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LATIN AMERICA AND CARIBBEAN HEALTH AND NUTRITION SUSTAINABILITY:

Technical Support for Policy,
Financing and Management

7200 Wisconsin Avenue
Suite 600
Bethesda, MD 20814
(301) 941-8490
FAX (301) 941-8449

This contract is implemented by:

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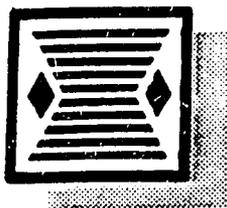
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International Development.

Draft For Discussion

***CURRENT TRENDS IN FOOD AND NUTRITION
IN THE LAC REGION***

***Priorities and Opportunities for Improving Nutrition
Programming in A.I.D.-Assisted Countries***

June 1991



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PRELIMINARY DRAFT
(For Discussion)

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Priorities and Opportunities for Improving Nutrition Programming
in A.I.D.-Assisted Countries



1129 20th Street, NW
Suite 706
Washington, DC 20036
(202) 466-3318
FAX (202) 466-3328



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by

Tina G. Sanghvi
Jose O. Mora

March 1991



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ACRONYMS

ACC/SCN	(UN) Agency Coordinating Committee/Sub Committee on Nutrition
AED	Academy for Educational Development
A.I.D.	Agency for International Development
ARI	Acute Respiratory Infection
AUPHA	Association of University Programs in Health Administration
CIHI	Center for International Health Information
CSF	Community Systems Foundation
DHS	Demographic and Health Surveys
DGI	Development Information Group
EDC	Education Development Center
FAO	Food and Agriculture Organization
GNP	Gross National Product
HKI	Helen Keller International
HPN	Health Population and Nutrition
ICRW	International Center for Research on Women
IMSS	Instituto Mexicano Seguro Social
INACG	International Nutritional Anemia Consultative Group
INCAP	Instituto de Nutricion de Centro America y Panama
ISTI	International Science and Technology Institute
IVACG	International Vitamin A Consultative Group
JSI	John Snow Incorporated
LAC	Latin America and the Caribbean
MCH	Maternal and Child Health
MT	Metric Tons
PAHO	Pan American Health Organization
PCM	Protein Calorie Malnutrition
PPC	A.I.D. Bureau for Program and Policy Coordination
SLAN	Sociedad Latino Americano de Nutricion
RDOC	Regional (A.I.D.) Development Office for the Caribbean
ROCAP	Regional (A.I.D.) Office for Central America and Panama
UNICEF	United Nation's Children Fund
URC	University Research Corporation
USAID	United States Agency for International Development
VITAL	Vitamin A Field Support Project, ISTI
WIN	Women and Infant's Nutrition

PREFACE

This document is a supplement to the draft, *Nutrition Intervention Action Plan - Latin America and the Caribbean* (Sanghvi, 1988). It provides a recent update on the food and nutrition situation and of A.I.D. nutrition programs in the LAC region during the 1987-1991 period. The objective of both documents is to summarize food and nutrition information from a wide range of sources in a manner that would help LAC/HPN in AID/W and USAID missions in the region to improve the relevance and effectiveness of their food and nutrition activities. The first section of this document deals with current trends in nutritional status and problems, and food availability. The second section provides recent information on the nature and level of A.I.D. assistance in nutrition. The third section contains recommendations on actions needed to strengthen A.I.D. food and nutrition programming in the region. The present draft has been prepared as a working document for discussions with A.I.D./LAC/HPN.

I. NATURE AND MAGNITUDE OF THE PROBLEM¹

Compared with other geographic regions, the countries assisted by A.I.D. in the LAC region span a far wider range of nutritional problems, from extreme poverty and high levels of child malnutrition in some populations, to chronic degenerative diseases caused by excess caloric intakes, in others. The following table contains basic food and nutrition indicators for countries of the region:

Table 1
Calorie Supply and Magnitude of Protein-Calorie Malnutrition and Vitamin A
Deficiency in A.I.D. Assisted Countries in the LAC Region

Country	Per Capita Calorie Supply 1988	Protein-calorie malnutrition			Vitamin A Deficiency	
		Low weight-for-age (thousand)	Low height-for-age (thousand)	Low weight-for-age (thousand)		
	(1)	(2)	(3)	(2)	(3)	(4)
BOLIVIA	2,143	18.1 (1987)	760	42.2 (1981)	508	Significant
BRAZIL	2,856	5.1 (1989)	954	38.2 (1982)	7,143	Significant
CHILE	2,579	2.4 (1988)	34	9.8 (1986)	134	NS
COLOMBIA	2,542	10.1 (1989)	414	16.6 (1989)	681	NA
COSTA RICA	2,803	2.7 (1987)	11	6.4 (1982)	28	NS
DOMINICAN REP.	2,477	5.8 (1987)	58	12.8 (1987)	128	NA
ECUADOR	2,058	16.5 (1988)	284	34.0 (1986)	544	NA
EL SALVADOR	2,160	15.4 (1988)	123	26.8 (1988)	214	Significant
GUATEMALA	2,307	33.5 (1987)	503	57.8 (1987)	867	Significant
HAITI	1,902	38.0 (1978)	342	NA	NA	Significant
HONDURAS	2,088	20.8 (1987)	185	33.9 (1989)	271	Significant
JAMAICA	2,590	9.2 (1989)	44	NA	NA	NS
MEXICO	3,132	10.7 (1988)	1,220	14.3 (1988)	1,630	NA
NICARAGUA	2,495	10.9 (1987-88)	76	NA	NA	NA
PANAMA	2,446	15.8 (1980)	47	25.1 (1980)	75	NA
PARAGUAY	2,853	2.9 (1976)	17	NA	NA	NA
PERU	2,246	13.4 (1984)	429	37.8 (1984)	1,210	NA
TOTAL	2,652	11.2	5,461	28.9	13,429	

Sources (1) World Development Report, World Bank, 1990.
(2) Health Conditions in the Americas, PAHO, 1990.
(3) Based on population estimated in the World Development Report, 1990.
(4) Vital Regional Vitamin A Workshop, Guatemala, 1990.

NA = Not Available
NS = Not Significant

While the LAC population at the aggregate level is more urban, literate, and has more access to health services than that of other regions, there are wide disparities in levels of development and malnutrition within the region and within countries. As an example, the annual GNP per capita ranges between US\$ 380 in Haiti and US\$ 2,160 in Brazil (*Figure 1*), the population in some countries are predominantly urban while in others are mostly rural (*Figure 2*), and child mortality rates may vary as much as from 22 in Jamaica and Costa Rica to 172 in Bolivia (*Figure 3*).

¹Sources of data for this section include: World Development Report (World Bank, 1990); State of the World's Children (UNICEF, 1990); A Global, Regional and Country Assessment of Child Malnutrition, (UNICEF, 1990); Health Conditions in the Americas (PAHO, 1990); DHS and other surveys.

Figure 1

GNP Per Capita
1988

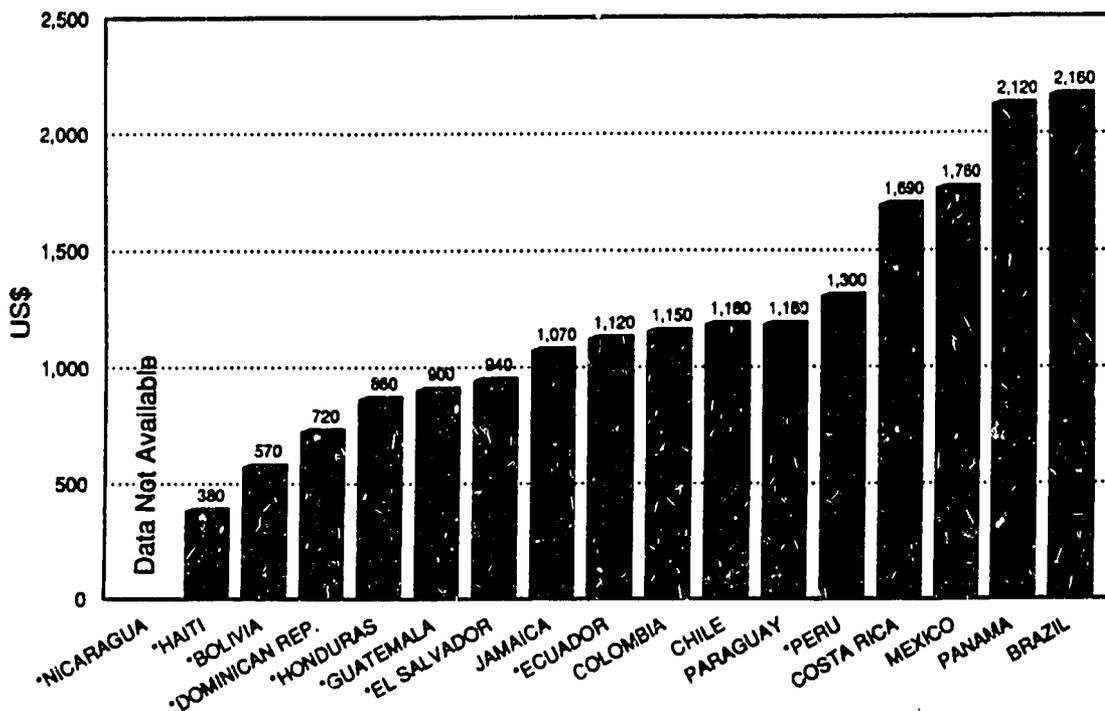


Figure 2

Percent Urban Population
1988

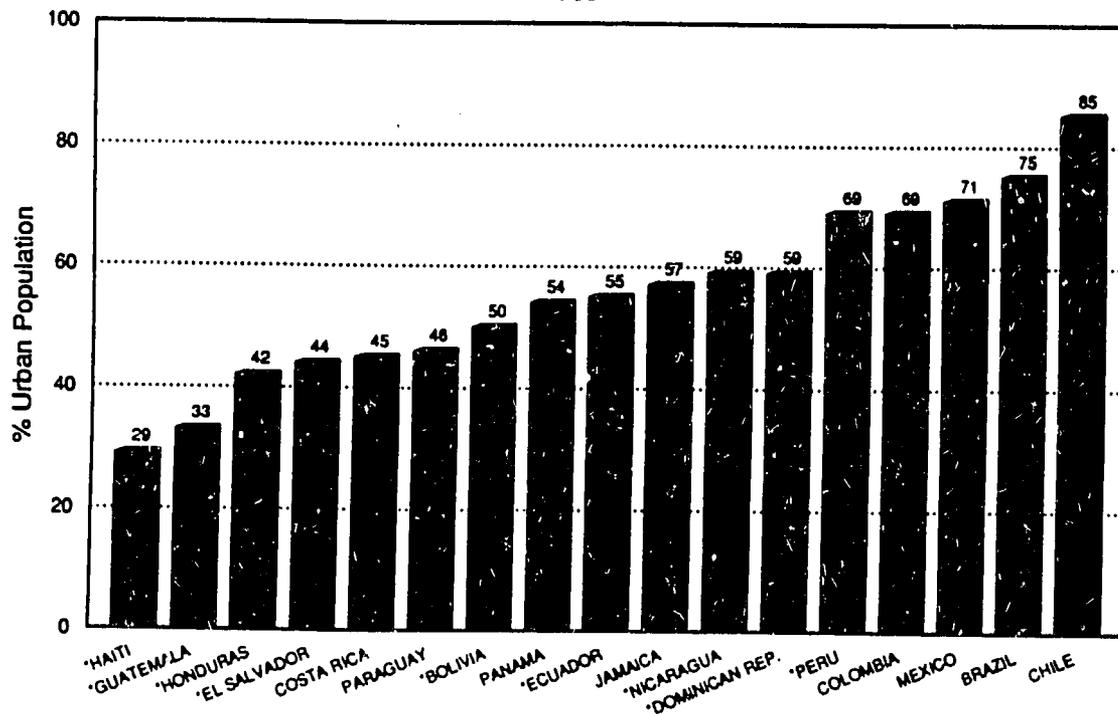
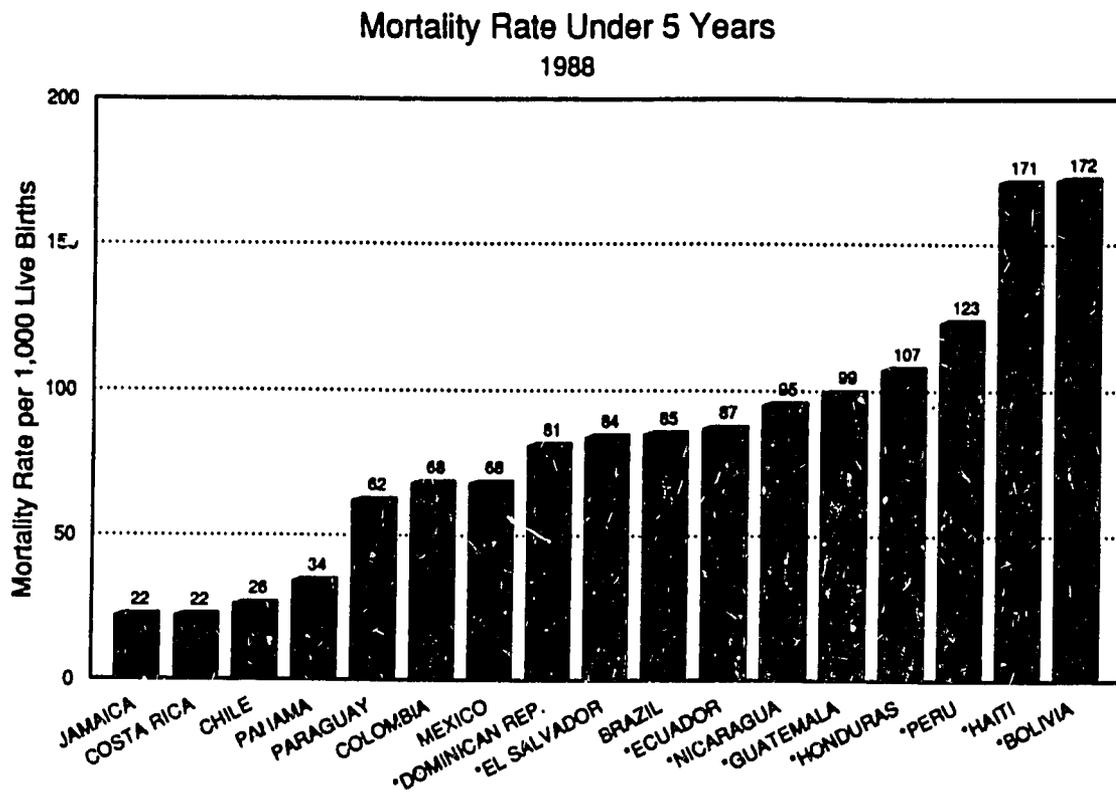


Figure 3



Over the past decades, there have been great disparities in the relative level of social and economic development in the region, as well as in the nature, extent and trends in nutrition and food security problems, and in each country's capacity to deal with them. The nature and range of resources that can be used to address nutritional problems vary widely among countries as well. The LAC Bureau, therefore, currently supports a broad range of approaches in food and nutrition, which can be combined and custom tailored to meet the needs of each country situation. The content of A.I.D.'s food and nutrition strategies in the LAC region should thus be highly country-specific.

I.A. Nutritional Status

Regional averages show that the prevalence of protein-calorie malnutrition (PCM) in children under five is lower in the LAC region compared with other geographic regions (*Figures 4 and 5*). Stunting is the most prominent manifestation of PCM in the region.

Current prevalence data from national nutrition surveys indicate that sub-groups at highest risk of protein-calorie malnutrition are located in rural areas where all anthropometric indices show significantly higher levels of malnutrition than in urban areas. Marginal urban households are also a high risk group. The age-groups most affected and at high risk of malnutrition are the 6 - 24 month-old infants. Consistent with patterns of PCM in other regions, deficits in weight and height, which may be already present at birth in a variable proportion of cases, worsen after six months and peak in the second year of life. There appear to be no consistent differences in PCM prevalence between boys and girls.

The limited data available on trends show that between the 1960s and the early 1980s there was considerable improvement in the food and nutrition conditions of some countries (*Figure 6*) and of the region as a whole, generally paralleling improvements in general health and social indicators such as infant and child mortality, life expectancy and education. However, the benefits of the relatively fast economic growth and improvement in social conditions before the 1980s were unevenly distributed across countries and income groups, and among regions within countries. Improvement did not occur in all countries and, given persistent high rates of population growth, the absolute number of malnourished children did increase. Furthermore, there is some indication that the problem may be to a certain extent shifting from the rural areas to the urban slums, as a result of migration.

By the end of the last decade, prevalence rates of low weight-for-age (global malnutrition) were above 15% in eight countries with more than one million population (*Figure 7*). In the nine A.I.D.'s Child Survival emphasis countries (Bolivia, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, Peru and the Dominican Republic) about 2.7 out of 11.7 million children under five years of age (or 23.3%) were estimated to suffer from low weight-for-age. Percent rates of low height-for-age (stunting) are larger than those for low weight-for-age (*Figure 8*). In nine countries the prevalence is larger than 20%, and in seven of the nine A.I.D. Child Survival emphasis countries (excluding Haiti and Nicaragua, for which information is not available), the overall prevalence of stunting reaches 37.0%. About 5.7 of the 10.1 million children under five years of age are stunted (estimates for low weight-for-age in these seven countries reach 22.8% or 2.3 million children).

Although the magnitude and severity of PCM is still lower than in other geographic regions, a closer examination of key food and nutrition indicators in the LAC region, particularly as they evolved in the 1980s, suggests that there is little room for complacency and that a concerted effort is needed to protect the past gains and prevent further deterioration in nutritional status. Specifically:

Figure 4

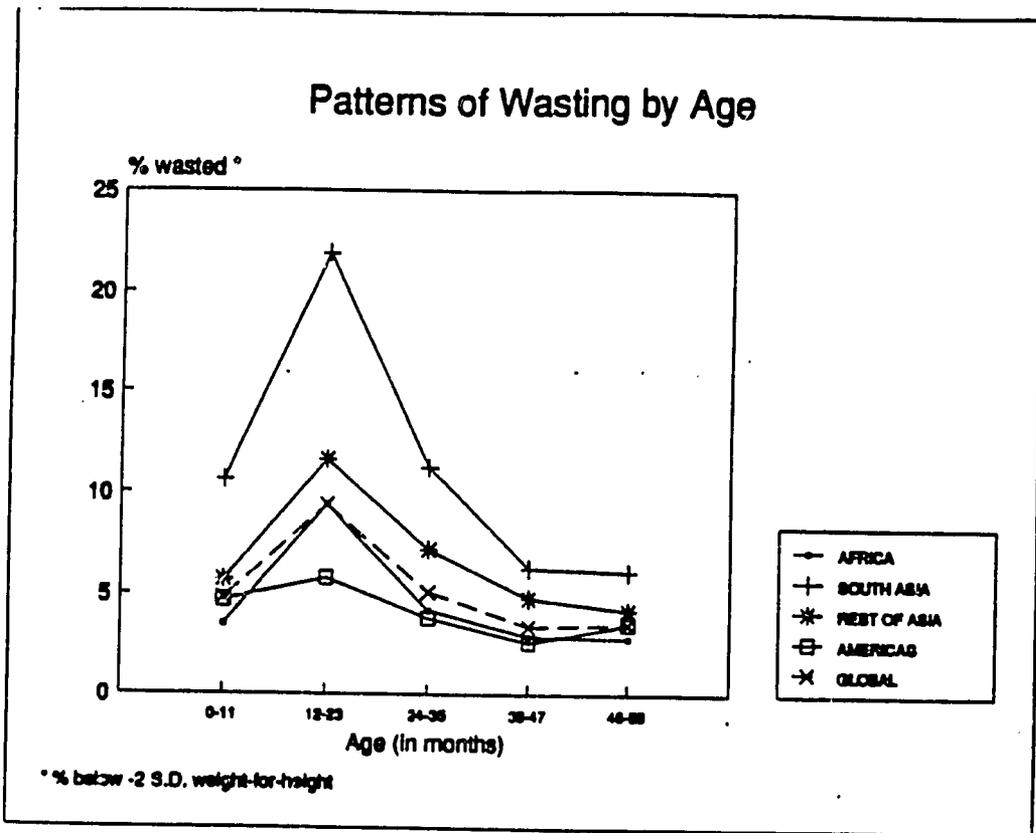


Figure 5

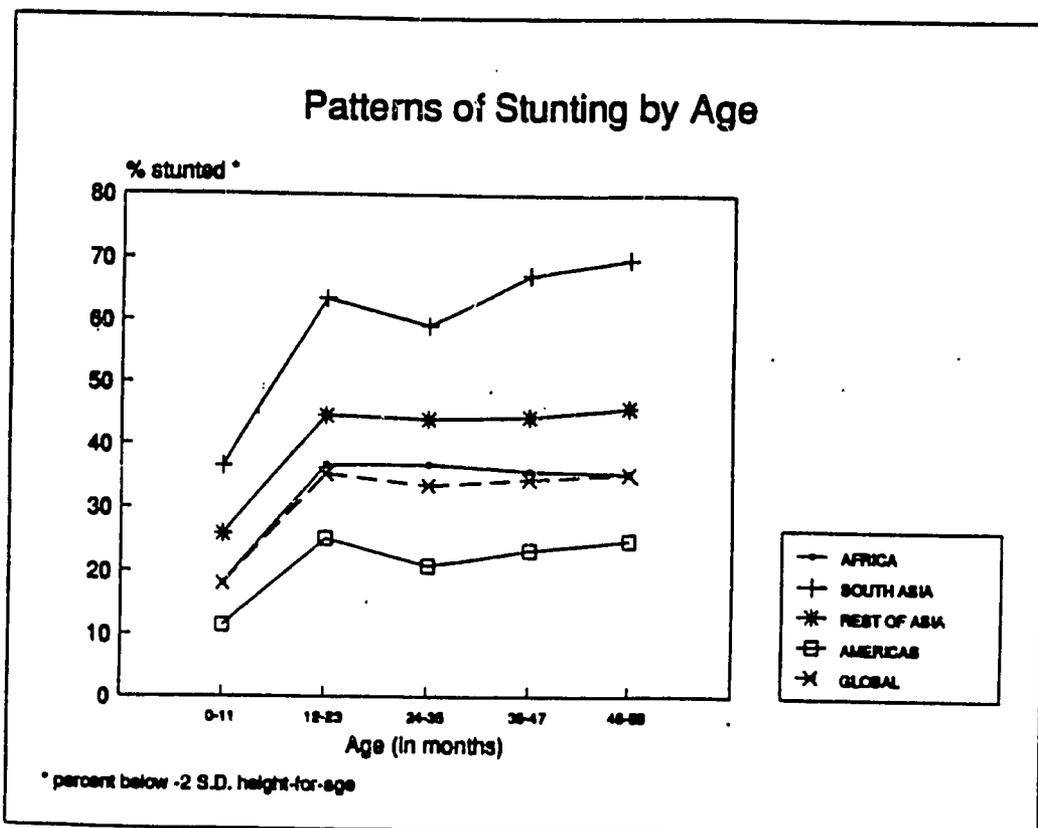
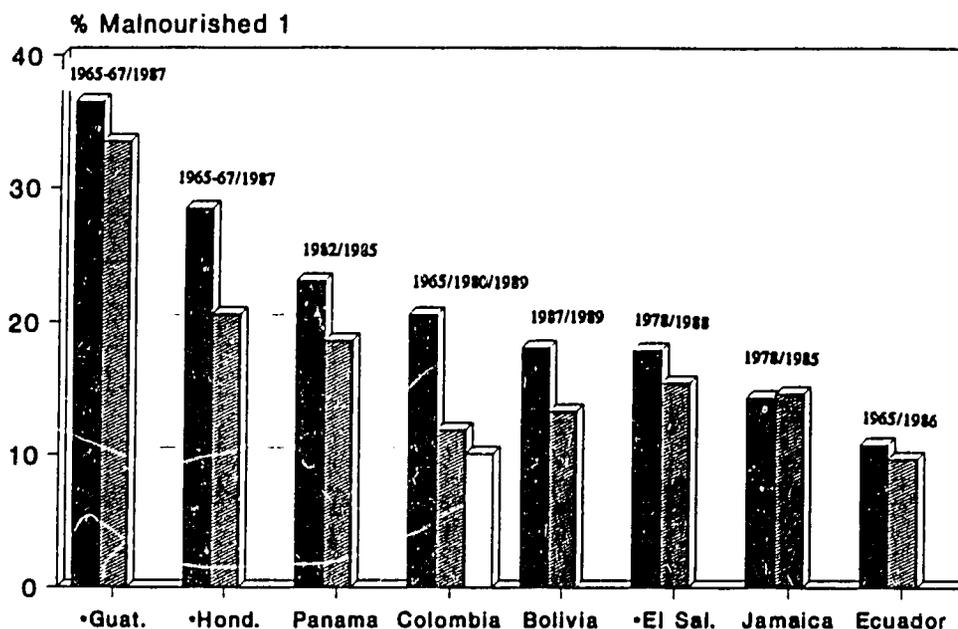
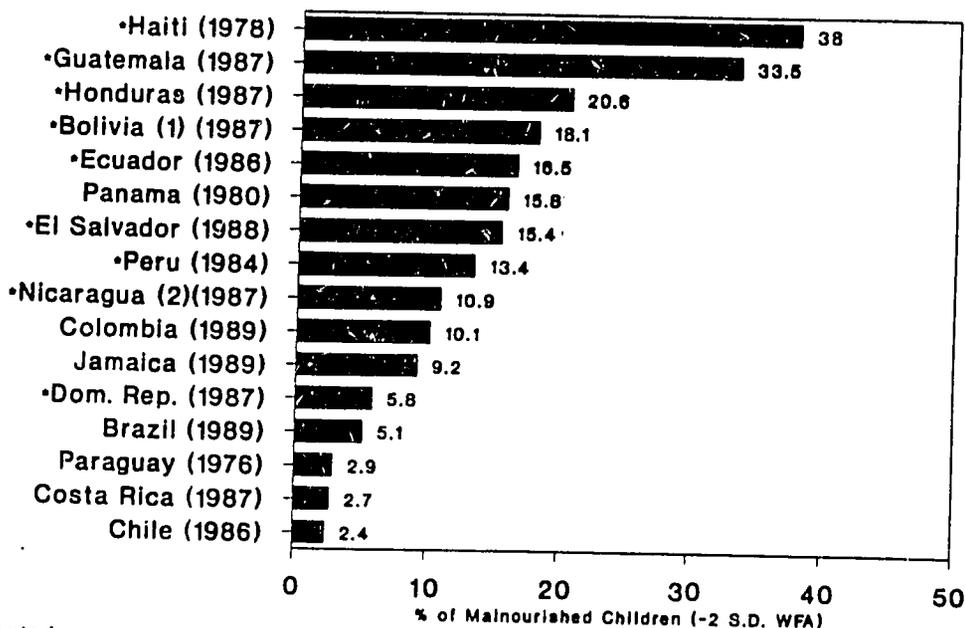


Figure 6
Trends in Nutritional Status



1 Percent below 2 S.D. weight-for-age except for Ecuador and Peru which show Gomez second and third degrees.

Figure 7
Prevalence of Malnutrition by Country



Selected years
(1) Data from Health Centers
(2) Data from Region III

Figure 8

Prevalence of Low Height for Age In Preschoolers

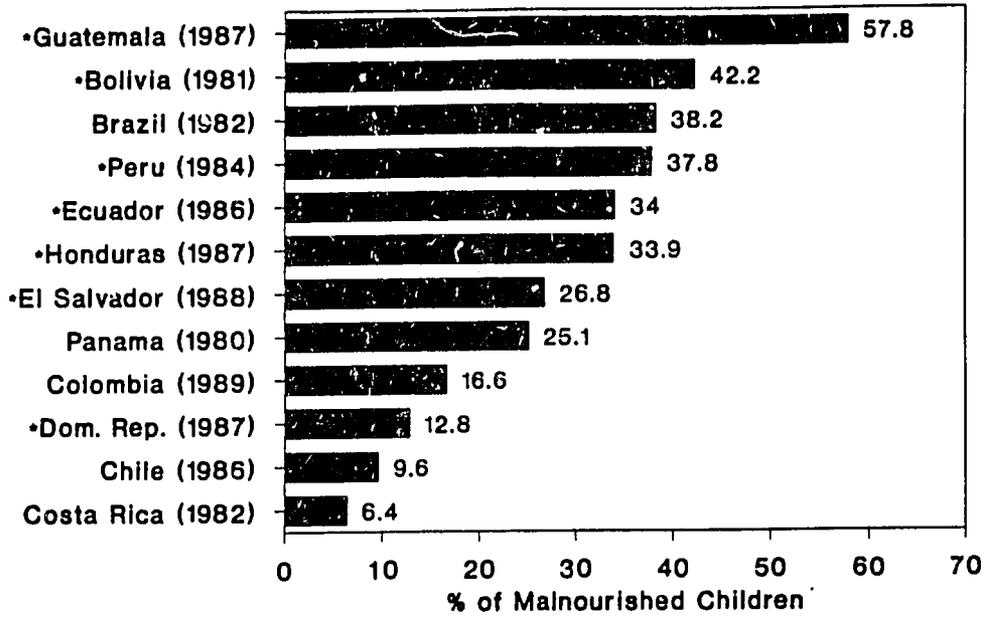
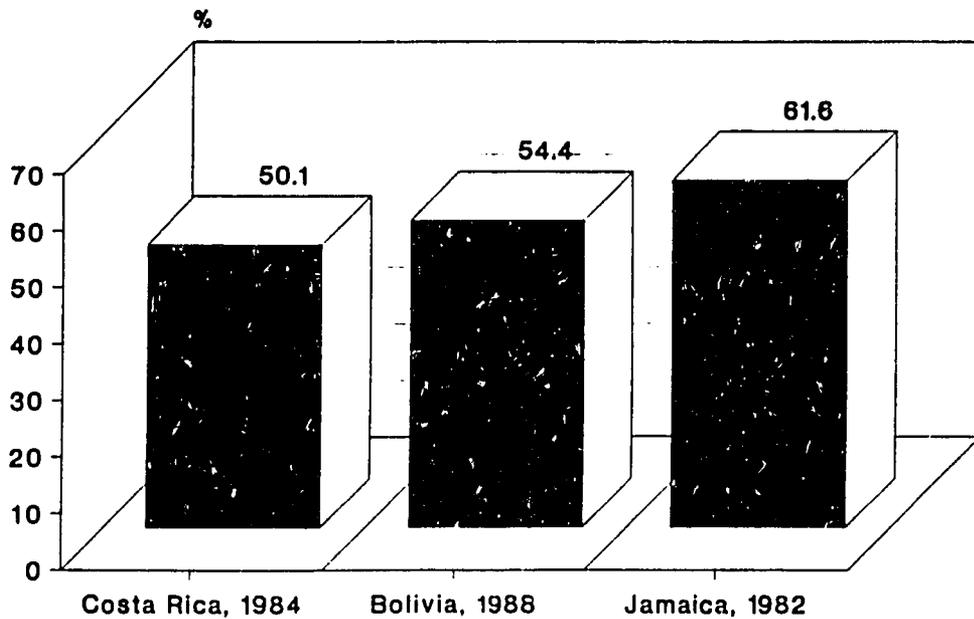


Figure 9

Prevalence of Anemia in Pregnant Women (hemoglobin level $Hb \leq 11g/dl$)



- In key child survival emphasis countries (Bolivia, Ecuador, El Salvador, Honduras, Haiti and Guatemala), low weight-for-age remains a significant problem, in the range of 15% to 38% of children under five, rates as high as African and several Asian countries. Region-wide, the decline in malnutrition has not kept pace with population growth so that the numbers of malnourished have increased.
- The rapid reduction in low weight-for-age evident from the mid-60's to the late 70's does not appear to have continued during the next decade, and the past improvements in the nutritional conditions appear to have slowed, stopped or even reversed throughout the 1980s. The stalling in positive trends in nutritional status was associated with the economic recession of the early 1980's from which the majority of the countries have not fully recuperated.
- There is no evidence that the prevalence of low birth weight (% under 2.5 kg) has improved since 1980.
- Vitamin A deficiency is a significant public health problem in a number of key countries - Bolivia, north eastern Brazil, El Salvador, Guatemala, Haiti and Honduras - affecting up to a third of all children under five (VITAL Regional Workshop on Strategies to Improve Vitamin A Status in Latin America and the Caribbean, 1990).
- Iron deficiency affects approximately half of all pregnant women in some countries (*Figure 9*) and goiter is endemic in 20% to 60% of the population in Bolivia, Paraguay, Ecuador and Peru (*Figure 10*). Both deficiencies have a significant impact on productivity and mental development.
- For the first time in many decades, agricultural production stagnated in the 1980s, and food supplies failed to keep pace with population growth in all but five countries of the region (*Figure 11*).

Figure 10

Prevalence of Endemic Goiter

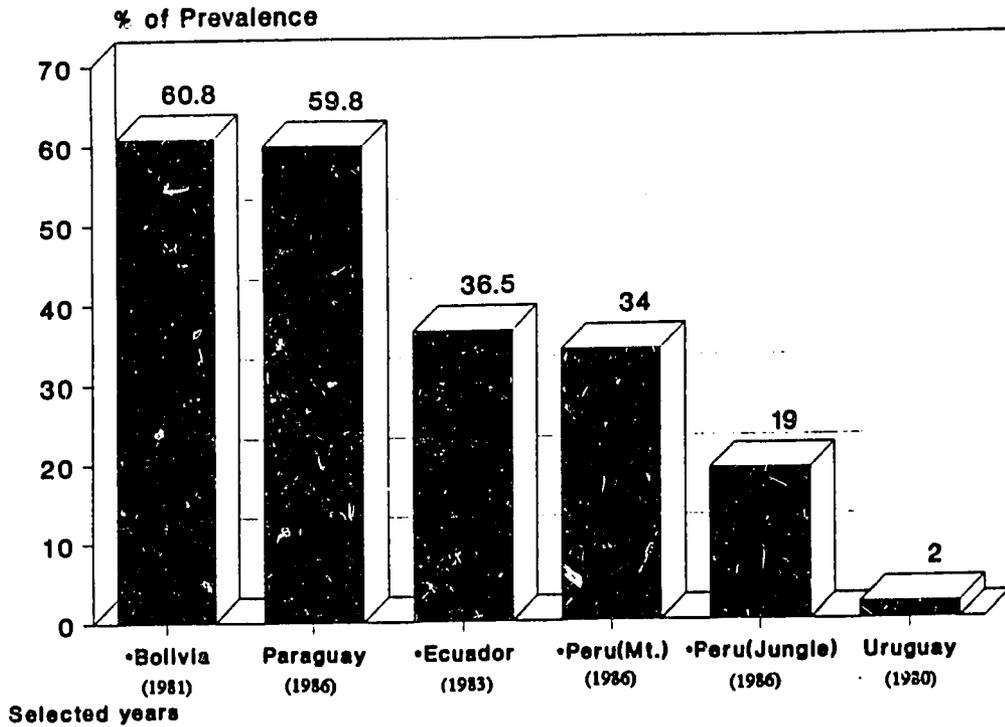
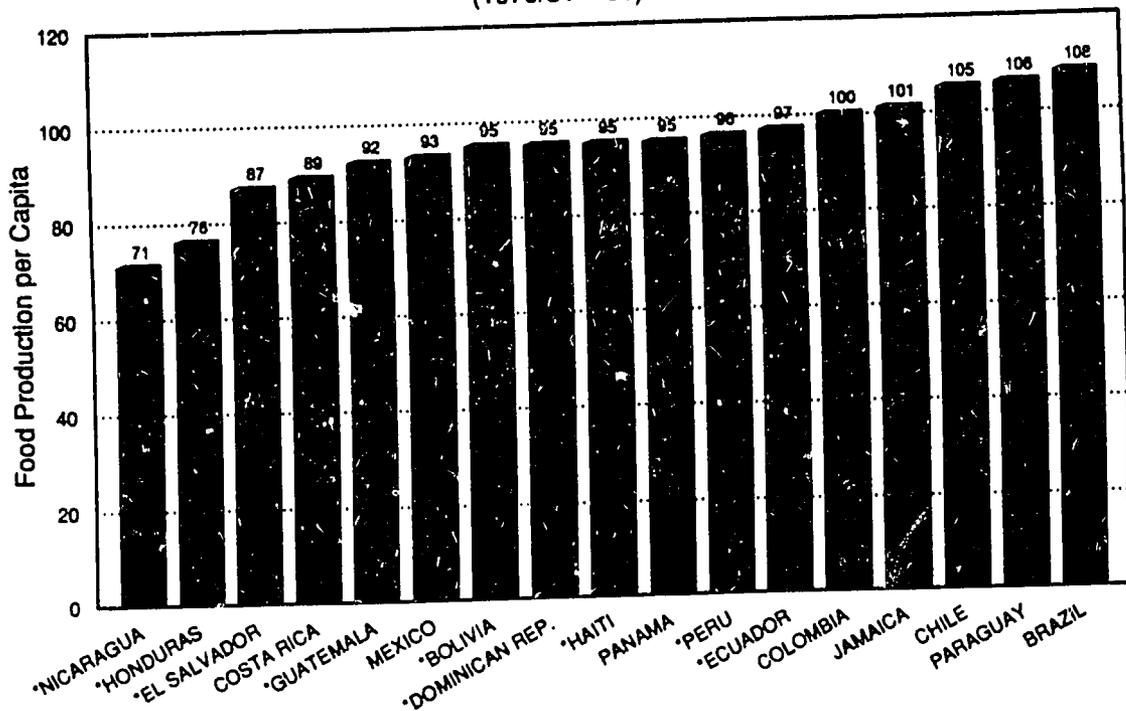


Figure 11

Average Per Capita Food Production 1988 (1979/81=100)



I.B. The Economic Crisis and Food Consumption

According to FAO (The Fifth World Food Survey, Rome, 1987), per capita food supplies, measured as energy (calorie) equivalents of food items available for human consumption, increased significantly in the region from about 2,370 calories per capita in 1961/63 to about 2,620 in 1979/81, at a rate of 1.25% per year. The overall increase in that period exceeded population growth rates; thus by 1980 about 37% of the LAC population were consumption-deficit, as compared with 50% in 1960 (Reutlinger and Alderman, 1980).

Unfortunately, the overall positive trend and comparative advantage of the LAC region throughout the 1960s and 1970s appears to have slowed down in the 1980s as a result of the economic, social and political crisis that affected the region perhaps more significantly than the rest of the developing world (Cornia et al, 1987; ACC/SCN, 1989). During the period of slowing decline, and eventually worsening, in child malnutrition in the early 1980's, a combination of domestic and international factors caused a period of severe economic recession. As a result of the crisis, per capita income levels declined in nineteen countries; the region's gross domestic product (GDP) in 1989 was almost 10% below that of 1980 (IDB, 1990; World Bank, 1990); unemployment rose; real wages declined while food prices increased, suggesting that food consumption deteriorated, especially among the poor, and real public expenditures in the social sector, including health and nutrition expenditures, declined. In addition, food production was negatively affected, resulting in a decline in food produced per capita in the majority of countries, including all A.I.D.'s Child Survival emphasis countries (*Figure 11*). Despite dramatic increases in cereal imports in these countries from 1,453,000 MT in 1974 to 4,287,000 MT in 1988, per capita food supplies went down significantly. Cereal food aid increased more than tenfold from about 160,000 MT in 1974/75 to as much as 1,840,000 MT in 1987/88 (World Development Report, 1990).

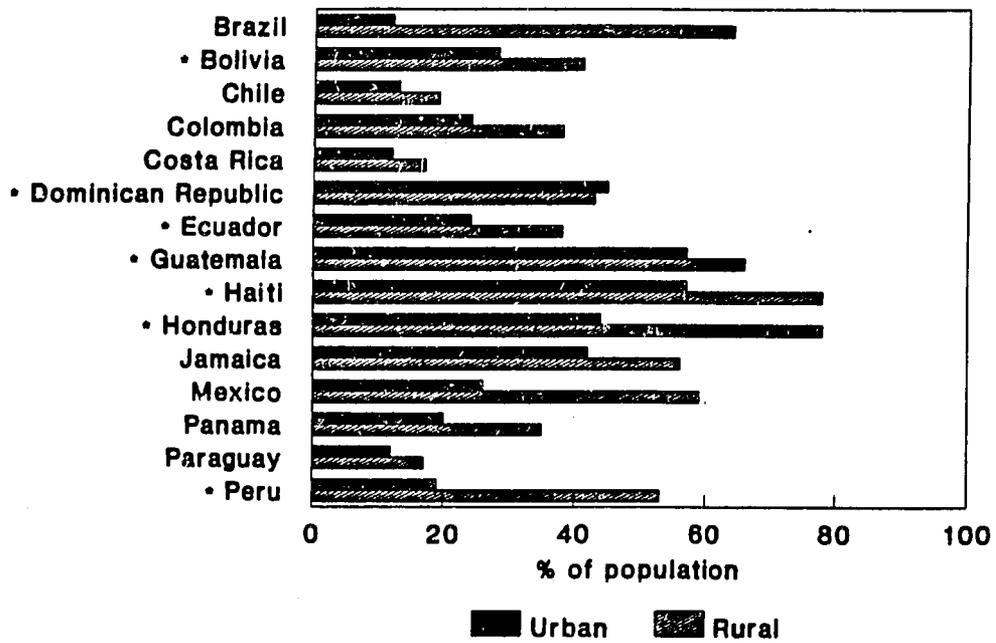
Although there has been a slight improvement in per capita production since the mid-1980's, purchasing power has remained low and food prices high. A large proportion of the population in A.I.D.-assisted countries, especially in rural areas and urban slums, cannot afford adequate food. Poverty estimates are above 40% in Haiti, Guatemala, Honduras, the Dominican Republic, and rural Bolivia and Peru (*Figure 12*). Available data on food intake confirm that a substantial proportion of the population in a number of countries consumes too little food to maintain optimal health (INCAP, 1989). This food insecurity at the household level constitutes a significant threat to sustained health and nutritional improvement in the region. An important programming issue for A.I.D. is that policy, analysis and programs affecting food security and food consumption lie outside health and population sectors.

I.C. Breastfeeding and Infant Feeding Practices

Optimal breastfeeding, which includes early initiation and withholding all liquids and food until 4 months, appears to be practiced in a minority of infants - 20% or less - even though breastfeeding is initiated in 90% or more of births (*Figure 13*). DHS and other survey data show that most rural and urban mothers introduce liquids such as water and milk during the first few weeks of life (*Figure 14*). In addition to the too early abandonment of exclusive breastfeeding, total duration is curtailed by the age of 12 months in a substantial proportion of infants (*Figure 15*). The major reasons given for terminating breastfeeding include insufficient milk and "infant did not want to nurse." Both these reasons could be related to inadequate establishment of lactation at birth (enough data are not available on initiation practices) and

Figure 12

Estimates of Absolute Poverty



Source: WB, Selected years 1982-87

Figure 13

Percent of Children 0-4 Months Breastfed Exclusively

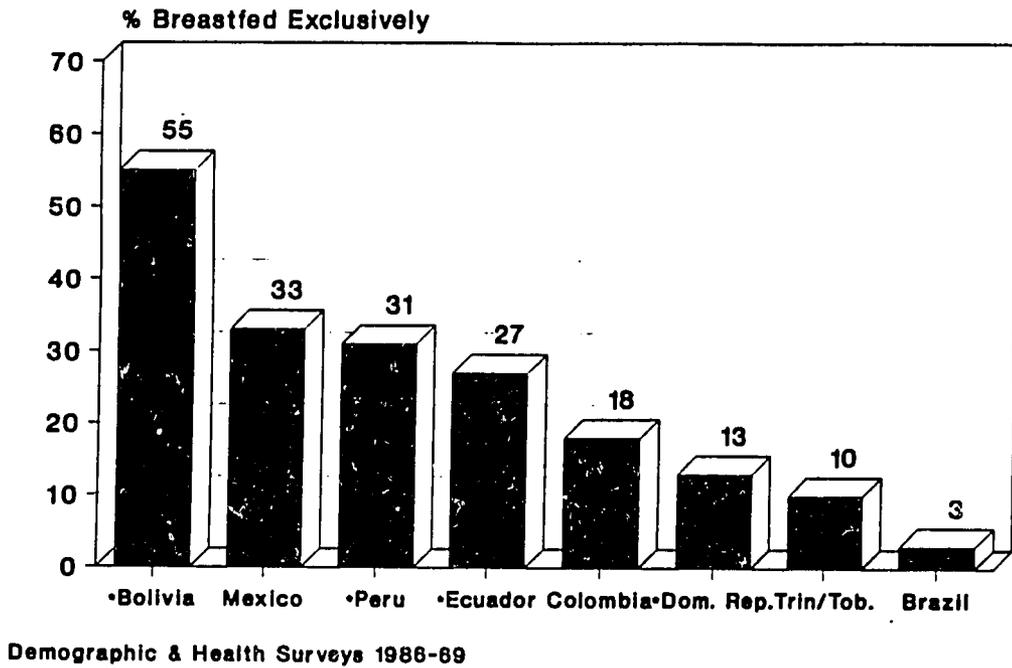


Figure 14

BREASTFEEDING PATTERNS IN BOGOTA

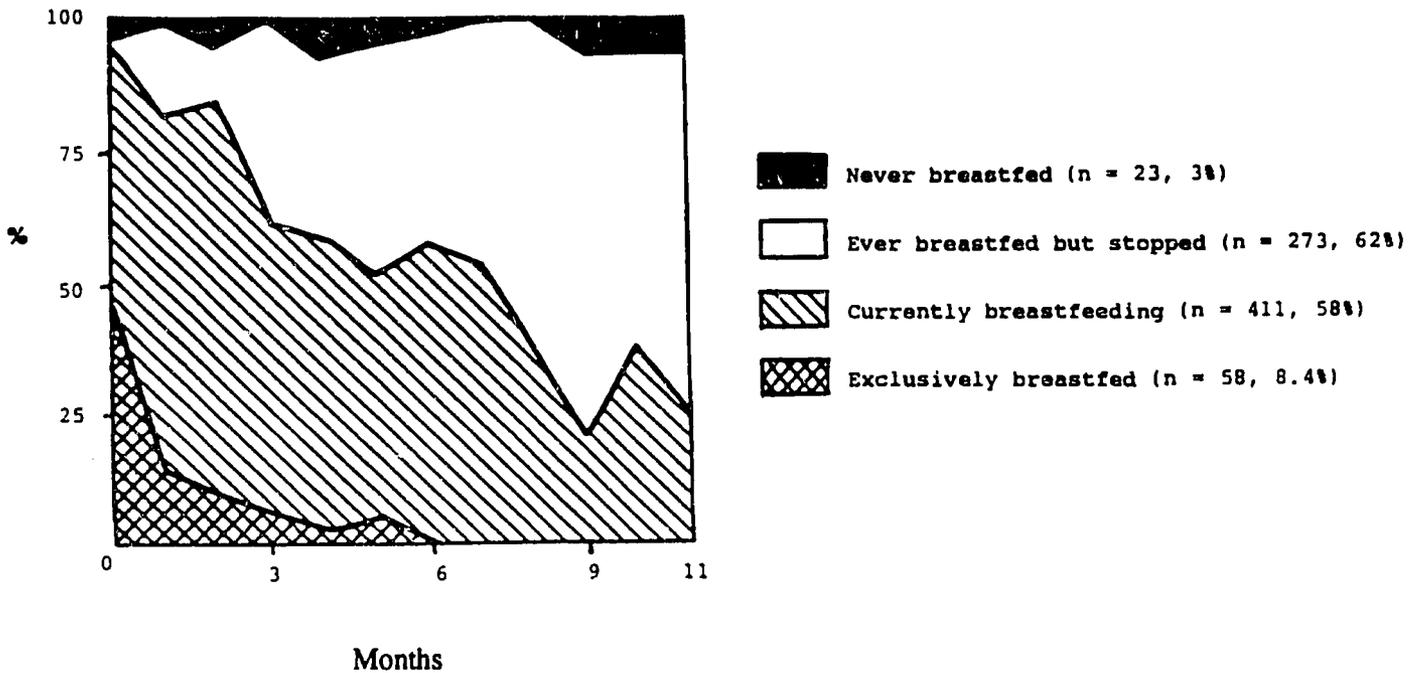
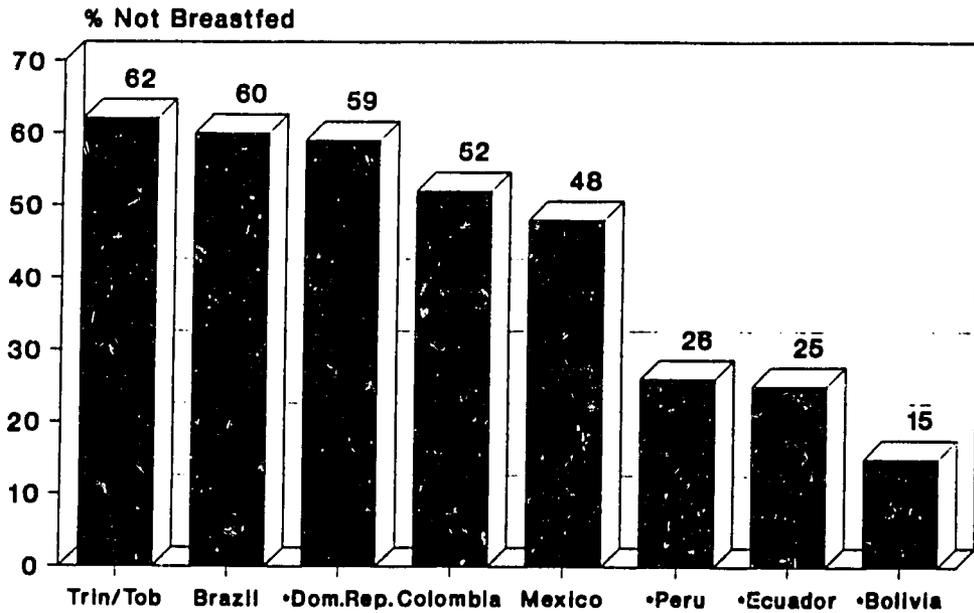


Figure 15

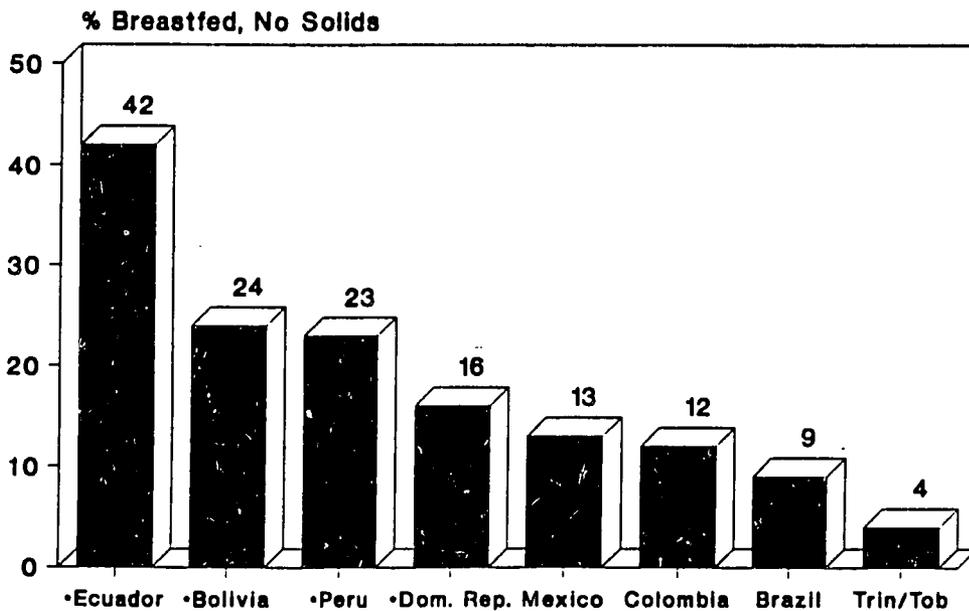
Percent of Children 7-11 Months Not Breastfed



Demographic and Health Surveys 1988-89

Figure 16

Percent of Children 7-11 Months Breastfed, No Solids



Demographic and Health Surveys, 1988-89

too early supplementation. The LAC region has a rapidly increasing proportion of women in the work force, and a large number of all urban households are headed by women. Employment which separates mothers from infants has been shown to predispose to premature supplementation and bottle-feeding. Efforts currently underway to promote breastfeeding have not focused enough on exclusive breastfeeding beyond the first week postpartum. In many countries semi-solid foods are introduced later than recommended (*Figure 16*). Assessments of the nutritional adequacy of diets of children under five indicate that calories are a major limiting factor. The inadequacy of vitamin A and iron consumption is also striking. Studies on hygienic preparation and handling of infant foods in Peru (Brown et al, 1990) indicate that microbial contamination in infant foods is high and may be the primary factor in diarrheal disease incidence.

I.D. Interactions With Infection

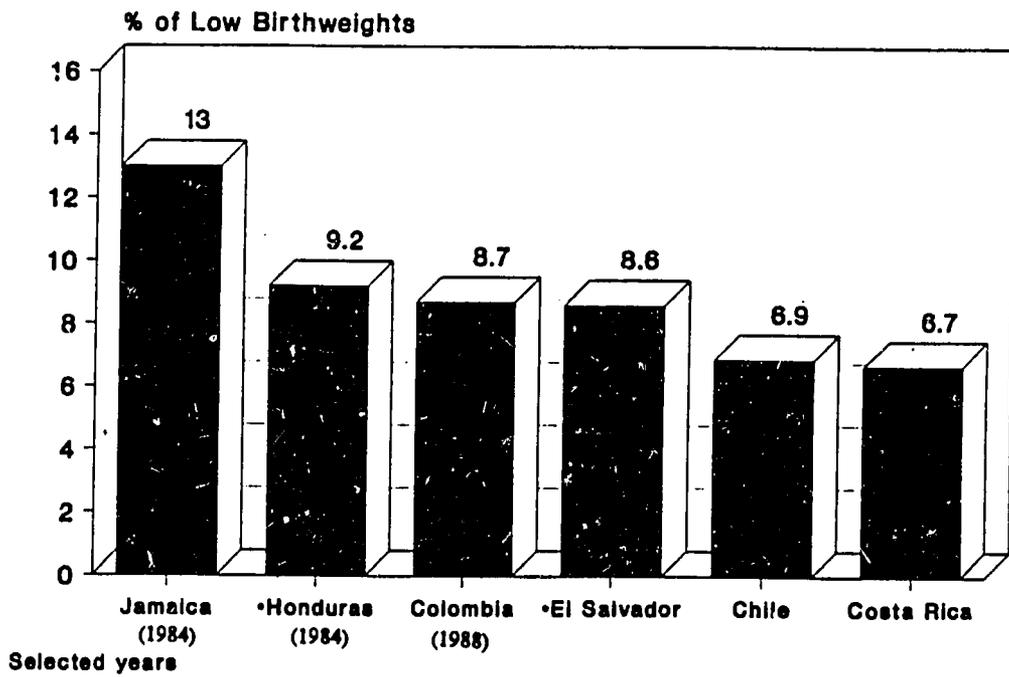
Frequent episodes of diarrheal diseases and ARI constitute important predisposing factors in the failure to more effectively reduce child malnutrition in LAC countries. In the national nutritional survey of El Salvador, the highest frequencies of diarrhea and ARI episodes occurred in the age group 12-17 months, coinciding with the age group showing highest prevalence of low serum vitamin A and an acceleration in protein-calorie malnutrition. Similar observations have been reported from other LAC countries. There is growing evidence of interactions between infection, vitamin A and mortality. More concerted efforts are needed to expand the delivery of micronutrients to high risk groups. There is also a substantial amount of work that remains to be done in improving the dietary aspects of managing diarrhea.

I.E High Risk Groups and Interventions

Intra-uterine growth failure is an emerging problem of massive proportions in the LAC region, where, as infant mortality rates decline, neonatal mortality (deaths in the first 28 days) accounts for a growing segment of infant deaths. Low birth weight predisposes to neonatal mortality, and its prevalence in the LAC region ranges from 7-13 % (*Figure 17*). As data collection methods improve, it is becoming clear that perinatal mortality (late fetal deaths and deaths in the first week of life) is a significant problem. An estimated 50% of perinatal mortality (late fetal deaths) are not even included in statistics on infant deaths. A substantial component of perinatal mortality occurs in low birth weight infants. In the Dominican Republic, about 50% of child malnutrition is estimated to occur in low birth weight cases. Research in the LAC region and elsewhere has shown that low birth weight is a manifestation of a range of economic and social factors, a number of which are mediated through maternal malnutrition. The roots of malnutrition during pregnancy may lie in adolescent nutrition, an area where substantial work remains to be done.

Figure 17

Percentage of Low Birthweights (under 2,500 g)



II. CURRENT NATURE AND LEVEL OF A.I.D. NUTRITION ACTIVITIES

In FY 1989, an estimated five to six million dollars was attributable to nutrition activities in the health and population sectors. In addition, food aid estimated at 28 million dollars was provided. The major recipients of this assistance were the priority A.I.D. countries of the LAC region - Bolivia, Dominican Republic, Ecuador, El Salvador, Haiti, Honduras, Guatemala, Nicaragua and Peru.

II.A A.I.D. Priorities

The three top programmatic priorities for the LAC Bureau in HPN are (Tanamly, 1991)²:

- to foster continued, rapid progress in reducing infant and child mortality, and malnutrition;
- to build adequate elements of sustainability in health, population and food/nutrition; and
- to consolidate and expand gains made in family planning and population control.

Nutrition is viewed as an integral part of health, population and child survival activities. The general thrust of A.I.D. assistance in HPN has been to expand key child survival interventions, and to progressively shift from systems-strengthening and institutional support to expanding outreach and services delivery at the periphery. In many countries the failure to extend adequate health services coverage beyond a limited radius in major urban centers remains a critical constraint in improving health and nutrition (*Figure 18*). In Guatemala, El Salvador, Ecuador and Bolivia less than 40 percent of the rural population has access to health services. In nutrition, the present emphasis on outreach is reflected in terms of training of community health workers to implement nutrition education, growth monitoring and breastfeeding promotion in marginal areas, rather than expansion of rehabilitation centers for malnourished children, for example.

The tendency to focus resources on a few key interventions with proven mortality benefits has led to more work in promoting breastfeeding and improving vitamin A status, and greater interest in addressing maternal nutrition/low birth weight. Emphasis on these topics has been supported by recent research documenting the benefits of nutritional interventions:

- Studies in the past five years confirmed the mortality, morbidity, growth and fertility-suppressing effects of optimal **breastfeeding**. The optimal practice of breastfeeding has become better defined (A.I.D. Breastfeeding Strategy Paper, 1990), and national survey data (DHS surveys and other national surveys) have shown the large magnitude of sub-optimal breastfeeding in the LAC region.
- Studies on the mortality-suppressing effect of **vitamin A** conducted in Indonesia and India have shown that many communities, including those with sub-clinical vitamin A deficiency, are likely to improve infant and child mortality rates through improving vitamin A status. Studies

²Presentation made at the WIN Support Project Expert Meeting, Rosslyn, February 1991.

Figure 18

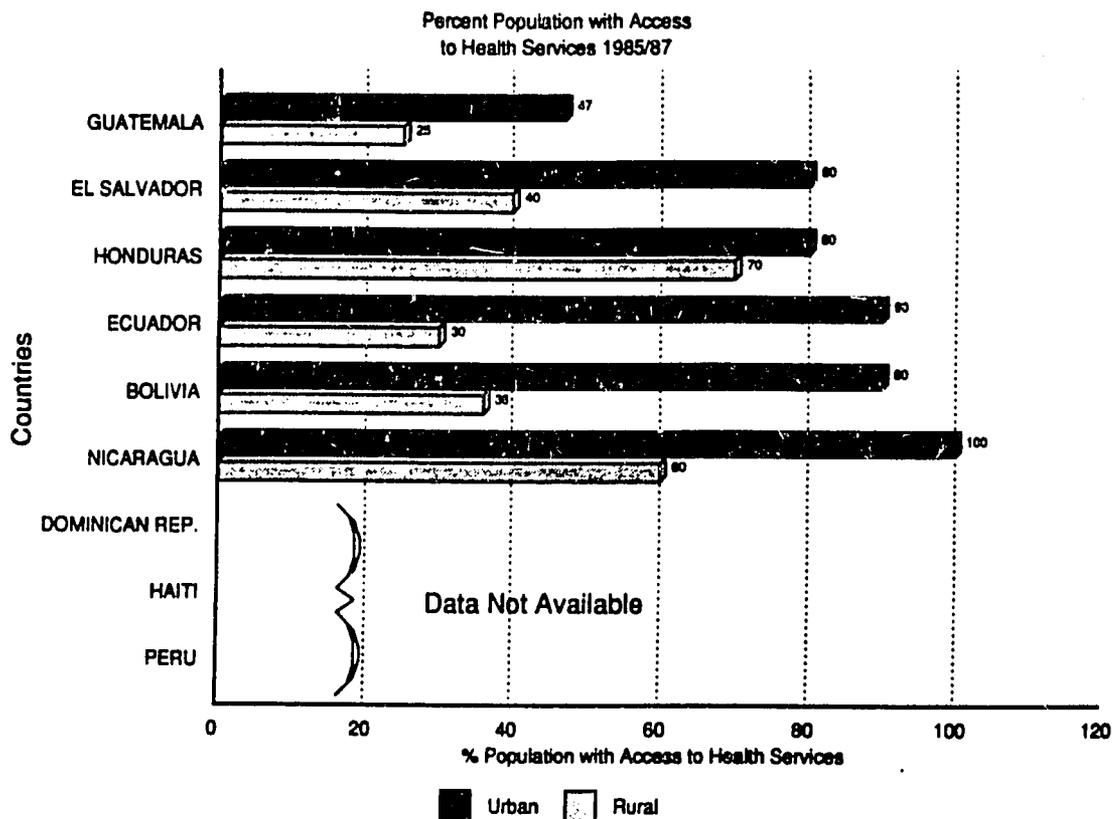
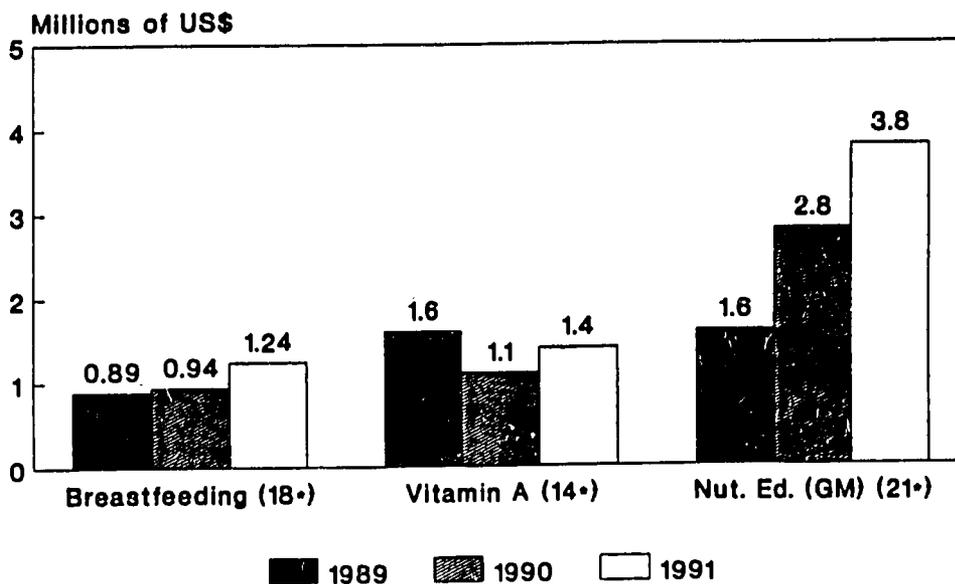


Figure 19

Nutrition Activities in LAC Funding Attributed by Missions



* Number of projects

on the impact of vitamin A supplements on children hospitalized for measles in Africa also found significant reductions in mortality.

- In the past five years, perinatal mortality and low birth weight have also been identified as problems that can be affected through nutritional interventions with the potential for significant gains in child survival as well.

II.B Current Nature and Level of Nutrition Activities

Food and nutrition assistance is provided through USAID mission projects (administered by USAID officers located in the country), through regional projects (administered by regional offices in ROCAP-Guatemala, RDOC-Barbados, or LAC Bureau-Washington), and through worldwide projects (administered by the Science and Technology Bureau in AID/Washington).

II.B.1 Mission Activities

A.I.D. assistance can be grouped into three broad categories:

- Activities conducted as part of child survival, family planning and health programs;
- Agriculture/rural development and food policy activities aimed at reducing hunger and food insecurity; and
- Food assistance provided under PL 480 Title II, of which MCH, school feeding and other child feeding are primarily nutrition-oriented.

These categories are discussed below:

- **Child Survival, Population and Health.** Approximately US\$ 5 to 6 million in nutrition assistance is currently being provided in the health and population sectors, constituting less than ten percent of health and population funds. This is in sharp contrast to other donors such as the World Bank that have substantially increased nutrition funding. Nutrition funds in Figure 22 include the funds attributed to the category of "maternal nutrition" which has not been verified with reference to nutrition interventions. The majority of child survival projects initiated by missions in the past five years, and currently underway, contain nutrition components, as shown in Annex I. Nutrition interventions within A.I.D.-supported health and child survival projects are tracked by CIHI/ISTI on the basis of percentages attributed by project officers in missions and AID/W to a given list of nutrition activities. For FY 1990, nutrition education (including growth monitoring), vitamin A, and breastfeeding were the most frequently cited (*Figure 19*). Missions also attribute a percentage for "maternal health and nutrition," CIHI/ISTI takes 50% of this attribution as maternal nutrition activities. This number tends to be high. Some missions include family planning activities in this category. Therefore more detailed information will be needed on the nature of activities being called "maternal nutrition" from project officers in the field. Annex I reflects nutrition in health and family planning areas, and MCH Title II primarily. In FY 1989, an estimated US\$ 5.7 million is attributable for nutrition activities (not counting maternal nutrition) with several countries in the US\$ 100,000-500,000 range. These are tentative numbers.

- **Food Policy and Agriculture.** At present there is no system for tracking food security and nutrition activities undertaken as part of agriculture and rural development, that is comparable to the Health Projects Database maintained by CIHI/ISTI since 1984. PPC has been developing a list of keywords for the agency-wide ABS database, through which a preliminary list of projects could be identified for more detailed analysis of food consumption/nutrition components. However, more detailed analysis would require going to mission agriculture officers and economists with a questionnaire or cable.

- **Food Aid.** PL 480 Title II recipients in the categories of School Feeding, MCH and Other Child Feeding has remained fairly constant at around 2.2 to 2.5 million, while at the country level there have been some changes, such as the phasing out of child feeding in Ecuador over the past few years (*Figures 20 and 21*). In 1990, the PL 480 Title II program donated 100,241 MT of food to Latin American countries for MCH (63,119 MT), school feeding (31,773 MT) and other child feeding programs (5,349 MT), an increase of 10.8% over donations in 1983. The estimated total cost of such food was US\$ 30,757,100. A.I.D.-supported PL 480 Title II programs for preschool and school age children and pregnant and nursing mothers are a substantial resource in terms of capacity to directly deliver food to marginal households and a PVO infrastructure that can be built upon. These resources need to be more successfully directed at the problems of food insecurity. An assessment of the effectiveness of A.I.D.-assisted MCH feeding programs that included an impact study from Haiti (Mora et al, 1990), concluded that they appear to have limited impact on child nutritional status. Assessments of household level effects may show that these programs provide an important buffer against food consumption declines in marginal households.

II.B.2 Regional Activities

II.B.2.1 Support for INCAP

Through projects managed by ROCAP, the LAC Bureau continues to support the Institute of Nutrition of Central America and Panama (INCAP) which is playing an increasingly important role at the country level. In the past five years, ROCAP projects with INCAP included child survival, ORT and nutrition education and food aid strengthening. The emphasis has been on encouraging INCAP to provide field support at the country level in technical areas in nutrition, food aid and child survival. In 1989, for example, INCAP provided support in designing and manufacturing the equipment for fortification of sugar with vitamin A. It has collaborated in virtually every national nutrition survey in Central America including a multi-country height census of school children 6-9 years of age. INCAP developed a management information system on food logistics and helped conduct studies on intrafamily food utilization of food supplements in El Salvador. Educators at the central and regional levels in several countries have been trained by INCAP in maternal and child health. Research has been undertaken in a number of areas of relevance to countries in the region, such as, perinatal mortality, training of midwives, delivery of services and vitamin A assessments.

II.B.2.2 Health and Nutrition Technical Services Support Project

Starting in FY 1991, the LAC Bureau in AID/W established a mechanism for technical support to missions in order to supplement mission and centrally funded technical assistance. The major component of this project is a contract with URC (subcontractors include ISTI, CSF, and DGI) which can be used as a mechanism for short-term technical assistance, workshops, assessments and strategy development,

Figure 20

PL 480 Title II Recipients

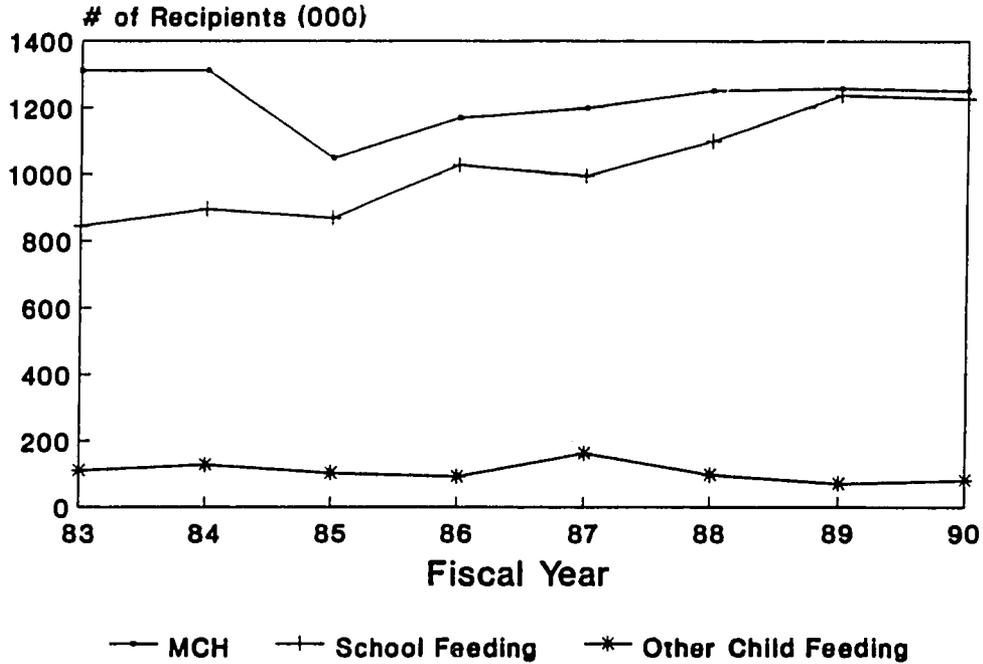
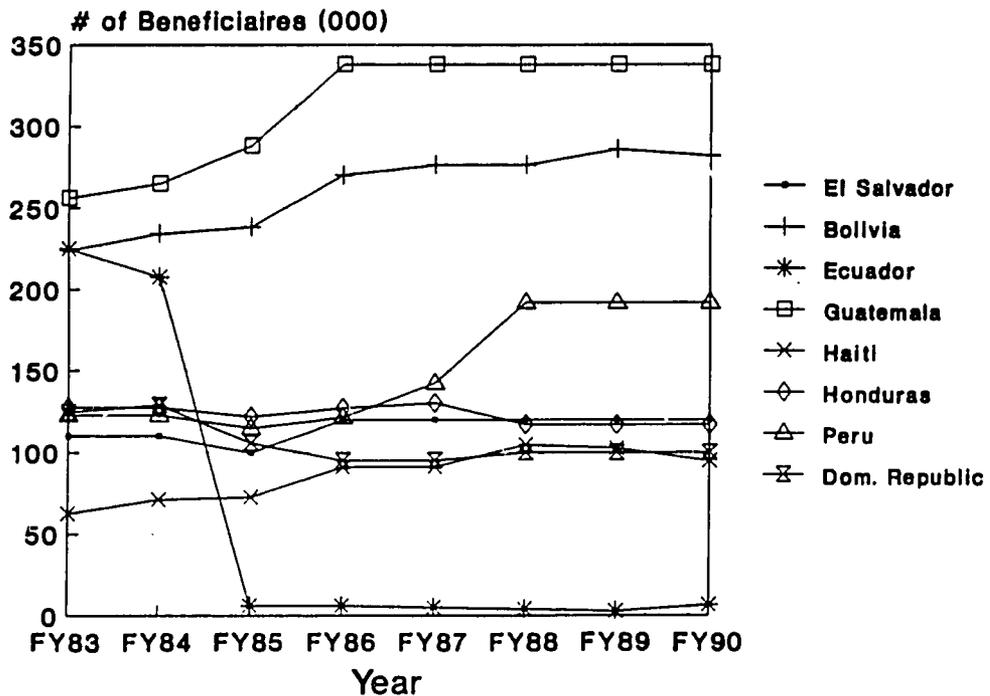


Figure 21

MCH Beneficiares in PL 480 (II)



information dissemination and tracking A.I.D. activities. The contract can be used for activities in a broad range of substantive areas, however special expertise is accessible through this contract in the areas of health financing, management of health and family planning programs, and food security/nutrition. A second component of the project is procurement of the services of AUPHA. Some project funds are also expected to be used for buy-ins to centrally funded projects in related areas.

II.B.3 Centrally Managed Projects

An important segment of the total food and nutrition assistance provided by A.I.D. to countries in the LAC region is channeled through centrally managed projects. Probably because of the more highly developed institutional capacity and infrastructure in food and nutrition, and proximity of countries in this region, a substantial proportion of resources from global projects have continued to come to the LAC region. The following are examples of activities undertaken in the past five years.

- **Consumption Effects of Agricultural Policies.** A series of studies that looked at household and individual food consumption under varying agricultural policies and programs was completed in 1990 (Kramer and Rubey, 1989; Rogers, 1989; Von Braun et al, 1990). Several of these were in the LAC region, and substantial work was conducted in Dominican Republic, Guatemala, Honduras, Panama and Peru. The studies showed that food and agricultural policies are closely linked to the rest of the economy and that a whole range of policies outside the agricultural sector have reinforcing or undermining influences on consumption as well. Researchers recommended that analyses of consumption effects disaggregate by population groups, occupations, income classes and individual foods consumed (for example, with respect to key sources of micronutrients and high protein quality). Time of household members was found to be as important as price in determining consumption. A number of other insights were obtained and recommendations made for further work. Within the S&T Bureau, technical assistance will continue to be available through the office of Nutrition's Food and Nutrition Monitoring project. Policy and analysis projects of the Office of Agriculture have not given adequate attention to food consumption issues.

- **Breastfeeding Promotion.** The major initiative in this field has been the strengthening of country capacity to improve birthing practices in clinics and hospitals in support of breastfeeding, and to sensitize the medical leadership of countries through training and information dissemination in the WELLSTART program. Over a 100 professionals have received training from the WELLSTART program, in which physicians, nurses and midwives, and nutritionists are trained in appropriate hospital and clinic procedures for initiating successful lactation at delivery and maintaining exclusive breastfeeding in the first three months. The WELLSTART program has identified and supports to following institutions in the LAC region: Hospital Cayetano Heredia/Peru, Hospital Guilherme Alvaro de Santos/Brazil, General Hospital and IMSS/Mexico, Hospital del Nino/Bolivia. A number of countries have conducted training and nutrition education activities to promote breastfeeding with A.I.D. assistance, including Honduras (PROALMA), Panama, Guatemala, El Salvador (CALMA), Peru, Belize. Through the Nutrition Education/ Communication project, a review of breastfeeding projects in Panama, El Salvador and Honduras has been drafted. The Academy for Educational Development (AED) has also developed a catalogue of education materials in Spanish that focus on breastfeeding. A large gap has been identified in Spanish language materials for training and informing program and policy personnel in the area of breastfeeding. Important new insights on breastfeeding were gained through the Dietary Management of Diarrhea project (Johns Hopkins University), completed in Peru in 1990. Results identified the role of liquids (including water) fed to breastfeeding infants as a factor in early diarrheal disease initiation (Brown et al, 1989). The risk of illness increased with progressive decreases in the relative exclusivity

of breastfeeding during the first six months of life. A great deal of fecal contamination of foods and feeding utensils was described in the study population. The benefit provided by breastfeeding was greater for prevalence than incidence, suggesting not only lessened risk but shortened duration as well. It was estimated that exclusive breastfeeding for six full months would lessen diarrheal incidence by one-third and prevalence by one-half. The WELLSTART program is expected to continue providing assistance, in addition to the new WIN field support consortium (EDC) and a new procurement for breastfeeding promotion scheduled to start in 1991.

- **Nutrition Education/Communications and Growth Monitoring.** (AED) has assisted a number of countries in the LAC region in strengthening social marketing capacity for improving health and nutrition. Substantial assistance was provided in Honduras as part of the ORT-mass media project and subsequently in the Health Systems II Project; substantive areas include breastfeeding, weaning, and growth monitoring. A major concern has been inadequate institutionalization of in-country expertise developed due to high turn-over of counterparts and loss of trained professionals to the private sector and to other donor agencies. AED is now assisting INCAP in developing training courses for social marketing. INCAP is also being assisted in the development of messages for persistent diarrhea case-management and weaning recipes. A video-taped film in Spanish on nutrition education/counselling with growth monitoring has been produced with UNICEF and A.I.D. funding and is being field tested in collaboration with CARE to facilitate training of PVO and Ministry of Health personnel. Under the PRICOR project, rapid assessment and operations research was conducted in Costa Rica, Guatemala and Colombia to identify areas for strengthening growth monitoring. Results from Costa Rica and Colombia showed that technical skills in weighing and charting growth of infants were adequate. Weaknesses in the programs studied included lack of skills in counselling and nutrition education, breakdown in supplies (scales, charts, education materials), and worker overload.

- **Maternal Nutrition.** Under the Maternal Health and Nutrition program of the International Centre for Research on Women (ICRW) (jointly funded by S&T/Health and S&T/Nutrition), a number of small studies were conducted from 1987-1990 on issues of practical importance for improving health and nutrition services in the region (Parker et al, 1990). In Tijuana, Mexico, a study of prenatal health behaviors helped identify sources of information, media habits and health care providers that enabled improved education materials to be developed. Prenatal care use was also studied in Mexico City, Kingston and Peru. A new, slow-release iron formulation was tested in several prenatal clinics in Kingston, and no significant differences were found between the new formulation and standard ferrous sulphate tablets in terms of cost, compliance or reported side-effects. Compliance was also studied in Guatemalan women who participated in a food supplement program. Participation and amount consumed increased with shorter distance from the distribution point and lower socioeconomic status. The ICRW small grants program has been concluded. Two entities are expected to continue to provide assistance in maternal health and nutrition - Mothercare (JSI) and WINS (EDC). These are consortia funded by S&T/health and S&T/Nutrition respectively. In addition, PL 480 Title II programs continue to distribute food supplements for pregnant and nursing women.

- **Micronutrients.** Vitamin A activities are underway in a number of countries. The first A.I.D. field support project for vitamin A was initiated in FY 1990. Through the VITAL contract with the International Science and Technology Institute, Inc. (ISTI), a number of activities are underway. A regional planning workshop was held in June 1990 in Guatemala to complete country profiles and begin to develop plans of action. Assessments are underway or proposed in a number of countries including Bolivia, Ecuador, Honduras, the Dominican Republic, and Panama. A multi-country effort to identify and describe the nature and magnitude of vitamin A supplement distribution activities in the LAC region

is being planned for 1991. To broaden the range of vitamin A interventions beyond supplementation, VITAL is encouraging nutrition education, food production and food processing activities for vitamin A nutrition. In Haiti, Save the Children Federation is receiving assistance to develop a community-based solar dryer for mango preservation. Several countries are testing the use of IVACG's dietary assessment methodology which will help improve the design of dietary improvement programs for vitamin A. Through an agreement with the Latin American Society of Nutrition (SLAN), VITAL has arranged for regular information dissemination on vitamin A issues throughout the region. In addition to VITAL, Helen Keller International (HKI) provides technical assistance to PVOs involved in vitamin A programs. A number of PVOs receive vitamin A grants from the FVA Bureau. A.I.D. does not have a central mechanism for providing field support to programs in iron deficiency anemia or iodine deficiency disorders.

- **Information Dissemination Activities.** APHA has been publishing the Mothers and Children Newsletter in Spanish, English and French for over a decade, with wide circulation in LAC countries. Technical assistance has been provided by APHA over the past 5-10 years to INCAP in strengthening this regional center's capacity to meet country needs for information. WELLSTART and VITAL are distributing materials relevant to breastfeeding and vitamin A, respectively.

III. RECOMMENDATIONS

Emphasis areas in food and nutrition assistance are recommended based on achieving the following two objectives:

- Contribute to infant and child mortality declines through expansion of coverage with interventions with a proven track record in lowering mortality (for example, breastfeeding, vitamin A), and develop techniques to address perinatal mortality (maternal nutrition).
- Sustain improvements in the food and nutrition situation through improving food consumption in marginal households and mitigating the adverse effects of shifts in agricultural, employment, trade and other economic policies on food security. The financing and sustainability of nutrition programs is also a related, key area of concern.

A concerted effort will need to be made in the following emphasis areas:

- **Address Food Security Through Mission Programs and Policy Initiatives.** More work is needed at the country level to redirect resources in the agriculture/rural development sector to addressing food security issues. Not enough is known about the impact of non-traditional agriculture on nutrition and food consumption. Mechanisms that track trends in food production and agriculture are inadequate for monitoring the capacity of families to acquire sufficient food. Economic policies in addition to agricultural policies have an important effect on food consumption. An A.I.D. policy dialogue agenda needs to be developed especially for USAID missions in countries with serious food security problems at the household level. Coordination with the World Bank will be important. Among all donors, the World Bank is moving to strengthen this component of country food and nutrition activities. Results of operations research and analyses focused on effectiveness and costs of alternate targeted food subsidy programs and other interventions would be useful for governments and donors. As a first step, a rapid assessment methodology needs to be developed for identifying current policies and programs in food security in each country, gaps at the country and regional levels, and donor assistance appropriate for each agency interested in this area, can then be identified.
- **Improve Nutritional Effectiveness of PL 480 Title II Programs.** A recent assessment of the effectiveness of Maternal Child Health (MCH) programs worldwide (based on existing evaluations), recommended several actions to improve nutritional impact of these programs, such as: More efficient targeting of the food to needy and high risk recipients, improved program design based on more thorough analyses of the needs of individuals and families, improved management and logistics of food distribution, ensuring that complementary activities such as education and health services accompany the food, and greater involvement of participating communities in program design and implementation. The need for better evaluation methods was noted as well. Unlike MCH programs, school feeding programs have not been reviewed systematically. School feeding programs have shown to be effective in accomplishing important outcomes other than enhanced physical growth, chiefly, improved school attendance and performance; they may facilitate household food security as well. Food For Work schemes can be effective delivery systems for reaching poor families and neighborhoods with donated food and may also be used to provide a safety net to protect the poor during adjustment periods while supporting public works for building basic infrastructure. CARE's Urban Food For Work program in Guatemala is an example of the innovative use of food to protect marginal families through providing food in addition to

wages, and at the same time accelerating urban public works construction. In the past decade, regulations for the use of PL 480 food were broadened considerably; therefore, pilot programs to test innovative uses of the food would be useful. PVOs involved in food aid will need to be engaged in developing strategies for achieving greater nutritional impact. More rigorous evaluations and an investment in training and support for PVOs are needed.

- **Develop Interventions to Improve Maternal Nutrition.** This has often been a critical neglected area that should be given higher priority as part of a promotional or preventive approach to infant nutrition in addition to improving mothers' health. Although the relationships between maternal nutrition before and during pregnancy and maternal as well as infant outcomes of pregnancy are well documented, there is little information available on the nutritional status of women and on birth weight in the majority of the countries. Thus efforts to gather relevant information, including the potential of "sentinel sites" to collect reliable data on birth weight, are warranted. Development of interventions and innovative ways of reaching adolescent girls to improve their nutritional status before pregnancy need to be supported, as well as more systematic surveillance, screening and interventions to improve nutrition during pregnancy, including iron and calorie/protein supplementation.

- **Promote Exclusive Breastfeeding in the First Four Months.** Given urbanization trends in the region and the many negative influences on proper breastfeeding and infant feeding practices, breastfeeding promotion activities need to better focus on securing exclusive breastfeeding up to four months of age. A closely associated priority is the improvement of the timing and nature of feeding supplements to prevent both too early and too late initiation of weaning. Interventions that can deliver intensive education and motivation for mothers need to be found, in addition to bringing about changes in health services so that they encourage and provide support rather than discourage exclusive breast feeding. The specific needs of working women should be addressed, as well as more effective functional integration of breast-feeding and weaning education components of health and nutrition programs.

- **Expand Delivery Systems for Micronutrients.** There is growing evidence that deficiencies of micronutrients such as vitamin A and iron are widespread problems with serious development implications. The technologies exist to bring about a significant reduction in micronutrient deficiencies in a limited period of time. New channels for expanding micronutrient supply should be utilized, including iodine, iron and vitamin A fortification when appropriate, vitamin A supplement distribution combined with high coverage child survival programs (e.g. immunizations), and others.

- **Address Cost and Financing Issues Related to Nutrition Programs.** Globally, insufficient attention has been paid to costs of nutrition services and options for financing them. Assessing the cost-effectiveness of alternative food and nutrition interventions is urgently needed for decision-making. Little is known about how much it costs to improve dietary practices through nutrition education for example, or the cost of adding vitamin A supplement distribution to EPI programs. Because nutrition activities are often combined with basic health services, it will be important to identify the incremental costs involved and develop efficient models for projecting demand for these services. Innovative cost recovery mechanisms need to be tested and ways of generating cost savings identified.

- **Build Self-Sustaining Institutions With Food and Nutrition Program and Analysis Capability.** An important issue in nutrition sustainability in the LAC region concerns the status of indigenous institutions that will provide the technical and managerial resources for continued work in this area. A systematic review would provide valuable guidance to missions by answering the following types of

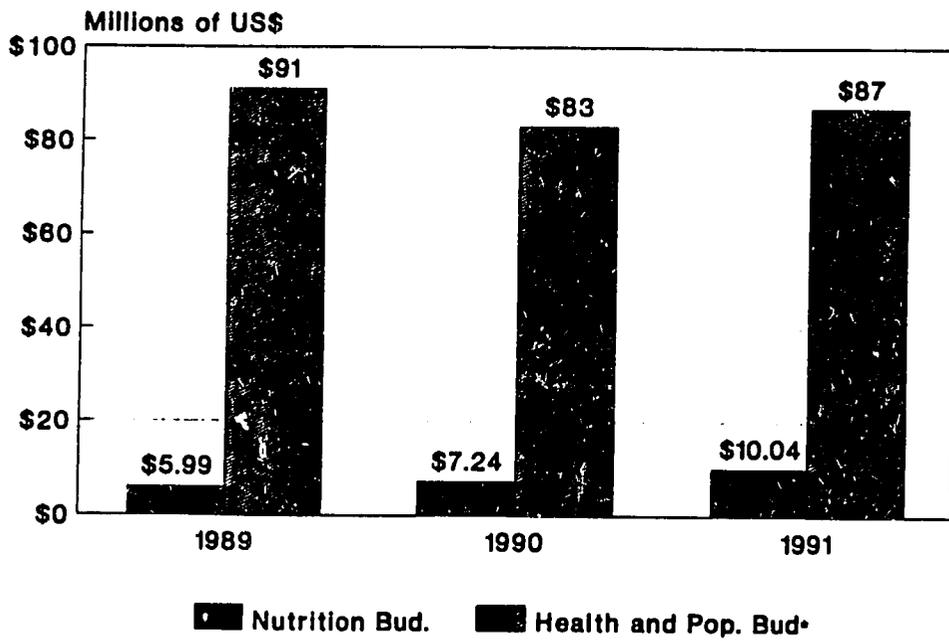
questions: What is the range of institutions with existing and potential capacity to become self-sustaining? In what form and areas can financial or technical support be best provided so that a permanent institutional capacity to handle key food and nutrition concerns is developed at the country level? In the past five to ten years, what country institutions have played an important role in food policy and maternal and child nutrition? What have we learned from support given to entities such as CALMA, PROALMA, other PVOs, health/nutrition education and communications counterparts, food policy groups, and nutrition advocacy and academic institutions?

A range of cross-cutting activities are needed to implement the above recommendations. Included are:

- Conducting gap analyses in food and nutrition at the country level, to determine an appropriate role and level for A.I.D. assistance. Current levels of assistance appear to be too low (*Figure 22*), the activities too scattered and fragmentary, and insufficient consideration appears to have been given to sustainability issues in A.I.D. assistance in the region. This is mostly evident in phasing out PL 480 Title II programs. Such a gap analysis could be incorporated into country food and nutrition briefs or profiles containing nutritional status and food availability data, what other donors are doing, and a summary of major programs/policies and key country institutions.
- Analysis and operations research. The following areas are especially important: targeted food distribution, food coupon systems, cost recovery mechanisms in nutrition services, innovative ways of reaching adolescent girls, home gardening and food preservation efforts to improve micronutrient availability and intakes, ascertaining the food consumption/nutrition impacts of agricultural and economic policies, development of tracking systems for maternal nutrition and food security, and improved delivery of micronutrients through fortification and supplements.
- Training workshops, courses and seminars to update technical knowledge, operational research and analysis skills, and managerial expertise. Country level workshops to sensitize decision makers and advocacy groups regarding a broad range of food security and nutrition issues are needed.
- Information dissemination. In a number of key substantive areas, there remain critical gaps in the availability of training, education and informational materials in Spanish language. Advocacy groups for food and nutrition need to be identified and supported to expand the dissemination of policy related information.
- Development of case studies to identify successful programs and policies. The following are examples of case studies in the region that would help in the identification of elements of successful nutrition initiatives:
 - Chile's and Costa Rica's national nutrition policies and programs and their role in reducing malnutrition to levels where nutrition is no longer a serious public health problem.
 - Elements of Brazil's nationwide child nutrition program (conducted by the National Conference of Brazilian Bishops since 1983) that can be replicated in other countries. This is a non-government initiative with a major emphasis at the community

Figure 22

Nutrition vs. Health Budgets



Includes Health, CS, Population
A.I.D. CP, FY 1991

level and referrals to government facilities. Preliminary data show an almost halving of low birth weight and increase in exclusive breastfeeding in the first three months.

-- Endemic goiter control programs of Bolivia and Ecuador. In Bolivia, the prevalence of goiter in school age children declined from 60% in 1983 to 21% in 1989, and the production of iodized salt increased from 2,000 metric tons to 18,000 tons, providing a coverage of 80% (survey data on iodized salt consumption). Similar positive changes in goiter prevalence in the Ecuador highlands have been reported as a result of a large program carefully designed and implemented.

-- Better documentation of the apparent substantial improvements in nutritional status indicators in the Dominican Republic (three independent nutritional surveys in the mid '80s have confirmed this finding) despite economic difficulties in the past decade.

NOTE: The present document is intended to be a working draft for discussions at the regional level. It should be further refined and expanded to reflect the major features of specific country profiles and analysis, and their programmatic implications, as a basis for a food and nutrition improvement plan of action for the region.

ANNEX I

Listing of Ongoing LAC Projects with a Nutrition Component

CENTER FOR INTERNATIONAL HEALTH INFORMATION

Food and Nutrition Activities Database

Data Code Definitions

FUNCTIONAL ACCOUNTS (Used in "APPR" Field)

CS Child Survival Account
EH Education and Human Resources Account
EM Emergency/Disaster Assistance
ES Economic Support Fund
RN Agriculture, Rural Development and Nutrition Account
HE Health Account
P1 PL 480 Title I
P2 PL 480 Title II
P3 PL 480 Title III
PN Population Account
SH Sahel Development Account
SS Development Fund for Africa

NUTRITION ACTIVITIES (Used in "NUTACT" Field)

AL All listed below
CM Commodities
CS Studies/Analyses on Household Food Consumption
FD Food Distribution
FP Food Production
FT Food Technology
GM Growth Monitoring
HR Training (Human Resource Dev.)
HG Home Community Gardens
IG Income Generation/Employment
LC Funds for Local Costs
MK Market Intervention
NE Nutrition Education
NS Nutrition Surveillance/Survey
PO Policy
RE Research
SB Subsidies for Increasing Food Consumption
SP Nutrient Supplements
TA Technical Assistance

NUTRITION SUBCATEGORY (Used in "NUTSUB" Field)

ALL All listed below
ANM Nutritional Anemia
BRF Breastfeeding
CON Consumption
DMD Dietary Management of Diarrhea
GTR Endemic Goitre
HFS Food Security (Household Level)

HIS Health Information System
IFW Infant Feeding/Weaning
LBW Low Birth Weight
MAT Maternal Health and Nutrition
WIN Women's Income
WMN Women's Nutrition
WNG Weaning
WSS Water and Sanitation
VIT Vitamin A Deficiency

CENTER FOR INTERNATIONAL HEALTH INFORMATION

LISTING OF ONGOING LAC PROJECTS WITH
A NUTRITION COMPONENT

DATA NOTES

The following is a tally of selected activities for the LAC nutrition projects:

Nutritional Anemia (ANM)	: 12 projects
Breastfeeding (BRF)	: 195 projects
Dietary Management of Diarrhea (DMD)	: 125 projects
Food Security (Household Level)	: 97 projects
Low Birth Weight (LBW)	: 21 projects
Vitamin A deficiency (VIT)	: 93 projects
Consumption (CON)	: 19 projects.

CENTER FOR INTERNATIONAL HEALTH INFORMATION
LISTING OF ONGOING LAC PROJECTS WITH
A NUTRITION COMPONENT
SOURCE: NUTRITION DATABASE

PROJECT	TITLE	BEGIN DATE	PACD	NUTRITION ACTIVITIES	NUTRITION SUBCATEGORIES
** COUNTRY Belize					
5050037.00	Child Survival Support	88	04/30/91	NE,HR,RE,GM	BRF,WMN,IFW,DMD
5050037.00	Child Survival Support	88	04/30/91		
5050037.00	Child Survival Support	88	04/30/91		
9365053.01	HBCU Research Grants Programs		/ /	RE,HG	VIT,WMN
** COUNTRY Bolivia					
5110569.00	Self-Financing Primary Health Care	83	08/31/90	NE,HR,RE,GM,CM	DMD,BRF,IFW
5110569.00	Self-Financing Primary Health Care	83	08/31/90	GM,NE,HR,FD	DMD,BRF,WNG
5110569.00	Self-Financing Primary Health Care	83	08/31/90		
5110569.00	Self-Financing Primary Health Care	83	08/31/87	NE,HR	DMD,BRF,WNG
5110569.00	Self-Financing Primary Health Care	83	08/31/87	NE,HR	DMD,BRF,WNG
5110578.00	OPG:Planning Assistance	88	06/30/91	FD,HR,GM,FT,SP,HG	IFW,VIT,DMD
5110589.00	Private Ag. Organizations	86	/ /		
5110590.00	OPG:PVO ORT and Child Growth Monitoring	85	12/31/89	FD,NE,HR,TA,GM,CM	DMD,LBW,BRF,IFW
5110590.00	OPG:ORT and Child Growth Monitoring	85	12/31/89	FF,NE,HR	DMD,LBW,WNG
5110590.00	OPG:ORT and Child Growth Monitoring	85	12/31/89	GM,NE	BRF,WNG,DMD
5110590.00	OPG:ORT and Child Growth Monitoring	85	12/31/89	GM,NE,HR	BRF,WNG,DMD
5110590.00	Maternal/Child Feeding - CRS	86	/ /	FF,NE,HR	LBW,DMD,MAT,WNG
5110594.00	Community and Child Health	88	09/30/93	RE,GM	VIT,BRF,WMN
5110594.00	Community and Child Health	88	09/30/93		
5110597.00	Radio Education	88	05/12/92	RE	
5110597.00	Radio Education	88	05/12/92		
5110599.00	OPG:Water and Health Services	86	08/20/90	HR,NE,CM,GM	BRF,IFW,DMD
5110599.00	OPG:Water and Health Services	86	08/20/90	NE,HR,FD	BRF,DMD,WNG,WSS,
5110601.00	OPG:Child Survival PVO Network	88	01/21/91	NE,GM,RE,FD	DMD,IFW,BRF
9310045.24	FY 87 Vitamin A Grant To SCF	87	09/30/90	PD,NS,TA,NE	VIT
9363023.01	Demographic and Health Surveys	89	05/31/90	NS,TA	IFW,BRF,WIN
9365951.01	CSAP Support (JHU)	87	09/30/90	GM,TA	
9365969.01	Technologies for Primary Health Care II (PRITECH II)	88	08/31/92	FD,HR,GM	IFW,BRF,DMD
9380528.01	FY 87 Child Survival Grant to FFH	87	09/30/90	GM,NE,SV	WNG,BRF
9380531.01	FY 87 Child Survival Grant to ANDEAN	87	09/30/90	NE,GM,HR,CM	IFW,BRF,DMD
9380535.01	FY 87 Child Survival Grant to SCF	87	07/31/90	NS,HR,GM,NE,SV,FD,CM,SP	BRF,IFW,WMN,VIT,DMD

CENTER FOR INTERNATIONAL HEALTH INFORMATION
LISTING OF ONGOING LAC PROJECTS WITH
A NUTRITION COMPONENT
SOURCE: NUTRITION DATABASE

PROJECT	TITLE	BEGIN		NUTRITION ACTIVITIES	NUTRITION SUBCATEGORIES
		DATE	PACD		
9380ESP.01	FY 89 Child Survival Grant to Esperanca	89	09/30/92		
9380SCF.01	FY 89 Child Survival Grant to SCF	89	09/30/92		
938FFHI.01	FY 89 Child Survival Grant to FFHI	89	09/30/92		
MCH-VOL.01	CRS/MCH:PL480-Regular Title II	86	/ /	FD,NE,PL	HFS,IFW
MCH-VOL.03	AORA/MCH:PL480-Regular Title II		/ /	FD,NE,PL	HFS,IFW
MCH-VOL.07	FHI/MCH:PL480-Regular Title II		/ /	FD,NE,PL	HFS,IFW
** COUNTRY CA Regional					
5970022.00	Rural Development Technical Services	88	/ /		
5970027.00	Health Technical Services Support	89	07/01/94		
5970027.00	Health Technical Services Support	89	07/01/94		
** COUNTRY Colombia					
5980616.01	Intercountry Technology Transfer: PRICOR II	86	09/30/90		
5980616.02	Intercountry Technology Transfer: ORT Assistance	87	09/30/90		
5980616.03	Intercountry Technology Transfer: Mass Media/Nutrition	86	09/30/89		
5980616.06	Intercountry Technology Transfer:Fund for CS/Hlth Proj.	86	09/30/90		
5980616.07	Intercountry Technology Transfer:Colombian Expansion/CS	88	06/30/90		
5980616.08	Intercountry Technology Transfer: CS & Hlth Trng Prog.	87	09/30/90		
** COUNTRY Costa Rica					
9365920.01	Primary Health Care Operations Research (PRICOR II)	86	06/30/89	RE,GM,TA	
** COUNTRY Dom.Republic					
5170000.00	Program Development and Support	62	09/30/00		
5170239.00	OPG:Child Survival	87	09/30/91	GM,RE,NE	BRF,WMN,DMD
5170239.00	OPG:Child Survival	87	09/30/91	SV,GM,NE,TA,FD	DMD,BRF,LBW,WNG,FED,CON,MAT
5170247.00	OPG:PVO Co-Financing	89	/ /		

CENTER FOR INTERNATIONAL HEALTH INFORMATION
LISTING OF ONGOING LAC PROJECTS WITH
A NUTRITION COMPONENT
SOURCE: NUTRITION DATABASE

PROJECT	TITLE	BEGIN DATE	PACD	NUTRITION ACTIVITIES	NUTRITION SUBCATEGORIES
5170247.00	OPG:PVO Co-Financing	89	/ /		
9363023.01	Demographic and Health Surveys	86	01/31/90	NS,TA,GM	IFW,BRF
938PLAN.01	FY 89 Child Survival Grant to PLAN	89	09/30/91		VIT
MCH-VOL.02	CARE/MCH:PL480-Regular Title II		/ /	FD,NE,PL	HFS,IFW
** COUNTRY E.Carib.Reg.					
5380149.00	OPG:HOPE:Immediate Health Care	86	12/31/88	HR,NE	MAT
** COUNTRY Ecuador					
5180000.00	Program Development and Support (PD&S)	87	/ /	TA,HR	
5180000.00	Program Development and Support (PD&S)	86	/ /	TA,HR	
5180015.00	Integrated Rural Health Delivery Systems	81	12/31/89	RE,KE,GM,CM	BRF,WMN,IFW,DMD
5180015.00	Integrated Rural Health Delivery Systems	81	12/31/89	SV,NE,HR,FF,MK	LBW,WNG,BRF,DMD,FED,MAT,CON
5180015.00	Integrated Rural Health Delivery Systems	81	12/31/89	GM,NE,HR,FD	BRF,IMM,WNG,HIS,MCH,DMD
5180071.00	Child Survival	89	09/30/92	NE	MAT
5180071.00	Child Survival	89	09/30/93		
9311010.02	Improvement of Maternal and Infant Diet Project	85	10/31/89	HR,NE,FD,GM	BRF,IFW
9311018.02	HEALTHCOM	87	/ /	GM,NE,TA,FD	WNG,DMD,BRF
9365966.04	Maternal/Neonatal Health and Nutrition (JSI/Ecuador)	88	12/31/93	TA	WMN
9380515.03	FY 88 Child Survival Grant to CRS	88	09/30/91	GM,CM,HR,FP	BRF,IFW,DMD
938HOPE.01	FY 89 Child Survival Grant to HOPE	89	09/30/92	GM	
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** COUNTRY El Salvador					
5190210.00	Population Dynamics	86	03/31/90	RE,GM	BRF,WMN,VIT
5190210.00	Population Dynamics	85	03/31/90		
5190275.00	OPG:Salvadoran Demographic Association	83	12/31/89	RE	VIT,BRF
5190281.00	Health and Jobs for Displaced Families	83	12/31/90	IG,NE,FD	WMN,IFW
5190281.00	Health and Jobs for Displaced Families	83	12/31/90	NE,HR,TA	CON,WNG
5190300.00	OPG:SCF:Community Based Integrated Rural Development	85	01/31/90		

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CENTER FOR INTERNATIONAL HEALTH INFORMATION
LISTING OF ONGOING LAC PROJECTS WITH
A NUTRITION COMPONENT
SOURCE: NUTRITION DATABASE

PROJECT	TITLE	BEGIN		NUTRITION ACTIVITIES	NUTRITION SUBCATEGORIES
		DATE	PACD		
5190300.00	OPG:SCF:Community Based Integrated Rural Development	87	01/31/90		
5190308.00	Health Systems Support	86	09/30/91	HR,TA,NE,FD,RE,GM	WMN,BRF,DMD
5190308.00	Health Systems Support	87	09/30/91	HR,TA	
5190308.00	Health Systems Support	86	09/29/91	HR,TA,RE	DMD,MAT
5190364.00	Community Based Integrated Rural Development	89	/ /		
5190364.00	Community Based Integrated Rural Development	89	/ /		
5190370.00	Mother Child Feeding (OPG)	89	/ /		
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** COUNTRY Grenada					
5380149.01	Immediate Health Care	86	/ /	HR	
** COUNTRY Guatemala					
5200251.00	Community-Based Health and Nutrition Systems	80	12/31/90		
5200288.00	Expansion of Family Planning Services	82	12/31/91	NE	IFW,BRF
5200288.00	Expansion of Family Planning Services	82	12/31/91		
5200339.00	Immunization/Child Survival	85	12/31/91	GM,NE,TA,FD,RE,CM	BRF,IFW,MAT,DMD,WMN
5200339.00	Immunization/Child Survival	85	12/31/91		
5200339.00	Immunization/Child Survival	85	12/31/91		
9310045.51	IEF:87 Vitamin A Grant	87	09/30/90	NE,PD,NS,TA	VIT
9310045.52	FY 88 Vitamin A Grant to IEF	88	09/30/90	MS,NE,RE,SP,FT,TA,PD	VIT,WMN,IFW
9310045.53	Vitamin A Cooperative Agreement - JHU	86	/ /	HR,TA	
9311010.04	Improvement of Maternal and Infant Diet Project	88	/ /		
9311018.15	HEALTHCOM	87	/ /		
9365920.01	Primary Health Care Operations Research (PRICOR II)	86	09/30/90	RE,TA,GM	
9380500.01	FY 88 Child Survival Grant to La LECHE	88	09/30/91	HR,NE	BRF,IFW,WMN
9380507.02	FY 88 Child Survival Grant to HOPE	88	08/30/91	GM,NE	VIT,WMN,BRF
9380514.02	FY 88 Child Survival Grant to PLAN	88	09/30/91	GM,RE,HR,NE,CM	BRF,WMN,VIT,IFW,DMD
9380PCI.01	FY 89 Child Survival Grant to PCI	89	09/30/90		
938CARE.01	FY 89 Child Survival Grant to CARE	89	09/30/91		
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PROJECT	TITLE	BEGIN		NUTRITION ACTIVITIES	NUTRITION SUBCATEGORIES
		DATE	PACD		
MCH-VOL.02	CARE/MCH:PL480-Regular Title II	80	/ /	FD,NE,PL	HFS,IFW
** COUNTRY Haiti					
5210206.00	Voluntary Agencies for Child Survival	87	09/30/92	RE,HR,GM	WMN,VIT
5210206.00	Voluntary Agencies for Child Survival	87	09/30/92		
5210206.00	Voluntary Agencies for Child Survival	87	09/30/92		
5210218.00	Expanded Urban Health Services	89	09/30/94	RE	WMN
5210218.00	Expanded Urban Health Services	89	09/30/94		
9310045.14	HKI:PVD FY 86 Vitamin A Intervention Program	86	/ /	HR	
9310045.72	FY 88 Vitamin A Grant	88	/ /	HR,HG,RE,SP	VIT
9380284.05	FY 88 Vitamin A Grant to SCF	88	09/30/92	SP,CM,FD,HR,NE,GM,HG	BRF,ANM,WMN
9380284.06	FY 88 Vitamin A Grant to WVRD	88	10/30/91	SP,CM	VIT
9380508.04	FY 88 Child Survival Grant to ADRA	88	09/30/91	GM,FD,HR,CM,SP,NE	IFW,VIT,BRF
9380527.01	FY 87 Child Survival Grant to WVRD	87	09/30/91	HR,GM,NE,SP,CM	BRF,IFW,WMN,VIT,DMD
9380530.01	FY 87 Child Survival Grant to WRC	87	05/30/91	NS,NE,SP,GM,CM,HR	VIT,BRF,WMN,ANM
9380EYE.01	FY 89 Child Survival Grant to Eye Care	89	/ /	TA	VIT
938WVRD.03	FY 89 Child Survival Grant to WVRD	89	09/30/91	GM	WMN,BRF
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MCH-VOL.02	CARE/MCH:PL480-Regular Title II		/ /	FD,NE,PL	HFS,IFW
MCH-VOL.03	ADRA/MCH:PL480-Regular Title II		/ /	FD,NE,PL	HFS,IFW
** COUNTRY Honduras					
5220216.00	Health Sector II	88	10/01/95	TA,HR,NE,MK,NS,GM	WMN,DMD,VIT,BRF
5220216.00	Health Sector II	88	10/01/95		
5220216.00	Health Sector II	88	10/01/95		
5220249.00	Honduran Agricultural Research Foundation	84	08/30/94	FD,RE,HR	CON
5220292.00	Land Use Productivity Enhancement	89	/ /		
9311010.01	Improvement of Maternal and Infant Diet Project		/ /	HR	BRF
9380507.03	FY 88 Child Survival Grant to HOPE	88	02/29/92	RE,GM	BRF,WMN,VIT,DMD,IFW

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PROJECT	TITLE	BEGIN DATE	PACD	NUTRITION ACTIVITIES	NUTRITION SUBCATEGORIES
9380535.02	FY 87 Child Survival Grant to SCF	87	09/30/90	SV,HR,NE,GM,FD,CM	BRF,IFW,WMN,DMD
9380WRC.01	FY 89 Child Survival Grant to WRC	89	09/30/93		VIT
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** COUNTRY Jamaica					
5320064.00	Health Management Improvement	81	03/31/90	FD,NS,GM	BRF,WMN
5320101.00	Hillside Agriculture Project	87	/ /	TA,FD,PD	CON
5320157.00	Food Aid Support and Monitoring	89	/ /		
9311065.0	Nutrition Education - INCS	84	/ /	TA,FD,NE	WNG,BRF,DMD,LBW,MAT,CON,FED
** COUNTRY LAC Regional					
5980616.00	Intercountry Technology Transfer: Vitamin A Research	84	09/30/92	NE	VIT
5980654.00	Rural Development Technical Services	88	/ /		
5980657.00	Health & Nutrition Technical Services Support	89	09/30/94	RE	WMN,VIT
5980657.00	Health & Nutrition Technical Services Support	89	09/30/94		
5980657.00	Health Technical Services Support	89	07/01/94		
9311010.05	Improving Maternal and Infant Nut.-APHA	85	12/31/89		
** COUNTRY Mexico					
9365951.02	CSAP Support (John Snow)	86	02/28/90	NE,TA,GM	IFW,DMD
9365952.09	Applied Diarrheal Disease Research (ADD)	88	01/30/90		
9365969.01	Technologies for Primary Health Care II (PRITECH II)	87	08/31/92	GM	
** COUNTRY Panama					
5250247.00	Ag.Policy Formulation & Management	84	06/30/91	PL,HR,TA	CON
9311064.12	Nutrition: Surveys & Surveillance		/ /	RE,TA,FD	CON,WNG,MAT
9311274.0	Consumption Effects of Ag. Policies		/ /	TA	CON
** COUNTRY Paraguay					
9311018.09	Communication for Child Survival (HEALTHCOM)	87	07/31/90	RE,HR,TA	BRF,IFW,DMD

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PROJECT	TITLE	BEGIN DATE	PACD	NUTRITION ACTIVITIES	NUTRITION SUBCATEGORIES
** COUNTRY	Peru				
5270230.00	Integrated Family Planning/Health	81	02/28/90	NE,HR	
5270230.00	Integrated Family Planning/Health	81	02/28/90	NE,HR	
5270248.00	OPG:CARITAS Feeding Program	84	08/24/89	FD,NE,HR,IG,CM,GM	IFW,WMM
5270282.00	Agricultural Technology Transfer	87	08/31/92	AG,RE,HR,FD,PD	CON
5270285.00	Child Survival Action Project	87	12/31/92	HR,FD,RE	WMM,VIT,BRF,DMD,IFW
5270285.00	Child Survival Action Project	87	12/31/92	TA,CM,PL,NE,SV	DMD,LBW,FED,BRF,WNG
5270308.00	CS:Private Sector Nutrition	86	12/31/91	HR,RE,NE,GM,CM	DMD,BRF,IFW,LBW
5270311.00	Child Survival:Reduction in Child Mortality	86	10/31/89	NE,HR,TA,MK,RE	DMD,MAT,DCL
5270313.00	Andean Peace Scholarships	87	09/30/91		
5270320.00	Reforestation Care - OPG	88	/ /		
5270321.00	Central Selva Resource Management Phase II	88	/ /		
5270323.00	PRISMA Supplemental Feeding OPG	88	09/30/92	RE,FD,NE,GM,HR,CM	IFW,BRF,DMD,WMM
5270323.00	PRISMA Supplemental Feeding OPG	88	09/30/92		
5270323.00	Prisma Supplemental Feeding OPG	88	09/30/92		
5270328.00	OPG:ADRA/OFASA Nutrition and Food for Work	88	12/31/92	RE,GM,CM,FD	BRF,WMM,IFW
5270328.00	OPG:ADRA/OFASA Nutrition and Food For Work	88	12/31/92		
5270328.00	OPG ADRA/OFASA Nutrition and FFW	88	/ /		
5270329.00	OPG CARITAS Food Relief and Development	89	/ /	GM	WMM
5270329.00	CARITAS Food Relief Nutrition and Development	89	/ /		
5270330.00	Food Assisted Integrated Development - OPG	88	12/31/92	FD,NE	IFW,BRF,WMM
9363023.01	Demographic and Health Surveys	86	10/31/89	NS,TA	BRF
9365928.0	Dev. & Field Testing of Soup-Based ORS	86	/ /	RE,SV	DMD
9365951.04	CSAP Support (John Short)	86	/ /		
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MCH-VOL.03	ADRA/MCH:PL480-Regular Title II		/ /	FD,NE,PL	HFS,IFW
MCH-VOL.08	PRISM/MCH:PL480-Regular Title II		/ /	FD,NE,PL	HFS,IFW

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PROJECT	TITLE	BEGIN		NUTRITION ACTIVITIES	NUTRITION SUBCATEGORIES
		DATE	PACD		
** COUNTRY ROCAP					
5960115.00	ORT, Growth Monitoring and Nutrition Education	85	12/31/90	TA,MK,HR,NE,GM,RE	WMN,DMD,BRF
5960115.00	ORT, Growth Monitoring and Nutrition Education	88	12/31/90		
5960115.00	ORT, Growth Monitoring and Nutrition Education	85	12/31/90	GM,NE,HR,TA,FD	DMD,WNG,BRF
5960116.00	Technical Support for Food Assistance	85	12/31/90	RE,HR,FD,CM,GM	IFW,WMN
9365927.01	Technologies for Primary Health Care I (PRITECH)	85	12/31/90		