

Improving Nutrition

Issues in Management and Capacity Development

Richard Heaver

January 2002



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Health, Nutrition and Population (HNP) Discussion Paper

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Health, Nutrition and Population (HNP) Discussion Paper

Improving Nutrition: Issues in Management and Capacity Development

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January 2002

Abstract: The World Bank has not yet defined the main issues in management and capacity development in nutrition, nor has it developed methodologies for governments and project staff to identify and deal with these issues and systematically improve capacity. This issues paper is intended as a starting-point for developing the Bank's professional capacity in nutrition management and capacity development. It discusses a dozen sets of issues related to the design and implementation of community nutrition programs: community empowerment and decentralization; staffing and job design; supervision, training and referral; program monitoring and evaluation; sectoral capacity analysis and strategy development; building understanding, commitment and behavioral change; managing the nutrition sector; managing nutrition program support organizations; tools for institutional analysis and capacity development; building technical assistance capacity; improving donor cooperation; and improving coordination across sectors.

As a follow-up, it suggests priorities for a work program in management and capacity development in nutrition, including:

- preparing case studies of successful nutrition programs
- preparing best-practice nutrition projects with strong emphasis on capacity development
- creating groups to focus on management and capacity development in key institutions dealing with nutrition
- creating networks between nutrition institutions to share experience in this area.

Keywords: Nutrition management, nutrition capacity development, development management

Disclaimer: The findings, interpretations and conclusions expressed in the paper are entirely those of the authors, and do not represent the views of the World Bank, its Executive Directors, or the countries they represent.

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ACRONYMS

CBC	communication for behavior change
CDD	community driven development
ECD	early childhood development
HNP	health, nutrition, population
IEC	information, education, communication
M&E	monitoring and evaluation
NGO	nongovernmental organization
OED	Operations Evaluation Department
UNICEF	United Nations Children's Fund

I. EXECUTIVE SUMMARY

Most of the technologies needed to eliminate malnutrition as a public health problem now exist. The Bank has invested nearly US\$2 billion to diffuse these technologies through nutrition projects and programs, but with mixed results. The Bank has found that management problems, related to limited capacity to implement what is planned and budgeted, have held back improvements in nutrition. In most client countries, poor management presents a greater barrier to progress than the lack of good interventions, and as large a barrier as shortage of finance or lack of political commitment. In some countries, limited implementation capacity obliges the Bank to lend less than it would otherwise for nutrition, based on need.

The Bank has not yet defined the main issues in management and capacity development in nutrition nor has it developed methodologies for governments and project staff to identify and deal with these issues and systematically improve capacity. This issues paper is intended as a starting point for developing the Bank's professional capacity in nutrition management and institutional development. The nutrition community is invited to:

- Comment on or add to the issues set out in this paper.
- Suggest methodologies or conceptual frameworks that could be useful.
- Point out country or project cases from which lessons can be learned.
- Suggest projects in the planning stage that could be developed as “best-practice” cases for process documentation and dissemination.

The scope of this paper is limited to three priority areas: sectoral capacity analysis and strategy development; the management of multisectoral nutrition programs at country level; and the implementation of community nutrition programs for preschoolers and their parents (these usually include interventions for growth promotion and micronutrient supplementation). It does not attempt to deal with the implementation of school-based nutrition programs for older children; direct food or income-transfer schemes for the very poor and nutritionally vulnerable; food security and income-generation programs that have an indirect impact on nutrition; or food fortification.

A dozen sets of issues are detailed in the body of this paper. The first four relate to program management problems; the next five, to sector-level problems; and the last three, to development assistance management problems. The issues are:

Issue 1—Community Empowerment and Decentralization

Programs for growth monitoring and promotion and for micronutrient supplementation are acknowledged to work best when communities and local governments are involved in their design and management. Though part of the rhetoric, decentralization, community participation, and empowerment are seldom effectively implemented. Unresolved issues include finding ways to determine realistic decentralization and participation levels in different environments, and management structures and processes that best encourage them.

Issue 2—Staffing and Job Design

Volunteers delivering nutrition services at the community level often have insufficient time, skill, or incentives to do an effective job, and full-time paid staff members are often health workers overburdened with duties or clients. The issues in staffing and job design relate to the use of volunteers or paid workers

or some combination; appropriate staff-client ratios; the number and type of tasks that can be handled; design of daily, weekly, and monthly work routines; and choice of performance incentives that best ensure quality and sustainability.

Issue 3—Supervision, Training, and Referral

Field nutrition workers, whether volunteers or government personnel, are seldom adequately trained and supervised, or supported by a strong referral system. The technical content of training is often well developed, but some questions have been inadequately explored. They include: what other types of training should field staff receive; which processes work best for pre- and in-service training; how can supervision be reoriented to be more supportive, while maintaining accountability for performance; and how can completion, proper diagnosis, and follow up on referrals be ensured.

Issue 4—Program Monitoring and Evaluation

Problems in program monitoring and evaluation include unwieldy systems that take up too much staff time and deliver data late or to the wrong users; and misdirected emphasis on performance statistics instead of service quality and client satisfaction. The challenges are: to design systems that serve the needs of clients as well as managers; and to collect enough quantitative and qualitative information without overwhelming field workers and processing systems. (The Bank's increasing and necessary insistence on improved monitoring and evaluation is overstressing many countries' capacity to deliver in this area.)

Issue 5—Sectoral Capacity Analysis and Strategy Development

The sectoral context affects what can be done at the program level. It includes: the capacity of the health and social welfare sectors through which many community nutrition programs are implemented; the general civil service environment, including the standard of governance and rules concerning pay, postings, and transfers; and the presence or absence of institutions or cultural traditions that can foster community participation and empowerment. The questions to study: how can sectoral capacity analysis be improved and what is the best way to prepare sectoral capacity-development strategies.

Issue 6—Understanding, Commitment, and Behavioral Change

Understanding and consensus on the causes of malnutrition and the seriousness of the problem are limited. For this and other reasons, commitment to implementing solutions is weak. The question to address is how should the process be managed so as to increase understanding and commitment and promote appropriate behavioral change among the many stakeholder groups involved in nutrition.

Issue 7—Managing the Nutrition “Sector”

Because nutrition cuts across sectors, managing the nutrition “sector” is problematic. The questions to address include: where should nutrition's home be located in government; and what are the best processes and incentives for coordinating and managing a country's overall efforts in nutrition within its specific management structure.

Issue 8—Managing Nutrition Program Support Organizations

Many line agencies implementing nutrition programs depend on specialist organizations for support in areas such as management training; information, education, and communication; research; and monitoring and evaluation. Issues common to the management of these support organizations include finding ways to: get the right balance between government, nongovernmental organizations (NGOs), and private sector support; divide roles and responsibilities among organizations; promote competition while avoiding

duplication; develop individual support institutions as centers of excellence that are responsive to program needs.

Issue 9—Tools for Institutional Analysis and Capacity Development

The Bank has no generally accepted tools for capacity analysis and development or for bringing about institutional change through nutrition projects. The question to address is which tools can be usefully imported and applied from experience in other sectors and different environments, from other development agencies, from academia, or from the consulting industry.

Issue 10—Building Technical Assistance Capacity

Both foreign assistance agencies and countries implementing nutrition programs suffer from capacity problems, including insufficient trained staff to provide effective assistance on technical aspects of nutrition or on management and capacity building. The question to address is how can the Bank strengthen its capacity in this area.

Issue 11—Improving Donor Cooperation

Donors could also do more to coordinate their projects and procedures. Questions to address include: can the Bank and UNICEF, already partners in nutrition, work more closely with each other and with other agencies to make the most of their comparative advantage in different areas; can donors lighten the administrative load they put on countries' scarce aid management capacity by developing fewer projects, but ones which are based on co-financing mutually agreed nutrition and capacity-development strategies?

Issue 12—Improving Coordination Across Sectors

Donors as well as countries have difficulties coordinating their nutrition efforts across sectors. Questions to answer include: how can "indirect" nutrition programs be targeted to clients whose problems cannot be solved by direct nutrition programs alone; and how can nutrition be incorporated into the multisectoral approach to community-driven development.

Priorities suggested for a work program in management and capacity development in nutrition include:

- Preparing *case studies of successful nutrition projects and programs*, focusing on what they did right in management and capacity development, and which issues they left unresolved. This is a gap in the current nutrition literature, which focuses mainly on technical design and impact evaluation.
- Developing practical *procedures for sectoral institutional analysis and strategy development*. Joint development of such procedures with the donor community would be a useful first step toward building a donor partnership to address nutrition-management issues.
- Applying these procedures to *preparing some best-practice nutrition projects with strong emphasis on capacity development*, co-financed by the Bank and UNICEF, and perhaps also by bilateral partners. These projects would be an opportunity to test new approaches to donor cooperation.
- Assigning individuals or *creating groups to focus on management and capacity-development issues in nutrition*, with a mandate to act as a clearing house for information; to contribute to the tasks suggested above; and to disseminate work program results to agency staff and developing-country partner institutions. In the case of the Bank, the size of the nutrition portfolio and the centrality of capacity-development problems to the portfolio's health call for the creation of a small core team to work on these issues.

- Facilitating the creation of an informal, *interagency experience-sharing network* on nutrition management and capacity development. Through the network, identifying individuals and institutions in developing countries with strengths in nutrition management and capacity development, who could become part of a broader, North-South network interested in these issues.

II. INTRODUCTION

Most of the technologies needed to eliminate malnutrition as a public health problem now exist. The Bank has invested US\$2 billion over the past 25 years to diffuse these technologies through nutrition projects and programs—with mixed results. Management problems, related to limited capacity to implement what is planned and budgeted, have held back improvements in nutrition. In most client countries, poor management presents a greater barrier to progress than the lack of good interventions and as large a barrier as shortage of finance or lack of political commitment. In some countries, limited implementation capacity obliges the Bank to lend less than it would otherwise for nutrition, based on need.

Despite recognition by the Bank's Operations Evaluation Department (OED) and its management that capacity is a major barrier to improving nutrition, the Bank has not yet defined the main issues in management and capacity development in nutrition nor has it developed methodologies for governments and project staff to identify and deal with these issues systematically. This is partly because management and capacity development are inherently difficult: what works depends on local circumstances, and “right answers” can rarely be generalized. But it is also because the Bank has only recently begun to treat capacity development in the health, nutrition, and population (HNP) sectors as a serious discipline. Only recently has it begun to invest in developing professional skills in this area, and this investment is very small, compared to what has been put, for example, into epidemiology, or health economics and financing.

This issues paper is intended as a starting point for expanding the Bank's professional capacity in nutrition management and institutional development. The nutrition community is invited to

- comment on or add to the issues set out in this paper
- suggest methodologies or conceptual frameworks that could be useful
- point out country or project cases from which lessons can be learned
- suggest projects in the planning stage that could be developed as “best-practice” cases for process documentation and dissemination.

Funding will be sought for a work program to: develop and test methodologies for capacity assessment and capacity development; collect systematically the lessons from successfully managed projects and programs and make them available to countries and foreign assistance agencies supporting nutrition; and provide technical support for preparation of “best-practice” nutrition projects in partnership with other agencies.

A. SCOPE

This paper summarizes issues related to overall sectoral capacity analysis and strategy development; the overall management of multisectoral nutrition programs; and the implementation of community nutrition programs for preschoolers and women (which usually include interventions for growth promotion and micronutrient supplementation). During 2000, the Bank and the United Nations Children's Fund (UNICEF) jointly assessed their work in nutrition over the past 15 years (World Bank 2001). The focus on community-based nutrition programs in this issues paper reflects their conclusion that, while the recent increase in investment in micronutrients must be sustained, most future progress in reducing malnutrition

will come from improvements in community nutrition (and integration of micronutrient interventions into general community nutrition programs).¹

To limit the scope of any follow-up work program in nutrition management to what can be realistically financed and managed, this paper does not attempt to deal with

- school-based nutrition programs for older children
- direct food or income transfer schemes for the very poor and nutritionally vulnerable
- food security and income-generation programs that have an indirect impact on nutrition
- food fortification.

Except for these limitations, the scope of this issues paper is broad. The term “capacity development” is used in this paper instead of “institutional development,” because community nutrition programs attempt to improve the capacity of program clients as well as institutions. Capacity development covers both. Broadly defined, the term encompasses “changes in organizational structures or management processes and incentives, leading to improved understanding and action to achieve nutrition program impact” This paper’s scope encompasses management as well as capacity-development issues. For example, because capacity building is a long-term process, an important set of issues relates to designing short-term jobs, projects, and programs in a way that takes into account limited current capacity. This is an essential function of management, not capacity development.

This paper therefore looks at a wide range of operational problems and issues in the chosen program areas. One risk inherent in this broad approach is that it could lead to an overambitious follow-up work program. The Bank’s and other assistance agencies’ own financial and managerial constraints preclude addressing every problem simultaneously. From their own operational experience, practitioners are therefore encouraged to suggest priorities for working on the issues discussed (or others not identified).

Finally, whichever priorities are chosen, many of the lessons derived from experience will be tentative. Because new experience constantly emerges, a work program in management and capacity development has to remain a work in progress, undergoing constant adjustments. Its products will have to be disseminated digitally and in published in loose-leaf format so that new information and case studies can be added as experience accumulates.

B. THE PROBLEM

Capacity constraints affect the Bank’s entire HNP portfolio, not just the nutrition sector. Reviewing development effectiveness in the HNP sector, OED said: “OED has consistently rated institutional development as substantial in only about a quarter of completed HNP projects; for FY97/8 this is well below the Bank average of 38 percent. Institutional impact thus remains the Achilles heel of the HNP portfolio” (World Bank 1999). OED attributed the problem mainly to the Bank’s inadequate analysis of borrower capacity and constraints on borrower performance and weak articulation of institutional development objectives and indicators, a judgment accepted by Bank management. According to OED’s

¹ For a synthesis of the background papers for the nutrition assessment, see Gillespie et al. (2001). For a more detailed review of community nutrition programs and what makes them work, see Mason (2000).

analysis, the quality of institutional analysis during project preparation had a significant impact on project outcomes—presumably through improving the fit between project design and implementation capacity.

Whether management and institutional problems are better or worse in nutrition than in the HNP portfolio generally is not clear. This uncertainty is due partly to the small sample (27 completed nutrition projects) but mainly to the lack of systematic analysis of institutional content and capacity-development impact, in the absence of an agreed methodology. In another recent Bank nutrition portfolio analysis, the 30 largest nutrition projects from FY1985–99 received an average rating of 2.6 out of 5 on handling of management and institutional problems; 6 projects scored 4 or higher (World Bank 2001). That analysis examined: the effectiveness with which project documents dealt with institutional obstacles to project implementation; the extent of decentralization at local or regional levels; the sector’s political economy; and government commitment. This set of variables was much narrower than those identified in the present report as important for capacity development.

Overall, the portfolio review concluded that the Bank needs “a well-planned capacity-building effort for client countries over the medium term, and in the short term for the Bank, so that it can better assist the client. This should be an overall HNP capacity-building effort, since the need is sector-wide, and nutrition and the rest of HNP often operate through the same human and physical infrastructure” (World Bank 2001). The Bank/UNICEF Nutrition Assessment (Gillespie et al. 2001) also confirmed the OED and nutrition portfolio review assessments of the importance of management and capacity problems.

The terms of reference for the nutrition assessment and the nutrition portfolio review did not include identification of the most important capacity constraints. Nor is there a generally accepted method for identifying them. For practical reasons, a balance must be struck between identifying a broad enough set of problems and issues to reflect their complexity but a small enough group of key constraints to be intellectually graspable and practically manageable. The choice of the dozen groups of problems and issues discussed in this paper reflects a judgment about this balance rather than a conviction that this is the only “right” set of issues.

In choosing these problems and issues, three methods were used:

- discussion among a core group of Bank nutrition staff and consultants with substantial operational experience
- a review of the institutional factors most commonly associated in the literature with the failure of nutrition interventions (Rokx 2000)²
- a cross-check of the factors emerging from these two sources with those identified as important in four country case studies of nutrition policies and programs, commissioned as part of the Nutrition Assessment.³

² Rokx identified the following factors: inappropriate service delivery mechanisms (e.g., government delivery of services that nongovernmental institutions or civil society could deliver better; failure to include specific institutional development interventions; insufficient political commitment; lack of an institutional home for nutrition; poorly coordinated multisectoral approach; inadequate human resources; overly complex intervention designs; too small a nutrition component in the overall project; and insufficient nutrition expertise during preparation or implementation.

³ The studies were: India (Greiner and Pyle 2000), Madagascar (Mulder-Sibanda and Crelerot 2000), Philippines (Heaver and Mason 2000), and Tanzania (Levinson and Dolan 2000).

Of the dozen issues chosen for discussion here, four sets relate to program-management problems; five to sector-level problems; and three to foreign assistance–management problems. They are:

Issue 1—Community Empowerment and Decentralization

Programs for growth monitoring and promotion and for micronutrient supplementation are acknowledged to work best when communities and local governments are involved in their design and management. Though part of the rhetoric, decentralization, community participation, and empowerment are seldom effectively implemented. Unresolved issues include finding ways to determine realistic targets for decentralization and participation levels in different environments and management structures and processes that best encourage them.

Issue 2—Staffing and Job Design

Volunteers delivering nutrition services at the community level often have insufficient time, skill, or incentives to do an effective job, and full-time paid staff members are often health workers overburdened with duties or clients. The issues in staffing and job design relate to the use of volunteers or paid workers or some combination; appropriate staff-client ratios; the number and type of tasks that can be handled; design of daily, weekly, and monthly work routines; and choice of performance incentives that best ensure quality and sustainability.

Issue 3—Supervision, Training, and Referral

Field nutrition workers, whether volunteers or government personnel, are seldom adequately trained, supervised, or supported by a strong referral system. The technical content of training is often well developed, but some questions have been inadequately explored. They include: what other types of training should field staff receive; which processes work best for pre- and in-service training; how can supervision be reoriented to be more supportive, while maintaining accountability for performance; and how can completion, proper diagnosis, and follow up on referrals be ensured.

Issue 4—Program Monitoring and Evaluation

Problems in program monitoring and evaluation include unwieldy systems that take up too much staff time and deliver data late or to the wrong users; and misdirected emphasis on performance statistics instead of service quality and client satisfaction. The challenges are: to design systems that serve the needs of clients as well as managers; and to collect enough quantitative and qualitative information without overwhelming field workers and processing systems.(The Bank’s increasing and necessary insistence on improved monitoring and evaluation is overstressing many countries’ capacity to deliver in this area.)

Issue 5—Sectoral Capacity Analysis and Strategy Development

The sectoral context affects what can be done at the program level. It includes: the capacity of the health and social welfare sectors through which many community nutrition programs are implemented; the general civil service environment, including the standard of governance and rules concerning pay, postings, and transfers; and the presence or absence of institutions or cultural traditions that can foster community participation and empowerment. The questions to study: how can sectoral capacity analysis be improved and what is the best way to prepare sectoral capacity-development strategies.

Issue 6—Understanding, Commitment, and Behavioral Change

Understanding and consensus on the causes of malnutrition and the seriousness of the problem are limited. For this and other reasons, commitment to implementing solutions is weak. The question to address is how

should the process be managed so as to increase understanding and commitment and promote appropriate behavioral change among the many stakeholder groups involved in nutrition.

Issue 7—Managing the Nutrition “Sector”

Because nutrition cuts across sectors, managing the nutrition “sector” is problematic. The questions to address include: where should nutrition’s home be located in government; and what are the best processes and incentives for coordinating and managing a country’s overall efforts in nutrition within its specific management structure.

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Many line agencies implementing nutrition programs depend on specialist organizations for support in areas such as management training; information, education, and communication; research; and monitoring and evaluation. Issues common to the management of these support organizations include finding ways to: get the right balance between government, nongovernmental organizations (NGOs), and private sector support; divide roles and responsibilities among organizations; promote competition while avoiding duplication; develop individual support institutions as centers of excellence that are responsive to program needs.

Issue 9—Tools for Institutional Analysis and Capacity Development

The Bank has no generally accepted tools for capacity analysis and development or for bringing about institutional change through nutrition projects. The question to address is which tools can be usefully imported and applied from the Bank’s experience in other sectors and different environments, from other development agencies, from academia, or from the consulting industry.

Issue 10—Building Technical Assistance Capacity

Both foreign assistance agencies and countries implementing nutrition programs suffer from capacity problems, including insufficient trained staff to provide effective assistance on technical aspects of nutrition or on management and capacity building. The question to address is how can the Bank strengthen its capacity in this area.

Issue 11—Improving Donor Cooperation

Donors could also do more to coordinate their projects and procedures. Questions to address include: can the Bank and UNICEF, already partners in nutrition, work more closely with each other and with other agencies to make the most of their comparative advantage in different areas; can donors lighten the administrative load they put on countries’ scarce aid management capacity by developing fewer projects, but ones which are based on co-financing mutually agreed nutrition and capacity-development strategies.

Issue 12—Improving Coordination Across Sectors

Donors as well as countries have difficulties coordinating their nutrition efforts across sectors. Questions to answer include: how can “indirect” nutrition programs be targeted to clients whose problems cannot be solved by direct nutrition programs alone; and how can nutrition be incorporated into the multisectoral approach to community-driven development.

These 12 issues are discussed in Sections 2 through 4, looking first at issues and problems at program level. Priority is given to families and communities where understanding is built, behavior changed, and local control increased. Sectoral issues are then examined where they limit the ability of programs and donors to help their clients and client countries.

C. OVERLAP WITH HEALTH AND POPULATION PROBLEMS AND ISSUES

The claim that nutrition's multisectoral nature makes it uniquely challenging is hard to substantiate when nutrition programs are compared with population, HIV/AIDS, and water-borne disease-control programs. To succeed, those programs also have to involve a variety of government ministries as well as civil society. In reality, nearly all the nutrition-related problems and issues identified above also affect the health and population sectors.

How, then should the Bank design and finance a work program on nutrition management and capacity development in the broader context of the HNP sectors? A pragmatic approach is likely to be best for selecting priorities and deciding how to handle them. Nutrition might lead in some areas. Where work on cross-cutting issues is proposed in the health sector, nutrition-related issues should be incorporated. Jointly designed and cofinanced work might be appropriate in some areas not yet systematically explored by HNP.

III. PROGRAM MANAGEMENT ISSUES

This section examines issues related to community empowerment and decentralization; staffing and job design; training, supervision, and referral; and monitoring and evaluation. Successful community nutrition programs reveal the lesson that the Bank and borrowers have to do more than focus on getting the broad, sector-level strategies right. Planners have to give attention to detail and find the specific combination of microlevel management and capacity-building interventions that achieves a mutually reinforcing effect.

A. ISSUE 1—COMMUNITY EMPOWERMENT AND DECENTRALIZATION.

Empowerment-oriented approaches are widely acknowledged as more likely to succeed in community nutrition than top-down, service delivery-oriented approaches. If program clients understand the causes of malnutrition and are involved in designing and implementing solutions, nutrition interventions are likely to work better initially and be more sustainable than they would without their participation. Nevertheless, fostering empowerment takes time and requires substantial investment in human and financial resources. Each country's potential for empowerment also varies, depending on its government's political and administrative culture and the degree of participation encouraged by the community culture. Community empowerment in nutrition is therefore best studied through cases chosen to reflect a range of environments.

Such case studies might focus on four sets of issues: the current degree of empowerment, the type and appropriateness of the organizational structures to support or achieve it, the process, and strategies for initiating or expanding empowerment.

The *empowerment* issues would involve:

- reviewing the *degree of empowerment* (ranging from client participation in service delivery as community workers, client participation in problem analysis and intervention design, or client participation in monitoring, to full responsibility for program management by peoples' organizations)
- making a judgment about whether the degree of empowerment relates appropriately to what is feasible in the local environment
- assessing whether there is a clear strategy for increasing empowerment over time and, if so, whether the pace of change proposed is realistic in the specific community.

A second set of issues relates to the *type and appropriateness of the organizational structures* used to promote participation or empowerment, including cadres of community volunteers, women's groups, and community management committees. Questions to address include:

- Do these organizations represent the local community, or community elites?
- Do they have clearly defined roles and a plan to empower them further?
- How do they relate to existing structures of local government, local traditional or religious authority, and the community organizations of other development programs?

A third thrust would be to review the *processes* used to empower those working in the community structures, including

- experience with the "Triple A" process, in which local communities assess the nutrition problem, analyze its causes, and act to promote good nutrition
- use of management information systems at the local level to empower local people to take management action
- use of rewards and incentives (financial and nonfinancial) to encourage community involvement
- methods to gain the support of local politicians by presenting nutrition programs as potential vote winners.

These first three sets of issues would look at the way participation and empowerment work in the present. The fourth would look at strategies (and their costs) for *initiating and expanding* the empowerment process. Questions to answer include:

- What strategies have been used to bring politicians and bureaucrats at different levels on board in support of participation or empowerment?
- What blend of government, nongovernmental, and civil society resources has been used to foster participation and the comparative advantage that each brought?
- What strategy has been used to scale up empowerment efforts?⁴
- Is there is a clear strategy for developing the capacity to foster community empowerment?

Empowering communities is difficult without significant administrative *decentralization*, but delegating authority without money leads to little real autonomy. As with participation and empowerment, countries vary widely in their degree of centralization. They run the gamut from highly centralized and authoritarian; through decentralization of limited authority and budget to regional, provincial, or local governments and communities; to full *devolution* of powers, and a substantial portion of the national budget, to local governments and communities. Case studies in this area should reflect this full range. At the strategic level, they should address the questions:

- Is the design of nutrition programs appropriate to the country's level of decentralization, taking full advantage of whatever legal and budgetary flexibility is available?

⁴ Concentrating the scarce skills of community-mobilization specialists often leads to success in pilot areas that is hard to replicate in mainstream government programs.

- Is there a strategy to progressively decentralize management of the nutrition program in line with broader plans to decentralize government?

Genuine decentralization—passing both authority and money to lower levels—invites further community participation and empowerment and gives local governments and communities some power to set their own investment priorities. However, these priorities may not include nutrition (often perceived as a lower priority than infrastructure). Communities may also choose to fund cost-ineffective but politically attractive interventions in nutrition (e.g., food supplementation instead of growth promotion). Nutrition planners and managers must then manage the trade-off between promoting empowerment and getting the “biggest bang for the buck” from nutrition investments. Case studies of nutrition programs in decentralized environments should therefore focus on ways managers can encourage attention to national nutrition priorities by *influencing* local governments and communities without imposing top-down *control*, including

- advocacy and training (e.g., in the Triple A approach) to help local governments and communities recognize the seriousness of malnutrition and hence give it greater investment priority
- nationally funded technical support and supervision to complement, but not supplant, local governments’ administrative supervision
- matching grants to encourage local governments and communities to invest in priority nutrition interventions from an epidemiological point of view.

Each of these approaches entails substantial financial and human resource costs and requires the development of new institutional systems and procedures within government. An important part of decentralization case studies would be to estimate these costs and document the kinds of institutional changes needed to reorient health and nutrition bureaucracies from managing centrally controlled programs to becoming technical assistants and influencers of nutrition programs run by others.

B. ISSUE 2—STAFFING AND JOB DESIGN

The desirability of using community nutrition workers as first-line service providers, given their comparative advantage of physical and cultural closeness to their clients, has been widely accepted since the Alma Ata conference of 1978. At least three sets of issues related to staffing should be explored. The first two would compare the relative *cost-effectiveness* of using volunteer workers or paying workers from the community. Debate on this issue continues because what is appropriate may vary substantially depending on the cultural and administrative environment. The third set would focus on a question common to the two approaches: What is the best design for performance incentives for field workers?

Volunteers versus Paid Workers

With regard to the *relative effectiveness* of the volunteer or paid worker approaches, a review of programs in different cultural environments might focus on

- the impact on malnutrition
- the extent to which a cultural tradition of community service and community projects is linked to the success of volunteer approaches
- the extent to which availability and pay of other work opportunities for women affects the time inputs of community nutrition volunteers
- the worker-client ratio and the number of hours worked per week by volunteers and by paid workers
- the number of duties of paid and volunteer workers, the time required to carry them out, and their relation to the volume and quality of work.

A relative *cost analysis* of volunteer and paid worker systems should take into account the hidden costs of volunteer-based systems in terms of

- additional supervisors and in-service trainers to support large cadres of volunteers
- dropout rates of volunteers in different programs and the implications for additional preservice training costs to replace dropouts.

Incentives, Rewards, and Job Design

Community nutrition workers' performance depends as much on the design of their jobs as on incentives and rewards.

Even where community nutrition workers are paid, the low rates of pay in most programs mean that workers are motivated only partly by money. Designing the best performance *incentives and rewards* is therefore a task common to both volunteer and paid worker approaches. The effectiveness of different program approaches might be compared such as

- rewarding performance with tokens of esteem (certificates, plaques, stars)
- designing systems for recognition by the local community
- initiating competition between service areas, based on comparative performance statistics
- rewarding performance through promotion (particularly by allowing community workers with excellent practical skills to substitute on-job experience for academic training to qualify for entry to supervisory posts).

Some programs set workers impossible tasks in terms of the number of services they are expected to provide for large numbers of clients. For workers whose job is exclusively nutrition, an analysis of the appropriateness of job design should look at the time required for individual tasks, the way work routines are organized, and cooperation among nutrition workers and health workers covering the same service area. For multipurpose health/nutrition workers or nutrition/child development workers, a further set of issues arises.

Time requirements. For different nutrition programs, estimates should be made of time actually spent and time needed to do a good job on different tasks. Estimates should cover time spent on: travel to clients, client censuses and updates, community mobilization, growth monitoring and problem assessment, nutrition counseling, micronutrient supplementation, record keeping and reporting, and other administrative tasks (e.g., attendance at meetings, collecting pay).

Organization of work. Time requirements also depend on how well workers' daily, weekly and monthly work routines are organized. Time analysis should therefore be combined with an analysis of the different ways programs handle this:

- leaving job organization up to the individual worker
- increasing efficiency by providing certain services on a group basis, supplemented by home visits to those not attending group meetings
- leveraging the efforts of workers by involving community members in providing certain services
- targeting high-risk groups of clients on whom workers spend the most time
- planning service provision on a "life-cycle" basis.

The second and third options save service provision time but require additional community mobilization time.

Interdepartmental cooperation. Since nutrition and health services are complementary, efficiency and effectiveness gains can be made by planning work routines based on cooperation between nutrition, health, and agricultural extension workers. Case studies should examine how effectively different programs do this through strategies such as

- joint training for workers from different departments, emphasizing the commonality of goals, and achieving individual performance targets through cooperation
- clear and appropriate division of labor between workers
- piggy-backing nutrition services on group meetings organized by health workers (e.g., on immunization days, combining micronutrient supplementation with information, education, and communication)
- joint identification of high-risk clients needing services from more than one department
- joint field visits to offer combined services (e.g., growth monitoring combined with health check-up).

Multipurpose workers. A further set of job design issues arises in programs where multipurpose workers provide nutrition services in combination with health services, and in child- development programs which combine nutrition, health and early learning services. Combining services can be justified in terms of efficiency gains (one visit instead of two or more to a single client requiring multiple services). Justifying integrated services on the grounds of synergy gains, however, is specious. Providing multiple services does yield synergy gains, but synergy can be achieved by the *coordinated* provision of services by more than one worker, not just by the *integrated* provision of the same services by a single worker.

Delivering primary health care and micronutrient supplementation services together is a manageable combination, since the latter take little time. It is less clear whether it is appropriate for a single worker to be responsible for providing both primary health services and growth monitoring/nutrition education services or growth promotion and child development services. All these types of services require substantial time. Child development, when it includes preschool education, is an especially time-consuming task since it also involves a different client group (4-to-6-year olds) as well as the 0-to-2 or 0-to-3-year olds targeted by growth promotion.

Comparative case studies should therefore be carried out to see whether conclusions can be drawn about the relative performances of multipurpose and single-purpose workers. In addition, since decisions to combine service provision may be political in nature and hard to reverse on technical grounds, an attempt should be made to suggest changes in existing multipurpose worker programs to make them more manageable, hence more effective. A worker's total number of tasks could be reduced, for example, or the worker-client ratio could be improved to allow each worker enough time to do each task well.

C. ISSUE 3—SUPERVISION, TRAINING, AND REFERRAL

Solving personnel issues and institutionalizing procedures in supervision, recruitment, and training are crucial to capacity development.

Supervision

Supervision in community health and nutrition programs needs to become more supportive. This is the most often mentioned problem related to supervision. Supervisors often act like “inspectors,” an approach common in many government bureaucracies, instead of helping field workers improve their skills and

solve implementation problems. Some supervisors have theoretical training but limited field experience and proficiency in their subordinates' tasks (e.g., some doctors and nurses). A review of programs where supervision is effective might look at their approach to recruiting and training supervisors. Since nutrition NGOs' supervision practices are often more effective than those of government, a comparison of their approaches in the same country setting would be instructive.

Recruitment and training of supervisors. Recruitment issues include: qualifications and experience, length of preservice and in-service training, training content, civil service culture and supervisory practices, and training methods and process. High academic requirements may attract higher social status, urbanized supervisors who dislike living in villages and do not communicate easily with clients and field workers. Preservice training should present a balanced package of technical, managerial, and communication information as well as information on community mobilization and acclimation to the community.

Issues with regard to the structure and field practices of supervisors include

- the ratio of supervisors to field workers, related to the distance they have to travel and the transport and transport allowances available
- the design of supervisors' work routines, in particular time spent in the field and the frequency and length of interactions with clients and workers
- the use supervisors make of information available from the management information system
- the use supervisors make of feedback about service performance from clients
- the extent to which supervisors prepare community leaders to share in the task of field- worker supervision.

The ratio of supervisors to workers is particularly important for cost-effective supervision. Supervisors should probably not oversee more than 20 field workers, based on the frequency of interaction needed for proper support and time lost in travel from home base to the field (Mason 2000). Explanations should be sought for variations in supervision ratios in successful programs. The substitution of distance learning techniques for relatively expensive personal supervision visits should also be explored.

Also related to the quality of supervision are supervisors' methods for ensuring nutrition service quality, including

- using technical service standards and protocols that define a quality service
- making observation of service provision as important as checking records
- incorporating quality indicators into the management information system
- complementing supervision of the technical quality of services with feedback from clients on friendliness, timeliness, and convenience.

Training of field workers. Common management problems related to field worker training stem from their lack of training in the organizational and managerial aspects of their work, which are as important as their technical training in nutrition. In addition, their skills are not refreshed often enough, and the refresher training they do receive is standardized, instead of tailored to their work problems. Factors to be explored with regard to the recruitment and training of field workers include: length of preservice and in-service training, and training content, (especially the balance between technical content, training on work routines, IEC, and community mobilization); and the methods and process used (especially for practicing skills, whether through role-playing or in field practice areas).

With regard to the design of training strategies, institution-based training, where training specialists teach large batches of field workers, is quite different from field-based training, where supervisors train their own workers. The former has the advantage of exposing workers to professional trainers; allows countries to diffuse a standard approach to service delivery; and allows workers to meet staff from other regions and learn from their experiences (if the training is structured appropriately). But this type of training can cost too much to be frequent and can promote standardization at the cost of responsiveness to changing program needs over time or in different geographic areas.

Field-based training has the advantage that workers are trained by their own supervisors, who know their strengths and weaknesses as well as the program's performance and the clients in the worker's area. Training can therefore be tailored to each worker's and local clients' particular needs. A cost-effectiveness comparison should be done of both approaches (which can be implemented separately, or in combination) in different environments.

Management of training. Other questions to be explored relating to the management of training include:

- Which systems for assessing training needs have worked best? Who should do the assessments, how often, using what methodology? How can timely feedback into curricula be managed?
- Which combinations of class-based training and practical training work best (e.g., preservice training followed by on-the-job experience, versus sandwich training⁵)?
- Is exposing workers to model clinics and high-performing service areas cost-effective as a training method?
- What are the advantages and disadvantages of distance learning as a training method?
- What are the relative merits of training run by government institutes and training contracted out to academic or private institutions?
- What is the best way to manage the development of a cadre of professional trainers (including different approaches for training trainers, incentives and career development for trainers, and linkages between trainers and the field program)?

Referral systems. How well referral systems work depends partly on the relationship between community nutrition workers and health workers in the field. Referrals are more apt to be timely if workers, trained together, feel they have common objectives, if they have clear protocols for deciding when a referral is needed, and if their work routines specify how they will cooperate (*Issue 2* on staffing and job design). Difficulties commonly arise at three points of the referral process work, once initiated: ensuring completion of referrals, correct diagnosis, and patient compliance.

- *Completion.* Poor clients, especially those who live in inaccessible areas or places with incomplete referral center networks, may not be able to afford transportation to the referral center or time off from work. Options here are to provide transportation allowances (and means-testing and cash-management systems to prevent abuse); or to arrange for regularly scheduled doctor visits to outlying villages (which may be difficult when doctors are scarce or have inadequate allowances for field travel).

⁵ In which workers have an initial classroom course, followed by on the job experience, followed by further classroom training. Workers can get more out of classroom training if they have some understanding of the problems of working in the field.

- *Correct diagnosis.* Some health-related causes of malnutrition are easy to diagnose and treat, but “failure to thrive” often has complex causes related to food security and care as well as health. Most general practitioners need special training to diagnose malnutrition referrals and access to specialist help from a pediatrician. This has capacity-development implications.
- *Patient compliance.* Poorly educated mothers often have difficulty understanding and following doctors’ advice (a problem that unfriendly attitudes or poor communication skills on the part of examining doctors can exacerbate). In addition to training doctors in communication as well as technical skills, development of a referral slip system can help to ensure that field health and nutrition workers know what doctors have advised so they follow up on recommendations.

D. ISSUE 4—PROGRAM MONITORING AND EVALUATION

The Bank’s Operations Evaluation Department has concluded that the Bank has invested too little in developing systems for monitoring and evaluating (M&E) in the HNP portfolio (World Bank 1999).

Monitoring

Completion reports cite inadequate attention to developing indicators and to M&E during implementation. The Bank’s recent nutrition portfolio review confirmed this problem: about 30 percent of projects did not include even the most basic indicators, measurements of nutritional outcomes, although it did mention an encouraging trend in newer projects toward the specification of intermediate targets and indicators (World Bank 2001). The Bank has not examined the appropriateness of nutrition project indicators chosen for outcomes, processes, or system performance, or the extent of their use and by whom during implementation.

Monitoring system design. General monitoring-related issues have been explored in academic literature on the subject, and the Bank has prepared detailed operational guidelines for nutrition program monitoring in the M&E booklet in its Nutrition Toolkit (Levinson et al. 1999). Monitoring systems are usually designed mainly to serve senior managers’ information needs, which reinforces a top-down rather than bottom-up, community-based management system. The Bank, with its own complex project designs and demands for information about each project subcomponent, may have done as much to contribute to this problem as to resolve it. The drive for more and better information often leads to:

- the collection and upward referral of more data than managers can use
- delays in processing data and providing feedback to the field;
- excessive time spent by field workers on recording and reporting
- marginalization of field workers, supervisors, and local communities as primary information users.

To extract useful lessons, case experiences should be reviewed for examples of management information systems designed to meet clients’ and workers’ information needs—collecting only data they need and taking them only a reasonable part of their work time to collect. Especially important will be assembling samples of practical indicators and reporting formats that client communities can use to monitor different types of nutrition interventions.

At higher management levels, good monitoring systems should:

- have a declining number of performance-tracking indicators at higher levels of the system
- use computers to generate rapid feedback reports for lower managerial levels
- provide feedback to lower levels on comparative performance in different service areas.

This type of feedback allows: workers to see how they are doing relative to others; managers to use competition between service areas as a performance incentive; and supervisors and higher level managers to practice management by exception. Case studies should focus on projects and programs that show progress in these areas.

Decentralization of monitoring. In many nutrition programs, efforts to strengthen monitoring focus on the monitoring capacity of national program management units. But developing the capacities of intermediate level units, particularly where they coincide with tiers of local government, can be an important tool for effective decentralization of nutrition programs (*Issue 1*). Questions that arise in strengthening monitoring systems for use by intermediate levels of management include:

- How can monitoring data be turned into two different information streams, one appropriate for technical supervisors, and another for local government administrators?
- How can summary indicators of nutrition program performance be incorporated into the monitoring system used by local government leaders, and local government planning and budgeting units, in planning and managing the overall local development program?
- How can technical supervisors and local government managers at intermediate levels be trained to make proactive use of monitoring information to improve program performance?

Need for qualitative information. Another set of monitoring issues relates to the growing recognition of community nutrition programs' need for both qualitative and quantitative performance information. Especially needed is information about clients' changing perceptions and behaviors and about the quality of worker-client interactions with regard to community mobilization and CBC. If gathered at all, this type of information has been collected as part of infrequent evaluation exercises. Yet, if behavioral change and community empowerment are key objectives of community nutrition programs, qualitative monitoring of progress in these areas is as important as quantitative monitoring of input and outcome indicators. Some programs have begun to experiment with process documentation and qualitative data collection at a few sentinel sites. Questions related to these efforts that should be explored include:

- What data can realistically be collected and with what accuracy?
- What type of skills and training do data collectors need?
- What steps can be taken to ensure that sentinel sites are representative?
- Should sentinel sites be rotated to prevent the monitoring process itself from changing them?
- How can qualitative performance information be used?

Evaluation

Nutrition evaluation is complex and difficult, and neither client countries nor the Bank have a strong track record in this area, as both OED and the joint Bank/UNICEF Nutrition Assessment have pointed out. Problems include

- evaluations that are of poor technical quality and therefore a poor basis for decision making (e.g., lacking properly matched controls)

- evaluation results that come out too late to influence what happens in the field (e.g., mid-term evaluations published just before the project ends)
- evaluations that focus on nutritional impact measures at the expense of behavioral change or service quality measures (telling managers whether a program worked, but not why it did not work if it failed)
- evaluations that are designed at validity levels that do not correspond to users' needs (e.g., surveys with national level validity in a context where programs are run by provincial governments).

Limited in-Bank capacity. Concerning Bank capacity in nutrition evaluation, the situation is similar to the one in the area of communications for behavioral change (CBC, *Issue 6*). Few Bank staff members have expertise in evaluation, and hence they rely heavily on consultants. Like CBC strategies, project evaluation components can be designed only toward the end of the preparation process after agreement on technical strategies. In the rush to complete appraisal, designing the baseline evaluation usually takes precedence over developing a plan to strengthen the client's evaluation capacity. Furthermore, consultants with expertise in nutrition evaluation often have much less experience in developing organizational structures, designing career paths, creating interdepartmental linkages, and fostering commitment to evaluation. Capacity development requires those skills in addition to technical expertise.

The way the Bank's procurement procedures are implemented can also indirectly contribute to poor project evaluation. Since evaluation studies have to be done by independent agencies, they are often contracted out. When the entire universe of contractors has insufficient skills in evaluation, contracting inevitably results in inadequate evaluation studies, which are attributed to contractor failures instead of failure by the client and the Bank to develop country capacity.

Neglected country capacity. For these reasons, developing a center of excellence in nutrition evaluation in an independent location within government is often important. The disadvantages of sole source procurement of evaluation services can be reduced if the center of excellence deals mainly with writing terms of reference, developing evaluation strategy and procedures for quality control, training, procurement, and contract management instead of conducting the evaluations. Among the questions to be addressed in designing such centers of excellence are:

- How can technical assistance be provided to the unit regularly and cost-effectively? (The answer to this question is especially pertinent for qualitative evaluation where skills in client countries are often less developed than those needed for quantitative evaluation.)
- How can an evaluating agency's independence of a program be reconciled with the need for sufficiently close involvement to enable it to design evaluations that meet operational needs?
- How can the availability of evaluation specialists be assured after they are trained? (Continuity may entail the creation of a new career path and related incentives.)
- How can the ministry concerned with nutrition exercise enough control over the evaluation agency to ensure its excellence when, by definition, the evaluator must be independent of the implementing agency? (Problems related to the control of external organizations are further discussed under *Issue 8*, on managing the nutrition program support organizations.)

IV. SECTOR-LEVEL ISSUES

Despite the importance of getting the detailed program planning “right” at community level, the best laid microlevel plans are impossible to implement if commitment or governance are weak at higher levels of the system; if sectoral planning and management are poor; if technical support is inadequate; or if bureaucratic incentives and procedures make it difficult for nutrition workers to do as planned. Program performance is affected by five sets of issues at the sectoral level: issues related to overall sectoral capacity analysis and strategy development; issues involved in promoting commitment, understanding, and behavioral change; issues arising in managing the nutrition sector as a whole; issues arising in managing nutrition-support organizations; issues connected with the need for better tools for organizational analysis and development.

A. ISSUE 5—SECTORAL CAPACITY ANALYSIS AND STRATEGY DEVELOPMENT

Over the past 15 years, the Bank has conducted many analytical studies on nutrition-related themes but has not as yet reviewed them to see how many have had substantial institutional components or to evaluate the quality of their institutional analysis. Since the OED’s review of development effectiveness, the need has been recognized for improving both institutional assessment in HNP generally and the design of institutional development strategies and related investments. How, then, can the Bank best go about this task? It might begin by:

- developing a methodology for capacity assessment and strategy development, based on existing tools and approaches
- reviewing past sector work and project documents to see how they approach capacity assessment and strategy development and which issues from operational experience should be incorporated to further develop the methodology
- applying and further refining the new methodology in some upcoming sector studies
- preparing guidelines for staff, based on this experience (covering the methodology, how to apply it, how long it takes, how much it costs, and what technical assistance resources are available)
- preparing two or three best-practice projects with strategies based on the new methodology, and using process documentation to follow them up and disseminate their experience.

No full-fledged methodology for capacity assessment yet exists in the Bank, but there are a number of building blocks, including Levinson et al. (1995), Moore (1996), Berryman (1997), Berryman et al (1997), Haggarty and Matsuda (1998), Orbach (1999), Sanghvi et al. (1999) and Rokx (2000). UNICEF has also done significant work on institutional assessment, for example, Alley (1999). However, it will be a big job to sort out the methodologies most likely to be useful and decide how they can be applied to nutrition and how to package them in a borrower- and staff-friendly way.

One key issue to be addressed is how to structure capacity analysis at the sectoral level, given the range and complexity of the subject. Appendix A lists more than 50 factors affecting institutional capacity at this level, a list that could easily be extended to more than 100, with the addition of program management issues (*Issues 1 to 4*). Recognizing the limitations on budgets, time, and the ability to improve capacity, staff and borrowers need a practical algorithm for deciding which factors to stress in any specific analysis. Such an algorithm might be built up around four steps:

- determining the goal of the analysis (e.g., strengthening a program, institution, function or system)

- determining, in the light of the goal, which capacities need strengthening (via a systems analysis).
- determining, in the light of the goal, whose capacities need strengthening (via a stakeholder mapping exercise).
- doing a constraints and opportunities analysis of the key capacities and stakeholders identified (see Levinson et al. 1995, for an example).

A second issue is how to go beyond assessment and analysis to draw up specific capacity-development strategies. Again, a practical algorithm for this should be developed to address six questions:

- What should be done?
- How should it be done?
- When should it be done?
- How should progress be monitored and evaluated in the process?
- Who should guide and supervise the process?
- What techniques should be used to manage the capacity-development process?

What to do, in terms of which capacities and whose capacities to strengthen, should flow from the capacity analysis. The question is how to move from the identification of constraints and opportunities to the specification of objectives and actions that can be measured and monitored. For different types of capacity-development intervention, examples should be provided of clear objectives that can be monitored.

Among the many possible ways of developing capacity are: adding staff and physical and financial inputs; providing training and technical assistance; introducing new technologies; changing coordination mechanisms; increasing particular stakeholders' voice in planning and implementation; altering the balance between public and private sectors in service delivery; reforming specific organizational systems; changing or enforcing laws, rules, or regulations; changing attitudes, values, organizational cultures, or incentives; providing information; and increasing accountability.

In an extremely useful analysis of the content of institutional development interventions in a sample of HNP projects in the Africa Region, Orbach and Nkojo (1999) noted that the Bank uses the first three or four of the above interventions more frequently than the others. It would therefore be important to provide staff and borrowers with guidelines for using the full range of capacity-development options and case-study examples of their successful use.

Because the ability to strengthen capacity is itself limited and capacity development takes time, deciding *when* to act is as important as deciding what to do. Staff and borrowers need guidelines and case examples focusing on three questions:

- How should capacity-development activities be phased and sequenced, recognizing the seriousness of capacity constraints, the willingness and ability to strengthen capacity, and the time that capacity-development activities take?
- What are the implications of the feasible rate of capacity improvement for the phasing of nutrition program expansion and quality improvement efforts?⁶

⁶ Matta et al. (2000) provide some interesting ideas on ways of scaling up programs by achieving a series of small but strategic results that simultaneously provide opportunities to build capacity.

- How can Bank lending be tailored to support a phasing and sequencing of program expansion and capacity development that make sense for the country? This entails a reconciliation of the long timeframe of many capacity-development activities with the short duration of most Bank projects. The potential should be explored for supporting long-term but flexible capacity-development strategies through a series of standard investment loans or through single, multitranche adaptable program loans.

OED has commented on the Bank's weakness in *monitoring progress* in capacity-building activities. This is partly a consequence of poorly defined capacity-development objectives but also relates to the difficulty of finding ways to measure what are often qualitative changes. Staff and borrowers need examples of appropriate monitoring indicators.

Finally, consideration needs to be given to *who* will guide and supervise capacity development and *how*. Although the ultimate responsibility for capacity development lies with senior sector managers, they are likely to need the help of a unit or network that can provide specialist skills in capacity development, and in which the ability to build capacity can be institutionalized independently of the tenure of sector managers. The success of any capacity-development program also depends on the processes used to manage change. Here, the skilful use of tools for stakeholder analysis and participation is likely to be critical (*Issues 6* and *1*, respectively).

B. ISSUE 6—PROMOTING COMMITMENT, UNDERSTANDING, AND BEHAVIORAL CHANGE

Building commitment and promoting understanding and behavioral change are closely connected.

Building Commitment

Commitment to nutrition has been uneven both within the Bank and in client countries. Sometimes, clients have had to press the Bank to lend for nutrition when Bank staff seemed to have other priorities (Soekirman 1997). More often, in a situation of multiple investment priorities and a limited number of slots in country lending programs, nutrition has lost out to other sectors in the competition for resources. The Bank's nutrition portfolio review explicitly addressed this issue, arguing that nutrition's priority within the Bank does not reflect its centrality to the institution's primary goal of poverty alleviation. It recommended changes to increase the profile of nutrition in country strategies, the number of substantial nutrition projects, and the number and capabilities of staff working on nutrition (World Bank 2001).

According to the review, more Bank-assisted nutrition projects contained an analysis of government commitment than did the HNP portfolio as a whole:

63 percent of [nutrition] projects cited specific government action including the passing of a bill to facilitate the project prior to approval. . . . More than 50 percent of projects with substantial nutrition components reported some involvement of state or provincial level government, local government or community-based organizations in project design. . . . However, there is little evidence of in-depth analysis of the political context of projects, with some 76 percent of projects with substantial nutrition components reporting no such analyses. . . . Only two projects, both approved since 1993, analyzed the nature of interest

groups' influence, and three proposed strategies to counter influence and resistance” (World Bank 2001).

The quality of the analysis of government commitment and its effects on project design, however, have not been examined.

Addressing an “invisible” condition. Weak commitment to fighting malnutrition is an especially serious issue because mild and moderate protein-energy malnutrition and subclinical micronutrient deficiencies are largely invisible. Many parents do not know their children are malnourished. Politicians and planners often underinvest in nutrition, because they do not see the damage that malnutrition does to health, educability, and productivity. And since malnutrition is seldom an immediate cause of death and good nutrition is less obviously linked to doing well in life than going to a good school, parents and communities are more likely to demand health care and education instead of nutrition services. For lack of demand, many governments underinvest in nutrition.

The fact that nutrition programs are often run by line agencies for which nutrition is a secondary concern is another reason for weak commitment. Many agriculture ministries, preoccupied with production rather than consumption, do not view improving nutrition as a primary goal, and ministries of industry never see food fortification as a central concern. Even in health, which is crucially dependent on good nutrition, the links between better nutrition and lower mortality and disease rates are often poorly understood. Health ministries' priorities are often set by medical specialists, who focus more on the disease control programs in which they were trained, than on the community nutrition programs that should be their natural complement.

Education about the extent and seriousness of malnutrition, and about improved nutrition's impact on health and productivity, usually leads to action to improve nutrition, but not always. Many countries that know they have a serious malnutrition problem have not invested the skills and resources to deal with it. Some of them lack the will to tackle malnutrition; some lack the ability due to financial or capacity constraints. Because the solutions are different in each case, it is crucial to distinguish to what extent poor nutrition program performance is due to lack of understanding, lack of commitment, or lack of capacity.

The commitment to improve nutrition is therefore different from the capacity to improve it. Yet a discussion of commitment belongs in an issues paper on capacity development, because building the capacity to analyze and increase commitment—whether in the Bank or in borrower countries—is as important a capacity-development intervention as building the capacity to deliver services. Although some staff members working on nutrition do analyze commitment and work with borrowers to increase it, both Bank and borrowers would benefit from explicit guidelines for systematic analysis and from case examples of commitment building in different countries.

Issues related to commitment in general have been defined in two Bank discussion papers (Heaver and Israel 1986; Haggarty and Matsuda 1998), but there has been no specific application to nutrition to date. Guidance is needed on:

- ways to analyze and build commitment at the country level
- ways to analyze and build the commitment of particular stakeholder groups
- ways to maintain commitment over time
- ways to build the capacity to build commitment.

Influencing country commitment. At the country level, commitment to nutrition can be shown by such actions as: the development of policies and the enactment of laws to combat malnutrition; the dissemination of information about the extent and seriousness of malnutrition; and the financing of nutrition service delivery and community empowerment programs. Commitment analysis at this level should focus on the consistency between rhetoric, policy, and action. Was the signature of an international treaty followed up by publicity about the government's goals and the peoples' rights? Did discussion result in budget increases for nutrition? Were the budgets spent? If laws or regulations relating to nutrition were passed, are they being enforced?

Where commitment is weak at the country level, measures to build it include:

- sponsoring information and advocacy campaigns to inform people about the seriousness of the problem and their rights to nutrition services
- targeting presentations to key politicians and policymakers, and to opinion-leaders in civil society, to highlight the costs of malnutrition and the potential benefits of effective nutrition programs in terms of both welfare and votes
- using the media to publicize the damage that malnutrition does, the need to protect peoples' rights to health and nutrition, and the need to honor treaty obligations or enforce laws
- developing monitoring and evaluation systems that make underspending on nutrition or poor implementation performance transparent to policymakers and the public.

Winning over stakeholders. Although Bank project appraisal documents stress the need to ensure borrower commitment, "the borrower" is only one among many groups of actors with varying interests. "Country" commitment is therefore a somewhat mythical concept. A systematic analysis of commitment requires identification of the stakeholder groups actually or potentially involved in nutrition, assessment of their power or influence, analysis of their attitudes and behavior, and discovery of their motivation. Stakeholder mapping can be a complex exercise, because the list of potential stakeholders is long. Appendix B lists more than 50 potential stakeholders in protein-energy malnutrition programs, for example, and is by no means comprehensive. Guidelines for Bank staff and borrowers should suggest practical methods for stakeholder mapping and for winning over the most influential groups through specific strategies.

The tools used to build stakeholder commitment will depend on the change agents' degree of control over a group and the power of the group itself. Orientation, advocacy, and publicity may be the only tools a weak change agent can use to influence a powerful interest group. A stronger change agent can use incentives such as pay, promotion, rewards, and recognition, for example, to influence nutrition workers. Where commitment has to be built in external organizations, rewards for cooperation might include additional funding, performance contracts, or improved monitoring systems. Guidance on ways to build commitment should therefore cover matching appropriate interventions to different types of stakeholder.

Maintaining commitment. The Bank often neglects the importance of maintaining commitment, once generated. (This is one consequence of the way in which the Bank front-loads the time it puts into project development and implementation support.) The transfer of a few key borrower stakeholders (or even Bank staff) may be enough to weaken commitment during implementation. Different strategies may

be appropriate for maintaining commitment in the short and long term. In the short run, the commitment-building process may be in the hands of a few change agents in government, nongovernmental organizations (NGOs), or international agencies, and these change agents may need to develop a process for systematically orienting and educating new stakeholders moving into key government positions. In the medium and long run, sustained demand for quality services from organized client groups is the best way to maintain the commitment of both policymakers and service providers. Empowering clients to understand their needs, know their rights, and participate in program monitoring and management is therefore an important commitment-building tool (*Issue 1*).

Institutionalization of capacity. Maintaining commitment to implementation requires institutionalization of the capacity to do this within government or within a network of supportive stakeholder groups inside and outside government. Although Bank staff members often play a significant role in generating initial commitment to launch a new program or get a project to the Board, the Bank's decreased supervision coefficients and weak resident mission presence in nutrition leave it poorly positioned to help with this institutionalization process if it is left until project or program implementation. Special attention should therefore be given to ways of building borrower capacity to generate and maintain commitment upstream in the project or program preparation process.

Promoting Understanding and Behavioral Change

The previous section focused mainly on the politics of commitment building. Closely related is management of the communications process to improve understanding about the causes and consequences of malnutrition, to foster commitment, and to change nutrition-related behaviors in positive ways. The literature on social marketing and communication for behavioral change in nutrition is extensive and, as part of its nutrition toolkit, the Bank included guidelines with a section on managing communication (Favin and Griffiths 1999).

Bank-related issues. Issues related to capacity development in CBC begin in the Bank. Extraordinarily, for a discipline that is at the heart of improving nutrition, the Bank employs no nutrition communication professionals on its staff and relies entirely on consultants, guided by task managers who are often more familiar with the older concept of Information, Education and Communication (IEC) than with social marketing/CBC. In the pressure to prepare projects within lending program deadlines, tension often arises between the need to develop a project CBC strategy in the short run and the need to develop a longer run plan for in-country social marketing capacity development. Time and budget often seem insufficient for both. And, although consultant CBC specialists are usually members of project preparation teams, recent cuts in supervision budgets have meant that they cannot participate regularly in implementation review missions. This is a major constraint, considering both the centrality of CBC to nutrition program performance and the need to review and adjust CBC approaches continually during program implementation.

Country-related issues. In client countries, skills in social marketing and CBC are usually also weak. Communication programs are often of the old-fashioned IEC variety, producing standardized messages for program beneficiaries and giving insufficient emphasis to

- targeting advocacy to the full range of stakeholder groups and service providers
- complementing communication strategies with strategies for stakeholder and beneficiary participation
- incorporating high-quality formative research and piloting in both project preparation and implementation

- developing an appropriate partnership between the public and private sectors in social marketing and CBC
- developing effective monitoring and evaluation systems for CBC.

Like the Bank, client countries often rely heavily on consultants to develop CBC strategies. Although the best creative talent is often in the private rather than the public sector, giving consultants too great a role presents some disadvantages. Consultants hired to perform individual tasks (prepare a strategy, carry out a Knowledge, Attitude, Preference survey), are often insufficiently involved with the program as a whole to design inputs that meet its operational needs. Nor are consultants well placed to interact on an equal footing with the wide variety of government units whose cooperation is essential in designing and implementing a social marketing program. Using consultants is not a substitute for developing a unit or units within government with responsibility for managing the social marketing program.

Location of nutrition-marketing units. Deciding where to place a nutrition-marketing unit in the government and how to strengthen its capacity presents a number of difficult issues that are likely to be resolved differently in different country contexts. There are arguments for locating a nutrition marketing group within the unit responsible for maternal and child health social marketing, since nutrition communications must be planned as part of the broader communications strategy for health. There are also arguments for locating nutrition marketing within the management structure of the nutrition program, since communication considerations should be integrated into program strategies for research; into the piloting of new approaches; into training and supervision; and into monitoring and evaluation. As with the question of where to locate the overall management of the nutrition sector (*Issue 7*), the process design will be as important as the location of structures. Wherever the core social marketing unit is placed, processes to link it with other key actors must be built, including the marketing efforts of family planning and health, water supply and sanitation, agriculture, and the ministry of information.

Building the capacity of social marketing/CBC units within government is difficult, partly because the advertising industry pays better. Like information technology professionals, many able CBC staff members leave for the private sector as soon as they gain experience. To get and keep the right people, how should appropriate incentives be created? Social marketing units could be made semi-autonomous and paid higher salaries than normal government scales—but at the risk of isolating them from operations. Usually, it is best to keep the government social marketing unit small, of high quality, and focused on overall strategy and management, while contracting out most technical work to the private sector. Under this approach, capacity should be developed in the government unit for procurement, contracting, monitoring, and evaluation; this is as important as ensuring that staff members have the right technical skills in social marketing and CBC.

C. ISSUE 7—MANAGING NUTRITION AT THE SECTORAL LEVEL

There is no debate about the institutional base for health and education, run by ministries in every country. Yet for decades, controversy has surrounded the proper location of nutrition's institutional home. Levinson (2000) points to two main streams of thinking and practice to date. During the 1970s, many people thought that nutrition, because of its multisectoral nature, should be managed by multisectoral units in ministries of planning. However, these units often had little impact, since they had little influence over the line agencies, the only institutions with the field staff and other resources to mount large scale nutrition programs.

In the 1980s and 1990s, as the weaknesses of multisectoral nutrition units became apparent, many governments moved nutrition's "home" to one of the line agencies. Whether the home became the ministry of health or of agriculture depended largely on whether nutrition was more strongly championed by "health and care" stakeholders or by "food" stakeholders. This approach, too, has had its problems, since single line ministries seldom understand or are committed to the full range of nutrition activities and have little control over other agencies that implement other parts of the national nutrition strategy. Moreover, their political position (and sometimes their political incentive) are weak for securing resources from ministries of planning and finance for other line agencies' programs.

Levinson argues that two new trends are emerging: a move toward a more pragmatic, goal-oriented approach, focused on what works to get the programs implemented; and a move toward planning nutrition as part of a comprehensive development framework (which, Levinson cautions, must avoid the pitfalls of earlier multisectoral approaches to nutrition planning). However, Levinson's analysis of trends in thinking and practice stops short of suggesting pragmatic approaches for future Bank action in this area. The remainder of this section suggests some directions in which a framework for thinking about the overall management of the nutrition sector might develop .

"What is the best institutional home for nutrition?" has been the main question discussed. It has predisposed the debate in three ways: by assuming that nutrition must have *a single* institutional base; by implying that the answer should be sought only through a structural solution—finding the right *place* in government; and by assuming that program management is solely a national government responsibility. The issue could be redefined by asking *how*, instead of *where*, could the nutrition sector best be managed. This would open the door for a wider range of pragmatic solutions, flowing from the basic need to manage the sector so that:

- Implementing agencies are committed to what they are doing and have the authority and resources to carry out their programs.
- Sectoral managers define overall policies, strategies, and resource allocations but stay out of program management.
- Clients as well as other stakeholders have a say in program monitoring and management.
- Sectoral performance monitoring is linked to incentives for program implementers to perform well.

The implementation of national nutrition strategies everywhere involves ministries of health or social welfare (for growth monitoring and promotion, and supplementation programs), ministries of agriculture (for extension and consumption-related cropping programs), and ministries of industry (for food fortification programs). Each implementing agency must be responsible for and committed to its activities. In this sense, although there may be a national nutrition strategy, there is never a national nutrition program. Instead, a network of nutrition programs is run by different agencies and local governments, implying not a single home for nutrition but multiple institutional bases spread horizontally and vertically across government. The institutional bases for program management—the place where programs are implemented—have to be distinguished from the home of sectoral strategic management—the place where sectoral priorities are drawn up, overall program performance is monitored, and resources are allocated.

Policy making and resource allocation. Strategic management of policymaking and resource allocation involves at least four key stakeholder groups: technical nutrition specialists, with views about epidemiological priorities and efficacy; national and local politicians promoting some mixture of their

constituents' and their own interests; finance and planning agencies with limited budgets and multiple activities competing with nutrition for resources; and implementing agencies also with limited budgets and multiple activities competing with nutrition for resources. From this vantage point, the question is less who is in charge of nutrition than:

- Which structures can bring these different stakeholders together?
- What processes have been set up to ensure that each stakeholder's voice is heard and that strategy-development and resource-allocation decisions reflect as far as possible consensus about priorities among a "strategic management group"?
- Which existing processes can incorporate different programs' performance results into decisions about resource allocation?

Strategy implementation. Strategic management of implementation means that managers of nutrition programs are (or should be) responsible to two different sets of stakeholders: those in charge of the strategic management group; and the program's clients, who not only have a right to services but who may also contribute a share of program costs through local governments and community organizations. From this vantage point the questions are:

- Through which management structures and processes can strategic management and client stakeholders influence program implementation?
- What processes exist for getting key performance information to strategic managers and clients?
- What positive incentives and negative sanctions can strategic managers and clients employ to influence program implementation performance?

In summary, this approach to nutrition sector management moves away from the previous debate about the home for nutrition in three ways: by distinguishing between management of individual nutrition programs and strategic management of the sector; by broadening the management concept to incorporate clients and local governments as well as central government stakeholders; and by complementing the previous focus on organizational location and *structure* with an emphasis on *processes* for incorporating different stakeholder groups into management and for exercising indirect control over external agencies. Correspondingly, any work program in this area might be redesignated from "finding an institutional home for nutrition" to "strategic management of the nutrition sector" and might focus on

- developing a detailed conceptual framework for the above tentative thinking on strategic management
- drawing relevant ideas and tools from the academic literature on the control and coordination of external organizations
- reviewing lessons from countries that succeeded with both process and structural approaches to nutrition sector management
- drawing similar lessons from health and population, wherever countries have successfully managed multisectoral programs (e.g., in HIV/AIDS and water-borne disease control).

D. ISSUE 8—MANAGING NUTRITION PROGRAM SUPPORT ORGANIZATIONS

Line agencies involved in nutrition often depend on external support organizations for help in specialist areas, most commonly in CBC, evaluation, research, and management training. External program support organizations will continue to play an important role in nutrition for reasons including: line agencies' lack of staff or expertise; the need for objectivity and independence (especially for research and evaluation); the reservoir of unique expertise specialist institutions can develop through their experience serving multiple

clients; or independent agencies' ability to offer better financial incentives than government or to do business less bureaucratically and therefore more effectively.

Nutrition program support organizations can fail to respond to the needs of line agencies managing nutrition programs for reasons including: differing agendas and priorities; use of outdated techniques; poor-quality work due to poor management, underqualified or poorly trained technical staff, or inadequate incentives; or services provided too late to meet program needs. How, then, can nutrition program managers get the services they want when, by definition, they do not control the support organizations? Case examples could be used to explore ways in which different countries have successfully answered this question, focusing on two different kinds of strategies for use separately or in combination.

One set of strategies would tighten direct control by

- getting representation on the support organization's governing board (if in the public sector and the line agency is a big enough client to warrant representation)
- improving contractual arrangements by clearly specifying outputs and tightening monitoring arrangements
- providing funding for the support agency's institutional strengthening by training staff, providing technical assistance, changing performance incentives, and reforming management systems and procedures.

A direct role in management may not be possible if the support organization is in the private sector or, if in the public sector, has its own political power base. Improved contracting procedures may have limited effect if the support organization is a monopoly supplier of services, or there are no effective sanctions for poor performance, which is common in the public sector. Equally, providing support for institutional strengthening may not be cost-effective if the line agency is not a major client, or the organization seems to be in terminal decline, which is often the case with nutrition sector support organizations in the developing world.

A second set of strategies then revolves around building alternative capacity by:

- building the line agency's internal capacity for a particular function, if justified by the work load
- using competitive contracting to stimulate the development of additional capacity in the public, NGO, or commercial private sectors. This approach raises issues relating to means of developing the line agency's capacity to procure services in a way that promotes fair competition, to monitor and manage service contracts, and to evaluate contractors' performance.

E. ISSUE 9—TOOLS FOR INSTITUTIONAL ANALYSIS AND CAPACITY DEVELOPMENT

The Bank should distinguish between tools nutrition staff members need proficiency in using themselves and tools to be used mainly by capacity-development consultants assisting borrowers. Staff members need only to know enough about the consultants' tools to help borrowers decide what types of intervention to use, write terms of reference, and monitor quality. The main tools for use by Bank staff members are those to help build stakeholder participation and perform sectoral institutional analysis. They include stakeholder analysis, strategic management and institutional economics.

Stakeholder analysis. Tools for stakeholder analysis include stakeholder mapping (*Issue 6*), using flow diagrams to chart the power or influence of different stakeholder groups or organizations.⁷ Most of the Bank’s work on *stakeholder participation* has focused on the social assessment process and NGOs’ and client groups’ participation in project and program design and implementation. Nutrition staff members should already be familiar with tools such as participative rural appraisal, which are useful for this. Equally important is the range of tools for building stakeholder consensus via participative workshops to build stakeholder coalitions to support nutrition improvement. Bank staff members are invariably involved in this process during project preparation, but their skills in helping borrowers manage it effectively are uneven. Tools for stakeholder analysis and increasing participation are also important for sectoral institutional analysis, which should be a participative process, not a Bank study. Well-designed sector work should be a means of building up a coalition of stakeholder groups to support improvements in nutrition management.

Strategic management. Another useful tool for sectoral analysis is strategic management (Paul 1982, 1983). It is based on the concept of organizational “fit” or congruence—the need to adjust organizational structures and processes to fit particular goals, objectives, and organizational environments. Standardized, bureaucratic procedures, for example, may be a poor fit for “learning organizations,” which have to adjust outreach program design frequently to meet client group needs, or for programs whose aim is empowerment as much as service delivery.

Institutional economics. The Bank has recently started to incorporate institutional economics into its thinking on managing development.⁸ Institutional economics can be particularly useful in providing a framework for thinking about the kinds of nutrition activities that should be implemented and the appropriate service delivery mechanism—government, public sector, or civil society. However, the concepts of institutional economics—with its jargon of transaction costs, measurability, information asymmetry, and contestability—is far from borrower friendly. Therefore, whether these ideas can be simplified or whether they should be folded into the more readily comprehensible strategic management approach should be thought through.

Organizational change. Bank staff members are less likely to get directly involved with the mechanics of organizational change, since it is time consuming, takes place during project implementation, and is best carried out by change agents who know local organizational cultures. The three most commonly used approaches to organizational change are organization development, organization design, and organization theory. The following summaries of each are taken from Moore (1996).

Organization development originates in the application of social psychology to management. It

[F]ocuses on human needs, skills, job autonomy, team building, group problem solving, intergroup relations, and the climate and culture of organizations. Performance gaps to address might include: clarity of goals/roles, levels of motivation and incentives, collaboration techniques, and employee attitudes. The targets for action usually include: job descriptions and design, employee attitudes, group processes, culture

⁷ Stakeholder analysis also requires a familiarity with concepts from the literature on bureaucratic politics; the external control of organizations; and the difference between formal and informal incentives in motivating attitudes and behavior.

⁸ See, for example, Piciotto (1995) for a general review and Rokx (2000) for an application to nutrition.

and climate of work, and role expectations. The usual techniques of intervention focus on individuals and groups: T-groups, sensitivity training, Japanese Quality Control Circles. . . . [This] involves limited costs and an effort to encourage collaboration: trainers, facilitators, and short-term actions.

Organization design originates in management science, and

[F]ocuses more heavily on organizational efficiency, [including] strategic planning, issues of span of control, the nuts and bolts of process efficiency such as budget models, PERT, linear programming, critical paths of functions, information handling, management techniques. . . . The targets for action include: divisional and departmental structure, lines of authority and responsibility, management processes and subsystems, technology. Interventions are on an organization-wide basis and its subsystems. Techniques focus on restructuring, top-down management decisions, and group problem solving. . . . These techniques are usually aimed at longer term change, and involve substantial financial and personnel involvement.

Organization theory originates in the application of organizational sociology to management, and

[E]mphasizes how organizational structure and performance respond to groups within organizations, coalitions, power and the resistance to change, and the larger environmental impact. . . . The approach focuses on structures (differentiation, division of labor, complexity, centralization, hierarchy of authority, etc.); the role of technology, communication and innovation; personnel size and budget within the context of group status/power; environmental complexity and uncertainty. . . . Techniques of change focus on structure, coordination and control mechanisms, inputs affecting innovation, and the larger environment of change. To achieve these interventions requires a longer term framework, one that emphasizes entire organizations and environments.

Few Bank staff members and borrowers are familiar with even the general outlines of these approaches, much less how to adapt and apply them to nutrition program improvement. Much work needs to be done to review which of these or other possible approaches can be useful for which situations and in what combinations, to move from broad conceptual approaches to practical tools, and to develop case studies of successful applications. In addition, since most work on organizational change is likely to be facilitated by consultants during project implementation, and since borrowers and Bank staff members do not know where to find appropriate resources, time should be invested in building a databank of expertise in capacity development using tools of this kind.

V. MANAGING ASSISTANCE

The Bank and UNICEF are among the most important providers of assistance for nutrition. Although the Bank has been by far the largest financier, UNICEF's influence extends much beyond its limited financial resources. This is due to UNICEF's leadership in international thinking about nutrition, its close relationships with governments, and the technical, communications and capacity-building skills it provides at country level, where it has many more staff members than the Bank. Other agencies active in nutrition, and providing significant support in individual countries, if not worldwide, include multilateral institutions such as the Asian Development Bank, the Micronutrient Initiative, and the World Health Organization; bilaterals such as the Australian Agency for International Development, the Canadian International Development Agency, the Netherlands, the Swedish International Development Agency, and the U.S. Agency for International Development; and foundations such as the International Development Research Center and the International Food Policy Research Institute. The various foreign assistance agencies are referred to here for convenience as "the donors," although the development banks provide loan rather than grant assistance.

Donors, including the Bank, usually focus more on countries' constraints in nutrition management and capacity building than on issues involving, or even caused by, the donors themselves. Yet donors as well as the countries they assist have serious capacity constraints in nutrition. Donors can sometimes be part of the problem as well as part of the solution, for example, when:

- Their short-term projects fail to strengthen countries' program management capacity for the longer term.
- Their strategies or procedures conflict with those of the country or other donors.
- Their financing priorities distort countries' own allocations to nutrition.
- Their project design, procurement, reporting, disbursement, or accounting procedures take up a disproportionate share of country managers' time.
- They hire the best country staff into their own offices at higher salaries.

If they are really to help countries strengthen their nutrition management capacity, the Bank and other donors must also: strengthen their own capacity to provide direct technical assistance and to build technical assistance capacity in country; improve their procedures for working with countries and with each other; and rethink or refine some of their assistance strategies, especially in the areas of intersectoral cooperation and community-driven development. Some issues in each of these areas are outlined below.

A. ISSUE 10—BUILDING TECHNICAL ASSISTANCE CAPACITY

Both the Bank and its clients need to build their technical assistance capacity in nutrition.

In-Bank capacity. Despite the Bank's current commitment of more than \$1.2 billion to nutrition in a portfolio of 93 active projects, it "has no more than ten staff working more than 50 percent of their time on nutrition, compared with at least 15 in the mid-nineties. Nutrition experts are not being replaced when they leave the Bank, and some experts on staff are assigned to work in areas other than nutrition" (World Bank 2001).⁹ No staff members with professional training in capacity building currently work on nutrition in the Bank, and no staff member of whatever professional background is assigned to work full time on these issues in nutrition or health. Building Bank capacity in nutrition management is thus likely to require the assignment of an experienced staff member to direct a small core team, recruited both within and outside the Bank, to

- distill lessons from program experience and disseminate best practices to the staff.
- develop guidelines for institutional analysis and strategy development.
- develop a roster of consultants with relevant skills and a consultant performance evaluation system for use by borrowers and the Bank.

How such a core team can be created at a time of budget cuts in the Bank is itself a poser. Bilateral agencies interested in nutrition might be asked to second some personnel with the relevant skills. In terms of cost-benefit and leverage, secondment would be a cheaper way for a bilateral to influence the quality of Bank nutrition lending, and hence bolster nutrition impact in country, than would the same money spent on

⁹ This was as at April, 2001. The \$1.2 billion is the cost of the project components addressing nutrition, not the total cost of the 93 projects.

a small bilateral project. However, able Bank staff members would need to lead the core team. Bilateral support would hinge on top Bank management support for a major capacity-building effort in nutrition, and the creation of a core team to lead it, on the grounds that:

- Nutrition is a key part of the Bank's poverty-reduction strategy.
- The Bank is not doing enough in nutrition, either in quantity or quality terms.
- Dealing with the Bank's own capacity problem is a precondition for improving support to borrowers and expanding lending.

Country and regional capacity. Direct technical assistance from the Bank and other donors during sector analysis, project preparation, and implementation review will remain important. But it is only a means to the ultimate end of building country capacity. For donors, there is sometimes a conflict, not always perceived, between investing limited donor capacity in achieving immediate results from a project and building country capacity to run a larger program over the long term. Choosing the best way to package assistance for capacity development also presents options and issues.

In the Bank, designing a *separate project component* for institutional development, with its own specific objectives and indicators, is the most common packaging approach. This approach should ensure special attention for capacity development, but it does not always work that way in practice. OED attributes part of this malfunction to lack of guidelines and tools for analyzing institutions and designing effective capacity-development strategies (*Issues 5 and 9*). But there are also practical problems related to limited Bank and borrower staff time and the incentives and pressures that determine their priorities. Because institutional development components are usually small and complex, they often get less staff time and attention than implementation of the service delivery components that drive disbursements.

Preparing a *separate capacity-development project* is a second option, when justified by the scale of activity and length of involvement in a country. Besides avoiding competition from other implementation activities, packaging capacity development as a separate project allows the Bank to budget more staff resources for it, sharpening the focus on quality. This approach also has disadvantages. Capacity development outside the context of operations sometimes fails to serve operational needs. There is also the practical difficulty of obtaining lending program slots for more than one nutrition-related project per country, and especially for smaller, capacity-building projects. Bank management tightly controls the total number of projects in each country program, and operation size is often a factor in getting into the lending program

"Building capacity through results" is a third potential approach, as elaborated by Matta et al. (2000), but it has not yet been applied in the design of a Bank nutrition project. The idea, which can be used as an approach to development in general, is to break program implementation down into small steps, with specific capacity-development activities related to each step and limited only to those needed to achieve the next step. In this approach, capacity development automatically responds to operational needs, and an incentive for capacity development is built in, since each activity is designed to produce an immediate, tangible result.

A good case can be made for *strengthening regional as well as country capacity* in nutrition. Strong regional institutions can transfer experience between countries. It can also provide South-to-South technical assistance, which is sometimes more culturally acceptable, as well as cheaper, than technical assistance from the North. Approaches to developing the capacity of regional technical institutions include forming experience-sharing networks of institutions, and twinning individual institutions with western

centers of excellence. The Bank finds it difficult to finance such arrangements, however, since it usually lends to governments, which prefer to see the proceeds go to the country rather than the region. The Bank should consider whether it has a comparative advantage in this type of nutrition capacity development or whether it should seek to catalyze the support of other donors for it.

B. ISSUE 11—IMPROVING DONOR COOPERATION

The Bank is already collaborating on nutrition with UNICEF and other donors, but differences in their internal operating procedures sometimes complicate the process. In addition, some areas of complementarity have not been exploited.

The Bank and UNICEF. The Bank and UNICEF do business quite differently. Because the Bank lends money to central governments and that money becomes government property, Bank funds must be disbursed, often slowly, according to the borrowing government's procedures. UNICEF often disburses grant resources directly to local governments or NGOs, which makes for greater speed and flexibility in implementation. UNICEF also finds it easier to fund small expenses such as workshops, whose timeliness is crucial for capacity building, while the Bank has no direct control over any project-implementation resources.

UNICEF's decentralized approach also means that it can provide direct technical assistance for capacity building from its field offices. In smaller countries, the Bank has no health or nutrition staff in its resident missions, and even in larger countries its small field presence in nutrition means that its role in implementation support is limited to general progress reviews. The Bank is not set up to provide direct capacity-building assistance and must rely on governments to procure resources for this purpose.

The joint Bank/UNICEF Nutrition Assessment found considerable underexploited complementarity between the two organizations (Gillespie et al. 2001). The Bank has large financial resources but little staff expertise in nutrition, while UNICEF has more technical skills (especially in the field) but not enough money for full geographic or target group coverage. The quality of Bank-assisted programs could be significantly improved if supported by UNICEF capacity-building assistance and flexible, fast grant funding for key software inputs. UNICEF could leverage its impact through Bank financing to increase coverage and for types of expenditures that UNICEF cannot fund (e.g., additional staff for service delivery).

Another difference in operating procedures makes this kind of cooperation difficult at present. UNICEF funds country programs on a five-year basis, while Bank-funded projects usually have a different timeframe. Since UNICEF's staff has recently been sharply cut, it does not have the spare capacity to support Bank-financed projects unless they coincide with its own efforts in terms of content, geographic area, and timing. Greater Bank-UNICEF cooperation in nutrition is therefore likely to depend on whether the two agencies can develop a common vision about what needs to be done and where and on whether the Bank can program more of its projects to coincide with the five-year cycles of UNICEF's Country Programs for Children (usually the government's five-year planning cycles). A further issue is whether UNICEF will be prepared to work with the more bureaucratic culture of Bank-financed projects, as the price to be paid for greater financial leverage.

Cooperation with other donors. Bilateral donors' comparative advantage in nutrition varies from country to country. At one extreme, bilaterals' close country relationships, local knowledge, and flexible grant finance can give them a comparative advantage in working separately with governments to develop

new approaches that could be scaled up with government or development-bank finance. At the other extreme, limited finance and lack of staff in country may make it more rational for bilaterals to pool funds with the Bank and UNICEF, and thus achieve greater impact than they could by working alone.

Despite perennial calls for closer donor cooperation, Bank and other donor staff in many countries are too preoccupied with their own work—and sometimes too concerned about flying their own flags over “their” projects—to have much incentive for cooperation, especially if cooperation entails changes in their ways of doing business that have costs within their own organizations. Nevertheless, the UNICEF-Bank Nutrition Assessment found a growing consensus on the technical content and managerial approaches for community-based nutrition and a need to scale up in many countries. From the countries’ perspective, a reduction in the number of donor projects with different priorities and schedules would facilitate this. Countries with limited capacity to manage foreign assistance would benefit if the donors as a group can do more to:

- develop a common vision of nutrition goals and strategies with each government
- agree on a common approach to government capacity building
- define each agency’s comparative advantage in supporting different activities
- cofinance common projects or programs, where appropriate.

Commitment to cooperation of this kind is likely to emerge only in the context of a global agreement among the major donors to do more and better in nutrition. Whether the Bank and UNICEF’s senior management will take the lead will strongly influence the outcome. Cooperation in capacity building would also be facilitated by agreed approaches to capacity building, a need identified by the UN Sub-Committee for Coordination in Nutrition at its meetings in Washington in April 2000. The International Food Policy Research Institute, UNICEF, and the Bank have begun to develop more systematic capacity-assessment approaches, and other donors should become involved in this process.

Achieving a “common program vision” for nutrition at the country level will require well-planned advocacy, continuing, intensive dialogue, and close working relationships between donors and a wide range of in-country nutrition stakeholders, including central and local governments and NGOs. Although the country, not the donors, should lead this dialogue, the Bank can contribute effectively only if it has a permanent presence in the field. Missions visiting from Washington cannot devote the necessary time and attention to dialogue, commitment-building, and planning for a common program vision. The Bank’s willingness not only to increase nutrition staff capacity but also to post additional health and nutrition staff in the field will test its commitment to the expansion of the global effort in nutrition.

Finally, in addition to reducing the number and complexity of foreign-assisted nutrition projects where aid-management capacity is weak, the donors could do more directly to improve that capacity. They could help countries set up appropriate organizational arrangements; develop clear “rules of the game” for development assistance agencies; improve physical and financial monitoring procedures; and train aid-management staff.

C. ISSUE 12—IMPROVING COOPERATION ACROSS SECTORS

Like governments, donors find managing their work in nutrition difficult, because it is not clear where it fits organizationally. Nutrition cuts across several sectors and is greatly affected by macroeconomic decisions

and by the design and targeting of antipoverty programs and safety nets. No single department can house all these activities. This section begins by exploring issues related to the Bank's lack of clarity about coordinating direct nutrition investments with other activities affecting nutrition. It ends where the detailed discussion of issues in this paper began—with the core concern of supporting community empowerment—and issues the Bank needs to address as it incorporates nutrition into its approach to community-driven development.

Integration versus convergence. In the 1990s, *The Twelve Who Survive*, a seminal book by Bob Myers, did much to influence donors to complement their emphasis on child survival with investment in child development. Myers (1995) argued that child development interventions should target children's first six years, attending simultaneously to health, nutrition, and psycho-social development/early education, because of the synergy gains from investing in these together. In several countries, the Bank is now investing in early childhood development (ECD) projects covering all three areas.

These projects raise managerial and capacity-development issues at both community and national levels. Section 2 (*Issue 2*) outlined the community-level issue of whether, from a job design point of view, delivering ECD services through a single, multipurpose worker or several workers is more appropriate. Integrated provision of services at the local level requires the close cooperation of health, nutrition, and education ministries at the national level, raising issues of both commitment and capacity. Where two or three ministries are involved, one must usually lead, and cooperating departments may lose enthusiasm for what they may see as someone else's program. In addition, close cooperation, even with a strong commitment, drains scarce management capacity, in terms of time spent at coordination meetings and in the development of processes for joint planning, monitoring, fund disbursement, reporting, and accounting.

These difficulties cause uncertainty about whether the benefits of an integrated approach to ECD outweigh the managerial costs at the country level. With its limited staff for project preparation and supervision, the Bank, too, faces internal capacity constraints in dealing with several implementing agencies under the umbrella of a single project. Therefore, recognizing that synergies between health, nutrition, and education can also be achieved by *convergence* in programs that are separately managed at the national level, the relative merits of integration and convergence should be carefully weighed.

With the exception of ECD, the Bank's bad experience with integrated rural development projects during the 1970s has usually discouraged it from investing in nutrition projects combining direct nutrition investments with indirect ones such as water and sanitation, agriculture, or antipoverty programs. Although the Bank has avoided the pitfalls of integration, it has largely failed to help borrowers design adequate arrangements for the convergence of direct and indirect nutrition programs so as to maximize synergy gains. This is because the Bank is itself structurally divided by sector; because staff members working in one sector have little professional understanding of other sectors; and because Bank management has not provided the staff with strong enough incentives for intersectoral cooperation.

Yet the tools are available to make convergence work in country, at the community level. UNICEF's Triple A approach, carried out by communities, offers a good way to target the right program on the right family. Growth monitoring and minimum basic need indicators can be used to decide which families need primary health care services, nutrition education, or livelihood creation programs. Asset surveys and household characteristics can be used to identify the ultra-poor, who need access to food stamps or other

social safety net interventions. Data on diarrhea and sanitation can be used to decide where water and sanitation must be provided, if these causes of malnutrition are to be satisfactorily addressed.

The Bank should therefore explore ways of helping governments introduce these kinds of procedures at the community level. At the national level, the Bank should seek ways of encouraging governments to reorient their targeting procedures for indirect nutrition-related programs to reach the malnourished families identified at community level.

Nutrition and community-driven development. Since an internal capacity-building effort led by the Participation Learning Group in the 1980s, the Bank has been slowly but steadily incorporating more participative approaches to development into its operations. This Bank-wide trend shows in the nutrition portfolio, where more than half of the projects have included a community-based nutrition component. However, more than half of the project documents for the 30 largest nutrition projects did not mention beneficiary involvement in project design. In a related finding of the recent nutrition portfolio review, “demand side issues were not discussed in 52 percent of the cases, and while some evidence of consumer demand is presented in 40 percent of cases, there was no evidence of attempts to estimate consumer responses to specific interventions” (World Bank 2001).

With support from the Bank’s highest management, community-driven development (CDD) is becoming a central part of the Bank’s poverty-reduction strategy. The focus on CDD is a positive development for nutrition, since the nutrition community already agrees that empowerment-oriented approaches will maximize the quality and impact of nutrition programs (*Issue 1*). However, the Bank nutrition portfolio has not been analyzed to see what proportion of the 52 percent of projects that fund community-based nutrition activities could be said to fund community-driven nutrition. This proportion is probably small.

Dongier (2000) summarizes the proposed Bank approach to CDD, which is being tested initially in the Africa Region. This approach focuses on empowering local communities, decentralizing to local government, and strengthening local government and NGO capacity to support and strengthen communities’ capacity to plan and implement development activities. It rests on the belief that communities should select their own priorities from among sectoral activities and acknowledges that communities do not recognize the artificial sectoral boundaries created by governments and donors. It also recognizes that it makes no sense for each development sector (or donor project) to fund a separate empowerment-building effort, that instead communities should be helped to develop a single local development-planning mechanism, covering all locally important activities.

The new emphasis on CDD, though welcome to the nutrition community, raises a potentially contentious issue. If communities are left to choose their own priorities, they will probably underinvest in nutrition, because malnutrition is seldom perceived as a priority problem except in the most extreme circumstances. In this situation, governments and the Bank have at least three broad options, each with its own problems and issues: funding education and advocacy efforts, requiring nutrition interventions as part of community-driven development programs in disadvantaged areas, or opening separate financing windows for nutrition.

Education and advocacy. CDD projects might fund education and advocacy efforts for nutrition, in the hope that communities will give it adequate priority, but allow communities to decide for themselves whether or not to invest in nutrition. Though consistent with the emerging philosophy of CDD, some country experience suggests that education and advocacy alone will not convince communities to make

nutrition an investment priority.¹⁰ Some scattered communities probably will, while many others will not. Aside from the consequence of inadequate coverage and impact, dispersal would present serious logistical difficulties in managing cost-effective technical training, supervision, and monitoring.

Nutrition, a CDD program requirement. Nutrition interventions might be made a requirement of community-driven development programs in disadvantaged areas. Communities would be given money for CDD only if they earmark part of it for nutrition. A case could be made for this approach on the grounds that, if child malnutrition is not dealt with immediately, whole cohorts of children will be permanently damaged in terms of lower IQs or stunting. However, this approach would undermine CDD’s philosophy that communities should be empowered to choose. In addition, other sectors would surely object to what they would see as special pleading and seek earmarking for their own priorities.

Separate financing windows. Separate financing windows might be opened for general community development and for nutrition. This approach would allow communities to spend general CDD funds as they wish, with no requirement to invest in nutrition. Although communities might decide to forgo the funds available for nutrition, forcing them to invest in something they do not want seems pointless. It would likely to lead to low commitment to implementation, and hence low quality and impact. Knowing that they will lose unused nutrition funds to other communities, however, may give them a strong incentive to invest.

Within the Bank, a dialogue should be started between members of the nutrition staff and those working on CDD to identify together the issues that need to be addressed. Then projects and programs should be worked out jointly with client countries, where different approaches to nutrition-CDD cooperation could be tried out and evaluated in the field.

VI. CONCLUSIONS AND NEXT STEPS

Management and capacity development in nutrition have been problematic for the Bank and perhaps for other donors. People know that problems in these areas have been the main implementation bottlenecks for many projects and programs, that they are complex, and that they demand more attention. Grappling with something as all-encompassing as “management” has been difficult, however, without a clear definition of specific problems and issues. The attempt made here to delineate some of the key issues, tentative and incomplete as it may be, at least demonstrates that a complex subject can be broken down into manageable pieces.

Nonetheless, there are many more pieces—each more or less connected with others—than can be worked on in the short run, considering the donor community’s own capacity and financial constraints. (This is true, even though the scope of this issues paper is limited to a subset of nutrition-related interventions, leaving out many others that are important.) The next step is to choose, from among the many problems and issues identified, a short work list to improve project and program performance most quickly. Seven possible actions are suggested for discussion by the donor community and its clients:

¹⁰ One of the best educational tools for increasing awareness of malnutrition is community-level growth monitoring, which itself requires investment in a community-based nutrition program to set up.

- Prepare *case studies of successful nutrition projects and programs*, concentrating on what they did right in management and capacity development and which issues they left unresolved. This is a gap in the current nutrition literature, which focuses mainly on technical design and impact evaluation. Well-written cases on management would find a ready market among both donor and country practitioners.
- Develop practical *procedures for sectoral institutional analysis and strategy development*. This is a high priority, in light of OED's finding that poor institutional analysis and poor strategy design are at the root of many of the problems in the Bank's HNP portfolio. It would be helpful if the donor community could develop these procedures jointly as a first step in building a donor partnership in addressing nutrition management issues.
- Apply these procedures to prepare some *best-practice nutrition projects*, cofinanced by the Bank and UNICEF, and perhaps also by bilateral partners. In addition to their strong emphasis on capacity development, these projects would offer an opportunity to test new approaches for donor cooperation, based on maximizing the comparative advantage of each, in support of a common program vision developed with the full range of nutrition stakeholders in a country.
- Assign individuals to concentrate on *management and capacity-development issues in nutrition*, with a mandate to act as a clearinghouse for information; to contribute to the tasks suggested below; and to disseminate work program results to agency staff and developing-country partner institutions. For the Bank, the size of its nutrition portfolio and the centrality of capacity-development problems to the portfolio's health call for the creation of a small core team to work on these issues.
- Facilitate creation of an informal, *interagency experience-sharing network* on nutrition management and capacity development. Through the network, identify individuals and institutions in developing countries, with strengths in nutrition management and capacity development, that could become part of a broader, North-South network interested in these issues.
- Assess the usefulness for nutrition of the different *tools for organizational analysis and organizational development*. As field experience with these tools builds, prepare case studies of the ways they can be adapted and applied in practice.
- Create a *roster of consultants* with expertise in nutrition management and capacity development.

VII. APPENDICES

A. FACTORS AFFECTING INSTITUTIONAL CAPACITY AT SECTORAL LEVEL

- i. Overall government commitment to key policies, as expressed through budgets allocated and implementation performance (*Issue 6*)
- ii. Commitment of specific stakeholder groups, based on their incentives to participate and perform (*Issue 6*)
- iii. Influence/mandate of specific stakeholder groups, including:
 - legal mandates
 - extent and clarity of organizational roles
 - extent and clarity of job descriptions
 - actual political or bureaucratic-political power
 - division of labor
 - spans of control
- iv. Structures and processes for sectoral leadership and management (*Issue 7*)
- v. Policy-making mechanisms and processes for translating policy into practice
- vi. Effectiveness of nutrition program support institutions and means of managing and strengthening them (*Issue 8*)
- vii. Fit between types of service programs and institutional resources used for delivery, including appropriate balance between:
 - government
 - nongovernmental organizations (NGOs)
 - private commercial sector
 - civil society
- viii. Mechanisms for involvement of/coordination with:
 - program clients
 - politicians
 - planning and finance departments
 - information agencies
 - local governments
 - NGOs
 - private commercial sector
- ix. Management systems of service delivery programs (*Issues 1 to 4*)
- x. Implications of political and administrative context, including:
 - democratic versus authoritarian systems

- degree of decentralization
 - formal versus informal management processes and practices
 - civil service norms and procedures
 - attitudes and values
 - quality of governance
 - extent, type, and consequences of corruption
- xi. Implications of sociocultural context, including:
- key client beliefs and behaviors
 - social norms
 - class and kinship structures
 - role of local elites
 - existence of socially excluded groups
 - cultural openness to change
 - existence of community organizations or mutual help systems
 - existence of intermediaries/change agents who can bridge gap between clients and government
- xii. Effectiveness of organizational systems in key institutions, including:
- planning and budgeting
 - monitoring, including information technology systems
 - quality control
 - training and human resource development
 - logistics
 - procurement
 - accounting and auditing
- xiii. Effectiveness of systems for learning, including:
- evaluation
 - operational research
 - learning from experience of other institutions and countries
 - moving from pilot project to scale
- xiv. Incentives and sanctions, including:
- pay
 - promotions and career development
 - prestige and recognition
 - profit from corruption
 - performance contracts
 - performance budgeting
 - audits and investigations

B. POTENTIAL STAKEHOLDERS IN PROTEIN-ENERGY MALNUTRITION PROGRAMS

- i. Individual Clients
 - Mothers
 - Children
- ii. Local Level Influencers
 - Fathers
 - In-laws
 - Politicians
 - Elders
 - Religious leaders
 - Schoolteachers
- iii. Local Level Groups
 - Mothers' groups
 - Peoples' organizations
 - Nongovernmental organizations
 - Occupational groups
 - Caste or class groups
 - Groups of people living near each other
- iv. Local Level Workers
 - Health extension workers
 - Social welfare extension workers
 - Agricultural extension workers
 - Ration shop employees
- v. Local Level Planners
 - Planning officers
 - Statisticians
 - Doctors
 - Other sectoral planners
- vi. Regional Planners¹¹
 - Planning officers
 - Sectoral planners
- vii. Central Planners/Bureaucrats/Technical Experts
 - Planning ministry
 - Finance ministry

¹¹ Depending on the system, more than one tier may be involved in regional planning (e.g., regional, provincial, and municipal), and politicians as well as planners may also be important stakeholders at one or levels).

- Health ministry
- Social welfare ministry
- Agriculture ministry
- Food ministry
- Water and sanitation ministry
- Interior and local government ministry
- Nutrition institutes
- Policy analysis institutes
- Data collection and evaluation agencies

viii. Central Level Influencers

- Prime minister
- Minister of finance
- Minister of planning
- Minister of health
- Minister of agriculture
- Minister of social welfare
- Minister of water and sanitation
- Minister of interior/local government
- Parliament/congress
- Parliamentary/congressional committees
- Individual politicians with special interest
- Nongovernmental organizations
- Newspapers
- Television
- Radio
- Internet
- Celebrities

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