Demand Generation

Adapting the Demand Generation Implementation Kit for Underutilized, Life Saving Commodities: HC3 Case Study Series

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Using the Demand Generation I-Kit to Reduce Child Mortality in the Mitsinjo District of Madagascar

Diarrhea is a persistent problem in the Mitsinjo District of Boeny, a northwestern region of Madagascar, because residents use contaminated drinking water from local rivers and lakes. In 2015, 2,042 children suffering from diarrhea were treated at the community level (AJPP, 2015) and 333 children were treated at the health care facility level (Mitsinjo DPHS External Consultations Report). Diarrhea was found to be the second highest cause of mortality in Malagasy children under five, with less than half of all children suffering from diarrhea receiving appropriate health services. In response to these findings, Action pour la Justice et le Progrès des Populations (AJPP) reinforced its efforts to improve maternal and child health by promoting oral rehydration salts (ORS) and zinc, per the goals of the United Nations Commission on Life Saving Commodities for Women and Children (UNCoLSC).

AJPP developed a communication strategy to generate demand for ORS and zinc. This pilot project was implemented in five communes in the Mitsinjo District. The communication strategy followed the six key steps for developing a demand generation strategy as outlined in the ***Demand Generation Implementation Kit (I-Kit) for Underutilized Life Saving Commodities*** developed under the Health Communication Capacity Collaborative (HC3).

AJPP began by laying out its vision: By the end of 2018, the community will see that mothers are capable of recognizing the symptoms of diarrhea, they are visiting community sites and/or the health centers and they are skilled at using the ORS/zinc co-pack to reduce the number of avoidable child deaths linked to diarrhea.

The primary target audiences for AJPP's ORS and zinc demand generation activities were mothers and grandmothers of children under five, primary health care providers and community health workers (CHWs) at the community-site level. The secondary target audiences were the mothers-in-law and partners of mothers of children under five.

Interpersonal communication on ORS and Zinc at a community site. © 2016 AJPP

AJPP used the key messages described in the *Adaptable Communication Strategy for Demand Generation: ORS and Zinc* because they were well suited to the local context. The key messages are specific to each category of target audience and highlight the advantages of the commodities, both from the pharmacological and child welfare standpoints. The main activity was to create awareness. This was done through home visits, interpersonal communication (IPC), participatory discussion and community dialogue. ORS and zinc posters were developed, incorporating information about the commodity, its mode of action and its benefits, signs of diarrhea and the correct preparation and dosage of ORS and zinc. The primary health care providers and CHWs were trained in demand generation for ORS and zinc. Monitoring was used to improve the quality of the patient services they offered.

Key Findings

The communication strategy used a community-based approach to increase demand for ORS and zinc. In the month following the training of primary health care providers and CHWs, awareness-building activities commenced and lasted six months, from January to June 2016.

In total, 18,807 persons were reached through awareness building on the use of ORS and zinc, of

whom 12,496 were men and 6,311 were women. This result shows a high level of participation among men in the communication activities promoting adoption of the desired behavior. In the case of diarrhea, the desired behavior was to seek treatment. The support of male partners, grandfathers or uncles (for single mothers) of sick children is a determinant in the decision-making process of mothers or grandmothers (if the latter is taking care of her grandchild), thus highlighting the importance of reaching and engaging men. The total number of home visits/IPC sessions carried out was 5,215. Twenty-five community dialogues were organized, bringing together 757 community members.

Thanks to these social and behavior change activities and the availability of service delivery, the number of children suffering from diarrhea who were taken to the appropriate treatment services and to providers has increased. Data collected from January through June 2016 shows that 2,109 children were treated, of whom 516 were cared for at the health facility level. The health facilities often treat cases of diarrhea that present signs of danger or are complicated. At the community level, the CHWs took care of 1,455 children during the six month period. These children were all treated with ORS and zinc. A total of 2,910 packs of ORS and 1,455 blisters of zinc were distributed. The number of children treated at the community level doubled compared to 2015, when 654 children were treated between January and June 2015 (AJPP, 2015). The cases treated at the primary health care (PHC) level also increased 1.54 times compared to 2015, when 333 children were treated during the whole year in all the communes in Mitsinjo District.

Challenges

Inventory shortages were the main obstacle identified during implementation of the project, especially at the community level. Occasionally, if a patient could not obtain ORS and zinc from a medicine dispensary or pharmacy, CHWs were forced to refer simple diarrhea cases to health centers.

A mother holds her sick baby (Mitsinjo). © 2016 AJPP

Participants gather for a community dialogue session about ORS/zinc (Katseny). © 2016 AJPP

For the promotion of zinc, the challenge was to convince those treating children under five to follow the dosage and duration of the treatment. Caretakers needed reinforcement to ensure they finished the entire dose of zinc in accordance with the recommended 10-day dosage, even if the child had been cured.

In terms of monitoring and evaluation, the challenge was harmonizing data collection at the level of each PHC provider and ensuring the data was integrated into the Ministry of Health's data management system.

Next Steps

The success of demand generation strategies for priority reproductive, maternal, newborn and child health (RMNCH) commodities depends on the following three pillars:

- Effective social and behavior change communication (SBCC)
- Availability of services
- Availability of the commodities

The success of demand generation for ORS and zinc goes beyond the use of the commodity. This SBCC strategy touches on a sensitive issue for people, which is the wellbeing of children. The project strategy focused on sharing precise and detailed information on the modes of action and benefits of the commodities. Some mothers stated that, as a result, they felt confident and reassured about the use of the ORS/zinc co-pack.

For Madagascar, where demand generation strategies for priority commodities are not yet in place, the dissemination of this pilot project's results could be used to develop a national strategy. A similar workshop will be organized at the regional level to share the successes and challenges of this project.

The I-Kit and the ***Adaptable Communication Strategy for Demand Generation: ORS and Zinc*** reflect the reality of developing countries such as Madagascar. AJPP felt they were very practical, well-illustrated and easy to adapt to the local context. The six steps were clear and easy for AJPP to implement, and they found the website easy to use, containing comprehensive information and helpful data.

Resources

- Every Woman, Every Child
- Demand Generation I-Kit for Underutilized, Life Saving Commodities

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