



P·ACT

# Ghana Nutrition Improvement Project

Co-designing a P.ACT to tackle infant malnutrition

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# Executive Summary

According to the 2016 Global Nutrition Report (Ref 7), it is estimated that a \$1 (USD) investment in nutrition can generate a social impact equivalent to \$16. In Ghana, child malnutrition is still a predominant challenge with a national stunting prevalence rate of 21% (2018) and only 13% of children 6 to 23 months of age receiving a minimum acceptable diet (Ref 1). The Ghana Health Service (GHS), a Ghanaian government body that manages the delivery of comprehensive health services at all operational levels nationally, has been working actively to curb child malnutrition through diverse complementary strategies, aiming to reduce the national stunting rate to 14% by 2025.

The Ajinomoto Foundation (TAF) was established in 2017 to lead the implementation of the Ghana Nutrition Improvement Project (GNIP), a multistakeholder collaboration initiated in 2009 that resulted in the development of KOKO Plus (KKP), a nutrition supplement product designed to improve the nutritional profile of traditional complementary foods used by Ghanaian mothers.

In 2018, GHS and TAF joined forces to collaborate on disseminating improved nutrition education to mothers, promoting KOKO Plus and educating caregivers on the proper use of the product. In urban markets, the partners developed and piloted a social business model that consists of 1– equipping GHS health workers to deliver enhanced nutritional counseling, 2– promoting improved nutritional behavior through a battery of social marketing activities, and 3– distributing KKP at an affordable price through last-mile retail shops in the proximity of GHS clinics. In 2020, the partnership had been deployed in 57 districts serving 86,000 mothers, and the partners aim to extend to 178 districts by 2025, reaching 490,000 beneficiaries across the country.

In preparation to further expand the partnership in Ghana, TAF leaders invited their GHS counterparts to use the P.ACT methodology as a framework to review the partnership success factors, extract lessons learned and start planning for the future of the collaboration. Published in 2020, the [P.ACT Toolkit](#) was co-developed by [MIT D-Lab](#) and [SEED](#) to equip impact practitioners with practical tools and methods to co-create inclusive hybrid partnerships. During the spring of 2021, MIT D-Lab facilitated six virtual workshops for GHS and TAF representatives to diagnose, explore, and plan for the future of their partnership by using a selected number of P.ACT tools.

The P.ACT workshops enabled GHS and TAF to identify key success factors as well as opportunities to improve and strengthen their partnership for the future. The partners identified the following factors as some of the key strengths they can leverage and build upon for the future of the collaboration:

- **Strong Alignment on Impact Goals:** Both partners are strongly committed to and aligned on the partnership's social impact goals, which include improving infants' nutritional status and making a sustainable shift in mothers' nutrition practices.
- **Complementary Capabilities:** TAF and GHS bring strong capabilities in behavior change and health education, while their value chain partners provide the key complementary capabilities required to fulfill the partnership goals.

- **Clear Value Chain Roles:** The value chain actors have distinct and clearly defined roles; they are able to deliver the intended value to the partnership beneficiaries both in terms of nutritional improvement and behavior change.
- **Balanced Returns:** The partnership augments both partners' value propositions and capacity to access and engage their common beneficiaries, while they perceive different but balanced advantages from the collaboration.

The P.ACT engagement also revealed several opportunities to further strengthen the partnership model in anticipation of the partners' expansion plans. TAF and GHS decided to prioritize the following areas for establishing collective action plans through the P.ACT process:

- **Success Metrics:** The partners established a detailed [monitoring dashboard](#) for the partnership. They identified specific indicators and targets to drive and monitor the partnership towards its goals.
- **Financial Sustainability:** The partners shared and discussed a [plan to reach financial sustainability](#) by 2023, which includes reducing the subsidy level over time by curbing value chain costs as to free up resources for scaling.

The P.ACT process enabled both partners to further clarify their mutual drivers for engaging in this collaboration, and to clearly define the costs that each partner incurs for engaging in the partnership. Furthermore, the conversations contributed to boosting both partners' confidence in the future of the collaboration and particularly in their capacity to manage the project performance and risks. Lastly, the partners established a common understanding of financial sustainability as a shared goal and started co-creating a scaling plan and assessing the capabilities required to implement it.

At the end of their P.ACT experience, GHS and TAF representatives reflected on their takeaways, expressed appreciation for the participatory process and reported positive changes in their knowledge and mindsets towards partnerships as a result of this engagement. As they embark on the next stage of their partnership, GHS and TAF used this opportunity to strengthen the foundation of their collaboration, renew their mutual commitment to their common goals and establish new action plans as cornerstones for their future success.



Family, Kumashi Metropolitan, Ashanti Region, Ghana. Image: Keisuke Takamatsu ©Ajinomoto Foundation

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# Foreword



Launched in 2009, the Ghana Nutrition Improvement Project (GNIP) is a joint collaboration between Ajinomoto Co. Inc., the University of Ghana, and the International Nutrition Foundation (a US based NGO). The project focuses on identifying solutions to the issue of malnutrition in children aged 6 to 24 months amongst whom stunting prevalence is high due to the insufficient intake of essential nutrients such as protein and micronutrients. As a result of this initiative, the GNIP partners developed a nutritional supplement product, “KOKO Plus,” to improve the nutritional profile of koko, a traditional corn-based porridge used by Ghanaian mothers as the main infant food to complement breastfeeding.

At the core of the GNIP project is a public-private partnership between the Ajinomoto Foundation and the Ghana Health Service.

Established in 1996 under the Ministry of Health, the Ghana Health Service (GHS) is a Ghanaian government body that manages the delivery of health services with special emphasis on primary health care at the regional, district and sub-district levels.

The Ajinomoto Foundation (TAF) is a non-profit public interest foundation established in Japan in 2017. TAF aims to contribute solutions to social challenges through nutritional improvement programs. It took over the management of GNIP from Ajinomoto Co., Inc., a multinational company with expertise in food technology, nutrition, and amino acids manufacturing.

GHS and TAF came together in 2018 to collaborate on disseminating nutrition knowledge to mothers, promoting KOKO Plus, and educating caregivers on the proper use of the product. The GHS and TAF partnership aims to reach national coverage through different strategies that address the diverse needs of rural and urban markets. For urban markets, the partners developed and piloted a social business model that aims to reach financial sustainability by 2023.

Two years into the GHS and TAF collaboration, the partnership has covered 57 districts in seven regions and the total number of mothers who achieved behavior change (understanding the importance of nutrition and using KOKO Plus

together with a nutritionally balanced diet) is estimated at 86,000 as of March 2021. The partners aim to expand to 178 districts and to reach 429,000 mothers by 2025. By reaching these objectives, TAF and GHS expect to contribute to decreasing stunting prevalence in Ghana from 21% in 2018 to the national target of 14% by 2025 for children under five years of age (Ref 3).

In preparation to further expand their partnership in Ghana, TAF leaders invited their GHS counterparts to use the P.ACT methodology as a framework to review the partnership success factors, extract lessons learned and start planning for the future of the collaboration.

Published in 2020, the P.ACT Toolkit was co-developed by MIT D-Lab<sup>1</sup> and SEED<sup>2</sup> to equip impact practitioners with practical tools and methods to co-create inclusive hybrid partnerships. The GNIP partners engaged in a series of six collaborative P.ACT workshops facilitated virtually by MIT D-Lab staff during the spring of 2021, to diagnose, explore and plan for the future of their partnership.

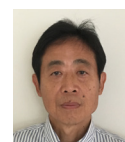
This document presents the outputs of these workshops, the insights gathered throughout the experience and the plans established by the two partners as a result of the P.ACT process.

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## Section 1:

# The Ghana Nutrition Improvement Project: Context and history of the partnership

Undernutrition during the period of 6 to 24 months of age results in stunting, a condition that leads to significant delay in the growth of the human body and brain, and that is irreversible after 24 months. Stunting is caused by insufficient intake or poor absorption of essential nutrients such as protein and micro-nutrients (vitamins and minerals) over a long period of time.

In Ghana, child malnutrition is still a significant challenge. A review of the 2014 national health statistics showed that while stunting rates are low at 6 to 8 months of age (6%), they increase to almost 22% at 18 to 23 months, and to 28% by the time infants reach 24 to 35 months of age (Ref 1). Furthermore, only 13% of infants aged 6 to 23 months achieve a minimum acceptable diet (minimum dietary diversity and frequency as defined by the WHO), indicating a severe gap in nutrition due to suboptimal complementary feeding.

Given this situation, Ghana Health Service (GHS) has been accelerating actions to reduce maternal and child malnutrition through evidence-based and innovative interventions. The interventions and programs being implemented by the GHS Nutrition Department of the Family include the Maternal, Infant and Young Feeding Program, community-based Management of Acute Malnutrition, the Micronutrient Supplementation Program, Growth Monitoring and Promotion, and the Nutrition for Vulnerable Groups Program.

In 2009, the Ghana Nutrition Improvement Project (GNIP) was launched as a joint project between the University of Ghana, the International Nutrition Foundation, and Ajinomoto Co. Inc. to address the issue of child malnutrition in Ghana. A preliminary research study on complementary feeding practices in Ghana revealed that koko, a thin porridge made from fermented corn dough, constitutes the most common complementary food to breastfeeding in Ghana (Ref 2). Yet, an overdependence on koko as the main complementary food causes protein-energy, and micronutrient deficiencies.

Studies conducted by the GNIP members in consultation with various stakeholders, including GHS, led to the development of a nutritional supplement called KOKO Plus (KKP). The product was designed to improve the

nutrient profile of traditional complementary foods for infants aged 6 to 24 months during the complementary feeding period. By adding a sachet of KKP daily to "koko," children receive a sufficient amount of essential nutrients for a healthy growth. The key ingredients in KKP are locally produced soybean, the amino acid lysine, and a micronutrient mixture (Ref 4).

The initial group of partners conducted a nutritional efficacy study on KOKO Plus from 2011 to 2013 in the Central Region of Ghana. The study was conducted with the advice and assistance of GHS. A total of 38 communities were randomly selected: 14 communities (322 children) received KKP in addition to nutrition education, 13 communities (329 children) received a micronutrient powder and nutrition education, and 11 communities (319 children) received nutrition education only. The results demonstrated that daily intake of KKP reduced acute infection, improved hemoglobin levels and demonstrated a dose response effect on the reduction of stunting. Although the results were influenced by lower delivery and compliance of KKP than intended, the model, assuming the intended delivery and compliance of KKP, predicted significant improvement in children's growth at the end of the study in comparison with other groups. A subsequent study that analyzed the amino acid profiles in blood samples of the intervention groups suggested that enhanced protein intake through KKP contributed to the reduction of stunting (Ref 5,6).

The Ajinomoto Foundation (TAF) was established in 2017 as a non-profit, public interest foundation in Japan to take over the implementation of the GNIP from Ajinomoto Co., Inc. TAF's objective is to establish a sustainable social business model for nutrition improvement with local partners, which would be replicable in other emerging markets. TAF's investment in nutrition improvement through GNIP is based on the scientific evidence that the investment in nutrition can create a high social return. According to the Global Nutrition Report 2016, it is estimated that a \$1 (USD) investment in nutrition can generate the social impact equivalent to \$16 (Ref 7).

Identifying collaboration with the Ghanaian government as essential to the success of the GNIP project, TAF approached the Ghana Health Service (GHS) to conduct a joint survey in order to assess the state of

# Three Delivery Models for Nutrition Improvement in Ghana

		<b>Environment</b>	<b>Structure</b>	<b>Current progress (2020)</b>
Urban model	Urban mothers and infants	Population density: High Prevalence of malnutrition: Moderate	Nutrition Education by GHS nurses at CWC* <sup>1</sup> + KOKO Plus sales at last mile retailer	Started in Sept 2018, expanding gradually. # Districts: 57 in 6 regions # Beneficiaries: 72,000 mothers
Rural model	Rural mothers and infants	Population density: Low Prevalence of malnutrition: High	Nutrition education and KOKO Plus sales through VSLA* <sup>2</sup>	1. CARE (Japanese government funded) started in 2016, ESM took over in 2019 2. World Vision (World Bank funded) starting in Sept 2021 # Districts: 1 # Beneficiaries: 3,000 mothers
Support model	Rural & Urban mothers and infants* <sup>5</sup>	Population density: Beneficiaries scattered in wide areas Prevalence of malnutrition: High	WFP e-voucher* <sup>3</sup> (free)	Started in Nov 2020 (Japanese government funded) # Districts: 8 # Beneficiaries: 12,000 mothers
	Mothers and infants in refugee campus	Population density: Highly concentrated in a small area Prevalence of malnutrition: High	IFPRI* <sup>4</sup> (free)	Started in Dec 2020 (Japanese government funded) # Districts: 4 # Beneficiaries: 2,000 mothers

nutrition education in the GHS system. The survey identified various opportunities to improve the effectiveness and efficiency of nutrition education, namely by developing education tools (posters and flyers) specific for complementary feeding. GHS and TAF jointly developed nutrition education tools by employing behavior change communication principles and promoting the concept of a 4-star diet, which had been developed and adopted by GHS to emphasize the importance of the four key food groups: staples (corn, rice, and cassava), legumes, fruits and vegetables, and animal protein sources.

In 2018, KOKO Plus obtained approval from the United Nations World Food Programme (WFP). This endorsement increased GHS's confidence in promoting KOKO Plus, and, subsequently, TAF and GHS initiated a collaboration to deliver nutrition education and promote the effective use of KOKO Plus nationally.

TAF tested three distinct delivery models to account for the regional differences in terms of malnutrition rates, population density, as well as infrastructure, and economic development.

In urban areas such as in the Ashanti region, TAF adopted a market-based social business that consists of delivering nutrition education and product information through GHS health workers, while the product is distributed by a national distributor to a network of local retailers, prioritizing those in proximity to GHS clinics. This model has the advantage of enabling easy access to beneficiaries and becoming financially sustainable over time. However, it takes a long time and requires significant coordination to expand the social business.

\*1: GHS, CWC

GHS (Ghana Health Service), CWC (Child Welfare Clinic)

\*2: VSLA

Village Savings Loan Association

\*3: WFP e-voucher

UN World Food Programme implements electronic / digital voucher for low income mothers

\*4: IFPRI

International Food Policy Research Institute

\*5: In two urban districts, both the urban model (not free) and the support model (free provision) were implemented

In rural areas such as the Northern Region, TAF experimented with a dissemination model in collaboration with international NGOs, leveraging their village-based activities such as Village Savings and Loan Associations (VSLA). This model proved efficient in terms of delivering both the nutrition education and the product through the same channel, but low population density makes the scale too small for the model to become financially sustainable.

Finally, TAF tried a subsidized model in areas with low population density and in refugee camps. In this case, mothers receive the product free of charge or through redeemable vouchers used in subsidy programs supported by the UN World Food Programme and the International Food Policy Research Institute. This model can be profitable and yield fast nutrition improvement, but it is highly dependent on the availability of philanthropic or public funds.

Currently, the collaboration between GHS and TAF focuses primarily on the first delivery model in urban areas, while GHS plays more of an advisory role on the other models.

In order to evaluate the feasibility and effectiveness of a market-based approach, TAF had conducted a preliminary study in 2014 to compare an urban, retail-based, social marketing model to a rural, village-based door-to-door sales model (Refs. 8, 9,10,11). While both models yielded high message coverage (over 90% of the pilot population had heard of the product), the social marketing model showed lower continuous use of the product (10% vs. 62% of the pilot population in rural areas continued to use the product after 12 months). On the other hand, the rural model yielded five times less sales due to low population density in the rural markets, therefore challenging the model's financial sustainability. This study concluded that in order to achieve both adoption and financial sustainability, the social business model needs to include continuous nutrition education and that cross-subsidization is necessary to support the higher distribution costs in rural markets.

To implement the social business model in urban markets, TAF convened several market stakeholders to ensure the consistent supply and availability of KOKO Plus and to support nutrition education through social marketing activities. They collaborated with Yedent, a local food manufacturing enterprise, by establishing a production facility and providing technical expertise

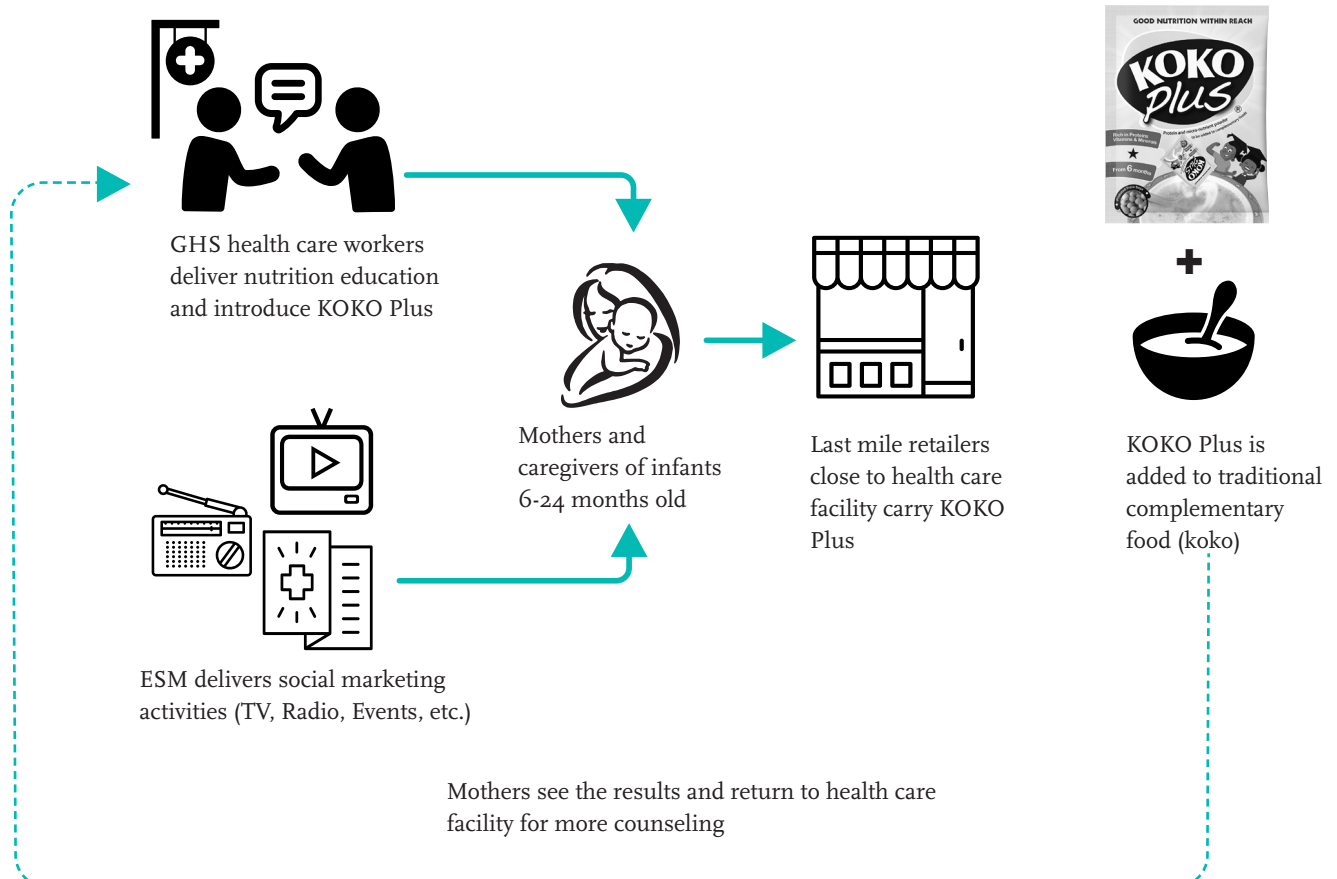
from Ajinomoto Co., Inc. TAF also engaged EXP, a company headquartered in South Africa, and EXP Social Marketing (ESM), a subsidiary of EXP with NGO status and expertise in social marketing. With the support of TAF, ESM engaged in the marketing and distribution of KOKO Plus in Ghana.

After receiving nutrition education and product information from GHS health workers at the health clinic or at a nutrition education event, mothers are directed to nearby retailers where they can buy KOKO Plus at a retail price of 50 pesewas (0.5 cedi) per sachet.

To date, this partnership has been deployed to 57 districts and about 4,000 GHS health workers have been trained to deliver enhanced nutrition counseling and information about KKP benefits. As of 2020, the partners estimate that 86,000 mothers have achieved behavior change (demonstrated continuous use of KKP at a minimum intake level of one sachet per week), and they aim to grow to 429,000 mothers in 178 districts by 2025.

The P.ACT analysis presented in this document focuses exclusively on the partnership between TAF and GHS through the social business model in urban markets.

## A Cycle that Creates Improved Nutritional Behavior





## Section 2:

# The P.ACT Methodology and Diagnostic

The P.ACT Toolkit was designed to enable business and development practitioners to co-design inclusive partnership models, i.e., collaborations where all partners, despite their diversity, have a shared understanding and buy-in for the value created and captured within the partnership.

In the context of this study, the P.ACT Toolkit was used as a framework to help the GNIP partners analyze key aspects of their partnership with the aim to align on the partnership success factors thus far, extract key lessons learned and identify potential improvement opportunities. The toolkit was also used to help the partners prepare and plan for scaling the partnership across more regions.

Facilitated by MIT D-Lab, the partners participated in six collaborative workshops each centered on a unique tool from the 12-part P.ACT Toolkit.

To identify which tools were the most relevant for the GNIP case, MIT D-Lab used a combination of two methods:

- Self-assessment of the partnership using the [Partnership Readiness Checklist tool](#)
- Semi-structured interviews with each partner

In the first workshop, the partners shared and discussed their self-assessment results, revealing that both parties shared an overall positive perception for their readiness to engage further in this partnership, with overall scores ranging between “somewhat agree” and “strongly agree” in each of the five dimensions of the tool. The scores indicated slightly higher urgency and readiness to engage on the TAF side, and a slightly higher level of hesitancy about convergence on the GHS side.

The discussion of these results during the workshop revealed some potential areas of improvement around the need to bring more clarity on the costs of the partnership to each party and on how these costs should be distributed between the partners. This discussion indicated an opportunity to use the [Balance Sheet tool](#) to align on the **value and cost distribution** between both parties.

Insights from the individual partner interviews revealed an additional set of strengths and challenges of the partnership within other P.ACT dimensions.

In terms of **goal alignment**, the partners’ responses showed strong alignment on social impact goals, while they revealed a lack of clarity on financial sustainability goals. Particularly, questions were raised around potential tensions between profit and impact goals. This indicated a need to use the [Drivers Pyramid tool](#) to gain further clarity and alignment on the overall partnership goals.

Answers about **capabilities** indicated a strong awareness of each other’s capabilities and did not reveal any awareness of existing gaps. However, considering their plans for scale, MIT D-Lab recommended using the [Capability Match tool](#) as a way to explore and document the key capabilities required for the future expansion of the partnership.

## Partnership Readiness Self-assessment



Around **culture and working styles**, although there were some differences in terms of pace, level of risk tolerance, bureaucracy and decision making processes, overall the interviews did not reveal notable tensions with regards to organizational culture, and the partners showed a high level of appreciation for each other's consistency, adaptability and participatory engagement.

The partners attributed a strong success factor of the partnership to the fact that the **partnership's activities** fit seamlessly into the partners' day-to-day work. Particularly for GHS health workers who have limited additional capacity, the partnership allows them to improve their counseling performance without requiring them to perform too many tasks outside of their routine activities. However, some answers also revealed potential tensions and confusion between the education activities and product promotion, indicating a need to further clarify the respective roles and scope of work of each partner by using the **Value Chain Map tool**.

Lastly, the partners identified several success factors emanating from **external factors** such as a strong buy-in from their respective governments and leadership groups, existing momentum around nutrition improvement both in Ghana and internationally, as well as positive relationships with key stakeholders in the global nutrition improvement community. However, they also expressed

several perceived **partnership risks** in relation to the level of their mutual dependency on each other to achieve their organizational goals, potential risks of personnel or institutional turnover, as well as uncertainty around the long-term plan and exit strategy for the partnership. This indicated a need to use the **Monitoring Dashboard tool** to clarify and track success and risk factors.

Minimal preparation was requested from the participants for workshops 1 through 4. However, for workshops 5 and 6, facilitators scheduled preparatory calls with each partner individually to fill in the tools before convening both partners to discuss the results.

Facilitators met in advance of each workshop to plan and adapt the P.ACT tools to maximize the desired outcomes. They also debriefed after each workshop and built on their insights to plan for the next one. Each workshop started by building on the output of the previous one so as to ensure continuity and progress in the process.

After the six workshops, participants completed a new self-assessment using the Readiness Checklist to evaluate how the P.ACT process may have changed their perception of various dimensions of the partnership. They also completed a process evaluation to share their feedback on the P.ACT process.



GHS health care workers and clients, St. Helena Maternity CHP, Asokore Mampong, Ashanti Region, Ghana. Image: Takashi Uesugi ©Ajinomoto Foundation

## The Six P.ACT Tools Selected to Support GNIP



After completing the P.ACT diagnostic, MIT D-Lab recommended a series of six two-hour workshops convening representatives from TAF and GHS virtually on a monthly basis.

- **Workshop 1:** P.ACT Diagnostic: What are our partnership strengths and areas for improvements?  
– [Readiness Checklist](#)

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- **Workshop 2:** Goals Alignment: Are our partnership goals clearly defined and aligned?  
– [Drivers Pyramid](#)

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- **Workshop 3:** Capability Check: Do we collectively have all the capabilities required to achieve our goals?  
– [Capability Match](#)

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- **Workshop 4:** Value Chain Roles: Are our respective roles clearly defined and does our value chain deliver on our partnership goals?  
– [Value Chain Map](#)

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- **Workshop 5:** Value vs. Cost: Are our respective benefits and costs clear and fairly distributed?  
– [Balance Sheet](#)

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- **Workshop 6:** How can we monitor our partnership success?  
– [Monitoring Dashboard](#)

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## Section 3:

# P.ACT Outputs and Results: Exploring the partnership success factors and improvement opportunities

## Goals Alignment:

**Are our partnership goals clearly defined and aligned? – The Drivers Pyramid (Workshop 2)**

This workshop employed the first two steps of the [Drivers Pyramid tool](#). This tool enables partners to surface, share, prioritize, and clearly define a common set of goals that ALL partners collectively commit to achieving through the partnership.

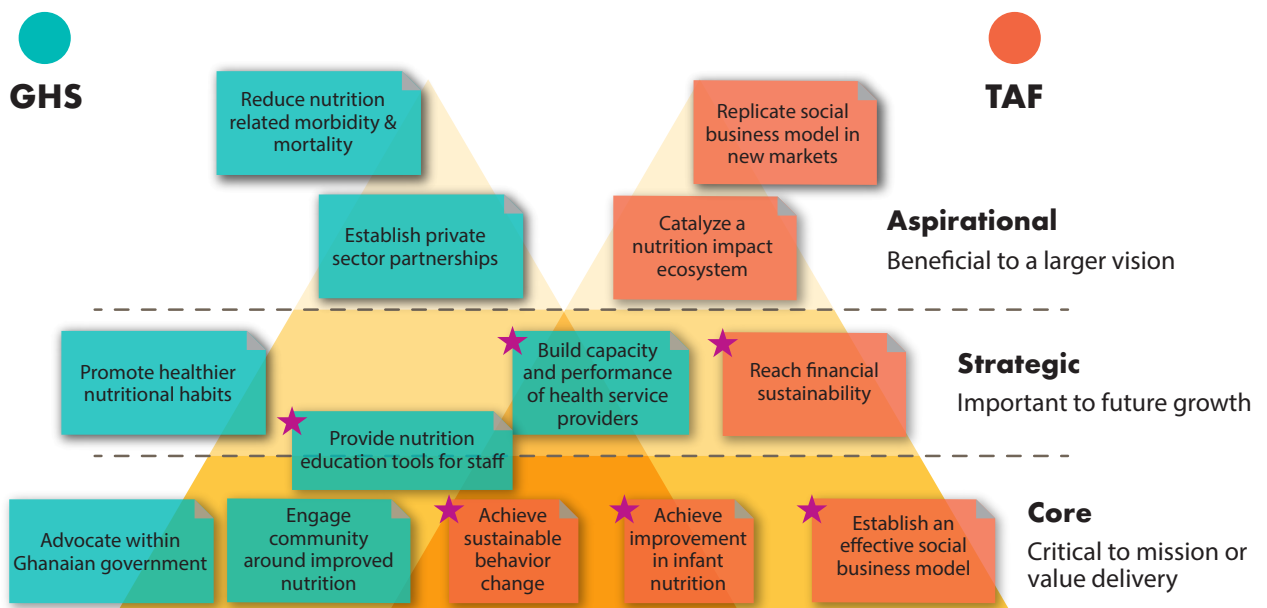
### Workshop Goals

- Clarify each partner's individual goals
- Identify and clarify the partnership goals

### Workshop Structure

- Step 1: Identify and prioritize individual drivers (50 min)
  - List the motivations bringing your organization to join this partnership
  - Prioritize your individual drivers (Core, Strategic, Aspirational)
- Step 2: Identify and define the partnership goals (50 min)
  - Share your individual goals with your partners
  - Identify areas of overlap and non negotiables
  - Agree on and articulate the partnership goals

## Drivers Pyramid – Individual Partner Goals



★ = Must have or prioritized goal

## Workshop Results

The discussion of the individual goals revealed a strong alignment between the parties on the partnership's social impact goals: Achieving an improvement in infant nutritional status and making a sustainable shift in mothers' behavior towards nutrition overall. The partners were also clearly in agreement on the need to build the capacity of GHS health workers through continuous training and nutrition education tools.

Nevertheless, through this exercise, it emerged that establishing an effective, financially sustainable, and scalable social business model had been to date primarily TAF's goal and mandate. Engaging both partners in collaboratively identifying and prioritizing the partnership goals (as opposed to their respective organizational goals) provided an opportunity to engage GHS in a deeper conversation about financial sustainability as one of the key conditions for the success of this partnership.

The partners eventually identified and articulated four key partnership goals. These became the partnership goals that both partners collectively committed to going forward.

- Improve the nutritional status of infants
- Achieve sustainable behavior change of mothers
- Establish a sustainable and scalable social business model
- Augment the capacity of GHS health service providers

The partners noted that there is a strong causal relationship among the four identified goals: To improve infant nutritional status, mothers need to change their

behavior sustainably. To do so, the partners need to implement a sustainable social business model that delivers both an affordable product and effective education counseling. Finally, a key condition to the sustainability of this model is to build GHS staff capacity so they can trigger and sustain mothers' behavior change and provide mothers with information on the product over time.

However, the facilitators noted that despite this causal relationship, each goal should also be considered individually as each goal generates value for different stakeholders along the value chain.

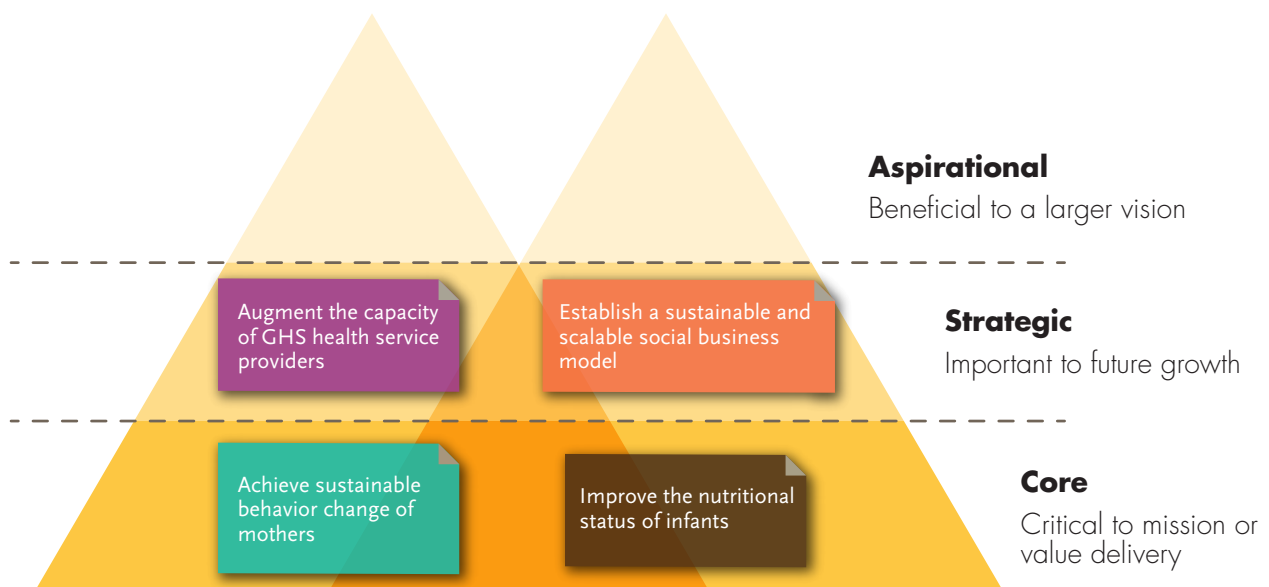
Finally, the partners took a moment to acknowledge the importance of goals identified outside of the partnership's four common goals (for which each organization would be individually accountable.)

In reflecting on this workshop, the partners expressed their appreciation for the process because it helped them clarify each other's organizational priorities, highlight their common goals, and establish a common understanding of these goals.

### Workshop Key Takeaways:

- Success factor:
  - **Impact alignment:** Partners are strongly aligned on their social impact goals
- Improvement opportunity:
  - **Shared commitment to financial goals:** Establish a common understanding of financial sustainability goals as shared goals for both partners

## Drivers Pyramid – Shared Partnership Goals



## Capability Check:

### Do we collectively have the capabilities required to achieve our goals? – The Capability Match (Workshop 3)

This workshop employed an adapted\* version of the [Capability Match tool](#). This tool enables partners to verify their assumptions about their respective capabilities, and to identify any tensions or gaps that may require further negotiation or engagement of other partners in order to fulfill the partnership goals.

\*For this workshop, the Capability Match tool was adapted to include components from the Drivers Pyramid and the Impact Targets tools

#### Workshop Goals

- Identify the key capabilities required to fulfill the partnership goals
- Identify any capability gaps or tensions

#### Workshop Structure

- Step 1: Define capability requirements (75 min)
  - For each partnership goal, identify for whom, what and how much value is created by the partnership
  - List the capabilities required to fulfill the key partnership activities
- Step 2: Match partners' capabilities (50 min)
  - Check collaboratively the partners' collective capabilities against the generated list
  - Identify areas of overlap, uncertainty and gaps in key capabilities

#### Workshop Results

For each of the partnership goals, the partners discussed: Who benefits from the goal achievement (beneficiaries); what value is generated for them (value proposition); how much value creation is considered as success (success definition); and how will the partners achieve this success vision (partnership activities).

Overall, it was fairly easy to define the beneficiaries of each partnership goal and the value that the partnership aims to generate for them. However, the group struggled to identify specific targets and KPIs for the partnership success. Particularly, as it pertains to social impact goals, despite their strong alignment on improving the nutritional status of infants, the partners had not set specific targets for their activities. They were generally aiming to contribute to a national five-year target of reducing stunting from 21% to 14% but did not set specific shared targets or indicators to monitor progress along the way.

On the financial sustainability side, TAF had defined a set of internal targets for scaling sales and financial performance. However, they had not previously shared these targets with GHS. This exercise of sharing TAF's targets allowed the partners to discuss these and to examine how they correlate to the impact goals expected by GHS.

Realizing that both impact and financial sustainability targets are paramount to demonstrating the partnership's success and making the case to internal and external stakeholders for continued support, the partners agreed to co-develop a set of success indicators and targets for the collaboration. See the results of workshop 6 on page 24.

During the second step of the workshop, the partners brainstormed the key capabilities that are required to fulfill the partnership activities.

The resulting map revealed that GHS contributes a substantial number of the key capabilities required for achieving the partnership goals particularly as it pertains to achieving sustainable behavior change amongst

GHS health care workers and clients, Sepe-Dote Health Center, Asokore Mampong, Ashanti Region, Ghana. Image: Takashi Uesugi ©Ajinomoto Foundation



# From Goals to Activities – The Who, What and How of the Partnership



## Partnership Beneficiaries - Who will benefit?

<ul style="list-style-type: none"> <li>• Mothers/Caregivers</li> <li>• GHS staff</li> </ul>	<ul style="list-style-type: none"> <li>• Children 6-24 months</li> <li>• Household members</li> </ul>	<ul style="list-style-type: none"> <li>• Mothers/Caregivers</li> <li>• Local supply chain actors</li> <li>• TAF and GHS</li> </ul>	<ul style="list-style-type: none"> <li>• Children 6-24 months</li> </ul>
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## Partnership Value Proposition - What value are we generating for them?

<ul style="list-style-type: none"> <li>• Improved counseling service</li> <li>• Improved staff capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Better nutrition</li> </ul>	<ul style="list-style-type: none"> <li>• Sustained behavior change</li> <li>• Continuity of supply</li> <li>• Affordable product</li> <li>• Local revenues</li> <li>• Sustainable model</li> </ul>	<ul style="list-style-type: none"> <li>• Decreased risks of stunting and anemia</li> </ul>
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## Partnership Success - How do we validate success?

<ul style="list-style-type: none"> <li>• Observation by mentors</li> <li>• Assess knowledge and practice of counseling staff</li> </ul>	<ul style="list-style-type: none"> <li>• Biomarkers of children</li> <li>• Assess knowledge and practice of caregivers</li> <li>• Assess uptake of KOKO Plus (min 1 sachet/week)</li> </ul>	<ul style="list-style-type: none"> <li>• Reach 150 districts by 2023</li> <li>• Keep price under 50p/sachet</li> <li>• Disseminate 430K sachets/week</li> <li>• Cover operational costs from KOKO Plus revenue</li> <li>• Generate enough to subsidise rural areas</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease from 21% to 14%</li> <li>• Measure prevalence of stunting in intervention group</li> <li>• Reach intake of 3 sachets/week</li> <li>• Reach 100% of at risk population</li> </ul>
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## Partnership Activities: How will we reach these targets?

<ul style="list-style-type: none"> <li>• Provide effective training for GHS staff</li> <li>• Equip GHS staff with effective education materials</li> <li>• Monitor gaps in knowledge and practice over time</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver effective counseling and other education activities</li> <li>• Ensure availability of KOKO Plus</li> <li>• Broader community engagement on nutrition</li> <li>• Education through social networks (TV, radio, SMS, press)</li> </ul>	<ul style="list-style-type: none"> <li>• Establish an effective supply chain</li> <li>• Scale supply chain</li> <li>• Control operational costs</li> <li>• Sustain minimum demand for KOKO Plus</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure adoption of the four-star diet</li> <li>• Ensure adequate uptake of KOKO Plus</li> <li>• Expand number of districts where the collaboration is taking place</li> </ul>
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# Capability Match Table – Who Can Contribute What Capabilities?

Drivers	What capabilities do we need to achieve success?	Capability Assessment: Who can contribute to what?			
		TAF	GHS	ESM	YTD
Augment the capacity of GHS health service providers	Capacity to design quality education materials & training	●	●	●	
	Capacity to train GHS counselors		●		
	Capacity to monitor counselor skills over time		●		
	Capacity to support costs of staff training	●	●		
Achieve sustainable behavior change of mothers	Capacity to reach mothers		●		
	Capacity to gain trust of mothers		●		
	Capacity to provide counselling to mothers		●	●	
	Capacity to engage broader community		●		
	Capacity to support education costs	●	●		
	Capacity to deliver product close to mothers			●	
	Capacity to implement communication strategy (social networks)	●		●	
Establish a sustainable and scalable social business model	Capacity to establish and manage a supply chain	●			
	Capacity to produce at target cost				●
	Capacity to distribute at target cost			●	
	Capacity to scale supply at target cost			●	●
	Capacity to scale demand at target cost	●	●	●	
Improve the nutritional status of infants	Capacity to design four-star diet		●		
	Capacity to design affordable quality product	●			
	Capacity to produce consistent quality product				●
	Capacity to scale collaboration to reach national coverage	●	●	●	●



mothers, and also to enabling the scalability of the partnership impact. The exercise also highlighted the importance of the supply chain actors as it pertains to establishing behavior change and reaching a sustainable and scalable social business model. In addition to providing nutrition expertise and the funding necessary to support education and behavior change activities, TAF is also playing a key role in establishing and coordinating the entire value chain. However, it was noted that TAF is not the right fit to provide these capabilities in the long term and some capability transfer to local actors needs to be part of the partnership's scaling strategy.

The discussion did not reveal any specific need to engage new actors at the moment. However, as some capabilities to scale the partnership emerged, the partners were less certain about what it would take and realized that further analysis and discussion should be invested in co-designing a more detailed scaling plan.

### Workshop Key Takeaways:

- Success factors:
  - **Key competencies:** Partners have strong capabilities in behavior change and nutrition education, which are key to achieving the partnership goals
  - **Complementarity:** Value chain actors have the complementary capabilities required to fulfill the partnership goals
- Improvement opportunities:
  - **Success metrics:** Define specific targets and indicators to monitor and report on the partnership success
  - **Capacity to scale:** Establish and discuss a scaling plan and reassess the partners' capability to implement it



GHS orientation session of KOKO Plus, Asokore Mampong, Ashanti Region, Ghana. Image: Takashi Uesugi ©Ajinomoto Foundation

## Value Chain Roles:

**Are our respective roles clearly defined and does our value chain deliver on our partnership goals? – The Value Chain map (Workshop 4)**

This workshop employed the *Value Chain Map tool*, which enables partners to clarify the activities that each partner is expected to accomplish in order to deliver the partnership value to its customers/beneficiaries.

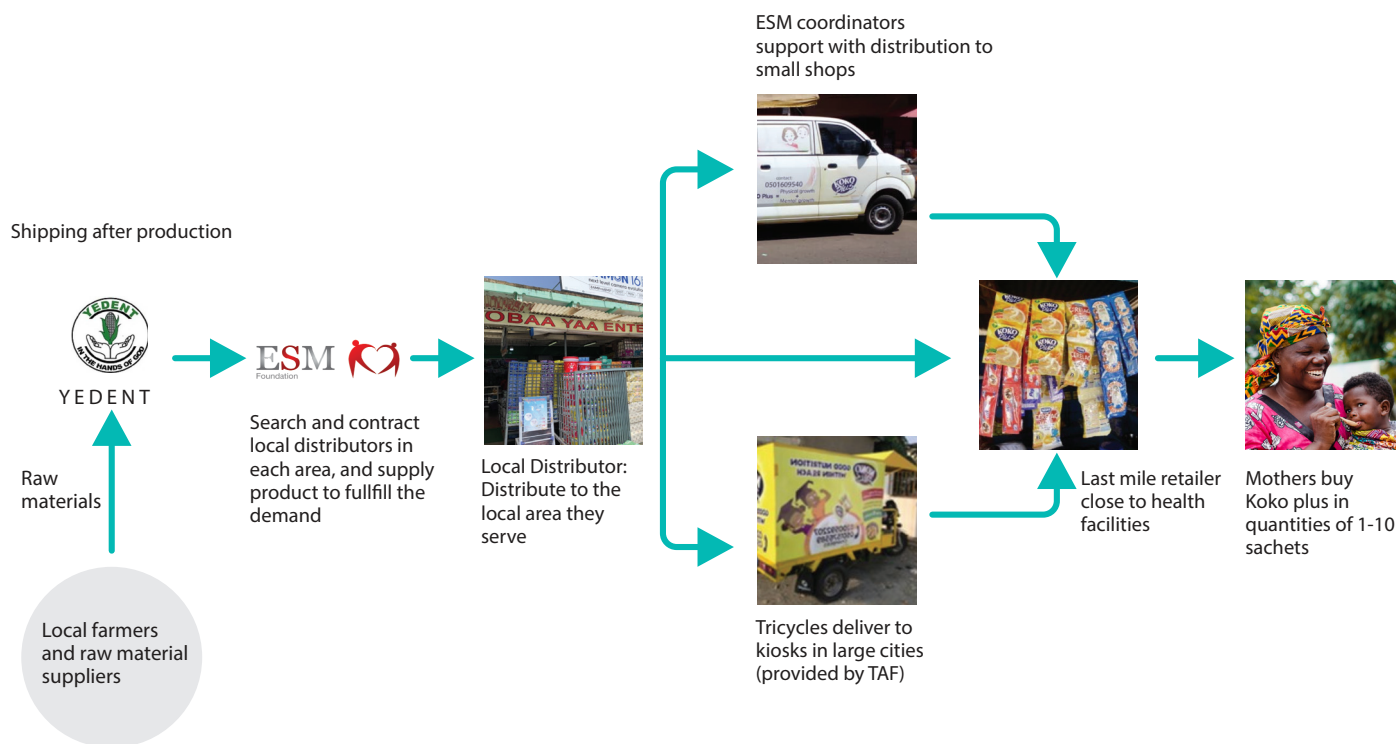
### Workshop Goals

- Clarify the distinct role of each partner and value chain actor in the partnership
- Verify that the value chain delivers on the partnership goals
- Identify any inefficiency or areas of improvement in the value chain

### Workshop Structure

- Step 1: Map the value chain flows (75 min)
  - Map together the flows of product, information and money between the different actors of the value chain
  - For each branch of the map, define the role each actor plays
- Step 2: Identify improvement opportunities (45 min)
  - Identify how the value chain presently delivers all elements of the partnership goals
  - Identify areas of inefficiency and brainstorm solutions

## Product Flow Chart



## Workshop Results

The workshop facilitators developed draft maps of the product, information, and money flows, and facilitated a session for the partners to review, discuss, and complete them collaboratively.

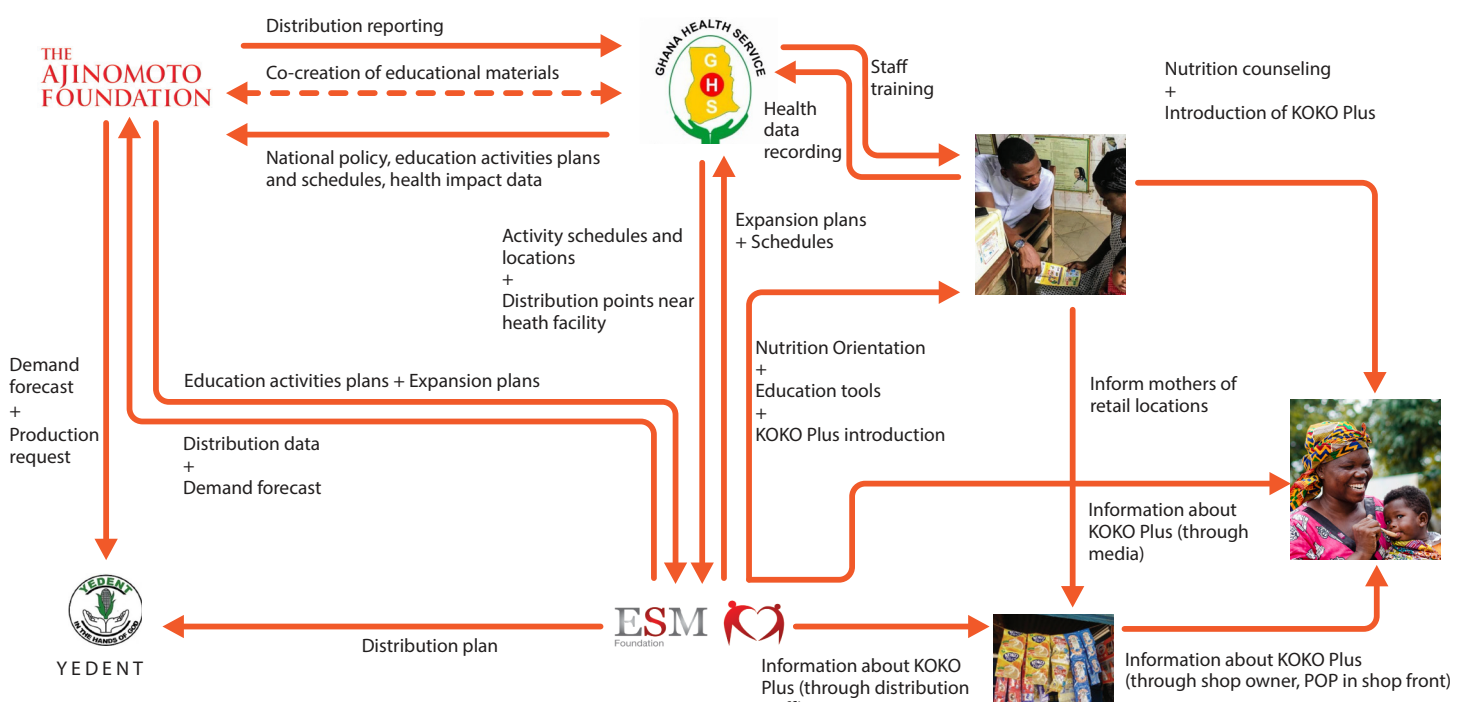
While the product and money maps were fairly straightforward to establish and align on, most of the workshop was spent clarifying the information flow map, revealing various opportunities to further delineate the partners' roles and improve the value chain efficiency and performance.

The discussion of the information map revealed additional roles GHS is playing to support last-mile retailers by providing orientation and product information. The partners also realized that GHS has access to biometric data that the health workers capture and record regularly while that information is not systematically shared with the TAF team. This data sharing was identified as an improvement opportunity; a regular exchange of this data will allow both partners to jointly monitor the social impact of the partnership (improvement in infant nutritional status).

The information map discussion also revealed a certain level of redundancy in the coordination of the product supply chain and the education activities. The partners acknowledged that TAF is playing an intermediary role between the manufacturer and the distribution company, managing the flow of supply chain information such as demand forecasting and production orders. TAF also plays an intermediary role between GHS and the marketing arm of the distribution firm that manages the planning of educational activities. However, this level of redundancy was determined as necessary for now because the supply chain actors still need a lot of support and coordination to efficiently deliver the product and behavior-change activities. TAF also identified a need to help their distribution partner in enlisting last-mile distributors to carry the product.

After mapping the value chain, the partners were asked to determine if the value chain as it stands is able to deliver the four partnership goals. The conclusion was that the present value chain does deliver on the nutritional status improvement, behavior change and capacity building goals. However, the present model requires a substantial amount of subsidy from TAF to

## Information Flow Chart



deliver the product and the nutrition education at an affordable cost. This showed a challenge in reaching the financial sustainability goal with the present value chain model and triggered a conversation about what should be done to achieve it.

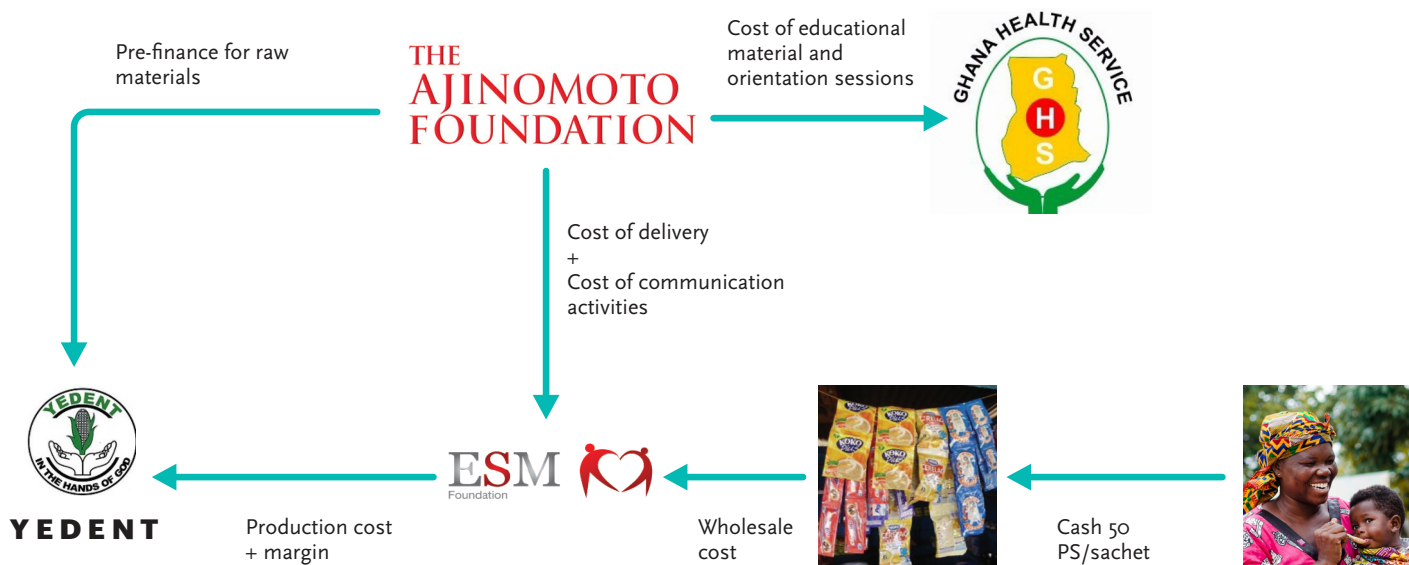
In brainstorming solutions to deliver on the financial sustainability goal, the partners identified key improvements to implement along the value chain.

- **Optimize the cost of behavior change:** While the partners are focusing on establishing behavior change through education and behavior change communication, they shared that for these investments to be sustainable, they need to convert mothers into influencers and product ambassadors within 24 months of initiating education activities in a district. This would allow the partners to decrease the intensity of education activities while sustaining the level of behavior change.
- **Align distribution and education activities:** The partners confirmed that in order to maximize the return on the behavior change investments, it is

very important to carefully synchronize the timing of education and the distribution activities to ensure that the product is always available to mothers immediately after they receive the GHS counseling.

- **Optimize the cost of production:** In order to bring the cost of production down to a level where subsidy is no longer required, the partners determined that they need to reach 150 districts. At this level of production, TAF estimates that costs will be optimized and sales revenues should be sufficient to break even financially while also cross subsidizing the distribution in rural areas.
- **Improve last-mile distribution:** The partners identified that one key condition to achieving sustainability is to generate enough demand to motivate distributors to deliver the product to last-mile retailers where it is needed. They determined that it is a priority to enlist more retailers close to the health facilities where the GHS community health workers counsel mothers, and to deploy strategies that ensure the continuous flow of the product.

## Money Flow Chart



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### Workshop Key Takeaways:

- Success factors:
    - **Role distribution:** Value chain actors have distinct and clearly defined roles
    - **Value proposition delivery:** The value chain delivers the intended value to the partnership beneficiaries both in terms of nutritional improvement and behavior change
  - Improvement opportunities:
    - **Information flow efficiency:** Aim to reduce dependency on TAF as intermediary between other value chain actors
    - **Financial sustainability:** Establish a plan to reduce the subsidy level over time
    - **Distribution coverage:** Develop strategies to reach last-mile retailers and keep them stocked consistently
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KOKO Plus sales car, Asokore Mampong, Ashanti Region, Ghana. Image: Takashi Uesugi ©Ajinomoto Foundation

## Value vs. Cost Balance

### Are our respective benefits and costs clear and fairly distributed? – The Balance Sheet (Workshop 5)

This workshop employed the [Balance Sheet tool](#), which enables partners to assess the value they capture from the partnership versus the costs they incur, and to openly discuss the distribution of value and costs amongst them.

Facilitators held individual sessions with each partner to fill in the tool before bringing both partners together to discuss the results.

#### Workshop Goals

- Clarify and characterize the value and costs of the partnership to each partner
- Assess and compare the ratio of value to costs for each partner

#### Workshop Structure

- Step 1: Map and compare value and costs (90 min per partner)
  - List elements of value and cost
  - Self-assess criticality and likelihood of each element
  - Reflect on qualitative comparison of value perceived versus costs incurred
- Step 2: Compare balance sheets (60 min)
  - Discuss and compare value and costs distribution
  - Discuss and compare value to cost ratios
  - Reflect on learnings and insights

## GHS Value vs. Cost Summary Balance Sheet



#### Workshop Results

The GHS balance sheet showed a fairly even distribution of the overall value perceived across the six categories of the tool: customer, market, financial, organizational capacity, relational, and impact.

The “customer,” in GHS’s case the mother receiving the nutrition counseling, captures a sizable amount of the overall value in the form of improved service level and access to a quality and affordable nutrition solution. GHS also noted that the consistent quality of KKP drives trust in the health system and incentivizes mothers to visit health centers more consistently. These factors resulted in higher market value as they enabled GHS to retain their beneficiaries.

In terms of cost, GHS agreed that the main investment this partnership requires is additional staff time dedicated to managing the partnership activities and relationship. Furthermore, GHS representatives expressed that they actually perceived even more value in the relational and the social impact categories than what their balance sheet reflected. Overall, the GHS team realized that they are receiving a great amount of value from this partnership compared to the efforts and risks it requires.

The TAF balance sheet showed that they perceive a sizable amount of value in the form of customer value and access to the target beneficiaries. By partnering with GHS, TAF's value proposition to mothers is significantly augmented as mothers receive improved nutrition education as well as the assurance of getting a quality product. Furthermore, GHS's national reach provides TAF with a more consistent and cost-effective way to reach beneficiaries, credibility to engage retailers, and an expandable platform to scale their impact.

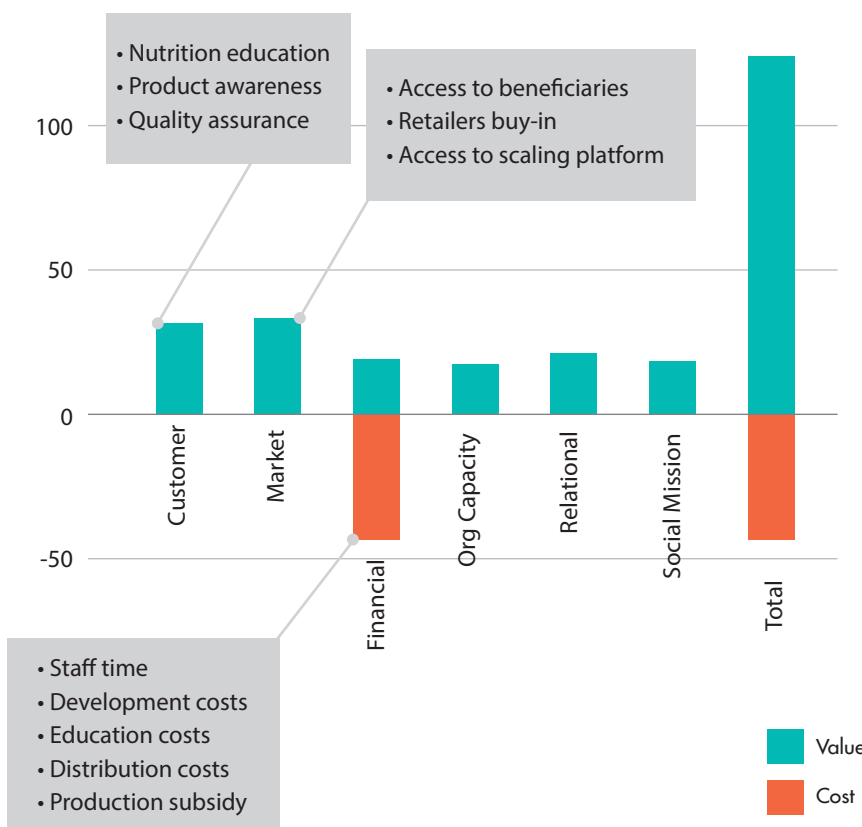
The exercise also enabled TAF to categorize the costs they are incurring to engage in this project. In addition to

staff time, TAF is supporting development and education costs as well as subsidizing distribution and production costs in order to keep the product at an affordable retail price. The TAF team acknowledged that this subsidy – which amounts to 55% of the total cost of the product – represents a significant investment, but that they expect it to go down over time as they expand the scale of the partnership with GHS to reach national coverage.

When comparing their respective value and cost distributions and value-to-cost ratios, the partners were able to appreciate that the partnership is significantly augmenting their value propositions to their beneficiaries, while also generating different types of value for their organizations.

Additionally, while TAF is assuming most of the financial costs associated with the project, they also perceive a higher amount of overall value from the partnership. On the other hand, GHS is enjoying a higher ratio of value to cost, perceiving a variety of types of value while bearing minimal financial investments.

## TAF Value vs. Cost Summary Balance Sheet



\* The Balance sheet tool employs a qualitative measurement of VALUE and COST. The scale is a qualitative self-assessment score of how critical each value and cost element is to the partner organization and how likely it is to materialize.

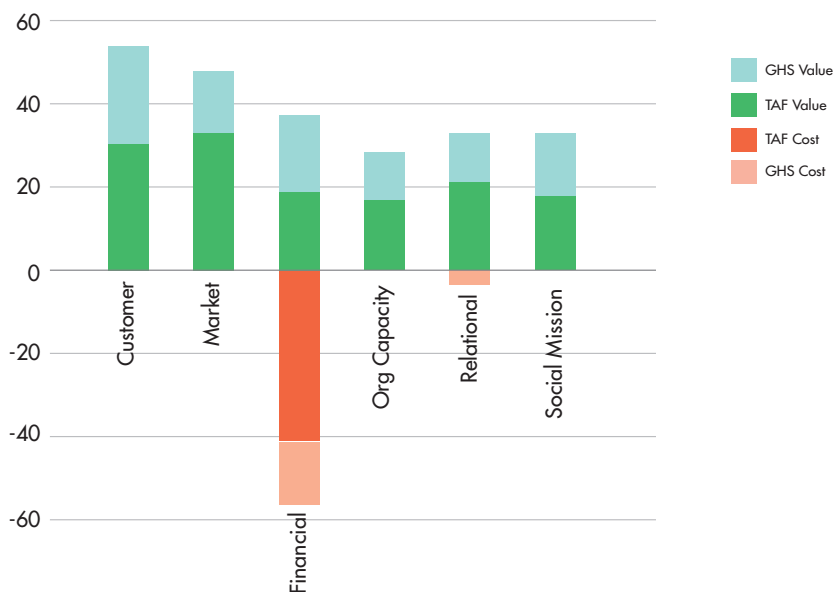
Overall, this exercise demonstrated that the partnership delivers a great ratio of value to costs in addition to balanced returns for each partner organization. The workshop also helped demonstrate that financial value is not what is driving TAF's interests. Moreover, in unpacking the details of the financial costs, the partners realized the importance of working together to reduce the subsidy level over time so as to free up resources that can be invested in expanding education and scaling up the partnership overall.

GHS representatives expressed their appreciation for the insights gained from the value and cost analysis: "I did not realize how much value we were getting from the partnership. This [exercise] provides an opportunity to take a deep look and build on what we have achieved." TAF representatives noted that this exercise highlighted the importance of transparency, mutual respect and accountability and expressed appreciation for the impact of this exercise on the relationship: "It increased our confidence in the future of the partnership." Finally, both parties appreciated the opportunity of learning a new framework to approach partnership evaluation: "I learned new skills as I can apply this framework to future partnerships."

**Workshop Key Takeaways:**

- Success factors:
  - **Synergetic value:** The partnership augments both partners' value propositions and capacity to access their common beneficiaries
  - **Balanced returns:** Partners perceive different but balanced advantages
- Improvement opportunities:
  - **Financial costs:** Work collaboratively to reduce value chain costs in order to free up resources for scaling

## Partnership Total Value vs. Cost Comparison





## P.ACT Results Summary

The P.ACT process helped the partners to identify key success factors, as well as opportunities to improve and strengthen their partnership for the future. The table below summarizes key takeaways from the interviews and the workshops, and the improvement opportunities identified by the partners.

Success Factors	Improvement Opportunities
<ul style="list-style-type: none"><li>● <b>Impact alignment:</b> Partners are strongly aligned on social impact goals</li><li>● <b>Working styles:</b> Partners appreciate each others' mutual consistency, adaptability and participatory engagement</li><li>● <b>Key capabilities:</b> Partners have strong capabilities in behavior change and health education which are key to achieving the partnership goals</li><li>● <b>Complementarity:</b> The value chain actors have the complementary capabilities required to fulfill the partnership goals</li><li>● <b>Partnership activities:</b> Partners' tasks fit into the staff's usual work</li><li>● <b>Role distribution:</b> The value chain actors have distinct and clearly defined roles</li><li>● <b>Value delivery:</b> The value chain delivers the intended value to the partnership beneficiaries both in terms of nutritional improvement and behavior change</li><li>● <b>Synergetic value:</b> The partnership augments both partners value propositions and capacity to access their common beneficiaries</li><li>● <b>Balanced returns:</b> Partners perceive different but balanced advantages</li></ul>	<ul style="list-style-type: none"><li>● <b>Shared commitment to financial goals:</b> Establish a common understanding of financial sustainability goals as shared goals for both partners</li><li>● <b>Success metrics:</b> Define specific targets and indicators to monitor and report on the partnership success</li><li>● <b>Capacity to scale:</b> Establish and discuss a scaling plan and reassess the partners' capability to implement it</li><li>● <b>Information flow efficiency:</b> Aim to reduce dependency on TAF as intermediary between other value chain actors</li><li>● <b>Financial sustainability:</b> Establish a plan to reduce the subsidy level over time to a more sustainable level</li><li>● <b>Distribution coverage:</b> Develop strategies to reach last-mile retailers and keep them stocked consistently</li><li>● <b>Financial costs:</b> Work collaboratively to reduce value chain costs to free up resources for scaling</li></ul>

## Section 4:

# P.ACT Forward: Looking ahead to scaling up the GNIP partnership

After reviewing their P.ACT outputs and conclusions, the partners decided to prioritize tackling two key improvement opportunities for the partnership's growth: Success Metrics and Financial Sustainability.

## Success Metrics:

### How will we monitor our partnership success? – The Monitoring Dashboard (Workshop 6)

To support the partners in establishing a common set of success metrics, the facilitators suggested using the [Monitoring Dashboard](#), a P.ACT tool designed to help partners in developing a monitoring framework to drive their partnership towards its goals.

Facilitators held individual sessions with each partner to fill in the tool before bringing them together to develop a collective action plan.

#### Workshop Goals

- Establish a clear, common set of success metrics and targets for the partnership
- Establish and commit to a collaborative monitoring action plan

#### Workshop Structure

- Step 1: Define key performance indicators (KPIs) & targets (90 mins per partner)
  - Brainstorm KPIs in each of the tool categories
  - Identify baseline and targets for each KPI
- Step 2: Establish a monitoring action plan (90 mins)
  - Align on final list of KPIs, baselines and targets
  - Establish an action plan to track and share KPIs

#### Workshop Results

The conversation with each partner began with inviting them to think about their goals for establishing a monitoring plan: What do they intend to use the metrics for? Who will they be sharing them with? And what do these stakeholders most care about? The partners' reflection on these questions enabled the facilitators to guide the discussions around success metrics. Ultimately, the resulting dashboard needs to enable the partners to 1) measure their progress towards the partnership goals, 2) make informed decisions to drive the partnership activities; and 3) tell the success story of the partnership to engage internal and external stakeholders.

The partners used the six-part framework proposed by the Monitoring Dashboard tool (Customer Value, Partnership Impact, Partner Value, Partner Cost, Partnership Activities, Partner Relationship) to brainstorm various key performance indicators (KPIs) in each category. The partners settled fairly quickly on a common set of indicators in each category. However, more time was spent discussing baselines, targets and the feasibility of tracking these indicators at a useful frequency.

To monitor the impact of the partnership over time, the partners agreed to track KPIs that measure the change in the knowledge and nutrition practice of the mothers, and in the health status of the infants. TAF monitors product adoption by tracking the number of mothers who use KKP at least once a week through their annual consumer survey. To better monitor changes in nutritional practice more broadly, the GHS team decided to explore the possibility of conducting an annual survey to assess compliance with the minimum acceptable diet in target districts, rather than relying on the results of the nation-wide demographic health survey, which is only conducted every five years. Additionally, the partners decided to collaborate on co-developing questions to assess nutrition knowledge and adding them to TAF's annual consumer research survey. As for changes in infant stunting prevalence, GHS committed to establishing a new yearly report for target districts using MCHRB (Maternal and Child Health Record Book) data that is electronically stored in their systems.

## Partnership Monitoring Dashboard – Key Performance Indicators

	KPI	Description	Source	Freq	Target	Baseline
IMPACT	Change in knowledge	% correct respondents in consumer survey	TAF	Y	60% (2023)	40% (2020)
	Change in practice	% children complying with minimum acceptable diet	GHS	Y	50% (2025)	13% (2018)
		# of caregivers using KOKO Plus at 1 sachet/week	TAF	Y	390K (2023)	86K (2020)
	Change in health outcome	% stunting prevalence	GHS	Y	14% (2025)	21% (2018)
CUSTOMER	Product availability	% shops stocked with KOKO Plus in registered network	ESM	M	80% (2023)	TBD
VALUE	Counseling performance	% caregivers counseled in clinic visits	GHS	Q	80% (2023)	40% (2021)
		% of caregivers who can recall recommended practices	GHS	Q	80% (2023)	50% (2021)
COST	Product subsidy	% of product cost subsidised by TAF	TAF	Y	0% (2023)	55% (2020)
	Behavior change on investment	# of caregivers who achieved behavior change relative to the total cost of the project	TAF	Y	350 per 1000 \$ (2023)	100 per 1000\$ (2020)
ACTIVITIES	National coverage	# districts implementing the collaboration	TAF	M	150 (2023)	57 (2020)
	Education coverage	# of health workers trained in active districts	GHS	M	8000 (2023)	4000 (2020)
		# of caregivers receiving enhanced nutrition counseling	GHS	M	390 K (2023)	86 K (2020)
	Distribution coverage	# shops carrying KOKO Plus nationwide	ESM	M	6000 (2023)	TBD
RELATIONSHIP	Partners meetings	# annual meetings (stakeholder + regional GHS)	TAF	Y	2	—

Y = Year  
M = Month  
Q = Quarter

In addition to the impact indicators, the partners identified product availability as a key indicator to track both customer value and supply chain performance. As it is very important for mothers to find the product immediately after receiving nutrition counseling, the partners agreed to establish a monthly tracking of the number of retailers carrying KKP in their registered network. TAF is establishing a new distribution management system, which identifies and surveys stock at shops in proximity to GHS health facilities.

GHS identified two KPIs to measure and track counseling performance quarterly. They expect 100% of health workers in the target districts will have appropriate training by 2023. They also aim to reach 80% of eligible mothers who visit clinics to receive the nutrition counseling, and for 80% of these mothers to recall at least three recommended practices in the clinic exit questionnaire.

In discussing KPIs for financial sustainability, TAF agreed to track the product subsidy rate to ensure that they are continuously reducing the value chain costs towards a level where KKP sales revenues can support the education and distribution costs. They aim to reach breakeven by reducing the subsidy from 55% of the total cost in 2021 to 0% in 2023. In order to monitor

the cost efficiency of impact delivery, TAF proposed a KPI to measure the return on their investment in terms of behavior change. They will track the ratio of the number of mothers who have achieved behavior change versus the total project cost. In 2021, this number is estimated to be at 100 mothers/\$1,000, and the partners aim to bring it up to 350 mothers/\$1,000 by 2025.

To monitor the growth of the partnership toward its scale ambition, the partners identified KPIs to track their education, distribution, and district coverage on a monthly basis. By 2023, they aim to expand the collaboration to 150 districts, deliver enhanced education counseling to 490,000 caregivers and expand KKP distribution to 6,000 retailers nationwide.

Finally, even though communication between the two partners is quite fluid presently, they agreed to establish the goal of organizing at least one annual stakeholder meeting where all actors of the value chain are convened to review the project progress, as well as hold an annual regional review meeting for TAF and GHS staff to align on the goals and results of each region.

The following table summarizes the action plan agreed upon by the partners as a result of this workshop.

Action	Lead	Timeline
Extract and analyze data from MCHRB to track stunting prevalence yearly	GHS	March 2022
Establish an annual survey in sample districts to track yearly changes in compliance with minimum acceptable diet	GHS	August – September 2022
Establish monthly reporting through the new distribution management system to track distribution coverage and product proximity	TAF	March 2022
Amend annual consumer research survey to track both product continuous use and nutrition knowledge	TAF	August – September 2022
Start a systematic tracking of the number of mothers counseled and establish a target of 80% counseling performance for clinics	GHS	March 2022
Start calculating and sharing the financial KPIs on a yearly basis	TAF	Start August 2021
Convene an annual stakeholder meeting	TAF	March – April 2022
Convene annual regional meetings	GHS	March – April 2022

## Financial Sustainability:

### How will we reach financial sustainability?

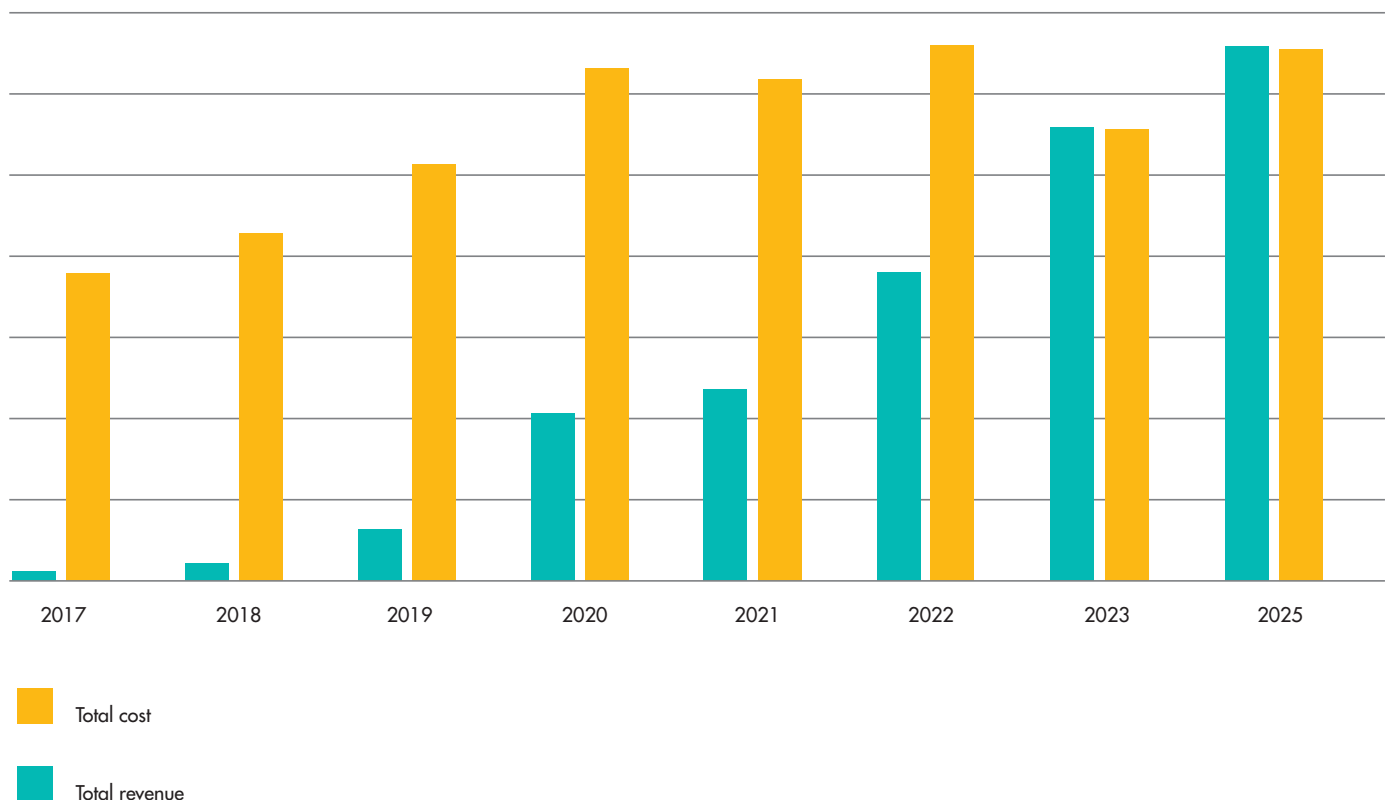
TAF and GHS discussed financial sustainability goals, plans and challenges at various points along their P.ACT journey. These conversations contributed to the decision to elevate the priority and urgency of financial sustainability, and enabled GHS to engage more actively in providing input into financial planning and sharing accountability for financial sustainability as a shared goal of the partnership.

In the last workshop, TAF presented their financial projections and the vision for moving toward financial sustainability over the next four years.

One key condition for the success of this financial sustainability plan is to stabilize the project total costs while increasing KKP sales revenues. The partners expect to achieve this by rolling out the collaboration in approximately 30 new districts each year, while simultaneously reducing value chain costs – particularly production and distribution costs – thanks to the economies of scale, they will realize due to the increase in KKP volumes.

If they achieve their target of expanding into 150 districts by 2023, TAF expects the unit production cost to decrease by 30% and the unit marketing and distribution cost to be reduced by 70%. These reductions will eliminate the need for the TAF subsidy and will free more resources to invest into further expansion towards national coverage.

## Project Cost and Revenue Projections



## Project Key Metrics Projections

	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY25
No. of districts	0	4	34	57	106	130	150	178
No. of beneficiaries (in thousands)	9	17	37	86	166	304	390	429

TAF expects to achieve these cost reductions by implementing the following strategies:

- Reduce production costs by improving production efficiency and optimizing the unit production cost.
- After the distribution network is established, TAF expects to increase sales without additional ESM field personnel.
- Implement a new digital distribution management system to optimize supply chain costs.
- Gradually reduce market development costs by shifting to GHS health workers' communication to sustain behavior change after demand is established in a district.

- Reduce KOKO Plus orientation costs after most GHS health workers attend the orientations by 2023.

- Reduce expatriate personnel presence in Ghana after 2023 by handing over to Ghanaian staff to manage the project.

The partners expressed their confidence in the plan outlined above and renewed their mutual commitment to working collaboratively over the next four years and beyond to achieve their common goal of sustainably reducing infant malnutrition in Ghana.

GHS health care workers, Sepe-Timpom CHPS, Asokore Mampong, Ashanti Region, Ghana. Image: Takashi Uesugi @Ajinomoto Foundation



## MIT D-Lab Recommendations for Financial Sustainability:

Building on their experience supporting inclusive businesses in emerging economies, MIT D-Lab made the following recommendations to TAF and GHS for improving the financial sustainability of their partnership as it scales up.

### – **Control the Minimum Replicable Business Unit:**

The MRBU is the smallest business unit that is replicated when scaling. In addition to looking at the financial sustainability of the project overall, the partners could monitor and act on the financial viability of a smaller operational unit such as a district, a municipality or even down to the level of a clinic. To maintain financial viability while scaling, it is important to control the MRBU financial performance. This ensures that the partners are replicating a stable revenue model and cost structure and enables them more control on tracking and addressing local inefficiencies.

### – **Align financial and operational management:**

To ensure that the partnership is expanding while still performing at the best possible efficiency, the partners should synchronize financial and operational planning and monitoring. This means tracking financial (costs, sales, subsidy) and operational (training, education, distribution) metrics closely and continuously discussing how they correlate to one other.

### – **Standardize replication criteria and processes:**

To minimize delays and inefficiencies as they begin to scale, the partners should clearly define the characteristics of each district and standardize the processes of initiating and managing activities in each new district. By expanding in high-return low-complexity districts first, the partnership will progress towards its goals more quickly and the partners will continue to gather learnings and experience before expanding into more complex territories. Investments in digital management can also help standardize processes and reduce inefficiencies.

### – **Optimize delivery cost to maximize impact:**

While the partners want to ultimately reach break-even (defined as covering 100% of the project costs by KKP sales revenue), scaling up nutrition education and behavior change activation could be more cost intensive than expected particularly across the variability of districts and clinics. If the partners face such challenges, they should consider setting a new target for the total delivery cost that maximizes the desired social impact, i.e., sustainability of behavior change, even though this may require sustaining a certain level of subsidy. In many social businesses, it can be more scalable and cost effective to raise subsidy funds than to compromise on impact delivery in order to reduce costs.

### – **Expand philanthropic investment metrics:**

Today the partners track the number of mothers adopting better nutrition practices for each dollar invested in the project. While this metric is helpful in tracking the improvement of impact efficiency over time, it might be insufficient to attract philanthropic funding for the project or for its replication in new geographies. To make the case for the market-based model as a cost-effective philanthropic investment, the partners may consider a Social Return on Investment (SROI) metric that highlights the cost efficiency of this model in delivering impact versus that of a donation model. Expanding SROI metrics could attract and make the case to a new group of philanthropic funders who may be looking more for longer term financial sustainability than for a quick intervention.

### – **Streamline demand generation for cost efficiency:**

In most social business initiatives, market activation requires heavy financial investments particularly when behavior change is needed. To date, the GNIP partners have succeeded at activating demand for KKP in 57 districts by simultaneously investing in nutrition education (through GHS health workers) and in social marketing (through ESM activities). This level of investment may be difficult to maintain financially as the partnership scales up to new districts, which may present new market conditions and constraints. To mitigate this risk, the partners should evaluate the cost efficiency of different social marketing investments and invest in higher return strategies. They could consider investing in new strategies such as digital incentive and referral programs in order to accelerate and sustain behavior change and product adoption.

### – **Develop new capabilities required for scaling and managing at large scale:**

Today, GHS and TAF together with the value chain actors have the key capabilities required to achieve the partnership goals at the current scale of the partnership. As the partners expand their collaboration over the next two years, they may require new capabilities to drive and manage operations at a larger scale. This may require hiring and engaging new staff with the experience to scale and manage large-scale operations, establishing new processes and investing in new systems to manage the complexity of scale, or engaging new value-chain partners that will be needed to sustain the value chain at large scale.

For more details and examples on how to implement these recommendations, please review MIT D-Lab publications:

– [Ready Steady Scale](#): Is your social venture ready for scale?

– [The Demand Engine](#): Growth hacking strategies for scaling demand at the BoP

## The P.ACT Experience: Outcomes, learnings and reflections

After participating in the six P.ACT workshops, TAF and GHS representatives were asked to reassess their perceptions of the partnership along the five dimensions of the [Readiness Checklist](#). Each partner team was asked to reflect on how their perceptions had evolved before and after engaging in the P.ACT experience.

The results show that the P.ACT engagement helped to significantly improve the GHS team’s perception of the partners’ convergence. Improvement was particularly noted in how they perceived the partners’ alignment on the value proposition and the social impact of the partnership, as well as on the distribution of value and costs between their respective organizations.

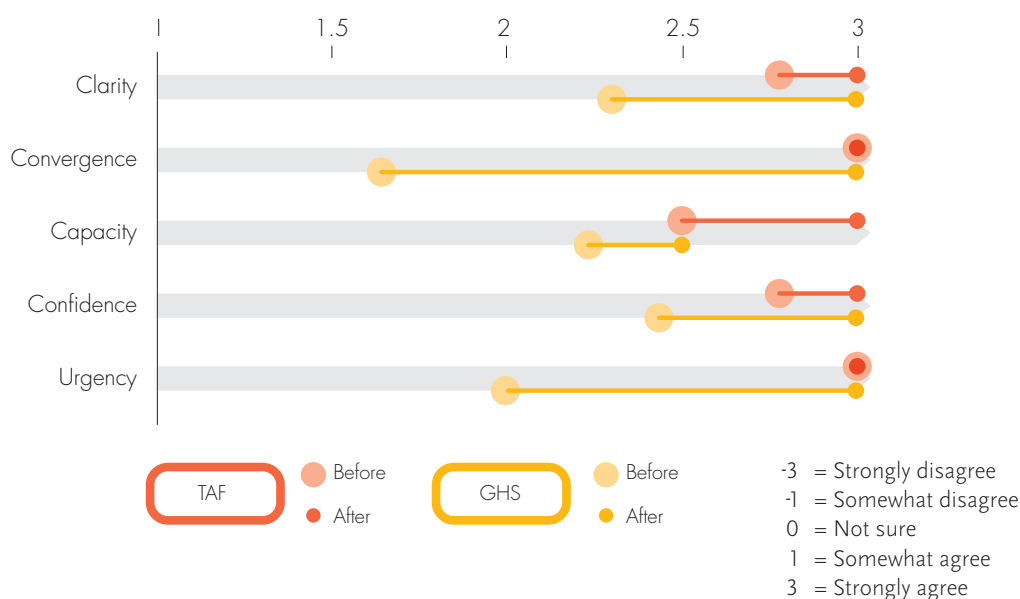
The P.ACT process enabled both partners to further clarify their mutual drivers for engaging in this collaboration, and to clearly define the costs that each partner incurs to engage in the partnership. Furthermore, the P.ACT conversations contributed to boosting both partners’ confidence in the future of the collaboration and particularly in their capacity to manage the project performance and risks.

Lastly, the results revealed that the partners can further improve their perception of capacity by continuing to work collaboratively on their plan to secure the capabilities and resources necessary to scale the partnership.

During the closing workshop, the participants reflected on their P.ACT experience. TAF representatives shared that the P.ACT process helped them realize the importance of transparency for partnerships and appreciate the use of shared frameworks to reinforce clarity. They felt that this experience gave them the opportunity to get to know the GHS team much better and to engage them in addressing important questions that they each were pondering in isolation. TAF expressed their intention to continue to share financial considerations moving forward and to further co-develop with GHS clear KPIs for the partnership goals. Now that they have a clearer picture of the partnership success factors and improvement opportunities, TAF plans to leverage this information to demonstrate to external actors why this work matters in Ghana.

The GHS representatives shared that the P.ACT experience helped them deepen their understanding of the drivers of each partner. They were pleasantly surprised to realize that they were in fact quite aligned in their interests, and GHS appreciated the process for helping them identify clear opportunities to strengthen the partnership even further. GHS representatives expressed interest in furthering the collaborative planning around sustainability and in continuing open conversations to prepare for the expansion of the project nationally over the next few years. They also look forward to sharing their learnings from this experience with colleagues within GHS and establishing this partnership as a model to learn from.

### Partnership Readiness Checklist – Before & After P.ACT





Finally, several participants acknowledged that they acquired new partnership skills and knowledge throughout the experience, and that the P.ACT process and tools will be useful for future conversations with funders.

In an anonymous survey, the six participants shared their individual evaluations of their P.ACT experience and provided feedback on the tools, workshops, and the facilitation process. They reported positive changes in their knowledge and mindsets towards partnerships as a result of using the P.ACT tools. Qualitative answers also indicated an appreciation on both sides for the opportunity to share more openly and an acknowledgement that the P.ACT process increased their mutual understanding, trust, and confidence.

Finally, the participants noted that the process provides balanced opportunities to consider both the strengths and weaknesses of the partnership and highlighted that the P.ACT engagement enables both an individual and collective learning experience. Several participants acknowledged the limitations of conducting this process virtually and provided suggestions for process improvements that include allowing more time for the workshops, and clarifying some of the prompts, particularly in the context of national, linguistic, and institutional multiculturalism.

## In the words of the participants:

*Using the P.ACT process, we could better understand our partner and gain more confidence.*

*I got to clearly understand the mindset of our partner, what their targets are and how to achieve them.*

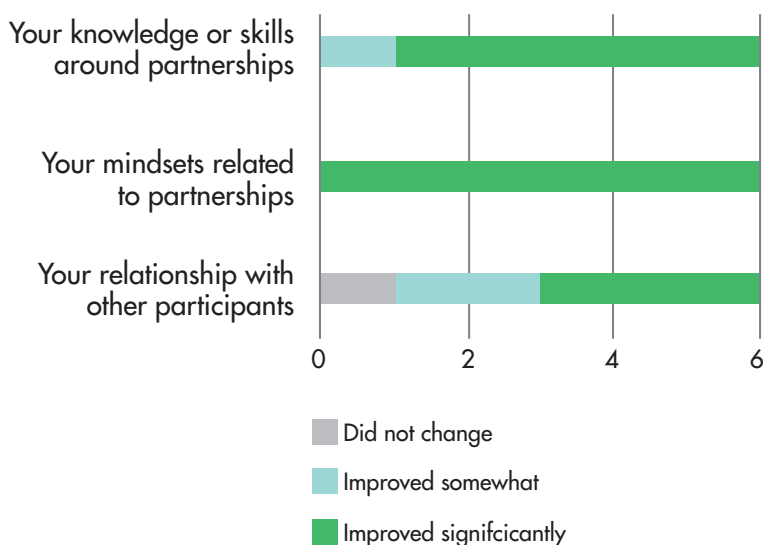
*It was very useful to understand how the partnership can be improved through this analysis.*

*This is a systematic way of developing partnership relationships and defining shared responsibilities and gains.*

*The process has been an eye opener and I loved the experience and would like to use it in other partnerships.*

## P.ACT Outcomes – Knowledge, Mindsets, & Relationships

**Please rate to what extent did the P.ACT experience affect...**



## Looking ahead

### What are you looking forward to in the future of this collaboration after your P.ACT experience?



Esi Foriwa Amoaful  
Deputy Director in charge of  
Nutrition, Ghana Health Service

"The P.ACT process has been very interesting and useful in terms of deepening our understanding of salient points to consider especially in such a novel private-public partnership model.

"Moving forward our expectation is that both teams will work on issues around governance and accountability. In this regard I believe it is important that we devote time to develop a system for common monitoring that will focus on outcomes alongside inputs and processes in order to maximize gains. Additionally we need to improve on transparency regarding our varied or common agenda."



Takashi Uesugi  
Secretary General,  
The Ajinomoto Foundation

"We have learned and gained a lot from our participation in the P.ACT workshops. We at the Ajinomoto Foundation have had many discussions over the years with people from the Ghana Health Service, especially Ms. Esi Amoaful and Ms. Olivia Timpo, about how we can work together as partners to improve the nutritional status of infants in Ghana. However, I think we were probably working together without fully understanding each other. We confirmed that it is very important to trust each other, understand each other, look at each other's current situation with transparency, and share clear goals for the future in order to build a relationship of mutual respect and trust. We believe that the understanding and trust gained through this process will strengthen our partnership in the future and lead to a successful project."



Olivia Mawunyo Timpo  
Regional Nutrition Officer, Ghana  
Health Service, Ashanti region



Yusuke Takahashi  
Ghana Country Director,  
KOKO Plus Foundation



Kennedy Bomfeh  
Director, KOKO Plus Foundation

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## References

1. Ghana Statistical Service (GSS), Ghana Health Service (GHS) & ICF International (2015) Ghana Demographic and Health Survey 2014, Rockville, MD; GSS, GHS and ICF International.
2. DJ Suri DJ, K. Tano-Debrah, Shibani Ghosh. (2014). Optimization of nutrient content and protein quality of cereal-legume blends for use as complementary foods in Ghana, *Food Nutr Bull.* 35(3): 372-381.
3. Ghana Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH&N) strategic plan 2020 – 2025, GHS, Ministry of Health, Ghana.
4. K. Tano-Debrah, F. K. Saalia, Shibani Ghosh, Masahi Hara. (2019). Development and Sensory Shelf-Life Testing of KOKO Plus: A Food Supplement for Improving the Nutritional Profiles of Traditional Complementary Foods, *Food Nutr Bull.* 20(10): 1017.
5. Shibani Ghosh et al. (2019). A macro- and micronutrient-fortified complementary food supplement reduced acute infection, improved haemoglobin and showed a dose-response effect in improving linear growth: a 12 month cluster randomized trial, *J. of Nutritional Sci.*, 8, e22, 1-14.
6. Chie Furuta et al. (2021). Changes of plasma amino acid profiles in infants with a nutrient-fortified complementary food supplement: Evidence from 12-month single-blind cluster-randomized controlled trial, *Front. Nutr.* Vol 8, 1-10.
7. Global Nutrition Report (2016) <https://globalnutritionreport.org/reports/2016-global-nutrition-report/>.
8. Okonogi and Sakurai. (2019). Demand analysis of a supplementary food product for infants: experimental evidence in Ghana., *J. of Rural Econ.* In Japanese 91(1) 77-82.
9. Okonogi, Annan and Sakurai (2021) Improving infant nutrition through the market: Experimental evidence in Ghana, A working paper, [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3771891](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3771891).
10. Grant J. Aaron et al. (2016). Assessing program coverage of two approaches to distributing a complementary feeding supplement to infants and young children in Ghana, *PLOS ONE* DOI:10.1371.
11. Benhayoune, Chevalier and Mazon. (2017). *Ready, Steady, Scale!* Pages 24-25.



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