CASE STUDY: A MULTI-SECTOR APPROACH TO GIVING YOUNG KENYANS A HEALTHY START

Global Alliance For Improved Nutrition (GAIN) Builds A Coalition Of Partners In Industry, NGOs And Government To Boost Production And Distribution Of A Powder That Adds Critical Nutrients To Children's Food

EXECUTIVE SUMMARY

Optimal nutrition during the first two years of life greatly lowers mortality and the risk of chronic disease later in life, but over 69% of all Kenyan children under five suffer from iron-deficiency anemia, and 84% of these children are deficient in Vitamin A.

Micronutrient powders, or MNPs, are an effective way to combat nutrient deficiencies in children. MNPs provide a full suite of essential nutrients in a tasteless powder that can be easily adapted to local diet because they are simply added to a child's meal.

In 2012, the Global Alliance for Improved Nutrition (GAIN) joined forces with the Kenyan Ministry of Health (MoH), three private sector companies, two major international aid organizations and one NGO to increase the production and distribution of MNP sachets. This would be a highly ambitious hybrid institutional-commercial model for the production, distribution and sale of MNPs under the brand "MixMe," with the goal of distributing 120.5 million sachets to 650,000 children within two years. While MNPs existed in Kenya prior to the partnership, they were almost always imported at a significant cost and unaffordable to those at the base of the pyramid whose children need the additional micronutrients the most.

Working closely with the Ministry of Health, GAIN engaged an extensive coalition of partners to produce, package, and distribute MixMe locally. The partners also engaged the Kenyan MoH and an international NGO to conduct marketing, education and advocacy for policies, training and regulation that would increase consumption of MNPs. GAIN Kenya created a new distribution model for MNPs that leveraged both commercial sales through private enterprises and institutional delivery through NGOs and international aid organizations.

Activities in this article are based on field work conducted in December, 2013.

Key Operational Lesson:

Embracing a multidimensional model of distributing micronutrient powders through both commercial/private entities as well as government/NGOs helps to mitigate the risk of relying on only one partner and extends the impact and reach of the product.

Key Strategic Lesson:

Identifying project champions that present a united and uniform message is key to working with a large number of stakeholders with varying priorities and interests.

INVESTMENT SNAPSHOT

Geographic Coverage: Kenya, to expand to East Africa

Project Start: November 2012

Stakeholder Roles:
GAIN Kenya - Project Support
Kenya Ministry of Health (MoH) – Project Support & Education
Population Services International (PSI) - Monitoring and Evaluation; Public Education
Royal DSM – Production
Philips Healthcare Services Limted (PHSL) – Packaging, Distribution
World Food Programme (WFP) – Production
UNICEF – Production
Living Goods –Distribution
SmartLife - Distribution

Nutrient Products: "MixMe," a micronutrient powder sachet

Institutional Aid Market: 500,000 children ages 6-24 months

Retail Market: 150,000 children ages 6-24 months

Project Goals: Establishment of a coalition that will produce, package, distribute, and market locally produced Micronutrient powders

Total Anticipated Project Cost: $5,920,000

GAIN Contribution (% total project): $800,000 (13.5%)

Public Sector Contribution: $4,620,000

ABOUT GAIN. The Global Alliance for Improved Nutrition (GAIN) is an international organization launched at the UN Special Session on Children in 2002 to tackle the human suffering caused by malnutrition. We believe that everyone in the world should have access to an affordable, healthy and nutritious diet. We focus our efforts on children, girls and women because we know that providing these groups with sustainable, nutritious diets is crucial to ending the cycle of malnutrition. We act as a catalyst – bringing together alliances of governments, business and civil society - to find solutions and deliver results. Through this collaborative approach, we believe that malnutrition can be eliminated within our lifetime.

For Further Information

Magali Leyvraz
Global Alliance for Improved Nutrition
mleyvraz@ gainhealth.org

BACKGROUND & CONTEXT

Nutritional deficiencies impact a majority of Kenyans, with young children particularly hard hit, but micronutrient powders provide an easy-to-use, accessible, cost-effective way to combat malnutrition.

Micronutrient deficiency has been called the "hidden hunger," because the severe consequences of chronic lack of vitamins and nutrients often come with no visible warning signs. Consequences range from loss of productivity and poor health to mental impairment, and even death. Malnourishment during the first two years of life greatly increases morbidity and mortality and the risk of chronic disease – yet 69% of Kenyan children under five suffer from iron-deficiency anemia, and 84% of these same children are deficient in Vitamin A .

One way to forestall the dangers of malnutrition is through micronutrient powers (MNP). MNPs come in sachet form, like small packets of sugar, and contain a blend of vitamins and minerals in powder form that are easily sprinkled onto foods prepared at home. Any homemade soft, semi-solid food can be fortified instantly by adding MNPs with no difference in taste, color or texture. GAIN had already proven the potential impact of MNPs in Kenya through feasibility and impact evaluations of its Sprinkles Global Health Initiatives that ended in 2009. Since opening its Nairobi office in 2010, GAIN has been a pivotal player in readying the environment for local production of and access to nutritious foods for Kenyans.

Before the start of the partnership, all MNPs in Kenya were imported, and generally only available through major institutional aid organizations such as UNICEF and the World Food Program (WFP), as well as through international NGOs, such as Save the Children. MNPs were typically not readily available in the commercial or retail marketplace.

MixMe is a branded MNP product innovation developed in 2008 in partnership with the WFP and the commercial entity DSM, a global science-based company headquartered in the Netherlands. Although distributed in Kenya, MixMe is an MNP currently produced in France and South Africa. As MixMe is an imported product it is subject to VAT tax in Kenya, which increases the price by approximately 16%. Although each sachet was sold for only 6 Kenyan Shillings ($0.07) including VAT, the cost is still high to both large institutional customers and insurmountable for most low-income end-consumers. With import taxes and high transportation costs driving the price, encouraging local production of the MixMe brand MNP and increasing distribution in Kenya appeared a viable means of cost reduction.

ABOUT MALNUTRITION AND FOOD FORTIFICATION

Malnutrition is a global issue that affects billions. The term malnutrition refers to both undernutrition and overnutrition. Undernutrition indicates a lack of the necessary energy, protein or micronutrients while overnutrition and obesity mean too much energy, fats or specific micronutrients.

Vitamins and minerals, also known as micronutrients, are a critical component of good nutrition. In particular, folate (vitamin B9), iodine, iron, vitamin A, zinc, and other B vitamins including thiamin (vitamin B1), riboflavin (vitamin B2), niacin (B3), cobalamin (vitamin B12) and pyridoxine (vitamin B6) are important for healthy and productive populations. Without them, children develop birth defects, blindness and an inability to learn properly, among other long-term disabilities.

Food fortification is the process of adding vitamins and minerals to staple foods, like cereal and condiments. With GAIN support, more nutritious foods and condiments such as wheat flour, maize meal, salt and vegetable oil are now available in over 28 countries.

In 2012 the Government of Kenya adopted increased consumption of MNPs as part of their National Nutrition Action Plan for 2012-2017. Recognizing GAIN's expertise in home fortification, the Kenyan Ministry of Health (MoH) requested GAIN's support in scaling up the use of MNPs at a national level. However, in this large-scale effort, market realities posed significant barriers to consumption, production and distribution, which GAIN needed to employ a large multi-partner, market-based approach to overcome.

OBJECTIVES AND APPROACH

Improve Access to Home Food Fortification for Children in Kenya

A multi-sector approach would establish an expansive and affordable Micronutrient Powder market supplied by local production.

This ambitious partnership would focus on establishing local production of the MixMe Vitamin Mineral Powder, increase distribution, enhance government policy and improve awareness of the benefits of micronutrient powders. GAIN and their partners sought within two years to introduce a local production of MixMe that would be affordable to both the institutional and retail markets. To reduce the price point for each sachet the partners would need cost-effective packaging that would reach adequate scale and tax exemption from VAT. MixMe would then be distributed both institutionally through international aid organizations, as well as direct to consumers through retail markets. In two years they expected to improve distribution channels with the goal of providing 120.5 million sachets to 500,000 children through the institutional aid/NGO market and 150,000 children through the retail market in five regions in Kenya, with the goal of eventually expanding reach throughout East Africa.

However, reducing costs and increasing local production and distribution would not be enough. Nutritional awareness is low in Kenya, and increasing awareness and education of the benefits of micronutrient powders would also play a critical role to increasing consumption. The partners would need to work closely with the government to support policy makers to enable the optimal environment for importing and retailing MNPs, as well as with the Ministry of Health workers to increase awareness of fortifying food at home.

The project's mutually reinforcing elements required a similar sense of urgency across partners in order to advance, and local production would need to reach scale if an attainable price point was to be achieved.

Build a Coalition of Diverse International and Local Stakeholders

Kenya's complex policy environment and the number of players in the nutritional space made collaboration challenging but absolutely necessary in creating both the demand and supply for the MNPs.

GAIN built a partnership with international and local commercial entities that would support the project with technical assistance and a financial match to GAIN investments. The roles were as follows:

Project Support

- **GAIN Kenya**
- **Kenyan Ministry of Health (MoH):** Government nutrition unit providing support and education

Production and Distribution

- **Royal DSM:** Dutch multinational life and material sciences company undertaking premix manufacture and technical assistance
- **Phillips Healthcare Services Limited (PHSL):** Subsidiary of Phillips Pharmaceutical Group as a local manufacturing partner invested in the packaging and distribution MNP product 'MixMe'
- **World Food Programme (WFP) and UNICEF:** Act as NGO partners who procure large quantities of MixMe stock for free distribution through government and health clinics
- **LivingGoods:** A social enterprise focused on health and poverty issues, whose network of independent entrepreneurs undertake door-to-door sales of MNP product
- **SmartLife:** An initiative under AIM* focused on healthy living through home service sales door-to-door delivery of wide selection of wellness goods, including MNPs
- ***AIM** is the Amsterdam Initiative against Malnutrition formed by GAIN and a number of other partners.

Behaviour Change

- **Population Services International (PSI):** Conducts behaviour change and social marketing campaign
- **University of Toronto:** Undertook pilot study on use of mobile phones for effective social behaviour change campaign for breastfeeding

GAIN Kenya coordinated the participation of these partners to develop a comprehensive program. DSM would provide the bulk pre-mix to the partnership to be packaged locally. Local manufacturing partner PHSL committed financial resources to invest in a new packaging facility in a current warehouse in Kenya. Although PHSL had no production or packaging experience in Kenya, they would rely on the technical expertise of DSM who already had experience producing the product to mitigate the risks. The retail companies SmartLife and Living Goods in Kenya would support commercial distribution by selling MixMe through their retail markets, either door-to-door, through retail kiosks, or through "Avon lady" micro-franchises. Additionally, United Nations Children Fund (UNICEF) and the World Food Programme (WFP) would continue to distribute through government and health clinics. This complex distribution strategy would be critical to reach bottom-of-the-pyramid customers.

Distribution Partner SmartLife delivers wellness goods door-to-door

The international NGO Population Services International (PSI), PHSL and the Kenyan Ministry of Health (MoH) would spearhead marketing and education initiatives. The MoH, with support from PSI would conduct an intensive behavior change and social marketing campaign, creating awareness and a retail market for MixMe. PSI would also work with the MoH to train healthcare workers and sensitize community leaders to the importance of food fortification for infants and young children.

Establish Local Production and Packaging to Increase Availability of Low-Cost MNPs for Institutional and Retail Markets

The project focused on locally producing an MNP product within 2 years at a cost of less than 3 Kenyan Shillings (KES) per sachet for the institutional market and less than 5 KES per sachet for the retail market.

By establishing local production, the partners expected to successfully lobby the government to waive the expensive VAT taxes currently imposed on imported MNPs, as well as remove the high transportation costs. GAIN originally approached long-time local partner PHSL regarding this possibility of locally producing their MNP brand MixMe. PHSL proposed establishing a local packaging facility, assuring GAIN that with sufficient scale of production and a waiver of the value added tax (VAT), they could reach GAIN's proposed price point. However, cost savings through local packaging rested on a government waiver of the VAT. The players assumed a waiver would be granted, so the government's rejection came as a surprise to all of the partners. Aggressive advocacy efforts to persuade the Ministry of Finance to waive the tax were launched, but the missed opportunity would initially derail progress.

With the VAT waiver denied, GAIN looked to PHSL to reduce costs. Without the pressure of a competitive open bid process, however, PHSL had little incentive to drive efficiencies and was slow to set up local production and did not reduce costs. In order ensure success, GAIN explored other potential commercial packing partners whose existing local powder packaging operations would allow them to produce MNPs with minimal up-front investment. Though these potential alternatives enabled GAIN to increase pressure on PHSL to reduce costs, valuable time had been lost to produce the MNP locally.

Pursue a Multi-Channel Distribution Strategy

To mitigate risk and reach as many consumers possible via institutional and retail markets, GAIN pursued a multi-channel distribution strategy that took advantage of entrenched organizations.

Local production was introduced with a goal to reduce costs by eliminating VAT

In order to achieve effective, large-scale distribution of the MNPs, GAIN segmented the target population by preferred distribution channel and selected local organizations already entrenched in these channels. By moving forward with existing organizations with overlapping scope, GAIN effectively mitigated risk and raised the prospects of achieving broad impact and reach.

On the institutional side of distribution, GAIN is working through the government, namely the Ministry of Health, international NGOs, and UNICEF and WFP. Many NGOs already purchase and distribute other brands of imported MNPs, so keeping costs competitive is a key factor in securing and continuing these contracts.

On the retail side, GAIN enlisted the help of LivingGoods and SmartLife, retail distributors with different models that serve somewhat different markets. SmartLife sells MixMe door to door and through retail kiosks, drawing on its established clean water customer network. Living Goods or the "Avon Lady" model educates and employs "micro-franchisees" to sell MixMe and other health-focused products through their networks.

By involving an array of actors in distribution, GAIN facilitated overlap, thus driving competition and reducing the risk of failure. For instance, if the Ministry of Health were to cut its budget significantly, GAIN could redouble its institutional distribution efforts through NGOs. Similarly, if either LivingGoods or SmartLife failed to meet its expansion targets, GAIN would not be forced to start from scratch on the retail side. Competition served to motivate partners to meet their commitments, whether in terms of tender quantities or expansion timelines, and this system also ensured maximum impact and reach by including players with different strengths and relationships, different target populations and geographical presence.

Foster Behavior Change to Increase Awareness and Consumption of MNPs

GAIN sought a 20% increase of mothers of children aged 6 to 24 months reporting purchases of MNPs in the demonstration area after the campaign.

In a culturally diverse country such as Kenya, GAIN recognized that it would be crucial to find a universally respected proponent for MNPs both to create the market and to educate consumers on adoption. Before launching the MNP program, GAIN was already aware of the power of the Kenyan government, specifically the Ministry of Health, in setting the tone for nutrition adoption among the general population.

GAIN had participated in successful government marketing plans concerning food fortification initiatives and witnessed the power this had on adoption. In the case of cooking oil and flour, two staple goods where education on fortification was previously low, government market creation for fortified products drove increased adoption rates.

GAIN expected to work closely with the MoH and PSI to establish a national rollout plan that would include government-led marketing initiatives. For instance, one of GAIN's pilot initiatives included a MoH representative in all training and workshops for local healthcare workers, because without MoH inclusion the message would be ignored.

There are still hurdles that need to be cleared before the government can create the MNP market, most notably training of and providing incentives for healthcare workers to encourage MNP consumption across the country; their support is a crucial step for GAIN to establish a viable, long-term MNP market.

As a part of this program GAIN studied the effectiveness of a peer-led mobile strategy to promote breastfeeding and supplemental feeding by new mothers. The study provided mobile, text-based support to one group of mothers, an in-person peer group to another, and left the third control group to get education through the traditional method of going to the health clinics. The study showed that mothers who received mobile support significantly increased their breastfeeding compared to mothers in the other two groups. However, this 2011 study and its implications were not able to be incorporated in the program due to limited resources.

CHALLENGES AND OPPORTUNITIES

Creating Demand for MNPs

Delays in the education of MoH health workers to initiate a national educational campaign for MNPs and a lack of incentives for health workers have made it difficult to create demand.

The population, especially those at the bottom of the pyramid, still lack understanding of the importance of food fortification as well as how to appropriately use and consume MNPs. The education campaign relied on MoH health care workers to educate mothers of young children in the institutional market in order to create the demand needed to facilitate GAINs public-private partnership scheme. Without proper training themselves, the health care workers cannot train end-users. This training is a precursor to the national education campaign, which is crucial for the establishment of a local MNP production facility.

The success of the partnership relied heavily on intensive marketing and education to the target consumers. However, there was a lack of MoH training of community health workers on MNPs and it has been a key stumbling block, creating a cascading effect on the rest of the project. As Dr. Grace Waiharo, Head of Operations, PHSL, said, "Government messaging creates the market," and as of yet, that message has not been relayed effectively enough. Additionally, PSI lacked clarity around the nature of MoH support and the interplay between institutional and retail markets, since consumers have been receiving MNPs for free.

Funds were inefficient for radio and television advertising. Additionally, health care workers lacked any incentive to distribute and educate about MNPs, and laws preclude GAIN from compensating them.

Determining a Production and Packaging Strategy

Two viable packaging partners increase the likelihood of establishing a local facility, which will ultimately result in a cost-effective product, but high expenses and the VAT still threaten to make the final packaged product's price too high.

Cost-effective packaging will require adequate scale and effective tax exemption advocacy. A facility with proximity to the customer reduces distribution challenges and allows for quicker production adjustments based on consumer demand.

Currently two viable packaging partners increase the likelihood of establishing a local facility. Developing a new packaging facility requires relatively high capital expenses to purchase necessary equipment, and PHSL currently has no production or packaging experience in Kenya. However, product supplier DSM's technical expertise should help to mitigate the risks. In contrast, using the existing capacity of one provider's local powder mixing facility would allow for lower capital expenses and for the project to leverage existing quality control procedures. It should be noted, however, that working with a partner with a focus on profit and a lack of open costing could result in a prohibitively high price for the final packaged product.

In addition, cost reduction is still dependent on a number of outstanding items, most importantly scale of production, and the tax exemption issue. The issue of scale is highly dependent on marketing initiatives, primarily those driven by the government, which, as was noted earlier, have not gotten off the ground. And to date, advocacy for tax exemptions of the VAT has been ineffective.

Setting Up Systems for Monitoring and Evaluating Project Progress

Quantifiable impact will help generate needed funding, drive and align stakeholder support, and promote consumer adoption when the benefits of use are clear to see.

Without appropriate monitoring and evaluation, the benefits of any large-scale nutrition initiative will be unquantifiable, and results will be based exclusively on anecdotes. While national nutrition statistics helped kick-start the initiative and bring key stakeholders together to find innovative solutions to fight micronutrient deficiencies, there is more information to gather. For starters, the initiative needs to track health improvements of children in the three pilot programs, determine overall cost savings to the national healthcare system and total national demand for MNPs. This kind of feedback could encourage the government to roll out national marketing and education initiatives—a key stumbling block—at a faster rate.

Market surveys and consumer feedback will help partners set price points and allocate packaging and marketing costs more effectively. For example, the pricing structure for the sachets was developed purely anecdotally, without valid market research. Without customer-based demand and price point forecasting, it is difficult to determine the feasibility of producing and selling the product sustainably. The consumer-facing retail pilot programs, through Living Goods and SmartLife, can be viewed as an excellent opportunity to understand and address barriers to adoption, including product packaging and price, and should be studied prior to launching large-scale distribution of the product.

Quality control, at both the producer and regulatory levels, will help ensure an effective product is provided to the market. GAIN and other key stakeholders recognize that quantifiable impact will help generate needed funding, drive and align stakeholder support, and promote consumer adoption when the benefits of MNP use are clear to see.

OUTCOMES AND LOOKING AHEAD

GAIN Kenya's MNP project has reached a critical juncture at which key decisions related to production and follow-through on commitments from key partners such as the MoH will significantly impact the project's ability to meet its objectives in the stated timeframe.

All of the partners started out on the same page, pushing toward the common goal of improving infant and young children nutrition. Though they are using different methods to achieve this goal, each of their efforts supports the common vison. This allows for an effective allocation of resources as well as an open forum for knowledge transfer. However, while cohesiveness is essential, it is not enough on its own to ensure project success.

Initially the goal had been to provide 3 million sachets of MNPs through the retail markets and 10 million sachets through institutions. After a year, only 1 million sachets had been distributed through the Living Goods and SmartLife channels, while 8 million sachets of the 10 million that had been provided by UNICEF and WFP had been distributed.

GAIN Kenya's ambitious hybrid institutional-commercial model for production, distribution and sale of MNPs has the capacity to positively impact the nutritional state of a great number of Kenyan youth and presents a model for programs as they consider entering the fortification space in other countries or regions. By de-risking private-sector entry into the MNP space through market creation and creating mutually reinforcing institutional and retail distribution channels, GAIN Kenya is effectively shaping a sustainable space for MNPs in Kenya that will eventually be carried forward without its support. These principles serve as a reference for ventures that want to introduce a social-impact product without a currently existing market.

The likelihood of meeting institutional targets is heavily dependent on the international procurement arms of NGOs switching to local procurement of MNPs, as well as a rapid scale up of the LivingGoods network, which is relatively new to Kenya. Institutional sales are required to achieving a price low enough to facilitate retail scaling.

Additionally, both institutional and retail distribution depend on sufficient demand creation, which has been a challenge to date, for several reasons, including the fact that the current price point is too high for the lowest income bracket to have consistent access to the product and health care workers having no incentive to distribute the product. Unfortunately, the lack of MoH urgency around market creation and the tensions between sustainability and impact, particularly in production have proved critical to the success of the project.

While production progress has been slower than planned, PHSL, drawing on DSM's expertise, imported production equipment by January 2014 and set up a local packaging facility in June 2014. They were also in talks with DSM to agree on a price for the bulk product. With the possibility of competition with a current packager in the market, which would use its existing facilities, there may be incentive to drive the price lower. Equally important, GAIN joined forces with PHSL and UNICEF to continue lobbying the government for a tax waiver on vitamin and mineral pre-mixes, emphasizing the non-commercial nature of MNPs and the dire needs of the target population.

Key Operational Lesson:

Embracing a multidimensional model of distributing micronutrient powders through both commercial/private entities as well as government/NGO's helps to mitigate the risk of relying on only one partner and extends the impact and reach of the product.

Often organizations focus on selecting the best player to manage distribution, only later introducing additional players to fill gaps or address failures that have arisen. This sort of staged introduction of distributors can lead to overreliance on and overconfidence of the initial distributor. In an ambitious venture like this where there are several markets, each with different needs and barriers to entry, organizations need to consider the broad array of distribution channels available to them—public and private—and select an array of partners within the context of their goals. GAIN Kenya's hybrid institutional-retail distribution model accomplishes this. By engaging the MoH and NGOs to distribute to the institutional market and two commercial players, LivingGoods and SmartLife, to reach the retail market, the partners ensures wider reach, mitigates risk, and increases likelihood of success beyond dependence on a single channel or distribution partner. For instance, with the delays in market creation by MoH health care workers, GAIN can approach one of its NGO distribution channels to explore other options.

Key Strategic Lesson:

Identifying Project Champions that present a united and uniform message is key to working with a large number of stakeholders with varying priorities.

The initial alignment between the MoH, GAIN, UNICEF, and WFP was crucial for the initiation of such an ambitious program. Yet, now that the project is underway, the lack of initiative from the MoH for marketing and education could delay full-scale implementation and threaten the alignment between those crucial players. A lesson-learned as the project continues is that not only does there need to be a high level of alignment and communication between these key stakeholders, but there also needs to be a project champion at the beginning of such a comprehensive nutrition initiative to develop a communication mechanism to ensure alignment is sustained.

The lower initiative of one of the stakeholders—such as the MoH, in this case—may require the reallocation of resources to bring them in line. For instance, the MoH health care workers lack incentive to distribute MNPs and educate consumers on their use, and laws preclude GAIN from compensating them. Perhaps the job of educating and distribution can be taken over by one of the other NGO partners. With the proverbial 20/20 vision of hindsight, key stakeholders should have worked together early on in the process to identify critical junctures in the project's path and set processes in place to ensure that progress is protected at every turn. For example, WFP, UNICEF and other NGO partners could have been better at presenting a united front to Kenya's MoH at the outset.

Looking Ahead

Aggressive expansion strategies by commercial distributors and GAIN's adoption of a tripartite marketing strategy will hopefully put the program back on track to reach distribution targets.

LivingGoods aims to ramp up from its current level of 124 retail agents to 500 agents by the end of 2014, including launching a second branch in western Kenya; it anticipates that one third of these agents will ultimately carry MixMe. Similarly, SmartLife has set a target of expansion from 2 to 6-8 retail stores by the end of 2014, each serving 1,500 water customers, of whom a subset would fall into MixMe's target market.

On the institutional side, GAIN anticipates that certification for the local production process will take six months for UNICEF and six to twelve months for World Food Programme. Once institutional certification is received, GAIN will drive the tendering process to establish contracts with UNICEF, World Food Programme, and other NGOs.

In terms of future marketing and education efforts, GAIN will try to combat the delays caused by MoH's lack of engagement and slow ramp-up in marketing and education by adopting a tripartite strategy. First, PHSL will both develop marketing materials and train marketing representatives to promote purchase and consumption of MNPs. Second, community health workers will run clinics, educate patients, and conduct door-to-door visits. Third, GAIN aims to work with PSI to roll out a marketing plan aimed at both creating awareness and facilitating social behavior change nationally. GAIN hopes that these distribution and marketing efforts will put the program on a path to reach its target of 500,000 children through institutional distribution and 150,000 children through retail sales within two years. Using a monitoring and evaluation plan developed and implemented across partners by GAIN, the project expects to achieve a 14% reduction in iron-deficiency, 10% reduction in Vitamin A deficiency, and 11% increase in anemia cure rate over two years – a vast improvement over the current nutritional state of Kenya's infants and young children.

Project Update: Reevaluating Goals in August 2014

Due to the constraints mentioned above and limited resources the project team at GAIN is currently in the process of reevaluating their goals for how many children will be reached in two years, and in what region. While originally the focus had been to conduct a pilot in Kajiado County of Kenya, with expansion into 4 other areas, and eventually throughout the East African region, the project is now focused primarily on the Nairobi area. The original goal of 650,000 children in two years has undergone several updates, and will likely be modified to a goal of 50,000 children within the intial two year period.

CONTRIBUTING ORGANIZATIONS

This article was written in collaboration with the Global Alliance for Improved Nutrition (GAIN), the Global Business School Network (GBSN), and the Tuck Global Consultancy Program at the Tuck School of Business at Dartmouth. Information is as of January 15, 2014. For more information on GAIN, please contact Magali Leyvraz at mleyvraz@gainhealth.org; GBSN, please contact Lisa Leander at lleander@gbsn.org; and the Tuck Global Consultancy Program or the Tuck School at Dartmouth, please contact Kerry Laufer at Kerry.L.Laufer@tuck.dartmouth.edu.

gain Global Alliance for Improved Nutrition   gbsn   Tuck School of Business at Dartmouth