INCORPORATING NUTRITION INTO BANK-ASSISTED SOCIAL FUNDS

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Incorporating Nutrition into Bank-Assisted Social Funds

by
F. James Levinson
Abstract

In recent years the World Bank and other donors have been instrumental in the establishment of various types of social funds for the financing of grass roots development activities designed most often to ease the dislocations accompanying economic restructuring. Nutrition activities are broadly recognized as a potentially important component of social funds because of the high premium these funds place on social assistance activities, because well operated nutrition activities are structurally targeted to neediest population groups, and because nutrition sub-projects in social funds may represent useful means for a government to figure out what works at the community level for purposes of subsequent national programs.

Although nutrition and/or household food security has been included in roughly half of those social funds initiated thus far primarily in Latin America and Africa, these components often have been more traditional than innovative. Also of concern is the relatively small proportion of existing or proposed social funds in Africa that include significant nutrition activities. The problem in most social funds appears to be some combination of inadequately expressed demand, the perceived difficulty and length of time necessary to launch effective nutrition activities, inadequate staff to deal adequately with project design, implementation and monitoring, and the problem of recurring costs and sustainability when food distribution is involved.

The paper suggests that social funds offer a unique and somewhat rare opportunity for demand driven, community-based activity with high levels of community participation; that a broad range of attractive opportunities for community-based activities exist and, with adequate staff, can be incorporated into social funds; and that this opportunity generally should not be sacrificed even when opportunities exist for centrally-operated programs. At the same time, experience indicates that purely demand driven nutrition projects may not have the strategic soundness of top-down activities nor be at all well targeted toward those population groups likely to be at greatest risk of malnutrition.

In light of the above, the paper suggests the following three-fold approach:

(1) Consideration should be given to the provision of additional trained staff specifically geared to the tasks of community identification and promotion, project identification, implementation and monitoring, although, at the experimental stage, possibly not funded by social funds themselves; (2) the advantages of community-based, demand driven activities should be combined with more analytically and strategically based thinking through the design of nutrition sub-project prototypes, developed, in part, on the basis of beneficiary assessments and then offered as a menu for interested communities; and (3) nutrition activities in social funds should be highly targeted but coupled for a given area or community with physical infrastructure, water, or other social fund-financed projects with a broader distribution of benefits.
# Table of Contents

INTRODUCTION .......................................................... 1

I. EXPERIENCE TO DATE .................................................. 2
   Types of Funds ......................................................... 2
   Nutrition in Emergency Programs ................................... 3
   Nutrition in Social Investment Funds ............................... 6

II. ISSUES ....................................................................... 8
   Sustainability and Replicability ...................................... 8
   Demand Driven or Centrally Directed ................................. 9
   Targeting ....................................................................... 11
   Relationship to Government Programs ............................. 12

III. A SUGGESTED APPROACH ........................................ 13
   Extending Staff Capacity ............................................... 13
   Generating Community Demand and Utilizing Project Coupling ......................... 14
   Targeted Interventions and Project Prototypes ..................... 15
   Monitoring and Evaluation ............................................. 18
   Emergency Programs .................................................... 19
   Possible Next Steps ...................................................... 19

ANNEX: SUGGESTED CRITERIA FOR NUTRITION SUBPROJECTS ........... 20
INTRODUCTION

During recent years social funds, assisted by the World Bank, U.N. agencies and other donors have been developed primarily in Latin America and Africa as a means of improving the living conditions of needy population groups particularly during periods of unusual stress. Most of these funds (also called socio-economic development funds, social investment funds or emergency social funds, depending on their orientation) have been developed to ease the at least temporary dislocations that often accompany economic restructuring.

Although frequently oriented toward employment generating physical infrastructure development, these projects are usually multisectoral in nature. Administrative responsibility for appraisal, approval, financing, implementation, and monitoring is usually given to an autonomous, non-governmental or parastatal organization designed to move funds quickly without traditional bureaucratic considerations.

In roughly half of those social funds initiated or proposed thus far, some level of nutrition activity has been included. Nutrition here includes the provision of nutrition services, supplementary feeding, or household food security activities. In some cases the percentage of social fund expenditures for nutrition projects has not been inconsequential (the percentage ranging from 4 to 30 percent in ongoing social funds, although much of this often represents food purchase). Yet, on the whole, nutrition activity in these social funds has been more traditional than innovative. Also of concern is the relatively small proportion of existing or proposed social funds in Africa with significant nutrition components.

The problem in most social funds appears to be some combination of inadequately expressed demand, the perceived difficulty and length of time necessary to launch effective nutrition activities, inadequate staff to deal adequately with project design, implementation and monitoring, and the problems of high recurring costs and uncertain sustainability when food distribution is involved.

At the same time, it clearly is in the interest of social funds to provide a reasonable proportion of funds to effective nutrition activity, both because there is always a premium on social assistance activities within social funds, and because nutrition activities, when well operated, are structurally targeted to the neediest population groups, another goal of social funds. Nutrition sub-projects in social funds also represent an excellent opportunity for a government to determine what works at the community level and to utilize this information in the development of national programs.

This paper attempts to review experience to date (Part I), considers some of the key issues relating to such nutrition components (Part II), and suggests an approach to increase and improve nutrition activity in social funds (Part III).

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1 This paper was prepared on the basis of project documents and helpful conversations with the following Bank staff: Harold Alderman, Jill Armstrong, Michael Azefor, Alan Berg, Nicholas Burnett, Xavier Coll, Constance Corbett, Brett Crawford, Rae Galloway, Margaret Grosh, Steen Jorgenson, Alexandre Marc, Tonia Marek, Judith McGuire, David Radel, Jean-Jacques de St. Antoine, David Steel, Julia Van Domelen and Mark Woodward.
I. EXPERIENCE TO DATE

There have been thirteen Bank-assisted social funds that have included or have specific plans to include nutrition. In Latin America the most important of these have been in Bolivia (both the Emergency Social Fund and the subsequent Social Investment Fund), Guyana, Honduras and Haiti. Primary nutrition activity in each of these funds has taken the form of institutional feeding, although the nature of this feeding has varied. In the Bolivia Emergency Social Fund, a genuinely demand driven system, was put in place resulting in funded requests (roughly 4 percent of the emergency fund’s total expenditures) for a variety of feeding programs. In the Social Investment Fund 18 percent of project funds were used for supplementary feeding for pregnant women and young children, daycare, and nutrition training. In Guyana a social fund under the Health, Nutrition, Water and Sanitation Project opted for a centrally-directed program of food distribution through the existing MCH system in which 30 percent of total project funds were directed to nutrition. In the Honduran Social Investment Fund a decision was made to utilize 8 percent of project funds to create a new food coupon system to address the need for vulnerable group supplementary feeding, while Haiti’s Economic and Social Fund chose to look for ways to improve the existing system, using 5 percent of available funds for nutrition.

In Africa, although few nutrition projects have actually been financed under social funds thus far, the plans for three funds—Nigeria, Zambia and Burkina Faso—provide interesting conceptual approaches to nutrition. The most ambitious of these plans is in Nigeria where a proposed demand driven fund would be established solely for nutrition projects. In Burkina Faso a self standing $12 million Food Security and Nutrition Project will include a fund to respond to community and NGO requests for such activities as food storage and employment generation for women. In Zambia’s Social Recovery Project, primary nutrition activity may be implemented through existing nutrition clubs, and may include training and extension activities with monitoring carried out by the National Food and Nutrition Commission.

Types of Funds

The two broad types of funds that have been developed to date are (1) emergency social funds that seek to provide prompt but short term assistance to alleviate a serious but temporary problem, and (2) social investment funds that are concerned with longer term development goals. In theory, it might be possible to associate the emergency social funds with problems of acute but discrete episodes of malnutrition resulting from a natural disaster, a temporary food shortage, a sudden increase in food prices or other decreases in purchasing power. Social investment funds might be conceptualized as instruments to deal with longer term endemic or chronic malnutrition.

In reality it is difficult to maintain such distinctions primarily because there is overlap between these needs. Emergency social funds, even if theoretically designed to be responsive to short-term dislocations resulting from economic restructuring, inevitably find it nearly impossible—and rarely desirable—to

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2In Latin America: Argentina Social Emergency and Adjustment Project—SEAP; Bolivia Emergency Social Fund—ESF—and Social Investment Fund—SIF; Guyana Health, Nutrition, Water and Sanitation Project; Haiti Economic and Social Fund Project; Honduran Social Investment Fund—FHIS. In Africa: Burkina Faso Food Security and Nutrition Project; Chad Social Development Action Project—PADS; Ghana Program of Actions to Mitigate the Social Costs of Adjustment—PAMSCAD; Guinea-Bissau Social and Infrastructure Project—SIRP; Madagascar Food Security and Nutrition Project; Nigeria National Nutrition Project; and Zambia Social Recovery Project—SRP.
separate out those households whose suffering is solely the result of such restructuring from those suffering from a more general economic crisis (as in the case of Bolivia) or from more chronic poverty. At the same time, nutrition activities in social investment funds operating during normal times will still have to address acute problems arising from seasonally-or climatically-induced food shortages or infectious disease.

**Nutrition in Emergency Programs**

If even the chronically poor and malnourished face a spectrum of deprivation and more acute needs during times of crisis, specific types of nutrition activities need to be identified for use in such crises. There is a long tradition of food-oriented relief programs that regularly are employed in refugee situations or following natural disasters. In the case of adjustment programs, governments normally would not be expected to resort to such drastic relief measures. There is, however, a willingness to put aside traditional developmental concerns and criteria and try to move resources to affected groups as efficiently as possible.

In the case of nutrition in the two emergency social funds initiated thus far (both in Latin America), this has translated into a desire to make food resources quickly and easily available to needy population groups without major concern about recurring cost or sustainability issues. In Bolivia this led to the financing of a school breakfast program and in Argentina to a program of milk powder provision. In Guyana, the social investment fund responding to an acute crisis has developed a food distribution program through MCH centers.

Even if recurring cost and sustainability issues could be set aside in emergency programs, however, these social funds found themselves faced with a range of other serious problems in seeking to implement food distribution programs:

- the need for bulk purchase and supply logistics if the food is not donated;

- the problem of curtailing such feeding when the emergency social fund is terminated. Even if an assessment is made that those temporarily affected by economic adjustment are now once again better off because of macro measures, there will be beneficiaries suffering from chronic poverty and malnutrition who will experience the cutoff as one more deprivation. This seems to have been the case in Bolivia.

- the existence in most countries of numerous donor driven and often poorly operated food distribution programs leaving a social fund with the difficult choice of working with the existing system or starting a new one;

- the problem of targeting. According to one social fund analyst, "Targeting in an emergency program is a contradiction in terms." Where the primary objective is moving resources quickly and/or satisfying a political clientele potentially upset by adjustment measures, the statement may well be true. However, the history of emergency food distribution programs indicates that they are notoriously subject to abuse and that primary benefits often accrue to those less in need. As indicated in Part II, targeting, using some combination of geographic, economic, or nutrition-based criteria or self-targeting mechanism, might well help alleviate these problems even in an emergency fund and increase the benefits of those in greatest need.
Two social funds that have addressed the issue of an acute crisis are the Bolivia Emergency Social Fund, ESF (1986 to 1989) and the Guyana Health, Nutrition, Water and Sanitation Project which theoretically moved from its initial Emergency Program to a developmentally-oriented fund in 1989 but continues to face an acute crisis. In Bolivia the emergency social fund was created to alleviate the effects of an economic crisis and, at the same time, protect low income groups during implementation of an economic adjustment program. In Guyana the current crisis was precipitated by the lifting of food price controls in 1990 resulting in an increase of over 100 percent in the price of a subsistence food packet in 14 months.

From a nutrition perspective the two countries approached these acute situations in very different ways. In Bolivia the ESF began with a clear recognition of the poor infrastructure and institutional capacity that hampers many centrally directed programs as well as a predilection against the major centrally directed food distribution activities later used in other Latin American social funds.

Instead Bolivia chose a genuinely demand driven system (arguably more demand driven than any of the social fund systems developed subsequently in Latin America). On some levels the results were genuinely impressive. The ESF funded over 3,000 small projects quickly and efficiently, created some important social and economic infrastructure, and generated temporary employment for some 20,000 workers, almost 20 percent of whom would not otherwise have been employed. Many beneficiaries indicated that the ESF was the first instance they had ever experienced of a government program with discernible benefits to themselves.

The nutrition sub-projects (school breakfasts, assistance to mothers' clubs, soup kitchens, and food for institutionalized children) were far from the cutting edge of innovative nutrition projects, but not wholly inappropriate in an emergency situation. However, there is little question that the net effect of the projects under the ESF on nutrition was positive, although the extent of these benefits is unclear. It is also unclear which projects benefitted the neediest population groups. Not unexpectedly, the ESF found that the poorest communities also were those with the weakest institutional base and the poorest channels of communication. Although, theoretically, communities might have been able to submit proposals on their own, virtually all of the ESF's subprojects involved some intermediary—usually an NGO or a local government organization—able to help organize proposals and implementation. In the poorest areas such intermediaries were not present. The substantial temporary employment that was created most likely provided some benefit for the families of those workers who otherwise would have remained unemployed, although the translation of such income into improved household nutrition was almost certainly less than would have been the case if a higher proportion of those employed had been women or if the employment generation had been coupled with community level nutrition education.

The result was a regressive geographical distribution of social fund expenditures with the least poor area receiving two and a half times more than the poorest one (although clearly there also are pockets of poverty in less poor areas). ESF administrators were clear that in the Bolivia context, sharper targeting

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3 According to the thorough review of the ESF by Jorgensen, Grosh and Schacter on which this section is largely based, some NGOs reported a drop in infant mortality, although isolating the specific effect of social fund inputs even from overall NGO activity is not possible. Bolivia's nutritional surveillance system also registered a decrease in the prevalence of malnutrition among children, although, again, any association between these statistics and the ESF would be purely conjecture.
to low income population groups and areas would be too time consuming and expensive and would sacrifice the opportunity for some immediately positive results.

The nature and quality of ESF subprojects also points up the problems of a largely demand driven system. On one level, projects suffered from the lack of a broader based perspective which sometimes is provided in centrally-directed projects. This was particularly true in terms of the adequacy of staff and supplies and in the questionable sustainability of many subprojects. On a second level this highly decentralized prioritizing probably better reflected the needs of more advantaged population groups, an issue addressed more generally under "Targeting" in Part II.

Those preparing the nutrition component of the Guyana Health, Nutrition, Water and Sanitation Project encountered a substantially different situation. Like Bolivia, the country faced an acute crisis. Unlike Bolivia, Guyana is a small country with a reasonably well functioning MCH system; one which, for the most part already includes growth monitoring and nutritional counseling. Guyana has a relatively good data base and food distribution system but had no supplementary feeding programs aimed specifically at young children and mothers. Accordingly a decision was made to have a centrally-directed program and utilize the MCH system for food distribution purposes during the crisis.

In this component of the Guyana fund, the advantages of community participation and "ownership" of projects were sacrificed partly for an opportunity to provide benefits to a larger proportion of nutritionally "at risk" children and mothers and partly because of the dearth of community-based organizations, a problem the social fund as a whole is seeking to address.

In entering the public food distribution arena, however, the Guyana project immediately became vulnerable to a range of problems that often plague such programs. The most basic of these problems relate to recurrent costs, for which the Guyana fund is responsible, not being categorized as an emergency program per se. The problem is not insignificant given that expenditures on food purchase alone are projected to be roughly one quarter of the total social fund budget and, by far, the largest single expenditure.4

Project planners have recognized the problem of sustainability here and, accordingly, have made provision for several years of renewed financing for this component, followed by a survey to assess effectiveness, a further review of institutional capacity, and then development of a medium term plan for the nutrition sector. Although these provisions are laudable, it is not entirely clear that social funds have a comparative advantage in establishing centralized national programs much less being straddled with these sustainability issues beyond the life of the social fund itself.

At the same time, as noted earlier, the downside risk of terminating food distribution programs at health centers can be substantial. This is indicated by the significant reduction in health clinic attendance which has accompanied such termination in parts of Africa earlier served by Catholic Relief Services. The Government of Guyana is working to counteract this effect through its Community Resource Person program designed to increase local awareness of clinic-based programs.

4 This is not a wholly negative phenomenon in that it underlines the central health/nutrition focus of the social fund. Although proportionately large in the context of this relatively small social fund, actual expenditures on food supplementation are not overly large relative to expenditures in other sectors, or relative to nutrition expenditures in other countries of similar size.
Also of concern in the Guyana project is the nature of the proposed food distribution itself. The plan calls for distribution of take home food supplements to all children aged 6 months to 2 years who attend the clinics, to all children between the ages of 2 and 5 who are suffering from moderate or severe malnutrition, and to all pregnant and lactating women who attend the clinics. The distribution must be coupled with growth monitoring and nutrition education. The commodities to be distributed are rice and milk.

As well documented in many countries, take home food supplements, almost regardless of their nature, usually are means of increasing a family’s real income and food supply without necessarily providing disproportionate benefit for children or women. Even in Guyana, earlier health clinic distribution of Cerex, a locally manufactured weaning food, resulted in high levels of consumption by older children and adults. As indicated in Part II, the distribution of higher status commodities, i.e., milk powder, reduces any possibility for self targeting.

Finally there is the issue of milk powder distribution itself. Because of high female employment in Guyana there is a serious problem of inadequate breast feeding with only 18 percent of children exclusively breast fed after the first month of life and only 5 percent after the second. Clearly women want bottle feeding. (Even in the above-cited Cerex distribution program most children drank this weaning food from a bottle.) Powdered milk is widely available in stores for those who can afford it. For others, the lure of milk powder would likely increase health clinic attendance.

At the same time the problems associated with bottle feeding and with the early cessation of breast feeding are well known and range from the high risk of gastro-enteritis due to contaminated water to the immunological properties of breast milk and its inhibiting effect on fertility. Despite the short term advantages of meeting a strongly felt consumer need, particularly during a crisis, facilitation of this trend toward bottle feeding is a questionable undertaking. The project does include an evaluation study of the potential negative impact of milk powder distribution on breast feeding after 6 months and an evaluation of suitable alternatives, but terminating a commodity as popular as milk powder would be fraught with its own problems.

Clearly a social fund cannot be expected to tackle alone a problem of this magnitude. However, it may provide an opportunity to exert some leverage on the system by increasing opportunities for creches and work site breast feeding, development of low cost weaning food formulations, and intensive educational efforts on the potentially deleterious effects of bottle feeding.

**Nutrition in Social Investment Funds**

Where social funds seek to address poverty alleviation and development in a non-emergency setting it becomes possible to consider more innovative types of programs. These programs which may take longer to launch than emergency programs may, however, provide carry-over benefits into future emergency situations.

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5 Recent evidence suggests that the effect of supplementation on breast milk quantity and quality may be minimal except in cases of severe malnutrition, and that supplementation may actually decrease prolactin and increase fertility. Given the higher cost of maternal feeding programs there may be value in concentrating food distribution and available MCH services on those women who are pregnant (plus perhaps nutritionally vulnerable girls at the point of adolescent growth spurt). This realignment could provide substantial savings in the Guyana program.
Unlike emergency programs, social investment funds would be expected to devote more attention to recurring cost and sustainability issues, to targeting, to relationships with government institutions and with current or future government programs, and to monitoring and evaluation, each of which is discussed in subsequent parts of this paper.

In Latin America the cases of social investment funds in Haiti and Honduras illustrate two ways in which these more development-oriented funds have addressed nutrition—in both cases using the vehicle of supplementary feeding. Those developing projects under the Economic and Social Fund in Haiti in 1990 found that child feeding and related health efforts in the country were, in fact, a dispersed array of uncoordinated, donor-driven activities with weak administrative structure and unlikely sustainability. The conscious choice made at the time was to work with this existing system by providing inputs that might streamline and consolidate the system as a whole by providing: (1) distributional and logistical support for daycare centers and primary health clinics; (2) assistance in organizing the targeting of areas and recipients; (3) a streamlined food purchase; and (4) growth monitoring and nutrition education to accompany the distribution of food supplements. In addition, support was provided to complementary water and sanitation needs.

A very different approach was taken in Honduras where Social Investment Fund staff encountered a similarly cumbersome multi-donor program that was both uncoordinated and poorly targeted. It was decided that the efforts involved in seeking to improve this system would not be justified by the extent of change likely to take place. Instead a decision was made to introduce a different and more efficient system in poor areas of the country, to evaluate it carefully, and provide a basis for the government to consider expansion to a national program.

The system chosen was a food coupon program operating through the health system for mothers and young children and through schools for older children, with coupons redeemed in both cases through participating retail food outlets. The system eliminated the need for bulk purchase and increased possibilities for targeting, although it still required an elaborate administrative network to assure proper coupon production and distribution, a network of adequately stocked retail outlets, and mechanisms for remuneration of the retail dealers. The streamlined, efficient and non-bureaucratic processes of the Honduran Social Investment Fund as a whole performed substantially better than most governments in systematically developing this coupon program that has considerable potential for expansion to a national program. Overall the Honduras project should permit a thorough assessment of the feasibility of the food coupon system as a whole and of its logistics, distribution channels and targeting mechanisms.

Indications thus far are that the coupon system not only has provided a significant resource transfer (the health coupons provide 20 percent of caloric requirements for mothers and children, increasing household income by about 26 percent in urban areas and 13 percent in rural areas), but also has significantly increased clinic and school attendance. (MCH consultations increased from 1990 to 1991 by 131 percent, while school enrollment in 1991 rose on average by 12 percent in program areas compared to an historic annual increase of 3 percent per year.) The benefit of increased attendance produces needs, particularly at schools, for additional facilities, staff and supplies which must be addressed. There is also a need to enlarge and improve the network as a whole in the poorest areas.

Most social investment funds finance nutrition activities along with a wide range of projects in other areas. There are in Africa, however, two proposed funds, those in Burkina Faso and Nigeria, that are specifically oriented to nutrition and household food security. The Burkina Faso Food Security and Nutrition Fund that is scheduled for negotiation during 1992 will operate with active involvement of the
Ministry of Agriculture and will include an array of valuable activities, among them income generation for women and feeding-based daycare centers, in each case coupled with a strong IEC campaign and often a water project. The fund which relies heavily on NGOs is also designed to strengthen the monitoring and evaluation capacity of these organizations.

In Nigeria a joint World Bank/UNICEF/USAID Program Identification Mission in mid-1991 proposed a Pilot Community Nutrition Fund that would be set up in four regions of four states to determine the efficacy of this approach and, if successful, to provide the basis for a national fund. The fund as originally conceptualized would involve a three-part administrative apparatus: a national level funding and coordinating organization, a collaborating agency at the local government level, and a community-based implementing organization. In the Nigerian context, the national administering agency might be a newly established Interagency Secretariat of the National Nutrition Program. If the Secretariat has sufficient high caliber staff and the support of the line ministries, responsibility for such a fund could significantly strengthen the Secretariat and, assuming active monitoring involvement, provide it with a well grounded knowledge base that would benefit national nutrition initiatives more generally. The collaborative local institution might be UNICEF regional offices with an active role for NGOs.

Preliminary documents relating to the Pilot Community Nutrition Fund distinguish between credit to groups for income generation purposes and grants for non-commercial nutrition related sub-projects. While this administrative distinction is necessary, the bifurcation raises several interesting questions which will need to be examined as the fund evolves. One relates to the interactive potential that exists between these two types of undertakings and the opportunity to improve the translation of the generated income into improved household nutritional status when they are linked. The second pertains to the distribution of benefits from community determined employment generation initiatives—often poorly targeted—and the likely effects on nutrition and poverty alleviation. Both of these issues are examined in Part II.

One obvious value in freestanding nutrition and/or food security funds is the assurance that these needs will be addressed. This is particularly important given the difficulty that nutrition-sensitive Bank staff sometimes have had in including serious nutrition activity in more traditional funds in Africa. The problem with freestanding nutrition funds may be their vulnerability and, in some cases, the difficulty in getting them approved in the first place where they are not perceived as a high priority need.

II. ISSUES

This section discusses four issues—sustainability and replicability, demand, targeting, and relationship to government strategies—that have been important in the design of nutrition components of social funds.

Sustainability and Replicability

As noted in Part I, sustainability issues, largely discounted in emergency funds, become quite central in social investment funds, often constituting the most difficult issue faced in their design. The problem is paramount where it is assumed that nutrition components of social funds must include food distribution, food always representing the most expensive input in these activities by a wide margin.

Where food distribution is central to a nutrition activity, a social fund desiring to meet the sustainability criterion must either assure future government budgetary allocation (often a near impossibility in the context of structural adjustment restrictions on recurring government costs), or rely on food aid, which
presents its own problems, not the least of which is assured regular supply. The Bolivia Social Investment Fund was perhaps most creative in this regard by arranging for the monetizing of a certain proportion of future food aid and the earmarking of these funds for purchase of a local Bolivian manufactured food. Although the chocolate flavored milk which will be distributed under the program may, for reasons of targeting and breast feeding promotion, not be an ideal commodity for such a program, the concept is a useful one, permitting ongoing food distribution with local commodities and without major concern about recurring costs.

But is it necessary that expensive food distribution be central to nutrition components of social funds in the first place? In emergency programs, perhaps yes. But for developmentally-oriented social investment funds, not necessarily. It is worth noting in this regard that of the nutrition programs most often viewed as international successes (the Tamil Nadu Integrated Nutrition Program, the Iringa Nutrition Project, and the Zimbabwe Supplementary Food Production Program), ongoing food distribution is central to none of them. Indeed in each of these projects a conscious decision was made to exclude ongoing supplementary feeding given the substantial problems which almost invariably accompany it (leakage, targeting, dependance, and the dwarfing of other nutrition-related activities). By contrast, when food distribution is restricted at most to children with faltering growth rates and only a small amount of food provided as in Tamil Nadu, the costs attributed to food purchase can be kept quite reasonable.

In less expensive nutrition sub-projects not involving food distribution, financial sustainability, per se, may be somewhat less important, particularly if the government is monitoring these projects and using the information derived for the development of larger scale programs. Nonetheless, the long run sustainability of such community-based nutrition projects in a country may depend importantly on the political and popular perceptions of these social fund sub-projects.

Also of concern in social fund nutrition components is the matter of replicability. Those involved in the design of such nutrition components in the past have usually concluded that nutrition activities and social sector activities in general are more difficult to design, implement and replicate than physical infrastructure projects.

Experience to date seems to indicate that implementation and replicability problems will be less serious where effective NGO’s are involved; where projects are not overly complex; where existing activities are supplemented or geographically expanded rather than where new ones are started from scratch; where good prototypes are carefully developed at the outset; and/or where monitoring and feedback are included in the project. These conclusions are addressed in more detail in the approach presented in Part III.

**Demand Driven or Centrally Directed**

As indicated in the social fund experience of Honduras and Haiti, those involved in nutrition components may have some discretion in determining the extent to which activities developed are demand driven or centrally directed.

The picture of individual communities deliberating among themselves and developing proposals for social fund consideration has not usually reflected reality for nutrition activities in most social funds. More

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6 Some monetization also took place under the Bolivia Emergency Social Fund which helped to finance income generating activities as well as food.
commonly the fund will have its own strategic approaches which it will adapt to particular localities according to some assessment of need, the interests and capacities of local NGOs, and the inclinations of the central and local governments. Most of the school and health clinic-based feeding programs appear to have emerged in this fashion rather than through the expressed needs of particular communities. To the extent a community is involved, it is often a well educated and well connected person from the community who takes some initiative on behalf of the community.

A marked exception, noted earlier, was the Bolivia Emergency Social Fund. Others are proposed funds in Burkina Faso, Madagascar and Zambia where the technique of beneficiary assessments was introduced to determine community needs. Such assessments in fact were helpful in developing the interesting and innovative nutrition and food security interventions proposed for these social funds.

Community inputs as to program content may therefore be important and will provide the community with a real sense of participation and "ownership" of projects. Given the importance of such community participation, the comparative advantage of social funds in generating it, and the relatively limited extent that traditional project lending fosters it, a strong case can be made for organizing social fund nutrition components in ways that are highly demand driven.¹

At the same time it is also clear that community generated wish lists are generally unlikely to include very much nutrition. Like most preventive health programs (immunizations excepted), the preventive nature of most nutrition programs is not normally perceived as a high priority in the rural areas of most low income countries. Even where nutrition is included in a community's requests, it is yet more unlikely to identify activities most needed by the poorest population groups at greatest risk of malnutrition. An ongoing, similarly oriented initiative undertaken by UNICEF in Lesotho has produced virtually no proposals that would offer even proportionate, much less disproportionate benefit to neediest groups. Accordingly the premium on decentralized, demand driven project selection in these social fund nutrition activities may often be in sharp conflict with the targeting premium addressed below.

Where nutrition components are centrally directed, they may well have the advantages of better analysis and a stronger conceptual approach. A centrally directed program may also provide a higher likelihood that, at least in design, the project will be better targeted, as in the case of the Honduras project described in Part I. A primary question about such centrally directed nutrition components is whether and how well these exogenous project ideas will be accepted and carried forward at the community level.

Even if acceptable however, it is legitimate to ask whether such centrally directed initiatives are a logical outgrowth of social funds or whether they ought to be developed within the context of project lending and thereby fully integrated into government planning (examined in Part II). While there may be occasional strategic reasons for utilizing a social fund as a target of opportunity to launch a centrally directed initiative, this should perhaps be the exception rather than the norm.

As indicated in Part III, it may be useful to seek a balance between a top-down strategic approach with its own priorities and prototypes based on analysis, and initiatives which are genuinely demand driven or at least involve active client participation.

¹ In some countries, the very idea of community participation in project development is so novel that such participation in social fund sub-projects may represent ground breaking activity. If successful, this orientation could influence the direction of future government outreach activity.
Targeting

Although the term "targeting" is frequently used in social fund documents in reference to nutrition activities, the term usually means only that activities focus on vulnerable population groups (children and women) and, in some instances, those children and women located in poorer regions of the country. There are relatively few instances where targeting is done within communities or within a vulnerable group population to identify those in greatest need or at greatest risk. One prime exception is the earlier discussed coupon program through schools in Honduras where certain socio-economic criteria for eligibility, including a crude means test are employed.

This more limited approach to targeting is, in most instances, not oversight. Alderman cites activities in Bolivia and Ghana to support his contention that targeting of service delivery to the poorest regions and poorest families is a time consuming process. It is also difficult and goes "against the grain" in most communities and with most governments. Additionally, if part of the justification for social funds in the first place is a desire to implement adjustment measures without major public outcry, targeting these activities exclusively to the politically weakest would not usually be in a government's interest.

Even given all of the above, however, increased attention to targeting in social fund nutrition activities seems warranted. Within the broad array of activities usually included in social funds, many will be neutral in their distribution of benefits within a community (water and sewerage systems, school construction, road repair, immunizations, reforestation) and some may even be biased away from poorest households. Nutrition is one activity whose direct benefits will be positive only where there is an explicit nutritional need or risk. When nutrition projects are not targeted to needier population groups, they usually end up providing a small income transfer to less needy families while leaving nutrition status relatively unaffected.

While nutrition targeting is most frequently associated with food supplementation projects, it also applies to others, including, importantly, employment generation activities justified on grounds of improving nutrition or household food security. Once again, the purpose of such initiatives is to reduce the real income constraint to improved nutrition. Thus, by definition, the impact of the employment generation on nutrition will depend minimally on the extent to which they are targeted to needy families.

Alderman suggests, in this regard, that broad targeting might, in some cases, be introduced as a provisional step toward more narrow targeting. "If a narrow but deep safety net will miss many of the poor given initial institutional capacity, a broader albeit shallower safety net might be considered." Geographically based targeting in the Honduras health clinic-based food coupon program (Bono Materno Infantil) is a good example. Although it is not considered feasible to target among mothers and children coming regularly to the clinics, a community's participation in the program is based on an index of need

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2 It is questionable, however, whether well targeted nutrition projects have ever met with wholehearted community support. Usually they are strongly resisted, or accepted reluctantly in the context of a broader package of inputs that benefits the community as a whole. Even in Tamil Nadu, project documents make clear that the targeted food supplementation, a departure from all previously implemented food distribution programs, was strongly resisted at the outset. And even after evidence of the Tamil Nadu success, the targeting concept has been resisted in other parts of India to which this project concept is being extended. The substantial benefits which have in fact accrued from this targeting raise the difficult question of the extent to which targeting ought to be imposed in project design.
made up of such criteria as access to water, sewerage, and housing conditions. Beginning with a specified number of coupons, program planners begin with the poorest community and work up until the allocated number of coupons have been exhausted. The Honduran case would argue for the value in any country of developing a comparable index of communities or regions for use in such a program.

Beyond geographical targeting, self targeting within communities can be encouraged simply by assuring that the benefits are not overly attractive (high status). Wealthier families usually will not bother lining up for rationed but free health care. Similarly less needy families are not likely to participate in a rationed food program unless offtake is very easy or unless the commodities offered are particularly attractive.

In some countries the ease of offtake problem has been addressed by requiring regular participation in a program (community-based growth monitoring or clinic attendance) or by some physical labor participation in a related community-based activity. The lure of attractive commodities can be addressed by eliminating such higher status commodities as milk powder and butter, if not by providing explicitly lower status commodities. After being virtually eliminated from most nutrition programs several decades ago, milk powder has made an unwelcome reappearance in such programs in recent years, often justified with the erroneous argument that supplementary milk is essential for child nutrition. (In social fund activities, milk products have been used or proposed in Bolivia, Guyana and Argentina.) This not only complicates targeting initiatives but also may facilitate early cessation or abandonment of breast feeding among some population groups.

Relationship to Government Programs

A basic issue facing all social sector projects included in social funds is the extent to which they are coordinated with government strategies and planning. Once again a clear tradeoff is operative. A program which sidesteps ministerial bureaucracy is likely to be more streamlined and efficient. Yet the more autonomous the project is and the more distant from government planning and strategy, the more isolated and vulnerable it will be and the less likely to be sustained or replicated in government programs.

Social funds, in fact, may provide an important opportunity to boost institution building and long term strategy development. In nutrition, social funds for some countries may represent the transition from information collection and theorizing to an experimental phase of program development. For other countries where nutrition activity is located primarily in urban areas or centralized health clinics, the social fund may be the first opportunity to engage in community-based programs. For still other countries, the social fund may be an opportunity to experiment with new approaches which, if successful, might be incorporated into national strategies.

In each of the above situations, the social fund offers an opportunity for governments to move program and strategy development further along, and possibly to provide an important reality check of program

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9 In the Burkina Faso and Madagascar social funds, similar indices included cereal production (current and previous year), distance from gold mines, and the percentage of the population employed outside of the community.

10 Care should be taken to assure appropriate unit size, particularly for urban areas where over-size units could mean the exclusion of urban slums. More generally, efforts should be made to verify the quality of the data which support such indices to remove the possibility of political abuse.
effectiveness under actual field conditions. This requires that government nutrition, health and agricultural institutions fully recognize the opportunity at hand and be prepared to utilize the social fund experience for these purposes. Thus, although the primary initiative in selecting activities should lie with communities themselves, government nutrition-related institutions might well be involved in the creation of menus from which to choose, in the development of selection criteria, in provision of implementation assistance and then in the careful and systematic monitoring and evaluation of these activities.

One example is the proposed Nigerian Pilot Community Nutrition Fund and the possibility that the newly established Interagency Secretariat of the National Nutrition Program might serve as the national administering agency. Another example is in the Zambian Social Recovery Project where the National Food and Nutrition Commission has been given responsibility for technical supervision and monitoring. In the Zambia case, this provides a means of accomplishing these important tasks and, at the same time, involves the Commission in a set of potentially important grass roots initiatives.

Social fund experience to date has identified another means of involving governments without sacrificing social fund autonomy, namely provision of a “window” for governmentally identified and operated targets of opportunity—in which case the government, in actuality, becomes one more community with a set of needs. One example is the partial financing of a national iodine campaign by the Emergency Social Fund in Bolivia. If a government window is used at all, it probably should be used sparingly and primarily for regional, district, and other more local level government entities, or used in some fashion to leverage increased government attention to the types of community-based nutrition programs being supported by the social fund. Many other funding mechanisms exist which are better suited to finance central government projects.

III. A SUGGESTED APPROACH

The approach suggested here for nutrition components of social funds rests on three basic premises: (1) Potentially effective means of incorporating nutrition into social funds exist but the human resources necessary to design, implement and monitor them are usually beyond the capacity of social fund staff. (2) The unique opportunity offered by social funds for community-based, demand driven nutrition activities should not be sacrificed even when opportunities exist for centrally directed projects. Given the problems associated with purely demand driven activities, however, there may be value in offering communities a choice of several types of carefully determined subprojects for which prototypes have been developed. (3) Nutrition activities in social funds should be highly targeted but coupled with physical infrastructure, water, or other social fund financed projects with a broader distribution of benefits. These suggestions are developed further below and suggested criteria for nutrition sub-projects in the Annex.

Extending Staff Capacity

As indicated earlier (1) the expressed demand for nutrition activities in social funds is likely to be low or, where it does exist, misguided, (2) there is often uncertainty about what to do in nutrition, and a general perception that launching successful nutrition activities is more difficult and time consuming than many other social fund-financed activities, but (3) nutrition activities are often highly valued in social funds both because of the premiums on social assistance activities and because well operated nutrition activities are structurally targeted to neediest population groups.
Experience in numerous countries indicates that effective means exist to address malnutrition problems. However, as presently constituted, social fund staff rarely has the capacity to address the problem of inadequately expressed demand and the process of project identification.

It is therefore suggested that in the conceptualization of new social funds, consideration be given to the provision of additional trained nutrition staff, specifically geared to the tasks of community identification and promotion, project identification, implementation including technical assistance where appropriate, and project evaluation. While, arguably, the same case could be made for other social sector areas (most importantly education and health), the case for nutrition may be somewhat unique given the particularly low level of expressed demand and the fact that the staff mix in most funds to date has dealt better with education and health needs than with nutrition. Where this is not the case, or in countries where needs relating to health or education sub-projects are not likely to be met with existing staff, a similar case for additional personnel might logically be made.

While in the long run such staff should be financed under the social fund, it may be appropriate at the experimental stage to consider using other funds earmarked for nutrition. Such staff, including, in some cases, limited expatriate participation, could be put together for purposes of this experimental undertaking or could be mobilized through an NGO or other private contract. Ideally this staff could have at least some limited ability to contract with other technical specialists as necessary, and should be plugged into appropriate information networks including the possibility of backstopping by Bank or U.N. nutrition staff.

In most social funds, the additional staff envisioned might be two or three persons, initially, perhaps, one of them expatriate. Necessary qualifications would be a broad overview of the type of community-based nutrition and food security activities discussed below, technical background in applied nutrition, familiarity with the area, and experience in community organization. The work of such staff may in some cases be facilitated or even reduced if the nutrition capacity of centrally involved NGO’s can be increased.

**Generating Community Demand and Utilizing Project Coupling**

Although social funds as a whole usually have been highly demand driven, their nutrition components often have not been. While the more centrally directed approaches utilized have sometimes capitalized on particular targets of opportunity, the benefits of community-based activities characterized by high levels of community participation have been sacrificed. It is suggested here that while other opportunities exist in project and structural adjustment lending for centrally directed nutrition initiatives, the social fund represents a relatively unique opportunity for community based initiatives. In addition, as indicated earlier, the nature of social funds and their funding mechanisms do not render them particularly well suited to finance centrally directed activities.

If social fund nutrition components are to be demand driven, an initial primary task of the additional nutrition staff suggested above is in encouraging and generating community demand. Because of the need, indicated earlier and further elaborated below, that these nutrition activities be well targeted, this demand creation, in and of itself, is not likely to be easy, although application forms can be organized in a way that will be relevant to nutrition proposals. It will be more difficult if there is any perception that the nutrition projects being promoted are, in any way, competitive with more actively desired activities, particularly physical infrastructure projects.
It is suggested, therefore, that rather than competing with physical infrastructure projects, nutrition activities be coupled with them. Here the operating premise might be that communities which would qualify according to predetermined criteria (nutritional status, income, or other geographically based indicators), and that have been provided with other assistance or are applying for it under the social fund, also have the option of applying for additional nutritional assistance. The advantage of such coupling is not only that the more targeted nutrition activity will be made more palatable to a community interested in a broader distribution of benefits. In addition, the more general services which normally accompany targeted programs, i.e., growth monitoring and nutrition education, may well permit a better translation of income generated in the physical infrastructure projects into improved household nutrition. Alternatively, where nutrition is coupled with water, sewerage or sanitation projects, for which demand is invariably high, the coupling takes advantage of natural complementarities that exist between these activities and nutrition.\footnote{The Social Recovery Project in Zambia recognized this potential. A subset of communities submitting proposals will receive visits to explore possibilities for generating complementary nutrition projects.}

In the case of more traditional infrastructure projects, the linkage itself should probably be kept minimal. The community requesting this project should be informed that targeted nutrition assistance also can be provided without, in any way, reducing the allocation for the requested project. Coupling in this case will require that engineers involved in interacting with communities on infrastructure projects be sensitized to the possibility and value of additive nutrition activities.

**Targeted Interventions and Project Prototypes**

The coupling of nutrition activities with other projects may remove some of the more serious resistance within a community to targeted approaches. It also will help alleviate concerns within governments anxious to maintain political support during the dislocations emanating from economic reform. At the same time, experience suggests that nutrition and food security proposals developed by communities without specific guidelines or prototypes are often not well targeted toward neediest population groups.

It is therefore suggested that communities be approached with a menu of alternative nutrition activities, each appropriately targeted using one or more of the various criteria or self-targeting mechanisms described in Part II. Each activity on the menu should be well developed in advance, and it should be understood that each would be accompanied by basic nutrition services, i.e., growth monitoring and nutritional counseling.

The project prototypes developed, with major input by the associated nutrition staff, would be those most likely to be cost-effective under existing conditions, with high premiums also on simplicity, and sustainability. It is suggested that the selection of these prototypes be developed, at least in part, on the basis of the kind of beneficiary assessment or focus group techniques used successfully in Burkina Faso, Madagascar and Zambia to determine those needs perceived as highest priority by groups in greatest need. While it would be inappropriate here to identify specific activities without reference to a country-specific situation, the listing below suggests several categories of targeted, community-based nutrition activities which have been successful in various settings. The first four of these are clearly social investments while the latter three may involve some cost recovery.
(1) Identification of young children experiencing growth faltering and the provision of on-site food supplements and other special attention. If a social fund can consider the establishment of a food coupon program such as has been done in Honduras, it should not be out of the question to consider targeted projects based on the model of the Tamil Nadu Integrated Nutrition Project (TINP) in India. In the TINP project, regular community-based growth monitoring permits an ongoing program of identification and special attention for any young child who begins to be nutritionally "at risk." This special attention includes a small daily on-site food supplement to children so identified and continues until the child's growth is once again satisfactory or until it is clear that other medical intervention is necessary.

The efforts involved in development and smooth implementation of such a project should not be underestimated. Substantial ground work would have to be carried out by the social fund nutrition staff including the organization of women's groups and/or the identification of community nutrition workers where these do not exist, and means must be found of assuring regular supply of the food to be used. Yet, in many countries a base for such activities already exists in NGO-assisted community-based MOH activities which often involve local staff and the organization of local women. The cost per child per year of the TINP Project was estimated in 1989 at $11.

(2) Targeted nutrition activities for pregnant women. A similar initiative, coupled with the above or separate, might be targeted to pregnant women. It is now possible to screen such women easily using arm circumference tapes and cut off points of from 21 to 23.5 centimeters, or by using height and age. Women thus identified as at risk could be singled out for particular ante-natal attention possibly including a food supplement provided directly or through a coupon. All pregnant women should receive iron supplements.

(3) Labor saving technologies which reduce the caloric expenditure of women. It has become clear in recent years that reducing the caloric expenditure of women is as legitimate as increasing their caloric intake and often easier. This is particularly important in relation to the traditionally most arduous tasks--grain pounding and water and wood hauling. Among labor saving technologies that have proven useful in this regard are (a) small hand-operated maize grinding machines, (b) improved stoves to conserve fuel wood and reduce wood hauling, (c) handcarts for the transport of agricultural produce and, in some cases, water, and (d) well digging and community forestry to reduce water and wood hauling respectively.

(4) Micronutrient supplementation. Where micronutrient deficiencies, particularly vitamin A, iron and/or iodine have been identified but national or regional programs are not in place, micronutrient supplementation programs may be highly appropriate social fund nutrition activities. This was included in Bolivia where the Emergency Social Fund financed part of a national iodine campaign. Bulk purchase and logistics are far simpler and less expensive than is the case with food. Many NGO's already are

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12 Such onsite feeding may, in fact, be no more ambitious (perhaps less) than the feeding-based day care centers financed by social funds in Bolivia and elsewhere and generally successful. If such a center is operated for children of working parents, the identified, "at risk" children could be provided with an additional or special therapeutic supplement, higher in fat, total calories, protein and micronutrients.

13 These points correlate well with weights below 40 kg. and are useful in assessing the risk of low birth weight and infant mortality in offspring.
familiar with the operation of micronutrient supplementation, and these activities easily can be incorporated into ongoing growth monitoring programs, although efforts will be necessary to generate local demand. Most relevant here would be high dose supplements that can be provided orally and, in the case of iodine, also by injection. Injected iodinated oil can be given at 3 to 5 year intervals, oral iodinated oil (Lipiodol) at 2 year intervals, and oral vitamin A capsules at 3 to 6 month intervals. Iron supplements must be taken daily. Estimates of costs per person year of protection are U.S.$0.20 - 0.50 for iodine, $0.40 - 0.70 for vitamin A, and $2.50 - 5.00 for iron (plus vitamin C to increase iron absorption.)

Beyond supplementation, community-based nutrition activity might include the iodization of well water. Such iodization originally was proposed for inclusion in the Burkina Faso social fund but later deleted when a decision was made to restrict this fund to income generating activities. Finally, community or home garden projects, if properly organized, can provide households with much needed vitamin A and C, as well as an opportunity for increased income generation.

(5) Community-based food storage and preservation. Where pre-harvest hunger is prevalent as in much of Sub-Saharan Africa, the nutritional consequences are likely to be serious. Such seasonal hunger is usually the result of depleted household food supplies and substantially higher food prices during the pre-harvest period when employment opportunities also are usually scarce. Food insecure farming households therefore often find it necessary to sell food inexpensively at harvest and then buy it back later in the year at much higher prices.

One means of addressing the pre-harvest hunger syndrome is through food preservation, improved storage, or cereal banks. One approach proposed for the social fund in Madagascar is a community storage scheme in which farmers producing surplus grains receive credit for storing a portion in locked storage bins. During the pre-harvest period these bins are opened and the grain sold to others in the community at a profit but below open market prices.

(6) One time packages of agricultural inputs and food to break lean season-induced cycles of poverty among particularly poor households. In Malawi this approach is being successfully employed to address problems of poverty and pre-harvest hunger and is focussed on female headed households not receiving remunerations from abroad and farming less than half a hectare of land. In these households where food often runs out seven months before the next harvest, women traditionally are forced to work off the land and are therefore unable to devote adequate attention to their own planting and weeding. These families have been provided, on a grant or no-interest loan basis, with one time packages of hybrid maize and soybean seed, fertilizer, and enough maize meal to permit them to work their own fields and hopefully convert them into viable production units.

The cost of this project, not including technical assistance, has been estimated at $50 per household. The cost is high relative to other interventions but is limited to a single year with households highly targeted.

(7) Poverty lending coupled with nutrition inputs. Also possible would be the linking of "minimalist credit" geared to employment generation for low income women (such as that being undertaken by the Freedom from Hunger Foundation in Mali and Ghana) with growth monitoring and nutrition counseling. Based in part on the successful experience of the Grameen Bank in Bangladesh, minimalist credit schemes provide small loans for short term income-generating activities that the loan recipients already know how to do. Accordingly, little technical assistance or training is necessary.
In West Africa, credit from the donor is extended through village credit associations (often run by women) which, in turn, provide loans to individuals who have organized themselves into solidarity groups for mutual support and assistance. Each credit association must repay capital plus interest every four months to become eligible for a new loan from the donor. Credit associations accumulate and invest their own funds derived from fees, savings and interest paid by members, permitting eventual self sustainability.

Further evaluation of FFH activities indicates that to be successful, initial efforts probably would have to be made to identify an appropriate in-country financial institution and to develop managerial systems, procedures and printed forms. If this were done in advance by nutrition staff, social fund nutrition subprojects could plug into this system without rendering the subprojects themselves overly complex.

More traditional centrally directed food distribution programs have not been included here given their high cost and accordingly problems of sustainability, and because social funds do not appear to have a comparative advantage in the operation of such programs. Where such programs are undertaken, however, the Honduras food coupon system appears to be a generally more successful model than those which require large scale food movement to health clinics. In addition food supplementation projects should be targeted to children under the age of three, and, for reasons described earlier, not include the distribution of milk powder or other high status commodities.

Whatever assistance is provided, it should be coupled with a continuing program of growth monitoring and nutrition counseling. Where these are not presently in place locally, it should be possible for the community to request from the social fund the necessary supplies (scales, growth charts, and nutrition education materials) plus information on available training.

**Monitoring and Evaluation**

Most Bank analysts involved in social fund nutritional activities have urged increased attention to monitoring and evaluation. This requires both a staff adequate for this purpose (another justification for explicit nutrition staff) and a clear understanding of evaluative criteria. In this regard, the Zambian decision to involve the National Food and Nutrition Commission may prove particularly useful, and, in addition, may be helpful in strengthening the Commission.

Some form of simple periodic monitoring will be useful to determine whether or not intervention inputs are in place and are reaching those for whom they are intended. Subsequent evaluation will be less helpful without this information. In addition, the monitoring will permit the correction of problems identified.

The challenge of evaluating nutrition activities in a social fund is to keep it as simple as possible while getting some reasonable assessment of how well the activity is working. It is suggested, therefore, that evaluation be based solely on the existing growth monitoring system in the case of young children and arm circumference or height measurements in the case of pregnant women. In a child-based project, for example, the initial round of growth monitoring could serve as a baseline, the same in a neighboring community could serve as a control, and subsequent rounds at 12 month intervals could be tallied, always keeping the month of data collection constant. At a bare but still useful minimum, these tallies could be limited to calculating the percentage of children at each of these weighings which fall above and below the 80 percent of weight for age cut-off point.
Emergency Programs

While much of the above refers to emergency as well as development oriented social funds, it is necessary to add a few comments specifically about emergency funds.

Understandably, nutrition components of emergency funds are likely to include food distribution. Two approaches to such distribution were reviewed in Part I. Beyond feeding programs, consideration in emergency funds might be given to micronutrient distribution programs partly on the grounds that vitamin A and to a lesser extent iron may actually reduce mortality during crises even where calories are seriously deficient, but also because it is sometimes easier to introduce such programs during emergency situations. As indicated, micronutrient distribution presents far fewer logistical problems than food although it still requires a public health clinic or village based system which will get these nutrients to needy children and mothers. Emergency programs similarly may be opportunities to introduce water and sanitation programs—both major complements to nutrition programs—particularly in poor or remote areas which might vie for them less well in ordinary times.

Possible Next Steps

If the above approach is considered appropriate, it may be useful to initiate such a system, including the added nutrition staff in several new social funds and carefully evaluate effectiveness in terms of the number and quality of nutrition subprojects which are developed. If successful, means might be found in subsequent social funds to incorporating such activity directly into regular staff operations for nutrition alone, or, possibly, in combination with health and education.

Overall, the social fund appears to represent an important opportunity for the Bank, other donors and many governments to initiate or expand community-based nutrition activity. Attractive possibilities exist in terms of program content, and government institutions can be involved in ways which strengthen both the projects and the institutions. With additional trained staff, the development of a menu of targeted sub-project prototypes, and coupling with activities of community-wide benefit, nutrition can become a viable and effective component of social fund operations.
ANNEX: SUGGESTED CRITERIA FOR NUTRITION SUBPROJECTS

Criteria to Select Sub-Projects

- Targeting to geographically vulnerable areas
- Potential for targeted income generation with high female participation
- Low likelihood of major leakage of resources away from targeted groups
- Participation of community in genesis or selection of activity
- Opportunity for community participation in implementation and in-kind contribution
- Likelihood of cost-effectiveness and sustainability
- Effectiveness of the approach in comparable areas
- Access to necessary resources
- Adequate numbers of committed personnel
- Easily met training needs
- Simplicity of design and ease of implementation
- Avoidance of major capital expenditures
- Avoidance of high recurring costs
- Realistic time frame
- Plans for other broader-based social fund-financed activity in the area or community
- Utilization of existing physical and human infrastructure
- Existence of growth monitoring and nutritional counseling or request for them under this proposal
- Participation of an active and experienced NGO in the project
- Existence of mothers' organizations and/or community health or nutrition workers
- Opportunities for referral to medical facilities
- No negative effects on breast feeding practices
- Environmental soundness
- Consistency with government nutrition strategy
- Adequacy of reporting arrangements
- Available means of monitoring and evaluation

Criteria to Select Beneficiaries

- Targeting to vulnerable population groups (most critical are children under age 3 and pregnant women)
- Targeting to food insecure households
- Opportunities for self targeting
- Avoidance of high status services or commodities

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<tr>
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<tbody>
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<tr>
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