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## Addressing the Needs of the Food Insecure: A Position Paper on Food-Based Maternal/Child Health and Nutrition Programs

By Chris Bessenecker, Project Concern International

This article is a summary of PCI's position paper, and contains only references for those materials cited in the article. A complete copy of the position paper is available from PCI. Please contact Chris Bessenecker at [cbessenecker@projectconcern.org](mailto:cbessenecker@projectconcern.org).

Project Concern International (PCI) has been a cooperating sponsor of U.S. Title II food programs for close to a decade, and a number of our staff have been involved with food aid programs since the 1970s. Based on this cumulative experience the organization has come to advocate for a different approach to the application of food aid in health and nutrition programs than the traditional rehabilitative model.

PCI believes in the potential of food aid to help communities achieve significant advances in their own development. Even if used poorly, it is clear that food aid is an essential input for food deficit countries and communities. Without food aid, the cumulative caloric and micronutrient deficit would have an overwhelmingly negative impact for those communities that receive its benefits. The question is not

whether food aid is appropriate or inappropriate, but rather how food aid can be best utilized to achieve sustainable change in the health and food security status of poor communities.

The search for a better approach evolved as a consequence of witnessing many of the negative affects of using food aid in Maternal/Child Health (MCH) programs. These include poor applications of anthropometry in the field; creation of divisions in communities through the establishment of food-assisted and non food-assisted families; the cycling effect of graduation and re-entry of beneficiaries resulting in less efficient rather than more efficient food use; the borrowing of malnourished children to gain entry into the program; and a design that perpetuates the belief that an imported food ration is the key element for a child's recovery.

This article focuses on the inherent weaknesses of the traditional approach to food aid in MCH programs and proposes a promising alternative that PCI is testing in Bolivia.

### History of the Traditional Approach

While individual programs vary, the traditional approach (referred to as the Rehabilitative Model) for the use of food aid in MCH programs has distinctive characteristics with regard to its purpose, means of identifying the malnourished, methods for monitoring progress, graduation criteria, and ration design.

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## Using Knowledge, Practices, and Coverage (KPC) Surveys to Plan, Monitor, and Evaluate Food Aid Projects

by Donna Espeut, Child Survival Technical Support Project (CSTS)

Knowledge, Practices, and Coverage (KPC) surveys have become a mainstay in child survival (CS) programs. Other fields such as food aid are also beginning to recognize the usefulness of KPC surveys in program planning, monitoring, and evaluation. This article discusses the purpose of a KPC small-sample survey in project management. It also describes the latest version of the KPC questionnaire and discusses ways that Private Voluntary Organizations (PVOs) can use KPC surveys to monitor and estimate the results of their food aid activities.

### The Knowledge, Practices, and Coverage Survey 2000+ (KPC2000+)

In the late 1980s, the United States Agency for International Development (USAID) asked the Johns Hopkins University Child Survival Support Program (JHU CSSP) to develop a rapid, easy-to-use way of assessing PVO child survival activities. After meeting with individuals from different PVOs, the JHU CSSP developed a KPC survey with 56 questions and 17 key indicators. The KPC has met a great need among PVOs, which often lack staff with extensive monitoring and evaluation (M&E) training.

The original questionnaire has recently been revised and is now called the KPC2000+. The Child Survival Collaborations and Resources Group (CORE), which is the child survival equivalent to FAM, and the Child Survival Technical Support Project (CSTS) revised the questionnaire based on PVO requests to include topics such as anthropometry, malaria, and HIV/AIDS in the survey. The KPC2000+ includes 15 modules on key program areas related to child health and survival, as well as the Rapid CATCH (Core Assessment Tool on Child Health).

The complete KPC2000+ survey and other useful nutrition resources are available on the CSTS website as follows:

The KPC2000+

<http://www.childsurvival.com/kpc2000/kpc2000.cfm>

Implementing and Evaluating Nutrition Interventions for Managers of PVO Child Survival Projects: A Guide to Manuals, Guidebooks, and Reports

<http://www.childsurvival.com/documents/NutritionManual3.pdf>

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# FAM

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## Food Forum

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Food Forum is published quarterly by Food Aid Management (FAM), an association of 17 United States Private Voluntary Organizations and Cooperatives working together to make U.S. food aid more efficient and effective. With its members, FAM works towards improved food security outcomes by promoting information exchange and coordination, providing forums for discussion and collaboration, and developing food aid standards. The Food Forum provides food aid and food security professionals with a forum for the exchange of technical information, field experience, and recent events.

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Addressing the Needs, continued from page 1

**Purpose:** The purpose of the traditional approach is to rehabilitate malnourished children. Given this purpose, children between 6 and 24 months have been the principle target since research has demonstrated that most malnourishment and risk of death occurs during that time period, and it is also the period when children recuperate the fastest. Over the years vulnerable 'add-ons' have also been incorporated such as lactating and pregnant women.

**Identifying the malnourished:** The program uses an anthropometric measure (almost always weight for age) to 'identify' malnourished and vulnerable children. A family enters the program if the child is positioned below the standard curve at the time of measurement.

**Monitoring and Graduation:** Growth monitoring is used to determine the performance of the child under the program. Once a child's measurements surpasses the standard curve for a determined number of months the child is 'graduated' and exits from the program. Growth monitoring often occurs en masse and performed by trained community volunteers or field representatives of an organization. Additional criteria may also be incorporated for graduation or continuance such as vaccination completion and/or pre-natal attendance.

**Ration design:** Until recently, many take-home food rations were an individual ration designed to meet the caloric deficiencies of the malnourished child. Families were instructed to give the ration only to the child. Some programs are now using 'family' rations developed to meet a percent of the caloric intake of an average family. Families are expected to consume the entire ration during the month.

In March 1995, USAID issued the Food Aid and Food Security Policy Paper to "guide program development and resources allocation for all USAID-administered food aid activities." Specifically, the paper emphasizes targeting food aid under Title II programs in order to improve "household nutrition, especially in children and mothers...alleviating the causes of hunger, especially by increasing agricultural productivity." With regard to nutrition, this well-intended strategy has reinforced an individual-based targeting approach using anthropometry to determine need. Consequently, MCH food rations have been designed principally to rehabilitate malnourished children rather than address the overall food security problems faced by the household and community.

The evolution of the use of anthropometry within Title II food programs has its roots in David Morley's 1973 book *Pediatric Priorities in the Developing World*. Morley considered weight to be the most appropriate measure as "no other anthropometric measurement is available which is so sensitive to the effects of infection." Morley considered the change in measurement over time to be an effective tool for monitoring healthy growth or early detection of infection.

Morley's work led to a huge movement in the use of growth monitoring to assist in improving child health. Its use by governments was further reinforced in the late 1970s and early 1980s when a need for national and global nutritional surveillance systems as an early warning against food shortages and famine was recognized.<sup>36</sup>

As Title II food programs evolved in parallel with the use of growth monitoring, the two intersected in a way that has significantly distorted the use of both. Against the advice of food and growth monitoring experts, many food programs adapted growth monitoring in order to screen for eligibility with the belief that such a tool will accurately 'filter out' those who are nourished and food secure, and thereby demonstrate greater impact while efficiently targeting limited resources. The relationship seems logical and anthropometry via growth monitoring has become an attractive, widely used tool for 'capturing' those that are hungry and demonstrating the recuperative qualities of the food intervention.

### Flaws in the Rehabilitative Model

There are four principle drawbacks to the rehabilitative approach: (1) applied anthropometry is an inaccurate screening mechanism; (2) the rehabilitative model fails to take into account the critical social dynamics that are fundamental for long-term food security; (3) it is a model that punishes rather than rewards success; and (4) results of its use over the last 30 years have been mixed at best. The arguments in this paper principally pertain to rural, homogenous communities in a non-relief setting, though their validity should also be considered in other contexts.

#### 1) Anthropometry as a screening mechanism

As far back as Morely's work on applied anthropometry there were warnings against using it as a precision tool to screen for malnourishment. Two facts were crucial to Morley in interpreting this measure: (1) the natural and considerable physiological deviation that occurs within a population regardless of the level of development and, (2) the importance of growth as opposed to actual weight as the determinant of a child's health status. Under the rehabilitative model a child gains entry into a program based on whether or not s/he falls above or below the standard growth curve determined by one measure. Morley emphasizes that wide variation in weight and height will present itself in any population. Where an individual falls within that normal curve is not necessarily indicative of nutritional or other environmental factors, as it is a factor of genetic make-up. He further argued that the use of reference standards (i.e. comparisons of a child against the mean or median value of healthy populations of the same age and sex) is frequently misleading and confusing. Use of reference standards habitually made people focus on where the child fell on the chart rather than how the child was growing. He states, "Unfortunately, too much emphasis is often placed on a child's weight relative to some standard, and decisions are made as regards to what treatment requires on the basis of one weight." This is still a natural tendency of program managers, fieldworkers and mothers and is reinforced by the color schemes on the Road to Health cards.

Since Morely, Gopalan and Chatterjee have been the most outspoken on the use and inherent limitations of anthropometry as applied to food aid programs. In 1985 they conducted an extensive assessment on the effectiveness of Growth Monitoring programs. One of their conclusions was that Growth Monitoring was being applied incorrectly (i.e., as a food distribution eligibility screening tool). They state:

"Unfortunately, in many on-going growth-monitoring operations, the growth data are used primarily to identify beneficiaries for nutrition intervention - those who qualify as being the 'moderately' or 'severely' malnourished - rather than to monitor child growth. This has sometimes resulted in the neglect of children who are undernourished but not severely enough to descend into the qualifying 'yellow' or 'red' zones of the growth chart."<sup>7</sup>

Gopalan and Chatterjee found that such screening techniques may

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## Credit With Education

Submitted by the FANTA Project

Credit with education (CWE) combines credit and savings services (through village banking) with non-formal adult education on health and nutrition topics. Freedom From Hunger (FFH) has pioneered this approach and provided training and ongoing technical assistance to credit unions and NGOs in 12 countries (Bolivia, Burkina Faso, Ghana, Guinea, Haiti, Honduras, Madagascar, Malawi, Mali, the Philippines, Togo and Uganda). The programs are reaching more than 145,000 clients, mostly women living in poor, rural areas. Freedom From Hunger is collaborating with FANTA on ways that credit with education could be integrated into Title II development programs.

### How does CWE work?

Village banks provide loans and health and nutrition education to groups of 15 to 50 women who jointly guarantee each others' loans. Each group is responsible for managing their loan. The amount of each individual loan is less than \$300. A loan cycle is 16 weeks, from loan disbursement to full repayment. Members of the group meet at least once a week for an education session, to repay the principal and interest, and to deposit savings.

The health and nutrition education component of a CWE program advocates behavior change on a number of different topics: breastfeeding, HIV/AIDS, immunization, diarrhea prevention and management, and child feeding. The emphasis is on solutions that women can adopt, afford and manage. The educational sessions are led by field agents with a microfinance background. The field agents are not health experts, but are trained to present basic health and nutrition information and to facilitate group learning. Two topics are discussed every week during each loan cycle, one topic on health and nutrition and another on better business practices. The education component adds value to the meeting without taking up a lot of time. The weekly meetings do not last more than two hours. It takes two years to cover all the recommended health and business topics.

### Results from Ghana and Bolivia

The University of California/Davis Program in International Nutrition undertook a longitudinal study of CWE in Ghana and Bolivia. The research in Ghana showed that CWE increases income and savings, enhances self-confidence, and improves household food security and children's nutrition status. The positive changes measured in Bolivia were not as dramatic as those in Ghana, but they verified one of the central assumptions underlying credit with education: income increases, consumption smoothing and empowerment are not enough to create a marked improvement in child nutrition. Programs must also provide good quality education to change behavior.

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## New USAID ADS Gender Requirements: Implications for Title II?

By Mara Russell, Coordinator, Food Aid Management (FAM)

In November 2000, the United States Agency for International Development issued a newly revised Automated Directives System (ADS) (online guidance on procedures for managing and implementing USAID activities) that included new requirements for Gender Equity. These new requirements, which touch upon the entire program process from procurement to program implementation and evaluation, were the initiative of the AID Office of Women in Development (WID), working in consultation with agency colleagues and various NGO partners. On May 1st, the InterAction Commission on the Advancement of Women (CAW) held a meeting for NGOs in which high-ranking representatives from the WID Office official and AID Procurement staff, briefed approximately 50 NGO representatives regarding these changes.

## CWE and Title II Programs

Credit with education programs could be supported through Title II monetized food aid. However, the programs would be more effective as part of a multi-sectoral Title II program effort. As a component of Title II development programming, credit with education can:

- Improve income generation, asset accumulation and consumption smoothing;
- Supplement and reinforce education to promote care-giving practices and informed use of health services; and
- Expand the outreach of Maternal Child Health/Nutrition programs to include older women, such as grandmothers.

Introducing credit with education into a multi-sectoral Title II program brings about some important, but manageable challenges:

- Reaching a significant number of people in need requires a major investment in loans. This locks up capital that can not be used for the normal costs of operation.
- A business perspective and need for financial sustainability must be integrated with a social service perspective.
- Village banking can only accommodate a limited number of educational sessions. Linking to health educators and other service providers relieves the business constraint on extra activities, but the opportunity cost of women's time is still a constraint.
- The implementing agency must have credibility as a business and should have an institutional identity separate from other free services provided. It may be better to recruit and train new staff for the specific purpose of implementing credit with education.

Integration of credit with education and Title II can be done, but organizations need to consider a number of issues:

- Selection of implementing agencies;
- Mediation between the business and social service perspectives;
- Design for efficient staffing, training, management and coordination;
- External technical support (in the early stages at least); and
- Complementing Title II funding with private donor funds and savings of local citizens.

This article is based on a longer paper (Credit With Education: A Promising Microfinance Strategy for Title II Programs by Chris Dunford and Vicki Denman of FFH). The paper is available from [fanta@aed.org](mailto:fanta@aed.org) or can be downloaded from the project website ([www.fantaproject.org/publications](http://www.fantaproject.org/publications)).

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## What's New

The gender integration into the ADS aims to:

- strengthen USAID's commitment to gender as a key development issue,
- increase its capacity to address gender in all programs, and
- improve monitoring and evaluation of program impact on women and men.

USAID has maintained an on-going commitment to advancing gender equity for some time, but the new guidance is designed to advance this commitment by promoting women's empowerment and gender equity, mainstreaming gender considerations in international development programs, and involving women in leadership, planning, decision-making, implementation, and evaluation. The underlying message in this initiative is that gender equity in programming translates into greater development impact and will effect program implementation and decision-making.

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have more to do with the desire to demonstrate high cost-benefit ratios than to seriously address the food security and undernutrition problems faced in the community. They found:

"When this practice is adopted, growth-monitoring is being used not to get a true picture of the magnitude of the problem of child undernutrition or growth retardation in a community, not to directly detect early growth faltering, but to reduce the number of undernourished children on paper, to proportions which are manageable within the resources available for a given project."<sup>7</sup>

In addition to the inherent limitations of the measure and its inappropriate use in determining nutritional status, the body of literature documents some serious application errors that lead to substantial misclassifications of children, leaving out many in need. These include:

- **Error in determining age:** Age is often determined by a caretaker's recall of birth date; which is subject to significant error. Gopalan points out that an underestimation of just a few months could falsely indicate a nutritional status that is much better than the child's current status.<sup>7</sup> In a recent study of inconsistencies found in child nutrition surveys in Bangladesh, Bairagi and Ahsan found an average difference of 18 months when analyzing data on the same children collected by the Bangladesh Bureau of Statistics personnel and locally recruited workers.<sup>8</sup>
- **Mechanical error:** Weight scales themselves have various levels of precision and durability. A scale that is not calibrated or that is dysfunctional will provide the incorrect measurement of every child weighed on that scale! An entire baseline and subsequent measurements could under or over represent those considered to be "in need." Cost and availability are also important factors that inhibit maintenance or replacement of scales.
- **Error in weighing:** Another area of error is the act of weighing. A scale, if improperly hung, can provide inaccurate readings. If a child fidgets or leans in one direction the scale may not properly register the child's weight.
- **Error reading the instrument:** Human error of accurately reading the scale, height board/chart and upper arm circumference strip also exists – especially when the reader is poorly trained or illiterate, and the instrument is not tallied the same as the charts. Bairagi and Ahsan found consistent error in measuring MUAC with an average of 0.13cm difference of two measurements of the same child.<sup>8</sup> They also found substantial random error in measuring height.
- **Error in transfer and plotting data:** Transfer and charting of data can be complicated. If the instrument and chart are not tallied similarly, the individual plotting the data must convert from one unit to another (i.e. grams to kilograms) or one measure to another (i.e. pounds to kilograms). Some cultures also use different calendar systems, resulting in incorrect translation of dates. Gopalan and Chatterjee reference work conducted by Baily, which demonstrated 80 percent error in weighing and plotting by trained and experienced undergraduates.<sup>8</sup>

All of these errors lead to misclassification and missed opportunities to educate mothers – a key component of any food-assisted MCH program. A 1988 study by Geefhuysen and Soetrisno found large disparities in classifications of weight-for-age (W/A) when comparing data compiled by Village Weighing Programme (VWP) and a Medical Morbidity Survey (MMS).<sup>9</sup> Misclassifications occurred in approximately half the children 13-36 months and one third of the children older than 36 months. Errors have been found in the application of all the body measurements and affect all of the standard anthropometric measures used. These errors are significant and often difficult to overcome given limited resources.

## 2) Principles of family and community preservation

The rehabilitative model is inherently exclusionist and undermines solidarity and established patterns of cooperation within the household and communities. Its objective is to pinpoint the malnourished

for selective rehabilitation. It therefore excludes families within communities and individuals within families. It also excludes uses of the asset outside of strict consumption within the time period allotted. Families and caretakers must make decisions regarding asset management based upon a complex web of economic, social and political factors that contribute to their long-term survival and well-being. Timothy Frankeberger, in describing his Livelihood Approach, states: "poor people balance competing needs for asset preservation, income generation, and present and future food supplies in complex ways...and may go hungry up to a point to meet other objectives."<sup>10</sup>

The rehabilitative model often competes with a family's pursuit of long-term preservation. It is well known that leakage occurs through food sharing with extended family members, neighbors and other others, rationing for longer use, or even sale in order to buy seeds or other necessities. For example, a man in rural Nicaragua who had lost his home, clothes and livestock due to Hurricane Mitch purchased a pound of cheese for his elderly mother who was completely unaffected by the Hurricane – this was while we were in route to deliver food aid to his immediate family living under a tree! While the behavior may seem illogical, it underscores the importance of family and community solidarity in guaranteeing everyone's food security.

What pertains to the family and extended family regarding preservation can also be just as strong in rural communities as a whole. In addition to valuing kindness and charity, there is an underlying principal of reciprocity at work in which the providers of charity understand that "the vulnerabilities of my neighbor today may likely be mine tomorrow". Hence mutual dependence is critical for their collective survival.

Through the rehabilitative model we separate the community into beneficiaries and non-beneficiaries, which can contribute to a disintegration of solidarity crucial for the overall survival of a community, especially if the ration creates considerable economic disparity within the community (for example a monthly ration can be equal to up to 1/4 of a household's income). PCI has seen communities turn away food aid because the targeting strategy created too much disparity and disharmony within the community. In other cases, mothers loan malnourished children to their neighbors so that they can enter the program, at the risk of their own removal. These concerns are not unique to PCI. In a field review of food aid programs in Bolivia and Peru with FANta, Tufts, and PCI, exclusion created by targeting was a common complaint among participants. The tendency has been to blame the implementers suggesting that they "just haven't done a good job at communicating the nutritional purpose of the ration." This response only serves to trivialize the importance of community solidarity, the established pattern of cooperation, and the critical strategies communities use to achieve collective preservation.

## 3) Disincentives to succeed

Within a traditional rehabilitative program each beneficiary receives full rations until they 'succeed' and then are abruptly removed while another round of children come in. Food is used purely as a stopgap measure to temporarily 'fill-in' missing calories of an individual or individuals within a household. While there may be attempts to integrate other program activities that address health education, water and sanitation, improved agricultural practices etc., the period between entry and graduation is often too short (usually six to twelve months) to ensure real change in a family's 'food security' status. While the program may go on within a community for 3-5 years, most mothers participate only for the time they are enrolled.

Graduation is a contradictory incentive. While many mothers are happy that their child is healthy, they are confused by the reward – removal of the entitlement. It is not uncommon for mothers to attempt to maintain their baby's low weight in order to continue receiving the supplements. While this may seem inappropriate and

even cruel to the donors, it is one more example of how populations attempt to maintain an equilibrium with their environment that will further long-term survival. In this case, the "environment" incorporates the food program and the anthropometric threshold imposed by it.

Some programs link receipt of the ration with a accomplishment of certain tasks such as vaccinations or attending pre-natal visits. While this may contribute to short-term child survival outcomes, it often sends the wrong message. The risk here is that the ration might be seen as a payment for immunizing a child rather than encouraging participation in activities designed to change one's belief about the importance of immunizing a child. While programs may encourage behavioral change, conditioning receipt of a ration on compliance with a behavior tells the recipient that the most important reason for doing this is to keep from losing one's ration.

#### 4) Questionable Impact

Even if one accepts 'rehabilitation' as a legitimate purpose of supplemental food programs, short-term impacts have not been stellar. Beaton and Ghassemi reviewed over 200 studies on supplemental feeding programs and found that most had shown some degree of growth benefit, but many programs had little or no impact on the total intervention population.<sup>12</sup> They also questioned the significance of most of the data given that many of the evaluations could not demonstrate improvement greater than that of non-participants. Programs that demonstrated the greatest impact tended to have higher program quality, greater nutritional deprivation and larger ration sizes. The studies reviewed were conducted prior to widespread changes targeting children within the 6-36 month range so results may have improved with a narrower age-based approach to targeting. Unfortunately, very little relevant data was found that critically reviews the impact of such programs.

Additional studies conducted by other researchers in this field confirm the above criticism. For example, Nelson and Sahn reviewed the quality and impact of P.L. 480 Title II programs in India and found no significant improvement in nutritional status. Anderson reviewed five Title II programs in Colombia, Dominican Republic, Pakistan, Costa Rica and India and concluded that the programs had little impact on growth.

### An Alternative Approach

This research and organizational experience demonstrate with harsh clarity that the Rehabilitative Model is fundamentally flawed. Anthropometry is an inappropriate screening mechanism for targeting individuals due to its inherent limitations and serious application errors. Individualized targeting methods fail to take into account the critical social dynamics of household and community life and undermine solidarity and established patterns of cooperation essential to assuring collective preservation. Additionally, the traditional model has the unintended consequence of punishing those that succeed. Finally, the actual impact of the Rehabilitative Approach is dubious—research findings presented in this article show that short-term impacts have questionable significance and the long-term effects on food security are virtually unknown. It is because of these fundamental flaws that PCI has begun reengineering its food aid philosophy and programming.

PCI is piloting an approach for food use in MCH programs that might best be described as a 'conditional entitlement.' Under this program, once a food insecure community is identified, all families with children under 5 receive a ration (entitlement). While families are encouraged to use it to balance their diet and meet their caloric gap, they ultimately determine how best to use it. The only requirement for receipt of the ration is participation in health related discussions and activities (conditional) that help contribute to a greater understanding of healthy behaviors and will hopefully lead to behavioral change itself. The ration is roughly equal to the time that a participant puts into the program. In essence, it is a payment for time committed to activities that they otherwise would not be able to give. In

the case of Bolivia, the conditional entitlement is less than half of the rehabilitative ration. PCI does not provide the ration in the first 3 months in order to focus on community mobilization, and gradually reduces the ration over the 3 years. In the final year no rations are provided. PCI has calculated that over a 3-year period this would create a net savings in commodity of almost 40%. Because the entitlement is not tied to nutritional achievement, there is no screening or graduating. This allows health workers and mothers to focus on learning rather than the ration. Because it is universal for families with children under 5, the entitlement is in balance with the family and community structure for survival.

While it is still too early to assess concrete results, PCI's experience in the past year and a half has been positive. In some communities we are in the final 6 months of the implementation of the program. Most client groups have naturally accepted the reduction of the food ration and some have used the opportunity to begin implementing income generation projects. For example, in the communities of the Juntavi region of Northern Potosí, all mothers in the program from 9 communities have participated in a pig raising project which will provide the necessary seed funds to buy weaving equipment. They gained support from other local organizations and plan to use this equipment to generate income in sales of crafts.

PCI's nutritionist in Northern Potosí, Guadalupe Tola, states that "The conditional entitlement model has facilitated more sustainable participation of mothers in the program and reduced complaints by local leaders concerning the unfairness of selective food distribution, resulting sometimes in corruption or manipulation." Moreover, PCI's last results report showed the highest percentage weight gain (over 3 consecutive months) for children 0-23 months and 24-59 months than for any of the previous 3 years. While there are many factors at work here, we believe that the conditional entitlement approach may prove to be a promising alternative to rehabilitation.

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The Rapid CATCH contains 26 questions that are linked to 13 key child health indicators and is designed to be the starting point when developing a KPC survey. One of the indicators, the percentage of children who are underweight, is also a Title II impact indicator. In the PVO CS community, this indicator has been identified as a sentinel measure of child health and well being.

The questions in the Rapid CATCH were taken from the 15 KPC2000+ modules and thereby are used to provide a snapshot of the target population in terms of child health. However, the Rapid CATCH questions are not context specific. In order to design a survey that reflects the local context and the objectives and activities of each project, PVOs are encouraged to select relevant questions from some of the following KPC2000+ modules:

- Module 1A: Waterand Sanitation
- Module 1B: Respondent Background Information
- Module 2: Breastfeeding and Infant/Child Nutrition
- Module 3: Growth Monitoring and Maternal/Child Anthropometry
- Module 4A: Child Immunization
- Module 4B: Sick Child
- Module 4C: Diarrhea
- Module 4D: Acute Respiratory Infections
- Module 4E: Malaria
- Module 5A: Prenatal Care
- Module 5B: Delivery and Immediate Newborn Care
- Module 5C: Postpartum Care
- Module 6: Child Spacing
- Module 7: HIV/AIDS and Other Sexually Transmitted Infections
- Module 8: Health Contacts and Sources of information

### The Purpose of a KPC Survey

The KPC provides the PVO and other stakeholders with important information on project beneficiaries (such as children under age two) that can be used to plan and assess the effectiveness of the PVOs interventions. Over the years, the tool has been linked to a standard set of indicators, providing PVOs with a standardized way to document what they are doing.

The KPC is a small-sample survey that is usually limited to 300 respondents. Traditionally, KPC samples have been limited to mothers of children less than two years of age. Respondents are usually selected using a 30-cluster sampling design (made popular by the World Health Organization's Expanded Programme on Immunization to assess immunization coverage). Currently, PVOs are beginning to collect information from different types of respondents (for example, men and non-maternal caregivers) and experiment with different sample designs, in particular, methods that can be built into project monitoring activities. (The following link can be visited to review a case study based on PLAN/Nepal's experience with project monitoring using Lot Quality Assurance Sampling (LQAS) and portions of a KPC survey: <http://www.childsurvival.com/content/starcfm#2>).

In addition to being a rapid assessment tool, the KPC is a capacity-building mechanism. By involving local stakeholders (such as staff from Ministry of Health and local non-governmental organizations, members of the community) in all phases of the survey, a project can build local capacity to gather and use information for health decisionmaking. When all stakeholders are involved in the process, a KPC survey can help build consensus among stakeholders in terms of what problems exist and ways that those issues can be addressed.

A KPC survey is very useful during the planning stages of a project. At the beginning of a food aid project, a PVO can use the KPC to document the baseline status of the target population with respect to its health and nutritional status, water and sanitation, and food consumption. This information (along with data from other sources) can then be used to prepare the project's Detailed Action Plan. KPCs

can also play a role later on in the project. For example, a PVO can use special information-gathering strategies and a few questions from its baseline KPC survey to regularly assess whether it is making progress towards its objectives. Finally, at the end of a project, a PVO can conduct another full-scale KPC survey (similar to the baseline) to determine whether the project met its program objectives.

### The KPC as a Data Source for Title II Indicators

Food aid projects can use the KPC2000+ to collect information on many of the Title II generic indicators (as presented in FANTA's Draft Anthropometric Indicators Measurement Guide). Table 1 lists the Title II indicators that can be measured by the generic KPC2000+ questionnaire and links those indicators to the specific KPC2000+ survey modules. At present, the KPC2000+ does not include questions on other important Title II issues such as food security or agricultural productivity. However, as a reminder, the KPC2000+ is a generic tool. Each project is encouraged to modify the tool (for example, add or subtract questions, change the response categories for particular questions, use context-specific terms) so that the questionnaire reflects the project and the context in which it is working. The suggested indicators were designed to guide PVOs in measuring results in a standard fashion across projects. However, projects have the flexibility to adapt the KPC to include questions that will provide useful data for program decision-making.

In addition to the above Title II indicators, the KPC2000+KPC2000+ can provide PVOs with information on other relevant issues such as the following:

- wasting
- vitamin A supplementation
- salt iodization
- issues related to HIV/AIDS
- nature and frequency of contacts with health personnel
- sources of health information

(please see Table 1 on opposite page)

### Strengthening PVO Capacity in Nutrition M&E Using the KPC and Other Tools/Methods

Both FAM and CORE recognize the tremendous overlap between food aid and CS programs. In recognition of the need to a) standardize methods of nutritional assessment across Title II and CS projects, and b) develop the skills of PVO staff in nutrition M&E, FAM and CORE are planning a joint nutrition workshop later this year. The "Nutrition Works: Measuring, Understanding, and Improving Nutritional Status" workshop is tentatively scheduled for September 2001 at Project Hope's Headquarters in Millwood, Virginia, U.S.A. Table 2 presents the key topics that will be emphasized at the workshop.

Table 2  
Key Focus of the FAM- CORE Nutrition M&E Workshop

<ul style="list-style-type: none"> <li>• Anthropometric measurement (Why and how)</li> <li>• Assessing complementary feeding practices (How to measure age-appropriate feeding; how to choose tools, methods, and indicators)</li> <li>• Analyzing nutrition data</li> <li>• Using data for decisionmaking (How to maximize the use of nutrition data in program management; how to feed information back to the community; how to involve the community in monitoring and improving its own health status)</li> <li>• Implementing community-based nutritional behavior change strategies (such as the HEARTH model)</li> </ul>
--

The workshop will also provide an opportunity for PVOs to share information about innovative nutrition activities. It is hoped that this joint venture will set the stage for further communication and collaboration between Title II, CS, and general M&E personnel both within and across PVOs.

**Table 1**  
Sources of Information in the KPC2000+ to Calculate Selected Title II Indicators

TITLE II INDICATOR		KPC2000+ MODULE	COMMENTS
<b>Health, Nutrition, and MCH</b>			
Impact	% stunted % underweight by age group % infants breastfed within 8 hours of birth  % infants under 6 months exclusively breastfed % infants 6–10 months fed complementary foods % infants continuously fed during diarrhea % infants fed extra food for 2 weeks after diarrhea	Module 3b: Infant/child anthropometry  Module 3b: Infant/child anthropometry  Module 2: Breastfeeding and infant/child nutrition  Module 2: Breastfeeding and infant/child nutrition  Module 2: Breastfeeding and infant/child nutrition  Module 4c: Diarrhea  Module 4c: Diarrhea	The current international standard is initiation of breastfeeding within 1 hour of birth. The KPC2000+ complies with the current standard. If your project is interested in documenting initiation of breastfeeding within the first 8 hours (the old international recommendation), it will need to modify the response categories listed in the generic questionnaire.      The generic KPC question refers to liquids only. Also, the question does not specify a 2-week time period. However, projects can modify the question to assess whether extra food was given during the 2-week recuperative period.
Annual Monitoring	% eligible children in growth monitoring/promotion  % children immunized for measles at 12 months  % children in growth promotion program gaining weight in past 3 months	Module 3a: Growth Monitoring  Module 4a: Childhood Immunization  Module 3a: Growth Monitoring	Note: The generic module includes a question on whether or not the child has a growth monitoring card, not whether the child participates in a growth monitoring program.  If a small number of KPC questions are selected for on-going project monitoring, it is possible to use questions from sub-modules 3A and/or 3B to calculate this indicator.
<b>Water and Sanitation</b>			
Impact	% infants with diarrhea in last two weeks  % population with proper hand-washing behavior  % households with access to adequate sanitation	Module 4c: Diarrhea  Module 1a: Water and Sanitation  Module 1a: Water and Sanitation	Projects that want to use a KPC survey to estimate prevalence should consider the following: 1) a larger sample size is needed to estimate prevalence and 2) disease prevalence usually varies by season.  In the child survival field, the sample population is usually limited to mothers/caregivers. However, the questionnaire and sample design can be modified to include different types of respondents.
Annual Monitoring	% households with year-round access to safe water	Module 1a: Water and Sanitation	
<b>Household Food Consumption</b>			
Impact	Number of meals/snacks eaten per day  Number of different food groups eaten	Module 2: Breastfeeding and Infant/Child Nutrition  Module 2: Breastfeeding and Infant/Child Nutrition	The 24-hour recall question will need to be modified in order to collect this information.

The following ADS sections provide guidance on including of gender considerations within the entire program cycle:

- Technical Analyses and Strategic Planning (ADS 201.34.11)
- Performance Monitoring Systems for Strategic Objectives and Intermediate Results (ADS 201.34.13)
- Activity Design (ADS 201.36.2)
- Activity Documents (ADS 201.36.3)
- Issuing Requests for Proposals (ADS 302.5.14) and Requests for Applications (ADS 303.5.5b)

By including gender analysis as part of technical analysis and strategic planning, gender is part of the rationale in guiding (1) how gender relations will affect the achievement of sustainable results, and (2) how proposed results will affect the relative status of women (or men, presumably).

By requiring performance monitoring (through indicator measurement and evaluations) that reflects gender considerations, USAID can track the status of women, or progress toward achieving gender equity where relevant. Gender considerations would need to be monitored and evaluated if the strategic planning process demonstrates that (1) the context, activity or its anticipated results will involve or affect women and men differently and/or (2) this difference is potentially significant in enabling sustainable program impact. Where it is determined that gender considerations are of importance to the program, a gender analysis should be included within any technical analysis that may be necessary when designing activities.

When Strategic Objective (SO) Teams at USAID issue competitive solicitations (RFPs or RFAs) they must incorporate a statement outlining gender issues, or a rationale for not specifying gender issues as part of the activity approval. This requirement could include findings from a gender analysis. Also, the solicitation would include appropriately weighted technical evaluation criteria addressing gender considerations specified in the statement, if applicable. According to WID officers, as gender considerations apply in most development programs, statements outlining gender issues should be included in most RFPs and RFAs.

Some illustrative examples (but not requirements) of Gender Evaluation Criteria would include:

- For Program Implementation and Evaluation:
  - Gender research, analysis, or assessments, and consultations with women's advocacy groups
  - Gender equitable consultation and participation in all phases of activities
  - Gender considerations in activity design, training, and procurement actions
  - Sex-disaggregated data for indicators and targets; gender criteria for assessment for activity progress and impact
- For Institutional Capacity:
  - Commitment to gender in previous contracts, cooperative agreements or grants
  - Gender-equitable policies and mission statements
  - Publications on gender issues
- For Staff Qualifications:
  - Key personnel with demonstrated sectoral and gender analysis skills
  - Position descriptions that require gender expertise, especially for leadership positions

These will not apply in all cases. Some sectors have gone further than others to integrate gender considerations within their policies and programs. For instance, the reproductive health sector sees gender considerations as essential to program effectiveness.

## Some Helpful Definitions

**Gender:** "Gender refers to the economic, social, political, and cultural attributes and opportunities associated with being male or female. The social definitions of what it means to be male or female vary among cultures and change over time." (OECD, 1998, "DAC Guidelines for Gender Equality and Women's Empowerment in Development Cooperation." Paris, France, OECD)

**Gender Perspective:** "A gender perspective is a theoretical and methodological approach that permits us to recognize and analyze the identities, viewpoints, and relations, especially between women and women, women and men, and men and men." (Paulson, Susan, Maria Elena Gisbert and Mery Quiton, 1999, April, "Guide for Rethinking Differences and Rights in Sexual and Reproductive Health: A Training Manual for Health Care Providers. Research Triangle Park, NC: Women Studies Project of Family Health International through a Cooperative Agreement with USAID.)

**Gender Equity:** "Gender equity is the process of being fair to women and men. To ensure fairness, measures must often be available to compensate for historical and social disadvantages that prevent women and men from otherwise operating on a level playing field. Gender equity strategies are used to eventually attain gender equality. Equity is the means; equality is the result." (CIDA, 1996, [www.acdi-ci.dage.ca/equality](http://www.acdi-ci.dage.ca/equality))

**Gender Equality:** "Gender equality consists of equal enjoyment by women and men of socially valued goods, opportunities, resources and rewards" (SIDA, 1997, "Handbook for Mainstreaming: A Gender Perspective in the Health Sector." Stockholm, Sweden: Department for Democracy and Social Development, Health Division.)

## The Food For Peace Approach

In accordance with USAID requirements, prior to issuing the Guidance for Submission of Development Assistance Program (DAP) Proposals for FY 2002, the Office of Food for Peace/USAID added the following text: "Gender issues must be addressed in the design, targeting and management of the project components."

In addition, Food for Peace issued a Policy Letter on March 16, 2001, which included a brief statement regarding "Gender & Gender Equity":

"Additionally, while not a specific highlight of the Food Aid and Food Security Policy paper, USAID believes that gender and gender equity are integral to all USAID-supported activities. Women and girls suffer the differential impact of intra-household food distribution, therefore typically suffer from higher rates of malnutrition. Programs utilizing Title II resources should seek to maximize the role of women and improve the equitable distribution of household resources, including food, to girls."

This guidance, although very general, does meet the minimum ADS requirements for issuing RFPs and RFAs according to WID Office and Procurement staff. While gender equity does not figure prominently within the Food Aid and Food Security Policy Paper, there is one striking statement within this paper that positions women front and center with regard to their role in food security:

"Within households, all of these food security responsibilities fall most heavily on women. Their decisions translate the basic conditions necessary for food security—availability, access and utilization—into the reality of food secure families. Yet, these same women suffer heavily from the effects of malnutrition. In 1990, an estimated 370 million women between 15 and 49 years of age were anemic, a condition that contributes to high maternal mortality rates, especially during childbirth. Hence, programs to support and enhance the role of women in developing countries can often make an important contribution to food security." (USAID, Food Aid and Food Security Policy Paper, 1995) (Emphasis added).

There is no further examination causes and consequences of women's malnutrition elsewhere within the paper. If women are responsible for food security decisions within the household, why are they themselves suffering? The quote suggests the role of women be enhanced yet there is no further discussion of what that would constitute, or how to measure it. The policy letter notes the problem of inequitable distribution of food to women and girls, and advises that Cooperating Sponsors (CSs) seek to maximize the role of women, and improve the equitable distribution of resources including food to girls. These recommended actions, while good suggestions, stop short of recommending gender analysis.

## Gender and Title II?

Should gender analysis be integrated into Title II Programs?

One could easily say there are already too many requirements for Title II programs, and the addition of a gender analysis requirement would create a management burden for a program that already has its share. After all, Title II programs require Bellmon Analyses, Initial Environmental Examinations, and analysis of the Usual Marketing Requirement (UMR), which involve an extensive review of the market and agricultural economy of a country, and disincentive analyses. However, from another standpoint, it could be said that gender considerations are already integral to many Title II programs, even though they may not be referred to as such.

For instance, FFP acknowledges the need to improve distribution of resources within the household. This often involves targeting women and children with food aid rations, although there is recognition that these rations are often shared within the household. It is documented that targeting benefits (food, loans, technical support, etc.) to women will translate more efficiently into benefits to their families in terms of increased nutritional intake, increased income and increased knowledge and capacity (Quisumbing, et. al., *Women: The Key to Food Security*, IFPRI, 1995; McGuire, Judith S. and Barry M. Popkin, *Helping Women Improve Nutrition in the Developing World*, The World Bank, 1990).

While this is, in most cases true, there is some evidence that attempts to increase women's income through microcredit and employment projects have been associated with incidences of domestic violence and violence against women. In short, some gender-based approaches can be harmful. In a personal communication, Nata Duvvury of the International Center for Research on Women (ICRW) noted that domestic violence against women has been documented among participants in microcredit programs in Bangladesh, and in women's employment programs in India. Similar problems have been identified in women's employment programs in the United States and Canada. In South Africa, Vaneetha Moodley working with the Independent Business Training Centre (IBTC) reported incidences of violence against women participants in microcredit programs both in the private arena (at home) and in markets in the public arena. Moodley developed training programs for women to specifically address this problem.

While Duvvury states that it is not at the moment possible to draw a direct explanatory link between efforts to increase women's income and violence against women, there is indication that the relationship exists. As the data is only now being collected and studied in a systematic manner, a full analysis establishing a causal link is not, at this point, possible. However, Title II programs should be aware of such unintended consequences. Simply targeting resources along gender lines might not actually, in and of itself, create gender equity. In fact, it could exacerbate the differential power relations between men and women that often underlie the basic inequity the targeting of resources is attempting to redress.

Targeting food aid rations to women does not appear to elicit the same gender-based violence as is often associated with targeting income (although violence against women has, at times, been reported as limiting the effectiveness of some programs), women's nutri-

tional requirements are often not met. By addressing the underlying power imbalance that leads to gender inequity could we achieve greater levels of effectiveness in efforts to improve women's nutrition? Some of the key variables which appear to underlie this imbalance of power along gender lines effecting food security are: intra-household resource distribution (South Asia primarily), access of women to critical productive resources (such as land or development resources), and time allocation of women to household duties (Quisumbing, et. al., 1995).

Regardless of whether food aid is or is not distributed, women are frequently targeted with other interventions aimed at producing behavior change in health and nutrition, agriculture, and income generation activities, among other practices. Most of these attempt in a limited way to use empowerment strategies on an individual or community level, often working through women's groups or organizations, or ensuring that women are involved in all activities (including those that have traditionally been male dominated). To what extent is the effectiveness of such strategies attributable to women's empowerment and the degree to which women's role and status is improved within the community? How could measuring indicators such as the relative weight of women's and men's decision-making power with respect to intra-household resource distribution, or women's access to productive resources help establish this connection?

The connection between increased gender equity and improved food security is well established conceptually, the connection is not well captured within results frameworks. Including gender analysis within overall problem analyses, and building gender considerations into results frameworks would better identify this connection. By measuring key gender indicators, it might be possible to assess the effectiveness of gender interventions on food security programs. An interim step could involve special research studies on these themes.

## Gender Analysis: One Set of Guidance

While the new ADS will not provide guidance on "how to" conduct a gender analysis as part of a program, as this would be left up to SO teams, some sectors have gone farther than others to define how programs within their sectors actually address gender and gender equity.

To date, AID and NGO partners in Health, Population and Nutrition (particularly in reproductive health) have conducted extensive work to define specific guidance for incorporating gender considerations into programming. To this end, the Program Implementation Subcommittee of the Interagency Gender Working Group on Reproductive Health (IGWG) has issued its "Guide for Incorporating Gender Considerations in USAID's Family Planning and Reproductive Health RFAs and RFPs" (October 2000, [http://www.mesa.usaid.gov/igwg/rfa\\_guide/RFAGuide.pdf](http://www.mesa.usaid.gov/igwg/rfa_guide/RFAGuide.pdf)). While this guidance applies specifically to reproductive health issues, some of it could serve as guide for development of specific guidance for other sectors, such as food security and nutrition. For example:

- "Assess gender norms and the opportunities and constraints they create for achieving... objectives."
- "Assess the potential impact of program goals and outcomes on gender equity."
- "Design projects that empower communities to promote ... gender equity." (IGWG, 2000)

## Procurement Requirements

The new ADS includes procurement requirements favoring vendors that have a commitment to gender considerations. However, Diane Howard of AID Procurement stated that this would not relate to Title II food aid as procurement is handled via a separate agency - USDA. Although ocean transportation of commodities is arranged by AID, to date shipping companies are not required to

continued on page 10

comply with these requirements under the ADS guidelines. Selection of transportation tenders for Title II commodities is governed by very detailed legislation (most notably Cargo Preference), which does not include, or leave much room for selection based on the degree to which companies meet gender equity standards.

Of course, this could become an issue with respect to internal transportation of commodities from a port of arrival to a receiving or distribution point. Of course, this would be difficult to monitor. Howard also felt it would be problematic to specify such a requirement in monetization sales, as they are commercial transactions.

## FSRC Resources on Gender and Food Security

This quarter we present a bibliography of FSRC resources relating to gender and food security, especially as applied to women. The following resources refer directly to women's issues in relation to food security, or to the broader issue of household allocation of resources. If you would like to order copies of any of the following materials or if you would like a targeted search performed for a specific topic, please contact:

Food Aid Management  
1625 K St., NW, 5th Floor  
Washington, DC 20006 USA  
fam@foodaid.org  
ph.(202) 223-4860

Angela Wiens  
Intern

Women in Food Aid Interventions: Impacts and Issues. World Food Programme. 19p. #7804

This report is an extensive review of academic and program-related literature, which attempts to document the results and effects of women participating in food-related development activities. It is structured around two critical questions: Why target women in food aid interventions? What are the positive and negative impacts of targeting women?

Memory Checks for Programme and Project Design: Household Food Security and Gender. IFAD. 38p. 1999. #7743

The memory checks have been designed by IFAD to accompany project designers as a reminder of the household food security and gender-related variables that should be given priority in designing projects and programs.

Food Security and the Household. Ben Senauer and Terry Roe, Center for Food and Agricultural Policy, University of Minnesota. 16p. 1997. #7564  
This paper examines factors affecting household food security and individual nutrition. The authors discuss income and prices, intrahousehold issues, nutritional status and health, labor productivity, coping mechanisms, and food subsidy programs.

Food Security and Nutrition Implications of Intrahousehold Bias: Review of Literature. Lawrence Haddad et al. 65p. 1996. #7042  
This paper provides a review of gender differences in food consumption and nutrition literature. The authors review the literature on the distribution of food and the literature in the areas of poverty and gender, income earning and gender, and implications for food and nutrition programs. Some important methodologic concerns related to poverty, income, and food consumption measurement are highlighted.

## Next Steps?

The current Title II guidance is appropriate to the level of emphasis on gender provided within the Food Aid Food Security Policy Paper. It could easily be argued, however, that this paper currently lacks any true gender analysis. While the responsibility for guidance rests ultimately with the SO team, NGOs have been instrumental in helping to define the new ADS requirements, and thus could make a contribution to the way in which the Gender requirements are implemented. If Title II program stakeholders feel there is scope for increasing the integration of gender considerations within the program, it would be up to them to make a case for it.

Gender, Household Food Security and Coping Strategies. Julie Koch Laier et al, Institute of Development Studies. 119p. 1996. #6865  
This annotated development bibliography draws together the disparate literature on household food security and strategies for coping with food crises in sub-Saharan Africa and South Asia, with gender and women as the point of entry.

Issues in Program Design. Part 3: Focus on Women—Poverty Lending and Food Security. Jindra Cekan and Sharon D'Onofrio, Catholic Relief Services. 16p. 1997. #6850

In this paper, the authors present the case for focusing on women as priority clients in poverty lending programs. The authors maintain that poverty lending programs should be designed to maximize a woman's abilities to positively affect food security within her household. This is done most effectively by ensuring women have access to services, by providing opportunities for participation in decision making, and ultimately by promoting their control over the benefits of financial and enterprise development services.

Cropping Systems and Household Food Security: Evidence from Three West African Countries. Richard Longhurst, FAO. 16p. 1990. #6515

This article looks at three countries in West Africa—Sierra Leone, The Gambia, and Nigeria. They share a marked seasonality, having distinct wet and dry seasons, in relation to which farmers have different cropping strategies and differently share their work and responsibilities with other household members according to gender. The sharing of economic activities has important implications for the flow of food to different household members.

Female Farm Households in Zambia: Further Evidence of Poverty. Jean M. Due et al, University of Illinois at Urbana-Champaign. 7p. 1985. #6423

This study addresses the issue that female farmers are ignored in development policies. 112 farm families in Zambia were studied; farm women were interviewed to ascertain their contributions to farming systems and to household incomes.

Understanding How Resources Are Allocated Within Households. International Food Policy Research Institute, World Bank. 52p. 1994. #6068

This collection of briefs addresses the questions: How do measured levels of household welfare correspond to the measured levels and pattern of individual welfare? If welfare and access to resources are unevenly distributed within households, are there significant policy implications? How important is it to understand the processes that cause distribution within the household to follow the observed pattern? Which disciplines and research methods can best be used to identify and examine these processes?

Adoption of Hybrid Maize in Zambia: Effects on Gender Roles, Food Consumption, and Nutrition. Shubh K. Kumar, International Food Policy Research Institute. 126p. 1994. #5970

This report examines farm household-level factors that influence the adoption of hybrid maize and the implications of adoption for improvement in household income, food consumption, and nutrition and health of the rural population. The implications of a wide range of resource allocation decisions that are associated with adoption and that influence the distribution of welfare improvements are examined.

Women and Food Aid. World Food Programme. 8p. 1989. #5780

This pamphlet describes the programs that the World Food Programme has implemented for women. They include employment (through food-for-work), women's health (through mother and child feeding projects), and education (through school feeding projects).

Who Are the Hungry? World Food Programme. 1p. 1996. #5628

This sheet produced for the World Food Summit outlines who should receive priority in the fight against hunger and highlights a special role for women.

Intrahousehold Allocations: A Review of Theories, Empirical Evidence, and Policy Issues. John Strauss and Kathleen Beegle. 52p. 1994. #4433

The subjects of this paper are the decisions that bear on differential outcomes within the household. The authors examine the issue of how to model household behavior to account for differential outcomes within the household, review the collective household model, and discuss empirical evidence on a variety of issues related to human resource outcomes and investments.

Roles of Women in Agriculture and Natural Resource Management in Developing Countries. J. Kathy Parker. 17p. 1989. #3931

This paper focuses on the efficient and effective integration of gender issues in agriculture and natural resources management activities. The paper shows that men and women in developing countries perform complementary, essential, and typically sex-typed farming and natural resource management tasks.

Woman in Famine: The Paradox of Status in India. Ali Mehtabunisa et al. 20p. 1984. #3622

Official criteria for assessing the status of women in development throughout different areas of India and particularly in Bengal are evaluated against the value of women during historical and recent famines. Their traditional roles as food preparers are extended during food crises to include increased decision-making and food procurement, particularly with regard to wild food gathering, gainful employment, the selling of personal assets, and the final decision for the family to migrate.

Women, Household Food Security and Coping Strategies. Naila Kabeer. 9p. 1990. #3186

The concept of household food security refers to the ability of a household to assure all its members sustained access to sufficient quantity and quality of food to achieve healthy lives. Such access is likely to be threatened in times of economic deterioration. The author offers a broad checklist of issues that need to be considered if interventions to assist women in coping with deteriorating economic circumstances are to be successful.

Unleashing the Power of Women Farmers: Africa's Vast, Hidden Resource Holds Key to Development. Karen Gellen. 7p. 1994. #2693

Women grow most of Africa's food and sustain rural life, but lack

the critical support—land, fertilizers, credit, labor-saving implements—and political clout needed to maximize their pivotal role. This article describes how women are demanding that policy makers help strengthen them as key producers.

Women and Food Security: The Experience of the SADCC Countries. Marilyn Carr. 210p. 1991. #1938

This book consists of background country papers from Angola, Botswana, Lesotho, Malawi, Mozambique, Swaziland, Tanzania, Zambia, and Zimbabwe on women's access to, and use of, improved food technologies in all areas—land preparation and irrigation, seeding, harvesting, storage and crop processing devices, as well as soft techniques such as planning and organizing village woodlots and domestic gardening.

Women: The Key to Food Security. Agnes R. Quisumbing et al. 22p. 1995. #1399

The authors discuss the critical role that women play in household food security, particularly focusing on their role in agricultural production, health, and nutritional status of households.

Women in Agricultural Development: Gender Issues in Rural Food Security in Developing Countries. FAO. 21p. 1990. #1189

This document analyzes gender issues in food security in developing countries. It discusses the constraints that affect women as distinct from those that are generic to the rural sector and discusses the policy implications.

Household Food Security and the Role of Women. J. Price Gittinger et al, World Bank. 43p. 1990. #1168

This paper discusses the role of women and how to incorporate their needs and concerns into ongoing programs. Topics include the work women do, the constraints women face, household strategies to improve food security, public policies to increase household food security, and programs to increase women's access to services and resources.

Intra-Household Resource Allocation. Beatrice Rogers and Nina Schlossman. 204p. 1990. #998

This book discusses measurement of intra-household food and health-related behaviors, as well as how the household responds to economic and social changes and interventions.

Gender Relations and Food Security: Coping with Seasonality, Drought, and Famine in South Asia. Bina Agarwal. 52p. 1990. #522

The author addresses a key factor determining intrahousehold distribution of access to food: the gender relations within the household. She outlines an analytical approach and examines how families in South Asia cope with risks of food insecurity with emphasis on the importance of gender relations for food security at the household and individual levels.

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