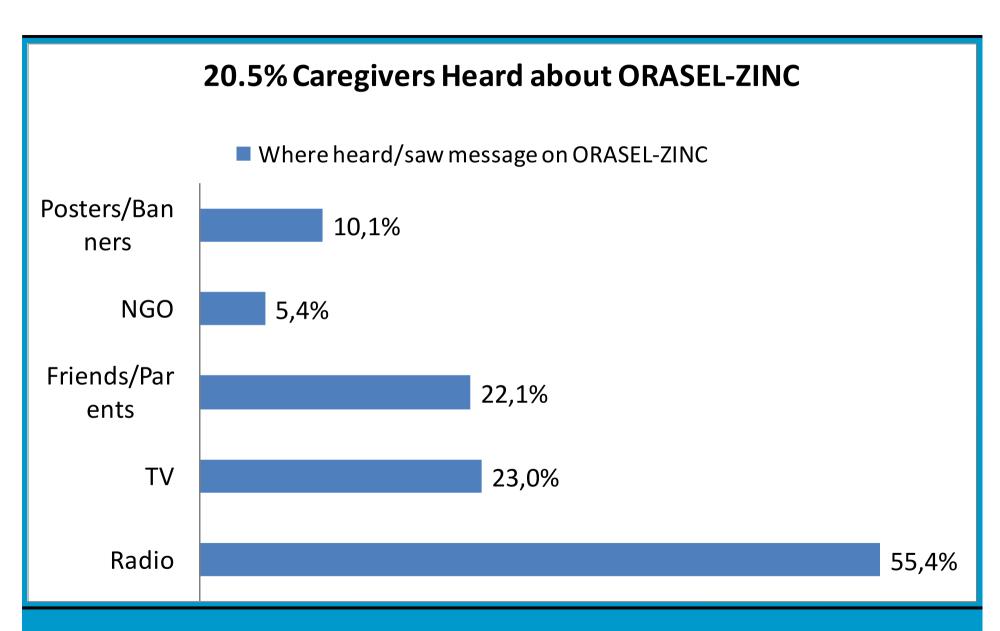


Caregivers procured zinc from ...



Source of zinc products reported by caregivers who used zinc for diarrhea treatments in the past 2 weeks.





Benin Lessons learned



- Building on a already existing ORS promotional effort can speed uptake of intervention and increase use.
- Family, friends, and community health workers are a critical source of advice. Thus community based education remains an important channel for behavior change.
- Exposure to mass media is a determinant of zinc knowledge and use in Benin.
- In countries with high caregiver reliance on a weak public sector, the socially marketing program (PSI) should coordinate closely with the public health system.

The people of BENIN thank YOU!



