
Annex 1

Country Experience with Short Routes to Improving Nutrition

<i>Intervention</i>	<i>Large-scale program experience</i>	<i>Effect on nutrition*</i>	<i>Costs per participant per year^a</i>	<i>Best practices</i>
Community-based growth promotion	Indonesia UPGK; Tamil Nadu Integrated Nutrition Program; BINP; Madagascar SEECALINE; Nicaragua PROCOSAN (Health Sector Reform Project; Honduras AIN-C (national); Tanzania Iringa; Thailand National Nutrition	+	\$1.60–\$1 0.00 recurrent additional budgetary cost; \$11–\$18 if food added	Target to children under age two. Tailored, negotiated, two-way counseling with mother; messages based on “trials of improved practices”; can integrate preventive health and rapid response to danger signals and mental stimulation. Medical and nursing personnel need training and motivation to support.
Vitamin A supplements (to preschool children)	India, Indonesia, Bangladesh, Ghana, Nepal, Pakistan, Niger, Tanzania, Senegal	+	\$1.01–\$2.55	Campaign approach needs perennial motivation and mobilization. Need to integrate into mainstream medical services. Medical and nursing personnel need training.
Vitamin A fortification	Guatemala (sugar)	+	\$.69–\$.98 per high risk person reached	Special attention to regulatory enforcement of fortification laws to ensure industry compliance; consumer education may be needed; costs are usually small and can often be passed on to consumers, except when a targeted subsidy is warranted.

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Iron supplementation (daily to pregnant women, $_$ and children under age two, C)	Indonesia $_$ Thailand $_$ Cuba $_$, C Bolivia $_$, C Honduras AIN-C C Zambia C Nicaragua PRO-COSAN C	+	\$.55– \$3.17	Counseling to address resistance points and motivations needed; reminders enhance adherence; medical and nursing staff need to be educated and motivated; consider combining with community-based growth promotion.
Iron fortification	Venezuela, United States, Canada, United Kingdom, Sweden, Chile	+	\$.12–\$.22	Special attention to regulatory enforcement of fortification laws to ensure industry compliance; consumer education may be needed; costs are usually small and can often be passed on to consumers, except when a targeted subsidy is warranted.
Salt iodization	China Salt Iodization Project; Indonesia Iodine Project Worldwide	+	\$.20–\$.50	Special attention needed to regulatory enforcement of fortification laws; consumer education may be needed. Consolidation of alternative employment for artisan producers. Costs are usually small and can often be passed on to consumers.
Conditional cash transfers	Mexico PROGRESA Honduras PRAF Nicaragua Red de Protección Social (RPS)	+/-	\$70–\$77	Pay attention to the quality of nutrition counseling in health services. Consider combining with community-based growth promotion.

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Maternal-child food supplementation (listed countries have NGO programs evaluated for impact)	Ethiopia, Gambia, Kenya, Benin, Madagascar, Mozambique, India, Bolivia, Guatemala, Haiti, Peru, Honduras, Nicaragua Virtually every country.	+/-	\$42 per 1,000 calories per day per person	Tight targeting critical. Important that food not be disincentive to family or local agriculture; nutrition education critical; avoid foreign foods, use local foods if possible; targeting to malnourished risks rewarding failure.
Early child development/Child care	Bolivia PIDI Colombia HBI Uganda ECD India ICDS Philippines ECD Kenya ECD	+/-	\$250–\$412 with food (Colombia, Bolivia); \$2–\$3 without food (Uganda)	Involve parents in growth promotion and child development through interpersonal counseling and community meetings.
Nutrition education (breastfeeding promotion, complementary feeding)	Most small nutrition components and information, education, and communication in health-based nutrition projects.	+/-	\$2.50	Most common problem is poorly designed messages, materials, and media. Counseling messages should be tailored, negotiated, and based on formative research in the community. Generic information, education, and communication and group talks ineffective.
Breastfeeding promotion in hospitals	Brazil, Honduras, Mexico Baby-friendly hospitals	+	\$.30–\$.40 if infant formula in ward \$2–\$3 if no infant formula in ward	For hospital-based births; education of medical and nursing professional critical, as is keeping infant formula purveyors out of hospitals.

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Microcredit cum nutrition education	Ghana Bolivia Uganda	+	\$.90–\$3.50 (marginal cost of nutrition education)	Freedom from Hunger (NGO). Pay attention to quality of nutrition counseling.
Facility-based integrated nutrition services such as IMCI (micro-nutrient supplements, growth monitoring, nutrition education, prenatal nutrition; care of severely malnourished)	Honduras AIN	—	—	Educating medical and nursing personnel about breast-feeding, infant feeding, growth, and micronutrients is essential.

— = not available.

a. Costing is a complex exercise, and the costs presented here, extracted from several sources, are not necessarily comparable. We include the information here simply to emphasize the point that costing is important in setting priorities.