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**REPUBLIC OF NIGER**

**EVALUATION OF THE VITAMIN A SOCIAL  
MARKETING PROJECT  
(MINI-PROJECT)**

**December 1992**

**NUTRITION  
COMMUNICATION  
PROJECT**

**Niger Ministry of Public  
Health**

with the cooperation of

**the Academy for  
Educational  
Development**

and

**Helen Keller  
International**

# VITAMIN A SOCIAL MARKETING PROJECT NIGER

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NIGER MINI-PROJECT EVALUATION**

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REPORT (FRENCH)**

## **I. EXECUTIVE SUMMARY**

This report presents the evaluation results from the Vitamin-A Social Marketing Project, being carried out by the Ministry of Public Health, Nutrition Division, in coordination with Helen Keller International. Technical assistance and funding has been provided by the Nutrition Communication Project, a USAID, Office of Nutrition project managed by the Academy for Educational Development.

Phase I of the Niger Project — referred to as the Vitamin A Mini-Project — took place from January 1991 to September 1992 in 16 villages in the Birni N'Konni district of Tahoua Department, 450 kms west of Niamey. This region was selected specifically because of the availability of water and the existence of dry-season vegetable cultivation. The total population covered was approximately 26,000. The project was designed to serve as a model for the government's National Vitamin A Program. Phase I served as a pilot intervention aimed at testing communication strategies and management structures to increase consumption of vitamin A for children under six years of age and pregnant and nursing mothers.

Following initial field research, six message concepts, aimed at different target audiences, were developed and field tested. The messages were communicated to pregnant and nursing women and their husbands to increase consumption of particular Vitamin A-rich foods; to gardeners, to encourage cultivation of traditional dark green leafy vegetables; and to community leaders, to motivate them to lend their support to the project. The messages were communicated by Village Animation Committees (VAC) primarily through community-based events, such as skits, and other traditional media. Local health workers, teachers and agricultural agents provided technical support to the Village Animation Committees and carried out specific communication activities.

The evaluation sought to identify the strengths and weaknesses of Phase I to facilitate planning subsequent phases of the project. The evaluation team studied the general implementation and management of the project, the role played by the members of the Technical Support Group and the Village Animation Committees (VAC), and the impact of theater on the knowledge and behavior of the target audiences.

Data were collected in December 1992 through a variety of means, including interviews, focus groups, questionnaires, and document review. Where possible, data on practices were compared to data from the survey of 251 subjects conducted by Nancy Keith in March-June 1991 as part of formative research. Unfortunately, as an evaluation had not originally been funded, a true baseline was not conducted.

### **Results:**

1. Overall the project had a measurable impact on dietary practices. Consumption and production of vitamin A-rich foods increased: 90% of adults said that they eat green leaves more frequently and 87% said that they eat liver more frequently as a result of hearing the nutrition messages.

2. **Liver consumption increased.** The percentage of women who had eaten liver in the last seven days rose from 51.6 % to 69.2%. Among children, liver consumption increased similarly, with 65 % having consumed it in the last seven days compared to 50.6% before the intervention.
3. **Exposure to nutrition messages was high.** Women, however, had less exposure to the messages than men.
  - 75% of men and 53% of women had heard information about the importance of a varied diet.
  - 77.5% of men and 65% of women reported hearing about eating dark green leaves.
  - 81.6% of men and 68.4% of women remembered hearing about eating liver.
4. **Theater enjoyed popular success and was perceived to be a good source of education and information by villagers.** Furthermore, theater proved to be an effective way to reach women, who are cloistered and, hence, hard to contact (60.8% of men and 34.2% of women saw at least one play).
5. **Many of those who attended plays took steps to improve their own and their children's nutritional status, although messages about children's needs seem to have been less emphasized in the storylines.** Approximately 90% of adults who had seen the plays increased their liver consumption and 60% increased the liver consumption of their children. Similarly, 89.6% reported increasing their consumption of dark green leaves, while 60% reported giving more to their children.
6. **Although the project ended in September 1992, village-sponsored activities have continued without outside support.** Almost one-half of all respondents had attended a play in the three months following the "end" of the project.

## **Recommendations**

1. **To have the greatest impact, it appears that a vitamin A social marketing project should be linked with on-going projects in the region in order to benefit from a personnel/training/management/supervision infrastructure.**
2. **In Birni N'Konni, villages without gardens can be included in a dietary-change strategy because they have access, through weekly markets, to leaves rich in vitamin A and to liver. However, it must be remembered that accessibility is a key factor. Villages with gardens had a significantly higher consumption of green leaves.**

3. Messages dealing with dietary practices of children should be intensified, as behavior change was lower in this group than among adults. This is especially true for consumption of dark green leaves. Close to half of children under six years of age either don't eat leaves or ate them less often than once a week. For the youngest (0-12 months), some parents felt the child is not old enough to eat leaves.
4. To maintain interest and to permit a better integration of activities with other areas of local concern, the Village Animation Committees should address a number of nutrition themes beyond vitamin A.
5. Traditional, religious and opinion leaders should have a more active role in Phase II. For example, an information and training day could be organized for them.
6. One Village Animation Committee (VAC) per village should be created, rather than covering several villages with one committee. The implications of this recommendation for the number of VACs that can be supported in an expanded Phase II program need to be carefully weighed.
7. Villagers should choose the members of the VAC according to specific criteria: availability, motivation, acting talent, willingness, and stability. Recruitment of the VAC should take place between January and April (outside of the agricultural season). Everyone, including professional advisors and VAC members, recognized the need to include women in the VAC. Finally, the VAC should be encouraged to recruit new members as needed and desired.
8. Small gifts could be budgeted (or other motivation built-in) to encourage the Village Animation Committees. The idea of volunteering is not well understood. The general level of poverty makes it difficult for villagers to participate without remuneration. There is a general perception on the part of health workers and extension agents that the "people in Niamey" are keeping the "foreign" money. The members of the Village Animation Committees, in turn, think the technical field agents keep the money coming from Niamey. Ways of stemming these rumors, including more layered management of contact between "Niamey" and the villages, can be developed.
9. The plays should continue to be held during the rainy season, but less frequently because the number of spectators decreases and the actors are less available.
10. All the skits created by the Village Animation Committees should be compiled to serve as material for radio dramas and other program activities.
11. Local artists should be used to create visual aids to ensure that they are culturally appropriate to local populations.
12. The workplan for Phase II should be less rushed so that the activity calendar can be

respected. Communication between Niamey and Birni N'Konni requires a long lead time. Care should be taken to inform professional advisors in the field in due time of any program changes.

13. Supervisors from Niamey should visit the field at least every 3 months and local extension agents should follow up at least every two weeks if they live in the village they cover and every month if they live outside the village.
14. Extension workers and other field-level technical personnel should live in the villages they are advising.
15. Finally, delays in wiring funds from the U.S. to Niger must be shortened.

## **II. BACKGROUND**

### **NCP Support to Nutrition in Niger**

NCP has been providing assistance to the USAID programs in Niger since May 1988, when a needs assessment was conducted and recommendations made for addressing nutrition within the Agency's Child Survival Strategy. Subsequently, NCP assisted the Ministry of Health (MOH), Nutrition Division to conduct qualitative research on infant feeding. An NCP anthropologist provided training during ten weeks of guided field research in Zarma-speaking areas. This research was to serve as the basis for a comprehensive nutrition communication effort. When funding was not available for this communication effort, NCP worked with the Mission to develop a nutrition education program that could be incorporated into the USAID Nutrition Implementation Plan for Niger. In order not to lose momentum waiting for this broad program to be funded, NCP and the MOH designed a Vitamin A Mini Communication Project (Phase I) in October 1989 using vitamin A funds from the Office of Nutrition.

Since January 1991, NCP has collaborated with the MOH and Helen Keller International in executing the Vitamin A Mini Communication Project, which was conceived as a test-phase for a future, larger social marketing project. Phase I uses a consumer-focused methodology that takes individual preferences into account, addresses obstacles to improving eating behavior, identifies specific behaviors for modification, and employs multiple communication channels to motivate target audiences to adopt the new behaviors.

### **III. PHASE I STRATEGY AND ACTIVITIES**

**The Phase I strategy is outlined below:**

#### **1. Guiding Principles**

**The NCP/Niger communication strategy is based on three related principles:**

- 1. Social Marketing, an approach that is based on audience research, targets messages at specific audiences, limits behavioral objectives, and is well coordinated with service delivery/product availability. Originating in the private sector, social marketing has been a powerful framework for thinking about nutrition issues and developing solutions that the consumer will accept. Social marketing, as a consumer-centered methodology helps program planners identify ideas, practices and products that will translate technical norms into actionable behaviors. For example, although the scientific reasons justifying increased consumption of Vitamin A-rich foods or exclusive breastfeeding up to six months are clear, it is important to explore the personal and social reasons for existing behavior patterns. These vary from one population to another.**
- 2. Since nutrition and food consumption are tightly intertwined with the traditional values, behavioral change often requires a higher level of trust by the target audience than for other health interventions, such as vaccination. A key factor in fostering trust are quality interpersonal communication and counseling skills by community influentials and friends.**
- 3. Nutritional information does not, in and of itself, translate into the widespread adoption of the desired behaviors. People need to see true-to-life examples or models of how recommended behavior changes can be negotiated and acted upon within actual social relationships and contexts. The narrative format, the basis of African oral history, responds to this need appropriately. This format will be used as one of the major ways to convey information through interpersonal as well as media channels.**

#### **2. Key Components of the Strategy**

- **Message Concepts and Key Audiences**

**Six message concepts, each aimed at a different target audience, were developed from the formative research results and field tested. Pregnant and nursing women and their husbands are addressed with messages promoting specific actions to increase the consumption of liver, dark green leaves and squash. Messages for gardeners encourage increased cultivation of moringa trees and red sorrel, two traditional sources of Vitamin A. Another target audience, influential community leaders, are being motivated to lend their prestige and serve as intermediaries in the health**

education process. All communication messages are seasonally linked to correspond with the availability of vitamin A-rich foods and disposable income.

- **Communication Channels**

The strategy used seeks to communicate nutrition messages through a media mix which balances inputs on three levels:

**Community Based Events:**

The communication strategy makes use of role plays, theater pieces and other traditional folk media to stimulate and mobilize popular participation in the villagers' own nutrition education. Drama offers the means to flexibly communicate diverse messages to a number of target audiences.

**Village Animation Teams:**

The skits and role plays were carried out by five member Village Animation Teams which were selected by the villagers. The Animation Teams participated in a 5-day workshop which trained them in how to stage and perform village skits. The Local Cadres worked closely with the teams.

**Local Cadres:**

Health workers, teachers, and agricultural development agents working with the project villages will carry out specific communication activities related to their particular job responsibility. Support materials such as a wall chart showing key seasonal sources of Vitamin A (liver after the harvest when cash is available, fresh green leaves during the rainy season, mangoes in the hot, dry season and squash later on) were developed as support materials for the technical group.

**Mass Media Support:**

No mass media was used in Phase I due to the small size of the population covered. In Phase II particular attention will be given to radio because of its considerable reach among rural, non-literate audiences.

### **3. The Intervention: Key Activities**

Accomplishments under the Phase I project conducted between January 1991 and September 1992 include:

- Carried out a study analyzing the availability of Vitamin A-rich foods in Niger, consumption patterns and Vitamin A gaps in different segments of the population.

- **Conducted qualitative field research related to nutrition and vitamin A consumption among high risk groups: Pregnant and nursing women and children under six.**
- **Designed a communication strategy based on the research findings and pretested key message concepts.**
- **Set up an activity calendar with Birni N'Konni officials.**
- **Developed training modules and materials.**
- **Trained 26 agricultural agents, teachers, and nurses who then worked with the population in the project villages to promote the target behaviors.**
- **Trained sixteen five-member Village Animation teams (VAC's).**
- **Conducted an average of 2 plays per week in each village during a 15 week period.**
- **Organized three Village Theater "Liver and Greens" Festivals as a mobilization activity and a way of facilitating an exchange of skits and plays between the project villages.**

**APPENDIX**

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