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SEADAG REPORTS

AD HOC SEMINAR

on

Nutrition Policy in Asia

June 7-9, 1976
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Penang, Malaysia

SEADAG Reports are intended to inform the reader of the general content and the major conclusions of SEADAG meetings. They do not attempt to recapitulate all of the discussions or to specify all of the contributions of individual participants.

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REPORT OF MEETING

INTRODUCTION

This report summarizes discussions held at the SEADAG seminar on "Nutrition Policy in Asia," Penang, Malaysia, June 7-9, 1976. In attendance were representatives from Indonesia, Philippines, Thailand, and the United States.

While nutrition intervention programs in low income countries have been examined in depth by the bio-medical community, and in recent years by economists, they have not, to date, been examined from the perspective of policy science. Policy science is a new area of development study which investigates the process of policy formation, program development, and implementation in different geographic and subject matter areas, treating policy per se as data. The growing importance of policy science is reflected in both the number of policy-related journals which have appeared and in the number of universities having programs in policy studies.

There are primarily two ways of approaching analysis of policy experience in an area such as nutrition. The first is comparative analysis of different countries or systems, examining their uniformities and anomalies. The advantage of using this approach to study nutrition policy is the newness of the subject matter and, hence, the absence of preconceptions. The second approach is predictive analysis or examination of the extent to which policy implementation deviates from the expected course of program development. The discussion reported on here concentrates on the former although there is some attention to the latter as well.

This report begins with a brief description of the country programs discussed at the seminar (i.e., those of the Philippines, Indonesia, Thailand, and Pakistan). Elements of these programs are then examined in terms of a series of three paradigms: (1) actors and sequences, (2) targets and clients, and (3) decision orders.

PROGRAMS

Philippines

Although the Philippine Government has been involved in nutrition activities for many years, its coordinated national program was initiated in 1974 with a presidential decree, the active involvement

of the First Lady, the organization of a National Nutrition Council, and the appointment of senior operational staff. With strong central government authority the Council and its secretariat under an Executive Director have had decision-making capacity unusual for the field of nutrition.

The National Nutrition Council consisting of six governmental and three private members has the responsibility to formulate, implement, and coordinate nutrition policy. As a first step it established target groups with the highest priority going to pre-school children, and pregnant and nursing mothers. It proceeded with diagnosis and projections based on data from the pilot activities which had been undertaken in earlier years.

The major operational activity undertaken by the government has been Operation Timbang,[1] a massive child-weighing program which presently covers 50 percent of the 42,000 villages in the country. At the operating level this program, encouraged and supported by the Center, is directly controlled by local nutrition committees under the overall charge of the mayor. The mayor and the committee are responsible for the specific form of the program locally and for its financing, although centrally provided development funds can be used for this purpose.

The program involves the periodic weighing of all children aged 0-6 using locally produced scales, nutrition education aimed particularly at those children at risk, and the production of packaged but unformulated foods called Nutri-Pak. The education -- using extension mechanisms, pamphlets, and mass media -- focuses on promoting the consumption of coconut oil (a source of concentrated calories), fish, and green leafy vegetables. The Nutri-Pak consists of coconut oil, dried powdered fish, shrimp or mung bean, and rice packed separately in a single plastic container. It is produced on a large-factory scale and by smaller, village level cottage industries. In addition, women have been trained in the preparation of the ingredients. Nutri-Pak, produced in part for cases of third degree malnutrition,[2] is sold at the village level with no subsidy except for the poor who receive it through the Department of Social Welfare. Home management technicians of the Department of Agriculture, and midwives and nurses of the Department of Health, have major responsibility for distribution and education. Mothers are instructed in the mixing and preparation of the ingredients, all of which are locally available.

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1. Timbang is the *tagalog* word for weighing.

2. Using the Gomez classification which groups children according to their percentage of weight-for-age standards.

The effect of Operation Timbang appears to be threefold: (1) it has created an important awareness of the malnutrition problem at the local level by sensitizing decision makers and educating the population; (2) it has facilitated community organization at the local level as an instrument of equity-oriented change; and (3) it has succeeded in identifying children and families at risk and reducing the prevalence of severe malnutrition. In one area studied, 70 percent of third degree malnutrition cases have become second degree using the Nutri-Pak mixture.

Another Philippine Government undertaking related to its nutrition objectives has been the effort to reduce the price of coconut oil. Although no direct subsidy has been provided, the government has succeeded in reducing the price by replacing tin cans with bottles or selling it in bulk with consumers providing their own containers.

Indonesia

The Indonesian nutrition scene has been characterized by considerable interest, but until recently by little in the way of systematic program activity. There has been no institution with overall responsibility for nutrition, and ministerial responsibilities often have been vague and unstructured. Nonetheless there have been important signs of progress in recent years and more cohesive policies and programs are beginning to emerge.

Nutrition activity in Indonesia has gone through a series of identifiable phases since independence. The first phase, which covered the period from 1950 to the early 1960's, was dominated by Dr. Poorwo Sudarmo, commonly referred to as the father of Indonesian nutrition, and a close associate of the Minister of Health. Poorwo stressed the managerial component of nutrition programs and devoted considerable attention to the formation of skilled cadres particularly of younger nutritionists. Programmatically, his primary interest was in nutrition education.

The second phase continuing through the 1960's and early 1970's was one of relative inaction on the part of the government, its interests being more medically-oriented, except for the younger nutritionists who had been influenced by Poorwo and had formed the Indonesian Nutrition Association in 1957 began to play a more active role. The group printed a journal, sought contact with international societies and associations, and attempted to find an identity of its own. One of its activities was the preparation of a food law draft discussed further below. As is often the case, these initiatives were subsequently taken over by the principle governmental actors as the activities became more respectable.

The third phase began in 1974 when a nutrition chapter appeared in

1974 when a nutrition chapter appeared in the Second Repelita (Five Year Plan) which included a list of twenty-eight activities to be undertaken by the government. Although the chapter did not specify program objectives, BAPPENAS (National Development Planning Agency) has since attempted to provide them.

As a follow-up, Presidential Decree No. 14 in 1974 called for the Minister of People's Welfare to assume responsibility for coordinating activities pertaining to the "people's menu." With rising incomes and a high rate of population growth, the projected effective demand for rice (the desirable status staple) was considered dangerously high and would require increasing rice imports. Accordingly, there was high level interest in the diversification of diets through consumption of such foods as corn, legumes, and cassava.

With the presidential decree, the Minister of People's Welfare established a forum of ten ministers;under their auspices a nutrition technical commission and a series of subcommissions on specific issues and program activities were also established.

One subcommission has been dealing with the Applied Nutrition Program, a United Nations-assisted package of production, education, and distribution activities which has been in operation since the early 1960s. The program involves, in addition, the training and development of a large number of field workers who now constitute an impressive and committed cadre.

Another subcommission has been concerned with salt iodization. Although salt had been iodized in the colonial period, this practice was discontinued after independence when the government salt monopoly was disbanded. In 1974, salt iodization was reintroduced by the government-operated P.N. Garam salt works which is expected to produce 120,000 of the 350,000 tons of salt produced in Indonesia in 1976. The remainder is produced by thousands of small producers. Iodization of this so-called "People's salt" might be achieved by requiring that the salt be distributed through cooperatives which would be equiped for this purpose. Other subcommissions are dealing with nutrition education, breast feeding, and wh at fortification.

Meanwhile, as early as 1974, a temporary Nutrition Task Force composed of representatives of several ministries, including a number of the younger nutritionists referred to earlier, was established under the auspices of BAPPENAS to develop a plan which would serve as the basis for a proposed nutrition loan from the World Bank. The major components of this plan call for development of: (1) a nutrition research and development center; (2) nutrition manpower training; (3) community nutrition education, using an integrated approach, involving research,development and dissemination, social interaction,and problem

solving; and (4) a nutrition intervention pilot project building on the existing ANP structure and using child weighing as the basis for its activities.

With the increasing use of processed food in Indonesia, there has been growing concern over food adulteration, especially with respect to milk which has been sold in plastic bags. A food law dealing with this problem is now before the Ministry of Health.

Thailand

In Thailand an interministerial National Nutrition Committee was formed in the mid-1950s under the auspices of the Ministry of Health. Although the Committee was supposed to be made up of high level officials, this frequently was in name only. In addition, there was considerable difference of opinion as to what constituted a nutrition program Among the health personnel the conception was largely based on the U.N.-assisted Applied Nutrition Program approach, while among the agricultural personnel it was argued that the means of improving nutrition was to promote cash crops and ultimately to increase the income of the village with its attendant effect on nutrition. The general lack of interest and the diversity of aims eventually led to the collapse of the Committee in the early 1960s.

During the 1960s there was relatively little Thai Government activity in the nutrition field. Interest was revived late in the decade with the appointment of new nutrition personnel in Bangkok and the attempt at a more systematic approach to malnutrition problem solving. A target group was defined, again the pre-school child, and the training of staff was expanded to include nutrition training for personnel from other disciplines including, particularly, economists from the National Economic and Social Development Board (NESDB). By 1973-74, the stage in fact shifted from the Health Ministry to NESDB which set up a technical subcommission to make recommendations on food and nutrition policy. One of their recommendations was to reinstate the National Nutrition Committee but with an active secretariat for backup and follow through. Current plans call for the establishment in 1977 of an Institute of Nutrition at Mahidol University. The Institute will assist national nutrition activities in various ways, including research and training of professional and sub-professional personnel, and surveillance and evaluation of nutrition programs.

The best known nutrition activity in Thailand is the network of daycare centers for children aged 3-6, initiated in the late 1960s. These centers were designed both to increase awareness of nutrition and to improve nutritional status directly. At the outset, given the lack of major government support and the need for proven success, the centers were largely located in economically average villages rather than in the

poorest ones. Partly as a result, food and nutrition were deemed relatively less important by the populace. The program organizers, in an effort to increase the attractiveness of the centers, gave special attention to the educational and child development components of the program. Although originally wholly dependent on village support, the program has obtained some government funds for operations and supplementary food, has become more politically attractive and has grown in size.

A portion of the food made available to the daycare centers is texturized meat analogues made from mung bean protein by the Institute of Food Research and Product Development at Kasetsart University. This product, derived from the mung bean protein usually discarded after the starch has been extracted for noodle production, provides a meat substitute at one-quarter of the price of pork.

For the poorer and younger population groups unreached by the daycare centers, the Thai Government initiated a program designed to identify village level communicators using sociometric techniques.[3] The women identified by these techniques are, in turn, ratified by the villages themselves, and proceed on a voluntary basis to provide and disseminate health and demographic information. The same communicators are also trained to disseminate information in other areas of health and to conduct simple action programs such as administering smallpox vaccinations, thus increasing the attractiveness of this group. In addition, they are trained to provide some comparable home economics services for the Agriculture Department. There is discussion underway of using these workers for food distribution per se although the the logistical problems might be difficult.

Thailand's salt iodization strategy, aimed particularly at the goiter problem in the north, began in the mid-1960s when the government made agreements with the largest private salt firms. The government offered to iodize their salt and to pay all extra costs involved in the iodization and promotion in return for the firms' cooperation and guarantee that the salt be sold at the ordinary price. The success of the iodization program has depended, in turn, on the government's ability to affect the distribution mechanisms so the salt can be directed to the endemic area.

Pakistan

The Pakistani program discussed at the seminar involved a government subsidy of wheat *atta* (whole meal flour) distributed

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3. Social science techniques which, in this case, involve village mapping and the systematic determination through interviewing of the carriers of information.

through its urban ration shop system[4]. The rationing system was not established as a nutrition intervention per se but as a means of encouraging industrial investment (by keeping down the price of the key wage-good) and of minimizing social disruption in the cities, often a function of rising food prices. Yet it appears to be having a significant nutritional and income redistributional effect.

The food product chosen for subsidy was wheat *atta*, made partially from imported wheat which is less desirable than locally grown varieties, and processed roller flour mills which further decreases its prestige and attractiveness. Accordingly, although ration cards are available to everyone, the product appeals primarily to the lower income groups with a relatively high income elasticity of demand for the product. Although it is unclear that such a choice was made on the basis of this rationale, the selection of a product with such characteristics appears to be the more efficient alternative to an administered means test which woud be both expensive and logistically far more difficult.

In 1974, the wheat subsidy (permitting sale at roughly 30 percent below the open market price) cost about 10.8 percent of Pakistan's national operating budget. As foreign food aid has declined Pakistan has turned to the international market for its wheat, assisted by financial aid from other Islamic nations. In terms of benefits, the program's subsidy provides a nutritional supplement of between 8 and 14 percent of recommended caloric intake (depending on the standard used) and an income increment of almost 9 percent for low income urban dwellers.

THE PARADIGMS

Actors and Sequences

One can examine many types of policy issues by asking who got them started and who took over at different stages. We often talk about the "personality" factor in program success or failure, but the actors and sequences approach may be more systematic. Programs

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4. These comments are taken from a complete description and analysis of the program found in B.L. Rogers and F.J. Levinson, "Subsidized Food Consumption Systems In Low Income Countries: The Pakistan Experience" M.I.T. International Nutrition Planning Program, Discussion Papers, No. 6.

may be initiated for a variety of reasons usually falling into one of two categories. Either the leadership is "coping" or attempting to cope with problems which appear pressing from society, or the programs are "diversionary" and designed to distract public attention away from more pressing problems and concerns. The leader who chooses to "cope" is usually reasonably secure and firmly in place politically, while those less secure resort more frequently to diversionary approaches.

Often, as was the case in the Philippines and Indonesia, the initiative is taken by a group of "professionals out of phase." This might mean a rural health officer who has not internalized all the mores of the urban medical profession, or a group of "young Turks" who are not part of the bio-medical establishment or have not yet attained senior status in the government. In order to survive, however, it appears that these initiating "professionals out of phase" must make two types of coalitions. One is with politicians, who, as in the case of Indonesia, make the programs their own and take credit for them when they become respectable. The other is with the professional community "in phase." In both the Philippines and Indonesia it was eventually necessary to have the support and cooperation of the physicians and the more established technical specialists in the ministries.

In fact the original motivation, while interesting, often proves to be far less important than what happens next. Activities which may be initiated for irrelevant reasons or as a diversionary tactic, may prove highly successful and vice versa. In the Philippines, the program, once undertaken, may well have become too big to stop, regardless of the motivations of the initiators. In each case there appears to be some forcing mechanism distinct from the initiation per se: in Indonesia, a presidential decree; in the Philippines, a decree plus the rapid development of a constituency.

The importance of coordinating actors in nutrition programming is of major significance given the perpetual problem of technical ministries and personnel with highly specific and often limited sets of objectives and perceptions. In Thailand the continuing difficulties between the Health and Agriculture ministries are a case in point.

On the basis of the cases discussed, it appears that the nature and orientation of the coordination sequence is less dependent on the location or sponsorship of the coordination (e.g., the Ministry of People's Welfare in Indonesia), and more dependent on the quality of the coordination. Four factors appear to be important: (1) high level policy intent and support; (2) continuity of membership; (3) a secretariat; and (4) a professional nutritionist (here broadly defined) advisory function.

Although frustrating as in the cases of Thailand and Indonesia, and at times seemingly pointless, it appears that such a coordinating stage may, in the longer run, be necessary to provide a sense of involvement to a larger number of actors whose support is necessary. This may be a more important function of this stage than actual coordination or forward motion.

The implementing stage would seem to require the following:

(1) Resources. Workers must have resources or -- if these workers are already involved in other undertakings -- additional resources.

(2) Workers with a career commitment to nutrition. These individuals, operating from the central to the local level, should be committed to the consumption and nutrition ends of the food and service distribution systems and should derive their rewards and satisfactions when nutritional intake and nutritional status improve. If this is not the case, efforts should be made to reorient the structure and reward system. Indonesia through its ANP cadre has this type of career commitment in the field, but such commitment is more sparse at the center. Thailand appears to have somewhat less commitment in the countryside while the Philippines seems to have both.

(3) Non-career people with a commitment to programs. The classic example of this among the cases cited here would be mayors in the Philippines. In order to carry on such programs at the local level such involvement appears essential and probably cannot be substituted for by a bureaucracy. An important question for future analysis is how to develop and incorporate this component when it does not already exist.

Targets and Clients

Targets may be thought of as specific groups which decision makers identify and seek to reach, while clients are those who seek the help of decision makers. A nutrition program would appear to need both targets and clients. The questions which arise in examining policies from this perspective are: Who are the intended beneficiaries? How are they identified? What are their responses and how do these responses change over time?

It is useful in this analysis to recognize that direct nutrition interventions may not be the only programs affecting the nutritional well-being of the population. Agricultural production or price policy, transport policy, or communicable disease control can have equal or greater impact on nutritional status. Nutrition policies can have positive or negative effects on these other policies and, similarly, can be affected positively or negatively by them.

The Thai day-care center program, Operation Timbang in the Philippines, and most of the Indonesian initiatives fall into the category of target programs. The Philippines reduction in the price of coconut oil was also a target program but one which may have had its primary effect on the middle class since the poor, at present, consume relatively little oil.

While there was no direct client case observed, the Pakistan ration shop subsidies and the Indonesian menu diversification program are examples of actions undertaken in part to avoid the possibility of unsatisfied demand, high wheat and rice prices, and unhappy, more insistent clients thereafter. A more familiar client situation is that of famine relief.

There are two interesting dynamics which come into play with regard to clients and targets. The first is the attempt to convert targets into clients, to develop a clientele, and thus to make the program a pressing or "coping" one to better assure its viability. In the case of both the Thai day-care center and communicators programs there were explicit efforts to make the programs more attractive and transform the targets into clients. The other dynamic is the attempt to convert clients into targets. This involved shifting existing desires to other needs which decision-makers believe to be more desirable or beneficial. For example, in the Philippines the villagers may have wanted Coca-Cola but were given Nutri-Pak.

The next set of problems in this second paradigm involves choosing the target. Usually, a static survey is conducted to identify and locate children for purposes of administering the program. While such surveys would point up the worst malnutrition usually located in the poorest areas, administrative sentiment is sometimes expressed for bypassing these areas and picking somewhat more advantaged ones where the likelihood of success is greater; the location decisions in the Thai day-care program are a case in point.

While the general identification and location of the problem is possible through centrally organized surveys, the more specific identification of intended beneficiaries and the organizing process per se is a local responsibility and should be transferred to the local community. Operation Timbang is an example of such a successful transfer. However, there may be the residual problem of population groups either too remote, too poor, or in some cases, too young to be reached by such systems and thus in need of special attention. The Thai sociometric identification scheme was designed in part to address this problem which would seem to call for inputs from the social sciences, particularly demography.

Finally, the selection of programs themselves must be based on the characteristics of the identified target group or the clientele. Whether intentional or not, the selection of low status, milled *atta* for the ration shop program in Pakistan proved to be effectively geared to the neediest clientele.

Decision Orders

Policy science also offers the concept of "decision orders," which provides a more systematic means of analyzing the nature of policy formation and of examining alternatives. The three categories of decision are: (1) Choice of technology: deciding the specific type of program to be undertaken; (2) Choice of organization or institution: deciding who will carry out the program; (3) Choice of incentives: deciding how to get the intended beneficiaries (and/or the implementing personnel) to do what the decision makers want them to do.

All too often these decisions are made in isolation of each other. The first is frequently made by technical specialists, the second by politicans, and the third is usually not made at all. In some situations, the second decision is made before the first. Yet clearly, one set of decisions affects the others. Accordingly, if decisions are made in concert, each type of technology, organization, and incentive being considered can be examined in terms of the

alternatives it makes available for the other two decisions. Ideally, there should be technological "fit" between first and second order decisions.

One example which illustrates the concept is the Nutri-Pak production decisions in the Philippines. A first order decision to produce the product in a large factory would suggest a second order decision to utilize the industrial sector and marketing organizations, and a third order decision to use advertising, pricing, and marketing techniques as incentives. If, however, the first order decision were to produce the product in small cottage industries, the second order decision would suggest local organizational responsibility under the mayors, and a third order decision dependent on the generation of a client group and the commitment of the local nutrition councils. Finally, a first order decision to product Nutri-Pak or its equivalent in the home would again imply a second order decision to utilize the local nutrition councils and government extension personnel, and would depend on word of mouth and the demonstration effect as the third order decision.

In Thailand where a similar set of decisions related to the long term production of mung bean protein, the decision was made to concentrate on production at the local level, largely because of the externality of labor-intensive employment, and the desirability of encouraging local organization for such purposes (the second order decision). In fact, each of the countries studied at the seminar appears to indicate a strong tendency toward decentralized local decision making, based in part on a recognition that program operation directed at the center has not worked well. The communicators and day-care programs in Thailand, Operation Timbang in the Philippines, and the village level weighing program being examined as part of the World Bank project in Indonesia are all examples of the same general tendency. In each case, the second order decision in favor of the local organization appeared to be critical.

As would be expected, distortions exist in each set of decisions. First order distortions are the common technological misfits and incongruities. In Indonesia, careful examination of extrusion technology avoided a food technology project which might have been such a misfit. Second order distortions often result from bureaucratic politics which arise when an institution or organization decides to pursue a project for its own benefit rather than to meet real program objectives. Third order distortions arise when programs appear to be successfully implemented but, in fact, are not reaching those most in need.

Finally, it appears that third order decisions create opportunities to study those who are not being reached and to identify the kinds of first and second order decisions which would be most likely to meet their needs. The Nutri-Pak development emerged from such an examination. The decision to use low status, milled wheat *atta* in the Pakistani ration shops did not emerge from such conscious third order decision making, but it might have. It appears, generally, that third order decisions and constraints are the most important with respect to the poor.

Good project management and innovations require a recycling of all three sets of decisions on the basis of ongoing monitoring and evaluation.