

A conversation with Fortify Health, March 13, 2019

Participants

- Brendan Eappen – Co-Founder, Fortify Health
- Nikita Patel – Co-Founder, Fortify Health
- Dr. Urmi Bhattacharya – Country Director, Fortify Health
- Andrew Martin – Research Analyst, GiveWell

Note: These notes were compiled by GiveWell and give an overview of the major points made by Fortify Health.

Summary

GiveWell spoke with Mr. Eappen, Ms. Patel, and Dr. Bhattacharya of Fortify Health to get an update on its work. Fortify Health received a GiveWell Incubation Grant in June 2018 to support its work on mass fortification of wheat flour with iron in India (<https://www.givewell.org/research/incubation-grants/fortify-health/june-2018-grant>). Conversation topics included organizational developments, progress with mill partnerships in Maharashtra, progress with government partnerships in Maharashtra and West Bengal, the effect of general elections on government partnerships, and renewal of funding.

Organizational developments

Refinement of strategy

Fortify Health's overarching strategy currently includes the following components:

- Working with millers to fortify products currently being sold on the open market at no additional cost to the millers.
- Generating evidence for millers that consumers want or at least will not reject fortified products.
- Providing policymakers with local evidence of successful fortification.
- Supporting the expansion of fortification within government programs.

Fiscal sponsorship

Fortify Health initially experienced difficulties with receiving foreign funding in India. However, it has since agreed to be fiscally sponsored by Development Consortium, a local organization officially approved to receive foreign funding for charitable purposes. Fortify Health is currently in the process of directing external funding to Development Consortium for disbursement.

Hiring

One of Fortify Health's most significant organizational updates is the hiring of Dr. Bhattacharya as Country Director. It has also hired a technical consultant who contracts part-time for the Food Fortification Initiative (FFI) and possesses expertise in milling and fortification. He has been highly valuable in establishing the credibility of Fortify Health among millers—given its lack of track record and the

youth of its team—as well as in finalizing fortification commitments with mills. He has also provided technical assistance with installation of fortification equipment.

Departure of Mr. Eappen

In 2018, Mr. Eappen deferred acceptance into medical school for one year in order to continue working for Fortify Health. He plans to continue working full-time through May of 2019. Although Mr. Eappen will likely no longer be involved in daily management and operations, he will continue to be involved in strategy and will remain in weekly contact with Ms. Patel and Dr. Bhattacharya. Mr. Eappen is confident that the hiring of Dr. Bhattacharya will ultimately result in Fortify Health becoming a much stronger organization.

Progress with mill partnerships in Maharashtra

Fortify Health has secured partnerships with four industrial atta (whole wheat flour) mills in Maharashtra, all of which are relatively small and cater to a relatively more affluent consumer base. It is still in the process of establishing memorandums of understanding (MOUs) with the mills, although Fortify Health has already received verbal commitments and believes it is unlikely that any of the mills would not move forward.

It plans to commence installation of fortification equipment in three of the mills relatively soon, with installation in the fourth mill scheduled to occur in six to eight weeks. Although it plans on eventually working with larger mills, Fortify Health intentionally selected these four mills in order to build a track record necessary to gain the confidence of bigger mills, develop a strong strategy for partnerships and monitoring, and ensure tractability and low risk.

Categorization of fortification equipment

Fortify Health has categorized fortification equipment into three levels:

- **Level 1** – Equipment utilized to fortify at this level include what is termed a micro-feeder. This type of machine is manually adjusted for each batch of atta produced and is suitable for small mills without consistent rates of production.
- **Level 2** – A level 2 machine possesses sensors that enable more automated operation and is suitable for small to medium-sized mills. Fortify Health plans to install level 2 machines in a few of the four mills with which it is working.
- **Level 3** – Level 3 equipment utilizes digital controls and highly precise, weight-based addition of micronutrients. This type of machine is costly and would only be sensible for operation at significant scale.

Case study of mill partnership

The first mill Fortify Health began working with is based in Mumbai, produces six metric tons of atta daily (with a full daily production capacity of 16 metric tons), and

targets a consumer base of 10,000 households (approximately 30,000 individuals). This mill will likely be the first to sign an MOU with Fortify Health.

Fortify Health and the mill have agreed to commence fortification with one product, ensure that sales are occurring without consumer concerns, and then create a timeline for fortifying other products. Level 1 fortification equipment is scheduled for installation within the next two weeks. Fortify Health will employ a contractor to oversee installation and operation of fortification equipment for approximately one month.

Rationale for partnership

Fortify Health chose to partner with this mill for the following reasons:

- The mill has expressed eagerness to fortify its product and has been highly cooperative
- The mill is based locally in Mumbai, enabling more straightforward monitoring
- The mill's atta quality is high, which should ensure that consumers will not associate fortification with a low-quality product

Comparison with expectations

In 2018, Fortify Health projected achievement of three to five mill partnerships and an established proof of concept by May 1 of 2019. Fortify Health is highly confident that the four mills it has partnered with will soon have equipment installed and establish fortification plans. It views its current progress as a strong indicator of future success, as staff working on miller outreach and government partnerships—none of which had previous fortification experience—were only onboarded in October to November of 2018.

Changes to strategy

A significant change to Fortify Health's strategy was the size of mills it eventually selected. Although it originally projected working with larger mills, it found that establishing a track record and ensuring manageability would be less difficult with smaller mills. Furthermore, working with major brands would have been high-risk opportunities, as unsuccessful partnerships could have significantly reduced the potential for future attempts at large-scale atta fortification. Fortify Health also altered its initial strategy from targeting mills with the poorest consumer base and highest potential for immediate impact to targeting mills that were located nearby.

Fortify Health is optimistic that it will be able to establish successful partnerships with large-scale, high-impact mills in the future.

Progress with government partnerships in Maharashtra and West Bengal

Fortify Health is working on developing partnerships with state governments, although it has not yet established formal agreements. Its process has included

meeting with state government officials in various departments and communicating with other non-governmental organizations in order to create proposals that are feasible and high-impact. Building alliances with government has been slow, particularly because Fortify Health is a new organization.

Fortify Health's strategy for government partnerships includes two core types of projects:

1. **Long-term** – Fortify Health plans to undertake long-term efforts to establish fortification as a governmental priority. Potential impacts of this work could include a fortification mandate across the open market or fortification of publicly distributed food.
2. **Immediate** – Fortify Health plans to undertake projects that produce a significant short-term impact but require low involvement and oversight from government.

Partnership with the Public Health Department, Maharashtra

Fortify Health has met with officials from the Maharashtra Public Health Department for the development of a potential partnership that would involve working with nutritional rehabilitation centers (clinical units that typically provide two weeks of care to severely malnourished children). In particular, Fortify Health would be assisting mills with fortifying the atta procured by these centers for children's meals. The Maharashtra Public Health Department's goal is to build a strong framework for child nutrition, which would include a balanced diet.

Rationale

Fortify Health's potential partnership with the Maharashtra Public Health Department would not be intended to have an immediate impact, as children at nutritional rehabilitation centers would be receiving other care (e.g. clinical treatment, supplements) and would be receiving fortified foods for only a short time. Instead, the project would be valuable for its significant longer-term impact, which could include:

- **Building strategic relationships** – Fortify Health views this project as a significant opportunity to build an alliance with the Public Health Department of Maharashtra and raise awareness and support for fortification within government programs.
- **Establishing credibility** – Fortify Health believes that this project would strengthen its credibility, which would be valuable when meeting with millers and partners for its other work.
- **Leveraging miller partnerships** – The atta that nutritional rehabilitation centers would purchase under this partnership would be produced by private-sector mills that also produce atta for the open market. Fortify Health could potentially leverage its role—which would include providing training, equipment, and micronutrient premix—to demonstrate to mills that broader fortification of atta produced for the open market is feasible.

Partnership with the Chief Minister's Office, Maharashtra

Fortify Health has reached out to the Chief Minister's Office (CMO) of Maharashtra on a potential partnership involving the state's Public Distribution System (PDS), a safety net program that provides subsidized and free staple foods to poor individuals. Specifically, Fortify Health would be assigned one or multiple wheat-consuming districts and would assist mills (selected by Food, Civil Supplies Department, Maharashtra) with the fortification of atta provided to public distribution stores in the assigned districts. The state government would incur the costs of transporting grains to mills and flour to stores, and Fortify Health would incur the costs of equipment, training, micronutrient premix, and monitoring of quality and compliance.

Fortify Health believes that being assigned rather than selecting the districts in which to work is important for ensuring strong relationships with state government. The CMO is currently communicating with district administrators, who once confident in the partnership, will work with the FCS to move forward with the project.

Scale

For the pilot of this partnership, Fortify Health is aiming to work in at least one to two districts, partially to ensure logistics are manageable and also to solidify its strategy and process prior to scaling operations. The pilot would still target a large number of beneficiaries and result in significant impact.

Involvement of FFI

FFI is conducting a supply chain analysis of staple foods in Maharashtra suitable for fortification, although it does not currently possess the resources necessary to implement the recommendations of this analysis. FFI plans to present its findings to the FCS with the assistance of Fortify Health—which could then implement FFI's recommendations if the Maharashtrian government is supportive of fortification in the PDS.

Rationale

Fortification of Maharashtra's PDS would be highly impactful, as the state's population is approximately 110 million, of which roughly 50% purchase staple foods through the PDS. Furthermore, Fortify Health's potential partnership with the CMO and FCS would involve providing consumers with flour rather than whole grains that require grinding—a transition which is already occurring in Kerala, West Bengal, and Haryana. Although it would be less difficult to fortify flour that is already being milled, Fortify Health believes the transition from grain to flour distribution would be a significant accomplishment.

Partnership with the Tribal Development Department, Maharashtra

Fortify Health may potentially work with the Maharashtrian Tribal Development Department (TDD) in Nagpur Division, the region in Maharashtra farthest from Mumbai. Fortify Health would be working with millers in the region to provide

fortified atta to approximately 20,000 children in 76 Ashram schools (residential schools for students from tribal districts to study and live). Children are provided three meals daily.

Fortify Health's Senior Partnerships Officer, Shiva, has been meeting with a senior official in the TDD to develop the partnership. If the opportunity moves forward, which appears promising, the TDD would incur transportation costs. Further program details are still being refined.

Rationale

This partnership would be highly impactful and could be expanded to reach children across the state. Other beneficial aspects of the partnership would include:

- Tracking hemoglobin status.
- Building the credibility of Fortify Health.
- Establishing the legitimacy of fortification within government programs.
- Leveraging relationships with millers to fortify open market products.
- Transitioning the PDS to distribution of atta instead of whole grains (which would make fortification feasible).

Partnership with West Bengal's Department of Food and Supplies

Fortify Health has met with officials from West Bengal's Department of Food and Supplies about a potential partnership involving the state's PDS. West Bengal's PDS already distributes atta to millions of people in the state, and the state government actively works with millers to fortify the atta provided through the PDS. However, initial conversations with state government officials have indicated that the implementation of atta fortification in the PDS may not be optimally effective, and Fortify Health believes it could significantly improve effectiveness at relatively low cost. For example, it could support the monitoring of iron levels in fortified atta, which is currently only spot tested for presence of iron.

Fortify Health is hoping to soon receive a list of millers that will be supplying West Bengal's PDS with fortified atta for the next few years, which will enable it to begin contacting millers.

Involvement of FFI

Fortify Health's plan for work in West Bengal includes a partnership with FFI, which is conducting a supply chain analysis of staple foods in West Bengal suitable for fortification. FFI is mapping the location of mills fortifying atta, which would enable Fortify Health to focus its attention on mills that may be more amenable to collaboration.

Effect of general elections on government partnerships

2019 general elections will be occurring in Maharashtra and West Bengal from April 17 to May 7. The conduct of political parties and candidates during elections in India is governed by a set of guidelines known as the Model Code of Conduct (MCC), which includes a restriction on announcements of any new projects or initiatives as well as

requiring government personnel to be mostly engaged in election duties. The MCC becomes operational after election dates are announced, which occurred on March 10. Although Fortify Health is currently meeting with government officials in West Bengal and Maharashtra to discuss potential partnerships, due to the MCC, it does not expect any projects to materialize until the middle of June after election results have been released.

Fortify Health has also found it difficult to schedule meetings with and receive information from government officials because most mid-level and low-level bureaucrats, which are typically the individuals with whom Fortify Health would be communicating, are occupied with election-related activities.

Renewal of funding

Fortify Health would prefer to know as soon as possible whether GiveWell intends to renew its funding, for reasons including:

- **Necessity for making commitments** – For its partnerships with mills, Fortify Health needs to make at least one-year commitments, as mills are not willing to alter existing operations and market new products without a guarantee of relatively long-term support. Similarly, prior to entering informal government partnerships, Fortify Health needs to be confident that it will have sufficient funding to perform its role. It does not currently possess sufficient funding to make these commitments to mills and government partners.
- **Job security and morale** – Fortify Health’s team will feel stronger job security and higher morale if it can receive confirmation that funding will be renewed. Ms. Patel is considering full-time relocation to India and hopes to make this decision as soon as possible. Furthermore, Fortify Health will find it significantly more difficult to hire new staff if it is only able to offer a short-term contract.

Budget requirement

For its second year of operations, Fortify Health is hoping to increase its budget by 50-100% (approximately \$450,000 to \$800,000 in total). This amount of funding would enable it to:

- Partner with more and larger mills (its initial plan was to scale up to working with 10-15 mills)
- Move forward with some but not all government partnerships

Alternative funding strategies

Longer-term funding

If possible, Fortify Health would be interested in a two-year grant, which could be a strong advantage for partnerships and hiring.

Funding core operations with an option to fund specific projects

Fortify Health is open to GiveWell evaluating providing core operations funding (e.g., staff salaries) separately from the funding that might be required for particular projects. Fortify Health needs to know as soon as possible whether its team will have sufficient funding to operate and maintain existing projects for at least the next year but could discuss details and potential funding for specific additional projects in June or July.

All GiveWell conversations are available at
<http://www.givewell.org/research/conversations>