

## Annex 1

# Guidelines for Regional Technical Assistance (RETA) project country studies

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### Summary of outline for RETA country papers\*

#### 1. Situation analysis

Current trends in nutritional status; assessment of basic causes in brief (i.e., food/health/care); specific causes that can be focused on (e.g., timing of complementary foods; maternal malnutrition).

#### 2. Community-based programs and service delivery

Current assessment and future needs by, e.g., district: prevalence of malnutrition compared to indicators of key programs:

- » coverage, targeting, intensity (e.g., US\$/capita, facilitators/mobilizers) [see example dummy table for Sri Lanka, at end]
- » content of programs (this is where cross-cutting issues like caring practices, position and status of women, etc., are considered in the context of local actions)
- » organization, e.g., existence of community organizations, top-bottom links, decentralization.

Hence first assessment of resource gaps, to be taken up in Chapter 4.

#### 3. Supporting policies

This includes, in principle, those needed to make the programs in section 2 work; cross-cutting policies, e.g., affecting the position and status of women; additional policies and programs, e.g., safety nets, nutrition information systems; those that may require revision. Headings used below are:

- » sectoral policies enabling direct programs;

- » programs with indirect effects;
- » possible modifications to programs whose resources might be better used for nutritional improvement;
- » indirect policies.

#### 4. An improved nutrition strategy

#### 5. Financing child nutrition

### Annotated outline for country papers

#### Chapter 1. Situation analysis

This chapter is usually straightforward since most countries have done this recently in the context of government planning, the International Conference on Nutrition (ICN) and its follow-up, for government-UNICEF programming, and similar needs. Only limited amounts of the available resources should be spent on this. Attention should be on recent trends, disaggregating data by such factors as region and age group, and identifying specific causes to focus on.

An initial description of the malnutrition problem should come here. This is usually the most advanced aspect, and should not take up a lot of time and analytical resources. In most cases earlier work (e.g., for ICN follow-up—National Plan of Action for Nutrition), and the country papers for the inception meeting, have covered this well, although in some cases updating, if important new data become available (e.g., recent survey in India), may be very useful. The descriptions usually cover the characteristics of the problem (e.g., general malnutrition distribution, by area, group; specific nutrient deficiencies); one aspect that is sometimes missed and should be added is analysis by gender. Trends in indicators should be looked for (e.g., changes over time in underweight prevalences); attention is needed to the comparability of estimates at different points in time. Where estimating trends validly is likely to become time consuming, judgement will be needed on the time and resources

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\* The summary and annotated outlines are reproduced here as issued for the country studies, with minor editing. The guidelines were first circulated in October 1996, revised in October 1997, and again in September 1998.

## Example of tabulation for situation analysis: Dummy tables for Sri Lanka RETA program analysis

Data should be sought to fill out tables along the following lines,  
by province (there are 9) and if feasible by district (25)

A. Program indicators, by program—e.g., Thriposha, Samurdhi								
	Prevalence underweight		Coverage <sup>a</sup>		Targeting <sup>a</sup>		Intensity <sup>a</sup>	
	1987	1993	1990	1995	1990	1995	1990	1995
Province I								
District 1.1								
District 1.2								
Province 2								
District 2.1								
...								
National								

a. Indicators might be: coverage, e.g., % children under 5 years old receiving Thriposha; % households receiving benefits from Samurdhi; targeting, e.g., prevalence underweight in group participating in program intensity, e.g., expenditure per program participant; number of people per staff, number per facility; etc.

B. Indicators of community organization				
	% villages with women's groups <sup>a</sup>	No. facilitators /village or district <sup>b</sup>	No. mobilizers /village <sup>b</sup>	Ratio mobilizers: facilitators
Province I				
District 1.1				
District 1.2				
...				

a. and other organizations, e.g., credit/savings organizations; facilities for community organization; etc.;

b. facilitators refers to staff working for government agencies, NGOs, etc.; mobilizers refers to community-based workers, often volunteers

put into this. Straightforward tabulations are usually what is needed to get moving, such as prevalence data by area, which can then be compared with program indicators, see chapter 2 below.

## Chapter 2. Community-based programs and service delivery

This section (previously headed “Approach for program assessment and analysis”) aims to give results of analysis of community-based and service delivery programs, to identify constraints in terms of factors such as coverage and targeting, needed changes in content, resource gaps, and hence investment opportunities for extending and increasing their effectiveness. These are closely related because community-based programs are often facilitated by the staff of line agencies, and nutrition activities can often be enhanced within local services (health, education, and agriculture).

Some ideas on data and analytical needs are inserted below—see ‘Note on data sources’ at the end of this section. In most cases there is a considerable amount of program activity ongoing and planned; assessment must take this into account, as well as considering new

needs. The criteria used here thus aim to combine considerations of current, planned, and new or modified programs. They start with coverage and targeting, then content and resources (including organizational), but in practice these will be studied together, or iteratively. It is particularly with reference to the *content* that the different themes (e.g., see theme papers) come in. Processes of consultation, and issues like decentralization, are here also. Consideration of a nutrition information strategy should begin at this stage. Specific sub-sections are as follows.

» **Coverage and targeting.** Data showing the distribution (and levels) of program resources are needed, such as numbers of staff (facilitator) and/or volunteers (mobilizers) per population; organizations (e.g., village committees); infrastructure (e.g., clinics, nutrition centers) and/or supplies; and the like. These can then be tabulated against malnutrition indicators, usually by area.

Distribution of resources should include recognized nutrition programs such as Integrated Child Development Services (ICDS), Bangladesh Integrated Nutrition Project (BINP), Participatory Nutrition Improvement Programs (PNIP—Sri Lanka). It

may also be important to include, where feasible, indicators of food distribution programs (e.g., noon-day meals, public food distribution system (PFDS), food stamps; examples would be numbers of outlets.

Conclusions can be drawn on adequacy of coverage, and on distribution with respect to need, i.e., targeting. Experience indicates that targeting is usually negative, that is the neediest population groups are the least covered, and this is well worth assessing. Overall adequacy assessment requires some norms (e.g., in terms of personnel per population, which will be suggested later).

- » **Content of programs.** Program coverage assessment comes early, because often it is found that even if the program content were potentially highly effective, the coverage and outreach is low and thus no extensive impact can be expected anyway. At the same time, the content of programs needs to be assessed for relevance and likely effectiveness (see also section on cost-effectiveness). The content of current programs was not covered as much as problem description in the country papers for the inception meeting, and in the proposals for country studies, so a first step will be to ascertain and assess this.

Consideration of the themes or issues as described earlier will give important pointers to required content of community-based programs. This needs to be regarded in an iterative manner, considering causality and hence program needs; and then looking at actual and planned program content with respect to relevance to causality. The issues and associated themes that fit in here especially concern caring practices, the position and role of women, poverty alleviation and household food security, and safety nets. This process involves conventional nutritional assessment and analysis; this must be scientifically up to date (e.g., ensuring attention to maternal nutrition, 6 to 24 month old children, etc.).

- » **Resource needs—financial, organizational and human.** Where there is program coverage, the resources per population should be estimated, and assessed for adequacy. Indicators such as US\$/population, facilitators/mobilizer ratios, mobilizers/population, etc., at least by area, are needed. Here again they need some norms for assessment, e.g., US\$3/capita/year; 1 facilitator/20 mobilizers; 1 mobilizer/200 population, etc. These will need to be elaborated. We will compile data on programs thought to be effective, e.g., Thailand and make available the results. Cost-effectiveness relates closely to this point.
- » **Community organizations.** Questions and data needs here concern the existence, suitability, extent, and distribution, of community-based organizations for carrying out nutrition (-relevant) programs. Where they exist, they may provide a focus for additional support; where they exist but are inad-

equated, can they be strengthened and extended; where these do not exist, the issue then relates to potential mechanisms for their development. In most cases there is experience which, if objectively analyzed, can address these questions. Micro-studies of success factors have a particular place here. Indicators commonly available such as numbers and distribution of village health communicators (VHC) and village health volunteers (VHV), etc., are a useful start.

- » **Human resources.** In terms of numbers and distribution of people available, human resources should be determined in the analyses discussed above. It will be crucial to consider their needs for training, supervision and other support, remuneration, information (see nutrition information strategy), and similar requirements.
- » **Community consultations.** Simply assessing the distribution of community organizations is not the same as consulting communities. The country studies should ensure that such consultations (local assessment, analysis, action (AAA), participatory rural appraisal (PRA), village consultations like the World Bank is doing for ICDS, etc.) both take place, and are taken into account.
- » **Decentralization.** Genuine devolvement of decision-making to local government levels needs to be assessed and analyzed. The indicators seem fairly obvious (e.g., % of budget actually controlled locally; who hires and fires; etc.; but we should get some specific advice). Beyond this, questions such as feedback between villages and districts, expertise available, proper combination of top-down/bottom-up, will need to be considered. This relates particularly to supporting policies (see chapter 3).
- » **Gaps in program coverage, content, intensity, organization.** The analyses listed above will indicate gaps that could be filled by reallocation of existing resources, and by possible new resources, both internal and external. This needs to go well beyond the estimates sometimes given in the National Plan for Action (NPAN); but these can provide some entry point, where they specifically deal with programs directly aimed at nutrition improvement. Here again it is much clearer in concrete cases, and needs to be tailored to individual country studies.

**Note on data sources for chapter 2 of country papers.**

1. *Existing nutritional and program data.* Look for data on anthropometry, nutrient deficiency, food availability, access to services, program coverage; analyze as, for example:
  - (a) Differentials by area, age group, urban/rural, etc.
  - (b) Trends by area, age group, etc.
  - (c) Correlates of trends—indicates factors possibly related to improving trends (e.g., success factors) and to deteriorating trends.

Lower priority should be given to correlates of

cross-sectional prevalences and nutrition fact sheets, such as those with many indicators listed but not interpreted.

2. *Micro-studies*. Something along the lines of the Regional Office for South Asia (ROSA) success factors study could very usefully be included among the country studies.
3. *Community consultations*. As noted above, these should be drawn upon heavily; or done if not already available. PRA and such techniques can be adapted.
4. *Evaluations of major programs*. Most of the countries have major programs that have been going on for some time; not so many have rigorous evaluations (although some, e.g., Tamil Nadu, do exist). An important decision will be how far existing data and evaluations can provide reasonable guidance—with if possible some assessment of cost-effectiveness, which requires an estimate of net effects. New large-scale evaluations are going to be beyond the scope of the country studies in most cases, but in-depth small-scale studies might be worth considering. As a start, an overview of existing evaluations of major programs in each country should be tracked down, or done anew if necessary.

### Chapter 3. Supporting policies

- » **Sectoral policies enabling direct programs**. Community-based programs and more action for nutrition within services (especially health, education, agriculture), will depend in part on activities by line staff of sectoral agencies (e.g., acting as facilitators); and this may often require policy decisions on deployment of staff, on their job descriptions, reporting lines and accountability, and so on. Such decisions will be in ministries of central and/or state governments, also often needing agreement and implementation at local government levels. These will need to be identified, justifications and trade-offs assessed, and the cases made.
- » **Sectoral programs facilitating, and/or with indirect effects on nutrition**. Careful judgement has to be exercised here, because practically anything that affects people can be argued to be related to nutrition, hence bogging everything down. The concept of “influencability”—how far will considerations of nutrition actually make a difference—can be useful. Some programs can be argued to be prerequisites, or strongly interactive, with nutrition activities, e.g., literacy. Others have obvious important nutrition effects and should clearly be supported under many circumstances: improved water and sanitation, for instance.

In principle, priority supporting programs would include women’s education and literacy, poverty alleviation programs and safety nets; efforts to increase the micronutrient supply and consump-

tion from agricultural production, household food security, water and sanitation, and primary health care. Each country study should provide a limited list of such programs to be considered, with reasons for focusing on them, how they may be affected, and what the “value-added” from considering them might be. Simply providing a (usually long) list of such potentially relevant programs (as is common in the NPANs) should be avoided.

- » **Food subsidy and distribution programs whose resources could be better used for nutrition**. Most countries in the Regional Technical Assistance Project (RETA) have food distribution/subsidy programs that use major amounts of resources, in part justified by nutrition concerns, which may be outdated in concept, ineffective nutritionally, and conceivably could be tapped for resources. Examples included the public distribution system (PDS) and noonday meals in India, the public food distribution system (PFDS) in Bangladesh, the National Food Authority (NFA) in the Philippines, and food stamps in Sri Lanka. In most cases the fiscal cost is high (more than available for all of nutrition), the resource transfer to the malnourished negligible, and the targeting skewed towards urban, better-off, or favored areas (e.g., one region in the Philippines gets 20% of all NFA food). There may also be general food subsidies that have little nutrition effect. While other policies could be chosen for analysis, it seems that these subsidy/distribution programs are likely to be the most fruitful for analysis here.

There is no doubt that attempts to look at possible salvaging of major resources in this way should not be lightly undertaken. Chances of having any actual influence may need to be considered early on. It is not only that the analyses would need to be rigorous and extensive to be taken seriously—hence risking using large parts of the limited resources available—but clearly vested interests come in.

School feeding and food-for-work programs are particular examples here. School feeding often has stated nutritional objectives, which may need to be reviewed. In both cases coverage and targeting (including timing) should be examined. School feeding in particular may provide opportunities for micronutrient interventions.

- » **Indirect policies positive for nutrition**. Many policies are implemented with less programmatic (i.e., less on-the-ground) activities—price policies, taxation, insurance, pensions, women’s property rights, maternity leave, promotion and protection of breast-feeding, food legislation, and so on. While some of these tend to be quite distant from nutrition in the minds of many policy-makers, some can be demonstrated to be of particular importance, moreover not necessarily involving great trade-offs. A number of these relate to caring capacity, and to

the role of women.

In the country studies, it may be valuable to identify policies that could alleviate particular constraints in such areas as women's rights, caring capacity, and poverty alleviation.

#### Chapter 4. An improved nutrition strategy

This chapter should summarize the implications of the analysis in the first three chapters, and outline the strategy, including programs, supporting structures, and policies, recommended for implementation.

**A. Recommended mix of interventions** in response to the key nutrition problems and goals identified in the previous chapters.

- » Program content—summarizes the community-based programs (and service interventions) determined to be central to nutrition improvement, as an outcome of the analysis in chapter 1 of the report. Selection of stand alone versus integrated interventions needs justification.
- » Supporting structures—program management and strategic support to the community-based programs, also emerging from chapter 2.
- » Policy environment—changes identified to support and facilitate the programs and supporting structures, as an outcome of chapters 2 and 3.

**B. Programs**—elements in the design of the recommended community-based and other programs at the core of the plan.

- » Targeting—what groups will be focused on, in terms of age structure, socioeconomic characteristics, geographic location.
- » Coverage—expected coverage of the targeted populations (and of those outside the direct target groups), in terms of numbers and geographic coverage.
- » Intensity—resources currently applied, and gaps, in terms of finance, organization, facilitators/mobilizers, and related aspects. Assessment of workload requirements for new interventions is important, to assess the worker, supervision and management needs of carrying out the intervention (and also to face realistically the volunteer versus paid worker issue).
- » Phasing and time frame—how the program is to be introduced and scaled-up, in terms of the elements included and the scaling-up of coverage, with as clear a time frame as possible. This should preferably be over a 10-year period, and might include more than one scenario. If it appears difficult to introduce the entire investment package in the first five years, perhaps the improved nutrition scenario could be divided into two five year plans in succession, using operations research and other approaches to build

bridges between the two phases.

**C. Supporting structure**—organizational elements of the program, and broader enabling environment from the analysis in chapter 2 and parts of chapter 3. The way in which these topics are covered will vary between countries, but is likely to include the following:

- » Supervision—recommendations for effective training and regular monitoring of the performance of community workers and local-level service staff.
- » Community participation—the program elements needed to promote participation of families and households, and an effective interface between mobilizers and facilitators, in the context of the country's decentralization and participatory structures.
- » Quality assurance—processes and tools to ensure that the program is implemented as planned, at an adequate standard of quality.
- » Monitoring and evaluation—processes and tools to monitor the performance of the program at different levels, including through local assessment and analysis, and a strengthened management information system to evaluate its impacts, costs, and coverage.
- » Action/operations research—needs for operation research, and the design of a research component to the introduction of the program.
- » Training—drawing on the above, an outline of the courses, workshops and on-the-job training needed to build the capacity of actors in the program at all levels.

**D. Policy environment**—changes to policy, through legislation and other means, to achieve the aims of the recommended strategy.

- » Food pricing policy—subsidies, distribution programs, and other schemes affecting access to food.
- » Regulations—other policy changes needed, e.g., drug policy, infant formula regulation, enabling environment for food fortification.
- » Institution building—apex institutions, national guidelines on nutrition programs and targets, stabilization programs with priority funding from central government, advocacy roles and institutional support.
- » Structural and procedural changes to foster coordination of nutrition interventions at national and local levels.
- » Administrative decisions to enable facilitators and community-based workers to reach children more effectively—including relevant conditions of service (e.g., salaries, daily allowances) and incentives (both job- and career-related).

#### Chapter 5. Financing child nutrition

**A. Why finance child nutrition?**—a brief summary of

the economic case for action to reduce malnutrition may include the following:

- » Costs of malnutrition—an outline, to the extent possible, of the economic and social costs of malnutrition in the country. PROFILES programs will be available for all countries based on current RETA Guidelines. These provide scenarios for a variety of mortality, productivity, and cognitive outcomes.
- » The case for public financing of nutrition improvements—this might follow and extend the arguments made for public financing of health improvements in the 1993 World Development Report and elsewhere, e.g., a limited, specific public role to ‘cure’ malnutrition, mainly to facilitate private action; and large public roles in support of preventive and promotive efforts. The specific arguments made will depend in part on the current situation and policy environment of the country.

**B. Current expenditure pattern**—this section summarizes current spending related to nutrition and uses it as a basis for comparison with the recommended program. The analysis is intended to follow the basic model of public expenditure reviews (PER), at a considerably more general level.

- » Rating the public sector versus comparison countries, e.g.:
  - (a) social allocation ratio
  - (b) social sectoral shares in public spending
  - (c) health and nutrition spending as % of GDP.
- » Summary of current expenditures—drawing largely on existing PER and other sources, this analysis will attempt to estimate the total current spending by source for nutrition-related programs and policy measures, including subsidies.
- » Efficiency analysis—assessment of the cost-effectiveness of the current expenditure pattern, with a comparison to the (approximately) estimated cost-effectiveness of the recommended strategy.
- » Equity analysis—analysis of the distribution of benefits across the population from current expenditures, and comparison with the benefit distribution implied by the recommended program.

The PER can identify priority regions for investment (greatest concentration of children in need), provide a trend analysis, indicate whether central government is playing a progressive role in effecting resource transfers to areas of greatest need, if not why not, and whether nutrition investment is built into national stabilization programs like EPI with the character of ‘governance’ commitment.

**C. Expected resource availability**—the extent to which different actors should and can be expected to finance portions of the recommended program. Issues surrounding the current and desirable future financing of nutrition related actions would be raised, cost-sharing

principle and discussed in the country context, and some estimate developed of what and how much the different groups might realistically be expected to support.

- » Central government
- » Local government—state provincial and local/municipal levels
- » Communities—cash and labor contributions, user charges
- » Non-governmental organizations (NGO)
- » Private sector
- » External finance—the role of donors, in their current support programs and as ‘financier of last resort’ for public programs.

#### **D. Separating the financing gaps**

- » Domestic gap—this takes into account rational use of existing national resources, and models the reallocation of poorly used resources to more cost-effective ends (e.g., food/cash/credit subsidies not reaching the target groups), or recommended shift of services to private sector to focus incremental public resources on the poor.
- » Residual gap for external assistance—important to define the investment as opposed to routing costs suitable for external support (both capital and recurrent costs such as training and research are appropriate). If there is a structural build-up of the residual financing gap over 10 years, this should be identified for donor planning and commitment in the longer term.

#### **E. Incremental financing of the improved strategy**

—drawing on the above, an overview of the costs and possible financing scenarios, over time and from the different sources. The concept is national investment for a national program of action, in support of pledges made in international fora, with donors like ADB and UNICEF providing residual (possibly substantial) financial assistance in support of Governmental commitment to child nutrition and health.

- » Costs and coverage, by year—estimates of the costs and population coverage of the recommended strategy over a 10 year period, and the proposed expansion of program elements and phasing of coverage from chapter 4, section B. This would probably be presented in different scenarios, e.g., base-case scenario; properly phased essential and comprehensive programs; evolution of community-based delivery systems, and how to finance them.
- » Benefits from the program—analysis of how different population target groups are expected to benefit from the program over the time frame.
- » Investment issues—amounts of capital and recurrent costs required, and how these should be financed; spin-off (external) benefits from investments in other sectors/areas for nutrition, and from

nutrition to other areas.

» Financing of the strategy—based on the analysis in section C, an outline of possible financing scenarios among public (central and local government), NGO, private, community and external sources, over the 10-year time frame, including appropriate use of

cost recovery and cross-subsidies to help the poor.

**F. Policy summary**—a ‘PROFILES’-type summary presentation of the costs and societal benefits for the improved strategy, in comparison to the current situation and expenditure pattern. Reinforcement