

Report from Haiti

Teaching to Fish: The Akamil Production Facility is Deemed a Sustainable Project for the Rural Community of Thomonde

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Introduction

In early 2007, Centers for Disease Control (CDC) Senior Fellow Michael Kaiser met with Project Medishare to brainstorm how to produce an indigenous food called Akamil (pronounced Ah-kah-mil) on Haiti's remote Central Plateau. With the combined support of Project Medishare, the Ministry of Health and numerous Haitian business leaders, an Akamil production facility has now become a reality.

A project for the whole community

After the CDC had originally agreed to provide technical assistance for the project, but then the CDC's funding was cut in 2011, Medishare hired Michael Kaiser directly as the project's coordinator. Kaiser, who describes himself as a 'community organizer' and has been affectionately called the 'Godfather of grass roots' by his colleagues at CDC, sees the Akamil project as a *grassroots campaign* to support Project Medishare's mission in Haiti.

"A grassroots intervention such as this has the value of creating jobs for farmers, jobs for plant workers and jobs for women in the sale and distribution of nutritious, affordable food." Kaiser explains: "In Haiti, people prioritize job creation much higher than nutrition, so what we have done is to create a *holistic* intervention that addresses nutrition, but at the same time creates jobs for people locally to stimulate the local economy. We are doing something Haitians want to do and making something Haitians want to eat, not something the international community is trying to make them do or eat. Akamil is an indigenous food that Haitians already know and like."

A fully nutritious, staple food

Akamil is made from locally grown beans combined with any grain, particularly wheat, rice or corn, as long as it maintains a 70:30 ratio of grain to legume. Haitians like to mix Akamil with fruit and sugar for a sweet meal and/or mix it with vegetables and salt (and meat, when available) for a more savory, substantial meal.

Akamil has typically been something Haitians buy from street vendors on market days. It has always been too expensive to make at home because of the high price of charcoal and lengthy cooking time required to cook the food for a full 30-40 minutes in order to destroy enzyme inhibitors and other toxins in the beans. However, Medishare's new Akamil plant pre-cooks the food by running it through an extruder, so all a customer needs to do is boil water, in much the same way instant oatmeal is prepared.

Medishare's *instant* Akamil will be sold and distributed in re-sealable, reusable, eco-friendly packaging.

"The cooking time has been reduced from more than 30 minutes to less than three minutes," Kaiser explains, "and needing less charcoal to cook the food means fewer trees need to be cut down from Haiti's already depleted forests. It's a staple food everyone can afford, plus it's fully nutritious. This is a project 'for Haitians, by Haitians.' All we are doing is following their lead and providing technical assistance. If anything, the Haitian people are teaching us how to do an intervention correctly."

**"They are teaching us
how to do an intervention
correctly in Haiti."**

School feeding programs and plant expansion

The sale and distribution of Akamil won't be limited to Haiti's Central Plateau. The Haitian Government and several international aid organizations have already said they want to buy Akamil for school feeding programs in their own countries. And, thanks to the enormous support this grassroots campaign has received in Haiti, the Akamil plant will have no overheads, so it can produce the food at-cost, making it extremely affordable, even for the poorest of the poor.

The plant will be run as a not-for-profit business, not as an NGO. Project Medishare has agreed to follow a strict business plan so additional plants can be built as not-for-profit *franchises* to benefit other Haitian communities.



Michael Kaiser (extreme right) with the full installation team

Already two communities have said they want to build their own Akamil plants. Medishare's business plan will give them the roadmap they need, including all the information they need to maintain quality control standards – for example, how to source the most suitable packaging and labeling, and how to achieve the prescribed vitamin-mineral premix.

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“The premix contains all of the essential micronutrients recommended by WHO’s Global Guidelines to make a complete formula that can be consumed by the entire family.”

Partners and donors

One of the many donors to the Akamil campaign in Haiti has been DSM. The company developed and donated a vitamin-mineral premix that contains all of the essential micronutrients recommended by WHO’s Global Guidelines to make a complete formula that can be consumed by the entire family.

DSM originally became involved in the Akamil campaign through AzkoNobel. Business Manager of AzkoNobel Geoff Smith agreed to donate Ferrazone® (sodium feredetate, an iron compound used for the treatment of iron-deficiency anemia). He then contacted DSM to see if they would donate the rest of the vitamins and minerals needed.

Social responsibility

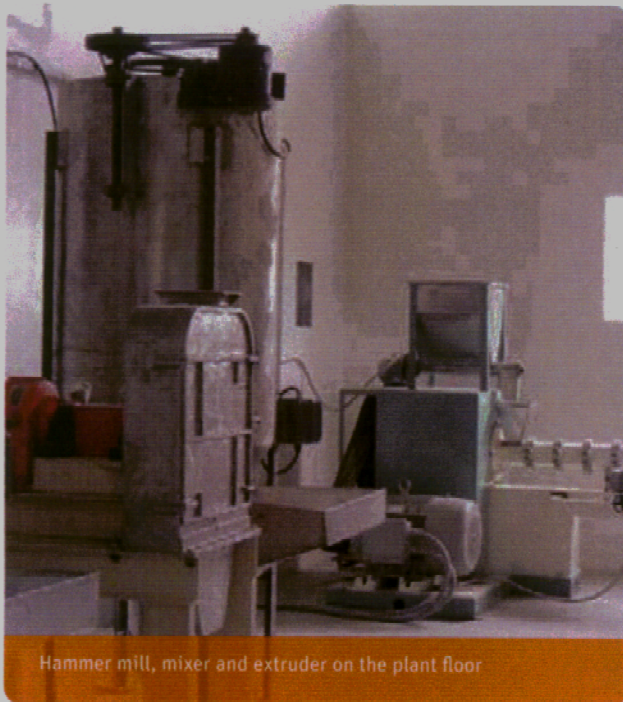
Marienella Mendez, DSM’s Commercial Manager for Human Nutrition and Health (HNH) for Latin America, toured the Akamil facility with Michael Kaiser in October 2010, while the plant was still under construction.

“We wanted to participate in the complete process to be sure that the premix would be used in the right way,” Mendez says. “We have a social responsibility with our products. We need to make sure the people taking these vitamins are absorbing them in the right way. We also have the responsibility to ensure that the product is being used correctly. In order to obtain the right product, we’re helping to make sure that the vitamins and minerals are created at the right levels.”

In addition to the generous donations from DSM and Akzo-Nobel, Quest Diagnostics donated HemoCues® for local testing of blood/hemoglobin levels, and the employees of Carestream Health, Inc. donated \$39,000 to cover the cost of training local

TABLE 1: Akamil ingredients

Akamil ingredients	
Cereal (rice, corn, millet, wheat), legumes (beans) and formula premix	Fortified with a mix of important vitamins and minerals such as iron, zinc, and vitamin A.



Hammer mill, mixer and extruder on the plant floor

community health workers so that they could conduct a local nutrition survey and collect data. This is noteworthy because it means that for the first time Haitians will be collecting their own nutrition data rather than relying on the international aid community to collect it for them.

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Instant access to information

Two Texas companies donated state-of-the-art computer hardware and software to the Akamil campaign to enable local community health workers to collect data electronically, despite this being a part of Haiti with no electricity.

Nutrition data can now be made available to doctors at local clinics to keep them in the loop so they know exactly which children need immediate attention. In addition, the electronic survey platform means women and children participating in the baseline survey will now have *Electronic Medical Records* – another first for the Central Plateau. Better still, this donated computer hardware and software can be used for other research/data collection on the Plateau. According to Kaiser,

surveys for malaria and other infectious diseases have already been planned.

“Of course, it’s not just having access to state-of-the-art hardware and software that’s key,” Kaiser notes, “it’s also having trained, capable community health workers who know how to use the equipment and who are willing to develop the survey methodology. We’ve found Medishare’s community health workers more than capable. All they needed was the equipment and a little bit of coaching. I am really amazed by the job Project Medishare is doing here. Medishare is motivating Haitians to do things by themselves. This is involving the local community, civic organizations and private industry, all working together on a project that has real sustainability. It is difficult to find projects like this.”

Kaiser believes that the most important thing is just having access to public health information in a more timely fashion: “Now the Ministry of Health won’t have to wait two or three years for data as has often been the case when the international community is responsible for doing a nutrition survey. The data will be available the same day and, as stated, Haitians will be collecting it themselves. So you see, we really are taking this concept of ‘*Don’t give them a fish; teach them to fish*’ to heart in everything we do.”

“The grassroots approach is very cost-effective when people understand that it is their own problem, they will try to solve it themselves and they will find the resources locally.”

A successful grassroots effort in a ‘problematic country’

Kaiser has led grassroots campaigns in other countries. His theory is, the more ‘problematic’ the country, the greater the chance for success when using this grassroots approach. Haiti is a great case in point.

“When we started in Haiti, our colleagues at CDC, USAID and UNICEF all suggested we try a more traditional intervention,” Kaiser explains, “but when we talked with people locally they were determined to try something new: fortify an indigenous food. It’s a much better idea, especially considering many of the traditional interventions had already been tried in Haiti and had failed. Rather than always pulling the same old interventions off the shelf, we need to recognize when something isn’t working and dare to try something different.

“To my colleagues at CDC, I used to say, ‘we must not only think outside the box, but recognize that we are the box!’ To find real innovations we must look locally, and nobody knows

the local community better than those living in that community. Why would you try an intervention from another country? That's a colonial way of thinking. I can't believe we still do interventions that way, but we do. So when something isn't working, dare to try something different, even if it's never been done before. That's common sense, and that's what the grass roots approach is all about."

"We're putting the onus back on the communities. That's what the grassroots approach is designed to do."

"If you focus on a single community rather than the entire country and create a *model*, you will find that other communities will follow," says Kaiser, "and if you have one successful intervention, I guarantee you other communities will follow suit, and your growth rate will be exponential, because nothing spreads like success."

"Best of all, it doesn't cost anything when communities copy one another. They do so not because they have to, but because they want to. Success is not only sustainable, it's also very saleable. We're putting the onus back on the communities; that's what the grassroots approach is designed to do. It costs less, is more sustainable, it builds self-sufficiency, and it improves government relations in these developing countries. So it's not only better for the developing countries, it's also better for the international aid community."

Volunteers and donors where they say there are none

In Haiti, critics argued that the grassroots approach would never work because the country was too poor.

"Not true," Kaiser says. "It will be the biggest success to date." Of course, Kaiser credits local Haitians for that success and explains that none of it would have happened without local buy-in.

"When Medishare needed bricks and mortar to build a plant, it was local business leaders in Haiti who stepped up and donated the bricks, the metal roof, floor tiles, paint, and other building materials. When we needed a diesel generator to run the plant, PowerSecure [Wake Forest, NC] donated a generator and sent an electrician to Haiti to install it. When we realized we needed more water than we had available locally, AutoGov's CEO made a personal appeal to his friends and neighbors and raised money to dig a well so fresh water could be available not only for the plant but for people living near the plant. And when food processing equipment was needed to equip the plant, it was students at the University of Miami's Rotaract Club who raised \$20,000, which was then matched by the Rotary Clubs of South Florida and Rotary International in Chicago.

"So to those who say you can't find donors and volunteers in poor countries because there's no history or culture of giving, it isn't true. They just don't know how to attract donors and volunteers. People will come out of the woodwork in support of a good grassroots campaign in any country if they are inspired and believe in the campaign. In Haiti, it just took a handful of Haitian business leaders and a group of university students to provide the inspiration and get the ball rolling."

The single biggest contributor to Medishare's grassroots campaign in Haiti was Curt Bergfors, President of Max Corporation of Sweden. Curt donated \$500,000 to build a training center and dormitory, which sits immediately adjacent to the Akamil plant.

Kaiser's list of donors goes on and on. However, it's worth noting that all of these donations came from personal appeals to friends and family, civic groups, small businesses, private corporations, and foundations. None of the money came from international aid organizations or governments.

"Where there's a will, there's a way," Kaiser contends. "The important thing is just to believe in what you are doing and have faith that you can accomplish your goal. That's the difference between a grassroots, bottoms-up campaign and a top-down, international aid intervention. We rely on faith and hope and truly believe people will come together for a common cause, but it all starts with trust, which is something noticeably absent from many international aid interventions."

"Where they see people as statistics, we see real names and faces. That's what motivates people locally and why they become personally committed, come hell or high water." "In Haiti," Kaiser adds, jokingly, "we have both."

Of course a grassroots campaign will have different outcomes in different places.

"This isn't 'one-size-fits-all'; in fact, just the opposite," Kaiser continues. "It's tailoring an intervention and working one community at a time. The only thing that's the same is local leadership and local participation. Much depends on what the local community wants to do. All we have to do is listen. But then, that's not something the international community is very good at either. Just remember, there's no such thing as a bad idea ... only bad coaching."

A new paradigm for foreign aid

Michael Kaiser considers these grassroots, *holistic* interventions as the new paradigm for international aid because they make the most sense for people locally as well as for the international aid community.

"It's admirable that so many wanted to 'help' Haiti after the earthquake," he explains, "but when the international community steps up, the local community steps back. The first step simply needs to be education. Then brainstorm with the people



The first batch. From left to right: Michael Kaiser, Project Medishare, Akamil Plant Coordinator; Dr. Hans Legagneur, Haiti Ministry of Health; and Dr. Faïdherme Casseus, MD, Project Medishare

locally to find out what they want to do. Hopefully, you will come up with something that benefits the community and can be a model for other communities. After that, launch your grassroots campaign and start beating the bushes for dollars.

“When the international community steps up, the local community steps back.”

“The role of the international community is simple. Act as a coach and provide technical assistance in the field. But remember, they are the players in the field, not you! It’s their game. They need to score the winning goal and be allowed to take credit for that goal, not international aid organizations. Again, share what’s been done in other countries, but ultimately the intervention needs to be crafted locally and led locally; that’s the only way you are ever going to make it sustainable and achieve self-determination.

“With international aid dollars drying up at the very same time we see food and water shortages increasing, along with the effects of global warming and an escalation in global terrorism, we had better start thinking about a new paradigm for foreign aid. People locally will always support a grassroots campaign if it’s in their best interests. But the only way you can communicate that successfully is locally.”

Today

Although initial work began on the Akamil Production Facility in June 2007, its construction and final equipment installation were delayed by the January 2010 earthquake and the cholera outbreak that followed in 2011 and 2012.

However, with the completion of the facility and successful trials last fall, its impact will be significant once full-scale production begins in the second quarter of 2013. Currently, Project Medishare is making one last fundraising push to obtain the necessary start-up funds to buy raw materials and hire local staff to operate the plant.

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