Every year, close to 10 million children in developing countries die before the age of five; and under-nutrition contributes to 60% of these deaths either directly or indirectly. Many of these child deaths could be avoided if already proven interventions could be delivered to and utilized by families of all the children in need. In addition to growth deficits due to under-nutrition, there are widespread vitamin and mineral deficiencies that, while invisible, have devastating consequences for child survival and development. This presentation focuses on vitamin A deficiency (VAD), which effects an estimated 127 million preschool aged children, putting them at increased risk of death, mainly from diarrhea, measles and malaria. It has been shown that improving vitamin A status can reduce child mortality by 23–34%.

The solutions to combat VAD in children include fortification of staple foods such as cooking oil, wheat flour and soy sauce; supplementation twice a year with high dosage vitamin A capsules; and production and consumption of a diversified diet rich in vitamin A. The challenge is the effective at-scale delivery and utilization of these solutions to the populations most in need.

The presentation covers three scale ups. In all cases, HKI served as a catalyst to initiate sustainable large scale programs with broad networks of development partners.

**Broad Scale Fortification of Cooking Oil with Vitamin A in West Africa Region**

The goal was to reduce maternal and child morbidity and mortality by reaching 70% of the population in the eight countries of the Monetary and Economic Union of West Africa. It was achieved through a private-public partnership working through the professional association of cooking oil producers to secure their commitment to fortify all cooking oil products with vitamin A. It has rolled out according to plan, and now forms the basis of a new initiative to fortify wheat flour with iron.

Successful scale-up was due to a number of factors, including HKI’s on the ground presence at country and regional levels; the existence of a strong technical professional association of cooking oil industries and a common monetary zone; and regional political will. In addition, a premium was placed on regular and open communication, and all participants stayed on message. Obstacles, in addition to lack of funding, included the complexity of dealing with a large number of partners, and the lack of an existing regulatory framework for fortification and quality control.

**Vitamin A Supplementation in Niger**

The goal was to help meet Niger’s child survival objectives through twice yearly supplementation with vitamin A reaching at least 80% of children 6–59 months. This was achieved in partnership with the Ministry of Health and UNICEF by building on the existing structure of National Immunization Days and then, as these were phased out, developing Africa’s first ever National Micronutrient Day. Niger has now provided the model for other countries in the region to follow.

Successful scale-up was facilitated by the fact that data existed showing that VAD was a serious public health problem, which translated into a powerful key message that VAD control could avert over 25,000 child deaths per year in Niger. In addition, reduction of child mortality was a priority development objective of the government and donor partners. A key challenge, in addition to dependency on external funding, was the fact that the key agency field office was not on board, which required enhanced advocacy and the intervention of the local Ministry of
Health. In addition, there was skepticism about the ability to reach high coverage in such a vast country and there were conflicts between various vertical MOH programs.

**Scaling Up Homestead Food Production in Four Asian Countries**

The goal was to improve the nutritional status of vulnerable members of low income households through increased small scale production and consumption of micronutrient rich crops and small animals. This was achieved by working through broad networks of more than 250 local NGOs in these countries as well as local government offices in health and agriculture. Current household coverage is close to one million households, with studies showing positive impact on micronutrient status, food consumption and income.

The reliance on a broad network of NGOs to fast-track the program and reach more areas of the countries was key to its success, as was encouraging local NGO ownership through participatory decision making and cost sharing. An ongoing monitoring system developed with the NGOs allowed for problems to be identified and corrected immediately. Challenges, in addition to funding, included coordination of so many different NGOs and partners.

**Summary**

Successful scale up is dependent on a range of factors, both political and organizational. There must be political will on the part of local government, and supportive policies and guidelines in place. There must be both adequate time and adequate funding into the future, and partners must agree upon all objectives. Chief among organizational success factors is leadership: someone or some organization must lead the charge and be responsible. Partnership is also vital, as networks of partners allow farther reach, quicker roll-out and greater leveraging of resources. Ownership is essential, and partners must be involved from Day One in program design, implementation and monitoring and evaluation. Time must be invested up front to define the partnership and clarify roles and responsibilities, and to ensure harmonization of messages and goals. It is important to be opportunistic and utilize existing structures and programs to the extent possible. Outcome indicators must exist as part of the monitoring and evaluation targets of all partners, and you must be willing to make course corrections if outcomes are not being achieved.

Common obstacles and challenges include lack of financing and sometimes unrealistic donor expectations for quick results. Involving lots of partners, while valuable, adds complexity and may lead to competition if resources are scarce. Also, changing development trends may lead to change of focus mid-way through. There are two common misperceptions, one being that once results have been achieved, nothing more remains to be done. This is not the case as support is often needed at critical points in time to maintain sustainability. Another common misperception is that successful scale-up has been achieved once the interventions (the “supply”) are out there. This is not the case, as there must be “demand” for the interventions, i.e., the target groups must be using them as originally planned.

“Alone we can do so little; together we can do so much.”  Helen Keller