

Effects of social funds, community-driven development and reconstruction on food security and nutrition and health security

Social funds, community-driven development (CDD), and reconstruction programs had a small effect on food security, nutrition, and health security.

Geographical region: Sub Saharan Africa, South Asia, Latin America & Caribbean, Europe & Central Asia,

Effect size: Small effect ($g=0.08$)

Confidence in study findings: Moderate confidence (8 studies; 22 ES)

Short summary

Social funds, CDD, and reconstruction programs had mixed effects on food security, nutrition, and health outcomes, resulting in a small overall effect. While some interventions improved child nutrition and reduced illness prevalence, other programs showed no significant impact on food security or health indicators. These findings suggest limited effectiveness in achieving long-term health security. Confidence in this cell is moderate due to variability in effect sizes across studies.

Long summary

The intervention

Interventions included social funds and CDD programs focused on improving infrastructure, local governance, and service delivery in conflict-affected and underserved regions. Activities involved funding health facilities, schools, and income-generating projects; establishing community councils; promoting participatory decision-making; and providing block grants for local initiatives to enhance food, nutrition, and health services.

How the intervention is expected to work

The interventions aim to improve food security, nutrition, and health security by strengthening infrastructure, governance, and service delivery. Health facility construction and upgrades improve access to care, reducing illness and mortality. School infrastructure supports education and health awareness. Community-driven governance ensures project alignment with local needs. Income-generating activities increase household economic stability, improving food access and healthcare affordability. Participatory decision-making and block grants enhance project sustainability, fostering long-term improvements in food and health security.

The evidence base

The cell includes eight impact evaluations and one systematic review. Studies employed randomized controlled trials (RCTs), quasi-experimental designs, and observational analyses, using methods such as instrumental variable estimation, difference-in-differences, propensity score matching, and pipeline matching.

Research was conducted in Angola, Afghanistan, Nicaragua, Armenia, Burkina Faso, Chad, Niger, and the Democratic Republic of Congo (DRC).

Evidence findings

Social funds, CDD, and reconstruction programs had small mixed effects on food security, nutrition, and health security. Some interventions improved child nutrition and reduced illness, while others produced no measurable benefits. High-confidence RCTs showed no significant improvements in long-term health outcomes, suggesting limited overall effectiveness.

The review evidence

Community-driven development programs enhanced facilities for education, health, and water services and produced slight improvements in health- and water-related outcomes.

The impact evaluation evidence

Arcand (2009) evaluates the impact of the Fundo de Apoio Social (FAS I and II), a World Bank-sponsored social program implemented in Angola during the civil war (1994–2000). The FAS aimed to enhance access to basic infrastructure, improve community capacity, and generate income opportunities. The program was strategically deployed to consolidate government support in contested areas while maintaining support in government-controlled regions. The study focuses on Angola, particularly nine provinces: Cabinda, Luanda, Kwanza Sul, Benguela, Huambo, Namibe, Huila, Cunene, and Bengo. The study employs a linear instrumental variables (IV) approach using the political geography of the conflict as an exogenous variation for treatment assignment. It also utilizes a local IV estimator to analyze marginal treatment effects. The data comes from the 2000 National Household Survey (IDR 2000). The study includes households in communities affected by the FAS program, with a total sample of 10,117 households and 8,328 children under five years old. Findings on child height-for-age z-scores (HAZ) indicate a significant improvement, with an increase of 0.359 corresponding to a 22.7% reduction in height deficit. Additionally, the study found no significant interaction between conflict intensity and HAZ improvement, suggesting that the benefits of the program on child health outcomes remained consistent regardless of the level of conflict. The study is rated as medium confidence as it is a non-experimental study.

Beath (2015) evaluates the impact of Afghanistan's National Solidarity Programme (NSP), a large-scale rural development initiative aimed at improving local governance and economic well-being through community-driven projects. The NSP facilitates the creation of gender-balanced Community Development Councils (CDCs), providing block grants for local projects. The study covers 500 villages across 10 districts in Balkh, Baghlan, Daykundi, Ghor, Herat, and Nangarhar provinces. The evaluation uses a randomized controlled trial (RCT) approach, with 250 villages receiving NSP (treatment group) and 250 villages not receiving it (control group). Data was collected through baseline, midline, and endline surveys from 2007 to 2011, comprising over 25,000 household interviews and more than 2,600 focus groups. The sample includes 500 villages with household surveys and focus groups of village leaders and women. The data is derived from both male and female respondents. NSP program had no significant impact on caloric intake ($p=0.831$), months of food shortages, or the

proportion of households experiencing a food shortage at least once in the past week. The time trend suggests that caloric intake fell while weekly food shortages increased in control villages between 2009 and 2011. The study is rated as high and medium confidence quantitative study.

Brune (2009) evaluates a management and leadership (M&L) training program designed to increase social capital in post-conflict Nicaraguan communities. The intervention aimed to foster civic engagement, trust, and participation in governance while also assessing its impact on health behaviours, particularly child healthcare practices. The study was conducted in three Nicaraguan communities: Pantasma, Waslala (treatment), and Cinco Pinos (control). A two-year quasi-experimental design was employed, with baseline and follow-up household surveys assessing changes in social capital and health behaviors. The study used logistic regression models to measure associations between social capital and individual/community health practices. The study included a baseline sample of 198 households and a follow-up sample of 210 households. Findings on child healthcare behaviours showed mixed results. There was no statistically significant relationship between social capital interventions and the use of modern medicine to treat child diarrhea. However, participation in community groups significantly increased the likelihood of using modern medicine for respiratory illnesses ($p=0.022$), as did more frequent meeting attendance ($p=0.018$). Additionally, trust in neighbors was strongly correlated with modern medicine use for respiratory issues ($p=0.008$). Regarding child growth monitoring, contributing to groups was positively associated ($p=0.094$), while higher levels of trust had a negative association ($p=0.014$). Community participation also significantly increased child monitoring behaviors ($p=0.069$). The study is rated as high and medium confidence quantitative study.

Chase (2002) The Armenian Social Investment Fund (ASIF) aimed to support communities in rehabilitating local infrastructure, particularly schools and water systems, during Armenia's transition from a centrally planned economy. ASIF provided financing for community-driven projects to improve education, water access, and social services. The study was conducted in Armenia, targeting earthquake-affected regions (Aragatsohn, Lori, Shirak), conflict-affected regions (Sunik, Tavush), and urban areas (Yerevan). The study used propensity score matching and pipeline matching techniques to control for selection bias. The evaluation compared households in communities with completed ASIF projects to those in communities with approved but incomplete projects. The study was based on a nationally representative household survey (3,600 households). An oversample of 2,260 households from ASIF-active areas was included. The total sample included 113 clusters where ASIF was active. The findings indicated that ASIF had a measurable impact on reducing household-reported illness and inactivity due to illness over the previous 12 months. The proportion of households reporting illness was 13% in ASIF communities, significantly lower than 18% in matched comparison communities ($p<0.05$) and 17% in pipeline comparison communities ($p<0.05$). Similarly, the proportion of households reporting inactivity due to illness was 15% in ASIF communities, notably lower than 25% in pipeline comparison communities ($p<0.01$) and 20% in matched communities ($p<0.10$). However, there was no statistically significant difference in the proportion of households reporting ill children between ASIF and comparison communities. The Armenian Social Investment Fund (ASIF) had significant impacts on household water and sanitation infrastructure. Households in ASIF communities were more likely to have indoor water taps ($p<0.01$), central water systems ($p<0.01$), flush toilets ($p<0.01$), and cold running water ($p<0.01$). Additionally, 34% of households reported water service improvements in the past year ($p<0.01$), though sanitation improvements were not statistically significant. The study

is rated as low confidence quantitative study due to selection bias and a small sample size in subgroup analysis.

Finkel (2018) The Peace through Development II (PDEV II) program, funded by USAID, aimed to counter violent extremism in Burkina Faso, Chad, and Niger from 2011 to 2016. The program sought to improve social cohesion, increase resilience to extremist ideologies, and promote civic engagement. It included interventions such as vocational training, media campaigns, and community-led initiatives to address underlying causes of extremism. PDEV II was implemented in 45 “core zones” (which received all program interventions) and 56 “non-core zones” (which received only radio-based interventions). The impact evaluation used a quasi-experimental difference-in-differences approach to assess the program’s effects by comparing core and non-core zones. Surveys were conducted with 7,888 respondents across 83 zones. The findings indicate mixed results, in Chad, life satisfaction decreased over time, but this decline appeared to be unrelated to the PDEV II program. In Niger, while life satisfaction improved, core zones experienced a significantly lower increase compared to non-core zones, suggesting an adverse impact of PDEV II activities ($p < 0.05$). In Burkina Faso, there was no significant difference observed. The pooled treatment effect was statistically insignificant, indicating no consistent overall impact of PDEV II on life satisfaction across the study regions. The study is rated as high and medium confidence quantitative study.

Humphreys (2014) The Tuungane program in the Democratic Republic of Congo (DRC) aimed to enhance participatory governance by providing communities with funds for local projects and encouraging democratic decision-making. The study was conducted in villages across the eastern DRC. A randomized controlled trial (RCT) was used. Communities were randomly assigned to participate in the Tuungane program or serve as controls. A follow-up intervention, RAPID, tested transparency and accountability effects. The study involved 560 villages. The findings indicate Tuungane intervention showed a weak positive correlation with poorer health outcomes, but the results were not statistically significant ($p > 0.05$). The intervention effects included minor increases in fever (1.32 percentage points) and cough (1.08 percentage points) suggesting no clear impact of the program on sickness prevalence. The study is rated as high and medium confidence quantitative study.

Laudati (2018) The Tuungane 1 program (2007-2011) aimed to improve education infrastructure and service provision in rural areas by funding school construction and supplies. However, it did not directly target teaching quality, affordability, or governance. The study was conducted in the Democratic Republic of Congo (DRC). A randomized controlled trial (RCT) was used to measure the impact of the intervention on educational outcomes. Data was collected from household surveys and direct testing of children’s educational performance. The study included randomly selected households from control and treatment areas. A subset of children aged 6–11 was tested in mathematics, French, and science. The total sample size for education-related measures was 3,054 children. The study on health outcomes from the Tuungane 1 program found no significant improvements in overall health conditions. There was no statistically significant difference in health indicators between treatment and control areas. However, a slight reduction in sickness among household heads was observed in Tuungane 1 areas ($p < 0.05$), though no other significant health improvements were found. We have high confidence in the study due to its randomized controlled trial (RCT) design, large sample size. The study is rated as high and medium confidence quantitative study.

Laudati (2018) The Tuungane 2 program (2011–2014) was a Community-Driven Development (CDD) initiative implemented by the International Rescue Committee (IRC) in eastern Democratic Republic of Congo (DRC). The program aimed to

improve local governance, service delivery, and infrastructure, particularly in education and health sectors. Communities elected Village Development Committees (VDCs) to oversee funded infrastructure projects (e.g., school and health facility construction) while promoting participatory decision-making. The study was conducted in South Kivu, Haut Katanga, and Tanganyika provinces of the Democratic Republic of Congo (DRC). The evaluation used a non-randomized, quasi-experimental design, employing propensity score matching to compare Tuungane communities with similar non-Tuungane communities. 781 villages surveyed. This study evaluates Tuungane 2's impact on education infrastructure, school attendance, and governance outcomes. The study on health outcomes in Tuungane 2 areas found that Under-five mortality was reported at 11% in control areas, aligning with national trends, and remained unchanged in treatment areas. The incidence of household head mortality was significantly higher in Tuungane 2 areas ($p < 0.01$). The percentage of households reporting the death of any member was 13%, with no significant difference between groups. A slight increase in sickness among household heads in Tuungane 2 areas was noted ($p < 0.1$), while illness rates among other members showed no significant change. The study is rated as low confidence quantitative study.

Confidence assessment

The overall confidence in the studies is moderate due to inconsistency in the effect sizes of the studies.

Link to review summaries

White Howard (2018)

Other outcomes in the study:

Violence and atrocity prevention/Nature and scale of violence or atrocities/ Diplomatic relations and peaceful dispute resolution/ Social norms regarding violence and atrocities

Social cohesion/Sense of belonging/ Feelings of trust and acceptance of diversity/ Willingness to participate or help

Community and state governance/Access to justice, rights and public services/ Government performance/ Civic participation

Human security/Intermediate social cohesion outcomes/ Economic security/ Educational security/Physical security/ Political security