

# Nutrition and Community-Driven Development: Opportunities and Risks

## I. Introduction

Three recent developments set the scene for greater cooperation between nutrition and community driven development (CDD). First, the World Bank and UNICEF, the leading international providers of support for nutrition, recently carried out a joint assessment of their nutrition efforts since 1985. This concluded<sup>1</sup> that investment in community nutrition projects and programs has done more to reduce malnutrition than alternative interventions, such as policy change at the macro-level, or investments in agriculture.

A second development is the realisation that the Bank and its clients cannot achieve the Millennium Development Goals (MDGs) without a quantum leap in investment in nutrition. This case is being made in the Bank's strategy paper for achieving the MDGs in health and nutrition<sup>2</sup>, and in a revised Bank nutrition strategy<sup>3</sup>.

A third development comes out of the Bank's work on poverty reduction. It has long been accepted that income is an inadequate measure of poverty, and that no single measure captures its complexity. But it is increasingly recognised that nutrition comes close, because the causes of good nutrition are so multi-factorial, that a community's nutrition status is a good proxy measure of its progress in poverty reduction.

In the context of these three developments, this note aims to encourage discussion within the Bank and in client countries about the linkages between nutrition and CDD.

## II. Community Nutrition—The Basics

### Why is Investing in Nutrition Important?

In developing countries, about 30 million babies a year are born small--and hence at higher risk of death and disease--because of poor nutrition in the womb. About a third of children under five are stunted by malnutrition; the rates are highest in East Africa (48%) and South Asia (44%). Vitamin A deficiency, which increases children's risk of disease and death (and causes blindness in severe cases), still affects almost 250 million pre-schoolers. Anaemia related to iron deficiency affects more than two-thirds of people in the developing world.

Malnutrition seldom kills directly, but, by reducing the effectiveness of the immune system, makes children more susceptible to diseases. Children born with low birth weights are more prone to chronic illness even as adults, as well as being more likely to die as children. Not getting enough food in the first five years of life stunts growth permanently, which in turn lowers productivity in later life. Vitamin and mineral deficiencies also significantly lower human potential, because of their effects on mental development.

A computer simulation called PROFILES allows the losses due to malnutrition to be calculated for any developing country. Even in a relatively well off country like the Philippines, a Profiles analysis in 1994 estimated that cutting malnutrition in half would avert more than 37,000 child deaths, prevent more than 15,000 cases of mental retardation a year, and save more than 150 million days of illness a year. Future wages gained through a 50% reduction in malnutrition-related deaths would have been worth more than \$350 million a year, far more than the cost of a nutrition program.

There is urgency about investing in nutrition, as well as high returns to it. Malnutrition has its roots in pregnancy and in the first two years of life, which is when malnutrition-related deaths are concentrated. For the children whose intelligence is impaired or who become stunted, the damage is for life. It is therefore more urgent to invest in improving nutrition than in many other types of development, because in the absence of investment now, whole cohorts of children will be permanently affected. These costs will be borne at least for a generation, since malnourished girls are likely to grow up to be stunted mothers, who are in turn more likely to have low birth weight children.

### **What Causes Malnutrition and What Can Be Done About It?**

There are many ways to invest in combating malnutrition. Direct interventions include monitoring children's growth and educating mothers on how much and what type of food to give them. These interventions directly alter nutritional status. In many cultures, traditional practices related to what women eat during pregnancy, and to how children are breast-fed and weaned, are major causes of malnutrition and need changing. Direct interventions also include things like oral rehydration and deworming, since diarrhea and parasites reduce the absorption of food by children. Indirect interventions have a significant but less direct impact on nutrition. The range of interventions is wide, from agricultural extension services which encourage people to grow more nutritious foods; to water and sanitation programs which reduce the risk of

diarrhea and other diseases; to programs for increasing incomes and employment.

### **What Is A Community Nutrition Project?**

Program content. There is no blueprint for what goes into a community nutrition project. But over the years, the Bank and UNICEF seem to have been converging on a minimum set of interventions for direct nutrition projects, including educating pregnant women about eating right and getting enough rest, iron supplements for pregnant women to prevent anaemia, vitamin A and sometimes iron supplements for young children, monthly weighing and growth monitoring of children from 0-2 years, education on exclusive breast-feeding until the age of four to six months, followed by the introduction of the right quantity and quality of weaning foods, immunization against the main childhood diseases, and hygiene education to prevent diarrhea and the use of oral rehydration to treat it.

Program management. How community nutrition interventions are delivered varies from country to country. But normally, a worker from the community, preferably chosen by the community, is the main change agent. Community nutrition workers are usually women, who, while literate enough to handle a basic recording and reporting system, should not be so highly educated that they are socially distant from their clients. They must also be physically resident in the community, both so they are a real part of the community, and so that they are available when needed

Significant resources need to be put into worker supervision. Community workers are normally trained for only two or three months, and sometimes only weeks, so on-the-job support is essential. Workers need help in how to mobilize communities; monitor children's growth accurately; provide health and nutrition education and basic health inputs like oral rehydration salts; and fill out reporting forms.

Client involvement. A study of Bank project documents for a recent nutrition portfolio review found that more than half of past Bank nutrition projects included a community based nutrition component comparable to that described above. However, the same study found that 57% of past

nutrition projects made no mention of beneficiary involvement in project design. Although the trend is toward greater involvement, even in the 1996-99 period this was still the case for 42% of projects.

### **III. Opportunities In Nutrition-CDD Cooperation**

Community-driven nutrition programs would stand to benefit from

- a better fit between the program's design, interventions, and communities' needs
- greater accountability of the program to communities
- greater community contributions: financially, in kind, and in terms of management
- the prospect that community ownership will make the program more sustainable.

This section sets out three additional advantages of nutrition-CDD cooperation, which have not so far been systematically considered by the Bank:

#### **Growth Monitoring—A Potential Monitoring Tool for CDD**

Nutrition programs use child growth monitoring for three purposes. Moderate malnutrition is often invisible; growth monitoring makes it evident, and makes families and communities aware that they need to do something about it. Growth monitoring also lets families and communities see how fast they can improve child nutrition by relatively simple interventions; so growth monitoring is an educational tool, as well as an awareness-raising one. Third, growth monitoring data are used to monitor progress in the program as a whole.

Using growth monitoring data as a proxy measure of poverty reduction is a practical option. Reliable growth monitoring takes a significant amount of planning and supervision to organize, but there is enough experience to show that it is doable by community workers. The advantage of nutrition as an outcome measure is that nutrition is the outcome of a whole range of interventions in different sectors.

#### **Growth Monitoring and UNICEF's 'Triple A' Process—Potential Planning and Resource Allocation Tools for CDD**

CDD programs emphasize the empowerment of local people to define their priorities and influence or control where development funds go. A common problem is that local communities may want to allocate resources primarily to investments with immediate economic benefits or political pay-offs (such as roads), at the expense of programs which have more general, social benefits (such as immunization), or longer-term pay-offs (such as reforestation).

UNICEF's Triple A process, developed for nutrition, can be a useful planning and resource allocation tool for CDD. It is used to help communities Assess the extent of their malnutrition problem, Analyze its main causes, and then Act on a corresponding set of interventions. Triple A is useful partly as a systematic tool for empowering communities to understand their problems and work out ways of dealing with them.

The Triple A process could be used for growth monitoring of young children, to assess and analyze which families need primary health care services, or nutrition education. Asset surveys and household characteristics can be used to identify the ultra-poor, who need access to social safety net interventions; data on diarrhea and sanitation can be used to decide where water and sanitation must be provided, if these are leading causes of malnutrition.

The Triple A process can thus be used to help communities and governments identify priority families for targeting. However, for the targeted families to actually get access to the relevant development inputs will often require changes in targeting policy at the national level. The Bank is uniquely placed to help achieve such policy change.

#### **Avoiding Duplication of Institutional Arrangements**

The multi-sectoral applicability of such pro-CDD participatory planning in the community reduces confusion and duplication between sectors, and saves money and scarce management skills by setting up a single community development

mechanism at the village level. A single community planning mechanism puts villagers in charge of local development activities, rather than pulling them in different directions by the demands of different projects and sectors.

#### **IV. Risks and options in Nutrition-CDD cooperation**

##### **Risks**

Incorporating nutrition into CDD programs poses risks as well as opportunities for nutrition. If communities are given a free hand in choosing their own priorities, they tend to under-invest in nutrition. This is because they underestimate the seriousness of malnutrition, because most stunted children do not appear malnourished. To mitigate this risk, CDD projects might fund education and advocacy efforts for nutrition, in hopes that communities will give nutrition adequate priority, but leave communities free to choose whether or not to invest in it. While this is in line with CDD philosophy, it is questionable whether education and advocacy are enough to make nutrition an investment priority, in the absence of growth monitoring data to make malnutrition visible. Even if growth monitoring and Triple A were built into the CDD process, it is unclear whether all communities with substantial rates of malnutrition would choose to give priority to nutrition.

##### **Options**

How should governments and donors react under these circumstances? One option would be to make nutrition interventions a requirement of CDD programs in areas where malnutrition is serious: communities could be given money for CDD, on condition that a proportion is earmarked for nutrition.. Where malnutrition is so serious that it must urgently be dealt with, implement a universal community-based nutrition program separately. A third option, somewhere between these two, would be to provide separate financing windows for general CDD and for nutrition. Communities would be free to spend general funds as they wish and a separate fund would be available for nutrition. Communities would have a strong incentive to invest in nutrition, if they

knew they would lose unused nutrition funds to other communities.

#### **V. Conclusions**

There are good reasons for CDD programs to get more involved with nutrition:

- Better nutrition is so central to poverty reduction and achieving the MDGs that development in Africa and Asia cannot succeed unless malnutrition is attacked.
- Nutrition is not a sector, but an outcome. And since good nutrition is the outcome of development activities in a range of sectors, nutrition status may be the best single measure of progress in poverty reduction. There is therefore a strong case for CDD programs to adopt growth monitoring as a progress monitoring tool, as well as an input into community problem assessment and local level planning.

There are good reasons for nutrition programs to adopt CDD approaches:

- A better fit between program design and interventions and community needs
- Greater community contributions to the nutrition program
- Greater accountability of the program to communities, and hence better results
- Greater sustainability, because of community ownership.

---

This note was prepared by Richard Heaver, Consultant to Health, Nutrition and Population Department.

---

<sup>1</sup> Gillespie, S.; M. McLachlan; and R. Shrimpton. 2002. "Time to Act: Accelerating Improvements in Nutrition." UNICEF-World Bank Nutrition Assessment." Washington: World Bank. Draft for Publication. Processed.

<sup>2</sup> The current draft is titled "Working Together To Accelerate Progress Towards The Health And Nutrition Millennium Development Goals". World Bank. Population, Health and Nutrition Department.

<sup>3</sup> The current draft is titled: "Are The Children Growing? Expanding Action Against Malnutrition To Reduce Poverty and Improve Human Development". World Bank. Population, Health and Nutrition Department.