

Appendix 1 Millennium Development Goals

Goals and Targets	Indicators
Goal 1: Eradicate Extreme Poverty and Hunger	
<p>Target 1 Halve, between 1990 and 2015, the proportion of people whose income is less than 1 dollar a day</p> <p>Target 2 Halve, between 1990 and 2015, the proportion of people who suffer from hunger</p>	<ol style="list-style-type: none"> 1. Proportion of population with income below 1 dollar per day 2. Poverty gap ratio (incidence times depth of poverty) 3. Share of poorest quintile in national consumption 4. Prevalence of underweight children (under 5 years of age) 5. Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve Universal Primary Education	
<p>Target 3 Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling</p>	<ol style="list-style-type: none"> 6. Net enrollment ratio in primary education 7. Proportion of pupils starting grade 1 who reach grade 5 8. Literacy rate of 15–24 year olds
Goal 3: Promote Gender Equality and Empower Women	
<p>Target 4 Eliminate gender disparity in primary and secondary education preferably by 2005, and in all levels of education no later than 2015</p>	<ol style="list-style-type: none"> 9. Ratio of girls to boys in primary, secondary, and tertiary education 10. Ratio of literate women to men of 15–24 year olds 11. Share of women in wage employment in the nonagriculture sector 12. Proportion of seats held by women in national parliament

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Appendix 1 (continued)

Goals and Targets	Indicators
Goal 4: Reduce Child Mortality	
<p>Target 5 Reduce by two thirds, between 1990 and 2015, the under-5 mortality rate</p>	<p>13. Under-5 mortality rate 14. Infant mortality rate 15. Proportion of 1-year old children immunized against measles</p>
Goal 5: Improve Maternal Health	
<p>Target 6 Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio</p>	<p>16. Maternal mortality ratio 17. Proportion of births attended by skilled health personnel</p>
Goal 6: Combat HIV/AIDS, Malaria and Other Diseases	
<p>Target 7 Have halted by 2015 and begun to reverse the spread of HIV/AIDS</p>	<p>18. HIV prevalence among 15–24 year old pregnant women 19. Condom use rate 20. Ratio of school attendance of orphans to school attendance on non-orphans aged 10–14</p>
<p>Target 8 Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</p>	<p>21. Prevalence and death rates associated with malaria 22. Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures 23. Prevalence and death rates associated with tuberculosis 24. Proportion of tuberculosis cases detected and cured under the Directly Observed Treatment, Short Course (DOTS) (internationally recommended tuberculosis control strategy)</p>

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Appendix 1 (continued)

Goals and Targets	Indicators
Goal 7: Ensure Environmental Sustainability	
<p>Target 9 Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources</p> <p>Target 10 Halve by 2015 the proportion of people without sustainable access to safe drinking water and sanitation</p> <p>Target 11 By 2020 to have achieved a significant improvement in the lives of at least 100 million slum dwellers</p>	<p>25. Proportion of land area covered by forest</p> <p>26. Ratio of area protected to maintain biological diversity to surface area</p> <p>27. Energy use (kg oil equivalent) per 1 dollar GDP</p> <p>28. Carbon dioxide emissions (per capita) and consumption of ozone-depleting CFCs (ODP tons)</p> <p>29. Proportion of population using solid fuels</p> <p>30. Proportion of population with sustainable access to an improved water source, urban and rural</p> <p>31. Proportion of people with access to improved sanitation, urban and rural</p> <p>32. Proportion of people with access to secure tenure</p>
Goal 8: Develop a Global Partnership for Development	
<p>Target 12 Develop further an open, rule-based, predictable, nondiscriminatory trading and financial system (includes a commitment to good governance, development, and poverty reduction—both nationally and internationally</p>	<p>Some of the indicators listed below are monitored separately for the least-developed countries (LDCs), Africa, landlocked countries, and small island developing states</p> <p style="text-align: right;">(cont'd next page)</p>

Appendix 1 (continued)

Goals and Targets	Indicators
<p>Target 13 Address the special needs of LDCs; includes tariff- and quota-free access for LDC exports; enhanced program of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction</p> <p>Target 14 Address the special needs of landlocked countries and small island developing states (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the 22nd Special Session of the General Assembly)</p> <p>Target 15 Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</p>	<p>Official Development Assistance</p> <p>33. Net ODA, total and to LDCs, as percentage of OECD/Development Assistance Committee (DAC) development partners' gross national income (GNI)</p> <p>34. Proportion of total bilateral, sector-allocable ODA of OECD/DAC development partners to basic social services (basic education, primary health care, nutrition, safe water and sanitation)</p> <p>35. Proportion of bilateral ODA of OECD/DAC development partners that is untied</p> <p>36. ODA received in landlocked countries as proportion of their GNI</p> <p>37. ODA received in small island developing states as proportion of their GNI</p> <p>Market Access</p> <p>38. Proportion of total developed country imports (by value and excluding arms) from developing countries and from LDCs admitted free of duties</p> <p>39. Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries</p> <p style="text-align: right;">(cont'd next page)</p>

Appendix 1 (continued)

Goals and Targets	Indicators
<p>Target 16 In cooperation with developing countries, develop and implement strategies for decent and productive work for youth</p> <p>Target 17 In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</p> <p>Target 18 In cooperation with the private sector, make available the benefits of new technologies, especially information communications</p>	<p>40. Agricultural support estimate for OECD countries as percentage of their GDP</p> <p>41. Proportion of ODA provided to help build trade capacity</p> <p>Debt Sustainability</p> <p>42. Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)</p> <p>43. Debt relief committed under HIPC initiative</p> <p>44. Debt service as a percentage of exports of goods and services</p> <p>45. Unemployment rate of 15–24 year olds, each sex and total</p> <p>46. Proportion of population with access to affordable essential drugs on a sustainable basis</p> <p>47. Telephone lines and cellular subscribers per 100 population</p> <p>48. Personal computers in use per 100 population and Internet users per 100 population</p>
<p>CFC = chlorofluorocarbon, GDP = gross domestic product, ODA = official development assistance, ODP = ozone depletion potential, OECD = Organisation for Economic Cooperation and Development. Source: Extracted from UN General Assembly, 2001. <i>Road Map Towards the Implementation of the United Nations Millennium Declaration</i>. Report of the Secretary General. A/56/326. United Nations Statistic Division, New York.</p>	

Appendix 2

The Contribution of Improved Nutrition to the Millennium Development Goals

Goal 1—Eradicate Extreme Poverty and Hunger

- Malnutrition erodes human capital, reduces resilience to shocks, and reduces productivity (through effects on physical and mental capacity).
- Early child malnutrition is partially irreversible and intergenerational, with consequences for adult health, including an increased risk of chronic disease.
- Biological and social vulnerability overlap and compound each other.

Goal 2—Achieve Universal Primary Education

- Malnutrition reduces mental capacity.
- Malnourished children are less likely to enroll in school, or they enroll later than other children.
- Current hunger and malnutrition reduce school performance.
- Iodine and iron are critical for cognitive development.
- Malnutrition may disable (vitamin A and blindness, iodine deficiency and impaired mental development).

Goal 3—Promote Gender Equality and Empower Women

- Gender inequality increases risk of female malnutrition, which erodes human capital and reduces women's access to assets.
- Dealing with malnutrition empowers women more than men.
- Better nourished girls are more likely to stay in school.
- Baby-friendly communities with breast-feeding facilities will empower women.

Goal 4—Reduce Child Mortality

- Malnutrition is directly or indirectly associated with more than 50% of all child mortality.
- Malnutrition is the main contributor to the burden of disease in the developing world.
- Micronutrients are key to child survival (particularly vitamin A and zinc).
- Breast-feeding and appropriate complementary feeding are key to adequate nutrition and human development.

Goal 5—Improve Maternal Health

- Maternal health is compromised by malnutrition, and anti-female bias in allocation of food and health care.
- Malnutrition is associated with most of the major risk factors for maternal mortality.
- Stunting increases risk of cephalopelvic disproportion and obstructed labor.
- Deficiencies of several micronutrients (iron, vitamin A, folate, iodine, calcium) are associated with pregnancy complications.

Goal 6—Combat HIV/AIDS, Malaria, and Other Diseases

- Malnutrition hastens onset of AIDS among HIV-positive individuals.
- Malnutrition may compromise efficacy and safety of ARV treatment, and weaken the resistance to opportunistic infections.
- Malnutrition reduces malaria survival rates.
- Different forms of malnutrition are important risk factors for diet-related chronic diseases.

AIDS = acquired immunodeficiency syndrome, HIV = human immunodeficiency virus, ARV = anti-retroviral.
Sources: United Nations Standing Committee on Nutrition. 2004. *5th Report on the World Nutrition Situation. Nutrition for Improved Development Outcomes*. March. United Nations, New York.

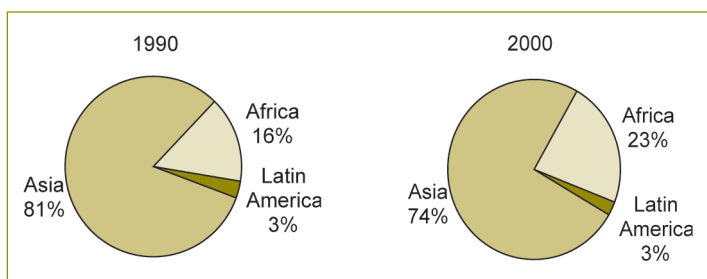
Appendix 3 Underweight Children Below 5-Years Old

Regional Distribution of Underweight Children, 0–5 years old (million)

Region	1990	2000
Asia	131.9	101.2
Eastern	23.1	9.5
South-Central	86.0	73.4
Southeast	20.2	15.5
Western	2.7	2.8
Africa	25.3	30.9
Eastern	9.5	12.8
Middle	3.7	4.7
Northern	2.6	2.1
Southern	0.8	0.8
Western	8.8	10.5
Latin America	4.8	3.4
Caribbean	0.4	0.2
Central America	1.9	1.5
South America	2.5	1.6
Oceania	—	—
All Developing Countries	162.2	135.5

— = not available.
Source: WHO Global Database on Child Growth and Malnutrition 2003.

Regional Distribution of Underweight Children, 0–5 years old (%)



Source: Standing Committee on Nutrition (SCN). 2004. *5th Report on the World Nutrition Situation. Nutrition for Improved Development Outcomes*. March. New York: United Nations.

Appendix 4 Basic Technical Assistance Data

TA 5671-REG: Reducing Child Malnutrition in Eight Asian Countries^a		
Cost (\$'000)^b	Estimated	Actual
Foreign Exchange	750.0	687.5
Local Currency	0.0	0.0
Total	750.0	687.5
Number of Person Months (Consultants)	68.0	
Executing Agencies: Asian Development Bank United Nations Children's Fund		
Milestones		Date
Board Approval		29 Jan 1996
Fielding of Consultants		May 1996
Technical Assistance Completion:		
Expected		Mar 1997
Actual		31 Dec 1999
Technical Assistance Completion Report Circulation		11 Oct 1999
Mission Data		
Type	Number	Date
Fact-Finding	1	25 Sep–25 Oct 1995
Consultation	2	29–30 Nov 1999 17–22 Dec 1999
^a Participating developing member countries comprise: Bangladesh, Cambodia, People's Republic of China, India, Pakistan, Sri Lanka, and Viet Nam. The Philippines initially joined the project but later withdrew. ^b Financed by ADB and UNICEF.		

Appendix 4 (continued)

TA 5824 REG: Regional Study of Nutrition Trends, Policies and Strategies in Asia and the Pacific^a		
Cost (\$'000)^b	Estimated	Actual
Foreign Exchange	800.0	732.1
Local Currency	0.0	0.0
Total	800.0	732.1
Number of Person Months (Consultants)	23.0	
Executing Agency: Asian Development Bank		
Milestones		Date
President's Approval		23 Dec 1998
Fielding of Consultants		26 Aug 1999
Technical Assistance Completion:		
Expected		Apr 2000
Actual		31 Dec 2001
Technical Assistance Completion Report Circulation		2 Oct 2001
Mission Data		
Type	Number	Date
Fact-Finding	1	12–21 Oct 1998
Inception	1	23–27 Aug 1999
Consultation	2	29–30 Nov 1999; 17–22 Dec 1999
Conference/Forum	1	11 Mar–2 Apr 2002
^a Participating developing member countries comprise: Bangladesh, People's Republic of China, Kyrgyz Republic, Fiji Islands, Indonesia, Sri Lanka, and Viet Nam.		
^b Financed by the Japan Special Fund.		

Appendix 4 (continued)

TA 5944-REG: Regional Initiative to Eliminate Micronutrient Malnutrition in Asia through Public-Private Partnership^a		
Cost (\$'000)^b	Estimated	Actual^c
Foreign Exchange	1,300.0	1,286.2
Local Currency	0.0	0.0
Total	1,300.0	1,286.2 (98.9%)
Number of Person Months (Consultants)	23.0	
Executing Agency: Asian Development Bank		
Milestones		Date
Vice President's Approval		17 Oct 2000
Fielding of Consultants		9 Jul 2001
Technical Assistance Completion:		
Original		30 Apr 2002
First extension		31 Dec 2003
Second extension		31 Aug 2004
Third extension		30 Oct 2004
Actual		To be determined
Technical Assistance Completion Report Circulation		Not yet due
Mission Data		
Type	Number	Date
Fact-Finding	1	11–23 May 2000
Special Administration	1	13–23 Feb 2002
Workshop	1	22–25 Apr 2002
Conference	1	11–13 Jun 2002
Review	1	25 Sep–2 Oct 2002
^a Participating developing member countries comprise: People's Republic of China, India, Indonesia, Pakistan, Thailand and Viet Nam.		
^b Cofinanced by the Japan Special Fund, Danida Trust Fund, and International Life Sciences Institute.		
^c Technical assistance accounts have not been closed. Actual refers to total contracts awarded as of 30 September 2004.		

Appendix 4 (continued)

TA 9005-REG: Asian Countries in Transition for Improving Nutrition for Poor Mothers and Children ^a		
Cost (\$'000)^b	Estimated	Actual^c
Foreign Exchange	6,850.0	6,771.2
Local Currency	0.0	0.0
Total	6,850.0^d	6,771.2 (98.8%)
Number of Person Months (Consultants)	23.0	
Executing Agency: Ministry of Health (in each of the participating DMCs)		
Milestones	Date	
Board Approval	26 Apr 2001	
Fielding of Consultants	Jun 2001	
Technical Assistance Completion:		
Original	31 Aug 2002	
First extension	30 Jun 2004	
Second extension	31 Dec 2004	
Actual	To be determined	
Technical Assistance Completion Report Circulation	Not yet due	
Mission Data		
Type	Number	Date
Fact-Finding	1	2–24 Dec 2000
Inception	1	Oct 2001
Review	8	25 Feb–9 Mar 2002
		17–24 Jun 2002
		8–30 Jul 2002
		30 Sep–9 Oct 2002
		6–22 Apr 2003
		4–20 Jun 2003
		29 Jul–1 Aug 2003
		2–14 Dec 2003
^a Participating developing member countries comprise: Azerbaijan, Kazakhstan, Kyrgyz Republic, Mongolia, Tajikistan, and Uzbekistan. ^b Financed by the Japan Fund for Poverty Reduction. ^c Technical assistance accounts have not been closed. Actual refers to total contracts awarded as of 30 September 2004. ^d Japan Fund for Poverty Reduction financing; the total cost is as follows: fortification inputs (including equipment and fortifiers), \$4.15 million; regulatory development, \$0.700 million; roundtable preparation and conference, \$0.685 million; social marketing campaigns and focus groups (regional and national activities, web site), \$0.601 million; project management, \$0.434 million; and contingencies, \$0.280 million.		

Appendix 4 (continued)

TA 9052-REG: Sustainable Food Fortification ^a		
Cost (\$'000) ^b	Estimated	Actual
Foreign Exchange	2,000.0	
Local Currency	0.0	
Total	2,000.0 ^c	
Number of Person Months (Consultants)	7.0 ^d	
Executing Agency: Ministry of Health (in each of the participating DMCs)		
Milestones Date		
Board Approval		22 Jul 2004
Signing of Technical Assistance Agreement		Not applicable
Fielding of Consultants		To be determined
Technical Assistance Completion:		
Expected		31 Aug 2006
Actual		To be determined
Technical Assistance Completion Report Circulation		Not yet due
^a Participating developing member countries comprise: Kazakhstan, Kyrgyz Republic, Mongolia, Tajikistan, and Uzbekistan. ^b Financed by the Japan Fund for Poverty Reduction. ^c Japan Fund for Poverty Reduction financing; the total cost is as follows: training, workshops, seminars, public campaigns, \$0.549 million; other project inputs, \$0.427 million; equipment and supplies, \$0.414 million; consulting services, \$0.303 million; project management, \$0.225 million; and contingencies, \$0.082 million. ^d Refers to international consultants only. The need for domestic consultants varies by country.		

Appendix 5
Nutritional Indicators and Associated Risk Patterns in Countries Participating in the RETAs

Participating DMC	Population (million)	Human Development Index	Under-weight ^a	Stunted ^b	Low Birth Weight ^c	% of GDP Spent on Health by:			Total Expenditure on health (\$)	Life Expectancy at Birth (Year)	Literacy Rate (%)
						Bottom 20%	Private sector	Public sector			
Azerbaijan	8.0	89.0	17.0	20.0	10.0	7.4	0.9	1.2	57.0	72.2	—
Bangladesh	136.0	139.0	48.0	45.0	30.0	9.0	1.5	2.6	47.0	61.4	95.15
Cambodia	12.0	130.0	45.0	45.0	9.0	6.9	10.0	6.1	97.0	57.4	87.35
PRC	1,281.0	104.0	10.0	17.0	6.0	5.9	20.0	3.4	205.0	71.0	98.45
Fiji Islands	0.8	81.0	8.0	3.0	12.0	—	2.6	1.4	194.0	69.8	—
India	1,048.0	127.0	47.0	46.0	26.0	8.1	0.9	4.0	71.0	63.9	99.45
Indonesia	212.0	112.0	26.0	34.0	9.0	8.4	0.6	2.1	84.0	66.8	99.25
Kazakhstan	15.0	76.0	4.0	10.0	6.0	8.2	2.8	1.0	211.0	66.3	—
Kyrgyz Rep.	5.0	102.0	11.0	25.0	6.0	9.1	3.5	2.2	145.0	68.6	85.05
Mongolia	2.0	117.0	13.0	25.0	6.0	5.6	4.7	2.0	120.0	63.9	65.60
Pakistan	145.0	144.0	38.0	—	21.0	8.8	0.9	3.2	76.0	61.0	—
Sri Lanka	19.0	99.0	29.0	14.0	17.0	8.0	1.8	1.9	120.0	72.6	95.70
Tajikistan	6.0	113.0	—	—	13.0	8.0	20.0	0.5	29.0	68.8	64.40
Thailand	62.0	74.0	19.0	16.0	7.0	6.1	2.1	1.6	237.0	69.3	77.00
Uzbekistan	25.0	101.0	19.0	31.0	6.0	9.2	2.8	0.8	86.0	69.7	69.35
Viet Nam	81.0	109.0	33.0	36.0	9.0	8.0	1.4	3.9	130.0	69.2	92.70

DMC = developing member country, GDP = gross domestic product, — = not available.

^a Less than -2 standard deviations from standard weight for age.

^b Less than -2 standard deviations from standard height for age.

^c Born at less than 2,500 grams.

Source: United Nations Development Programme. 2003. *Human Development Report*. New York.

Appendix 6

Funding Assistance Matrix for Nutrition, Maternal and Child Health, Early Child Development, and Sanitation Assistance

Country	Funding Source	Program	Amount	Year Approved
AZERBAIJAN	World Bank	Health Reform	\$5.0 mn	2001
		Support implementation of health sector reforms in five districts on a pilot basis		2001
	ADB (JFPR)	TA 9005-REG: Asian Countries in Transition for Improving Nutrition for Poor Mothers and Children	\$6.85 mn	2001
	UNICEF, WHO	Implement pilot district health programs and provide support for maternal and child health care		
	UNDP	Provide assistance in reproductive health care and the establishment of a network of family clinics		
	GTZ	Support for an international training and service center, and the establishment of a national system of health monitoring and training for medical staff		
	JICA	Support for the rehabilitation of the center for tuberculosis and lung disease in Baku, a children's hospital, a maternity house, and a health training and service center. Further assistance has been provided for the purchase of medical equipment and the preparation of a comprehensive plan of reforms in the health sector.		
Social Protection	World Bank	Recommendation on reforming the social protection system	\$10.0 mn	Planned for FY 2004

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Appendix 6 (continued)

Country	Funding Source	Program	Amount	Year Approved
AZERBAIJAN (cont'd)	EU	Support for the establishment of employment service centers in various cities		
BANGLADESH	CIDA	<ul style="list-style-type: none"> • Basic human needs programming, including health, support to HPSP • Health and population reform program 	\$28.4 mn (total budget \$2.9 bn)	1999
		<ul style="list-style-type: none"> • Community Managed Health Care project 	\$5.0 mn	2001
	ADB	Urban Primary Health Care project	\$40.0 mn	1997
	France	Medical Hospital Equipment		
	Germany	Family planning and HIV/AIDS, HRD in health sector		
	Netherlands	Basic Health Care		
	Sweden/CIDA	Support to HPSP		
	USAID	<ul style="list-style-type: none"> • Enhance the quality of life of socially and economically disadvantaged people by helping reduce fertility and improve family health • Fund the national integrated population and health program (NPHP), family planning and health services • HIV/AIDS prevention, working with at-risk populations 		
	EU	Support to HPSP		
	DFID/UK	<ul style="list-style-type: none"> • HIV/AIDS, reproductive health care, health economics, hospital management, medical education • Strengthening the role of nursing, emergency condom procurement, WB coordination and monitoring 		

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Appendix 6 (continued)

Country	Funding Source	Program	Amount	Year Approved
BANGLADESH (cont'd)				
	UNDP, UNFPA	support, rural hygiene, sanitation, and water supply Integrated pest management, AIDS prevention, safe-blood transfusion, family planning and welfare services, reproductive health care, women's health, garment worker's health, and community nutrition		
	World Bank	Support to HPSP		
	Australia	Nutrition		
	JICA	<ul style="list-style-type: none"> • Education on poliomyelitis, maternal/child health training institution, tetanus immunization plan • Project for human resources development in reproductive health • Community-operated reproductive health project • Capacity building for sustainable reproductive health care project 		1999
	UK/DFID	HPSP, rural hygiene		2001
				1998
CAMBODIA				
Health	World Bank	Disease control, health care support	\$30.4 mn	1996
	WHO	Health care reform, institutional development, water analysis		
	UNICEF	Health care institutional development, child health		
	UNHCR	Emergency health care		
	UNAIDS	HIV/AIDS controls		
	IOM	Mental health development		
	Australia	Primary health services delivery, public health expenditure management		
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Appendix 6 (continued)

Country	Funding Source	Program	Amount	Year Approved
CAMBODIA (cont'd)				
	UK	Health sector reform, HIV/AIDS		
	JAPAN	Maternal and child health, tuberculosis control, immunization		
	Belgium	Basic health services delivery		
	USA	Basic health, HIV/AIDS		
	GTZ	Food security and nutrition policy support		2002
CHINA, PEOPLES' REPUBLIC OF				
	World Bank	Ninth Health Project	\$60.0 mn	1999
	ADB	Strengthening National Public Nutrition Planning	\$0.5 mn	2002
	CIDA	<ul style="list-style-type: none"> • Maternal and Child Health Care, Phase II • Animal health extension services project 	\$8.0 mn	2003
			\$20.0 mn	2004
FIJI				
Social Protection	ADB	<ul style="list-style-type: none"> • Suva-Nausori Water Supply and Sewerage Project • Capacity Building in Water and Sewerage Services 	\$47.0 mn	2003
			\$0.78 mn	2003
INDIA				
	AusAID	Assistance for AIDS control in the northeastern states		
	CIDA	Support for the Cancer Center in Kerala and HIV/AIDS prevention and control project in Karnataka and Rajasthan and at the national level		
	DFID	<ul style="list-style-type: none"> • Support for HIV/AIDS and tuberculosis control • Assistance for reproductive health • Assistance for national-level 		
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Appendix 6 (continued)

Country	Funding Source	Program	Amount	Year Approved
INDIA (cont'd)	<p>EU</p> <p>UNDP</p> <p>USAID</p>	<p>pulse polio program</p> <ul style="list-style-type: none"> • Assistance proposed for the health sector in Orissa and West Bengal • Future assistance for decentralized health service in Madhya Pradesh • Assistance for the National Family Welfare Program, including training in public health, logistics, warehousing of drugs, social marketing, etc. • Assistance proposed for maternal and child health care <p>Assistance for health care, including financing community-based health care models emphasizing local-level action, public health management, capacity building, increasing awareness of preventive health, etc.</p> <ul style="list-style-type: none"> • Innovations in family planning services in Uttar Pradesh • HIV/AIDS prevention activities in Tamil Nadu and Maharashtra • Assistance for tuberculosis treatment • Assistance for antimicrobial resistance • Vaccine for preventable diseases • Improved surveillance of infectious diseases • Food aid program • Improving survival and nutrition of about 7 mn of the poorest 		

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Appendix 6 (continued)

Country	Funding Source	Program	Amount	Year Approved
INDIA (cont'd.)	World Bank	<ul style="list-style-type: none"> mothers and children State health system projects in several states, including Maharashtra, Uttar Pradesh, and Orissa, and proposed in Tamil Nadu and Rajasthan 	\$350.0 mn	1996
		<ul style="list-style-type: none"> Support for prevention and treatment of malaria, tuberculosis, HIV/AIDS, and leprosy 	\$164.8 mn	1998
	Germany	<ul style="list-style-type: none"> Strengthening of nutrition Grant assistance for basic health programs in Maharashtra and West Bengal Upgrading of the secondary health care center in Karnataka Grants for the Pulse Polio Immunization Programme Grants for family planning 		
	Denmark	<ul style="list-style-type: none"> Assistance for basic health care in Madhya Pradesh, Tamil Nadu, and Chhattisgarh Assistance for national programs for pulse polio, tuberculosis, and blindness 		

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Appendix 6 (continued)

Country	Funding Source	Program	Amount	Year Approved
INDONESIA				
Health	ADB	<ul style="list-style-type: none"> Decentralized Health Services II Decentralized health monitoring Sustainable social protection Water supply and sanitation 	\$100.0 mn	2003
	AusAID	<ul style="list-style-type: none"> Women and children's health HIV/AIDS prevention and care Decentralized health Bali health assistance 	\$ 85.0 mn	1995
	USAID	<ul style="list-style-type: none"> Decentralized health planning Food for peace donation to WFP Child health improvement Preventive and emergency health care 		
	CIDA	<ul style="list-style-type: none"> Improvement of health database Health planning Management and monitoring system Tuberculosis project 		
	EU	Good governance for the improvement of basic education		
	KFW	HIV/AIDS prevention		
	UNWFP	<ul style="list-style-type: none"> Assistance in implementation of RASKIN program Assistance in distribution of USAID food for peace Development of urban nutrition program 		
	World Bank	<ul style="list-style-type: none"> Fighting HIV/AIDS Provincial health project 2 Water supply and sanitation 	\$103.2 mn	2001
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Appendix 6 (continued)

Country	Funding Source	Program	Amount	Year Approved
INDONESIA (cont'd.)	GTZ	Rural water supply and sanitation in NTT and NTB	German TC: contribution through GTZ up to €3.067 mn; German TC: contribution through KFW up to €10.25 mn	2002
	JICA	Improvement of district health services in South Sulawesi project		1997
KAZAKHSTAN				
Health	ADB (JFPR)	<ul style="list-style-type: none"> • REG: Asian Countries in Transition for Improving Nutrition for Poor Mothers and Children • REG: Sustainable Food Fortification 	\$6.85 mn	2001
	JICA	<ul style="list-style-type: none"> • Improve the health care system in Semipalatinsk, east Kazakhstan, which has health radiation pollution, by providing training equipment • Provide medical equipment to Kyzylordo region and Astana city 	\$2.0 mn	2004
Social Protection	World Bank	<ul style="list-style-type: none"> • Extensive support reform of Kazakhstan's social protection system to ensure effective delivery and management • Under the technical cooperation agreement for the joint economic research program, WB has started to prepare health and pension policy notes 		(cont'd next page)

Appendix 6 (continued)

Country	Funding Source	Program	Amount	Year Approved
KYRGYZ REPUBLIC				
Health	World Bank	<ul style="list-style-type: none"> • Improve performance and long-term viability of the health system • Enhance access to health care through better distribution of services • Improve responsiveness and efficiency of the health system 	\$15.0 mn	2003
	Germany	<ul style="list-style-type: none"> • Promote maternal and child health care • Prevent infections disease, particularly tuberculosis 		
	UNICEF	Improve nutrition in poor families by enriching flour and salt with iodine		
	Switzerland	Improve the health status of the population in remote and poor areas by securing access to health services through supporting the government's health sector reforms		2004
	USAID	<ul style="list-style-type: none"> • Implement cost-effective primary health care • Develop a sentinel surveillance system for hepatitis in some regions 		
	DFID	<ul style="list-style-type: none"> • Strengthen the health sector through improvement in health policy and evaluation • Establish a sustainable process for monitoring the effects of health reforms on services delivery, access, and quality • Improve hygiene, sanitation, and water-related practices at individual, family, and institutional levels in some poor areas 		2003
				(cont'd next page)

Appendix 6 (continued)

Country	Funding Source	Program	Amount	Year Approved
KYRGYZ REPUBLIC (cont'd.)	Japan	Provision of medical equipment for maternity centers of Bishkek, Talas, Naryn, and Issyk-Kul		
	World Bank	Develop a mechanism to monitor the labor market and strengthen the capacity of the employment services, improve benefit delivery, organize adult retraining, accelerate the redeployment of unemployed workers, and support pension reforms		
	ADB	<ul style="list-style-type: none"> Community-Based Early Childhood Development REG: Sustainable Food Fortification (JFPR) 	\$10.5 mn	2003
			\$2.0 mn	2004
MONGOLIA	World Bank	Sustainable livelihood project	\$22.12 mn	2002
	ADB	REG: Sustainable Food Fortification (JFPR)	\$2.0 mn	2004
PAKISTAN	DFID	Budgetary support for National Health and Population Program		
	EU	<ul style="list-style-type: none"> Support for strengthening the institutional capacity of government health institutions and civil society organizations for improved quality and access to health services Support for Integrated Health and Drug Services Program, including prevention of HIV/AIDS 		
	Germany	<ul style="list-style-type: none"> Support for social marketing of contraceptives 		
				(cont'd next page)

Appendix 6 (continued)

Country	Funding Source	Program	Amount	Year Approved
PAKISTAN (cont'd.)	Japan	<ul style="list-style-type: none"> • Assistance to Health Services Academy and health programs in the northern areas and NWFP • Support for tuberculosis control program • Support for capacity building of local government in education, health, and gender • Support for provision of reproductive health services and child survival through control of infectious diseases, and for welfare of the disabled • Nonproject assistance for EPI programs • Grassroots assistance to small NGOs for education and health activities 		
	UNICEF	<ul style="list-style-type: none"> • Support for promoting rights-based social development, planning and policies • Support for enhancing access to health services/trained service providers for mothers and children • Support for infant care, including birth registration, immunization, and polio eradication • Assistance for early childhood development 		
	UNWFP	<ul style="list-style-type: none"> • Support for HIV/AIDS awareness Support for promotion of safe motherhood, reproductive health care, and health education		

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Appendix 6 (continued)

Country	Funding Source	Program	Amount	Year Approved
PAKISTAN (cont'd.)	WHO	<ul style="list-style-type: none"> • Support for health policy formulation and for health system development • Support for human resource capacity building and transfer of health technologies • Assistance for immunization against communicable diseases • Support for integrated management of childhood illnesses • Support for primary health care for mothers and children, especially in rural areas • Assistance to reproductive health NGOs • Support for social marketing of contraceptives and increasing the utilization of public health services for improving the health of the poor 		
	World Bank	<ul style="list-style-type: none"> • Support for I-PRSP objectives of improved access to education and health, especially for girls, and for safety net programs • Support for creating incentives to improve gender equity through voucher systems, food for school, and subsidies for increasing female enrollment in Sindh • Support for Government's priority of strengthening public health programs 		

(cont'd
next page)

Appendix 6 (continued)

Country	Funding Source	Program	Amount	Year Approved
PHILIPPINES				
	World Bank	<ul style="list-style-type: none"> • Support health sector reform agenda, early childhood development, women's health • Conduct of study of private provision of health services • Women's health and safe motherhood project • Urban health and nutrition project 	\$ 18.0 mn	1995
			\$ 70.0 mn	1993
	EU	Support reproductive health and population management programs		
	ADB	<ul style="list-style-type: none"> • Help improve the provision of primary health care, including mother and child health care • Support reforms and activities espoused in the health sector reform agenda, particularly local health system development 		
	UNICEF	Help in providing health nutrition for women and children		
	Netherlands	Support nutrition planning		
	KFW	Support immunization programs, social marketing, family planning and HIV/AIDS prevention, providing cold chain equipment, hospital equipment, and essential drugs		
	USAID	Support family planning and tuberculosis control and expand the role of the private sector to support this support		
	AusAID	Provide capacity building for effective health services delivery at the local level		
	Spain	Support health sector reform, upgrading of health facilities,		
				(cont'd next page)

Appendix 6 (continued)

Country	Funding Source	Program	Amount	Year Approved
PHILIPPINES (cont'd.)	UNAIDS UNFPA UNDP GTZ CIDA JICA	national tuberculosis program, and Manila eye hospital Support HIV/AIDS prevention Support family planning and reproductive health Support community-based approaches to HIV prevention Support family and reproductive health, social health insurance pharmaceuticals, and local health system development Help ensure access of the poor to health and nutrition services like nationwide tuberculosis eradication drug, maternal and child health in the Autonomous Region in Muslim Mindanao (ARMM), health and rehabilitation for evacuees in Mindanao, and improved reproductive health care program and services Support health and medical care administration, rural health promotion, and infectious diseases control	€5.5 mn	2001
SRI LANKA	World Bank Japan, UN	Support the Government's health sector reform program Health services project Support improvement of access and quality of health services in the conflict-affected areas and other areas in the country	\$18.0 mn	1996

(cont'd
next page)

Appendix 6 (continued)

Country	Funding Source	Program	Amount	Year Approved
SRI LANKA (cont'd.)	ADB	• Second Health and Population Project in 1992	\$26.1 mn	1992
		• Northeast Community and Restoration Development	\$25.0 mn	2001
THAILAND	World Bank	Determinants of demand for health care in Thailand		2001
UZBEKISTAN	World Bank	First Health Comparative analysis of food and nutrition policies in WHO European member status	\$30.0 mn	1998
	WHO			2002
	ADB (JFPR)	• REG: Asian Countries in Transition for Improving Nutrition for Poor Mothers and Children	\$6.85 mn	
		• REG: Sustainable Food Fortification	\$2.0 mn	2001 2004
VIET NAM	World Bank	• National Health Support	\$101.2 mn	1996
		• Population and Family Health	\$50.0 mn	1996
	GTZ	Promotion of reproductive health:		1994
		• Technical contribution by 2006	€9.9 mn	
		• Financial contribution by 2006	€13.5 mn	
	CIDA	HIV/AIDS community clinics network project	\$5.0 mn	2001

ADB = Asian Development Bank, AusAID = Australian Agency for International Development, bn = billion, CIDA = Canadian International Development Agency, DFID = Department for International Development, EU = European Union, GTZ = German Agency for Technical Cooperation, HPSP = Health and Population Sector Programme, HRD = human resource development, JFPR = Japan Fund for Poverty Reduction, JICA = Japan International Cooperation Agency, KfW = Kreditanstalt für Wiederaufbau, mn = million, REG = regional, TA = technical assistance, UK = United Kingdom, UN = United Nations, UNDP = United Nations Development Programme, UNFPA = United Nations Population Fund, UNHCR = United Nations High Commissioner for Refugees, UNICEF = United Nations Children's Fund, USAID = United States Agency for International Development, WHO = World Health Organization.

Sources: www.adb.org, www.acdi-cida.gc.ca, www.undp.org, www.iom.int, www.unicef.org, www.unhcr.org, www.usaid.gov, www.wfp.org, www.un.org, www.who.org, www.worldbank.org, www.dfid.gov.uk, www.kfw.org, www.austembjak.or.id, www.gtz.de, www.sida.org.

Appendix 7

Review of ADB Poverty Assessments

TABLE A7.1
Information on Nutrition and Causes of Malnutrition
Included in ADB Poverty Assessments

Country	Nutrition- Related Situation	Immediate Causes	Underlying Causes	Both Underlying and Immediate
Bangladesh	✓	—	✓	—
Bhutan	✓	✓	—	—
Cambodia	✓	✓	✓	✓
Cook Islands	✓	✓	✓	✓
Fiji Islands	✓	✓	✓	✓
India	—	—	✓	—
Indonesia	✓	✓	✓	—
Kazakhstan	✓	✓	✓	✓
Kiribati	✓	✓	✓	✓
Lao PDR	✓	✓	✓	✓
Maldives	✓	✓	✓	✓
Marshall Islands, Republic of	✓	✓	✓	✓
Micronesia, Fed. States of	✓	—	✓	—
Nepal	—	—	✓	—
Pakistan	✓	✓	✓	✓
Papua New Guinea	✓	✓	✓	✓
Samoa	✓	✓	✓	✓
Solomon Islands	✓	✓	✓	✓
Sri Lanka	✓	—	✓	—
Tajikistan	✓	✓	✓	✓
Tonga	✓	✓	✓	✓
Tuvalu	✓	✓	✓	✓
Vanuatu	✓	—	✓	—
Viet Nam	✓	—	✓	—
Total	22	17	23	15

✓ = with information, — = not available.
Source: Asian Development Bank.

TABLE A7.2
Immediate Causes of Malnutrition Mentioned in
ADB Poverty Assessments

Country	Inadequate Access to Water and Sanitation	Gender Disparity	Diet Habits	Inadequate and Unbalanced Diet	Food Deficit (Household Level)	Social Exclusion or Ethnicity
Bangladesh	—	—	—	—	—	—
Bhutan	✓	—	—	✓	✓	—
Cambodia	✓	✓	✓	—	—	✓
Cook Islands	—	—	✓	—	—	—
Fiji Islands	✓	✓	—	—	—	✓
India	—	✓	—	—	—	✓
Indonesia	✓	✓	—	—	—	✓
Kazakhstan	✓	—	—	✓	—	—
Kiribati	✓	✓	✓	—	—	—
Lao PDR	✓	—	—	—	—	—
Maldives	✓	✓	✓	—	—	—
Marshall Islands, Republic of	✓	—	✓	—	—	—
Micronesia, Fed. States of	✓	✓	✓	—	—	—
Nepal	—	—	—	—	—	—
Pakistan	✓	✓	—	—	—	—
Papua New Guinea	✓	✓	—	✓	—	—
Samoa	—	—	✓	—	—	—
Solomon Islands	✓	✓	—	—	—	✓
Sri Lanka	✓	✓	—	—	—	—
Tajikistan	✓	—	✓	✓	—	—
Tonga	—	—	✓	—	—	—
Tuvalu	—	—	✓	—	—	—
Vanuatu	✓	—	✓	—	—	—
Viet Nam	—	—	—	—	—	—
Total	16	12	11	4	1	5

✓ = with information, — = not available.
Source: Asian Development Bank.

TABLE A7.3
Information on Constraints to Nutrition from the
ADB Poverty Assessments

Constraints	Affected Countries
Poor or declining state of health services	Bangladesh, Cambodia, Fiji Islands, Indonesia, Kazakhstan, Maldives, Nepal, Papua New Guinea, Pakistan, Samoa, Viet Nam (11 countries)
Lack of poverty and nutrition data	Bangladesh, Bhutan, Cambodia, Kazakhstan, Kiribati, Lao PDR, Maldives, Pakistan, Tajikistan(9 countries)
Low priority given to health and education sectors in resource allocation	Cambodia, Cook Islands, Kiribati, Maldives, Papua New Guinea, Pakistan, Tajikistan, Vanuatu (8 countries)
Absence of mechanisms for well-meaning community participation	Bhutan, Cambodia, Tajikistan, Viet Nam (4 countries)
Weak governance	India, Kazakhstan, Tuvalu, Vanuatu (4 countries)
Lack of capacity for adequate and appropriate health and nutrition communication	Cambodia, Lao PDR, Marshall Islands, Sri Lanka, Tajikistan (5 countries)
Geophysical constraints	Bhutan, Cambodia, Kiribati (3 countries)
Source: Asian Development Bank.	

TABLE A7.4
Rationale for Nutrition Interventions
Based on ADB Poverty Assessments

DMC	Rationale
Bangladesh	The momentum in reducing poverty, vulnerability, and child malnutrition, gained through strong partnership between the Government and civil society, can serve as a springboard to a renewed nutrition drive, considering that the prevalence of underweight for under-5 children is still the highest in the world.
Bhutan	The health facilities that cover over 90% of the population, the existence of traditional support system or <i>kidu</i> , the strong support for health and sanitation from the Royal Government, and the decentralization process, need to be taken advantage of in order to expand the base of responsibility for health and nutrition.
Cambodia	The Food-for-Work Program provides an opportunity for targeting the poorest villages in the poorest communes. The widespread practice of breast-feeding among women clearly shows that such behavior should be reinforced now by way of focused nutrition promotion, as well as nutrition support for women to ensure that breast-feeding continues. There is a need to equip women with the financial and political resources to access much-needed health and nutrition services.
Cook Islands	The recent improvements in governance as shown by the political will to decentralize and strengthen the links between policy and action could provide a good foundation for nutrition interventions at the community level. The formal safety nets provided by the Government, such as child and old-age benefits, can be brought into schemes aimed at targeting the poorest households.
Fiji Islands	Breast-feeding in rural areas is increasing, and failure to take this opportunity for better nutrition might lead to faltering breast-feeding behavior, resulting in undernourished mothers and underweight children, thus perpetuating the cycle of

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TABLE A7.4 (continued)

DMC	Rationale
Fiji Islands (cont'd.)	deprivation and ill health. The Government underscored the need for nutrition education and interventions to address the issues of obesity in urban areas, especially among children, and undernutrition in rural areas, and especially among Indo-Fijian children.
Indonesia	Malnutrition and micronutrient deficiencies are estimated to contribute more than 50% of under-5 morbidity and mortality; therefore, opportunities for improving the nutrition situation are immense. The presence of the village health posts staffed by community health and family planning volunteers and trained village midwives provides a ready structure for nutrition service delivery down to the household level. Decentralization, aside from demanding creativity and real community participation in health and nutrition programs, also provides an ideal environment for distilling the lessons from the health and nutrition safety net programs that were implemented widely.
Kazakhstan	A new scheme for targeted social assistance for families with income below the subsistence minimum necessitates a viable mechanism for identifying beneficiary families for whom nutrition-related services could be prioritized. The challenge is the transition from handouts or mere resource augmentation schemes to more empowering self-help projects.
Kiribati	The focus is increasing on the outer islands to strengthen local governance. The envisaged outer island trust fund, once established, can be a source of financing for strengthening nutrition drives. The assessment recommends improved PHC and recruitment and training of more health service professionals.
Lao PDR	Outreach programs, such as the Mother and Child Vaccination Program, carry out vaccination, and district health personnel encourage breast-feeding regularly.

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TABLE A7.4 (continued)

DMC	Rationale
Maldives	Nearly 50% of children are stunted and wasted. It is recognized that nutrition is a priority development concern, and improved nutrition is one of the goals of the 10-Year Health Master Plan. However, the assessment mentions that nutrition improvement would not be one of the immediate key areas for ADB's assistance in light of ADB's comparative advantages and limited resources.
Marshall Islands, Republic of	Coverage of health services is estimated at 95%, with immunization coverage of 80%. The assessment recommends conducting health campaigns to increase understanding of child nutrition and improved access to primary and curative health care services.
Micronesia, Fed. States of	The mechanisms for participation, which include six legislatures, five executives, over 50 local governments, and traditional community consultation processes, provide a good venue for advocating the need to address the problem of obesity and diet-related diseases, such as diabetes, hypertension, and cancers. ADB's recommended strategies include fostering the development of effective women's organizations, improving maternal and child health services, and improving water and sanitation services.
Nepal	The improvement in the quality of poverty data is expected to increase the Government's earmarking of funds to reduce malnutrition.
Pakistan	Decentralization provides an enabling environment for harnessing a large network of NGOs (estimated to number 45,000) and scaling-up innovations in community-based programs. The major source of financing for the social sectors, which include health and nutrition, comes from indigenous philanthropy. Forty percent of adult women are anemic; thus, an investment plan for nutrition will help encourage greater participation of development partners.

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TABLE A7.4 (continued)

DMC	Rationale
Pakistan (cont'd.)	Lessons can be derived from the Food Stamp Scheme and the Social Action Program, as well as successful nutrition programs in the region. Rigid gender role ideologies and social and cultural restrictions make women bear a disproportionately high share of the burden of poverty; hence the importance of focused interventions for women, including gender and development initiatives, cannot be emphasized enough.
Papua New Guinea	Moderate increase in the social sector budget favors nutrition. The importance of directing poverty alleviation and mitigation efforts toward women was underscored by the assessment.
Samoa	Undernutrition is a nonissue but diet-related diseases are on the rise. An increasing allocation for health should be used to promote healthy lifestyles.
Solomon Islands	The importance of directing poverty reduction and mitigation efforts toward women was underscored by the assessment.
Sri Lanka	The new Framework for Poverty Reduction, which calls for a redefinition of strategies to reduce poverty, and the lessons from targeted transfer programs could provide renewed focus on nutrition. The lack of people's participation in planning and implementing projects and the dependency bred by development programs in the country point to the need for community-based or community-managed initiatives. The assessment recommends that ADB could support a range of activities aimed at building public awareness in the area of human nutrition and sharpening its focus on public health education. It also underscored the need to view child malnutrition in the context of maternal malnutrition.
Tajikistan	The country has accumulated insights from its food assistance program.

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TABLE A7.4 (continued)

DMC	Rationale
Tonga	A fairly strong health delivery organization that receives a good share of government expenditure is waiting to be primed for healthy lifestyle promotion aimed at curbing obesity, especially among men. ADB proposes the strengthening of PHC and increased investment in nutrition and education.
Tuvalu	The Government places high priority on basic services, and community participation is also well developed. The assessment stressed the importance of health education in achieving better nutrition.
Vanuatu	Opportunities available to women and forging partnerships with NGOs and other civil society organizations should be enhanced.
Viet Nam	The existence of a Hunger Eradication and Poverty Program, the Health Sector Strategy (2001–2010), and the availability of population-based statistics on poverty, health, and nutrition are clear manifestations that the Government is performing its function of planned formulation and resource-generation, and exerting an influence for better health and nutrition.
DMC = developing member country, NGO = nongovernment organization, PHC = primary health care. Source: Asian Development Bank.	

Appendix 8

Review of ADB Country Strategy and Program Updates

TABLE A8.1
Information on Nutrition and Causes of Malnutrition
Included in Country Strategy and Program Updates

Country	Nutrition- Related Situation	Immediate Causes	Underlying Causes	Both Underlying and Immediate
Afghanistan	✓	✓	✓	✓
Azerbaijan	✓	—	✓	—
Bangladesh	✓	✓	✓	✓
Bhutan	✓	✓	—	—
Cambodia	✓	✓	✓	✓
China, People's Republic of	✓	✓	—	—
Cook Islands	✓	✓	—	—
Fiji Islands	✓	—	✓	—
India	✓	✓	✓	✓
Indonesia	✓	✓	—	—
Kazakhstan	✓	✓	✓	✓
Kiribati	✓	✓	—	—
Kyrgyz Republic	✓	✓	✓	✓
Lao PDR	✓	—	—	—
Maldives	✓	—	✓	—
Marshall Islands, Republic of	✓	✓	✓	✓
Micronesia, Fed. States of	—	✓	✓	✓
Mongolia	✓	✓	✓	✓
Myanmar	—	—	—	—
Nepal	✓	✓	✓	✓
Pakistan	✓	✓	✓	✓
Papua New Guinea	✓	✓	—	—
Philippines	✓	✓	—	—
Samoa	✓	✓	✓	✓
Solomon Islands	✓	✓	—	—
Sri Lanka	✓	✓	✓	✓
Tajikistan	✓	✓	—	—
Thailand	✓	—	—	—
Tonga	✓	—	—	—
Tuvalu	—	✓	—	—
Uzbekistan	✓	—	—	—
Vanuatu	✓	✓	✓	✓
Viet Nam	✓	—	—	—
Total	30	24	17	14

✓ = with information, — = not available.
Source: Asian Development Bank.

TABLE A8.2
Immediate Causes of Malnutrition Mentioned in
Country Strategy and Program Updates

Country	Immediate Cause			Underlying Cause		
	Inadequate Access to Water and Sanitation	Gender Disparity	Diet Habits/ Changed Diets	Inadequate Food Intake	Poverty	War
Afghanistan	✓	✓	—	—	✓	—
Azerbaijan	—	—	—	—	✓	—
Bangladesh	✓	—	—	—	—	—
Bhutan	✓	—	—	—	—	—
Cambodia	✓	✓	—	—	—	—
China, People's Republic of	✓	✓	—	—	—	—
Cook Islands	✓	—	—	—	—	—
Fiji Islands	—	—	—	—	✓	—
India	✓	✓	—	—	—	—
Indonesia	✓	—	—	—	—	—
Kazakhstan	✓	✓	—	—	✓	—
Kiribati	✓	—	—	—	—	—
Kyrgyz Republic	✓	✓	—	—	✓	—
Lao PDR	—	—	—	—	—	—
Maldives	—	—	—	—	✓	—
Marshall Islands, Republic of	✓	✓	✓	—	✓	—
Micronesia, Federation States of	✓	✓	—	—	✓	—
Mongolia	✓	—	—	—	✓	—
Myanmar	—	—	—	—	—	—
Nepal	✓	—	—	—	✓	—
Pakistan	✓	✓	—	—	✓	—
Papua New Guinea	✓	✓	—	—	—	—
Philippines	✓	—	—	—	—	—
Samoa	✓	—	—	—	✓	—
Solomon Islands	✓	✓	—	—	—	—
Sri Lanka	✓	—	—	✓	✓	✓
Tajikistan	✓	✓	—	—	—	—
Thailand	—	—	—	—	—	—
Tonga	—	—	—	—	—	—
Tuvalu	✓	—	—	—	—	—
Uzbekistan	—	—	—	—	—	—
Vanuatu	—	✓	—	—	✓	—
Viet Nam	—	—	—	—	—	—
Total	23	13	1	1	14	1

✓ = with information, — = not available.
Source: Asian Development Bank.

TABLE A8.3
Information on Constraints to Nutrition in
Country Strategy and Program Updates

Constraints	Affected Countries
Declining quality of primary health care and basic education	Afghanistan, People's Republic of China, Cook Islands, India, Indonesia, Kazakhstan, Maldives, Marshall Islands, Micronesia, Mongolia, Myanmar, Nepal, Samoa, Solomon Islands, Tajikistan, Uzbekistan (16 countries)
Poor access to essential services like health and education	Bhutan, People's Republic of China, India, Kiribati, Kyrgyz Republic, Marshall Islands, Myanmar, Papua New Guinea, Vanuatu, (9 countries)
Lack of clear target or consensus for reducing nutrition-based problems	Azerbaijan, Kyrgyz Republic, Marshall Islands, Tonga (4 countries)
Weak capacity to generate statistics on poverty and nutrition-related information	Cook Islands, Sri Lanka, Tajikistan, Uzbekistan (4 countries)
Low literacy rate	Marshall Islands, Solomon Islands, Vanuatu (3 countries)
Weak institutional capacities	Fiji Islands, Philippines, Solomon Islands (3 countries)
Weak or absence of participatory mechanism	India (1)
Weak aid coordination	Tonga (1)
Source: Asian Development Bank.	

TABLE A8.4
Actual or Potential Enabling Factors for Strengthening Nutrition Drives

Country	Enabling Factors
Afghanistan	The initiatives of the Ministry of Health for nutrition and deliberate government efforts to addressing the vulnerable groups.
Azerbaijan	Progress made in GAD, an enabling mechanism for poverty reduction monitoring, and the decision to refocus on PHC.
Bangladesh	The National Strategy for Poverty Reduction states clear goals and direction in the poverty reduction efforts. This is complemented by the presence of many development partners working toward the improvement of PHC, food security, education, and empowerment of women. The high elementary school enrollment rate also means there is better opportunity for harnessing the education sector in nutrition campaigns.
Cambodia	There has been a marked reduction in the incidence of poverty, and a reportedly good synergy among development partners, which can be used to achieve focus on nutrition interventions.
Cook Islands	With women occupying important role in society and social sectors given priority by the government, most of the targets specified in the Millennium Development Goals have already been accomplished.
Fiji Islands	The National Women's Advisory Council, Inter-Ministerial Committee on Women, and gender training units in the Ministry of Women, Social Welfare and Poverty Alleviation have been established to promote gender equality and concerns. There is also a high adult literacy rate and high water and sanitation coverage.
India	A national policy to empower women is now in place.
Indonesia	Several development partners support improved nutrition. An intersectoral approach that combines the provision of clean water and improvements in health services is being attempted in order to address water and sanitation needs.
Kazakhstan	National Action Plan for Improving the Status of Women.
Kiribati	Free and compulsory basic education.

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TABLE A8.4 (continued)

Country	Enabling Factors
Kyrgyz Republic	Improving water supply and resolving less pronounced gender issues.
Lao PDR	The potential of the health sector to achieve significant feats in nutrition is reflected in its successful polio eradication drive that resulted in the declaration of Lao PDR in 2000 as polio free.
Maldives	Relatively high proportion of population with access to water and sanitation; acceleration in GAD efforts in both the government and NGO sectors; and the Government's commitment to establish a poverty and vulnerability monitoring unit, which will produce annual poverty monitoring reports.
Micronesia, Fed. States of	With existing enabling structures, progress has been made in GAD.
Nepal	Significant progress in GAD, some progress in gender mainstreaming. Caste- and ethnicity-based exclusion is addressed in the Tenth Plan.
Pakistan	Many development partners are working toward the improvement of the social sectors, such as health, education, and nutrition.
Philippines	There are efforts made by the Government to strengthen capabilities for poverty information generation.
Marshall Islands, Republic of	Both undernutrition and obesity are major problems. The development plan, <i>Meto 2000</i> , recommends six long-term goals and one of them is improved public health to substantially reduce the incidence of lifestyle diseases.
Solomon Islands	There are a number of replicable innovations in the delivery of social services, and a network of strong NGOs.
Sri Lanka	The prospects of peace in the north and east radically alters the environment in which health and nutrition services are provided.
Tajikistan	The Government has adopted a National Action Plan to combat iodine deficiency and iron deficiency anemia, and

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TABLE A8.4 (continued)

Country	Enabling Factors
<p>Tajikistan (cont'd.)</p>	<p>a law promoting iodized salt has been passed. A network of providers can be tapped for renewed nutrition drives. Exclusive breast-feeding among children less than 4-months old is recognized as a major benchmark in the health sector, and an enabling factor to strengthen nutrition drives.</p>
<p>Tonga</p>	<p>The Women's Development Center in the prime minister's department works with line ministries and other agencies to identify and formulate projects and programs. High access to water and sanitation is a positive factor in the health and nutrition of the population.</p>
<p>Uzbekistan</p>	<p>The Government has achieved strong momentum in improving living standards, and reducing MMR, IMR, and malnutrition. The presence of three UNICEF-assisted projects under the Child and Maternal Nutrition Program—breast-feeding promotion, elimination of iodine deficiency disorders, and control and prevention of iron deficiency anemia—support reducing malnutrition in the country.</p>
<p>Viet Nam</p>	<p>The Government is prioritizing health of the poor and has made progress in curbing hunger. A policy that aims to increase health coverage for the poor from 1.5 million to 15.0 million people has been adopted, and a health fund for the poor has been created.</p>
<p>GAD = gender and development, IMR = infant mortality rate, MMR = maternal mortality ratio, NGO = nongovernment organization, UNICEF = United Nations Children's Fund. Source: Asian Development Bank.</p>	

TABLE A8.5
Asian Development Bank Perspectives and Strategies
per Developing Member Country

DMC	Perspective and Strategies
Afghanistan	Among the specific outputs of the proposed TA on a community-based service delivery project are a baseline survey on health status and improved immunization coverage through social mobilization for health and nutrition education.
Azerbaijan	The CSPU (2003–2005) focuses assistance on four strategic areas/sectors, i.e., assistance for internally displaced persons (IDPs), agriculture and rural development, water supply and sanitation, and roads. Nutrition was mentioned in the context of ADB's assistance through a RETA to arrest the trend of micronutrient deficiencies in Central Asia, and possible assistance for ECD.
Bangladesh	The Government is urged to step up its investments in the social sectors, especially education, health, and nutrition as these are essential in reducing deprivation and improving the quality of human resources. Concept papers include (a) Early Child Development (for 2006–2007), highlighting the provision of services in early education, health, and nutrition with community-based initiatives and better child care, and the reduction of prevalence of underweight, anemic, and stunted children; and (b) Urban Primary Health Care II (for 2005), which underlines participatory and efficient management of health services, resulting in increases in coverage of essential preventive and curative interventions, including fortified food and growth monitoring.
Cambodia	The Government will formulate a new strategy that is expected to better focus on poverty. The sectors and subsectors include agriculture, rural development, water resources, environmental management, education, health, water supply, roads, power, and the financial sector. There are proposed resource management projects that have

(cont'd next page)

TABLE A8.5 (continued)

DMC	Perspective and Strategies
Cambodia (cont'd.)	potential or desired strong impacts on nutrition, such as (a) Tonle Sap Sustainable Livelihoods Project (for 2005–2006), which, while having no specific nutrition objectives, will contribute significantly to the nutrition of families dependent on Tonle Sap for their nourishment. It is estimated that as much as 80% of the protein intake of the country's growing population in 2002 was provided by the lake's fisheries, and almost 50% of the population depend on the lake's resources, directly or indirectly; (b) PPTA on water resources development that aims to improve nutrition for large parts of the country as one of the results of the proposed project.
China, People's Republic of	Nutrition-related activity is the provision of clean drinking water, owing to the perspective that it benefits the poor, particularly women who often spend long hours carrying water, and children who benefit from better hygiene.
Cook Islands	The strategy has four main elements and one of them is advancing social justice through equal access to basic services, such as health, education, law and order, welfare and reduction of interisland disparities.
Fiji Islands	Targeting of poor, female, and indigenous groups in economic activities; Women's Plan of Action (1999–ongoing); efficiency of the water supply and sewerage agency will be improved.
India	Targeting women in health and nutrition interventions: basic nutrition of women and girls should be ensured.
Indonesia	Government's low spending for health will be addressed by ADB engaging in policy dialogues to emphasize the need to substantially increase health sector outlays at the national and regional levels. Improving quality of services by providing key support in the introduction of minimum standards for basic services is being targeted.

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TABLE A8.5 (continued)

DMC	Perspective and Strategies
Kazakhstan	The proposed involvement falls within ADB's GAD policy, which focuses on mainstreaming as the key strategy to promote gender equity in all aspects of ADB operations. All proposed projects have elements of GAD concerns. Through the proposed second rural water supply and sanitation sector project, households headed by poor women will have equal access to potable water. Through a RETA, micronutrient deficiencies in children and mothers through wheat fortification and salt iodization are addressed.
Kiribati	Issues of institutional capacity in the water and environment sectors will be addressed.
Kyrgyz Republic	Health components feature in an ongoing social services delivery and finance project and an ECD project for which assistance was approved in 2003. The strategy suggests making education a better tool for poverty reduction by better tackling key issues, such as public health. ADB will focus on the education sector with particular support to basic education and in the related area of ECD. Giving selective support for basic education and ECD is one of ADB's priorities for the country, thereby addressing the MDGs and NPRS targets related to achieving universal primary education, reducing child mortality, and improving maternal health.
Lao PDR	PHC, and a concept paper on a health sector development project.
Maldives	Assistance to capacity building for the national statistical system will complement the Government's efforts to strengthen poverty monitoring.
Marshall Islands, Republic of	The Outer Island Basic Social Services Project, with target outcomes that include an effective health education program to reduce incidence of lifestyle diseases, increased quality of primary education in outer islands, and provision of safe water and improved sanitation.

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TABLE A8.5 (continued)

DMC	Perspective and Strategies
Micronesia, Fed. States of	The Basic Social Services Loan will use nutrition and health education to address the increase in noncommunicable diseases resulting from improper nutrition based on imported food and population growth issues. Health issues arising from poor access to safe water and sanitation facilities were partly addressed under the Water Supply and Sanitation Project and will be improved under the proposed OID loan.
Mongolia	JFPR-funded project on micronutrients in partnership with UNICEF.
Nepal Pakistan	ADB support to water and sanitation, and gender projects. Reduction in malnutrition rate by one third by 2018, and reducing micronutrient deficiencies by introducing and expanding ECD and social protection. Targets also include increasing use of iodized salt and iron-rich food in households, through the private sector and ECD.
Papua New Guinea	Ongoing and planned assistance in the health sector aims to improve health indicators. An ongoing water supply project is helping to provide safe water to communities in small towns and provincial centers. ADB is helping address gender and population linkages. There is a concept paper on health sector development, the purpose of which is to improve the efficiency of resource utilization in the health sector, particularly at the subnational level.
Philippines	ADB strategy/activities include urban and rural water supply and sanitation, solid waste management, housing for the poor, and public facilities for livelihood. There is also a concept paper on health sector development project.
Samoa	Enhance access to, and delivery of, basic social services by providing infrastructure and improving management and performance of the relevant public sector institutions. In health, there are components of loans for sanitation and drainage management projects (2003 and 2006).

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TABLE A8.5 (continued)

DMC	Perspective and Strategies
Solomon Islands	Giving greater emphasis to primary and preventive health will have a major payoff in women's health and result in the better health of all members of society.
Sri Lanka	Interventions will finance physical infrastructure to provide safe water and sanitation to rural and urban populations to improve their health and nutrition and increase the capacity of the Government to provide safe water by improving financial and institutional sustainability of the water sector. In health and nutrition there will be a concentration on the needs of the poor and other disadvantaged groups. The CSP updates for 2004–2008 elaborated on gender issues and their relevance to ADB operations.
Tajikistan	A program to improve nutrition among mothers and children from vulnerable families was prepared. This includes a concept paper for a PPTA on a social sector development project (for 2005), seeking improvement of access to, use of, and quality of primary health care facilities; and strengthening identification of high-risk groups. One of its expected outcomes is more efficient supply of drugs and good nutrition.
Thailand	Concept paper on project selection for Social Sector Reform Program II refers to the improvement of health care services delivered in rural areas, and allocation of more resources to maternal and child health programs.
Tonga	Quality and access to social services will be improved.
Tuvalu	The strategy for social development aims, among others, to (i) increase autonomy for the outer islands, (ii) improve standard of governance and administration on the outer islands, and (iii) improve delivery of public sector services to the outer islands.

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TABLE A8.5 (continued)

DMC	Perspective and Strategies
Uzbekistan	Involvement in the health sector responds to the priority accorded to addressing WCH and concerns in the Government's health care reform program. A WCH project is programmed for 2004. The WCH project can contribute to progress toward key health-related MDGs by addressing morbidity and mortality issues related to WCH. It will also address the potable water supply and sanitation needs of the rural population, particularly the poor.
Vanuatu	A TA on performance improvements in service delivery units will help strengthen the efficiency and effectiveness of selected frontline public services, including education. Funding for poverty mapping to identify those left behind and help target assistance will be sought. TAs for an urban sanitation and public health project, and for capacity building of NGOs planned for 2003 were postponed; and new TAs will be considered to help prepare a private sector development project and a mid-term strategic framework. The concept paper on the preparation of an urban sanitation and public health project makes a strong proposal for water and sanitation, but is silent on nutrition.
Viet Nam	Framework of inclusive social development includes a TA, which explores support for ECD and related MDG targets through combined health, nutrition, and preschool education/child care.
<p>CSP = country strategy and program, CSPU = country strategy and program update, DMC = developing member country, ECD = early childhood development, IDP = internally displaced person, JFPR = Japan Fund for Poverty Reduction, MDGs = Millennium Development Goals, NPRS = national poverty reduction strategy, OI = Omnibus Infrastructure Development, PHC = primary health care, PPTA = project preparatory technical assistance, RETA = regional technical assistance, TA = technical assistance, WCH = woman and child health. Source: Asian Development Bank.</p>	

Appendix 9
Regional Technical Assistance Related to Nutrition and Food Fortification

TABLE A9.1
Regional Technical Assistance Related to Nutrition and Food Fortification
1985–2004

RETA No.	Title	Type	Participating Countries	Date Approved	Amount (\$'000)	Fund Source	Completion		Status
							Original	Revised	
5671	Reducing Child Malnutrition in Eight Asian Countries	Study	BAN, CAM, IND, PAK, PRC, SRI, VIE	29-Jan-96	750.0	TASF UNICEF	Mar 97	31-Dec-02	TCR circulated 11-Oct-99. Closed in May 03.
5824	Regional Study of Nutrition Trends, Policies and Strategies in Asia and the Pacific	Study	BAN, KGZ, PRC, FIJ, INO, SRI, VIE	23-Dec-98	750.0	JSF	Apr 00	30-Apr-02	TCR circulated 2-Oct-01. Closed in Aug 03.
	Supplementary			27-Apr-00	50.0	TASF			
5944	Regional Initiative to Eliminate Micronutrient Malnutrition in Asia through Public-Private Partnership	Study	PRC, IND, INO, PAK, THA, VIE	17-Oct-00	1,100.0	JSF, DANIDA,	31-Apr-02	31-Aug-04	Ongoing.
	Supplementary			01-Aug-02	200.0	TASF			
9005 (JFPR)	Asian Countries in Transition for Improving Nutrition for Poor Mothers and Children	Poverty Reduction	AZE, KAZ, KGZ, MON, TAJ, UZB	26-Apr-01	6,000.0	JFPR	31-Aug-02	31-Dec-04	Ongoing.
	Supplementary			23-Oct-01	850.0	JFPR			
9052 (JFPR)	Sustainable Food Fortification in Central Asia and Mongolia	Capacity Building	KAZ, KGZ, MON, TAJ, UZB	23-Jul-04	2,000.0	JFPR	31-Aug-06		Recently approved.
	Total RETA to Nutrition Subsector				11,700.0				

AZE = Azerbaijan, BAN = Bangladesh, CAM = Cambodia, PRC = China, People's Republic of, DANIDA = Danish International Development Assistance, FIJ = Fiji Islands, ILSI = International Life Sciences Institute, IND = India, INO = Indonesia, JFPR = Japan Fund for Poverty Reduction, JSF = Japan Special Fund, KAZ = Kazakhstan, KGZ = Kyrgyz Republic, MON = Mongolia, PAK = Pakistan, RETA = regional technical assistance, SRI = Sri Lanka, TAJ = Tajikistan, TASF = technical assistance special fund, THA = Thailand, TCR = technical assistance completion report, UNICEF = United Nations Children's Fund, UZB = Uzbekistan, VIE = Viet Nam.
Source: Asian Development Bank.

TABLE A9.2
Regional Technical Assistance to the Health, Nutrition, Population, and Early Childhood Development Sector
As of 31 July 2004

RETA No.	Title	Type	Participating Countries	Date Approved	Amount (\$'000)	Fund Source	Completion		Status
							Original	Revised	
5181	Regional Seminar on the Use of Rural Health Services	Conference	BAN, IND, INO, MAL, MYA, PAK, PNG, PHI, KOR, SRI, THA	04-Jul-85	125.0	TASF	Jan 86	31-Dec-88	Closed in Dec 88.
	Supplementary			17-Feb-87	15.0				
5228	Regional Seminar on Health Care Financing	Conference	BAN, PRC, IND, INO, MAL, MYA, PAK, PNG, PHI, KOR, SRI, THA	30-Oct-86	275.0	TASF	Jun 87	-	Closed in Mar 94.
5294	Regional Study of the Health and Population Sector	Study	Not applicable	10-Jun-88	198.0	TASF	Nov 88	-	Closed in Mar 94.
5318	Seminar on Health Insurance	Conference	-	24-Jan-89	30.0	TASF	-	30-Sep-89	Closed in Sep 89.
5421	Regional Research Program on Priority Health and Population Issues	Research	PRC, FIJ, INO, NEP, PAK, PHI, SIN, SRI, THA	02-Jan-91	560.0	TASF	-	28-Apr-93	Closed in Aug 99.
5523	Symposium on Population Policy and Economic Development: Lessons of Experience	Conference	-	11-Dec-92	95.0	JSF	-	-	Closed in Feb 94.
5541	Study in the Economic Implications of the HIV/AIDS Epidemic in Selected DMCS	Study	PRC, INO, MYA, THA	20-Jul-93	300.0	TASF	Not mentioned	31-Mar-00	Closed in Aug 00.

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TABLE A9.2 (continued)

RETA No.	Title	Type	Participating Countries	Date Approved	Amount (\$'000)	Fund Source	Completion		Status
							Original	Revised	
5601	Regional Conference on Health Sector Reform in Asia	Conference	-	02-Nov-94	100.0	TASF	-	31-May-98	Closed in Dec 99.
5614	Issues Related to Private Sector Growth in the Health Sector in Asia	Research	IND, INO, KOR, PHI, THA, VIE	27-Dec-94	550.0	JSF	May 96	-	TCR circulated 27-Dec-96, Closed in Apr 98.
5629	Study of the Impact of Bank Assistance in the Health and Population Sector	Study	BAN, PAK, PNG, SRI	27-Apr-95	300.0	TAS	Jun 96	31-Dec-99	TCR circulated Dec 99, closed in Jul 99.
5668	Study on Regional Health Policy Priorities	Study	BAN, PHI, VIE	09-Jan-96	600.0	TASF	Apr 97	31-Dec-99	TCR circulated 22-Jun-99. Closed in May 01.
5671	Reducing Child Malnutrition in Eight Asian Countries	Study	BAN, CAM, IND, PAK, PRC, SRI, VIE	29-Jan-96	750.0	TASF UNICEF	Mar 97	31-Dec-02	TCR circulated 11-Oct-99. Closed in May 03.
5751	Cooperation in the Prevention and Control of HIV/AIDS in the GMS	Study	-	17-Sep-97	150.0	TASF	-	31-Dec-02	To be determined.
5752	Fourth International Congress on AIDS in Asia and the Pacific	Conference	-	26-Sep-97	100.0	TASF	-	29-Oct-97	Closed in Jul 99.
5761	Strengthening of Capacity in Economic Analysis of Health Sector Projects in DMCs	Study	-	16-Dec-97	350.0	TASF	Jan 99	31-Jan-01	TCR circulated in Jul 01, closed in Jul 01. cont'd. next page

TABLE A9.2 (continued)

RETA No.	Title	Type	Participating Countries	Date Approved	Amount (\$'000)	Fund Source	Completion		Status
							Original	Revised	
5794	Study of Health and Education Needs of Ethnic Minorities in the GMS	Study	CAM, LAO, THA, VIE	30-Jun-98	800.0	TASF	Jun 00	30-Apr-02	TCR circulated 25-Sep-02.
5824	Regional Study of Nutrition Trends, Policies and Strategies in Asia and the Pacific Supplementary	Study	BAN, KGZ, PRC, FIJ, INO, SRI, VIE	23-Dec-98 27-Apr-00	750.0 50.0	JSF	Apr 00	30-Apr-02	TCR circulated 2-Oct-01. Closed in Aug 03.
5825	Strengthening Safe Motherhood Programs	Study	BAN, CAM, INO, LAO, NEP, PAK, PNG	24-Dec-98	700.0	JSF	Mar 01	30-Apr-02	TCR circulated 4-Jul-03. Closed in Oct 03.
5881	Preventing HIV/AIDS among Mobile Populations in the GMS Supplementary	Study	CAM, LAO, MYA, VIE	16-Dec-99 21-Dec-00	450.0 160.0	JSF	Aug 01	31-Jul-02	TCR circulated 25-Sep-02.
5914	Ninth International Congress of the World Federation of Public Health Associations	Conference	-	11-May-00	50.0	TASF	Sep 00		
5944	Regional Initiative to Eliminate Micronutrient Malnutrition in Asia through Public-Private Partnership Supplementary	Study	PRC, IND, INO, PAK, THA, VIE	17-Oct-00 01-Aug-02	1,100.0 200.0	JSF, DANIDA, ILSI	31-Mar-03	31-Dec-03	Ongoing.

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TABLE A9.2 (continued)

RETA No.	Title	Type	Participating Countries	Date Approved	Amount (\$'000)	Fund Source	Completion		Status
							Original	Revised	
5958	Roll Back Malaria Initiative in the GMS	Others	GMS countries	07-Dec-00	600.0	JSF	Dec 02	31-Jul-04	Ongoing.
5982	Support to the Sixth International Congress on AIDS in Asia and the Pacific	Conference	-	30-Mar-01	150.0	TASF	Oct 01	31-May-03	
5970	Drug Eradication in the GMS	Study	-	21-Dec-00	150.0	TASF	-	31-Dec-03	Ongoing.
9005	Asian Countries in Transition for Improving Nutrition for Poor Mothers and Children Supplementary	-	AZB, KAZ, KGZ, MON, TAJ, UZB	26-Apr-01	6,000.0	JFPR	31-Mar-04	-	Ongoing.
9006	Community Action for Preventing HIV/AIDS	-	CAM, LAO, VIE	23-Oct-01	850.0	JFPR	Dec 03	31-Dec-04	Ongoing.
6083	ICT AND HIV/AIDS Preventive Education in the Cross-Border Areas of the Greater Mekong Subregion	Training	GMS countries	08-May-01	8,000.0	JFPR	Dec 03	31-Dec-04	Ongoing.
6106	Financing Needs for HIV/AIDS Prevention and Care in Asia and the Pacific	Training	-	19-Dec-03	1,000.0	TASF	Jun 04		Ongoing.
				16-May-03	150.0	TASF	31-Dec-03	-	Ongoing.
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TABLE A9.2 (continued)

RETA No.	Title	Type	Participating Countries	Date Approved	Amount (\$'000)	Fund Source	Completion		Status
							Original	Revised	
6108	Emergency Regional Support to Address the Outbreak of SARS	Others	AFG, BAN, BHU, CAM, PRC, ETM, IND, INO, KAZ, KGZ, LAO, MAL, MON, NEP, PAK, PNG, PHI, SRI, TAJ, THA, UZB, VIE	23-May-03	2,000.0	JSF	31-Dec-03	-	Ongoing.
	Supplementary			29-Sep-03	3,000.0				
6173	Strengthening the Response to HIV/AIDS in Asia and the Pacific	Study	-	24-May-04	150.0	TASF	31-Dec-04	-	Ongoing.
9052	Sustainable Food Fortification	-	KAZ, KGZ, MON, TAJ, UZB	23-Jul-04	2,000.0	JFPR	31-Aug-06	-	Approved in Jul 04.
	Total				32,808.0				

AZE = Azerbaijan, BAN = Bangladesh, CAM = Cambodia, PRC = China, People's Republic of, DANIDA = Danish International Development Assistance, FIJ = Fiji Islands, GMS = Greater Mekong Subregion, HIV/AIDS = human immunodeficiency virus/acquired immunodeficiency disease syndrome, ICT = information and communication technology, ILSI = International Life Sciences Institute, IND = India, INO = Indonesia, JFPR = Japan Fund for Poverty Reduction, JSF = Japan Special Fund, KAZ = Kazakhstan, KGZ = Kyrgyz Republic, MON = Mongolia, PAK = Pakistan, RETA = regional technical assistance, SARS = severe acute respiratory syndrome, SRI = Sri Lanka, TAJ = Tajikistan, TASF = technical assistance special fund, THA = Thailand, TCR = technical assistance completion report, UNICEF = United Nations Children's Fund, UZB = Uzbekistan, VIE = Viet Nam.

Source: Asian Development Bank.

Appendix 10

Objectives and Scope of Nutrition Regional Technical Assistance Projects

TA No. and Title	Objectives	Scope/Components
<p>5671-REG Reducing Child Malnutrition in Eight Asian Countries</p>	<p>Assist DMC governments in raising awareness of child malnutrition as a public policy problem and of the need to link appropriate strategies and resource mobilization for its solution, through (i) conducting a region-wide evaluation of nutrition programs, identifying the more successful interventions and approaches, and recommending child nutrition program strategies for the participating DMCs; (ii) developing a core nutrition information strategy applicable in divergent country settings that will link the negative consequences of malnutrition (mortality, morbidity, economic costs) to the positive externalities of improved nutrition through strategic investments; (iii) identifying macroeconomic policies that will protect household food security for the poor so that targeted interventions for vulnerable children can be sustained through economic strengthening of the household; (iv) incorporating investment planning for child malnutrition in national policy formation for domestic resource mobilization and external financing; and (v) strengthening national economic policy and nutrition institutions so that advocacy of improved child nutrition will become a permanent fixture in social policy formation.</p>	<p>Develop strategic plans for nutrition assistance through selected interventions that are gradually incorporated in country strategies. Activities in each of the eight DMCs include: (i) National Advocacy of Child Nutrition, (ii) Economic Policy Framework for Investment in Child Nutrition, (iii) Program Strategy, and (iv) Intersector Support for Sustained Nutrition Improvement.</p>
<p>5824-REG Regional Study of Nutrition Trends, Policies and Strategies in Asia and the Pacific</p>	<p>(i) Assess progress made in reducing malnutrition in the region and the benefits of such reduction; (ii) link priority strategies to reduce child malnutrition developed under RETA 5671 with women's health and nutrition programs and with early childhood development programs, and develop strategies for public nutrition addressing the needs of</p>	<p>(i) Provide a comprehensive regional situation analysis and support preparation of issues papers to address the core themes, (ii) support case studies in the nutrition and finance sectors, (iii) identify success factors to improve</p>

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Appendix 10 (continued)

TA No. and Title	Objectives	Scope/Components
<p>5824-REG (cont'd.)</p>	<p>adults; (iii) assist DMCs with major nutrition problems in identifying vulnerable groups, formulating priorities for nutrition policy and regulatory reform, and implementing cost-effective programs; (iv) support regional and subregional dialogue on the priorities for public nutrition, the roles of governments, external sources, and public and private sectors; and (v) develop a set of principles for preparing ADB's nutrition policy paper.</p>	<p>nutrition, (iv) provide an overview of how agricultural and food policies can and should influence nutrition policies and outcomes, and (v) strengthen policy dialogue on effective nutrition strategies among DMCs, ADB and the funding community.</p>
<p>5944-REG Regional Initiative to Eliminate Micronutrient Malnutrition in Asia through Public-Private Partnership</p>	<p>(i) Identify regional issues and actions required to accelerate production of micronutrient-fortified foods; (ii) support regional dialogue on issues related to food standards, regulations, trade, and surveillance; (iii) create a framework for regional fortification of certain essential staples; (iv) develop a comprehensive social marketing and communications plan for the framework created under (iii); (v) link fortification policies and programs to poverty reduction and human development in the region; and (vi) develop CIPs in selected DMCs.</p>	<p>(i) Help DMC research teams to develop medium-term CIPs to eliminate micronutrient malnutrition, and (ii) sponsor regional meetings to increase knowledge of best practices and build capacity in the region.</p>
<p>9005-REG Asian Countries in Transition for Improving Nutrition for Poor Mothers and Children</p>	<p>To improve nutrition status and physical and mental capacity of the poor, by piloting an umbrella regional program for delivering micronutrient-fortified salt and wheat flour to the populations in the ACT region. The Project will target poor women of reproductive age and children. It will (i) focus support on the poor currently afflicted or at risk; (ii) pilot related capacity-building processes for establishing a regional network of marketing, distribution, and rules of trade; and (iii) demonstrate the efficacy of a regional approach to solving a common nutrition problem that is depressing both human and economic development in the region.</p>	<p>(i) Roundtable conference to seek policy commitment and agreement on the essential requirements for fortifying salt and flour, (ii) fortification of salt and flour, (iii) support for regulatory authorities to develop food-testing instruments and surveys for monitoring the enriched food program for mothers and children, and (iv) social marketing to create demand by the poor.</p> <p>(cont'd next page)</p>

Appendix 10 (continued)

TA No. and Title	Objectives	Scope/Components
<p>9052-REG Sustainable Food Fortification</p>	<p>To reinforce and sustain the reduction of iodine deficiency disorders and iron deficiency anemia among poor children and women in Central Asia through parallel attention to supply (production and distribution), demand (public awareness and demand creation), and regulation (quality control, implementation of regulations, and legislation and trade facilitation).</p>	<p>(i) Strengthen the capacity of salt industries and flour mills to procure fortificants, equipment, and other essential items required; (ii) strengthen the capacity of the governments to develop and strengthen the implementation of food fortification legislation and regulations, improve governments' quality assurance system, and help governments develop regulatory frameworks and agreements to ease the trade of fortified food in the region; and (iii) social mobilization and poverty targeting to promote public awareness and acceptance of micronutrient-enriched salt and wheat flour, and support innovative activities in communities to increase access of the poor to fortified salt and wheat flour.</p>
<p>ACT = Asian countries in transition, CIP = country investment plan, DMC = developing member country, REG = regional. Source: Various TA documents.</p>		

Appendix 11

Technical Assistance Framework for Regional Technical Assistance Projects on Nutrition and Food Fortification

Design Summary	Performance Indicators/Targets	Monitoring Mechanisms	Assumptions and Risks
TA 5824–REG: Regional Study of Nutrition Trends, Policies, and Strategies in Asia and the Pacific			
<p>1. Overall aim</p> <p>1.1 Strengthen country-level nutrition policy formulation</p> <p>1.2 Identify core interventions and strategies to ADB's nutrition assistance program</p> <p>2. General Objectives</p> <p>2.1 Integrate food and nutrition policy analysis as an input to country-level policy formulation</p> <p>2.2 Produce a regional public nutrition assessment as the basis for an ADB policy paper</p>	<ul style="list-style-type: none"> • Identify successful policies and strategies • Agree on successful approaches with an advisory group of seven developing member countries (DMCs) • Review country experience • Analyze successful approaches through regional review of programs • Policy dialogue with DMCs 	<ul style="list-style-type: none"> • Workshop and seminar feedback • National nutrition plans of action and International Conference on Nutrition country papers • Monitor implementation of nutrition plans of action • Workshop and seminar feedback • Subregional consultations on investment plans • Review RETA 5671 country studies 	<ul style="list-style-type: none"> • Recognition of key policy issues may not occur. • Coherent policies may not be implemented due to poor administrative capacity and lack of political will • Technical and financial authorities may fail to agree on priority of public nutrition. • Nutrition programming may lack an institutional "home"
(cont'd next page)			

Appendix 11 (continued)

Design Summary	Performance Indicators/Targets	Monitoring Mechanisms	Assumptions and Risks
TA 5824-REG: Regional Study of Nutrition Trends, Policies, and Strategies in Asia and the Pacific (cont'd.)			
<p>3. Specific Objectives</p> <p>3.1 Assess regional progress and trends</p> <p>3.2 Support policy reviews</p> <p>3.3 Evaluate nutrition programs including benefits of integration with women's health and early childhood development</p> <p>3.4 Strengthen nutrition education, management, and regulation</p> <p>3.5 Strengthen investment planning</p> <p>3.6 Review external agencies policies and programs</p> <p>3.7 Identify future strategies</p> <p>3.8 Support regional and subregional dialogue on nutrition policies</p>	<ul style="list-style-type: none"> • Prepare statistical profile with indicators • Identify effective policies for sustainable programs • Create evaluation methodology for comparison • Identify common features to support nutrition programs • National financial analysis • Situate ADB's assistance in general context of aid agency support • Synthesize views of DMC advisory group and consultants • Build regional consensus on "what works" in nutrition programming 	<ul style="list-style-type: none"> • Progress reports • Issues papers and country studies • International nutrition program review • Issues papers, seminar feedback • Issues papers, case studies • Review of aid agency reports • Integrated report • Workshops and consultations 	<ul style="list-style-type: none"> • Lack of reliable data • Lack of regional dialogue on effective policies • Results of evaluation may not influence programs • Interagency cooperation may be lacking • Financial institutions may fail to link nutrition to productivity • Core patterns may not be recognized • DMCs and funding partners may not agree on core strategies

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Appendix 11 (continued)

Design Summary	Performance Indicators/Targets	Monitoring Mechanisms	Assumptions and Risks
TA 5824–REG: Regional Study of Nutrition Trends, Policies, and Strategies in Asia and the Pacific (cont'd.)			
<p>4 Project Components</p> <p>4.1 Inception workshop for DMC nutrition policy research institutes and consultants</p> <p>4.2 Cross-cutting issues papers</p> <p>4.3 Country studies</p> <p>4.4 Food fortification regional workshop</p> <p>4.5 Regional seminar</p>	<ul style="list-style-type: none"> • Convene 3 DMC nutrition institutes, 7 consultants and selected Bank staff • Produce cross-cutting issues papers • Produce 3 country studies on lifecycle investment planning • Convene leaders in public and private sectors, United Nations Children's Fund, and International Life Sciences Institute • Convene experts and stakeholders from DMCs and United Nations Commission on Nutrition and Subcommittee on Nutrition 	<ul style="list-style-type: none"> • Detailed paper outline • Detailed work plan • Progress reports • Seminar feedback • Detailed work plan • Study outline • Progress reports/seminar presentation • Seminar papers and proceedings • Seminar feedback • Case studies • Revisions of issues papers 	<ul style="list-style-type: none"> • Appropriate institutes identified • Clear work programs and deadlines defined • Good coordination among issues papers • Timely review and revision • Well-prepared guidelines faithfully followed for country comparison • Ability to convene leading experts in industry and government for serious dialogue • Securing participation of appropriate officials <p style="text-align: right;">(cont'd next page)</p>

Appendix 11 (continued)

Design Summary	Performance Indicators/Targets	Monitoring Mechanisms	Assumptions and Risks
TA 5944-REG: Regional Initiative to Eliminate Micronutrient Malnutrition in Asia through Public-Private Partnership			
<p>Goal</p> <ul style="list-style-type: none"> Contribution to the elimination of micronutrient malnutrition in Asia and the Pacific <p>Purpose</p> <ul style="list-style-type: none"> Build public-private partnerships in selected developing member countries (DMCs) of ADB to expand the coverage of micronutrient-enriched foods <p>Outputs</p> <ul style="list-style-type: none"> CIPs Regional forums on food technology, surveillance, and regulatory and trade policies 	<ul style="list-style-type: none"> Identify successful policies and strategies Review country experiences Analyze successful program elements through regional assessment Estimate public and private sector strategies and investment gaps Clarify technological barriers and solutions within a transparent regulatory environment 	<ul style="list-style-type: none"> Regional workshop and seminar feedback, and country investment plans (CIPs) Public-private steering committees in participating countries Public and private sectors participation in regional forums Draft CIP prepared and finalized on schedule Regional forums held and electronic proceedings produced according to schedule 	<ul style="list-style-type: none"> Key policy issues may not be recognized. The public and private sectors may work at cross-purposes. CIP investment guidelines may not be followed. Public and private investment roles may be confused. Regional forums may not clarify decision framework for investment. <p style="text-align: right;">(cont'd next page)</p>

Appendix 11 (continued)

Design Summary	Performance Indicators/Targets	Monitoring Mechanisms	Assumptions and Risks
TA 5944–REG: Regional Initiative to Eliminate Micronutrient Malnutrition in Asia through Public–Private Partnership (cont’d.)			
<p>Inputs</p> <ul style="list-style-type: none"> • Country research teams • International consultants to support regional forums • Data collection and analysis • Country assessment for food technology regulation and trade • Web site for all project documents 	<ul style="list-style-type: none"> • Completion and endorsement of CIPs • Consensus on fortification levels, norms and standards, and acceptable incentive packages for industry 	<ul style="list-style-type: none"> • Approval of CIPs by steering committees and finance ministries • Impact on values of domestic production and trade 	<ul style="list-style-type: none"> • Lack of secondary engagements • National and regional resistance to innovation • Lack of serious engagement of consumers and women’s movements, hence low demand
TA 9005–REG: Asian Countries in Transition for Improving Nutrition for Poor Mothers and Children			
<p>1. Goal</p> <ul style="list-style-type: none"> • Reduce the prevalence of iodine deficiency disorders and iron deficiency anemia in Asian countries in transition (ACT), thereby reducing prevalence of poverty through raised intelligence, improved learning, and greater productivity 	<ul style="list-style-type: none"> • Reduced prevalence through epidemiological assessment in target regions 	<ul style="list-style-type: none"> • Epidemiological surveys by public health services 	<p>(cont’d next page)</p>

Appendix 11 (continued)

Design Summary	Performance Indicators/Targets	Monitoring Mechanisms	Assumptions and Risks
TA 9005-REG: Asian Countries in Transition for Improving Nutrition for Poor Mothers and Children (cont'd.)			
<p>2. Purpose</p> <ul style="list-style-type: none"> • Strengthen the food production capacity in ACT by providing the means to fortify salt and flour and regulate the food sector appropriately <p>3. Outputs</p> <ul style="list-style-type: none"> • Strengthen regulatory capacity for the food sector • Strengthen consumer demand through nongovernment organization (NGO) partnerships <p>4. Activities/Inputs</p> <ul style="list-style-type: none"> • Confirmation of participation sent and received • Broader aid agency partnership sought with UN agencies, World Bank, and others • Agreements with food companies, NGOs, and local government bodies 	<ul style="list-style-type: none"> • Higher household consumption of fortified salt and flour • Regulators carry out regular inspection of factories and food markets • Multimedia venues for social marketing are used • Signed agreement with UN, bilaterals, World Bank on capacity-building support for the ACT region • Compliance with agreement by food companies, NGOs, and local governments 	<ul style="list-style-type: none"> • Testing salt and flour fortificant levels at borders, markets, and households • Laboratory certification of food quality • Licensing and labeling of food products against tested food ingredients • NGO reports • Coordination on activities by ADB and aid partners to sustain momentum • Participating countries monitor companies • Baseline and end of project surveillance of iodine deficiency disorders and iron deficiency anemia prevalence 	<ul style="list-style-type: none"> • Inputs to food sector are siphoned off. • Regulatory authorities resist serious food inspection. • False labeling is not identified and penalized. • Border inspections fail to restrict adulterated imports. • NGOs are not permitted to use major media. • Aid agencies act independently. • Agreements are not honored. • Intra- and inter-country surveys and surveillance are not conducted or are poorly executed. • Training is not performance related. <p style="text-align: right;">(cont'd next page)</p>

Appendix 11 (continued)

Design Summary	Performance Indicators/Targets	Monitoring Mechanisms	Assumptions and Risks
TA 9005-REG: Asian Countries in Transition for Improving Nutrition for Poor Mothers and Children (cont'd.)			
<ul style="list-style-type: none"> • Rapid assessment surveys of nutrition status, food ingredients, and trade • Training programs for fortification technology, food inspection, and population surveillance • Multimedia and focus group campaigns 	<ul style="list-style-type: none"> • At least two surveys of populations at risk per country • Number of trained operatives in relevant sectors • Formal and informal media spots on "fortified staples for the poor" • Focus groups target poor women and their children 	<ul style="list-style-type: none"> • Improved management of programs by trainees • Media surveys 	<ul style="list-style-type: none"> • Media impact is minimal because of poor message or poor coverage.
<p>Source: Asian Development Bank.</p>			

Appendix 11 (continued)

TA 9052-REG: Sustainable Food Fortification

Description of Components, Monitorable Deliverables/Outcomes, and Implementation Timetable

I. Grant Development Objective(s) and Expected Key Performance Indicators

Grant Development Objectives:

The goal of the proposed Japan Fund for Poverty Reduction (JFPR) Project is to reinforce and sustain the reduction of iodine deficiency disorders and iron deficiency anemia among poor children and women in Central Asia through parallel attentions to supply (production and distribution), demand (public awareness and demand creation), and regulation (quality control, implementation of regulations/legislation and trade facilitation). The specific objectives are to

- (i) obtain and sustain use of iodized salt by 90% of households;
- (ii) sustain fortification of at least one third of wheat/flour consumed domestically;
- (iii) build capacity of the private and public sectors to produce quality fortified food;
- (iv) develop regulatory institutions or incentive schemes to facilitate fortification and ensure the trade of quality fortified food among Central Asian countries; and
- (v) build awareness of consumers about prevention of iodine deficiency disorders and iron deficiency anemia, and benefits of micronutrient-enriched food.

Expected Key Performance Indicators:

- (i) increased use of iodized salt to 90% of households;
- (ii) a permanent, sustainable system to procure annual requirements of potassium iodate established in each country;
- (iii) increased fortified commercial wheat flour production to country-specific targets;
- (iv) national premix procurement and/or production systems established; and
- (v) regulations/legislation to promote universal flour fortification in each country and establishment of trade regulations supporting cross-regional trade of fortified flour and iodized salt.

Appendix 11 (continued)

II. Details of the Proposed Grant

COMPONENT A	Strengthening the Capacity of Salt industries and Flour mills
Cost (\$)	286,000
Component Description	This component aims to build capacity of salt industries and flour mills to procure fortificants, equipment, and other essential items required for food fortification; and to assure quality of fortified food. Salt industries are private in the participating countries, with the exception of Uzbekistan where they are owned by the state. The Project will support the establishment and strengthening of producers' associations, and train salt industries and on procurement and technology on food fortification. Technical assistance will support millers on accessing the international premix market, including identifying the range of suppliers and procurement options.
Monitorable Deliverables/ Outputs	Production of fortified salt and flour increased. Procurement procedures established and applied by participating industries and mills. Quality assurance systems established and functioning among producers.
Implementation Major Activities:	24 months
COMPONENT B	Strengthening the Capacity of the Governments
Cost (\$)	270,000
Component Description	This component aims to develop and strengthen the implementation of food fortification legislation and regulations, improve the governments' quality assurance system, including the border control of trade in salt, and assist the governments in developing regulatory frameworks and trade agreements that will ease the trade of fortified food in the region. The Project will provide technical assistance to the governments in developing legislation/regulations, training, and providing necessary laboratory equipment to the sanitary epidemiological services (SES), which are responsible for food inspection.

Appendix 11 (continued)

Monitorable Deliverables/Outputs	Legislation/regulations developed and adopted by the government. Percentage of fortified flour and salt that meets the standard increased. Import of non-iodized salt for human consumption eliminated.
Implementation of Major Activities:	24 months
COMPONENT C	
	Social Mobilization/Poverty Targeting
Cost (\$)	815,500
Component Description	This component aims to promote public awareness and acceptance of micronutrient-enriched salt and wheat flour, and support innovative activities in the communities, to increase the access of the poor to fortified salt and wheat flour. The Project will support an information, education, and communication campaign through different levels of media, and social mobilization and marketing by the civil society. The activities will include testing of the quality of iodized salt by producers and retailers. The component will also support innovative activities to address country- or region-specific activities aiming to improve access of the poor to fortified food. A few examples of such innovative activities could include collective fortification of wheat flour milled by small mills, linking food fortification efforts with support for oral forms of micronutrient supplements, and "in-home" fortificant packets that can be used to fortify home-prepared complementary foods.
Monitorable Deliverables/Outputs	Increased demand for fortified salt and flour. Improved accessibility of fortified salt and flour to the poor.
Implementation of Major Activities:	24 months
COMPONENT D	
	Project Management, Monitoring, and Evaluation
Cost (\$)	546,200
Component Description	The component will support the regional project administration office that will oversee daily project activities in the participating countries, and a country project office in each country that will be responsible for implementing the country investment

Appendix 11 (continued)

Component Description (continued)	plans. The Project will also support technical and supervisory workshops at six-month intervals, including the midterm review workshop, and annual auditing. The Project emphasizes rigorous evaluation through sentinel studies that will evaluate the impact of fortified food on people, and economic and financial analysis of food fortification and other interventions for reducing iodine deficiency disorders and iron deficiency anemia.
Monitorable Deliverables/Outputs	Quarterly progress reports. Annual project review reports (for the succeeding years). Monthly financial reports. Annual audited financial reports. Project completion report. Evaluation reports (including sentinel studies, and economic and financial analyses).
Implementation of Major Activities:	25 months

Appendix 12
**EVALUATION OF REGIONAL TECHNICAL ASSISTANCE ON NUTRITION
AND FOOD FORTIFICATION**

A. EVALUATION OF COMPLETED REGIONAL TECHNICAL ASSISTANCE

1. Implementation Performance

a. Engagement of Consultants

International consultants were recruited in accordance with the *Guidelines on the Use of Consultants* of the Asian Development Bank (ADB). Technical assistance (TA) 5671-REG contracted eight international consultants, and a domestic consultant from each of the seven participating developing member countries (DMCs) (Bangladesh, Cambodia, People's Republic of China (PRC), India, Pakistan, Sri Lanka, and Viet Nam). Upon approval of the regional technical assistance (RETA) in January 1996, the process for the selection and engagement commenced. The first consultant engaged for the TA commenced services in April 1996. By May 1996, all health specialists were engaged, while the gender specialist provided inputs in July 1996, and the nutrition and food policy analyst in August 1999. The United Nations Children's Fund (UNICEF), which participated as co-implementer of the TA, provided strong technical support to the country teams.

TA 5824-REG, which covered Bangladesh, PRC, Fiji Islands, Indonesia, Kyrgyz Republic, Sri Lanka, and Viet Nam, engaged seven international consultants under a single contract with the International Food Policy Research Institute, in addition to two individual consultants. While the TA was approved in December 1998, inputs from the consultants commenced in August 1999 and were completed in February 2001. In line with the terms of reference, the consultants provided inputs to the case studies and conducted national seminars, briefings, and a regional conference.

b. Organization and Management

Both TAs were administered by ADB. In the case of TA 5671-REG, collaboration was with UNICEF. Consultations between ADB and

UNICEF were conducted for the purpose of developing publications that were intended to raise national and regional awareness of nutrition issues and in preparing the final roundtable meeting. Upon completion of the RETA, an improved understanding by ADB and UNICEF of each other's organizational goals and processes was among the value added of the TA's outputs. The division of tasks between ADB and UNICEF proved beneficial to the overall output of the TA.

While overall implementation of TA 5824-REG was done by ADB, a DMC advisory group assisted in reviewing all documents produced under the RETA. The group comprised representatives from the seven countries covered by the RETA. Aside from the group, counterpart support from DMCs was provided which proved to be adequate and in line with the original work plan.

c. Implementation and Financing Arrangements

None of the RETAs was completed as scheduled. Although TA 5671-REG was estimated to be completed in 14 months, it required 35 months to complete, while TA 5824-REG was extended for 20 months. The extension on TA 5824-REG was intended to provide inputs to country planning with the private sector and development partner coordination regarding health and nutrition assistance to DMCs.

The financing allocation for both RETAs was almost fully utilized at 92%. For TA 5824-REG, a supplementary RETA for \$50,000 was approved on 27 April 2000. The scope of the RETA was changed to include conducting a special study on the impact of food aid on the nutrition status of the poor, especially women and children, and to offset the costs of the Manila Forum on Food Fortification Policy.

d. Supervision

The RETAs were administered by ADB. Three review missions were conducted for TA 5671-REG, and five missions for TA 5824-REG. For TA 5671-REG, support from UNICEF headquarters and regional offices was adequate. Counterpart inputs from DMCs for TA 5824-REG were also adequate and based on the original work plan.

2. Relevance of Objectives and Design

TA 5671-REG was developed to assist DMC governments in raising awareness of child malnutrition as a public policy problem and of the need to link appropriate strategies and resource mobilization for its solution. The objectives were ambitious and covered a range of issues, including (i) conducting a region-wide evaluation of nutrition programs, identifying the more successful interventions and approaches, and recommending child nutrition program strategies for the participating DMCs; (ii) developing a core nutrition information strategy applicable in divergent country settings that will link the negative consequences of malnutrition (mortality, morbidity, economic costs) to the positive externalities of improved nutrition through strategic investments; (iii) identifying macroeconomic policies that will protect household food security for the poor so that targeted interventions for vulnerable children can be sustained through economic strengthening of the household; (iv) incorporating investment planning for child malnutrition in national policy formation for domestic resource mobilization and external financing; and (v) strengthening national economic policy and nutrition institutions so that advocacy of improved child nutrition will become a permanent fixture in social policy formation.

The RETA's design at processing stage was highly relevant to the nutritional trends and issues of the region and ADB-related policies and strategies, such as the policy for the health sector. In general, it was also relevant to nutrition development priorities of the participating DMCs. The RETA was designed in 1995, at the time when most of the participating DMCs were still centrally planned. With the paradigm shift away from central planning, marked by decentralization of budgeting and planning function to provincial, state, and district levels, as well as the shift toward market-based approaches by creating consumer demand and developing private public partnerships in parallel with global market movements, the RETA's relevancy decreased (except for DMCs that were still relatively centrally planned economies). This RETA is highly relevant at approval stage and relevant during evaluation. Thus, overall, it is considered relevant.

The design of TA 5824-REG was based on the lessons derived from TA 5671-REG. It also intended to continue forging a regional partnership for the improvement of nutrition by increasing dialogue with various DMCs and concerned development partners to help reduce malnutrition and its economic consequences to promote economic

growth, and assist DMCs in reaching the MDGs. Both RETAs were also meant to provide input to ADB's policy on nutrition that was planned for 2002.

The objectives of this RETA were to: (i) assess progress made in reducing malnutrition in the region and the benefits of such reduction; (ii) link priority strategies to reduce child malnutrition developed under RETA 5671 with women's health and nutrition programs and with early childhood development programs, and develop strategies for public nutrition addressing the needs of adults; (iii) assist DMCs with major nutrition problems in identifying vulnerable groups, formulating priorities for nutrition policy and regulatory reform, and implementing cost-effective programs; (iv) support regional and subregional dialogue on the priorities for public nutrition, and the roles of governments, external sources, and public and private sectors; and (v) develop a set of principles to prepare ADB's nutrition policy paper. The design of TA 5824-REG was relevant to ADB's and the participating DMCs' related policies and strategies. In general it was more focused, less ambitious, and participating DMCs played an important role in the definition of the activities. It set the stage for the development of public-private partnerships and food fortification. It was also designed to begin developing regional networking, and sharing ideas for better approaches to improve nutritional status. TA 5824-REG is therefore considered highly relevant.

3. Efficacy

The efficacy of TA 5671-REG in achieving the objectives was mixed, with different levels of effectiveness in different countries. In most participating DMCs, they established dialogue; in others, such as PRC and Viet Nam, the achievements were beyond expectation. But in some, such as Bangladesh, it was very limited. Targets related to the development of papers/publications, meetings, and workshops were generally met. The RETA has developed seven feasible 10-year investment plans. Of these investment plans, Viet Nam has adopted a 10-year national/health development plan that the Government is currently trying to implement, and at least one other country, PRC, is considering implementing the nutrition plan as a part of its 5-year national strategy. In DMCs that did not directly utilize the plans they developed under this RETA, there has been dissemination of nutrition

awareness and the importance of intersectoral collaboration in the improvement of nutrition with education, sanitation, agriculture, and other concerned ministries. While the above achievements can be considered highly efficacious, some of the RETA's objectives have not been achieved. Therefore, TA 5671-REG is assessed as efficacious.

TA 5824-REG finalized the objectives initiated by the previous RETA (TA 5671-REG). The major contributions of TA 5824-REG were the successful 2000 Manila Forum on Food Fortification Policy and the finalization of the ADB Nutrition and Development Series¹ publications, which were of high quality and were built upon a series of issue papers produced under TA 5671-REG. These documents include country-specific reports, regional issue papers, and a series of publications on nutrition.² The country studies were sources of historical nutrition data, and description of ongoing programs. In general they are of high quality and accurate as situational analyses, but lacked details of new activities and improvements in existing ones. Among others, the Manila Forum on Food Fortification Policy stirred discussions on issues, such as the vision of nutritional cutting edge technologies, what were effective interventions, and how nutritional problems were evolving. It was also a good advocacy tool for some of the multilateral agencies, such as UNICEF. There is evidence that it promoted local research, e.g., in the case of Viet Nam.^{3, 4, 5} Based on the above, TA 5824-REG is considered highly efficacious.

¹ Seven volumes were developed for the Nutrition and Development Series, which were of high quality as milestones in the documentation of nutrition efforts in the region. While some UNICEF offices have reported that they were popular, evidence of these publications was not obvious in many nutrition planning and implementation offices in the DMCs observed. Some of the people involved with the RETAs had a few of the documents, but in general they were not readily available in ADB resident missions, and libraries of universities or health/nutrition research centers. General dissemination is done through the ADB website.

² ADB. 1999. *Investing in Child Nutrition in Asia*. Manila; ADB. 2000. *Strategies to Fortify Essential Foods in Asia and the Pacific*. Manila; ADB. 2001. *Improving Child Nutrition in Asia*. Manila; ADB. 2001. *Attacking the Double Burden in Asia and the Pacific*. Manila; ADB. 2001. *The Nutrition Transition and Prevention of Diet-Related Chronic Diseases in Asia and the Pacific*. Manila; ADB. 2001. *What Works? A Review of the Efficacy and Effectiveness of Nutrition Interventions*. Manila; and ADB. 2004. *Food Fortification in Asia: Improving Health and Building Economies*. Manila.

³ Thang, N.M., Popkin, G. 2003. "Child malnutrition in Vietnam and its transition in an era of economic growth" *Journal of Human Nutrition and Dietetics*. 16:233–244.

⁴ Thang, N.M., Popkin, G. 2003. "In an era of economic growth, is inequity holding back reductions in child malnutrition in Vietnam?" *Asia Pacific Journal of Clinical Nutrition*. 12:1–6.

⁵ Thuy Phan Van, Berger, Jacques, Davidson, Lena, Khan Nguyen Cong Khan, Lam, Nguyen Thu, Cook, James, D., Harrell, Richard, F., Khoi, Ho Huy. 2003. Regular consumption of NaFeEDTA-fortified fish sauce improves iron status and reduces the prevalence of anemia in anemic Vietnamese women. *American Journal of Clinical Nutrition*. 78:284–90.

4. Efficiency

There were delays in completion of both RETAs. TA 5671-REG was extended for 24 months and TA 5824-REG for 20 months; hence, the implementation could be considered less than efficient. However, holding regional workshops appear to be much more efficient and effective toward addressing these issues than other alternatives that might include the fielding of 10 different field teams to work within participating DMCs in helping them develop country-specific activities, which would also deliver a more variable end product. Delays were mainly due to finalizing various country-level assignments, suggesting that more participatory input in RETA design could have improved the efficiency of these RETAs. Overall, both RETAs are considered efficient.

5. Sustainability

Increased capacity of governments in planning advocacy is the underlying purpose of these RETAs. Technology transfer was primarily achieved through involvement in international meetings and country-based workshops. Some transfer of awareness in related ministries of the participating DMCs on issues such as nutrition transition, the problems of urban nutrition, and effectiveness of various approaches toward nutrition improvement was achieved.

TA 5671-REG was most likely sustainable at least in two participating DMCs. In general, it was likely sustainable, as it laid the groundwork for TA 5824-REG, which widened the policy discussion from a planning approach to support community nutrition and food security into public-private partnership to bring fortification as a primary approach for micronutrient deficiency control, to develop a life cycle approach to nutrition, and to help map out effective strategies in light of the nutrition transition. Therefore, both RETAs are likely sustainable.

6. Impact

The impacts that were expected from these RETAs were (i) nutrition policies for the next development plans of the participating DMCs, and an ADB nutrition policy; (ii) better collaboration between ADB and UNICEF; (iii) requests for country-specific assistance in the area of life cycle-based nutrition interventions; (iv) continued work

in the advocacy and promotion of fortification of various foods that have the possibility to improve the micronutrient status of the poor; (v) increased awareness of the importance of nutrition in the poverty reduction strategies; and (vi) upgrading of the role of nutrition in projects related to health, agriculture, and education. Not all of the expected impacts have been documented. Moreover, in some participating DMCs, such as India, Indonesia, Pakistan, and Sri Lanka, where nutrition has been an important policy area for many years and long-standing programs in nutrition already exist, little effect of these RETAs on their policies was noted.

The impacts of TA 5671-REG and TA 5824-REG were substantial in the more centrally planned economies. For example, as a follow-on to the RETAs in PRC, ADB's close collaboration with UNICEF and WHO resulted in an ongoing TA 3992-PRC: Strengthening National Public Nutrition Planning.⁶ This is a case where institutional dialogue, multi-stakeholder involvement, and processes toward consensus building have arguably taken center stage in progress towards integrating nutrition into national planning (i.e., the 11th Five-Year Plan). This impact is also seen in Viet Nam, where these RETAs helped to develop a new policy in nutrition. Participation in the ADB RETAs was cited in the policy document as one of the contributing factors to the policy development, which provided inputs to a comprehensive Eight-Year Plan for improving nutrition, and a strong nutrition component in the Poverty Reduction Strategy. However, impacts of these RETAs were moderate in decentralized government systems, and to date ADB has no policy on nutrition, although inputs for this policy have been produced by these RETAs. In decentralized government systems, a participatory approach by representatives from the state, provincial, or district governments in order to make this type of strategy effective could enhance its institutional impact. Therefore, the overall impacts of TA 5671-REG and TA 5824-REG are moderate.

⁶ TA 3992-PRC: *Strengthening National Public Nutrition Planning*, for \$500,000, approved on 20 November 2002.

7. Overall Assessment⁷

TA 5671-REG is assessed as relevant, efficacious, efficient, likely sustainable, and has moderate impacts. The overall rating for this RETA is successful.

TA 5824-REG is considered highly relevant, efficacious, efficient, likely sustainable, and its impact is moderate. Therefore, it is rated successful.

B. PRELIMINARY EVALUATION OF ONGOING REGIONAL TECHNICAL ASSISTANCE PROJECTS⁸

1. Implementation Performance

a. Engagement of Consultants

International consultants were recruited in accordance with ADB's *Guidelines on the Use of Consultants*. For TA 5944-REG, consulting services were provided by Keystone Center (US). Consulting services provided by Keystone comprise 10 international consultants for contracting and supervising the country research teams, and preparation of all reports and conference proceedings. The consultants commenced inputs in July 2001. For TA 9005-REG, individual consultants and one institution were engaged. Initial inputs of individual consultants commenced in June 2001 and have been completed.

b. Organization and Management

Both RETAs are being implemented by ADB, while Danish International Development Assistance (DANIDA) as cofinancier of TA 5944-REG has limited participation in the overall management of the RETA. TA 9005-REG developed close collaboration among the various funding partners of the activities of this RETA.

⁷ The rating criteria are based on the ADB *Guidelines for the Preparation of Project Performance Audit Reports*. September 2000.

⁸ These RETAs are not yet completed; therefore, the evaluation should be viewed as tentative and subject to revision at completion.

c. Implementation and Financing Arrangements

For TA 5944-REG, the original completion date was 30 April 2002, which was extended 31 August 2004. To support a change of scope of the RETA, an additional funding of \$200,000 was approved. As of mid-July 2004, TA 5944-REG had disbursed about 95% of the resources allocated.

TA 9005-REG, under the Japan Fund for Poverty Reduction (JFPR), was originally scheduled for completion on 31 August 2002. A supplement to the TA, amounting to \$850,000 was approved on 23 October 2001. This additional funding was to cover the financing requirements due to the change in scope arising from the inclusion of Azerbaijan in the RETA. Thus, completion of TA activities has been extended to 31 December 2004. By mid-July 2004, TA 9005-REG had already committed 98% of its revised approved funding.

d. Supervision

Both RETAs are being administered by ADB from Manila. Four missions for TA 5944-REG and nine missions for TA 9005-REG have been fielded. Project offices were established and are operating within executing agencies in the participating DMCs and Mongolia to oversee day-to-day implementation of TA 9005-REG activities. A regional coordination and administration office in Almaty, Kazakhstan was established to coordinate activities of the six project offices.

2. Relevance of Objectives and Design

TA 5944-REG benefited from the completed RETAs and therefore has clearer objectives, as follows: (i) identify regional issues and actions required to accelerate production of micronutrient-fortified foods; (ii) support regional dialogue on issues related to food standards, regulations, trade, and surveillance; (iii) create a framework for regional fortification of certain essential staples; (iv) develop a comprehensive social marketing and communications plan for the framework created under (iii); (v) link fortification policies and programs to poverty reduction and human development in the region; and (vi) develop country investment plans (CIPs) in selected DMCs. The scope of this RETA is to help DMC research teams develop medium-term CIPs to eliminate micronutrient malnutrition, and sponsor regional

meetings to increase knowledge of best practices and build capacity in the region.

The participation of DMCs from the previous RETAs has made this RETA more in line with the concerns of the DMCs involved. A distinct point of departure was established as it focuses on food fortification, which participating DMCs identified as the most cost-effective intervention compared to other nutritional improvement activities. TA 5944-REG attempts to help countries identify new innovative approaches that would insure that the poor benefited from them. Thus, TA 5944-REG is relevant, both at approval stage and during evaluation.

The objectives and design of TA 9005-REG are focused and clear, and are mainly geared at promoting sustainable food fortification programs. This RETA intends to improve nutrition status and physical and mental capacity of the poor, by: (i) focusing support on the poor currently afflicted or at risk; (ii) piloting related capacity-building processes for establishing a regional network for marketing, distribution, and rules of trade; and (iii) demonstrating the efficacy of a regional approach to solving a common nutrition problem that is depressing both human and economic development in the region.

The scope of TA 9005-REG is to: (i) conduct regional roundtable conferences in seeking policy commitment and agreement on the essential requirements for fortifying salt and flour; (ii) establish fortification of salt and flour; (iii) support the regulatory authorities in developing food-testing instruments and surveys for monitoring the enriched food program for mothers and children; and (iv) develop social marketing approaches to create demand by the poor. The participating DMCs for this RETA were limited to the Asian countries in transition (ACT) in Central Asian Republics and Mongolia. Strong ownership was built by close collaboration between governments, local experts and international consultants in developing the RETA's objectives, which was coordinated by the local team leader. It has also complemented the ongoing UNICEF work in high-risk areas for anemia and iodine deficiency disorders (e.g., in the Kyrgyz Republic, where the UNICEF-supported program established in 1996 was not making progress, and has not succeeded in achieving its expected impact). TA 9005-REG is therefore highly relevant both at approval and at evaluation.

3. Efficacy

TA 5944-REG has achieved most of its objectives, particularly in (i) identifying regional issues and actions required to accelerate production of micronutrient-fortified foods; (ii) supporting regional dialogue on issues related to food standards, regulations, trade, and surveillance; (iii) creating a framework for regional fortification of certain essential staples; and (iv) developing CIPs in selected DMCs. The CIPs are of superior quality in content and layout. It has also covered its scope in: (i) helping DMC research teams to develop medium-term CIPs to eliminate micronutrient malnutrition, and (ii) sponsoring regional meetings to increase knowledge of best practices. TA 5944-REG is therefore considered efficacious.

The objective of TA 9005-REG in piloting an umbrella regional program for delivering micronutrient-fortified salt and wheat flour to the populations in Azerbaijan, Kazakhstan, Kyrgyz Republic, Mongolia, Tajikistan, and Uzbekistan, has been successful, particularly for salt iodation, and the lessons identified in developing this regional network are to be followed by wheat flour fortification. The RETA has also successfully covered most of its scope. It has been very useful in mobilizing countries to develop and maintain effective programs, and establish a regional network. The regional quarterly reports are produced on time, include sufficient details, and are of high quality. TA 9005-REG is highly efficacious.

4. Efficiency

TA 5944-REG experienced delays, and has been extended from its original completion date of 30 April 2002 to 30 October 2004. This was partly due to the change of scope that has increased the RETA's funding by \$200,000. The additional TA funding was intended to support (i) additional consultants' inputs to strengthen the quality and credibility of the plans, and collect and analyze data related to food consumption patterns of the poor targeted in the CIPs; (ii) the holding of a CIP review meeting in Beijing; and (iii) an investors' roundtable at ADB headquarters. Disbursements had reached 98.9% by 2004, and it is envisaged that the RETA can be finalized on the revised completion date. Although time-wise the RETA is not very efficient, it has achieved its objectives well and appears to have significant impacts. Hence, it can be considered efficient.

The change in scope due to Azerbaijan's inclusion in TA 9005-REG has resulted in substantial additional activities, which were funded by an additional supplement, amounting to \$850,000. This has caused an extension of the completion date from 31 August 2002 to 31 December 2004. However, by the end of September 2004, the RETA had already committed 98.8% of its revised approved funding, and it can be expected to be finalized even before its revised completion date. Having a regional coordinating office in Almaty, Kazakhstan, has enabled effective and efficient coordination of the country offices and their activities. This RETA is assessed as efficient.

5. Sustainability and Impact

In some DMCs, such as PRC, Pakistan, Thailand, and Viet Nam, TA 5944-REG has generated support from various development partners to implement their fortification CIPs produced by this RETA, and Indonesia is integrating components of its CIP into a project preparatory TA to develop a public health and nutrition project for possible ADB funding. The strategies outlined have been funded by other agencies, including Global Alliance in Improving Nutrition (GAIN) in the PRC and Viet Nam, and Micronutrient Initiative (MI) in Pakistan. Thus, ADB has played the role of a catalyst. However, the transfer of technology in developing CIPs beyond the academic community is limited. The RETA is considered likely sustainable with significant impact.

TA 9005-REG has developed approaches that enhanced the monitoring and risk assessment capacity of the participating DMCs in ACT. This allows the governments to make quick managerial decisions, which enable increased coverage and focus on delivery of fortified foods consumed by the poor. The RETA appears to have successfully identified new technologies appropriate to the ACT, and has facilitated transfer of these technologies to governments, NGOs, the food industry and consumer groups. It has mobilized other external assistance for nutrition and food fortification in ACT, and has become the basis for Loan 2007-KGZ(SF): Community-Based ECD Project. Thus, the RETA is assessed as most likely sustainable and likely to demonstrate substantial impact.

6. Overall assessment

TA 5944-REG was still ongoing during the special evaluation study. It is tentatively assessed as relevant, highly efficacious, efficient, likely sustainable, and shows significant impact. Overall, TA 5944-REG is tentatively rated satisfactory.

TA 9005-REG was not yet completed during the special evaluation study. It is tentatively considered highly relevant, highly efficacious, efficient, most likely sustainable, and has substantial impact. The overall preliminary rating of TA 9005-REG is highly satisfactory.