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Improving Child Nutrition in Asia

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Preface

Most of the malnourished children in the world live in Asia—not only due to the large population, but because Asia has the highest rates of malnutrition anywhere. Whether measured by low birthweight, child growth failure, women’s malnutrition, anemia, or other micronutrient deficiencies, much of the Asian population is badly affected. Chronic undernutrition accounts for a large proportion of child deaths, mental disability, and lost productivity among earning Asians. In turn, production, human capital, and economic growth are held back, and the resulting financial losses are enormous. Investing in improved nutrition is urgent both from an economic and a human rights perspective; and the investment would be amply repaid from its long-term returns in reducing losses from ill-health and missed opportunities, as well as from economic productivity.

Recognizing their mutual interests and opportunities for synergy in this field, the Asian Development Bank (ADB) and UNICEF collaborated with national governments to prepare a series of country studies on investment needs for reducing child malnutrition in seven Asian countries: Bangladesh, Cambodia, India, Pakistan, People’s Republic of China, Sri Lanka, and Vietnam. In each country, a national institution with guidance from a steering committee led by the appropriate government department undertook a review of the problems, in relation to present policies and programs, and based on the analyses made recommendations for a strengthened strategy for accelerated nutritional improvement. Benefits and costs were estimated in a 10-year perspective, in all cases showing that the investment would be worthwhile based on economic analysis. The studies which began in 1997 received support from ADB and UNICEF.

The country reports, completed in 1999, give a solid basis for identifying investment opportunities in the Asian region. The reports were organized in a comparable manner, covering situation analysis, review of current community-based and service delivery programs, supporting policies, forward-looking strategies, and finance and implementation. Summaries of

the results are available in a recent issue of ADB’s Asian Development Review [1]. This supplement to the Food and Nutrition Bulletin provides details synthesized from the country studies, following the same structure, focusing on innovative program design, and justification for financial support. In this way, the social sectors are placed on a comparable footing to infrastructure sectors in national development planning.

All the countries have ongoing programs aimed at improving nutrition. However, the present coverage and resource-per-child commitments are seen to be far too low to bring about extensive and sustained reduction in malnutrition. Successful experiences—at the national level notably in Thailand—can be built upon: a key feature is that, for significant impact, programs must include sufficient individual contact of trained health and nutrition workers (who are often part-time and voluntary) with mothers and families to bring about improvement. Time and again improvements in child nutrition have been seen when community-based activities have consistently involved individual contacts with families, showing that someone cares, which translates into healthier and stronger children. Mothers everywhere want the best for their children; relatively small amounts of practical support and relevant information can make that happen. A massive expansion of community-based programs, building on and adapting present experiences, would be feasible and effective. Moreover, the costs are realistic in terms of the resources already being committed to similar objectives. For example, a national expansion of nutrition programs in Bangladesh along the lines reviewed in this study is currently being supported with major external financing. The food subsidy and public distribution systems in several countries use similar magnitudes of funds. It is estimated here that around US\$1 to 2 billion per year over 10 years in these countries would bring a very significant reduction in child malnutrition—for the majority of the world’s malnourished children—and might reach the goal of halving child malnutrition. This goal, adopted at the World Summit for Children in 1990, is still far from

being reached. However, we can lay out a possible strategy, and roughly determine the costs, that could lead to this achievement in the present decade.

The importance of a critical level of resources—from government, private, and external sources—can be seen clearly, as this study shows. Too little input (on a per-child basis, for instance) does not simply solve the problem more slowly. The studies suggest that we need to get to critical levels before there are effects, and that applying too little resources has minimal benefit—it may in fact be a waste of resources. At present, less than 10% of the program effort that is estimated to be required is underway, which seems likely to explain, at least in part, the very slow progress in nutrition improvement in the region in recent years. As an illustration, the present rate of reduction in general child malnutrition is less than 0.5 percentage points per year, while a rate of 2.5 percentage points per year is needed to halve the prevalence. For micronutrient malnutrition the picture is mixed [2]: clinical vitamin A deficiency is disappearing quite rapidly, and control of iodine deficiency is accelerating; but there is no sign of reduction in the prevalence of anemia, and iron deficiency, as a major cause, is the most prevalent micronutrient problem in Asia.

The strategies for direct intervention are relatively well-understood and tested (though not yet fully evaluated): community-based programs, of adequate intensity and extent, are fundamental, with a mix of specific micronutrient deficiency control activities which have both vertical and local features. However, these only work in a suitable context; promoting programs in an unfavorable context is wasteful, and accounts for many past failures. Thus a second key aspect of a strategy is for appropriate supporting policies, both to allow effective direct actions and as important aspects of human rights and development in their own terms. Here, five priorities are identified: women's status, social exclusion, community organizations, political commitment, and literacy. An integral

part of the recommendations from the study—reflecting the conclusions of the country reports—is that nutrition support must also help to make changes in these factors. While this might be too ambitious normally in the context of all nutrition policies and programs, it may be feasible in the negotiations of international financial institutions in support of nutrition improvement—especially when this is demonstrated to have high long-term economic returns.

Poverty reduction is best sustained when the lives of young children are transformed. Targeted community programs for nutritionally at-risk children can be the focus of national poverty reduction programs, and may eliminate poverty in the most fundamental and sustained manner possible. Focused investment will reverse a syndrome of developmental impairment, including cognitive deficits in early childhood that lower schooling achievement and dim life's prospects. Nutrition improvement in childhood sets in motion lifelong prospects for heightened learning and earning with benefit streams to families, communities, and nations.

These programs and strategies could be implemented. Malnutrition has pervasive effects on individuals and society, on human rights, and on socioeconomic development. Improving nutrition is thus a crucial factor in catalyzing broad-scale improvements in different sectors—in health, educational achievement, economic production, and overall quality of life for the people of Asia. The projected costs are in the billions of dollars per year, but the actions will reach hundreds of millions of people, and the required amounts represent a small fraction of current government budgets in the social sectors. Sustained for a generation the investment expenditure would become less and less necessary—if we remove malnutrition for a generation there is good reason to believe it will disappear for all time. That would be a worthy achievement, and it is within reach.

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