IEG Brief: Effective Service Delivery

A Key Factor in Senegal’s Successful Fight against Malnutrition

World Bank/Independent Evaluation Group (IEG’s) evaluation of Senegal’s Nutrition Enhancement Program/NEP (2002-2014) highlighted a number of critical factors contributing to this program’s very strong performance. Among the most prominent is its service delivery system—the result of both extremely good design work and its ongoing refinement over the past 15 years. Indeed, it is this strong service delivery system, which underpins two other strong features of program performance highlighted in this evaluation: an increasingly multisectoral approach and increasingly effective behavior change interventions.

Service Delivery. The program has set up a top-notch institutional/organizational structure, which is highly focused on the delivery of community services responsive to the needs of target groups and embraces the roles, responsibilities, and comparative advantages of a range of actors and stakeholders. The multiple strengths of nutrition service delivery, as designed and nurtured under the program were directly observed by the evaluation mission to be very good practice and pivotal to the program’s success. They are distilled in box 1.

Box 1. Service Delivery Features of Senegal’s Nutrition Enhancement Program

- Services are linked to a clear objective around which all service providers are united and for which the clients have strong ownership and appreciation.
- Sound understanding and strong involvement of key local actors’ support and facilitate the use of services and application of knowledge by the targeted clients.
- Roles, responsibilities, and complementarities of all actors and stakeholders are clear and understood and their synergies exploited.
- Room is provided for supporting and nurturing innovation in the prioritization and delivery of services.
- Service delivery standards are established, clear, adhered to, and validated by technical support and data.

• Service pyramid is turned around, putting clients at the top, service providers are accountable to the clients (and to the authorities that represent them), and the Cellule de Lutte contre la Malnutrition (CLM) and policy makers are in a supportive role.

• Good governance pervades every level of the program and every dimension of the strategic management cycle (starting and ending with monitoring and evaluation for learning, accountability, and improvement).

• Program management is transparent and credible, underpinned by: strong and recurrent communications; validation, discussion, and use of data for decision-making at the point of data collection; regular, bottom-up meetings for candid assessments of program performance and continual improvements; involvement of local/traditional authorities and opinion leaders; and strong appropriation of objectives by local authorities.

• Strong interface between local level technical services and community level is achieved through contracts with nongovernmental organizations (NGOs) possessing both technical expertise and the trust of the communities; contracting evolved from first project, under which NGOs were contracted directly by the NEP, to three signatories (NGOs, NEP, and local collectivities, responsible for nutrition financing and implementation under the decentralization policy).

• Community-level structures, whose members are chosen by the community for trouble-shooting, problem solving, prioritization, and targeting of services, provide an enabling environment, evidence-based management, and learning—to allow communities to lead where they have the comparative advantage.

• Communities choose community-based nutrition aides to deliver services, who are trusted and respected and accountable.

• A creative, innovative focus on evolving toward services sustainability is exploring ways and means of remunerating nutrition aides.

• “Horizontal integrity” of the institutions and actors ensure coordination and coordination of actors at each level of the program through joint oversight of financing and performance, nurturing and supporting an increasingly multisectoral approach.

• “Vertical integrity” of the institutions and actors ensures the collaboration of resources up and down the system to ensure the delivery of quality services.

• Strong program leadership delegates responsibilities to the level/actors closest to the target populations and then supporting them, addressing only those problems that cannot be resolved locally.

• Systems and structures support a participatory process of learning and fine-tuning, which has been institutionalized at every level of the program.

A Multisectoral Approach Has Truly Taken Hold. The first phase project judiciously and strategically limited its initial support to two sectors: health and education. And it was successful in strengthening these sectors’ capacities and involving them in critical activities for which they had the comparative advantage. The health sector now contributes in a number of ways to the nutrition agenda, including preparing and enforcing service standards; training, supervising, and supporting nutrition aides in the delivery of services; reinforcing health and
nutrition messages of the nutrition aides; and taking on cases of acute malnutrition referred to health facilities by the nutrition aides and other community members. The education sector delivers micronutrients and deworming services to school children; delivers health and nutrition messages for students and their families; promotes girls’ education; and is serving as an innovative vehicle for promoting the NEP messages and agenda in communities. As local governments became more involved in the financing, coordination, and implementation of the nutrition program, and as the goal of the NEP became more strongly understood and owned at the local level, an increasing number of sectors became active and involved. Field visits demonstrated how this is taking hold. Local authorities were eloquent in appreciating NEP progress to date but quick to add that other sectors must become increasingly involved, especially clean water and sanitation. An agriculture extension agent who was interviewed expressed his strong sense of responsibility when he mentioned that he provides mothers with the best (drought-resistant) seeds for their family gardens, and stated that if he sees a malnourished child in his area, it is a signal that he is not doing his job well. Livestock agents have become key in keeping village/family herds of goats safe, well, and fully vaccinated by frequent visits, caring for sick goats and seeking to upgrade the breeds. Indeed, beneficiaries interviewed expressed their appreciation of multisectoral support under the project (family gardens, family livestock projects, cash transfers), which were pivotal in allowing them to apply fully the knowledge and behaviors promoted by the program.

A meeting with the focal points of all sector ministries and public agencies, who are members of the CLM representing all relevant sectors, revealed a strong and still increasing commitment to a multisectoral approach. Indeed, many respondents (inside and outside of the CLM) noted that the building of this multisectoral approach has been nothing short of a revolution. Sectors’ contributions are increasingly less about what money they receive and more about what they understand to be a national objective, which they have the mandate and accountability to effect. Moreover, this meeting highlighted plans and opportunities for joint work, e.g., between Agriculture and Industry, and Industry and Commerce, among others. While at the time of the CLM’s creation, focal points attended meetings somewhat reluctantly, this meeting exhibited a true reform in the way this forum works. There is a unanimous demand for meetings to continue their evolution toward being more technical, operational, creative, and entrepreneurial in nature, rather than institutional. There was widespread consensus that the ongoing development of a new strategic plan is an important vehicle and opportunity to continue this evolution. Rather than merely preparing sectoral plans for insertion into a multisectoral nutrition plan, each sector now sees its nutrition contributions as an integral part of its own sector plans. Indeed, the new multisectoral nutrition plan has since been adopted (June 14, 2017) and includes the sector plans of all technical ministries, as drawn from their respective mandates and as deemed relevant to supporting the country’s nutrition objectives.

Behavior Change Interventions. Behavior change communication was designed at the outset based on studies documenting local-level knowledge, beliefs, and practices, which undermined the health and nutrition of mothers and children. During the course of implementation, and thanks to the results-focused, learning-by-doing
approach, refinements were made, as experience was gained, a few cited here. Communication efforts are not only about sending messages to target populations, but also about listening to them. It is not only their knowledge and behaviors that should be understood and addressed, but also their roots and rationale. A behavior is not likely to be changed if it is deeply embedded in religion, tradition, and culture. The involvement of religious, traditional, and cultural leaders turned out to be an effective approach both to mobilize populations to attend education sessions and to encourage changes in their behaviors. The involvement and support of other people with strong influence on mothers’ behaviors were also important, especially mothers-in-law and husbands. Moreover, changes in behaviors are contingent on more than just knowledge and the support of community and family. Some are only possible with the provision of means. Beneficiaries were unanimous across all field visits in noting that proper nourishment of children, and their basic health care were greatly facilitated by family gardens, family livestock projects, grain storage projects, income generation activities, and cash transfers. Behavior change was also greatly stimulated by data and group discussions. Trends documented in individual growth charts (both good and bad), and then discussed in a group, incited mothers to adopt practices to improve their children’s growth trajectories.