

(hybrid) modality is currently provided by JFPR-funded TA/RETA. However, experience shows that processing and administering such TA/RETA can be highly complicated and requires much more time and effort from staff. In addition, to ensure success and a sustainable impact, detailed administrative plans should be prepared, and rigorous reviews are warranted—as demonstrated by TA 9005-REG—supported by highly professional and dedicated local project managers. Therefore, although this preferred modality indeed offers greater possibility of good outcomes, particularly with the inclusion of small investments as mentioned above, its complicated administration³³ often discourages its use.

72. The importance of community nutrition status is now recognized by many bilateral and multilateral agencies. Of the eight MDGs, the second target for the first goal (proportion of people suffering from hunger) is directly related to nutrition. Two others (under-five mortality rate and maternal mortality ratio) can only be achieved with strong nutrition inputs, and the 10th target (drinking water and sanitation) also has a nutrition impact. With several nutrition components reflected in the MDGs, it is important to help various DMCs review their progress on the MDGs. RETAs might be a good forum to accomplish this discussion, followed by country-specific plans of action. Those countries making the slowest progress in implementing the MDGs might require country-specific TAs toward that end, preferably TAs that can provide small investments, e.g., for pilot projects, to ensure sustainable impacts.

73. Sharing experience and developing cost-effectiveness estimates are topics that could be well addressed in regional forums, such as RETAs. More data on program impact are needed, and RETAs might provide a solution for compilation of data not found in peer-reviewed literature.

74. The use of RETAs to develop effective nutrition policy for the region has been limited. This does not appear to be due to the way the policy-oriented RETAs were managed and implemented, but more associated with the nature of the general design of RETAs, and the low participation of the DMCs at design stage. Meetings and workshops are useful for defining issues; however, integrating effective nutrition policy components into overall development plans is something that can best be done as country-specific TAs, and loans could build on outputs of the policy-based RETAs and TAs.

75. While the results of consensus building at the regional level using RETAs do not always “trickle down” to national decision makers, they are good forums for advocacy and raising awareness.

VII. CONCLUSION

A. Lessons

76. Nutrition efforts should be appropriate to the level of nutrition risk and the capacity of the government and other related stakeholders in the country involved. Thus, it is important to (i) collect geographic and socioeconomic data on distribution of malnutrition and micronutrient malnutrition risks prior to developing the appropriate mix of effective nutrition interventions; (ii) confirm that reliable baseline information exists; and (iii) make certain that periodic assessments are conducted for evidence-based planning, such as regularly updating information on childhood population nutrition and micronutrient status. Improving the monitoring

³³ JFPR processing has also been known to be complicated, though this has been partly overcome by the guidelines from the 2004 Directional Guidance Paper, revised on 26 February 2004.

and risk management capacity of the participating DMCs allows governments to make managerial decisions that enable increased coverage and sharper focus on delivery of fortified foods consumed by the poor. Identifying new technologies, and facilitating transfer of these technologies to governments, NGOs, the food industry, and consumer groups, thus facilitating resources and synergies of the public-private sector and civil society, is essential to ensure successful and sustainable fortification projects. All of the above considerations are strengths of TA 9005-REG, made possible because of strong ownership and provision of investment for pilot testing and equipment.

77. ADB can play the role of a catalyst, as shown by (i) TA 5944-REG, where DMCs have received support from various funding agencies to implement their fortification CIPs developed by the RETA, and by (ii) TA 9005-REG in mobilizing other funding agency assistance for nutrition and food fortification in ACT.

78. The RETAs offered to pursue what was considered as the best, most cost effective nutrition intervention rather than determination of what mix of activities was the most appropriate for a specific country. There were large claims as to the effect of fortification without acknowledging the limitations in the efficiency of this approach because of dietary patterns and other local conditions. Although food fortification is a cost effective approach, it is part of a comprehensive nutrition program, not a substitute for programs to promote strong household food security and good nutrition-related health behavior.

79. Fortification has been promoted as the most cost effective nutrition intervention, and one having the ability to improve GDP growth. However, in most areas, particularly those with the largest risk of micronutrient malnutrition, the majority of the high-risk population (the poor) rarely consumes processed foods suitable for fortification.

80. **While fortification holds great promise in improving regional nutrition status, it has to be combined with the development of other important household food security and community nutrition initiatives.** Adequate information to develop effective fortification plans, which is often lacking in many DMCs, needs to be assured.

81. ADB should make more effort to include development partners, representatives of civil society, and the private sector in nutrition-related RETAs. For example, if further effort is needed on regional networking to support fortification, ADB could work closely with development partners, such as GAIN, MI, Micronutrient Operational Strategies and Technologies, and UNICEF and include them not only in meetings, but also in the design and implementation of a RETA. In the case of household food security, the Food and Agriculture Organization of the United Nations, World Food Programme of the United Nations, and related agencies should also participate. Involvement of the WHO is also essential, particularly during the design stage. In addition, RETAs should be more focused, as those with generalized themes appear to be less effective and less efficient.

B. Key Issues

82. The key issues are:

- (i) Some cost components in food fortification programs that support quality assurance and standardization are often forgotten when designing food fortification intervention. They include government regulatory costs and costs for development of enforcement mechanisms, installation of laboratories (particularly

for quality control purposes), and training of personnel to ensure sustainable and good quality food fortification.

- (ii) RETA/TA that does not include small investment components appears to be less effective in ensuring sustainable impact.
- (iii) The nature of the general design of RETAs and the low participation of DMCs at the design stage have reduced the impact of RETAs in developing effective nutrition policy for the Asia and Pacific region.

C. Recommendations

83. ADB should include the costs that are often ignored in food fortification, as noted above, when designing food fortification interventions and when calculating the cost effectiveness of such interventions.

84. Modified (hybrid) modality RETA/TA that allows small investment components appears to have potential in enhancing effectiveness and ensuring sustainable impact of ADB's RETA/TA, which will also enable optimum utilization of the Eighth Replenishment of the Asian Development Fund (ADF IX) grants for TA. ADB should further explore the possibility of this modified (hybrid) modality for its RETA/TA in the ongoing effort to restructure its TA operations.

85. ADB RETAs should build ownership by tailoring nutrition interventions to local social conditions. RETAs need to be formulated and designed based on the expertise and orientation of the DMCs' local communities by using participatory approaches on problems definition and objective setting. This will also make it easier to achieve "buy-in" from potential stakeholders.

86. A coherent nutrition policy was expected to be adopted by ADB in 2002 as an impact of the nutrition RETAs, particularly TA 5824-REG. This did not materialize. A separate ADB policy for nutrition is not needed. Rather, the findings and outputs of the nutrition-related RETAs, and lessons from other ADB nutrition-related operations, could be useful inputs for a nutrition section in the updated ADB Policy for the Health Sector or the integrated Health, Nutrition, and Population Strategy planned for 2006.

87. ADB should continue playing the role of a catalyst in nutrition development efforts in the region.

88. Holistic solutions to poverty reduction that will correct underlying risks of poor nutrition should be promoted by supporting complementary activities for improved nutrition and empowerment of women in ADB operations.