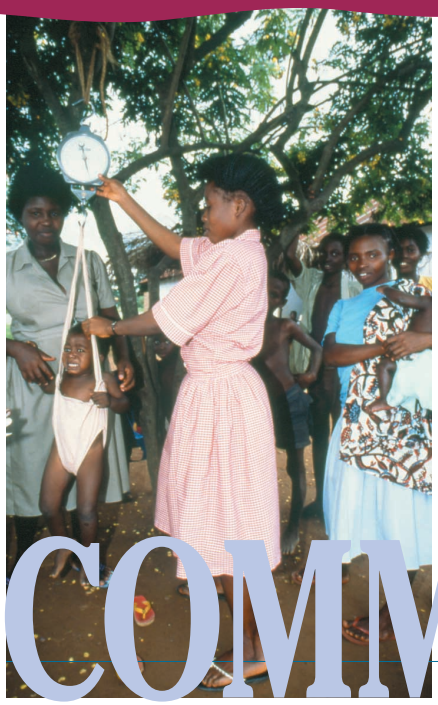

Nutrition and Communities

ROGER SHRIMPTON

COMMUNITIES

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In the past decade or two, many countries have made fiscal, political, and administrative changes to promote more devolved, deconcentrated, and delegated forms of government. The rationale for this decentralization has been to facilitate more efficient and effective provision of public goods and services and to establish market-oriented economies in which the private sector can play a role in performing public sector tasks. During the 1990s, health sector reforms further emphasized the decentralization of health service delivery.

While decentralization has great promise for improving delivery of public services, its success depends on sound design and institutional arrangements. A key feature of success is political accountability at the local government level, but even that cannot ensure that the maximum benefits are always realized. Several recent reviews have revealed that a decentralized health system is not necessarily the most equitable and cost-effective. In Uganda the district-level planners have progressively allocated declining portions of their health sector budgets to the provision of public goods. In Switzerland it has proven difficult to achieve a cost-effective, well-balanced approach toward promotional, preventive, and curative services within the decentralized framework of regional government.

Nutrition has much to offer to improve decentralization efforts. If policymakers can couple the experience gained from successful nutrition programs to the decentralization efforts, they could greatly enhance the effectiveness of such service delivery mechanisms. Ensuring that preventive nutrition interventions are part of a minimum package of decentralized health services will also make them more effective. Regularly monitoring the nutritional status of the population as the principal indicator for evaluating decentralized delivery of health services will help achieve local political commitment to supplying public goods. The regular monitoring of the local nutrition situation will also help mobilize community resources for better nutritional outcomes.

Decentralization is an important ingredient for successful nutrition programs. National nutrition plans of the 1970s largely failed owing to the difficulties of coordinating multisectoral approaches at the national level. During the 1980s decentralization was consistently identified as a key ingredient of successful nutrition programs. Such successful nutrition programs, costing between $2 and $10 per beneficiary per year, achieved reductions in child malnutrition rates of at least 2 percentage points a year—a rate much faster than that achieved by development alone.

Local Growth Monitoring

One key element in successful nutrition programs is the use of locally constructed information systems that show people whether the nutrition situation in their communities and districts is getting better or worse. Most malnourished children look normal, both to their parents and to a bystander, until their size is compared with that expected for their age. The

"road to health" growth chart developed in Nigeria in the 1960s and incorporated into the child survival revolution of the 1980s has led to the universal adoption of children's growth charts and routine weighing of children.

Most successful nutrition programs have achieved a picture of the local nutrition situation by setting certain days, perhaps once each six months, once a quarter, or even once a month, when as many local children under five years old as possible are weighed. These weighing days allow nutritionists to periodically construct indicators showing how growth is improving in each community. This approach also allows nutritionists to detect the relatively few severely malnourished children that need special rehabilitational feeding. It is crucial that this child growth information be used for decision-making at the local level and not just sent to the capital to generate an annual report.

While progress in reducing malnutrition can be monitored through national demographic and household surveys, such surveys are too infrequent and are not representative at the district level. Instead, successful large-scale nutrition programs have linked the results of individual growth monitoring to community-level discussions on how to redeploy resources to resolve the problems. In Iringa nutrition programs in Tanzania, women set up community crèches where they could leave their children with one woman while they were performing agricultural work in the field. In Thailand and Tamil Nadu, India, growth monitoring was the screening tool used to select children for food supplements.

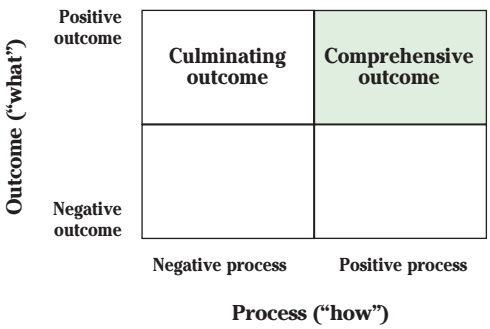
Although often effective in small-scale projects, growth monitoring has proven less effective in large-scale programs. An evaluation of six national programs supported by UNICEF revealed that although community workers could assess nutritional status well, their capacity to analyze the causes and counsel caregivers on the actions to be taken was rarely adequate. Measurement alone is not enough to generate action. The conclusions pointed to the need for more capacity building at the local level in order to be able to influence local decisionmaking.

Not Top Down or Bottom Up, but Both

Many development practitioners recognize that a combination of vertical and horizontal approaches provides the most sustainable and effective results. Unsuccessful nutrition-oriented programs have failed not because they lacked well-documented, scientifically proven technical interventions, but because they failed to fully mobilize and support local skills and resources. Successful nutrition programs require that communities commit their own resources, especially their time.

Amartya Sen makes the important distinction between "culmination" outcomes and "comprehensive" outcomes. Culmination outcomes ignore the process of reaching the outcome—that is, they achieve an end regardless of the means. Comprehensive outcomes consider the process of getting there. This two-dimensional nature of development programs is summarized in Figure 1. Both axes relate to the exercise of freedom, although of two different types. The vertical axis concerns the exercise of substantive freedoms: to be well nourished and free of hunger, to survive, and to develop. The horizontal axis concerns the process of achieving the outcome and is about participatory freedom: the freedom of choice in decisionmaking processes about what actions to take.

FIGURE 1—HORIZONTAL, VERTICAL, AND DIAGONAL APPROACHES FOR NUTRITIONAL PROGRAMMING



While vertical programs can rapidly achieve substantive freedoms, their sustainability will always be in question unless they promote the appropriate horizontal dimension. Horizontal approaches, on the other hand, often build capacity for its own sake, without linking to a positive substantive

outcome. Ideally, interventions should use both approaches. Over time the vertical and the horizontal approaches need to move toward each other and become diagonal. Diagonal approaches, which achieve both sets of freedoms, take longer but are more likely to be sustained.

Vertical programs can only take on board the more horizontal aspects of program delivery if they have sufficiently decentralized authority and responsibility. As programs become more participatory, they require that local authorities have the flexibility to negotiate with community members the outcomes being pursued.

Diagonal approaches for improved nutrition also require increased multisectoral coordination of service delivery. Agricultural services can be needed to help resolve food supply issues, sanitation services may be needed to provide latrines, health services are often needed to treat infections. When each service pursues community participation independently confusion often arises. Not only does one sector have to be able to respond to community demand, but also all sectors need to be harmonized to be able to better respond as a whole. In the absence of such coordination, efforts to promote community participation are likely to compete with each other and waste the time of the community, one of their most precious resources.

Nutrition provides the ideal outcome to achieve this marriage of horizontal community capacity building and vertical sectoral approaches. Nutrition is not the domain of any one sector, since nutritional improvements require the fruits of labor of many sectors. Nutritional outcomes can easily be made visible at the local level. The role of local government in promoting intersectoral coordination is thus critical for promoting diagonal approaches for improved nutrition.

The Continuum of Community Participation

Community participation is an important dimension of effective health and nutrition programs. Such programs have seen participation as a dynamic phenomenon. Participation can start with a very traditional welfare-type relationship in which the beneficiary is a passive recipient of a program benefit, and neither the family nor the community is involved in decisionmaking on how resources are invested. At the other end of the spectrum, both the beneficiaries and the community are actively involved in promoting and managing the program inputs and benefits and assessing impact. Methods for assessing the participatory nature of programs can be used to monitor and progressively promote the incremental shift of programs from achieving culminating outcomes to comprehensive ones. In order to achieve comprehensive nutrition outcomes, programs should aim to progressively amplify the substantive and participatory freedoms of community members, especially the poorest of the poor.

Capacity Building at the Local Level

Moving a program along the participatory continuum requires a dialogue with the community about the causes of malnutrition and the actions that can be taken. Successful nutrition programs have all employed community workers, or mobilizers, from the neighborhood of the target families to carry out these tasks. The ideal ratio is 1 mobilizer to 20 families. Facilitators, who provide initial training and then continuous supportive supervision, in turn support the mobilizers. The ideal ratio is 1 facilitator to 20 mobilizers. The role of mobilizers and facilitators is to help parents assess the adequacy of their choices affecting the growth and development of their children. According to the pedagogic approaches of Paulo Freire, poverty is often not just about lack of money, but also about poor choices. In order to rediscover the capacity to choose among the poor, Freire encourages looking for ways to improve decisionmaking within existing resource constraints.

Setting up the mechanisms for training community workers is no easy task and must be tackled in a decentralized fashion. The Care Initiative developed by UNICEF, for example, is designed to help facilitators promote community dialogue. The Care Initiative requires decentralized, locally specific approaches, including translation into local languages and adaptations to suit local customs and moral positioning.

To help train facilitators, UNICEF has proposed using a conceptual framework that

separates immediate, underlying, and basic causes of malnutrition. Perhaps the most important set among these causes for community dialogue are the maternal and child caring practices. Most of the decisions about caring practices are within the grasp of even the poorest of the poor. The potential for empowerment starts here.

Conclusions

The nutrition community has much experience in building sustainable participatory processes at the village or community level. These processes are essential if decentralization policies are to be successful.

Experience with monitoring outcomes, with developing diagonal approaches that show concern for the process as well as the outcome, and with building capacity at the local level is extensive and well documented.

Other sectors would do well to take advantage of these existing participatory processes by engaging with nutrition initiatives at the community level. Doing so would introduce the tantalizing prospect of jump-starting participatory improvements in nonnutrition indicators, such as mortality, that are less readily visible, while simultaneously reinforcing participatory attempts to improve nutrition.

Suggested Reading

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