B A S I S

Broadening Access and Strengthening Input Market Systems

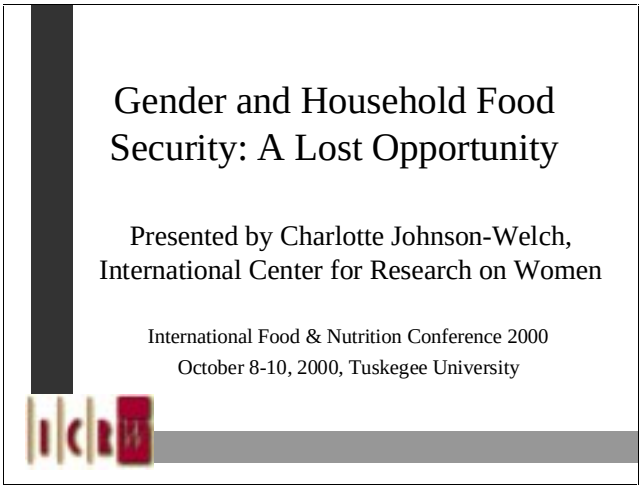
# Gender and Household Food Security: A Lost Opportunity


**Presented by Charlotte Johnson-Welch**

**International Center for Research on Women (Washington, DC)**


**International Food and Nutrition Conference 2000**
**October 8-10, 2000, Tuskegee University**

**SLIDE 1**

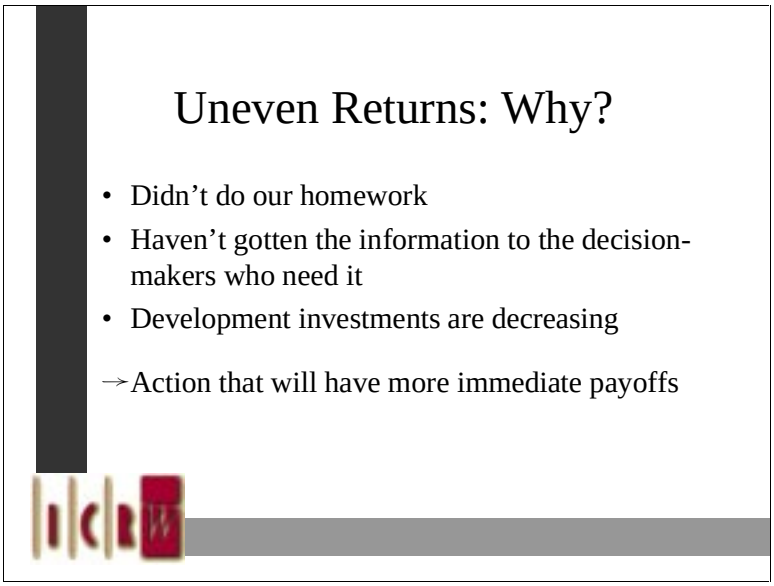



Good morning and thank you for coming. I would like to begin by thanking the conference organizers for bringing us together to share what we know and have learned, and to find ways we can contribute to the realization of all citizens' right to good nutrition.

We've all attended international conferences and meetings to discuss why we are still seeing uneven improvements in nutrition indicators despite vast investments in employment and economic opportunities, agricultural production and health promoting practices. We've read articles and reports, most likely even written some, and collected information to try to figure out what is going on.

Yet, here we are. Why is that? Why aren't we seeing the results we would hope to see given all the investments made to-date by myriad actors around the world?

**SLIDE 2**



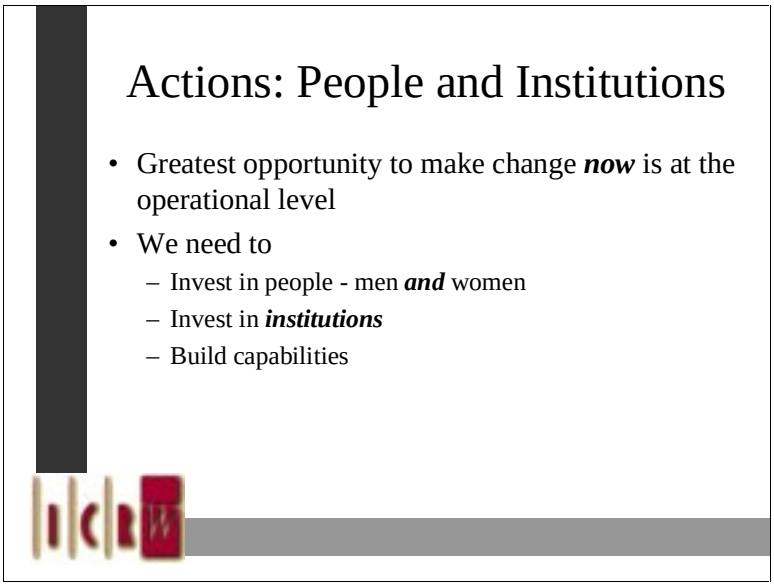

- Is it because we didn't do our homework and have somehow misdiagnosed the problems and, therefore, the solutions? I don't believe that is the case.

- Is it because we haven't gotten the information to the decision-makers who need it and because of that information gap, they aren't making the level and types of investments needed in order to overcome the identified problems? This might be the case.

- But, we all know that development investments are decreasing. It will take much effort and, therefore, time to convince policy makers that they have not only a responsibility but an obligation to channel ever-shrinking amounts of resources into areas that will ensure human dignity and human development, including ensuring good health & nutrition.

- Thus, there is no doubt that we must work with policy makers. But, in the meantime, we must initiate action that will have more immediate payoffs.

**SLIDE 3**



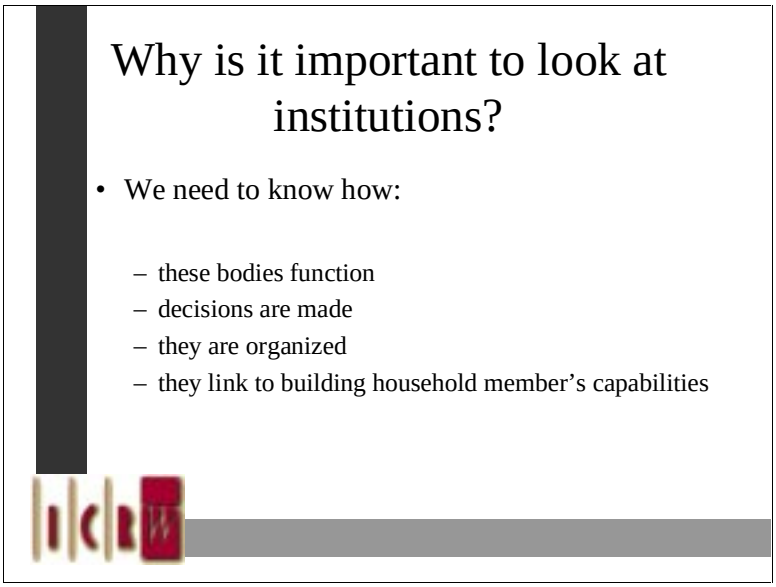

- But where and how do we do that? It is my belief that the point where we have the greatest opportunity to make change ***now*** is at the operational level. It is at the point where individuals make decisions and take actions that directly relate to good nutrition that we still have opportunities to make a difference.

- Why do I say that? It is because the experience we have gained and the flow of information from the field suggest that we aren't doing a good enough job investing in ***people*** – all people – men and women, girls and boys. Rather, we are still enamored with technologies that are neat, easy to use and that yield measurable results that stand up to scrutiny. We don't want to spend our time and other scarce resources trying to sort out human imperfections, the vagaries of human choice, human will and human needs. It's too messy and smacks, some would say, of cultural imperialism.

- Perhaps so, if we, as external agents, put ourselves in the drivers' seat and make decisions for others. Perhaps not, if we behave in ways that are supportive and responsive, and that contribute to long-term sustainable change through building capabilities at the local levels and within the institutions that work directly with communities.

- Thus, another opportunity rests in investing in ***institutions*** – those bodies that support household production and consumption, create and support economic opportunities, and contribute to health promoting attitudes and practices.

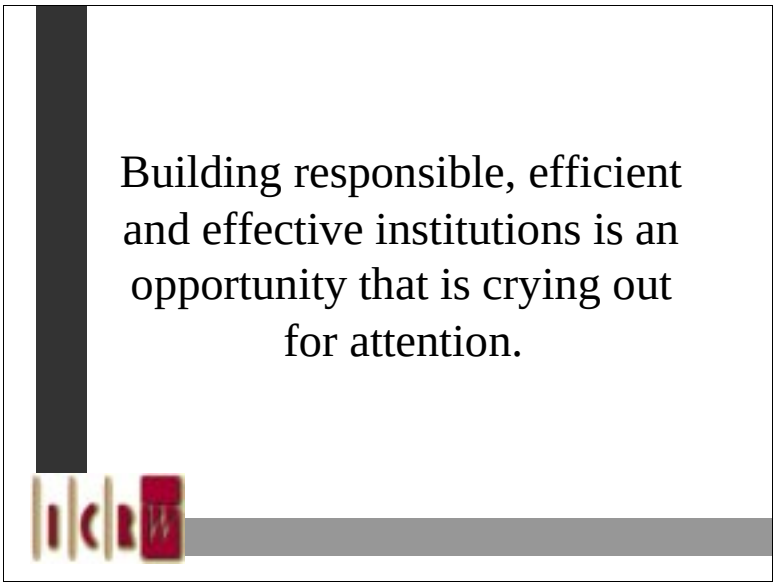
**SLIDE 4**




- Knowing how these bodies function, how decisions are made, and how they are organized is critical to building their capacity and realizing their potential for creating environments that support sustainable change.

- Further, knowing how these operational elements of institutions link to building household member's capabilities, expanding their freedoms of choice, and enabling them to act upon their decisions is critical to moving beyond the stalemate we face in improving the nutritional wellbeing of all citizens.

**SLIDE 5**




- Little effort to-date has been spent in strengthening institutions' operational aspects, promoting coordination within and across institutions, enhancing their efficiencies, and ensuring their willingness to engage household actors in planning, operations and evaluations. Building responsible, efficient and effective institutions is an opportunity that is crying out for attention.

Today, I will present findings from a study that aimed to identify factors that contributed to building partnerships for the purpose of improving household food security. The study was implemented in Ethiopia, Kenya, Tanzania and Uganda by the International Center for Research on Women in collaboration with in-country research partners. The study was funded by the USAID Regional Office in Nairobi through the Greater Horn of Africa Initiative and the BASIS Research Project.

Before I begin, I'd like to thank Dr. Cheryl Jackson of the U.S. Agency for International Development. It was Dr. Jackson who suggested to the organizing committee that the research I am about to present had lessons worth hearing by you -- the conference participants. My colleagues and I hope you agree.

# OUTLINE OF THE PRESENTATION

I will begin with a quick picture of the nutritional situation in the four countries before briefly describing the study design, methods and analysis plan. I will then present the findings from the 13 cases that were studied, including institutional factors that influenced the decision to collaborate before I focus on the gender-specific findings.

"Why gender?" you ask – because gender is about ***people*** – men and women, young and old, rich and poor; because food security is not just about technologies or food consumption or economic opportunities. It is about who's producing, who's earning, who's eating that food. It's about who is making decisions and what choices that person has. Food security is about ***people***, and gender puts a human face on food security.

But gender has become such an over-used, ill-defined and misunderstood concept that it is rarely given serious consideration in the development and implementation of policies and programs. Without using good gender analysis, we can miss some critical factors at the operational level, thereby undercutting the intended results. Moreover, a gender approach facilitates the process of identification and change of inequities – in power relations, decision-making and resource access and use. All of these have critical implications on household food security.

I will close with recommendations including how to strengthen the use of gender approaches and gender analysis to enhance the achievement of long-term sustainable improvements in nutritional wellbeing.

# NUTRITIONAL PICTURE OF FOUR COUNTRIES

In order to situate the findings from the study, it is useful to see a picture of nutrition and other development indicators for the four countries in which the study took place.

## SLIDE 6

**Table 1. Relevant food security indicators for the four study countries**

| Indicator | Ethiopia | Kenya | Tanzania | Uganda |
|---|---|---|---|---|
| Maternal mortality rate,[1] 1997 (per 1000 live births) | 107 | 74 | 85 | 99 |
| Under 5 mortality rate,[1] 1997 (per 1000 live births) | 175 | 112 | 136 | 162 |
| Maternal mortality,[1] 1990-97 (per 100,000 live births) | 1400 | 650 | 530 | 550 |
| Under 5 underweight,[1] 1992-97 (mod and severe) | 48% | 23% | 31% | 26% |
| Per capita energy supply[2] (kcal/day), 1990-1992 | 1620 | 1970 | 2110 | 2220 |
| Daily per capita calorie supply[2] (% of requirement), 1988-90 | 73% | 89% | 95% | 93% |
| Food production index,[1] 1995-97 (1989-1991=100) | -- | 102.9 | 97.2 | 107.7 |
| Food expenditure,[2] 1980-85 (% h'hold consumption), | 49 % | 38 % | 64 % | -- |
| GNP per cap,[1] 1998 (US$) | 100 | 330 | 210 | 320 |
| Below international poverty[1] line (<$1PPP/d*;1985 $) | 46% | 50 % | -- | 69% |
| Human Development Index[3] (HDI) rank, 1998 | 169 | 137 | 150 | 160 |

*PPP = Purchasing power parity, an estimate of the amount of money required to purchase comparable goods in different countries, usually expressed in US$
Sources: [1]World Development Report 1999/2000, [2]Bread for the World Institute 1999, [3]Human Development Report 1998.

There are several points I'd like to make regarding this "picture."

**First**: The data demonstrate the variability that exists among these countries. For instance, Ethiopia has high rates of maternal mortality, underweight children and low per capita energy supply, but larger proportions of the Kenyan and Ugandan populations live below the international poverty line. Thus, factors that contribute to malnutrition vary by country and even within countries.

And while Tanzanian households tend to spend more of their income on food – a poverty indicator, Tanzania is the only one of the 4 countries whose annual daily energy supply has grown over the past 20 years. This suggests a picture of persistent poverty in the face of what might appear to be increasing food supplies.

**Second**, while a country may appear to have sufficient supplies of food to meet its population's daily per capita calorie requirement, the health status of that population (or segments thereof) suggest they may not be able to utilize the nutrients they consume – assuming they can access those foods and nutrients. Thus, we have to look at the whole picture, not a small part of it.

**Finally**, and perhaps, most importantly, while aggregate figures give us an overall snapshot, they mask variations – between individuals, households, and regions within a country. Thus, we need to be careful about drawing conclusions from national-level data, particularly because we know that girls and boys, women and men do not have the same access to food, health services and income, nor the same decision-making power. These differences clearly impact on their abilities to realize their rights to good nutrition.

## DESCRIPTION OF THE STUDY

Our study was entitled "Improving Household Food Security: Documenting Institutions' Efforts to Apply Gender-Sensitive, Participatory Processes in Developing Integrated Solutions."

**SLIDE 7**

As we heard yesterday, food security is dependent on multiple factors including food availability, economic and physical access, and utilization of nutrients. It is also dependent on myriad actors – those who provide goods and services, nutrient utilization; those who formulate policies and design programs; those who collect information that leads to the development of technologies; and those who use those technologies, benefit from those policies and programs.

My partners and I made several assumptions as we began our work:

***First***: Because food security is dependent on a range of inputs and actors, it could be best achieved through an integrated approach to planning and implementation.

***Second***: Because institutions tend to organize themselves in a vertical or sector-specific fashion, and tend to specialize in the type of work they do, that is, program implementation, research or policy making, actions to improve food security would be best implemented through partnerships.

***Third***: Because gender differential access to and control over resources and benefits, freedom of choice and decision-making power are realities in the daily lives of women and men, and are reflected in how institutions behave, we presumed that if a project or activity took explicit account of those differentials, it would be more likely to achieve improvements in individual and household food security and nutritional wellbeing.

***Fourth***: We presumed that if participatory approaches and methods were used, it would be more likely that interventions would be appropriate for local conditions, acceptable to households and communities and effective in achieving their intended objectives.

Our study focused on identifying and analyzing factors that contributed to or constrained institutional collaborations in addressing household food security. We were interested in the content, the process and the outcomes of that collaboration. Moreover, we wanted to know why institutions chose to collaborate, who initiated the collaboration and how they managed their partnership.

Indeed, what we were looking for were examples of good development practice and lessons that could be learned in terms of institutional collaboration.

# FINDINGS

## I. Description of 13 Cases

Let's see what the data tell us about institutional collaboration as a means to achieve food security and nutritional wellbeing.

### SLIDE 8

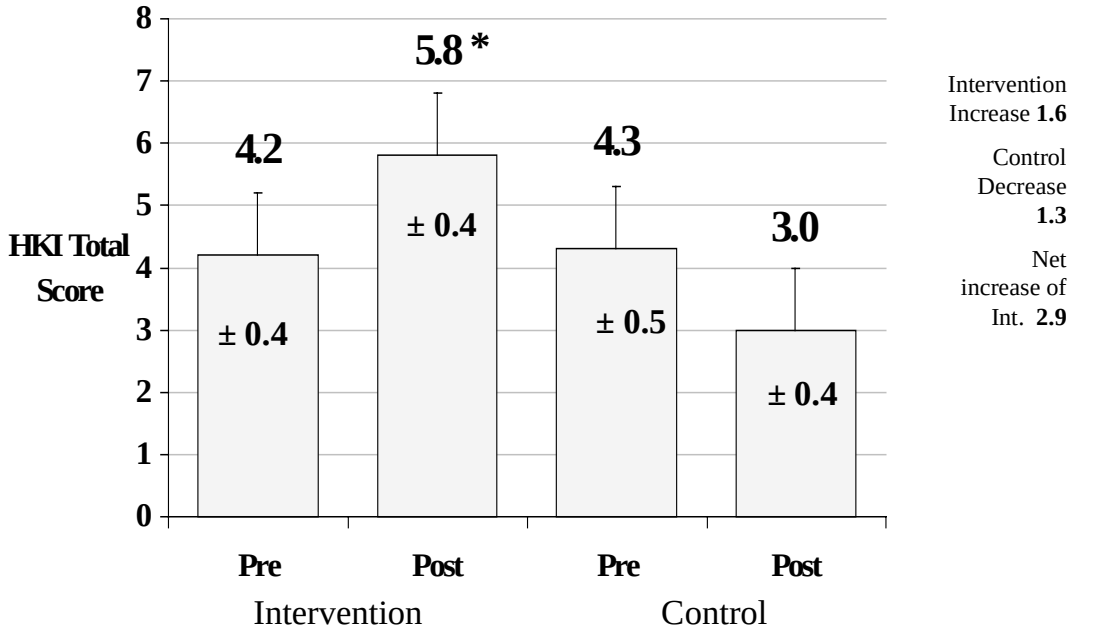
| Country | Institutions | Availability | Accessibility | Utilization |
|---|---|---|---|---|
| Ethiopia | *FARM Africa*, *Alemaya U. Agri.*, *Min. Agri*, Educ, Health | √ | √ | √ |
| | *World Vision*, Ministries of Agr., Educ., Health | √ | √ | √ |
| | *CARE*, World Vision, Min. Health, Agri., Education | √ | √ | √ |
| | *Agri-Service*, Min Agri, Health, Women's Affairs | √ | √ | √ |
| Kenya | *KARI*, *CIP* and CARE, Ministry Agriculture | √ | √ | √ |
| Tanzania | *GTZ*, *Ministry Agri.*, Health, TFNC, Reg. Dev. Officer | √ | √ | √ |
| | *TFNC*, Ministry Agri., Health, District steering committee | √ | √ | √ |
| | *COOPIBO*, Comm. Dev. Trust Fund, Min. Agri., District Council | √ | | |
| | *UNICEF*, *Ministry of Health*, Ed., Agri., TFNC | √ | √ | √ |
| Uganda | *SACU*, Min. Agri., Heifer Project, Church & Village Councils, Mothers' Union | √ | √ | √ |
| | *CARE*, Min. Agriculture, NARO, Local councils | √ | | √ |
| | *CIAT*, *NARO*, Ministry of Agri, Mission Moving Mtns, CHDC | √ | √ | |
| | *Winrock*, *ACDI*, *UPWAE*, *Min Agri* & Health, NARO, World Vision, COOPIBO | √ | √ | √ |

Note: Names in italics are the lead institutions

**First**: Of the 13 projects, all but 3 of them addressed all three components of food security. This suggests recognition that increasing agricultural production is necessary but not sufficient to achieve food security. The study in Kenya is a good example of this. This study tested two intervention modes then compared changes in dietary intake from across and within groups. The intervention mode that included explicit attention to both production and consumption (the

intervention group) as compared to that which addressed production-side issues only (the control group) yielded far better outcomes in terms of dietary intake and diversity – reasonable proxies for "food security".

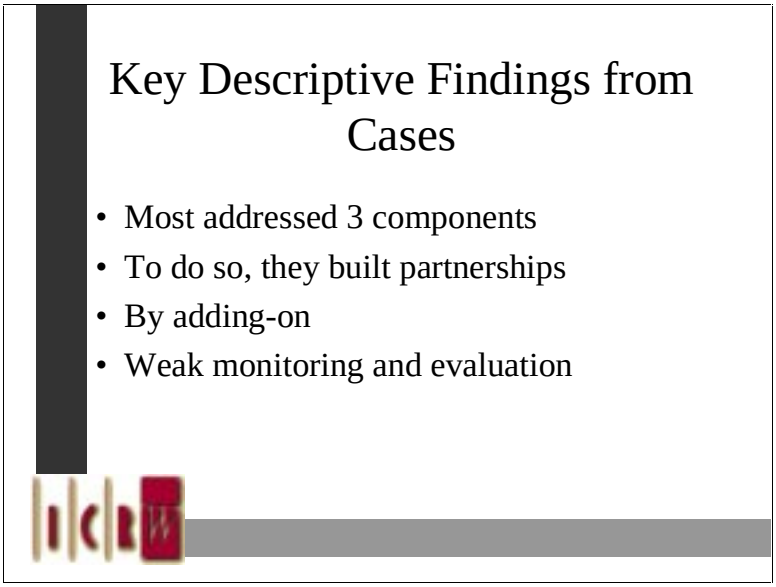
**SLIDE 9**




***** The increase from pre- to post-intervention period is significantly greater in the intervention group than the change in the control group (ANOVA, p = 0.0015)
**Figure 3.** Frequency of Consuming Vitamin A Rich Foods, Ndhiwa/Nyarongi (n=154 children 0-5 years)

**Second**, given that most projects paid attention to all 3 components of food security and that institutions recognized their limitations in addressing each of those components, it is not surprising that they developed partnerships with institutions that had complementary skills. Few institutions have the capacity and resources to do it all. Thus, partnerships enabled them to realize their objectives of improving household food security.

**SLIDE 10**




**Third**: The projects tended to be "add-ons" to pre-existing projects or activities, with most being implemented as part of a larger community development strategy. This makes some sense as it avoids start-up costs and builds on experience. It also facilitated the partnerships, as will be noted later. However, the projects documented in the case studies also were time-bound, that is, there was a fixed end to them. The presumption was that once the pilot intervention phase was completed and results were demonstrated, communities would continue to use the practices they had learned over the course of the project. This was not necessarily the case. Indeed, in some instances, there was little evidence of a residual effect of successful interventions in communities that had participated in the case study projects. Again, this is not surprising as this project-based approach to instituting change rarely leads to sustainable change, particularly if there was not sufficient attention given to building local capacities and ensuring availability of necessary resources for communities to access over the long term. Moreover, without paying heed to and making efforts to change underlying factors, including power relationships, long term change is unlikely to occur.

**Fourth**: All of the projects collected some information before startup, and had some type of monitoring and evaluation system. Some used a fairly systematic, rigorous evaluation design, while others were more informal in what they collected and how it was analyzed. Still others had no comparative data so they could not tell whether their interventions had achieved the intended effects or not. This lack of a well-designed and implemented monitoring and evaluation plan was a major weakness in most of the studies.

## SLIDE 11

# Indicators

| Country | Title | Economic Indicators | Nutritional Indicators | Agricultural Indicators | Gender Indicators |
|---|---|---|---|---|---|
| **Ethiopia** | Reducing Vitamin A Deficiency through Women-Focused Dairy Goat Project | √ | √ | √ | |
| | Adama Area Development Project | √ | √ | √ | √ |
| | Micronutrient and Health Initiative | | √ | √ | |
| | Integrated Rural Development Project | | | √ | √ |
| **Kenya** | Women Farmers' Adoption of Orange-Fleshed Sweet Potatoes | √ | √ | √ | |
| **Tanzania** | Improved Solar Drying of Vitamin A-rich Foods | √ | √ | √ | |
| | Integrated Food Security Project | | √ | √ | |
| | Agricultural Development Project | √ | √ | √ | √ |
| | Child Survival Protection and Development Project | √ | √ | | |
| **Uganda** | Training in Animal Husbandry | √ | √ | √ | |
| | Production and Utilization of Improved Indigenous Vegetable Varieties | | √ | √ | |
| | Improving Household Food Security through Increasing Bean Production | √ | √ | √ | √ |
| | On-Farm Productivity Enhancement Project | √ | √ | √ | |

A range of outcome indicators was used by the projects. Some used economic indicators, such as income earned or consumption patterns; others used agricultural productivity indicators including yields or amounts of inputs used; while still others used dietary intake or anthropometry as outcome indicators.

Interestingly, most of the cases used a nutrition-related outcome indicator to measure effects. While this suggests an acknowledgment of the link between agriculture and nutrition, there are risks in using that type of indicator – and that is because changes in nutritional status are not necessarily a direct outcome of agriculture intervention. Just because more food is produced doesn't mean that members of the study or project population consume that food, or that the income gained from the sale of surplus production is used for nutritional benefits. Using nutrition-specific indicators without also addressing the factors that contribute directly to that outcome – including health and nutrition knowledge, health promoting and caring practices, consumption of the right amount and quality of food, as well as intra-household decision-making patterns – can make a successful project, if measured differently, appear to be a failure.

Again, the intervention research study in Kenya demonstrates this point. As we saw earlier, this project used food frequency scores as the nutrition outcome indicator. In this case, dietary intake was a reasonable indicator to show the effects of the two trial intervention models – as the objective was to see whether or not agriculture production alone was sufficient to improve dietary intake of young children.

**Finally**, the cases illustrate a range of participatory approaches – from information giving at the planning stage to full stakeholder participation in decision-making and problem solving throughout the life of the project. While there was near universal acknowledgment of the value of engaging stakeholders throughout the process, total engagement was not often done. When it was, the process was facilitated by the use of participatory tools and methodologies such as the Triple A cycle and the "Objective Oriented Project Planning method" – both used in Tanzania.

Indeed, staff from some of the projects expressed a reluctance to be totally participatory as they felt this oftentimes created the impression that communities could get whatever they needed from the development institutions, and these institutions were not able to meet those expectations. Rather than disappoint communities, development agents would limit the amount of freedom of choice and input from community members in project identification and design.

## II Institutional Factors

I will quickly review the findings as they relate to what motivates institutions to collaborate, and how they go about making that collaboration work. We can categorize these into two types – strategic and practical. Strategic factors have to do with an enabling environment including policies and legislation, while practical factors have to do with staffing, training and other organizational elements.

**SLIDE 12**

There were four strategic factors that motivated institutions to collaborate and guided that collaboration.

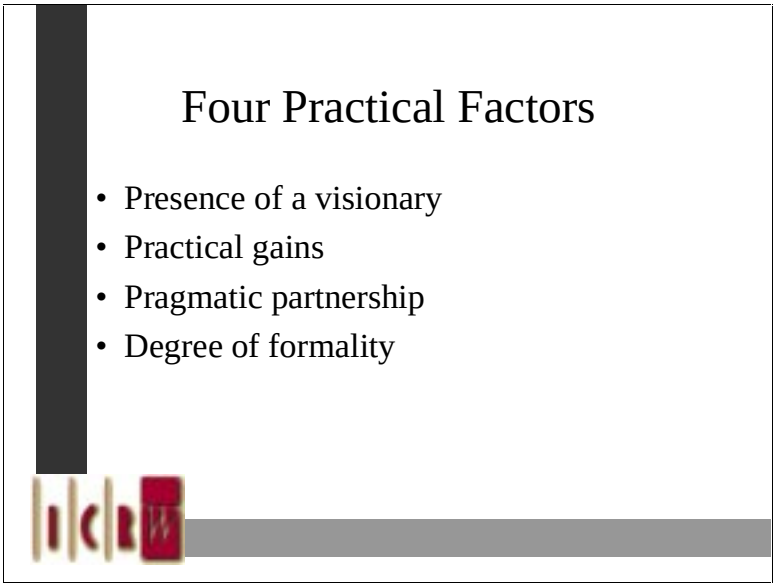
**First**: International policy statements were critical to national governments' setting priorities, donor agencies' targeting their investments, and national institutions' deciding about their niche and comparative advantage relative to the larger policy environment. Statements made at the World Food Summit or commitments made by governments when they signed onto the Convention on the Rights of the Child meant that in-country institutions oftentimes had to come together to ensure that their national governments met their responsibilities and to collect data and prepare progress reports for submission to the relevant monitoring bodies.

**Second**: Donor interests drive many in-country decisions to collaborate. These don't have to be negative influences but can oftentimes divert in-country institutions' interests in a direction they might not have foreseen. For instance, when funds are made available to reduce micronutrient deficiencies, institutions come together to respond to that funding opportunity. If they are creative in that effort, these institutions can leverage that support to also meet their original objectives, such as generalized hunger or under-nutrition. This was the case in Ethiopia, where nutrition specialists – trained in identifying deficiencies and skilled in the ways to reduce these nutritional problems – joined the agriculture and livestock agents in the Farm Africa project.

**Third**: National policies and resource allocations are powerful motivators for institutions to work together. Decentralization and devolution of decision-making is at different stages of implementation in these four countries. When planning is done from a top-down approach, it is more likely that the problems will be identified in terms of sectors versus in terms of how they are manifested at the individual or household level. This is the classic vertical programming we often see. Conversely, when decisions are made at the local level, it is more likely that problems that have multiple causalities or that interact with each other will be identified. In order to address these problems, institutions must coordinate and collaborate. Thus, decentralized decision-making can contribute to development and implementation of integrated approaches and partnerships.

**Fourth**: Related to the above factor but still distinct from it, the fourth strategic factor that influences collaborations is institutions' responsiveness to local initiatives**.** The current operating mode among development institutions is to encourage community initiatives and be ready to respond to it through provision of support and technical assistance, when needed. This was the case with the UNICEF- and GTZ-funded projects in Tanzania. In these two cases, communities or local leaders approached the donor agencies and requested assistance – they didn't wait for UNICEF or GTZ technical specialists to come to them. Once UNICEF and GTZ entered into discussions with the communities, a partnership between communities, technical institutions and the donor agency was formed.

**SLIDE 13**




There are also four practical factors that create and guide institutional collaborations.

**First**: Never underestimate the power a single individual can have – depending on who that person is and where that person might be within an institution. Indeed, many of the case study projects were the result of a single person's vision and energy. Not only can one person bring partners together but that person can ensure that the partnership continues over time and yields benefits. So, for instance, the Kenya study was the result of one person's realization that agricultural production was necessary but not sufficient to ensure nutritional benefits. She put together a cross-institutional team, formalized the relationships and identified funds.

**Second**: Practical gains are powerful motivations to collaborate. When an institution can access additional resources – human, physical or financial, there is little quarrel with that institution agreeing to join in partnership with another. Similarly, when project effectiveness can be improved by asking another institution to join in, there are real gains to be had.

**Third**: Partnerships are formed and disappear throughout the project cycle, and the type of institutions which decide to work together is often a factor of where in that cycle the decision to partnership is taken. For instance, a project may start with a single implementing institution but once it becomes clear that more assistance in, say, monitoring and evaluation is needed, the implementing institution may approach a research institution. Similarly, the formative and baseline information may be collected by a research institution that then bows out of the partnership, handing over implementation to its other partners.

**Fourth**: All partnerships were formalized in some fashion with the most formalized relationships occurring among public sector agencies or when a partnership was developed for an express task. Memorandums of understanding or bilateral agreements between government agencies were oftentimes used to describe relationships, contributions and establish benchmarks. This was in large measure for accountability purposes. Although some institutions informally agreed to help each other out, that was less often the case, and never the case when commitment of resources were involved.

This may seem like common sense to you. And it should -- because we are talking about good development practice. However, it was reaffirming and useful to find that the factors derived from our study of 13 disparate projects in 4 countries mirrored those in a theoretical model of coalition building that has been tested in many settings. This suggests that others can use the factors identified through our analysis to build coalitions or partnerships for the purpose of using integrated approaches to development problems.

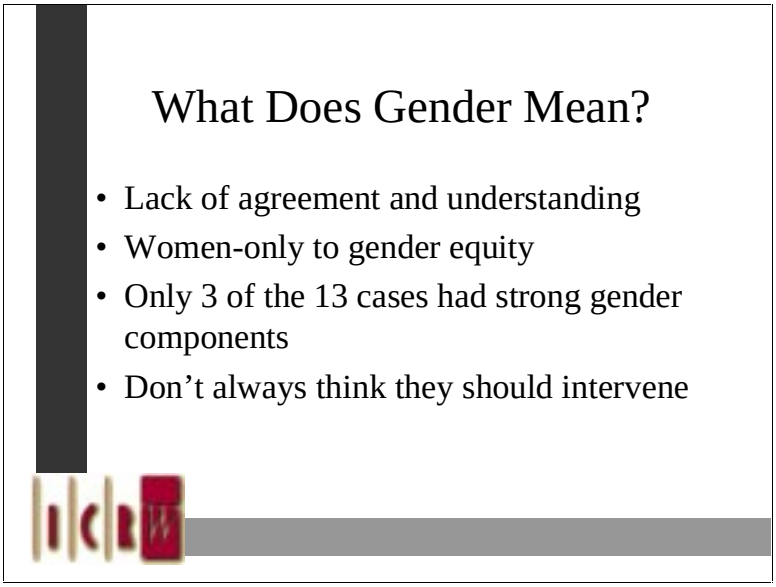
I would now like to move onto what I consider a fundamental but often overlooked factor that impacts on the realization of individuals' right to nutritional wellbeing – gender.

## III. Gender – what it means and how it is addressed within the 13 projects

As you recall, it was our presumption that if the partners paid attention to gender issues by using gender analysis in their planning, implementation and evaluation, they would enhance the project's effectiveness and reduce gender inequities in terms of resources and benefits, decision-making and choices.

You and I know that the term and concept of gender has come to mean nothing and everything. Because of this lack of agreement and understanding, when people use a gender approach or gender analysis, they do so in highly variable ways. Indeed, that is what we found.

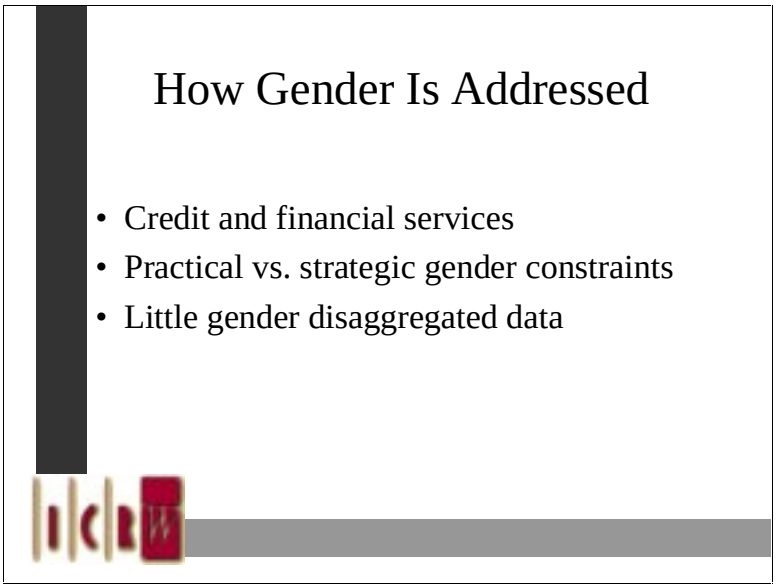
**SLIDE 14**




The 13 cases spanned the range from a women-only focus to one that engaged women and men in addressing inequitable access to resources; from a single activity, e.g., training staff, to fully integrating gender within the host institution and throughout the project. However, only three of the 13 cases had strong gender components, that is, had an institutional policy on gender integration, had staff specifically assigned to ensure its implementation and institutional compliance, trained staff in gender approaches and analysis, and used gender equity as an implementing guideline.

While most of the institutional partners recognized that intra-household distribution of food is not necessarily equitable or that men and women had differential access to productive resources, the project staff didn't always know what to do about that, or even if they should do anything. So, for instance, some project staff expressed discomfort with dealing with intra-household relationships as they viewed that as an intrusion into a private domain. And because of that reluctance, they dealt with gender only in ways that they felt were "non-threatening" – such as improving women's access to credit, but not addressing their lack of land tenure rights.

**SLIDE 15**




Interestingly, women were explicitly targeted as the intended clients in all projects that incorporated attention to credit and financial services into their intervention package. This may reflect data and experience that demonstrates the social and private benefits that accrue when women have equitable access to financial capital.

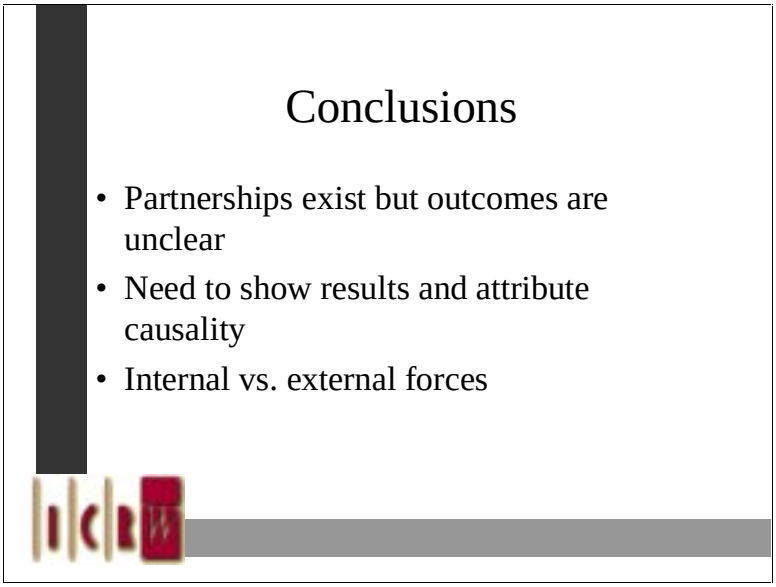
Just as improving women's access to credit is addressing a practical resource constraint, most of the projects tended to address these rather than strategic gender constraints. So, for instance, women might benefit by having access to a new technology for processing food, but as soon as the use of these technologies begin to show a significant financial return, men oftentimes take them over, pushing women to the side. Indeed, that happened in the Kenya sweet potato project. Acknowledging power dynamics in the very beginning and throughout the project might avoid or, at a minimum, mitigate that unintended effect—but none of the cases confronted this powerful constraint to women's choices and options for improving their families' food security.

Finally and reflecting on an earlier point, very few of the cases collected data that were sex disaggregated and even fewer used gender analysis. This shortcoming means that the data and its interpretation paint a picture that can be very misleading.

For instance, while the data might report yields separately for men's and for women's crops, it was not possible to know if any differences in terms of yield were a result of the quality of the land or the amount under cultivation, differential labor investments, access to fertilizer, amounts, types and frequency of application, or other factors specific to men's and women's decision making and access to resources. Similarly, nutrition outcome data were never reported by sex – without that beginning point, it would be impossible to know if girls or boys were being discriminated against in terms of caring practices or dietary intake, and, if so, what factors might explain those differential practices. We should always ask the question – it isn't hard to do – WHOSE, male or female, nutritional status are we measuring? WHOSE crops and production levels are we weighing?

## CONCLUSIONS AND RECOMMENDATIONS

**SLIDE 16**

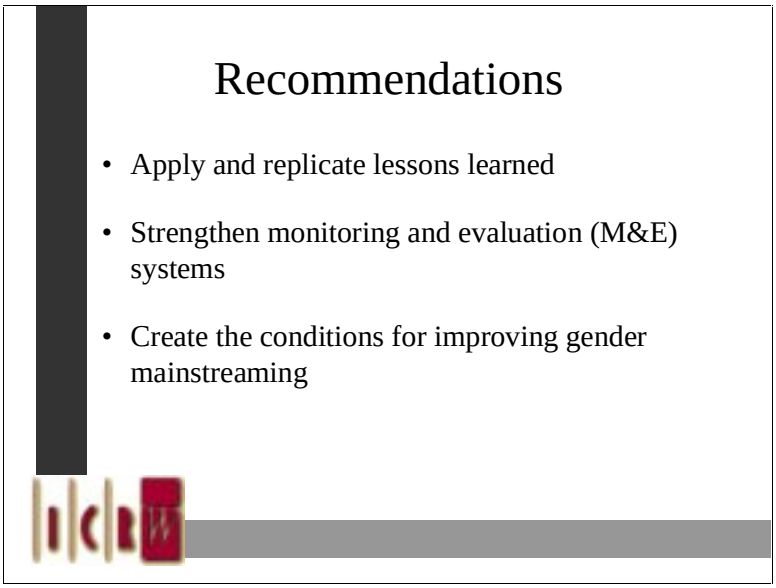



The 13 case studies suggest institutions' recognition of the need and will to collaborate. Indeed, institutions are motivated by their own self-interest to maximize their resources to achieve their expressed goals and objectives in an efficient and effective manner. However, because of data constraints, they are unable to determine the outcome of that collaboration which may create some doubt as to whether these collaborative efforts are "worth it." Thus, the issue is not of will or interest but of how to operationalize those positive attitudes, and to better monitor and evaluate the outcomes using a range of indicators.

A related issue is the need to show results. Integrated approaches, in which multiple agencies or institutions pool their human, technical, financial and physical resources lead to results that cannot necessarily be attributed to any one institution's inputs. If donors could be satisfied with results that cannot be disaggregated by donor-specific inputs, in-country organizations may feel encouraged to collaborate more fully.

Furthermore, while local citizens are the ultimate stakeholders of food security projects and policies, in reality the institutions involved in the 13 cases were more often influenced by external forces particularly donors. This does not have to be a negative factor. If donor policies and procedures promote the use of integrated approaches, demand the participation of all stakeholders, particularly community members, and insist on the use of gender analysis, national organizations might respond by investing its resources in those same principles of good development practice.

**SLIDE 17**




The recommendations issuing from this case study research include the following:

- **Apply and replicate the lessons learned in these and other successful collaborations**. Donor, implementing, and research institutions should continue to invest in using integrated approaches to improve household food security. In doing this, they should carefully select partners; develop clear terms of reference for each partner institution; and ensure that all benefit in ways that are valued by each partner.

- **Strengthen monitoring and evaluation systems**. Projects that aim to apply integrated approaches should develop a detailed conceptual framework that would guide the design, implementation and evaluation of such projects or policies. These frameworks should explicitly show the links among inputs (independent variables), processes and activities (mediating variables), and outcomes and impacts (dependent variables). The framework also should guide the selection of gender-sensitive process and outcome indicators, and the monitoring and evaluation plan should be designed and implemented to enable decision-makers to attribute changes to the interventions. In order to do that, the partnership should have members that have expertise in research design, data collection and analysis, including gender analysis.

- **Create the conditions for improving gender mainstreaming**. All partner institutions should take steps to mainstream gender in their policies, operations, and staffing pattern. Donors should provide incentives to support this mainstreaming effort, including providing access to financial and human resources, as needed.

**SLIDE 18**

- **Engage a wide variety of stakeholders throughout the process**. Institutional partners should ensure that community members are fully engaged throughout the design, implementation, and evaluation process to enhance the likelihood of achieving long-term and sustainable improvements. Sufficient resources should be allocated to ensure the use of participatory processes, and donors should demand that recipient institutions use these methods and be able to link their results to them.

- **Conduct comparative research** on integrated versus single-sector interventions and participatory versus top-down approaches. Among the cases, there was anecdotal evidence of the range of the costs and benefits of using integrated approaches. However, there was little empirical evidence that might create a compelling argument for investing increasingly scarce resources in such approaches. Furthermore, there appears to be a gap in the literature that looks at the long-term impact of bottom-up, highly participatory approaches as compared to top-down, less participatory approaches. Does the former really live up to the expectation that they are more likely to achieve sustainable change than the latter? And if so, what is it about that process and methods that make the difference? There is a critical need to undertake comparative research to fill these two gaps. Donors and other institutions that influence policy or provide support to development programs should invest in such research.

I would like to close with this thought. We have in-hand a plethora of proven technical solutions to household and individual food security. On the other hand, we have under-invested in people as resources, decision-makers and actors, and we have neglected the institutions that support and mediate household food security. Building responsible, efficient and effective institutions and ensuring that the voices of all are heard are opportunities that cry out for attention.

Thank you for coming.

*Reference: Johnson-Welch, Charlotte; Bogalech Alemu; Theresia Peter Msaki; May Sengendo; Hilda Kigutha; Antonia Wolff. 2000. Improving Household Food Security: Institutions, Gender and Integrated Approaches. BASIS Progress Report, ICRW and the Broadening Access and Strengthening Input Market Systems Project, Madison, WI. It can be accessed on the BASIS website by going to:* www.wisc.edu/ltc *and look for the Greater Horn of Africa Regional Workshop, November 1999.* *Funding for the study was provided by the Greater Horn of Africa Initiative, USAID REDSO/ESA.*