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40th WEDC International Conference, Loughborough, UK, 2017LOCAL ACTION WITH INTERNATIONAL COOPERATION TO IMPROVE AND
SUSTAIN WATER, SANITATION AND HYGIENE SERVICES**Selling soap and latrines in Madagascar and Djibouti:
results of marketing surveys***T. Heath, H. Hafany & K. Mohamed (France)*

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Action Contre la Faim is implementing a social marketing project in Madagascar and Djibouti. The project aims to facilitate the construction of latrines and hand washing devices with soap without the use of subsidies. This paper outlines the social marketing process used in the project and provides detail on implementation and results of its early stages. The results include information on the barriers, motivations, drivers and requested features for latrines and hand washing devices. It then summarises how these are being developed into marketable products. The paper concludes with the current lessons learnt from the project and the main recommendations.

Background

Action Contre la Faim (ACF) is implementing a 3 year social marketing project in Djibouti, Madagascar and Chad. The project, which began on 1st July 2015, is funded by Agence Française de Développement (AFD) for €4.3 million euros (60% cofounded). It has 3 specific objectives: strengthening health systems; improving access to WASH; and mobilising civil society and developing its advocacy capacity to strengthen the health system and WASH. This paper will focus on the second objective – increasing access to WASH - which is being delivered through a social marketing approach. The project aims to facilitate the construction of latrines in Djibouti and Chad, and hand washing devices and increased soap usage in Madagascar, through only social marketing (there is no budget for any subsidies or grants). This project is ACF's largest current WASH marketing project. This paper outlines the marketing approach used by ACF, presents the results of the market studies, outlines the next steps for the marketing strategy and highlights the main lessons learnt. The paper will only present the results for Djibouti and Madagascar and does not include information on the capacity building and training supporting the project.

Project design – marketing process

To support the project, ACF is working with GRET, one of the only French NGOs with significant experience of implementing social marketing. GRET is supporting the definition and implementation of the social marketing component of the project. The marketing approach is structured in two phases (Phase 1: Study and Design, Phase 2: Implementation) with six steps overall. Phase 1 steps include:

- Step 1 - Detailed planning and budgeting
- Step 2 - Market research
- Step 3 - Product development
- Step 4 - Test supply strategies and the role of business
- Step 5 - Test promotional materials

Phase 2 will correspond with the project implementation stage, Step 6: market launch and promotion of the products. As of February 2017, the Djibouti and Madagascar teams had completed steps 1-2 and are finalising step 3.

Country context

In Djibouti, the intervention zone is in the health district of Balbala in Djibouti Ville. Balbala is peri-urban with a large proportion of poorer households and is characterised by low access to basic public services. The project aims to increase the coverage of improved toilets in Balbala. In Madagascar, the intervention is in Tuléar City in Atsimo Andrefana region, in south-west Madagascar. This region is in an arid desert zone, despite its proximity to the coast. Tuléar City is supplied with water through a piped water network (under rehabilitation with problems of pressure). Open defecation is very common and there is a lack of adequate sanitation infrastructure. The city is vulnerable to flooding and cyclones. In Madagascar, latrines were not selected for promotion due to local taboos/Fady (forbidden to keep excreta in a pit, forbidden to clean a latrine, forbidden for a man to share a latrine with his sister). Instead, the project is focussing on hand washing, after a pre-project KAP survey indicated only 11% of households had hand washing enablers and only 50% wash their hands hygienically. In Madagascar, ACF is implementing through partner organisation ASOS (Action Socio-sanitaire Organisation Secours); in Djibouti, ACF works through APL (Paix et Lait).

Method for marketing study (Step 2)

In Djibouti, a systematic sampling method to survey of 108 households was carried out across 10 districts of Balbala. The survey included questions on the socio-economic characteristics of the households, the sanitation facilities, their perceived advantages and disadvantages, and the needs and expectations of the household. The data was then analysed and processed using SPHINX software. To support the household survey, focus group discussions were conducted in 10 neighbourhoods (separately for men and women). In addition, key informant interviews were completed with masons, local authorities and shop sellers. A similar approach was applied in Madagascar: a market survey of 105 households, focus groups in 6 districts with men and women separately and 152 key informant interviews. Box 1 details the main sections of the household interviews. The survey used a systematic sampling method (selecting households in 23 of the 41 Fokontany in Tuléar). 6 districts were selected for focus group discussions. The groups were no larger than 15, included youth and adults, and households not using hand washing devices were prioritised for participation. During these discussions, 11 different hand washing devices were discussed (advantages, disadvantages, and willingness to pay). 2 additional focus groups were completed covering people's perceptions of the different types of soap. Semi-structured key informant interviews were completed to triangulate information and review the existing distribution network, existing products on the market, the legal framework and perception of the community needs. The informants included representatives from: 6 local authorities, 23 heads of the Fokontany, 25 CSOs and NGOs, 7 schools, 6 health facilities, 25 local cafes, 7 wholesalers, 6 hardware stores, 2 pharmacies, 2 workshops, 2 businesses, 7 plumbers, 3 water carriers, 6 shops and 5 grocers.

Box 1 Household survey research topics

- Opinions and perceptions on sanitary equipment and hygiene products
- Hand washing knowledge, practice and attitudes
- Expectations and needs for hand washing devices
- Design criteria for hand washing devices
- Buying behaviour (location, results, motivation)
- Monthly income, expenditure, prioritisation, responsibility and ownership
- Ability and willingness to pay for different hand washing devices and soap

Step 2: Market study

Results of Djibouti Market Study

The household survey in Djibouti indicated that education level is very low for all households, regardless of gender. There is high unemployment (87% of women and 67% of men) and very high levels of poverty (most households have monthly expenses of between 15,000 and 20,000 FDJ (\$84 - \$112)). Only 26% of households openly defecate, with the majority (85%) using temporary latrines. The temporary latrines consist of a wooden slab and metal superstructure; 50% have depths <2m due to the rocky soil. The focus groups highlighted that these latrines do not comply with safety standards, flies and mosquitoes proliferate and the smell is unbearable. 95% of households said they lacked a proper latrine because they did not have

the means to construct one. Most of the existing latrines are low quality, built quickly as the household lacked means to construct a better latrine.

Latrines were constructed for security, health, comfort and to reduce shame, and households were motivated by health and a desire for privacy. 16% of households share latrines or use a neighbour's latrine, and with only 49 % owning a private latrine. Households defecating in a family latrine do so by choice, while those using a neighbour's latrine or defecating opening do so because they have no other choice. The majority of households who have latrines in their homes, along with everyone who defecates openly or uses a neighbour's latrine, is dissatisfied with their current situation. The reasons for dissatisfaction are the poor state of the structure and lack of means to invest in a better option. Whatever the location of defecation, the motivation for latrine use is cleanliness (86%), intimacy (58%), safety (46%) and hygiene (42%). In the future, 93% of households wish to have a latrine with a concrete slab, 38% wish to sit, 34% to have handles to ease get up easily and 32% want a syphon. A solid structure (75%) and no odour (85%) are also amongst the priority features cited by most households, along with being washable (60%). If households were to build a latrine, the key factors in decision-making are affordability (not expensive, 74%), to have security (68%), and to have something solid (73%). The current price of latrines ranges from \$843 to \$1,690 (over a year's monthly outgoings) but most households would purchase a latrine if the price offered was affordable. The materials required are available on the local market and traders offer free delivery and ease of payment to attract and retain customers, but the price is too high for most households. There are local masons available and 60% of households would prefer masons to construct their latrine rather than themselves

Results of Madagascar Market Study

In Tuléar, level of education is low with 43% of households having only received primary education; 12% are illiterate. 39% of households don't own a home and stay in rented or shared accommodation. 38% live in locations at risk from flooding. 61% of households spend less than 250000 ariary per month (\$80), with 16% spending no more than 100,000 ariary per month (\$30). 55% of households report practicing hand washing with soap (26% only use water); however, in a 2016 KAP survey, only 11% of households had hand washing enablers. In the market study, only 20% of the 25 food stalls visited had a hand washing device. The market survey found there is no specific equipment for washing hands at the food stalls- 82% use buckets, bowls or cups. The Tuléar authorities reported that hand washing with soap is not a systematic practice for the residents and believe there is a reluctance to change which is not linked to economic means. According to female focus groups, the benefits of hand washing with soap (in order of importance) are: cleanliness and hygiene, comfort, health, water saving and self-esteem. Men agreed on the same benefits but also included a decrease in medical costs, it being gentle to the skin and a healthy environment. Having a hand washing device is seen as a "flourishing factor" for the whole family. The household survey and focus groups both reported that soap is perceived as a product primarily dedicated for laundry. Two additional focus group discussions were organised to explore this reporting that people classify soap as being primarily for laundry because more is used up during laundry washing than during hand washing and that soap is overall viewed more broadly as a product which removes dirt (whether from clothes or hands). The main reasons cited for not using soap are laziness and poverty.

The key desired characteristics for soap are durability (67%), perfume (37%), a large volume that foams well, making the skin soft (17%), not acid (11%). The head of the main local company that fabricates soap adds that residents prefer soap that lasts. A 70g soap lasts 1 week for a household of four people (mainly used for laundry). 66% of households want soap that is under 300 ariary (\$0.10) and want to purchase it from the grocer or markets. The decision to buy mostly rests with women. Two local soap factories are present in the city and soaps produced by these companies are the most used. There is one larger soap supplier in Tuléar but they have a very low margin and are dependent on imports. They have no budget for marketing and their soap imitates another brand that has a good reputation. They prioritise quality (soap that lasts, with no bad odour) and loyal customers. There is also a local prison in Tuléar, which is supported by Handicap International and which fabricates soap for its own usage. There is room to expand their production and the prison administration encourages income generating activities to support the prisoners. Women are happy to purchase this soap but some men feel prisoners are dirty and deserve to be marginalised, and are not in favour of purchasing the soap.

The focus group discussions highlighted that households are aware of the importance of using a hand washing device but their knowledge of hygiene and hand washing practices with soap is very limited. 80% of households wish to have a dedicated system. There are no taboos linked to use of a hand washing device but some households believe the use of ash for hand washing accelerates the death of grandparents. 12

models were presented during the focus groups. The main advantages cited for the options that were popular and affordable were simplicity, cheapness, high storage capacity and presence of a soap dish, towel and nail brush (for women). Men felt that households with more than 7 people required 2 hand washing devices. The most popular devices (Photograph 1) were all cheaper models consisting of a stand, a simple bucket and a tap (volume >10 litres and durable). Very simple options such as tippy taps and plastic bottles were rejected as they are too fragile and have limited volume, and ceramic and cement options were perceived as too expensive. Water saving and aesthetics were also highlighted as important. The majority of respondents (68%) want a hand washing device outside the house. 64% want a hand washing device accessible for everyone, while 33% want one reserved for adults. The main barriers to purchasing a hand washing device are low purchasing power, challenges accessing water, resistance to change (highlighted by FGD and authorities), and the price of water.



Photograph 1. 3 most popular hand washing devices identified from focus group discussions in Madagascar

Source: ACF 2016 Marketing Study

Step 3: Product development

ACF and GRET presented the key findings of the market studies at workshops in Djibouti and Madagascar to develop the marketing strategy with key stakeholders (community leaders, local authorities).

In Djibouti, the positioning of the marketing strategy is centred around the concept of a latrine that provides safety, durability, is not expensive and is designed for people from Balbala with low incomes. These positioning elements will provide the foundation for formulating the marketing strategy to promote the chosen products during Step 4 (which will include strategy for product elements to highlight and choices regarding price, place and mode of promotion).

In Djibouti there is strong demand, a potential market, support from the concerned institutions (municipality) and encouraging legislation. The main limitation is the unit cost of the latrine identified in the market study. Interviews with key stakeholders indicated a cost of \$1000 - \$1500, which is not feasible and does not match the core desire for cheap but solid latrines. The team are now working with masons to review the bill of quantities and to vastly simplify the latrine working together. The other main areas that could hinder the project are the rocky nature of the soil (and high cost of digging) and the low monthly household expenditure, lack of savings and high unemployment.

In Madagascar, the team focused on identifying the key features of the soap and the hand washing devices to develop the products. The team noted there is strong awareness regarding hand washing, but a need to popularise the necessity of using soap not just for laundry but also during hand washing. A key question for the team is whether to promote a separate soap dedicated to hand washing or promote the use of laundry soap for hand washing. Laundry soap would be multifunctional and probably cheaper, but a specific soap could be adapted to the desires of the households and could be associated with the hand washing devices. The team have discussed with different suppliers the possibility of offering free soap when you purchase the hand washing device, promotional offers and/or soap coupons. The team also need to reflect on the best strategy to store soap at the hand washing device, how to control cost and avoid subsidies. The chosen

positioning elements which will be incorporated into the marketing strategy are linked to offering hand washing devices with soap, providing health, hygiene and prestige to customers, as cheaply as possible, for the Tuléar population. The key features identified by the team while discussing the marketing mix for soap are: a maximum cost of 300 ariary (\$0.1); must have no unpleasant odour and last a long time; ideally, foams well and makes the skin soft. The key factors which will be emphasized as part of the marketing strategy will be the product's ability to increase household health, comfort and to provide an example to children. The maximum cost should be 10-15000 ariary (\$3-5), the device must not waste water, must have sufficient capacity, be practical for moving and have a reliable tap and it needs to be simple. In Madagascar, there are six radio stations and three television channels that could be used to support the promotion of a product.

Lessons learnt

- The importance of a well-designed market study: the study needs to ensure there is good quality data on the willingness and ability to pay for different products. It is key to have information on the monthly expenditure of households, savings, credit options and perceived prices for different products. This was missing in the Djibouti survey but was covered in the Madagascar survey and focus groups.
- For questions linked to soap usage it is important to include information on the lifespan of the purchased product: in Madagascar, the team identified that the willingness to pay for soap is 300 ariary, but they did not take into account the frequency of purchase. This is important to know, as a soap used for laundry is used quickly and requires frequent purchase; a soap dedicated to hand washing could last significantly longer and result in a minimal monthly cost.
- In the market survey, it is important to dig into the drivers, motivations and difference between products (using an approach similar to barrier analysis comparing the do-ers and non-doers): the depth of information needs to go beyond the level for a KAP survey. The team could have predicted it was likely they would need to promote some form of cheap, easy latrine before completing the survey, so to better inform the marketing strategy, the questions should explore the barriers to developing such a product.
- Need to avoid jargon and avoid over complication. For example the ACF team abbreviated hand washing device to DLM, however during one discussion a lady referred to a *lave-mains* (French for 'to wash hands'), which is more intuitive.
- The focus groups and key informant interviews should be continuously analysed and adapted to ensure focus on the key aspects: an iterative approach, adapting the method as the project progressed, would be helpful, with pilot focus groups supporting the development of the household survey, and later focus groups used for refining and filling information gaps.
- Integrate more questions about communication media that people make use of in the market study to inform the communication strategy for the promotion.
- Develop faster methods for the diagnostic phase, avoid over complicated market research. A 6 months period should be sufficient.
- Need to identify and prioritise the most efficient data collection methods: in Madagascar, the product discussions on hand washing devices were very productive, generating much quality information. In general, most of the useful information was drawn from the qualitative data collection methods. However, the key stakeholder interviews, of which there were many, were not sufficiently focused to be able to provide much useful information.
- Need for exchanges of experience and evaluation of other projects' successes and challenges: for example, a programme to promote water filters in the city of Tuléar did not work for economic reasons (filters were too expensive: around 100 000 MGA / filter). Need to reflect on the success of ANES, a local NGO in Madagascar which has been marketing fuel efficient stoves. The project took 5-6 years to develop, but they have now sold 200 stoves, with women buying the majority. They have had regular community communication via tam-tam (drum), demonstrations, etc. The overriding importance has been aesthetics and the perception of solidity. However, the products remain heavily subsidised - it is sold at 10,000 ariary (\$3.2) but costs around 90000 (\$29) (though this includes the NGO overhead cost!)

Recommendations

- Adopt social marketing approach in favourable contexts (urban, no crisis in the zone, not areas of extreme poverty – when ability to pay is too low for the intended product)

- Consider measures to monitor and integrate the most vulnerable fringe of the population. Potential subsidising or distributing of the product to the most vulnerable households to raise awareness of the product.
- Integrate staff with marketing and business skills into the project, not just traditional WASH profiles.
- Ensure close support from resource persons/technical advisors convinced by the social marketing approach. They need to be able to challenge the field team and offer solutions to the difficulties encountered
- Consider carefully for new projects the relevance of working with a local partner if they do not have experience of social marketing, as the approach is very different from typical development projects.
- Present the social marketing approach to other sectors in order to facilitate possible bridges (e.g. income generation activities through Food Security and Livelihood programming, public health campaigns via Nutrition programming, behavioural change via Mental Health and Care Practices programmes)

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