

## Home-based food fortification with micronutrients powders (MNPs) through a network of community health workers in Bangladesh

### KEY MARKETING, SALES AND COMPLIANCE INNOVATIONS

- Leveraging extensive existing network of trusted community workers allows to push MNPs along with adequate behaviors.** When mothers are asked why they started to buy MNPs, they first mention their trust in the local community health worker (Shashthya Shebika). These local BRAC agents are often considered as the first healthcare reference point in their village. In addition to promoting and selling basic healthcare products, they provide free services to their fellow community members, including education on hygiene and nutrition practices. Between 40 and 50% of households with young children are aware of the Pushtikona (BRAC MNP), of which 75% from their BRAC health workers.
- Large-scale operations are kept simple.** Given its size, and the profiles of people it enlists and employs at the grassroots level, BRAC has to be radically simple throughout its operations. This translates into a limited list of products (21 SKUs<sup>1</sup> only today to cover a broad range of health needs), and into simple and systematic tools to support education and sales efforts (flip books, flyers, price lists, monitoring templates and forms, step-by-step diagnostic procedures, etc.). In addition, the Shashthya Shebikas' knowledge of these products and ability to implement those education tools is consistently tested and deepened through visits and monthly/quarterly trainings.
- Performance is improved through efficient auditing and monitoring.** BRAC has set up a Research and Evaluation arm in 1975, which is independent from operations. BRAC is often its own harshest critic, and gives itself the means of checking the performance and integrity of everyone at every level in its network. For each program, it has set up local teams of quality assurance and monitoring officers (over 200 for the Health program alone). This audit function comes hand-in-hand with strong number-based management systems. Every transaction and activity is recorded and consolidated, allowing the management to track systematically performance at every level and react accordingly. In this project IFPRI (International Food and Policy Research Institute) has been doing evaluation from the very beginning of the project. A baseline was done in 2010 and two uptake surveys in 2012 and 2013. An end line will be conducted in 2014.

### PROJECT DESCRIPTION

#### History of organizations

- Founded in 1972, BRAC is one of the world's largest NGOs, with 50,000 core staff, and over 120,000 employees if school teachers and field health workers are included. It caters to 120 million beneficiaries worldwide. It tackles poverty alleviation in an integrated way, targeting human rights, legal aid, education, healthcare, social and economic empowerment, finance, enterprise development, agriculture, environmental sustainability and disaster preparedness. Over the years, BRAC has developed a number of social enterprise activities (e.g., delivering seeds to farmers), which generate sufficient revenues for BRAC to be over 70% self-financed in Bangladesh. The 97,000 Shashthya Shebikas network forms the back-bone shared platform of BRAC Health/Nutrition/Population Program. It consists of frontline community-based women who deliver basic healthcare products and services at the doorstep in both rural and urban under-served areas of Bangladesh (same approach applied consistently in all areas).
- Renata (formerly Pfizer Bangladesh) is one of the leading pharmaceutical companies in Bangladesh. It partnered with BRAC on its Nutrition program as the manufacturer of micronutrient powder (called 'Pushtikona'). BRAC started nutrition intervention for children through Alive & Thrive Project in 2009 with the objective to reduce stunting from 43% to 39%, ensure exclusive breast-feeding for the first 6 months (65%), and reduce anemia (from 72% to 62%). The Bangladesh Pushtikona project comes in support of this last objective. Renata is also selling Pushtikona through their network of doctors and has produced and aired mass media promoting breastfeeding and home fortification of complementary foods with MNPs. Renata has also sold MNPs nationally to UNICEF and BRAC for free distribution to the ultra-poor, and to other NGOs (e.g., SMC) socially marketing MNPs through donor funded projects.

<sup>1</sup> SKU: Stock Keeping Unit: specific item of a product line, e.g., a specific brand of yogurt in one specific format and with one specific flavor is one SKU – the same yogurt with a different flavor will be another SKU.

### Product/service offering and value proposition

- Shashthya Shebikas' mandate is to provide the following essential services to their communities: detect 10 common ailments and provide treatment by selling essential medicine, provide basic healthcare (contraceptive pills, condoms, sanitary napkins, soap and reading glasses) at discounted price at the doorstep of their community members, and be available 24/7 to provide free health services (nutrition education to mothers of children under 2 years of age, family planning counseling, detection of Acute Respiratory Infection cases, detection of TB DOTS and treatment provision, etc.)
- The Pushtikona Sprinkle sachet, at a unit price of ~\$0.03, is one of the 21 SKUs Shashthya Shebikas sell. Pushtikona is a micronutrient powder containing 15 vitamins and minerals recommended for children aged 6 months to 5 years. Pushtikona must be mixed with semi-solid food given to the child. The recommended dosage is one sachet per day for two months, then a four-month gap (hence there are two cycles in a year).

### Promotion and compliance strategy

- Shashthya Shebikas are the first healthcare reference point in their village: trust from community members is the first driver of sales, and is leveraged to push new products such as Pushtikona sachets. Shashthya Shebikas are trained about micronutrient benefits but not on specific strategies to sell them. They introduce their products during their doorstep visits to village households (at least one visit per month). People typically buy several sachets at once (10 on average) to last until the next visit of their Shashthya Shebika.
- Shashthya Kormis – Managers of 10-12 Shashthya Shebikas – also conduct monthly health forums with the villagers (6-7 households at the time) to deliver basic health education. As they cover 2,000-3,000 families, each Shashthya Kormi sees each household at least once every 6 months.
- Shashthya Shebikas have well adapted support materials. Their flyers are full of pictorials, which are easy to understand by the end user, explaining the use of the product and health practices associated with it (e.g., on Pushtikona, the flyer includes visual explanations on how to position the child when feeding him, how to cook and mix it, etc.)
- So far BRAC was mainly focusing on raising awareness on the importance of micronutrients and is now planning to set up compliance mechanisms, such as:
  - » Selling box containing sachets for a month (while continuing to sell individual sachets)
  - » Giving incentives to Shashthya Shebika to track everyday consumption
  - » Providing calendar to tick the date when sachets are given
  - » Rewarding mothers who feed well their child with gifts or awards
  - » Awareness building of the community people through social mobilization.

### Sales and distribution

- BRAC purchases medicines and health commodities at a discount from various manufacturers and suppliers (selected through a bidding process). Suppliers deliver the products to BRAC warehouses, and then BRAC dispatches those to the district, sub-district and local branch offices, on a monthly basis. To keep things lean, there is almost no dedicated logistics and delivery organization. Local staff transports the goods as they attend monthly meetings or trainings at regional or district levels.
- Prior to starting work in a new sub-district, the BRAC team maps essential information about infrastructure and population in this area. Territories are then allocated to each Shashthya Shebika, so that she can cover in average 200-300 households within a perimeter of a few kilometers.
- Shashthya Shebikas generally have their monthly meetings at the sub-district or local branch offices, where they can purchase a new stock of products, which they sell at a mark-up. They earn in average \$3.4-\$4.8 in monthly commissions (15-25% margin on \$14-21 monthly sales) for working about 2 hours a day. In addition to their commission, they may obtain some occasional remuneration for specific achievements – for example in tuberculosis control or natal care.
- In 50 sub-districts out of 61 (within 16 districts), sales are more successful thanks to specific programs strengthening behavior change such as the partnerships with FHI-360 or Alive & Thrive Initiative ensuring:
  - » Counseling Coaching and Demonstration on IYCF (Infant and Young Child Feeding) practice
  - » Special work force for IYCF activity named IYCF promoter (Pushti Kormi)
  - » Incentive upon the performance of Shashthya Shebikas that enhance their mobility for IYCF activities.

# CASE STUDIES

## Results

- **Scale:** 14.5m sachets were sold in 2012, 9m in 2011. On average each Shashthya Shebika sells Sprinkles sachets to 6 different mothers per year (a study revealed that on average 50% of the Shashthya Shebika have 1 MNP client, 25% have 2 clients and only 5 % have 4 clients, of the total ~52 households with small children visited per month in their area). These mothers who repeatedly buy ~40 sachets in total over 3-4 months, do not follow the recommended dose of 60 sachets for 2 months, twice a year between 6 and 59 months (the product is recommended for children until 5).
- **Social impact:** While the efficacy of Pushtikona is being researched by the International Food Policy Research Institute (IFPRI), BRAC tracks actual health impact during a multi-year monitoring study. 49% of Pushtikona buyers report seeing results on their child (out of which: increased appetite 57%, child growing well 44%, and child being sick less often 34%). Interestingly, where sales of MNPs were accompanied by breastfeeding and complementary food promotion, both practices improved at higher rates than where these practices were promoted alone, along with higher sales of MNP compared to where they were marketed without promotion of these practices (according to an IFPRI evaluation).
- **Financial sustainability:** Pushtikona sales represent ~\$420k revenues annually. The project is financed via a combination of on-going support from donors (including \$200k from GAIN over 3 years), and the willingness of the manufacturer (Renata) to accept lower margins on this product than on its traditional ones. Piggybacking on the existing network of BRAC (rather than building a new distribution network from scratch) also limits costs.

## Future plans

Cover 4 million children from 6 to 59 months by 2016, scale up to reach pregnant and lactating women with MNPs (currently not adapted to them) and catalyze sustained access to MNPs by a growing population.

**Nutritional information** (provided by the manufacturer):

### Micronutrient content in Pushtikona

Vitamin A (µg RE)	400.0
Vitamin C (mg)	30.0
Vitamin D (µg)	5.0
Vitamin E (mg a-TE)	5.0
Thiamine/Vitamin B1 (mg)	0.5
Riboflavin/Vitamin B2 (mg)	0.5
Vitamin B6 (mg)	0.5
Vitamin B12 (µg)	0.9
Folic Acid (µg)	150.0
Niacin/Vitamin B3 (mg)	6.0
Iron (mg)	10.0
Zinc (mg)	4.1
Copper (mg)	0.6

**Exchange rate for this case study:** 1 USD = 78 BDT

### Sources:

Phone interview with Dr. Kaosar Afsana (Director of BRAC health program) & Dr. Raisul Haque (Senior Program Manager at BRAC-Health), July 29, 2013.

Visit to BRAC Healthcare Program and Renata Bangladesh (Pushtikona manufacturer): including interviews with Dr. Raisul Haque, Himangishumohon Mondal (District Manager - Health, Narsingdi District), Narayan Ghosh (Sub-district Manager - Health, Polash sub-district), Lukman Ahmad (Program Organizer, Health), February 18-19, 2013.

Pushtikona Uptake Survey, conducted in June-July 2013.

BRAC annual report 2011

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