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PROJECT SENEGAL 5655

(WIS No. SEN 0565500)

Community nutrition

Duration of project	Four years
Total cost to WFP	4 349 428 dollars
Total cost to Government	1 600 000 dollars

All monetary values are expressed in United States dollars.
For relevant statistical data, please consult the WFP country profile for Senegal, which is available on request.

ABSTRACT

Among other factors, the devaluation of the CFA franc in January 1994 has had a negative impact on most of the urban poor, who have been confronted with a drop in their purchasing power due to increased prices, which has further reduced their access to food. The nutritional status of this sector of the population is therefore bound to deteriorate, especially for the most vulnerable. To compensate for this, the Government plans to provide direct assistance to these groups by facilitating the establishment of community-based schemes. For this purpose, the Government has created the National Commission for the Fight against Malnutrition and requested donor support in this area. The proposed project will be an integrated component of an overall programme on nutrition, potable water, food security and information, education and communication (IEC)/social mobilization, co-financed by the World Bank and Germany (Kreditanstalt für Wiederaufbau (KfW)), which is targeted to women and children.

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NOTE TO THE EXECUTIVE BOARD

1. This document is submitted for information to the Executive Board.

2. Pursuant to the decisions taken by the Committee on Food Aid Policies and Programmes (CFA) at its Fortieth Session on the methods of work of the Executive Board, which were reaffirmed by the Executive Board at its First Regular Session, the documentation prepared by the Secretariat for the Board has been kept brief and decision-oriented. The CFA also agreed that the meetings of the Executive Board should be conducted in a more business-like manner, with increased dialogue and exchanges between delegations and the Secretariat. Efforts to promote these guiding principles will continue to be pursued by the Secretariat.

3. The Secretariat therefore invites members of the Board who may have questions of a technical nature with regard to this document, to contact the WFP staff member(s) listed below, preferably well in advance of the Board's meeting. This procedure is designed to facilitate the Board's consideration of the document in the plenary.

4. The WFP staff dealing with this document are:

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PROBLEM ANALYSIS

1. Senegal is a lower-middle-income country with a population of 7.4 million, growing at 2.7 percent a year, and an average per capita income of 470 dollars distributed unequally. Although better off than some of its Sahelian neighbours, Senegal faces many similar constraints, such as arid land, low rainfall, rapid population growth, dependence on one agricultural commodity (ground-nuts) that accounts for 60 percent of farm cash income, and economic stagnation. In the poverty index of the 1993 Human Development Report by UNDP, it ranks 150th out of some 173 countries.

2. The Government launched adjustment and stabilization programmes in the early eighties, resulting in the partial liberalization of agriculture and fiscal stabilization through a reduction of public-sector expenditure. However, this internal adjustment was insufficient to improve the competitiveness of the economy and achieve the type of economic growth that would have had a significant impact on poverty alleviation.

3. During the past decade, dramatic declines in formal-sector activities have combined with longer-term trends (population growth, land degradation, declining world commodity prices) to bring the country to a severe and prolonged economic recession.

4. The devaluation of the CFA franc, in January 1994, represents an important departure from past adjustment policy. It offers new means to reverse these trends by improving rural incomes through higher prices for the most important source of revenue of the rural poor (ground-nuts) and by encouraging other export-oriented industries, such as fishing, tourism, agro-processing, and small-scale manufacturing.

5. Measures aimed at reinforcing the transfer of the benefits of the parity change to agricultural producers were also introduced: limiting the wage bill; reducing regressive levels of taxation, while balancing fiscal and credit measures to control inflation.

6. Despite the fact that immediately after the devaluation the Government of Senegal adopted temporary measures to control a sharp increase in the prices of certain basic food and non-food goods, these increased between 30 and 40 percent during the first half of 1994. This, in the short term, has led to a deterioration of incomes and access to food of the most vulnerable groups, particularly the urban poor, whose households were already at risk before the devaluation (food representing 70 percent of their budget).

7. As most of these households are employed in the service sector or in petty trade, they do not have any compensatory production benefit as happens in the rural areas, and have, therefore, to confront a sharp drop in purchasing power due to the increased prices. Unless the urban poor are able to reduce their non-food expenditures by the amount of real income loss, and transfer it to food expenditures, their nutritional status will continue to deteriorate.

8. A beneficiary assessment was carried out during the preparation of the present project. This indicated that urban poor households have in fact decreased the number of meals a day (from three to two and sometimes one), that women are working more outside the home to increase family income, and that millet seems to replace the more expensive cereal (rice) as a staple.

9. Infant malnutrition rates have remained constant over the past decade, at about 30 percent of chronically malnourished children.[1] The causes of malnutrition include food insecurity, endemic diseases, mothers' lack of knowledge of good feeding practices and lack of access to potable water.

10. The last SDA[2] household survey (1992) found that 29 percent of children under five years of age were chronically malnourished. Malnutrition starts during pregnancy, with about 10 percent low birth weight. Vitamin A deficiency was found to be a problem of public-health significance during a survey carried out in the Louga region, where 7.4 percent of the toddlers had clinical signs of vitamin A deficiency (Rankins 1993). In addition, iron deficiency anaemia is a severe problem, as 63 percent of children are estimated to be anaemic. Iodine deficiency also constitutes a concern, but mainly in the regions away from the sea.

11. On the other hand, the problem of malnutrition in the cities is growing fast as a result of the rapid growth of the urban population (at four percent in Dakar, compared with the national growth rate of 2.7 percent). With an average rate of 23 percent, malnutrition is even more pronounced in Dakar than in other major cities of West Africa (22 percent in Accra, 18 percent in Conakry and 11 percent in Abidjan). This rate is only apparently lower than the national average, since large differences in malnutrition rates appear depending on the socio-economic status of the area in Dakar where the child lives. For example, in Guediawaye the proportion of children with chronic malnutrition is 1.6 times higher than in Medina. And even in the same suburb, there are great disparities, depending mainly on whether the sub-area is a squatter or a planned area.

12. Studies have demonstrated the extent of the malpractice of early introduction of complementary food is not advisable. WHO recommends that breast milk be given exclusively for four to six months, after which complementary foods are required. This practice will decrease the risk of diarrhoea, in particular, and therefore avoid the risk of malnutrition. In Senegal, only seven percent of children under four months are exclusively breast-fed. Among children six to nine months old, 29 percent received no adequate supplementary feeding.

13. The low caloric density of weaning food is also a problem. The most common weaning food is millet porridge (*"rouye"*) and a child being weaned has no more than 200 millilitres of the porridge per meal. It thus absorbs only 70 calories and two grams of protein at each feed, which is largely insufficient, especially since a child has only two or three meals a day (the recommendation being five meals a day).

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[1] Chronic malnutrition (or stunting) is indicated when a child's height-for-age measurement is at or below -2 standard deviation units from the median of the reference population.

[2] Social Dimensions of Adjustment.

Among children 24 to 35 months of age in poor urban areas, the dietary energy deficit is about 20 percent.

14. A coherent five-year national nutrition programme (1991-96) was announced in the early nineties, but little has materialized. Ongoing efforts to identify and treat malnutrition rely mainly on health education by health post personnel. This not only places an extra burden on already overloaded staff, but is not the most effective way of dealing with malnutrition among the poor, as they are the least likely to seek preventive health care.

15. The Ministry of Health has also suggested that the nutrition and sanitation protection programme be restructured by redefining the role of the mothers' committee *vis-à-vis* the health committee; it also introduced the idea that growth monitoring should be decentralized to the community and that nutrition activities should be introduced in all women's groups.

16. The Government has planned to provide direct assistance to certain vulnerable groups by facilitating the establishment of family- or community-oriented projects aimed at avoiding a further deterioration of already high malnutrition rates. It is for this purpose that the Presidency created a National Commission for the Fight against Malnutrition and requested WFP/World Bank support in this area. The components of the proposed programme will be: a) a nutrition project supported by supplementary feeding (WFP); b) a water project that will meet the needs of poor households in the same targeted neighbourhoods (Germany through KfW); c) a pilot food security programme in targeted rural poverty areas (World Bank); d) a package of social mobilization activities (World Bank); e) a package of technical and managerial assistance and training (World Bank); and f) a management and information system for monitoring and evaluation (World Bank). All these components are so closely interrelated that they could not be executed independently.

PROJECT OBJECTIVES AND OUTPUTS

17. In the long term, the objectives are to strengthen the management capacity of local communities for related nutrition and basic health interventions, and to participate with the Government in the implementation of the national strategy to provide and broaden access to nutrition and related health services.

18. The short-term objectives of the project are to:

a) limit deterioration in the nutritional status of children under three years of age and of expectant and nursing mothers in the poor peri-urban areas targeted;

b) help increase delivery of primary health care services to the beneficiaries (growth monitoring, immunization and promotion);

c) initiate a change in the nutritional behaviour of mothers, particularly in terms of breast-feeding, weaning and treatment of diarrhoea.

ROLE OF FOOD AID

19. The food will serve to:

a) provide a food supplement to malnourished infants aged six to 12 months and young children aged one to three years and to expectant and nursing mothers selected from the poorest neighbourhoods;

b) act as an income transfer to poor populations at risk in targeted areas in order to enhance household food security;

c) induce those in need of assistance to attend the community nutrition centres (CNCs);

d) demonstrate to the recipients that the use of nutritional supplements will accelerate recovery from malnutrition and thereby reinforce the nutrition education component (an activity which will attempt to alter the behaviour of mothers in terms of weaning-food preparation and child feeding).

Food inputs and commodity justification

20. Existing guidelines on product specifications for locally-manufactured fortified blended foods were used to select ingredients, develop a formula, and suggest a manufacturing process for the product which will be used in the project. It was concluded that:

a) a single product should be used and it must be suitable for use as a food supplement by all beneficiaries (infants, children, and expectant and nursing mothers);

b) the blended food should be based on locally-available ingredients to the maximum extent possible and should utilize millet as the cereal base and cowpeas/peanuts as the principal sources of supplementary protein and energy;

c) the peanuts and cowpeas will be roasted to reduce the amount of antinutritional factors (trypsin inhibitors and other heat-sensitive factors normally present in legumes) and to save cooking time and fuel;

d) because vitamin and mineral deficiencies are expected to be prevalent among the beneficiaries, vitamins and minerals should be used in the product in order to provide about two thirds of the recommended daily allowance (RDA) per 100 grams of product;

e) the food should be suitable for manufacture at a low cost by existing Senegalese food processors with little or no additional facility investment, and also be suitable for manufacture by small enterprises or community groups;

f) the product should be processed, packaged and distributed in such a way as to minimize insect infestation and avoid hazardous contaminants.

Ingredients and formulation of the product

21. Based on the general requirements outlined above, the ingredients and formulation selected are:

Ingredient	Proportion (%)
Decorticated millet flour	55.0
Roasted, dehulled cowpeas	23.6
Roasted, deskinned peanuts	11.0
Sugar	10.0
UNIMIX vitamins (A, C, B1, B2, B12 niacin and folic acid)	0.1
UNIMIX minerals (calcium, zinc, iron)	0.3
Total	100.0

22. The cost of the blended food using the above formula has been calculated at approximately 500 dollars per metric ton of finished, packed product based on the price quotations received from the different local manufacturers. It will provide the following amounts of protein, fat, fibre and energy per 100 grams:

Property	Amount	
	As is (7% moisture)	Dry basis (0% moisture)
Protein (%)	15.0	16.2
Fat (%)	7.5	8.2
Fibre (%)	1.9	2.1
Energy (kilocalories/100 grams)	370.0	401.0

23. A total of 6,370 tons of blended food will be required for the four-year duration of the project. In order to produce this quantity, 3,530 tons of decorticated millet flour, 1,503 of roasted, dehulled cowpeas (*niébé*) and 701 tons of roasted, deskinned peanuts will be purchased locally. In addition, 637 tons of sugar and 36 tons of vitamin mineral mix will be imported.

24. Taking into consideration the above strategy, WFP should be able to finance these purchases through cash from monetization of wheat (17,500 tons) and/or rice (7,500 tons). These two cereals are normally imported in large quantities since local production cannot satisfy demand. WFP already has experience in monetization in Senegal through project Senegal 3056.

25. A specific plan of action to assure quality of the food supplement will be required in order to guarantee the manufacture and distribution of the supplement according to the specifications outlined above. To meet this need, a hazard analysis critical control point system according to Codex Alimentarius guidelines has been developed by the Institut de téchnologie alimentaire and will be incorporated by WFP into the procurement specifications and production operations.

PROJECT STRATEGY

26. The Presidential Commission for the eradication of hunger will be responsible for project coordination and policy guidance. The "Agence d'exécution des travaux d'intérêt public contre le sous-emploi" (AGETIP) has been designated to execute the project. An autonomous institution with private legal status and strong managerial and operational capacity, AGETIP has acquired valuable experience in implementing projects in urban areas with the participation of a great number of beneficiaries (project Senegal 3867 (Exp.1)).

27. The Agency will delegate the operation of the centres, under specific contractual relations, to specially trained micro-entrepreneurs, such as women's groups, community associations and youth groups. They will be supervised by NGOs and "Groupements d'intérêt économique", which will be contracted and trained for this purpose and report to AGETIP. Steering committees (comités de pilotage) made up of local religious leaders, neighbourhood chiefs, and the various local groups and associations will provide advice and overall supervision.

28. Implementation will be guided by a detailed Manual of Procedures which will stipulate, *inter alia*, the nutritional screening for the selection of vulnerable groups; nutritional entry and exit criteria for participation to avoid dependency; and linkages with the health system to ensure referral and increased immunization coverage, oral rehydration, deworming, and other basic health services. The Manual will also clearly spell out objective criteria for cost-effective targeting and specific indicators to monitor project execution.

29. The four principal targeting criteria are: selection of sites (peri-urban poverty districts); demographic (expectant and nursing mothers, children aged six to 36 months); nutritional status (malnourished and/or no weight gain); and characteristics of blended food (generally unappealing to adult males because of traditional eating habits). The target locations for the first year of the project are 13 neighbourhoods: eight in Pikine and Guédiawaye in the region of Dakar, one in Diourbel and two in Kaolack for the region of Kaolack, and two in the city of Ziguinchor. The specific neighbourhoods for the creation of the CNCs for the second, third and fourth years of the project will be planned with AGETIP during the first quarter of each following year.

30. A referral health infrastructure will be identified for each centre and a person in charge of receiving the children referred will be identified in the health infrastructure. The CNC will also be supervised monthly by health personnel.

31. When no health infrastructure exists near the centre, the ongoing World Bank health project (Cr 2255-SE) will help ensure that new constructions are built on a priority basis in these target areas. In addition, it will make funds available for training health personnel in the management of malnourished children and in nutrition education. The district medical officer is part of the district nutrition committee and will receive monthly reports on the progress of the project. At the national level, the Ministry of Health is represented in the National Nutrition Commission. The working relations between the project and the different nutrition and health committees at all levels will be part of the convention to be signed by the parties concerned.

32. In order to stimulate positive behavioural change among the target population and strengthen their capacity to manage their nutrition, health and related problems, a social mobilization and IEC programme will be drawn up for women attending the centres.

33. The blended food will be packed and transported to central stores of the Comité de sécurité alimentaire and, as needed, distributed in small quantities to the centres, where stocks will be maintained in secure store-rooms. Each recipient will receive a weekly ration of 700 grams of blended food for six months. The personnel will use measuring cups for this purpose.

34. Each recipient or recipient group (eligible family members) will be given a two- or five-litre plastic canister with a tight-fitting lid in which to store the blended food. Separate canisters for women and children will be identified by colour and printed logos indicating that they have been issued by the project, and will also bear printed messages to help mothers use the product correctly. The canisters will be provided on the first day of distribution and are sufficiently durable to be used continuously throughout participation in the project.

35. It is expected that the individual ration will be prepared by the households as a porridge ("*bouillie*") by boiling it in water (in line with traditional cooking methods) and consumed as one meal by the women and as two or three meals by the children.

36. There will be a monthly growth monitoring session by specially trained CNC staff. The age and weight of all children enrolled in the nutrition programme will be registered on growth charts, and mothers will receive counselling on their children's progress. In addition - if needed - children will be referred to health posts and centres operated by the Ministry of Health for preventive or curative health care.

37. Beneficiaries who receive the full service (i.e., food supplement, growth monitoring, and IEC) will be charged 50 CFA francs a week for their participation. The fees collected will be managed by AGETIP, audited and used for the CNC's upkeep and for unforeseen situations. Transparency will be ensured by making the beneficiaries well aware of the price they have to pay and by submitting the accounts and use of money to the CNC's steering committee.

BENEFICIARIES AND BENEFITS

38. Direct beneficiaries of the project will be exclusively women and children. Some 350,000 beneficiaries in 400 centres are expected to be reached during the life of the project; of these, 230,000 will be infants and children and 120,000 expectant and nursing mothers. (For details, see Annex I).

39. The following are entry and exit criteria to be applied in the target areas:

Expectant mothers: any expectant mother who lives in the target area can enter the programme during the last three months of her pregnancy up to the date of delivery (services received: IEC, referral to health centre and food).

Nursing mothers: any nursing mother who lives in the target area can enter the programme if:

- she has a child less than six months old (up to the date he reaches the age of six months);

- she has a malnourished child between six and 24 months of age (services received: IEC and food).

Children: any child between six and 36 months of age living in the target area can enter the programme for a period of six months if:

- he/she is malnourished (moderate or severe levels of malnutrition according to weight/height);

- he/she is a sibling six to 36 months old of a malnourished child admitted to the programme; (services received: growth monitoring, referral to health centre and food);

- he/she has not gained weight between three successive weighing sessions, even if still in the green zone (services received: growth monitoring and referral to health centre).

The child will exit the programme after six months if he/she has reached normal weight or has gained weight during the last three weighing sessions. If a child remains in the yellow or red zone of the growth chart or fails to gain weight during the last three weight monitoring sessions, he/she will continue in the programme but be referred to a health centre.

40. Children will not be eligible to receive the food supplement if they are not accompanied by the person who takes care of them. This person must attend the IEC session.

41. For the first year of the project, the AGETIP nutritionists will be responsible, at the end of the six months, for identifying and advising those beneficiaries who need

to continue in the programme. For the following years, community groups able to do this work will be identified and trained accordingly.

42. At the beginning of each year, a census of the target population in the selected areas will be undertaken to a) validate the database used for targeting; and b) screen under-three-year-olds for malnutrition, using age, weight and height. The census will be undertaken by a private company, which will be requested to use CNC members as surveyors. A technical consultant will be asked to carry out a quality control of this census, which will also ensure that the data can be used for evaluation purposes. Data on each family in the target area will be entered in a computer program which will highlight these families "at risk" of malnutrition. Malnourished children who do not come to the centre will receive home visits from CNC staff to encourage the mothers to participate in the project.

43. Each child identified by the census group as a malnourished child, or who is under three and belongs to a family with a malnourished child, will receive a "programme card" valid for six months. Each time the child goes to the nutrition centre, this card will be validated with the date and name of the centre.

44. The immediate impact will be to halt deterioration in the nutritional status of the most vulnerable groups in the poorest urban areas, namely, 230,000 malnourished children under three and 120,000 expectant and nursing mothers. An additional 119,000 will receive CNC services but no food supplement, resulting in a total target population of 469,000. Based on preliminary estimates, the project is expected to reach about 25 percent of malnourished urban children.

45. Nutrition education activities supported by the project should induce behavioural changes and adoption of better child-feeding practices, subsequently leading to the improved nutrition of children under three. Increased access to safe drinking-water through the water programme component should reduce the incidence of diarrhoea and water-borne diseases affecting the nutritional status of 174,000 residents in the targeted neighbourhoods for the first year of operation. As demonstrated during the pilot phase in neighbourhoods where the CNC is in the vicinity of a health facility, the project will also lead to an increased demand for and use of health services.

46. The project will establish (for the first time) a local capacity to deliver community-managed nutrition services with private-sector efficiency, both in terms of management and administrative cost containment. It will also contribute to capacity-building of NGOs by providing training in the supervision of CNCs and IEC methods to pre-selected local NGOs. Finally, closer collaboration between NGOs and public health services will improve the delivery of social programmes geared to the most vulnerable households.

PROJECT SUPPORT

47. The Government has designated AGETIP as the executing agency for this project. In order to ensure that the Agency can effectively expand this capacity to the broader mandate of executing community-based nutrition programmes, a newly-created

Nutrition Management Division inside AGETIP will include a small technical staff specialized in nutrition and health, water, IEC and social mobilization, and monitoring and evaluation.

48. Steering committees composed of local leaders, local economic interest groups and associations, and representatives of local authorities will be set up; these will be supported by sub-committees built around the individual centres.

49. The committees will serve as a mechanism for communication and coordination among all local stake-holders in the project, and as an instrument for community supervision, identification of problems and problem-solving.

50. Mass media campaigns will be conducted, aiming at sensitizing the public at large to the problems (and their solution) addressed by the project.

51. International organizations such as UNICEF and WHO will contribute to the preparation of the IEC programme, and provide technical assistance for the elaboration of the monitoring and evaluation system. They will also participate, through the health services in the micronutrient deficiency programme, in primary health activities, including vaccination and oral rehydration.

52. To formalize coordination between the Ministry of Health and AGETIP, a convention will be signed defining the mechanisms by which the health centres will provide the health services needed (monthly check-ups, nutrition rehabilitation, deworming, delivery of micronutrients, etc.).

Non-food items

53. Donors will be approached for the provision of the plastic canisters for the blended food. Several firms in Senegal are manufacturing good quality utensils at very competitive prices. An amount of 250,000 dollars will be needed.

54. In order to monitor better the production of the food blend and to control the quality of the finished product, a food technologist will be required on a permanent basis. Donors will be requested to assist through existing schemes. This expert will also provide technical assistance to the micro-enterprises producing the blended food in the future.

Monitoring and evaluation

55. As stated in paragraph 16, the World Bank will finance a monitoring and evaluation system to: a) determine the progress of activities according to planned targets and schedule, and propose appropriate corrective action; b) verify and update existing information on the extent, severity and location of various forms of malnutrition; c) establish the impact of project activities on nutritional status and relate these changes to other socio-economic and behavioural variables; d) provide a basis for ongoing evaluation of the project's effectiveness at the local, district and national level; and e) permit the continuous review of the implementation design.

56. Monitoring will be the responsibility of a monitoring and evaluation officer in the AGETIP office in Dakar. A statistician will be hired to work with this officer for about two months a year (to assist in the design of the system, and analysis and interpretation of data), along with a computer programmer (one month a year) and a part-time data entry clerk. This officer would undertake field checks and special monitoring surveys, as needed, to supplement this routine flow of information and to provide an assessment of its quality.

57. Monthly, quarterly and annual progress reports are foreseen. However, frequency of reporting will depend on the nature and importance of the indicator. Reporting formats and indicators will be designed during a monitoring and evaluation workshop to be held before the start of the project.

58. To ensure the sustainability of this system, the beneficiary population will be involved. This will be done through a) yearly beneficiary assessments, the results of which will be taken into account in the review of the different project components; and b) a monitoring system in which supervisors visit beneficiaries as well as non-beneficiary households to identify potential problems and to offer suggestions.

59. The ongoing evaluation will be based on two kinds of annual studies:

a) a baseline study of a cross-section of households in target areas to evaluate changes in nutritional status and food security. These data will be compared to those collected by the Sentinel Sites set up by UNICEF in non-targeted areas with a similar socio-economic status;

b) a beneficiary assessment to find out from the target population how the programme helps them solve problems, and to identify ways to improve the programme.

60. The Ministry of Health, Division of Food and Nutrition (SANAS), will carry out a quality control of the evaluation studies, and will participate in the analysis and interpretation of data. A set of the evaluation data will be kept by SANAS.

Training

61. The training component will include a) a package of on-the-job training services related to work organization, management, and technical and nutritional training for small and micro-entrepreneurs who are awarded contracts for delivery of nutrition services; b) a training programme for supervisory services to be carried out by contracted NGOs; and c) training in how to plan and conduct IEC, including the development of strategy and materials, use of materials, and interpersonal communication techniques, for local consultants who will provide IEC training to small and micro-entrepreneurs and local NGOs, and participants involved in social mobilization. Those implementing the social mobilization and IEC programmes will be trained using the "training of trainer" model. The training programme will apply the same methods as those used by AGETIP (i.e., training will be contracted out). Training modules have already been developed and adapted from existing material.

62. Training is provided at present to some 120 micro-entrepreneurs and their staff, as well as to a number of supervisors (NGOs). Young medical doctors are being trained to perform training and special supervising functions in the nutrition programme.

PROJECT FEASIBILITY

63. The appraisal mission of January/February 1995 (with the participation of all the implementing partners) considered the project to be technically feasible on the basis of the following elements:

a) the project is directly related to the Government's national policy of broadening access to nutrition and basic health programmes of the poorest;

b) the project is part of a larger scheme (with the participation of the World Bank and Germany through KfW);

c) production of the blended food is simple and can be carried out by local manufacturers or small artisanal groups;

d) the whole programme has already been financed;

e) the executing agency, AGETIP, has demonstrated its capacity to manage this type of project;

f) UNICEF will participate in the elaboration of the IEC programme and has given advice on this and other related matters throughout the preparation stage;

g) a pilot phase has been successfully carried out and the lessons learned incorporated in the present implementation design.

64. The formulation of the blended food is in accord with recognized international standards for supplementary foods and has been accepted by project nutritionists as suitable for accomplishing project objectives. The method of production is simple and inexpensive and can be undertaken by Senegalese manufacturers with, for the most part, available equipment and using reasonable standards for safe, hygienic procedures. The ingredients, except for vitamin and mineral premixes and sugar, are available locally, and should be available in sufficient supply to meet the needs of the project without disrupting national food security. The product tested is well accepted by the recipients. Any potential problems regarding the supply of ingredients, manufacture, formulation, etc. have been examined and contingency plans devised to solve such problems should they arise.

RISKS

65. The project, as part of the whole nutrition programme, will be carried out in the urban low-income areas of Senegal and among its poorest people, many of whom are illiterate. Therefore, it will not be easy to implement and presents four specific risks. The **first risk** concerns the production of the food supplement, since the enterprises selected by WFP (AGRIFA for the supply of roasted ground-nuts and cowpeas, Moulins SENTENAC for millet processing and mixing, and SATREC for packaging) enjoy a virtual monopoly. **The second risk** is linked to the strong coordination required among the many stakeholders associated with project implementation, which could pose a logistical problem that might undermine AGETIP's efforts to achieve the project's objectives efficiently and effectively. **The third risk** is that implementation might be delayed by community mobilization, organization and training shortfalls. **And, fourthly,** the necessary nutrition-health coordination arrangements between AGETIP and the Ministry of Health could fall short of expectations.

66. To reduce these risks, during the first year of operation WFP will attempt to identify, through local competitive bidding, alternative sources for the production of the food supplement. The project will be implemented on the basis of a detailed Manual of Procedures and according to a strictly organized schedule of supervision procedures, thus ensuring attention to quality issues on the part of all implementing bodies. In addition, implementation will proceed in a planned manner. Starting from the pilot phase, the programme will only expand to full coverage after organizational, management and technical programme details have been sufficiently tested and adjusted to account for absorptive capacity conditions in the field. The National Commission for the Fight against Malnutrition constitutes the strongest force in supporting AGETIP's community mobilization efforts. Training and in-service training of the large numbers of private entrepreneurs and beneficiaries are recognized as key elements for success, and will be carried out in a rigorous manner. In addition, improved coordination with the health system will be ensured by clearly defined contractual arrangements between AGETIP and the Ministry of Health. Finally, AGETIP's contract management capabilities, supported by its strong management information system, have proved a guarantee for cost containment and will ensure sustainability.

DISINCENTIVES, DISPLACEMENT AND DEPENDENCY

67. Over the four years of the project, WFP plans to import 17,500 tons of wheat (or 7,500 tons of rice), which will be monetized to finance the purchase of a locally-produced blended product. The demand for wheat is entirely satisfied by imports. The average annual delivery of wheat by WFP represents only two percent of average annual imports over the 1989-94 period. Therefore, it is unlikely that market displacements will occur. If rice is chosen instead of wheat for monetization, the quantities to be imported annually under the project are so small compared to past average production and imports of rice that it is very unlikely that market displacements or production disincentives will occur. Indeed, the average annual

imports of rice under the project represent only two percent of average annual local production and 0.5 percent of average annual imports over the period 1989-94.

68. The project targets very specific groups of the population: expectant and nursing mothers and young children. The food will be given for a specific, short period of time and therefore no dependency on food aid is foreseen.

PROJECT COSTS

69. The breakdown of project costs is as follows:

PROJECT COST BREAKDOWN	Quantity *(tons)*	Value *(dollars)*
WFP COSTS		
a) **Food cost**		
Food for distribution[1]		
- wheat (for monetization)	17 500	2 537 500
- sugar	637	222 950
Subtotal	**18 137**	**2 760 450**
b) **Cash cost**		
- external transport, insurance and superintendence		1 206 778
- WFP contribution to ITSH for the blended food (average of 60 dollars a ton)		382 200
Total WFP costs		**4 349 428**
GOVERNMENT COSTS		
- administrative and technical personnel and recurrent costs (AGETIP)		1 600 000
Total Government costs		**1 600 000**
OTHER FUNDING		
World Bank		18 200 000
Germany		3 000 000
TOTAL PROJECT COST (WFP, Government and others)		**27 149 428**

WFP costs as a percentage of total project costs: 16 percent.

(For further details, please see Annex II)

[1] This is a notional food basket used for budgeting and approval purposes. The precise mix and actual quantities of commodities to be supplied to the project, as in all WFP-assisted projects, may vary over time depending on the availability of commodities to WFP and within the recipient country.

COORDINATION AND CONSULTATION

70. During project preparation, a number of studies financed by the World Bank were conducted in order to sharpen the understanding of poverty and malnutrition in Senegal and ensure greater client consultation and participation. These studies have been completed and include:

a) a beneficiary assessment of poor urban households to examine changes in household behaviour, particularly eating habits, in order to assess the nutritional status, and to solicit those households' views on a supplementary feeding programme;

b) a targeting study to identify poor neighbourhoods in regional capitals and other main urban centres, as well as the project's target population in those areas;

c) a study of the eating habits of the target population in urban areas to identify breast-feeding practices, weaning foods and food habits of women, so as to help define an appropriate composition of the food supplement, especially for weaning purposes, and effective messages for nutrition education;

d) a study on social mobilization to determine the most effective methods of encouraging community participation and hence community ownership, of changing traditional nutritional behaviour with regard to breast-feeding and weaning, and of providing nutrition education to the target population, the providers of the nutrition programme and health personnel;

e) a census of community groups, including NGOs and women's associations, which are at present active in the field of nutrition, to determine their capacity to implement and/or supervise a nutrition programme; and

f) a study of existing health/nutrition services and facilities in the targeted areas.

In addition, WFP financed a study ("Local production of a blended food in Senegal for use in the community nutrition project") to determine the composition of the food supplement. The recommendations of the study were reviewed by WFP, AGETIP, KfW and the World Bank in July 1994. Following this review, a supplementary study ("Etude relative à la production d'un aliment de complément pour le projet de nutrition communautaire au Sénégal") was conducted in August 1994 by a local consultant under WFP and AGETIP supervision. These studies prompted the following activities: a) a trial run for the production of the food supplement; b) a test of the acceptability of the food supplement by a sample of the target population; c) the selection of targeted neighbourhoods; d) a census and nutritional-level screening of the population in the targeted areas; and e) a workshop of project stakeholders on IEC and social mobilization strategy. The studies also contributed to the preparation of the pilot phase, which has been launched in three neighbourhoods, in order to test project approaches and procedures and to adjust them, if necessary, for actual project implementation.

71. On the institutional side, a National Commission for the Fight against Malnutrition was created at the Presidency in June 1994 to ensure that a social safety net for urban poor households be available. The Commission, chaired by the President of Senegal, is composed of representatives of the Prime Minister's Office, of the Ministries of Economy, Finance and Plan, Health and Social Action, and Women, Children and Family Affairs, AGETIP, and NGOs. The Commission plays a strong role in supporting AGETIP's community mobilization efforts and in ensuring coordination among the ministries involved in project implementation. A technical committee, chaired by the Ministry of Health and Social Action and composed of the Ministries of Women, Children and the Family, of Economy, Finance and Plan, and AGETIP, was formed to assist in project design. This committee has been replaced by a consultative committee, which includes representatives of UNICEF, WFP, USAID, GTZ, ORSTOM, SANAS, Division Education pour la santé du Ministère de la santé (EPS), and Environnement et développement en Afrique (ENDA), so as to allow an exchange of views on a number of nutritional and institutional issues and to ensure that the best practice is followed.

72. UNICEF has provided advice throughout project preparation. As a member of the consultative committee, it has, *inter alia*, contributed extensively to the planning of the IEC component by: a) providing pedagogical materials, especially on breast-feeding, diarrhoea, anaemia and deworming; b) supplying SANAS with relevant leaflets; and c) holding a seminar/workshop (in September 1994) to review and further develop nutrition/IEC modules and media (audio-visual spots, posters, flip charts and root media) used in Senegal. AGETIP attended the September seminar, which was held with key partners, SANAS, EPS, and selected NGOs, such as ENDA-Health. In addition, AGETIP held another seminar with these key partners and UNICEF in December 1994. The IEC strategy and the yearly planning of IEC activities for the project were finalized during the seminar.

DATE OF APPROVAL BY THE EXECUTIVE DIRECTOR

73. The project was approved by the Executive Director on 28 August 1995.

ANNEX I

BENEFICIARIES AND CENTRES BY YEAR

Beneficiaries	Year 1	Year 2	Year 3	Year 4	Total
Food supplement and services (weekly)					
Children	31 000	59 000	67 000	73 000	230 000
Nursing mothers and first pregnancy mothers	19 000	31 000	33 000	37 000	120 000
Subtotal	**50 000**	**90 000**	**100 000**	**110 000**	**350 000**
New beneficiaries	50 000	75 000	73 000	80 000	278 000
Beneficiaries from previous centres		15 000	27 000	30 000	72 000
Monthly services only					
Children	8 500	15 300	17 000	18 700	59 500
Mothers	8 500	15 300	17 000	18 700	59 500
Total beneficiaries	**67 000**	**120 600**	**134 000**	**147 400**	**469 000**
Number of new centres	72	107	104	114	397
Number of old centres		72	179	283	
Total number of opened centres	**72**	**179**	**283**	**397**	

ANNEX II

FINANCING PLAN BY DISBURSEMENT CATEGORY *(million dollars)*

	IDA		WFP		Germany		Government		Total	
	$	%	$	%	$	%	$	%	$	%
Water programme					2.8	10.0			2.8	10.0
Nutrition services	7.9	29.0	4.3	16.0			1.6	6.0	13.8	51.0
Training	1.5	6.0							1.5	6.0
AGETIP management fee	0.8	3.0			0.2	1.0			1.0	4.0
Consultant services	4.5	17.0							4.5	16.0
Project preparation	0.5	2.0							0.5	2.0
Unallocated	3.0	11.0							3.0	11.0
Total disbursements	**18.2**	**68.0**	**4.3**	**16.0**	**3.0**	**11.0**	**1.6**	**6.0**	**27.1**	**100.0**

Source: Appraisal Mission, January/February 1995.