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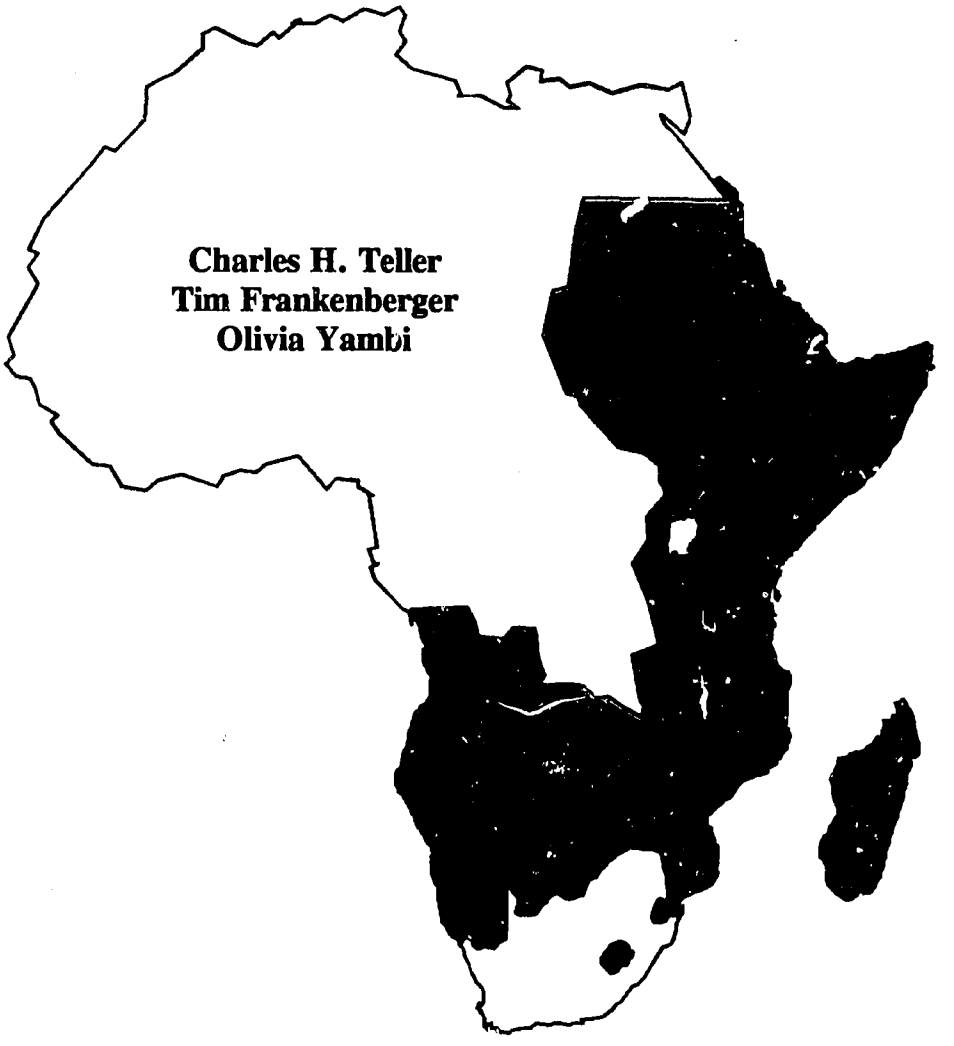
DEVELOPING A REGIONAL NUTRITION STRATEGY FOR EAST AND SOUTHERN AFRICA:

Strategic Elements and Practical Opportunities for A.I.D.



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Food and Nutrition Division
The Pragma Corporation

September 1991

A Working Document

Carried out under the A.I.D./S&T Office of Nutrition Multisectoral Food and Nutrition IQC
with support from AFR/TR/HPN
Work Order # DAN-5110-I-03-0087-00

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TABLE OF CONTENTS

Acknowledgments

Executive Summary

I. Introduction 1

II. Background: A.I.D. Nutrition-related Policies/Projects and Africa ESA Mission Portfolios 2

III. Overview of Food and Nutrition Situation 7

IV. Strategic Elements of Regional Nutrition Strategy 18

V. Program-Oriented Issues 24

VI. Conclusions and Recommendations for Further Action 24

Appendices

A. Persons/Organizations Contacted/Interviewed
B. Bibliography: Nutrition and Household Food Security
C. Basic Nutrition-related Indicators, ESA Region Countries
D. Windows of Opportunity for Nutrition and Household Food Security in USAID Mission Portfolios
E. Selected U.S. PVO Food and Nutrition Projects, ESA Region Countries

EXECUTIVE SUMMARY

In stark contrast to trends in infant and child mortality--which declined in the 18 countries of the East and Southern Africa (ESA) Region during the 1980s--chronic undernutrition and household food insecurity have not declined, even in those countries with increases in national food availability. Thus, two significant paradoxes presently exist: a gap between declines in mortality and high levels of undernutrition; and a gap between national food availability and household access to food.

Historically, ESA Missions have found it difficult to address high levels of chronic undernutrition directly. However, the Pragma team review of actual Mission portfolios indicates increased attention to setting goals, strategic objectives and targets in food security and nutrition. The Regional Economic Development Services Office of East and Southern Africa (REDSO/ESA) is now looking into practical opportunities for improving nutrition and has taken this initiative to develop a multisectoral nutrition strategy to address the present nutrition and household food security situation. Concerted child survival support by the donor community has had considerable impact on infant mortality; now is an appropriate time for the ESA Region to confront the greater challenges of chronic hunger and undernutrition.

As a first step toward developing a regional nutrition strategy, a multidisciplinary, three-member Pragma team carried out a situational review and formulated key strategic elements. The process included dialogues with relevant A.I.D./Washington and REDSO/ESA experts and consultations with other ESA regional donors and national-level institutions. The present report focuses on six strategic elements of the proposed nutrition strategy and offers recommendations for further actions.

The Pragma team believes that the current policy environment within A.I.D. is conducive to addressing the food and nutrition situation in the ESA region. Major policy initiatives and resources include the Development Fund for Africa (DFA) emphasis on food security and the new Food-for-Peace (FFP) Title III legislative mandate to increase nutritional impact. Moreover, under the DFA, nutrition components of child survival programs will be expanded "because malnourished children are 20 times more likely to die than normal children and because malnutrition underlies more than half of all child deaths." (A.I.D. 1989b)

It is proposed that the strategy follow the new DFA, FFP and Office of Nutrition directions and reorient the focus of nutrition programs from short-run, vertical interventions (e.g., feeding, vitamin A capsules, etc.) towards a more sustainable and integrated systems support approach. The new Title III Program should provide an important mechanism to integrate food aid with developmental assistance and support nutrition and household food security (N/HFS) initiatives. ***The main objective should be the increase of N/HFS impacts by linking N/HFS with existing and potential Mission policies and programs.***

Six elements of the proposed Regional Nutrition Strategy have been identified:

1. Improved monitoring of nutrition and household food security (N/HFS) impacts of Mission programs and projects;

2. Consideration of N/HFS policy within the framework of economic and agricultural reform;

3. Integration of N/HFS into Agricultural and Natural Resources Programs/Projects;

4. Integration of nutrition into current Health, Population and Nutrition (HPN) programs;

5. Strengthening food and nutrition institutions to address N/HFS problems; and

6. Enhancing women's nutrition.

In consultation with REDSO/PH, countries in the ESA Region have been grouped into three categories for planning purposes:

Group 1: *Politically unstable, food-insecure and high acute and chronic undernutrition* (Angola, Ethiopia, Mozambique, Somalia and Sudan);
Group 2: *High chronic undernutrition* (Burundi, Kenya, Madagascar, Malawi, Rwanda, Tanzania, Uganda and Zambia);
Group 3- *Moderate chronic undernutrition* (Botswana, Lesotho, Namibia, Swaziland and Zimbabwe).

Group 2 has been identified as the highest priority for the Regional Strategy, in light of those countries' potential for developing and implementing long-term (5-10 year) nutrition strategies as well as their significant nutritional needs.

The Pragma review of Groups 2 and 3 Mission portfolio program frameworks (Country Program Strategy Plan-CPSP, Assessment of Program Impact-API, etc.) shows that the N/HFS elements are sparsely spread out among goals, strategic objectives, targets and indicators/benchmarks. Most Missions are currently addressing nutrition and food security-related actions indirectly (e.g., through food production and/or child survival), as ends in themselves, rather than as "means to productivity gains and/or food security." (A.I.D. 1991f) Very few have incorporated the household-level or reported people-level impact. In the present report, we describe "Windows of Opportunity" for 10 of the ESA countries with available, updated CPSPs and/or APIs. Direct entry points for the N/HFS are found in five Mission portfolios and indirect entry points in the remaining five.

The Pragma team recommends that REDSO/ESA assess the technical adequacy and appropriateness of the draft strategic elements at the field and Mission levels and refine the overall strategy. Such efforts would involve extensive analysis and well-planned discussions with the most interested Missions, as well as rapid institutional assessment of national capacity to address the N/HFS situation. Direct involvement of national experts will contribute both to capacity-building and national ownership from the initial phases.

I. INTRODUCTION

The Regional Economic Development Services Office for East and Southern Africa (REDSO/ESA) has begun to develop a nutrition strategy for the ESA region. This is crucial in addressing the nutrition and food security objectives of A.I.D., as well as confronting the deteriorating food and nutrition situation in the region. In stark contrast to declining rates of infant and child mortality during the 1980s (see Appendix C), levels of household food insecurity and chronic undernutrition remain quite high (see Chapter III.C).[1]

Concerted child survival efforts (e.g., expanded programs for immunization-EPI and oral rehydration therapy-ORT) have had considerable impact on infant mortality. It is an appropriate time for the ESA Region to address household food insecurity and malnutrition. Several recent A.I.D. policy initiatives provide the opportunities, direction and resources for adopting a nutrition strategy (see Chapter II).

The objective of this Indefinite Quantity Contract (IQC) delivery order is to recommend a plan for developing a multisectoral nutrition strategy that can be subsequently developed at the Mission level. The report should focus on the key elements of a strategy, including issues to be addressed in the field, and practical approaches and methods for assessing the adequacy and practicality of these key elements.

The major activities carried out in the United States and at REDSO/ESA in Nairobi, Kenya were:

1. Planning meetings with A.I.D./Washington staff from:
   Science & Technology (S&T/N and S&T/H);
   Food for Peace and Voluntary Assistance FVA/FFP; and
   Bureau for Africa/Office of Technical Resources (AFR/TR);

2. Document, data and literature review (see Appendices);

3. Interviews with most key international donors (e.g., UNICEF, World Health Organization (WHO), the World Bank, Food and Agricultural Organization (FAO), World Food Program (WFP), International Fund for Agricultural Development (IFAD), etc.), A.I.D. contractors, American private voluntary organizations (PVOs), African institutions and other experts in the food and nutrition field;

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[1] In this report, the term undernutrition refers to the chronic state of malnutrition of which the immediate causes are usually both repeated infections and insufficient dietary intake. Undernutrition is commonly measured by low height-for-age (stunting) or low weight-for-age (underweight).

4. Brainstorming, consultative and planning meetings with REDSO/ESA and regional organizations located in Nairobi, Kenya; informal discussions with USAID/Nairobi;

5. Field visits in Kenya at national, district and community-level levels; and

6. Debriefings with REDSO/ESA and A.I.D./Washington.

II. BACKGROUND: A.I.D. POLICIES/PROJECTS AND MISSION PORTFOLIOS RELATED TO AFRICAN NUTRITION PROBLEMS

A.I.D. programs with direct links to nutrition and household food security cross-cut a number of sectors, placing A.I.D. in a unique position to address nutritional problems in Africa. The agency has taken a leadership role in food and nutrition policy planning and management, child survival, famine surveillance and emergency assistance. A.I.D.'s broad-based programs and implementation network have addressed such diverse topics as Vitamin A programs, infant feeding practices, food technology, nutrition education, and targeting of agricultural production to marginal areas in efforts to improve the food security of vulnerable households.

The proposed strategy is timed to complement increased policy awareness of nutrition and food security problems within A.I.D. This awareness is demonstrated by the World Summit for Children nutrition goals (UNICEF, 1991a); the A.I.D. Family and Development Initiative; the Roskens-Sullivan Presidential Africa Mission, which found malnutrition to be the most important contributor to childhood mortality (A.I.D.,1991a); and the high priority given the Development Fund for Africa (DFA) food security objective at the recent Mission Directors meeting in Washington (May 1991).

In the context of this growing awareness of nutrition and food security problems, several recent policy initiatives provide the opportunity, direction and resources for increased attention to the nutrition and food situation:

1. The DFA, which highlights food security as one of four main objectives (A.I.D., 1989b);

2. The new Title III Food-for-Development Legislation, which stipulates a focus on and measurement of nutritional impacts of food aid (A.I.D. 1991d);

3. The 10-year Population and Public Health Support Project (forthcoming within the Africa Bureau), which promotes integration of technical interventions through institution-building and support systems; and

4. The Nutrition and Development Goals paper of the Office of Nutrition, which focuses on household food security (A.I.D., 1991c).

Two A.I.D. program areas that have received considerable attention in the DFA are child survival and household food security. To improve the cost effectiveness of health care activities related to child survival, nutrition-related program components are expected to expand in the areas of breastfeeding, growth promotion (GM/P), dietary management of diarrhea (DMD), feeding programs and Vitamin A interventions. Monitoring and evaluation systems for PVO regular food aid projects will be developed. To improve household food security, emphasis will be placed on strengthening food security analysis capacity (i.e., policy studies and institutional support); diversification of household incomes, especially those most at risk; and linking interventions to food and nutrition monitoring. A.I.D. program planners recognize that household food security is a problem of both supply and access; thus, programs are being designed to address both sets of problems.

Other centrally funded projects emanating from S&T and FVA/FFP contain the resources and the technical expertise, as well as REDSO/ESA African experience, to support the design and implementation of this Regional Nutrition Strategy. These include, among others:

1. The Multisectoral Food and Nutrition IQC
2. The Food and Nutrition Monitoring Project
3. The Nutrition Communication Project
4. The Women/Infant Nutrition Support Project
5. PRITECH
6. MotherCare, including the new breastfeeding promotion component
7. Food Security in Africa
8. Food Aid IQC
9. Title II strengthening grants
10. Several African food policy studies

PVOs play a significant role in developing food- and nutrition-related activities in East and Southern Africa. PVOs are an implementing arm of A.I.D. projects, especially in the areas of child survival, Title II Food Aid and Vitamin A. Since PVOs often operate on a smaller scale than government-managed projects, it can be easier for them to develop innovative approaches to food and nutrition activities, stressing community-based actions and sustainability. For example, PVOs are developing new, integrated and decentralized approaches to Title II food projects in both emergency and non-emergency situations (e.g., Catholic Relief Services/Kenya). Appendix E contains a list of major U.S. PVOs in the ESA Region and activities by PVO and by country.

Mission Portfolio Review

With such resources available, individual USAID missions can incorporate N/HFS goals, objectives and targets into their portfolios. Based on a recent African Mission Directors meeting in Washington, household food security has also emerged as an important focus for USAID Missions in the field. A recent Assessment of Program Impact (API) review carried out by the

Africa Bureau indicates that most Missions are addressing food security implicitly, viewing it as an indirect benefit of investments with a production focus.[2] Very few Missions have incorporated household food security into their strategic objectives, targets or sub-targets. Only Mozambique is comprehensively addressing food security as one of its goals and strategic objectives. Although most Missions are pursuing programs that contribute to food availability, explicit consideration of food access (by production or purchase) is more circumscribed. In addition, a strong need exists for disaggregate nutrition and food security data, to better identify and target vulnerable populations and to measure impact of policy reform and interventions.

In general, individual Missions in Africa have interpreted goals, objectives, targets and indicators differently from one another; nutrition or food security may be a sub-goal in one program framework (e.g., Mozambique and Zambia) and a target in another (e.g., Malawi). Only two ESA countries--Burundi and Mozambique--include nutrition or food security as a strategic objective. It is interesting to note that only Malawi and Mozambique include improved food utilization as targets (i.e. decreased malnutrition). An internal AFR/TR review states: "Many Missions present such strategic objectives as agricultural production, market development, foreign exchange earnings, and health improvement as ends in themselves, rather than as means to productive gains and/or food security." (A.I.D., 1991f)

Given the lack of explicit nutrition and household food security objectives and targets in ESA Mission portfolios, we have reviewed the current Country Program Strategy Plans (CPSPs), Annual Budget Submissions (ABSs) and APIs for the 10 ESA countries with available data for what we call "Windows of Opportunity" (Appendix D). A matrix was developed to identify entry points as either direct (explicit nutrition and food security) or indirect (Agriculture and Rural Development, Health, Population, Public Law 480 or education factors related to N/HFS). Direct entry points are found in Mozambique, Malawi, Zambia, Burundi and Madagascar (Figure 1). The Pragma team believes that Mozambique represents a good example of a Mission strategic framework that emphasizes food security, and Malawi is an example of one that emphasizes nutrition (see copies of frameworks in Appendix D). Indirect entry points exist in Tanzania, Botswana, Kenya, Uganda and Rwanda.

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[2] Under the newly structured Country Program Strategy Plan (CPSP), Missions are utilizing objective trees to track their program performance and assess people-level impacts from APIs. The Objectives and Indicators in the Africa Portfolio (A.I.D., 1991e) identify 24 strategic objectives. Of these, we have identified (see Appendix D) only one strategic objective that explicitly includes food security; another objective includes health status indicators (ESA countries Malawi, Lesotho and Burundi); and only one other includes an explicit nutrition indicator (Mozambique--percentage of children with growth faltering). Of 58 targets listed, only one ("improve health conditions") included a nutrition indicator ("decreased malnutrition in under-2s/1000"--Zambia).

Figure 1

"WINDOWS OF OPPORTUNITY"
Entry Points for Inclusion of Nutrition and Household Food Security in ESA Mission Country Program Documents, 1990 – 1992

Country	Indicators/Benchmarks	Strategic Framework
Burundi	"Average Caloric Intake"	Strategic Objective, #1, "Improve nutrition and welfare of small farmers"
Kenya	"Percent of rural population without access to minimum food requirement"	Goal – "Increase sustainable broad-based Economic Growth"
Malawi	None	Target – "Improve Nutrition" Sub-goal – "Improved Food Security"
Mozambique		Goal – "Access to sufficient food" Sub-goals 1. "Meet subsistence food for the poor" 2. "Meet domestic consumption requirements"
	"Rural and urban levels of malnutrition by gender"	Strategic Objective #1 "Food Safety Net"
	"Decrease percent of household income required to meet household food needs in lower income groups"	Target 1-2 "Meet 40% of maize requirements for the market dependent population"
Zambia	"Decrease malnutrition in under 2, deaths/thousand"	Target #3 – "Improved Health Conditions"
	"Improved Food Security"	Sub-goal #2 1. "Increased caloric intake/adult" 2. "Percent babies of low birth weight decreases"

III. OVERVIEW OF THE NUTRITION AND HOUSEHOLD FOOD SECURITY SITUATION IN THE ESA REGION

A. *Analytic Framework*

The starting point for design of a nutrition strategy should be an analytic framework of the causes of chronic undernutrition. Past A.I.D. policy efforts have contributed significantly to advances in our understanding of how to address nutrition-related problems. The A.I.D. nutrition strategy of 1984 was comprehensive and multisectoral, while the 1986 nutrition-in-child survival sub-strategy offered a more focused package of interventions (A.I.D., 1984, 1986). The 1991 Nutrition and Development approach placed new emphasis on household food security and the private sector (A.I.D., 1991c). The Africa Bureau food security approach focuses on three aspects: food availability, food access and food utilization. Also, within the past few years, several African nutrition strategy papers have been written for REDSO/West and Central Africa (WCA), for the Africa Bureau, and for the Office of Nutrition (see References in text, as well as the policy section in the Bibliography, Appendix B).

The Pragma team found the new UNICEF Nutrition Strategy (Figure 2) a most useful framework during its brainstorming sessions with REDSO/ESA staff. The UNICEF strategy highlights four underlying causes of chronic undernutrition: insufficient household food security; inadequate maternal and child care (or caring practices); insufficient health services; and unhealthy environment. These causes are manifested in both formal and informal institutions and usually result from the unequal distribution of, access to, and control over resources in society.

The proposed framework assists the agricultural specialists and economists in appreciating the important difference between HFS and adequate dietary intake. As an alternative to lumping the residual nutrition and health factors under utilization, it categorizes these factors under a number of separate but interrelated components. The food "utilization" area includes considerations of intra-household allocation of time and resources for food preparation, feeding, caring practices, hygiene, sanitation, disease and health care-seeking behavior and utilization.

This framework is commensurate with the DFA--it emphasizes the multisectoral nature of the problem--and suggests multilevel assessment and analysis. UNICEF states: "The framework helps to identify what should be assessed and how causative relationships should be identified and analyzed. It also helps to clarify the objectives of action selected for implementation." (UNICEF, 1991a) This approach avoids promoting any particular pre-packaged set of technical interventions. Instead, it promotes an approach through which different levels of the system can be assessed to prioritize problems of malnutrition and to identify the most appropriate actions.

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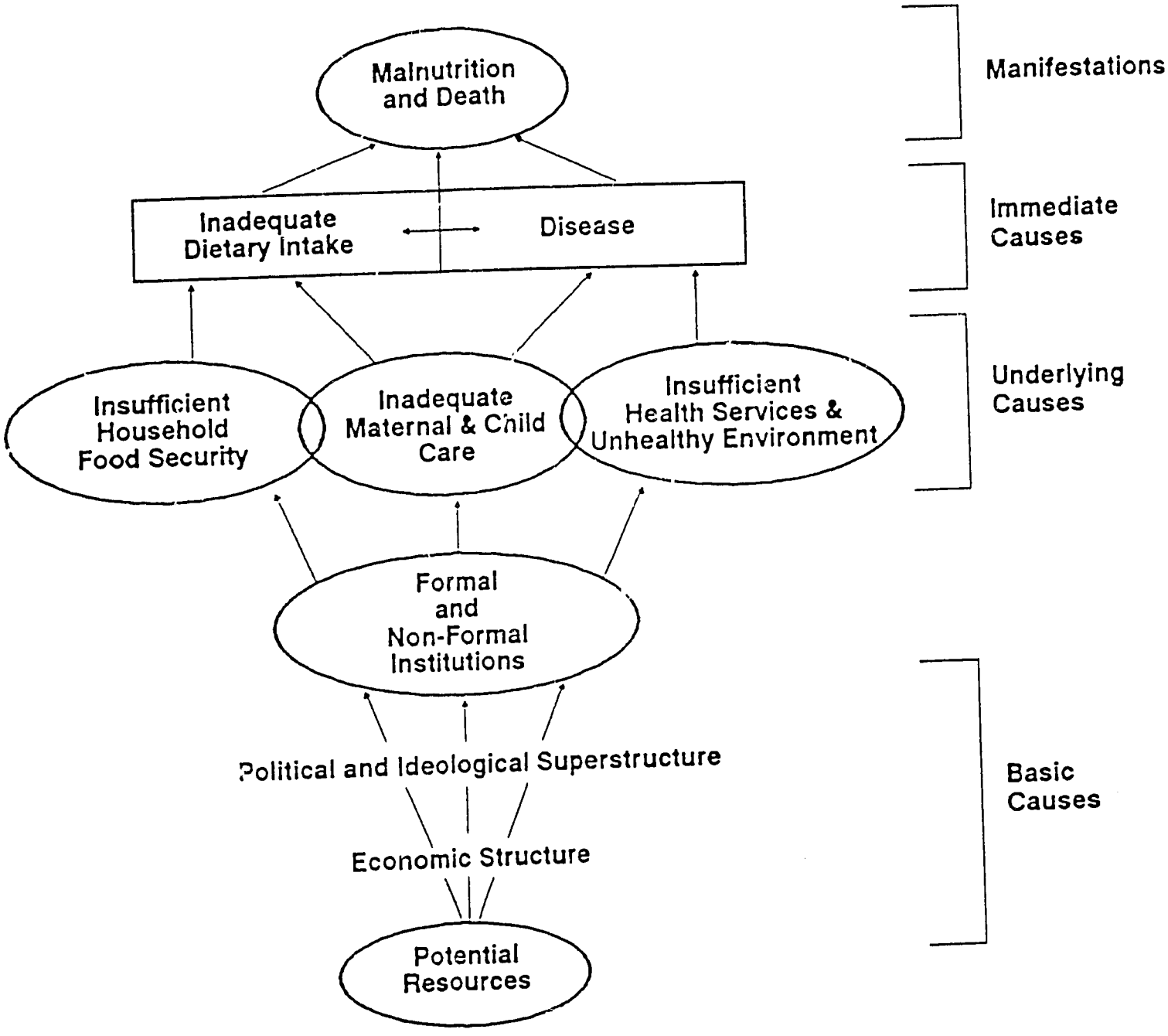
Figure 2 Causes of Malnutrition and Death



Source: UNICEF, "Strategy for Improved Nutrition" 1990.

B. *Functional Categorization of Priority Countries*

In consultation with REDSO/HPN, countries in the ESA Region have been grouped below in three categories for purposes of planning this nutrition strategy:

Group 1: ***Politically Unstable, Food-Insecure and High Acute and Chronic Undernutrition***

Angola, Ethiopia, Mozambique,[3] Somalia and Sudan

Group 2: ***High Chronic Undernutrition***

Burundi, Kenya, Madagascar, Malawi, Rwanda, Tanzania, Uganda and Zambia

Group 3: ***Moderate Chronic Undernutrition***

Botswana, Lesotho, Namibia, Swaziland and Zimbabwe

These preliminary groupings are based on criteria that include the availability of Mission personnel and resources, as well as types of N/HFS-related inputs and programs. Group 2 has been identified as the highest priority for purposes of this exercise, due to those countries' potential for developing and implementing long-term (5-10 year) nutrition strategies as well as their needs, based on the magnitude of their chronic food and nutrition problems. Table 1 presents a summary of the most reliable and representative data on basic nutrition, health and socioeconomic indicators for these three groups of countries (a fuller set of tables and graphs are included in Appendix C). Group 1 countries have the highest infant and child mortality and lowest per capita daily calorie supply. Group 2 countries are distinguished from Group 3 countries by much higher levels of chronic undernutrition (both stunting and underweight, much lower gross national product (GNP) per capita, and lower daily calorie supply per capita. In addition, A.I.D. Missions in Group 3 are generally smaller, with less managerial capacity and resources to address the N/HFS situation.

C. *Overview of the Nutrition Situation*

Most countries in the ESA Region have achieved impressive results from the implementation of child survival and development programs (A.I.D., 1991b). Rates of immunization have increased to over 80 percent in some cases, and the use of ORT is

[3] However, Mozambique is considered to be moving towards a more politically stable, non-emergency situation.

Table 1 **Basic Nutrition, Health and Socioeconomic Indicators East and Southern African Region**

COUNTRIES (in order by <5 MR per group)	CHILD ANTHROPOMETRY (1980's):			MORTALITY		MAT./INF. NUTR.		FOOD AVAILABILITY		SOCIOECONOMIC				
	Weight/age 0-4 years (% Underweight)	Weight/height 12-23 mths (% Wasting)	Height/age 24-59 mths (% Stunting)	Under 5 Mortality Rate (1989)	Infant Mortality Rate (1989)	Low Birth-weight (1980-88) (%)	Breast-feeding at 12m. (1980-88) (%)	Food Prod. per cap. (1989) (1980=100)	Daily Kcal Supply per cap. (1988)	Female Literacy (1985) (%)	Total Fertility Rate (1989)	GNP per cap. (1989) ($US)	GNP Growth Rate (1980-88)	Rural Poverty (1980-88) (%)
GROUP 1: EMERGENCY FOOD INSECURE														
ETHIOPIA	38 (1982)	[19] (9 zones)	[43]	242	130	-	95	84	1658	-	7.5	120	-1.4	65
SOMALIA	-	-	-	242	127	-	54	97	1736	9	6.8	-	-2.2	-
MOZAMBIQUE	-	-	-	230	136	20	-	82	1632	16	6.4	80	-7.5	-
ANGOLA	-	-	-	223	132	17	-	80	1725	23	6.4	610	-	-
SUDAN	-	[13] (0-59)	-	164	104	-	72	83	1996	10	6.3	470	-4.2	70
GROUP 2: HIGH CHRONIC UNDERNUTRITION														
MALAWI	30 (1981)	8	61	251	144	20	96	86	2009	-	7.6	180	-0.6	85
RWANDA	[33] (clinic)	-	-	195	117	17 (1971)	74	72	1786	32	8.0	320	-1.5	90
BURUNDI	38 (1987)	10	60 (24-36)	182	114	[9] (Capital)	90	88	2253	32	6.8	220	0.1	85
MADAGASCAR	33 (0-23;1984)	17	56 (12-23)	174	115	10	85	92	2101	68	5.9	230	-3.4	50
TANZANIA	[48] (Iringa;84)	[17]	-	166	101	14	70	90	2151	88	6.7	120	-1.3	-
UGANDA	23 (1988-9)	4	52 (12-23)	161	98	-	85	85	2013	29	7.3	-	-2.5	-
ZAMBIA	25 (1990;rural)	10	59	120	76	[14] (Kitwe)	93	96	2026	59	6.7	390	-4.9	-
KENYA	21 (rural 1982)	10	42	106	74	15	67 (1977-8)	103	1973	53	6.8	370	-0.2	-
GROUP 3: MODERATE CHRONIC UNDERNUTRITION														
NAMIBIA	-	-	-	167	102	-	-	92	1889	-	5.9	-	-	-
SWAZILAND	10 (1984)	-	-	143	113	-	-	93	2548	-	6.3	900	-	-
LESOTHO	13 (1981)	7	23	127	95	11	-	72	2307	-	5.6	470	-0.7	55
ZIMBABWE	12 (1988)	2	31	106	60	[15] (Harare)	84	94	2232	55	5.1	650	-1.0	-
BOTSWANA	[15] (clinic;87)	[19]	[51]	85	63	8	73	69	2269	60	5.0	1600	-6.7	55

* Note [ ] = Deficient data or unrepresentative of the entire country

LEGEND TO TABLE 1

COUNTRIES: The 18 ESA countries are categorized in three groups according to their recent political, food, nutrition and health situations. Within each group, the countries are also in order of their under five mortality rate (high to low) according to data from the most recent UN Population Division tape, provided by A.I.D./CIHI.

CHILD ANTHROPOMETRY: These anthropometric data were taken from a recent compilation of WHO, UNICEF and country data by the World Bank: Population and Human Resources Department and by the Demographic and Health Services, IRD. The data marked by brackets [] indicate deficient or unrepresentative information. **Low weight-for-age** (underweight) is a composite for acute and chronic undernutrition; it is the most common indicator available across countries. **Low weight-for-height** (wasting) is a measure of acute malnutrition. **Low height-for-age** (stunting) is an indicator of chronic malnutrition and a measure of linear growth.

MORTALITY: These data are from the UN Population Division tape - A.I.D./CIHI. **Under five mortality rate** is the annual number of deaths of children under five years of age per 1,000 live births. **Infant mortality rate** is the annual number of deaths of infants under one year of age per 1,000 live births.

MATERNAL/INFANT NUTRITION: These data are from the World Health Organization. **Low birth weight** is defined as 2,500 grams or less. **Breastfeeding at 12 months** is the percent of mothers either wholly or partly breastfeeding children at 12 months of age.

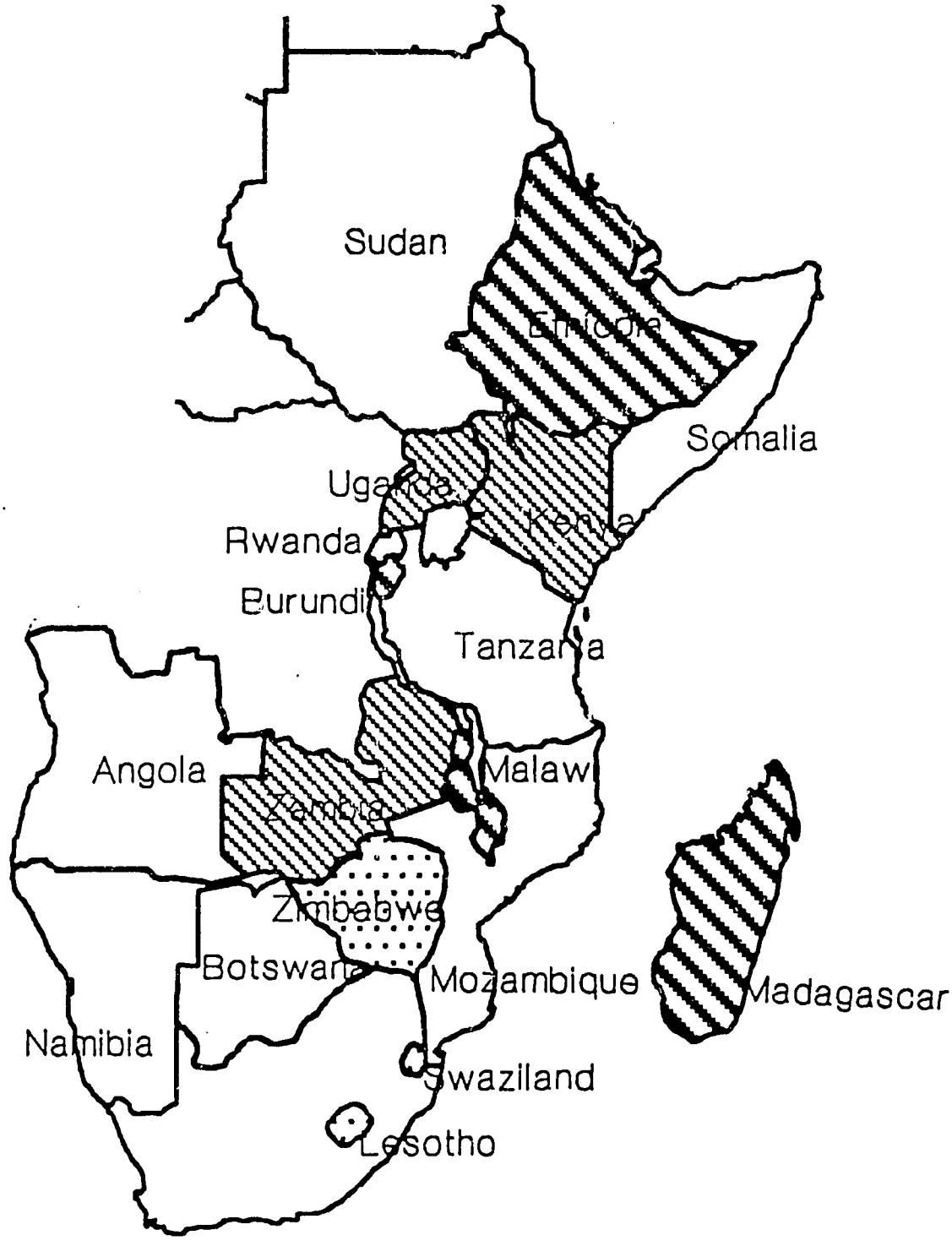
FOOD AVAILABILITY: These data are compiled from FAO sources World Bank International Economics Department: World Tables Fall 1990 Update. **Food production per capita** 1980 = 100 (average index of food production) shows the average annual quantity of food produced per capita in 1986-88 in relation to the average produced annually in 1979-81. The **Daily calorie supply per capita** is the calorie equivalent of the food supplies in an economy by the population. Food supplies comprise domestic production, imports less exports and changes in stocks; they exclude animal feed, seeds for use in agriculture and food lost in processing and distribution.

SOCIOECONOMIC: These data are from the United Nations Population Division, United Nations Statistical Office and World Bank International Economics Department: World Tables Fall 1990 Update. The **Female literacy rate** is the percentage of women who can read or write (UNESCO). The **Total fertility rate** is the number of children that would be born per woman, were she to live to the end of her child-bearing years and bear children at each age in accordance with the prevailing age-specific fertility rates. **Gross National Product per capita** figures in U.S. dollars are calculated according to the "World Bank Atlas method." **Rural poverty** data comes from the U.N. "The State of the World's Children 1991." This is the percent of the rural population below the absolute poverty level 1980-88. Absolute poverty is defined as the income level below which a minimum nutritionally adequate diet plus essential non-food requirements are available.

Note: The data used to describe the "trends" are from the World Bank International Economics Department: World Tables Fall 1990 Update diskette. The trend data coincide with information utilized in the table and other charts, maps and graphs included in this report except in the case of under five and infant mortality. The sources are listed on each. A word of caution is necessary, since discrepancies in the data were found both among reporting U.N. agencies and between the U.N., World Bank and A.I.D. development data sources.

Figure 3

WEIGHT-FOR-AGE (% UNDERWEIGHT)
Most Recent Nationally Representative Data ESA



Percent Underweight
Very High (> 30%)
High (20%-29%)
Moderate (10%-19%)
No data available

Source: UN Pop. Div. 1991 & World Bank 1990

increasing. Infant and child mortality rates have declined since 1960, with accelerated declines since 1980 (see Appendix C). Presently, infant mortality rates range from 144 per thousand in Malawi to 60 per thousand in Zimbabwe (Table 1).

Despite such declines in young child mortality, levels of malnutrition remain very high in the region. Even if we do not consider the five countries engaged in civil war and experiencing political instability and emergency food insecurity, other countries have moderate/severe chronic undernutrition levels of over 50 percent of their toddler population: Malawi (61%), Burundi (60%), Zambia (59%), Madagascar (56%) and Uganda (52%). Only three countries in the region have nationally representative survey or surveillance systems that have been monitoring trends in malnutrition over time. Those countries show no evidence of improvement: rural Kenya, from 1977 to 1987; rural Zambia, from 1970-71 to 1990; and Malawi, from 1981 to 1991 (UNICEF and Central Bureau for Statistics, Kenya, personal communication; Cogill and Zaza, 1990; and Quinn, 1991). Although there is no clear evidence of these conditions worsening, undernutrition remains very high.

Prevalence levels depend on the anthropometric indicator utilized; stunting is the highest, wasting the lowest, and underweight (weight-for-age) intermediate (Figure 4). High prevalence of stunting reflects long-term deprivation and requires various types of interventions that address the underlying causes of the situation.

However, several examples show that it is possible to lower prevalence of chronic undernutrition in countries or districts in which new approaches are adopted. In Botswana, which has maintained a surveillance program as part of its efforts to address the prolonged droughts in the 1980s, there is a clear indication that government interventions have helped contain the nutrition problem. In Tanzania, where a few regions have had community-based monitoring systems linked to action, malnutrition has declined notably; severe malnutrition decreased from 6 percent in 1984 to 1.2 percent in 1989 in the Iringa Region. Data from Zimbabwe, which has implemented a community-based food supplementation program, with activities in surveillance and community mobilization, also indicate a decline in malnutrition.

Low birth weight (LBW) is another important available indicator of maternal nutrition and health status. LBW ranges from 8 percent in Botswana to 20 percent in both Malawi and Mozambique. Anemia, goiter and Vitamin A deficiency are problems in several countries, but neither their prevalence nor their extent is well documented. Anemia is a major cause of maternal morbidity and affects children as well, especially where malaria is widespread or endemic. The proportion of deaths attributed to malaria, especially among children, has been increasing. Endemic goiter is prevalent in Tanzania, but the extent of the iodine deficiency disorder problem has not been fully documented in the region. Those ESA countries classified by WHO as having significant Vitamin A deficiency are Tanzania, Malawi and Zambia.

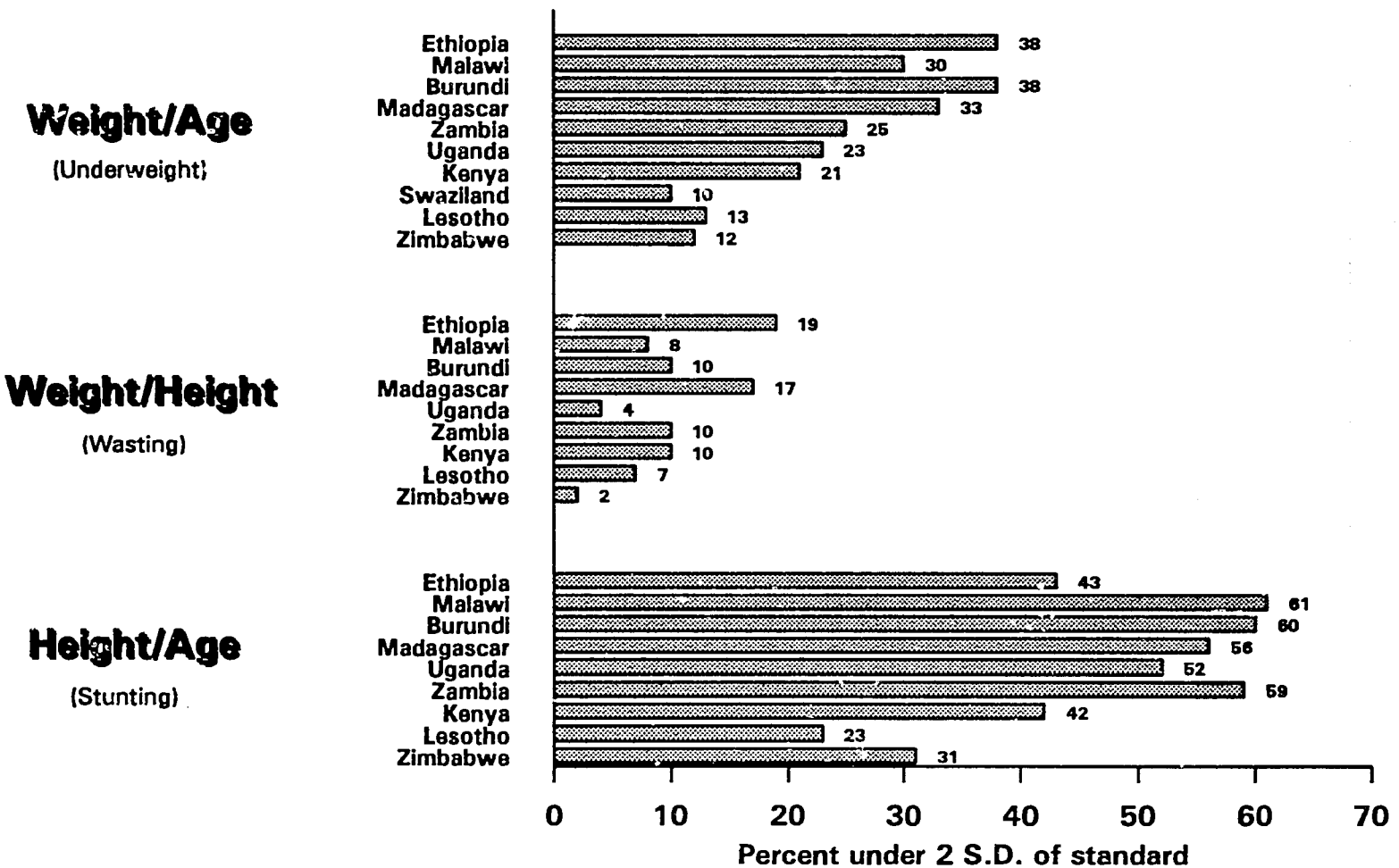
The Pragma team compared national levels of chronic undernutrition with other relevant indicators, such as infant and child mortality, GNP per capita, food production and calorie supply per capita. Simple regression line comparisons indicate a steeper slope between national

Figure 4

Most Recent Anthropometric Indicators
ESA Region Nationally Representative

Note: only countries with nationally representative and comparative samples were used.

Descending order of 1989 <5MR



Source: WHO and DHS

levels of undernutrition and GNP per capita (see Figure 5) than between undernutrition and mortality. Three distinct groupings of countries can be identified: three countries with over $400 GNP and below 20 percent underweight; two countries with $370-390 GNP and 21-25 percent underweight, and four countries with under $230 GNP and over 30 percent underweight. The study of levels and trends in food availability reveals a positive sign in the trends in Group 3 (moderate undernutrition level) countries; however, both levels and trends in the Group 1 (unstable/insecure) countries remain quite alarming (Appendix C).

D. *Household Food Security*

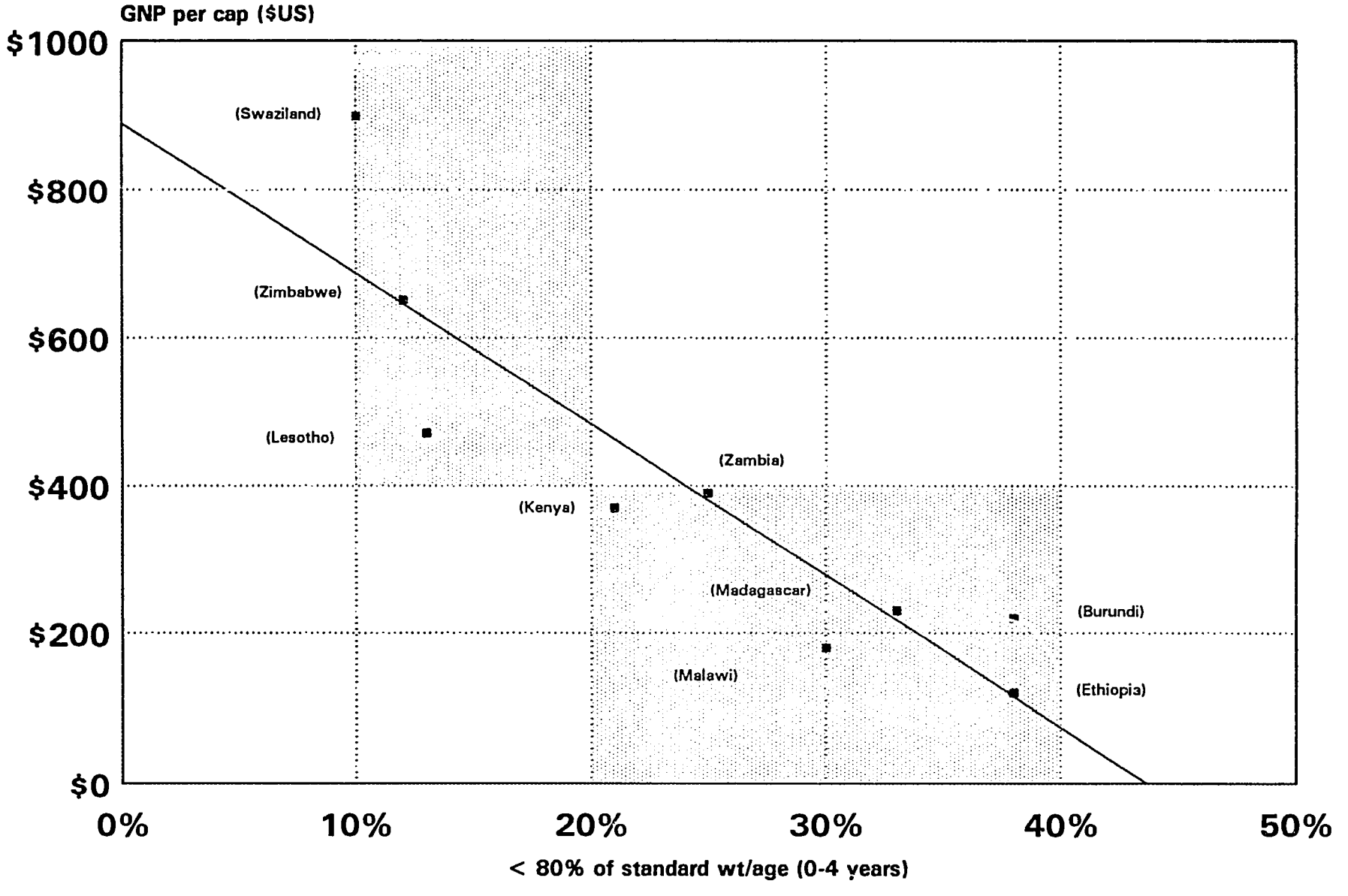
Food security is defined by the World Bank as "access by all people at all times to enough food for an active and healthy life." (World Bank, 1986) Operationalizing this concept at the national level is not the same as at the household level. At the national level, food security entails adequate food supplies through local production storage and food imports. However, adequate availability of food at the national level does not necessarily translate into equitable distribution across the country, nor equal access among all households.

In discussions with A.I.D./W and REDSO/ESA, the Pragma team found a lack of conceptual and definitional clarity surrounding the use of the term "household food security." Thus a new conceptual framework was developed and is presented in Figure 6. HFS entails the availability of adequate food (e.g. culturally acceptable, safe and nutritionally adequate) as well as the ability of the household to have stable access to such food through its own production or purchase. Availability and stable access are keys to HFS. Households have stable access to food if they possess viable means for procuring food (either produced or purchased) that do not lead to environmental degradation. Viable procurement entails different types of access to assets, credit, non-farm income, social networks of shared food, etc. Stable access is also influenced by local, informal social mechanisms (i.e., food sharing networks) that buffer households from periodic shocks and the stability of the government.

In East and Southern Africa, household food security problems are more closely associated with problems of access than availability. For example, in Kenya, 37 percent of the population is food-insecure, even though one million metric tons of maize are held in reserve (World Bank: Kenya, 1990). Household food insecurity, which affects the majority of ESA countries, has been increasing since the 1970s.

The causes of food insecurity vary among and within countries, thus calling for different policies and programs to alleviate these problems. For example, in Malawi, the Mission CPSP documents the "hunger paradox"--seven out of 10 households are unable to meet their basic food requirements, despite recent increases in national food availability. Underlying causes of household food insecurity include small landholdings (55 percent of the households have less than one hectare of land), low productivity and low income, and price and market distortions. In Zambia, food insecurity problems have resulted from inappropriate development policies and strategies, adverse and deteriorating terms of trade in international product and capital markets,

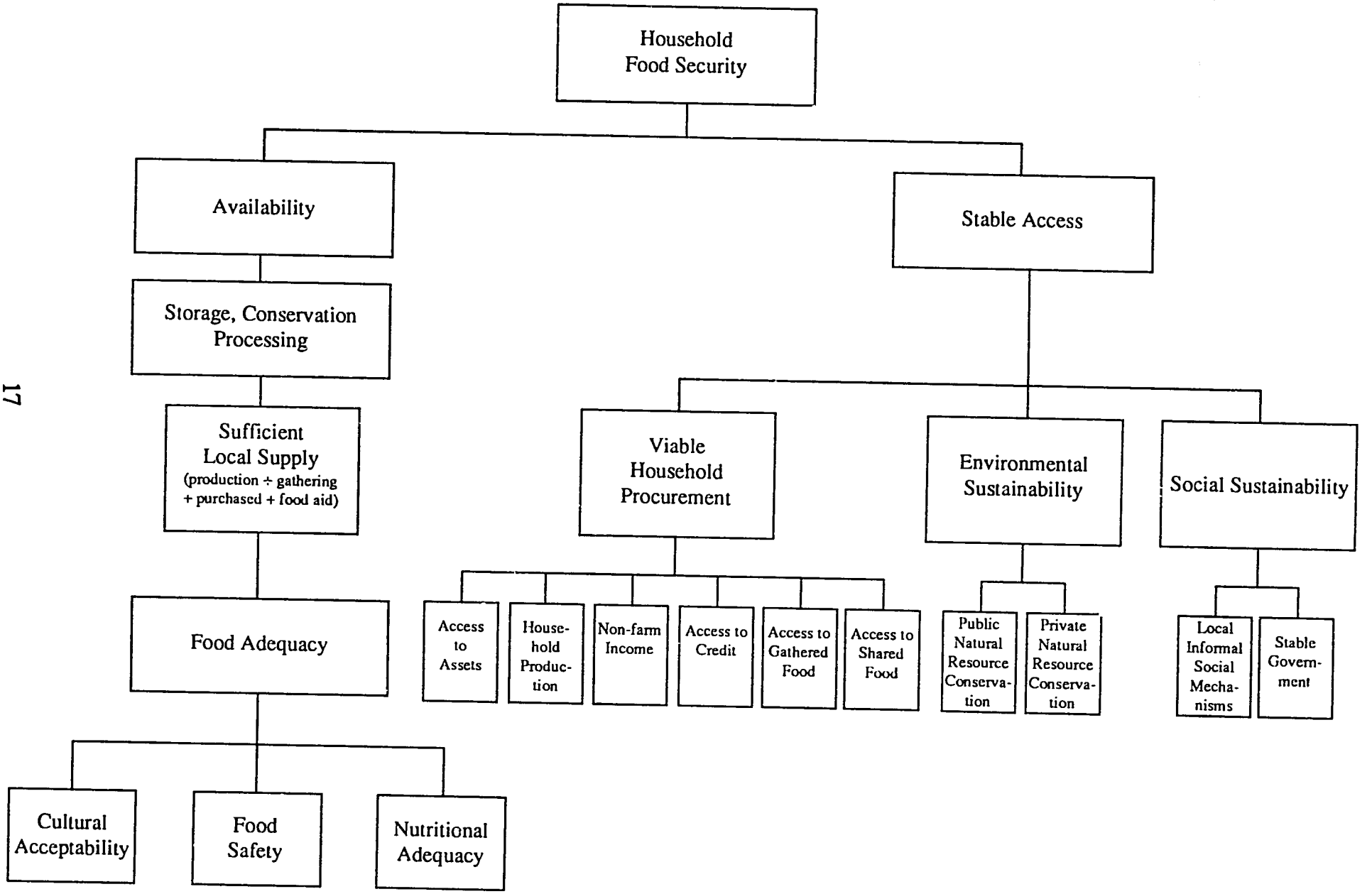
Figure 5 **Gross National Product Per Capita 1989 & Percent Underweight ESA Countries**



(Latest Nationally Representitive Data)

Data Source: World Bank and DHS

Figure 6 **Conceptual Framework for Household Food Security**



and skewed asset distribution (Cogill, 1990). In Mozambique, food insecurity problems stem from political and climatic problems, collapse of the market for cash crops, decline in real income, and reduction in employment opportunities in South Africa (World Bank: Mozambique, 1989). In Tanzania, nearly 60 percent of the households that produce their own food crops confront food shortages for three to four months before harvest. During this period, alternative sources of income are key to HFS. Among the resource-weak households (20 to 30 percent in every village), food insecurity may last up to six months due to problems in both food production and access to income (Seenappa, 1990). Thus, despite adequate aggregate food supply at the national level in Tanzania, access to this food is limited for many households (Yambi, 1990).

Successful steps taken by Botswana and Zimbabwe illustrate that appropriate measures can be implemented to better target food-insecure groups for development assistance. In Botswana, to combat the adverse effects of the drought in the 1980s, the government instituted a program of drought relief, which included supplementary and direct feeding, agricultural rehabilitation projects, domestic water development programs and labor-based public works programs (Edwards et al., 1989). This effort was implemented with remarkable timeliness, and it provided significant support to vulnerable groups in rural areas. More recently, the Government of Botswana has instituted a number of policies in support of broad-based employment generation and improvement in national and household food security. One such policy is the National Food Strategy, which seeks to improve food security by: 1) improving the data base on the food economy; 2) implementing programs to increase food and seed production and reduce fluctuations in production caused by drought; 3) strengthening nutrition-oriented and consumer programs; 4) improving drought relief planning and implementation; 5) developing a program of post-drought recovery; and 6) establishing an adequate grain reserve.

Zimbabwe faces a food-insecurity paradox: grain marketed by small holders has expanded significantly since 1980, concomitantly with widespread chronic malnutrition (Jayne and Chisvo, 1991). Food policy analyses conducted by the University of Zimbabwe and Michigan State University indicated that this was primarily due to the structure of the grain markets. Grain surpluses flow out of the rural area to the urban area, to be transformed into maize meal and resold back in the rural areas at inflated prices. This process has effectively reduced cash incomes among poor rural consumers by as much as 30 percent. Steps are now being taken to remove restrictions on grain movements within the country to provide food at affordable prices to rural consumers.

IV. IDENTIFICATION OF STRATEGIC ELEMENTS IN A PROPOSED REGIONAL NUTRITION STRATEGY

A. *General Approach*

Discussion of the proposed Regional Nutrition Strategy with Missions can be facilitated if the multisectoral and comprehensive programmatic responses to transitory and chronic

undernutrition and chronic household food insecurity are divided into priority strategic elements--which have been identified by the Pragma team as:

1. Improved monitoring of nutrition and household food security (N/HFS) impacts of Mission program and projects;
2. Consideration of N/HFS policy within the framework of economic and agricultural reform;
3. Integration of N/HFS into ongoing Agriculture and Natural Resource Programs/Projects;
4. Integrating nutrition into current Health, Population and Nutrition programs;
5. Strengthening food and nutrition institutions to address N/HFS problems; and
6. Enhancing women's nutrition.

The following discussion includes a description and rationale for each element as well as an outline for possible Mission actions.

B. *Strategic Elements*

1. **Improving Monitoring of N/HFS Impacts of Mission Programs/Projects**

Description: Missions should strengthen the N/HFS impacts of their programs/projects by strengthening the national food/nutritional surveillance and monitoring systems used for targeting vulnerable groups and monitoring impacts. Monitoring should be paired with action to change nutritional status.

Rationale: Problems of chronic undernutrition and food insecurity constrain economic development and adversely affect child survival, education and human resource capacity. Food availability, household access and allocation, consumption and biological utilization are influenced by access to resources, community cohesion, education, agricultural policy, markets/trade, women's time and task allocation, dietary patterns, child care, sanitation, hygiene, illness and health care utilization. Since all of these factors influence nutritional status, many of the broad-based programs/projects implemented by AID Missions will likely have a direct impact on N/HFS. Improvements in targeting vulnerable groups will enhance the design and effectiveness of projects that explicitly aim to improve N/HFS. Strengthening a country's monitoring capability will help determine the nutritional impact and sustainability of interventions, in accordance with DFA guidance.

Actions: To improve program/project impact on N/HFS and to fulfill Development Fund for Africa (DFA) monitoring requirements, Missions should strengthen national and regional food/nutrition surveillance and monitoring systems. Through such systems, those segments of the population at risk of chronic undernutrition and food insecurity could be identified for targeting programs/projects aimed at improving N/HFS. These systems could also be used for evaluating impact. The indicators used by these systems would be derived from a systematic

process that takes location-specific food procurement strategies into account for vulnerable socioeconomic groups. The indicators should include both predictive indicators (e.g. food stocks, coping strategies, real income, liquid assets, etc.) for targeting and outcome indicators for monitoring such as nutritional status (e.g., height- or weight-for-age, maternal arm circumference and birth weight). Nutritional status should be monitored even in projects that are not explicitly designed to improve nutrition, to ensure that interventions are not having a negative impact on nutritional status.

2. Consideration of Nutrition/Household Food Security Policy Within the Framework of Economic and Agricultural Reform

Description: Missions should strengthen national capacity to include N/HFS considerations in economic and agricultural development policy.

Rationale: The short-term nutritional implications of structural adjustment and other types of economic reforms for the poorest 40 percent of the population in many ESA countries have been negative, and safety net nutrition and feeding programs are often necessary. A country's political commitment to combat a difficult food-insecurity and nutrition situation is demonstrated by addressing short- and long-term nutrition objectives within economic and agricultural reform. To do this effectively, adequate institutional support must be provided by the key policy decision-makers. Four countries have central food and nutrition policy coordinating units (Malawi, Botswana, Zimbabwe, Kenya), while others have food and nutrition commissions, usually under the Ministry of Health (Zambia, Tanzania). Missions can effectively employ policy dialogue to promote the consideration of food and nutrition implications of strategies in relevant sectors. A.I.D.-supported food policy analyses in Zimbabwe and Malawi are good examples of such efforts. A.I.D.'s comparative advantage for leveraging the policy linkage between nutrition and economic reform includes agriculture/food policy research, food/nutrition surveillance and monitoring systems development, and partnership programs with PVOs. The DFA and Title III programs permit A.I.D. to contribute more effectively in these areas of strength.

Actions: Missions should engage in policy dialogue to promote food and nutrition considerations within economic growth strategies and agricultural food pricing and market reforms. Intersectoral food and nutrition policies, plans and monitoring systems should be advocated. Strengthening the institutional capacity of governments to engage in this type of policy analysis should also be supported. N/HFS components should be incorporated into Mission agricultural, natural resource and economic sector assistance projects/programs.

3. Integration of N/HFS into Ongoing Agriculture and Natural Resource Programs/Projects

Description: Missions should incorporate N/HFS analysis into the design and implementation of Agriculture and Natural Resources Programs/Projects.

Rationale: The linkages between production, natural resource management and food consumption have been well documented in a number of projects throughout Africa in the 1980s. It has become apparent that crop diversity, the seasonality of production, the role of women in production, income sources, crop labor requirements, food preferences, market prices, and access all influence consumption patterns. Agriculture and natural resource programs/projects are not nutritionally neutral. The production goals of farm families often include both securing adequate food supplies and maximizing income. These goals are not always compatible. The goal of securing sufficient food for household consumption may constrain the adoption of new, improved technologies if these are perceived as risky. Many farm families are net purchasers of food and diversify their income sources to minimize risk of food insecurity. In addition, when household food security is threatened, coping responses pursued by farm families to meet their food needs in the short term may be unsustainable in the long run. Thus, sustainable development will not likely be achieved by agriculture and natural resource projects/programs unless recognition is given to the importance of household food security.

Actions: To improve income, natural resource management and HFS for farm families, missions should support careful contextual analyses to determine the most viable options to be pursued in programs/projects. Options should consider both availability and access to food for households. For example, interventions to improve availability could encompass storage, food processing, food safety, etc. To improve household food access, interventions could focus on procurement strategies (both on-farm and off-farm), market access, natural resource conservation, or strengthening local institutions that buffer households from periodic shocks.

4. Integration of Nutrition into Current Health, Population and Nutrition Programs

Description: Missions should spell out categorically the nutrition objectives/targets of various HPN programs and prioritize nutrition investments and interventions.

Rationale: The DFA encourages integration of services for child survival and a more comprehensive approach in dealing with HPN issues. Nutrition can be effectively integrated into family planning, antenatal, control of diarrheal diseases (CDD), and immunization (EPI) programs. Further reduction in infant and child mortality and improved growth and nutritional status should result from this integration. The more nutritionally successful programs in the region have employed comprehensive, community-based approaches and have integrated GM/P, improved infant feeding, nutrition information systems, and training/support of community health workers, among other programs. Important behavioral interventions include promotion of optimal breastfeeding, weaning, child feeding and maternal nutrition practices.

Actions: Missions should prioritize nutrition objectives within HPN programs. Options include: 1) ensuring GM/P (as entry point, educational and management tool) in all community-based programs; 2) nutrition information systems; and 3) making the following linkages between interventions: a) breastfeeding with FP and CDD, b) child feeding, including DMD with CDD, c) control of maternal anemia and undernutrition with antenatal care, and d) Vitamin A supplementation in measles management. Specific nutrition investment priorities include: institutionalization of micronutrient supplementation; maternal and child nutrition information, education and communication (IEC), including GM/P and DMD; and development of infrastructure for promotive, preventive and curative nutrition service delivery, including the integration of nutrition surveillance into primary health care and health service delivery systems.

5. Strengthening Food and Nutritional Institutions to Address N/HFS Problems

Description: Missions should strengthen the nutritional capability in existing government, academic, non-governmental organization (NGO) and other private regional and national institutions.

Rationale: Adequate institutional capacity is a prerequisite to effective and sustainable nutrition program development. The last African Food and Nutrition Congress (1988) recognized that governments and donors should give institutional capacity the highest priority (Maribe, 1990). Many countries share similar N/HFS problems, and the training would be cost-effective, given a regional approach. Moreover, throughout the region, governments and parastatals are finding it increasingly difficult to retain skilled nutrition staff. In concurrence with DFA priorities, institutions need to be strengthened so that they can be involved in policy analysis, program design and evaluation, surveillance and monitoring, and training. Regional coordinating and networking bodies--such as the Southern Africa's Development Coordinating Conference (SADCC) Food Security Program; and East Central and Southern Africa Food and Nutrition (ECSA-Food/Nutrition Cooperation)--are important for developing effective programs, and the Applied Nutrition Unit, University of Nairobi, and the African Medical Research Foundation (AMREF) can be used as sub-regional training centers.

Actions: Missions should support training in N/HFS policy and program-related skills within their human resources development and institutional strengthening activities. Support for regional research, training and coordinating bodies (mentioned above) should be explored by Missions when such an entity is physically located in country. REDSO/ESA should consider supporting these regional/sub-regional activities to help build a critical mass and broad base of expertise in the countries where A.I.D. Missions include N/HFS as goals and strategic objectives.

6. Enhancing Women's Nutrition

Description: Missions should view nutrition not only in terms of its effect on women's reproductive role, but also in terms of its effect on their productive role. Improvement in women's health and nutrition will undoubtedly increase women's possibilities to generate resources and contribute to development.

Rationale: Various programs designed to improve the nutrition situation demand increased women's time through their participation in activities to reach children and other members of the household. At the same time, various studies in the region have indicated how in reality women's reduced time availability and elevated workload already are constraints (e.g., in adequate child feeding). Women frequently do not have sufficient control over resources that could be used to improve access to food, child care or health care and medicines.

Actions: Missions should undertake gender analysis in their assessment of nutrition outcomes of different programs so that women's nutrition is explicitly addressed. Specifically, they should: 1) assess the different programs' contributions to women's access to and control of resources that are usually channeled into health and nutrition improvement; 2) minimize women's workload and time expenditure, through, for example, community-based services, cottage industries, energy-saving and time-saving technologies, child care facilities, etc.; 3) facilitate women's decision-making, where, for example, they are members of critical committees that make resource allocation decisions for the program. (Sufficient information needs to be provided to both women and men through IEC programs so that women can participate fully in the design and control of program activities); and 4) support short-term safety-net programs that increase resource availability at the household level and ensure an equitable intrahousehold distribution to women. This will facilitate the intra-household time and task allocation decisions for food preparation/distribution, feeding, child care, hygiene and health care.

Missions should leverage many of these nutrition and household food security activities through Title III programs/projects. The new Title III Food for Development legislation enables Missions to pursue N/HFS objectives via project and non-project assistance mechanisms. The act places special emphasis on increasing the nutritional impact of all U.S. food aid programs. Nutritional status is a key factor in determining Title III country eligibility and priority. Almost all ESA countries are eligible. The three programmatic themes of Title III are: 1) enhancement of food security; 2) privatization of food and agricultural distribution systems; and 3) support of nutrition interventions (including child survival). Title III permits multi-year commitments and commodity sales to be used for development purposes with a focus on nutritional impact. Funding from Title III can also be used to establish or strengthen food security monitoring systems and nutritional research for the purpose of improving project design and implementation. This new legislation represents a compelling opportunity for Missions to engage in an increased commitment to nutrition and household food security.

V. PROGRAM-ORIENTED ISSUES

Several program-oriented issues that have been identified by the Pragma team in the course of this strategy development phase may need to be addressed in future activities, including:

1. *Conceptual and definitional problems in addressing household food security*: These problems often prevent the Missions from including N/HFS as strategic objectives or targets in their portfolios, and from their measurement in terms of people-level impacts.

2. *Absence of a clear sense of authority and responsibility for programming nutrition/HFS impacts within Missions:* In-house dialogue, training and orientation to N/HFS issues should be assigned to an office or individual.

3. *Contrast between interventionist and institutional approaches:* The short-term, project-oriented discreet nutrition intervention approach of the 1980s in child survival (e.g., feeding, growth monitoring, breastfeeding, vitamin A) can be integrated with the more comprehensive, policy-oriented and longer-term institutional strengthening approach more commonly requested by ESA national nutrition programs for the 1990s.

4. *Concealing of intra-country nutrition differentials:* A.I.D. often targets its countries based on cross-country comparisons within a region. Recent data indicate that among the ESA countries with high chronic undernutrition there are probably greater intra-country differentials (e.g., agro-ecological, socioeconomic). Thus, national-level data for countries like Kenya, Namibia, Zambia and Zimbabwe may mask large groups of food-insecure and malnourished populations.

5. *The role of REDSO in supporting a regional N/HFS strategy:* Advantages exist in having REDSO/ESA provide regional resources for advanced training, policy and operations research and timely, appropriate technical assistance.

VI. CONCLUSIONS AND RECOMMENDATIONS FOR FURTHER ACTION

The Regional Nutrition Strategy seeks to identify practical approaches and intervention priorities for linking nutrition/household food security to existing Mission programs, to increase their nutrition impacts. We believe that the current policy environment within A.I.D. is conducive to addressing the serious chronic undernutrition and food insecurity situation in the ESA Region. The Africa Bureau, REDSO, FFP and S&T/N and S&T/H are in a position to support those Missions that establish goals and objectives of an improved nutrition and food security situation. Most of all, it is encouraging that REDSO/ESA has now taken the initiative to develop a comprehensive nutrition strategy.

The main objective of the ESA regional strategy might simply be the *increase of nutritional and household food security impacts of existing and future Mission policies and programs/projects.* This is particularly relevant to the agricultural and health sector projects and within the context of the multisectoral DFA approach.

The major new resource levers to address and strengthen N/HFS considerations within Mission portfolios are:

1. The Title III grant for ensuring nutrition and food security impacts;

2. The DFA food security objective with mechanisms for assessment of program impact (API); and

3. Centrally funded field support projects in public health, population, nutrition and breastfeeding, education, agriculture/rural development, natural resources and food aid.

Recommendations for Further Action

The technical adequacy and appropriateness of these six strategic elements should be ascertained at the Mission (field) level, with necessary refinements made. The technical consultation would involve extensive and well-planned dialogue over a one to two week period with three to four interested Missions, as well as rapid institutional assessments of their counterpart Government and NGO institutions.

The specific tasks may include the following:

1. ***Discuss with Mission personnel their comparative advantage in pursuing the six strategic elements outlined above.*** This discussion will involve assessing existing programs/projects in Mission portfolios to determine the opportunities and constraints for pursuing the suggested elements. Administrative considerations will play an important part in this assessment. On the basis of this review, modifications can be made in the strategic elements.

2. ***Make a rapid assessment of the current N/HFS situation in the country.*** This review begins prior to the visit in-country by reviewing existing documents. Once in-country, the team may explore the nature of the N/HFS problems through interviews with key informants from the government, research organizations, PVOs, women's groups, project personnel and local villagers in vulnerable areas. This rapid assessment is intended to identify vulnerable groups, appraise on-going N/HFS activities, and assess their impact.

3. ***Appraise the institutional capacity of the country to carry out N/HFS activities.*** This appraisal will include: review of the surveillance and monitor systems in place; interviews with key decision-makers; and assessment of the human resources available,

the training needs, and the degree of inter-ministerial collaboration. Meetings may be held with policy-level officials for purposes of advocacy and with technicians for more substantive information-gathering. It will be important to determine to what extent surveillance/ monitoring of information is used.

4. ***Identify follow-up steps that Missions can pursue to strengthen N/HFS activities in ongoing and/or new project/programs.*** This task should take into account N/HFS activities being pursued by other donors to maximize impact and avoid duplication.

5. ***Debrief REDSO/ESA.*** Besides the six strategic elements, the key concepts and issues in chronic undernutrition and household food insecurity derived from the field need to be discussed to further refine the regional strategy. A half-day roundtable technical discussion is a possible method conducive to generating in-house dialogue leading to understanding and consensus on a Regional Nutrition Strategy.

For the efficient and appropriate accomplishment of tasks 2 and 3, the direct involvement of national counterparts is recommended. This would contribute both to capacity-building and national ownership from the initial phases. Specifically, the national counterpart, a senior officer in the appropriate institution/government department may be assigned to: a) identify relevant documents to be reviewed/appraised to obtain a better understanding of the current situation; b) identify key government personnel and other knowledgeable individuals with whom both formal and informal discussions might be held; and c) participate as a full member of the team.

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APPENDIX A

Persons/Organizations Contacted/Interviewed

The Pragma Corporation
September, 1991

APPENDIX A Persons/Institutions Contacted/Interviewed

I. Persons/Institutions Contacted from Washington

A.I.D./Washington

AFR/TR: Hope Sukin, Peggy Meites, Al Smith, Pat Rader, Emy Simmons, Trish O'Brien-Place, John Chao, Anita Mackey, Jonathon Olson
S&T/N: Norge Jerome, Eunyung Chung, Susan Anthony, Francis Davidson
S&T/H: Mary Ann Anderson
FFP: Tom Marchione, Forest Duncan, Jerre Manarolla

USAID/Kagali

HPN: Joan LaRosa

A.I.D. PROJECTS AND CONTRACTORS

MotherCare, John Snow Inc.
Food and Nutrition Monitoring, ISTI, IFPRI, VPI, Tulane
PRITECH, MSH
Combating Childhood Communicable Diseases, CDC
Women Infant Nutrition, EDC/Tufts, ICRW, Wellstart
Nutrition Communications Project, AED
Demographic and Health Surveys (DHS), Macro Systems
Clearinghouse on Infant Feeding and Maternal Nutrition, APHA
FEWS, Tulane/Pragma
Food Security in Africa, Michigan State University
Center for International Health Information, ISTI
PRICOR, CHS
Institute for International Studies in Natural Family Planning, Georgetown University

INTERNATIONAL DONORS

UNICEF/New York; Nairobi; Lilongwe
WHO/Geneva, AFRO/Brazzaville
FAO/Rome
World Food Program/Rome
World Bank/Washington
International Food and Agriculture Development/Rome
ACC/SCN/Geneva and Washington

PVO/NGOs

Adventist Development Relief Agency (ADRA)/Silver Spring
AFRICARE/Washington
African Medical Research Foundation/Nairobi
Bread for the World/Washington
Catholic Relief Services/Baltimore, Nairobi
CARE/New York
Food Aid Management/Washington
Freedom from Hunger/Davis, CA
International Eye Foundation/Bethesda
Helen Keller International-VITAP/New York
Plan International/Rhode Island
Project Concern/San Diego
Project Hope/Millwood, VA
Save the Children/Westport, CT
World Vision/Monrovia, CA

REGIONAL (East and Southern Africa) ORGANIZATIONS

Southern Africa Development Coordinating Conference (SADCC)/Harare
ECSA/Commonwealth Food/Nutrition Cooperation/Gabarone
AFRONUS/Dar Es Salaam, Gaborone and College Park, MD
WHO/AFRO/Brazzaville

FOOD AND NUTRITION RESEARCH AND TRAINING CENTERS

Cornell University
Tufts University
University of Arizona
Michigan State University
Food Studies Group/Oxford, England
Institute for Development Studies/Brighton, England
Applied Nutrition Unit, University of Nairobi/Kenya
Tanzanian Food and Nutrition Center/Dar Es Salaam
World Hunger Program, Brown University
Virginia Polytechnic Institute (VPI)
International Food Policy Research Institute (IFPRI)

II. PERSONS CONTACTED IN KENYA JUNE 4-17, 1991

REDSO/ESA

HPN: Margaret Neuse, Victor Barbiero
FFP: Lowell Lynch
Pat Fleuret, Social Scientist
Richard Edwards, Economist

USAID/Nairobi

HPN: David Oot
FFP: Bill James
ADR: Jim Gingrich

UNICEF

David Alnwick, Kenya H/N
Karen Codling, Kenya H/N
Aaron Lechtig, Advisor, Household Food Security/Nutrition, ESA Regional Office
Ken Williams, Country Representative, Malawi
Vicky Quinn, Regional Coordinator, Joint UNICEF/Cornell Food and Nutrition Policy Program, Malawi
Ian Hopewood, Country Representative, Zambia
Kathy Krasovec, Nutritionist, Rwanda

UNDP

Roy Thompson, Monitoring and Evaluation Project
H.B.L. Lunogelo, Consultant, Travers Morgan International
Henry Gordon, Consultant, Grain and Vulnerability Study

World Bank

Mr. Pathamanthan, Agricultural Office

AMREF

Al Henn, Technical Director
Pat Youri, Chair, Community Health Dept. and Family Health Unit
Mrs. Ngesa, Nutritionist

Catholic Relief Services

Scott Osborne, Director, Kenya
Nyambura Githagui, Deputy Director
Chris Allen, Head, Program Dept.
James Kamenge, Program Dept.
Peter Kimeu, Program Dept.

University of Nairobi

Gabriel Maritime, Head, Applied Nutrition Unit

Jomo Kenyatta University

Ruth Oniango, Head, Food Technology and Nutrition

Ministry of Planning

Mrs. Shitaka, Head, Food and Nutrition Planning Unit
Roy Thompson, Head, Monitoring and Evaluation Unit

KITUI DISTRICT

Ministry of Health

Community Nutrition Technician
District Medical Officer
Health Center Health Officer
Assistant Nutrition Technician
Public Health Officer

Catholic Diocese

Development Director
Food and Nutrition Coordinator
Medical Director
MCH worker

Kitui Integrated Development Project

Project Director, KIDP
Tom Kuhlman, Survey and Monitoring Advisor, DANIDA

APPENDIX B

Bibliography:
Nutrition and Household Food Security

Esther Kazilimani, MPH
Food and Nutrition Division
The Pragma Corporation
September, 1991

This bibliography focuses on Nutrition and Household Food Security (N/HFS) in East and Southern Africa. It looks at policy issues, strategies, programs and research which cover N/HFS. The World Bank defines Food Security as access by all people at all times to enough food for an active and healthy life. This includes the availability of food and the ability to acquire it.

Published and unpublished research documents, books, reports and articles were reviewed. Libraries in the area and institutions that work on Food Security were covered. The later include:

Administrative Committee on Coordination Sub-Committee on Nutrition (ACC/SCN)
African Council on Food and Nutrition Sciences (AFRONUS)
African Development Bank (ADB)
AFRICARE
Agency for International Development (A.I.D.) (this covered Annual Budget Submissions, Country Strategy Development Statements, Country Program Strategy Statements and Action Plans)
American Public Health Association (APHA)
East, Central, and Southern Africa Food and Nutrition Cooperation (ESCNA)
Food and Agriculture Organization (FAO)
International Food Policy Research Institute (IFPRI)
National Food and Nutrition Commission (NFNC, Zambia)
Nutrition Unit (Zimbabwe)
UNICEF
World Bank

The ESA countries have been divided into the following groups for planning N/HFS strategy development:

Group 1:	Politically unstable - food insecure and high acute and chronic undernutrition
Group 2:	High Chronic Undernutrition
Group 3:	Moderate Undernutrition

The focus of this bibliography is on groups 2 and 3 countries:

Botswana	Namibia
Burundi	Rwanda
Kenya	Tanzania
Madagascar	Uganda
Malawi	Zambia
Mozambique	Zimbabwe

This bibliography does not deal with the politically unstable - food insecure except for Mozambique which is considered as becoming more politically stable.

The four major themes contained in this bibliography are:

I. Policies and Strategies

II. Programs and Projects

III. Assessment and Evaluation

The above categories are divided into global, regional and country issues.

IV. Research
IVa. Maternal Child Health and Nutrition
IVb. Women and Gender
IVc. Food Security and Agriculture
IVd. Household Food Security

I. POLICIES AND STRATEGIES

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IIb. Regional

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IIIb. Regional

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60

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51

APPENDIX C

Basic Nutrition-related Indicators
East and Southern Africa Region Countries

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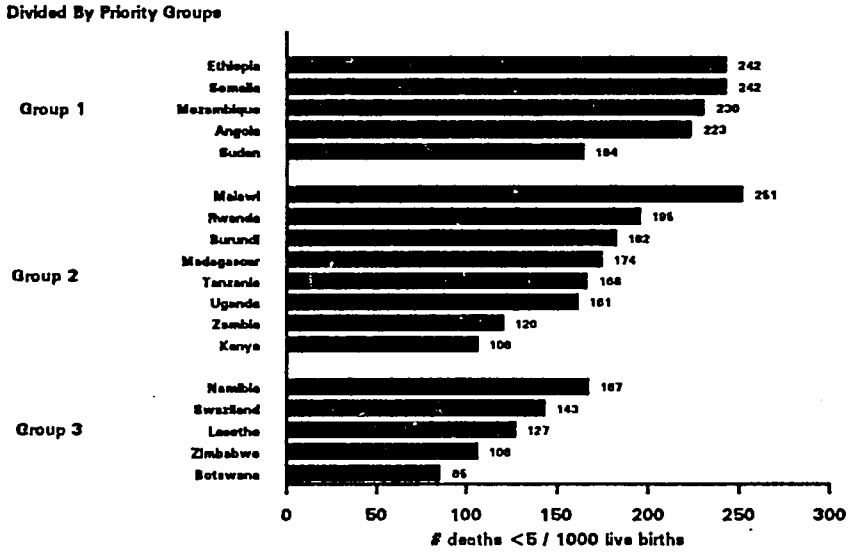
September, 1991

Appendix C Contents:

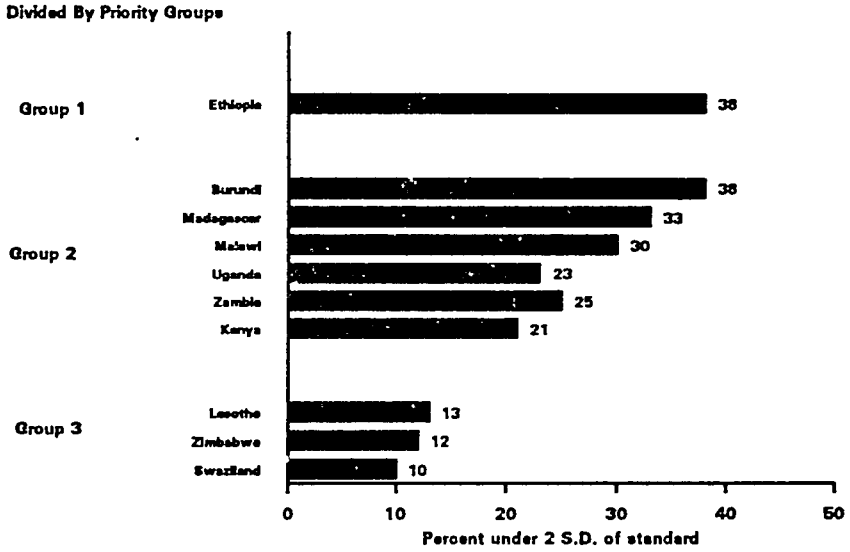
1. Under Five Mortality Rate and Percent Undernutrition
2. Trends in Under Five Mortality Rate Graphs (groups 1, 2 and 3)
3. Under Five Mortality Map
4. Trends in Per Capita Food Production Graphs (groups 1, 2 and 3)
5. Trends in Per Capita Daily Calorie Supply Graphs (groups 1, 2 and 3)
6. Trends in Total Fertility Rate Graphs (groups 1, 2 and 3)
7. Trends in Gross National Product Per Capita Graphs (groups 1, 2 and 3)
8. Gross National Product Map
9. Total Population Table and Population Age 0-14 Table (selected countries)

Under Five Mortality Rates/ESA Region
1990 (Nationally Representative Data)



Source: Ut Pop. Div. Tape- A.J.D./CIHI

Percent Underweight (wt/age) 1980's
ESA Region Nationally Representative



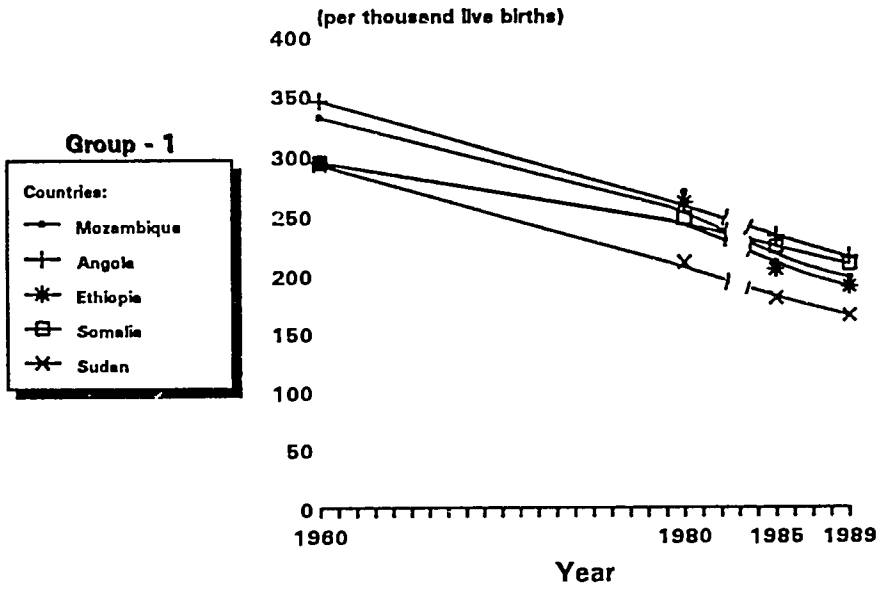
Source: WHO and DHS

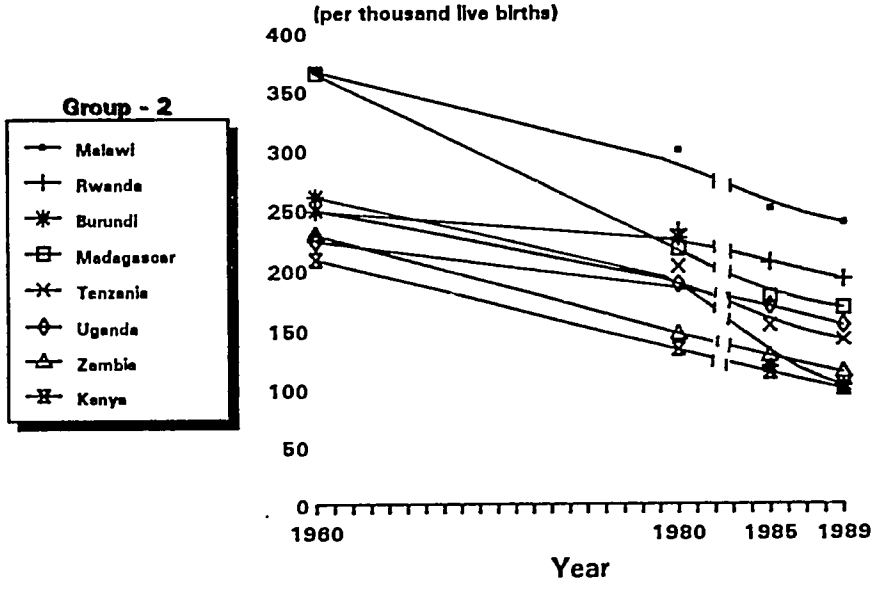
52

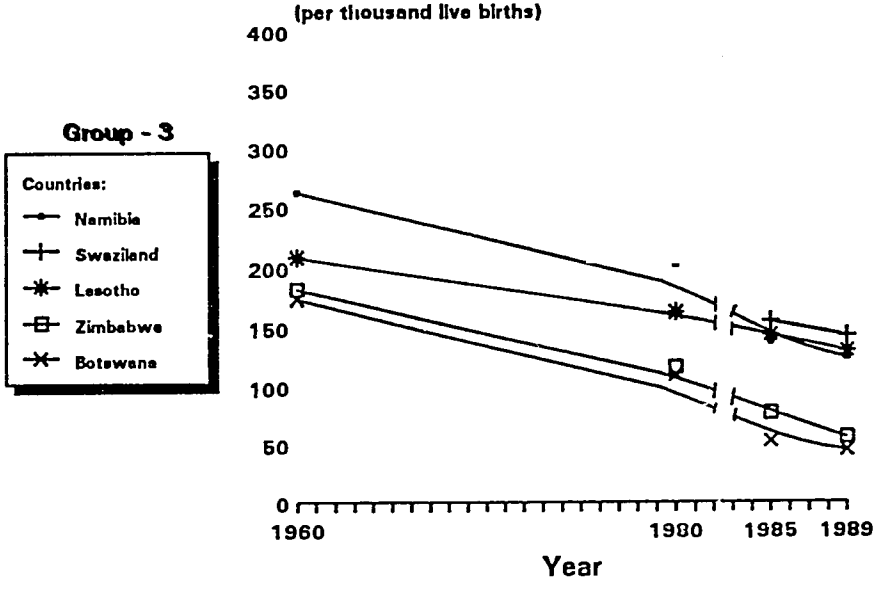
Trends In Under Five Mortality Rate

Nationally Repr. Data/ESA Region

*Note: The 1960 and 1980 data are from UNICEF, 1991 and the 1985 and 1989 data are from the World Bank Fall 1990 Tables



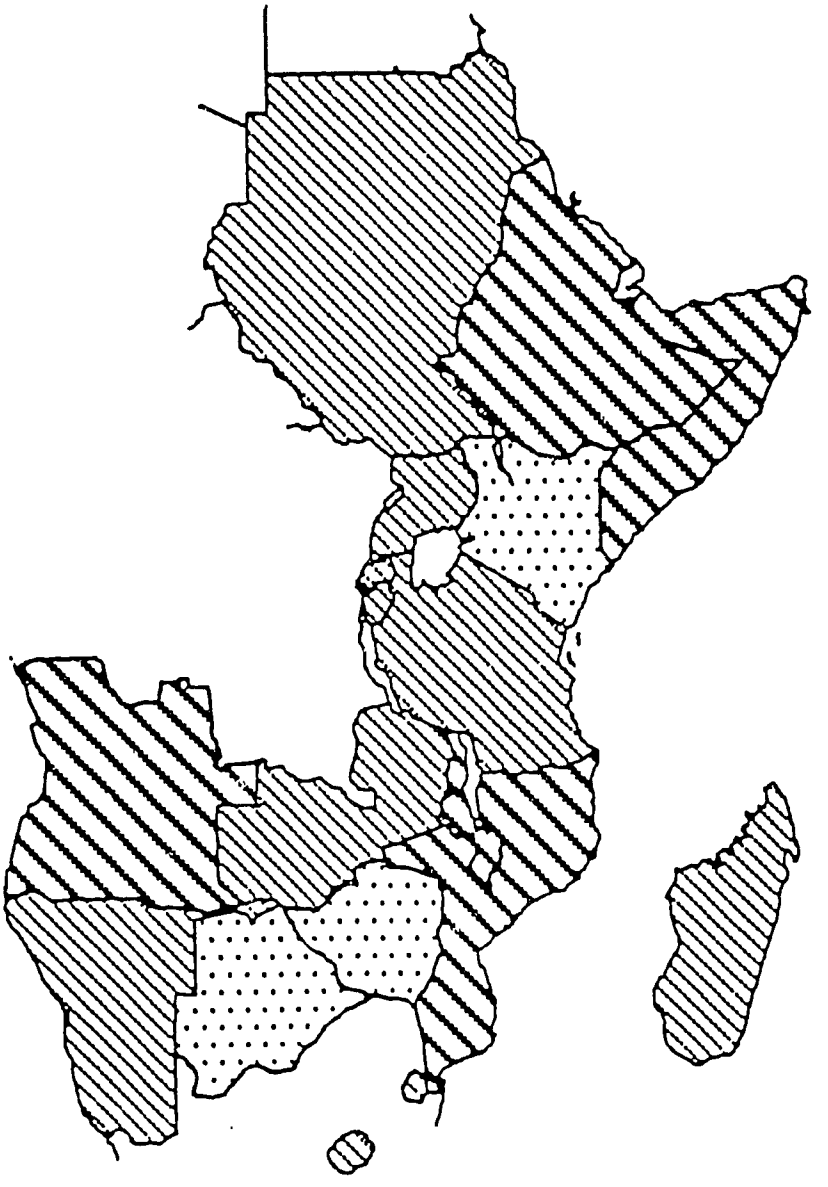




Source: UN Pop. Div. 1991 & W. Bank 1990

JNDER FIVE MORTALITY RATE/ ESA REGION

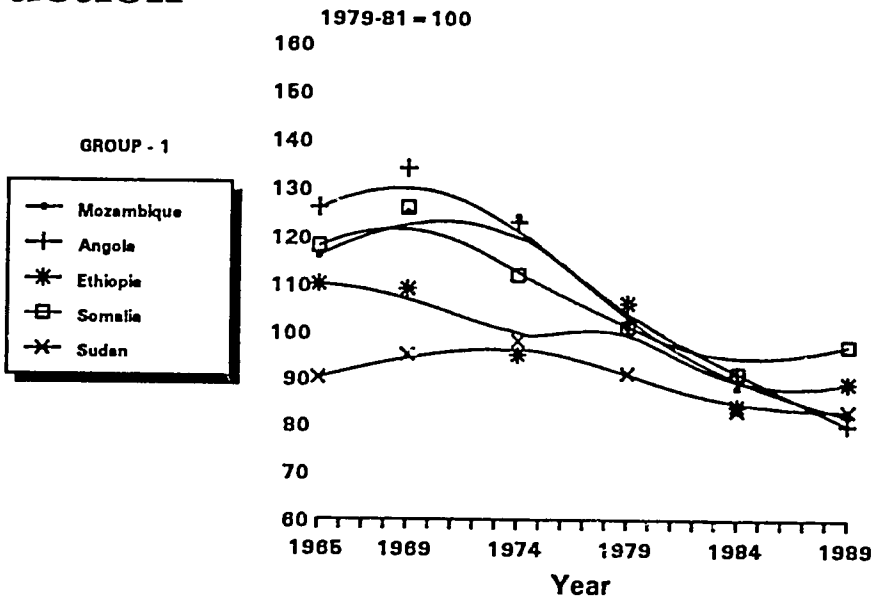
Most Recent Nationally Representative Data (1989)

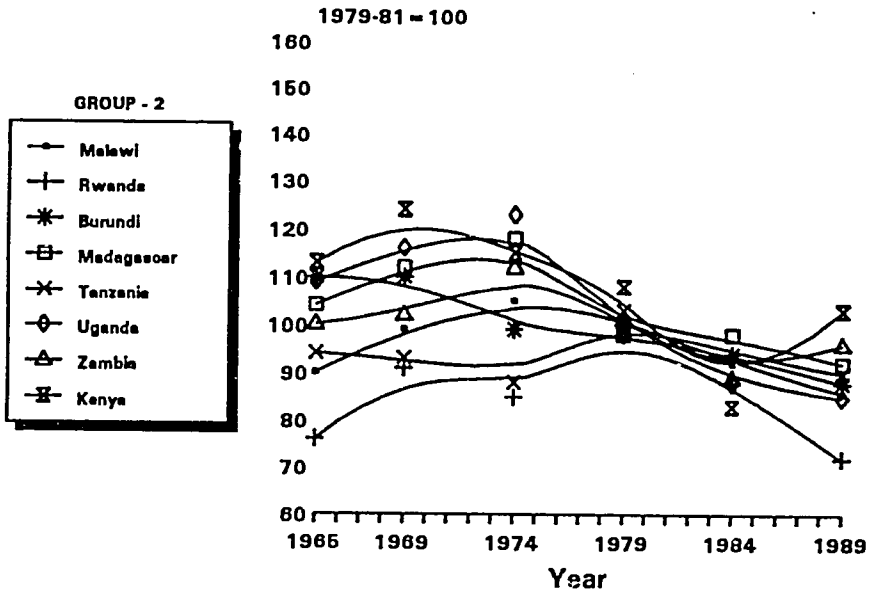


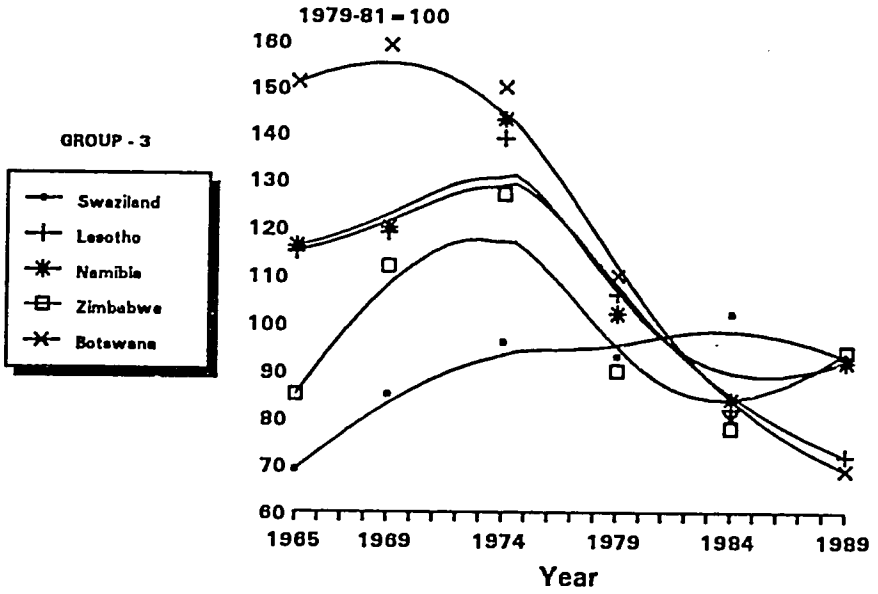
<5MR Ranges
Very High (≥200)
High (107-199)
Moderate (≤106)

Trends in Per Capita Food Production

ESA Region 1965-1989



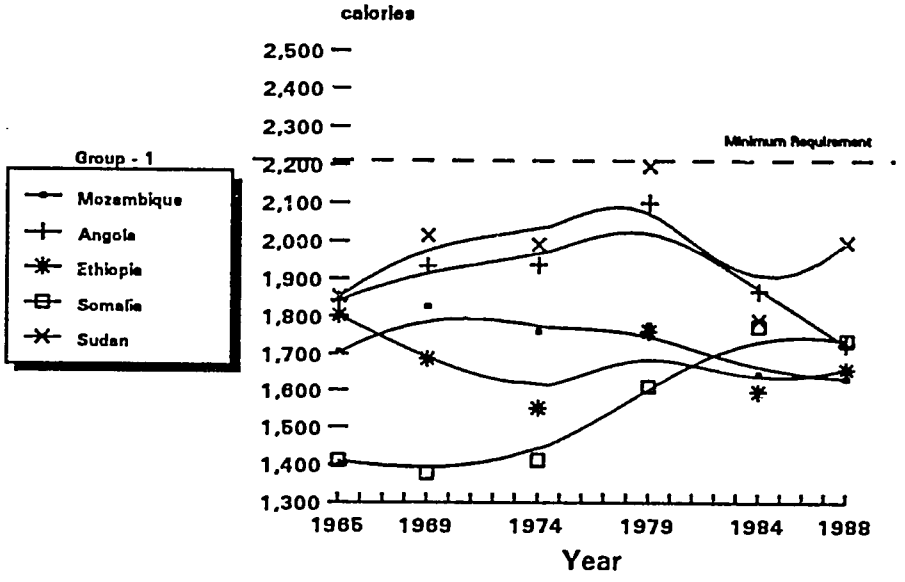


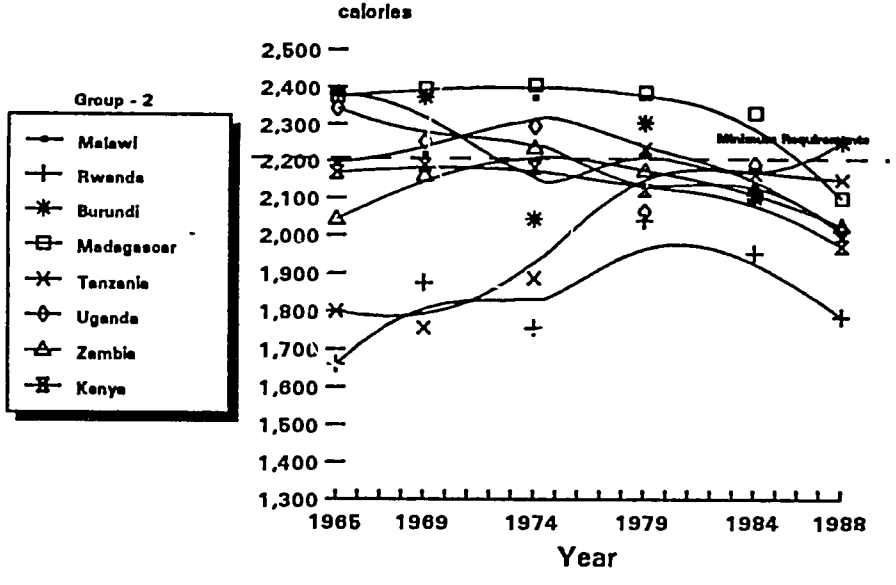


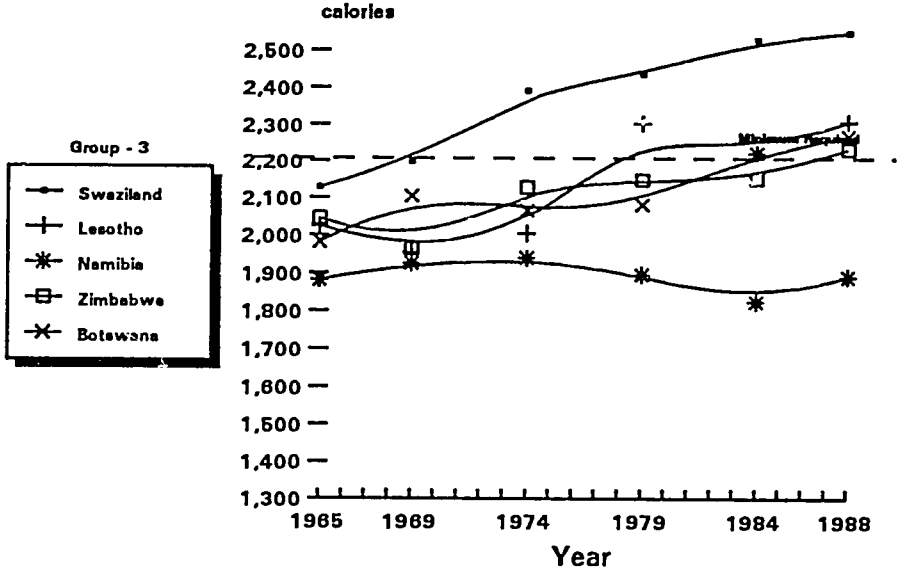
World Bank-I.E.D. World Tables/Fall 1990

Trends in Per Cap Daily Calorie Supply

ESA Region 1965-1988



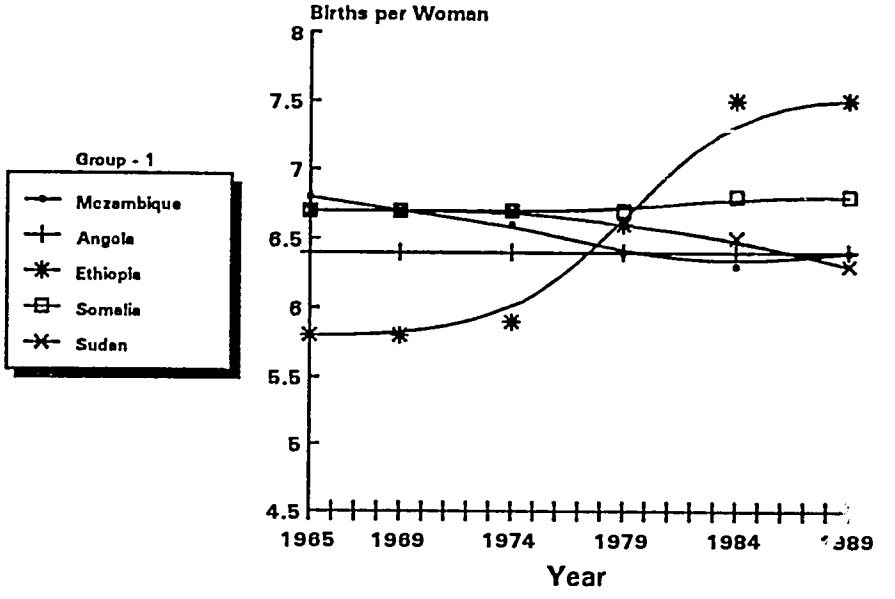


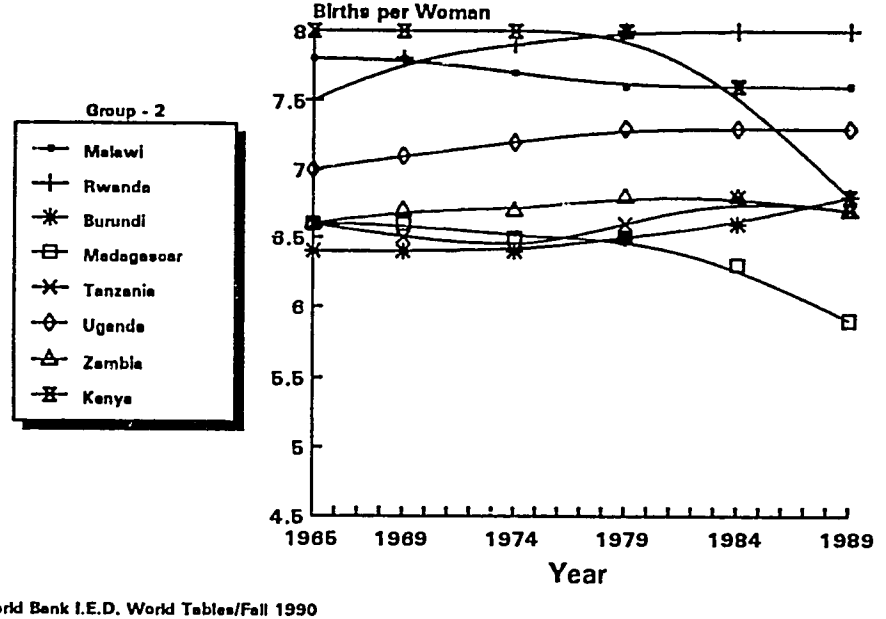


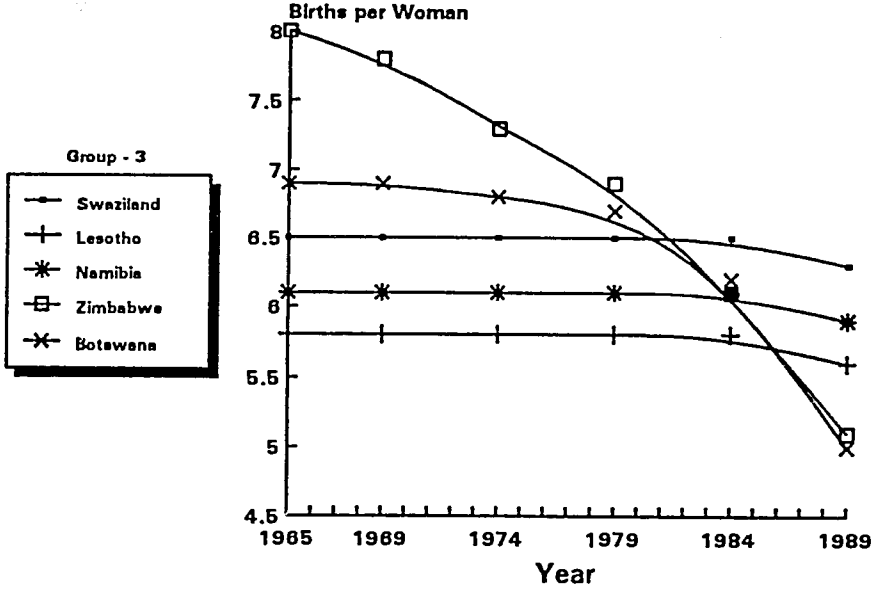
World Bank-I.E.D. World Tables/Fall 1990

Trends in Total Fertility Rate

ESA Region 1965-1989





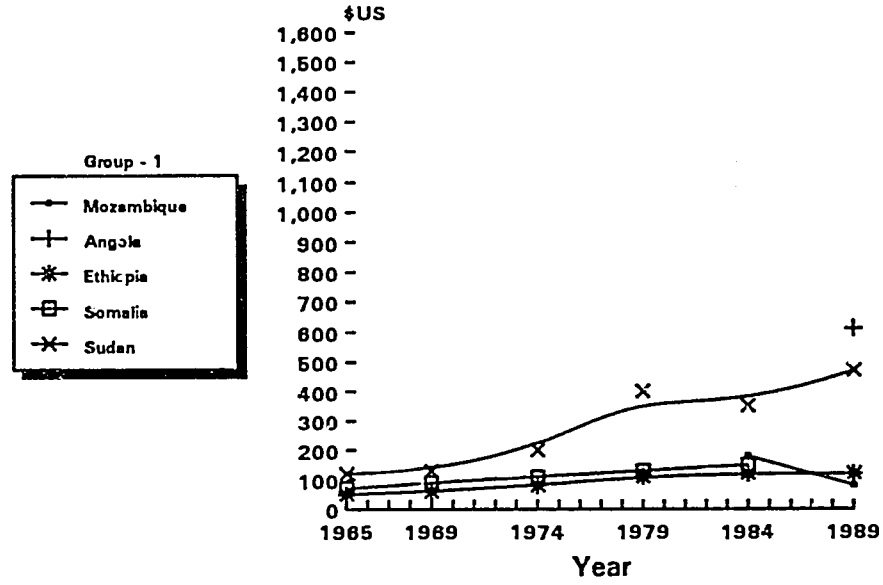


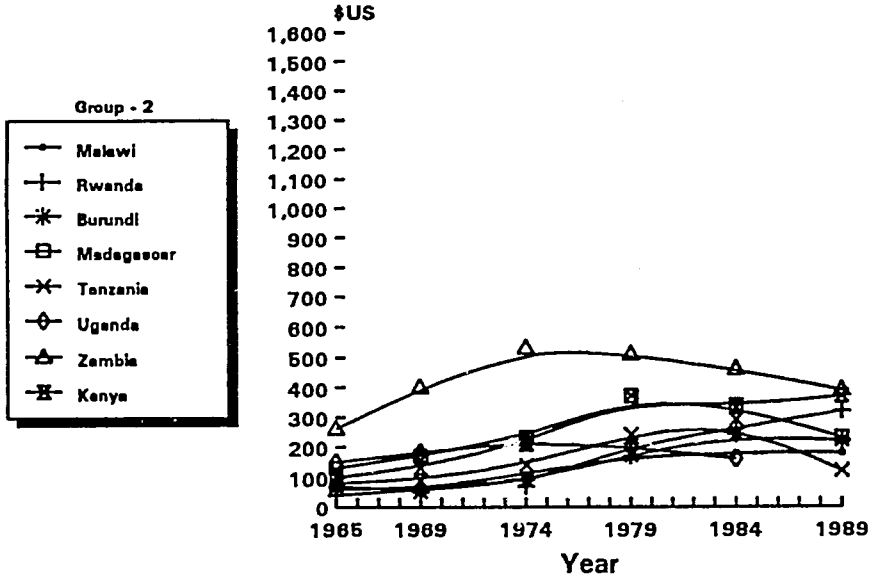
World Bank I.E.D. World Tables/Fall 1990

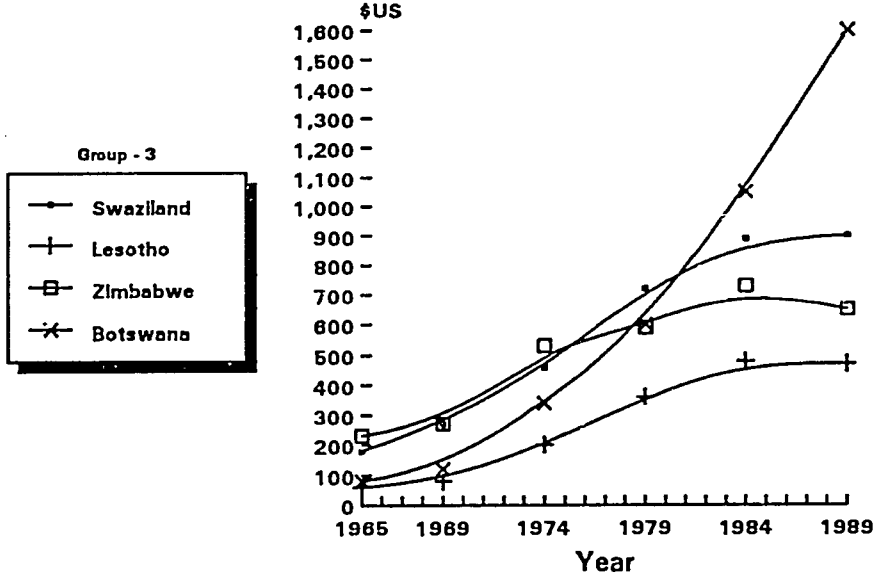
59

Trends in Per Cap Gross National Product

ESA Region 1965-1989

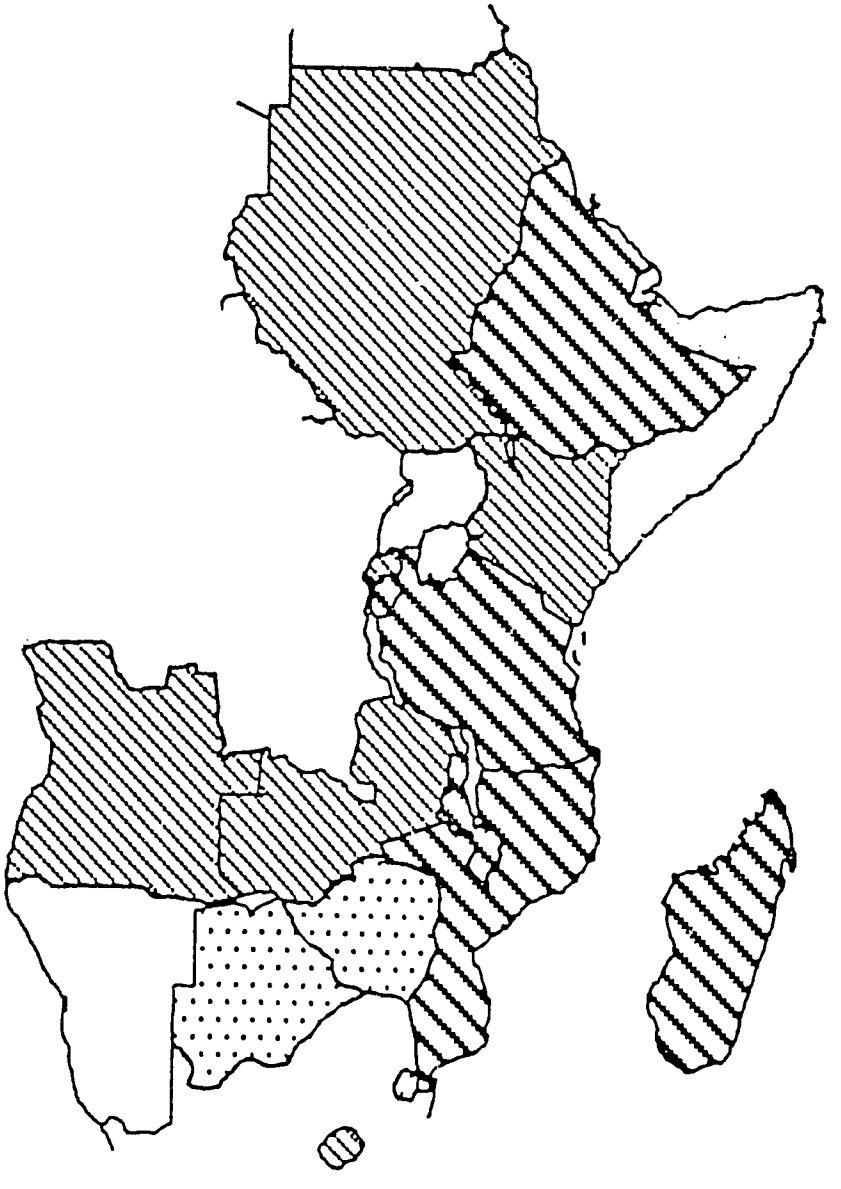






World Bank-I.E.D. World Tables/Fall 1990

GROSS NATIONAL PRODUCT PER CAPITA
Most Recent Nationally Representative Data ESA



GNP per cap. 1989 ($US)
Medium (≥650)
Low (240-649)
Very Low (<240)
Not Included

TOTAL POPULATION

	1979	1984	1989
Angola	7,492,001	8,555,001	9,694,001
Botswana	871,000	1,035,000	1,217,000
Burundi	4,024,000	4,562,000	5,299,000
Kenya	16,006,000	19,358,000	23,277,010
Madagascar	8,478,001	9,716,001	11,174,000
Malawi	5,904,000	6,948,000	8,230,001
Mozambique	11,788,000	13,435,000	15,357,000
Namibia	954,000	1,106,000	1,300,000
Rwanda	4,976,000	5,836,000	6,893,000
Tanzania	18,149,010	21,482,000	25,627,010
Uganda	12,297,000	14,222,000	16,772,000
Zambia	5,466,000	6,506,000	7,837,001
Zimbabwe	6,798,000	8,101,001	9,567,001

POPULATION, AGE 0-14 (as % of total)

	1979	1984	1989
Angola	44.0	44.5	45.0
Botswana	47.9	48.2	47.1
Burundi	43.6	44.7	45.9
Kenya	50.1	51.7	50.9
Madagascar	44.1	45.3	46.1
Malawi	46.8	47.2	46.5
Mozambique	43.6	43.7	44.0
Namibia	44.5	45.2	45.7
Rwanda	48.7	49.0	48.0
Tanzania	48.4	48.7	48.8
Uganda	47.9	48.2	48.6
Zambia	49.1	48.7	49.1
Zimbabwe	48.2	46.7	45.6

APPENDIX D

Windows of Opportunity for Nutrition and Household Food Security in USAID Mission Portfolios

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September, 1991

The objective of this matrix is to identify opportunities for including nutrition and household food security (N/HFS) in mission portfolios for the following non-emergency ESA countries:

Botswana	Burundi	Kenya
Madagascar	Malawi	Mozambique*
Namibia	Rwanda	Tanzania
Uganda	Zimbabwe	Zambia

The matrix was developed by reviewing Country Development Strategy Statements (CDSS), Annual Budget Submissions (ABS), Country Program Strategy Plans (CPSP) and Assessments of Program Impact (API) to find out what the major programs areas were and if (N/HFS) were already included.

The different goals, objectives and projects of the above-mentioned documents were reviewed in an attempt to identify areas in which (N/HFS) could be incorporated into mission portfolios.

Ways in which household food security and nutrition could be accessed were defined by listing the major factors that affect them:

Agriculture (eg., production, distribution, policy and marketing)
Access to food (eg., monetary, marketing/distribution)
Food storage and preservation
Women's work
Nutrition
Health

Mission portfolios were then examined to discover whether the factors that affect (N/HFS) constituted objectives, targets, goals, indicators, bench marks or programs. If the factors were in one or more of these classifications, they were used as entry points for nutrition and household food security.

These entry points called "windows" in the matrix have been divided into indirect and direct categories:

Indirect:

Agriculture/Rural Development	Health/Population
P.L. 480	Education.

Direct:

Household Food Security and Nutrition

If the mission has as a goal, strategic objective, objective, target, food security or nutrition then the entry point is direct. If it is N/HFS related activities in agriculture/rural development, Health/Population, PL480, or Education programs, then it is indirect.

* *considered to be moving towards a more politically stable, non-emergency situation.*

WINDOWS OF OPPORTUNITY FOR HOUSEHOLD FOOD SECURITY IN SELECTED ESA MISSION PORTFOLIOS

Country	Entry Point	
Botswana AP FY 1991-92	Indirect	Agriculture Policy Dialogue Covers project numbers 633-0250 and 633-0999 Program Goal is to increase economic and social well being of the average Batswana household Cost sharing agreement (project # 633-0999) deals with household food security as one of the objectives. - financed by the Government of Botswana and the Bureau of Southern Africa Regional Programs
Burundi LCDSS FY1991-92	Indirect	Country Program Objective Increase rural income through improvement in agricultural support services Strategy for production support and market development - production growth - Encouraging market development
API FY 1990	Indirect	- Increase food production in Burundi - Improve health status of Burundians
	Direct	- Improve the nutrition and welfare of small farmers in Burundi
Kenya CPSP FY1990-95	Indirect	Country Program Objective Increase agriculture productivity and farm incomes (there is no food security in benchmarks or targets even though document states that a continuing emphasis on productivity increase for basic food grains is essential to meet Government of Kenya food security objective)

Country	Entry Point	
Malawi CDSS & AP FY 1991	Indirect	Health – Decrease infant and child mortality and morbidity through improved nutrition
	Indirect	Increase agicultural productivity and production through intensive production of food crops – strengthen input and output marketing and distribution system
Madagascar CDSS FY 1988	Direct	Food Intervention through food for progress
	Indirect	Agriculture Production Response through technology support
Mozambique CPSP FY1990–92	Direct	Objective I Sustain an effective food safety net for the urban poor and those displaced and affected by war and natural disasters
	Indirect	Objective II Reduce among target population groups dependence on external food aid and to meet subsistence requirement
API FY 1990	Indirect	Agriculture Production and Marketing Policies
Rwanda AP FY1990–91	Indirect	Objective – Use of improved agriculture technology and practice in highland areas by farmers Objective -- more effective resource allocation and agriculture policy formulation by the Government of Rwanda – completion of urban household consumption study is part of benchmark. (HHFS can be recommended after results of study)

Country	Entry Point	
Tanzania AP FY1991-93	Indirect	Objective – identify gender considerations affecting ability to participate in all projects (food security can be accessed through the Women in development project) The Agriculture Transport Assistance Program designed to assist the Government of Tanzania to reduce or eliminate transportation bottlenecks that affect agriculture production and marketing Project number 621-0166
Uganda API FY 1990	Indirect	Objective – provide sustainable increase in crop yields at acceptable cost, leading to higher rural income
Zambia API FY1992	Direct	Sub-goal – Improved Food Security
	Indirect	Target – Improve Health Conditions
Zimbabwe	no current CDSS	
Namibia	no CDSS	

KEY

Entry Point	Indirect	Agricultural/Rural Development
		Health/Population
		P. L. 480
		Education
	Direct	Household Food Security
		Nutrition

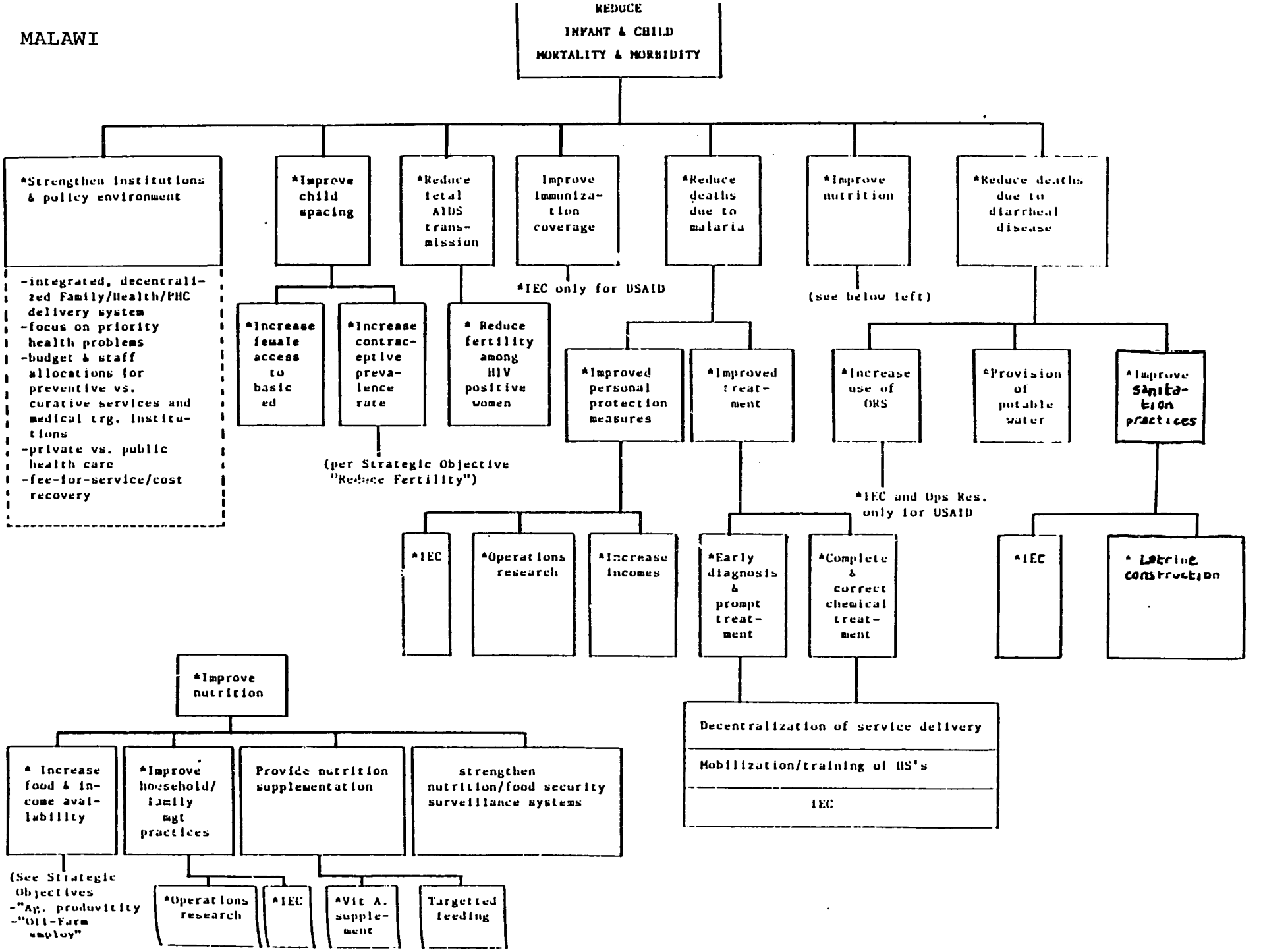
CDSS	Country Development Strategy Statement
LCDSS	Limited Country Development Strategy Statement
CPSP	Country Program Strategy Plan
AP	Action Plan
API	Assessment of Program Impact

BURUNDI

USAID/BURUNDI	ASSESSMENT OF PROGRAM IMPACT (API)				Date:	31-Oct-90	Page 1 of 1
Program Goal No. 1	Baseline Indicators	*Actual and Expected Levels of Achievement*					
		FY 1987	FY 1988	FY 1989	FY 1990	FY 1991	FY 1992
Increase food production in Burundi.	Food production Index (1985): 116.14 1979-81 = 100	Food production index: 124.92 (actual)	Food production index: 129.24 (actual)	Food production index: 113.87 (actual)	Food production index: —— Data not yet available.	Food production index: —— Data not yet available.	Food production index: —— Data not yet available.
	Source: 1989 FAO Production Yearbook Table 4	Source: 1989 FAO Production Yearbook Table 4	Source: 1989 FAO Production Yearbook Table 4	Source: 1989 FAO Production Yearbook Table 4	Source: 1990 FAO Production Yearbook Table 4	Source: 1991 FAO Production Yearbook Table 4	Source: 1992 FAO Production Yearbook Table 4
Program Goal No. 2							
Improve health status of Burundians.	Life expectancy at birth: 47 (actual, 1983 data)	Life expectancy at birth: 48 (actual, 1985 data)	Life expectancy at birth: 48 (actual, 1986 data)	Life expectancy at birth: 49 (actual, 1987 data)	Life expectancy at birth: — Data not yet available.	Life expectancy at birth: — Data not yet available.	Life expectancy at birth: — Data not yet available.
	Source: IBRD World Development Report (1995)	Source: IBRD World Development Report (1987)	Source: IBRD World Development Report (1989)	Source: IBRD World Development Report (1989)	Source: IBRD World Development Report (1990)	Source: IBRD World Development Report (1991)	Source: IBRD World Development Report (1992)
	Infant Mortality Rate: (see API Section III).	Infant Mortality Rate: (see API Section III).	Infant Mortality Rate: (see API Section III).	Infant Mortality Rate: (see API Section III).	Infant Mortality Rate: (see API Section III).	Infant Mortality Rate: (see API Section III).	Infant Mortality Rate: (see API Section III).
	Source: N/A	Source: N/A	Source: N/A	Source: N/A	Source: N/A	Source: N/A	Source: N/A
Strategic Objective No. 1	Baseline Indicators	*Actual and Expected Levels of Achievement*					
		FY 1987	FY 1988	FY 1989	FY 1990	FY 1991	FY 1992
Improve the nutrition and welfare small farmers in Burundi.	Per capita farm production index: 100.99 (1985) 1979-81 = 100	Per capita farm production index: 102.42	Per capita farm production index: 102.97	Per capita farm production index: 80.20	Per capita farm production index —— No data yet available.	Per capita farm production index: —— No data yet available.	Per capita farm production index: —— No data yet available.
	Source: 1989 FAO Production Yearbook Table 9	Source: 1989 FAO Production Yearbook Table 9	Source: 1989 FAO Production Yearbook Table 9	Source: 1989 FAO Production Yearbook Table 9	Source: 1990 FAO Production Yearbook Table 9	Source: 1991 FAO Production Yearbook Table 9	Source: 1992 FAO Production Yearbook Table 9
	Average caloric intake: 2,116 (1985)	Average caloric intake: —— No data yet available.	Average caloric intake: —— No data yet available.	Average caloric intake: —— No data yet available.	Average caloric intake: —— No data yet available.	Average caloric intake: —— No data yet available.	Average caloric intake: —— No data yet available.
	Source: IBRD Dev't Report (1987/89)	Source: IBRD Dev't Report (1990)	Source: IBRD Dev't Report (1991)	Source: IBRD Dev't Report (1992)	Source: IBRD Dev't Report (1993)	Source: IBRD Dev't Report (1994)	Source: IBRD Dev't Report (1995)

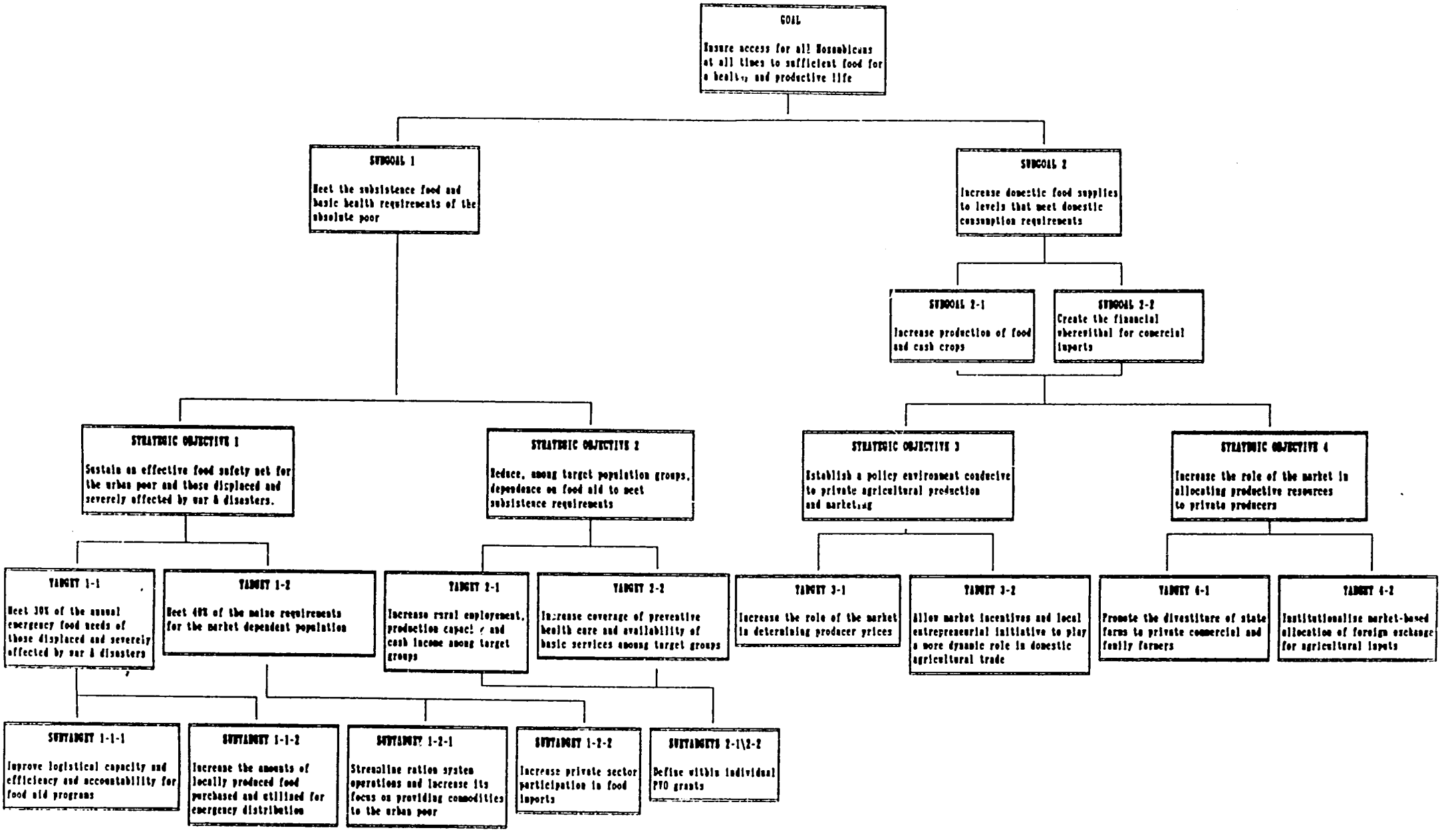
Source: Assessment of Program Impact. FY 90

MALAWI



Source: Country Development Strategy Statement Action Plan FY 1991

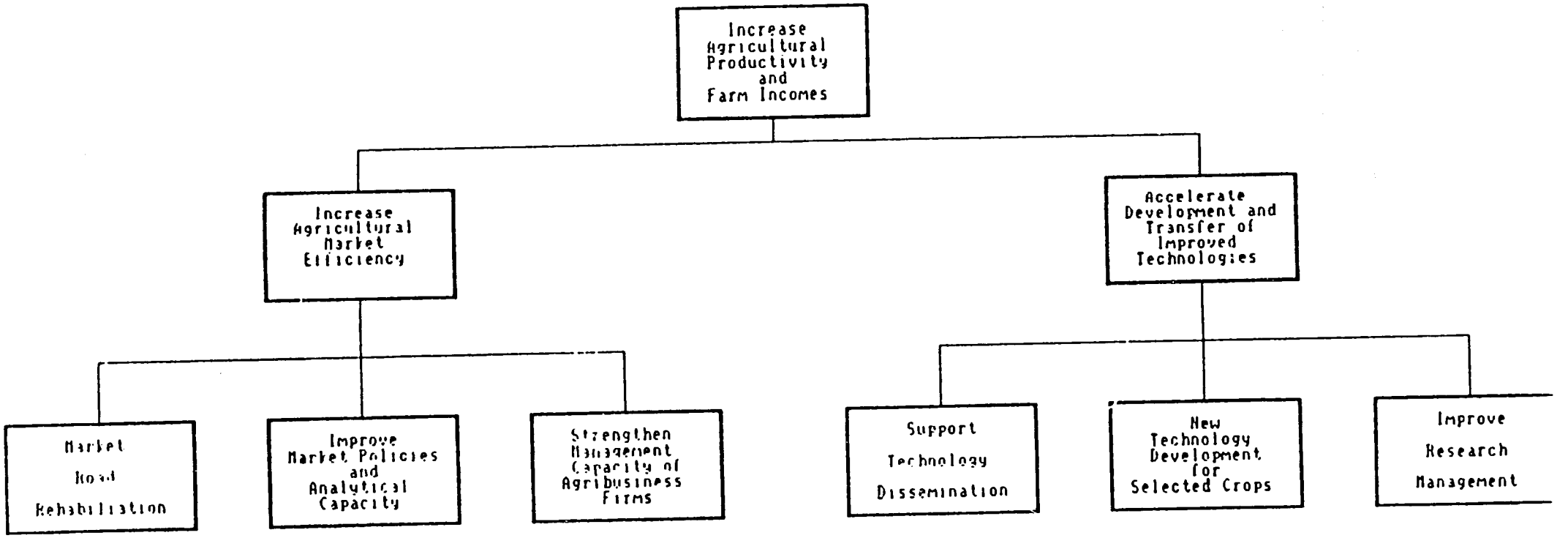
MOZAMBIQUE



Source: Country Program Strategic Plan: FY 1990-1992

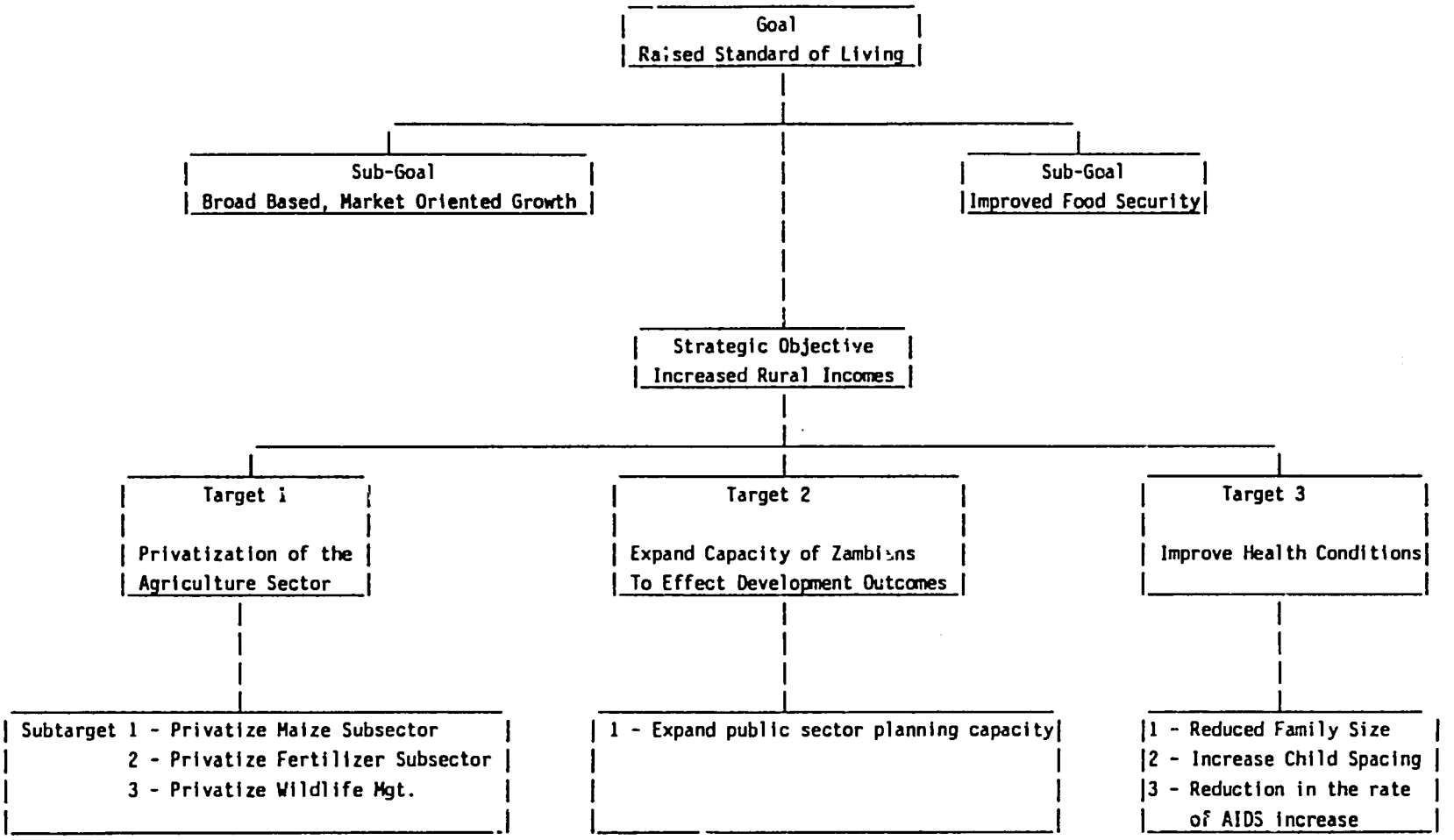
KENYA

Agricultural Strategy



Source: Country Program Strategic Plan, FY 1990-1995

ZAMBIA



Source: Assessment of Program Impact. FY 90

APPENDIX E

Selected U.S. PVO Food and Nutrition Projects East and Southern Africa Region Countries

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September, 1991

Summary of Major U.S. PVO Food and Nutrition Projects - ESA Region

A summary of food and nutrition projects managed by major U.S. PVOs is included here since PVOs play a significant role in implementing A.I.D. funded food and nutrition projects in the ESA region. PVO projects are often implemented on a smaller scale than government-managed projects, giving them opportunities to develop innovative approaches to food and nutrition activities stressing community based actions and sustainability. For example, several PVOs operating in Sudan stress sustainable agriculture projects as well as integrated development activities in order to enable communities to withstand future food shortages. In another example, CRS/Kenya is redesigning their MCH feeding program with a new, integrated and decentralized approach.

Representatives of thirteen U.S. PVOs were interviewed in relation to countries and activities covered. In addition, short written or verbal summaries were obtained on project implementation. This information was compared to Center for International Health Information listings of U.S. PVO projects funded by A.I.D. in the ESA region in order to complete the attached tables.

Projects were classified into five types:

> Food Security/Emergency Feeding includes emergency feeding projects. All PVO projects in this category were based in the five countries designated as "Group 1" in this report (Angola, Ethiopia, Mozambique, Somalia and Sudan).
>
> MCH Feeding projects include A.I.D. supported Title II MCH feeding projects. CRS manages three such projects in Kenya, Madagascar and Rwanda. Project Concern is considering initiating projects in Uganda and Kenya.
>
> Child Survival (CS) projects receive funding from A.I.D. These projects are carried out in a number of countries by PVOs included in this summary. These child survival projects include nutrition components, most frequently growth monitoring, nutrition education, and breastfeeding promotion.
>
> Integrated ARD/WID projects are managed by a number of PVOs such as ADRA, Africare, CARE, CRS, PLAN and WVI. Such projects contain nutrition components, but also deal with a number of other sectors, often including agriculture, small enterprise, water and sanitation and primary health.
>
> Vitamin A Interventions have been funded by A.I.D. in several ESA countries. Currently, these projects are concentrated in Malawi, and frequently integrate Vitamin A interventions with other child survival related projects.

These PVOs can be a potential resource for ESA USAID Missions in project implementation and development of new approached to food and nutrition activities.

Table 1: Activities of Selected U.S. PVOs with Food Security and Nutrition Projects in ESA Region by Country, Summer 1991

Country	PVO	Type of Project				
		Food Sec. Emergenc	MCH Feeding	CS	Integrated ARD/WID	Vit. A Interv.
Angola	Africare	X				
	CRS	X				
	World Vision	X				
Botswana	World Vision				X	
Burundi	CRS				X	
Ethiopia	CARE	X				
	CRS	X				
	SCF	X				
	World Vision	X				
Kenya	ADRA				X	
	AMREF			X		
	CARE				X	
	CRS		X			
	FFH		currently run by local counterparts			
	PLAN				X	
	PCI		?	X		
	World Vision			X		
Lesotho	CRS				X	
	World Vision				X	
Madagascar	CRS		X			
Malawi	ADRA			X		X
	Africare				X	
	CRS				X	
	IEF					X
	Project Hope			X		
	SCF			X		X
	World Vision				X	
Mozambique	ADRA	X				
	Africare	X			X	
	CARE	X				
	CRS				X	
	SCF			X		
	World Vision			X		

Table 1: Continued

PVO	Country	Type of Project				
		Food Sec. Emergenc	MCH Feeding	CS	Integrated ARD/WID	Vit. A Interv.
Namibia	CRS				X	
Rwanda	CARE				X	
	CRS		X			
Somalia	SCF	X				
Sudan	ADRA	X				
	AMREF			X		
	CARE	X		X		
	CRS	X		X		
	PLAN				X	
	SCF	X				
	World Vision	X				
Swaziland	World Vision				X	
Tanzania	ADRA		locally administered, not funded from U.S.			
	AMREF			X		
	HKI					X(planned)
	PLAN				X	X
	World Vision				X	
Uganda	ADRA			X		
	AMREF			X		
	CARE				X	
	CRS				X	
	PCI		?	X		
	World Vision			X		
Zambia	Africare				X	
	CRS				X	
	HKI					X
	World Vision				X	
Zimbabwe	Africare				X	
	CRS				X	
	PLAN				X	
	SCF			X		
	World Vision			X		

Table 2: Selected U.S. PVOs with Food Se[illegible]urity and Nutrition Related Projects in the ESA Region

PVO	Country	Type of Project				
		Food Sec. Emergenc	MCH Feeding	CS	Integrated ARD/WID	Vit. A Interv.
ADRA	Kenya				X	
	Malawi			X		X
	Mozambique	X				
	Sudan	X				
	Tanzania		locally adm[illegible]		not US funded	program
	Uganda			X (begins 10/91)		
Africare	Angola	X				
	Malawi				X	
	Mozambique	X			X	
	Zambia				X	
	Zimbabwe				X	
AMREF	Kenya			X		
	Sudan			X		
	Tanzania			X		
	Uganda			X		
CARE	Ethiopia	X				
	Kenya				X	
	Mozambique	X				
	Rwanda				X	
	Sudan	X		X		
	Uganda				X	
CRS	Angola	X				
	Burundi				X	
	Ethiopia	X				
	Kenya		X			
	Lesotho				X	
	Madagascar		X			
	Malawi				X	
	Mozambique				X	
	Namibia				X	
	Rwanda		X			
	Sudan	X		X		
	Uganda				X	
	Zambia				X	
	Zimbabwe				X	

TABLE 2 Continued

PVO	Country	Type of Project				
		Food Sec. Emergenc	MCH Feeding	CS	Integrated ARD/WID	Vit. A Interv.
FFH	Kenya		currently run by local counterparts			
HKI	Tanzania					X(planned)
	Zambia					X
IEF	Malawi					X
PLAN	Kenya				X	
	Sudan				X	
	Tanzania				X	
	Zimbabwe				X	
PCI	Kenya		?	X		
	Uganda		?	X		
Project Hope	Malawi			X		
SCF	Ethiopia	X				
	Malawi			X		X
	Mozambique			X		
	Somalia	X				
	Sudan	X				
	Zimbabwe			X		
WVI	Angola	X				
	Botswana				X	
	Ethiopia	X				
	Kenya			X		
	Lesotho				X	
	Malawi				X	
	Mozambique			X		
	Sudan	X				
	Swaziland				X	
	Tanzania				X	
	Uganda			X		
	Zambia				X	
	Zimbabwe			X		

Table 2: Selected U.S. PVOs with Food Security and Nutrition Related Projects in the ESA Region Summer, 1991

PVO	Country	Type of Project				
		Food Sec. Emergenc	MCH Feeding	CS	Integrated ARD/WID	Vit. A Interv.
ADRA	Kenya				X	
	Malawi			X		X
	Mozambique	X				
	Sudan	X				
	Tanzania		locally administered, not US funded program			
	Uganda			X (begins 10/91)		
Africare	Angola	X				
	Malawi				X	
	Mozambique	X			X	
	Zambia				X	
	Zimbabwe				X	
AMREF	Kenya			X		
	Sudan			X		
	Tanzania			X		
	Uganda			X		
CARE	Ethiopia	X				
	Kenya				X	
	Mozambique	X				
	Rwanda				X	
	Sudan	X		X		
	Uganda				X	
CRS	Angola	X				
	Burundi				X	
	Ethiopia	X				
	Kenya		X			
	Lesotho				X	
	Madagascar		X			
	Malawi				X	
	Mozambique				X	
	Namibia				X	
	Rwanda		X			
	Sudan	X		X		
	Uganda				X	
	Zambia				X	
	Zimbabwe				X	

TABLE 2 Continued

PVO	Country	Type of Project				
		Food Sec. Emergenc	MCH Feeding	CS	Integrated ARD/WID	Vit. A Interv.
FFH	Kenya		currently run by local counterparts			
HKI	Tanzania					X(planned)
	Zambia					X
IEF	Malawi					X
PLAN	Kenya				X	
	Sudan				X	
	Tanzania				X	
	Zimbabwe				X	
PCI	Kenya		?	X		
	Uganda		?	X		
Project Hope	Malawi			X		
SCF	Ethiopia	X				
	Malawi			X		X
	Mozambique			X		
	Somalia	X				
	Sudan	X				
	Zimbabwe			X		
WVI	Angola	X				
	Botswana				X	
	Ethiopia	X				
	Kenya			X		
	Lesotho				X	
	Malawi				X	
	Mozambique			X		
	Sudan	X				
	Swaziland				X	
	Tanzania				X	
	Uganda			X		
	Zambia				X	
	Zimbabwe			X		