

**ANNEX 2 (A)**

**KENYA CASE STUDY**

**APPLIED NUTRITION PROJECT (ANP) - MAKUENI DISTRICT  
(GREATER KIBWEZI DIVISION)**



# Kenya Case Study

## Contents

	Page
<b>SUMMARY</b>	63
Coverage	63
Implementation	63
Operational funds	63
Objectives of the project	63
Project focus and entry point	64
Project impact	64
Community participation	64
Lessons learned	65
Strengths, weaknesses, opportunities, constraints/threats	65
Sustainability	66
<b>INTRODUCTION</b>	67
<b>A: NATIONAL CONTEXT</b>	67
<b>B: PROJECT DESCRIPTION</b>	68
Profile of the project area	68
Government support systems	69
Objectives	70
Impact	70
<b>C: PROJECT IMPLEMENTATION</b>	72
Mechanisms for intersectoral collaboration	72
Community workers/volunteers	73
Resource and technical support	74
Monitoring and evaluation	74
Development of capacities	74
Programme components	75
<b>D: MACROCONTEXTUAL FACTORS</b>	79
<b>E: COMMUNITY PARTICIPATION</b>	81
<b>References</b>	83
<b>Tables:</b>	
1. Prevalence of stunting and underweight – survey results	71
2. Cases of kwashiorkor and marasmus – Makindu Hospital	71
3. Nutrition services – budget and expenditure	80



# **APPLIED NUTRITION PROJECT (ANP) - MAKUENI DISTRICT (GREATER KIBWEZI DIVISION)**

## **SUMMARY**

The project began in 1983 as an expansion of a rural health scheme, started by the African Medical and Research Foundation (AMREF) in 1980 at the request of the Government of Kenya. It continues to this day.

### **Coverage**

The project covers three divisions (Kibwezi, Makindu and Mtito Andei) of Makueni district with no expansion in its two decades of existence. The area is semi-arid to arid with low and erratic rainfall, hence highly prone to frequent drought, severe food shortages and scarcity of water. The average annual rainfall is 500mm. The total population in the three divisions is estimated to be about 130,000. About 90 percent of the people depend on rainfed subsistence agriculture, while 10 percent are involved in irrigated horticultural production mainly for local consumption and some for export. The project covers the whole population, but with a focus on children under five years of age and women.

### **Implementation**

AMREF is the agency designated to facilitate the implementation under the overall coordination of the Divisional Development Committees. Depending on the nature of the activity, implementation of interventions is the responsibility of the relevant sector, with financial and technical backing from various non-governmental organizations (NGOs). The project is not implemented in a package but rather by "convergence". Various activities in food security and water supply are being implemented but they are not within the control of the project, although they work closely with it.

### **Operational funds**

Funding for the project comes from three sources: the community (mostly in kind), NGOs and the Government. The percentage distribution of the various contributions could not be ascertained, but it is clear that the NGOs contribute the major part, followed by the community and lastly the government.

### **Objectives of the project**

The overall goal of the ANP is to increase household food security and improve nutrition security in three divisions of Makueni district (Kibwezi, Makindu and Mtito-Andei).

Specific objectives are as follows:

- to increase food production of households by 60 percent;
- to increase the production by households of an improved breed of small livestock;
- to increase by 20 percent (current estimate is <8 percent) the percentage of mothers practising exclusive breastfeeding of their infants until 6 months of age;
- to increase the percentage of mothers practising appropriate weaning practices by 30 percent;
- to increase accessibility to clean water and reduce the distance of water source from the estimated average of 5 km to 2 km.

There is no specific mention of reduction in the prevalence of undernutrition in the objectives.

### **Project focus and entry point**

Interventions aimed at alleviating food insecurity, malnutrition and water supply are the three priority needs and uncompromising demands of the people. The most feasible entry point to the community is through the traditional organization of women's groups, locally termed "*Mwethya*" and the village councils. The most common forum for community decision-making is the traditional "*Baraza*" (community general meeting).

### **Project impact**

Adequate information to assess outcomes and impact is lacking because indicators to measure the interlinkages between outputs, outcomes and impact have not been well established. From information gathered from four community-based surveys, it was shown that there has been no significant decline in nutritional status, but the situation seems to have fluctuated somewhat depending on the drought situation. Hospital and other health facility records and information gathered from health personnel indicate a significant drop in the number of kwashiorkor and marasmus cases. This observation, however, needs to be verified through further community surveys.

### **Community participation**

There is active involvement in identification of needs, planning and interventions as well as overall management of a targeted food-for work programme (setting of selection criteria, identifying beneficiaries and projects, distribution of food, reporting). Some communities have been able to manage some of the services such as water supply and health posts. The community involvement in monitoring and evaluation is less apparent, partly because the project itself lacks a systematic monitoring mechanism. However, communities know exactly what they need and they know what is going on in their locality. Against this assessment, community participation could be classified at a level of "functional involvement", but needs to be consolidated.

## Lessons learned

- If there is good coordination at the lower levels, with active community involvement, even in the absence of conducive macrocontextual conditions, food security and nutrition programmes can demonstrate some "success". If they do not bring about significant reduction they could at least prevent further deterioration.
- No matter who initiates a project or programme at whatever level (top-bottom or bottom-up), what matters most is that the people are brought on board to be actively involved and decide on their needs and priorities in a dialogue.
- Efforts and resources spent on capacity development of the community pay the highest dividends in the long run.
- The continuum from “relief to development”, though slow and difficult, is well worth the time, effort and resources spent on it.
- The duration of project or programme support is an important element for sustainability. The longer the duration the higher the likelihood of enhanced interaction between the various stakeholders and building people’s confidence and capacity towards empowerment. According to one extension worker "long-term support and presence is preferable to short-term massive input".
- Where poverty is rampant and survival is difficult as in the Applied Nutrition Project (ANP) area, and where support and supervision is not adequate, the "volunteer community agent/community health worker approach" does not work.

## Strengths, weaknesses, opportunities and constraints/threats (SWOC)

### *Strengths*

- active community involvement;
- relevant interventions with strong agriculture-based household food security element;
- organized women’s groups and other committees;
- credit system and seed bank well established.

### *Weaknesses*

- Objectives are not clearly stated with targets and time frame and no clear indicators to measure processes and nutritional impact.
- A monitoring system is not well established and no systematic external evaluation has been carried out since 1992. However, the lessons learned between 1986-1998 have been taken on board and are very well documented by AMREF.

- The direct nutrition interventions such as growth promotion (GP), nutrition education, especially on exclusive breastfeeding and complementary feeding, have not been adequately addressed.
- There are no planned visits by extension workers due to shortage of resources.

#### *Opportunities*

- The capacity built and the existing community structures offer opportunities for further activities.
- Some of the successes will greatly contribute to improving the morale of the people and encouraging them to do more.

#### *Constraints/threats*

- Successes achieved could be undermined by drought.
- Shortage of funds could limit further capacity development.
- Inability to meet the increasing demand for credit.
- Unless the regulation is revised to cater for the poor households, the 25 percent down payment for credit could exclude the poor, who need the credit most.
- Although generally positive, there is excessive focus on women, and less on men.
- Community members may not have enough time to attend to community meetings.

### **Sustainability**

The level of community involvement is high and the capacity development efforts made are commendable. Communities have been able to witness what they can achieve if they are fully involved and this seems to have encouraged them to do more. Although weak, the government institutions will continue to exist, so also the coordination under the development committees. On the other hand, the project still needs some improvement.

There is a need for a clear and measurable nutrition objective and its related indicators. The direct nutrition interventions have to be accelerated. The monitoring system must be revisited. As the area is very vulnerable to drought, and the majority of the people do not have a strong asset base (although they now have better knowledge of how to mitigate the effects of drought), some external input will still be required from the government or elsewhere. Judged against these and other elements, I would say that as it stands now, the project as "a project" has a *"fair chance of sustainability"*. However, some of its achievements such as the drought-tolerant seeds varieties, the agricultural skills acquired, the group seed banking system, the improved goat breed, the management of water supplies, are highly likely to be absorbed into the community system.



## INTRODUCTION

Kenya, with a population of about 30 million, has experienced a consistent decline in its economy over the last few years. The current per capita GNP is estimated to be about US\$ 280. The economic recovery programme has been designed but it has not improved the situation substantially. The situation is further aggravated by the refusal of the international financial institutions (World Bank, International Monetary Fund, European Union and others) to give loans or grants for the last seven years. The Government has also a heavy debt to repay, and dealing with recurrent drought in some areas places a heavy burden on the country's resources.

The Government is committed to improving the food security and nutritional well-being of the people as stated in various international resolutions, national policy documents and programmes. However, it has not gone far enough to translate these into concrete action on the ground, largely owing to the above-mentioned and other global factors.

### A: NATIONAL CONTEXT

As a result of the economic decline, expenditure on social services has dwindled leading to an inability to maintain the quality of the existing services and expansion of others, including nutrition. According to a report on public expenditure (Social Dimensions, 1998), the allocation of government expenditure on health, between 1980 and 1995 was 8-9 percent with a further decline to 6 percent in subsequent years, and most of the allocated budget goes for curative care. This situation is further aggravated by the HIV/AIDS epidemic, which not only places heavy demands on curative services, but also impacts negatively on the general economy of the country.

The Government of Kenya has developed policies and programmes and has also established institutions to address the very complex nature of nutrition problems. However, fluctuating rainfall patterns, recurrent widespread droughts and the economic situation have continued to adversely affect the country's food security.

With respect to national human resource capacity in nutrition, according to a study conducted by UNICEF (1999), Kenya has the highest number of professionals in nutrition in the Eastern, Central and Southern Africa (ECSA) region. However, not all have been effectively utilized. There are many colleges of agriculture, a college of nutrition and a postgraduate training programme in applied nutrition, the only one of its kind in the ECSA region. The latter has also trained people from other African countries.

In a bid to promote food security and nutrition, a group of concerned nutrition professionals have formed an association called the "Kenya Coalition for Nutrition-KE-CAN". Its mission is to mobilize resources and promote food security and nutrition in the country. It also acts as a pressure group advocating for the role of nutrition in development, urging the government to invest in nutrition. Furthermore, it plans to offer an important forum for dialogue.

## **B: PROJECT DESCRIPTION**

### **Profile of the project area**

Makueni district is located in the Eastern province of Kenya. It is divided into 16 divisions and has a population of about 778,000 people. The district has a semi-arid vegetation, with low and erratic rainfall. Hence the people rely on an inadequate, fragile and uncertain resource base under constant threat of drought, resulting in food insecurity and undernutrition. Makueni is one of the most food-insecure areas of the country, and the situation is worst in the three divisions where the Applied Nutrition Project (ANP) is being implemented. Using both the Welfare Monitoring Survey System (WMS 1998), and the Participatory Poverty Ranking Method (PPRM), over 70 percent of households were classified as poor or very poor.

The ANP covers three divisions (Kebwezi, Makindu and Mituduni) with a total population of about 130,000. Many other development projects, mostly in food security and water supply, are also in progress. All the projects in the district have the opportunity to share their experiences through the quarterly meeting of the district development committee.

The main livelihood of the people is subsistence agriculture, of which 90 percent is rainfed and about 10 percent with irrigation. Livestock rearing, apiculture (bee-keeping) are also common. Other income generating activities include hired labour, mainly in small towns, and the irrigation schemes, selling of charcoal and fire-wood, brick making, petty trading, selling of vegetables (by those who have irrigation) and, when available, food aid. Women do most of the agricultural activities. Men are largely involved in other income generating activities in and out of the vicinity.

There is a serious concern about the environment. The forest is being depleted, owing to the massive burning of charcoal, which leads to desertification and worsens the drought situation, and thereby aggravates food insecurity. Several efforts are under way to counter deforestation, but with limited success owing to the demands of household food security.

### *Health and nutrition*

The leading health problems affecting children are upper respiratory tract infections, malaria, diarrhoea and parasitic infestations in synergy with malnutrition. The prevalence of stunting has been fluctuating between 35-45 percent during the period 1985 to 2001 depending on the drought situation.

### *The effect of local culture on the project*

The people belong to the *Kamba* tribe, which has the following characteristics relevant to the programme:

- In the Kamba culture, every woman old or young should be a member of a women's group (*Mwethya*)<sup>27</sup>. Although serious gender disparity in favour of men still exists, men are generally supportive of the *Mwethya* and in fact, encourage their wives to attend and help them to contribute money. This was confirmed by the women themselves.
- Community decisions are commonly made through discussion and dialogue in a "Baraza"<sup>28</sup>.
- The Kamba are renowned for their generosity, especially to each other. No one eats alone when a neighbour is starving. They share whatever they have until the last piece or drop. This is how they have managed to cope and survive the long years of drought and food shortages.
- Livestock is a sign of prestige and a life-saving commodity such as "a bank savings account". They do not sell livestock unless the situation is desperate. So they sell their grain during the harvest season when the price of grain is very low and that of the livestock is high. Then they buy seeds and food for consumption during the planting season when food prices have almost doubled and the cost of livestock is comparatively low. The project has not been able to penetrate and change this practice. Extension workers believe that the food security of many households could be improved if the farmers could be persuaded to make wise and timely decisions on what and when to sell.

## Government support systems

### *The planning and development of the ANP*

In 1979, following severe drought, the Government requested AMREF to help improve the health services of the people of Makueni district. A health centre to serve the three southern divisions (Kibwezi, Makintu and Mtito) began operating in 1980.

In 1983, a community-based project was added by opening up eleven outreach posts using mobile teams. The activities focused on immunization, antenatal and postnatal care, growth monitoring and promotion, health and nutrition education and the training of community health workers and traditional birth attendants (TBA). The outreach programme was implemented for three years and then stopped due to high cost and logistic problems. However, some of the communities through their own initiative built permanent health posts using local materials and requested the government to support them with medical supplies and health personnel. Salaries of local support staff were to be

<sup>27</sup> In the Kamba culture, every woman young or old, of any religion or social class, must be a member of a group of women (10-15 members), locally known as "*Mwethya*". Such a formation is deeply rooted and it is exclusively for women to help each other in the social and economic problems faced by their families. Groups meet once every month or two months and contribute money each time, to be given to needy members or saved for hard times. This structure can be used by any agency so long as it has to do with improving the socio-economic conditions of the groups or their community.

<sup>28</sup> "*Baraza*" means community meeting. This is a forum called by administrators and community leaders to discuss and make open decisions on socio-economic conditions affecting a community, locality, district etc.

paid by the community from the money collected from nominal medical care fees and sales from drugs. The management would be under a health committee. All these have materialized to date.

In 1984, the district was hit by severe drought. So AMREF opened up rehabilitation centres to provide supplementary feeding for severely undernourished children (< 3 Z-scores). When the acute emergency subsided, the idea of developing an integrated long-term intervention (“relief to development continuum”) was conceived and after a series of consultations with the development committee and community representatives, the ANP began in the same year with a series of sensitization meetings.

A baseline survey was conducted with full involvement of members of the community. Community health workers (CHWs) played an active role in the survey. Relevant interventions were then identified together with the community, based on the survey results.

At this stage, AMREF also shifted its role to be more of a catalyst, mobilizing and supporting other sectors, soliciting external funds, thereby focussing on its original agency mission "enhancing community participation and support system capacity to improve and sustain communities' health, well-being and overall development" (AMREF, 1996).

## **Objectives**

The goal of the ANP is to increase household food security and improve nutrition security in three divisions of Makueni district (Kibwesi, Makindu and Mtito –Andei)

Specific objectives are as follows:

- to increase food production of households by 60 percent;
- to increase the production by households of an improved breed of small livestock;
- to increase by 20 percent (current estimate is <8 percent) the percentage of mothers practising exclusive breastfeeding of their infants until six months of age;
- to increase the percentage of mothers practising appropriate weaning practices by 30 percent;
- to increase accessibility to clean water and reduce the distance of water source from the estimated average of 5 km to 2 km.

There is no specific mention of reduction in the prevalence of undernutrition in the objectives.

## **Impact**

Due to lack of clarity of the interlinkages between activities, outputs, outcomes and impact, and the absence of comprehensive data, it was not possible to examine the full range of effects and impacts. With respect to nutritional status, in the face of constant drought and food shortages, it may be difficult to show gains. From available data, it

seems there has been no significant decline, and the situation has been maintained despite the drought and inadequate direct nutrition interventions.

Two sources of information were considered to assess the nutritional impact:

- the Child Health and Nutrition Information System (CHANIS) data collected from growth monitoring sessions (facility and community-based);
- structured community surveys.

The CHANIS data are fragmented and unreliable. The prevalence of underweight observed from the CHANIS does not have any similarity to information gathered for the same index from the community surveys. The CHANIS data, in any event, is no longer gathered owing to the collapse of the CHW service. So, data from four systematically conducted community-based surveys were used in this report. Three of the surveys were project area-specific, one covered the whole district but included all the three project area divisions as well. The surveys were very well designed and analysed professionally.

**Table 1** Prevalence of stunting and underweight (<-2 Z-scores): survey results

<b>Indices</b>	<b>1985 *</b>	<b>1994 **</b>	<b>1999 ***</b>	<b>2001 ****</b>
Stunting %	33.3	45	40	37
Underweight %	-	32.5	29.2	31

Source: \* AMREF: Kibwezi Integrated Study, 1985.

\*\* AMREF: Nutrition Survey in Kibwezi, 1994.

\*\*\* German Agro Action/AMREF: Nutrition Survey Report: Kibwezi, Makindu and Mtito Divisions, 1999.

\*\*\*\* Caroline N. Mackenzie. Nutrition Survey in Makueni district, 2001 (includes all three divisions of the ANP).

In 1994, a national nutrition survey undertaken by the Central Statistics Office (CSO, 1994) revealed that Makueni district had the highest prevalence of stunting in the country: 50 percent, as compared to the provincial average of 38.5 percent and the national average of 34 percent. This result concurs with the above result of 45 percent of another survey done in the three divisions in the same year, but at different seasons. The district was hit by severe drought in 1994.

**Table 2** Cases of kwashiorkor and marasmus seen at Makindu Hospital

<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>
204	126	98	50	32	16	12

Source: Makindu Hospital Records (severe cases of any illness are referred to this hospital)

It was also noted from the hospital and other health facility records as well as information gathered from the health personnel that the number of kwashiorkor and marasmus cases has decreased dramatically. However, this claim needs to be verified through a community survey. The prevalence of anaemia both among women and children is high and it is attributed partly to malaria, which is highly endemic in the area.

Generally, there has not been a significant improvement in the prevalence of undernutrition but the situation has been contained despite the worsening drought conditions.

## **C: PROJECT IMPLEMENTATION**

Various stakeholders are involved in the planning and implementation of the project:

- the communities through their traditional and administrative structures;
- district, divisional and subdivisinal development committees made up of members from all sectoral ministries, people's representatives and all other relevant development partners;
- the line ministries' branch offices at all levels;
- the lead NGO designated by the government: AMREF.

Other NGOs, mainly dealing with food security and water supply, are not under the direct control of the ANP but work very closely with AMREF and the respective sectors:

- Danish International Development Assistance (DANIDA) dealt with irrigation: recently phased out but left behind some capacity in irrigation and water management;
- German aid (GTZ): agriculture and environment (phased out last year);
- German Agro-Action (GAA): food security, water supply and environment It will be phasing out end of 2001 after 3 years in existence;
- ACTION AID: on food security, water supply and capacity development, recently phased out and handing over its management and resources to the community but will continue to monitor the situation from the district capital;
- CARE-Kenya: promotion of horticulture production and marketing among small holder farmers.

Other institutions: Kenya Agricultural Research Institute (KARI) and the Kenya Forestry Research Institute (KEFRI) also function in the area.

### **Mechanisms for intersectoral collaboration**

There is no decentralization yet. The administrative offices at all levels are accountable to the Office of the President through the appropriate hierarchy: from village, through division, district, province, to the Office of the President. Similarly, each sector is accountable to its ministry through the appropriate hierarchy. Each sector's budget is also allocated by the respective ministry through the treasury. Health units, except those run by the community, are not allowed to use the income they generate directly.

At the village level there is a village council and traditional groups such as the *Mwethya* women groups mentioned earlier. There are also committees for specific

activities such as the health committee, water committee, roads committee. Some of the committees have been created with projects while others existed before and are likely to continue to exist after the end of project support period.

Although there is no decentralization and each sector appears to function independently, there is a coordination mechanism within the government structure at each level. Under each administrative office there are various committees chaired by the respective level administrator. The most important one is the development committee. The members include representatives of sectoral ministries, relevant development partners and community representatives. The development committee has an executive technical subcommittee, which prepares the agenda and monitors the implementation of the committee's recommendations. It is worth noting that any development project, irrespective of who initiates it, is subject to scrutiny and approval by the respective level development committee. The ANP has not been an exception to this rule.

All development committees are not active but generally the lower the level the more active they are. The divisional development committees in the ANP area are active. There are regular quarterly meetings where all development related issues are discussed including the ANP. All sectors are required to report to the committee on their activities and bring forward issues they wish to be discussed. Lacking is a well structured and systematic reporting system, which could distinguish between planned and accomplished activities.

The administrators are constrained by resources but they are very supportive of community actions and very appreciative of NGO contributions. On the issue of coordination, while the administrators feel that it is important, some extension workers felt otherwise: while desirable, it often impedes rather than facilitates actions.

### **Community workers/volunteers**

Many community workers, TBAs, water supply maintenance artisans, community veterinary workers (*paravets*), community health workers (CHWs) have been trained in good numbers. The TBAs and the *paravets* are being effectively utilized, because individuals and, in the case of *paravets*, groups seeking their services pay the requested fee. The water supply artisans too are active, because communities are able to provide them with the tools and pay them some cash from the sale of water. The CHWs also started to do likewise but attendance decreased. Moreover, the health units did not have the means to support and supervise them and they gradually ceased to operate. Other approaches are under discussion in consultation with the community members, women's groups and NGOs concerned, such as MACOSUD<sup>29</sup>.

Some of the possibilities include:

- organizing the CHWs in groups of 10-15, and giving them some credit to start an income-generating venture, as an incentive for the service they render;

---

<sup>29</sup> Makoni District Action for Community Development.

- training 1-2 members of each *Mwethya* group to help members, especially with respect to growth monitoring and nutrition education, as part of their monthly social function.

### **Resource and technical support**

Although they may be few, there are technically qualified professionals in all the sectoral offices at the division level. Unfortunately, they are poorly facilitated to execute their duties: they have no transport and no daily subsistence allowance. The sectoral agencies at the division level do not have a significant budget, except staff salaries. As a result, there are no planned visits by extension workers. It has now become an "extension service on request", generally occurring in relation to the irrigation schemes, which serve few people.

### **Monitoring and evaluation**

Perhaps one of the main shortcomings of the project is its monitoring and evaluation system. This was acknowledged by the staff. Since 1998, the project has introduced activity monitoring (planned-accomplished), but it is not properly administered. The project has had only two systematic external evaluations in 1985 (Germano) and in 1992 (Bennet, *et al.* for AMREF, 1993).

The first evaluation of 1985 did not deal with the nutrition component adequately. The second one did attend to the nutrition component but was constrained by lack of data. The same evaluation appreciated the maturity of the community involvement and the efforts made in community capacity building by AMREF. The team had indicated some concerns: the lack of clarity of objectives, indicators; the weakness of the monitoring system and the decline in the services of the CHWs.

Since 1992, there has not been a comprehensive and systematic evaluation. However, the experiences learned from 1986-1998 have been well compiled and documented by AMREF (AMREF, 1998). Some good studies have also been done by postgraduate students on specific issues such as the CHW, credit, income-generating.

The plans of action and the various reports show that the project has indeed been dynamic. It has used recommendations to improve performance but has not been successful in correcting all shortcomings; some still persist. The objectives in the most recent proposal are much better than those in the original but still need refinement, especially in relation to indicators.

### **Development of capacities**

One of the strengths of the project has been its contribution to capacity development. A lot of effort, time and resources have been invested in skills training of professionals and community members. The various meetings, field visits, and the activity related to training, such as leadership and financial management, have contributed to good capacity development.



The efforts made in organizing and strengthening community groups, the establishment of seed banks, the promotion of high-yielding, drought-tolerant crops, enabling communities to manage some of their social services such as the peripheral health clinics and water supply have made good progress. Furthermore, the ability of community groups to manage targeted food-for-work programme, including identification of projects-based community felt needs, setting beneficiary selection criteria, identifying beneficiaries based on the criteria, distribution of the food by the beneficiaries themselves, and reporting on the distribution and progress, demonstrate their level of confidence and experience.

### **Programme components**

The key programme components were identified based on the survey, but they have been reviewed from time to time as indicated primarily by community members. The activities were implemented step by step, taking note of available resources and capacity (community and sectoral agencies). Training has always been given before the start of any intervention.

#### *Increasing food production*

Promotion of drought-tolerant crops: This activity is technically guided and supported principally by the Kenya Agricultural Research Institute (KARI), through the agriculture extension facilities of its dry land agriculture unit located in the ANP area.

Traditional crops in the ANP area were mainly millet, sorghum, cassava, sweet potato and cowpea. However, over the years there was a complete shift to maize and beans, which are sensitive to drought and pests. The reason for shifting to maize was mainly because it was to serve as both food and cash crop, as well as because of characteristics related to processing and preparation. There were also cultural beliefs labelling millet and sorghum as inferior foods meant for the poor (AMREF, 1996). As this shift was going on, KARI has been developing drought-tolerant sorghum and millet varieties.

The promotion of these drought-tolerant crops was facilitated by the ANP. After some training and demonstration on planting, farmers were provided with seeds from KARI to plant in their plots along with maize. When the drought came, the maize died and the sorghum, millet and cassava survived. Gradually people started mixed farming. This initiative has now taken off well with most farmers and is likely to be part of the production system once again. Discussion with community members especially women's groups indicated agreement.

An important element included in the promotion strategy was to prepare a recipe from millet, sorghum and the legumes such as cow pea for child feeding and also to demonstrate to women that these crops can also be made into porridge and other dishes, just like maize.

Establishment of group seed banks: One of the problems in the communities was to get the right kind of seed, at an affordable cost and at the right time for planting. Even if families

put aside some seed for the next season, often it is consumed in the event of a food shortage, especially in the case of poor families. With the initiative from the women's groups, the seed bank idea came up, where every farmer (male or female) had to put a certain amount in a group seed bank to be released only at the time of planting. This has now become popular and well appreciated, especially by poor households. In fact, some groups sell extra seed to those who need more within or outside the group. Besides minimizing the access problem at the right time, the initiative has also played an important role in safeguarding the adulteration of the indigenous variety.

Some communities have overcome the problem of planting materials for cassava and sweet potato by developing centres to keep the seedlings until the planting season. Efforts have continued to extend the approach to other villages. Cassava is now becoming very popular in some areas. In one sublocation, over 80 percent of farmers have introduced it and hopefully it will expand to other areas once people appreciate its drought-tolerant qualities.

Support services include:

- training of farmers on better farming techniques;
- field visits and on-farm demonstration, organization of farmer's days; provision (on credit) of improved seeds suitable for the area from KARI<sup>30</sup>;
- credit for oxen and ploughs.

#### *Increasing the income of families through credit*

A credit facility was introduced in the year 2000 with a modest amount of funds received from NGOs, and coordinated by AMREF. It was aimed at helping women increase their household income by engaging them in income-generating ventures. Through a series of discussions with community members, regulations were laid down for eligibility for credit.

Any credit given should be repaid. However, there is a consideration of the repayment period. Generally, payment is dictated by how much the borrowers earn or on the drought situation. For example, in times of drought and unproductive years, they may pay half of what they are supposed to pay monthly or yearly, but in the long run all must be paid.

The rate of repayment has been encouraging. Over 85 percent of the credit given over the last 14-16 months was repaid, ready to be used by other groups. Encouraged by successful ventures, there is an increasing demand for credit. The credit facility essentially covers improvement of livestock, improved seeds, oxen, plough and petty trading. The poor households did not participate much initially except in poultry ventures, because of the 25 percent down payment, lack of experience and fear. However, after observing its success, their participation increased.

---

<sup>30</sup> A farmer is given certain amount of seed to be repaid double; thus at the next round other farmers can be offered seed.

Small livestock improvement (goat and chicken): Goat breeding was preferred by the community because: a) goat breeding is common in the area; b) goats thrive well in the environment; c) they are easy to keep and are a good source of milk for children. So an improved breed was introduced: the "gala goat", which is bigger, produces more milk, and sells at a higher price. The other venture was poultry, again because it is a common practice. The project helped the introduction of a better brand of cockerel. The two ventures have done well in some communities, and people have observed examples of impressive success. However, the poultry ventures, although they have survived, have faced disease problems.

Credit for oxen and plough: The number of beneficiaries was small due to the high cost of oxen (10,000 shillings) and limitation of funds, it was however very successful. Households who made use of such credit increased their production by up to eightfold. Some of the examples from on the site visits based on an open-ended questionnaire include:

- A woman who used to produce 5 kg was able to till more land and produce 30 bags.
- A man increased production from 8 bags to 45 bags.
- A woman increased production from 7 bags to 28.

All confirmed that they survived the following year's drought without any difficulty. They also indicated a change in the household's food consumption in terms of diversification and frequency. In fact the scheme was so successful that more people, including the very poor, demanded credit and a reduction in the required down payment, in order to benefit more easily from the credit facility. What was not sufficiently documented is the effect of the increase in production on consumption patterns, diversification of family and child diets, and its impact on the nutritional status of children of participating families, compared to others.

The linkages between activities, outputs, outcomes and impact have not been well structured in the plan, and outcome and impact indicators have not been established, making it difficult to measure the nutritional benefit of such ventures.

Supportive services include:

- advice on the selection of viable income generating activities;
- training on management of credit and income generating activities;
- selection of better breeds of goats and chicken;
- advice on goat and chicken diseases and provision of medicine when necessary.

### *Water supply and sanitation*

Water is the most precious commodity for people and animals living in the arid and semi-arid lands and any agricultural project or programme not addressing the issue would be a failure. Thus, one of the most important components of the ANP project is the development of water supply. It involves mostly digging of shallow wells and, in some cases, extending pipes, roof catchments and other water harvesting methods.

The development of the water supply is a joint venture. The feasibility study, design and technical supervision of the construction is the responsibility of the branch office of the Ministry of Water through its field staff. The community participates in identifying potential issues for the feasibility study. In addition it provides labour and locally available materials. AMREF is involved in training community members in the management of water supply systems, including maintenance of the equipment such as pumps.

After the construction and installation of a water supply system, its management is the total responsibility of the community. The community forms a water committee (mostly women), charges for the services and uses the income to maintain and extend the supply system, as well as for other development work based on community needs. The committee buys the necessary maintenance tools for the trained local artisans and pays for their services. A visit was made to such locations. One community, for example, is making about 40,000 shillings (US\$ 600) per month. A community was seen at work extending a pipe to another nearby village in order to help their neighbours and also to generate some additional income for other development projects for their community.

Women's groups were asked about the advantages of participating and ultimately getting a clean water supply. Their answers were: time to care for our children, time to work on other income generating activities, unrestricted water supply, more income for families and the community. They use to walk for four hours and pay 15 shillings per 20 litres. Now for 15 shillings they can buy as much as 120 litres, at a distance of about 300 metres. Asked what this achievement means to them in terms of other development work, one woman said "I wish we had started long before, by now we could have solved most of our problems. We are now confident we can do anything if we get some assistance".

#### *Nutrition education*

Effective nutrition education requires good organization, support and supervision. Good knowledge of the subject and effective communication skills are essential, especially in view of the educational level of the rural communities. Both approaches were applied for 2-3 years at the beginning through community-based growth monitoring and promotion using CHWs. That approach did not survive due to lack of support for the CHWs. Even if that service had survived, the accuracy of the weight measurements, the plotting techniques and the quality of counselling were questionable, and the support and supervision to improve quality was not available from the health sector (AMREF, 1998).

Moreover, those attending the health unit are not given proper, individualized, nutrition education and counselling owing to shortage of staff and heavy workloads. General health and nutrition education is now offered in a group session, which is much less effective.

### *Food-for-work (FFW)*

Food aid is another source of livelihood and is a component of the project. Since 2000, the government's policy has changed from blanket coverage to targeted food-for-work (FFW). Communities were given the responsibility to do it by themselves with "hands off" instruction for administrators and politicians, who often tend to use food aid for their political gains.

In the ANP area, the selection of vulnerable households and subsequently the distribution is mandated to each community. "*Barazas*" are organized, community members set vulnerability and risk criteria, and select households accordingly. Selected households are registered, and the local administration is given the list of households for follow-up and reporting to the donor agency (WFP, through the divisional administration). The administration assures security during distribution, but has no say in distribution once decided by the *Baraza*. Projects to be implemented under the FFW are selected by the community. Accordingly, communities identified a variety of projects: water supply, building a maternity ward, irrigation schemes and school maintenance. The claims were verified through unplanned visits to a few sites, discussions with committee members, beneficiaries, local administrators.

On the question of equity: Equity is an important factor in community programmes to ensure that the poor and powerless have been fairly served. Looking at the ANP, generally, the project has made no distinction for all social classes of the community. In reality, however, this may not be the case due to cultural reasons, fear and time factor. As a result some of the services may not have been easily accessible to the poor. The collapse of the CHW affects the poor most because they need closer contact and support. The 25 percent down payment for credit may not be affordable by the poor. The poor have limited experience of business management, and even with training, unless there is strong extension support and follow-up, they may not benefit from the credit. Due to their weak asset base they tend not to take risks unless assurance is available. The poor need to devote their time to generating income for survival rather than attending meetings. This has been indicated during the assessment.

## **D: MACROCONTEXTUAL FACTORS**

Decentralization has not been fully realized, and dependence on the central level remains high. However, popular participation and mobilization of resources is encouraged and supported by all government officials at all levels. This attitude is in line with what is clearly stated in the National Poverty Eradication Plan, which states "every Kenyan citizen has a basic entitlement to play a full role in participating fully in society's affairs and help make decisions on those matters, which directly affect her or his material and social standing. Individual citizens have the right to play the full social roles to achieve a basic state of well-being, irrespective of their race, colour, sex, ethnic group, language, religion, age political affiliation, disability or any other circumstances of birth."

With respect to the priority accorded to nutrition, policy and strategy are in place but grossly deficient in implementation. The country formulated a National Food and Nutrition Policy and Strategy, and a National Plan of Action for Nutrition (NPAN) in 1994, following the recommendation of the International Conference on Nutrition. However, the NPAN has not been effectively implemented for various reasons: lack of harmony among the various concerned sectors, lack of clarity on the plan with very broad and unspecific objectives and activities and shortage of resources (2001). However, with or without the NPAN, programmes and projects are being implemented by various agencies such as the ANP in Kibwezi.

There is growing awareness on the pivotal role of nutrition in development at the central level. In fact, Kenya has done much in nutrition advocacy using the "PROFILES", an interactive advocacy software but nutrition remains under-funded. The role of nutrition as an important development indicator is not well understood by the lower administrative levels. In the national budget allocation, the share of nutrition is subsumed within the allocation of various sectors such as health, agriculture, education, on the grounds that nutrition is not a "sector" in its own right, but an outcome of the efforts of the various sectoral interventions. The argument may be logical, however, most sectors have not earmarked budgets for nutrition and if some, such as the Ministry of Health (MOH), have done so, nothing exists at the district level. According to the findings of the 1998 expenditure study, "the Ministry of Health's budget share for nutrition services has fluctuated widely in the period under consideration (1980 to 1995), with no evident pattern. As a proportion of government budget and as a proportion of real gross domestic product, it remained a very negligible value." This situation still persists:

Table 3                      Nutrition services – budget and expenditure

Year	Nutrition services as % of MOH budget	Per capita nutrition services expenditure (K shillings)
1980	0.14	0
1981	0.15	0
1982	0.01	0
1983	0.32	0
1984	0.52	0
1985	0.44	0
1986	0.43	0
1987	0.40	0
1988	0.47	0
1989	0.70	0
1990	0.55	0
1991	0.51	0
1992	0.51	0
1993	0.47	0
1994	0.37	0
1995	0.08	0

Recently the government has developed and enacted the “National agricultural and livestock extension policy” in an effort to enhance agricultural and livestock production and thereby contribute to the improvement of household food security. The policy recognizes that the extension services should go beyond food production and be involved in the issue of food access and nutrition, which had been one of the weaknesses and criticisms of the extension services. Furthermore, it stresses greater participation of the private sector and the community in decision-making. “Local communities should be involved in all activities to be implemented in their areas by conducting participatory procedures”. Generally, extension must be demand driven and beneficiary led with clear mechanisms of accountability.

In general, there are many policies in support of food security and nutrition, there is a political will and commitment, the infrastructure though declining is in place, community involvement is highly encouraged and supported, but amid all these, resources are extremely limited. So sustainability through government resources is unlikely, at least for some years to come.

## **E: COMMUNITY PARTICIPATION**

Community participation in the project area has evolved to greater engagement over the years. According to information gathered from various individuals, elders, leaders, extension workers, women’s groups, and administrators, community participation was very passive in the earlier years, because people were unused to demanding and receiving what they wanted, but rather they took what was given to them. However now things have changed. Any initiative could come from any level or any agency, but it will never materialize unless the people accept it and it falls within their needs and priorities. Many examples were cited by the administrators, extension workers and community members.

These communities know exactly what they need, what their priorities are. What they did not have was the capacity and the forum to express them, which has now been greatly improved, but not yet to the desired level. Many reasons were given for such developments, noteworthy among which were:

- The longstanding presence of AMREF working as a catalyst, and its efforts in building the capacity of people and hence the confidence it created. It was observed that community members gave much recognition to this fact.
- The encouragement people acquired from successes in some of their development endeavours e.g. construction and management of clinics, the construction and management of water supply, the introduction of new technologies such as drought-tolerant crops.
- The dwindling support they receive from the government too has an effect. Their demands to the government have produced less results once communities started to undertake their development. Such a retreat from responsibility is not advisable.

It must be acknowledged that no matter how active communities may appear to be, they need some technical support and some institution to work with them. Their problems are immense, their educational level is low, their resources few, in a fast advancing world. It is only fair to say that this holds true for the ANP area communities.



## References

- AMREF (African Medical and Research Foundation). 1985. *Kibwezi Integrated Study*. Kenya.
- AMREF. 1993. *Evaluation of the Kibwezi Rural Health Scheme: Experiences of 14 Years Community Involvement in Health and Development*, by Bennet, John *et al.* AMREF, Kenya.
- AMREF. 1994. *Nutrition Survey in Kibwezi*. Kenya.
- AMREF. 1996. *Addressing Child Nutrition Using Locally Produced Foods*.
- AMREF. 1998. *Nutrition project proposal (1998-2000)*. Submitted to the European Union.
- AMREF. 1999. *Makueni Applied Nutrition Project: Experiences and Lessons learned, 1986-1998*. Kenya
- CSO/MPND (Central Statistics Office/Ministry of Planning and National Development). 1995. *National Nutrition Survey 1994*. Kenya.
- German Agro Action/AMREF. 1999. *Nutrition Survey Report*. Kibwezi, Makindu and Mtito Divisions, Kenya.
- Germano M. Mwabu & Abeba. 1985. *Mid-term Evaluation of AMREF's MCH/FP/Nutrition Project (USAID Grant # 615-0216)*.
- Government of Kenya. 1999. *National Poverty Eradication Plan (NPEP)*
- Mackenzie, Caroline N. 2001. *Nutrition Survey in Makueni district, 2001* (includes all three divisions of the ANP, Kenya).
- Ministry of Agriculture. 2001. *National Agricultural and Livestock Extension Programme*: Ministry of Agriculture and Rural Development, July 2001-2003. Kenya.
- Owuor, John. 2001. *Kenya Country Paper*. Presented at the Regional Workshop for Anglophone African Countries on the ICN Implementation Follow-up. Harare, Zimbabwe. March 2001.
- Social Dimensions of Development Secretariat. 1998. *Public Expenditures on Basic Social Services in Kenya*. Consultancy report prepared for SDD Secretariat.
- UNICEF. 1999. *Training Needs Assessment in the ECSA Region for Human Resource Development in Nutrition*. ESARO, Kenya.



**ANNEX 2 (B)**

**MADAGASCAR CASE STUDY**

**EXPANDED SCHOOL AND COMMUNITY FOOD AND NUTRITION  
SURVEILLANCE AND EDUCATION PROGRAMME**



# Madagascar Case Study

## Contents

	Page
<b>SUMMARY</b>	89
Coverage	89
Operational funds	89
Objectives of the programme	89
Implementation	90
Programme impact	90
Coordination and community participation	90
Strengths, weaknesses, opportunities and constraints/threats	90
Sustainability	92
Lessons learned	92
<b>INTRODUCTION</b>	93
<b>A: NATIONAL CONTEXT</b>	93
<b>B: PROGRAMME DESCRIPTION</b>	94
Objectives of the programme	94
Area and population targets	95
Development of the programme	95
Programme components	95
Other programmes contributing to the objectives of SEECALINE	98
Special Programme for Food Security	99
ADRA Food Security Project	99
Support to the agricultural sector	100
<b>C: PROGRAMME IMPLEMENTATION</b>	100
Collaboration, harmonization and coordination	101
Informal Intersectoral Action Group for Nutrition - precursor for coordination	102
Monitoring and evaluation	103
Development of capacities	103
Impact	104
<b>D: MACROCONTEXTUAL FACTORS</b>	105
<b>E: COMMUNITY PARTICIPATION</b>	106
<b>F: SUSTAINABILITY</b>	107
<b>References</b>	108

## Contents

	Page
<b>Tables:</b>	
1. Comparison of three community-based nutrition projects	98
2. Comparison of the prevalence of malnutrition in 1998 and 2001 in four provinces	104
<b>Appendixes:</b>	
1. Prevalence of undernutrition among children below 3 years of age in the Southern Africa Region	110
2. Informants	111

# EXPANDED SCHOOL AND COMMUNITY FOOD AND NUTRITION SURVEILLANCE AND EDUCATION PROGRAMME

## SUMMARY

### Coverage

**Phase I:** In 1993-1997 under the name of SECALINE (Sécurité alimentaire et nutrition élargie - expanded food security and nutrition), the programme began in two provinces.

**Phase II:** In 1998-2003 under the name of SEECALINE (current name), the programme offered nationwide coverage in areas with an underweight prevalence rate of 43 per cent and above. Its fate after 2003 is unknown. The programme management would like an extension, in the form of a Phase III, while many want to see the programme institutionalized and the activities integrated.

### Operational funds

The programme is mainly funded by the World Bank. For Phase I, the budget was about US\$ 32.4 million. The allocation for Phase II is estimated to be US\$ 45 million. It includes purchase of supplementary food through the World Food Programme (WFP). Of the US\$ 45 million, US\$ 1.7 million is estimated to be the government contribution, mostly in kind, and 0.98 percent beneficiary contribution mostly in kind, mainly labour<sup>31</sup>. There has not been any change in the government funding for the programme but the World Bank has made a substantial increase as indicated above.

### Objectives of the programme<sup>32</sup>

- to improve the nutritional status of children below three years of age, school-aged children 3-14 years, pregnant and lactating women, and of the family as a whole; specifically, to reduce the prevalence of underweight by 30 percent, anaemia and helminthiasis among school-aged children by 25 percent respectively and vitamin A deficiency in children and women by 25 percent in five years (1998-2002);
- to improve the food security situation of vulnerable population groups;
- to sensitize communities to the problems of malnutrition and poor hygiene, and to take adequate measures to tackle the causes;
- to improve nutritional interventions by reinforcing the interaction between the various actors in the programme (non-governmental organizations, animators, school teachers and community nutrition agents).

---

<sup>31</sup> Source: SEECALINE Administration

<sup>32</sup> Extracted from the French version of the SEECALINE programme booklet and the mid-term review (Revue mi-parcours) report, September 2001.

The programme has four major components: community nutrition, school nutrition, natural disasters preparedness and intervention (cyclones, drought and floods), and information, education, communication.

### **Implementation**

The programme is administratively autonomous and operationally vertical. It is under the Office of the Prime Minister with its own strong, well-equipped and staffed secretariat with five categories of experts in various fields at the central level and in all six faritany (provinces). It has subcontracted non-governmental organizations (NGOs) to coordinate the programme activities below the provincial level with the support of animators for supervision at the commune level, and salaried community nutrition agents at the fokontany (village) level. Teachers are responsible for the nutrition activities, including the distribution of iron and folate tablets and the anti-helminthic drug (mebendazole).

### **Programme impact**

A 15 percent reduction in the prevalence of underweight (ranging from 8 percent to 26 percent) between 1998 and 2001 has been reported in the recently concluded mid-term review. In fact, for some areas in the south, a reduction of 50 percent was reported. The Community-based Nutrition Project (NAC) supported by the United Nations Children's Fund (UNICEF), which competes for similar community nutrition interventions, also reported a reduction of 10-15 percent. Both reports were based on data from growth monitoring sessions, generally acknowledged to be unreliable unless validated by well-designed surveys. The last Demographic and Health Survey (DHS), conducted in 1997, did not find any change in the prevalence of stunting and underweight compared to 1992.

### **Coordination and community participation**

The linkage between the various components of SEECALINE is weak, collaboration with sectoral ministries and other projects agencies is loose and coordination is generally informal and limited. Community participation, in the real sense of empowerment has a long way to go. Currently, it is mostly one of consultation and participation in providing labour (paid and unpaid). Hence, could be rated as *consultative or participation for material incentives*.

### **Strengths, weaknesses, opportunities and constraints/threats (SWOC)**

SEECALINE is a programme with an ambitious mission, but which appears to be short of a long-term vision and a clear conceptual framework of what constitutes a nutrition security programme. There is no clear idea as to how it will be sustained when external funding stops. Despite that, the programme has made valuable contributions and opportunities exist for improvements and changes.



### *Strengths*

- The programme has implemented a significant advocacy and sensitization campaign creating a high level of awareness on nutrition from the top decision-making organs down to the community.
- Whatever the controversy over the programme's approach, it has sensitized sectoral agencies and other NGOs working in nutrition.
- It has an area and population targeting approach, covering areas with a high prevalence of undernutrition and vulnerable population groups.
- It has been able to develop various types of training and educational materials that could be used by other agencies as well.
- It has assisted in improving the coverage of micronutrient supplementation and created a conducive environment for immunization.
- It has played a key role in the development of the national food and nutrition strategy and contributed greatly to the 1997 DHS which defined and mapped the distribution of malnutrition in the country, and served as the basis for targeting areas for intervention.
- Its initiative to involve civil society and NGOs is one of its strengths, but supervision and quality control are inadequate.
- The ACNs trained by the programme have the potential to improve community nutrition if they are properly motivated, supervised and gradually integrated into the social service structure.
- It has produced excellent documentation of the programme activities at all levels.

### *Weaknesses*

- Its focus is on short-term interventions and it uses a vertical approach to solve a chronic and long-term problem. Interventions aimed only at attacking the immediate causes will not solve the chronic problem of malnutrition.
- It lacks a clear conceptual framework upon which to design interventions. While one of its objectives is to improve food security, it has not achieved anything significant towards realizing that objective.
- The efforts made in community capacity development are not satisfactory.
- Intra-activity linkages are weak and intersectoral collaboration is loose.
- It lacks an effective monitoring and feedback system.

### *Opportunities*

Opportunities might have been lost in the last nine years of existence of the programme. Some of the resources could have been used to strengthen institutional and community capacity and establish more sustainable approaches. Whatever the case, there are still many opportunities that could be capitalized on to sustain the efforts made:

- The programme has accumulated a great deal of experience in what works and what does not, which could help it to improve its performance.
- If the decentralization policy and the implementation of the Rural Development Working Group (GTDR) materialize, some of the activities of SEECALINE could be integrated into sectoral programmes and various well funded projects in the country.
- It has the opportunity to capitalize on the widespread awareness created, and to work closely with other projects and sectors for more sustainable approaches starting with those projects that have similar objectives.
- The programme could benefit greatly from the valuable recommendations made by various international consultants and the programme review exercises.

#### *Constraints/Threats*

- The rapid pace of expansion threatens quality control and supervision of services.
- Once the external funding stops, no other government agency may have the capacity to continue unless the activities are gradually integrated and institutionalized.

### **Sustainability**

Given the above facts, namely the programme's vertical nature, reliance on substantial external funding, focus on immediate causes, limited community participation and community capacity development, lack of integration of activities, and inadequate coordination, it is unlikely to be sustainable in its current form.

### **Lessons learned**

- While programmes such as SEECALINE are necessary to create widespread awareness and increase in knowledge and attitudes in nutrition at all levels within a short period of time, they must also have a clear vision of how sustainability will be achieved.
- If properly utilized, NGOs could play a very significant role in the delivery of food and nutrition programmes.
- Use of massive funds bounded by the time frame of donors will never solve a problem of chronic malnutrition of such magnitude.

## INTRODUCTION

SEECALINE is now a nationwide programme, active in all provinces but with identical administrative arrangements, activity packages and approach everywhere. For the purposes of this case study, two provinces (Antananarivo and Toamasina) were visited. Antananarivo province was selected because the programme started there in 1993, it is near the capital, and hence could have benefited from close supervision. Toamasina is 450 km away and entered the programme in Phase II, in 1998. In each province, several villages were visited, activities observed, discussions held with SEECALINE regional programme teams, sectoral agency officers, community members, extension workers and community volunteers.

Although the programme under review was SEECALINE other projects with similar objectives operating in the same area were also examined briefly to help in the analysis of the impact and coordination aspects of SEECALINE.

### A: NATIONAL CONTEXT

In 2000, the population of Madagascar was estimated at 15.5 million with a growth rate of 2.8 percent. Of these, 77.8 percent lived in the rural areas (World Bank, 2000). Urban migration is high, and 68 percent of the migrants to the urban centres are within the young productive age group. Administratively, the country is divided into 6 *faritany* (provinces), 110 *fivondronana* (prefectures), 1,252 *firaisana* (communes), and about 11,000 *fokontany* (villages).

It has a tropical climate, which is humid and semi-arid in the south and semi-temperate in the central highlands. Agriculture is the mainstay of the people. It provides 74 percent of employment, 34, 9 percent of the gross domestic product and 70 percent of the export earning (FAOSTAT, World Bank, 2002). Rice is the staple of the diet, contributing 40 percent of the total food and 80 percent of cereals. Thus every economic policy is centred around rice and agricultural research and technology are mostly geared towards it. According to officials of the Ministry of Agriculture, awareness on diversification is slowly gaining momentum.

Following the introduction of the Structural Adjustment Programme and liberalization of the market implemented since 1991, the economy has gradually improved. Since 1997, the gross domestic product has been around 4.7 percent and it is expected to go up to 6.3 percent between 2001-2003 (DSRP, 2001<sup>33</sup>). Inflation has been contained as well. However, despite such stabilization, there has not been any improvement in the social services and the conditions of the poor (USAID, 2000). The health budget declined from 9.6 percent to less than 4.5 percent over the last 20 years (Ministry of Health, 1995). The same trend applies to the other social services.

---

<sup>33</sup> Document de stratégie pour la réduction de la pauvreté (Poverty Reduction Strategy Document), 2001.

Despite high agricultural potential and a stabilized economy in recent years, 67 percent of the population do not meet their basic food needs and 14 percent were at high risk (World Bank, 1996). The average energy availability was barely 2,115 kcal/day/person in 1995-1996. The supply of rice, which was estimated at 150 kg/person/year, had gone down to 115 kg in 1995. "At the national level, it is estimated that the country currently meets about 98 percent of its internal demand (internal production, commercial imports and food aid). A growing food gap is expected in the future if the current situation does not improve, which may be unlikely" (UNDAF, 2001). Frequently occurring natural disasters such as cyclones, floods and drought continue to aggravate the situation.

Madagascar had the third highest prevalence of stunting and underweight, after Ethiopia and Angola, in Sub-Saharan Africa between 1990-1998 among children under three years of age (UNICEF, 2000 - see also Appendix 1). The 1997 DHS revealed prevalence rates of 48 percent for stunting and 40 percent for underweight among children below three years of age, with some variation between the provinces. The incidence of low birth weight (<2.5 kg) was 26 percent. Maternal undernutrition was high too, with 21 percent of women having a BMI of less than 18.5 percent. The prevalence of anaemia among women was 42 percent and Vitamin A deficiency 29 percent.

A recent national micronutrient survey undertaken by the Ministry of Health in collaboration with USAID, DDSS and laboratories, revealed a prevalence of 42 percent and 67 percent of Vitamin A deficiency and anaemia respectively among children below three years of age. Among schoolchildren aged 6-14 years the prevalence of anaemia was 38.5 percent (UNICEF/USAID, 2001).

## **B: PROGRAMME DESCRIPTION**

### **Objectives of the programme**<sup>34</sup>

- to improve the nutritional status of children below three years of age, school-aged children 3-14 years, pregnant and lactating women, and of the family as a whole; specifically, to reduce the prevalence of underweight by 30 percent, anaemia and helminthiasis among school-aged children by 25 percent respectively and vitamin A deficiency in children and women by 25 percent in five years (1998-2002);
- to improve the food security situation of vulnerable population groups;
- to sensitize communities to the problem of malnutrition and poor hygiene and to take adequate measures to tackle the causes;
- to improve nutrition interventions by reinforcing interaction between various actors in the programme (NGOs, animators, school teachers and community nutrition agents) .

---

<sup>34</sup> Extracted from the French version of the SEECALINE programme booklet and the mid-term review (Revue mi-parcours) report, September 2001.

### **Area and population targets**

The programme's plan is to establish over 4,040 community nutrition sites, to cover 6,800 primary schools and organize 560 PICS sites in areas prone to drought and cyclone, all to be achieved by 2003. The areas targeted are those with an underweight prevalence rate of 43 percent and above. Primary beneficiaries include children below three years of age, pregnant and lactating women, schoolchildren 6-14 years and children aged 3-14 years who do not attend school. In the long term, an overall effect of the programme on the general population is also envisaged.

Interventions include growth monitoring and promotion, take-home supplementary feeding (500 kcal/day) for undernourished children, nutrition education through demonstration, micronutrient supplementation to children and mothers, deworming of school-aged children along with education on personal and environmental hygiene.

### **Development of the programme**

Prior to 1993, there were no meaningful nutrition interventions in the country. Some activities were piloted by the Food Security Directorate in the Ministry of Agriculture (MinAgri) and later by the Ministry of Scientific Research. With the initiation of the micronutrient programme, especially iodine deficiency, UNICEF made some progress in advocacy and community sensitization, and the multisectoral approach.

Based on a few experiences, a food security and nutrition programme (SECALINE) was initiated in 1993, with financial assistance from the World Bank in partnership with the World Food Programme on the aspect of supplementary food procurement. The initiative was a mutual interest of the Government, the World Bank and WFP because of the high prevalence of malnutrition in the country, aggravated by frequent cyclones and drought.

Implementation started in the province of Toliara, deep in the south, and Antananarivo in the centre, which had a very high rate of undernutrition (stunting stood at 55.5%). Phase I came to an end in 1997 and the programme entered its second phase of nationwide coverage in 1998, to end by 2003. Few additions and modifications were made in Phase II. One notable inclusion was the school nutrition component, reflected in the current name SEECALINE.

### **Programme components**

The programme has four major components:

- Community Nutrition Programme (Programme de nutrition communautaire -PNC)
- School Nutrition Programme (Programme de nutrition scolaire - PNS)

- Programme for Post Cyclone and Drought Intervention (Programme pour l'intervention post-cyclonique et sécheresse – PICS)
- Information, Education and Communication (IEC).

### *Community Nutrition Programme (PNC)*

The primary beneficiaries are children below three years of age and pregnant and lactating women with an overall effect on the population in the intervention localities. Activities include growth monitoring, micronutrient supplementation, take-home supplementary feeding for the undernourished, referral of severe cases for therapeutic feeding and intensive care. Counselling on child feeding and nutrition education through demonstration form important activities of the programme. To date 50 percent coverage of the planned 4,040 sites has been achieved (SEECALINE, 2001). Many professionals query the wisdom behind such fast and wide expansion without intensity and any clear formula for its sustainability.

Entry criteria for eligibility for supplementary feeding is a weight-for-age below 80 percent of the reference median, but the exit criteria is arbitrarily based on a set time, rather than on nutritional improvement. Initially it was six months. Then World Bank and WFP suggested reducing it to four months, and strengthening nutrition education on child feeding practices from locally available foods. Now a further reduction to three months is proposed. The relapse rate was reported to be high according to information gathered from the field but it was not easy to quantify from the records.

The rationale for lowering the duration of supplementary feeding is not clear<sup>35</sup>. Decisions seem to be based on logistical constraints rather than on scientific grounds, because there was no evidence presented to show that the undernourished children gained adequate weight within three months of supplementation, or that there was a change in child feeding practices. In fact, it is only assumed that the mother gives the ration only to the child for whom the supplementary food was prescribed, but in poor households that assumption may not hold true. Even the community nutrition agents could not answer this question, but they said they were advised to see if the child had gained 200 g/week as a proxy indicator that the mother is indeed giving the supplementary food to the target child.

### *School Nutrition Programme (PNS)*

This component is targeted at students 6-14 years of age and those who do not attend school within the age range of 3-14 years. The specific objectives of this component are to reduce the prevalence of anaemia and helminthiasis each by 25 percent by 2003 (SEECALINE, 2001). The activities are undertaken by trained teachers and include iron

---

<sup>35</sup> If the primary nutrition problem is stunting (rather than wasting), as is the case in Madagascar, short duration supplementary feeding is unlikely to have much impact. Moreover, Victora (1992) suggests that micronutrient deficiencies (often related to poor dietary diversity) rather than energy or protein deficiencies, may be the cause of stunting. Hence the food supplement may be inappropriate. This technical point highlights the need to use indicators of wasting (weight for height) and stunting (height for age), rather than underweight (weight for age, which does not distinguish between wasting and stunting) as entry and exit criteria for feeding programmes.

supplementation every three months, deworming every six months, nutrition education, personal and environmental hygiene. The health posts are not formally involved. So far, about 4,585 schools (about 67 percent) of the planned 6,800 schools have been covered by the programme; but there are no surveys carried out yet to evaluate the impact of the intervention (SEECALINE, 2001).

In the schools visited, it was observed that the teachers were performing well. They hold nutrition education classes and keep good records of the SEECALINE activities. However, the number of attendants among those who do not attend school is low. According to information gathered from reports and discussion with teachers, there is a feeling of unease among both teachers and parents because sometimes children get nausea and faint after taking the drugs. In one of the schools visited, teachers showed us expired iron tablets<sup>36</sup>, which they were told by SEECALINE staff are still safe to use but the nearby health post (only 300 metres away) does not collaborate. This confirms the statement in the mid-term review report of the faritany (province) of Toamasina (where we visited the school), “*Inacceptation des agents de santé du protocole de distribution adopté par le SEECALINE*” (non-acceptance by the health agents of the protocol of distribution of the supplements adopted by SEECALINE). Such problems could be easily resolved by establishing good collaboration and formal coordination with the health sector through mutual understanding.

SEECALINE could have done much more in the development of school gardens. Teachers believe that school gardens would help them to augment the theoretical training they give to students and could also stimulate students to do the same at home and in their community. This point was raised with the National Programme Director, who thinks that it is not for SEECALINE to engage in such activities, but rather the responsibility of others.

#### *Programme for Post-cyclone and Drought Intervention (PICS)*

The country is prone to frequent cyclones, drought and floods. The programme provides technical and financial support in disaster preparedness and interventions. The plan is to establish and strengthen 560 PICS sites, a useful intervention in view of the vulnerability of the country to such disasters, which could aggravate the level of malnutrition and the associated morbidity and mortality.

#### *Information, Education and Communication (IEC)*

This is a cross-cutting activity mainly carried out by the NGOs through the animators and ACNs. It is technically guided and coordinated by the national and regional SEECALINE experts. Various methods are employed, such as brochures, posters, theatre, and video films. Interpersonal communication, a method used, involves the interaction between the

---

<sup>36</sup> Iron supplements should be given daily, or at least weekly. To see any impact (albeit minimal) from iron supplements given once every 3 months, as done by SEECALINE, a mega-dose would be needed, which would not only cause serious side effects, but is also potentially dangerous. This could explain the non-acceptance by health agents of the SEECALINE distribution protocol.

ACN and mothers during counselling on child growth promotion, nutrition education and demonstration. There are some concerns on how effectively this is being applied. The best way to measure the effectiveness of such an activity is to study changes in behaviour expressed in terms of knowledge, attitude and practices. That has not been done. The IEC activities are more intensive and effective during the initial opening of a site in order to sensitize and mobilize people for collaboration. From information gathered it is generally well done during the opening of a new site, but gradually diminishes in intensity as the focus shifts to other new sites for expansion.

### *Subsidiary component*

In addition to these four components, the programme was also given the mandate to prepare a National Food and Nutrition Strategy, which it successfully concluded in 1997 by forming an *ad hoc* multisectoral committee. In 2000, the strategy was incorporated in the PADR.

### **Other programmes contributing to the objectives of SEECALINE**

**Table 1** Comparison of three community-based nutrition projects

Project	Planned coverage	Entry Point	Target group	Comm. Agent	Intervention approach	Supplementary food provision	CCD ***	Funding partner
SEECALINE	4,040 sites	GMP *	<3 yrs old and mothers	Paid	Vertical	Yes- wheat flour, but supply irregular	Minimal	World Bank
CRS	252 sites	GMP	<3 yrs old and mothers	<u>Volunteer</u> But some incentive in kind	Vertical	Yes ** - wheat flour, oil, Bulgar/CSB -Supply regular	None	USAID
NAC	550 sites	GMP	<5 yrs old and mothers	<u>Volunteer</u> Some incentive given in kind	-Triple A -Integrated (MOH, MOA MOE, Com)	None	Yes	UNICEF

MOH =Ministry of Health MOA = Ministry of Agriculture; MOE Ministry of Education,

Com. = Ministry of Commerce

\* GMP = growth, monitoring, promotion

\*\* Also given to pregnant and lactating women with children <6

\*\*\* Community capacity development.

Table 1 shows similarities and differences between SEECALINE and some community-based nutrition projects (NAC and CRS's community-based nutrition programme), which began at almost the same time. They have similar objectives, but differ in approaches. There is more competition than collaboration and coordination among them, so the services communities receive in the same prefecture differ. Communities can have access to supplementary food from both CRS and SEECALINE, from either one of them, or neither.



### **Special Programme for Food Security (PSSA)**

The PSSA started in 1999. The objective is to maximize production in the high potential areas and assist other non-high potential areas to improve household food security by employing appropriate interventions, monitoring and evaluation.

The project has the following features:

- It is executed by FAO.
- Funding comes from the UNDP, the French Cooperation, CANTONA.
- Technical assistance is provided by the Government of Viet Nam through the south-south cooperation programme between the two Governments.
- It is coordinated by the Ministry of Agriculture.
- Community participation is facilitated by a local NGO (GAD) subcontracted by FAO to help communities to identify projects, form groups and improve their productivity, develop their capacity to assess their development problems and act on them. The NGO works with the Ministry of Agriculture extension workers called specialists in community organization (SCO) posted at the commune level. It is expected that the SCOs also benefit from the expertise of the NGO to develop their skills in approaches to community sensitization and organization.

Teams of expert Vietnamese professionals and technicians live in the communes and work with the villagers in the project areas. It is still too early to make any valid judgement, but their approach and techniques are promising and likely to be adopted by the farmers because they are built upon local knowledge and local materials, and have demonstrated up to four fold increases in the production of rice per hectare.

With good coordination one would assume that SEECALINE would support the initiative for further expansion towards meeting its objectives of improving food security. Unfortunately, the coordination between the two projects is very loose. SEECALINE had some involvement in the PSSA initially, but soon the relationship ended because of agency frictions. The new Coordinator of the PSSA is trying improve the collaboration.

### **ADRA Food Security Project**

The Adventist Development and Relief Agency (ADRA), supported by USAID, also implements a pilot project on food security with the objective of improving productivity and diversification, processing and preservation. It is similar to PSSA. This project has a good community capacity development approach and a good relationship with MinAgri.

Although very limited in coverage, the approach of these two projects (PSSA and ADRA) is quite realistic and likely to succeed beyond the project period. SEECALINE, which has better financial resources, should collaborate and enhance further expansion through integration.

### Support to the agricultural sector (ASA)

The ASA, a mini-project executed by FAO and supported by SEECALINE, developed education materials related to food production, processing, preservation and consumption. Through a series of participatory approaches involving communities, a multisectoral and multidisciplinary group of experts, impressive prototype materials were developed and tested. The project ended recently and unfortunately no one, not even the FAO office, seems to know who will produce, distribute and follow up the appropriate utilization of the materials. Another phase should have been negotiated to see to it that at least the materials have been distributed and used at the field level. With good collaboration, one would assume that the Ministry of Agriculture would be the appropriate agency to do it, provided that the appropriate department of the Ministry is financially supported by SEECALINE.

## C: PROGRAMME IMPLEMENTATION

The programme is administratively autonomous and operationally vertical. It is under of the Office of the Prime Minister. Being under the Prime Minister's office and headed by a strong Director (an ex-Minister) appointed by the Government, the programme has easy access to higher levels, the donors, and enjoys full political backing. It has five categories of professionals, a strong administration with its own fleet of vehicles, and strong logistical support from the WFP. Many people feel that while the high profile management has advantages, it has not been easy to intervene professionally.

At the provincial level there is a replica of the same structure as at the national level, with directors, well-equipped offices, five categories of experts (nutritionist, IEC expert, social mobilization expert, pedagogy expert, a strong administration), transport and other logistics support staff from WFP. At the *fivondronana* (prefecture) level, numerous local and international NGOs have been subcontracted to sensitize and mobilize communities, distribute supplementary food to the sites and provide training and supervision. While their participation is positive, there are various reports that indicate that some of the NGOs abuse the mandate given to them.

At the *fokontany* (village) level, hundreds of female ANCs (currently over 2,000) have been recruited with the help of community members but paid a salary and provided with a bicycle by the programme. They are accountable to a designated NGO. They submit their reports to the NGO animators (supervisors), not to the community.

One ACN is assigned to about seven or eight villages within a radius of 5 km. The estimated number of children is on average 200/site. The number of children assigned to each session is 30, but according to the records, observations made in a few sites and information gathered, the number of attendants is not more than 50 percent of this figure. The reasons for poor attendance have not been systematically studied but according to ACNs interviewed they include distance, workload of mothers, discouragement as a result of the child's failure to gain weight, or the child's adequate nutritional status. Besides, when supplementary food is in short supply, attendance decreases, and if there is a CRS

site nearby, they prefer to go there because the supply is better in quantity and quality. Moreover, CRS provides supplementary feeding for pregnant and lactating women. This was observed during the field visit to one of the SEECALINE sites (Marolondy, commune of D'Ambodimanga II in Taomasina): only one mother had come for the session. According to the ACN, as there had been no supplementary food for the previous six months, most mothers could have gone to the nearby CRS site. Indeed, 60 children, lactating and pregnant women were present at the CRS site.

The designated NGOs have animators (paid by SEECALINE) stationed at the commune level to supervise the ACN. One animator is assigned to supervise and assist 20 sites and is supposed to visit each at least once a month. However, according to the mid-term review, this has not been possible. So, there are plans now to lower the period of stay in supplementary feeding from four months to three months, to reduce the number of fokontany (villages) per ACN, in order to give the ACN more time for counselling. Similarly, it is proposed to reduce the number of sites per animator to allow him to make more frequent visits to supervise, assist and collect the reports on time. Clearly, there has been poor planning, and decisions are being taken without a proper analysis of the situation. Whatever the reasons, it means increasing the number of ACNs and animators, which in turn means more salary to pay, more motor-cycles (for animators) and bicycles (for ACNs) to buy. All these may appear to improve effectiveness and efficiency but in fact it might prove to be difficult for the faritany (provincial) staff to control quality, and impossible to sustain when external funding ends.

### **Collaboration, harmonization and coordination**

Links between the various SEECALINE activities are weak, as observed in the field and indicated in the recent mid-term review report (SEECALINE 2001). Collaboration with other sectors is loose and, where it exists, coordination is informal and limited at all levels except with the education sector. Although there are some kind of formal (but not strong) links with the ministries of Health and Agriculture at the central level, there is no formal communication between SEECALINE programme personnel and activities with those of health and agriculture at the provincial, district and the community levels. There are many reasons for the lack of intersectoral collaboration and coordination, major amongst which are:

- Conceptual differences and donor policies, influencing the implementation approaches often dictated by the donor's conceptual framework. For example, the World Bank has its own policies, UNICEF has its own conceptual framework and philosophy such as the rights-based approach, the community capacity development approach and the Triple A. USAID has its own conceptual framework for food security and nutrition (USAID, 2000), and WFP has logistical problems, with the inclination to make decisions on rationing of supplementary foods to suit the logistics.
- In the government system, it appears that there are no established coordinating mechanisms in place and SEECALINE may be no exception. There are only some hopes that the Working Group for Rural Development (GTDR) created for the coordination and implementation of the Plan of Action for Rural Development

(PADR) and the Poverty Reduction Strategy (SRP) coupled with the decentralization, might help to ameliorate some of the problems of coordination (see under Section D).

- There seems to be an attitude problem to coordination. The SEECALINE Director strongly believes that every agency has to act according to its mandate. As far as SEECALINE is concerned, the Director says “the programme is performing its mandate, it has sufficient funds, it has also an obligation to meet the deadline of the donor, it has an aim of establishing 4,040 centres and it is behind schedule. Therefore, there is no time to waste trying to coordinate with others who have limited targets and resources”.

The Director of the Nutrition Services in the Ministry of Health acknowledged that the Ministry could give the technical directives that have to be followed, which are essentially the NAC approach. Some use it, others do not, and the Department has little influence to harmonize or control programmes which do not have an agreement directly with the Ministry e.g. SEECALINE. Every NGO project is accountable to a particular ministry and donor agency with which an agreement was signed. The Food Security Services of MinAgri expressed the same opinion on the lack of a formal mechanism of coordination.

#### **Informal Intersectoral Action Group for Nutrition (GAIN): precursor for coordination**

In an effort to improve collaboration between the various projects and sectors an informal Intersectoral Action Group for Nutrition (GAIN) was established in 1997 on the initiative of NGOs. The objectives were to harmonize nutrition actions, to facilitate exchange of information and new scientific knowledge. The group has over 50 participating Governmental and NGO members (both national and international). It is chaired by the Ministry of Health, Nutrition Services Department. It has also set up similar groups at provincial level. It still holds quarterly meetings but, being non-formal with no legal recognition, its meetings do not go far beyond exchange of information. Although some consensus is reached at times, implementation is lacking owing to agency and/or donor policies. The group has made a valuable contribution in the formulation of the National Food and Nutrition Strategy and the preparation of project plans of action, such as the SEECALINE II and others.

No matter how informal the group may be, it is a commendable initiative and an important precursor that could in the future become a formal subcommittee of the GTDR for food security and nutrition. It is worth mentioning that there is also a coordination body for the various UN, multilateral, bilateral agencies and NGOs supporting the development programmes financially and technically called Donors' Group, with a Stakeholder Secretariat.

## **Monitoring and evaluation**

The programme has a regular reporting system and reasonable supervision by the animators and occasional visits to the communities but there was no evidence of feedback to the community, except the informing of mothers by the ACN that the number of undernourished children is either increasing or decreasing.

There have been good mid-term reviews and various excellent consultancies sponsored by various agencies: the World Bank, UNICEF, FAO, WFP, WHO, USAID, and the French Cooperation. A mid-term review of Phase I was undertaken in 1996 and the Implementation Completion Report of the same phase was compiled and documented by the World Bank (World Bank, 1999). A comprehensive mid-term review of Phase II involving a series of activities was completed in September 2001 (SEECALINE, 2001). The review of 2001 was mostly based on information received from SEECALINE but data analysis was done by the DDSS of the National Statistics Institute. A workshop was organized in which a number of agencies were invited after each province finalized its internal review. A health expert from the World Health Organization/Africa Regional Office, a nutrition expert consultant from the World Bank and a national principal counsellor on the school health and nutrition programme took part in the workshop and visited some programme sites. They highlighted a number of very pertinent and critical issues (especially the nutritionist from the World Bank) and gave a long list of recommendations (World Bank/Madagascar, 2001). In 2000, there was also an excellent review done by two international consultants, jointly sponsored by the World Bank and UNICEF (Mulder-Sibanda and Clerelot, 2000). The recommendations of all these reviews and missions of consultants are remarkable for their similarity.

Unfortunately, there is little evidence of change based on recommendations. In fact, some changes made were contrary to what was suggested: discharge criteria for supplementary feeding, the issue of quality versus rapid expansion and the need for community capacity development. Applying the recommendations would entail a slow process of integration and quality assurance, which does not fit with the aim of covering 4,040 sites by 2003.

## **Development of capacities**

One of the vital opportunities missed of SEECALINE was that it did not have a component for developing the human and institutional capacity of the existing structures for the implementation of nutrition security interventions. Rather, it became a vertical programme, establishing systems that could not be easily maintained and sustained, with minimal community capacity-building.

Communities have not been given the opportunity to engage in the planning and management of the activities. They were not given the responsibility to supervise the ACNs and to have control over the services. This has been reported by others and confirmed through interviews during the field visits. Those interviewed said that ACNs report to the concerned NGO animator. This is not surprising because they are paid by the programme and must show loyalty to it. Focus group discussions held in three places

revealed the same. There is no monitoring system that would allow communities to express their concerns and give their views in an organized manner. It must, however, also be acknowledged that there is no formal village council in the system unless created by each project as NAC and PSSA had done.

### Impact

According to the mid-term review of September 2001, there has been a 15 percent reduction in the prevalence of underweight since 1998 (SEECALINE, 2001). The analysis was done by DDSS based on reports from growth monitoring sessions. There was no independent study or survey done to compare the results. UNICEF, which supports the NAC and competes with SEECALINE, also reported a reduction of 10-15 percent between 1994 and 2000 (UNICEF/Madagascar, 2000). UNICEF's findings were also based on growth monitoring data. The last demographic and health survey undertaken in 1997 did not observe any reduction in the prevalence of stunting and underweight compared to the findings of 1992 (DHS, 1997). Looking at the kind and intensity of interventions, and the percentage of attendance to the sessions (<50 percent), the reduction appears to be too good to be true and must be taken with caution in the absence of a survey such as the DHS. The same concern was expressed by the World Health Organization (WHO) and the World Bank team that participated in the review (World Bank/Madagascar, 2001). Even if the reduction is real, SEECALINE cannot claim all credit as many other programmes and projects are in progress.

Table 2 shows some interesting observations. Toliara, which is the remotest part of the country and known for its high levels of food insecurity and prone to frequent drought and cyclone, had the highest reduction rate. In fact, it was reported that some fokontany had a reduction of 50 percent. Similar observations were made in the 1997 DHS. The reasons were not given. However, many projects are being implemented by various agencies in health, agriculture, water supply and disaster mitigation so the reduction could be attributed to the combined efforts rather than to SEECALINE alone. It may be that better community organization could explain the findings. However, Antananarivo, the central province, closer to the capital city and where the programme started together with Toliara in 1993, had the lowest reduction (8 percent), while Toamasina, which has the highest rate of undernutrition and where the programme started only towards the end of 1998, demonstrated a 21 percent reduction.

Table 2 Comparison of the prevalence of malnutrition in 1998 and 2001 in four provinces

Province	Number of fivondronana	Underweight% 1998	Underweight % 2001	% Reduction 1998-2001
Antananarivo	11	48.9	45.1	8
Fianarantsoa	10	53.2	46.2	13
Toamasina	13	54.7	43.1	21
Toliara	7	51.7	38.2	26
Total	41	51.6	44.1	15

Source: SEECALINE, 2001. Revue à mi-parcours : Rapport.

The mid-term review states that 50 percent of the programme period had elapsed, 50 percent coverage of the targeted 4,040 sites was achieved, and the claim of 15 percent reduction in the prevalence of underweight represents 50 percent of the target (30 percent by 2003). If indeed, things go at this pace and precision, one would assume that by 2003, 100 percent of the objectives will be achieved. Such a “perfect” pace of implementation in time, coverage and achievements in a community-nutrition programme in Africa should be viewed with some scepticism.

There was neither enough time nor was the intention of the exercise to go into details of the above observations. From a programming point of view, however, it would be very interesting to study in detail the reasons for the differences between provinces. In as far as this exercise is concerned, it sends a message that caution should be taken in measuring impact of community-based nutrition interventions, not to link “success” or failure” to a particular intervention or project, but also to a host of other confounding sociocultural and political factors and the convergence of actions of different actors.

## **D: MACROCONTEXTUAL FACTORS**

Macrocontextual factors have clearly played a role in influencing both the strengths and the shortcomings of the programme. There are also favourable developments that could enhance better coordination and performance in the future.

Some of the favourable conditions are:

- the liberalization of the economy as part of the Structural Adjustment Programme which has been introduced since 1991;
- the policy on decentralization and the process started to implement it, but with concerns on the capacity of the subnational levels;
- the National Plan of Action for Nutrition that was developed in 1995 (not yet ratified);
- the finalization of the National Food Security and Nutrition Strategy (SNSALIN);
- the Plan of Action for Rural Development and the Poverty Reduction Strategy (PADR and SRD) with a budget of about US\$ 85 million from donors;
- the mechanism created for the implementation of the PADR and SRP, in which the country is divided into 20 operational working regions, irrespective of administrative boundary between the six provinces; each region will have a working group (GTDR) of 50 members, ten of whom are community representatives and the rest from the administration, the various sectors, civil society and other development partners; the GTDR is an important link between the provincial and the lower levels; the GTDR has the functions of harmonization, coordination, facilitation, resource mobilization and monitoring of implementation of development programmes.

If the decentralization materializes and the above strategies and plans are implemented effectively and efficiently, the objectives and activities of SEECALINE could be gradually and systematically integrated to ensure complementarity and sustainability.

## **E: COMMUNITY PARTICIPATION**

From the top management to the ACN level, when asked, “In what ways do communities participate?”, invariably the answer was that they identify the ACN, provide labour for the construction of the sites and centres, help in unloading and distributing supplementary food to the sites, and the women participate in cooking during demonstration, help the ACN during weighing and bring ingredients for the demonstration from their homes. The responses received from community members during focus group discussions were identical.

The implementation criteria have already been set, “to reach areas with a prevalence rate of 43 percent and above”. The activities have already been identified. The beneficiaries have already been classified. So what has to be done is generally proposed from above and there has been little room for communities to change the course of action. What is discussed with community members is the need to identify a female ACN and the construction of the nutrition sites. Since NGOs are subcontracted to collect the information monthly from the ACN, there was no role for the community in receiving and reviewing the report, and taking necessary actions.

The money given to the ACN to buy ingredients for the demonstration, and the supplementary food she receives to distribute, is her responsibility alone, to ensure its appropriate use and to submit a report. One could argue that there is supervision by animators. The issue is not a matter of use or misuse, it is about the responsibility given to the beneficiaries, which would give them the sense of ownership. Community members are expected to unload and distribute the supplementary food, but not given the responsibility to keep stock and ensure appropriate utilization. The contact of the ACN is only with the women who come to the sites, not with community leaders. The programme is not concerned about funds, so communities were not sensitized to mobilize resources but to participate in what is being done. They were provided with all the necessary materials and mobilized to provide only labour to construct the sites. They were not sensitized to support the ACN, but only to select her and then she would be paid by the programme. The programme even buys ingredients (oil and meat) for every demonstration session, although mothers also come with some ingredients, which the programme considers to be good “participation”.

In general, the communities have not been given the chance or the tools to develop their capacity to assume any responsibility for their own development, so as to continue with the management of the services in the long run. Given all these shortcomings, the community participation in the programme could be rated as consultative or participation for material incentives only.



## **F: SUSTAINABILITY**

SEECALINE has done an excellent job in sensitization over the last eight years. However, in view of the absence of a mechanism to enhance intersectoral collaboration, the absence of a ministry or a body with full responsibility and authority to guide and harmonize nutrition programmes, the weak human and institutional capacity in nutrition, the heavy dependence on external funds, the precedents created by SEECALINE (paying for every aspect of every activity), and the low level of community capacity building, sustainability is unlikely.

In the absence of changes towards better integration of the various activities into the existing structures, even if the inputs are doubled, sustainability is not assured. This, however, does not mean that all achievements will be lost. The awareness it has created will be a cornerstone for the future development of nutrition programmes, the skills developed by the thousands of ACNs and the knowledge that might be gained by mothers will gradually contribute to improving child feeding practices. The programme personnel who have accumulated a wealth of experience are assets to the country.

## References

- DHS. 1997. Demographic and Health Survey, 1997. Madagascar. Macro International Inc. USA.
- FAO/GAD. 2001. *Protocol d'accord entre FAO et GAD: Projet PSSA*. Antananarivo, Madagascar.
- FAOSTAT. 2002. FAO, Rome.
- Ministry of Health. 1995. Direction administrative et financière (DAF) et Système d'information géographique (SIG). Madagascar.
- Mulder-Sibanda, Menno & Crelerot, Françoise. 2000. *The World Bank/UNICEF Nutrition Programmes Assessment in Madagascar* (draft report).
- PNUD. 1994. *Études sur les dépenses budgétaires de l'état Malgache dans le secteur santé*.
- SECALINE. 1996. *Évaluation à mi-parcours du projet Madagascar 4553: Appui au projet SECALINE*. Rapport technique. Madagascar.
- SEECALINE. 1998. *Les objectifs du projet, les composantes, les activités* (programme objectives, components, activities). Project booklet. Madagascar.
- SEECALINE. 2001. *Revue à mi-parcours. Rapport, Septembre 2001*. Madagascar.
- SEECALINE. 2001. *Rapport d'évaluation regionale. En vue de preparer l'évaluation à mi-parcours, avril 1999 au juin 2001*. Direction provinciale de Toamasina, Madagascar.
- The World Bank. 1996. *Évaluation de la pauvreté - Madagascar Poverty Assessment Vol.1*. The World Bank, Washington, DC.
- The World Bank. 1999. *Food Security and Nutrition Project, Implementation Completion Report. Republic of Madagascar*. The World Bank, Washington D.C.
- The World Bank. 2001. *Revue à mi-parcours nutrition communautaire II: Septembre 18-28, 2001*. Aide memoire.
- The World Bank 2002. World Development Indicators, 2002
- UNDAF. 2001. *Joint Review*, June 2001.
- UNICEF. 2000. *State of the World Children 2000*. New York.
- UNICEF/USAID. 2000. *A Multiple Approach to Improve Nutrition in Madagascar*.

UNICEF/USAID. 2001. *National Vitamin A Deficiency and Anaemia Prevalence Survey*. (MOST-USAID/UNICEF (available at [www.mostproject.org/countryprograms.htm](http://www.mostproject.org/countryprograms.htm)).

USAID. 2001. Gilles Bergeron report. *Food Security in Madagascar: A Situation Analysis. Food and Nutrition Technical Assistance Project. Academy for Educational Development*. USAID, Washington, D.C.

Victora, C.G. 1992. The Association between Wasting and Stunting: An International Perspective. *J.Nutr.*, 122: 1105-1110.

## Appendix 1

### Prevalence of undernutrition among children below 3 years of age in the Eastern and Southern Africa Region (ESAR) countries

Country	Underweight % (moderate & severe)	Wasting % (moderate & severe)	Stunting % (1990- 98) (moderate & severe)
Angola	42	6	53
Botswana	17	11	29
Burundi	37	9	43
Cape Verde	14	6	16
Comoros	26	8	34
Eritrea	44	16	38
Ethiopia	48	8	64
Kenya	22	6	33
Lesotho	16	5	44
Madagascar	40	7	48
Malawi	30	7	48
Mauritius	16	15	?
Mozambique	26	8	36
Namibia	26	9	28
Rwanda	27	9	42
Sao Tome & Principe	16	5	26
Seychelles	?	?	?
South Africa	9	3	23
Swaziland	38	?	42
			(NNC,1994)
Tanzania	27	6	42
Uganda	26	5	38
Zambia	24	4	42
Zimbabwe	15	6	32
<b>Regional Average</b>	<b>32</b>	<b>9</b>	<b>41</b>

Source: UNICEF - The State of the World's Children, 2000: Based on data available for the most recent year on each country during the period specified in the column heading

## Appendix 2

### Informants

Ms. M. Ratsivalaka,	National Director	SEECALINE
Mr. N. B. Andriamparany	Directeur adjoint et administrative	SEECALINE
Ms. N. Rakotoniana	Nutritionist	SEECALINE
Ms. C. Yaohita	Provincial Director – Toamasina	SEECALINE
Mr. R.M. Rambelo	Responsible - Provincial PNC, Toamasina	SEECALINE
Ms. T.F. Rasoloarisoa	Responsible - Provincial PNS, Toamasina	SEECALINE
Ms. F.L. Boto	Responsible - Provincial PNS, Toamasina	Ministry of Health
Dr. S. Rakotonirina	Chief, Nutrition Services	Ministry of Health
Ms. B. Razafiaraso	Coordinator, PNSAN	Min. of Scientific Research
Ms. S. Ramarolahy	Chief, Food Security Services	MinAgri
Mr. J.L. Ranaivohanana	Chief, Regional Agriculture- Taomasina	CirAgri
Mr. Constant	Regional Coordinator, PSSA	MinAgri
Mr. Lala Rakotozan	Chief, CirAgri, Feverive-Est	CirAgri
Mr. S. Benjamin	Specialist in community organization	CirAgri
Prof. Dang Dinh Vien	Expert in pisciculture	Anjepy Viet Nam Team
Mr. Tranvarpham	Irrigation Expert- Feverive-Est	Viet Nam Team
Mr. George Rakotozaphy	Director	GAD
Mr. Wagner Herrman	Programme Director- Food Security	ADRA
Mr. Randeriantelomanana	Monitoring and Evaluation Officer	ADRA
Mr. B. Rivolala	Responsible-Agriculture	ADRA
Ms. Sophie De Coninck	Coordinator PSSA	FAO
Mr. Robert M. Brown	Charge d'affaires courantes	FAO
Mr. RAZ. Andrimanona	Coordinator, PAI project	FAO
Mr. Cyridion Ahimana	Administrateur du Programme nutrition	UNICEF

### Others

Three experts in the Ministry of Scientific Research.

ACNs, community volunteers of NAC and CRS

Teachers

Community members



**ANNEX 2 (C)**

**ZIMBABWE CASE STUDY**

**COMMUNITY FOOD AND NUTRITION PROGRAMME**





# Zimbabwe Case Study

## Contents

	Page
<b>SUMMARY</b>	117
Coverage	117
Main objective	117
Impact	117
Community participation	118
Budget	118
Strengths, weaknesses, opportunities, constraints/threats	118
Sustainability	120
Lessons learned	120
<b>INTRODUCTION</b>	121
<b>A: NATIONAL CONTEXT</b>	121
Nutrition situation	122
<b>B: PROGRAMME DESCRIPTION</b>	123
Development of the Community Food and Nutrition Programme (CFNP)	123
Main objective	124
Strategies	124
Activities	125
<b>C: PROGRAMME IMPLEMENTATION</b>	125
Community volunteers	126
Monitoring and evaluation	127
<b>D: MACROCONTEXTUAL FACTORS</b>	127
Decentralization	127
Government commitment to nutrition	128
Intersectoral coordination mechanisms	129
<b>E: COMMUNITY PARTICIPATION</b>	129
Zunde as a strategy for community involvement in the Food and Nutrition Programme	130
<b>References</b>	132
<b>Tables:</b>	
1. Prevalence of stunting and underweight 1992-1999	122
2. Incidence of low birth weight 1990-1999	123
<b>Appendixes:</b>	
1. Example of a group approach (Musaruruua Community Irrigation Scheme)	134
2. Informants	136



# COMMUNITY FOOD AND NUTRITION PROGRAMME

## SUMMARY

### Coverage

A major national nutrition intervention, the Community Food and Nutrition Programme evolved in 1987 from the Supplementary Food Production Programme<sup>37</sup>. It was intended to improve food production, and to link this to child feeding at the community and household levels. The National Nutrition Unit of the Ministry of Health and Child Welfare is responsible for the coordination of the programme with support from multisectoral committees at all administrative levels (central to village).

### Main objective

To involve and assist communities in high-risk areas to identify their food and nutrition problems and implement appropriate interventions to address the problems.

### Impact

As the programme is nationwide and there are many confounding factors, it was not possible to measure impact brought about as a result of the programme *per se*. Moreover, no outcome objectives exist. The most reliable sources of information are the Demographic and Health Surveys. These surveys, undertaken in 1988 and 1996, show an improvement in the prevalence of undernutrition, followed by a decline since 1999, corresponding to the sharp decline of the economy of the country.

The programme has been instrumental in creating awareness on the multisectoral nature of nutrition, which led to the establishment of multisectoral committees and subsequently the formation of the National Food and Nutrition Council and its Secretariat. It has also been instrumental in the revival of the “*zunde*”<sup>38</sup>, which could be an important mechanism for community mobilization to improve nutrition security.

The programme has been able to promote the development of vegetable gardens and link production to access and child feeding in many villages. However, information on the impact of the interventions cannot be isolated from the impact of other factors that could affect the food and nutrition situation.

---

<sup>37</sup> This programme began in 1982.

<sup>38</sup> Editor's note: *Zunde* is a Shona word, which commonly means an informal, in-built, social, economic and even political mechanism. The original Zunde concept centred on ensuring food security for a village during normal times as well as times of stress, whether natural or induced by man. A chief designates a piece of land for cultivation by his subjects. The harvest is stored in the chief's granary (*Zunde raMambo*) in his compound.

## **Community participation**

Based on information gathered, it appears that some activities have been suggested by professionals, especially the extension workers of the Agricultural Technology and Extension Service, followed by dialogue with the communities. There was little evidence of community-initiated actions, except in the case of a few groups. In the case of the “*zunde*”, from studies done recently and from interviews with two chiefs (one of whom was the first to propose the revival), traditionally community participation could occur out of respect for the chief rather than as an outcome of felt needs. Where a chief commands or enjoys the respect of the people, it was easy for him to mobilize his community, but that does not necessarily imply participation by felt need, unless sufficient sensitization has been undertaken.

Mechanisms to enhance community involvement have not been well established. It was envisaged to use the “triple A” approach but it was not effectively applied except in the case of smaller groups formed to undertake mini-projects. In general, community involvement is neither passive nor active. More effort and time is required to achieve active involvement.

## **Budget**

Since assistance from the Swedish International Development Agency came to an end, the Government has continued to cover the budget for nutrition within its given economic limitations and constraints. The budget allocated from the Government treasury for operational cost for nutrition (excluding salaries, and supplementary feeding in emergencies) amount to about US\$ 37,000 for the central level and US\$ 44,000 for each province. In addition, there are special funds from other sources channelled directly to the provinces. Given the economic situation of the country, the allocation made for nutrition is commendable.

## **Strengths, weaknesses, opportunities and constraints/threats (SWOC)**

### *Strengths*

- the existence of nutrition units at the central, provincial and district levels, staffed by qualified nutritionists, some with a postgraduate degree;
- the efforts made to sustain the programme within the given capacity of the Government;
- the advocacy role played by the programme, which led to the establishment of a Food and Nutrition Council and its Secretariat;
- the level of awareness created on the multisectoral nature of nutrition, which in earlier years was considered to be the sole responsibility of the health sector;

- the development of many community gardens contributing to improved food access and diversification;
- the good working relationship established between the health, agriculture and community development sectors on issues related to nutrition security.

#### *Weaknesses*

- weak monitoring system leading to a lack of dynamism in introducing new systems and mechanisms to improve performance;
- inadequate nutrition education, due to an inadequate mechanism of reaching households;
- limited coverage of the growth promotion activity (< 20 percent of children below 36 months are reached);
- inadequate technical support at the district level (this might be resolved soon with the posting of nutritionists currently being recruited).

#### *Opportunities*

- the success achieved in the formation of the food and nutrition council and the development of the food and nutrition policy could enhance more political support and attract donors;
- the experiences gained so far;
- the process under way to recruit nutritionists and nutrition assistants at the district level to provide technical guidance and coordinate activities;
- the expected implementation of decentralization;
- the revival of the traditional method of community mobilization - the “zunde”;
- land redistribution enabling people to get “adequate and maybe more fertile land” and hence, better production and access to food;
- the provision of land plots for “zunde farms” in the new land redistribution and resettlement programme;
- the newly introduced and revitalized Village Health Worker Programme, which will hopefully enable wider coverage of the growth promotion activity and nutrition education.

#### *Constraints/threats*

- The major threat is the current rate of economic decline that could not only hamper further strengthening of the programme, but might also undermine past achievements.
- It may not be possible to get many nutritionists willing to work at the district level.

- The village health worker programme may not succeed if viable mechanisms for support and supervision are not put in place.
- External assistance may not be forthcoming for nutrition interventions unless the current political situation in the country is resolved.

### **Sustainability**

The Community Food and Nutrition Programme has come a long way. It is now one of the main national programmes to enhance food security and improve nutrition. The infrastructure to support interventions is there, though weak, and the Government has established a separate line budget for nutrition within its capacity. So while the programme may not be as effective as one would wish, it has survived and is likely to be sustained. A positive impact, however, may be hard to achieve under the current economic stress and absence of donor funds.

### **Lessons learned**

- the advantage of institutionalizing nutrition interventions to ensure sustainability even at a slow pace;
- having professional nutritionists at all administrative levels as an important factor to drive the nutrition agenda;
- the importance of traditional systems as an entry point to community involvement;
- the “group approach” is a good system as long as it is based on members’ own choice, understanding and harmony;
- where the monitoring system cannot provide a continuous flow of information to stakeholders, multisectoral committees tend to be ineffective.

## INTRODUCTION

The Community Food and Nutrition Programme (CFNP) is part of the overall nationwide nutrition security programme. Hence, it was not possible to single out the management, the resource allocation, and the institutional arrangements for the CFNP alone. Consequently, the assessment looked at the CFNP within the context of the overall nutrition security programme of the country.

Owing to limitations of time and logistics, field visits were made to districts in two provinces only, where the programme has made better progress: Sanyati and Kadoma districts in Mashonaland West, and Makoni district in Manicaland province. Several villages were visited, activities were observed, focus group discussions held and interviews conducted with concerned officials, programme managers, community leaders, traditional chiefs, and field workers.

### A: NATIONAL CONTEXT

Based on the national census of 1992, and an annual population growth rate of 3.1 percent, the population of the Republic of Zimbabwe was estimated to be 12,327,886 in 1996 (CSO, 1998)<sup>39</sup>. The country has three agro-ecological zones favourable for diversified agriculture (farming and animal husbandry) in varying degrees, ranging from the high production areas with annual rainfall of 750-1,000 mm to the less productive areas with less than 600 mm of rainfall.

Administratively, the country is divided into eight provinces, 57 districts and many wards. Each district has on average about 28-30 wards and each ward is made up of about seven or eight villages. A village has a population of roughly 200-250 households, is subdivided into smaller units called “kraal” of roughly 50-80 houses under a kraal headman. The kraal could be a convenient structure for community-based interventions, because it is of a manageable size for effective communication and interaction between field workers and community members.

Agriculture is the main source of livelihood for 90 percent of the rural population. It accommodates 70 percent of formal and informal employment and 40 percent of export earnings. There is much disparity in land distribution. An estimated 47 percent is under large-scale commercial farming owned by a few white farmers while 49 percent is devoted to small-scale farming (up to 150 hectares per person). The remaining small portion, less fertile and drought prone, is left for the majority of the population (Agri-Optima, 2000). Owing to this disparity, land reform has been a serious issue in the country since independence reaching its violent peak in the last two years. Recently, the Government passed the controversial "land redistribution and resettlement bill" and many resettlement activities are under way.

---

<sup>39</sup> Central Statistical Office.

Zimbabwe's economy has declined over the last decade, with a sharp drop in the last three years. Economic growth declined from 8.2 percent in 1996 to 3.7 percent in 1997, 1.5 percent in 1998 and less than 1.2 percent in 1999 (CSO, 2000). Health expenditure declined from 3.1 percent of the GDP in 1990 to 2.1 percent in 1996, in the context of the increasing prevalence of HIV/AIDs and a decline of donor funds.

According to the 1995 annual Poverty Assessment Survey Study (CSO, 1995), 42 percent of the citizens were classified as "very poor" (earning less than the level of income which people need to meet their basic food needs) with communal area residents having the highest level of poverty (71 percent). In a sample survey conducted in 2000 (Agri-Optima, 2000), 89 percent of the interviewed households reported food shortages for almost the whole year. The rate of inflation has been alarming (Agri-Optima, 2000). The Zimbabwe currency (ZWS) has been devalued from 2.27 in 1989 to 38 in 1999 and by November 2001, it had fallen to about 56 against the US dollar. As a result, the price of food and other basic commodities has been on constant increase. The government has tried to regulate prices by introducing by-laws, without, however, producing any meaningful effect so far.

These factors directly affect the household's food security and nutrition, with the highest impact being on the poor segment of the population. Sustainability of the CFNP and expectation of reduction in the prevalence of undernutrition should be viewed against this background.

### Nutrition situation

Zimbabwe was one of the countries with a relatively lower prevalence rate of stunting in sub-Saharan Africa, with occasional increases in the prevalence of wasting as a result of drought events. Looking at prevalence trends within the country using data from the Demographic and Health Survey (DHS, 1999), there was an improvement in the early 1980s, followed by a worsening of the situation since 1998. There has also been an increase in the incidence of low birth weight, one of the important proxy indicators of maternal undernutrition.

Table 1                      Prevalence of stunting and underweight, 1992-1999

<b>Year</b>	<b>Stunting % (&lt;-2 Z-scores</b>	<b>Underweight &lt;- 2 Z-scores</b>
1982	36	23
1985	32	11
1988	29	11.5
1994	23	16
1998	32	10
1999*	27	

Sources: (1) MOH-CW National Health Strategy for Zimbabwe 1997-2007  
(2) UNICEF: State of the World's Children 2000

\* Special survey in 10 representative districts



**Table 2** Incidence of low birth weight (<2.5 kg)

1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
7	6	8.4	8.6	10.8	11.9	11.2	12.5	13.8	11.4

Sources: (1) MOH-CW National Health Strategy for Zimbabwe 1997-2007  
(2) UNICEF: State of the World's Children 2000

It is important to note that the declining trend in the nutritional status follows the rapid decline of the economy. This indicates that unless the economy stabilizes, meaningful reduction of undernutrition will be hard to achieve no matter what interventions are put in place.

## **B: PROGRAMME DESCRIPTION**

### **Development of the CFNP**

Soon after independence, a nation wide Supplementary Feeding Programme was initiated by various non-governmental organizations (NGOs), which was intensified with the involvement of more donor agencies following the severe drought that hit the southern states of Africa in 1991/1992. Gradually, the Ministry of Health and Child Welfare (MOH-CW) took over the management with major financial support from the Swedish International Development Agency - SIDA (Tagwireyi and Greiner, 1994).

In 1984, the programme was evaluated and the following suggestions were made:

- the need for targeting to improve cost effectiveness;
- the need to avoid a dependency syndrome;
- the need to introduce local foods;
- the need for stronger community involvement and a multisectoral approach;
- the intensification of nutrition education through more effective methods.

As a result, some re-orientation measures were implemented, and the name was changed to Supplementary Food Production Programme to portray these changes.

Following another evaluation in 1987, the name was once again changed to the current Community Food and Nutrition Programme (CFNP). SIDA support to the programme came to an end around 1998 with some left over money to carry on some of the activities. The Government provided funds, with a few NGOs, such as CARE, operating in specific areas. The intention was to continue the community-based supplementary feeding using foods grown locally by groups, but it did not survive long except in few communities. Thus, gradually the vegetable gardens became sources of food and income generation for individual families rather than for community feeding programmes. This shift may be desirable so long as it contributes to the improvement of household food security and child feeding, but it is not clear that this has been achieved.

There is evidence from a few mini-projects within the programme that demonstrate that the production and access aspects have been realized where the group farm approach has been successful (see Appendix 1 for an example of such achievements), but there is lack of quantitative information to show the effects of changes in access on improving the food consumption and nutritional status of children of such families, compared to children of families who did not engage themselves in such ventures. The provincial nutritionists interviewed are fully aware of the gap and have finalized arrangements to do a series of studies shortly.

### **Main objective**

To involve and assist communities in high-risk areas identify their food and nutrition problems and implement appropriate interventions to address the problems.

### *Specific objectives*<sup>40</sup>

- to promote the production of food crops with particular focus on legumes and vegetables;
- to promote improved methods of food processing, preservation, preparation and consumption;
- to strengthen intersectoral mechanisms to enhance food security and nutrition interventions;
- to develop appropriate indicators for monitoring and evaluation of interventions;
- to organize a feeding programme for children under five years in vulnerable areas.

Note: There is no objective on expected reduction in the prevalence of undernutrition.

### **Strategies**

The programme has two major strategies:

- participatory approach: essentially to involve and assist communities to identify their food and nutrition problems and implement appropriate interventions;
- forging effective links between food production, access and nutritional status, and to that end, working closely with relevant sectors (intersectoral collaboration);

The entry point used for the implementation was to sensitize communities to form groups or to strengthen existing groups<sup>41</sup>, and provide them with inputs and technical support depending on the nature of the project. While maintaining the group approach, members can opt for either individual projects or group projects. In most cases, the individual project with shared services is preferred (see Appendix 1, an example of the group approach).

---

<sup>40</sup> Musizvingoza, Tecla (2000). Factors Affecting Nutrition Garden Projects in Zvimba district. Mashonaland West, Zimbabwe – M. Sc. thesis.

<sup>41</sup> It could have been more appropriate to build upon the kraal than to create new groupings.

## Activities

The programme integrates a number of activities.

- sensitization of community members to form groups and develop garden plots;
- provision of agricultural inputs: seeds, fertilizers, insecticides as well as fencing material to enhance agricultural production especially legumes and vegetables;
- training and technical advice pertaining to production, access and consumption;
- promotion of food storage, processing, preservation and other related technologies;
- community-based growth promotion and nutrition education.

## C: PROGRAMME IMPLEMENTATION

The overall coordination and facilitation of the programme is the responsibility of the National Nutrition Unit (NNU) of the MOH-CW. At the national level, a multisectoral Food and Nutrition Task Force was formed, chaired by the Agricultural Technology and Extension Service (Agritex) Department of the Ministry of Agriculture, with the NNU as the Secretariat.

It is worth noting that the Task Force was initiated by a group of concerned professionals from various ministries through the tireless efforts of the NNU. It had no legal recognition. Despite that, the group has been commended for creating awareness of the multisectoral nature of nutrition to the decision-makers. This ultimately led to the establishment of a National Food and Nutrition Council with its Interim-Secretariat in the Ministry of Economic Planning and Finance. Discussion is currently under way to place it higher up in the hierarchy. Progress is slow, but appears to be solid.

At the subnational levels (provincial to village) Food and Nutrition Management Teams (FNMT) were formed and recognized as subcommittees under the development committees. The members of the FNMT included heads of the concerned sectoral offices, NGOs and traditional chiefs as ex-officio members. The functions of the committees are essentially to coordinate plans and programmes, to mobilize communities and resources, and to monitor implementation.

In the first few years, the committees were very active and effective, but then gradually declined. The reasons given by those interviewed were:

- staff turnover and lack of continuity of training;
- lack of financial support for the mobility of the committee members to visit projects and sensitize communities (previously they were supported from SIDA funds);

- lack of an effective monitoring system to provide information for committees' discussions, amendments and recommendations;
- reluctance of sectors which do not perceive themselves as having a direct contribution to make to improving nutrition.

It is worth noting that although the committees are less active, a very good collaboration has been established between the most directly concerned sectors: health, agriculture, education and community development at all levels, especially at the field level. The fact that all government offices at the provincial and district levels are housed in the same building, has also contributed to informal communication between the heads and technicians of the concerned sectors. The CFNP has benefited from such forms of communication.

The approach to implementation has been through group farms. Some groups were initiated and formed by Agritex while others emerged independently. Half the groups failed to survive. A study found that 58 percent of the failure to survive was attributed to lack of leadership and lack of group coherence as expressed both by members of unsuccessful groups and extension workers (Musizvingoza, 2000). Groups that have performed well tended to have individual plots within a given fenced area (Appendix 1), but with communal services. The programme had funds to support groups with farm implements, but after SIDA support came to an end, the focus has largely been on consolidation of the already formed groups, whilst also searching for other sources of funds. The groups that have been able to survive continue to receive technical support from Agritex. The technical support from the MOH-CW is inadequate due to lack of district nutritionists, which is the crucial level for effective delivery of community-based programmes.

### **Community volunteers**

There are two types of community cadres: community volunteer workers (CVW) and village health workers (VHW). Until 2000, the CVWs were carrying out a range of community services including community-based growth monitoring and promotion. It was realized, however, that because of excessive workload, the CVW could not attend to growth monitoring and promotion properly. So, the MOH-CW re-introduced the community health worker (CHW) programme in 2000, which had been interrupted soon after independence and replaced by the CVW programme.

The initiative taken to revitalize the VHW programme and the financial support given from the Government are commendable but the method of implementation is less than effective. Instead of convincing communities to support the volunteers in cash or kind, the Ministry of Health has created a precedent by committing itself to paying VHWs ZW\$ 500 (about US\$ 10) monthly. The plan is that the district hospitals would pay them from income generated from clinical and laboratory services. The information gathered from the hospitals suggests that generated funds are inadequate and that payments to VHWs compete with the procurements of drugs. Moreover, VHWs view the US\$ 10 as inadequate since it is taken to be a 'salary'. Some have already started to complain, saying

that it is too small a salary. The issue of payment has also affected the selection. Because the incentive was considered as “salary” and with the hope that it might increase, unemployed youngsters were selected, who are unlikely to remain in service. For example, in one village it was observed that a counsellor’s son (a very young boy) was trained as CHW and even before he was given the necessary materials, he was bitterly complaining that the salary was not enough. This may be extreme, but he said that was the feeling of many (though not all) of those who trained with him. The coordinators responsible for the CHW programme are very aware of the situation and are trying to correct it.

The plan calls for one CHW per 100 families. Interviews with community members and volunteers suggested that the number of families per CHW, to allow effective contact between her/him and the members, is a maximum 50, or one CHW per kraal. The coordinator of the CHW programme agrees with the logic but argues that the health care infrastructure does not have adequate capacity to train and support big numbers. It might however, be possible to reduce the extent of the programme by careful targeting of areas with a high prevalence of malnutrition.

### **Monitoring and evaluation**

The monitoring and evaluation aspect is weak. Sectoral ministries routinely submit an annual plan and an annual report. The provincial health units have plans and annual reports well arranged in the form of a logframe matrix. However, lacking is a comprehensive analysis that would allow monitoring of processes, and feedback to implementing units and communities.

The last formal evaluation of the programme was undertaken in 1989, with few informal ones in the subsequent years. The recommendations were used to make some adjustments to the programme. A decade after the last formal evaluation, a comprehensive review was made independently by SIDA in 1999, as an inventory of the legacy of its long years of support to food security and nutrition in the country (SIDA, 1999). A few fragmented but useful studies related to some aspects of the programme have also been undertaken by NGOs such as the Dutch Inter-Church Aid, the University of Zimbabwe and individual researchers.

## **D: MACROCONTEXTUAL FACTORS**

### **Decentralization**

Since the introduction of the Economic Structural Adjustment Programme (ESAP) of 1991, there have been high expectations for decentralization, but to date there are no concrete actions. Resource allocation and staffing is still under the control of the central level with some degree of freedom given to provincial offices to disburse funds for the districts based on their annual plans.

In the process of implementation of the ESAP, many departments in the civil service were affected, amongst which was the NNU. The number of staff in the Unit has been scaled down from 6 to barely one since September 2000. The idea is to share the functions of the NNU between the Secretariat of the Food and Nutrition Council and the provinces. Accordingly, two senior Nutritionists have been seconded to the Secretariat, one to the FAO office and all the provinces save one, have two qualified nutritionists each. The districts have been allocated a budget for one nutritionist and an assistant. The recruitment has started already.

The Food and Nutrition Policy is still in the making but a Rural Development Strategy and a Poverty Reduction Strategy exist. The objectives of the two strategies and approaches fit well with those of CFNP. In a country confronted with much land reform politics and an economic crisis, it would be hard to expect the issue of nutrition to be high on the agenda. However, it has been given commendable recognition as highlighted below.

### **Government commitment to nutrition**

There are several measures, which indicate the commitment of the Government. A study done in the Eastern and Southern Africa Region in 1999 (UNICEF/ESARO, 1999) indicated that Zimbabwe is one of few countries in sub-Saharan Africa that has a line item in the budget for nutrition, and a relatively better structure for nutrition at the subnational level. Although the country has enjoyed considerable external support for nutrition from donors in the past, the Government too has contributed its share. Currently, not much is coming in for nutrition from outside, but the Government has increased the budget for nutrition within given resource limitations.

- The Government has established a budget line for nutrition with annual allocation from the central to the district level.
- Each province except one has two qualified nutritionists (some with a Masters degree).
- Recruitment to post one nutritionist and an assistant at each district level is under way. The intention is to fill the posts of 50 percent of the districts, with priority accorded to those most vulnerable to food insecurity and with high rates of undernutrition, by 2002.
- A Food and Nutrition Council has been established and experienced nutritionists assigned to its Secretariat.
- Provincial Nutrition Units receive their budget and any complementary financial allocations like all other units of the MOH-CW. For example, Mashonaland West province has a budget of about ZW\$ 1.3 million for operational costs (excluding salary). In addition, it receives a supplementary allocation from special funds made available to the provincial health department.

- An allocation of over ZW\$ 50 million has been made through the Grain Board for seeds and fertilizers for the *zunde* farms (15 percent interest rate)<sup>42</sup>.
- The village health worker programme has been revived primarily to strengthen the community-based nutrition interventions and ZW\$ 40 million has been allocated for training, support and supervision. The initiative has taken off, and the newly trained VHWs have been working now for some months.

### **Intersectoral coordination mechanisms**

The Government has in its structure an established coordination mechanism for socio-economic development at all levels. At the central level, there are task forces for the formulation of various socio-economic policies and harmonization of goals and national plans, including one for Food and Nutrition. At provincial and district levels, there are development committees and various technical subcommittees composed of the relevant sectors and other partners accountable to the provincial and district councils depending on their administrative level. The FNMT is one of these. Although not all the committees are active, their existence is important, so that they can be easily activated as needed.

## **E: COMMUNITY PARTICIPATION**

Community participation in the context of Zimbabwe should be viewed from its historical and cultural perspectives. Under colonial rule, people did not participate in their development. According to observations of one of the most senior nutritionists, after independence there was euphoria and enthusiasm to build the nation, which enhanced a participatory approach in development programmes, including in the area of food security and nutrition.

There is also the cultural context to it: involvement through respect. If a traditional chief has the respect of his people it is likely that community members participate in what a chief proposes because they trust his concern for their welfare. However, this too is changing. Firstly because the present day chiefs do not enjoy respect as in the past, and secondly, people are now less likely to accept decisions unquestioningly.

While there is no concrete information to demonstrate community-initiated involvement, and while most initiatives seem to have originated elsewhere, communities respond if the initiatives address their needs and priorities. In general, community involvement is neither passive nor active. It is worth indicating here that CARE Zimbabwe operating in the south is working on an interesting project, Community Capacity Development, and experimenting with a new approach of incentives to CHWs. The CFNP could benefit from this experience.

---

<sup>42</sup> Interest rates for loans have increased due to inflation .

### **Zunde as a strategy for community involvement in the Food and Nutrition Programme**

In the process of searching for effective mechanisms for community mobilization to produce food for supplementary feeding, the need to consider the revival of the *zunde* was raised by local chiefs.

“*Zunde* is a Shona (one of the tribes) word, which commonly means an informal, inbuilt, social, economic and even political mechanism. The original *zunde* concept centred on ensuring food security for a village during normal times as well as times of stress, whether natural or induced by man. A chief designated a piece of land for cultivation by his subjects. The harvest was stored in the chief's granary (*Zunde raMambo*) in his compound. *Zunde raMambo* was perceived not only as a crop production activity whose main aim was to address food security or insecurity, but it was also regarded as a social and political rallying point used by the chief to exercise control over his people and to ensure their safety. Involvement in the *zunde* was an expression of oneness and carried with it social and moral obligations. Food was perceived not only as a means of meeting nutritional requirements, but also as a social tool which brought people together to share their successes and/or failures” (University of Zimbabwe and MOH-CW, 2000 – case study preliminary report).

A series of national consultative meetings and workshops were conducted to popularize *zunde* (MOH-CW). There was excessive enthusiasm on the part of the professionals in the sectors and encouragement from the higher levels towards using the approach. As a result, pressure was placed on chiefs to propagate the concept and start implementation. The chiefs in turn pressured villagers, which resulted in several villages starting to produce food for supplementary feeding in communal plots. The implementation of the *zunde* differs from place to place depending on the respect accorded to the chief and the level of sensitization of the community. Where it started, the production was seasonal, mainly maize and small in quantity, not adequate to cover needs.

*Zunde* is gradually gaining momentum as an entry point to community involvement and perhaps a rural development strategy. The concept has attracted some research, and academic institutions such as the University of Zimbabwe are keen to monitor and contribute to its development. *Zunde* is now recognized by higher authorities in the sectoral ministries especially health, agriculture, community development to the extent that the Government has allocated over ZW\$ 50 million for the development of *zunde* farms in the form of loan for seeds, fertilizers and other agricultural implements for the year 2002 planting season. During the field visit, it was observed that some villages had already forwarded their requirements through the Agritex. Another indication of the recognition of the *zunde* is the fact that with the new land distribution and resettlement programme, plots are being allocated for “*zunde* farms” for settlers.

While appreciative of the revival, many believe that it has to be adapted to situations as they exist in the 21<sup>st</sup> century and not be taken in its traditional form. Moreover, it is important to sensitize people to fully understand it, rather than to simply adopt it because they respect their chiefs. Studies undertaken by the University of Zimbabwe/Ministry of Health (2000) and by others (Jotham Dhemba, 2000) indicate that in some areas,



communities had little understanding of the objectives of the *zunde*. Some community members felt that perhaps they were producing food for the chiefs, particularly where the plots for such farms were provided by the chiefs.

Whatever form it takes now, it is a potential mechanism for community involvement, not only for food production but also for other development interventions, and therefore it should be carefully developed without misunderstanding and distortion. This could prove to be one of the great opportunities for the development of nutrition security programmes in the country.

## References

- Agri-Optima. 2000. *Review of Rural Food Security Programmes: Main Report*. Vol. 1 of II. Ministry of Public Service, Labour and Social Welfare. Zimbabwe.
- CSO (Central Statistical Office). 1984, 1989, 1996. *Zimbabwe Demographic and Health Surveys*. DHS, Macro International Inc. USA
- CSO. 1994. *Census 1992, Zimbabwe National Report*. Harare, Central Statistical Office.
- CSO. 1995. *Poverty Assessment Survey Study (PASS)*. Zimbabwe
- CSO. 1998. *Zimbabwe: 1997 Intercensal Demographic Survey Report*.
- CSO. 2000. *1999 Indicator Monitoring – Labour Force Survey*. Zimbabwe.
- DHS. 1999. *Demographic and Health Survey Zimbabwe, 1999*. Macro International Inc., USA.
- Jotham Dhemba *et al.* 2000. *Non-formal Social Security: The Case of “Zunde ra Mambo” and Burial Societies in Zimbabwe*.
- Mashonaland Provincial Health Office. 1999. *Mashonaland provincial report*. Zimbabwe.
- MOH-CW (Ministry of Health and Child Welfare). 1997. *National Health Strategy for Zimbabwe 1997-2007*.
- MOH-CW. 1999. *Report on National Consultative Meeting on Zunde raMambo*. Chimanimani Hotel, 13-15 October 1999.
- MOH-CW/University of Zimbabwe. 2000. *Sustainable Methods to Improve Food Security at Village Level in Zimbabwe: Case Study of “Zunde raMambo”/Isiphthala Senkosi*. Preliminary report.
- Musizvingoza, T. 2000. *A Study to Identify the Factors which have Contributed to Continued Operation and Discontinued Operation of Nutrition Garden Projects in Zvimba District in Zimbabwe. Partial Fulfilment for M.Sc in Public Health Nutrition*. London School of Hygiene and Tropical Medicine, UK.
- Secretariat Task Force for Food and Nutrition. 1997. *Food and Nutrition Security with Shared Economic Growth: A Policy Framework for Achieving Food and Nutrition Security in the Context of Economic Development in Zimbabwe*.
- SIDA (Swedish International Development Agency). 1999. *Working with Nutrition: A Comparative Study of the Tanzania Food and Nutrition Centre and the National Nutrition Unit of Zimbabwe*.

Sonza, T., Katuli, S. & Mtisi, S. 2000. *An Assessment of Food and Nutrition Situation in Sanyati and Gokwe North*. A survey report. Zimbabwe.

Tagwireyi, J. and Greiner, T. 1994. *Nutrition in Zimbabwe: An Update*. The World Bank, Washington D.C., 147 pp.

UNICEF/ESARO. 1999. *Training Needs Assessment in the ECSA Region for Human Resource Development in Nutrition*.

UNICEF. 2000. *State of the World's Children*.

## Appendix 1

### Example of a group approach Musaruruua: Community Irrigation Scheme

Many groups have been formed, some have ceased to operate, while others are still active. The following case demonstrates how some community members have organized themselves and improved the household food security of group members and others in the community.

Province : Mashonaland

District : Zvimba

Mini-Project: food production to improve household food security:

Main intervention: group irrigation scheme linking production, access and consumption.

Prior to 1997, some people were settled in Musaruruua village (Sanyati District, Mashonaland West Province). They were engaged in individual vegetable gardening, fetching water from a nearby river. The community was among the poorest in the area. Most of the men were compelled to seek employment in the mines, leaving women and children behind. Life was difficult. So 33 women and 17 men organized themselves, and through the efforts of Agritex and the CFNP they were able to get material assistance (pipes, generator from a Japanese aid package) to start microirrigation.

They were allocated additional land by the Government, a quarter of an acre per member. In 1997 they cleared the bush and dug trenches. A generator was installed, pipes fitted and fencing completed. Planting started in 1998. The first year, they said was "tough", they had no experience, nor the money, but gradually things got better. Now they are producing cereals (maize and potatoes) twice a year, legumes (peas, beans, cowpeas) and vegetables of all sorts including tomatoes and carrots all year round. They have also planted fruit trees.

Each member keeps her/his private plot within the fenced area, and shares a communal service. The group has eight committee members (3 men, 4 women and the head of the village as an ex-officio member), a chairman, vice-chairman, a secretary and an assistant secretary. Every member of the group works on her/his own field and manages its products and income, but also benefits from, and contributes to, communal services such as fuel for the generator, fertilizers, and insecticides. They keep a joint bank account for the payment of communal services. The financial control and bank transaction systems allow no room for misuse of funds.

Training was given on all aspects of agricultural practices and nutrition by the Agritex and health staff. The elected members were trained on leadership, financial management, and recording. Reasonable extension agent support is provided, a general practitioner service exists as an outreach from a not-too-distant health facility.

The other important point to note about this group is that they employ up to 500 seasonal workers from the nearby villages. Besides, inhabitants of the surrounding villages buy their food from the group, closer to their home, cheaper, diversified, and always readily available. This contributes to improving the household food security of families in the area, not only of the group members.

Their major problem is the lack of an adequate market: production is too high to be absorbed by the surrounding areas. Hence they are seeking a loan to buy a lorry to transport produce to markets further afield.

The construction of a day care centre inside their farm is nearly completed. The reasons for establishing the centre were provided by the mothers:

- to keep the children healthy, because they were getting sick with diarrhoea and cough as a result of going in the muddy fields with their mothers;
- to give freedom to the mothers to undertake their agricultural and other activities;
- they want their children to learn;
- they think the children will be fed better in the day care centre; most often the mothers forget to feed them when they are busy in the field.
- the day care centre could also serve other families in the area, and in the long run could generate income as well.

Information on the nutritional status of the children of the families in the group is lacking (pre and post implementation) but, looking at the growth charts of a few children, the situation appears to be very good. As a result of the success of this group in a relatively short period of time, many requests for support are coming in from other groups but resources are scarce.

The Masaruruua group is one example but other such groups were also observed, including some in Manicaland province. The example of this group clearly demonstrates what villagers can do, if given the chance to organize themselves and if technical and material resources are made available.

## Appendix 2

### Informants

#### **Central Level**

Mrs. Julia Tagwireyi	Coordinator Interim Secretariat Food and Nutrition Council
Mrs. Rufaro Nzidima	Director, National Nutrition Unit, MOH-CW
Mrs. Jerida Nyyatsanza	Coordinator, Strengthening of Food and Nutrition Training in Southern Africa, Univ. of Zimbabwe
Mr. Anthony Mukwidingwi	Senior Officer, Agritex
Ms. Diane Lindsey	Health Sector Coordinator, CARE International, Zimbabwe
Mr. George Codjia	Subregional, Food and Nutrition Officer, FAO
Mrs. Isabel Bhowa	Nutritionist, FAO, Zimbabwe
Mr. Stanley Chitekwe	National Project Officer, UNICEF

#### **Mashonaland West Province**

Mrs. Tecla Musizvingoza	Provincial Senior Nutritionist
Mrs. Esther Rukure	Provincial Coordinator Village Health Worker Programme
Mr. Mkewna	Provincial Agritex Officer
<i>(a) Zvimba District</i>	
Mrs. Florence Matanhada	District Health Coordinator Nurse
Mrs. Yaliwe Manika	District Officer, Ministry of Gender, Youth Development and Employment Generation
Mrs. Cathrine Kufakunesu	Extension worker, Ministry of Gender, Youth Development and Employment Generation
Mr. Walter Sithole	Agritex Extension worker
Mr. J.M. Sipolilo	Director, Mupumbu School
Mr. Ataranja	Teacher of Agriculture, Mupumbu School
<i>(b) Kadoma District</i>	
Mrs. Ndoro	District Agritex Officer
Mr. Mtisi	Coordinator, Dutch Church Aid
Chief Hazheri	Traditional chief, Kadoma district
Mrs. Loveness Chindito	Community volunteer worker
Mrs. Bhengo	Village Health Worker, Dutch Church Aid
Mr. Norman Mkiwza	Village Health Worker
Many community members	Various villages
<b><u>Manicaland Province</u></b>	
Chief Makoni	Local chief of Makoni District
Mrs. B. Benzo	District Nursing Officer
Mrs. S. Tinarwo	Community Sister