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CATHOLIC RELIEF SERVICES U.S.C.C.
AFRICA REGIONAL OFFICE

W H I T H E R T I T L E I I

A CONTRIBUTION TO FOOD FOR PEACE
PL 480 TITLE II
EVALUATION

- Document A: Food Aid, Nutrition and Development
Document B: Title II Policies and Practices
Document C: Contract Evaluations of Title II Programs
Document D: Kenya Food for Peace Evaluation:
 Observations and Comments
Annex : Evolution of the Food-Aided
 Nutrition Program in Sub-Sahara Africa

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14th November, 1980.

TO : SEE DISTRIBUTION
FROM : CRS AFRICA REGIONAL OFFICE - DR. C. CAPONE
SUBJECT : PL 480 TITLE II KENYA PROGRAM EVALUATION

Attached for your interest and comments is a copy of "Whither Title II" which is our contribution to the AID evaluation of Title II programs in general and of Kenya country program in particular. This documentation should be read together with the "Kenya Food for Peace Title II Evaluation", the report prepared by Practical Concepts Incorporated (August 1980) which was copied to you, for your comments by Food for Peace on August 19, 1980.

Encl.

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INTRODUCTION

This contribution to the Evaluation of Title II PL 480 Programs consists of the following four documents and Annex:

In Doc. A the principles of economic and social welfare which should regulate international food aid are presented. Reference to these principles has so far been missing in the AID evaluations of Title II country programs.

Doc. B is a critical review of those AID Title II policies and practices which regulate the programs of the sponsors and distributors of Title II foods. AID evaluations of country programs usually omit a review of the principles and assumptions underlying the AID policies and procedures.

Doc. C is a brief analysis of the methods employed by AID in their evaluation of the sponsor and distributors programs. In spite of the fact that different contractors are employed with apparently different scopes of work, the main assumptions underlying the AID Title II country program evaluations, appear to be the same.

In Doc. D, the draft report of the "Kenya Food for Peace Title II Evaluation" is the basis for presenting a critical review in light of the principles discussed in the previous documents.

The Annex is a review of the effort of the CRS country programs in Sub-Sahara Africa to utilize Title II resources for nutritional and developmental goals.

FOOD AID, NUTRITION
AND DEVELOPMENT

By

Dr. C. CAPONE

An outline of economic and
social welfare principles
which regulate the management
and administration of inter-
national food aid.

NAIROBI - KENYA

SEPTEMBER 1980

1. DEFINITIONS

1.1 Economic and developmental foreign assistance.

Economic assistance is carried out by transferring funds and goods from a wealthier country to a poorer country. The recipient must submit a justifiable request for said funds or goods.

Economic assistance is considered developmental when funds or goods are transferred to support, or finance, a developmental activity. Let us define a developmental activity as one which aims to improve one or more of the following components of development: production, consumption, savings, or investment.

A second form of economic assistance is the transfer payment. Assistance which transfers income without the exchange of some productive service shall be considered a transfer payment. Domestic examples are: food stamps, welfare payments, and disability grants. Programs of this nature provide for income redistribution.

Donors generally prefer to deliver aid-in-kind rather than financial aid, because they find it more acceptable to export goods, than currency. Aid-in-kind receives particular preference when the donated commodity is surplus to the domestic consumption needs, and to world market demand. Aid-in-kind need not imply inferior aid. There are instances when it is as acceptable and useful to the recipients as

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financial assistance. (Food aid during a famine is one such situation).

1.2 Food aid in terms of foreign assistance.

Food aid is one type of aid-in-kind that forms part of official foreign economic assistance programs.

In general, there are two types of food aid:

- i) **Concessional Sale of Food:** This is economic aid achieved through the transfer of food. Food donated to the poorer country, is sold by the local government, to the consumers. The funds from this sale remain with the receiving government, either as a grant or a loan. It is therefore a local currency transfer.

These funds need not be employed for developmental activities. Concessional sales enable the donor to provide the receiving government with financial aid, without the transfer of the donor's currency.

- ii) **Food Aid to the Consumer:** This is direct food aid in that the donated food is distributed, not sold, to the consumers in the poorer country. The food itself, not funds generated through its sale, represents the foreign assistance. This type of food aid is the subject of this paper.

As with other forms of economic assistance, food aid may be either a transfer payment or developmental assistance. As a transfer payment, food aid is distributed without exchange for a productive

service. (Food distributed for the disabled or orphans, is a transfer payment). In contrast, food aid is developmental when it is delivered to support or finance a developmental activity.

Food aid, like other forms of aid-in-kind, can, in some circumstances, be structured to support certain development activities as effectively as financial aid. This is possible in situations where poverty leads to undernutrition and malnutrition. There is a great need to improve consumption in these circumstances. Food aid can improve consumption as effectively as other forms of aid. If well-structured, it can also improve other elements of development.

Food aid programs designed to provide developmental assistance for the poor of the developing countries are the subject of the following section.

2. FOOD AID FOR THE VULNERABLE GROUPS

2.1 Validity of food aid for these groups.

It is well-known that undernutrition of the youngest sector of the population is mainly caused by poverty. In subsistence households, those where families involved in agricultural or pastoral activities have to spend most, or far too much of their income to satisfy basic food requirements, the traditional levels of intake are marginal for the whole family and inadequate for the young child. As a result, the young child is at continuous risk of becoming undernourished or malnourished.¹

¹The relationship between food consumption and subsistence economics is further discussed in "Review of an Experience with Food-Aided Nutrition Programs," by C. Capone, Nutrition Planning, Vol. 3, No.2, May 1980, pp. XXI-XXV.

At subsistence income level, child feeding practices are very dependant on income change. Education has a low probability of improving food consumption of the child without concurrent increases in family income.

Family income can be increased through development; yet, development, whether conventional or accelerated, will take too long to produce the income changes needed to protect the young child currently at risk of malnutrition. Food aid, or cash transfers to the household, can supply the increment at the time needed, to improve the food consumption of the child presently at risk. For this reason, if structured properly, food aid and cash transfers to the household can provide valuable development assistance targetted at the young child.

2.2 Food in relation to marginal propensity.

To structure a food aid program to provide the desired nutritional assistance to the young child requires an understanding of the marginal propensity of child feeding. For this discussion, let us define the marginal propensity for child feeding as the percentage of every dollar's worth of food aid which is administered to the preschool child as an addition to the existing diet. The impact of any food donation on the marginal propensity for child feeding will depend on the economic value of that package relative to the level of economic need within the household.

2.2.1 Marginal propensity for child feeding in subsistence level families.

At sub-economic levels of food aid, that is when the economic value of the food is too far below the economic needs of the family to enable it to improve

the food consumption of the young child, the marginal propensity for child feeding is next to nil. Little or none of the extra food is likely to be allocated to the young child. If any is given, it is usually given as a substitute for the present diet, rather than as a supplement. At such sub-economic levels of food aid, education is not likely to increase the marginal propensity for child feeding. The one apparent exception to this rule is the case of a severely malnourished child. The child's condition is then regarded by the household as a serious illness, and the family is prepared to make any sacrifices to save the child's life.

2.2.2 Influence of food aid on marginal propensity.

In the developing areas, higher levels of food aid which are economically significant to the household, may increase the marginal propensity for child feeding. This is possible if the food aid is provided in conjunction with the exposure of the household to supporting promotional activities.

As will be discussed later in greater detail, food aid, even if delivered in significant quantities, will remain a transfer payment with limited development potential unless it is delivered with relevant promotional activities.

Paradoxically, a food aid program for children is considered successful when, as a consequence of the economic aid received, the household improves the food consumption of the child, even if it does so without utilizing the donated foods for child feeding. Conversely, the program is considered unsuccessful if

all of the donated foods are consumed by the child, as a substitute for the traditional diet. This difference between increased consumption and substitution is tied to the economic value of the food aid. Therefore, the success of the program is more related to the economic value of the aid, than to the type or quality of the commodities provided.

This brief review of the marginal analysis aspect of food aid as it effects food consumption with the vulnerable group, points to one important conclusion:

To improve the food consumption of the under-nourished child, you must provide the household with a form of income increment. This increment must be larger than what would be required to procure the extra food needed by the child, and it must be accompanied by relevant promotional activities.

2.2.3 Example.

To illustrate this point, let us consider the following hypothetical example. Suppose that twenty dollars worth of food per year is needed by the child to improve his existing diet to an acceptable level. Incrementing the household income by twenty dollars worth of food aid in monthly allocations would have minimal impact on the child's consumption, with or without promotion. With the marginal propensity for child feeding near zero at the subsistence level, none of the additional food is likely to reach the young child as a food supplement.

Suppose that instead of twenty dollars, you deliver one hundred and twenty dollars of food aid, in monthly allocations worth ten dollars. This higher income increment is more likely to increase the household's

susceptibility to the concurrent promotional activities. In this way, the program may achieve the desired food consumption increase of twenty dollars per child per year.

Mathematically, this means that the program has succeeded, with food aid and promotion, in achieving a marginal propensity for child feeding, of sixteen percent. The one hundred and twenty dollars of food aid, plus promotional costs, were necessary to improve the child's food consumption by only twenty dollars. Such an achievement would be regarded as a success by many development workers.

The necessary mix of food aid and promotion has not been precisely identified. Perhaps equal results could be achieved with intensified promotional activities and a smaller income increment. The feasibility and additional costs of these activities would have to be compared with the costs of the additional food. In each case, the total expenditure would far exceed the value of the additional foods needed by the child.

The development worker is likely to have two misgivings with this strategy. First, one wonders what will happen to the propensity for child feeding when the food aid is withdrawn, or significantly reduced. This will depend on many factors, most of which are beyond the control of the program worker. Hopefully, by that time, all the household children will have passed the vulnerable age.

2.2.4 Consumer surplus and developmental activities.

The other concern of the development worker is that, by adding only twenty dollars out of one hundred and twenty, to the diet of the young child, one may generate a large consumer surplus in the household. A consumer surplus exists when you sell a good at a certain price to a buyer who would be willing and able to pay a higher price for the same good. If the household is willing and able to pay for the foods received, and is not expected to do so, the equivalent of a consumer surplus is created in that household.

In development work a consumer surplus is either a waste, or a missed opportunity. These are more serious when they involve the development of very poor people, or when development resources are scarce. Therefore, the development worker first ensures that every household exposed to the promotion, and receiving food aid, produces a better-nourished and cared-for child. This is the first and most important outcome of food aid. Secondly, to the extent possible, he aims to receive some payment for the consumer surplus.

This subsistence family is unlikely to have or be prepared to pay with cash or goods, for the foods. But, the household may be willing and able to pay with a productive service. The output of this service would benefit the household.

What the development worker ultimately seeks is that, as a result of the economic support received as food aid, the household engages in an activity which increases the income to a level that, when associated with increased propensity for child feeding, will

provide sufficient means for adequate child feeding, once the economic aid is withdrawn. In summary, the development worker uses the consumer surplus of the food aid to increase the household's productivity, to enable the household to adequately maintain the child without food aid.

It is the task of the development worker to suggest and promote these productive activities within the household. In that most of the subsistence families live on subsistence agriculture, and/or subsistence wage, there are two respective types of developmental activities which can be conveniently supported and promoted with the consumer surplus. These are improved agricultural production and improved savings.

Agricultural activities most suitable to be supported with the consumer surplus are those which yield an income increment and an increased availability of needed nutrients for the young children. It would have to be possible to monitor these activities to provide continuous support and promotion.⁽¹⁾

For the subsistence wage earner, a suitable development activity could involve a Savings and Credit Society or an informal savings and credit association established on the premises of the institution operating the nutrition program. According to the rules of the association the wage earner would qualify for loans for

(1) An example of an agricultural activity which can be associated with food aid is reported in "A review of an Experience with Food-Aided Nutrition Programs", by C. Capone, Nutrition Planning, Vol.3, No. 2, May 1980, pp. XXI-XXV.

developmental activities. While such a program has yet to be tested, it would seem possible that the income of the subsistence wage earner could be increased and the increment could be directed to development.

At this point, we can conclude that food aid can play an important role in improving the food consumption of the vulnerable members of the poorer communities. This is in itself a valuable developmental outcome. For its achievement, the program worker delivers both promotion and food aid; he should also provide the infrastructure for the utilization of the consumer surplus for other developmental activities. In many instances, the program worker and the donors may tolerate the consumer surplus, accepting that the means are not presently available to mobilize this surplus for further developmental activities. However, when allocating food aid, the donor should ensure that the implementing agency requesting the food has the means for achieving at least the nutritional outcome of improved consumption for the young child. Conversely, the implementing agencies must be sure that the food aid is of such quantity, and quality, to enable them to achieve these nutritional results.

2.2.5 Food consumption in families.

Understanding the precise nature of this nutritional outcome involves some understanding of the relationships of the food consumption behaviour of different household members. Improving, not merely increasing the food consumption of a household, usually means improving the food intake of the most vulnerable household members, the young children. It does not necessarily imply improved or

increased consumption on the part of the able-bodied members of the subsistence household; such changes may not be needed, except in time of famine, when food intakes are persistently and severely below traditional levels. Although consumption surveys may demonstrate that the calorie consumption of the adults is below standard requirements, it does not necessarily follow that they suffer from undernutrition or malnutrition or that they labour under conditions of "hunger," requiring relief. These people have adjusted their traditional physical activities and, perhaps even their metabolism, to the traditional subsistence diet. Certainly, a greater availability of calorie foods for the able-bodied adults would be desirable; but it does not automatically follow that when more calories are made available to the household, the adults correspondingly increase their calorie consumption above traditional levels. Also, in those instances in which calorie intake is raised above traditional levels, it does not necessarily follow that the adults spontaneously perform more productive physical work. As long as the adults do not suffer from persistent food deficits below traditional level, as commonly associated with loss of body weight, their marginal propensity for consuming other goods and services is usually higher than the marginal propensity for consuming food.

Within most households of the developing areas there is a demand for food aid as a budgetary support, rather than for food aid for improved or increased consumption. Food aid is wanted to the extent that it replaces the family expenditure for food, enabling the household to obtain non-food benefits through the sale/

exchange of the donated foods or the household's foods, which have been replaced by food aid.

2.2.6 Conclusion

In summary, we would conclude that increasing the marginal propensity for food consumption of the able-bodied adults is not necessarily a developmental priority, unless the increased food consumption results in, or is a reward for, increased productive activity.

2.3 Components of a developmental food aid package.

Once we have agreed that improving the food consumption of the vulnerable members of the poorer households of the developing areas is an acceptable developmental outcome of food aid programs, we must identify all relevant components of such a program. Up to now, we have stressed only the economically significant food packages. Too often these food costs are regarded as the only major program costs. Returning to our earlier conclusion that improved food consumption by the young child can be achieved by a food aid program that supplies foods in economically significant quantities in association with relevant promotional activities, we can begin to identify further significant program costs.

2.3.1 Transfer Costs

The transfer costs of aid-in-kind are one of its disadvantages in comparison to financial aid. These are the costs of delivering the food aid to the intended consumer. They include the costs of the physical transfer: loading, unloading, inland transportation, storage administration, and promotion, not merely ocean freight charges.

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These transfer costs are part of food aid, and also part of foreign assistance. One thousand dollars of food aid is not equal to one thousand dollars worth of food. It is equal to one thousand dollars of public fund allocation. One portion of this is for the purchase of the commodities, the other for the transfer costs. Recalling that the donor prefers to transmit goods rather than its own currency, it seeks to reduce to a minimum the currency export incurred in the transfer costs.

Any policy that limits the transfer costs to ocean freight charges makes food aid and its goals heavily dependant on the ability of local governments, voluntary agencies, local agencies, and local consumers, to raise funds for the other necessary transfer costs. These local funds are already used for the infrastructure of the very development program supported by food aid and for the support of other developmental activities.

2.3.2 Promotional activities and costs.

Promotional activities, which we will define as those activities which bring the food from the household to the child as a dietary supplement, represent a significant cost component of food aid programs. In fact, promotion is probably the most expensive element of transfer costs, per unit of food consumed as a supplement by the child, relative to all transfer costs incurred once the food has reached the port of entry. In this context, promoting means furthering

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the growth of the propensity for child care and child feeding.

Many misconceptions exist regarding the nature of promotional activities relevant to food aid programs. Promoting improved food consumption of the vulnerable group is not the same as delivering a conventional course of nutrition and health education. It is not necessarily tied to syllabi or classes. Such conventional education may assist in promotion; it is not, in itself, adequate promotion. Such education leads to learning, as commonly monitored by tests of knowledge. Promotion, in contrast, must lead to better fed children, as monitored by way of the child's growth.

Promotion which leads to nutritional results may derive its effectiveness primarily from an encouragement, or a sharing with the parents of the information provided by the monitoring system. This may be particularly true when the monitoring is carried out through growth charts, which show the progress of the child, in a simple graphic form, understandable to illiterate people.

Promotion may be quite effective when tied to an explicit commitment from the household to employ the economic aid to improve the food consumption of the child. This commitment must be regularly verified and reviewed with the parents. A commitment of this nature should make sense to both the promoter and the recipient, particularly when the aid delivered to the family as food supplements involves a substantial consumer

surplus for the household, and the family is only required to repay with a well-fed child.

Monitoring is an essential component of promotion. It enables the donor and promoter to assess the adequacy of the program to determine whether the economic aid and the promotion activities are adequate. It also enables the promoter to determine whether the household is fulfilling its commitment to improved child feeding, and to demonstrate this to the family.

Promotion, in the context of a food aid program for the vulnerable group, involves utilization of the economic (food), education (growth records), socio-cultural (status of well-fed, healthy baby, and ethical (commitment) inducements available. In this context, the effectiveness of the promotion is more closely related to the economic value of the food transfer, and the adequacy of the monitoring, than to any other factor. Effective promotion is not possible at sub-economic levels of food aid, or with an inadequate monitoring system.

2.4 Summary and conclusions

At this point, we have identified the essential minimum requirements of a food aid program, which seeks to improve the food consumption of the young child, in the household. These include a food package which is economically significant to the household.

Secondly, the program must include promotional activities, which induce the household to improve its child's diet. This promotion must include a monitoring system to:

- assess the family's fulfilment of its commitment to improve child feeding.
- visually demonstrate to the parents, the adequacy of their child feeding practices.
- evaluate the adequacy of the program components.

Missing any one of these minimum components, a food aid program cannot be expected to achieve the developmental goal of improving the food consumption of the young child in the household.

3. FOOD AID FOR THE UNEMPLOYED OR UNDEREMPLOYED: FOOD FOR WORK

3.1 Types of recipients of food for work.

In the previous section, the conclusion was drawn that food aid finds its best developmental role among the poorest households, those where there is an urgent need for improved food consumption by the most vulnerable household members. How food aid might assist the subsistence farmer to improve his production, and the subsistence wage earner to increase his real income and improve his savings, has been presented earlier. There are still the landless and the unemployed. There are also the underemployed, without enough land to keep them

productive year round, even at subsistence level, and those, mainly casual workers, earning wages below subsistence level, or below the minimum wage established by local laws and traditions. What these people need most is assistance to move out of their destitution, to become more productive, and to find regular and even permanent employment.

Food aid may be provided temporarily to help meet the basic needs of these individuals and their households, while steps are taken to return them to levels of traditional productivity, and the income level of the rest of their community. These people are in need of some form of income redistribution.

3.2 Role of food aid in assisting the landless, the unemployed and the underemployed.

In line with economic and social welfare principles, the unemployed and underemployed who benefit from the food aid program are asked to return any productive service they are able to perform, provided such service does not interfere with the transition to a stable and gainful activity, and that such service does not have a negative effect on any present income. In this way, the unemployed and under employed benefiting from food aid, are engaged by the community or the public sector.

This activity is a temporary occupation, which does not amount to employment. The worker offers whatever service he can perform, and does not normally receive

more than food for himself and his household. He would leave this occupation as soon as employment became available. This type of occupation is usually labour intensive with the community or public sector providing little or no capital.

3.2.1 Developmental impact.

The developmental impact of such occupations, on the household of the worker, would be expected to be minimal. Both the short term nature of the occupation, and its lack of any structured promotional activities, would minimize its impact. The developmental benefits to the community would be much smaller than when, public works supported by adequate capital, are carried out with a regularly employed labour force paid in cash. Very low efficiency is an inherent feature of these ford-for-work projects.

These schemes differ little from those which were conducted under the "Elizabethan poor law," which provided "relief" to "set to work" all the "able-bodied" who had no means to maintain themselves. People were required to work either at home, or in the workhouses. Willingness to enter the workhouse became the test of need.

The able-bodied unemployed and under-employed are as "eligible" for relief or food aid as the old, disabled, and chronically ill.

Food-for-work schemes acquire a developmental role only if the foods are associated with provisions for finding regular, stable employment for the recipients, and if the foods are delivered in conjunction with promotional activities to ensure that the undernourished and malnourished members of the household benefit nutritionally from the food transfer. Without these conditions, these schemes cannot be equated with employment, and the food aid cannot be considered developmental assistance.

3.3 Role of food aid in assisting the subsistence wage earner.

In the second type of food-for-work program, the worker is employed in public or community activities, at a regular wage (which can still be a subsistence wage) and according to regular conditions of employment. A portion of his wage is paid with foods, in agreement with the worker. The worker is expected to agree if the value of the food is higher than the wage retained. Such a scheme increases the food available in the household, and releases funds for further investment. When the scheme is associated with suitable promotional activities, the food aid program may also improve the food consumption of the vulnerable members of the family.

The portion of the wage retained must be such that any consequent reduction in food expenditure on the part of the worker, would not produce an undue negative effect on local prices and production. The nutritional and other developmental results obtained should more than balance possible negative side-effects.

3.4 CONCLUSION

Traditionally, distinctions have been drawn between food for work and food for the vulnerable group. Yet on the basis of the logic presented herein, it is apparent that both types of food aid constitute the same program, which is then described as a program which gives needed foods to needy households in return for a better nourished child and for a productive domestic activity carried out within the family's means. The public works activities would only be undertaken when a productive domestic activity is not possible.

4. FOOD AID FOR THE SCHOOL-AGE CHILD

4.1 Justification for school feeding

School-feeding programs exist in many developing countries. They usually provide a mid-day meal to the children attending school. This assistance is provided on the assumption that the school child is engaged in an activity, education, that will contribute to his country's development. The conditions of the typical rural school attender in a developing area suggest the need for such assistance.

The typical child leaves for school early in the morning having eaten little or nothing. He often walks a considerable distance to the school. He may not consume a meal until the afternoon, after returning home at the end of the school day. It is reasonable to expect that the child's learning is affected because of diminished attention, resulting from his lack of food until late in the day. The school may have to reduce the number of daily classes and the general standard of education, partly because of the discomfort and distress of the school child. In this context, food aid is regarded as a contribution to the education of the child.

4.2 School feeding as an economic aid to the family rather than the institution.

This assistance to the child's education has commonly been misrepresented as an assistance to the educational institutions. In the case of food aid, this would be accurate only if these institutions usually provided school meals. Final responsibility to feed the child falls on the child's family. Consequently, school feeding is an economic aid to the household, more than to the school. However, the expectation that the family provide the school child with a school meal may be unreasonable, in the context of the developing areas. This family is already forgoing the child's labour at home during most of the day. Secondly, the cost of a meal to be consumed at school is usually more expensive than an equivalent meal at home, where the child shares from the family pot. Most households will be unable to assume these additional costs without some form of economic assistance.

The inadequacies of existing school feeding programs often relate to the failure to structure the programs as an economic assistance to the households of the school children, rather than economic assistance to the schools. In fact, such programs may be very uneconomical for the schools. Facilities and staff for the preparation and distribution of the foods may involve considerable costs for the institutions. The lack of funds for such costs may threaten the quality of these programs.

Studies of school feeding programs, which have considered the impact on the child's food consumption, have indicated that the school meal serves more as a substitute, rather than a supplement, to the child's diet. This is to be expected, given our previous assumption that households in developing areas first consider food aid as a budgetary addition/substitution, not as nutritional assistance. Thus, the families reduce their usual expenditures for the child's food,

because of the food aid. Achieving a nutritional impact on the school child would require an economically significant food package for the household linked to promotional activities, analogous to that already discussed in detail in regard to the preschool child.

4.3 Structuring a valid food aid program for the school age child.

A food aid program for the school child, which recognizes the program as an economic aid to the household, would be based on the take-home distribution of certain food commodities for the child's family. The children would then be expected to come to school with a meal prepared at home.

Several advantages exist in this approach:

1. Facility and staff costs incurred by the school are reduced. Teachers would not need to be diverted from their teaching tasks for food preparation or distribution.
2. Family involvement in feeding their children is not disrupted. An opportunity to upgrade the child's diet within the family becomes easier when the food aid is distributed to the household. The responsibility for proper child-feeding remains in the household.
3. The likelihood of improved consumption is increased if some means of enforcement is attached to the distribution. The child who is carrying his mid-day meal to school, and has had no food before leaving home, is unlikely to abstain from eating at least part of the meal as breakfast. Thus,

the child will have eaten something before classes begin, improving his attention before class, rather than after. When an enforcement mechanism is put in place to ensure that the child has a mid-day meal, it will reveal that the children who are not provided breakfast at home will tend to consume their home-prepared meal before mid-day. When the parents are informed, they may be more likely to provide a morning meal for the child. The child's food consumption, both before school and at school, are more likely to be improved.

5. FOOD AID TO WELFARE INSTITUTIONS

5.1 Types of institutions that need food aid.

Welfare institutions which receive aid include: orphanages, boarding schools, homes for the elderly, nursery schools, and hospitals. These institutions provide needed services to individuals who are not usually able to pay all costs of the services. Board and lodging may be one substantial cost that the institution must subsidize from sources other than recipient contributions. To do this, these institutions seek food aid.

Food aid to institutions often acts as financial aid. It is equivalent to the transfer of local currency to the institutions, without the export of the donor's currency. In this form, the food aid is similar to concessional sales to governments.

Welfare institutions, supported by local funds, provide a standard of services and facilities not higher than that in the general population. The

public in developing areas would consider it wasteful to provide residents of institutions a higher standard. Even this level of services implies a large expense for the institution. With budgetary assistance, the quality of care could be improved.

Welfare institutions do not give greater priority to feeding than that which exists in the household. The incidence of malnutrition is often higher in the residents of locally supported institutions, than in the same age group, in the general population. The problem of "food abstention distress" has been given little attention. In this condition, the individual consumes foods below standard requirements, perhaps even below traditional levels. Although he suffers physically and mentally, he need not become malnourished. He may not even lose body weight. The reduced energy intake is compensated for by reduced physical activity, and perhaps even with metabolic adjustments. This form of "distress" is common in institutions in developing areas, as well as poorer institutions of the developed countries. It affects the general well-being of the residents, particularly the learning and psychological development of children.

5.2 Food aid as budgetary addition or developmental.

Food aid to institutions for children, such as boarding schools and orphanages, may be considered similarly to food aid to school-age children. Because the child is resident at the institution, the food aid is granted to the institution rather than the household. The benefits to the children's education are analogous to those described in the previous section.

Food aid to institutions not involved in education, such as homes for the elderly and hospitals, is more often utilized merely as a budgetary support. For the aid to be developmental, the food would have to be used to improve consumption of those at risk of undernutrition and/or improve health care. To achieve these additional goals, a monitoring system would be needed, in line with that described in relation to the preschool children.

6. FOOD AID FOR VICTIMS OF FAMINE

A famine exists in a community when food consumption is so reduced below traditional levels, that human suffering results, with consequent disruption and reduction of productive activity, loss of body weight among the adult population, and increased malnutrition and mortality rates in the vulnerable groups, particularly young children.

6.1 Role of food aid in famine relief.

Food aid plays an apparent important role in famine relief. The relief of suffering usually is the usual focus of famine relief programs. However, the economist and the development worker aim for food aid to be part of an intervention which can achieve three main verifiable objectives:

1. Speedy return of the able-bodied adults to traditional levels of productivity,
2. Rehabilitation of the nutritional status of the vulnerable members of the family, mainly the young children,
3. Provisions for prevention of a recurrence of such a disaster.

In this framework, food aid in time of famine assumes a developmental role, in that it assists to improve production and to improve food consumption among the vulnerable groups.

6.2 Failures of food aid in times of famine.

To achieve these goals, the timeliness of the aid is as important as the adequacy of the food transfer. The greatest failures of food aid have occurred in times of famine. The reasons for this are:

1. The foods arrive too late,
2. The foods are not adequate to enable the able-bodied adults to resume productive activities,
3. The programs ignore that the population group most affected by the food shortage, the young children, require a better-structured food program than mass distribution.

Another major cause of the failure of such food aid is the common misunderstanding of what constitutes food aid in times of disaster. Recalling our previous discussion, we note that food aid is not comprised of food alone. It is the sum of foods plus the transfer funds required to bring the foods to the intended consumer. In famine situations, the transfer costs are usually much higher than in other situations.

Several factors contribute to the higher transfer costs. Transport costs are considerably higher because of the larger rations needed. Famine-struck areas are often in more inaccessible parts

of a country; this inaccessibility would also imply greater transport costs. These areas may also suffer from a poorer infrastructure; poor storage facilities and roads would also raise transfer costs. Lastly, promotional costs are likely to be increased because the food scarcity will increase the likelihood of diversion of food from the intended beneficiaries.

In famine situations, the transfer costs over and above ocean freight, may exceed the costs of the food commodities. What is sometimes most scarce are funds to move foods, rather than the foods themselves.

7. CONCLUSION

In spite of the different settings and circumstances in which food aid can be delivered, there are in reality only three possible recipients of food aid. These are governments, institutions and households. It is with the poor household that food aid can and should play its highest developmental role.

8. REAL COSTS OF FOOD AID

8.1 The role of the agricultural surpluses.

Food aid has been considered as the sum of the commodities and funds necessary to transfer these commodities to the intended beneficiaries. The goal of food aid has been specified as improving food consumption and other elements of development, among the very poor. Food aid has been reviewed as if both the commodities and the transfer were wholly financed with development funds, that is with funds that would have been used to finance other aspects of development, were they not used for commodity purchase and transfer. In this case, the real costs (or opportunity costs) of food aid would be the value of the alternative developmental activities which have been foregone. In this context, it is understandable that the donors, food suppliers, program sponsors, and operators, might regard the real costs of food aid as too high; they might prefer to invest their development funds in other activities.

An opportunity exists to reduce the real costs of food aid by taking advantage of certain funds which will be spent regardless of food aid. This opportunity is presented by a domestic agricultural policy with price supports of certain major crops. This policy can lead to production above domestic and world market demand. The surplus will be purchased with public funds; it can be either disposed or used to support food aid. When surplus foods are available, more commodities will be made available for food aid than if they had to be

purchased with the development fund. The value of the "surplus" becomes an addition to the development fund, since the commodities are purchased with funds not earmarked for development.

8.2 Limitations in the use of surplus commodities for developmental assistance.

A developed country with a large agricultural potential may actually plan a "surplus" to be used to support foreign assistance. Such commodities would obviously no longer represent a surplus. One might imagine that such a potential could be used to eradicate malnutrition in the developing world. Very serious limitations on the availability of necessary non-food resources obstruct such an achievement. In fact the "extra" production can only be employed to reduce the costs of the food component of food aid, not the transfer costs. As already noted, when food aid is employed developmentally to combat malnutrition, these transfer costs are very high because they must support the delivery of an economically significant food package to the poor household. Secondly, the promotional costs substantially increase the transfer costs. Lastly, high associated costs are also incurred; these are the costs of providing an infrastructure for a developmental activity beyond nutrition, by utilizing the consumer surplus created by the donated foods. Therefore, even if the commodity costs to the development fund are lowered substantially, the total costs of the developmental food aid program remain high.

The reluctance of the food donors to export their currency presents a further limitation of the developmental potential of food-aid. The food donors make commodities available on the condition that some of the transfer and associated costs, especially those which require the export of the donor's currency, are covered by other donors. Consequently, in spite of their availability, the role the extra commodities can play in the support of a developmental food aid program is severely limited by a lack of available funds.

8.3 Why most of food aid is delivered as a budgetary support.

In bearing all or part of the transfer costs, the sponsors also become food aid donors. They are interested in assuming the transfer costs to the extent that the commodities lower the costs of their own programs. Conversely the food donor hands the commodities to the sponsor because the sponsor's cooperation lowers the costs of the food donor's program. This economic advantage is the basis of the relationship between the food donor and food aid sponsor.

Given that the promotional costs paid by the sponsors are necessary to transform food aid, as a budgetary addition, to food aid as a developmental program, the developmental result is dependant on the willingness and ability of the sponsors to carry out effective promotion. Similarly, any other developmental effect beyond nutrition is dependant on the sponsors' willingness and ability to assume the costs of the developmental activity to which food aid is to be associated.

Advanced countries with a large agricultural potential would probably produce food above what is needed for domestic consumption, the world market, and also above

what is needed for developmental food aid. This extra production may be dictated by non-nutritional or developmental goals. One of its main purposes may be the reduction of the real costs of foreign assistance. In fact it is known that donors usually prefer aid-in-kind to financial aid. They prefer to export goods rather than currency, especially those goods which are most abundant in their country. They would tend to maximize the contribution of these goods to foreign assistance expenditures. Not all foreign assistance is intended to be developmental; and, not all developmental assistance is to improve the food consumption of the most vulnerable groups. Therefore, given the abundant agricultural productivity of certain countries, the shortage of development funds, the reluctance of the food donors to export their own currency, and the broad range of foreign assistance goals, it should surprise no one if most of the foods are transferred as budgetary support to governments, institutions and households for purposes other than nutrition and development.

8.4 Suggestions for expanding the delivery of "developmental" food aid.

To give food aid a greater opportunity to support nutrition and development, one or more of the following measures could be adopted:

- sponsors could be located who are willing and able to cover the costs of the transfer, the promotion and the associated productive activities;
- the donor's currency which is usually exported as support of non-food assistance could be allocated for the support of developmental food aid;

since most of the food is transferred as budgetary support and is able to generate funds for governments and savings for institutions, at least a portion of the accrued funds and savings could be requested for the support of developmental food aid.

DOCUMENT B

T I T L E I I P O L I C I E S A N D P R A C T I C E S

THE FIELD WORKER'S POINT OF VIEW

By

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SEPTEMBER 1980

I. INTRODUCTION:

The policies, procedures, practices, and their underlying assumptions, of A.I.D. food aid programs, as documented in Handbook Nine and Regulation Eleven, are the subject of this review. These are the foundation for the regulations and contracts A.I.D. establishes to control utilization of Title II food commodities. They are reviewed here in terms of the different categories of food aid programs, such as Maternal and Child Health and Food-for-Work. The principles of economic and social welfare relevant to these food aid programs in the developing world context provide the basis for this analysis.¹

II. THE VULNERABLE GROUPS - MOTHERS AND CHILDREN:

A. Exporting Domestic Programs: A.I.D. has transferred the policies and procedures of supplementary feeding programs for vulnerable groups in the U.S., to programs conducted to combat malnutrition in subsistence communities of less developed areas of the world. According to these policies, the provision of a calculated food supplement for household members at risk of malnutrition, should improve the food consumption of the intended beneficiary. Here the critical assumption is that the intended beneficiary receives the food as a dietary supplement. While this assumption may be valid in a developed area, it

¹These principles are presented in greater depth in the attached discussion, "Food Aid, Nutrition and Development", referred to, in this paper, as Doc. A.

is not so in a subsistence household, of a developing area. This difference stems from a significant difference in the marginal propensity¹ for child feeding in the two contexts. (Doc. A, 2.2.)

In developed countries, where food aid programs for vulnerable groups reach many households which are above subsistence level, one can expect the marginal propensity for young child feeding to be higher than in developing areas, particularly if the supplementary foods are ones commonly regarded as child foods, such as milk. In this case, one assumes that a significant portion of the food distributed will be consumed by the young child as an addition to his/her diet.

In a subsistence community, where foods are a scarce household resource which usually goes into the family pot, one cannot assume that the donor's food supplements are consumed as such, by the young children. In this context, the food resources are so limited relevant to household demands, that the marginal propensity for young child feeding is close to zero at the introduction of any intervention. (Doc.A,2.2.1.) Consequently one major assumption of domestic food aid programs is not valid in the subsistence communities of less developed areas; these programs cannot be effectively exported overseas.

¹ For purposes of this review, the marginal propensity for child feeding is defined as the percentage of every dollar of food aid which is administered to the young child as a dietary supplement. See "Food Aid, Nutrition and Development".

B. Food As a Household Resource:

A second basic assumption of A.I.D. food aid policies is that, by simply designating foods as supplements for a particular vulnerable group, whether it be young children or pregnant and lactating women, there is a high probability that these foods reach the designated beneficiaries as supplements. This assumption is very apparent in the AID MCH programs, where distributed food commodities are considered foods for the mother, or the child. This assumption completely ignores the reality of food allocations within a household and pretends that by telling a mother that certain foods are for her, others for her child, and distributing these foods in a facility serving her and/or her child, such as a maternal and child health clinic, the traditional food-sharing practices of the household will be violated.

A look at the specific example of the woman of child-bearing age reveals the absurdity of this assumption. Despite all the scientific proof that dietary supplements to these women (particularly during pregnancy) can achieve the desired benefits of: reduced risks of childbirth, improved infant birth-weight, reduced infant mortality, improved lactation and the consequent improved infant nutritional status and reduced risk of pregnancy, no one would expect a mother to reserve valuable foods for herself, (because donors want her to, and distributors advise her to) when other hungry household members request their share. This "hoarding" would violate all maternal instincts.

C. Casting the Blame:

The unanimous disapproval by A.I.D. officials, consultants, and evaluators, of what they critically refer to as "family sharing" of the MCH ration, reflects this erroneous assumption regarding the basic economics of resource allocation within a subsistence household. By way of this erroneous assumption, the subsistence family, more specifically the mother and father, are blamed for the failure of food aid programs to achieve a measurable nutritional impact. This failure should lead to a re-examination of the assumptions underlying one's programs. This re-examination would suggest that A.I.D. must provide additional support to the household in which the intended beneficiary lives, in order to achieve the desired impact. (Doc. A, 2.3.2.)

D. Wishful Thinking or the Ephemeral Nutritional Impact:

Despite legislation directing the use of Title II food commodities to improve nutritional levels, A.I.D. guidelines, after twenty years, still do not require sponsors of food aid programs to include the basic components necessary to even attempt to achieve a nutritional impact. The sponsor is virtually unconstrained in program design. The one exception to this independence is the required association of an undefined nutrition education component with the food distribution¹. No guidelines on the nature of such a component are presented. Given the long years

¹Handbook Nine p. 8 - 3

of experience with food aid programs in less developed areas, one would expect that more concrete requirements could be stipulated in line with lessons learned through past experience. The absence of such requirements can only bring into question the sincerity of the donor commitment to achieving nutritional objectives.

Our experience in food aid programs has led to the identification of three basic, essential components of a potentially effective program.

1. An economically significant food package to the household of the intended beneficiary, on a regular basis. (Doc. A, 2.2.2.)
2. A promotional program to increase the marginal propensity for child feeding. (Doc. A, 2.3.2.)
3. A monitoring system to assess the individual child's growth progress, as one element of promotion.

Despite extensive reviews of these components, we still find no specific A.I.D. regulations on these elements. For instance, Handbook Nine states a "continuous evaluation should be carried out" in the MCH program. No indication is given of what this evaluation should consist of. For several years this evaluation has been conducted with child growth charts at the distribution centers. This system has proved satisfactory and no alternative has been proposed by either A.I.D. or field workers. Nevertheless, this monitoring by growth charts was never mentioned in Handbook Nine or Regulation Eleven. In the forthcoming edition of the Handbook the charts are mentioned, not as necessary, merely "useful".

Similarly, A.I.D. regulations do not require any promotional component other than the unspecified nutrition education. Promotional activities can be defined as

those activities needed to bring the food from the household to the child, as a dietary supplement. (Doc. A, 2.3.2.) The costs of promotion are probably the highest per unit of food consumed as a supplement by the young child, relative to all transfer costs incurred after the food commodities have reached the port of entry.

Years of experience have shown that promotion is not merely conventional education on nutrition. The most promising promotional activities employed to date are: the utilization of growth charts as an educational tool, eliciting a verifiable family commitment to improved child feeding, identifying those children who fail to grow and implementing for them and their families, a special care intervention with closer supervision.⁽¹⁾ These experiences on promotional activities have not been integrated into A.I.D. regulations.

In summary, one finds that while A.I.D. repeatedly affirms that improved nutritional status is an objective of its food aid, AID regulations do not require those program components which provide the bare necessities of a potentially effective program.

Food aid resources are made available to sponsors, distributors, whose program planning for MCH food distribution does not include these basic components. For example, programs with no adequate monitoring system are still allocated food commodities. Instead of requiring these program components, AID is satisfied

(1) See "A Review of an Experience with Food-Aided Nutrition Programs", by C. Capone, in Nutrition Planning, Vol. 3, No.2, May, 1980, pp. XXI - XXV.

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when food distribution is conducted in a setting that conveys an impression of a health, nutrition or development activity; association with this setting increases the likelihood of some externality, such as increased clinic attendance. This appearance should not mask the fact that the food program was not structured to achieve more than a transfer payment to the household.

E. The Sponsor's Burden: Nutritional Impact

The responsibility of providing a food aid program that can potentially improve the nutritional levels of the target groups, rests solely with the sponsor and distributor. This responsibility entails program design, implementation, and financing. Given the goals of most sponsor/distributors, (outside of nutritional goals), their limited resources, (relative to unlimited demands for those resources), limited Title II food resources, and the fact that A.I.D. food commodities may be obtained without providing for all the necessary program components, it is totally understandable why many sponsors/distributors fail to include these expensive elements.

The sponsor/distributor will adopt a food aid program after assessing the increased program value obtained by accepting food commodities, the potential program effectiveness and the additional costs incurred, relative to other program alternatives. A food aid program, which seeks to provide a budget support or a transfer payment to the household, would imply low costs for the sponsor/distributor, and a considerable increase of the program's value. (Doc.A,1.1,7.3). A household's

budget support program would have an attractive cost-effectiveness. In contrast, one which aims to achieve a nutritional impact by including promotional activities, would raise the costs to the sponsor/distributor considerably. The sponsor/distributor who recognizes that the food package is inadequate to achieve a nutritional impact in light of household food needs, would choose to provide the low-cost, transfer payment program, rather than a nutrition program. A.I.D. policies and regulations allow the sponsors this choice.

III. FOOD FOR WORK

A. Categories of Food for Work:

Food-for-Work projects can be classified in two categories:

1. Food Aid to the unemployed or underemployed, who offer in return any productive service they may be able to provide. (Doc. A, 3.2.)
2. Food Aid to subsistence wage earners, to increase their real income, increasing the food available for improved consumption, and releasing funds for investment. (Doc. A, 3.3.)

Most current food-for-work projects, supported by Title II commodities, are of the first category.

B. Food for Work as Development:

The food transfer to the household of the unemployed or underemployed is developmental when carried out in association with the promotion necessary to improve the food consumption of the vulnerable

household members, and steps are taken to place the recipients in permanent, gainful employment. (Doc. A, 3.2.1).

C. Distortions of Food for Work as Development:

There is considerable value in Food-for-work projects, aimed at assisting the poor households with foods and encouraging a household member to become involved in a productive service. There is distortion when such projects are equated with "employment" and foods are equated with "financing of development".

This food-for-work activity is a temporary occupation, not employment. The worker offers whatever he can in exchange for a specified food ration; unlike the food ration, the quantity and quality of the work output is not stipulated. The individual worker does not normally receive more than food for him/herself and household. The individual would abandon the occupation, were regular employment available. A policy that attempts to portray the work performed as the developmental value of food-for-work is a distortion of the programs.

The developmental impact of these occupations on the worker's household is expected to be minimal. Both the lack of relevant promotional activities, and the short-term nature of the occupations, limit such impact. Developmental benefits to the community would be far greater through public works, supported by adequate capital, and carried out with a regularly

employed labor force, paid in cash. Given the recognized lack of developmental impact on the family, AID's claims of food-for-work as developmental assistance "designed to alleviate the causes of the need for assistance."¹ are wholly unjustifiable.

D. "Food-for-Work" as a substitute for "MCH":

Handbook Nine States:²

"Maternal Child Health (MCH) proposals (including preschool age feeding) are highest priority, followed by food-for-work proposals and school feeding in that respective order. Title II resources for child feeding are to be concentrated in countries which have a nutrition or health priority and strategy. Where there is an interest but no strategy, emphasis is placed on helping develop one. If this is not feasible, food for work activities related to other country priorities may be the best approach."

This recommendation to adopt food-for-work when MCH is not feasible, highlights the misconception of who the recipients of these categories of food aid actually are. These recipients are not two distinct groups, as AID portrays them; they are the very same poor households, whether they carry a young child to a food distribution center at a clinic, or help dig a well. Relevant programs and policies require a recognition of the household as the recipient.

Allowing sponsors to conduct food-for-work instead of MCH, enables the sponsor to distribute foods, without the promotional activities necessary to target the foods to the vulnerable household members. To advise sponsors to make this shift when the absence of a

¹ Handbook Nine, p. 8 - 5

² Handbook Nine, p. 3 - 1

national strategy for health or nutrition makes MCH unfeasible, reflects a serious misunderstanding of the nature of the promotional activities relevant to improving the food consumption of the vulnerable groups.

Neither the health center nor the nutrition syllabus is the critical ingredient of effective promotion. As noted earlier, these ingredients are an economically meaningful food package and the necessary financial package to conduct promotion, both monitoring family commitment and program impact. With a commitment from A.I.D. to help the vulnerable household member by providing these necessary components, the lack of an adequate national health strategy would not necessarily be an insurmountable obstacle. To accept this lack of strategy as a justifiable reason for not carrying out the promotional activities necessary for targeting food aid to the vulnerable household members, is to indicate the absence of the necessary commitment on the part of A.I.D.

IV. SCHOOL FEEDING:

A. The Shift to Development:

The growing preoccupation with using food aid as developmental assistance has contributed to the downgrading of school-feeding. As noted earlier, these programs are given third priority, after MCH and Food-for-Work. This downgrading, and the subsequent phasing out of school-feeding programs, suggests that AID policies disregard the school child's right to the relief of the discomfort and distress of a

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foodless school day. This relief, in exchange for the productive work of the school child, is no longer acceptable to A.I.D.

Presently A.I.D. policy is to support only school feeding programs which are likely to show a measurable developmental impact, such as: improved nutritional levels, learning performance, or school attendance. Because of the extreme difficulties in demonstrating this developmental impact with a program that supplies the child with only one meal or snack per school day, this category of food aid program is given low priority by A.I.D. The actual trend is to discourage the establishment of Title II school-feeding programs and, possibly, phase-out those already existing.

A scarcity of resources, which is compelling A.I.D. to shift food commodities from school-feeding to the higher priority MCH and food-for-work categories, is the pretext on which this A.I.D. policy has been based. It is clear at this point, that since MCH and food-for-work are usually no more than household budgetary supports, prioritizing them because they focus on vulnerable groups is an unjustifiable decision.

B. To improve or Eliminate:

One would expect that an Agency such as A.I.D., which has expressed a commitment to the nutrition and education of school children, would respond to evidence suggesting program inadequacies by improving the programs, after identifying the causes of such weaknesses. Elimination of these programs brings into question the A.I.D. commitment.

The reasons for downgrading and phasing-out school feeding would appear to be other than apparent ineffectiveness. As discussed later, Title II plays a special role in U.S. foreign assistance, in which it is to yield developmental credit to A.I.D., without necessitating a long-term commitment of food transfers. School-feeding programs were not providing A.I.D. the desired developmental credit. The necessary restructuring of such programs to yield this credit would have required firm, long-term commitments of food assistance. These food aid schemes can not be stopped and started at will, without causing strong reactions from local authorities and beneficiaries. In contrast, "MCH" and "Food for Work" schemes give greater developmental credit, despite the recognized ineffectiveness blamed on the sponsor, distributor, or recipients; and they can be manipulated without causing riots.

Examining the weaknesses of school-feeding, we note that such programs have not been recognized as an economic aid to the household of the school child, but rather as an aid to the educational institution. The latter assumes that these institutions would provide a school meal. In most developing countries, schools do not have the resources for such programs. The responsibility remains with the child's family. (Doc.A, 4.2.)

The family which is already sacrificing the child's labor at home during most of the day, is not likely to be able to provide a meal for the child to consume at school. This is particularly true given the higher cost this meal would entail, compared to one consumed at home, from the family pot.

A school-feeding program should be structured as an economic aid to the households of school children. (Doc. A, 4.3.) It might be based on the take-home distribution of certain food commodities, and the promotional activities, including monitoring, to ensure that each child comes to school with a meal prepared at home. The advantages of such a program include:

1. Facility and staff costs to the school are reduced.
2. Responsibility for child-feeding remains with the family.
3. By assisting the family, one is more likely to obtain a greater family commitment.

V. OTHER CHILD FEEDING

A. Remains of Institutional Feeding:

When food aid was regarded primarily as a system of surplus disposal, institutional feeding was highly acceptable to A.I.D. In this context, food aid was accepted as a budgetary support to institutions. With this aid, many institutions were able to re-open in Europe in the post-war period. The support freed funds for other activities carried out by the institutions. When U.S. Government food aid moved to under-developed areas, food aid to institutions became a significant tool for transforming food as a budgetary support, to food as a support for development.

Food aid to institutions was regulated by an agreement between the sponsor and local distributing agency. The success of such agreements depended on the latter's recognition of the food as a significant budgetary support, and their willingness to transfer the funds saved to a developmental activity.

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When food aid was declared a developmental resource, Title II budgetary supports to institutions were abolished. Again budgetary support could not yield the necessary developmental credit for A.I.D. "Other Child Feeding" programs are the remains of this category.

B. Shifting to MCH in the Name of Development:

As "institutional feeding" was being abolished, priority was being given to MCH programs. The latter, as explained earlier, serves as a budgetary support to the household. Influencing and monitoring the use of the funds released in a household is considerably more difficult than influencing and monitoring institutions. A.I.D. eliminated a potentially developmental category of food aid programs because they had not conceived them as developmental. This category was replaced by that of MCH, which required high promotional costs for the sponsor, without an increased food package, or any significant financial assistance from A.I.D. Consequently, the developmental impact to be achieved from such a shift was highly unlikely to be realized.

C. Losing Field Support:

Removing food aid from local agencies and institutions, has had several negative consequences. Firstly, these agencies have been less willing to cooperate after they have lost what they regarded as a very significant form of assistance, for a reason which is meaningless in the context of their activities. In some cases, this lack of cooperation has denied the sponsor a large and efficient infrastructure for programming.

In the past, the institutional feeding was so highly valued by the local agencies that they would often provide the necessary infrastructure for storage, transportation, and communication. This infrastructure proved invaluable in times of famine or disaster. Having denied the agencies this valuable resource, they are now more reluctant to provide similar support to MCH programs, merely because the donor now considers the latter a high priority.

D. Improve Rather than Eliminate:

Promotional activities to institutions can be conducted in a format analogous to that proposed for MCH. A method for monitoring the nutritional progress of children receiving the food has been field tested. It would only be necessary to require from the institution a commitment to improve child feeding in exchange for the food aid. Such a commitment could be more easily induced and monitored in the institution, than in the household.

Again, one can only assume that the A.I.D. commitment to developmental activities for institutions, both the long-term guarantee of food transfers and the needed financial aid for promotion, were not forthcoming.

VI. THE CONGRESSIONAL MANDATE

The Congressional Mandate to help the poor majority and give priority developmental assistance to the poorest of the poor, underlines AID Title II policies and procedures. The report to Congress, by the

Comptroller General (October 15, 1979) begins:

"The new directions foreign assistance legislation of 1973 mandate that U.S. aid be used for programs aimed directly at improving the lives of the poorest people in the poorest countries. The overseas food donation program is not yet doing this effectively. It is restricted by shortcomings in the voluntary agency and host-country storage, transport and distribution networks. To a lesser extent, it also tends to be driven by availability of commodities".

References to this Congressional Mandate, made in relation to Title II, too often imply that the Mandate was meant for the voluntary agencies, rather than AID, and that these agencies are wholly or partially responsible for failure to carry out the Mandate. Let us remember that the voluntary agencies sponsoring Title II food programs operate firstly under their own agency mandate, which in the case of religious and humanitarian-based organizations, would predate any Congressional mandate by some thousand years, and emanate from authorities at least as high as the U.S. Congress. Voluntary agencies become Title II sponsors because the commodities facilitate the carrying out of their mandate, not because of any Congressional Mandate.

Current AID policies would certainly not enable AID to reach the poorest of the poor with food aid, as directed in the Congressional Mandate. AID reaches only the port of entry of the country where the poorest live; not all the poorest are found living on the pier. Without a change in policies, and substantial addition of funds, the mandate can remain only a rhetorical exercise.

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Passing the Mandate onto the voluntary agencies, who are expected to spend their funds to help A.I.D. conform to Congressional wishes, is not a solution. This is equivalent to asking the agencies to enter into government service, to attach themselves, somewhat like a trucking company, to the U.S. Government.

Presently, an attempt is being made by A.I.D., to conform to the Congressional Mandate, by way of financial grants, such as "outreach grants." This aid consists of nine million dollars "to help voluntary agencies meet logistical support costs of establishing or expanding feeding programs for needy people in rural areas." The limitations of such a grant are:

1. The size of the grant would present apparent constraints.
2. The short-term nature of the financial aid limits its utility.
3. The aid is directed only to program expansion, not program improvements. Expanding a program that is based on erroneous assumptions, and inadequate regulations, without addressing those assumptions and inadequacies, will not achieve program improvements. It certainly will not bring A.I.D. closer to compliance with the Congressional Mandate.

Another attempt has been made by A.I.D. to conform to the Congressional Mandate by the "integration" of food aid with dollar assistance. This means bringing food aid programs and financially-assisted projects closer together, in the same geographical area, and

making one program upgrade the other. Both types of assistance (food and cash) retain their separate identities and their separate administration. Instead of adding needed funds to the food aid program, A.I.D. tries to bring the foodaid program to the area where the U.S. Dollars are at work hoping that the proximity of food and cash will generate the sought-after effectiveness. In this way, A.I.D. avoids the criticism that may be made when all the U.S. developmental assistance is made up of food alone. At the same time the proximity of food to cash enhances the developmental credit of the dollar assistance, because the value of the foods is counted as an addition to the financial aid. Knowing that the main cause of ineffectiveness of the foodaid program is lack of funds it is pointless to consider an integration between goods and cash when the food aid program cannot utilize the funds of the financially assisted projects.

VII. TITLE II: A DEVELOPMENTAL RESOURCE

A major preoccupation underlying Title II policies and procedures, is that of development. Every edition of Handbook Nine reiterates the statement: "Title II commodities are considered a developmental resource."

In the past, what is now Title II was part of the disposal of surplus commodities. At that time A.I.D. did not expect developmental credit (neither real nor fictitious) in return for the commodities. The sponsor and distributing agencies had no developmental ambitions

nor developmental claims. Food was distributed to the poor because that was the best way to dispose of it. It was food and not a substitute for financial aid. The result of this approach was that A.I.D. and the Voluntary Agencies could carry out sound relief with food and sound development with cash. The people who benefited mostly were the poorest of the poor. These were the destitutes, the sick, the blind, the crippled, the lepers, the famine victims, the refugees, the old, the orphans and the students, all of whom were not required to come to the distribution center driving a tractor, pulling a plough, or sitting on a scale, in order to qualify for food assistance.

It was a boom for the poorest and for the shipping clerks of the voluntary agencies. Then a change took place - one slogan, Title II Developmental Resource, and one mandate, the Congressional Mandate, changed food aid from surplus disposal into the financing of development.

This shift was not accompanied by a corresponding change in policies and funding practices. The current AID policies do not make Title II commodities more developmental than Title I commodities. Title I is by definition, a budget support for governments. Title II is by definition a developmental resource; but, by regulations and practices is nothing more than a budget support for the household and the institutions.

Rather than an addition of funds, a conversion of foods took place. In turning developmental, Title II food was converted into a cash and currency substitute. With

this substitute, AID pretended to finance nutrition, health, education, economic development, social development and rehabilitation from disasters, all things usually financed with cash. Therefore, a resource was made available to the sponsor/distributors which could no longer be used for relief and was inadequate for development.

Since the whole fate of Title II is dependant on the willingness and economic ability of the sponsors and distributors to cover the in-country transfer and other costs, the commodities can reach the consumer only after an understanding or agreement between the food suppliers and the sponsor/distributors.

It is in fact the nature of this understanding, or agreement, between the food suppliers and the sponsor/distributors, that makes Title II an equivocal and controversial resource.

The understanding is based on a cooperation that is supposed to yield mutual benefits: the supplier helps the sponsor and the sponsor helps the supplier. In the particular case of Title II what the supplier wants from the sponsor is developmental credit, i.e. the right to claim that the commodities distributed by the sponsor/distributor are an aid to the development of the recipient country, and that this development aid donated by the food supplier corresponds at least to the financial costs of the commodities plus the ocean freight. All this regardless as to whether any developmental effects are produced at all! The sponsors/

distributors accept the "resource", because it helps "their own" programs. They try to achieve their own goals with the commodities and, at the same time, ensure that the food aid programs possess those features which will entitle A.I.D. to the claim of having delivered developmental assistance. Therefore, what at the boom time of the disposal was called, in the food aid jargon, "family feeding", now goes under the term of "Mother and Child Health"; and, what was called "relief", now goes under the name of "Food for Work".

But the "Mother and Child Health" and the "Food for Work" are no more developmental than the old "family feeding" and "relief" programs. However, they are far more costly to the sponsors and distributors. As already mentioned several times, what differentiates "relief food" from "development food" is the cost of the promotion, and of the other productive activities to which food aid is supposed to be associated. Now all these extra costs are left to the sponsor/distributors. Therefore, it is no surprise that, in spite of the commitments implied in the Food Aid Agreements, the final decision on whether the "resource" will be used developmentally or not rests with the sponsors after the agreements have been signed. The sponsors, even if they have an abundance of funds, do not readily invest them in making the "resource" developmental, when this resource is made available in such inadequate quantities (as in the MCH program) or for such short periods of time (as in Food for Work) or when there is so much uncertainty, from year to year, from quarter to quarter, about the availability of the "resource".

There have been instances where the sponsor/distributors raised the necessary funds for well-structured and potentially effective food aid programs, with adequate monitoring and promotion, which turned out to be a waste because of AID's reluctance to supply more than a symbolic amount of food aid. (1)

(1) For example, during the period August, 1975 to December, 1976, CRS conducted a nutrition intervention program in three famine affected locations in Kenya: Kitui, Loitokitok and Machakos. CRS and the local church managed to raise the funds necessary for a continuous nutritional surveillance of 30,000 preschool age children, and for the transfer of food rations to their families (total beneficiaries of food aid 100,000). Mobile and fixed distribution centers, with nutrition and health components, were organized in a semi-arid area which had so far benefited very little from Title II distribution. However, CRS could not obtain from AID a ration higher than eight pounds of food per household (one small child and four other family members) per month. The food ration was later raised to 13 lbs per household, but this small increase never reached the field, because by that time the emergency was over and most of the distributions were discontinued and the very costly infrastructure dismantled. The nutritional monitoring had shown throughout a persistent deterioration of the condition of the small children. A report of this venture is available at CRS headquarters and an abridged version of it has been published in "Disaster", Vol. 2, No. 4, 1978, pp. 255 - 258.

Currently, CRS is administering a similar program with similar infrastructure and high transfer costs in the River Region of Senegal, which has been struck by severe food shortage. Reluctance on the part of AID to allow the distribution of certain commodities, which are in fact available for such programs, has put into serious doubt the very costly cooperation of the sponsors (which includes the local government).

It is no surprise that the sponsor/distributors, who are agencies involved in other aid activities besides food aid, relegate most of their food aid affairs (agreements, policies and logistics) to their shipping clerks, who may still miss the old days of the surplus boom and may resent the new developmental terminology (which they hardly understand), and the new procedures which make their work more complex without making the programs more effective. It is also no surprise if the field representatives of these agencies who are required to give strict accountability of foods and funds, cannot afford to offer more than lip service to the developmental doctrine of Title II.

VIII. CONCLUSIONS

The conclusions of this review are:

1. The developmental role of Title II resources is very questionable.
2. A.I.D. cannot substantiate the claim that by delivering Title II foods it delivers nutritional and developmental assistance to the poor of the developing countries.
3. A.I.D. cannot expect the Sponsors/Distributors to employ Title II resources for nutritional and other developmental goals unless A.I.D. supplies, together with the needed commodities, the necessary funds.

C O N T R A C T E V A L U A T I O N
O F T I T L E I I P R O G R A M S

By

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NAIROBI - KENYA
SEPTEMBER 1980

I. INTRODUCTION

The U.S. Government employs private firms as contractors to evaluate several of its foreign aid programs. Title II food aid is one such program. While being the employees of the U.S. Government, these evaluators focus primarily on the activities of non-governmental agencies, since these agencies act as sponsors and operators of food aid programs which utilize U.S. Government food and funds. This paper will examine the main features of the evaluations of Title II food aid programs, as revealed in recent evaluation reports.⁽¹⁾

A. Evaluating Programs not Policies:

The evaluators use AID policies and regulations, as contained in Regulation Eleven and Handbook Nine, as their starting point. Since the non-governmental agencies administering Title II programs operate under an agreement with AID which requires compliance with these policies and regulations, they would appear to be an acceptable starting point. The problem arises when the policies and regulations themselves are based on erroneous assumptions and faulty reasoning. In this case, the evaluation will suffer from these same flaws. These have been discussed in Doc. B.

¹Evaluation Reports of the P.L. 480 Title II Programs
of:
Bolivia (March 1978)
Sri Lanka (May 1978)
Morocco (Jan. 1979)
India (June 1979)

To avoid these errors, the contractors would first have to critically review the AID policies and guidelines, and use this review as their starting point. This analysis would be based on the principles underlying food aid programs, principles based on economic and social welfare, and on the field experiences in food aid program administration. A presentation of these principles has been included in Doc. A. The contractors not only fail to examine AID policies and regulations, but they also fail to base their review on the above-mentioned principles. In fact such principles are not referred to in their reports.

There are numerous examples in the evaluation reports of misunderstandings which result from the contractors' acceptance of the erroneous assumptions underlying AID policies. For example, the contractors fail to recognize that food aid to poor households of subsistence communities can have more developmental potential through the improved nutrition of the vulnerable household members, than from public works carried out by the adult family member. Because they accept AID definitions, the contractors fail to see food-for-work as the distribution of foods to needy people in return for some donated work and therefore that the food distribution, not the public work, is the starting point of these projects. Though willingness to work may be used as a criteria for selecting beneficiaries, ability to carry out productive work cannot be used as a condition to receive food if the neediest are not to be excluded.

B. Food Aid: An Economic Aid Program

An evaluation of a food aid program may start from one of the two following assumptions:

1. The food aid program is a support to nutrition and development.
2. The food aid program is a budgetary addition to the household.

Experiences with food aid programs support the second assumption. This view of food aid programs was presented by M. Selowsky⁽¹⁾ in a recent World Bank publication, which states,

"Consumers' first reaction to a Food Program will be to convert the concessionary element of the program into an equivalent income transfer. The "force of consumers' sovereignty" or the effort of consumers of having full control on the composition of his expenditure will always be present. Thus, a logical way of starting the evaluation of any program is to ask the question, "Why should this program be different to an equivalent income transfer? What are the specific characteristics of the program that prevent this to happen?" p. 56

Despite these experiences, the contractors start with the alternative assumption, that food aid programs are "developmental". No justification for this assumption is presented. The only apparent reason is acceptability to A.I.D. Handbook Nine states that, "Title II is to be considered a developmental resource."

If the contractors were to start with the assumption that food aid programs were merely income transfers

(1) Marcelo Selowsky, The Economic Dimensions of Malnutrition, World Bank publication, Oct. 1978.

("Family Feeding" in the old terminology), AID would lose the credit of billions of dollars' worth of developmental assistance. However, starting with the assumption that food aid is a developmental resource, the validity of the conclusions is brought into question.

C. Confusion of Goals:

There is some uncertainty among the contractors regarding the main goals versus the externalities of the food aid programs. For example, in the India Evaluation Report it is stated that, "...the food does have the potential to act as an incentive for receiving other health services. This potential can only be realized if the other services are available." The delivery of health services at the time of food distribution is not the main goal of the program, but an externality, as noted in Doc. B, II, D. If the promotion associated to food aid is inadequate, and/or the food package is economically insignificant (thus limiting the program's potential nutritional impact), the integration of the food aid program with health services is unlikely to be cost-effective. Food distribution often reduces the comprehensiveness of the health services delivered, by placing heavy additional demands on staff and facilities. A cheaper, less cumbersome incentive could probably be found to induce people to come for health services. The desired linkage between food distribution and health care would be better achieved by adopting up-to-date immunizations and participation in other preventive health activities as a precondition for receipt of food aid. In such a case, less expensive, non-health facilities and personnel could be employed to distribute foods. Any uncertainty regarding the goals of food aid will hinder decisions based on cost-effectiveness.

D. Whose Program?

There is a misunderstanding among the evaluators of the role played by the sponsors of Title II programs. The sponsor agencies, as explained in Doc. A, distribute Title II commodities to the extent that those commodities help reduce the costs of "their own" programs. The fact that AID supplies foods to sponsors whose programs are not adequately structured or financed to achieve nutritional or other developmental goals, has been discussed in Doc. B, II, D. Given this fact, AID cannot substantiate its claim that by delivering Title II commodities to sponsors, AID enables them to conduct programs of nutrition and development.

A sponsor may claim that its program is more than an equivalent income transfer, that it is in fact, "developmental". In this case, the sponsor would be requested to substantiate their claim. Often such claims are not valid; they are either to obtain more donor support or are the result of a misunderstanding of what constitutes a nutritionally and developmentally effective Title II program. Since AID never actually required a program to be structured to have this additional impact, the responsibility of demonstrating the impact cannot rest with AID, but rather with the sponsor. By reviewing for AID the developmental impact of the programs, the evaluators misrepresent the obligations of the sponsors. The implication is that AID required of the sponsor a program with the potential of achieving such an impact.

Not only does AID not provide nor require an agency to obtain the resources necessary to conduct a Title II program that will assist in combatting malnutrition and in promoting development (in accord with legislation), it also selectively evaluates the nutritional and developmental utilization of Title II commodities. Commodities allocated to the World Food Program and to local governments, are exempt from evaluation for developmental purposes. The Morocco Evaluation Report cites such an exemption in the case of the American Joint Distribution Committee (AJDC). AJDC is noted as one of the sponsors of Title II in Morocco. Nevertheless, the contractors do not carry out an evaluation of their program because, according to AID, "the program is clearly not a "developmental" oriented effort in Food for Peace Policy terms." This conclusion is "based on field visits and interviews with the AJDC Morocco staff".

One may ask why this exemption is granted for only certain Title II programs. The Morocco Evaluation Report states that the evaluation of the AJDC Title II food program was not carried out because "AJDC Title Two food allocation is considered to be a humanitarian assistance," i.e. non-developmental, "by the Morocco/ Food for Peace office." In short, it is A.I.D., not the evaluators, that decides which food programs are to be considered developmental and which are not.

Similar misunderstandings appear in the contractors' approach to the programs of the local agencies, (the distributors). The contractors seem to ignore that the local agencies operate "their own" programs

on an agreement with the sponsors, not AID, and that, in most cases, the program centers are not owned by the sponsors, nor operated by employees of the sponsors. Starting from the assumption that the programs are expected to be "developmental," when reviewing and evaluating the local agencies' programs, is a distortion of the activities of the local agencies.

E. CONCLUSION

In summary, the primary value of a review or evaluation relates to the conclusions and recommendations it provides. Inaccurate findings and misleading interpretations would invalidate the conclusions and recommendations. Without critically reviewing the validity of the Title II policies and regulations, in accord with the principles of food aid, the contractors' findings and recommendations will reflect inaccurate interpretations.

K E N Y A F O O D F O R P E A C E

T I T L E I I E V A L U A T I O N

Observations and comments

From: CRS Africa Regional Office

Drafted by: Dr. C. Capone

CATHOLIC RELIEF SERVICES - U.S.C.C.
AFRICA REGIONAL OFFICE
OCTOBER, 1980

INTRODUCTION

An evaluation of the Title II Country Program was carried out in Kenya from June 15 to July 13, 1980 by P.C.I. (Practical Concepts Incorporated), a consulting firm on contract with AID. The evaluators were the following:

- Lawrence D. Posner, Ph.D. (PCI) - Team Leader/Evaluation
- G. Katrina Janovski, Dr. Ed. (PCI) - Policy Analysis
- Linda K. Meyers, Ph.D. (PCI) - MCH/Nutrition
- Ronald Schwarz, Ph.D (PCI) - Food for Work
- David Alnwick, M.S. - MCH/Nutrition (Seconded from Central Bureau of Statistics of Kenya)
- Carolyn F. Weiskirch, Office of Food for Peace (OFFP) Food for Peace/Evaluation.

The draft of the "Kenya Food for Peace Title II Evaluation" (August 1980) is reviewed in light of the principles discussed in the attached documents: "Food Aid, Nutrition and Development", "AID Policies and Practices", "Contract Evaluation of Title II Country Programs".

PART ONE

THE SAMPLE AND THE ASSUMPTIONS

1. THE SAMPLE

Adequate sample selection procedures were critical to the validity of the conclusions of the evaluation report. The selection procedure followed in Kenya did not allow for the identification of a sample of MCH-distribution centers which could be considered representative of the population of 97 centers.

The evaluators explain that "Districts were selected to reflect the USAID/Kenya emphasis on arid and semi-arid areas (Marsabit, Kitui, Machakos, Isiolo) and to allow observations of centers in areas with an extensive program (Kajiado, Nyandarua)." Basing the sample selection on USAID geographical areas of interest has resulted in a non-random sample of centers which does not represent geographical coverage, length of program operation, nor capability and interest of operating agencies.

The CRS/Kenya staff made available to the contractors statistical documentation of the concentration of centers in the Central Province. This concentration is reflected in terms of number of centers, program duration and coverage of eligible population. Figure III - 2 of the report indicates that forty-one

- 2 -

of the ninety-seven centers (42%) are located in Central Province. In May 1980, thirty nine percent of the MCH recipients were in Central Province. Figure III - 2 also reveals that only one center in Central Province was visited despite the stated intention of carrying out "observation of centers in areas with an extensive program (Kajiado, Nyandura)."

The evaluators do point out the undesirability of this program concentration; yet this does not provide adequate justification for visiting only one center in that area. The program potential might be better assessed in the area where CRS/Kenya has focused its limited resources. The reasons for this concentration are not fully discussed. This would have been a valuable opportunity to explore the constraints facing CRS/Kenya in improving coverage.

The small sample size in addition to its non-random nature also limits the validity of the reports' conclusions. Out of 13 centers visited by the team during their stay in Kenya, eight (8) were not in operation on the day of the team's visit; only five centers (5%) were visited while food was distributed and participants served.

Unfortunately, CRS was not consulted in regard to sample selection, not even to review the sample after it had been selected by USAID. Because of the emphasis on centers in semi-arid areas, the sample includes a high percentage of new distribution centers. Many of these were opened during the current famine situation; they were not expected to be more than food distribution centers because of

financial constraints.

The focus on semi-arid areas is in line with the USAID interpretation of the developmental aspect of Title II. The existence of a few Food for Work projects in the area, projects of interest to USAID because they are considered developmental, may partly explain this focus. In Document B, the danger of an on-paper association of food and dollar assistance which has neither a potential developmental impact nor represents project integration, has been pointed out.

The non-developmental nature of existing Food for Work projects has already been described in Documents A, B, and C.

Given that the sample did concentrate on semi-arid areas, it is important to consider relevant background information on CRS/Kenya activities in those areas.

An extensive, well-structured food aid program was set up by CRS and local agencies in 1975 in the semi-arid districts of Kitui, Machakos and Loitokitok, two of the four semi-arid districts studied by the contractors. This program was terminated after 24 months of operation because food assistance was inadequate to justify the costs of the program, and to have an impact in the needy families. The lack of impact was demonstrated by the monitoring system which showed a steady deterioration of the nutritional status of the children. The program was expected to continue after the acute famine was over, but, neither CRS nor the

local agencies felt it was worth continuing spending their funds to support the costs of a food program that was inadequate and obviously ineffective. (See Doc. B, Pg. 23, footnote). Despite this decision, no additional support from AID was forthcoming. These facts were made known through widely circulated reports (see abridged form in "Disaster" Magazine, Vol.2, No.4, 1978). Such past experience certainly effect present activities in these areas. By ignoring them, the evaluators misunderstand the reasons for the present level of operations.

The centers visited by the contractors in those two districts can be regarded as vestiges of the terminated program. However, an attempt is currently being made to reactivate the MCH centers in that area, now that the food allocations have increased considerably. But we are still concerned, because the increased food inputs have not been accompanied by an improvement of AID policies. Therefore both CRS and the local agencies are still hesitant to spend large funds for what is still a questionable program.

The other two semi-arid districts visited by the team were Marsabit and Isiolo, which lie northeast of Nairobi. Again, evaluating the limited food aid program in this needy area, the evaluators fail to take into account some important background facts.

The Title II program was initiated in these two districts over 15 years ago following upon the development of the Marsabit Diocese. This diocese has over 25 mission posts and covers the two

northern semi-arid districts visited by the contractors. The mission posts proved to be the most efficient, practically the only, relief and development channels in the area. The head of the diocese and the administrators of the missions have always shown a keen interest in food aid. The Diocese had built food storage facilities in every mission post, and provided every post with heavy vehicles, and had committed itself to cover all food transportation costs from the Coast to the upper most part of Kenya in spite of the impassable roads. They requested foods for feeding seven to ten thousand school children who, because of the nomadic life of the parents, had to be boarded at the mission posts. Food had also been requested for orphanages, nursing schools and relief activities during the hungry seasons and famine situations. In addition, the Diocese was prepared to establish a structured MCH food aid program in every mission post, as suggested by AID/CRS, with all the costs paid by the Diocese. However, AID never granted food for the boarding schools, for the orphanages, for the nursing schools and for relief, because these distributions are not consistent with the AID policies. As a result, the Diocese and the Mission Posts did not consider it wise to invest their funds in an MCH Food Aid program, because the funds were needed to purchase, on the local market, the foods for the boarding schools, the orphanages, the nursery schools, and relief efforts.

However, CRS, through the years, has managed to send a certain amount of Title II food to the Marsabit area, either under the pretext of MCH or under the

pretext of day school lunch program (when CRS was still granted a restricted food allocation for this category). Probably more food has been purchased on the market by the Church to help the local population than it has been granted under Title II program.

A structured MCH program has never been set up in the Marsabit Diocese. This situation, of course, is a direct consequence of the discontinuation of institutional feeding and the famine relief programs (emergency food programs are allowed only when the famine is officially declared by local government or the U.S. Ambassador). See Doc. B. V, C.

At the time of the team's visit to Marsabit area, the contractors must have found few FFW projects and few MCH distribution centers. The importance USAID and the contractors have given to the small FFW projects in that area is out of proportion. CRS considers those FFW projects as the only way available to obtain small amounts of food for people belonging to communities affected by severe and prolonged food shortage. We do not regard those FFW projects as having much value either for relief (because they miss the poorest who cannot work), or for development, nor for nutrition (because of lack of provision for the vulnerable members of the household and the short programming period).

The MCH centers visited by the contractors in the Marsabit area are not expected to reflect what CRS would consider an MCH food aid program, because as noted above, this kind of program is not possible in that

area due mainly to policy constraints. Like the FFW projects, the few MCH centers operating in the Marsabit area are a pretext for bringing some foods to a needy population. We feel that as long as AID does not adjust its policies to the need of the communities and to the priorities of the local agencies there will be little opportunity for using Title II for nutrition and development in the arid and semi-arid areas of Kenya.

The conclusions drawn by us on Title II programs for the arid and semi-arid areas of Kenya do not agree with those of the contractors, since they did not take into account certain background facts.

In concluding our observations on the choice of sample, we would like to stress again the non-representative nature of the sample chosen with respect to the CRS Title II Program in Kenya.

2. THE MCH ASSUMPTIONS

The Kenya evaluation process differed from previous contract evaluations of CRS Title II Programs in the extensive orientation provided by CRS to the contractors on both the principles on which CRS believes an MCH food aid program is to be based, and how current AID policies and practices deviate from these principles. Despite this orientation, the contractors analysis reflects an uncritical acceptance of AID policies and practices. Consequently, their report is subject to the same misunderstandings and erroneous assumptions as AID policies and practices. (Doc. B. II).

In assessing the adequacy of the food allocation in the MCH program, the contractors consider the present food allocation a "big ration" (V-14) which is "sufficient to give a substantial contribution of the nutritional needs of registered Kenyan children even if the children receive only half of the ration provided for them" (V-8). The contractors disregard the very important distinction between one-half ration provided as a dietary substitute, and one provided as a dietary supplement. As a substitution of the previous diet, the one-half ration may have no nutritional impact on the child. It is noted in Document A, that a food aid program for vulnerable household members is considered successful when, as a result of the economic aid and the promotion delivered to the household, the child's food intake and general care are upgraded, even if none of the donated food is consumed by the child. Conversely, the program is unsuccessful even when all the donated foods are administered to the child, as a dietary substitute.

The distinction between income substitution and income supplement is fundamental to assessing the effectiveness of economic aid, whether in cash or kind. The distinction between food aid as a dietary substitute and food aid as a dietary supplement is crucial in child feeding programs. Unfortunately, just as AID's Handbook Nine and Regulation II fail to address this issue, the contractors disregarded it in interpreting their findings. Consequently, their conclusions offer little to CRS or any other party which seeks to utilize food aid resources to improve the nutritional status of vulnerable household members.

3. MISUNDERSTANDING FOOD FOR WORK

The evaluation of the Food for Work program is plagued by several fundamental misunderstandings. These can only be discussed with further elaboration of what has been written on the concept of Food for Work in Documents A, B and C. It was noted that MCH and FFW should be in reality a single category of food aid in which food aid benefits vulnerable household members by improving food consumption and production in the subsistence household. However, to facilitate program management, FFW can be handled as a distinct program.

Food for Work is defined as a program which induces able bodied members of subsistence households to pay for needed foods received with productive labor. The foods are needed either because the household is

affected by famine (as defined in Document A) or because vulnerable household members are malnourished (suffering from kwashiokor, marasmus, or underweight), or at risk of becoming malnourished.

When a household-level productive activity is not feasible, the able-bodied adults are to participate in public works, if this is possible. The starting point of the FFW program is the needed food provided to the household to improve consumption, not the public work accomplished. This type of FFW program conforms best to the principles of economic and social welfare and the Congressional Mandate, and best utilizes the developmental potential of food aid.

This framework for understanding food for work was unfortunately ignored by the evaluators. Their analysis is based on a view of food aid as a scheme for paying for public works with food, with little attention to improved food consumption or household productivity.

This scheme is essentially a budgetary support for local authorities. Food as a cash wage substitute for public works is tantamount to a local currency transfer to local authorities, analogous to the Title I local currency transfer to the national government. Financial aid without the export of the donor's currency is achieved.

This scheme of food for work is acceptable as long as the food transfer does not compete or interfere with food aid programs designed to improve food consumption and household productivity in subsistence households

and does not exclude from food assistance households in need of food aid but unable to participate in a public work.

Food as a substitute for a cash wage for a public work is unfortunately the only food for work program considered by the evaluators. This scheme is not given priority by CRS or local agencies because the commodities which were requested to relieve a food shortage must be complemented by cash and capital to provide a just wage and a cost-effective public work. CRS and local agencies may lack the necessary funds or may prefer to invest the limited funds available in development activities not related to food aid.

The promotion of food aid as a wage substitute in public works may limit the responsiveness of CRS and local agencies to requests for food aid in times of food shortage. It may not be possible to engage in public works all households in need of food assistance.

CRS and local agencies may not have the funds to support such schemes. This type of Food for Work can be carried out when local agencies have a fund for public works, which can be supported by food aid, or when AID donates funds for the wage and capital, with the food. Without the local funds or AID's contribution the voluntary agencies, desiring to respond to a real food need, may resort to organizing public works with food as the sole wage input and inadequate capital resources.

A wage based solely on food can readily become an inferior wage. This happens when more workers are engaged than can be paid adequately with food, because

of the food need in the area. It also occurs if the quantity of food provided in order to correspond to a just cash wage leads the worker to sell at least part of the foods in order to purchase essential non-food goods and services. The sale may be illegal, force the worker to spend time and energy in finding a market, or force the worker to undersell the foods.

Food for Work with food as the sole wage and without adequate capital is sponsored by CRS and operated by local agencies when it is the only means of delivering foods to needy households. As already stated in Doc. A and B, these Food for Work projects should not be equated with a wage, and engagement in the public work cannot be considered employment. Such equations represent a misrepresentation of food for work.

PART II

THE FINDINGS AND THE INTERPRETATIONS

The evaluation report contains serious misinterpretations of the policies and activities of CRS and local distributors of Title II resources. These misinterpretations reflect both a failure to analyze the principles of food aid beyond the limits of AID policies and practices, and an unwillingness to accept those principles presented by CRS as the basis of its own policies and programs. Because of time and space constraints only few examples will be given here.

1. In Document C, we discussed the problem of the evaluator's assumption that a Title II food aid program is developmental, yielding nutritional and other developmental results. This assumption results in a distortion of the role and responsibilities of both sponsors and distributors. This assumption was maintained despite the CRS denial of its validity.
2. "The basic rationale underlying the MCH food and nutrition program structure in Kenya and throughout Africa is unsubstantiated. No one is attempting to examine this rationale with facts in an objective, scientific manner." (111-74).

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The CRS MCH program is one aspect of the agency's response to request for aid from local agencies wishing to assist needy populations. CRS and the local agencies establish their own program goals and rationale. The contractors conclude that a substantiation of the CRS program rationale is unavailable, while it is unclear as to whether it was ever requested. They digress from the task at hand to emphasize the need for contractors to review the voluntary agency's rationale through the wealth of available data. The task of substantiating voluntary agencies' claims in regard to Title II rests with the sponsors/distributors, not with AID, or any contractor employed by AID, as discussed in Doc. C.

It is necessary for the voluntary agency to point out to the contractors that the basic rationale underlying AID MCH food aid programs (Document B) is also unsubstantiated. In that AID, not CRS contacted the evaluators, they might begin by asking AID to substantiate its own rationale before making such a recommendation to the voluntary agency.

3. The evaluation report contains numerous advertisements for further research contracts, much of which is unnecessary in light of the fifteen years of CRS experience. For example, the contractors note the potential value of Food for Peace carrying out studies which would determine the effect on attendance at distribution centers of:

- "Providing a half ration for the mother," instead of a whole ration

- "Limiting the number of rations per family to two" instead of three
- "Registering children without registering their mother....." (V-14)

It should be remembered that the Title II Food Aid Program deals with needy people not laboratory animals. Withdrawing food for experimental purposes is ethically unacceptable to CRS. As the contractors know these variations have already been observed over the past fifteen years without a deliberate withdrawal of food as they recommend, but as a result of the past AID restrictions on food aid and the constraints created by an imperfect delivery system.

4. "CRS has given minimal attention to the health/nutrition component of the MCH system, putting all their emphasis on the growth chart as the instrument for promotional activity associated with food". (V-8).

The contractors do not address the CRS contention that the growth chart is a "necessary" component of a MCH food aid program. Its particular value in linking education and surveillance is ignored. Focus is placed on the absence of other educational activities. Considering the very limited staff and space resources available for education, at distribution centers, and this dual function of the chart, CRS considers the emphasis on the growth chart appropriate.

5. There are "conflicting views within CRS about the relative importance of transferring resources to the hungry and supporting "valid" programs (V-27).

Evidence of this conflict of views is never presented. It should be clear from Documents A, B and C and the "Evolution of the Food-Aided Nutrition Program", that the emphasis on resources transfer to the hungry or support of valid programs is not based on any assessment of relative importance, but on the resources available to respond to the needs evident in each particular situation. The needs of the hungry are not ignored when a "valid" program is not feasible.

In that reference is made to the concept of a "valid" program, it would be appropriate to define this concept and its source.

6. "Once a MCH distribution center or FFW site has been selected.... all residents in the area - no matter what their socio-economic position - are eligible for participation in the program." (II-24)

CRS abides by all eligibility criteria established by PL 480. Beyond that, it holds that selection within a needy area is not advisable unless needy children would be excluded because of the participation of the less needy. In situations where limited resources require selectivity, CRS has recommended that priority is given to households of children with evident nutritional need.

7. "No one has operated as if the supply of Title II food to Kenya were a limit to the growth of the entire Title II programs or any of its components."
(V-2)

This statement is erroneous. Restrictions on food supply have affected the growth of the school lunch program, famine relief efforts in the arid and semi-arid zones, and the effectiveness of the MCH program.

8. "The concentration of CRS food distribution centers in Central Province is inappropriate in terms of distribution of malnourished children" (III-12)

"CRS/Kenya acknowledges that the concentration of its distribution centers in Central Province is inappropriate" (III-14)

The allocation of Title II food to a certain area is "Inappropriate" if it violates U.S. regulations, involves the distribution of more food than is needed in an area, or robs more needy areas of food resources. None of these conditions exists regarding the CRS/Kenya program in the Central Province. The contractors confuse imperfect with "Inappropriate"

9. "The present relationship between CRS and some diocese is described as "father-son-relationship" in which CRS establishes the rules and regulations that the distributing agencies and centers are expected to follow unquestioningly. Diocese and distribution center personnel believe their views are rarely ever considered in deciding how to use resources....." (III-30)

Many of the rules and regulations distributing centers object to are required by AID, not CRS. Resources limitations in certain programs such as school lunch and famine relief result from AID, not CRS policies. Food and financial accountability practices are established by CRS because of AID. They are not CRS demands.

10. "The team views with dismay the observation that at some centers the staff were recommending that mothers reconstitute the non-fat dry Milk". (III-44)

This observation is not set in the context of long-standing efforts by CRS-Africa to promote the use of dry milk as an addition to the traditional home food. It is also not examined in the context of a semi-arid area, affected by famine, and inhabited by nomads whose traditional diet consists of milk and blood. Because of factors beyond CRS control, many centers at the time of the contractors' visits, had very little Title II foods. Non-fat dry milk from the European Economic Community was available. What are famine-affected household expected to do with non-fat dry milk alone?

11. The CRS tolerance for substituting "home equivalents" should be abandoned in favor of active promotion of the use of home equivalents for the entire family, including children." (V-17)

Once again the context in which the concept of substitution with "home equivalents" was introduced is ignored.¹ It was meant to assist mothers to

¹Evolution of Food-Aid Nutrition Program, Dr.F. Jacob

improve their child's nutritional status even when the inadequate Title II food allocation had been consumed before the month's end, because of intra-family sharing and utilization of the food allocation as a dietary substitute rather than a supplement. Acknowledging the reality of food consumption patterns in the subsistence households, despite the failure of AID policies to do similarly, CRS attempted with the "home equivalents concept", to provide further assistance to the mothers.

The dangers and possible confusion the concept could lead to are never clarified by the evaluators despite their emphasis on the concepts undesirability.

12. The evaluators also assert that procedures imposed on them by the CRS Regional Medical Officer in Nairobi (V-3) "prevented an independent analysis of CRS capabilities in key areas, including planning, budgets, staffing, supervision, food management, monitoring and evaluation." If CRS is to be blamed for the evaluators failure to do their job, the restrictive procedures should be enumerated.
13. The most serious misrepresentation of CRS responsibilities include those concerning the provision of "nutrition impact data." The evaluators repeatedly accuse the CRS Regional Office of failing to conduct the necessary evaluations and to uphold an agreement to do so.

"...there is no evidence that the RMO² is doing a serious evaluation (of the nutrition impact of the

²It should be noted that no RMO exists in CRS. The Medical Director of the CRS Regional Office for Sub-Sahara Africa, located in Nairobi, is erroneously identified as the "RMO".

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MCH program in Kenya) and it is clear that no one else is doing it" (V-12).

"This evaluation team feels that a responsible analysis of MCH impact data is a serious omission." (III-71).

"The evaluation team...developed a detailed plan for evaluation which included...entering the evaluation with an understanding that CRS would do a nutrition impact analysis of its MCH Program...." (I-5).

The provision of nutrition impact information based on child growth charts is not a responsibility of CRS to Food for Peace. Nevertheless, CRS on its own initiative, collects and analyzes this data, and forwards the reports to Food for Peace.

Several program evaluations have been submitted in the past. As discussed in Dr. Fredericka Jacob's paper, "Evolution of the Food-Aided Nutrition Program in Sub-Sahara Africa," these evaluations were discontinued after 1975, since similar results were obtained in several countries.

Over the past two years, growth surveillance data has been submitted regularly to Food for Peace under the Growth Surveillance System Grant. CRS expected AID to share these reports with the evaluators.

In that the contractors claim that their "...analysis is based solely on information contained in published CRS documents since the team's request to CRS/Regional Office for existing impact data was not honoured", and the lack of any reference to the data contained

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in the available documents suggest that AID did not provide the data already reported and that the contractors did not use the duplicate of the data they were presented by the CRS Regional Office before and during the evaluation.

The data necessary for carrying out an impact study does not exist in the files of the CRS Regional Office. Contrary to the evaluators' understanding, the Master Charts of the Growth Surveillance System can not be used alone for an "impact analysis". It is necessary to use the Growth Surveillance Charts of the individual children. These are kept at the children's homes not the CRS office. The evaluators were not prevented by CRS from reviewing the individual growth chart at the centers visited.

In the early planning stages of the evaluation, CRS indicated that it did not envision any further evaluation of the nutrition impact of its MCH program for sometime, to allow for implementation of the re-structured program, which is currently underway. Consequently, the contractor's understanding that CRS would do a nutrition impact analysis was clearly a misunderstanding.

PART III : THE RECOMMENDATIONS

The recommendations presented in the Kenya Food for Peace Title II Evaluation are reviewed in light of the principles discussed in documents A, B and C and the usefulness of those recommendations to CRS programming. All recommendations are addressed, except those few which are not relevant to CRS. For the sake of brevity, only the most relevant section of each recommendation is quoted.

A. General Recommendations

Rec. 1: "CRS should prepare a three to five year plan for using Title II food in Kenya..."

CRS supplies Title II food to local agencies which submit a justifiable request. Limited program promotion by CRS staff may facilitate the opening of a new distribution center by a local agency. CRS' planning must focus primarily on estimating food requirements. Estimated administrative needs, such as staff and vehicles, are usually closely tied to food resources. While there are constraints in arriving at a reliable 3-5 year estimate of needs, an approximation would be feasible. Yet, for this planning to be anything more than an academic exercise, there would have to be a corresponding 3-5 year commitment from AID.

Rec. 3: "...making the Kenyan organizations pay for themselves is likely to generate stronger, more self-sufficient organizations; the poorer areas can probably be temporarily assisted with subsidies."

This recommendation fails to acknowledge the large contribution Kenyan agencies are already making to the operating expenses of food aid programs, in terms of staff and facilities. Secondly, it promotes the idea that local agencies should spend their limited development resources to make Title II food "developmental". As enunciated in Documents A and B, food aid sponsors and distributors accept Title II commodities when they reduce the costs of "their own programs". Because of the limited funds associated with Title II food, under current AID policies, it is difficult to find instances where the sponsors and distributors can reduce the costs of "their own development programs" by employing Title II commodities. The high transfer costs of Title II foods prevent this situation.

Rec. 5: "The office of Food for Peace should re consider the priority given in Handbook Nine to Maternal Child Health and Food for Work programs."

Priority would be given to Food for Work on the basis of the short-term commitment of food and funds it requires from AID, and the relatively large apparent developmental credit it yields to AID. Unfortunately, this recommendation is based

on a misconception of food aid in general, and FFW and MCH in particular, as discussed in Documents A, B and C.

B. Recommendations on the MCH Program:

Rec.6: "...The conditions for approval (from AID) of an expanded program should be the following:

- ... Improve coverage of areas with high prevalence of malnutrition that are relatively underserved today.
- ... Emphasize better coverage for remote areas, the malnourished, the poor, etc."

"The above considerations should be relatively easy to comply with if CRS is serious about running a "valid" Food and Nutrition Program for the benefit of the poor and the hungry in Kenya."

This recommendation places full financial responsibility on CRS and the local agencies to the needy areas. It implies that unless CRS and the local agencies assume all costs of the Title II commodities from the port of Mombasa to the areas designated by AID, CRS is not serious in its commitment, and AID should not approve an expanded program. CRS would only request that AID be equally "serious" helping the remote areas, the malnourished, and the poor, so that in approving an expanded program it will share the financial responsibility, on an on going long-term basis, of bringing the commodities to these target groups.

Rec. 7: "...CRS should use similar "selection criteria" in decisions about where to open new food distribution centers, where enrollments should be increased and where subsidies and promotion efforts should be concentrated."

This recommendation reveals a misunderstanding of the CRS role as program sponsor. CRS does not open centers. It responds to requests for food aid from local operating agencies. At most, when resources allow, CRS can attempt to stimulate requests through program promotion. Any application of priorities, eligibility and selection criteria which favor the poorest areas and populations, depend heavily on the willingness and ability of local agencies to participate in the food aid program. The Title II program can not be forced on either the local agencies or the recipient households. Experience has shown that food resources alone may not be adequate to elicit local agency support.

Rec. 8: "The office of Food for Peace should sponsor an analysis of alternative approaches for achieving similar nutritional benefits for the registered children at much lower costs."

"It is plausible that participants can be attracted and motivated to attend regularly with a much less expensive ration..."

This recommendation ignores the history of the ration size in the Food and Nutrition Program. For over ten years, CRS operated with the inadequate, low-cost ration recommended by AID. (See "A Review of an Experience with Food-Aided Nutrition Programs", by C. Capone, in Nutrition Planning, Vol. 3, No.2, May, 1980, pp. XXI - XXV.)

Inadequacies in regard to nutritional impact and program participation led CRS to struggle for an improved food ration. The increase in attendance levels and regularity since the introduction of the larger ration has been observed in many CRS programs. To suggest that Food for Peace now reduce the ration to test less expensive allocations is to ignore years of experience and turn the clock back.

The contractors propose that Food for Peace find the smallest allocation that will "sustain regular attendance," rather than the least expensive allocation that will enable the household to upgrade the food intake and general care of the child. Less expensive non-food items might be even more acceptable to AID if regular attendance is the objective. Regular attendance is regarded by the contractors as the main purpose of the Title II program, rather than as an externality (Doc. C.).

Rec. 9: "The office of Food for Peace and CRS should consider changing the size and mix of commodities in the MCH program ration in accordance with the finding that, for Kenya the content of protein is high, iron is low, and the amount of oil is excessive"

Any assessment of the nutritional adequacy of the ration requires information on the portion which is typically consumed by the child as a dietary supplement. This information was not available to the contractors.

The economic value of the food aid package contributes more to its effectiveness, than its nutrient content as discussed in Doc. A. Consequently, assessment of its adequacy should be based more on economic than nutritional considerations. Recognition of this fact is suggested by the contractors' conclusion that the evidence collected is not sufficient to justify reducing the oil ration although only one paragraph earlier, it is deemed "excessive".

- 11: "The nutrition and health education component should be strengthened."

This recommendation is based on the conclusion (No. 13) that the nutrition/health component is poorly executed in Kenya. The sample of centers visited by the contractors could not enable them to make a valid assessment of the adequacy of health and nutrition education conducted by local agencies in their centers.

Secondly, the contractors once again misunderstood the rôle of CRS in these activities. Most health centers in Kenya, which conduct the Food and Nutrition Program, existed before introducing food aid and would continue to exist despite the termination of food aid. They carry out a program of health activities, including nutrition, of which food aid is only one element. The overall health education is not under the control of CRS, but of the local agency. CRS can only control that aspect of education associated with accountability for the food package. Consequently, CRS focuses primarily on the growth chart as a monitoring and educational tool.

Lastly, the contractors never specify their criteria for assessing the nutrition and health education component; nor, do they outline what an acceptable program would be. There is no evidence that what they regard as an acceptable education program would make any difference in the nutritional impact of the program.

We have already discussed in Doc. A how conventional nutrition education alone has little likelihood of inducing the family to improve the child's food consumption. Promotion, not just nutrition education, must be associated with an economically significant food package, to achieve results. The role of the growth chart on promotion was also pointed out. All these points were ignored in the contractors' conclusions and recommendations.

The contractors propose such activities as "expanded demonstrations of the proper use of Title II commodities" and "emphasis on giving instructions on preparing Title II food to every mother upon her entry into the program." to improve the nutrition health education component. These and similar activities are carried out in most centers. While such activities often please donors, they are unlikely to have an impact on the nutrition of the child unless accompanied by adequate promotional resources.

Leaving the proposed scope of work, the contractors proceed to recommend the linkage of family planning activities with Title II programs. Given the high birth rate in Kenya and the demand this places on limited resources, most development workers would

acknowledge the need for addressing the population problem. As a major resource in its foreign assistance program, donated food would obviously be seen by AID as a potential resource for combating this problem. Nevertheless, proposing on paper a linkage between Title II food and family planning without financial resources or proper program design, when even the nutritional goals are not being reached because of limited finances, is a misleading and misguided practice. It aims to give the illusion of attempting to solve a problem without responding to the resource demands any solution would require. And it shifts responsibility for the solution to the voluntary and local agencies.

Here again the contractors misrepresent the role of CRS. The local agency, not CRS, would be responsible for conducting a family planning program. It would not be the job of CRS supervisors, but of local health officers to promote such programs.

Rec. 12: "CRS and the food distribution center should consider registering children at birth or as soon as possible after, even if no food is distributed to the child until it reaches six months."

This recommendation is aimed at improving age estimates of program participants. This could be achieved much more simply by recording the birth of a child on either a sibling's chart, or on the mother's card. "Registering" a child, without providing him/her with the main program benefit makes little sense unless an alternative comprehensive post-natal service is provided. Otherwise the services available to the infant would be inadequate to represent a true service.

While the contractors feel this registration would not cause too much inconvenience, an appreciation of the very limited staff and space, already being donated by local agencies, would make it undesirable to add any unnecessary inconvenience.

Lastly, registration, when properly conducted, is to include a complete explanation of the family's and center's responsibilities in the Food and Nutrition Program. The contractual arrangement between the family and the center is explained. This does require considerable time, and represents an inconvenience to an already overworked staff.

- 13: "The office of Food for Peace should follow-up to assure that CRS/Kenya impact information on the MCH program is received and analyzed."

The contractors refer often to the "goldmine" of raw data on children's growth. "Raw" data is too readily mistaken for "gold" by social scientists. CRS is not in the research business. It is a service agency which collects data for programming purposes only, and for the ultimate benefit of program recipients. This data belongs to the centers that collect it and CRS which processes it. When particular studies are considered necessary and feasible for programming purposes, CRS staff, sometimes assisted by other professionals, has carried out such studies.

Two basic conditions have been adopted. One is that the researchers fully understand the theory and operations of the Food and Nutrition Program. The second is that all researchers agree on the purpose

of the study intended to serve the recipients, not use them for selfish interests. Since the evaluators were contracted by AID, not by CRS, for a purpose identified by AID, not CRS; and designed their study in coordination with AID, not CRS, we see no justification for provision of any raw data beyond what CRS has provided Food for Peace.

C. Recommendations regarding Food for Work

Rec.14: "The proposed expansion of the FFW program should be included in the multi-year plan described in a previous recommendation so that it can be coordinated with the proposed expansion of the MCH program".

The existing FFW program is likely to be extended if there exists no other way for CRS and local agencies to obtain needed foods for needy populations. CRS is not working toward a coordination between MCH and Food for Work as if they were two distinct food and nutrition programs. We advocate a unification of programs in order for the food to improve the food consumption and productivity in the same household.

Rec.15: "The systems and procedures for management of FFW should be re-examined and revised to reflect CRS experience in Kenya."

CRS does not view its current FFW projects as experiments. Any management revisions would be the routine changes adopted in ongoing programs.

Rec. 17: "...CRS should only provide FFW assistance to those projects that are sound and that can coordinate the input of FFW food with the other ingredients needed for success.... Specifically, in the case of promising projects that need it, CRS could provide...cash for subsidizing the transport costs of the foods and the wages of the workers...cash for meeting the administrative costs and other expenses".

This recommendation would be acceptable if "CRS" were replaced by "AID".

Rec. 18: "Retain the present selection criteria that give priority to (a) situations with temporary food shortages and (b) projects that improve the food and water situation for the longer term."

It should be noted that CRS policy is to operate its programs where there is a traditional and chronic food shortage, such as that associated with a subsistence economy. Such a situation may occasionally deteriorate to famine conditions. Obviously, CRS would give priority, in its food programs, to famine areas. But, we would not wait for the famine to occur before implementing nutrition and development programs.

Rec. 19: "CRS should analyze the costs and values of FFW wages compared to cash wage to confirm the findings of the evaluation and to consider the implications for the FFW program of a food wage substantially more attractive than the normal cash wage."

This recommendation reflects the faulty assumption that food rations to needy people can be

equated with cash wages for engagement in public works. While we accept that under certain circumstances, food aid may be a partial replacement for a cash wage, this replacement should be done with the worker's consent, and should not force him/her to sell all or part of the food to purchase other essential goods or services. When food is issued as a wage substitute, the starting point in the wage assessment must be the cash, not the food.

Rec. 20: "The Office of Food for Peace and USAID/Kenya should encourage some experimentation with and analysis of innovative uses of FFW assistance in Kenya."

Any experimentation on FFW would have to follow a thorough review by Food for Peace, of the entire concept of FFW and its policies, and recount these so that FFW is not a gimmick but a valid program designed to improve the nutrition and productivity of poor households of developing areas.

Rec. 21: "The Office of Food for Peace should note that in trying to determine if there has been a "development bonus" from FFW projects in the coming "country specific" evaluations, particular attention should be paid to the generality of this problem and the best method to deal with it."

Before looking for the "development bonus", AID should insure that the necessary conditions of adequate capital for materials and just wages and a regular employment contract are satisfied. Without these conditions, AID will find that there is no "development bonus" or that a very cost-ineffective bonus was achieved, or a cost-effective bonus was achieved by neglecting the

the neediest, the most vulnerable groups, and ignoring household productivity.

"FFP should be sure there is no inhibition about recommending approaches that deviate from CRS policy though CRS will not be expected to implement any ideas that conflicts with its policies".

Similarly FFP should have made sure that there was no inhibition about recommending approaches that deviate from current AID policies. Unfortunately this inhibition is all too clear throughout the report and it has led the contractors to conclusions and recommendations which are of little use regardless of CRS willingness to accept and implement them.

CONCLUSION

Time and space constraints have allowed only general comments on the evaluation and only a limited review of specific passages from the draft. A more detailed analysis would have revealed unacceptable findings, interpretations and opinions in practically every page of the report. In so far as the program of the Voluntary Agencies, both CRS and Local, is misunderstood and misrepresented throughout the report and the evaluators have not been able to produce useful recommendations for the Voluntary Agencies, these may wish to see the report withdrawn and its circulation terminated. However the evaluation has been useful in that it has provided an opportunity for us to review and discuss those principles and assumptions which should be the basis of sound and effective food aid programs.

CATHOLIC RELIEF SERVICES-USCC
SUB-SAHARA REGIONAL OFFICE
NAIROBI - KENYA

EVOLUTION OF THE FOOD-AIDED NUTRITION PROGRAM
IN SUB-SAHARA AFRICA

I. INTRODUCTION

Since it began in 1965, the food and nutrition program sponsored by CRS in Sub-Saharan Africa has been in a state of evolution. The basic elements of a valid program have always been present, but it has taken a number of years to incorporate these elements into a strategy that would have the maximum impact on the nutritional status of the children. Constraints of budget and of food supplies may have slowed up the evolution somewhat, but it has never stopped. Today, because more food and more money are being made available, the strategy that had been developed through the years has a chance to have a nutritional impact and other developmental impacts as well.

This document traces the steps that have led to the present strategy. Further discussion of the principles distilled from years of experience may be found in two complementary articles by C. Capone. The first, "A Review of an Experience with Food-Aided Nutrition Programs," which was published in Nutrition Planning, Vol.3, No.2 May 1980, is reprinted in the appendix. The second, "Food, Nutrition and Development," is as yet unpublished but it will be circulated separately.

II. Basic Elements

From the beginning in 1965, the food and nutrition program was composed of the following elements:

- nutrition surveillance
- nutrition education
- food supplement.

Earlier than 1965, food was distributed by CRS in African countries, but it soon became apparent that without some surveillance (monitoring) system and without a minimum of educational promotion to the mothers on the use of the supplementary foods, no impact was measurable or even possible. Therefore, the growth chart was introduced into the program and a minimum amount of education associated with the chart was required. Policies and guidelines were formulated (1) and when each country started the program, it was required to use these policies and guidelines as the basis of their operations.

The use of the original growth chart (designed by Morley) in the CRS-sponsored program has been well documented (2, 3, 4). From the beginning, the chart was used with a three-fold purpose: education, diagnosis, evaluation. As designed by Dr. Morley, the chart was intended, in whatever program it was used, to be a diagnostic and evaluative tool. CRS emphasized that it was an educational tool as well, and required that it be used as such in the CRS-sponsored programs. Through the chart, the mother was shown the progress of her child and was taught the basic message that good growth is related to good feeding.

From the beginning also, the food ration was intended to have a three-fold purpose: economic, nutritional, and educational. It was designed to contain a high protein food in enough quantity so that, if the child received all of it, he would, in the majority of cases, grow adequately. The mother was thus shown how much extra protein food her child should receive in order for him to grow adequately; and at the same time, she was given the food so that while she was learning her child could also be growing. In addition to the high protein food, the ration included a cereal and some oil, so that the package would not only be nutritionally and educationally valuable but economically valuable as well. The mother in a subsistence level family cannot afford to lose one day's labor a month without some economic recompense.

III. Evaluations

Each country program was responsible for monitoring implementation of the program in accord with the policies and guidelines. To do this, each program director was assisted by one or more supervisors whose main responsibility was to monitor the activities in the centers that were operating the CRS-sponsored program. From time to time, monitoring of results was also carried out.

From 1973 to 1975, in order to study more closely the nutritional impact of the program, a number of systematic evaluations of results were carried out. Results of most of these evaluations have been circulated in the Field Bulletins of the Nairobi Regional Office. Of particular interest are the evaluations conducted in Lesotho in 1974 and Rwanda in 1975. (5)

The main tool of all these evaluations was the growth chart. These charts provided an extremely valuable record of the progress of the children. Because each child's chart was filled in monthly, from the time of registration in the program to the time of leaving or dropping out of the program, the charts provided longitudinal as well as cross-sectional data. The major disadvantages were that the evaluations could only be done on a sample basis and on a periodic, rather than continual basis. In a few instances (Cameroon, for example) it was difficult to get a correctly stratified sample due to the impassability of roads in the rainy season. Some of the practical points learned from the growth chart studies and the rest of the evaluations are listed at the end of this section. One of the most striking results of the growth studies, which has been verified by Master Chart studies, is that the nutritional status of children in many of the countries is very similar. Country averages are all very close to 25 - 30% of the children being below 80% of their weight for age. In countries where the percentage is higher than this, that is where the nutritional levels of participants are poorer, the program seems to have a better chance of reducing this percentage. Yet, in countries where the percentage is 30 or below, it seems that the chance of reducing the percentage is less (5b, f, g, h). There are, of course, exceptions to this generalization.

Another tool, used in these evaluations, was a questionnaire for the mothers. The three questionnaires which seemed most reliable, and which were used the most frequently, were those on: 1) understanding of the growth chart, 2) feeding practices, 3) child mortality. However,

because of the doubtfulness of any questionnaire, these were only administered in connection with a growth chart study, and attempts were always made to correlate the answers to the questionnaires with growth results. Probably, the most important results obtained from the questionnaires were as follows:

- 1) The supplementary foods did not lead to a decline in breast-feeding; mothers attending the program were breast-feeding their children as long as the average national practice. Inadequacy of weaning foods, as other people have concluded, is more the cause of malnutrition than a reduction in breast-feeding. (51)
- 2) The mothers' understanding of the chart, although adequate in some places, was not as good as might have been expected after such long usage of the charts in the program.

With regard to determining the impact of the program from these evaluation studies, we agree with the comments of Christopher Stevens, in his book Food Aid and the Developing World (6). In this book, the author cites the evaluations of Lesotho and Upper Volta and concludes that the results are suggestive of an impact. We have never gone beyond this ourselves, and we have also tried to emphasize that even when there seems to be an improvement of the children in the program, we do not know whether it is one particular component of the program, such as the food, or whether it is another component, or whether it is all of the components together, or whether it is external factors in conjunction with program which are causing the improvement.

Even the evaluation of Rwanda, which was abstracted in Nutrition Planning (7), and showed the clearest impact, cannot be considered more than suggestive.

A further study of the Rwanda data was made by Jon Hitchings of Stanford University (8). The data which had previously been analysed manually was put through a computer. The results supported the previous study. In addition, a seasonal pattern of protein-energy malnutrition was revealed by plotting the weight-for-age of children at the time of entering the program across years by the month of registration. The cross-sectional decline began in June and reached a pre-harvest low in October. The month to month movement of these means was significantly correlated with monthly changes in the percent satisfaction of household calorie requirement reported in an earlier national survey (9).

By the time we completed nine of these evaluations, we felt that we had a good knowledge of the program, and of the results to expect. An evaluation of the Kenya program was begun in 1975 and preliminary results reflected those of earlier studies. Rather than collect data from which we already knew the results, attention was given to developing the strategies outlined in the next section.

In summary, these evaluations, and continued experience in the program, brought to our attention a number of important points:

1. The growth chart proved to be the most objective and most reliable tool for assessing the impact of the program.

2. When assessing nutritional impact, the only control group that was possible, both practically and ethically, was the "internal" control as suggested by Dr. C. Capone at the conference on growth charts in 1971. (see appendix for discussion on control groups).
3. When program activities were correlated with results, such as correct charting, teaching with the chart, and giving the full ration, there seemed to be a positive correlation between the two (10). In other words, the more closely the program adhered to the policies and guidelines, the better the results.
4. Program activities were often difficult to carry out according to policies and guidelines. In spite of the logic and the simplicity of the program, it was not always possible to make the health workers, most of whom were pressured by duties and obligations that went beyond the program, to follow the basic policies of the program. One significant problem seemed to be the lack of integration of the components of the program. For example, the nutrition education promotion, instead of being associated with the supplementary food and the growth chart, was often interpreted as a lecture to the mothers on nutrition, or some related topic. Even the CRS supervisors were judging the nutrition education on whether or not the health worker gave a good lecture and whether or not the mothers were listening. Nurses and health workers were expected to have, without any training, the same skills as a trained teacher.

More emphasis was needed on using both the growth chart and the food supplement to deliver the basic educational message, that good feeding leads to good growth.

5. The food supplement, although calculated to be sufficient to make the child grow adequately if it were given only to him, very rarely reached the child in adequate proportions. Mothers of subsistence level families, unlike mothers in Western countries, are unable for both traditional and economic reasons to save the food supplement for the child. Sharing of the food supplement with the family has been well documented by ourselves and by others (11).
6. Although the growth chart which was designed by Dr. Morley and used in the CRS-sponsored programs for many years was the best of its kind for a long time, it had certain limitations, especially in regard to surveillance and to education. As for surveillance, since the mothers took the charts home with them, it was difficult to use the charts for an on-going, up-to-date surveillance of the program as a whole. As for education, because many of the mothers never went to school, and so never learned the meaning of graphs and curves, the chart was not as easy to understand as was first thought.
7. The single most disruptive element in the program is the lack of a continuous supply of foods in the requested amounts. Attendance is determined more by the regularity of food supply than by anything else. No matter how good the education and the other services are, the mothers, as was said above, cannot afford to come to the center once a month unless there is an economic recompense. Again, we were learning from experience that the calculated ration, although it was designed to have an economic value, was not enough of an income transfer to enable the mother to feed her child better.

IV. Food Exhibit Strategy

In 1974, in response to some of these findings, CRS inaugurated the strategy of the food exhibit. This strategy was introduced by DR. C. Capone at the Supervisors' Conference in Accra, Ghana, for three main reasons: 1) to focus on the essential nutrition education, 2) to quantify the education component of the program so that it would be easier to supervise, monitor and to evaluate, and 3) to teach the mothers the local equivalents of the donated foods so that when the donated foods ran out, either because of sharing within the family, or because the ration was too small to begin with, the mothers would know which local foods to substitute for their children.

See the Accra Conference Bulletin for a detailed explanation of the food exhibit strategy (12).

Briefly the strategy is as follows. Locally available foods are exhibited in the appropriate food groups. Whereas the energy foods and protective foods are exhibited in any amount, the protein foods are exhibited in the quantity of approximately two ounces, or a handful. This emphasizes that the child may eat the energy and the protective foods from the family pot every day until he is satisfied, but he must also eat an extra handful of protein foods each day if he is to grow well. If the mother decides to give the CRS foods to the whole family she must pay the child back with the local equivalents of the CRS foods and in particular, she must give the child an extra handful of local protein food each day. She will be checked on this each month through the child's growth chart. As long as the chart shows that the child is growing well, she will be asked no further questions.

This strategy was well received by the supervisors at the conference and was implemented in a number of countries. Certainly the strategy was easier to supervise and to evaluate.

However, even in centers where the personnel understood the strategy very well, and were trying to get the message across to the mothers, the strategy was still not always enough to make the mothers feed their children better. In some areas, the local protein equivalent of the donated food was so expensive that the mother could not afford to buy it regularly for her child. (For example, in Ghana, at one time, a handful of groundnuts cost nearly fifty cents. It would thus cost the mother fifteen dollars a month to feed her child an extra handful of groundnuts per day. Her total monthly income may be less than fifteen dollars).

For this and for other reasons, it was concluded that without a concomitant increase in income, it was not possible to motivate the mother to feed her child better. An increase in the food supplement was considered necessary for the program to have widespread effectiveness.

V. Evolution of the new Charts

Again, in response to experience and to evaluation findings, improvement in the monitoring system seemed necessary. A number of factors combined to bring about the change-over from the Morley Chart to the Growth Surveillance charts.

In the early seventies, when drought conditions were prevalent in Africa, the need for a surveillance system which could reach a larger number of children in a shorter time than the regular program became evident. Dr. C. Capone developed a system of dual charts for emergency situations: the Master Chart, which could be used as an up-to-date, on-going monitoring of the children as a group, and the Individual Chart, which could be used to monitor more closely the underweight children.

This system was first introduced at the Supervisors' Conference in Accra, 1974 (13). The first time it was actually used was in the drought program in Kenya, in 1975. This is documented by several reports (14, 15, 16).

The use of the Master Chart and the individual chart in this program was very successful. The health workers had no major problems in learning how to use the charts, and the charts were very helpful in following the children during the emergency. It was much easier to monitor the overall situation than it would have been with the old charts.

The drought program in Kenya, however, was a good example of the necessity for all the components of the program to be present. In particular, the improved monitoring system showed that the children were not maintaining their nutritional status in a number of areas; they were actually getting worse. Obviously, bigger than normal rations were needed because of the acuteness of the food shortage. Yet, in spite of repeated requests from CRS, AID/Kenya never authorized

an adequate ration for this program. Rations were authorized only at the level of the normal program. At that time the normal monthly ration did not exceed 8 lbs. of food per recipient.

Secondly, because of the extreme pressure to reach as many children as possible who were affected by the food shortage, the basic promotional education was kept at the very minimum. It was felt that giving the individual chart only to underweight children helped to focus some attention on these children; but, this was not enough to induce the mothers to feed these children better, especially under the circumstances. This experience has demonstrated that even in times of drought, there has to be some education, or promotional activity, that helps to direct at least some of the donated food to the child.

In spite of these failings, the drought program in Kenya showed that the charts could be used very successfully to follow the course of an emergency situation. The Master Chart made it possible to pinpoint areas of greatest need, and the individual chart, although its use had been limited, showed potential for being a more useful educational tool than the Morley Chart. Because of the simplicity of the grid on the new chart (the curves were eliminated) the mothers seemed to understand it more quickly than the Morley Chart. Moreover, because of its greater flexibility, it was possible to use the individual chart with weight-for-height as well as weight-for-age measurements; in fact, because it monitors the child in terms of percent of standard growth, the individual chart can be used with any set of measurements desired.

At the same time that the advantages of the new charts were becoming apparent, the limitations of the old chart were also becoming more evident. For example, a number of countries were switching over from the pound measure to the metric system. Pound scales were starting to be replaced by Kilogram scales. With the old chart, this meant changing all of the individual charts, but with the new chart it meant changing only the Master Chart. Since a new Master Chart was used for every program session anyhow, this presented no problem. Also at this time, in response to requests from the field for school age charts and to increasing pressure from AID to phase out school lunch because of lack of results, Master Charts were designed for school age children. These could be used with the same individual chart as the one for the preschool children. This flexibility of the chart was a real breakthrough in regard to the expansion of the food and nutrition program.

The new system of charts, called the Growth Surveillance System, was introduced to the CRS Program Directors at the Regional Conference in Dakar, Senegal, in 1977 (17). At that time, the charts were already being used in Kenya, in Asmara, Ethiopia, and in Northern Ghana. Plans were being made to introduce them into Sudan and Tanzania as well. The system of charts was favorably received by the directors, and the understanding at the conference was that the old charts would gradually be replaced by the new charts when the old ran out.

Several factors combined to make the change-over to the new charts much more rapid than was first anticipated. First, it became increasingly difficult to control the

printing of the old chart; more and more countries were running out of charts, either because they were sent charts that were incorrect or because there was a delay, sometimes as long as six months, in the shipment. Since the new charts could be printed in Africa, their printing was much easier to control, and it was possible to provide each country with a continuous supply of charts in the language of their choice. This practical problem of printing was probably the most deciding factor in achieving such a rapid change-over from the old to the new charts.

Second, USAID gave CRS a grant to help implement the new chart system in four African countries. This was also an impetus in these countries to achieve the change-over in a few years.

Third, the problems of introducing the new charts to field personnel were not as great as anticipated. Especially when the personnel had been using the old chart, the new charts presented no major problem.

At the present time, the new system has been introduced into fifteen country programs in Sub-Sahara Africa. The reports to-date indicate that the Master Chart does provide an on-going, up-to-date monitoring of the children in the program, and the Growth Surveillance Chart is just as good if not a better educational tool as the old chart. It is certainly proving easier to supply regularly.

The Master Chart, however, has certain limitations in regard to showing the impact of the program on the nutritional status of the children. Because it is a

monthly record of a group of children at a center, and because there are always new children entering the group, and old children dropping out, the Master Chart cannot be regarded as a longitudinal record of the same group of children. It must be seen as a series of cross-sectional records of similar groups of children. As long as this is kept in mind, considerable valuable information can be obtained from the Master Chart. Geographical areas of greatest need can be pinpointed. Centers with problems are easily noted. Seasonality effects, especially when graphed, also become evident. Thus, the chart has already become a useful tool for the planning and supervising of the food and nutrition program. Studies are presently being carried out to see whether the Master Chart, by itself, or in connection with the Growth Surveillance Chart, can also tell us something about the impact of the program. One impressionistic but interesting result which has recently come to our attention is that, in a number of centers, the percent of children below 75% is decreasing more than the percent of children below 80%. In other words, it seems as though it is easier to move the children from below 75% up to 75% than it is to move the children from 75% to 80%. See the appendix for samples of data from Lesotho that have been collected from Master Charts, and for further discussion on the uses of Master Chart Data.

A study of the reliability of the Master Chart classification of underweight children has been made by Dennis Ross-Degnan from Harvard University. The author concluded from this study that there will be misclassifications in the measurements of the individual child, but that such errors tend to cancel out in the aggregate,

with a small bias towards lowering the children's percent of standard growth. Therefore, the Master Chart can be used for monitoring the change over time in a group of children. If it seems necessary, a correction factor can be used to correct the bias.

In two countries, Kenya and Lesotho, questionnaires have been administered to the mothers on their understanding of the Growth Surveillance Chart. The results show that the mothers, on the whole, understand the new chart with a minimum of explanation. The color change (the normal weight path is a green band) seems especially meaningful to them.

We are, however, still in the process of testing the educational value of the Growth Surveillance chart. Because of the simplicity of its design, alternations are not difficult to make. For example, if the percents which mark off the horizontal rows are confusing, they could easily be changed to something else, such as grade 1 to 10.

VI. Mothers' (families') commitment

The idea of the mothers' commitment evolved about the same time as the food exhibit strategy and the development of the new charts, but it was difficult to implement on a widespread basis until the food ration increased. If improvement was to be achieved, a commitment by the mother to feed her child adequately needed to be required by the centre. Without this commitment there are too many pressures on the mother to share the food received from the center with the family. Ideally, the ration must take into account

this sharing among the family, and if the ration has enough economic value, the center is justified in asking the mother to commit herself to save at least some of the food for the child.

This idea of a commitment was always implicit in the program, but it was difficult to emphasize because from the very beginning, in such countries as Upper Volta (where there are chronic food shortages) it was recognized that the food package (which was calculated to be exactly one-third of the average child's daily protein and calorie requirement) was too small to enable the mother to direct enough of the food to the child.

When the food exhibit was introduced, it was hoped that this kind of educational promotion would more effectively direct the food to the child than the traditional nutrition education. But, as was mentioned above, improved education was not enough without economically improved food supplements.

Still, in centers with highly motivated personnel, mothers were taught about their commitment to bring their children regularly to the center, and to insure that their children grow adequately. In fact, from an impression of several hundred visits to centers in twelve different countries, the centers where the children seem to be making the most progress are the centers where the center personnel are "strict" with the mothers. To cite one extreme example, in one center in Kenya where there was hardly any space to conduct the program, and where the group education was not very good, the children attending the center

were still improving. Every mother whose child was weighed was shown her child's chart, and if the child was not improving, the mother was "reprimanded". In another center which was beautifully organized, where all the correct activities were being carried out and where the mothers participated in the cooking demonstration and in the demonstration garden, the children were not improving. In this center nobody was "reprimanding" the mothers. Otherwise there seemed to be nothing else missing.

Thus, there has always been some evidence that the most effective educational activity is one which makes the mother aware that, by attending the food and nutrition program, she now has the means and thus the obligation to feed her children adequately.

In theory, this data of making the mother aware of her commitment to feed her child better with the help of the food supplement seemed quite sound. There were, however, certain practical difficulties. Not only, as was mentioned above, was the food supplement too small to justify the center personnel requiring the mother to make a commitment, but also there was no way of enforcing a commitment even if it were made.

Just recently there has been a break-through on both of these difficulties. The ration has finally been increased to a high economic value. The ration (2 kg. milk, 2 kg. cereal, 1 kg. oil) is also of enough value that even if it is divided into quarters, it is worth the mother's effort to come to the center to pick it up. It is

thus possible to enforce the commitment by requiring the mothers whose children do not grow adequately to return weekly instead of monthly.

VII. Present strategy

At this point in time, it is felt that the elements of a valid food and nutrition program can be defined and implemented. Although, as was said in the beginning, these elements have basically been in the program since the beginning, it has still taken experience to discover the necessary quality and quantity of these elements and to fully understand that malnutrition is more a matter of economics than of education.

Drafted by Dr. Fredericka Jacob,
July 1980.

APPENDICES

- I. C. Capone, "A Review of an Experience with Food-Aided Nutrition Programs," Reprinted from Nutrition Planning, Vol. 3, No. 2, May 1980.
- II. Dr. Jacob, "Control Groups for Food and Nutrition Programs Impact Studies".
- III. R. Sarnoff, "Growth Surveillance as an Instrument For Better Programming".
- IV. Dr. Jacob and R. Sarnoff, "Uses of Master Chart Data".

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APPENDIX I

Reprinted from *Nutrition Planning*, Vol. 3, No. 2, May 1980

**A Review of an Experience
with Food-Aided Nutrition Programs**
by C. Capone
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This is a very brief review of fifteen years of experience studying and advising on ways and methods to utilize food aid resources for nutrition programs.

These are large scale programs directed to young children who are either actually malnourished or are "at risk" of malnutrition and which employ food aid as one of their major components. The food aid consists of "take home" supplementary food items which are handed to the child's parents in monthly or more frequent installments. Most of the children who are to benefit from such programs belong to subsistence families who, in turn, belong to subsistence communities of the least developed countries.

A nutrition-oriented definition of a subsistence community is one where families who are involved in agricultural or pastoral activities have to spend most or far too much of their income to satisfy basic food requirements at traditional levels of intake. These traditional levels of intake are marginal for the whole family and inadequate for the young child who, as a result, is at continuous risk of becoming underweight or frankly malnourished. The subsistence family is at risk of "hunger" or "famine," i.e., at risk of a certain food deficit which may lower the traditional food intake to such an extent and for such length of time as to lead to greater suffering, loss of body weight in the adults and worsening of nutritional status in children. This risk is recognized by the subsistence family as nutritional insecurity.

Highest priority within these families is to reduce the portion of income that goes for feeding the family. Improvement of the traditional food intake is not a priority, nor is it contemplated until the portion of income that goes for food expenditure is reduced below a certain level. However, this does not prevent the subsistence family from spending occasional cash on prestige foods and drinks.

Risk of malnutrition and underweight are not recognized concerns in subsistence economics. They are thought of as neither an evil nor a disease. Therefore, information and education on the implications of risk of malnutrition makes little impression and leads to little or no change because both "risk" and "underweight," even when understood, are taken as part and parcel of the subsistence way of life. They are, in a way, a compensatory mechanism to keep the food expenditure at a minimum. On the other hand, advanced malnutrition, such as kwashiorkor and marasmus, are recognized as evils or as illnesses, though not necessarily due to food deprivation or wrong feeding. When confronted with such cases of kwashiorkor and advanced marasmus, subsistence families seek treatment and are prepared to make great sacrifices to restore these children to health.

Another feature of subsistence economics is that there is little or no demand, on the part of the families, for information on the problems of "risk of malnutrition" and of "underweight," and for suggestions on how to solve these problems. Such education can be offered, but hardly any practical response can be expected until the development process brings these families out of the subsistence levels. This may take a very long time. It certainly takes longer than the preschool life of any child.

Considering the fact that development alone, or education alone, or education plus current rates of economic development are not sufficient to pull the child out of "risk" or out of "underweight," the situation looks rather hopeless.

The question is: Does supplementary feeding, added to education and the development process, provide the answer to the problem? One would like to say Yes, but experience, and extensive literature on the subject, tells us that the answer is No.

What is the reason behind the inadequacy of supplementary feeding programs for children? The reason seems to be this: The current supplementary feeding programs which are calculated for complementing the diet of the child at risk do not conform to the realities of subsistence economics. In subsistence economics there is little or no demand for subsidized supplementary foods for the child, just as there is little or no demand for information and recommendations on risk and underweight. The demand is for subsidized foods as a revenue increment for the whole family.

Let us analyze what happens to the food supplements when they are taken home. The natural tendency is to use them for the benefit of the whole family. One would prefer to counteract this tendency with nutrition education and create a demand for foods to be administered to the child as an addition to his diet. It takes time to do this and the demand for additional child foods has to compete with the demand for alternative uses of subsidized foods. What are the alternative uses?

The first is to relieve hunger. If the family is suffering from acute food deficit, its food consumption is well below traditional levels and the foods are acceptable, then the food supplements will be consumed by the whole family in an attempt to restore traditional intake levels. Of course, nutrition education can do nothing to prevent this.

The second alternative use is relief of the nutritional insecurity of the whole family. The family may not be affected by acute food deficit and the intakes may be at traditional levels, but traditional levels are marginal and are the cause of insecurity. The insecurity is caused by the perceived risk of famine, as mentioned above, and by the instability and fluctuation of food supplies below marginal levels. The family prefers to invest the revenue increment represented by subsidized foods in mitigating the marginality of the diet and in relieving the nutritional insecurity rather than complementing the diet of the child. Conventional nutrition education can do little to prevent this. The relief of nutritional insecurity does not imply a sustained and significant upgrading of feeding habits, either for adults or for children, and no measurable results can be demonstrated. Perhaps one of the main reasons for the inadequacy of the current child feeding programs lies in the fact that these programs ignore or do not provide for the marginality of the family diet.

The third alternative use is sale or exchange of the foods for cash, goods or services which have non-nutritional purposes. If the family is not suffering from acute food shortage (hunger or famine) and the nutritional insecurity has been relieved, or is tolerated, then the natural tendency of the family is to sell the subsidized foods or the home food displaced by food aid. To prevent this, nutrition education would have to generate a demand for child supplements that is stronger than the demand the family has for the goods and services obtained through the sale or exchange of subsidized foods. In the context of developing communities,

conventional nutrition education takes a long time to generate a demand for food supplements. Once this demand for child food supplements is present (perhaps after some year of the target child's preschool life) the outcome of its competition with the family's other demands will depend on the relative strength of the alternatives, on the degree of accessibility to the market, and on any program constraints inhibiting or preventing sale of the donated supplements. If sale is not possible or is effectively prevented, the natural tendency is to share the food supplements among the members of the family. But the usual quantities and the distribution patterns of food aid are such that any eventual increase in food intake is either too small or too short in duration to yield measurable nutrition results on small children. It is difficult to distinguish this alternative use of food aid from the relief of nutritional insecurity mentioned above.

Underlying all these facts there is a principle that can be expressed in this way: You cannot complement the diet of the child unless you complement, at the same time and to a greater extent, the income of the family. The larger the income complement over and above the calculated economic value of the child's supplements, the easier and faster it is for nutrition education to induce the family to supplement the diet of the child. In practice, if you want to reach these effective levels of income complement with food aid, you have to use quantities and values that are neither practical nor feasible.

In fact, there are limits to the amount of food aid you can give a family for the child. These limits are set primarily by the administrative costs and by other considerations such as sale and exchange of food commodities and disincentives to local production. At usual levels of food supplements, the economic value of the food package can be greater than the value of the calculated child supplements but the revenue increment produced is usually far below the increment wanted by the family and, therefore, conventional nutritional education has very limited success in inducing the desired upgrading of the child's diet or to induce this upgrading as fast as it is needed.

One could conclude that the use of food aid as a means to combat malnutrition, even in association with conventional education and developmental activities, is futile. However, there is still one potentially effective approach available. Actually, this is the approach which should have been adopted at the start of the food aid program but was not employed for various reasons due mainly to misunderstanding and controversy over the economic value of the food aid package. Our experience suggests that supplementary feeding programs for children work — and work well — if the food aid package represents an economic value well above the calculated supplements and is delivered to families as a "contractual assistance" and not simply as food aid.

A contractual food assistance program works like this: The parents of the child are made aware that the increased family revenue represented by the foods entail certain added responsibilities and obligations which are satisfied by submitting themselves to an educational program and by upgrading the feeding and the general care of the child.

Suppose that:

- you establish some means of verification, one of which is a growth chart systems, and verify the conformity to the accepted norms previous to every subsequent distribution;
- when failure to obtain the expected results is due to illness of the child, or to

a poverty not sufficiently corrected by the increased revenue, or to inadequate information on child care, you make provisions for such "high risk" cases, within the available facilities and means;

- when failure is due to a default in utilizing the increased revenue for the betterment of the child, as it happens when the foods are sold, exchanged or used as a sheer substitution of the traditional diet, you apply suitable and acceptable measures aimed at re-enforcing the agreed on obligations.

Would this constitute a food-aided program that is adequate to combat malnutrition among the young children belonging to subsistence communities? The answer should be "yes." Of course, you must have a monitoring system (such as growth charts) that helps you to determine what is the smallest food aid ration that elicits the highest cooperation from the family, yields the expected results on the child and provokes the least side effects, such as sale, exchange and disincentives to local production.

In this context of contractual assistance, conventional nutrition education makes sense. It supplies the how and the why of better child care. The improved feeding practice which is started on the strength of an external assistance ends up by being an improved child feeding motivated by the perceived nutritional needs of the child.

The now ubiquitous growth chart which was originally employed as a component of conventional nutrition education programs and for survey and evaluation purposes, serves child feeding programs primarily as a means of monitoring family adherence to the program's obligations.

The food assistance outlined here differs from the traditional supplementary feeding programs in that it takes into account and makes provision for the priority needs of the family and induces the family to upgrade the diet of the child well before the nutrition education has generated a demand for it. This time element is very crucial to the nutritional status and the life of the young child, and to the effectiveness of the program.

For how long do you continue this form of economic aid to subsistence families or subsistence communities? The answer must be: For each family, for as long as there is a young child at risk; for the communities, until the development process puts them out of the subsistence economics. That will take a long time. Typically, these communities live with subsistence agriculture and subsistence grazing. The day when subsistence agriculture changes into good-existence agriculture is far away. A short term solution could be to promote and subsidize certain selected agricultural activities which can be developed within a short period of time and which can be of immediate benefit to the nutritional status of the child. One of these selected activities, which is presently under study, is the "Oil Seed Module."

Briefly, the proposal works like this: The same families who are enrolled in a Food and Nutrition Program along the lines explained above further extend their obligation to include an involvement in the production of certain oil seed crops. Such crops can be cultivated and are in demand everywhere in the developing world. The two main oil seed crops presently under study are sunflower and sesame. If these seeds are properly decorticated, the residue obtained after the oil extraction constitutes a high protein, low-cost food supplement ready to be integrated into the diet of the child.

Families have little interest in supplementary foods for the child, whether these foods have to be purchased or produced. Instead, the family is interested in the

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production of food for the entire family and more for increasing income than for improving the diet. The oil seed module conforms to these realities of subsistence economics. It increases considerably the income of the family through the production of vegetable oil which can be sold or consumed as the family wishes, thereby providing the motivation for the production. The very low cost, high protein by-product of oil extraction, called "Oil Seed Food," has little market value and can be reserved for the young children under the same verifiable obligations of the Food and Nutrition Program. Promoting and subsidizing this selected agricultural activity with food aid, seeds, equipment and technical assistance conforms to the principle that if you want to complement the diet of the child you must complement, simultaneously and to a greater extent, the income of the family.

Of course, this selected agricultural activity must be an addition and not a substitution of subsistence agriculture. To facilitate this, tests are being carried out on oil seed crops (such as sunflower) which can be interplanted with traditional staple food crops, such as maize, millet or sorghum, so that little extra land is required and the techniques can be adopted by pastoral populations living in semi-arid areas.

Other activities can be explored that have a similar relationship to the income of the family and to the child nutrition programs as the "oil seed module" described here.

APPENDIX II

CATHOLIC RELIEF SERVICES-USCC
SUB-SAHARA REGIONAL OFFICE
NAIROBI - KENYA

CONTROL GROUPS FOR FOOD AND NUTRITION
PROGRAMS IMPACT STUDIES

I. Ever since the beginning of systematic evaluations of the impact of food and nutrition programs, the question of a control group has come up over and over again. According to scientific principles, in order to determine the effect of one variable upon another, all the other variables must be kept constant, while the one variable under study is changed. In this case, the input variable is the food and nutrition program (or one component of it), and the outcome variable (to be affected) is the nutritional status of a group of children. Therefore, we should have two identical groups of children to measure, the only difference being that one group is enrolled in the food and nutrition program while the other is not. The effect of the program on nutritional status is then measured.

If one wanted to measure only the impact of the food supplement, and not of the other components of the program, the control group this time would be a group of children enrolled in a program similar to the food and nutrition program in all aspects, except that there is no food distribution.

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Neither of these control groups is easy to find. In the case of the first one, where the control group is found outside a center, there are a number of difficulties, both practical and ethical. Practically, it is very time-consuming and costly to search out in the villages a group of children who are exactly the same as the children who attend the center. Ethically, it is agreed by most people in this field, that it cannot be done (1). The control group of children would have to be weighed at least at the beginning and end of the study; but if these children were as needy as the group in the program, and wanted at any time during the course of the study to join the program, they could not be refused. Perhaps one could argue that a group of village children needs to be weighed only at the end of the study, but then it would be absolutely necessary to be sure the control group was identical or "matched" with the program group of children. This is very difficult to do. One would have to be sure, for example, that the control group of children were not the somewhat better off children in the village, whose mothers did not feel the need to come to the food program.

The second control, where the food supplement is the only variable under investigation, is in our experience, impossible to obtain. As far as we know, there is no program in Africa which is similar to the food and nutrition program in all aspects except food distribution. When there is no food distribution there is also a concomitant lack of regularity of attendance. We have seen this to be the case in many countries. MCH programs without food have been visited in Sierra Leone, Kenya, Cameroon and Tanzania. In none of these cases did the children attend regularly. Mothers tended to bring children only when they were sick

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or were undergoing the series of immunizations. At a center in Kenya, a number of growth charts were examined and not one of them indicated more than one visit. A similar experience occurred in Sierra Leone; very few charts examined at an MCH program with no food showed more than one visit. We have concluded at this point, that no such program where mothers attend regularly, exists in Africa on a wide scale. This stands to reason; mothers from low income families cannot afford to give up one day's labor a month without some kind of economic recompense, such as a food supplement.

We have had verbal reports of a center in Kenya, and one in Tanzania, where the mothers do bring their children regularly to an MCH program, yet do not receive food supplements. These centers are run by highly motivated and highly dedicated people. Moreover these are two centers without food as compared to literally thousands of centers with food. Again, according to scientific principles, programs of such unequal magnitude cannot be validly compared.

The same conclusion concerning the comparison of centers with and without food has been reached by others. For example, Synectics Corp., was contracted by AID to make a study on the educational value of the growth chart (2). The original research was conducted in centers with a food program and centers without one. This original design had to be altered because no centers could be found in Lesotho or Ghana (the countries where the study was to be carried out) where the chart was not associated with food and where mothers and children attended regularly.

II. Solution of CRS

A. In spite of the above difficulties, CRS/Africa still wanted to find some way of measuring the impact of the food and nutrition program. In the early seventies, Dr. C. Capone developed the idea of using an internal control. Taking all things into consideration, this control, as long as its limitations are recognized, has been the most useful so far.

By internal control we mean that the children in the program are used as their own control. Children who have been in the program for one or more years are compared with children of the same age who have just registered in the program. The latter children constitute the control group.

Advantages of this internal control group are:

1) the cost and the time to collect data are reduced to a minimum; 2) the children, since they are all attending the program, must be very similar to each other economically, socially and educationally.

The disadvantages are: 1) there may be certain biases; the mother may not be inclined to bring her older children unless they are malnourished, or 2) she may, on the other hand, bring all of her older children but they may be, on the average, better nourished than might be expected because the seriously malnourished children did not survive.

It is not known which of these biases is most important. They must both be kept in mind when interpreting the data. Examples of this type of control are found in Field Bulletins.

- B. Another type of control which has proved to be useful
- i. studies and evaluations of food and nutrition programs is the baseline data of a group or groups of children who have been attending the program regularly for a certain period of time. One of the most valuable aspects of both the old and the new growth charts is that they are able to provide longitudinal records of the child's progress during his period of attendance in the program. If one studies a group of children of the same age group, who registered in the program at the same time, and follows them through their period of attendance up to the present time or the time when they reach five years old, an improvement in nutritional status (or lack of it) of the group can be significant. No matter how the measurements are tabulated, what is actually being measured here is the growth velocity of the children. If it can be shown that the growth velocity of the group is greater than normal, it is highly probable that the program is having an impact. Examples of this type of data are found in Field Bulletins No. 24 and the unpublished evaluation of Kenya in Appendix II.

III. Conclusion

When measuring the impact of food and nutrition programs, ideal control groups, because of practical or ethical reasons, are difficult or impossible to find. Internal control groups, if their limitations are recognized, have proved to be the most valid and feasible control groups so far.

APPENDIX II

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Drafted by Dr. F. Jacob, July 1980.

APPENDIX III

CATHOLIC RELIEF SERVICES-USCC
SUB-SAHARA REGIONAL OFFICE
NAIROBI - KENYA

GROWTH SURVEILLANCE AS AN INSTRUMENT FOR BETTER PROGRAMMING

Drafted by R. Sarnoff, MARCH 1980

This document was drafted in the context of the Lesotho Country Program. Part I is fully applicable to Kenya and to the other programs in the Sub-Sahara Africa Region, while Part II presents data specific to Lesotho. Nevertheless, these types of analyses can be carried out in other programs.

A system of growth surveillance has been developed by Catholic Relief Services to monitor the preschool supplementary feeding program which it sponsors in Sub-Sahara Africa. The system consists of two components; the first is a Growth Surveillance Chart used to monitor the growth of the individual child, while he/she is attending the program. The second is a Master Chart, which is a daily record of the nutritional levels of the group of children served at a center. The Master Chart, its uses in programming, and the data it provides, is the subject of this paper.

Part I

The Growth Surveillance System has been in use in the CRS/Lesotho Food and Nutrition Program since September of 1978. This experience has demonstrated that group surveillance, by means of the Master Chart, can facilitate programming, both at the level of individual clinic, and that of the national CRS office.

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On each day that the nurse, or nurse-assistant, is conducting the Food and Nutrition Program at her clinic, she maintains a daily record of the nutritional levels of the children seen. On the Master Chart, the weights-for-ages of all program attenders are recorded. By a simple visual inspection of the Chart at the end of the day, the nurse can assess the nutritional needs of the group of children served that day.

Most clinics have now organized their schedules so that mothers of a specific geographical area attend clinic together on an assigned day. Mothers from nearby villages would bring their children on the same day. In this way, the nurse can map the relative nutritional need in her service area, by comparing the daily Master Charts, over a one-month period.

This information on nutritional need is used by some nurses to program clinic activities. More attention is given to basic nutrition education in the group instruction, when this need is highlighted. Evidence of large numbers of malnourished children in a given area has led some nurses to schedule additional days for the children of that area, or to open out-stations in that area to improve program coverage. Other nurses have organized special under-nourished clinics once they observed the large numbers of children in that category. By making available to the nurse a daily report on nutritional need, it has become a more important variable in her planning.

Analysis of the Master Charts continues at the national CRS office. Limitations of time and statistical skills at the individual clinic make the support of the CRS office supervisory staff necessary. The Master Charts are sent

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to the CRS office at the end of each month. By that time, the nurse should have been able to examine the charts. Copies are returned to the clinic for further study, upon request.

A simple summary feedback report is sent from CRS to the clinic each month. The summary is provided to facilitate further utilization at the clinic level, of the information gathered. The information provided includes:

1. The number of children attending the program that month.
2. The number, and percent, of the total children who were undernourished.
3. A breakdown of the number and percent of children in the following ranges of percentage of the Harvard Standard: 100-90, 85-80, 75-70, 65-below 60%.

The report also includes comments which highlight specific information, such as which village groups show poorer nutritional levels, and changes in nutritional levels over time.

The Growth Surveillance data also facilitates programming at the CRS/Lesotho office. Decisions on resource utilization, including staff, food, and funds, are based in part on this information. The field supervisors utilize the surveillance data when scheduling clinic visits. Where the Master Charts suggest errors in growth surveillance, a supervisor visits to check on the accuracy of the scale and of the individual weighing the children. Clinics with more nutritionally needy populations, or showing deterioration of nutritional levels, would also be visited to discuss ways of improving program impact at those clinics.

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The surveillance information has revealed to the supervisory staff a number of clinics where large groups of children were served daily and poor nutritional levels were observed, with no evident improvement. In discussing this situation with the nurses involved, some reported that large attendances made it difficult to provide adequate care. The CRS supervisors proposed a triaging system for these clinics. In this system, children who are growing adequately, are up-to-date on their immunizations, and have no reported health problems, are not required to consult with the nurse each month. This will enable the nurse to spend more time with those mothers whose children are not growing well.

The lack of apparent nutritional improvements in some clinics has also led to the introduction of a special care program of more intensive surveillance. Those children who are undernourished, and have shown unsatisfactory growth for several months, are required to attend the clinic weekly. On each visit, one fourth of the food ration is distributed and the child's growth is measured. It is hoped that through close surveillance and food rationing, a greater nutritional impact may be achieved.

Determination of program size, and the related food allocations for individual clinics, is reviewed annually. In this review, considerable weight is given to the nutritional need of the clinic population. Clinics serving more nutritionally needy populations are given higher priority in the allocation process.

The allocation of funds available for activities to support the Food and Nutrition Program is also based in part on nutritional need. In clinics with nutritionally needy populations, funds for expansion of storage or transport capacity may be provided so that the entire supplementary ration can be distributed.

Requests for CRS sponsorship of the Food and Nutrition Program at new clinics or outstations are also evaluated with consideration of the nutritional need and existing program coverage in the geographical area. Supervisors sometimes attempt to initiate requests from clinics in needy areas where coverage is poor.

The ready availability of nutritional status data, both at the clinic and the CRS/Lesotho office, has facilitated decision making based more on nutritional need. Given the primary objective of the Food and Nutrition Program to improve or maintain the nutritional status of the under-five population, nutritional need is an essential variable for valid programming.

Part II

This section presents a review of some of the data gathered at the CRS/Lesotho office, from the surveillance system. The data has been analysed for geographical, age, and seasonal patterns in nutritional levels.

In Table 1, the average nutritional levels for three months of 1979, are presented for two samples of clinics. Group A includes clinics serving lowland and foothill villages, while Group B includes mountain clinics. Although the lowlands and foothills are usually regarded as distinct ecological zones for study purposes, they are grouped together here because many lowland clinics have outstations serving the foothill areas.

The nutritional levels are reported in terms of the number and percent of children below eighty percent of the Harvard Standard of weight-for-age. Of the 15,210 children from

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Group A, 3,667, or 24% were undernourished. Of the 6,991 children seen in Group B, 2,157, 31% were undernourished. Although Group A shows better nutritional levels, a wide range of nutritional levels, within the clinics of each group, is evident. The difference between groups is not statistically significant. In both groups, there are clinics serving nutritionally needy populations. All of these clinics were granted program expansion in the current year.

Figure I depicts the seasonal patterns of nutritional levels in samples of mountain clinics, lowland/foothill clinics and the two combined. In Figure I, the pattern of the samples combined shows a period of greater nutritional need from November to March. Evidence of lower nutritional need is observed from May to August. In the lowland/foodhill clinics, we also observe greater nutritional need from November to March and lessened need from May to August. The mountain clinics display a more prolonged period of greater need, extending from October to April; better nutritional levels are seen from May to August.

If we compare the mean percent of children undernourished in the period of lesser malnutrition with the mean figure during the time of greater malnutrition, for the samples, we find that the differences are significant at the .01 level. This pattern is consistent with the post-harvest period of food abundance and that of pre-harvest scarcity.

Tables 2, 3, and 4 and Figures II and III, compare the nutritional levels of children in different age groups, in each geographical area. In the bottom rows of tables 3 and 4, we observe a similar age distribution

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of participants in both samples. There is some indication that children enroll in the program at an earlier age in the mountains, where 12% of the attenders are from 0-6 months of age, compared to 9% in that age range, in the lowland/foothill centers. This similarity of age distribution is surprising in regard to the older children. It was believed that children dropped out at an earlier age in mountain clinics, because the long distance to the clinic prohibited mothers from bringing two children to clinic on one day. Consequently, she might bring only her youngest, and lightest child to clinic. The drop-out age does not appear to be lower in the mountains.

All three tables reveal the poorer nutritional levels of the mountain participants at each age period. Even in the first six months, more undernutrition is evident in the mountain sample. Given the adequacy of breast milk in this period, and the high prevalence of breastfeeding in mountain areas, this finding is somewhat surprising. The possibility of inferior maternal nutritional status and a resultant higher incidence of low birth-weight may be one explanation. In the lowland/foothill sample, the 0-6 month age group appears to be relatively well-nourished, with 90% of the children showing satisfactory nutritional levels.

The deterioration of nutritional levels, characteristic of the weaning period, is observed in both samples. In the age range of seven to twenty-four months, in the mountain sample, the percent of children 100-90% of standard falls to 28%, from 54%, amongst 0-6 month olds, while the percent from 65 to below 60% of standard

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increases from 5 to 10% of the sample. Similarly, in the lowland/foothill sample, the percent from 100-90% of standard falls from 66 to 37%, while those 65- to under 60% increases from 3 to 5% of the sample.

A slight improvement in nutritional status appears in both groups, after the second year. This improvement shows an earlier onset in the lowland/foothill sample. This is evident in Table 4, where the percent of undernourished children in each age group, is summarized for the two samples. The lowland/foothill sample shows a decline in malnourished from 25 to 21% of the sample after the second year, and smaller declines, to 19 and 18%, in the older age groups. In contrast, in the mountain sample, a small decline from 37 to 35% of the sample occurs in the third year, with a larger decline to 30% of the sample in the fourth year. Despite the apparent improvement of nutritional levels after the weaning period, the relatively good nutritional profile of the first six months is not observed in the older groups; given the cross-sectional, rather than longitudinal nature of the data, no conclusions can be drawn about the catch-up growth.

These few tables provide a basic idea of the data available with the Growth Surveillance System, and the types of analyses that are being conducted. The objective of these analyses is always better programming to achieve a greater nutritional impact.

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TABLE 1: NUTRITIONAL STATUS OF PROGRAM ATTENDERS IN
TWO GEOGRAPHIC GROUPS OF CENTRES

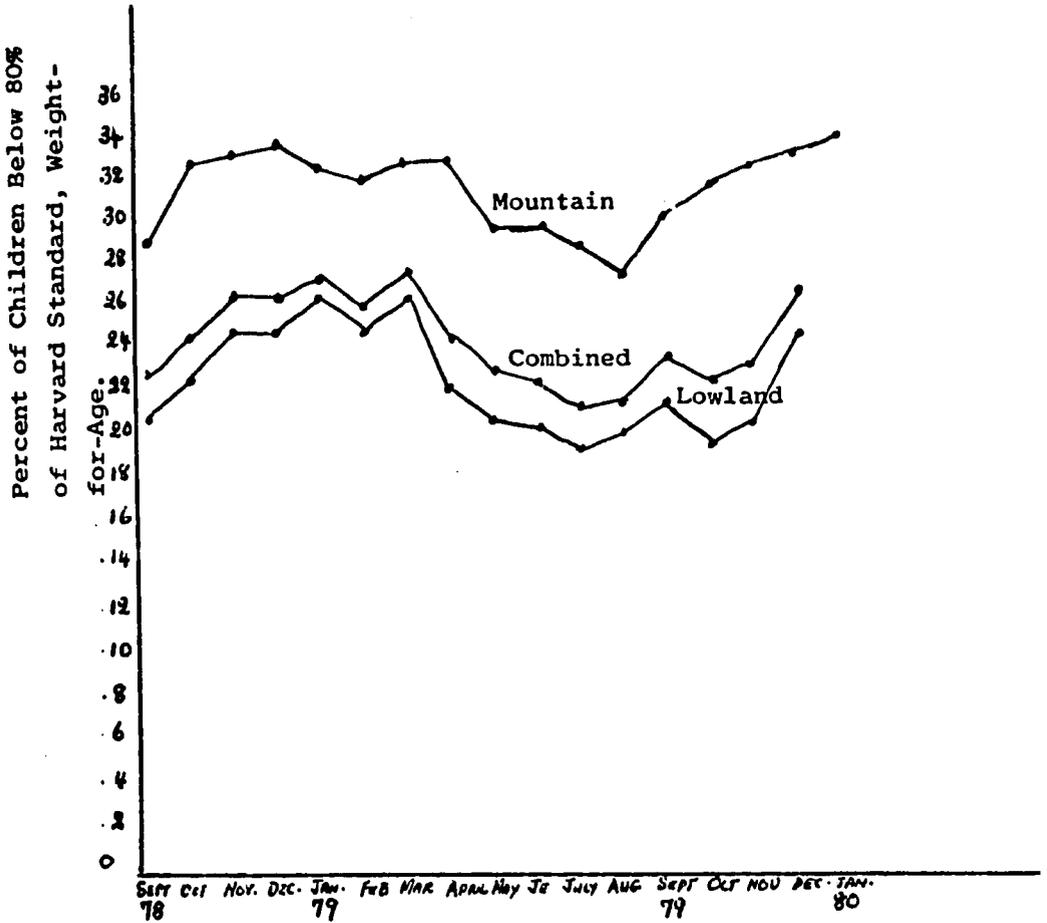
<u>CENTRE</u>	<u>*ATTENDANCE</u>	<u>No. of Children Under 80%**H.S.</u>	<u>% of Children Under 80% H.S.</u>
<u>GROUP A: Lowlands & Foothills</u>			
1. Bethany	1479	295	20
2. Masite	1655	553	33
3. Scott	1837	511	28
4. Gethsemany	469	127	27
5. St. Magdalene	931	210	23
6. Ntloana Tsoana	664	116	18
7. Motsekuoa	1732	330	19
8. Maluti	1093	242	22
9. Mohales Hoek	2030	571	28
10. St. Rose	1347	282	21
11. Tsakholo	1973	430	22
Total	15210	3667	24
<u>GROUP B: Mountains</u>			
1. Tebellow	705	161	23
2. Hermitage	408	119	29
3. St. Francis	986	326	33
4. Paray	1427	403	28
5. Lesobeng	637	175	27
6. Mantsonyane	483	146	30
7. St. James	1159	438	38
8. St. Peters	786	289	35
9. Malefiloane	400	100	25
Total	6991	2157	31

* Attendance is the average of the figures for Jan. April and August 1979.

** 80% of the Harvard Standard Weight-for-age is the boundary separating adequately and poorly nourished children.

FIGURE I:

SEASONAL PATTERN OF NUTRITIONAL LEVELS



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TABLE 2: NUTRITIONAL STATUS BY AGE GROUP
IN LOWLAND/FOOTHILL CLINICS

Age in Months

Nutritional Level*	<u>0-6</u>		<u>7-24</u>		<u>25-36</u>		<u>37-48</u>		<u>49-60</u>		<u>Total</u>	
	No.**	%	No.	%	No.	%	No.	%	No.	%	No.	%
100-90	963	66	2412	37	1267	41	1054	45	597	40	6293	42
85-80	352	24	2426	38	1177	38	843	36	611	42	5409	37
75-70	103	7	1277	20	565	18	383	16	234	16	2562	17
65-L60	36	3	315	5	101	3	62	3	32	2	546	4
***Total No.	1454	100	6430	100	3110	100	2342	100	1474	100	14810	100
%	10		43		21		16		10		100	

* Percent of Harvard Standard Weight-for-Age.

** Number of Children and Percent of Children of that age group.

*** Percent of Overall total.

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TABLE 3 Nutritional Status By Age Group
In Mountain Clinics

Nutritional Level	<u>Age In Months</u>											
	<u>0-6</u>		<u>7-24</u>		<u>25-36</u>		<u>37-48</u>		<u>49-60</u>		<u>Total</u>	
	#	%	#	%	#	%	#	%	#	%	#	%
100-90%	323	54	596	29	247	27	224	32	114	27	1564	32
85-80%	152	26	742	35	351	39	266	38	185	44	1696	36
75-70%	88	15	579	27	256	28	171	24	100	24	1194	25
65-60%	28	5	205	10	60	7	46	6	21	5	360	7
Total #	591	120	2122	100	914	100	707	100	420	100	4754	100
%	12		45		19		15		9		100	

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TABLE 4: Percent of Sample *Undernourished
By Age Group And Geographical Area

Age In Months

Geogra- phical Area	<u>0-6</u>		<u>7-24</u>		<u>25-36</u>		<u>37-48</u>		<u>49-60</u>		<u>Total</u>	
	No.	%**	No.	%	No.	%	No.	%	No.	%	No.	%
Lowland	139	10	1592	25	666	21	445	19	266	18	3108	21
Mountain	116	20	784	37	316	35	217	30	121	29	1554	32

* Undernourished is defined as below 80% Harvard Standard Weight-for-age.

** Percent of all children in that age group in the sample.

FIGURE II: NUTRITIONAL STATUS BY AGE GROUP

LOWLAND/FOOTHILL CLINICS

AGES

IN
49-60
MONTHS

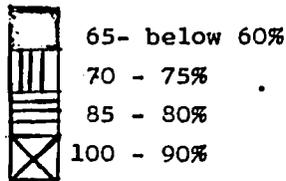
37-48
months

25-36
months

7-24
months

0-6
months

Percent of Harvard Standard,
Weight-for-Age



0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100

PERCENT OF CHILDREN AT VARIOUS NUTRITIONAL LEVELS

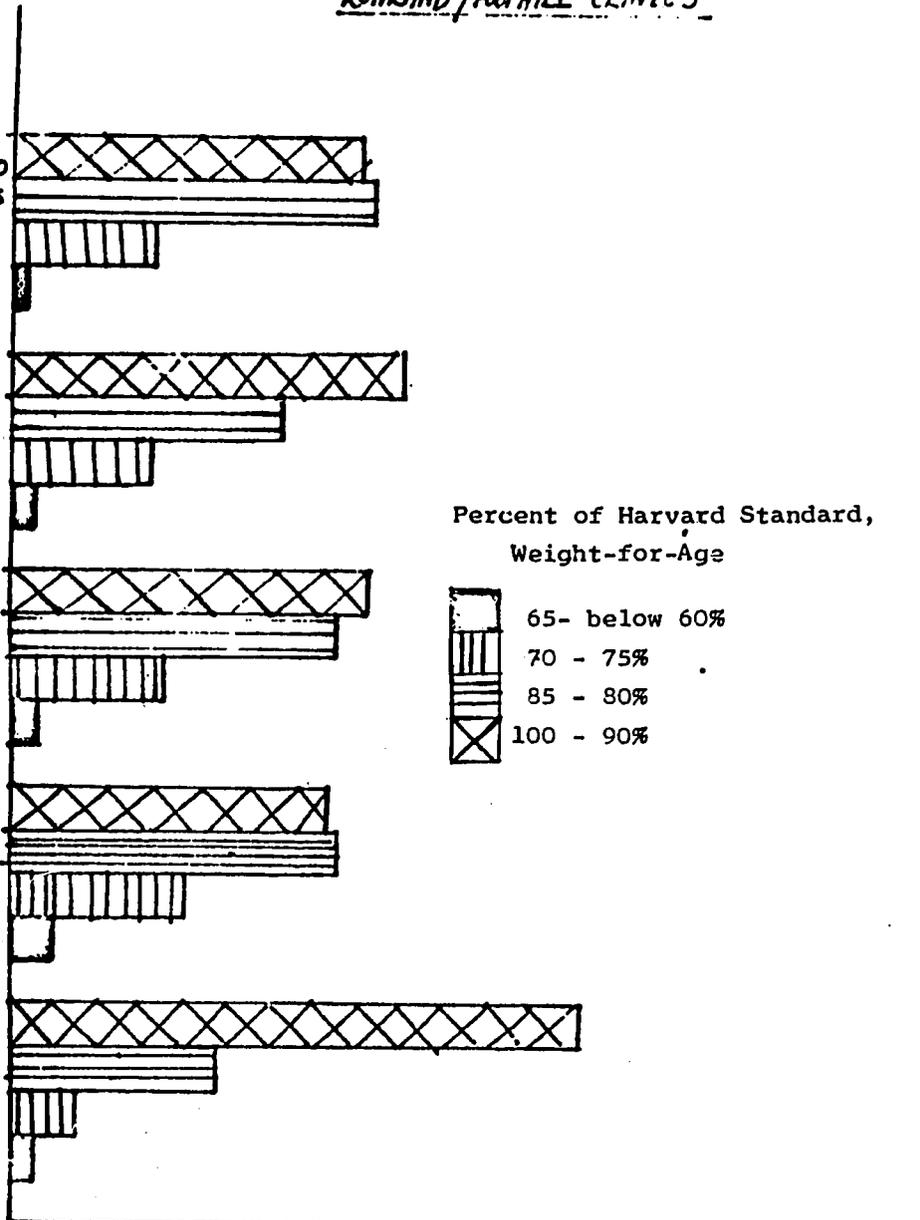
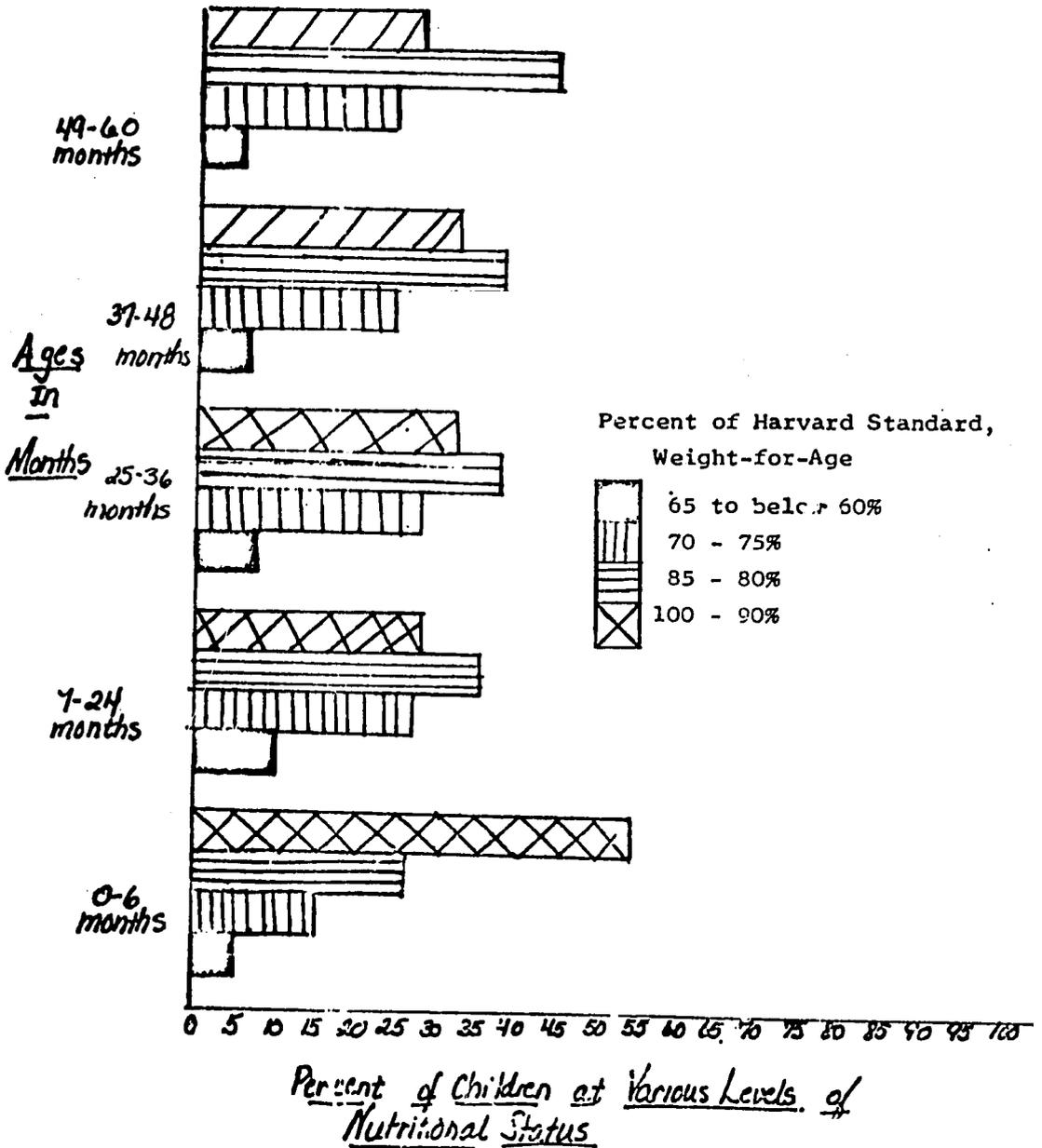


FIGURE III: NUTRITIONAL STATUS BY AGE GROUP:
MOUNTAIN CLINICS



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CATHOLIC RELIEF SERVICES-USCC
SUB-SAHARA REGIONAL OFFICE
NAIROBI - KENYA

AUGUST 1980

USES OF MASTER CHART DATA

I. Introduction

The new growth charts - the Master Chart and the Growth Surveillance chart - have now been introduced in nearly all of the CRS-sponsored food and nutrition programs in Sub-Saharan Africa. A number of countries are sending data regularly for analysis, and some, are regularly analysing their own data. During the past few months, we have had requests, from several countries, on what additional uses can be made of the charts, and what uses other countries are making of them.

In response to these requests, this memo summarizes several of the analyses made from the Master Chart data and uses of these. Remember that the analyses are valuable only in regard to the uses made of them.

The Master Charts can only identify a problem. It remains the task of the program staff to: 1) Investigate its causes and 2) Work to find a solution. Identification is only the first step. All ideas and suggestions on the use of the chart would be most welcome.

II. Country Profile

Many of the countries using the Growth Surveillance System are now making a country profile of nutritional levels of program participants. This profile provides a geographical picture of the nutritional status of attenders. The profile is based on the calculation of the percent of children below 80% of standard in each center, and each region (i.e. district or province). A sample country profile from Kenya is enclosed.

KENYA - JUNE, 1979

Center	% Below 80%	Total No. of children	Center	% Below 80%	Total No. of children	Center	% Below 80%	Total No. of Children
<u>CENTRAL</u>			<u>EASTERN</u>			<u>WESTERN & NYANZA CONT.</u>		
Gaicanjiru	33	527	Archer's Post	25	318	Magenche	21	437
Gatanga	20	503	Baragoi	20	274	Naseno	37	132
Gatara'kwa	25	919	Cheera	24	168	Misikhu	23	361
Githunguri	32	220	Gatunga	36	576	Mumias	27	583
Ichagaki	27	1095	Iria Morai	33	240	Mwihila	27	176
Kangema	35	184	Kabaa	23	345	Nambale	32	394
Karatira	28	994	Kigumo	18	312	Rakwaro	31	370
Karen	21	272	Kiirua	20	729	Rangala	44	1234
Kariau	18	967	Kasikeu	31	241	St. Paul	26	220
Kereith ^{Sururi}	29	439	Loiyangalani	24	123	Nansoli	40	187
Kiambu	35	657	Makindu	33	356		33	5985
Kiyanjo	19	699	Materi	33	425			
Kirathi ^{to} *	33	175	Mikinduri	39	503	<u>RIFT VALLEY</u>		
Kiriaini	25	627	Mujwa	17	450	Fatima	20	200
Kitito	28	674	Mulala*	36	286	Kenya R.C.	40	182
Lari	17	242	Muthale	28	220	Kiserian	20	337
Liala	30	542	Mutito	37	375	Maralal	38	299
Lussieteti*	36	141	Mutomo	36	713	Moxey Hsq.	18	101
Mangu	30	785	Nguvio-K	24	288	Naivasha*	32	209
Mweiga	14	705	Nkabune	20	353	Ngong R.C	18	383
Nanyuki	23	1015	(N.Horr	5	128	Ngong		
Naromoru	19	670	Sialago	33	559	Mission	12	242
Nazareth	23	1566	Sololo	19	536	Nyahururu	29	157
Ngandu	20	476	S. Horr	24	226	Olooseos*	24	147
Ngowa	15	525	Tigania	39	805		25	2257
N.Kinangop M.	20	810	Kimangao	29	254			
Nyara	32	248				<u>COAST</u>		
Ol Kalau	10	217		29	9099	Eldoro	31	286
CEA Kikuyu	21	276				Mpektoni	62	469
Makuyu	44	160	<u>WESTERN & NYANZA</u>			Magongo	42	74
M.Kinangop H.	19	322	Butula*	50	146		50	829
Ruchu	19	837	Eregi	21	605	<u>NAIROBI</u>		
Sagana	24	852	Kadem	47	243	Child Help	13	164
Thigio	22	449	Kiza	35	304	Kariobangi	127	233
	24	19762	Lwak	34	513	Punvuai	11	66
							22	443
						<u>NORTH-EASTERN</u>		
						Mandera	63	366

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The centers are grouped according to the province in which they are located. The percent of children below 80% of standard, and the total children attending are recorded for each center. These are summed for all centers in a province, to give the overall percent of children below 80% of standard, and the total attenders for the province.

This country profile can have several uses. First, it identifies those provinces where the program participants show a higher level of undernutrition. It also pinpoints those centers in these provinces with the highest percent of underweight children. The supervisors would give extra attention to the provinces and centers with nutritionally poorer attenders.

On the province level, the need for more centers, or the possible expansion of existing centers, would be considered. At the center level, the need for assistance to insure better food supply, such as better storage or transport facilities, or for additional staff or staff training could be reviewed.

Second, the profile identifies those centers which are out of line with the others in the same area. These centers would also require the supervisor's review. Outliers like these have been found to suffer from inaccurate growth surveillance. Incorrect plotting of the charts has often been discovered on the supervisor's follow-up. In one country, three centers were out of line with the others in their area; at all three, the charts were found to be incorrectly completed. In one case, the recorder made a systematic error in charting. In the other two, the charts were fabricated; the recorder was only plotting dots equal to the number of recipients. In other cases, a faulty scale has been discovered in the follow-up. The country profile facilitates the identification of such errors before they persist for too long.

III. Center Data Sheets and Center Graphs

A. Center Data Sheets: We have found it very useful to maintain a data sheet for each center. This sheet contains a monthly summary of the Master Chart information from that center. If, and when, the Master Chart data is computerized, this information would be recorded on magnetic tape. At present, the center data sheets provide a useful and convenient summary of the Master Chart information. A sample sheet is enclosed for your review.

A monthly analysis of the ration distributed at each center is a very useful companion to the data sheet. It may not always be possible to maintain. The supervisors find it helpful to know, at least, on the average, the amount of food distributed to each child each month. A system of "spot-checking" may be more feasible, and still useful.

The usefulness of the data sheet lies in the longitudinal (across time) picture of the center that it provides. In other words, it shows the summary analysis, over a period of time, for a particular center. This is particularly useful when a supervisor is to visit a center. By reviewing the data sheet prior to the visit, she/he can see what has been happening at that center. This sheet can help in providing feedback to the center personnel on their program, in a more convincing way.

Things to watch for on the data sheet:

1. Large increases or decreases in the percent of children below 80% of standard in one month. Such changes are not normal, even when there is a corresponding change in attendance, since children coming from a given area are usually not that different, as a group, from each other.

IC H A G A K ICENTRAL PROVINCE

DATE	100	95	90	85	80	75	70	65	60	<60	TOTAL	No. Less than 80%	% Less than 80%	No. New Regis	Mean	S.D.
3/79	67	69	124	140	116	118	83	32	12	7	768	252	33	19	85.32	10.65
4/79	89	82	126	134	257	116	79	53	15	5	956	268	28	17	85.41	10.60
5/79	97	35	140	137	131	116	74	48	13	9	850	260	30	183	86.05	11.21
6/79	130	106	141	263	158	143	84	47	13	10	1095	297	27	-	86.58	10.73
7/79	118	109	148	185	128	127	80	45	10	10	960	272	28	4	86.81	11.07
8/79	162	122	131	212	160	152	70	43	14	9	1125	283	25	112	87.59	10.97
9/79	160	122	201	202	164	123	82	45	5	3	1107	258	23	2	88.06	10.61
10/79	184	146	207	258	198	147	88	45	7	3	1278	290	22	223	88.12	10.47
11/79	247	192	224	294	232	178	103	45	13	8	1536	347	23	210	88.42	10.81
12/79																
1/80	211	149	222	272	222	184	83	43	11	2	1399	323	23	-	88.15	10.46
2/80	371	241	307	381	273	236	103	38	19	7	1976	403	20	339	89.33	10.68
3/80	357	249	337	414	315	286	127	61	17	-	2157	485	22	146	88.66	10.53
4/80	305	241	318	394	298	252	131	54	11	1	2005	449	22	-	88.50	11.34
5/80	267	231	315	389	308	247	151	63	12	4	1987	477	24	-	87.80	10.41

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How large is large cannot be specified exactly. This will vary considerably with the program size of the center. For the smaller program of 100-500 children monthly, a change of 10% would be large. In a program of 1000 or more children monthly, a change between 5% and 10% would also deserve attention.

Follow-up will be needed to verify accurate completion of the charts, including correct plotting, weighing, and age determination. If no error is found, it is necessary to try to identify the actual cause of the change, and determine if any programming changes are advisable.

2..Large changes in the standard deviation at one center in just one month. Remember that the standard deviation reflects the distribution of nutritional levels of the children, in the percent categories; a larger standard deviation means a greater spread in all the percent categories, a smaller standard deviation indicates that the children are closer to the average percent weight-for-age. Any large change in one month would be abnormal. A large change in attendance could partly explain this change in standard deviation. It should still be checked.

3. Long-term upward or downward trends:

From our experiences to date, we have found that increases or decreases in percent of children below 80% of standard, over a short period of time (three to four months) are not significant, and are frequently reversed. Over a long period of time, (six to twelve months), a decrease in particular seems to be significant, and not easily reversed.

By significant we mean that the group of children attending the center now are better (the percent below 80% has decreased by at least 10%) than the children who attended a year or two ago, and are likely to remain

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better. If the groups of children are large, that is, they include a thousand or more children, then a decrease in percent below 80% of even 5% is significant.

But it is very important to note that at this stage, we are not attributing the improvement of the children, as evidenced through the Master Chart, to their attendance in the program. Because of changes in the composition of the group of children attending a center each month (new children coming in, old children dropping out) we cannot state unequivocally that the children are improving because of the program. All we can say is that the group of children attending a center today is better than the group of children attending a year ago. Whether the improvement is due to the program, to better crops, or to better health conditions in the area cannot be determined from the Master Chart alone. We must be very careful about our interpretations of the Master Chart data. By misusing them, we lessen their credibility in the professional community.

B. Center Graphs

During the last year, now that we have data from several countries which cover a time period of one year or more, we have been graphing the Master Chart data. We have done it for both individual centers, and for regions or provinces. For the former, the data sheets for each center are used. No new calculations are needed. The percent of children below 80% is plotted against the month. For a center where the children are improving, the graph shows an overall downward trend, i.e. a lower percentage of the children are below 80% of standard.

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Samples of graphs for centers are shown below. Upward or downward trends are easily noted; big fluctuations in percents of children below 80% also show up very well.

IV. Seasonal Graphs

For this type of graph, the figures from the country profiles are used. Regions or provinces are plotted over a period of a year. If the country profiles have been done each month, again no new calculations are needed. The same variables are plotted. Since the number of children being plotted is quite large, some of the different effects, at the different centers, cancel out and overall effects such as seasonality, become apparent. The graphs below of Lesotho and of some of the regions in Ghana, show a seasonality effect.

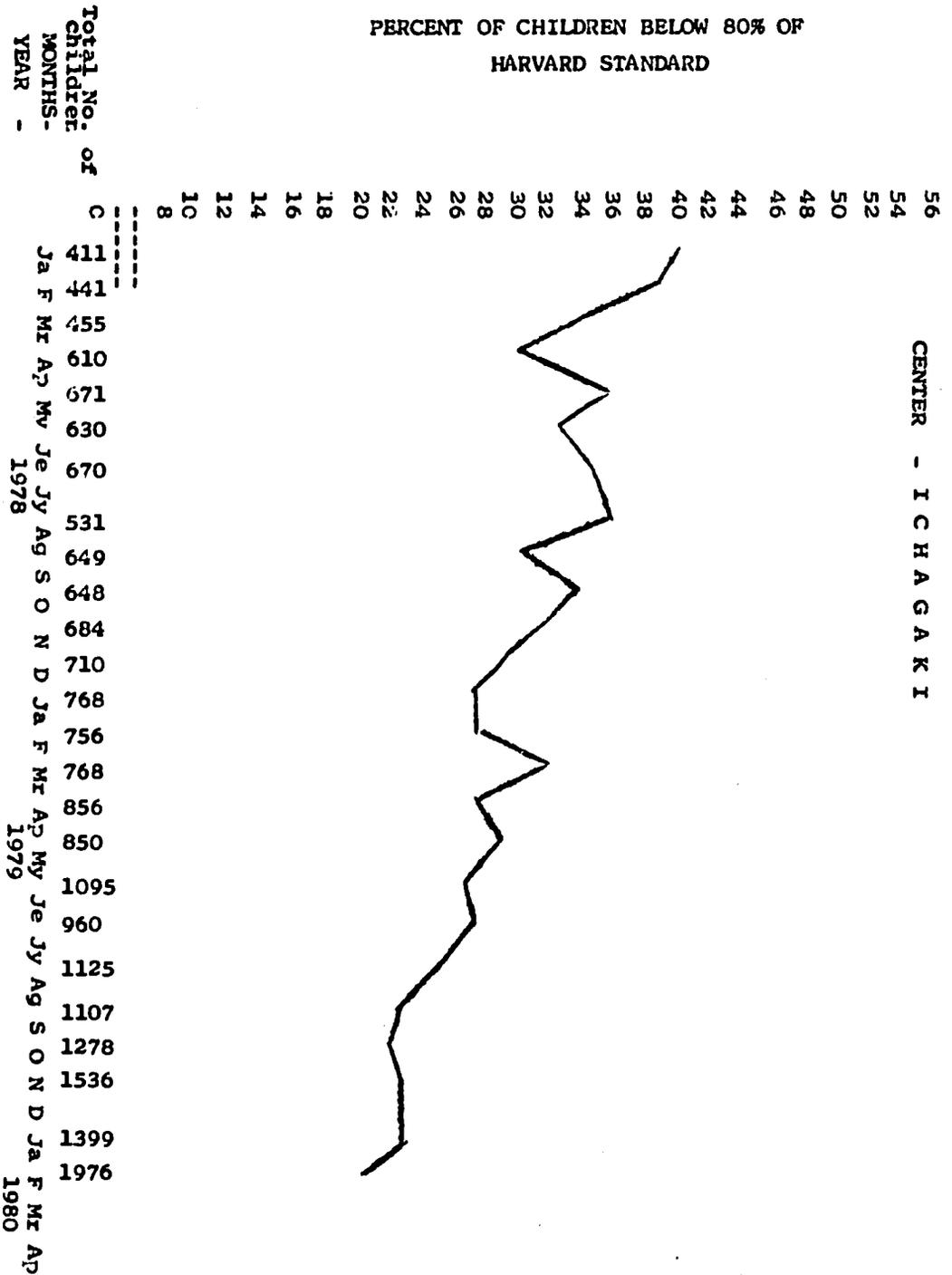
These effects are important to take into account when evaluating the availability of foods at the centers at different times of year. For instance, you might note that nutritional levels are low at a time when donated food supplies are scarce at the center because of poor road conditions, due to rains. Additional steps may be necessary to improve food supplies at this time.

Secondly, attendance patterns should be reviewed in light of these seasonality effects. If you note that attendance declines during this period of high nutritional need, it is important to determine the causes and consider ways to minimize this decline.

Many other uses of these seasonality graphs are possible. We hope they will be shared by you, through our office.

PERCENT OF CHILDREN BELOW 80% OF HARVARD STANDARD

CENTER - ICHAGAKI



PERCENT OF CHILDREN BELOW 80% OF
HARVARD STANDARD.

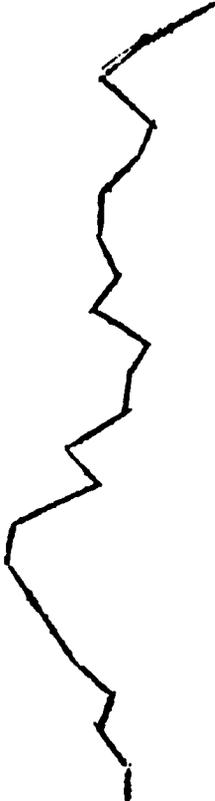
Total No. of
Children

0
=====

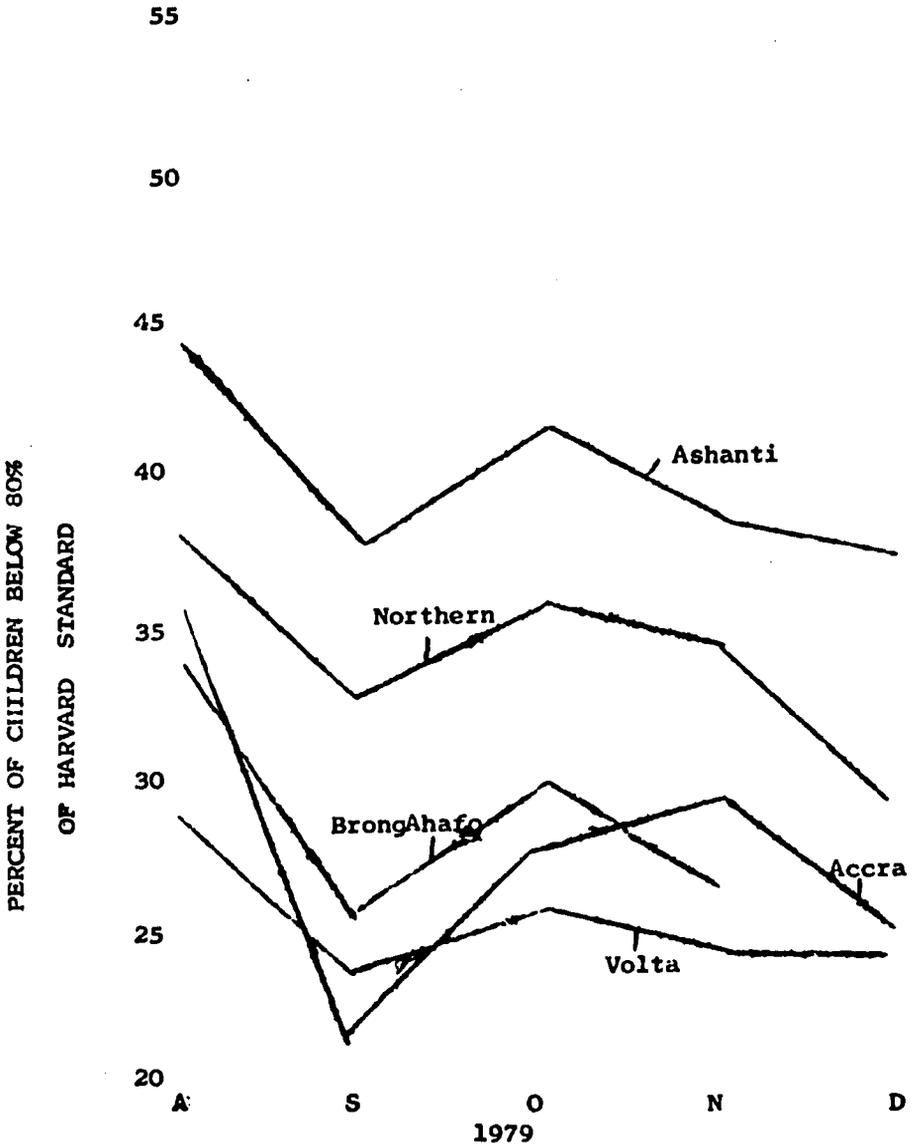
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CENTRE - K I G A N J O

475
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558
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687



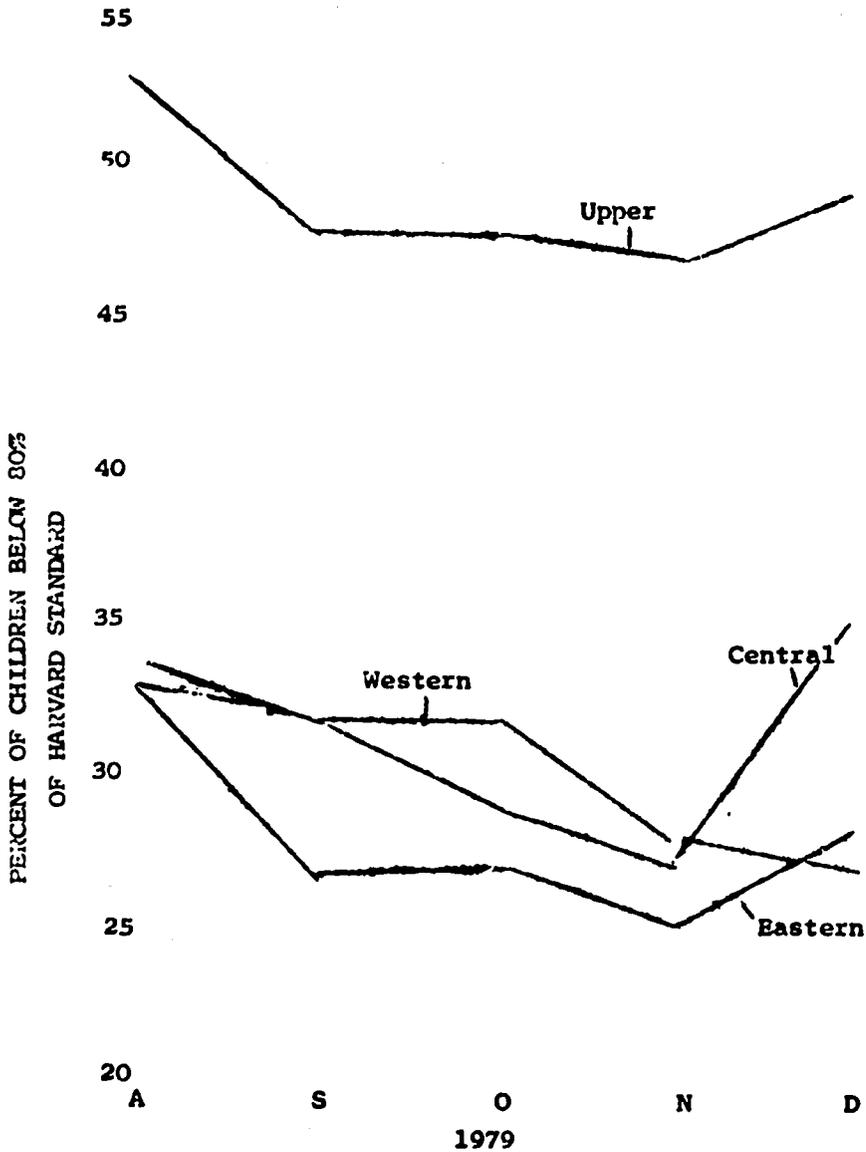
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Graphs showing seasonality changes in five regions of Ghana

(n.b. - drop in all regions in September)

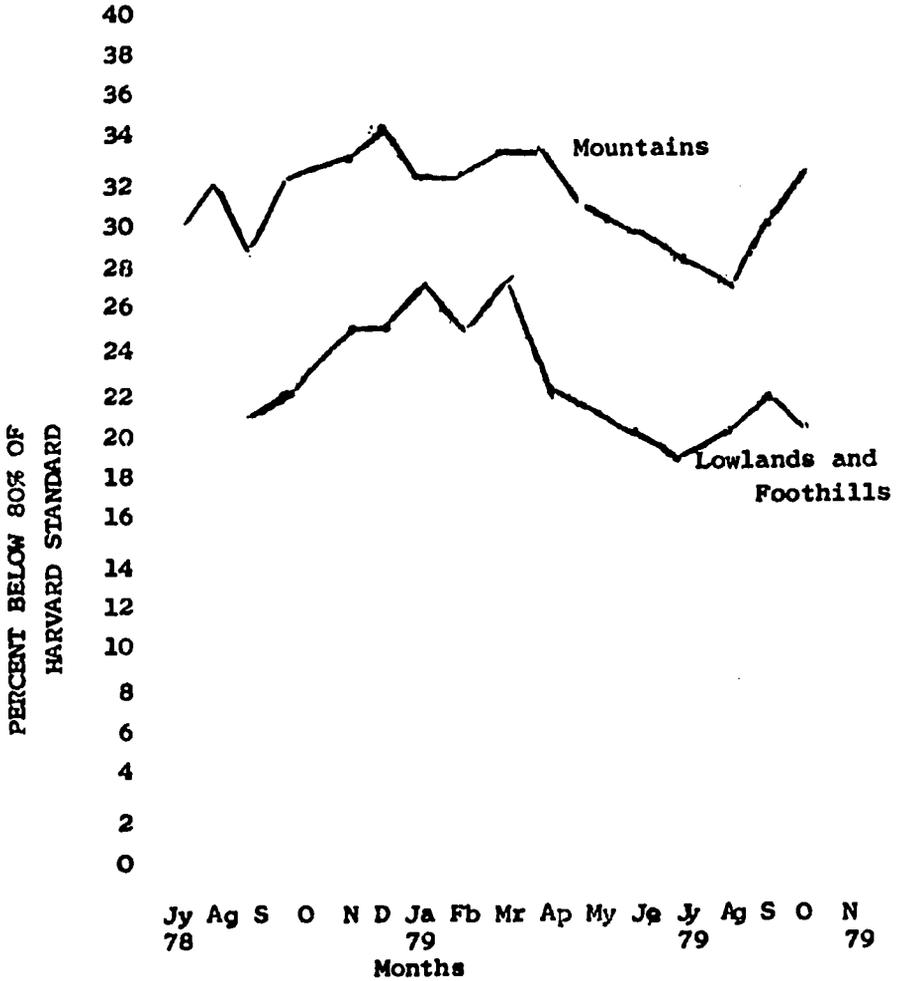
from CRS/Ghana



Graphs showing seasonality changes in four regions of Ghana

from CRS/Ghana

SEASONALITY GRAPH: CRS/LESOTHO



CRS/LESOTHO

V. High risk program

More about this program will be mentioned elsewhere. It is a real breakthrough in many ways. Briefly, the mothers whose children have not been growing for the past three months are required to bring their children back once a week, instead of once a month. Each week they will be given one quarter of the monthly ration. This gives the health worker a chance to watch the child more closely, and it motivates the mother to feed her child better, so that she will not have to come back to the center so often. (With the increased size of the new ration, it is difficult but not impossible for most of the mothers to come back once a week.)

Once this program is operating in a country, the data collected on these high risk children may be all that we need to determine the impact of the program. Assuming that the rest of the children are growing adequately, the progress of the high risk children, will be a good indicator of the success of the program. As soon as we have enough information on this, we will circulate it.

VI. In Depth Analyses.

A study of the reliability of the Master Chart classification of underweight children has been made by Dennis Ross Degnan from Harvard University. The author concluded from this study that there will be misclassifications in the measurements of the individual child, but that such errors tend to cancel out in the aggregate, with a small bias towards lowering the children's percent of standard growth. Therefore he feels that the Master Chart can be used for monitoring the change over time in a group of children.

A study was made in Lesotho by Rhonda Sarnoff on age groups. The study confirmed what others have found - that the weaning age is the age of the highest prevalence of malnourished children. It also showed that the percent of

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older children remaining in the program was higher than expected, even in the less accessible areas of the country. The relatively low level of undernutrition in the 0 - 6 month olds of both mountain and lowland areas was suggestive of a high prevalence of breast-feeding.

Here, in Kenya, we are conducting a sample study of longitudinal data from the individual growth charts, to analyze its correlation with data from the Master Charts. This will help determine how well the latter reflect the growth progress of the individual children. We will try to keep you up-to-date on this study and on any other studies carried out by this office, or individual country programs.

Prepared by,

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