

Report Number: ICRR11100

1. Project Data:	Date Posted: 08/21/2001				
PROJ ID	: P035615	-	Appraisal	Actual	
Project Name :	Community Nutrition	Project Costs (US\$M)	56	51	
Country:	Senegal	Loan/Credit (US\$M)	18.6	18.2	
Sector(s):	Board: HE - Other social services (94%), Central government administration (6%)	Cofinancing (US\$M)	8.2	8.2	
L/C Number:	C2723; CP890				
		Board Approval (FY)		95	
Partners involved :	Germany (KfW), World Food Program	Closing Date	06/30/2000	06/30/2001	
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2. Project Objectives and Components

a. Objectives

The was designed shortly after the 1994 CFA devaluation. Its three objectives were to:

- (a) halt a further deterioration in the nutritional status of the most vulnerable groups (children under 3 and pregnant and lactating women);
- (b) provide potable water to under-serviced neighborhoods targeted under the nutrition program;
- (c) enhance household food security among poor urban populations and targeted poor rural areas during critical periods of vulnerability.

n addition, the project had specific implementation objectives (i) to demonstrate the feasibility of targeted, efficient and cost-effective delivery of community nutrition conventions; and (ii) execute a poverty-oriented program through a private agency (AGETIP), rather than a line ministry.

b. Components

Project components included (appraisal estimate/final cost):

- (i) a nutrition program and a related small fund for research and development (\$15.3 m/\$11.8 m));
- (ii) a potable water program (\$2.8 m/\$1.6 m);
- (iii) a pilot household food security program (\$1.2 m/\$0.0).

An integral part of these three components were (iv) social mobilization and information, education and communication (IEC) campaigns (\$1.6 m/\$4 m); (v) training to build local capacity for nutrition/health service delivery (\$1.5 m/\$2.4 m)); and (vi) a management information system for monitoring and evaluation (\$1.5 m/\$0.9 m).

c. Comments on Project Cost, Financing and Dates

The project was extended for one year, but most project activities were completed six months prior to the revised closing date. Costs were higher than appraisal estimates for social mobilization and IEC, training, and project management, while costs were lower than estimated for the nutrition program and water program. The food security component was not implemented.

3. Achievement of Relevant Objectives:

The project largely achieved its first two objectives. A total of 457,000 children and lactating women benefited from the project's nutrition program. Some 292 community nutrition centers were established in targeted urban areas, reaching 20 percent of all urban children. The program targeted malnourished children, and monitoring data indicates that 70 % of children entering the program recuperated during 6 months in the program (e.g., weight increased to more than 2 standard deviations below average weight for age). A total of 37 percent of all pregnant and lactating women in the urban areas also benefited from the project's nutrition activities. In addition to food supplementation, participating mothers received nutrition education through weekly IEC sessions. The project installed more than double the water stands originally planned (250 instead of 120). The stands also provided employment to 500 women who managed the stands and sold water to the local population at rates established by the National Water Company of Senegal.

The project demonstrated that poverty-oriented interventions could be executed through a private agency -- the

hational social fund agency (AGETIP) -- which in turn contracted with private entities (including local women and youth) to construct nutrition centers and run the programs. While AGETIP had previously focussed on infrastructure, it hired nutritionists, formed a technical advisory committee, and helped establish community steering committees for each nutrition center. However, the effectiveness of this approach for sustainable delivery of nutritional services over the long term or over a wider geographic span (urban and rural), as well as the cost-effectiveness of this approach compared to alternative delivery mechanisms are open questions.

The third project objective -- to enhance food security in urban and rural households -- was not achieved, because planned activities were not implemented.

4. Significant Outcomes/Impacts:

While child malnutrition initially increased following the 1994 CFA devaluation, it has declined nationally in both urban and rural areas subsequently. Based on the project's coverage, targeting of malnourished children, and relatively high success rate (70 %), it appears plausible that the project contributed to overall nutritional improvements in urban areas. (A small-scale impact study compared project and control areas between 1996 and 1998, but results were inconclusive, and no community level impact data were collected subsequently). A 1999 study of pregnant and actating women in urban areas found a reduced prevalence of low birth weight among women who participated in project activities (food supplementation, iron supplementation, and prenatal visits in government health facilities). The project facilitated community mobilization for improved nutrition, and about half the nutrition centers serve as the base for other community poverty-alleviation activities.

A study by EXCO/Africa in 1998 showed an increase from 50% to 97% of households with access to potable water in the areas where the project intervened. A beneficiary assessment indicated high rates of satisfaction with the water program services, including with the participatory management approach and acceptance of the small fee charged for water.

Significant Shortcomings (including non-compliance with safeguard policies):

The food security component was added late during project design and was inadequately prepared. Except for a feasibility study and design for pilot interventions, which were completed in the final year of the project, none of the planned activities were implemented. Despite success in improving availability of potable water, planned hygiene education and sanitation activities were not implemented. As a result, prevalence of child diarrhea did not decline in project areas. Although the government established an intersectoral nutrition steering committee, line ministries were not adequately involved during project implementation. This led to some inconsistencies at the policy level, and although severely malnourished children were to be referred from the nutrition centers to local health centers, health centers did not have the staff or training to adequately address severe malnutrition. Although the project placed a strong emphasis on monitoring and evaluation, insufficient attention was given to assessing the cost -effectiveness of the private sector contracting approach relative to alternatives. The project also missed opportunities to assess the impact of alternative nutrition interventions -- for example, the relative impact of IEC vs. food supplementation.

6. Ratings:	ICR	OED Review	Reason for Disagreement /Comments
Outcome:	Satisfactory	Moderately Satisfactory	The project achieved most of its major relevant objectives efficiently, but with significant shortcomings. The food security component was mainly unimplemented, the planned hygiene education and sanitation activities were also not implemented, inadequate coordination with the line ministries led to some policy inconsistencies, and health centres were insufficiently prepared to handle referrals.
Institutional Dev .:	Modest	Modest	
Sustainability:	Likely	Non-evaluable	Available evidence is not sufficient to make a judgement.
Bank Performance :	Satisfactory	Satisfactory	
Borrower Perf .:	Satisfactory	Satisfactory	
Quality of ICR:		Satisfactory	

NOTE: ICR rating values flagged with '*' don't comply with OP/BP 13.55, but are listed for completeness.

7. Lessons of Broad Applicability:

The project confirms a number of long-standing lessons, including the importance of adequate project preparation, and the positive impact of community participation for the effectiveness and sustainability of local nutrition and water programs.

 Private entities and contracting arrangements can be an effective means to implement local poverty programs, but explicit coordination with line ministries should be established to ensure policy coherence and linkages

- among local programs. In particular, management of severely malnourished children requires coordination between communities and local health facilities, and readiness by facilities to take on these children.
- Despite the apparent success of the contracting approach, more information is needed on the relative cost effectiveness and sustainability of the contracting approach compared to alternatives (e.g., use of NGOs).
- The project provides both positive and cautionary lessons regarding monitoring and evaluation. An initial pilot was evaluated, and findings fed into developing the operations manual. AGETIP and nutrition committees regularly monitored data regarding clients served and success rates, taking corrective action when necessary. But despite significant M&E activities, they were insufficient to answer key questions regarding the relative impact and efficiency of alternative approaches. Key evaluative questions thus should be explicitly reflected in project design and M&E arrangements.
- B. Assessment Recommended? Yes No

9. Comments on Quality of ICR:

The ICR is satisfactory. Given the innovative nature of the project, however, and the remaining evaluation gaps pointed out in the ICR, this project might have been a good candidate for an intensive learning ICR.