

# **Community-based food and nutrition programmes: what makes them successful**

## **A review and analysis of experience**

**Suraiya Ismail**

**Maarten Immink**

FAO consultants

and

**Irela Mazar**

**Guy Nantel**

FAO Food and Nutrition Division

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## CONTENTS

	Page
Executive summary	v
Acknowledgements	ix
Acronyms	xi
Terms, weights, measures	xvi
<b>SECTION A: INTRODUCTION</b>	<b>1</b>
1. Background	1
2. Objectives and structure of the report	3
<b>SECTION B: SUMMARIES OF IN-DEPTH CASE STUDIES</b>	<b>5</b>
1. Africa	7
i) Kenya: Applied Nutrition Project - Makueni District	7
ii) Madagascar: Expanded School and Community Food and Nutrition Surveillance and Education Programme (SEECALINE)	7
iii) Zimbabwe: Community Food and Nutrition Programme (CFNP)	8
2. Asia	9
i) Bangladesh: Integrated Nutrition Programme (BINP)	9
ii) Philippines: Programme on Good Nutrition for Health (LAKASS)	9
iii) Sri Lanka: National Programme for Poverty Alleviation (Samurdhi)	10
3. Latin America	11
i) Brazil: Child Pastorate Programme	11
ii) Honduras: Rural Development Project for Southern Lempira Department (PROLESUR)	11
iii) Mexico: Education, Health and Nutrition Programme (PROGRESA)	12
<b>SECTION C: WHAT HAVE WE LEARNED?</b>	<b>17</b>
1. Lessons learned	17
i) Macrocontextual factors	17
ii) Community-level factors	22
iii) Programme design features	27
iv) Sustainability	31
2. Results of the SWOC analyses performed for the in-depth case studies	33
<b>SECTION D: TOWARDS A SUCCESSFUL COMMUNITY-BASED NUTRITION PROGRAMME</b>	<b>39</b>
<b>SECTION E: CONCLUSIONS</b>	<b>45</b>
<b>References</b>	<b>47</b>

## CONTENTS

	Page
<b><u>Tables</u></b>	
1. Summary details of the nine in-depth case studies	14
2. Assessment of main characteristics of the nine in-depth case studies	15
3. Strengths of the nine in-depth case studies	34
4. Weaknesses of the nine in-depth case studies	35
5. Opportunities presented by, or available to, the nine in-depth case studies	36
6. Threats and constraints to the nine in-depth case studies	37
<b><u>Annexes</u></b>	
1. A Summaries of three desk reviews: Thailand, Viet Nam, Zambia	49
B A Typology of community participation	55
2. Case studies for Africa	
A Kenya: Applied Nutrition Project – Makueni District	59
B Madagascar: Expanded School and Community Food and Nutrition Surveillance and Education Programme	85
C Zimbabwe: Community Food and Nutrition Programme	113
3. Case studies for Asia	
A Bangladesh: Integrated Nutrition Programme	137
B Philippines: LAKASS Programme	159
C Sri Lanka: Samurdhi Programme	187
4. Case studies for Latin America	
A Brazil: Child Pastorate Programme	207
B Honduras: Rural Development Project for Southern Lempira	231
C Mexico: Education, Health and Nutrition Programme	259

## EXECUTIVE SUMMARY

National governments and donors alike have placed emphasis on the progressive realization of access to food and good nutrition as a human right. Reducing food insecurity and improving nutrition have acquired importance within the context of poverty reduction strategies. We need to address not simply the immediate causes of malnutrition, but also their underlying and basic factors if we are to achieve nutritional well-being and reach functional and productive capacity in a population. It is thus imperative that food and nutrition programmes succeed and that success is sustained. This is why countries need to undertake assessments of their programmes to improve outcomes, cost-effectiveness, efficiency and sustainability.

There are now a number of successful programmes and a close examination and analysis of these can help us to understand the process of achieving success. Much can be learned from the experience accumulated with community-based nutrition programmes in developing countries.

To assist countries in this endeavour, FAO started a process aimed at developing a methodology that allows them to carry out in-depth assessments of their community-based food and nutrition programmes. The purpose is to understand what works, what does not work, why, and how such programmes can be expanded, strengthened and redesigned, if needed. Understanding these relationships require new approaches, new ways of thinking about familiar issues.

It is these issues that this case study report considers. It is based on an in-depth assessment and analysis of three programme cases per region (Africa, Asia, and Latin America) and three desk reviews. The objectives of the report are:

1. to summarize the main features and findings of the case studies;
2. to highlight, analyse and discuss the main lessons learned from the case studies and desk reviews and,
3. to provide the theoretical and practical background for the preparation of a methodological guide entitled *Improving Nutrition Programmes: An Assessment Tool for Action*.

This case study report is a companion volume to the former. The report is divided into five sections (A-E), plus annexes.

Section A provides the background and rationale for FAO's decision to undertake this exercise. It stresses that the ultimate aim is to improve the quality of community-based nutrition programmes by constructing and making available a simple tool that nutrition programme planners and implementers can use to assess the likely success and sustainability of an on-going or planned programme, so as to be able to redesign it or make adjustments for improvement. This section also describes the steps followed in this exercise.

Section B presents criteria for selecting countries and three programmes per region for in-depth case studies. The programmes selected are:

#### **Africa**

Kenya:	Applied Nutrition Project – Makueni District
Madagascar:	Expanded School and Community Food and Nutrition Surveillance and Education Programme (SEECALINE)
Zimbabwe:	Community Food and Nutrition Programme (CFNP)

#### **Asia**

Bangladesh:	Bangladesh Integrated Nutrition Programme (BINP)
Philippines:	Community-based Nutrition Action Programme (LAKASS)
Sri Lanka:	Samurdhi – National Programme for Poverty Alleviation

#### **Latin America**

Brazil:	Child Pastorate Programme
Honduras:	Rural Development Project for Southern Lempira Department (PROLESUR)
Mexico:	Programme of Education, Health Care and Nutrition (PROGRESA)

It also presents brief summaries of the key features of the nine in-depth case studies.

In addition to the in-depth case studies, three desk reviews of programmes, two of which had received FAO support, were prepared by FAO staff. These desk reviews are of the following programmes:

Thailand:	National Nutrition Programme
Viet Nam:	Household Food Security for Nutrition Improvement
Zambia:	Improving Household Food Security and Nutrition in the Luapula Valley

Summaries of desk reviews and full case studies are provided in Annexes 1 – 4.

Section C analyses the main findings of the in-depth case studies and desk reviews by drawing out the main lessons learned from the experiences of the programmes, under four headings: macrocontextual factors, community-level factors, programme design features and sustainability.

It then proceeds to the results of the SWOC/T analyses (Strengths, Weaknesses, Opportunities and Constraints or Threats) performed on the programmes. Common features to all or many of the programmes are presented and some interesting findings of individual programmes are highlighted.

Section D uses the findings of Sections B and C to suggest ways in which community-based nutrition programmes can be improved so as to become more sustainable and have a greater positive impact on nutritional status and food and nutrition security. The success of a programme lies, on the one hand, in its ability to achieve its objectives and, on the other hand, its ability to sustain these achievements. Based on the findings of the case studies and their practical implications, this section discusses how success is to be achieved.

Section E concludes the report by advising the reader that many of the conclusions are inevitably based on judgement and assessment. The future of nutrition programming holds its own challenges, some of which are briefly highlighted: the nutrition transition; the needs of older people; the complexities of massive urbanization and the decentralization processes. Nutrition planners need to keep abreast of scientific advances and new technologies. There is a need for nutrition programmes to develop partnerships with NGOs, academic and research institutions and the private sector. Nutrition planners are advised that the challenge for them is to take from this report what is appropriate in their country context and to use it to improve their existing programmes or to design better programmes.

To help in this process, FAO has produced the companion volume “*Improving Nutrition Programmes: An Assessment Tool for Action*”.

Concluding remarks also stress that malnutrition is an impediment to development and that it is not only the result of insufficient food but also a consequence of other conditions. Thus, reversing the process is complex and there is no single solution for all but rather general guidance on directions to pursue. Experience from lessons learned shows that considerable time is needed to redress a situation, and that a strong supportive political and policy environment remains essential throughout the period. Once achieved, however, the effect is likely to become permanent, offering a substantial return on investment.





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## Acronyms

ACN	Agent communautaire en nutrition ( <i>Community Nutrition Agent - Madagascar</i> )
ACS	Agent communautaire de santé ( <i>Community Health Agent - Madagascar</i> )
ADRA	Adventist Development and Relief Agency
AGEB	a basic geostatistical area [population unit] ( <i>área geoestadística básica - Mexico</i> )
Agritex	Agricultural Technology and Extension Service ( <i>Zimbabwe</i> )
AMREF	African Medical and Research Foundation ( <i>Kenya</i> )
ANP	Applied Nutrition Project ( <i>Kenya</i> )
ASAL	arid and semi-arid lands ( <i>Kenya</i> )
ASAP	Araw ng Sangkap Pinoy ( <i>supplementation programme - Philippines</i> )
ASHONPLAFA	Honduran Association for Family Planning ( <i>Asociación Hondureña de Planificación de la Familia</i> )
BANADESA	National Agricultural Development Bank ( <i>Banco Nacional de Desarrollo Agrícola - Honduras</i> )
BCG	Bacillus Calmette-Guérin (anti-tuberculosis vaccine)
BINP	Bangladesh Integrated Nutrition Programme
BNC	Barangay Nutrition Committee ( <i>Philippines</i> )
BMI	body mass index
BPAN	Bangladesh Plan of Action for Nutrition
BRAC	Bangladesh Rural Advancement Committee
CARE	Cooperative for Assistance and Relief Everywhere
CFNP	Community Food and Nutrition Programme ( <i>Zimbabwe</i> )
CHANIS	Child Health and Nutrition Information System ( <i>Kenya</i> )
CHW	Community Health Worker ( <i>Zimbabwe</i> )
CIDA	Canadian International Development Agency
CNC	Community Nutrition Centre ( <i>Bangladesh</i> )
CNO	Community Nutrition Organizer ( <i>Bangladesh</i> )
CNP	Community Nutrition Promoter ( <i>Bangladesh</i> )
COCEPRADIL	Central Committee for Watershed Management and Integrated Development of the Department of Lempira ( <i>Comité Central Pro-agua y Desarrollo Integral de Lempira - Honduras</i> )
CODECO	Committee for Community Development ( <i>Comité de Desarrollo Comunitario - Honduras</i> )
COHASA	German-Honduran Cooperation for Food Security ( <i>Cooperación Hondureño-Alemana de Seguridad Alimentaria</i> )

CONAFE	National Council for the Support of Education ( <i>Consejo Nacional de Fomento Educativo - Mexico</i> )
CONASUPO	National Company of Popular Subsistence ( <i>Compañía Nacional de Subsistencias Populares - Mexico</i> )
CONPROGRESA	National Coordination of PROGRESA ( <i>Coordinación Nacional de PROGRESA - Mexico</i> )
CRS	Catholic Relief Services
CRT	Centre de récupération thérapeutique ( <i>Therapeutic Centre - Madagascar</i> )
CSO	Central Statistics Office
CSO	Central Statistical Office ( <i>Zimbabwe</i> )
CTA	Chief Technical Advisor ( <i>Asesor Técnico Principal - Honduras</i> )
CTN	National Technical Coordinator ( <i>Coordinador Técnico Nacional - Honduras</i> )
CVW	Community Volunteer Worker ( <i>Zimbabwe</i> )
DAF	Direction administrative et financière ( <i>Madagascar</i> )
DANIDA	Danish International Development Assistance
DFID	Department for International Development (United Kingdom)
DHS	Demographic and Health Survey
DICONSA	Conasupo distributor [retail food sales] ( <i>Distribuidora e Impulsora Comercial Conasupo S.A. - Mexico</i> )
DICTA	Directorate for Agricultural Science and Technology ( <i>Dirección de Ciencia y Tecnología Agropecuaria - Honduras</i> )
DIF	National System for Integrated Family Development ( <i>Sistema Nacional de Desarrollo Integral de la Familia - Mexico</i> )
DDSS	Direction de la démographie et des statistiques sociales ( <i>Social Statistics and Demography Directorate - Madagascar</i> )
DoH	Department of Health ( <i>Philippines</i> )
DSRP	Document de stratégie pour la réduction de la pauvreté ( <i>Poverty Reduction Strategy Document - Madagascar</i> )
ECSA	Eastern, Central and Southern Africa
EDUCATODOS	radio education programme ( <i>Honduras</i> )
EPI	Expanded Programme of Immunization ( <i>Bangladesh</i> )
ESAP	Economic Structural Adjustment Programme ( <i>Zimbabwe</i> )
ESAR	Eastern and Southern Africa Region
EU	European Union
FFW	Food-for-Work Programme
FHIS	Honduran Social Investment Fund ( <i>Fondo Hondureño de Inversión Social</i> )
FIDELIST	Trust Fund for Liquidation of Tortilla Subsidy ( <i>Fideicomiso Liquidador de Subsidio a la Tortilla - Mexico</i> )
FNMT	Food and Nutrition Management Team ( <i>Zimbabwe</i> )
FNRI	Food and Nutrition Research Institute ( <i>Philippines</i> )

GAA	German Agro Action
GAD	Groupement d'action pour le développement ( <i>Action Group for Development - Madagascar</i> )
GAIN	Groupe d'actions intersectorielles pour la nutrition ( <i>Intersectoral Action Group for Nutrition - Madagascar</i> )
GBF	Groupe de bailleurs de fonds ( <i>Stakeholders' Group - Madagascar</i> )
GDP	gross domestic product
GMP	Growth Monitoring and Promotion
GNP	gross national product
GoB	Government of Bangladesh
GoP	Government of the Philippines
GTDR	Groupe de travail pour le développement rural ( <i>Working Group for Rural Development - Madagascar</i> )
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HIV-AIDS	Human Immunodeficiency Virus - Acquired Immunodeficiency Syndrome
ICN	International Conference on Nutrition (FAO/WHO 1992)
IDA	International Development Association ( <i>World Bank</i> )
IDD	iodine deficiency disorders
IEC	information, education, communication
IEC	information, éducation, communication ( <i>Madagascar</i> )
ILO	International Labour Organization
IMF	International Monetary Fund
IMR	infant mortality rate
IMSS	Mexican Social Security Institute ( <i>Instituto Mexicano del Seguro Social</i> )
INA	National Agrarian Institute ( <i>Instituto Nacional Agrario - Honduras</i> )
INEGI	National Statistics, Geography and Informatics Institute ( <i>Instituto Nacional de Estadística, Geografía e Informática - Mexico</i> )
INFOP	National Institute for Professional Training ( <i>Instituto Nacional de Formación Profesional - Honduras</i> )
INSTAT	Institut National de la Statistique ( <i>National Statistics Institute - Madagascar</i> )
IPEA	Institute of Applied Economic Research ( <i>Brazil</i> )
KARI	Kenya Agricultural Research Institute
KE-CAN	Kenya Coalition for Nutrition
KEFRI	Kenya Forestry Research Institute
LAKASS	Lalakas ang Katawang Sapat Sa Sustansiya ( <i>programme on good nutrition for health - Philippines</i> )
LICONSA	Conasupo Industrialized Milk ( <i>Leche Industrializada Conasupo S.A. - Mexico</i> )
LBW	low birth weight

MACOSUD	Makoni District Action for Community Development ( <i>Kenya</i> )
MEPF	Ministry of Economic Planning and Finance ( <i>Zimbabwe</i> )
MinAgri	Ministère de l'agriculture ( <i>Ministry of Agriculture - Madagascar</i> )
MinSan	Ministère de la santé ( <i>Ministry of Health - Madagascar</i> )
MIS	Management Information System ( <i>Bangladesh</i> )
MNC	Municipal Nutrition Committee ( <i>Philippines</i> )
MoA	Ministry of Agriculture
MoH	Ministry of Health
MOH-CW	Ministry of Health and Child Welfare ( <i>Zimbabwe</i> )
MoHFW	Ministry of Health and Family Welfare ( <i>Bangladesh</i> )
MOST	Micronutrient Operational Strategies and Technologies ( <i>USAID Micronutrient Programme</i> )
MPIPA	Ministry of Plan Implementation and Parliamentary Affairs ( <i>Sri Lanka</i> )
MPND	Ministry of Planning and National Development ( <i>Kenya</i> )
MPSLSW	Ministry of Public Service, Labour and Social Welfare ( <i>Zimbabwe</i> )
MTPFNP	Medium Term Philippine Food and Nutrition Plan ( <i>Philippines</i> )
MUAC	mid upper arm circumference
NAC	Projet de nutrition à assise communautaire ( <i>Community-based Nutrition Project - Madagascar</i> )
NAP	Nutrition Action Programme ( <i>Philippines</i> )
NDM	nutritionally depressed municipality ( <i>Philippines</i> )
NFNTF	National Food and Nutrition Task Force ( <i>Zimbabwe</i> )
NGO	non-governmental organization
NNC	National Nutrition Council ( <i>Philippines</i> )
NNCC	National Nutrition Coordinating Committee ( <i>Sri Lanka</i> )
NNP	National Nutrition Programme ( <i>Bangladesh</i> )
NNPA	National Nutrition Plan of Action ( <i>Sri Lanka</i> )
NNU	National Nutrition Unit ( <i>Zimbabwe</i> )
NORAD	Norwegian Agency for Development Cooperation
NOVIB	Netherlands Organization for International Development ( <i>Netherlands member of OXFAM International Cooperation</i> )
NPAN	National Plan of Action for Nutrition
NTC	National Technical Coordinator ( <i>Coordinador Técnico Nacional - Honduras</i> )
ODA	Overseas Development Administration ( <i>now DFID - United Kingdom</i> )
PAA	Programme alimentaire d'appui ( <i>Food Security Support Programme - Madagascar</i> )
PADR	Plan d'action pour le développement rural ( <i>Plan of Action for Rural Development - Madagascar</i> )
PASS	Poverty Assessment Survey Study ( <i>Zimbabwe</i> )

PC	Child Pastorate Programme ( <i>Pastoral da Criança - Brazil</i> )
PICS	Programme on post cyclone and drought intervention ( <i>Madagascar</i> )
PLANDERO	Rural Development Plan for the Western Region ( <i>Plan de Desarrollo Rural de la Región de Occidente - Honduras</i> )
PNC	Projet communautaire de nutrition ( <i>Community Nutrition Project - Madagascar</i> )
PNC	Provincial Nutrition Committee ( <i>Philippines</i> )
PPA	purchasing power parity ( <i>paridad de poder adquisitivo - Honduras</i> )
PPAN	Philippine Plan of Action for Nutrition
PPRM	participatory poverty ranking method ( <i>Kenya</i> )
PROLESUR	Rural Development Project for Southern Lempira ( <i>Honduras</i> )
PRODERO	Rural Development Project for the Western Region ( <i>Proyecto de Desarrollo Rural de la Región Occidental - Honduras</i> )
PROGRESA	Education, Health and Nutrition Programme ( <i>Programa de Educación, Salud y Alimentación - Mexico</i> )
PROLESUR	Rural Development Project for Southern Lempira ( <i>also known as PLS - Honduras</i> )
PRONADERS	National Programme for Sustainable Rural Development ( <i>Programa Nacional de Desarrollo Rural Sostenible - Honduras</i> )
PROSHIKA	Centre for Human Development and Institute for Development Policy Analysis and Advocacy ( <i>Dhaka, Bangladesh</i> )
PSSA	Programme spécial pour la sécurité alimentaire ( <i>Special Programme for Food Security - Madagascar</i> )
RIMISP	International Network on Methodology of Farming Systems Research ( <i>Red Internacional de Metodología de Investigación de Sistemas de Producción - Honduras</i> )
RNC	Regional Nutrition Committee ( <i>Philippines</i> )
SAG	Secretariat of Agriculture and Livestock ( <i>Honduras</i> )
SCO	Specialist in community organization ( <i>Madagascar</i> )
SECALINE	Sécurité alimentaire et nutrition élargie ( <i>expanded food security and nutrition - Madagascar</i> )
SEDESOL	Secretariat for Social Development ( <i>Secretaría de Desarrollo Social - Mexico</i> )
SEECALINE	Surveillance et éducation des écoles et des communautés en matière d'alimentation et de nutrition élargie ( <i>expanded school and community food and nutrition surveillance and education - Madagascar</i> )
SFPP	Supplementary Food Production Programme ( <i>Zimbabwe</i> )
SIDA	Swedish International Development Agency
SIG	Système d'information géographique ( <i>Madagascar</i> )
SMB	Secrétariat multi-baillleurs ( <i>Stakeholders' Secretariat - Madagascar</i> )
SN	Samurdhi niyamala ( <i>mobilizer - Sri Lanka</i> )
SNSALIN	Stratégie nationale de sécurité alimentaire et de nutrition ( <i>National Food Security and Nutrition Strategy - Madagascar</i> )
SRP	Stratégie pour la réduction de la pauvreté ( <i>Poverty Reduction Strategy - Madagascar</i> )

TBA	traditional birth attendant ( <i>Kenya</i> )
TCP	Technical Cooperation Programme (FAO)
TORTIBONOS	food stamp programme for tortillas ( <i>Conasupo 1985-1989 - Mexico</i> )
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USDA	United States Department of Agriculture
VCW	Village Community Worker ( <i>Zimbabwe</i> )
VHW	Village Health Worker ( <i>Zimbabwe</i> )
VHWP	Village Health Worker Programme ( <i>Zimbabwe</i> )
WB	World Bank
WB-IDA	World Bank – International Development Assistance
WFS	World Food Summit (FAO, Rome, 1996)
WFP	World Food Programme
WMS	Welfare Monitoring Survey System ( <i>Kenya</i> )

### **Terms, Weights, Measures**

promotora	social development agent ( <i>Mexico</i> )
barangay	smallest political subdivision in the Philippines
Sangguniang Bayan	Municipal Council ( <i>Philippines</i> )
Sangguniang Panlalawigan	Provincial Council ( <i>Philippines</i> )

1 quintal = 100 kg

1 manzana = 0.7 hectares (*Honduras*)



## SECTION A – INTRODUCTION

### 1) Background

Community-based food and nutrition programmes have been implemented in many countries. They have in common nutrition or nutrition-related objectives, be it the broad objectives of reducing the prevalence of malnutrition or improving household food security, or more specific objectives related to a single micronutrient or a single nutrition activity such as the promotion of breastfeeding. There are now a number of successful programmes, and a close examination and analysis of these can help us to understand the process of achieving success.

In recent years there have been a number of studies of ongoing programmes (ACC/SCN, 1996; Iannotti and Gillespie, 2001; Mason *et al*, 2001; ACC/SCN 2001). These global assessments of national and subnational nutrition programmes have examined, based on a number of country case studies, how macrolevel economic growth and social investment factors contribute to downward trends in the prevalence of child undernutrition. Key factors that were identified based on these country studies include: poverty-alleviating and equitable growth strategies, and increasing levels of investment in health and education. Iannotti and Gillespie (2001) state that: “Successful community-based programmes are not islands of excellence, existing in an imperfect world. Rather, part of their success relates to contextual factors that provide an enabling or supportive environment.” The information from these country case studies does not permit a detailed assessment of community-level factors, though in general, community involvement, participation, ownership and empowerment seem strongly related to effective community-based food and nutrition programmes. Shrimpton (1995) has attempted to assess such community events in some programmes. UNICEF too has produced case studies of individual programmes (see reference list). The Thailand experience (Tontisirin and Gillespie, 1999) has highlighted the importance of both macro and microlevel factors in securing the success and sustainability of a nutrition programme.

The literature on community participation is now substantial. It comprises mostly extensive guidelines on the methodology (Rifkin and Pridmore, 2001; Rifkin *et al*, 1988; Jewkes and Murcott, 1996), and more recently, a debate on whether the methodology really achieves what it purports to achieve (Cooke and Kothari, 2001). Cooke and Kothari (and the authors in the book they have edited) question whether facilitators external to the community in fact succeed in encouraging decision-making, or do not rather override existing decision-making procedures; whether group discussions do not reinforce a pre-existing power structure; and whether the popularity of participatory methods has forced the exclusion of other more effective methods. They also suggest that communities may articulate felt needs that they know the donor agency is likely to support, thereby accommodating donor priorities rather than addressing their own real problems. In broad terms, the critique suggests that proponents of the methodology are at best naïve, and that far from empowering communities, it places them even more firmly in the control of the existing power structure. These are harsh criticisms that not all accept and the authors propose no alternatives to community participation for development.

There is no doubt that there are many misconceptions and misapplications of participatory methods. One misconception is that communities are homogeneous and another is that with successful participation and the use of local resources, governments are at least partially relieved of their obligation to provide services to communities. Another common misconception is that a community-based nutrition programme, almost by definition, employs a participatory approach. Achieving true participation is time-consuming, and there have therefore been efforts to devise 'rough and ready' methods, such as rapid rural appraisal, or some forms of rapid participatory appraisal, for at least some of the components of the methodology. These are useful for the initial stages of programme development but should not be seen as a replacement for the full methodology. Levels of participation have been defined, ranging from passive participation when community members are simply informed of what is to happen, to self-mobilization when communities are empowered to take initiatives and make their own choices. While it may be pragmatic to start at the lowest level, to be both successful and sustainable, programmes must strive towards attaining the highest level of participation. Certainly there are many pitfalls and setbacks in the application of the participatory methodology, but the various assessments and case studies of programmes have shown also that much can be achieved with the investment of time and effort and that the investment is worth making.

Although recent global and individual assessments are useful in pointing to macrocontextual factors to explain the decreasing prevalence of malnutrition, there is a need for a comprehensive and coherent methodology that allows countries to undertake an in-depth assessment and analysis of their own community-based food and nutrition programmes. Such assessments and analyses should be undertaken by national and subnational governments (province, district and village) in partnership with non-governmental organizations and community groups. The purpose is to understand what works and what does not work and why, and how such programmes can be expanded, strengthened and redesigned, if needed. The assessments can also provide inputs into the reformulation of sector policies at different levels. The particular focus on community-based programmes is highly relevant, as many countries are undergoing a process of decentralization, thereby increasing (though not always) the autonomy in decision-making of local governments, and opening new political and social spaces for partnerships between government and civil society organizations. As social services are increasingly provided on a cost-sharing basis, client participation becomes important to ensure that those services are of high quality and respond well to their clients' needs.

This is some of the thinking that preceded FAO's decision to undertake this exercise. The ultimate aim is to improve the quality of community-based nutrition programmes by constructing and making available a simple tool that nutrition programme planners and implementers can use to assess the likely success and sustainability of an ongoing or planned programme, so as to be able to redesign it or make adjustments for improvement. The steps employed in this exercise are as follows:

- a. preparation of background documents and identification of the selection criteria to be used to choose nine community-based nutrition programmes (three from each region: Asia, Africa and Latin America) to serve as in-depth case studies;
- b. conduct in-depth case studies through site visits, field trips to communities, discussions with programme staff and with community members, examination of programme documentation;
- c. preparation of an integrated report of the nine case studies (this report), based upon an analysis of their findings;
- d. using this integrated report of the case studies in developing the first draft of the assessment tool for nutrition programme planners;
- e. consultation for improvements of the assessment tool through a users' workshop, and revision of the tool (second draft);
- f. field testing of the tool and preparation and publication of the final assessment tool.

## 2) Objectives and structure of the report

This report brings together the main findings of nine in-depth case studies and three desk reviews. The objectives of the report are firstly, to summarize the main features and findings of the case studies, secondly, to highlight, analyse and discuss the main lessons learned from the case studies and desk reviews, their strengths, weaknesses, constraints and the opportunities they present, and the implications these findings hold for programme design; and thirdly, to provide the theoretical and practical background for the preparation of the assessment tool.

The report begins with summaries of the in-depth case studies in Section B. Section C presents lessons learned from the case studies, under four headings: macrocontextual factors, community-level factors, programme design features, and sustainability. Section C then proceeds to the results of the SWOC<sup>1</sup> analyses performed on the programmes. Where appropriate, region or programme-specific features are highlighted. Section D uses the findings of Sections B and C to suggest ways by which community-based nutrition programmes can be improved so as to become more sustainable and have a greater positive impact on nutritional status and food and nutrition security. Section E concludes the report and is followed by the reference list. Summaries of desk reviews and full case studies are provided in Annexes 1 - 4.

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<sup>1</sup> SWOC (or SWOT) = Strengths, Weaknesses, Opportunities, and Constraints (or Threats).



## **SECTION B - SUMMARIES OF IN-DEPTH CASE STUDIES**

The programmes for the in-depth case studies were selected during the course of a technical consultation (FAO Rome, October, 2001<sup>2</sup>). The three regional consultants were asked to bring details of candidate programmes with them, based on ten selection criteria:

### **Countries**

1. One detailed case study per country, three countries per region (Africa, Asia, and Latin America and the Caribbean).
2. Countries with a relatively high incidence of poverty, food insecurity and high prevalence of child malnutrition.

### **Programmes**

3. Programmes with explicit or implicit food security and/or nutrition objectives. Implicit food security and/or nutrition objectives means that the actions undertaken and/or supported by the programme can reasonably be expected to have an impact on food security and/or nutrition conditions of the target population.
4. Programmes that have been functioning a minimum number of five years or more, and thus have accumulated significant programme experiences, and either are still functioning or ceased functioning only a short while back.
5. Programmes that have or had participation by at least two sectors, e.g. agricultural and health sectors, or health and education sectors, etc.
6. Programmes that support actions, activities, and/or projects at community-level, with some degree of community participation.
7. Programmes that have large-scale coverage with respect to their target population. Normally this means national or province or department-level programmes that reach a significant share of the target population, such as, for instance, under-five children who suffer from malnutrition. Small-scale community projects will not be included.
8. Programmes that can provide insights into processes related to interinstitutional coordination and collaboration, either horizontally (among government agencies, government and civil society institutions), and/or vertically (community-based and grassroots organizations, municipal, provincial or departmental and national levels).
9. Programmes should have achieved a significant and demonstrable improvement in the nutritional status of their target population.

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<sup>2</sup> Technical Consultation on Criteria for Successful Nutrition Improvement. Food and Nutrition Division, FAO, Rome, 16-19 October, 2001.

10. Programme experiences should be selected that will provide substantial insights into different macro and community level contextual factors, implementation processes and programme impacts and their interactions, as well as providing important generalized lessons learned with respect to these aspects.

The candidate cases were presented by the regional consultants. No programme met all ten criteria, and detailed information on the programmes was not always available. The cases were ‘rated’ and discussed at length, and the final selection of three programmes per region was made. Further details of the selection procedure are provided in the report of the Technical Consultation<sup>3</sup>.

The **in-depth case studies** are of the following programmes:

#### **Africa**

Kenya:	Applied Nutrition Project – Makueni District
Madagascar:	Expanded School and Community Food and Nutrition Surveillance and Education Programme (SEECALINE)
Zimbabwe:	Community Food and Nutrition Programme (CFNP)

#### **Asia**

Bangladesh:	Bangladesh Integrated Nutrition Programme (BINP)
Philippines:	Programme on good nutrition for health (LAKASS)
Sri Lanka:	Samurdhi – National Programme for Poverty Alleviation

#### **Latin America**

Brazil:	Child Pastorate Programme
Honduras:	Rural Development Project for Southern Lempira Department (PROLESUR)
Mexico:	Programme of Education, Health and Nutrition (PROGRESA)

In addition to the in-depth case studies, it was decided to include three desk reviews of programmes two of which had received FAO support to be prepared by FAO staff who were familiar with the programmes. The **desk reviews**<sup>4</sup> are of the following programmes:

<sup>3</sup> Preparatory documents for this activity can be found in the report of the *Technical Consultation on Criteria for Successful Nutrition Improvement* as follows: (i) Annex 3: Methodological framework for review and analysis of community-based food and nutrition programmes, and (ii) Annex 9: Reporting format for in-depth case studies. These documents are available at: [www.fao.org/es/ESN/nutrition/national\\_sustainable\\_en.stm](http://www.fao.org/es/ESN/nutrition/national_sustainable_en.stm)

<sup>4</sup> This report also makes occasional reference to a Central American project which was not included as a case study or desk review because it did not fit the criteria for these studies. However, it provides additional interesting findings that are mentioned in this report. The project was a pilot project operated by the Institute of Nutrition for Central America and Panama (INCAP), funded by the United Kingdom government for five years. It employed a participatory approach to improving local level food and nutrition security in a small number of communities in El Salvador, Guatemala, Honduras and Nicaragua. The report of the final evaluation of the project is referenced at the end of this report (Ismail, 1999).

Thailand:	Nutrition and Poverty Alleviation
Viet Nam:	Household Food Security for Nutrition Improvement
Zambia:	Improvement of Household Food Security and Nutrition in the Luapula Valley

We present here brief summaries of the key features of the nine in-depth case studies. Further details are provided in Tables 1 and 2.

## 1) Africa

### i) Kenya: Applied Nutrition Project – Makueni District (1983 to present)

Longstanding and well managed, the Applied Nutrition Project is implemented in three food-insecure divisions that comprise arid and semi-arid land. The project has mainly food production or food-related objectives, but has no specific nutrition improvement targets, nor do the objectives mention community participation. Funding was primarily from bilateral agencies and non-governmental organizations (NGOs) but also from the communities and the government. While external funding may end some day, sustainability is likely to be ensured by the fact that many activities have become, or are becoming, institutionalized within the communities. This is at least partly an outcome of the long duration of the project. Initially the project provided health and nutrition services through mobile teams but subsequently some communities built permanent health posts. The Government provided health supplies and staff but funding is provided by the communities themselves. Other activities focus on increasing food production and generating income (introduction of drought-tolerant crops, group seed banks, small livestock, credit, and improved water supply and sanitation). Existing traditional community structures are employed as entry points: women's groups (Mwethya), village councils and the community decision-making forum (Baraza). Despite the lack of specific mention of community participation in the objectives, the project has clearly used this as its mode of implementation. The project has not gathered systematically any information on nutrition impact, but some community surveys and other data suggest that at least there has been no decline, despite a worsening drought situation. The macroenvironment for nutrition in Kenya is not particularly supportive nor have Kenya's technical institutions contributed much nutrition expertise to the project, and there is very little expertise available at the district level. Perhaps this is why the nutrition component of the project (education) is its weakest. The success of the project lies primarily with its emphasis on local-level food production, its use of existing community structures and its willingness to allow time to institutionalize the activities.

### ii) Madagascar: Expanded School and Community Food and Nutrition Surveillance and Education Programme – SEECALINE (Phase I: 1993-97; Phase II: 1998 to present)

This programme, heavily funded by the World Bank, expanded recently (1998) to the national level. The budget includes a contribution of food for supplementary feeding from the World Food Programme (WFP), an in-kind contribution from the

government (3.7 percent of total) and a contribution of labour from the beneficiaries. The programme has specific nutrition objectives (these are quantified, which is commendable) and community involvement objectives. It has four main components: community nutrition, school nutrition, natural disaster preparedness and information, education, communication (IEC). Community participation is weak and passive and sustainability doubtful, with little thought or effort devoted to institutionalization of the activities. It has a top-down, short-term approach, and its major achievements lie in the area of sensitization and drawing in a wide cross-section of agencies and institutions. There are, however, difficulties with collaboration and adequacy of supervision, leading to poor quality control of the activities. Programme data from growth monitoring suggest a substantial improvement in nutrition, but in the light of poor attendance and the low level of community based activity, these data are questionable. Programme documentation is good, and the SEECALINE has benefited from a number of evaluations and reviews. However, there is little evidence that any of the recommendations of these exercises have been used to modify the programme. The programme has benefited from political support and the macroenvironment is good. The latter has indeed been improved by the sensitization and advocacy component of the programme itself. There is, however, no thought or planning for the future of the programme activities after funding ends (scheduled for 2003).

**iii) Zimbabwe: Community Food and Nutrition Programme – CFNP  
(1987 to present)**

This is a longstanding national programme, focusing heavily on improving food production and access at the local level. It has its roots in a predecessor programme, the Supplementary Feeding Programme, established soon after independence as an emergency programme to cope with food shortages following drought. The Government has always provided some funding, but has increased this now that external funding has stopped. The programme has benefited from a supportive macroenvironment, and from the decentralized nature of nutrition expertise in the country (at least to the provincial level). Multisectoral collaboration functioned largely at the district level but more recently this has extended up to the central level with the formation of the national Food and Nutrition Council. While there is no real evidence of community-initiated actions, the programme has made use of a cultural tradition (*Zunde raMambo*<sup>5</sup> – the chief's granary), which has generally been a positive experience but does not necessarily imply active community decision-making. The main objective of the programme focuses on community participation and the improvement of food and nutrition security but there are no specific nutrition targets. The programme has gathered no data to demonstrate nutrition impact, but national surveys suggest an improvement until recent years, corresponding to the trends in the country's economy.

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<sup>5</sup> Editor's note: *Zunde raMambo* is a custom whereby a plot of land is planted, tended and harvested by the community. Produce from this plot is stored and used by the community when food is short or to supplement the food supply of poor, vulnerable households.



## 2) Asia

### i) **Bangladesh: Integrated Nutrition Programme – BINP (1995 to present)**

BINP is a large programme that has both nutrition and participation objectives, is heavily funded by the World Bank, and claims to have made a very significant, positive impact on nutritional status and the incidence of low birth weight. It is an interesting example of NGO-government collaboration. Initially the programme employed two modalities: activities in some *thanas* (subdistricts) were government-led with assistance from an NGO<sup>6</sup>, and activities in other *thanas* were led by the NGO that was contracted to provide all programme services and management. More recently, activities in all *thanas* have been contracted out to NGOs. On the whole, the programme has benefited from a supportive macroenvironment (policies, commitment, national institutions); however sustainability is questionable since it is so heavily dependent upon massive external funding which the Government of Bangladesh cannot hope to take over. The programme includes three components: firstly, national-level nutrition activities (institution building, IEC, strengthening of existing nutrition activities and programme monitoring and evaluation, of which only the IEC subcomponent has received serious attention); secondly, intersectoral nutrition programme development to include nutrition aspects in other sectoral development plans (with limited success); and thirdly, community-based nutrition interventions (growth monitoring and supplementary feeding). The third component receives the greatest attention and share of the budget. At the microlevel, the situation is not encouraging. It would seem that all activities have been preselected and designed at the top, with community participation limited to passive participation for material incentives. They are beneficiaries of health and nutrition services but do not make decisions by choosing and planning their own specific activities, based on their assessment of their own needs. However, the programme has helped to ‘organize’ communities, and these organized communities (specifically those who have been in the programme longest) are now beginning to assert themselves and have started to make decisions. Whether intended or not, the programme is empowering the communities, and this may improve the programme’s likelihood of sustainability.

### ii) **Philippines: Programme on Good Nutrition for Health – LAKASS (1989 to present)**

LAKASS is a programme funded by the government (national and local), with assistance from Japanese development aid. It targets nutritionally depressed municipalities throughout the Philippines. Its objectives include the improvement of the nutrition situation (not quantified) and promoting community involvement. The

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<sup>6</sup> BRAC (Bangladesh Rural Advancement Committee) was the NGO in question; another NGO, PROSHIKA, joined the programme later.

programme functions through a complex array of multisectoral committees and meetings at all levels, from national to *barangay* (village) level. Primary responsibility for the programme rests with the National Nutrition Council Government Board. Nutrition in the Philippines has long enjoyed high-level support, and the programme thus benefits from a supportive macroenvironment. The programme claims significant improvements in the nutritional status of young children, but data supporting this claim are unsubstantiated. It provides nutrition services (growth monitoring and promotion, micronutrient supplementation, supplementary feeding, IEC and weaning food production, community, school and home food production), and enables the planning and implementation of development projects at the community level (literacy projects, infrastructural development, poverty alleviation and economic interventions which mostly take the form of small income-generating projects). Capacity-building at many levels is an important component of the programme. In addition to government funding, development projects receive support from the communities and from NGOs. Nutrition expertise and training capabilities are available to the programme from the strong research and training institutions of the Philippines. Some counterpart funding for salaries and incentives for programme overseers are provided from the municipal budget. Community participation in development project planning is generally good, and the programme has a high likelihood of being sustainable.

**iii) Sri Lanka: National Programme for Poverty Alleviation – Samurdhi (1994 to present)**

The Samurdhi (= Prosperity) Programme is a national poverty alleviation programme funded entirely by the government, managed by the Samurdhi Ministry established specifically for the programme. The programme objectives do not specifically mention nutrition but enhancement of health and nutrition is implicit. Community participation is clearly a programme strategy, with a particular focus on youth, women and other disadvantaged groups. The programme combines a welfare approach (income support to the poorest families) with development activities that include voluntary and compulsory savings, the provision of credit for income-generating activities, skills training and a number of infrastructural and social development activities. In these areas, the programme appears to have made good progress. There are no data however to assess the programme's impact on health and nutrition. Success with achieving community participation is variable, ranging from passive to interactive participation, depending on the strength of the village-based organization established by the programme. Multisectoral collaboration, while considered important, is currently weak, and at the moment there are no links with other programmes or activities (for example, in the area of health or nutrition). The programme enjoys strong political support and a strong macropolicy environment. The welfare approach may not be the best in the long run, it creates dependency and an unwillingness to develop and build on indigenous coping strategies. It may however be needed for the ultra poor, to help them achieve basic subsistence requirements. Sri Lanka has a long history of welfare programmes and it may be that omission of this programme component would be viewed as politically unacceptable. It should be mentioned also that Samurdhi is intended to replace

existing welfare programmes and is viewed as a transition programme, to encourage the move away from welfare towards self-reliance. A Samurdhi Ministry, Task Force and a number of Samurdhi Banks have been established, indicating a high level of commitment and likelihood of sustainability.

### 3) Latin America

#### i) Brazil: Child Pastorate Programme (1982 to present)

The Child Pastorate programme is a large programme run by the Catholic Church, with primary funding from the Ministry of Health. The broad objective is the promotion of social justice and greater equality, based on the principles of the Christian faith. Specific objectives include the reduction of infant and maternal mortality, better access to health and nutrition services and the promotion of community organization. It claims remarkable achievements, especially in the area of infant and child mortality reduction. The programme relies heavily on the commitment of community leaders who, with the support of the Ministry of Health, could continue the programme if the Church withdrew. The health and nutrition package of activities is top-down, chosen without consultation with the community. On the other hand, the community leaders can and do initiate income-generating projects but only if these receive the approval of programme management. However, it is not clear if the leaders have selected the projects by themselves or in consultation with the community. In fact, true community participation with decision-making by the community seems to be generally absent – community people participate only to the extent that they benefit from the package of health and nutrition activities that is offered to them. There are also some community ‘welfare’ activities led by the Church, for example the collection and distribution of food to the poorest families. The income-generating projects seem to have faced some problems, primarily the lack of markets for the products, suggesting poor planning and an absence of feasibility studies. It appears to be a ‘politically’ popular and visible programme, with strong support at a high level and with some interesting partnerships: the Church, the Government, international agencies, NGOs and the private sector.

#### ii) Honduras: Rural Development Project for Southern Lempira Department – PROLESUR (1988 to present)

The project PROLESUR began in 1988 as an emergency project in response to severe drought and food insecurity in the southern municipalities of the Department of Lempira in Honduras. It is funded jointly by the Honduran Government (22 percent) through the Secretariat of Agriculture and Livestock and the Netherlands Government (78 percent) through FAO. It is primarily a rural development programme with the objective of improving the quality of life of households through new soil conservation and agricultural techniques, and employment opportunities. Specific objectives do not include nutrition but do mention the participation of the communities. The programme appears to have had a major impact on food production (maize and beans) and food storage capacity, such

that the region was able to withstand the devastating impact of hurricane Mitch, and actually export food to other areas of Honduras after the hurricane. Two main aspects of the programme are thought to be responsible for these successes, namely the introduction of the Quesungual<sup>7</sup> system of production (that replaces the 'slash and burn' system) and the construction of metal silos. The Quesungual system is credited with increasing maize yield from 10 to 24 quintals per 'manzana', while the use of metal silos ensures food security during the dry summer months of food scarcity. The programme is also said to have had a positive impact on the environment and on the soil's water content and fertility. There are no data available to indicate whether there has been any impact on nutritional status. Other programme strategies that have been well received are the conversion of five high schools into agricultural training institutes, by the Education Secretariat, and the introduction of improved kitchens. The programme has benefited from good technical support. The socio-economic component of the programme has received little attention to date. The assumption is that now that communities have observed the success of the agricultural aspects of the programme, they are more likely to participate in the socio-economic aspects. The programme enjoys strong government support, which has been maintained through a number of changes in government, suggesting sustainability, at least as long as funding is available. It is not clear if the government will be able to maintain the existing level of funding when external funding ends. However, the changes introduced in conservation and agricultural practices are likely to be maintained by the communities themselves. There has also been some sharing of knowledge and experiences among communities. Intersectoral coordination is variable: quite good at central, departmental and community levels, but less satisfactory at the municipal level. Initially at least community participation was poor, with decisions being taken centrally and communities acting only as recipients of technology transfer. More recently, however, some community groups established under PROLESUR have begun their own planning processes, suggesting a development and consolidation of the process of community empowerment.

### **iii) Mexico: Education, Health and Nutrition Programme - PROGRESA (1997 to present)**

The PROGRESA programme is a large, nationally funded programme that is intended to break the cycle of poverty and deprivation. It targets low income families in poor localities in both urban and rural areas. The broad objective is to improve the well-being and quality of life of families living in extreme poverty. Specific objectives include the improvement of educational coverage, health care and nutrition (these are not quantified) and the promotion of the participation of families in the process and in community initiatives. The programme benefits from an elaborate and well-implemented monitoring and evaluation system, largely because of the involvement of research institutions (national and international). Hence it is able to provide detailed information on coverage of its various components and on

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<sup>7</sup> The Quesungual agroforestry farming system was developed in a village of the same name in Lempira Sur and validated by FAO. It is used on plots at altitudes of 200-900 metres. Maize, beans and sorghum are grown between trees, and the trees themselves as well as shrubs are pruned to heights of 1.5-2.0 metres to allow light to reach the crops below. The system reduces soil erosion, maintains soil moisture and enhances fertility, thereby increasing yield.

some impact indicators. The programme has substantially improved school registration and attendance at all levels, health care usage, and growth in height of children receiving food supplements. There are also improvements reported in haemoglobin and Vitamin A status. The programme has a complex system of selection of participating localities and then of participating households within these localities. Participating households are able to access educational grants (with a special incentive for girls) to encourage school attendance and compensate families for lost child wages. They can also receive free food supplements (fortified with micronutrients) from health centres, and an income supplement to improve the quantity and quality of the household food supply. However, all of these benefits (educational grants, food and income supplements) are only given on condition that the family participate fully in all aspects of the programme, namely school attendance, clinic attendance, and health education. It would seem that this conditionality is monitored rigorously. The community participation component is very weak, represented only by the appointment of a community promoter whose primary responsibility is to promote PROGRESA, motivate families and ensure compliance, in other words to act as a local representative of PROGRESA. However, some promoters have taken the initiative of starting some income-generating projects, but these are not well supported by PROGRESA. PROGRESA enjoys vigorous political support at the highest level, and the involvement of a number of strong national institutions. At this stage, its sustainability cannot be predicted since it has not functioned for long enough. Perhaps its sustainability lies in its philosophy: that by breaking the cycle of poverty and deprivation, we can rapidly reduce the number of households in extreme poverty, and hence the need for a programme such as PROGRESA. At the moment it is a costly, welfare-type programme, and a criticism levelled against it is that the administrative and monitoring costs are very high. It is not at all clear that gains in school attendance and usage of health and nutrition services would continue were the food and monetary incentives to stop.

Table 1: Summary details of the nine in-depth case studies

	Kenya	Madagascar	Zimbabwe	Bangladesh	Philippines	Sri Lanka	Brazil	Honduras	Mexico
Current funding <sup>1</sup>	E+I	E+I*	I	E+I*	E+I	I	E+I	E+I	I
Community contribution <sup>2</sup>	Yes	Yes	Yes	N/A	Yes	N/A	Yes	Yes	Yes
Duration (yrs)	18	8	14	6	12	7	19	13	4
Coverage <sup>3</sup>	S	L	L	L	L	L	L	M	L
Objectives <sup>4</sup>	F	N F CP	F CP	N CP	N CP	CP	N CP	F CP	N CP
Operating agency	NGO (AMREF)	Prog.C'tee in Office of the Prime Minister	Min. of Health	Min. of Health (but now largely NGO)	National Nutrition Council	Samurdhi Ministry (created for prog.)	Catholic Church	Min. of Agriculture	Min. of Social Dev't
Partnerships <sup>5</sup>	NGOs; RGMs; NTRI;	NGOs; RGMs	NGOs; RGMs;	NGOs; RGMs; NTRI; Int.Agencies	RGMs; NGOs; Priv.sector; NTRI	None stated	RGMs; NGOs; Int.Agencies; Priv. sector	Min.of Education; NGOs	Mins.of Health, Educ; NTRI; IRI

#### Notes

1. E = external funding; I = internal funding (government)
- \* = the internal funding component of these programmes is small in relation to the overall funding from the World Bank.
2. The contribution is generally an in-kind contribution (labour, materials) or payment to community volunteers; N/A = Information not available.
3. S = limited coverage (e.g. one district); M = medium coverage; L = wide or national coverage
4. N = specific nutrition objectives (e.g. improve nutritional status)  
F = food or food-related objectives (e.g. improve weaning diets; increase food production)  
CP = objectives related to community participation or development
5. In each case, the operating agency is also a partner;  
RGM = Relevant government ministry, as appropriate for activities;  
NTRI = national training and research institution; IRI = international research institution.

**Table 2: Assessment of main characteristics of the nine in-depth case studies**

Assessment of:	Kenya	Madagascar	Zimbabwe	Bangladesh	Philippines	Sri Lanka	Brazil	Honduras	Mexico
Positive impact on nutritional status <sup>1</sup>	Yes	Yes	Yes	Yes	Yes	N/A	Yes	N/A	Yes
Macropolicy environment <sup>2</sup>	1	2**	3	3	3	3	3	2	3
Intersectoral collaboration <sup>3</sup>	3	1	4	1	4	1	1	2	2
Programme approach <sup>4</sup>	2	1	3	2	3	2	2	3	1
Level of community participation <sup>5</sup>	4	3	4	3	5	3	4	4	4
Level of institutionalization <sup>6</sup>	3	2	4	3	4	4	4	4	2

**Notes**

- 1) N/A = not available
- Yes = this is often a generous assessment. In most cases the data are of dubious quality and unsubstantiated.
- 2) Assessment of macropolicy environment:
  - 1 = weak;
  - 2 = average;
  - 3 = strong
- \*\* = originally very weak, but improved through programme activities.
- 3) 1 = weak or none;
  - 2 = good at central level only;
  - 3 = good at local level only;
  - 4 = good at all levels.
- 4) 1 = top-down;
  - 2 = both;
  - 3 = largely community-driven (with support from the top)
- 5) Based on the typology of community participation given in Annex 1 B, the assessment ranges from 1 (passive participation) to 6 (self-mobilization).
- 6) Level of institutionalization: the assessment ranges from 1 (not institutionalized) to 5 (well institutionalized):
  - 1 = total reliance on external funding and external technical resources; no obvious institutionalization.
  - 2 = mostly reliant on external funding, with small government contribution; some limited technical resources available.
  - 3 = mostly reliant on external funding, with small government contribution; good technical resources available OR higher government contribution but poor technical resources.
  - 4 = very good government contribution with or without external funding as well, good technical resources.
  - 5 = totally funded by government, excellent national technical resources. Programme has existed for long time and is clearly totally institutionalized.





## SECTION C – WHAT HAVE WE LEARNED?

We analyse and interpret here the main findings of the in-depth case studies and desk reviews in order to draw out the main lessons learned from the experiences of the programmes. The programmes' strengths, weaknesses and constraints, as well as opportunities they offer, are also presented. An effort is made to identify those features that are common to all or many of the programmes, and to highlight some interesting findings of individual programmes.

### 1. Lessons learned

#### i) Macrocontextual factors

- *A strong, supportive policy environment is crucial to the success and sustainability of a community-based nutrition programme.* However, the mere existence of a national nutrition policy, or the fact that the government is signatory to international declarations and codes are not in themselves factors that will guarantee success. What is needed rather is public awareness of the importance of good nutrition, and of food and nutrition security as a human right for all, as well as a national commitment to improving nutrition as an integral part of the development process. Commitment itself must be backed up by a serious financial commitment from the national budget. In the absence of such financial commitment, policies and declarations will continue to gather dust on the shelves of government ministries. Examples of programmes that have benefited from strong political support are the Philippines' LAKASS programme, Sri Lanka's Samurdhi programme, Brazil's Child Pastorate programme, Mexico's PROGRESA and Thailand's national poverty alleviation programme. All of these programmes are funded, exclusively or almost exclusively, by their governments. The policy environment need not specifically relate to a food and nutrition policy. Strong policies, backed up by good programmes, addressing rural development or poverty alleviation can easily accommodate nutrition priorities and have a positive impact on nutrition. Sri Lanka's Samurdhi programme, Honduras' rural development programme and PROGRESA in Mexico are examples of such programmes.
- *International agencies and donors can help to create awareness of the need to address nutritional issues.* One method is by supporting high-visibility and high-impact programmes, such as the one we have examined in Madagascar (SEECALINE). However, when such large-scale, costly programmes are planned, the funders themselves have a responsibility to ensure that a clear plan of financial handover is in place for the programme's recurrent costs. While such a handover may be gradual and span many years, it needs to be agreed upon at the start of the programme, and adhered to rigorously for the duration of the programme.

- *Funders must not impose their own priorities or time scales on countries.* In the long run, such imposition is likely to lead to wasted funding. In recent years we have witnessed a series of efforts, largely donor-driven, to resolve the problem of micronutrient deficiencies using short-term approaches and targeting single nutrient deficiencies. Many have indeed achieved good results, but these results (and programmes) are often not sustained. Many national programmes have started with good intentions, with a combination of supplementation, fortification and food-based approaches, but few have paid much more than lip service to the food-based strategies<sup>8</sup>. The combination of such short and long-term strategies is indeed essential, but we also need to recognize that attacking a single nutrient deficiency is not the answer. Few nutrient deficiencies occur in isolation; almost all reflect an inadequate diet, inadequate both in quality and quantity. Factors other than poor diet are also important contributors to deficiency, most importantly health-related factors, and these need to be addressed within the context of an integrated approach to improving nutrition. Thailand is an example of a country that has successfully implemented such an approach.
- *Intersectoral collaboration is an essential feature of a successful integrated nutrition programme.* However, in the absence of strong political commitment, it may be difficult to achieve at the start of a programme. Multisectoral planning and coordination was espoused and promoted strongly during the 1970s. At that time, many countries established national multisectoral committees to address food and nutrition issues. Few were successful, and still fewer, if any, are active today. The literature on the topic is substantial. More recently, the 1992 International Conference on Nutrition encouraged a resurgence of interest in the approach, and many countries have once again established multisectoral committees with little regard to reasons for past failures.

Nutrition is indeed a cross-cutting issue, and a multisectoral approach therefore seems to be the sensible choice. In practice, however, collaboration and coordination among sectors is difficult to achieve at the central level, for a wide variety of reasons. It is often much more successful at the local level<sup>9</sup>. Community-level committees in particular are more likely to take a holistic view of development. They are not hampered by sectoral policies, priorities or budgets. At least some of their development priorities and felt needs will directly address nutrition (increased food production, supplementary feeding for the vulnerable, for example), others will indirectly impact on nutrition (access to markets, adequate water supply, sanitation and health care, employment opportunities, for example). Broadly, therefore, there are two options. On the one hand, it might be wisest to abandon efforts to achieve multisectoral collaboration at the top, initially at least, and to root the programme firmly within one ministry

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<sup>8</sup> It is recognized that supplementation is essential in some situations; faced with a child showing signs of vitamin A deficiency, for example, you must provide the appropriate supplement.

<sup>9</sup> Countries vary in their administrative structures and the nomenclature of their geographical or administrative subdivisions. For the sake of simplicity, this report will use the following terms, although it is recognized that each level (central, middle and local) is often further subdivided: a) central or national level; b) middle or provincial level (includes regions, departments or municipalities); and c) local level (includes districts, communities and villages).

(for example, Ministry of Health or Ministry of Agriculture) at the central level, then use existing development structures at the district or community level (development committees, councils, community groups, for example) to achieve the desired collaboration. Later in the life of the programme it may be appropriate to extend collaboration upwards. This, to a large extent, planned or unplanned, is what Zimbabwe achieved through its Community Food and Nutrition Programme. Such an approach, however, by no means eliminates the need for strong support from the top. Thailand, on the other hand, has achieved a multisectoral and interdisciplinary approach. However, this did not come easily or quickly: “It may take more than a decade to get things off the ground, another decade for continual assessments and adjustments to be firmly established within the system, and another decade before the impacts can be clearly seen and evaluated”<sup>10</sup>. Public opinion and awareness are important contributors to government action, and these need to be harnessed to ensure the collaboration of a range of sectors: “Thailand’s experience has indicated that policy decisions which bring about deliberate actions are often in response to political concerns, public opinion and awareness”<sup>11</sup>. Good nutrition must be viewed as an outcome to strive for, an indicator of development and progress. Historically, nutrition in Thailand was viewed as a medical issue, a disorder or disease such as malaria. Time and effort were needed to convince other sectors of the multifactorial nature of malnutrition: Their contribution was not an option, to be accommodated if it fitted in with their own priorities but a crucial prerequisite for national development.

- *Strong technical institutions and expertise are needed to achieve a quality programme.* In the absence of such national institutions and expertise, it is the responsibility of any large-scale programme to seek to build capacity. If it fails to do so, quality is jeopardized during the life of the programme, and it will become unsustainable once external support (financial and technical) ends. Capacity building needs to take place at all levels. Most programmes provide training for local-level workers (community health workers, agricultural extension staff, for example), but few consider the need for support for serious tertiary-level training (undergraduate and postgraduate programmes), other than short courses. Such tertiary education is generally considered to be beyond the mandate of the programme and adding inordinately to the cost of the programme. Yet the reality is that if the country has no well-trained, senior nutritionists to assume responsibility for the programme, then that country will continue to rely on external expertise and consistently fail to achieve self-reliance. Brazil, Mexico, Thailand and the Philippines all have strong research institutes and tertiary-level nutrition training programmes to train national and regional nutritionists. In the latter three countries these institutes have collaborated closely with the programmes examined for this report. The other issue to consider with regard to the availability of technical expertise is the administrative level at which it is available in relation to where it is most needed.

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<sup>10</sup> Quote from: Integrating Food and Nutrition into Development: Thailand’s Experiences and Future Visions. Edited by P. Winichagoon *et al.* (p.229). UNICEF.

<sup>11</sup> Ibid.

Most countries have at least some nutritionists at the central level, and perhaps some at the middle level, but very few have adequately trained nutritionists at the local level. This, for example, was a problem faced by Zimbabwe's programme: the absence of good-quality technical advice at the district or community levels, although Zimbabwe does at least have nutritionists at the middle (provincial) level. With the general trend towards decentralization, countries need to consider the availability of well-trained nutritionists at subnational levels where technical decisions will increasingly be taken.

- *Events at the national or subnational levels, such as economic recession, political instability, civil war or natural disasters will affect the achievements of the programme.* Most of the programmes studied, through desk reviews or in-depth case studies, had weak monitoring and evaluation systems<sup>12</sup>. Claiming credit for a positive impact in the absence of a good research design or representative sample is questionable. Events beyond the control of a programme can affect both programme performance and impact and achievements (or lack of achievements) must be interpreted in the light of these events. There is little doubt, for example, that Thailand's programme has benefited from years of political stability and a healthy national economy. Structural adjustment policies, of the 1980s in particular, compelled many developing countries to cut back on social sector spending. Thailand did not. This is not to belittle Thailand's achievements in nutrition, but merely to place them in perspective: Thailand's nutrition programme is impeccable and its achievements remarkable, but they benefited from an enabling macroeconomic and social environment. It is notable also in the Honduran case study that Southern Lempira, the department where the programme was implemented, was able to withstand the effects of a natural disaster (hurricane Mitch); and in Kenya, there was no decline in nutritional status despite drought and food shortages. LAKASS, the Philippines programme, claims significant improvement in the nutritional status of children despite a decline in the national economy. For a programme with national coverage, a research design that includes control groups or areas is not possible (unless there is a pilot phase of the programme). For these programmes, we must rely on qualitative and anecdotal data and other data sources (for example, economic data, data on the prevalence of AIDS) for information on events that may have affected programme performance and impact.
- *The community-based programme should seek to establish collaborative links with other programmes (nutrition or otherwise) that could enhance its own programme impact.* In a sense, this is an extension of multisectoral collaboration, and if such collaboration is achieved at the central level, the likelihood is also high of achieving interprogramme collaboration. Such collaboration could lead to a sharing of resources, both human and physical. It may, for example, not be necessary to employ community mobilizers if a rural development programme employs agricultural extension workers, or a health programme employs community health workers. With training, and assuming no conflict in priorities,

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<sup>12</sup> Monitoring and evaluation is discussed further under Section C, 1) iii) Programme design features.

staff can be shared. There are dangers in this approach: improving nutrition may be seen as a secondary activity or conflicts in supervision may arise. However, these can be minimized if an integrated approach to development prevails, or if communities are sufficiently empowered to demand that their needs for technical advice and other support be met. This leads us again to the importance of achieving good political and public awareness of nutrition as an outcome indicator of development, as in the case of Thailand.

- *Partnerships with institutions outside the government sector can make valuable contributions to programme achievements and sustainability.* Initially at least, NGOs (generally international NGOs) had tended to run their own development programmes, often with little involvement of national expertise, employing local staff but mostly not in high positions. This situation has changed in recent years. We have seen the growth of local or national NGOs who have become increasingly involved with their country's development efforts, leaving international NGOs to focus more on emergency situations. Some of these national NGOs are quite large, while others work in fairly limited geographical areas. Partnerships with national NGOs are gaining in popularity, and in many cases their involvement constitutes a contribution to sustainability much as the involvement of a government ministry would. In the Bangladesh programme, for example, large national NGOs are contracted to manage the programme, with the collaboration of the Government. The programme began with two modalities operating in different regions of the country: government-led and NGO-led. Over time, the programme has moved to one modality, namely NGO-led. The Kenya project also is operated by an NGO, and NGOs are mentioned as partners in most of the programmes studied. Partnerships of community-based nutrition programmes with national training and research institutes have existed for many years. Such partnerships can bring valuable expertise into the programme, expertise for training and capacity building as well as expertise to run small and large research projects that can examine in detail aspects of the programme. Thus, for example, the Mexico programme has established partnerships with national (and international) research institutes, the outcome of which has been the availability of much useful data from studies on programme impact, programme management, and a cost-benefit analysis. National research and training institutes are partners also of the programmes in Kenya, the Philippines, Thailand, and Viet Nam. Partnerships with the private sector are also becoming more common, with the private sector being asked to undertake responsibility for specific components of the programme. The studies found such partnerships in Brazil, the Philippines and Zambia. Brazil also presents an example of a unique partnership, namely the Catholic Church. Indeed it was the Church that initiated the programme and continues to operate it. Partnerships can be valuable: they can provide services and products that are beyond the human and physical resources of government ministries. They can offer a flexibility free from the constraints of bureaucracy, and a diversity to match the diversity found in different regions of the country. The problems lie in the area of coordination and quality control, especially if too many partners are engaged in the programme. Some local NGOs have much good will but limited technical expertise. These problems were mentioned in the case study from Madagascar. These problems

can be overcome with the selection of the right partners, strong programme management and a good monitoring and evaluation system.

## ii) Community-level factors

- *A community-based programme is not necessarily one that employs a participatory approach.* By their very nature most nutrition programmes are community-based. At the very least, they require community dwellers, urban or rural, to ‘receive’ the services offered by the programme. Indeed, community members are often referred to as beneficiaries rather than participants. However, few community-based nutrition programmes are truly participatory in nature, engaging communities in decision-making and the selection of activities to answer their felt needs.
- *“Community participation is an orientation, which should not be taken for granted; it should be an overriding and conscious concern, so as to avoid degenerating into mere rhetoric”<sup>13</sup>.* The literature on participation and participatory strategies is large, and growing daily. Most people-oriented programmes today will naturally mention community involvement in some form. Indeed, all except one (Kenya) of the programmes examined for this report have community participation, involvement or development specifically mentioned as an objective of the programme. Yet none can be said to have achieved full participation (Level 6), as judged by the typology of participation provided in Annex 1: “Self-mobilization: People take initiatives independent of project staff. They develop contacts with external institutions to access technical expertise and funding, but retain control over decision-making”<sup>14</sup>. It is unrealistic perhaps to expect a nutrition programme to achieve such a level of participation, especially since the primary objective of the programme must be to achieve better nutrition, and not community development. Three programmes at least (Madagascar, Bangladesh and Sri Lanka) fall far short of achieving acceptable levels of community involvement, except as recipients of services, welfare or incentives. Interestingly though, two of these programmes (Bangladesh and Sri Lanka), almost despite themselves, are achieving a measure of empowerment in some communities at least, simply through the need to organize communities to participate in their activities. In Sri Lanka, for example, deviations from pre-set activities are now permitted, as the process of community participation develops. In Bangladesh, as in the communities where the programme first began, villagers are becoming more vocal in their views and demands, which are increasingly accommodated by local leaders; these communities are thus graduating to “functional participation” (Level 4 of the typology given in Annex 1).

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<sup>13</sup> Quoted from the case study report of the Philippines LAKASS programme.

<sup>14</sup> Quoted from: A typology of community participation (see Annex 1).

- *A fully participatory approach to programme design and implementation is difficult to reconcile with donor procedures for seeking programme funds and also with programme durations that are normally acceptable to donors. A truly participatory programme would need a blank cheque from donors and an unspecified time frame. It needs a lengthy preparatory phase<sup>15</sup> during which community mobilizers work with community groups (or establish groups if none exist) to help them identify their problems, needs, priorities and to plan activities. The nature of these activities cannot be predetermined, as this contradicts the basic principle of a participatory approach, nor will they necessarily be the same for all communities in a region, let alone in a country, especially in a country that is ecologically and culturally diverse. The pace of the process of achieving community empowerment varies also from country to country and within a country. Many factors may influence the rate of achieving empowerment:*
  - the stage of development of the community at the start of the exercise<sup>16</sup>;
  - the level of literacy;
  - the position of women;
  - the economic conditions of the community: a very poor community for example, struggles to survive, and has no time to devote to community efforts;
  - the pre-existence of a strong representative community group<sup>17</sup>;
  - a culture of working together for the common good rather than as individuals;
  - the degree of homogeneity of the community: a community where most members are experiencing the same problems because of similar socio-economic conditions or culture is more likely to function as a single unit;
  - the degree of geographic or social isolation of the community<sup>18</sup>.

These are some of the factors that may promote or delay a participatory approach. They have emerged from experience and are recorded in the literature or in the case studies of this exercise. The reality is, therefore, that full

<sup>15</sup> The Zambia study stresses the importance of an adequate preparatory phase during which the characterization of nutritional vulnerability and food insecurity in the project area is undertaken. The Viet Nam study points out the importance of gaining a clear understanding of community conditions, dynamics and behaviour. To achieve such understanding of local conditions for a large, national programme is not feasible in the preparatory phase of programme development, given the ecological and cultural diversity found in most countries. It thus needs to be included as part of the programme's initial activities. This issue is discussed further in Section D.

<sup>16</sup> In the Central American project (Ismail, 1999), communities in Nicaragua were more organized and prepared for the community approach, largely because of their history of civil war, the position of women which itself was influenced by the war, and the level of literacy. In Guatemala, on the other hand, abject poverty and the struggle for survival hampered community development efforts.

<sup>17</sup> In the Kenya case study, it is reported that the tribal Kamba culture requires that every woman, of any age, religion or social class, be a member of a group (10-15 members per group) known as "*Mwethya*". Also in the same region of Kenya, community decisions are commonly taken through open discussion at community meetings called "*Baraza*".

<sup>18</sup> The Philippines case study mentions the geographic isolation of some communities as a constraint to full community involvement in the programme. The Zambia desk study highlights the difficulties not only of reaching the poorest households, but also of reaching the most vulnerable individuals within the household.

community participation demands a considerable investment of time and resources with little to show in terms of impact on nutritional status at the early stages of the programme. This is generally not acceptable to donors (although some donors do now recognize and accommodate the need for community engagement), nor indeed to governments. Faced with poverty, food insecurity and malnutrition, communities too may opt for shorter-term, high impact solutions<sup>19</sup>. The one approach, however, does not necessarily negate the other. Community organization and empowerment can proceed while at the same time addressing the more urgent, life-threatening concerns of individual community members through traditional top-down approaches. The problem arises when the latter becomes the only mode of operation and the objective of achieving community participation is forgotten or receives no more than a token gesture. Finally, what is needed from donors is a more flexible approach to programme design and funding: an acceptance that it may not be possible, indeed it is not desirable, to define precisely the nature of the activities to be undertaken by communities (and hence also the cost of these activities), but rather to allocate funds to broadly defined activities that will be specified more clearly during the process of community planning. This flexibility was achieved in the case of the Zambia project and the project in Central America (Ismail, 1999).

- *Community participation for nutrition improvement cannot function in the absence of a supportive macroenvironment, at the national and subnational level, which ensures good quality nutrition support services and which responds to community demands in a timely fashion.* It is tempting for government ministries to abdicate responsibility in a participatory programme, where communities are expected to make their own decisions and seek their own solutions. Community participation should not be viewed as a way out of unsuccessful nutrition programmes. Communities will continue to need access to services provided by the government, NGOs, private sector or other agencies and institutions. Indeed, if community participation is successful, demand for such services will rise and the insistence upon quality will also rise: better access to good health care and nutrition services, education, access to markets, safe water supply and good sanitation. As the example of Thailand has shown us, we must link the top with the bottom. Community participation will fail if its demands and needs consistently remain unmet. The programmes of Brazil and Mexico mention the threat of increasingly unmet demand for services.
- *Capacity building and easy access to sound technical advice are essential components of effective community participation.* Communities have a wealth of local knowledge which should not be ignored (see below). Equally there are large areas of inexperience and lack of knowledge that need to be addressed by the programme. Of primary importance in achieving community participation and development is an understanding of community organization, good planning and management skills, and the ability to undertake a situation analysis and prioritize action. Capacity-building is thus a crucial component of a successful

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<sup>19</sup> The mother of a malnourished child cannot wait; she is concerned about the survival of her child, not the organization of her community or the sustainability of the programme.



programme. The programmes in Bangladesh, Honduras, Kenya, the Philippines, Thailand and Zambia have recognized this. Linked to capacity-building is the ability to recognize when to seek technical expertise and knowing how to obtain access to it. It thus becomes crucial that communities be able to have access to sound advice easily. Many small local NGOs are unable to provide the quality of technical advice that communities need, leading to mistakes and wasted resources. This factor is closely linked to factors mentioned previously: availability of nutritional and other expertise at the local level where it is needed, and quality control. The absence of such expertise is highlighted in the studies of programmes from Kenya, Zambia and Zimbabwe.

- *The utilization of existing community groups, provided these are active, may be preferable to the superimposition of new groups.* Communities are complex entities, with pre-established hierarchies and linkages, through friendships, historical events and experiences, and kinships. Even a seemingly homogenous community will have depths and networks that cannot be appreciated in the time available for programme preparation. Communities also have a leader (African villages for example almost always have a chief) and varying degrees of self-organization, often as a result of their cultures and centuries of tradition. We ignore these complex community dynamics at our peril. The temptation is to superimpose new structures and new organizations for programme implementation, with the excellent intention of creating community groups that are truly representative of all members of the community, that are focused specifically on the programme and are answerable to it. The alternative is to work with existing community groups and leadership, imperfect though these may be, and strive to transform and improve them slowly through capacity-building and other programme activities. Such an approach may improve chances of institutionalization of the activities, community ownership of the programme, and ultimately, sustainability. The programmes in Kenya and Zambia, for example, have successfully used existing community groups. The dangers of this approach include poor leadership, poor representativeness of the group, domination by the few wealthier members of the community and the marginalization of women. However, there is no guarantee that new groups established by the programmes will be any different. Either approach is likely to demand a time-consuming process of education and sensitization, with due recognition of local cultural realities.

Most programmes have allowed communities to select their own ‘volunteers’ (or mobilizers or promoters; the terminology varies, and not all are volunteers; in many instances they are paid employees of the programme). Thailand for example, employed a complex ‘sociogram process’ that was agreed upon by all members of the community. Programmes generally provide a minimal level of technical training but few provide a course on leadership and group dynamics as did the Zambia project. Choosing and training the right volunteer is crucial to the success of the programme, so time devoted to this is not time wasted. It is also important to remember that the volunteer too, like any other community member, will have his or her own ‘niche’ within that community, and friendships and networks. He or she will have aspirations, and indeed the decision to volunteer

may be motivated by hopes and expectations that are not congruent with the programme. Such mistakes have occurred and will continue to occur in all programmes that use a participatory approach. The important thing is to have built-in ways of identifying mistakes and acting to correct them. This highlights the need for good supervision of the volunteers, a need recognized by many of the programmes examined. It also emphasizes the need to have a built-in and funded system of social recognition of the achievements and contributions of the volunteers<sup>20</sup>. Such a system is very important for motivation, to strengthen the link with the central level, and to demonstrate the government's support for the programme.

- *Local cultural practices and knowledge can provide useful entry points for community action.* Communities possess a wealth of knowledge and experiences that can be harnessed to become a part of the programme. In Honduras, the project was in fact built around a soil conservation technique developed in the local village of Quesungual. Communities that have lived with food insecurity have developed a number of coping strategies to improve their chances of survival. Many of these can be retained and supported. Local cultural practices, such as *Zunde raMambo* in Zimbabwe, offer entry points and strategies that are more acceptable to communities than unfamiliar, externally-imposed strategies. In Kenya the tradition of women's groups and regular community meetings was used by the project to encourage participation.
- *Sharing of experiences and information among communities can lead to greater empowerment and the ability to have better representation at the next level (district or municipality).* In the Central American project (Ismail, 1999), pilot communities passed on to neighbouring communities skills in food security planning and project development learned through the project, such that the project expanded from the original eight communities to forty. These communities were then able to make stronger representation to municipal committees. In Zambia, the Luapula Valley project illustrated that stronger communities can help others. Some community groups shared their newly acquired groups skills with other groups that were not as developed. Such events cannot necessarily be initiated by the programme but should be supported when they happen.
- *The programme must seek to ensure that funding and technical support is available to support the microprojects that communities select and design to meet their felt needs.* In Zambia, for example, despite arrangements to fund microprojects identified by community groups as part of their planning process, funding frequently did not materialize, leading to disillusionment and a sense of abandonment by the project. In many cases too the technical advice provided was questionable. Again in the Central American project, communities

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<sup>20</sup> Thailand made good use of this approach and found it essential to the smooth running of the programme. Social recognition can take the form of badges or t-shirts, public recognition through various ceremonies, or training opportunities even outside the community. Arguably, funding spent on a social recognition programme is more effective than funding spent on salaries for the volunteers.

developed plans, established priorities, and designed projects to address the problems they felt needed most urgent attention. The project, in an effort to encourage self-reliance and sustainability, had decided that communities should seek their own funding from local NGOs, international agencies and municipal budgets. Despite assistance provided by community facilitators this proved difficult in many cases as communities came up against donor priorities that were not in line with their own. An incomplete decentralization process meant also that municipal budgets were limited and inflexible. Communities were thus compelled to re-align their priorities to accommodate those of donors.

### **iii) Programme design features**

Many programme design features are implicit in or follow from the lessons learned on macrocontextual and community-level factors listed and discussed previously. We describe here those key features that complement these factors, that are essential to a good programme design, and that are (or should be) within the control of a programme planner. This subsection is not intended to be a comprehensive guide to programme formulation; rather it highlights the findings and lessons learned from the nine in-depth case studies and three desk reviews that form the subject of this report.

- *Developing a conceptual framework*

A conceptual framework of the causes of malnutrition in a country sets the scene for action. It identifies clearly those factors, nutritional and otherwise, that need to be addressed if the nutrition situation is to improve. It leads logically to an integrated approach and identifies the sectors that need to contribute to the programme. The absence of such a framework led, in the cases of Bangladesh and Madagascar, to short-term interventions and a curative rather than preventive approach which did not address the root causes of malnutrition. Thailand's conceptual framework, on the other hand, was a valuable guide to decision-making and action.

- *Setting objectives*

It is against clear measurable objectives that a programme's success or failure will be evaluated. A community-based nutrition programme must at minimum include objectives related to improved nutrition and to encouraging community participation. Ultimately, such a programme must aim to improve nutritional status (anthropometric status and/or micronutrient status, as appropriate) but there are a number of food-related and health-related objectives that can be seen as intermediary objectives, and contributing to the ultimate aim of improved nutritional status. Thus, improving access to food or food security, or increasing diet diversity or improving weaning diets are all food-related objectives that can contribute to improved nutrition but will not necessarily achieve improved nutrition unless other contributors to malnutrition are also addressed, such as health, poor sanitation and water supply. This highlights again the need for a conceptual framework and an integrated approach to tackle malnutrition.

If it is accepted that community participation is a key contributor to sustainability (see Section C, subsection iv) on sustainability), then a sustainable, as opposed to transitory, positive impact on nutrition will only be achieved if the community is thoroughly engaged in the programme. Hence promoting community participation, and all that this entails, must also be an essential objective of the programme.

The findings from virtually all the studies have illustrated the importance of a supportive macroenvironment for the programme. In the absence of such an environment, it becomes the responsibility of a national nutrition programme to seek to create it. Thailand's experience has shown that creating political and public awareness of nutrition as a crucial developmental issue can contribute substantially to engaging political support and commitment. Madagascar, Zimbabwe and the Philippines have illustrated how community-based nutrition programmes can act as advocates for nutrition and help to raise awareness. Thus, an objective relating specifically to developing political and public awareness is essential in a national programme for a country where a supportive macroenvironment is absent. Other objectives of the programme will relate to the specific focus of the programme: poverty alleviation, improving food production, raising incomes of the ultra poor, improving the quality of life, improving access to health care and education, are some examples found in the programmes examined.

- *Links to other programmes*

Intersectoral collaboration has been discussed above. However, an aspect of such collaboration that is often forgotten, is the linkage with other programmes and projects, some of which may themselves have nutrition or nutrition-related objectives. Such linkages can provide useful technical support and a sharing of resources. The link should be viewed as two-way: nutrition inputs can strengthen an agricultural programme (essentially the Honduras project, for example, was an agricultural programme) or a poverty alleviation programme (such as the Samurdhi programme) just as much as these non-nutrition programmes can contribute to a nutrition programme. In Viet Nam, collaboration of its Household Food Security Programme with a health programme was beneficial to both programmes. Such linkages generally need to be established at central level, which emphasizes again the importance of achieving good intersectoral collaboration.

- *Targeting*

Most programmes have explicit or implicit targeting of one form or another. Targeting can take various forms: geographic targeting, such as that found in the Kenya project (arid and semi-arid lands) or the Honduras project (focus on an area with a specific environmental problem); vulnerable area targeting (targeting to areas where the density of poor communities is high); or socio-economic targeting (selection of households below a poverty line, such as found in the Samurdhi programme). In the Mexico programme a more elaborate dual form of targeting was employed: vulnerable area targeting to select programme implementation localities, then socio-economic targeting to select participating

households. Targeting can also occur by default: wealthy households are unlikely to avail themselves of public health services if better private health care is on hand.

Targeting, or the need for targeting, should be considered at the start of a programme. Good targeting can save resources, on the other hand elaborate screening procedures entail unnecessary bureaucracy and high administrative costs (for example, the case of Mexico). They are also open to political manipulation (such as was found in the programmes of Bangladesh and Sri Lanka) and corruption.

- *Provision of basic services*

Much of the success of the Thailand experience relates to its insistence on the access of all households to a package of basic minimum needs. This is indeed a desirable condition and one that most countries strive towards. However, the reality of many of the world's poorest countries is that both access to such services and also the quality of services available to poor communities are grossly inadequate. When this is the case, firstly it becomes the responsibility of a national nutrition programme to ensure that, at the very least, the nutrition services that are available to poor communities are indeed accessible to all and are of good quality. Secondly, the programme needs to advocate for improved services in other areas, especially health and agriculture so as to reduce morbidity and improve household food security. Many nutrition programmes address some health issues that impact directly on nutritional status, such as diarrhoea, and also engage in community or household food production activities. Ultimately, however, their achievements will be limited unless other relevant sectors are able to improve the services they provide.

- *Programme monitoring and evaluation*

A major constraint experienced when analysing the case studies was determining if the programme had had any significant impact on nutrition. Where data were available, it was generally of questionable quality with results that were clearly wrong or not credible. In Madagascar for example, the data were obtained from the programme's growth monitoring activity. Since participation in the activity was less than 50 percent, and linked to the availability of the food supplement, these data cannot be accepted as an indication of positive impact or otherwise. The reductions in infant and maternal mortality rates reported by the Brazil programme are also barely credible. The Mexico programme, however, seemed to have an acceptable monitoring and evaluation system and was able to offer good data on nutritional impact.

All programmes should have a built in monitoring and evaluation system, and there should be a budget allocated to this component of the programme. The programme monitoring should be designed to provide information on 'process' so as to improve programme management. Information from this process monitoring system should be available on a timely basis so that action can be taken quickly to correct any operational or management errors. Indicators for impact evaluation must be identified at the start of the programme, as well as the

frequency and methodology for data collection. The indicators selected must relate to the objectives of the programme, so that the programme can clearly say whether or not it is meeting its objectives. Neither component of the monitoring and evaluation system need be elaborate; a few simple indicators, collected routinely can provide the desired information. If the country has an adequate food and nutritional surveillance system which few have then this information can be used for at least some of the information needed. On the whole, it is not recommended that growth monitoring data be used to assess the impact of the programme on nutritional status, unless coverage is close to 100 percent, the data quality is good and there is no bias in the age of children attending growth monitoring sessions<sup>21</sup>. Growth monitoring data are also generally limited to weight-for-age as the only nutritional status indicator. This indicator does not distinguish between wasting and stunting, a distinction that nutritionists are increasingly recommending since the causes of the two conditions may be different<sup>22</sup>. If the country has a good research institute, it might be best to follow the example of Mexico and contract out the monitoring and evaluation activity of the programme.

- *Participatory monitoring*

Participatory monitoring refers to the self-monitoring undertaken by communities to assess their own progress towards achieving their developmental goals. It should be developed and designed by them using indicators that relate directly to their activities and aims and in a form that is easily understood by community members, taking into account literacy levels in the community. In many cases, indicators are represented pictorially, using simple graphs and maps (to show for example which houses have acquired latrines). In some cases communities may choose to include information from community growth monitoring as part of their system but this should be their choice. Programme managers should not impose any uniformity on such monitoring systems; this is information gathered by the community and for the community, and should be an integral part of the process of achieving participation. It provides the essential feedback needed to motivate communities. None of the in-depth case studies made reference to a participatory monitoring system. The Zambia and Central American projects attempted to persuade communities to establish participatory monitoring but were unsuccessful. In the Central American project the concept was not well understood and therefore not promoted by the facilitators (Ismail, 1999).

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<sup>21</sup> Coverage of most growth monitoring programmes does have an age bias: coverage is good in the first year of life when mothers attend clinics to obtain immunization for their children, but falls dramatically thereafter.

<sup>22</sup> Victora (1992) suggests that wasting is linked to a deficiency of energy, while stunting occurs when diversity is poor, namely that the diet is lacking in specific micronutrients.

- *Management issues*

Management problems were mentioned specifically only in the case study report for the Bangladesh programme. There are, however, a number of other issues that were mentioned that can come under the heading of management: operational delays in release of funding and resources (Bangladesh, Honduras, Philippines), poor supervision and quality control (Madagascar); absence of feedback to communities (most programmes), political interference in programme implementation and selection of programme staff (Bangladesh and Sri Lanka), excessive control over community leadership (Brazil), absence of feasibility studies for income-generating activities (Sri Lanka) or failure to secure funding for the activities (Kenya), and difficulties with credit schemes (Viet Nam).

Many programmes had elaborate management structures, with committees at all levels and frequent meetings. The challenge with good management is to establish a structure that promotes transparency, that defines roles and responsibilities clearly, that permits quick response and limits bureaucratic procedures, but that at the same time is able to check misuse of programme resources and is also not inordinately time consuming. Perhaps one of the most important features of good management is the ability to maintain a committed and motivated staff. For this, frequent feedback is needed and a recognition of achievement and good performance.

#### **iv) Sustainability**

Sustainability is a complex issue. Are we concerned about the sustainability of the programme or of its achievements? At one level sustainability can be defined as the ability to maintain the positive impact of a programme, once that programme has achieved its objectives. This definition has many implications. If a programme has achieved its objective of reducing malnutrition by 30 percent, then this achievement must be sustained for generations to come. However, is this really enough? Should we not be saying that the objective for the next phase should be to reduce malnutrition by a further 30 percent, and so on? Future generations will need good basic services just as much as the communities of today, so the thinking that goes into a programme's design must take that into account. A community-based nutrition programme should not be viewed as a 'one-off' activity, but rather as a continuing commitment.

Our case studies are interesting in that they present a range of objectives, not all relating directly to nutrition. Mexico's PROGRESA programme aims to break the cycle of poverty, the argument presumably being that this would allow development to take place. If this is so, and the programme achieves its aim, arguably then the sustainability of the programme itself is not an issue. It will have served its purpose of 'jumpstarting' the development process, and support to this process would then need a different approach. Along similar lines, Sri Lanka's Samurdhi programme sees itself as a transition from a welfare approach to a development approach. If the transition is successful, the programme will have done its job. Honduras' PROLESUR programme, on the other hand, focuses on a transfer of technology,

although its objectives are much broader than this, relating to the improvement of the quality of life of the Southern Lempira Department's rural population. It has clearly succeeded in transferring the technologies, and these appear now to be institutionalized and hence sustainable (although still in need of some continuing technical support), but it has been less successful in other areas (health services for example).

With the exception of Sri Lanka's programme, all the programmes have nutrition or food-related objectives, and if their achievements in these areas are to be maintained, indeed heightened, then the programmes themselves will need to be sustained in some way. This then raises the issue of continued funding, even if it is assumed that some of the programmes' activities can and should become incorporated and institutionalized in sectoral plans and activities. Ministries of Health and Agriculture can indeed assume responsibility for much that relates to nutrition, but there will continue to be a need for a specific focus on nutrition activities, and for this a country will continue to need a nutrition programme. The governments of the Philippines and Zimbabwe, and to a large extent Brazil, have shown a clear commitment in this regard, and national funding has been made available and sustained for many years. In these countries, the supportive macropolicy environment is translated into a tangible investment in nutrition.

This has not happened in Bangladesh, which continues to rely heavily on external donors. In the poorest countries of the world perhaps sustainability lies in the willingness of donors to continue to provide funding. There is a danger in such reliance: the case of Zimbabwe (and many other countries) has shown how political events can lead to the withdrawal of donor support. There is also the danger of donor-fatigue: simply put, the donor's decision that it is time to move on to something else or somewhere else. In Tanzania and Zimbabwe, for example, nutrition, and related institution building, enjoyed the support of Swedish development aid for many years, since 1973 for Tanzania and since the early 1980s for Zimbabwe. In 1999, SIDA decided to stop the assistance for no obvious technical or developmental reason. This raises the issue of the time frame needed for sustainability. Few donors will continue to support a programme for as long as SIDA did in Tanzania and Zimbabwe. Madagascar's programme, for example, will end in 2003, and there is no evidence of any effort on the part of the government to assume responsibility for it.

Sustainability lies also in the continued availability of technical expertise. Increasingly, many developing countries are able to provide this, but often only to a limited extent. Bangladesh, for example, has strong technical institutes, and many well-trained nutritionists, but apparently not enough to provide the human resources needed for the Bangladesh Integrated Nutrition Programme (BINP). Hence the programme had to employ staff with inadequate technical expertise. Capacity-building, at all levels (including the community level), thus becomes a responsibility of the programme (as discussed above under Lessons Learned, Section C, 1). There is increasing reliance on local NGOs to provide the needed expertise and the continued existence of NGOs itself provides a measure of sustainability. Almost all the programmes collaborated with NGOs (see Table 1), contracting out to them



specific components of the programme or, as in the case of Bangladesh, almost the whole programme. This can lead to difficulties with adequate supervision and poor quality control.

Community participation is a precondition for sustainability but does not in itself guarantee sustainability. Community participation encompasses community engagement, a sense of ownership and a sense of the ability to control and influence one's environment. It will not be found in programmes which view community members as mere recipients, as beneficiaries (indeed calls them beneficiaries) asking them to passively donate their time and resources, with little or no powers of decision-making. On the other hand, a programme that succeeds in empowering communities but then fails them by not providing the basic services they are entitled to expect, or the technical and financial support they require for their chosen development activities, can only lead to alienation and disillusionment. Thus successful linking of 'top to bottom', of the macroenvironment to the microenvironment, is as important as achieving community empowerment, as Thailand has demonstrated.

Ultimately then, sustainability lies in the recognition that good nutrition and food security are crucial elements of development, and that therefore nutrition activities must become institutionalized within the government structure at all levels. Political and public awareness of the need for an integrated approach to nutrition, and commitment to achieving the goal of a healthy, well nourished population then become the most important elements of sustainability.

## **2. Results of the SWOC (strengths, weaknesses, opportunities and constraints/threats) analyses performed for the in-depth case studies**

Tables 3 to 6 summarize and bring together the nine SWOC/T analyses carried out by the regional consultants for their allocated programmes. There may be a methodological problem in comparing the analyses of the different programmes: the analyses inevitably summarize the wealth of information gathered for the case study, and this leads to decisions on what to include and what to exclude. When, for example, we find that only the African programmes have weak monitoring and evaluation systems, this may reflect a decision to mention this issue as it relates to these programmes, rather than a real regional difference. These tables should therefore be viewed as a minimum list of strengths, weaknesses, opportunities and constraints or threats: if a feature is not checked for a particular country, it does not necessarily mean that it is absent.

Table 3: Strengths of nine in-depth case studies (\*)

	Countries**:	K	Ma	Z	Ba	P	S	Br	H	Me
<b>Macrocontextual factors:</b>										
1. Has achieved good advocacy, sensitization, awareness-raising			+			+				
2. Employs integrated and multisectoral approach; has achieved intersectoral collaboration				+		+				
3. Benefits from a supportive policy environment; and/or funding commitment from government				+	+	+	+	+	+	
4. Strong partnerships; partnerships with national training and research institutes leading to good technical support			+	+	+	+	+	+	+	+
5. Good basic and support services provided by government (health care, nutrition services)					+			+		
<b>Microlevel factors:</b>										
1. High level of community involvement		+		+		+	+		+	
2. Well-trained and committed community workers		+			+	+	+	+	+	
3. Effective and appropriate community activities (excludes services provided by government to communities)		+		+		+			+	
4. Appropriate use of local tradition and structures		+		+					+	
<b>Programme design features:</b>										
1. Well targeted (socio-economic or geographical targeting)		+				+	+			+
2. Good programme management						+				+
3. Good monitoring and evaluation system					+			+	+	+
4. Feedback to communities provided; recognition of achievements; good motivation of communities and community workers						+		+	+	
<b>Other features:</b>										
1. Institutionalization of programme (through funding commitment, or ownership, or successful technology transfer)				+	+	+	+			
2. Successful linking of top-down and bottom-up approaches								+		
3. Strong humanitarian approach								+		
4. Addresses extreme poverty							+			+
5. Provides employment opportunities for local people							+		+	
6. Builds on past experiences										+

\* This table should be viewed as a minimum list of strengths. With the wealth of information available to them, consultants were inevitably obliged to be selective, thus introducing an element of subjectivity.

\*\* Country abbreviations:

K=Kenya; Ma=Madagascar; Z=Zimbabwe; Ba=Bangladesh; P=Philippines; S=Sri Lanka; Br=Brazil; H=Honduras; Me=Mexico

Table 4: Weaknesses of nine in-depth case studies (\*)

	Countries**:	K	Ma	Z	Ba	P	S	Br	H	Me
<b>Macrocontextual factors:</b>										
1. Weak intersectoral collaboration and links with other development activities or programmes			+		+		+		+	
2. Top-down approach			+		+			+		
3. Welfare rather than development approach							+			
4. Weak advocacy component of programme					+					
5. Excessive dependence on NGOs and/or external funding			+		+					
6. Political interference in targeting of programme activities					+		+			
7. Inadequate nutrition services provided by government		+		+						
8. Operational problems and delays due to government bureaucracy						+				
<b>Microlevel factors</b>										
1. Limited community participation			+			+		+		+
2. Poor capacity development; or some community leaders not used to full potential			+		+	+		+	+	
3. Some inadequate or inappropriate community activities								+		
4. Inadequate local technical expertise				+						
5. Poorest families not reached										+
<b>Programme design features:</b>										
1. Lack of conceptual framework, leading to root causes of malnutrition not being addressed, short-term interventions, and curative rather than preventive approach			+		+					
2. No clear objectives		+								
3. Weak monitoring and evaluation system		+	+	+						
4. Programme staff technically weak; inadequate access to technical support		+			+					
5. Poor management					+					

\* This table should be viewed as a minimum list of weaknesses. With the wealth of information available to them, consultants were inevitably obliged to be selective, thus introducing an element of subjectivity.

\*\* Country abbreviations:

K=Kenya; Ma=Madagascar; Z=Zimbabwe; Ba=Bangladesh; P=Philippines; S=Sri Lanka; Br=Brazil; H=Honduras; Me=Mexico

\*\*\* In some areas only

Table 5: Opportunities presented by, or available to, nine in-depth case studies (\*)

	<b>Countries**:</b>	<b>K</b>	<b>Ma</b>	<b>Z</b>	<b>Ba</b>	<b>P</b>	<b>S</b>	<b>Br</b>	<b>H</b>	<b>Me</b>
<b>Macrocontextual factors:</b>										
1. Increased national awareness and recognition of nutrition problems can lead to more and improved nutrition actions			+	+		+	+			
2. Positive experiences with partnerships and collaborations can lead to better intersectoral collaborations, new partners with more funding and other resources, and integration of some activities into sectoral plans and other development programmes			+		+		+	+	+	+
3. Accumulated experience can lead to better programme performance			+							
4. Planned government action can improve programme performance and impact:										
• Decentralization				+						
• Land redistribution				+						
• Revitalized village health worker programme				+						+
• Expansion of basic services provision to remote areas										
<b>Microlevel factors</b>										
1. Development of new technologies can provide answers to community problems						+			+	
2. Planned strengthening of community involvement and capacity building can improve chances of real empowerment					+			+		
3. Past achievements motivate communities to continue and to do more		+								
4. Organized and trained communities can undertake other development activities		+								
5. Planned increase of nutrition expertise at local level will improve quality and appropriateness of community activities				+						
6. Programme's long time frame allows it to reach even poorest households										+
<b>Programme design features</b>										
1. Planned change of programme offers opportunities for improvement					+					
2. Recommendations from evaluations and consultants can be used to improve programme design			+							

\* This table should be viewed as a minimum list of opportunities. With the wealth of information available to them, consultants were inevitably obliged to be selective, thus introducing an element of subjectivity.

\*\* Country abbreviations:

K=Kenya; Ma=Madagascar; Z=Zimbabwe; Ba=Bangladesh; P=Philippines; S=Sri Lanka; Br=Brazil; H=Honduras; Me=Mexico

\*\*\* A successor programme, the National Nutrition Programme, will shortly replace Bangladesh's BINP, expanding activities to areas not currently covered by the BINP.

**Table 6: Threats and constraints to nine in-depth case studies (\*)**

	<b>Countries**:</b>	<b>K</b>	<b>Ma</b>	<b>Z</b>	<b>Ba</b>	<b>P</b>	<b>S</b>	<b>Br</b>	<b>H</b>	<b>Me</b>
1. Political instability, civil disorder or change in political orientation (welfare vs development approach).				+		+	+		+	
2. Economic decline.				+						
3. Climatic problems and natural disasters (drought, floods).		+			+	+				
4. Poor infrastructure (roads, communications, transport) leading to mobility problems and accessing remote communities.					+	+				
5. Socio-economic, religious or cultural constraints, such as gender bias (includes both position of women and limited participation of men), and poverty.		+			+					
6. Incomplete or absence of real decentralization.									+	
7. Cessation of external funds.			+	+	+					
8. Political interference in programme operations (targeting, selection of programme staff)					+		+			
9. Delays due to government bureaucracy and inefficiency, leading to operational problems.					+	+			+	
10. Programme expansion leading to inadequate supervision and lack of quality control.			+							
11. Failure of planned government improvements: trained district nutritionists, village health worker scheme.				+						
12. Extreme poverty, leading to lack of time to devote to development activities, and to exclusion from credit schemes.		+			+					
13. Community development and empowerment can lead to unmet demand for services, hence disillusionment.								+		+
14. Failure to secure funding for community activities (including capacity building) can lead to disillusionment.		+								
15. Excessive programme control over community leadership can delay development and limit flexibility.										+

\* This table should be viewed as a minimum list of threats and constraints. With the wealth of information available to them, consultants were inevitably obliged to be selective, thus introducing an element of subjectivity.

\*\* Country abbreviations:

K=Kenya; Ma=Madagascar; Z=Zimbabwe; Ba=Bangladesh; P=Philippines; S=Sri Lanka; Br=Brazil; H=Honduras; Me=Mexico



## SECTION D – TOWARDS A SUCCESSFUL COMMUNITY-BASED NUTRITION PROGRAMME

The success of a programme lies on the one hand in its ability to achieve its objectives, which for a nutrition programme must mean improved nutritional status, and on the other hand, its ability to sustain these achievements. These issues, and their implicit complexities, have been discussed previously, amply illustrated by the experiences of the case studies and desk reviews. We turn now to the practical implications of these findings to a community-based nutrition programme. Simply put, how is success to be achieved ?

- *Creating a supportive macroenvironment*  
In many countries this already exists but, even where it exists, the support and good will may need re-orientation. Often the supportive environment translates into a welfare approach, or there is a lack of understanding of the causes of malnutrition, leading to a curative approach or endless supplementary feeding programmes. Many countries would claim a supportive environment because they are signatories to a number of nutrition or nutrition-related declarations. These declarations are helpful but will not of themselves achieve the kind of support needed.

Creating a supportive environment, or re-orienting an existing one, needs to be achieved through a strong political and public awareness-raising campaign. The campaign needs to highlight at least the following:

- nutrition as an outcome indicator of national development, and improving nutrition as an essential part of the development process;
- nutrition and food security as a basic human right for all;
- a conceptual framework to show the multisectoral pathway to improving nutritional status, and hence the need for intersectoral collaboration;
- the role of the various sectors in providing good quality basic services (health, agriculture, education) to the whole population, and how this contributes to improving nutrition;
- the role and contribution of the community and the nature of community participation;
- how decentralization can contribute to linking a top down approach to a grassroots approach (if this is appropriate in the country).

Implementing a high-visibility and persuasive campaign of this nature needs time and resources, and perhaps the support of an important political figure. An alternative approach is to secure substantial donor support for a major programme, and make the campaign the initial activity of the programme. This,

intentionally or otherwise, is what Madagascar has achieved. Yet another approach is to undertake a pilot project and produce a success story: a high impact, high profile project that can be held up as an example of what can be done. Whichever approach is selected, a good macropolicy environment must be created if improving nutrition in a sustainable fashion is to be achieved.

- *Achieving community participation*  
There are no short-cuts to achieving true participation. As mentioned in Section A, there are now numerous published guidelines for the methodology of community participation. These should be consulted. Achieving real participation is a slow process of moving from one step to the next, and occasionally having to take a step back. A pragmatic approach is probably best: starting with what there is, build on it and seek to shape it gradually so as to move from one level to the next. There will be successes in one community and failures in another, reflecting sometimes the initial level of development of a community, sometimes its diversity or homogeneity, the resources at its disposal, its geographical isolation or otherwise, the quality and motivation of its leadership and, finally, of the staff used to mobilize the community and its volunteers.
- *Community mobilizers (or facilitators or supervisors)*  
Unless the programme is to start in a small area and expand with time, which is a real option to consider, the community mobilizer will often be the first ‘face’ of the programme that most communities will meet. The mobilizer may be a community health worker, an agricultural extension worker, a community development worker, or someone employed by the programme itself. Whatever the background of the mobilizer, investment in good training is essential. Poor training will lead to repeated failures and disappointments. Training needs to focus first and foremost on community development and organization, participatory techniques and group dynamics, management and planning. While some technical training needs also to be provided, perhaps a more important aspect of the training is learning when and where to seek technical assistance. Learning to supervise and motivate community volunteers must also be an important component of the training programme
- *Community volunteers (or workers)*  
Community volunteers will be members of the community, selected by the community to support their efforts on a daily basis. Experience indicates that a volunteer should be asked to work with no more than ten families. Volunteers may or may not be paid (by the programme or by the community) but many also receive contributions in kind from the families they work with. As with mobilizers, good training is crucial.



Important aspects of achieving participation are motivation and good staff management (including management of volunteers). Motivation is assisted by a system of regular feedback, to staff and to communities, and by a recognition of achievements. A participatory monitoring system will itself provide some feedback to the community, but feedback that allows the community to see its progress and efforts as part of a whole (in relation to other communities in the district, say) is equally important. Good staff management includes motivation, but also includes the recognition of aspirations. A mistake made by many programmes is to assume a static situation; inevitably, many volunteers and mobilizers will aspire to higher positions, and this needs to be accommodated within the programme by means of a career structure and the facility to train new staff and volunteers as need arises. Programmes therefore need an in-built flexibility.

- *Improving nutritional status*

As stated repeatedly in this report, improving nutrition demands an integrated approach. Providing nutrition education if food access is so inadequate that families cannot follow the advice they receive is a pointless endeavour. Similarly, if there is excessive nutrient loss through diarrhoea or parasitism, then providing food supplements becomes at best a wasteful exercise. Traditionally, nutrition education and other activities related to child care are targeted to the mother, but in many cases decisions in a family are taken by the father or a grandmother, so other family members must be included in the process of achieving behaviour change. These examples highlight again the importance of a conceptual framework<sup>23</sup>. Efforts to improve nutritional status must emphasize both the quantity and the quality of the diet: a diet that is adequate in energy and protein as well as in micronutrients.

Nutrition research is an ongoing activity. New findings are published daily. A problem common to many nutrition programmes, especially those that have been in existence for many years, is that they are out-dated in their scientific premises and approaches. An example is the promotion of the production and consumption of green leafy vegetables; as part of a diversified diet this is fully justified, but as a strategy to combat vitamin A or iron deficiency it probably is not: research suggests that a weaning-age child cannot possibly consume sufficient green leafy vegetables to meet his or her iron and vitamin A requirements. A key role of a programme's senior management is thus to remain up-to-date with scientific findings, to translate these into modified programme strategies when necessary, and to keep programme staff informed so they can provide the best possible advice to communities. This emphasizes again the importance of in-built programme flexibility.

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<sup>23</sup> A number of generic conceptual frameworks exist. What is actually needed is closer to a "problem tree" that is a concrete description of the local situation. Arguably, different problem trees are needed for different locations e.g. rural vs urban, for different ethnic groups, or for different agro-ecological zones.

Measuring improvements in nutritional status is another issue that needs to be considered. If recent research is correct and the causes of stunting and wasting are indeed different<sup>24</sup>, then programmes need evaluation systems that measure both of these conditions, so that appropriate targeting and strategies can be used. The Mexican programme, recognizing that the main nutritional status concern in Mexico (as in most Latin American countries) is stunting and not wasting, correctly used improvements in height to assess its impact on nutritional status. Another important role of a programme's senior management is interpreting data from the evaluation system and recognizing when errors have been made if data are clearly unrealistic. This cannot be left to a statistician. A statistician will not appreciate when a finding is biologically or epidemiologically impossible or unlikely.

- *Meeting resource needs*

Adequate human, physical and financial resources will be needed for a successful community-based nutrition programme. Qualified and well trained human resources are essential at all levels, as stated implicitly and explicitly at various points in this report. If they do not exist in the country, then the programme must seek to create them, through capacity-building and scholarships, if necessary. If international staff must be employed, then this must be viewed as a short-term measure, with a clear strategy to replace them by nationals as quickly as possible. This will entail a combination of formal training (within the programme or at national or regional training institutions) and on-the-job training. Indeed the latter, as well as a clear procedure for handover, must be part of the job description for all international staff. Physical resource demands for nutrition programmes are generally not great, and can often be met by sharing resources of other sectors (health, agriculture). For poor countries, financial resources present a major constraint, and most have no alternative but to turn to external donors. If this is so, then there must also be a mutually acceptable schedule for gradual handover of financial responsibility, with targets and time frames.

Partnerships, including those with non-traditional partners such as the private sector, can contribute substantially to meeting resource needs of all kinds. Contributions can include physical facilities, human and financial resources, as well as training programmes. Virtually all the programmes examined for this report have taken advantage of the opportunities offered by partnerships, especially with NGOs. The somewhat unusual partnership of the Catholic Church in the Brazil programme (indeed the Church is the prime mover and the operating agency of the programme) has brought to the programme a level of dedication and commitment on the part of community workers that is probably unmatched by any other programme. The private sector has much to contribute,

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<sup>24</sup> A meta-analysis of food and nutrition surveys worldwide (Victora, 1992) suggests that stunting is more likely to occur when energy intake is adequate but the diet lacks diversity (specific micronutrient deficiencies are proposed: zinc, calcium, vitamin A). Wasting on the other hand is linked to a diet that is inadequate in both macro and micronutrients. Thus providing a high-energy supplement to a stunted child (who is not also wasted) may not be appropriate.

in terms of business management experience, to microenterprises and credit schemes. National NGOs have technical resources, sometimes not of adequate quality, but generally rely on the programme for funding. International NGOs, however, can provide financial contributions. Many of the in-depth case studies have indicated the value of partnerships with academic institutions, for training, small research projects to provide answers to guide strategy and for monitoring and evaluation. The challenge with all partnerships is retain control of the programme, avoid inordinate compromise with programme strategy and ensure adequate supervision, quality control and the timeliness of inputs; in other words, successful partnerships demand strong programme management.

- *Time frames*

A national nutrition programme, such as that of Thailand, has no time frame<sup>25</sup>. It should (indeed must) set targets and goals and time frames for achieving these, and flexibility is needed to accommodate changes in social, cultural and economic conditions and a changing profile of nutrition. Essentially it must be viewed as an integral component of a country's development strategy, in much the same way as health, education and agriculture are. One of the nine themes of the 1992 International Conference on Nutrition (FAO/ICN, 1992) was "Incorporating nutritional objectives, considerations and components into development policies and programmes", and this can be fairly easily achieved by considering nutritional improvement as a key outcome of development plans (in the same way that it would fit in a poverty alleviation strategy).

The programme should also be prepared to accommodate changes as and when decentralization proceeds, recognizing the administrative implications of the process and the need to provide good nutrition expertise at middle and local levels, and not just at the national level. Targets and goals need to be realistic and take into account the magnitude and nature of the nutrition problem, the current state of community development and organization, levels of literacy, resource availability and the national economy. Gender biases, culture, geographic and ethnic diversity are also important factors to consider when setting targets.

Programmes with external funding support will inevitably have a specified time frame, often too short to enable a programme to become sustainable, although donors are increasingly recognizing the need for long-term support. A programme such as the Bangladesh Integrated Nutrition Programme is essentially a pilot, although on a large scale, with plans for transformation into a national nutrition programme. Information is not available on the degree of support it will continue to receive from its current major donor, the World Bank. The future of the Madagascar programme is bleak at the moment, since it seems

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<sup>25</sup> It is important to note, however, that the programme is subjected to a re-evaluation and "renewal" every five years through a national food and nutrition plan.

that there are no plans for continuation of the programme or its activities beyond the current termination date of 2003. Most of the other in-depth case studies enjoy financial support from national governments, have no specified time frame, and seemingly could survive were external funding to cease, as has the Zimbabwe programme, although perhaps with some reduction in activity.

## SECTION E – CONCLUSIONS

This report has brought together and presented the findings of in-depth case studies of nine community-based nutrition programmes and three desk reviews, and the implications of these findings for programme design and strategy. Inevitably, many of the conclusions are based on judgement and assessment. It cannot pretend to be a statistically valid exercise. The challenge for nutrition planners is to take from this report what is appropriate in their country context and to use it to improve their existing programmes or to design better programmes. To help in this process, FAO has produced a companion volume: “Improving Nutrition Programmes – An Assessment Tool for Action” (FAO, 2002).

The future of nutrition programming holds its own challenges, some of which are beyond the control of nutritionists or their programmes, but all of which demand a flexibility in approach and a willingness and ability to accept new situations, innovative technologies and changes in administrative and institutional structures. We briefly highlight here some of these challenges:

- *The nutrition transition*  
Many countries are experiencing, or have experienced, a change in the profile of nutrition problems. Undernutrition has generally been reduced but with it has come a rise in obesity and obesity-related disorders. Most developing countries now carry a double burden of disease and their related nutrition problems. The prevalence of, and deaths from, non-communicable diseases, such as cardiovascular disorders and cancers have risen sharply. Infectious disease prevalence has declined but many countries face the challenge of AIDS, often of epidemic proportions.
- *Meeting the needs of older people*  
With increasing life expectancy has come an increase in the proportion of the population that is elderly. Most countries are ill-prepared for this, few have even considered the need for a shift in emphasis of their health and nutrition programmes, most of which are still targeted almost exclusively to infants, young children and pregnant women. Recent studies (Ismail and Manandhar, 1999) have shown a high level of malnutrition in elderly people – 35 percent in poor communities of urban India as well as in rural Malawi. Social security programmes are mostly inadequate and the traditional support of the extended family is substantially reduced in the wake of urban to rural migration, the AIDS epidemic and the trend towards smaller families.
- *Urbanization*  
Most of the programmes (excluding those of Brazil and Mexico) examined for this report address problems of rural communities. Increasingly, all regions of the world are faced with massive urbanization, and the complexities of problems that this brings with it. There is an urgent need for the development of effective strategies for urban communities.

- *Decentralization*  
Most countries have embarked on a serious process of decentralization, and nutrition programmes are having to accommodate new administrative structures. In some cases decentralization is little more than a cosmetic exercise, which in itself presents problems, especially in relation to the availability of (and control over) funding at the local level. In many ways decentralization helps and supports a grassroots approach, and community participation can be easier to achieve. However, it raises other problems, especially that of the availability of good nutrition (and other) expertise at the level where decisions need to be taken.
- *Scientific advances and new technologies*  
In the context of the history of science, nutritional science is an infant. There is much still to be understood and discovered and advances are being made every day. The challenge for the nutrition planner is to keep abreast of these advances, to be able to evaluate their scientific validity, and to adjust programmes accordingly. In the field of agriculture, new technologies are being developed. Some, such as the Quesungual method, have been developed locally, but many, such as genetically modified foods, are the subject of serious financial investment in research, development and promotion by powerful multinational companies. These are likely to have enormous implications for the future of food availability and nutrition.
- *New partnerships*  
Increasingly, there is a trend in many developed and developing countries towards privatization of what traditionally was viewed as the domain of the public sector. Many aspects of health care are contracted out to private firms, provision of free medical care is giving way to care funded through self-payment or through private medical insurance. NGOs too are acquiring the characteristics of small businesses rather than charitable ventures. Our case studies have shown that national nutrition programmes are not immune to this process. All have formed partnerships, mostly with NGOs, but some also with the private sector. Academic partnerships are also formed increasingly as universities and research institutions discard their traditional exclusivity and move into the development arena.

Malnutrition is an impediment to development and its presence indicates that basic physiological needs have not been met. What is observed as malnutrition is not only the result of insufficient or inappropriate food but also a consequence of other conditions, such as poor water supply and sanitation and a high prevalence of disease. Thus, reversing the procedure is complex, because many issues need to be addressed more or less simultaneously, and every situation is different, so that there is no single solution for all. There can only be general guidance on directions to pursue. Experience from lessons learned shows that considerable time is needed to redress a situation (ten years and more), and that a strong supportive political and policy environment remains crucial throughout the period. There is no “quick-fix” to this problem. Once achieved, however, the effect is likely to become permanent, offering a substantial return on investment.

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**ANNEX 1 (A)**

**SUMMARIES OF THREE DESK REVIEWS  
(THAILAND - VIET NAM – ZAMBIA)**



## SUMMARIES OF THREE DESK REVIEWS

### 1. Thailand: Poverty alleviation focused on meeting basic needs

Thailand stands out as a unique occurrence for a moderately large developing country (61 million population) which has been successful in rapidly reducing the prevalence of malnutrition on a country-wide basis, and has been sustaining that effort for almost 20 years. One key to this success has been the development and implementation of a Poverty Alleviation Plan that focused strongly on people's participation, instead of leaving the government to shoulder the burden. A **primary health care** approach was used as a practical, community-based and participatory mechanism to address the problems of health and malnutrition. After some trial and error with strategies, it became increasingly apparent that malnutrition had multiple causes and that its prevention required a multisectoral collaboration involving Public Health, Agriculture, Education and Interior. Following a frank evaluation of unsuccessful initial efforts, the first observation was that ministry actions were vertical, with virtually no multisectoral collaboration. In addition, efforts were entirely dependent on government-provided services, with the result that only a small proportion of the population was being reached. Communities were also ill-prepared for a participatory process, there were insufficient human resources to reach a large proportion of households and there was a poor understanding of the significance of malnutrition among communities and households.

Planners recognized that malnutrition was a symptom of poverty and that efforts directed to alleviating poverty needed to focus on improving nutrition as one of its principle indicators. Good nutrition was not a goal in itself but a means of promoting development. To increase the human resources capacity, health volunteers were selected by means of a sociogram process, resulting in a ratio of about one volunteer (mobilizer) per ten households. Village health communicators (facilitators) were trained and made responsible for the mobilizers. Today there are some 500,000 mobilizers covering almost every village in the country.

The poverty alleviation plan was broad, being directed towards quality of life that included health and well-being. The strategy used was based on a series of indicators based on the concept of "Basic Minimum Needs". These ranged from the needs to meet physiological needs related to food security and nutrition, food variety, adequate clean water, but also included social needs such as adequate housing, a clean environment and care of public properties. Thus, this highly participatory and multisectoral process which was put in place for the purpose of improving the well-being of all was the key to Thailand's success. The initial setting up of the process required considerable effort, time and energy, but once in place the system became relatively easy to sustain with a low operational cost.

## **2. Viet Nam: VAC Programme**

The VAC - Vuon-garden or orchard, AO - fish pond and CHUONG - pigsty or poultry shed, is basically an agricultural project that promotes the integrated farming system in an environmentally sustainable way. It is an intensive method of small scale farming built upon the traditional methods of farming developed in the Red River Delta.

Objectives of the programme include: to improve the cropping pattern in traditional gardening and to introduce new technology and management systems in VAC gardening. Implicit objectives include improving the nutritional status of the members of the targeted families and increase in income through production of marketable commodities.

Through this project a non-government organization known as VACVINA (Vietnamese Community Action Programme Against Hunger, Malnutrition and Environmental Destruction) has evolved. From an initial coverage of two provinces since its formal establishment in 1986, there are now more than 150,00 farming families participating in 44 of Viet Nam's 53 provinces and the programme is still expanding. Aside from households directly targeted by VACVINA, cooperatives, factories, schools, churches and pagodas have also benefited from the programme.

Programme components include the provision of material inputs for farming for establishment of productive VAC gardens, skills training of farmers and "nutrition education", provision of capital/loans through the rural credit scheme and land use rights given to farmers. Production of VAC materials as part of training is also undertaken.

The programme receives financial support from international organizations like UNICEF and FAO but is largely financed by funds generated from membership fees and the Vietnamese government. It has also set up a technical services group that provides training at minimal cost as well as produces seedlings and animal stock for sale at a low profit margin. This group has also linked with other overseas companies for processing and marketing of VAC products.

Reported achievements of the VACVINA projects include substantial increases in food production. Improved nutrient intakes were also claimed to have taken place as well as increase in income.

## **3. Zambia: Luapula Valley Household Food Security and Nutrition Project**

This project has been technically supported by FAO with donor funds from the Belgian Survival Fund. The programme is located in Luapula Valley in the Northern Province, and was started in 1997. It is about to embark on a second phase. Population is estimated at about half a million. The overall objective is to improve year-round access to a balanced diet that is sufficient in energy and micronutrients, including vitamin A. The main focus is on agriculture and health, and involves community action planning and the identification, formulation and implementation of microprojects. Major activities include oil palm nurseries, seed multiplication, small-scale irrigation, dry season vegetable gardening, and

health and nutrition education. Institutional participation involves the Ministries of Agriculture, Health, and Community Development, as well as NGOs and participating communities. Community participation takes place in project implementation and evaluation, while continuous interaction between the communities and extension workers is being promoted. A recent external evaluation pointed to the fact that during the first project phase, a number of achievements were attained. These include: formation of community groups that undertake problem identification and action planning, increased awareness at village level about food, health and nutrition issues, emergence of community facilitators who are active in multiple community-based actions, as well as increased seed availability, improved oil palm production, changes in cultural attitudes and behaviour as a result of the introduction of gender sensitive approaches and the adoption of inter-sectoral approaches by government institutions.



**ANNEX 1 (B)**

**A TYPOLOGY OF COMMUNITY PARTICIPATION**





## A TYPOLOGY OF COMMUNITY PARTICIPATION<sup>26</sup>

<b>Participation Level</b>	<b>Characteristics</b>
1. Passive	People are told what is going to happen or participate by answering questions only.
2. Consultative	People express their views, which may be taken into account, but have no share in decision-making.
3. For material incentives	People participate in activities in order to receive food, cash or other incentive. Still no decision-making, and participation often ends when incentives end.
4. Functional	People form groups and carry out activities to meet objectives of the project but no involvement in choosing objectives and minimal involvement in choosing activities. Some groups may in time become stronger and more self-reliant.
5. Interactive	People participate in joint analysis and planning, joint decision-making, with project staff.
6. Self-mobilization	People take initiatives independent of project staff. They develop contacts with external institutions to access technical expertise and funding, but retain control over decision-making.

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<sup>26</sup> Extracted and modified from: IIED Trainer's Guide: Ch.4: Principles of Participatory Learning and Action.

