

### Social Marketing of Multiple Health Products (Including WaterGuard and Sprinkles Micronutrient Powder) in Rural Communities

#### Context

The Safe Water and AIDS Project (SWAP), a Kenyan self-help NGO, has been delivering health products through a community-based program since 2005. The SWAP approach mobilizes formal and informal community institutions to support community vendor groups that sell items from a “basket” of different health products to their neighbors. As of 2008, about 878 active SWAP chapters operated in Nyanza Province in rural western Kenya, with roughly 6,000 vendors. Access to standard health services in this area is difficult, especially during the two rainy seasons.

From 2007 to 2009 the U.S. Centers for Disease Control and Prevention (CDC) partnered with local groups to carry out an effectiveness study of the promotion and distribution of health, WASH, and nutrition-related products—including the introduction of Sprinkles (micronutrient powder in single-dose packets that can be added to complementary foods). The CDC, Global Alliance for Improved Nutrition, and USAID provided funding.

#### Activities/Channels

As part of the SWAP approach, women’s groups who register to become SWAP vendors receive basic health education and training on the proper use of health products, business practices, and microcredit. The vendors visit homes and also sell products at market kiosks, churches, and other community settings. Vendors regularly promote both WaterGuard (a chlorine-based water treatment product) and insecticide-treated-nets.

The two-year effectiveness study was conducted following



SWAP Kenya

*A sampling of health-related products that community vendor groups sell door-to-door and in market settings.*

an intervention that included a Sprinkles marketing campaign that provided special training for SWAP vendors, product “launches” (promotional materials, educational leaflets, and loudspeaker trucks), and various incentives for both vendors and consumers. To model point-of-use water treatment and safe water storage during the intervention, water stations with drinking water and hand washing supplies were also installed in health facilities, primary schools, churches, and chiefs’ homes. Each station consisted of a 60-liter plastic bucket with a tap and lid and starter supplies of WaterGuard and soap. Sixty villages (about 80,000 people) in Nyando Division of Nyanza Province participated in the study: 30 villages participated in the intervention for two years and 30 served as a

comparison group for one year and then were included in activities the second year. All products sold by SWAP except Sprinkles were available in local village markets throughout the study area.

## Results

Baseline and follow-up surveys were carried out in households having children aged 6–35 months. After one year, 39 percent of intervention households and 9 percent of comparison households had received home visits from a vendor (in contrast to fewer than 3 percent of households in either area at baseline). Intervention households were more likely to have purchased WaterGuard (15 percent vs. 2 percent), and Sprinkles (36 percent vs. 6 percent). After two years, 47 percent and 41 percent of original intervention and comparison households, respectively, reported receiving a home visit. Over 90 percent of all households receiving visits reported purchasing a health product, and sales of the three products were all similar in the two areas.

Both WaterGuard and ITNs were purchased less frequently by lower socio-economic status than higher socio-economic status households, but Sprinkles was purchased equally across all quintiles.

On average, 33 percent of households in intervention villages purchased Sprinkles, with the average weekly intake per child being 0.9 sachets. Intervention children had greater improvements in hemoglobin concentrations, iron deficiency, and vitamin A deficiency than comparison subjects. Results adjusted for age, sex, SES, and maternal education showed a significant association between the hemoglobin, iron, and vitamin A concentrations of children and the number of Sprinkles sachets the children consumed. The prevalence of malaria, wasting, and stunting did not change significantly in either group.

## Lessons

Community vendors who visit homes in resource-poor areas can play an important role in promoting the purchase of affordable WASH and nutrition products through an integrated approach. In these villages, the high level of community engagement likely contributed to exposure to products and increased sales. The intervention was carried out at multiple levels of influence, including with district and provincial governments, through mass media, local chiefs, religious leaders, school teachers, and health care providers—creating multiple opportunities to



*Drinking water and hand washing station*

reinforce messages. The involvement of local residents gave community members the chance to see modeling of healthy behaviors. Home visits were well accepted by this population.

Even with relatively low and infrequent use, Sprinkles sales were associated with decreased rates of anemia and iron and vitamin A deficiency in this resource-poor setting. With the exception of Sprinkles, uptake of health (including WASH) products by the poorest households remained a challenge for these vendors.

## Resources

Selling Sprinkles micronutrient powder reduces anemia, iron deficiency, and vitamin A deficiency in young children in Western Kenya: a cluster-randomized controlled trial. *American Journal of Clinical Nutrition*. May 2012. 95(5):1223-30.

Addressing inequities in access to health products through the use of social marketing, community mobilization, and local entrepreneurs in rural Western Kenya. *International Journal of Population Research*. 2012

Fighting child malnutrition in Africa through the use of micronutrient supplements. *Health Affairs*. 2011 June 30(6): 1160-4.

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