



Social marketing for health and family planning

Building on tradition and popular culture in Niger

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¹ The Futures Group is identified as the Constella Futures Group in some of the publications cited in this publication. Constella Futures has recently reverted to its earlier name, the Futures Group.

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Acronyms and abbreviations

ACTN	Association of Traditional Chiefs	GIZ	German International Cooperation
AIMAS	Agence Ivorienne de Marketing Social	GNI	Gross National Income
ANDHH	Association for the Defence of Human Rights	GTZ	German Technical Cooperation (now GIZ)
Animas-Sutura	Association Nigerienne de Marketing Social	HDI	Human Development Index
BCC	Behaviour change communications	HIV	Human Immunodeficiency Virus
CCISD	Centre for International Cooperation on Health and Development	IST	Institute of Public Health
CFA	African Financial Community franc	KAP	Knowledge, Attitudes, Practice
CISLS	Multisectoral AIDS Control Programme	KfW	KfW Entwicklungsbank (German Development Bank)
CTA	Outpatients Treatment Centres	MIS	Management Information System
CYP	Couple-Years of Protection	NGO	Non-governmental organization
DED	German Development Service (now GIZ)	PPP	Purchasing Power Parity
DHS	Demographic and Health Survey	SOMARC	Social Marketing for Change
DMES	Directorate of Maternal and Infant Health, Ministry of Public Health	STI	Sexually Transmitted Disease
EDUCAIDS	Global Initiative on Education and HIV & AIDS	UNAIDS	Joint United Nations Programme against HIV/AIDS
FGM	Female Genital Mutilation	UNESCO	United Nations Educational, Scientific and Cultural Organization
GDC	German Development Cooperation	UNFPA	United Nations Population Fund
GDI	Gender-related Development Index	UNDP	United Nations Development Programme
		URNLS	L'Union des Routiers de Lutte contre les IST/VIH/SIDA

The German HIV Practice Collection

Peer-reviewed

Objective

In 2004, HIV experts working for German development agencies and their partner institutions worldwide launched the German HIV Practice Collection. From the start, the objective has been to share good practices and lessons learnt from HIV initiatives supported by German Development Cooperation. The actual process of jointly defining good practice, documenting it and learning from its peer review is considered as important as the resulting publications.

Process

Managers of German-backed initiatives propose promising ones to the Secretariat of the German HIV Practice Collection at ghpc@giz.de. An advisory board of HIV experts representing German development organizations and the Ministry of Economic Cooperation and Development (BMZ) select those they deem most worthy of write-up for publication. Professional writers then visit selected programme or project sites and work closely with the national, local and German partners primarily responsible for developing and implementing the programmes or projects.

Independent, international peer-reviewers with relevant expertise then assess whether the documented approach represents “good or promising practice”, based on eight criteria:

- Effectiveness
- Transferability
- Participatory and empowering approach
- Gender awareness
- Quality of monitoring and evaluation
- Innovation
- Comparative cost-effectiveness
- Sustainability

Only approaches that meet most of the criteria are approved for publication.

Publications

All publications in the Collection describe approaches in sufficient detail to allow for their replication or adaptation in different contexts. They have a standard structure and are presented in plain language that aims to appeal to a wide range of readers, as well as specialists in the field. The publications also direct readers to useful tools and are issued in full-length and in short versions that can be read online, downloaded or ordered as printed copies.

Get involved

Do you know of promising practices? If so, we are always keen to hear from colleagues who have developed responses to challenges in the fields of health and social protection. Please also check out our website to comment on, discuss and rate all of our publications. Here you can also learn about proposals and approaches currently under peer review.

Our website can be found at www.german-practice-collection.org. There you can also download the short version of this publication and both long and short versions of other publications. For more information, you can also contact the Managing Editor at ghpc@giz.de.

To download the short version of this report and other publications in this collection, go to www.german-practice-collection.org.

Executive summary

Eight years after Niger's first attempt at condom social marketing failed because it offended religious conservatives, German Development Cooperation through KfW Entwicklungsbank (German Development Bank) agreed to finance a new attempt in 2003. Usually referred to simply as the Social Marketing Project, it borrowed from tradition to find a brand name and logo for its condoms and recruited a national sports hero to launch and promote the new brand. Tradition and popular culture have continued to serve it well, appealing to people of all ages, tastes and opinions across rural and urban Niger.

At first, the project focussed largely on promoting condoms as one of three methods, together with abstinence and fidelity, of preventing the spread of HIV and other sexually transmitted infections (STIs). Emboldened by its early success, it then began promoting condoms as a family planning method and using its communications to address a range of sexual and reproductive health, family planning and related human rights issues.

In 2006, Niger's National Assembly passed a progressive law on reproductive health that prohibits all forms of sexual abuse and violence, recognizes the rights of anyone of legal age to choose whether or not to marry, whom to marry, whether or not to have children, and to use modern family planning methods to space the births of children. In 2007, Niger's government issued a population policy statement. Niger is one of the world's poorest countries yet it has the world's highest rate of natural population growth because it also has the world's highest fertility rate. The policy statement recognizes that rapid population growth presents significant challenges in all socio-economic sectors and calls for action to slow this growth by increasing the acceptance and use of modern family planning methods and decreasing the incidence of early marriage. In 2008, as the project launched into its second phase,

family planning for poverty reduction became one of its stated aims.

This publication tells the project's story. It shows how the project established the *Association Nigerienne de Marketing Social* (Animas-Sutura) in 2006 and gave it a strong and active government oversight committee, membership and board.

It shows how it has built a strong and growing network of active partners (including NGOs and private businesses) that enable it to distribute its condoms to people living in urban neighbourhoods, market towns and rural villages and to target specific elements of its population (young people, rural women, truck drivers, sex workers, and military recruits) with interactive communications that are having measurable impacts on their knowledge, attitudes and practices. The communications now include a second series of radio sketches, with each episode broadcast repeatedly over a one-week period and used to animate hundreds of radio debates and group discussions across the country, including discussions among rural women who listen to the broadcasts on solar radios.

During 2009, the Social Marketing Project is introducing oral contraceptive pills and water purification tablets to its product line and continuing to find ways of extending its reach into Niger's vast and sparsely populated rural areas (where most people are illiterate and extremely poor) with its condoms, pills and tablets and with communications that convince people they should be using these products and otherwise changing their attitudes and behaviour with a view to conserving their health and ensuring better futures for their children. The publication concludes with lessons learned from the Social Marketing Project's experience so far and with peer reviewers' assessments as to how well it meets the criteria of good practice, including transferability of its methods to other countries.

A day with Animas-Sutura, seeing the Social Marketing Project in action

A trip to Baleyara with Animas-Sutura

It is mid-morning in early April 2009 and already 43° C as we drive across the flat Sahel from Niger's capital, Niamey, towards Baleyara, one hundred kilometres to the east. Baleyara is one of the most important livestock marketing towns in all of Africa and on Sunday market days it is packed with sellers, buyers, truck drivers and livestock from all over West Africa and beyond.

We have chosen to go on a quiet, non-market day and our driver has promised we will be there within two hours. He manoeuvres around the deep potholes without slowing down and, like most local drivers, ignores the groups of small boys standing by the road in the clouds of dust they make as they throw handfuls of dirt into the potholes. There is the off chance that someone will stop and reward them with a few coins but the suspicion is that these small boys, from large and desperately poor families, dig some of the potholes themselves and rewarding them will only encourage them to dig more.

Our four-by-four vehicle belongs to Animas-Sutura, the Association Nigerienne de Marketing Social, and is painted the distinctive deep red that Nigeriens have come to associate with the Foula brand of condoms. On its sides it has the brand's logo, the image of a traditional Nigerien hat called a foula. Originating with the Peul people, the foula came to be worn throughout Niger because it can be woven from grasses easily found on the Sahel and it provides good protection from the constant and searing sun. The connection is obvious. Foula condoms provide protection from unwanted pregnancy and disease.

In Niamey, the Foula logo is a familiar sight, seen on signs posted on roadside stands and on the walls of shops, outside and in. The whole exteriors of some hair salons are turned into Foula ads with deep red backgrounds, Foula logos and the brand's new advertising line "Foula Amina Na" ("Foula, my intimate friend"). Even where there is no sign, the

red cartons and packages of Foula condoms stand out in displays of merchandise. They may not be visible in the wire baskets of cigarettes, pharmaceuticals, snacks, ballpoint pens, and trinkets balanced on the heads of the city's walking vendors but they often answer "yes, I have Foula condoms" when drivers signal them to car windows or young people approach them in parks or down along the banks of the Niger river.

We spot Foula signs here and there along the road to Baleyara and pass a billboard with a Foula ad.



If you ask a walking vendor in Niamey, chances are he will say he has Foula condoms in the basket he balances on his head.

Baleyara's Anti-AIDS Kiosk

When we get to Baleyara, we drive into the wide market square in the centre of town and pull to a stop in front of the Anti-AIDS Kiosk. It, too, is painted Foula red and out of it emerges Kallam Gado, the head of the truckers' syndicate that runs the kiosk. With him are the kiosk's salesman and two animators, all wearing deep red vests with Foula logos. The salesman finds vendors willing to sell condoms and keeps them well stocked. He also helps them promote sales with additional help from the two animators and sometimes of clowns and other performers sent by the Animas-Sutura office in Niamey.

The animators, a man and a woman, stimulate discussion and debate about the many issues surrounding family planning and sexual and reproductive health, including HIV and other sexually transmitted infections (STIs). They do this systematically in the kiosk and other venues but also informally, one-on-one and in small groups as they walk about Baleyara or when passers-by drop into the kiosk. With its door open and rows of seating inside, the kiosk has a range of IEC (information, education and communications) material on hand and it includes posters and brochures, audio-tapes, video-tapes and DVDs, most of it produced by Animas-Sutura.



A crowd gathers to watch a wrestling match in front of the Anti-AIDS Kiosk in Baleyara.

Aventures de Foula

The most successful of the IEC, at the time of our visit, had been a series of 15 five-minute radio sketches called *Aventures de Foula*. Broadcast over a fifteen week period starting in February 2007, each episode was a mini-drama designed to inform and provoke thought about risky sexual activity that can result in unwanted pregnancy and disease, when to use condoms, how to get your partner to agree, early marriage, forced marriage, and the spacing of births. These sketches had been broadcast by 46 radio stations at the rate of one per week, three times per day every day for a combined total of 8,000 broadcasts. They had been accompanied by 600 radio debates where invited guests focussed on issues raised by the sketches and, in some cases, listeners called in to question and argue.

Produced in Niger's three most commonly spoken languages (French, Djerma and Hausa) the sketches were aimed mainly at young people 15 to 24 years old but were heard by their parents and grandparents, too, and led to much discussion and debate within families. Carefully organized and scheduled to go with them had been 8100 discussions in *fadas* – groups of friends who get together, usually in the evening, to exchange gossip and talk about other matters of mutual interest – guided by trained animators and attended by 185,000 young people. In addition, there had been 1200 discussions in school classrooms and more than 17,500 students had participated.

Post-broadcast assessments had concluded it would be well worth producing a second series of *Aventures de Foula*, this one with 24 five-minute episodes and aimed not only at young people but at certain other groups found to be most in need of education in family planning and sexual and reproductive health, including prevention of HIV and STIs. Those groups are rural women, truck drivers, sex workers, and members of the armed forces. This second series had just been launched in March 2009 and the two animators at Baleyara's Anti-AIDS Kiosk were among

a thousand or so trained animators facilitating group discussions to go with each episode in villages, towns and urban neighbourhoods across Niger.

To reach rural women where there was no electricity and the few battery-operated radios were controlled by men, Animas-Sutura had distributed solar radios to each village's *femme relais*. A *femme relais* is a woman chosen because she is well respected by other women and known to be someone they can trust with their confidences. She is then trained to relay information, demonstrate and sell condoms and other family planning and health products, and lead group discussions following broadcast of each episode of *Aventures de Foula*.

What Animas-Sutura aims to achieve

At the time of our visit, Balevara's Anti-AIDS Kiosk was one of 17 similar kiosks run by truckers' syndicates at major truck stops on Niger's network of highways. Those 17 kiosks were among the 44 wholesalers supplying Foula condoms to more than 3,000 retailers. The network of kiosks and other wholesalers and retailers is growing as Animas-Sutura aims for the day when affordable and reliable condoms are available to everyone who needs them whenever they need them right across Niger.

Using the same network, Animas-Sutura also aims to make other affordable and reliable family planning and health products (e.g., oral contraceptives, water purification tablets, mosquito nets) equally available.

Its ultimate aim, though, is not just to sell products but to provide all Nigerien youth and adults with the information, education, skills, constant reminders, and access to any supplies and services they need in order to make intelligent choices and avoid unwanted sex, unwanted marriage, unwanted pregnancy, and easily prevented infection and disease.

Signs of progress in Balevara

What progress is Animas-Sutura making towards its ambitious goals? We got some impressions of what they were achieving in a major marketing town that day as Kallam Gado and his crew showed us around Balevara. It turned out that Foula condoms were even more conspicuously available here than in Niamey as we went into bars and passed shop after shop and stall after stall where there were Foula ads posted somewhere or, at least, packages and cartons of Foula condoms on display. Kallam Gado owned one of the shops and explained that young people rarely buy condoms when he is behind the counter, but only when his young son is there. He guessed they think an older man would disapprove and might even tell their parents.

In alleyways behind the market square there were distinctive metal doors marking where sex workers lived. One of these, a middle-aged woman named Mariana, spoke both French and English fluently and explained that she was from Ghana and that their clients came from all over West Africa and beyond and many did not speak French or indigenous Nigerien languages. The sex workers made sure all their clients used condoms and used them correctly. They also made extra money selling Foula condoms to their clients and other customers. A recent problem, she said, was that an NGO was distributing condoms for free. In her opinion, these free condoms were too thin and insufficiently lubricated but people were using them anyway and this meant fewer condom sales for sex workers.

On the outskirts of town, we found a small encampment of sex workers and their children, some now grown and become sex workers themselves. With her sons and daughters and a few small grandchildren gathered round, a middle-aged woman explained that they could have their own gardens out here and that, while selling Foula condoms did not earn them a lot of money, it was a significant amount to them and they were looking forward to being able to sell any other products Animas-Sutura gave them to sell, too.



When open, a sex worker's distinctive metal door reveals a Foula condom sign inside.

Back at the Anti-AIDS Kiosk, all seats were filled and there was standing room only with some crowded outside and looking in through the door as the animators showed a 52-minute film on DVD called "Realité de SIDA en Niger." It featured medical doctors and other experts talking about unwanted pregnancy, STIs, HIV and AIDS and related issues. Afterwards, one of the animators engaged people in discussion about the various reasons for using condoms. When she asked questions, the first to respond was often a particular boy in early adolescence and when she asked if anyone could demonstrate how to use a condom, he volunteered. He began by checking the expiry date, then tore one end of the package open very carefully and squeezed the condom out before fitting it on a model penis. He took it off and tied it up very carefully, explaining that this was to avoid spilling anything that might be inside and to get it ready for safe disposal where no children or animals could get at it.

Afterwards, the boy sat down and a man beside him volunteered that he was the boy's father and the two young women sitting on the boy's other side were his older sisters. He said the whole family was proud of the boy because he was a fast learner and a good teacher and was educating them about important things they did not know before. He said that he, himself, was like most parents in Balevara in that he had never been to school and did not know how to read.

The most remarkable sign

Looking back on what we had seen and heard in Balevara that day, what seemed most remarkable was that this was happening in Niger where 80 percent of the people are Muslims and, back in 1995, enraged marabouts (Muslim clerics) and their followers had taken to the streets and methodically destroyed billboards with ads promoting condoms to prevent HIV transmission. The ads had been placed by a USAID programme, Social Marketing for Change (SOMARC), and the marabouts said they were an outrageous foreign attack on the culture and mores of a society that prides itself on strict adherence to a conservative Muslim code of conduct.

That protest brought SOMARC to an end and no one dared to try social marketing in Niger again until 2003. Then KfW Entwicklungsbank (German Development Bank) agreed to finance the German-Nigerien Social Marketing Project (2003-2008), the project that gave birth to Animas-Sutura in 2006.

The rest of this publication tells the story in more detail. It begins by setting the story in context, with background on Niger and German-Nigerien development cooperation, and carries on through the Project's first (2003-2008) phase and into its second (2008-2012) phase. Towards the end, it draws lessons from the story and, finally, it provides peer reviewer's assessments of the project based on the eight criteria against which German-supported programmes or projects are judged to be suitable for write-up in the German HIV Practice Collection.

Saharan and sub-Saharan Niger

The extremes of poverty and growth

Landlocked in West Africa, Niger is three times the size of Germany but three-quarters of its territory is on the Sahara and the rest is on the Sahel to the desert's south. Only 15 percent can sustain agricultural production and even that small portion is subject to severe drought and, also, to soil erosion and depletion by antiquated farming practices. Nonetheless, 84 percent of the Nigerien people live in rural areas and depend almost entirely on agriculture for subsistence and for a bit of cash income. Even the 16 percent who live in urban areas are largely dependent on work in the processing or sale of agricultural products. Onions, sesame and livestock are prominent among the country's exports.

Despite its severely limited resources, Niger has the world's highest rate of natural population increase. Its population grew from 2.2 million people in 1950 to 14.2 million in 2007 and, if current trends continue, will reach 53.2 million in 2050. The average Nigerien woman has more than 7 children during her child-bearing years and this makes Niger one of only three countries where the median age is 16 years or less. For comparison, the median age is 28 years worldwide and 42 years in Germany.

It all adds up to extreme poverty. In 2007, Niger's GNI per capita was US\$ 690 in purchasing power parity and that confirmed its perennial place close to the very bottom of the World Bank's list of countries ranked by wealth. More than 60 percent of Nigerien's subsist on less than US\$ 1 per day and life for them is precarious. In 2004 and 2005, when drought and a plague of locusts drove agricultural production steeply downwards and the price of agricultural products steeply upwards, 2.5 million Nigeriens required food assistance.

A 2006 Demographic and Health Survey (DHS) found that 30 percent of all Niger's under-five children suffer from severe stunting and malnutrition and another 20 percent suffer from moderate

stunting and malnutrition. Every year, cases of malnutrition rise towards the end of the long October-June dry season as stocks of food stored during the previous September's harvest run low.

During the dry season, too, there is increasing migration from small villages to towns, cities and mining camps within Niger and in neighbouring countries. Conditions are little or no better in neighbouring countries, so emigration is offset by immigration and both consist largely of young men on the search for gainful employment somewhere in West Africa.²

Gender inequality, illiteracy and sexual behaviour

Eighty percent of the Nigerien people are Muslim, many others adhere to indigenous religions, and both Muslims and others are usually more informed by traditional belief than by modern education. Niger ranks near the bottom on the UN's Gender-related Development Index (GDI) in large part because its adult literacy level is only 15.2 percent among women compared to 42.9 percent among men.³ But even most of the literate men have little or no formal education beyond the religious instruction they get in mosques and madrassas.

In June 2006, Niger's National Assembly voted against ratifying the African Union's 2003 Maputo Protocol on the Rights of Women, which would have supplemented the rights Niger gave its people when it ratified the 1986 African Charter on Human and People's Rights. However, the main concerns were about certain clauses pertaining to polygamy and early marriage, both of which are very common in Niger. That same month the National Assembly passed a law on reproductive health and, in 2007, the Government issued a population policy statement and both of these serve to advance a number of key women's rights (see Box 1).

Box 1. Niger's new reproductive health law and population policy

In June 2006, Niger's National Assembly adopted a law on reproductive health that defines it broadly to include physical, mental and social health in all matters related to sexuality and not just the absence of disease or injury. It prohibits all forms of sexual abuse and violence, gives people of legal age the right to choose whether or not to marry and raise a family, and gives married couples the right to space the births of their children and have access to reproductive health services and modern family planning methods (though not to abortion, except under unusual circumstances). In addition, it calls for reproductive health services that provide counselling and care not only related to reproduction and disease but also to the quality of life and interpersonal relations.⁴

In February 2007, Niger's Government issued a population policy statement. It says that rapid population growth presents significant challenges in all socio-economic sectors and that there is urgent need for new initiatives to manage this growth. These initiatives should change attitudes and behaviour related to reproduction, reduce the incidence of early marriage and increase the acceptance and use of modern family planning methods.⁵

The 2006 Demographic and Health Survey (DHS)⁶ provided a number of indicators of where action is most needed. For example, it found that 92 percent of women and 88 percent of men 45 to 49 years old had never been to school and that, while schooling was on the increase, the same was still true of 74 percent of women and 52 percent of men 15 to 19 years old. Lack of education was particularly pronounced in rural areas and was a factor contributing to a number of disparities between women and men. On average, women have their sexual debut at a much younger age (15.6 years compared to 22.1 years for men) and marry at a much younger age (15.5 years compared to 23.2 years). They are more likely to be in polygamous unions (36 percent compared to 22 percent) and to have sexual partners, including spouses, who are much older than themselves.



Crowd standing behind a banner on World Population Day 2008.

⁴ L'Assemblée Nationale (2006).

⁵ Ministère de la Population et de l'Action Sociale (2007).

⁶ Institut National de la Statistique et al (2006).

When women were asked to state their ideal number of children, the average answer was 8.8 children for all women but higher for the least educated and much lower for the most educated. The same was true for actual fertility rates. Women who had never been to school had an average of 7.3 children during their child-bearing years whereas women who had completed secondary school had an average of 4.6 children. Only 3 percent of women with no education used modern family planning methods (condoms, oral contraceptives, implants, injections, or sterilization of themselves or their husbands) whereas 29 percent of women who had completed secondary school did so.

Niger has had a law forbidding female genital mutilation (FGM) since 2003 but the law is seldom enforced because the individuals directly involved rarely report it and take steps to hide the practice from others. Still, the 2006 DHS found that female excision (the predominant form of FGM in Niger) was down to 2 percent countrywide and that 89 percent of women and 86 percent of men agreed it should be abolished. However, 12 percent of girls in the Tillabéri region were still being excised and most of them belonged to either the Peul or Gourmantché ethnic groups.

Sex work is not legal in Niger but it is tolerated and very common. Clients include young men unable to find other sexual partners due to the practices described above, young men who are internal and external migrants far from home, military personnel, and truckers from all over West Africa and beyond. In recent years, there is increasing talk of men who have sex with men but little effort to document them.⁷

HIV and AIDS

Niger's rate of HIV infection is comparatively low for sub-Saharan Africa but among adults (15-49) it grew from an estimated 0.7 percent in 2001 to an estimated 0.8 percent in 2007.⁸ The 2006 DHS found it was higher among young men (23-24) at 0.9 percent and much higher among young women (23-24) at 2.2 percent. The rate in urban areas (1.4 percent) was generally higher than in rural areas (0.5 percent), though the rates in the sparsely populated desert regions of Agadez and Diffa were higher than in Niamey.

Niger established an HIV surveillance programme in 1987, when its first case of HIV infection was reported, and then a national AIDS programme in 1991. In 2000, a new government expanded and strengthened that programme, making it multisectoral, locating it within the President's Office and giving it a new name, *Coordination Intersectorielle de Lutte contre les IST/VIH/SIDA (CISLS)*, or the Multisectoral AIDS Control Programme. In May 2002, the CISLS issued Niger's first National Strategic Framework for the Fight against STIs/HIV/AIDS (2002-2006).

In retrospect, it is hardly surprising that enraged marabouts and their followers shut down Niger's first attempt at social marketing of condoms back in 1995, given that the country's rate of HIV prevalence was very low back then and given that most Nigeriens had very little formal education and were largely guided by traditional belief. Starting with the launch of the Joint United Nations Programme against HIV/AIDS (UNAIDS) in January 1996, there has been mounting global concern about the spread of HIV and this concern has impacted on Niger, not least with greater readiness of international donors to provide financial and technical support for the country's response to HIV. Those phenomena, together with evidence that HIV was continuing to spread in Niger, paved the way for that First National Strategic Framework. The framework, in

⁷ CISLS (2008).

⁸ UNAIDS (2008a).

turn has paved the way for a range of new HIV-related interventions including the re-introduction of condom social marketing.

It is worth noting here that, while the poorest and least educated people living in rural areas are generally the people most in need of family planning and health services, the same is not necessarily true of HIV/AIDS/STI-related services. A recent meta-study compared data from DHS surveys in 22 developing countries, including Niger and 16 others in sub-Saharan Africa, and found that HIV prevalence is generally higher in urban areas, among people with higher levels of education and income and among people with more sexual partners during their lifetimes. It found no correlation between levels of knowledge about HIV and HIV prevalence but it did find that people who did not use a condom when they last had sex, especially with a non-cohabiting partner, were more likely to be HIV positive and that this was especially so among women.⁹

That meta-study, including the data it used from Niger's 2006 DHS, confirm what evaluations of social marketing programmes have also found, that knowledge alone does not change behaviour. Knowledge must be accompanied by ready access to affordable condoms, by constant reminders to sexually active men and women that they should always carry condoms and by women's empowerment to insist that they be used.¹⁰



In Niger, the exterior walls of some hair salons are turned into billboards advertising the Foula condoms you can buy inside.

⁹ Mishra V et al (2009).

¹⁰ German HIV Practice Collection (2009).

German-Nigerien development cooperation

Germany and Niger have been partners in development since 1952, eight years before the Republic of Niger became an independent nation, and German Development Cooperation (GDC) has had offices in Niger's capital, Niamey, since 1981. Currently, the priority areas for German Development Cooperation (GDC) in Niger are sustainable agriculture and decentralization and good governance. This work is aligned with Niger's Accelerated Strategy for Development and Poverty Reduction (2008-2012).

In Niger, as in all of Germany's partner countries, GDC treats gender inequality and HIV as cross-cutting issues. Both can undermine work in many different sectors of development and, thus, hold back overall progress on poverty reduction. On the other hand, work in many different sectors can present opportunities to address both issues and, thus, accelerate progress on poverty reduction. The two

issues are so connected that Germany's Federal Ministry for Economic Cooperation and Development (BMZ) has issued policy guidance calling on all GDC organizations to promote and support gender-sensitive, gender-transformative national responses to HIV.¹¹

A large share of GDC's support for national responses to HIV comes in the form of German Financial Cooperation, administered by the KfW Entwicklungsbank (Development Bank, KfW), and much of that share goes to support the social marketing of condoms and associated information, education and communications (IEC) or behaviour change communications (BCC). German Financial Cooperation currently supports HIV-related social marketing projects in 30 African, Asian, Caribbean and Central American countries and the German-Nigerien Social Marketing Project is one example (see Box 2).

Box 2. What is Social Marketing?

Social marketing uses business marketing techniques – e.g., consumer research, market segmentation, targeting of communications at particular segments of the market, and incentives – to increase or sustain the uptake of ideas, practices, goods or services that are seen to have social value. It has been used in family planning and health promotion since the 1950s and in the response to HIV almost from the time the epidemic emerged in the early 1980s.

Social marketing embraces the business theory that there should be an exchange between producer and consumer, giving both incentives to continue to participate in the whole enterprise and providing tangible measures of success.

To producers the incentives might be largely financial and include revenue from sales to cover costs and, also, increases in sales not only to increase revenue from that source but to show donors that the enterprise is worthy of their subsidies. These incentives encourage controls to keep costs down but quality up.

To consumers the incentives might include fewer unwanted pregnancies, smaller families so family resources are not over-stretched, and freedom from infection and disease. These incentives encourage behaviour change.

Social marketing also embraces the business theory that, in so far as an enterprise continues to provide producers and consumers with good incentives it will be sustainable. That is, all concerned, including donors, will continue to recognize it as an efficient and effective way of producing and distributing things that have social value.

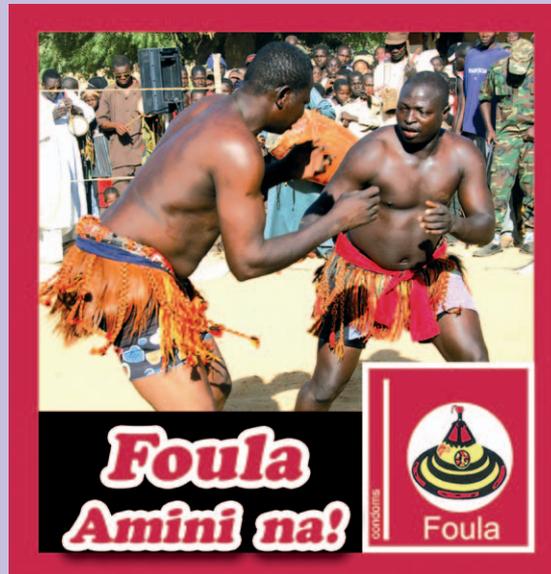
Laying foundations for sustainable social marketing

Building on tradition and popular culture

In 2003, a year after the CISLS issued the first strategic framework for Niger's fight against STIs/HIV/AIDS, KfW Entwicklungsbank (German Development Bank) agreed to finance the German-Nigerien Social Marketing Project (2003-2008). The agreement called for supervision by the CISLS, alignment with the strategic framework, technical support by a consortium of consultants and, once the programme was up and running, establishment of a Nigerien social marketing organization.

Keeping in mind that Niger's first attempt at social marketing was brought to a halt by allegations that it was an attempt to impose foreign values on the Nigerien people, the project team did its best to avoid a similar fate by carefully choosing and testing a name and symbol for a new national brand of condoms. Hats or helmets are often used as symbols for condoms in commercial and social marketing campaigns, so the foula suggested an obvious name and symbol for a Nigerien brand of condoms. Testing found it was a popular choice and, ever since, Foula condom ads and packages and the project's publicity material have rarely shown condoms but only foula hats.

Traditional wrestling (similar to Turkish wrestling, with oiled bodies) is by far the most popular of all sports in Niger, surpassing even football. Balla Harouna is Niger's three-time national wrestling champion and one-time world champion and is one of the country's all-time great sports heroes. When the Foula brand of condoms was ready to be launched in late 2003, he demonstrated the same courage he shows in his sport and, also, great moral character when he agreed to risk his reputation by having his name and image linked to the brand. They were featured on the project's first poster and helped ensure that it was prominently displayed throughout the country, in government offices, schools, health clinics, and shops. After the poster had become a familiar sight, he agreed to be featured in radio and television spots, too.



Wrestling champion Balla Harouna features on a poster saying, "Foula, my intimate friend."

At the 2007 national championship, Balla Harouna donned a bright red Foula condom jacket after each of his victories and then passed through the crowd accepting praise and congratulations from his many fans, including prominent government officials. In 2008, as the Social Marketing Project moved into its second phase, it introduced its new slogan "Foula Amini Na" ("Foula, my intimate friend") with a television spot featuring Balla Harouna in a wrestling match and a song by the popular group Sogha. The song speaks of a new type of man in Niger, one who cares about his wife, helps with household chores and participates in raising his children and seeing to their education and medical care. People began singing the song and chanting the slogan wherever Balla Harouna appeared.

Establishing Animas-Sutura

By 2006, the project was sufficiently well-established – with product and recognized brand name, distribution system, communications programme, a growing number of partner organizations, and credibility among health practitioners and others – that it was ready to establish the Nigerien social marketing organization called for in the 2003 agreement with KfW. The project team selected eleven well-qualified and respected individuals with a range of relevant backgrounds and they agreed to serve as founding members. In general assembly, they then agreed to call it the *Association Nigerienne de Marketing Social* (Animas-Sutura).

Continuing to meet in regular general assemblies, the founding members include a traditional chief representing Niger's Association of Traditional Chiefs (ACTN); a university professor representing Niger's Association for the Defence of Human Rights (ANDDH); a sociologist representing UNFPA and the UN Theme Group on HIV/AIDS; a doctor specializing in infectious disease and representing the Outpatients Treatment Centres (CTA) run by the French Red Cross; a specialist in community health representing the Canadian-based Centre for International Cooperation on Health and Development (CCISD); a specialist in reproductive health representing the Institute of Public Health (IST); and four representatives from the Ministry of Public Health including two public health specialists, a sociologist and a research manager. Several members also have expertise in health-related communications.

In general assembly, the founding members elect a five-member Board of Directors and the Board's Chairperson. The current Chairperson is a former head of the Ministry of Public Health's Directorate of Maternal and Infant Health (DMES).

The founding members of Animas-Sutura and its Board are expected not only to attend their regularly scheduled meetings but to be actively involved in promoting the Social Marketing Project and using

their influence to ensure support from government, their own organizations and the sectors in which their organizations operate. For example, the traditional chief has helped smooth ruffled feathers when the project's communications have clashed with traditional beliefs and customs. He also makes a point of attending public events associated with the Social Marketing Project so it can benefit from his widely recognized authority and credibility as a representative of the ACTN.

The phase one (2003-2008) German-Nigerien Social Marketing Project agreement called for oversight and supervision by the CISLS. The phase two (2008-2012) agreement leaves the CISLS with primary responsibility but provides for additional oversight and supervision by the DMES. The CISLS and DMES exercise their joint responsibilities through a joint committee chaired by the National Coordinator of the CISLS. This committee meets regularly to receive updates from Animas-Sutura and the Social Marketing Project staff on their activities, achievements and challenges. Meanwhile, the consortium of consultants continues to provide technical support to the whole enterprise.

Communicating for empowerment and behaviour change

Developing communications tools and keeping them fresh

Since its inception, the Social Marketing Project has developed an increasingly diverse and innovative set of communications tools. These have included posters, brochures, banners, clothing items (t-shirts, polo shirts, vests and baseball caps), and live events including wrestling matches, street theatre, kabo-kabo (motorcycle taxi) parades, and conspicuous presence in booths at larger events. In 2004, the project produced French, Djerma and Hausa versions of a 52-minute video on CD called “Realité de SIDA en Niger,” which features medical doctors and other experts providing basic information about STIs, HIV and AIDS and other sexual and reproductive health issues. This video continues to be used in schools and other venues.

In 2006, as Animas-Sutura was getting established, the consulting consortium brought in an expert in mass communications as its Principle Advisor and an expert in script-writing and directing as its Communications Advisor. Both had played key roles in the making of “SIDA dans la Cité” for the Agence Ivoirienne de Marketing Social (AIMAS), three series of soap operas described in another publication in the German HIV Practice Collection.¹²

That year, the project produced four television spots. Three feature Mali Yaro, one of Niger’s most popular young music groups, as they sing a song (with different verses used for each spot) accompanied by images of dancers and actors. The first spot focuses on how Foula condoms can prevent STIs and their consequences, the second on how Foula condoms can prevent unwanted pregnancy and help parents space their babies and the third on how Foula condoms can prevent HIV. The song itself is available separately for play on radio. The fourth television spot features the popular young female singer, ZM, showing her in concert and then explaining the A, B and C of HIV prevention. All of these spots feature performers wearing foula hats and pointing to them as they talk about the importance of protection.



Popular singer Fata Niger performs at a celebration of World Population Day 2008 in Maradi.

While there has been no study confirming such to be the case, there can be little doubt that the project’s communications during its first four years helped change public attitudes and create the political environment in which Niger’s National Assembly was able to adopt a progressive law on reproductive health in 2006 and Niger’s Government was able to issue a progressive statement on population policy the following year (see Box 1 earlier in this publication).

Aventures de Foula, series one

Reaching masses of people with effective and interactive communications is a core function of a social marketing project, the objectives being to provide all with knowledge and ensure they absorb that knowledge, change their attitudes and behaviour and get into the habit of buying and using condoms or other health products. A major challenge in Niger has been how to reach a large population spread across a vast and sparsely populated country, where many people live in small villages with no electricity and many are illiterate and have little competence in the country’s official language, French.

¹²German HIV Practice Collection (2009), available at www.german-practice-collection.org/en/successful-programmes/.

In 2006, Animas-Sutura found a solution and produced a series of 15 five-minute radio mini-dramas or sketches that, starting in February 2007, were broadcast one per week over a 15 week period. Each sketch was produced in three versions (French, Djerma and Hausa) and illustrated a particular issue or set of issues in one of four theme areas:

- When to use condoms and how to get partners to agree (eight sketches)
- Risk behaviour and unwanted pregnancy (three sketches)
- Forced marriage and early marriage (two sketches)
- Spacing of births (two sketches)

Forty-six radio stations (one national, 23 community-owned and 22 private) were contracted to broadcast each sketch three times a day every day over a one week period, with each broadcast in the language suitable for particular target audiences. The contracts required that the stations stick to agreed schedules (to enable synchronization with schedules for other events) and also that, towards the end of each week, they host and broadcast debates focussing on issues covered in the sketch broadcast that week. For these, they were required to recruit local experts and community leaders as panellists. In the case of the national radio station and other large stations with the capacity, they were also asked to invite callers to join in the debates.

Forty-three NGOs were contracted to provide at least five staff or volunteers each. Each of these individuals was asked to organize and animate post-broadcast discussions with three groups or *fadas* of young people 15 to 24 years old per week. Schools were also asked to participate and have teachers facilitate post-broadcast discussions among their students.



In this *fada*, male students talk about sexual harassment of female students after listening to a radio sketch on that subject.

Seventy radio station hosts, 268 staff and volunteers from NGOs and 224 school teachers attended training sessions tailored to what would be required of their group. These sessions provided trainees with an understanding of the issues illustrated by the sketches and skills at facilitating discussion of such issues, drawing people out, listening to what they have to say, moderating debate, conducting group exercises, demonstrating the proper use of condoms, and filling out monitoring forms. They also provided each trainee with a workplan that included a schedule of events and things they would be required to do at each event. Finally, they left each trainee with a kit of tools that included:

- Audiocassettes and CDs with the French, Djerma and Hausa versions of the sketches
- A booklet with the scripts of all the sketches
- A folder with 17 sheets, one summarizing all the sketches, one suggesting things animators might do in one-to-hour sessions and one for each sketch with specific suggestions for that sketch
- A booklet of supplementary material suggesting additional exercises that might be done in the sessions
- A model penis and packages of Foola condoms
- A monitoring form to be filled out after each session.¹³

By the end of the 15-week broadcast period, there had been a combined total of more than 8000 broadcasts of the *Aventures de Foula* sketches. There had been 8100 discussions in *fadas* with more than 185,000 young people participating (79,500 females and 105,500 males), 1200 discussions in school classrooms with more than 17,500 students participating (7,500 females and 10,000 males), and almost 600 radio debates.

Assessing phase one results and phase two needs

The German-Nigerien financial cooperation agreement that got the Social Marketing Project launched in 2003 was scheduled to expire in 2008. In late 2007 and early 2008, two studies provided guidance for negotiation of a new German-Nigerien financial cooperation agreement for a second phase and also for that phase's communications programme.

One study focused on the *Aventures de Foula* (series one) campaign, provided the data given earlier and concluded that there should be a new *Aventures de Foula* (series two) campaign.¹⁴ Findings from it together with findings from a 2008 case study¹⁵ showed that, while older adults did not participate in the organized discussions, they often listened to broadcasts of the sketches. The four themes and the issues addressed under each theme were relevant to everyone and not just in Niger but in neighbouring Burkina Faso, Chad, Côte d'Ivoire, Mali and Nigeria. For example, while all youth could identify with an unmarried girl who gets pregnant, all parents and grandparents could identify with her family and the sketches stimulated family discussions in which members of different generations shared their thoughts and feelings and looked for solutions to the problem of pregnancy among unmarried girls. This pointed to the possibility of adapting the sketches and producing versions in more of the languages commonly spoken in West Africa.

The study and related discussions of the *Aventures de Foula* (series one) campaign also pointed to issues that should be addressed to strengthen future campaigns. For example:

- Girls and women had been less engaged in the campaign than boys and men. Reasons included that *fadas* are often boys-or-men-only affairs, gathering outdoors after dark in places where girls and women would risk their reputations if they were so bold as to attend; men control the few radios (often battery-operated) found in rural villages and reserve these radios for listening by themselves and their male friends; fewer girls attend school, so fewer girls are in classrooms to participate in after-broadcast discussions.
- Before training as animators, the animators had often been peer educators and this seemed to be a factor in some of them tending to lecture rather than facilitate discussion and being too rigid in sticking to agendas suggested by the discussion guides rather than letting discussions take their own course.
- Radio stations did not always stick to their schedules and, even if they did, reception was sometimes so bad that members of discussion groups were unable to hear sketches before discussing them unless animators brought audio-tapes or CDs and players. In addition, some radio station hosts were not skilled at encouraging or moderating lively discussion and debate among invited panellists and callers. They sometimes allowed people with extreme or vehement opinions to hold the floor and harangue others for their "immorality" or "ignorance".

The other study was an extensive Knowledge, Attitudes and Practices (KAP) survey covering more than 5300 men and women 15 to 49 years old from the general population, more than 700 sex workers and more than 600 long-distance truckers.¹⁶ Published in five volumes, it found that 63 percent of the general population have regular access to radio but only 23 percent have regular access to television

¹⁴ Animas-Sutura (2007b).

¹⁵ KfW (2008).

¹⁶ GFA et al (2008a, 2008b, 2008c, 2008d) and Von Rosenstiel I et al (2008b).

and, in rural areas, only 2 percent have regular access to television. Urban men were 12 times more likely than rural women to have been exposed to the Social Marketing Project's communications and their exposure had come largely through the three television spots featuring Mali Yaro.

It found that multiple sexual relations were much more common among men than among women, and more common among rural men (19 percent) than among urban men (11 percent). Under Niger's tradition of polygamy, only men can have more than one spouse. Men are also much more likely to have casual sex with non-cohabiting partners and paid sex with sex workers. Of all adolescent boys interviewed, 11 percent said they had paid for sex with sex workers. Of all truckers, 35 percent said they had paid for sex with sex workers.

Asked if they had heard of condoms, 99 percent of truckers, 98 percent of sex workers and 80 percent of urban women said yes but only 37 percent of rural women said yes. Asked if they knew where they could buy a condom within ten minutes, urban men were twice as likely as urban women and 23 times as likely as rural women to know where they could buy a condom. Saying they had used condoms the last time they had sex were 46 percent of urban adolescent boys but only four percent of rural boys and two percent of rural girls.

Knowledge of HIV and perception of risk of acquiring it were very low among all elements of the population and even sex workers often cited confidence in their partners as a reason for not using condoms. More than 11 percent of urban women and 17 percent of rural women said they did not have the right to insist that their partner use a condom even if they knew he had an STI.

Seventy-eight percent of rural women knew of at least one modern family planning method and oral contraceptives were the one they most often knew.

However, only 10 percent of rural women had ever used such a method, only 12 percent said they might use such a method in future and only 43 percent approved of the use of such methods. Only 20 percent of rural women agreed that a woman has the right to decide whether or not to use modern family planning method.



This Foula condom ad tells women not to leave the decision to men. They, too, should carry condoms and insist that they be used.

The report on the KAP survey recommended that, in future, the communications programme place particular emphasis on targeting truckers and sex workers with preventive education about HIV and STIs; targeting young people with education about the risks of unprotected sex and how to negotiate the use of condoms; targeting women and especially women in rural areas with the knowledge and skills they need to conserve their sexual and reproductive health and to make family planning decisions.

Aventures de Foula series two

As a result of the assessments described above, producing Aventures de Foula (series two) became a top priority of the Social Marketing Project's second phase. This time, the sketches were developed in workshops involving people with expertise in HIV and STIs, reproductive health, gender issues, human rights, and education and they were asked to ensure that the themes and contents of the sketches would make appropriate and significant contributions to all relevant national family planning and sexual and reproductive health programmes. This time, too, the sketches were aimed equally at young people, truckers and sex workers, members of the armed forces, and women – with special emphasis on women in rural areas.

Again there were three versions (French, Djerma and Hausa) but this time there were 24 five-minute sketches, each one illustrating an issue or set of issues in one of eight theme areas:

- Advancing Women's rights
- Ending genital mutilation (FGM)
- Stopping sexual harassment and degradation
- Ending forced marriage and child marriage
- Providing girls with schooling
- Encouraging sexual fidelity within couples
- Discouraging early sexual relations
- Demystifying HIV and de-stigmatizing people living with HIV.

The series was ready for its official launch on the 18th of March 2009 by Niger's First Lady, Hadjia Laraba Tandja, who is official spokesperson of the country's campaign against HIV. Still underway at the time of this writing, the 24-week campaign surrounding broadcast of the second series of sketches was similar to the campaign surrounding broadcast of the first series. However, this time support from the Global Fund to Fight AIDS, Tuberculosis and Malaria had made it possible to

do more extensive training involving almost 60 radio stations and their hosts, around 1000 staff and volunteers from NGO's and associated groups and 55 secondary schools.

Animas-Sutura had taken a number of other steps to strengthen the second series and the surrounding campaign. One is described in box 4. Others were to develop a four-page discussion guide to go with each sketch, rather than a two-page one, and to do more monitoring and supervision of activities. For example, there were weekly meetings with radio station hosts to discuss the past week's radio broadcasts and debates, identify things that had worked especially well or that had failed to work well, learn from success and find solutions to problems. The next section describes a particularly important set of measures.



As this ad suggests, the radio sketches are mini soap operas.

Box 4. Le griot, played by the diva of Nigerien music Fati Mariko

Though soon shortened to *Aventures de Foula*, the first series was originally called *Les Aventures de Foula le Griot*. In West Africa, a griot is a wandering poet, musician and story teller who conserves oral traditions and has license to say things most people would dare not say. The idea was that a griot called Foula would be a common thread running through all the sketches and, when appropriate, would introduce the action, make comments on the side or act as chorus line.

Sometimes called the diva of Nigerien music, popular singer Fati Mariko plays le griot in the second series of *Aventures de Foula* and is perfectly cast in that role. She is much loved and admired herself and posters and other publicity material for the second series of *Aventures de Foula* feature her embracing another woman much loved and admired in Niger. Djama Amadou was one of the first people in Niger who had the courage to stand up in public, admit she was HIV-positive, talk openly about all that condition entails, and become an advocate for everyone living with HIV.



Empowering rural women

Tradition and pressure from their families and peers mean that Niger's women have their first sexual experiences and marry at very young ages and this is especially so in rural areas where three-quarters of women have had sex before they turn 15. Their male partners are almost invariably older than themselves (often very much older) and often not of their own choosing. Sexually initiated and married at very young ages, they go on to have child after child and often have more children than they and their husbands can possibly afford to provide with adequate care. If they can afford to send any children to school, they tend to send only the boys because the girls, after all, are destined for lives of child-bearing and caring for their husbands and children.

While the second series of *Aventures de Foula* was still under development, the project piloted a rural women's programme to prepare for its broadcast

and also to establish an effective and sustainable community-based distribution system for its condoms and other products. It tested and found the most effective ways of training women in more than 100 villages in the Maradi and Tillabéri regions, so they would be able to organize women's groups, animate discussions, and demonstrate and distribute condoms, oral contraceptives, water purification tablets, micro-nutriments and food supplements, and malaria treatments and mosquito nets. Selected because they were village leaders, these trained women animators are now referred to as *femmes relais*.

Meanwhile, the 2007/2008 studies assessing the project's phase one impacts and identifying its phase two needs had found that 68 percent of rural men but only 36 percent of rural women had listened to the radio in the past 30 days. This was due in large part to the fact that men control the few radios there are in most villages. To overcome this problem, the project bought 650 solar powered radios

with wind-up options and the Freeplay Foundation is seeking additional funding to provide more radios during 2009 and beyond. These radios have the advantage not only of working where there is no electricity but of not requiring batteries, which many rural women cannot afford.



These women in a Miradi village are helping to test solar radios and methods for animating discussion after *Aventures de Foula* broadcasts.

Glitches were still being worked out in early April 2009, when the writer visited the small village of Kayan Zarma to sit in as women listened to the third episode of the new *Aventures de Foula* series. The *femme relais* had chosen the shade of a tree as a place for the village's women to sit in a circle around the solar radio but it turned out that the reception was very bad and that no amount of fiddling with the dial and antenna, attaching it

to various branches of the tree and other objects, would improve it. It was early afternoon and somewhere around 45 degrees C and someone observed that the extreme heat often interferes with radio signals. The *femme relais* then led the group across a field to a larger, shadier tree with shade-giving bushes and houses nearby and, after a little more fiddling, the radio worked.

The women of Kayan Zarma have many children each, few of whom are in school, and a gathering of their mothers and older sisters to listen to a radio broadcast and discuss it afterwards was an irresistible attraction to them, especially those who only noticed the gathering when it trekked across the field to a shadier place. The many curious children made for a large crowd and, while they were remarkably well-behaved, some of them required periodic stilling and quieting. Once the broadcast began, however, the women listened intently and after it finished it was not long before they were engaged in intense discussion about why education of girls is so important and why sexual harassment of school girls by teachers or, for that matter, sexual harassment of girls by anyone is unacceptable.

Street theatre and kabo-kabo parades

One of the project's strategies is to stage events outside of shops or in market squares where Foula condoms are sold and help retailers sell their stock of condoms. In Niamey, for example, Daouda Gado is an actor who heads up the project's Mobile Animators' Unit. He has created his own clown character called Bébé Rapporteur who plays the young and naïve innocent and works with another actor whose clown character plays the older and supposedly wiser man.

People from small children to old grandparents have come to know and love Bébé and his older friend and soon gather around when they hear they are putting on a performance in a street in their neighbourhood. At one such event in April 2009, Bébé played a teenage boy telling his father about his new friend, a teenage girl, and how he likes to play with her. As it becomes increasingly obvious that Bébé's story is veering towards sexual activity, his father becomes angry and begins scolding and lecturing Bébé, first about proper behaviour with girls and then about the importance of wearing condoms. Bébé looks puzzled and responds by saying, "But Papa, you never saw me because I was hiding but I have watched you play with women and YOU never wear a condom." Found out and deeply embarrassed, his father has to admit that any man who plays with women should always wear a condom.

The performance was hilarious and, having captured an audience, the two actors used the occasion to hold a dance competition among any young men who cared to volunteer. First prize was a t-shirt with the Foula condom logo and a package of three Foula condoms. As the winner claimed his prize, the two actors urged others in the audience to come forward and buy Foula condoms supplied by nearby shops or else go to those shops any time and buy them. A number of young men came forward and bought condoms then and there, in front of the crowd. While no young women did the same, many were in the audience and made it obvious that they enjoyed the proceedings as much as anyone else.

Also very popular in Niamey and other cities and market towns are parades of kabo-kabo (motorcycle taxis) doing formations and stunts, with their drivers all wearing baseball caps and bright red vests emblazoned with the Foula condom logo. Kabo-kabo are a common means of transportation in Niger and, not long after it got launched, the Social Marketing Project identified them as ideal condom vendors, since they pick up strangers who may never see them again and if the drivers have logos or something else saying they sell condoms, strangers might find it less embarrassing to buy from them than from someone else.



"Papa" and "Bébé" help nearby vendors sell condoms.

Box 5. With UNFPA, a campaign for new military recruits

UNFPA supports the Government of Niger in educating people about the issues addressed in its new law on reproductive health and new policy on population and that means there is considerable overlap between UNFPA's mandate and that of Animas-Sutura. In 2008, the two organizations signed a memorandum of understanding that they would collaborate in a number of areas.

In early 2008, Animas-Sutura piloted a course providing new military recruits with the education and skills they need to prevent STIs, HIV and unwanted pregnancy and to respect the rights and dignity of women. UNFPA was an observer and in late 2008 helped to finance a five-week course for military recruits that borrowed its teaching methods and course materials from the new Aventures de Foula campaign. Each week, recruits were asked to listen to one of five carefully selected radio sketches from the series and then trained animator used the guides that went with each sketch to generate discussion and debate. UNFPA, Animas-Sutura, the CISLS, the DMES, and the Ministry of Defence are currently working on making these courses a regular part of training for new military recruits across Niger.



Military recruits learn about HIV by discussing episodes of Aventures de Foula.

Building a distribution system

The system built so far

Niger does not have a well-developed system for distributing consumer products. Such major retailers as exist have proven reluctant to carry condoms for fear of offending conservative customers and, in any case, have nothing approaching adequate numbers of small retail outlets scattered through urban neighbourhoods and rural areas in order to reach the majority of Nigeriens with intimately personal products they may wish to buy on the spur of the moment and outside of normal business hours. Faced with the challenge of getting Foula condoms into the hands of people encouraged to buy them by its communications programme, the project has had to innovate.

With support from CARE, Niger's truckers formed L'Union des Routiers de Lutte contre les IST/VIH/SIDA (URNLS) in the 1990s. By 2006, the union's local syndicates had established 11 Anti-AIDS Kiosks along the main trucking routes and in the main trucking destinations in Niger's four westernmost regions (Niamey, Tillabéri, Dossa and Tahoua) and they had become some of the Social Marketing Project's most active and effective partners, helping to facilitate its communications and to wholesale its products. There are now 17 of these and more planned. The one in Baleyara described in the introduction to this publication is fairly typical.

Including the 17 Anti-AIDS Kiosks, the project now has 44 wholesalers all of whom distribute the project's condoms and other products in similar manner. For example, the project has divided the city of Niamey into six marketing areas, found an existing merchant ready to act as wholesaler for each area and assigned a motorcycle seller to that wholesaler.

In early April 2009, the project's Zone West Marketing Supervisor and a motorcycle seller took the writer to visit one of these wholesalers. He was sitting in a stall selling the usual variety of small and inexpensive products and across from that stall he had another one with a locked door that served as his warehouse.

The motorcycle seller was responsible for keeping him well-stocked with condoms, for finding retailers willing to sell those condoms and for helping the retailers with sales by providing them with signs with the Foula logo and liaising with the Mobile Animators' Unit to arrange for performances to attract potential customers.

Typical of the retailers the wholesalers and their salespeople keep supplied are small independent pharmacies, grocery stores, men's and women's hair salons, bars, petrol stations, the countless stalls that can be found throughout Niger's cities and towns and the countless walking vendors (with tall wire baskets balanced on their heads) also found throughout Niger's cities and towns. Walking vendors and kabo-kabo drivers comprise a significant part of the project's retail network and they make Foula condoms available in places where there are no shops, at all hours of day and night and in circumstances that guarantee anonymity. Among the most frequent customers of walking vendors, for example, are vehicle drivers and passengers who need not even get out of their vehicles to buy a condom.



A shop-owner stands beside his display of Foula condoms.

Figure 2. Phase one (March 2003 through May 2008) targets and actual results for the Social Marketing Project's distribution system

	Targets	Actual results	Achievement rates
Wholesalers	30	44	147 %
Sales points*	3,000	3,043	101 %
Condoms sold	15,500,000	16,604,137	107 %
* This figure does not include walking vendors, kabo-kabo drivers and other mobile individuals.			

Further building underway

During its second phase, as the project reaches out to women in rural villages it has been offering community-based NGOs and their *femmes relais* opportunities to become small-time condom retailers. As of this writing, during the six-month campaign surrounding broadcast of the second series of *Aventures de Foula*, the project is actively encouraging *femmes relais* to take full advantage of this opportunity, providing them with condoms, giving them sales advice and asking for progress reports.

In early 2009, the project identified and recruited six regional coordinators to intensify its efforts in the six regions east of Niamey and Tillabéri. This intensification will include developing wholesale-retail networks that conform to the model outlined above. In early April 2009, the new recruits attended a four-day training course in Niamey offices of Animas-Sutura to get them started on this endeavour.

Until recently, the project has had a fairly basic system for gathering and managing information on its wholesalers, retailers and condom sales but it is currently perfecting a more sophisticated sales Management Information System (MIS) that will allow it to break down and analyze the numbers and generate regular reports providing sales data by location, type, sales representative, quantity, and purchase rhythm.

Box 6. The economics of condom social marketing

The 2007/2008 KAP survey confirmed that the Foula brand dominates the condom market in Niger, with 66 percent of those who use condoms saying they use Foula condoms. Foula condoms come in packs of three with a suggested retail price of 75 CFA clearly marked on the pack. Small retailers sometimes sell individual condoms for 25 CFA per condom, the equivalent of less than 0.04 Euro. All retailers pay 16 CFA per condom, while wholesalers pay 11 CFA. Those 11 CFA go back to Animas-Sutura but only cover a small percentage of procurement, promotion and distribution costs.

What are the costs? Since the *Aventures de Foula* campaigns and many other elements of its over-all programme serve to educate Nigeriens about a range of sexual and reproductive health, family planning and human rights matters, most of these costs are not considered to be condom promotion costs. Animas-Sutura has developed a formula that counts only the costs of condom procurement, distribution and brand promotion and includes salaries of its marketing department staff. A standard social marketing term is Couple-Years of Protection (CYP) and the standard assumptions are that one CYP requires either 100 or 120 condoms. Animas-Sutura assumes 120 and, applying its formula and taking other factors into account, calculates that the costs of providing one CYP will be 6.92 Euro in its second phase.

What are those other factors? They include efficiencies that will be achieved as the distribution system becomes better established and economies of scale that will be achieved as more condoms are sold and as other products



Foula condoms come in packs of three.

are added to the product line. The costs of providing one CYP were much higher when the project was launched in 2003 and have been trending downward ever since.

How does this compare with the costs of social marketing in other countries? It is hard to make comparisons.¹⁷ Niger has a small population scattered over a large territory and that means that, no matter the efficiencies and economies of scale, the costs of providing one CYP in Niger will probably always be considerably higher than the costs in more populous and urbanized countries. In addition, extremely low incomes in Niger leave little or no room for recovering costs by increasing the price to consumers.

¹⁷ See Barbaris M et al (1997) for a rare attempt to make such comparisons. It assumed that one CYP requires only 100 condoms and found that the cost of delivering one CYP averaged only US\$ 2.14 in the 11 countries it covered but was much higher than average in the 5 African countries among those 11. In one African country it was US\$ 7.86 and in the other four it ranged from US\$ 13.53 to US\$ 15.39. That was for 100 condoms in 1997 US dollars, not 120 condoms in 2009 Euro, and would suggest that the Social Marketing Project's estimated cost is comparatively modest.

Gathering and analyzing strategic information

To provide a sound understanding of the issues

Growing and sustaining an effective and cost-efficient social marketing programme requires growing and sustaining a comprehensive, reliable and up-to-date body of strategic information that serves two purposes. One is to inform the programme's actions with a sound understanding of the issues they are meant to address and the other is to ensure those actions are achieving the intended results.

For the first of those two purposes, the Social Marketing Project makes use of many readily available sources of information of the type mentioned throughout this publication. Niger's 1992, 1998 and 2006 DHS reports, for example, are particularly rich sources of information about the reproductive-health-related knowledge, attitudes and practices of Nigerien adults broken down by gender, age, education, income, and place of residence. Given that they take place every few years, they also make it possible to track trends and to identify or, at least, make educated guesses as to what factors may account for those trends.

The project also supplements those sources, as necessary, with studies of its own. Three such studies have already been described under the heading "Assessing phase one impacts and phase two needs" and fourth is described in Box 7, later.

To ensure actions are achieving the intended results

One of the 2007/2008 KAP survey's five reports compared its findings with those of the 1998 DHS and 2006 DHS, using only data from the three "intensive zones" or regions (Niamey, Maradi and Tahoua) where the Social Marketing Project had been most active during its first phase. There had been no 2003 KAP survey to provide baseline data for the Social Marketing Project as it was launched, so the report used the 1998 DHS data in order to produce the "progress indicators" summarized in the table below.

Four progress indicators, showing how knowledge and practices changed in the three regions where the Social Marketing Project was most active in its first phase

	DHS 1998	DHS 2006	KAP 2007/2008
Women who cite condom use as a method of preventing HIV	21%	55%	73%
Men who cite condom use as a method of preventing HIV	32%	67%	87%
Women who cite condom use as a method of preventing unwanted pregnancy	42%	40%	60%
Among women who had sex with someone other than their husbands during the past 12 months, % who used condoms on the last occasion	2%	20%	25% with casual partner 80% with paying partner
Among men who had sex with someone other than their wives during the past 12 months, % who used condoms on the last occasion	14%	47%	25% with casual partner 80% with paid partner

The 2007/2008 KAP survey also provided more timely and relevant baseline data for measuring progress through phase two. Meanwhile, early indications give good reason to expect that knowledge, attitudes and practices will continue to change for the better. Forty villages in the Maradi region participated in the pilot project that found the best ways of training *femmes relais* so they could organize village women's groups and animate discussions following broadcast of the *Aventures de Foula* series two sketches. Maradi is generally thought to be one of Niger's most conservative regions but from 50 to 100 and more women turned up to participate in discussions in each village and they engaged in lively debate. Contrary to expectation, young women were willing to speak up and share their thoughts with older women and older women were forthright in challenging men who participated in the discussions.

In addition to doing the KAP survey, the project has been developing or improving a number of other tools to improve the quality of its products and activities and monitor and evaluate results. These include:

- The new sales Management Information System (MIS) described earlier.
- The regular use of focus groups to develop and test project messages, slogans, songs, video clips, posters, logos, and product names.
- Requiring all animators, hosts of radio debates and teachers to fill out monitoring forms after post-broadcast discussions.
- Monitoring and supervising the projects' many partners, including the NGOs who provide most of its animators. Since there are a large and growing number of these partners, the project contracts out some of the monitoring and supervision to international NGOs.
- Doing pre- and post-testing when appropriate, as in the case of the new five-week training course for military recruits described in box 5.



Kabo kabo drivers sell Foula condoms to their passengers and here they participate in a World AIDS Day parade.

Looking to the future

The introduction to this publication outlines the ambitious aims of Animas-Sutura and the Social Marketing Project: making affordable and reliable condoms widely available; making other affordable and reliable family planning and health products widely available; providing all youth and adults with the information, skills, constant reminders, and supplies they need to make intelligent choices. Not already mentioned are the following new initiatives that will accelerate progress towards achievement of those aims.



In a radio debate, a young man plays the devil's advocate arguing that an arranged marriage between a girl and her father's old friend is a good thing.

The project is developing plans to pilot a mobile unit that will provide rural villages with services similar to those provided by the growing number of Anti-AIDS Kiosks in cities and market towns. This unit will be staffed by two animators and equipped with audio and video equipment allowing it to play the project's own and other audio and video products.

During 2009, the project is expanding its product line to include water purification tablets and oral contraceptive pills. The decision to add the pills grew out of the study described in Box 7, which concluded that the project should not only step up its efforts to increase the supply and uptake of condoms but should immediately begin making similar efforts to increase the supply and uptake of oral contraceptives and, by 2011, begin adding other family planning products to its product line (see box 7).

Condoms and oral contraceptives have an important advantage over other family planning methods (injections, implants, sterilization) in that they do not require medical procedures. However, oral contraceptives are controlled drugs in Niger and using them correctly requires instruction which, among largely illiterate populations, requires interactive communications. The Ministry of Public Health, Animas-Sutura and their partners are currently working on solutions to these problems and expect to have *femmes relais* and others engaged in selling birth control pills and providing instruction in their use before the end of 2009.

Box 7. A study of the market for family planning products and services

At the launch of phase two of the Social Marketing Project, the Ministry of Public Health's Directorate of Public Health (DMES) joined the CISLS in providing oversight. Family planning for poverty reduction became a more clearly stated aim and Animas-Sutura joined UNFPA as one of the main players involved in implementing actions called for by Niger's new reproductive health law and population policy (see Box 1) and National Reproductive Health Programme (2005-2009). To gear up for this, the project's consultants did a study into the potential market for different family planning products and services.¹⁸

The study found that the number of women of child-bearing age (15-49) would increase from 2.8 million in 2006 to 3.8 million in 2015. Meanwhile, the use of modern family planning methods has been increasing but only at a very modest rate and this is especially so in rural areas, where fertility rates are highest. In order to slow population growth, the use of modern family planning methods will have to increase rapidly and the private market falls far short of having the capacity to drive this rapid increase. The Government will have to invest far more than it has foreseen and will require assistance from its development partners. The Social Marketing Project could substantially reduce the financial burden on Government by stepping up and enhancing its current communications and marketing programmes and by adding to its product line, starting with birth control pills and moving on to injections.

Lessons learned

- **Anticipate the worst.** The failure of an earlier social marketing project provided fair warning and strong incentive for the current project team to advance with caution and do its best to befriend potential opponents and never offend them but, if offence occurs, act swiftly to make amends. Building on tradition and popular culture and having a traditional chief as an active member of its board have been two ways of doing this.
 - **Build on tradition and popular culture.** From the outset, the project has used tradition and popular culture to such great advantage that they might even be considered keys to its success. Grounding the project in tradition has made conservatives feel comfortable and using popular culture has made it possible to get the project's messages across to sexually active young adults, the group most in need of hearing those messages.
 - **Engage professionals in marketing and mass communications.** Marketing and mass communications are areas of professional expertise. Communications campaigns cannot be done effectively as a quickly learned sideline by experts in other fields.
 - **Engage experts in reproductive health, human rights and education.** Ensuring that communications are accurate, convey the intended messages and are effective means of educating target populations (e.g., rural women) and changing their behaviour requires expertise in the subject matter and in ways of getting the subject matter focused, packaged and delivered.
 - **Engage many partners and make communications interactive.** Getting the project's messages across, so all sexually active youth and adults will truly hear them and act on them, requires the interactive engagement of masses of people. Doing that and also getting condoms and other products into the hands of those people would not be possible without a strategic range of active partners, including community-based NGOs and private businesses.
- The engagement of those partners also gives them a stake in the project and good reason to become its enthusiastic supporters and advocates.
- **Recruit strong and active founding members and board members.** The founding members and board of Animas-Sutura provide it with expert oversight and input and also with credibility and influence. Their active engagement helps keep the project on track and moving forward, winning the support of government, other partners and all elements of the general public including traditional chiefs and religious leaders.
 - **Establish a solid base of evidence and keep building on it.** "Know your epidemic" has become a mantra for results-driven AIDS activists but it can be broadened to "know your issue" and be an equally good mantra for activists in the fields of sexual and reproductive health, family planning and human rights. It points to the needs to glean the most comprehensive, reliable and up-to-date information possible from existing study reports and other documents, to identify needs for additional information and to design and implement studies that gather that information. In retrospect, it would have been better if the project had done a KAP study when it was launched in order to provide 2003 baseline data but the 2007/2008 KAP study has provided solid baseline data against which to measure the project's impacts during phase two and beyond.
 - **Strive for excellence in training, tools and supervision.** A challenge for the Social Marketing Project will always be to improve the training of its own staff and the staff and volunteers of partner organizations, to improve the tools they need to do their jobs well and to monitor and supervise their activities and, thus, provide quality control in the project's interactive communications and marketing. The challenge is made that much greater by the project's reliance on so many people who are only contributing small portions of their

working time to the project and who must be trained quickly and then work on their own much of their time, without benefit of having served apprenticeships where they work alongside more experienced people. The project's continuing efforts to improve its monitoring and evaluation tools will serve it well in this regard.

- **Keep the messages fresh and frequent.** Social marketing is like any other kind of marketing in that it is most effective when its messages are kept fresh and frequent so that people always find them interesting and, above all, so they act on them. It is well known that even the most knowledgeable people often fail to apply their knowledge and that they need frequent reminders that, for example, if they are sexually active young adults they should always keep a condom conveniently accessible.



In Kayan Zarma village, children listen in as their mothers and older sisters discuss the latest episode of *Aventures de Foula*.

Peer Review

For a publication to be included in the German HIV Practice Collection, the editorial board and two external reviewers must agree that the programmes or projects it describes come close to meeting most if not all of eight criteria. Their assessments are based on the information provided in the publication and, on that basis, their assessments of the Social Marketing Project described in this publication can be summarized as follows:

Effectiveness. In terms of outputs, the Social Marketing Project would appear to be highly effective at providing sound evidence to guide its actions and at building a distribution system for its products. It communicates relevant messages, keeps them fresh and frequent and makes them interactive so that people are likely to truly hear them and act on them. In terms of ultimate outcomes (e.g., declines in the rates of population growth and spread of HIV) it is too early to tell. However, the 2007 KAP study shows there have already been positive changes in behaviour. It would appear that the project is doing the right things in the right way and often enough that if positive impacts are possible, they will follow.

Transferability. The methods and lessons of the project are immediately applicable to other social marketing and behaviour change communications projects around the world. Most important is its sensitivity to issues that can be controversial and its use of tradition, popular culture, appropriate media, and inter-active communications to address those issues. People working in countries with better media infrastructure would do well to consider whether they should rely less on that infrastructure and get back to some of the basics used here.

Participatory and empowering approach. The Niger project is doing a good job of attempting to reach out to the people whose lives it can change. It did assessments at the end of phase one that helped it identify where it was failing. Of special note is the new attempt to reach rural women with solar radios and with trained *femmes relais* from their own

villages, respected women who can engage them in interactive communications and provide them with family planning and other products that would otherwise be difficult for them to access. The attempts to reach youth, truck drivers, sex workers and military personnel are also impressive. So is the fact that the participatory approach is used to support the creative process and give shape to the project's messages.

Gender awareness. There are few countries with greater need of gender awareness than Niger and the project has provided a platform for addressing gender issues, where there was no platform before. While there may be no proof that such was the case, it seems likely that it contributed to actions to change laws and national policies to the great benefit of women and it is now active in implementing measures called for in those laws and policies.

Quality of monitoring and evaluation. The quality of monitoring and evaluation in this project is a step above that found in most social marketing projects, and many other projects addressing health and social issues. There is always room for improvement in monitoring and evaluation and the project recognizes that and pays careful attention to developing ever better supervision of staff and volunteers, ever better recording of events and their impacts and ever better analysis and reporting of the results.

Innovation. Perhaps the project's greatest innovation is to eschew innovation and focus on the basics of effective product distribution and communications. It has not championed any new technological approaches to either but, instead, has focussed on trying to understand how people live and how to reach them with the products and communications they need.

Comparative cost-effectiveness. As explained in Box 6 of this publication, the cost-effectiveness of a social marketing project is always difficult to demonstrate as is the case with the cost-effectiveness

of most efforts to address social and health issues. The footnote associated with that box suggests that the Social Marketing Project in Niger compares very favourably with other social marketing projects in Africa for cost-effectiveness.

Sustainability. As explained in Box 2, a social marketing project is sustainable if the organization running the project (i.e., the producers), the people consuming its goods and services and the donors (governments and others who make up the difference between costs and revenue from sales) all agree that it continues to provide goods and services of social value at a reasonable cost. In this case, the social marketing project has created a distribution system where no ready-made system existed before and has created communications about sensitive subjects where no such communications existed. In addition, it would appear to be engaging so many partners that a sense of national ownership may be emerging. There is every reason for optimism that it will be sustained for years to come.

Regarding effectiveness and sustainability, some reviewers wondered about the heavy reliance on so many NGOs and volunteers devoting small parts of their time and sometimes only temporarily (e.g., during the Aventures de Foula broadcast periods) to the project's activities. Inevitably, they have varying levels of qualification and commitment and, necessarily, they are provided with only a little training and supervision and small economic incentives. One concern is that, while those small economic incentives may work in a country as poor as Niger, they may not work in other countries. Such concerns are not uncommon in development cooperation projects and the unusually heavy reliance on NGOs and volunteers in this project could be seen as an opportunity to study how well that works and monitor how well it continues to work.



Popular singer Fati Mariko reminds women that they have the right to decide whether or not they want to risk pregnancy or infectious disease.

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