Malawi Food Security Programming Strategy FY 2008–2014

USAID/Malawi

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ACRONYMS

ADMARC	Agricultural Development and Marketing Corporation
AED	Academy for Educational Development
AIDS	Acquired immunodeficiency syndrome
ADP	Agricultural Development Programme
ANC	antenatal care
BASICS	Basic Support for Institutionalizing Child Survival (MSH)
BMI	body mass index
CAADP	Comprehensive Africa Agriculture Development Program
CBO	community-based organization
CCM	Community Case Management
CDC	Centers for Disease Control
CED	chronic energy deficiency
CGIAR	Consultative Group for International Agricultural Research
CI	chronically ill
CMAM	community-based management of acute malnutrition
CS	Cooperating Sponsor
CSH	Child Survival and Health
DA	Development Assistance
DAP	Development Assistance Program (Title II)
EGAT	USAID/Bureau for Economic Growth, Agriculture and Trade
ENA	Essential Nutrition Actions
EU	European Union
EPI	expanded program for immunizations
DFID	UK Department for International Development
FANTA	Food and Nutrition Technical Assistance Project (AED)
FAO	Food and Agricultural Organization of the United Nations
FEWS NET	Famine Early Warning System Network
FFA	food for assets
FFW	food for work
GDA	Global Development Alliance
GDP	gross domestic product
GNI	gross national income
GOM	Government of Malawi
HBC	home-based care
HIPC	Heavily Indebted Poor Country Initiative
HIV	human immunodeficiency virus

HSA	health surveillance assistant
ICRISAT	International Crop Research Institute for the Semi-Arid Tropics
IEC	information, education and communication
IEHA	Initiative to End Hunger in Africa
IFA	iron folic acid
IHS	Integrated Household Survey
I-LIFE	Improving Livelihoods through Increasing Food Security
IMCI	integrated management of childhood illnesses
IPT	intermittent preventive treatment for malaria
ITN	insecticide treated net
IYCF	infant and young child feeding
M&E	monitoring and evaluation
MCH	maternal and child health
MDG	Millennium Development Goals
MDHS	Malawi Demographic and Health Survey
MGDS	Malawi Growth and Development Strategy
MICS	Multiple Indicator Cluster Survey (UNICEF)
MOA&FS	Ministry of Agriculture and Food Security
MOH	Ministry of Health
MPRS	Malawi Poverty Reduction Strategy
MPVA	Malawi Poverty and Vulnerability Assessment
MTE	mid-term evaluation
MVAC	Malawi Vulnerability Assessment Committee
MYAP	Multi-year Assistance Program
NAC	National Aids Commission
NASFAM	National Small Holder Farmers' Association of Malawi
NEC	National Economic Council
NFRA	National Food Reserve Agency
NGO	non-governmental organization
NRU	nutrition rehabilitation unit
OFDA	Office of Foreign Disaster Assistance
OVC	orphans and vulnerable children
PEPFAR	US President's Emergency Plan for AIDS Relief
PLHIV	people living with HIV
PMI	US President's Malaria Initiative
PMTCT	prevention of mother to child transmission of HIV
PRRO	Protracted Relief and Recovery Operation
PVO	private voluntary organization
PSI	Population Services International
SAM	Severe Acute Malnutrition
UNICEF	United Nations Children's Fund

USAID	United States Agency for International Development
USDA	United States Department of Agriculture
USG	United States Government
WFP	World Food Programme

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EXECUTIVE SUMMARY

The purpose of the USAID Malawi Food Security Programming Strategy is to provide guidance to current and potential USAID Mission partners on designing effective food security programs for Malawi for FY2008-FY2014.

Malawi is one of the poorest countries in the world, and poverty is widespread. Despite some improvements in food security during the 1990s, Malawi remains food insecure with improvements needed in food availability, access and utilization. The country is also highly vulnerable to droughts, floods and external economic shocks, including increases in the prices of petroleum and fertilizer and reductions in the prices of major export crops, such as cotton, tobacco and tea. Given the importance of agriculture and the overall lack of diversity in the Malawian economy, these shocks can have economy-wide effects on national-level food supplies and the level and rate of economic growth as well as adverse effects on individual households' incomes and access to food. The fact that almost half of the children under five are chronically malnourished is an indicator of the magnitude of the food security problem. It also highlights the serious implications of the current food security situation for the country's future economic, social and political development.

The degree of food insecurity in Malawi varies geographically depending on the agro-ecology of specific areas, the levels of poverty and chronic malnutrition, risks and vulnerability to shocks, particularly drought and floods, and the prevalence of illnesses such as HIV, tuberculosis and malaria. According to the most recent data available, the Southern Region, which is home to almost half of the poor and has the highest prevalence of poverty, is the most food insecure area of the country in terms of poverty, vulnerability and access to food. Prevalence of chronic malnutrition is also extremely high in the Southern Region, less than a percentage point lower than the prevalence in the Central Region, which has the highest prevalence.

The Title II program can play a positive role in this environment by helping "*to reduce food insecurity among vulnerable populations in Malawi*." In Malawi, this includes the poor, children under two, and pregnant and lactating women. Given the nature of the food security problems in Malawi, Title II programs should be designed to contribute to improving food availability, access and utilization and to reducing the vulnerability of the individuals, households and communities targeted by the program.

The Malawi Food Security Programming Strategy identifies priority outcomes and activities, which are outlined in the following box and described in more detail in the section on "Program Priorities" (See V, B, 2). In areas that have a high prevalence of HIV, these activities will need to be adapted and modified to meet the special needs of HIV-affected communities, households and individuals.

Priority Outcomes and Activities for the Malawi Title II Program

The Title II program should give priority to activities expected to:

- Increase agricultural productivity and rural household incomes
  - *Transferring improved agricultural practices and technologies*
  - *Increasing and improving market linkages*
  - *Increasing access to water and improving water management*
  - *Promoting increased village-level savings and investment*

- Reduce chronic malnutrition among children under five
  - *Improving infant and young child feeding practices*
  - *Reducing prevalence of childhood illness*
  - *Improving hygiene and sanitation practices*
  - *Improving maternal nutrition*
  - *Linking with programs focused on the management of acutely malnourished children*

- Increase the effectiveness of the Title II contributions to the Malawian Social Protection Program
  - *Focusing food-for-work activities on the development of community assets*
  - *Targeting the ration program to the food insecure and linking it to other complementary activities*

In designing their Multi-year Assistance programs (MYAPS), Title II Cooperating Sponsors (CSs) should ensure that their programs are targeted to the more food insecure and vulnerable regions, districts, traditional authorities and communities within Malawi. USAID/Malawi should guide this process by sponsoring a more detailed and updated analysis of the food security situation by district prior to the design of the new round of MYAPs in FY 2010. This will enable all potential Title II CSs to work from the same data base.

To be effective at the community level, the Title II CSs need to open their agricultural technology transfer and marketing programs to all community members who wish to participate. To make sure these programs meet their food security objectives, however, the CSs may also have to adapt and modify these programs so that the more food insecure households in the community, including those affected by HIV, are able to participate in them. Because of the high levels of chronic malnutrition, the health and nutrition activities should focus on prevention by targeting all households with children under two years of age and not just households with currently malnourished children. The programs that involve food transfers, in contrast, need to be targeted more narrowly to food insecure households and individuals, which will include, but should not be limited to, HIV-affected households (See Section V, B, 4, a).

Other key design considerations discussed in the document include: finding the right balance between food and cash, integrating programs at the community level, integrating HIV into the program, anticipating the need for an emergency response, monitoring and reporting on program performance and developing sustainability and exit strategies. As a result of FFP's Strategic Plan, the Title II CSs are now required to pay more attention to reducing vulnerability and risk, and this concern needs to be reflected throughout their programs. This should start with a risk and vulnerability assessment for each target community. This and other cross-cutting issues -- building local capacity, the environment and gender equity – are also discussed in Section V, B, 5.

Organizations that desire to partner with USAID/Malawi in food security programming will need to explore mechanisms for collaboration and joint programming to ensure efficient use of resources. Prospective MYAP partners are encouraged to demonstrate how their Title II programs will build on the comparative advantage of Title II and maximize synergies and complementarities with other programs, including the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and Mission and USAID regionally- and centrally-funded projects. Prospective CSs should also indicate how their programs align with and support GOM strategies and programs, including the Malawi Growth and Development Strategy (MGDS), Food Security Policy, Nutrition Policy and the Agricultural Development Programme (ADP).

1. OBJECTIVES OF THE PROGRAMMING STRATEGY

The purpose of the USAID Malawi Food Security Programming Strategy is to provide guidance to current and potential USAID Mission food security partners on how to design effective food security projects for the period FY 2008-2014 and to improve programmatic and resource integration. The Strategy identifies the key factors contributing to food insecurity and vulnerabilities in Malawi, using the USAID definition of food security as a basis for describing the current food security situation in the country, identifying who are the food insecure, where they are located, why they are food insecure, and what actions are necessary to reduce their food insecurity. The document also describes the institutional context in which the USAID Malawi Food Security Programming Strategy will be implemented, in terms of existing United States Government (USG) and Government of Malawi (GOM) strategies and programs. The audience for this strategy is Title II cooperating sponsors (CSs), non-governmental organizations (NGOs), institutions, donors, GOM entities working in food security in Malawi and USAID staff in Malawi and Washington. The Malawi Food Security Programming Strategy is based on a review of the literature and current data on food insecurity in Malawi, field visits to USAID/Malawi food security partner projects and key informant interviews with staff from USAID/Malawi, USAID/Washington, the GOM, NGOs, and other institutions that are stakeholders in food security programming in the country.

2. DEFINITION OF FOOD SECURITY

In 1992, USAID's Policy Determination 19 established the following definition for food security: *"Food security exists when all people at all times have both physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life."*[1] The definition focuses on three distinct but inter-related elements, all three of which are essential to achieving food security:

- **Food availability**: having sufficient quantities of food from household production, other domestic output, commercial imports or food assistance,

- **Food access**: having adequate resources to obtain appropriate foods for a nutritious diet, which depends on available income, distribution of income in the household and food prices, and

- **Food utilization**: proper biological use of food, requiring a diet with sufficient energy and essential nutrients, potable water and adequate sanitation, as well as knowledge of food storage, processing, basic nutrition and child care and illness management.

This document uses the above definition of food security, with the addition of the concepts of risk and vulnerability, [2] as a framework to describe the context and

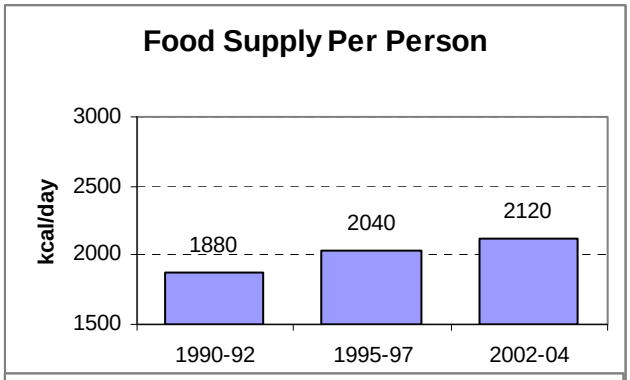
[1] USAID, "Policy Determination 19, Definition of Food Security," April 13, 1992, p 1.
[2] The concept of risk, which is implicit in the USAID definition of food security, was added to the conceptual

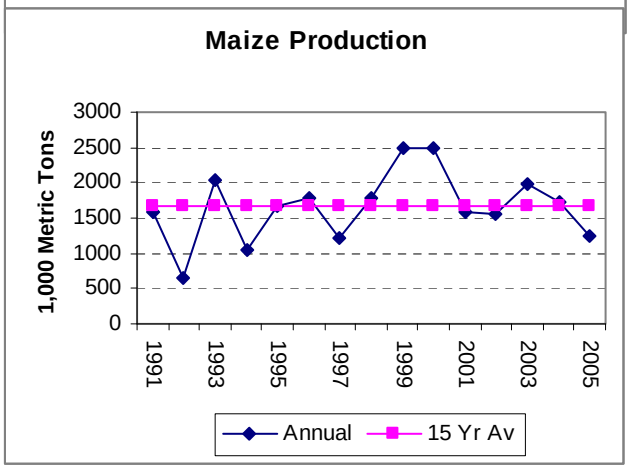
determinants of food insecurity in Malawi, and the programmatic actions necessary to reduce food insecurity in the country.

3. FOOD SECURITY SITUATION IN MALAWI

This section begins with an overview of food security at the national level in Malawi. It describes the main food security problems related to food availability, access, and utilization and the risks and vulnerabilities that affect food security. It also discusses where these problems are concentrated geographically in Malawi.

3. 1. Food Insecurity at the National Level





Despite some improvements in food security during the 1990s, primarily in food availability, Malawi remains a food insecure country with improvements needed in food availability, access and utilization.[3] According to the Food and Agriculture Organization (FAO) of the United Nations, food supplies at the country-level have increased from 1,880 calories per person per day in 1990-92 to 2,120 in 2002-04. While this is an improvement, it is still low in comparison to some other countries in the region.[4]

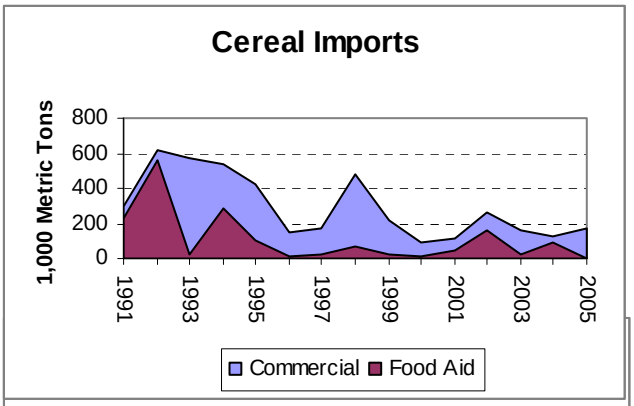
The averages mask the year to year changes that take place in domestic maize production, due primarily to weather conditions, and also grain imports. During drought years, including the 1991/92 drought that affected all of Southern Africa as well as the more localized droughts in 1997/98, 2001/02 and 2004/05, the country had to rely on food assistance as well as commercial imports to maintain food supplies. These droughts had adverse effects not only on the maize crop but also on the production of cash crops, foreign exchange earnings and the country's capacity to import commercially.

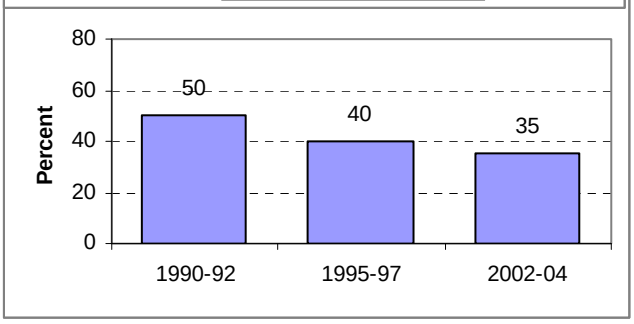
framework that underlies the Office of Food for Peace (FFP) Strategic Plan for 2006-1010 as a fourth pillar (See Annex 4). The concept of vulnerability is also addressed in the FFP Strategic Plan in the sense that food security can be lost as well as gained and is defined as the inability to manage risk. USAID/FFP, "Strategic Plan," p. 20.

[3] According to FAO ("State of Food and Agriculture," 2006), Malawi is classified as having one of the highest levels of undernourishment in the world. FFP has also included Malawi in its list of 15 most food insecure countries based on its high levels of chronic undernutrition, poverty and undernourishment.

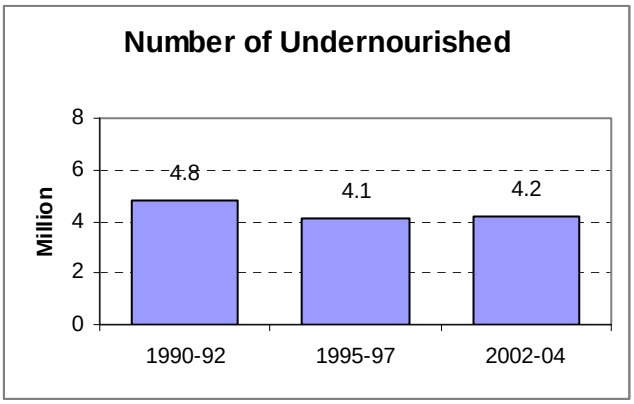
[4] For example, South Africa had an estimated 2,980 calories per person per day available for human consumption in 2002-2004.

Lack of access to food due to poverty, however, is the root cause of food insecurity in Malawi. Poverty in Malawi is widespread and pervasive, with 52 percent of the population estimated to be poor and 22 percent to be ultra-poor, [5] or too poor to be able to afford even a minimum basic diet. Equally discouraging is the fact that the country has had little or no success in reducing poverty in recent years, with the percent of households living in poverty dropping by only two percentage points between 1998 and 2005.





This lack of progress also shows up in the FAO estimates of the numbers and percent of the population that are undernourished.[6] During the first half of the 1990s, for example, the numbers and percent of the undernourished population declined along with the increases in overall food supplies. However, this progress has slowed in the last few years, along with the progress in reducing poverty, with some indication that the numbers of undernourished may actually have increased during the last decade, from 4.1 million in 1995-97 to 4.2 million in 2002-04.



[5] The data on poverty used in this document comes from two integrated household surveys – IHS1 which was conducted by the National Statistics Office (NSO) in 1998 and IHS2, which was conducted in 2004/05. Poor households are defined as individuals with incomes below the level needed to purchase a minimum necessary diet and critical non-food needs. These poverty lines were calculated using household consumption expenditures as a proxy for income.

[6] This FAO-developed indicator measures the extent to which the total amount of food energy available in a country is below the minimum required for maintaining a healthy life and carrying out light physical activity. It is calculated based on estimates of the per capita dietary energy supply available in a country, assumptions about the distribution of food supplies across households, and a minimum energy requirement threshold.

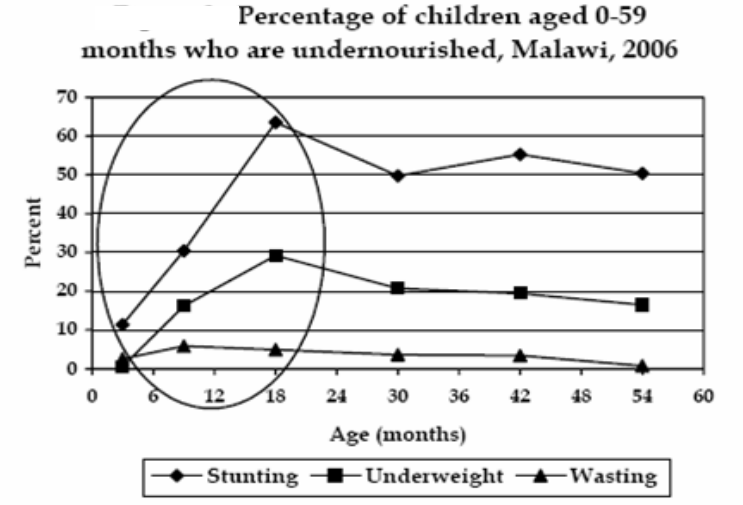
Perhaps the most serious outcome of the food insecurity problem, however, is the high percentage of children suffering from chronic malnutrition.[7] Almost half of the children under five were found to be stunted (too short-for their age) in the 2004 Demographic and Health Survey (MDHS) [8] (see Table 1). What is of even more concern is the fact that data from three consecutive DHS surveys show almost no improvement in the prevalence of stunting over the last ten years, a situation that has serious implications for the country's future economic, social and political development.

Table 1: Changes in Proportions of Children under Five Malnourished

	1992	*2000*	*2004*
Stunting (Height-for-Age)	49	49	48
Wasting (Weight-for-Height)	5	6	5
Underweight (Weight-for-Age)	27	25	22

Source: Malawi Demographic and Health Surveys (MDHS) for 1992, 2000 and 2004.

The fetal stage through two years of age is the period of most rapid growth and a critical time in child development. At this age children are most vulnerable to growth faltering, which is most often caused by illness, infection and sub-optimal feeding practices. In Malawi, the prevalence of stunting (height-for-age Z score <-2 SD), wasting (weight-for-height Z score <-2 SD), and underweight (weight-for-age Z score <-2 SD) increases dramatically between the ages of 6 to 18 months and then levels off, as is indicated in the accompanying figure. Because stunting is frequently irreversible, especially after the age of two when the pace of growth slows, it is important to intervene to support children's health and nutrition before they become stunted. Moreover, if chronic malnutrition is not dealt with at this early age it will have an adverse affect on these children, on their ability to learn and their health and productivity in adulthood.



There are, however, reasons to be optimistic about the future of Malawi. The country enjoys peace and stability. And, its recently elected reformist government is improving

[7] Children's nutritional status is a good indicator of food access and utilization, as well as being an important element of human development in its own right. Height-for-age is the best indicator of whether malnutrition is a chronic problem because it indicates past growth failure, reflects long-term factors such as chronic insufficient protein and energy intake, frequent infection and sustained inappropriate feeding practices and is not sensitive to short-term changes.

[8] Chronic malnutrition, stunting and low height-for-age are three terms that are used in this document to refer to this problem.

fiscal management, combating corruption, addressing the HIV epidemic and taking measures to encourage economic growth. As a result of recent successes in improving fiscal management, Malawi qualified for the Heavily-Indebted Poor Country Initiative (HIPC) in 2006 and had virtually all of its external debt cancelled. This should substantially improve Malawi's international credit rating and reduce interest rates, while the over $100 million that would otherwise have been used for debt-servicing is now freed up for more productive investments.

On the other hand, the challenges facing the country are enormous. Malawi is a small land-locked[9] country with one of the highest population densities in Sub-Saharan Africa, and one of the lowest per capita incomes in the world. In 2005, for example, its per capita income was only $167, less than one-third of the average for Sub-Saharan Africa.

Table 2: Selected Basic Economic and Social Indicators

Economic and Social Indicators	*Malawi*	*Sub-Saharan Africa*	*Low-Income*
GNI Per Capita (US$) (2005)	180	600	510
Population Rural (%)	86	63	69
Contribution of Agriculture to GDP (%)	36	13	23
Infant Mortality (per 1,000 live births)	76	101	79
Access to improved water source (% population)	67	58	75
Literacy Rate	64	65	61
Life expectancy at birth	37	46	58
Prevalence HIV/AIDS (15-49 years)	14		

Over 85 percent of Malawi's 13 million people live in rural areas, where most are engaged in rain fed agriculture, which makes them highly vulnerable to annual variations in rainfall. This, plus the fact that most only have access to small plots of land, means that poverty is pervasive in the country and not just a problem for those at the bottom of the income distribution. Social indicators are also dismal, and the country has a long way to go to meet the Millennium Development Goals (MDGs). The average life expectancy is only 37 years, a reflection of the high prevalence of HIV. Malaria and tuberculosis are also widespread. Child and maternal mortality rates are also among the highest in the world. Only 64 percent of the population is literate, with 60 percent of students dropping out before completing primary school.

The country needs to grow economically in order to reduce poverty and food insecurity and at a faster[10] and steadier rate.[11] To accomplish this objective, Malawi will need to

[9] Recent analyses, including by Jeffrey Sachs, suggests that being landlocked can reduce a country's economic growth rate by around a half a percentage point. Being land-locked affects countries' access to international markets, for example, by making them dependent on the transport infrastructure and policy decisions of their coastal neighbors. Collier, "The Bottom Billion," pp. 53-63.

[10] The African Development Bank estimates that Malawi will have to generate real growth in GDP on the order of 6 percent per year in order to make an impact on reducing poverty. African Development Bank, "Malawi Country Strategy Paper, 2005-09," September 2005, p. vi.

[11] The rate of growth in GDP also tends to be highly variable in Malawi as a result of the country's continued

create an enabling environment that encourages the development of the private sector and the expansion of the country's production and export sectors. Economic growth and poverty reduction efforts also face many other challenges, including the need to diversify the economy, improve the quality and quantity of infrastructure, enhance governance and reduce corruption, improve gender equity, increase regional integration, reduce HIV infection rates and protect the environment.

3.2. Geographic Distribution of Food Insecurity

Malawi is divided into three regions – the Northern Region with six districts, the Central Region with nine and the Southern Region with twelve.[12] (See Annex 1, Map 1A). The degree of food insecurity in these regions varies depending on their agro-ecology, levels of chronic poverty and chronic malnutrition, risks and vulnerability to shocks, particularly drought and floods, and the prevalence of illnesses such as HIV, tuberculosis and malaria. Data on food security indicators by region and district are presented in this section organized according to their relationship to three major elements of food security – availability, access and utilization – and risk and vulnerability.

3.2.1. Food Availability

Low agricultural productivity and limited investment in the sector, compounded by problems of land tenure, reliance on rain, lack of rural credit, inadequate physical infrastructure and poorly functioning marketing institutions have resulted in the agricultural sector being periodically unable to feed the Malawian population or to stimulate overall economic growth. Raising agricultural productivity and diversifying the agricultural base, including by increasing the value added to agricultural products, is key to increasing rural incomes and reducing the widespread food insecurity faced by Malawi's population.

Agriculture is critical to achieving food security in Malawi at the national as well as the household level. Agriculture is the single most important sector of the economy, employing 85 percent of the workforce and contributing 36 percent of the country's GDP and over 80 percent of the country's foreign exchange earnings. This means that food supplies, at the household and the national level, depend ultimately on the productivity of the agricultural sector, how much food is available from domestic production and how much cash is available to purchase food when domestic production is insufficient to meet needs. Agricultural production is erratic, however, due to weather related shocks, drought in particular, and lack of irrigation. This leads to periodic food shortages, when domestic food production declines and the capacity to import food commercially is reduced due to the decline in the volume and value of agricultural exports. These frequent food shortages occur despite a large natural resource base and potential water resources.

dependence on the agricultural sector (See further discussion in the section on food availability), which in turn is highly susceptible to changes in weather, drought and floods in particular.

[12] The districts included in the Northern Region are Chitipa, Karonga, Mzimba, Nkhata-Bay, Rumphi, and Likoma Island; the districts in the Central Region are Dedza, Dowa, Kasungu, Lilongwe, Mchinji, Nkhotakota, Ntchisi, Ntcheu and Salima; and the districts in the Southern Region are Balaka, Blantyre, Chikwawa, Chiradzulu, Machinga, Mangochi, Mulanje, Mwanza, Nsanje, Phalombe, Thyolo and Zomba.

Food security is also negatively affected by the lack of diversification in the agricultural sector. Malawi is highly dependent on maize, which is the major food crop, and burly tobacco, which is the major cash crop. Yields of both have been declining. Maize occupies as much as 75 percent of the cropland and is grown by 97 percent of farmers. For most Malawians, maize is synonymous with food and a sense of food security at the household level. With tobacco exports being the main source of foreign exchange, a poor tobacco harvest can also create downward pressures on the currency, making it more expensive to import essential goods, including petroleum, fertilizer and food. With one crop per year, foreign exchange levels also tend to follow an annual cyclical pattern tied to the timing of the tobacco auctions.

Food production is dominated by smallholders, and small-holder agriculture provides a livelihood to over 2.4 million households. Small holders also contribute about 80 percent of agricultural GDP, with commercial farms producing the rest.[13] Most smallholders are almost completely dependent on agriculture for their livelihoods. Their productivity is low, however, and, with limited irrigation, most can only produce one crop per year. Farm sizes also are small, especially in the south, and are declining. Three out of four farmers cultivate less than a hectare, for example, and 40 percent of holdings are less than one half a hectare. The result is that only a small percentage of farmers are able to produce enough maize to last them throughout the year, and because off-farm employment opportunities are limited, many households experience a "hungry season" when supplies run low.[14]

At the household level, the availability of food can be affected not only by household and local production but also by production in other parts of the country, commercial imports and food assistance. In Malawi, high transportation costs[15] plus the GOM's emphasis on maize self-sufficiency and its interventions in maize markets, mean that poor rural people are more dependent on their own food production and food production in their own local communities than in other countries where food markets function better and transportation costs are lower.

Production conditions and market opportunities vary in different parts of the country, resulting in differences in the types of food grown and the levels of production and market dependence. According to a recent analysis of livelihood zones by the Malawi Vulnerability Assessment Committee (MVAC),[16] altitude,[17] soils, and proximity to and

[13] Total cultivated area in the beginning of the 21st century averaged about 2.7 million hectares, of which from 1 to 1.1 million hectares are held in some 30,000 estates with average farm size ranging from 10 to 500 hectares. The remaining approximately 1.7 million hectares are cultivated by small holders with farm sizes averaging around 1 hectare. World Bank, "Malawi Country Economic Memorandum, Policies for Accelerating Growth," June 2004, p. 37.

[14] According estimates by the Malawi Vulnerability Assessment Committee (MVAC), roughly one third of the population in the livelihood zones analyzed is in perpetual food production deficit and has to rely on local agricultural labor (*ganyu*) for between two and six months each year. MVAC, "Malawi Baseline Livelihood Profiles," 2005.

[15] Poor road infrastructure in Mozambique as well as Malawi increases the price of petroleum in Malawi and both contribute to the high costs of transporting goods to and within the country.

[16] MVAC, 2005. Also see Annex 2 for more details on the individual livelihood zones.

[17] Higher altitudes in Malawi, as in the other Rift Valley countries, tend to mean higher rainfall and better

size of markets are among the more important determinants of these patterns (See Annex 1, Map 1B). Per capita food production is generally lower and dependence on food purchases and food obtained in exchange for labor is higher in the southern livelihood zones than in the center or in the north. Farmers in some areas in the southern livelihood zones can grow a wider range of crops, which makes them less dependent on maize. On the other hand, more land is occupied by estates in the southern zones and individual farms are smaller, which limits farmers' options. Farmers in the Kasungu Lilongwe Plain and Western Rumphi/Mzimba zones also produce a variety of products, including tobacco, groundnuts and livestock but are particularly dependent on maize as their main staple. More cassava is produced in some livelihood zones -- the two northern zones of Nkhata Bay Cassava zone and Central Karonga – which helps ensure local food security in the event of a maize crop failure. The poor in these livelihood zones are also more likely to be self-sufficient in food, in part as a result of cassava's relatively low requirements for both labor and inputs, and because many also grow bananas, rice and sweet potatoes.

Most rural people are heavily dependent on sales of crops – tobacco, cotton and food – to earn cash income. Few households receive remittances from elsewhere. This is true across livelihood zones. Some are also able to supplement their crop sales with sales of other products, including charcoal, firewood and grass mats, in local markets. Tobacco is grown in the higher altitude zones in the Northern and Central Regions of the country while cotton is grown in the lower altitudes in the Shire Valley livelihood zones. The market for casual labor tends to be localized, however, on the tea and sugar estates in the Southern Region and the tobacco estates in the Central Region,[18] with little migration between regions. The markets for tobacco and cotton are unpredictable and subject to international factors beyond Malawi's control. Local markets, which are perhaps more predictable, are stronger in the Southern and Central Regions. However, most local markets are small, due to the small numbers and overall poverty of the people; supply frequently exceeds demand, putting downward pressure on prices.

Dependence on food purchases increases as one moves from the north to the south of the country. In some districts in the Southern Region, which contains more of the poor than the other two regions, households may rely on the market for 30 to 40 percent of their food needs in normal years. The Southern Region also contains the country's largest urban population as well as its largest commercial sector. This has a positive effect on the livelihoods of rural people in terms of the prices they can obtain for their surplus crops and other products they can produce and in the opportunities for casual employment. The Northern Region, in contrast, is more sparsely populated, not very urbanized and is isolated commercially. So, where soil conditions are favorable, a greater proportion of the population in the Northern Regions is more or less food self-sufficient. The Central Region contains a major urban center and is a major producer of maize and tobacco. Here, increasing population pressure on the land combined with low pay rates

cropping potential. MVAC, 2005.

[18] Casual labor is an important coping mechanism. However, casual labor is not always available during the hungry season, especially during the last two months. And, when it is available, it sometimes results in poor households having to delay planting their maize gardens by three to four weeks, which increases the risk of crop failure, and to defer weeding, which can reduce crop yields.

and rising prices for inputs has meant that an estimated one in four households normally produce only half of their grain requirement annually and must spend what is left from their tobacco profits, after repaying debts for inputs, on basic foods. The Central Region also contains a number of small areas where drought is persistent.

3.2.2. Access to Food

One of the most straightforward indicators of a population's access to food is the percent of the population living below the poverty line. [19] As indicated earlier, poverty in Malawi is widespread and pervasive, with over half the population still living in poverty in 2005 and over 22 percent classified as ultra-poor with insufficient income to meet even their basic food needs.[20] The existence of frequent and widespread shocks in Malawi has also resulted in large movements of people into and out of poverty, creating another category of people that some analysts refer to as the transient poor. (See box on following page for more details on the characteristics of these groups.)

Poverty in Malawi is primarily a rural problem, with over 94 percent of the poor living in rural areas (see Table 3). It is also concentrated in the Southern Region where almost half of the poor live. The prevalence of poverty is higher in the Southern Region, with

Table 3: Poverty and Population by Region

Region	*Population Share (%)*	*Share of the Poor (%)*	*Poverty Prevalence (%)*	*Ultra Poverty Prevalence (%)*
Malawi	100	100	52.4	22.4
Urban	11.3	5.5	25.4	7.5
Rural	88.7	94.5	56.3	24.2
Northern Region	10.2	10.9	56.3	25.9
Central Region	38.1	33.9	46.7	16.2
Southern Region	40.4	49.7	64.4	31.5

Source: GM/World Bank, MPVA, 2006

almost two thirds of the population living in poverty there and almost a third living in ultra poverty.[21] Districts in the Southern Region are more likely to be poor and districts in the Central Region are more likely to be better off. Eight of the ten poorest districts are located in the Southern Region, for example, and the three richest rural districts are all in the Central Region (see Table 4).

[19] USAID, "Food for Peace Strategic Plan for 2006-2009," p. 89.
[20] IHS2, 2005/06; also GOM/World Bank, "Malawian Poverty and Vulnerability Assessment (MPVA)," 2006.
[21] MPVA, 2006, p. 10.

The picture becomes more complicated when one looks at the distribution of poverty by Traditional Authority (TA), a smaller administrative unit than the district. According to the most recent poverty map, which has been estimated using data from the 1998 census and Second Integrated Household Survey (IHS2), the highest levels of poverty are concentrated in the southernmost and northernmost areas of the country (See Annex 1, Map 1 C). The Central Region has consistently lower levels of poverty, except for two very small and isolated pockets. The greatest variations in poverty levels are in the Northern Region, which includes some areas with the highest concentrations of poverty as well as some of the relatively better off areas. Substantial variations also exist within urban areas.[22]

Three Types of Poor Households

- **Ultra-Poor Households** are usually larger than average, often with more young children, and characterized by a lack of assets, especially limited landholdings. Many are affected by or vulnerable to chronic illnesses, often related to HIV. Others are female headed, often by elderly women, with many dependents. These households are also characterized by lower levels of education, limited involvement with cash crops and limited access to other economic opportunities. Households in remote areas or in communities not accessed by a tarmac road are also more likely to be ultra-poor.
- **Poor Households** have some assets but are exceedingly vulnerable to further impoverishment. These households are heavily dependent on agriculture (or fishing). They are also net consumers of food, selling some of the food they produce when prices are at their lowest and buying food when prices are the highest.
- **Transient or at Risk Households** live close to the poverty line and could be forced into poverty by even slight misfortune. Data from the MPVA suggests that a quarter of Malawians could fall into this category because their income levels are within 20 percent of the poverty line.*

* MPVA 2006, xxiv.

Table 4: Poverty Rates by District

Poorest Ten			Middle Ten			Richest Ten		
District	Region	Rate	District	Region	Rate	District	Region	Rate
Nsanje	South	76.0	Phalombe	South	61.9	Nkhotakota	Center	48.0
Machinga	South	73.7	Rumphi	North	61.6	Ntchisi	Center	47.3
Zomba Rural	South	70.0	Mangochi	South	60.7	Blantyre Rural	South	46.5
Mulanje	South	68.6	Mchinji	Center	59.6	Kasungu	Center	44.9
Chitipa	North	67.2	Salima	Center	57.3	Lilongwe Rural	Center	37.5
Balaka	South	66.8	Mwanza	South	55.6	Dowa	Center	36.6
Chikwawa	South	65.8	Karonga	North	54.9	Mtzuzu Urban	North	34.0
Thyolo	South	64.9	Dedza	Center	54.6	Zomba Urban	South	28.7
Chiradzulu	South	63.5	Ntcheu	Center	51.6	Lilongwe Urban	Center	24.6
Nkhata Bay	North	63.0	Mzimba	North	50.6	Blantyre Urban	South	23.6

Source: www.nso.malawi.net

With respect to gender, poverty rates are higher in female-headed households (58 percent compared to 51 percent for male-headed households) but in terms of numbers, more poor people live in male-headed than female-headed households. Female-headed households

[22] Ibid. pp. 7-8.

are more likely to be poor because women are less likely to engage in cash crop production, spend less time in income generating activities, are less likely to be employed, are paid less than men for the same task/period, and are less likely to get access to extension services and credit.[23]

Due to the HIV epidemic, increasing numbers of households are headed by women, children or the elderly (who are often left caring for orphaned grandchildren). It is generally accepted that these households are more vulnerable than others to both chronic poverty and to transitory shocks, partially due to the loss of adult male labor. These households share a common characteristic in that they are either structurally labor-constrained, or their labor capacity has been undermined by chronic health problems or the need to care for other sick household members.

On the other hand, being an orphan is not consistently correlated with a higher probability of being ultra-poor, possibly due to the purposive placement of orphaned children in better off households in the extended family network. Nor are households affected by chronic illnesses and HIV likely to be poorer than other households, again possibly due to support by the extended family and community coping strategies. In fact, according to the Malawi Poverty and Vulnerability Assessment (MPVA), non-poor households report higher morbidity and prevalence of chronic illness than poor households. Data from IHS2 also indicates that the percentage of children that is chronically malnourished is fairly constant across income levels in rural areas. This is in contrast to urban households, which exhibit a large drop in the prevalence of chronic malnutrition as their wealth levels increase, from 57 percent in the poorest quintile to 38 percent in the wealthiest quintile.[24]

3.2.3. Utilization of Food

The nutritional status of children less than five years of age, as measured by either stunting (height-for-age Z score <-2SD) or underweight (weight-for-age Z score < -2SD), is one of the best indicators of food utilization and also a good indicator of the overall level of development in a country.[25] In Malawi, as indicated earlier, almost half the children under five are stunted, which is significantly above the 40 percent prevalence for stunting that WHO classifies as being very high.[26]

Stunting rates also vary by region and district, with the highest levels of stunting in the Central (47 percent) and Southern Regions (46.3 percent), especially in the districts of Dedza, Machinga, Mchinji, Mwanza, Ntcheu, Ntchisi, and Zomba, where more than 50 percent of children under five are stunted (see Table 5 on the previous page). It is interesting to note that, although the Central Region has the highest stunting prevalence,

[23] Much of the discussion in this and the following two paragraphs is based on the IHS2 and the MPVA, 2006.
[24] MPVA, p.95.
[25] USAID, "Food for Peace Strategic Plan 2006-2010," p.89.
[26] WHO Technical Report Series. "Physical Status: The use and interpretation of anthropometry," 1995, p. 208-212.

it also has the highest per capita caloric availability.[27] The most recent data from UNICEF suggests that stunting rates improved by almost two percentage points between 2004 and 2006, with almost a five percentage point reduction in the Central Region.[28] However, a great deal of improvement is still necessary, especially in the Southern Region and in districts such as Machinga and Blantyre, where stunting rates have increased since 2004.

Women's chronic energy deficiency (CED), as measured by Body Mass Index (BMI), is another indicator of food insecurity. High prevalence of CED among women may result from inadequate energy intake, which can be due to many factors including lack of food access, anorexia due to infection and nausea, discriminatory intra-household food distribution, and self-sacrificing behavior.[29] Heavy physical labor, such as water and fuel collection or agricultural work, can also exacerbate CED. CED increases the risk of wasting, ill health, and poor physical performance and is associated with poor birth outcomes, including low birth weight. CED prevalence between 10 and 19.9 percent indicates a poor nutrition situation requiring intervention, which may include supplementation, increased food production, education and/or behavior change. CED prevalence between 5 and 9.9 percent signals the need for monitoring and prevention efforts. In Malawi, the prevalence of CED among women is highest in the Southern Region, followed by the Northern and Central Regions (see Table 5). Of the districts for which data are available, more than 10 percent of women in the southern districts of Machinga, Mangochi, Mulanje and Zomba have CED, indicating the need for intervention.

[27] MPVA, pp.79-80.
[28] DHS and UNICEF MICS. These organizations coordinate their work to ensure maximum country coverage and comparability of surveys. http://www.childinfo.org/mics/mics3/index.php
[29] Remancus et al., "Women's Nutrition Indicator Guide," forthcoming, p. 61

Table 5: District Level Data for Stunting and Underweight of Children Under Five Years of Age and Chronic Energy Deficiency of Women

Regions/ Districts	**Percent Children Under Five Stunted** (Height-for-age <-2 SD)		**Percent Children Under Five Underweight** (Weight-for-age <-2 SD)		**Percent of women 15-49 years with Chronic Energy Deficiency (CED)** (i.e. BMI <18.5)
	UNICEF MICS 2006	DHS 2004	UNICEF MICS 2006	DHS 2004	DHS 2004
Northern	39.7	42.4	16.7	17.7	8.8
Center	47.0	52.7	20.4	22.5	7.2
Southern	46.3	45.3	19.0	23.0	11.0
Districts					
Dedza	**57.0**		**29.1**		
Machinga	57.0	44.8	22.6	21.4	11.4
Mchinji	**56.9**		**20.6**		
Ntchisi	56.0		21.9		
Zomba	51.4	42.3	17.6	22.0	11.4
Ntcheu	**50.9**		**21.7**		
Mwanza	50.8		18.6		
Thyolo	**47.5**	**48.1**	**19.5**	**22.2**	**8.9**
Kasungu	46.7	56.1	18.2	21.3	8.6
Phalombe	**46.7**		**20.2**		
Lilongwe	**46.3**	**52.3**	**24.1**	**24.5**	**6.0**
Mzimba	46.1	46.8	18.3	17.9	8.4
Chiradzulu	45.7		18.3		
Mangochi	**44.6**	**48.3**	**22.2**	**23.6**	**12.5**
Nkhotakota	44.3		21.4		
Dowa	42.5		18.1		
Mulanje	42.4	50.5	15.9	26.5	13.4
Blantyre	41.8	40.2	14.6	17.0	8.6
Chikwawa	39.7		22.7		
Chitipa	38.8		19.5		
Nsanje	38.4		24.6		
Salima	37.9	49.3	19.2	20.6	8.1
Nkhata Bay	37.5		15.6		
Rumphi	35.0		14.0		
Karonga	30.1		13.4		
Malawi	45.9	47.8	19.4	22.0	9.2

Bold= current Title II intervention area
Note: DHS 2004 did not have data for all districts

Proper child care and a diet with adequate energy and nutrients are essential to achieving adequate food utilization. In Malawi, most children are introduced to breastmilk early and fed on-demand, and the percentage of children exclusively breastfed has improved dramatically over the past 15 years. Still, according to MDHS 2004 and MICS 2006, just over half of children under six months of age are exclusively breastfed, leaving almost half of infants under six months of age at high risk of illness and malnutrition during a period of rapid growth and development. Additionally, the quality and quantity of complementary foods and the timing of introduction of these foods are of concern. With over 60 percent of the population's total calories coming from cereals (up to 77 percent among the poorest), and only 40 percent of children age 6-23 months eating even a minimum number of food groups, the lack of dietary diversity means that most children are not getting enough of the nutrients they need for healthy growth and development. The quantity of food that children in this age group are eating is unclear, but less than half of children under two are fed the minimum number of times per day; therefore, most children probably are not consuming enough calories.[30]

Table 6: Access to Health Services, Water and Sanitation

Access to Health Services/Water and Sanitation	*North*	*Center*	*South*
Percent women reporting problems accessing health care	74.9	82.0	79.3
Percent children fully immunized	72.5	56.8	69.3
Percent households using improved drinking water	80.4	66.9	79.2
Percent households with bed nets	57.6	47.7	49.2

Sources: Malawi DHS 2005 and UNICEF/NSO MICS 2006

In addition to an energy and nutrient rich diet and adequate child care, optimal utilization, or biological use of food, requires access to adequate health services, education, illness management, potable water and sanitation. Almost 80 percent of women surveyed in the 2004 MDHS reported problems in accessing health care, with access varying by region (see Table 6). The most common challenges included accessing transport, getting money and distance. Approximately 58 percent of pregnant women achieve the recommended four or more antenatal care visits, and the quality of these services varies widely. Women in urban areas, the Northern Region and educated and wealthy women are more likely to receive quality antenatal care. Immunization coverage of children is also low and has been declining since 1992. In 2006, for example, only 62 percent of children were fully vaccinated by age 12 months, compared to 82 percent in 1992. Immunization coverage is worst in the Central Region and in Kasungu, Machinga, Mangochi, Salima and Lilongwe districts. The Central Region also ranks lowest in terms of the percentage of households using improved drinking water and the percentage of households with bed

[30] Mukuria, Altrena G., Monica T. Kothari, and Noureddine Abderrahim, "Infant and Young Child Feeding Updates," Calverton, Maryland, 2006: ORC Macro.

nets. The four districts with the lowest household access to improved sources of water (less than 65 percent) -- Dedza, Dowa, Mchinji, and Ntchisi – are also in the Central Region. Although malaria is the leading cause of morbidity and mortality in children under five in Malawi and is endemic throughout the country, only 23 percent of children under five sleeps under an insecticide treated net (ITN). The districts with the lowest ITN coverage are: Chitipa, Dowa, Kasungu, Machinga, Nkhata Bay, Ntcheu, Ntchisi, Rumphi, and Thyolo, all with less than 20 percent of children sleeping under ITNs.

3.2.4. Risks and Vulnerabilities

A number of factors contribute to households' vulnerability to chronic or transitory food insecurity,[31] including shocks, such as drought, floods, chronic or acute illness of a household member, and crop and animal pests and disease; low income diversity; and low levels of livelihood capacities based on measures of human, financial, physical, natural, and social capital available to the household. Some risks, such as illness, affect individual households while others, such as floods, drought, pests, price changes and other political events or economic policies, affect whole communities, TAs, districts and regions. Malawi is also vulnerable to external economic shocks, including increases in the prices of petroleum and fertilizers and reductions in the prices of the major export crops, such as cotton, tobacco and tea. Given the importance of agriculture and the overall lack of diversity in the Malawian economy, these shocks can affect the level and rate of growth of GDP as well as individual households' incomes.

Pervasive risks and high vulnerability to shocks are among the main causes of persistent poverty in Malawi. According to the MPVA, the most common shocks facing households in Malawi relate to a drop in crop yields and an increase in the price of food, reflecting Malawi's great dependence on rain fed agriculture and its high exposure to droughts and floods. Over three quarters of the households interviewed during the IHS2 during 2004/2005 stated that they had been negatively affected by the rising price of food over the past five years, while two thirds experienced lower crop yields due to droughts or floods. Droughts and floods and rising food prices are also perceived as the most severe shocks. Illness or injury to a household member is also very common, affecting over one third of the households interviewed. The high prevalence of shocks associated with the death of family members is also common, reflecting, in part, the impact of the HIV epidemic. Multiple shocks are also very common, especially in rural areas, with about 75 percent of rural households reporting more than three shocks, compared to one third of urban households. In terms of vulnerability, however, poor households are subject to fewer shocks because they avoid high-risk, high return activities, but they are very susceptible to specific shocks, crop failures in particular.

Income diversification, crop diversification and migration are the most common strategies adopted by households to mitigate risks. Many households, the poorer in particular, are unable to pursue these strategies because of lack of access to capital and poorly functioning food markets, which place a premium on the production of staple

[31] Chronic food insecurity is the state of being vulnerable to food insecurity that persists over time, while transitory food insecurity is a temporary inability to meet food needs or smooth consumption levels.

foods. According to the MPVA, almost half the households interviewed have no crop sales and only 30 percent sell livestock. Faced with shocks, households first resort to increasing labor supply (21.1 percent), cutting back on consumption (14.2 percent), spending cash savings (12.6 percent) and selling assets (10.7 percent)[32] Borrowing or receiving assistance is most associated with the serious illness of household members. More than half the households interviewed reported "doing nothing" in response to a large drop in the sales price of crops.[33] Shocks in the previous year are associated with decreases in durable assets. Temporary withdrawal of children from school is another typical coping strategy. In addition to the immediate short-term costs, these coping mechanisms can permanently damage households' ability to engage in productive activities.

Vulnerability to food insecurity is distributed somewhat differently than poverty, however, with some districts with low levels of poverty being highly vulnerable and vice versa. Much of this is related to the level of diversification of livelihoods systems.[34] Non-poor but specialized districts can be more vulnerable than poor but economically diversified districts because of the seasonality of production and income. Vulnerability does increase from the north to the south, with all ten of the districts in the Northern Region falling among the ten least vulnerable districts while nine out of the ten most vulnerable districts are in the Southern Region. In other words, while poverty and vulnerability do not always correlate because of different risk factors, they do converge in the Southern Region of the country.

Poverty and food insecurity in Malawi is exacerbated by the high prevalence of HIV. According to the 2004 MDHS, 14 percent of the population aged 15-49 is HIV positive, which places Malawi eighth in the world in terms of the severity of its HIV epidemic.[35] HIV disproportionately affects the most productive age groups. The increased mortality from AIDS, which is estimated to be responsible for about 75 percent of all deaths among the 20-49 year olds,[36] has increased the dependency ratio (the ratio of children and the elderly to the economically productive). An estimated 87 thousand people are dying annually from the disease and its associated complications, and the number of orphans had risen from an estimated 560,000 in 1990 to approximately 700,000 in 2005.[37] Life expectancy in Malawi has dropped to 37 years as a result of AIDS.[38]

The consequences of HIV infection fall primarily on women, not only due to their higher levels of infection but also due to social responsibilities for family members. According to the MPVA, the HIV prevalence is higher for women than men (13 percent compared to 10 percent). This is true at the national level, in both urban and rural areas, in all regions and all economic groups and for most age groups. Women also begin getting infected at a younger age, with almost four percent of girls 15-19 years old infected compared to less

[32] MPVA, p. 76.
[33] Ibid.
[34] Slater, "Social Protection in Malawi," pp.10-12.
[35] NSO and ORC Macro 2005.
[36] NAC2003.
[37] 2004/05 Integrated Household Survey (HIS)
[38] MPVA, 2006 (citing CDC 2004).

than one percent of boys in the same age group. Only among the population of 30-39 year olds do men have a higher rate of infection. Twenty percent of men aged 30-34 are HIV positive compared to 18 percent of women, and 18 percent of men aged 35-39 are HIV positive compared to 17 percent of women.[39] Since HIV mostly affects people in their productive years, older women are increasingly taking on the care giving role, even for orphans and other vulnerable children (OVC). Beyond the role of care giver, women may also be more vulnerable to the impact of adult deaths if they lack title to property, either legally or as a result of cultural tradition.[40]

Urban areas have a much higher prevalence of HIV than rural areas (17 percent compared to 11 percent). The Southern Region has the highest prevalence of HIV (18 percent) followed by the Northern region (8 percent) and the Central Region (7 percent). HIV prevalence is 20 percent or higher in Blantyre, Mangochi, Thyolo and Mulanje and five percent or less in Kasungu.[41]

4. STRATEGIES AND PROGRAMS RELATED TO REDUCING FOOD INSECURITY IN MALAWI

This section provides a summary of the strategies and interventions currently used by the GOM, USAID and other development actors to address food security in Malawi. (Further information regarding these strategies and programs can be found in Table 7 at the end of this section.) USAID/Malawi and its partners will complement and build upon these approaches and interventions through activities that will be implemented as part of the USAID Malawi Food Security Programming Strategy. Although there are many development initiatives in the country, this document focuses on food security initiatives.

4.1. GOM Plans, Strategies and Programs

The GOM has been making some progress in addressing its development and food security problems. Until recently, GOM policies with respect to food and agriculture have not always been consistent or implemented in a consistent and effective manner. Factors contributing to these problems included the "politicization of food security issues, donor inconsistency and lack of coordination and a lack of capacity in public and private institutions to conduct policy analysis or to monitor implementation and impact."[42] This situation improved dramatically in 2006 with the adoption of the Malawi Growth and Development Strategy (MGDS), which provides the basic framework for all efforts to reduce poverty and food insecurity in the country. The GOM indicates in the document that it is trying to maintain a balance between the economic and social sectors. However, the document also makes clear the GOM's commitment to "poverty reduction through sustainable economic growth and poverty reduction,"[43] and it builds on the earlier Malawian Economic Growth Strategy (MEGS), which emphasized the need to create a

[39] MDHS, 2004
[40] MPVA, 2006.
[41] MDHS, 2004.
[42] Hobgood, "USAID Activities on Agriculture and Food Security in Malawi," 2006, p. 6.
[43] GOM, "Malawi Growth and Development Strategy (MGDS)," 2005.

conducive environment for private sector investment to stimulate the production of goods and services and create employment opportunities. The MGDS identifies six priority areas and five key themes (see Table 7 for more details). Agriculture and food security is listed as the first priority, in recognition that agricultural development will be the key to economic growth in the country. The MGDS also identifies the prevention and management of nutrition disorders, HIV and AIDS as its sixth priority. Within this are goals of preventing the spread of HIV and managing cases, ensuring the nutritional well-being of all Malawians and ensuring that the additional nutrition needs of people living with HIV are met.

To translate the MGDS into actionable plans for 2006-2010, sector reviews were conducted, including within the agriculture and health ministries, to align resources to the core functional areas and improve sector-level performance and results. These efforts led to the reformulation of the Food Security and Nutrition policies, consolidation of national safety-net activities into a national Social Protection program and enabled the GOM to begin a process expected to lead to the development of a Comprehensive Africa Agriculture Development Program (CAADP) compact for Malawi. Work is also underway on the development of an Agricultural Development Programme (ADP) which will focus on priority action areas aimed at achieving the MGDS targets for the agricultural sector. (See Table 7 for more details on these programs.)

4.2. USG Strategies and Programs

4.2.1. Alignment with the New Foreign Assistance Framework

Under the new Foreign Assistance Framework, all U.S. Government foreign assistance spending has to be aligned with five key objectives, and their program areas, program elements and program sub-elements. This is true for all the Malawi Mission's funded programs as well as the current Title II Development Assistance Program. This can be seen in Table 8, with the USAID programs funded by other accounts focused on the Governing Justly and Democratically, Investing in People and Economic Growth objectives and the Title II DAP focused on the Investing in People and Economic Growth objectives, a focus that is anticipated in the framework itself.

Table 7: Summary of Strategies and Programs Relevant to Achieving Food Security Objectives in Malawi

Strategy/Program	Dates	Objectives and Interventions	Responsible
Government of Malawi (GOM)			
Malawi Growth and Development Strategy (MGDS)	2006-2011	Five themes: (1) sustainable economic growth, (2) social protection, (3) social development, (4) infrastructure development and (5) good governance. Six priority action areas: (1) agriculture and food security, (2) irrigation and water development, (3) transport infrastructure development, (4) energy generation and supply, (5) integrated rural development and (6) prevention and management of nutrition disorders, HIV and AIDS. Builds on MPRS but puts greater emphasis on economic growth.	GOM
Malawi Poverty Reduction Strategy (MPRS)	2002-2005	Four pillars: (1) economic growth, (2) human capital development, (3) safety nets and (4) governance. Put greater focus on reducing vulnerability through productive safety nets and disaster preparedness.	GOM
Malawi Food Security Policy	2007-	Four major action areas: (1) increase household and national food availability by stimulating household agricultural production through irrigation, access to fertilizer, and better access to land; (2) sustain access to food through improved rural markets infrastructure and household purchasing power; (3) build proper utilization and nutrition through a variety of health and dietary service interventions and (4) stabilize food security through better disaster management, reserves, market interventions and surveillance and food security information systems.	GOM
Malawi Nutrition Policy (Draft)	2007-	Prepared separately from the food security policy to ensure that nutrition would receive adequate emphasis. Goal to improve nutritional status of all Malawians, especially pregnant and lactating women, children under 15 years of age, disabled people, and PLHIV, achieving adequate nutrition for all by 2015. Emphasizes six themes: (1) capacity building and promoting research and development, (2) prevention and treatment of micro-nutrient deficiencies and diet-related chronic illness, (3) dietary diversification and food utilization, (4) food safety and quality, (5) nutritional needs of vulnerable groups, including PLHIV and (6) nutrition advocacy to develop legislation and increase resources allocated to nutrition programming.	GOM
Malawi Agricultural Development Programme (ADP) (In Development)	2007-	Five pillars identified in 2006: (1) sustainable land and water management, (2) research, technology generation and transfer, (3) agribusiness and market development, (4) food security and risk management, and (5) institutional development and capacity building. Working groups now in process of defining priority strategic objectives, intermediate results and outcomes for each pillar. Tentative strategic objectives for the food security pillar, as of August 2007, were increased food availability and stability at the national level and increased food access and improved food utilization at the household level.	GOM
Malawi Social Protection Program	2007-	Focuses on reducing vulnerability to food insecurity and extreme poverty among the most vulnerable population groups. This is a reformulation of the previous national safety net strategies implemented from 2001-2006 but with a much broader and predictable resource commitments from the GOM and donors, responding to predictable patterns of vulnerability in the country. Involves community development activities	GOM

		including health care, education, water and sanitation, transport and household food security activities implemented through cash for work or direct cash transfers. The targeted input program is one critical component of the safety net, providing fertilizer and improved seed to many smallholder farmers.	
Malawi Vulnerability Assessment Committee (MVAC)		Conducts rolling vulnerability assessment activities to: (1) determine the percentage of the population in need of food assistance; (2) provide input to assist geographic targeting of food resources, (3) provide a description of the most vulnerable populations at regional and community levels and (4) monitor changes in the food security situation in the country.	GOM/ FEWSNET/ WFP
Comprehensive African Agricultural Development Program (CAADP)	2008-	Five focus areas: land and water management; rural infrastructure and market access and value chain analysis; hunger reduction, food security and nutrition; and agricultural research, technology dissemination and adoption. Targets a 6 percent average annual growth rate and allocating 10 percent of national budgets to the agriculture sector.	GOM
Malawi National Food Reserve Agency (NFRA)	1981-	The Strategic Grain Reserve established in 1981 to help cope with food emergencies until times when alternative supplies could be mobilized. Administered by the National Economic Council (NEC).	GOM
U.S. Government			
USAID/FFP Strategic Plan	2006-2010	Strategic Objective: *Food insecurity in vulnerable populations reduced;* IR1: *Global leadership in reducing food insecurity enhanced* and IR2: *Title II program impact in the field increased*, through protecting and enhancing human capabilities, livelihood capacities and community resiliency and capacity to influence factors that affect food security.	FFP
USAID/Malawi Country Strategy	2007-2011	Focus on: *Governing Justly and Democratically*; *Investing In People* – includes a major program supporting GOM's national HIV/AIDS agenda and complementing Global Fund interventions plus programs directed to malaria, tuberculosis, maternal and child health, family planning and reproductive health, avian influenza, basic education and social assistance and protection; *Economic Growth*-- includes a focus on the agricultural enabling environment, agricultural sector productivity, financial markets and natural resources and biodiversity; and *Humanitarian Assistance* -- includes disaster readiness, capacity building, preparedness and planning.	USAID/Malawi
USAID/Office of Foreign Disaster Assistance (OFDA)	2007	Provided funds to support variety of programs beginning in FY2005 including to UNICEF for treating 20,000 malnourished children; to CRS to support seed fair during the 2005/06 and 2006/07 agricultural seasons; and to the Title II Consortium to implement small scale irrigation projects under the Rehabilitation Through Irrigation and Production Extension (RIPE) project.	USAID/OFDA; CRS; UNICEF; I-LIFE Consortium
Global Development Alliance (GDA)	2006-2008	Focus on rural income growth through partnerships between private sector, civil society and government. Six GDA activities in 2007 including the Chia Lagoon rehabilitation project - a partnership involving Wildlife Environmental Society of Malawi, Nkhotakota District Assembly and Washington State University with	USAID (Partnerships with private

		technical support from Agricane. Other GDA activities involve community based management of natural resources – building capacity for co-management of natural resources, and assistance for St. Louis Project Peanut Butter.	sector, GOM and NGOs/CBOs)
Initiative to End Hunger in Africa (IEHA)	2002-2012	Malawi becomes an IEHA country in 2008. The goal of IEHA is to support agricultural growth and rural incomes and improve livelihoods of the most vulnerable. The IEHA focus areas for Malawi will be developed by the Mission through consultation with the GOM and other stakeholders. Expected linkages to be established with Title II, and CAADP.	USAID
The Presidents Emergency Plan for AIDS Relief (PEPFAR)	2003-	Support to the GOM HIV/AIDS Commission. Focus on prevention (behavior change, ABC, VCT), care (HBC, support for infected people and affected households, and OVC). Emphasis on increased geographic coverage, improved quality of services, capacity-building and technical assistance to the GOM. Partners include faith-based and community-based organizations. CDC has provided technical and policy support to GOM.	USG
Global Fund to Fight AIDS, Tuberculosis and Malaria	2003-	Support to Malawi National AIDS Commission and MOH for HIV/AIDS (prevention and treatment, VCT services, PMTCT, ARVs, OVC, policy-making, capacity-building), malaria (ITNs, case management, IPT for pregnant women, surveillance, IEC) and health systems strengthening (human resources, infrastructure development, supplies, information systems, treatment, community programming).	GOM/Global Fund
President's Malaria Initiative (PMI)	2007-	Reduction of malaria deaths through delivery of health services, supplies, and medications to vulnerable groups, especially pregnant women, children under five years, and PLHIV. Four intervention strategies: indoor residual spraying; distribution of insecticide-treated mosquito nets (ITNs); lifesaving drugs (artemisinin-based combination therapy); and intermittent preventive treatment (IPT) of malaria for pregnant women. Support also goes to GOM's National Malaria Control Program	USG

Table 8: Alignment of the Current DA and CSH-Funded and Title II Programs with the U.S. Foreign Assistance Framework

Objectives	*Program Areas and Program Elements*	
	Programs Funded by Other Accounts (DA, CSH, etc.)	*Title II Program*
Governing Justly and Democratically	▪ Good Governance	
Investing in People	▪ Health - HIV/AIDS - Malaria - Tuberculosis - Maternal and child health - Family planning and reproductive health - Avian Influenza • Education - Basic education	• Health - HIV/AIDS - Maternal and child health • Social Services and Protection - Social Assistance
Economic Growth	• Agriculture - Agricultural enabling environment - Agricultural sector productivity • Economic Opportunity - Inclusive financial markets • Environment - Natural resources and biodiversity	• Agriculture - Agricultural sector productivity
Humanitarian Assistance	• Disaster Readiness - Capacity building, preparedness and planning	

4.2.2. USAID/Malawi Strategies and Programs

USAID/Malawi's new strategy, which covers the years 2007-2011, is designed to help promote broad-based economic growth, especially through agricultural development; improved social services in education and health; enhanced food security through increased and diversified household income and carefully targeted food aid; and improved governance through increased public and private oversight and government accountability.

The majority of the Mission's resources will be used in the health sector, with substantial resources being made available under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) to fight the HIV epidemic. The USG program, which supports the GOM's national HIV agenda, will also complement Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) Initiatives with prevention and mitigation activities targeting high risk groups and regions. PEPFAR promotes the development and provision of a comprehensive package of services, including prevention, treatment and care and support. USAID-supported impact mitigation strategies will focus on services for people living with HIV (PLHIV), orphans and other vulnerable children (OVC) and home-based care (HBC) initiatives. The Mission's health program also includes activities addressing malaria, which is the number one cause of death for

children under five years of age; maternal and child health, including helping the GOM implement its national strategy for the Integrated Management of Childhood Illnesses (IMCI); and family planning and reproductive health.

Although the amount of DA resources available for economic growth will be declining, this objective is still a priority for the Mission. Here the focus is on the agricultural sector and on improving the incomes of some of the most disadvantaged rural households. With more limited resources, the Mission will focus on efforts to improve the agricultural enabling environment and activities that take maximum advantage of USAID/Washington and Africa Regional programs. An example of the former is providing technical assistance to the Ministry of Agriculture and Food Security (MOA&FS) to help with the development of CAADP. Examples of the latter include the following: improving agricultural productivity through improved technology transfer (the Mission has been supporting partnerships between the International Agricultural Research Centers (IARCs), GOM research facilities and private sector firms to improve technology transfer); and promoting increased processing and value added activities (the Mission plans to continue to use the Global Development Alliance (GDA) program to develop innovative partnerships). The Mission is also planning to use a Development Credit Authority (DCA) loan-guarantee fund to encourage the development of new credit products for farmers and micro-, small- and medium-size agro-enterprises so they can get access to credit needed to expand product lines, modernize plants and invest in new businesses.

4.2.3. USAID/Food for Peace 2006-2010 Strategic Plan

The FFP Strategic Plan is a key document for the design of Title II programs. The definitions and concepts of food security that are laid out in the FFP Strategic Plan, its strategic objective and intermediate results, the underlying conceptual framework used and the target groups identified, are all reflected in the USAID Malawi Food Security Programming Strategy. Some of the new directions in the FFP Strategic Plan are also reflected in the USAID Malawi Food Security Programming Strategy, for example, the focus on food *insecurity* and the emphases given to reducing the risks of, and vulnerability to, food insecurity shocks (including natural, economic, social, health and political shocks) and protecting and building human and livelihood assets. (See Annex 3 for the FFP Strategic Framework and Annex 4 for the Expanded Conceptual Framework for Understanding Food Insecurity, which provides the theoretical underpinnings for the FFP Strategic Plan.)

The FFP Strategic Plan is designed to meet the needs of both the chronically food insecure, who suffer from persistent food insecurity over time, and the transitorily food insecure, who have a temporary inability to meet food needs or smooth consumption levels.[44] The strategic objective of the FFP Strategic Plan is "*Food Insecurity in vulnerable populations reduced*," and its two intermediate results are: IR 1: *Global leadership in reducing food insecurity enhanced* and IR 2: *Title II program impact in the field increased*. Key target groups under the FFP Strategic Plan are those populations at

[44] "Smoothing" refers to any actions to even out or stabilize fluctuations in food consumption.

risk of food insecurity because of their physiological status, socioeconomic status or physical security, and/or people whose ability to cope has been temporarily overcome by a shock.

In addition to enhancing the capabilities of vulnerable individuals, households and communities, the FFP Strategic Plan focuses on building the capacity of partners in the field in order to increase the impact and sustainability of food security programming. The Plan includes activities to improve the measurement of Title II impact, particularly the impact of the program on achievement of the Millennium Development Goals (MDG) to reduce the prevalence of underweight children under five, and to improve food access and community coping capacity. The FFP Strategic Plan also aims to expand knowledge and sharing of what works and why and use this knowledge to influence policy and improve program impact.

4.2.4. The FY 2005-2009 Title II Development Assistance Program (DAP) in Malawi

The current Title II DAP in Malawi is a five-year, $70 million program known as I-LIFE, which stands for "Improving livelihoods through increasing food security." The program is being implemented by a consortium of seven CSs in seven districts in southern and central Malawi. The consortium has two co-leads – the Catholic Relief Services (CRS), which is the grant holder, and CARE. The other partners are Africare, Emmanuel International (EI), Save the Children US, the Salvation Army (TSA) and World Vision (WV).[45] I-LIFE was designed to address food availability, access and utilization through activities focused on agricultural production and marketing, and health and nutrition with a goal of reducing food insecurity among households and communities in rural Malawi. These activities were envisioned as part of a broader livelihoods strategy that recognizes the importance of strengthening civil society and governance as part of a food security strategy.

The majority of I-LIFE's resources have been directed to its livelihoods objective. I-LIFE has been using a Farmer Field School model to promote the use of improved agricultural practices; promoting the development of farmers groups to market in bulk; improving access to seeds and fertilizers, including through seed banks and seed fairs; promoting the development of village-level savings and loan groups; and, with Office of Foreign Disaster Assistance (OFDA) funds, supporting the development of small-scale irrigation systems. Direct food distribution is being used in food-for-work programs to improve rural infrastructure, feeder roads in particular. Under the health and nutrition objective, much of the focus has been on the rehabilitation of underweight children, including through the use of the Positive Deviance/Hearth model. This model identifies positive practices that mothers with healthy children in the same community are using to feed and care for their children and motivates other mothers to adopt these practices during "hearth sessions" in which children are fed a special recuperative meal prepared by their caregivers. The I-LIFE health and nutrition objective also includes a major HIV

[45] During the drought years in the early 1990s, these same CSs had been working together in an emergency program known as C-SAFE. The I-LIFE consortium was developed in recognition of the need to transition from an emergency to a development program in the aftermath of the drought.

effort, which includes direct food assistance for families caring for the chronically ill and/or OVC, training for HBC volunteers and the dissemination of HIV prevention messages. A third component has been focusing on increasing the capacity of districts and community-based organizations (CBOs) to provide leadership and services to the agricultural and health and nutrition components of the programs.

Table 9: Basic Data on the I-LIFE Title II Development Program in Malawi (2005-2009)

Cooperating Sponsors	*Location of Program (District)*	*Distribution of Operational Budget (%)*
CRS	Mchinje	13
CARE	Lilongwe	16
Save the Children	Dedza	11
World Vision	Thyolo	9
AFRICARE	Dtcheu	7
The Salvation Army	Phalombe	4
Emmanuel International	Mangochi	4
Project Management Unit (PMU)*		28

*The costs of the food and logistics are included in this category as well as the costs of running the PMU.
Source: I-LIFE Brief and I-LIFE MTE, June 2007.

The I-LIFE Mid-term Evaluation (MTE), which was undertaken in the spring of 2007, singled out the small-scale irrigation and village savings and loan activities as the two most important activities being implemented under the agriculture objective and the most likely to have significant impacts on the incomes and food security of thousands of households in the target areas. [46] Changes were recommended including that the partners discontinue the free distribution of seeds, the promotion of seed banks and the use of the Farmers Field School Model to disseminate new agricultural technologies and practices. The partners will need to continue to undertake demonstration trials to test new technologies and practices, but these demonstrations, the MTE concluded "should be focused on themes directly related to increasing the productivity of commodities identified by marketing research to have real potential for commercialization." In the health and nutrition area, the MTE endorsed the new Care Group Model being tested, recommending that it be more widely promoted and scaled-up throughout the consortium, and endorsed I-LIFE plans to put more emphasis on pregnant and lactating women and children under two years of age. It also endorsed I-LIFE plans to move the home garden activities out of the agricultural productivity program and to begin to promote them to the "most vulnerable" through the new Care Groups. The MTE also recommended that I-LIFE make several modifications to its direct food distribution program: (1) limiting food distribution to areas where its other programs are underway, so that these programs will be mutually reinforcing, as was originally anticipated, (2) making sure that they are targeting the most food insecure households, incorporating a simple food security assessment along with the other eligibility criteria, and (3) completing the targeting,

[46] Swanson, "I-LIFE Mid-term Evaluation," 2007.

graduation and exit strategies, and standardizing their implementation across the consortium.

4.3. World Food Programme (WFP)

World Food Programme (WFP) activities form an integral part of efforts to reduce food insecurity in Malawi, providing food resources during emergencies and encouraging development by supporting agriculture-, education-, health- and nutrition-related projects. The new country plan for Malawi (2008-2011), similar to the current one, will focus on food for education, using resources made available under the U.S. Department of Agriculture's (USDA) McGovern/Dole program.

WFP is also implementing two Protracted Relief and Recovery Operations (PRRO) in Malawi. One is a regional program, which provides assistance to populations in Southern Africa that are vulnerable to food insecurity and the impacts of HIV. This PRRO was originally designed to run from 2005 though 2007 and to cover Lesotho, Malawi,

Table 10: Summary of World Food Programme Country Plan and PRROs

WFP Intervention	Dates	Portfolio	Primary Geographic Areas of Intervention	Number of Beneficiaries
Country Plan	2002 - 2007	Food for Education	Nsanje, Chikwawa, Thyolo, Mulanje, Phalombe, Chiradzulu, Zomba, Mangochi, Ntcheu, Dedza, Kasungu, Lilongwe, Salima, Nkhatabay	442,000
Country Plan	2008-2011	Food for Education	Nsanje, Chikwawa, Thyolo, Mulanje, Phalombe, Chiradzulu, Zomba, Mangochi, Ntcheu, Dedza, Kasungu, Lilongwe, Salima, Nkhatabay	635,000
PRRO: Populations in Southern Africa Vulnerable to Food Insecurity and the Impact of AIDS	2005-2007/8	Nutrition Rehabilitation Units	All 28 districts	1,630 per month
		Nutrition-MCH	Dowa, Kasungu, Mzimba, Ntchisi, Chikwawa, Mwanza Neno, Phalombe, Nsanje	
		HIV/AIDS	Kasungu, Phalombe, Chikwawa and Nsanje	
		Food for Assets	Chikwawa, Nsanje, Kasungu, Phalombe, Machinga, Balaka	
PRRO: Assistance for Refugees in Malawi	2007-2009	Food Rations	One refugee camp in the Southern Region, one in the Central Region and a transit shelter in the Northern Region	8,600 refugees per month
		Food for Assets	Host communities surrounding the camps	8,800 community members per year

Sources: WFP, Malawi Office Report, 2007; UNDAF-Malawi, 2008-2012 Report.

Mozambique, Namibia, Swaziland, and Zambia. Zimbabwe has been added to the PRRO, and it has been extended to April 2008. The Malawi portion of the PRRO provides food for use in supplementary feeding and food-for-assets programs. These programs help beneficiaries cope with food shortages and strengthen community resiliency to shocks through the creation of assets such as village feeder roads and water harvesting structures. The PRRO also provides food rations through MCH clinics to the chronically ill to reduce the impact of HIV on their households and for the nutritional rehabilitation of children through the Ministry of Health (MOH) and the Christian Hospital Association of Malawi. The second PRRO, which runs from 2007 to 2009, provides food rations to refugees living in two camps and a transit shelter and food for assets for members of the communities hosting the camps.

4.4. Other Donors

The international donor community has been playing a significant role in Malawi, in part by financing a major portion of the GOM's development budget (over 80 percent in 2004/2005, for example).[47] The United Kingdom, which is the largest bilateral donor, is now focusing on social protection and within the agricultural sector on providing support to a large fertilizer and seed subsidy program. The European Union (EU) has a large program focusing on food security and agriculture, with a focus on larger farmers and infrastructure development. The World Bank's activities in agriculture focus on developing a land market, resettling smallholders on land bought from the estate sector, irrigation system rehabilitation and infrastructure development. The Bank also supports Agricultural Development and Marketing Corporation (ADMARC) reforms and is working with the National Small Holder Farmers' Association of Malawi (NASFAM) on cereal banks, a warehouse receipts program and the agricultural commodity exchange.

The donor community has not always been consistent on key policy issues, such as subsidies, and donors were having frequent disagreements among themselves and with the GOM. Dialogue between the GOM and the donors has improved recently, however, and donors are working together more effectively to harmonize policies and coordinate development programming.[48] However, donors still tend to split into two groups with respect to the best approaches for tackling the country's food security problems. One group, which includes the World Bank, EU and USAID/Malawi, tends to favor market-based solutions to food insecurity and chronic poverty. In broad terms, these donors emphasize the need to develop agribusinesses and private sector-led rural input, output, finance and credit markets; promote export-led agricultural growth; and create more investment incentives by improving legal/regulatory policies. The second group, which includes the United Kingdom's Department for International Development (DFID), the Norwegian International Development (NORAD) Program and civil society organizations, takes the view that Malawi is a fragile, disaster prone, land-locked country and a young democracy in a volatile region. These donors tend to emphasize the importance of increasing smallholder food production, maintaining a national food

[47] Hobgood, p.6.
[48] Ibid.

reserve, supporting input distribution programs, and converting the national safety net program into a long-term, predictable social protection program.

These views are also reflected in how food security issues are being handled within the GOM, with the responsibility now being divided between two ministries -- the Ministry of Agriculture and Food Security and the Ministry of Poverty and Disaster Preparedness and Management. The responsibility for coordinating the activities of these two ministries has been given to the National Food Security Task Force, which is located in the MOA&FS. However, a number of activities are still coordinated through the National Economic Council (NEC) and the Nutrition and HIV/AIDS units in the Office of the President and Cabinet.

5. PROGRAMMING STRATEGY FOR FOOD INSECURITY IN MALAWI

5.1. Role of Mission Programs Funded by Other Accounts in Supporting Improvements in Food Security

Mission programs that support rapid growth of incomes in rural areas and improvements in the health conditions of the Malawian population will continue to help improve the food security conditions in the country, contributing to improving food availability, access and utilization. Mission programs funded by other accounts cover a greater number of program areas and elements than the Title II DAPs (see Table 8). Many of these programs also have a national-level focus, which is an area where the USAID Mission has an advantage in comparison to the Title II CSs, which are most effective at a more local level. The Mission also has an important role to play in helping improve the enabling environment in the country, which is one of the key contributing results recognized in the FFP Strategic Plan (see Annex 3). Mission activities, by assisting the GOM with the development of the CAADP and linking with USG Southern Africa regional programs supporting improvements in trade and investment, for example, will contribute to increased food availability and access as well as the Mission's Economic Growth objective. Similarly, Mission programs funded by other accounts, by helping the MOH improve health policy and roll out the IMCI program, will contribute to improved food utilization and its Investing in People objective. Other Mission activities contribute more directly to improvements in food security, some of which the Title II program can benefit from directly. These include activities supporting improvements in food availability (partnerships with the International Agricultural Research Centers) and utilization (improvements in the quality and delivery of health services, for example, and making funds available for HIV/AIDS prevention, treatment and care and support services).

5.2. Role of the Title II Multi-Year Assistance Program (MYAP) in Addressing Food Insecurity

5.2.1. Objectives and Desired Outcomes

The overall strategic objective for the multi-year Title II program in Malawi should be "*to reduce food insecurity among vulnerable rural populations in Malawi*." In Malawi, this includes the poor, who by definition do not have sufficient income to purchase an adequate diet and other basic necessities, children under two, and pregnant and lactating women. (Also see following section on targeting for a further discussion of the priority vulnerable groups and how they will be targeted.) This formulation puts the emphasis where it should be – on those populations in the country that are already food insecure or vulnerable to food insecurity. It is also consistent with the strategic objective that has been adopted by FFP for the period 2006-2010 (see FFP Strategic Framework in Annex 3).

The Title II programs should be designed to contribute to improving food availability, access and utilization and to reducing the vulnerability of the individuals, households and communities targeted by the program. Availability, access and utilization are the three elements necessary to achieving food security, which are identified in USAID's definition of food security, and all three are important in the Malawian context. The concepts of risk and vulnerability were added to the "Expanded Conceptual Framework for Understanding Food Insecurity" which underlies FFP's Strategic Plan (See Annex 4) and are also essential to addressing food insecurity in Malawi.

Program success at the impact level should be measured in terms of reducing child malnutrition (both height-for-age and weight-for-age in children under five years of age). This is a measure of the success of the entire program as well as activities directed more specifically to improving the health and nutritional status of program beneficiaries. Since the Malawi program will also need to have a food access dimension, the Title II CSs will also have to track changes in measures of household consumption (number of months of adequate food provisioning and a household dietary diversity score). (More specific information on FFP's indicators and reporting systems can be found in Annex 10.)

5.2.2. Program Priorities

The Title II program in Malawi should give priority to activities expected to:

- Increase agricultural productivity and rural household incomes
- Reduce chronic malnutrition among children under five
- Increase the effectiveness of the Title II contributions to the Malawian Social Protection Program

Where the Malawi Title II program is operating in areas that have a high prevalence of HIV, activities will need to be adapted and modified to meet the special needs of communities experiencing a high prevalence of HIV and of the HIV-affected households and individuals living within them. (See following sections on "Increasing the Effectiveness of the Title II Contribution to the Malawian Safety Net Program" and "Integrating HIV into the Title II Program" for further discussion.)

Priority activities within each of these three outcome areas (agriculture, chronic malnutrition, social protection) are identified and discussed below. These priorities reflect the various assessments of the extent and nature of the food security problems in Malawi and the priorities and focus of the GOM, USAID/Malawi and FFP, discussed in previous sections. They also build on the knowledge and experience that the current Title II partners have gained during the first half of the current Title II Development Assistance Program (DAP). Some of the activities identified reflect recommendations for reorienting key components of the current program, some changes to which are already underway. Other activities reflect the need to address problem areas that are emerging as serious constraints to further progress toward the overall objective of reducing food insecurity.

5.2.2.a. Increasing Agricultural Productivity and Rural Household Incomes

To improve food availability and access within the Malawian context, priority needs to be given to activities designed to improve agricultural productivity and increase rural household incomes. Poverty is the root cause of food insecurity in Malawi, and the vast majority of the population depends on agriculture for their livelihoods. The current Title II program has focused on transferring improved agricultural practices and technologies, a focus which needs to be continued but with important modifications discussed below.[49] Much greater priority needs to be given to markets and market demand and to increasing and improving market linkages. The irrigation activities that were initiated with funds from OFDA need to be brought under the auspices of the Title II program and given higher priority. Food-for-work activities focused on increasing productive assets in target communities, which are discussed in a following section, also will contribute to this objective. To achieve impact, both now and in future programs, Title II CSs also will need to be able to access capable technical expertise in key areas, including marketing and business management and development, agronomy, micro-finance and civil engineering, from their own staff, through partnerships with other USAID/Malawi projects or other organizations, and/or through short-term consultants.

Increasing and Improving Market Linkages

To be successful in helping farmers increase their incomes, the Title II program has to be market driven, and farmers need to be helped to think more about market opportunities and profitability. Implementing a market-led strategy in Malawi will not be easy. The country's domestic market is relatively small due to the small size and poverty of its population, and getting products to markets is difficult due to poor infrastructure and high transport costs. The private sector in Malawi is also small and relatively undeveloped. Still, focusing on market opportunities, analyzing and working on value chains and facilitating links with the private sector can produce results.

[49] Many of the modifications discussed in the following sections had already been identified by the I-LIFE consortium and changes were underway at the time of the Mid-term Evaluation (MTE), and others were recommended by the MTE.

Assessing market opportunities for products that the Title II client farmer groups may be able to supply should be one of the first steps taken in developing a program and it should be an on-going process. The focus should be on higher value products for which there is a growing demand. Title II CSs need to think beyond sales in the local or even national market, and begin to think also of regional and international marketing opportunities. Trying to sell larger quantities of products into small, slow-growing markets such as those in Malawi, can easily lead to depressed prices and reduced profits. A strong case can also be made for beginning to think beyond crops. There is a substantial unmet demand for the locally produced fish, for example, as a result of the decline in catches from Lake Malawi, and fish farming is a potential activity for at least some of the Title II client farmers.

Organizing farmers into groups makes it easier to transfer information to client farmers on marketing and should help them achieve some economies of scale in marketing their production. However, much more can and needs to be done to help farmers identify and better link to markets, especially for products that are higher in value and face a growing demand. Activities that have been successful elsewhere have included helping farmer clients identify promising markets and develop information on the specific needs of these markets with respect to varieties, quality, packaging, etc. and facilitating linkages with buyers, including facilitating the development of new types of arrangements that give farmers more security, such as contract farming. Viewing marketing primarily as a way to dispose of surplus production will never succeed in helping raise the Title II client groups out of poverty.

Analyzing the value chains for promising products is also priority. This is important, not only to identify potential buyers, but also as a means of identifying key constraints and the steps that the Title II CSs and other actors will need to take to address these constraints to moving products from producers to the ultimate consumers. These types of activities need to be part of the Title II CSs marketing strategy and given high priority.

Transferring improved agricultural practices and technologies

Agricultural productivity is low in Malawi, and small farmers need access to information about more productive farming practices and introduction to new crops and more productive crop varieties. Title II CSs can provide this type of assistance, but to be effective in raising farmers' incomes, the technology packages being extended need to focus on crops for which there are real and preferably growing markets.[50] The CSs may have to test the packages they decide to promote to make sure they are adapted to specific localities, and they will have to develop and disseminate clear messages about their use. In areas where farmers are dependent on rain-fed agriculture, priority needs to be given to testing and extending conservation agricultural techniques, which are proving valuable in other programs in Malawi and neighboring countries. And, in areas where irrigation is

[50] Although not labeled as a diversification strategy, the combination of a market-led approach, the expansion of land under irrigation and an increased emphasis on entrepreneurship and investment should result in greater diversification of income sources in the target areas.

being introduced (see following section), priority also needs to be given to identifying and extending best practices for farming under irrigated conditions.

With an expansion of the area under irrigation, more priority can be given to crops, such as rice and winter vegetables, that have promising markets but need irrigation. In areas with irrigation potential, it makes more sense to focus on irrigated vegetables for sale than on home gardens. These programs offer more promise in terms of generating incomes as well as improving household diets[51] than home gardens, which have been occupying agricultural extension staff time. Home gardens, if they are to be pursued, should be integrated into the community health programs, as was also recommended by the MTE.

Title II CSs may also want to consider experimenting with activities related to small-scale livestock, including by building on other USAID/Malawi projects. Small farmers in the target areas are familiar with small-scale livestock, although the numbers of animals have declined in recent years as households have had to spend down their assets in response to reduced crop production or crop failures. Still, one of the first things that most farmers do when they get a little additional money is buy small-scale livestock; this is an important part of their risk management strategies. The CSs should avoid distributing animals. This will interfere in local markets and farmers are willing to buy them. Farmers, however, could use help in keeping their animals healthy. Programs that train community members as veterinarian assistants and then help them set themselves up in their communities as micro entrepreneurs charging for services provided, including vaccinations, for example, have worked well in other poor rural communities and might also be appropriate in Malawi. Assistance in improving animal feeding practices might also be effective, but only if undertaken as part of a program that addresses the other constraints in the market chain for these animals.

The Title II CSs need to work with groups of farmers in order to achieve economies of scale in information transmission. However, informal groups seem to work as well as more formal ones in many places. That is, one does not seem to have to spend a lot of time up front on group organization or formalizing farmers' groups in order for them to function effectively as a means for transferring information and technology. [52] This suggests that what is needed in Malawi is a pragmatic approach to working with farmers that builds on the approaches that they are already used to, which include demonstration trials using contact farmers and/or collective fields. Effective use also needs to be made of lead farmers, the early adopters who understand farming as a business, finding effective ways to use these new leaders within the traditional leadership structure.[53] As

[51] Experience in a number of places in the world has shown that programs promoting vegetables for sale can also have a beneficial impact on household diets, with households also increasing their consumption of the vegetables that they are producing

[52] Experience in a number of places in the world has also shown that farmers are more interested ion getting organized once they see some real concrete benefits from a program and begin to see how further organization can help them expand and sustain these benefits. This motivates farmers much more than the theoretical arguments about the benefits of producers' organizations.

[53] The current Title II program tried to use the Farmer Field School model initially but decided that the results were not worth the amount of time and effort required on the part of its field and supervisory staff to implement it properly. The MTE agreed that this model was too complicated and recommended that I-LIFE

CSs expand their work with value chains, more opportunities may also open up for involving other actors in the value chain, including input suppliers and buyers, as suppliers of information and technical assistance to their farmer clients, a potentially more sustainable approach to information transfer.

For these technology transfer activities to be sustainable, the Title II program has to work within the market system, including by helping farmers make links with private sector input suppliers, and avoiding subsidizing the distribution of inputs.[54] Since farmers will not continue to use the new technologies and practices unless they are profitable, the Title II CSs will also have to give priority to understanding the economic costs and benefits of the activities they are promoting and insuring that their staff as well as their farmer clients understand the economics of these programs and become more entrepreneurial in their outlook.

Increasing Access to Water and Improving Water Management

The majority of Malawi's farmers are dependent on rainfall. And, the environments in which they live are prone to drought. These are two of the key constraints Malawian farmers face, including the food insecure households that are being targeted by the Title II program, in trying to increase their agricultural production and household incomes. Programming options to help farmers face these challenges include introducing drought resistant crop varieties, conservation farming practices and small-scale irrigation.

More drought-resistant crop varieties, when available, and conservation farming practices are attractive as a means for helping farmers reduce risk. Conservation farming practices, which have the added benefit of improving the quality of the soil and increasing its capacity to retain moisture, are being experimented with in Malawi, including by other USAID partners. The potential and desirability of adapting conservation farming practices to a labor-constrained environment also need to be assessed. Some of the practices being promoted seem to require less labor (eliminating the need for ridging fields, for example), which could make them more suitable for labor-constrained households, especially for those with chronically ill members.

Several members of the current Title II consortium are using funds from OFDA to help their client farmers construct and operate small-scale irrigation facilities. These types of activities need to become an integral part of the Title II program and be given priority, both in the short and over the longer term. Improving farmers' access to water for

focus on demonstration trials working with and through lead farmers. The MTE also recommended that I-LIFE focus its demonstrations on key project interventions, including those related to small-scale irrigation and commercial farming.

[54] The priority given to the free distribution of seed in the first years of the current program may have made sense under drought conditions and to organizations that were more used to working in an emergency environment. However, as is also stressed in the MTE, this is not an appropriate strategy for a development program because it distorts economic incentives, encouraging farmers to adopt practices that may not be profitable for them in the absence of the subsidies and discouraging private businesses from participating in these markets. In this case, the free distribution of seeds had the added disadvantage of diverting the time and attention of Title II extension staff from their primary information extension responsibilities, as also noted by the MTE.

irrigation can make a tremendous difference to the lives of rural households, reducing their vulnerability to drought, expanding the number of harvests and making the adoption of new crops and agricultural practices more feasible, as small-scale irrigation programs elsewhere in the world have learned. This is a GOM priority and water harvesting and small-scale irrigation are recognized as key instruments for reducing poverty and vulnerability in the MGDS. Expanding irrigation is particularly important in the Southern Region, which is the most densely populated and food insecure area of the country but which also has considerable water resources available for exploitation.

Under the current program, priority needs to be given to completing the coverage of sites that have already been started with OFDA funding. Priority also needs to be given to helping build the capacity of the water management committees, because the sustainability of these systems depends on user groups being able to operate and maintain them on their own.[55] In the future, greater priority will need to be given to developing these committees at the beginning and to identifying and finding ways to deal with potential land tenure problems to avoid serious water user conflicts later on. Farmers will be able to add to their incomes just by increasing the numbers of harvests per year. To achieve full value from the new irrigation, however, the program will also need to give more attention to identifying and extending best practices with respect to farming under irrigated conditions, as was discussed in the previous section on improved agricultural practices. Options should also be explored for encouraging the private sector to begin selling irrigation equipment suitable for small-scale systems (e.g., treadle pumps and drop kits).

Promoting Increased Village-Level Savings and Investment

The current Title II program is promoting the development of village savings and loan (VS&L) groups. This is an unusual and innovative activity and needs to be strengthened and better integrated into the overall program. The original reason for forming these groups was to enable groups of women, female-headed households in particular, to increase their access to financial services and non-agricultural income generating opportunities. The idea was to bring poor rural women together and see if they would be able to contribute small amounts of money on a regular basis into a capital fund, which then could be loaned out to members to meet consumption needs, invest in small economic activities and use as collateral for micro-finance institutions.[56] The MTE concluded that the VS&L program is one of the most important activities being undertaken under the current program, because it helps households create the capital they need to take advantage of new and different economic opportunities in agricultural production and processing. Although many of the groups are still weak, the more mature

[55] Effective group formation is essential when it comes to managing small-scale water systems, for both home use and irrigation. Water is a common resource and needs to be managed as such. Since, these systems are small, national and local governments are usually not willing or able to operate and maintain them. So the beneficiaries will have to, as a group, since individual households/farmers will not be able to manage these systems working individually.

[56] In Malawi, these groups also include men, although women still predominate. Loans are also being made to non-members, and the model is being replicated by other groups, including many of the production and marketing groups that are being promoted under the auspices of the overall I-LIFE program.

ones, according to the MTE, have already been having a very positive impact on their members' lives (enabling them to buy fertilizers and seeds, process products for sale in the market, pay school fees and improve their houses) as well as in their communities more generally.

Priority needs to be given to this activity both now and in the next round of programs. Many groups need to be strengthened, and even the more mature ones need to be given more training in finance and business management. Most of the money that is being saved is being used to pay for agricultural production inputs and for consumption purposes, but the potential exists for at least some of this capital to be used for investing in promising business opportunities, including those that are generated under other Title II project activities. However, these groups will also need additional business training to increase their capacity to identify and assess business opportunities and make wiser investment decisions, as individual as well as group investors. Issues with respect to linking the more mature groups with microfinance institutions also need to be resolved.

5.2.2.b. Reducing Chronic Malnutrition Among Children Under Five

With almost half of pre-school children in Malawi stunted, reducing chronic malnutrition among children under five must be the overarching health and nutrition goal for the Malawi Food Security Programming Strategy. To achieve this goal, preventive nutrition programming should be focused primarily on children from the fetal stage through age two. This is the period of most rapid growth, during which children are at highest risk for nutritional deficiencies that can impair their physical growth and cognitive development. This pattern holds true in Malawi, where the prevalence of malnutrition increases dramatically from ages 6 to 18 months and then levels off and remains steady through five years of age. Nutritional deficits occurring during this period of infancy and early childhood affect health, learning and productivity in the long-term, and losses are often irreversible after age two. However, the rapid growth taking place from conception to age two also creates a period of opportunity, because children in this age range are most responsive to interventions that improve their nutritional status, growth and development. As the time of both greatest nutritional risk and greatest opportunity for growth, focusing Title II health and nutrition activities on children under the age of two and pregnant and lactating women is the strategy most likely to reduce chronic malnutrition in pre-school aged children in Malawi.

Community-based health and nutrition programming to improve infant and young child feeding practices, improve hygiene and sanitation, reduce illness in young children, and improve maternal nutritional status is the recommended strategy to reduce the extremely high prevalence of stunting in Malawi. In addition, appropriate referral mechanisms should be incorporated into any community-based program to ensure that children with severe acute malnutrition, HIV or other complicated conditions receive the treatment and support they need.

To increase access to health and nutrition services for the rural poor, programs should operate at the community level, working closely with members of the community and

drawing on their experiences and skills. In addition, all organizations implementing a health and nutrition program will need to have qualified staff with expertise in maternal and child nutrition. (Further information relevant to this section can be found in Annexes 5 through 8. Annex 5 contains descriptions of several types of community-based programs. Annex 6 includes a discussion of principles of behavior change programming and Annex 7, a list of resources available on community-based programs and behavior change programming. Annex 8 provides recommendations for implementing Growth Monitoring and PD/Hearth programs, including in Malawi.)

Whenever possible, community-based programs should link with district-level and other GOM initiatives as well as other USAID-funded health and nutrition activities that seek to improve the health and nutrition of women and children. These include the GOM initiative promoting the "six food groups," GOM/UNICEF plans to implement the Essential Nutrition Actions (ENA) framework, the Accelerated Child Survival and Development Program (ACSD), and the Ending Child Hunger and Undernutrition Initiative (ECHUI). A National Nutrition Policy is also pending legislative approval. BASICS,[57] with funding from USAID/Malawi, also will begin health and nutrition programming in seven districts in the fall of 2007, incorporating Integrated Management of Childhood Illness (IMCI) and Community IMCI (C-IMCI), Community-based Growth Promotion, Community Case Management (CCM), and Community-based Therapeutic Care (CTC). The Title II Program should also seek linkages with any program providing testing, treatment, and care and support for women and children with HIV and other support services for OVC. (See Box for some of the other complementary programs funded by the USG and other donors.)

Donor-Funded Health and Nutrition Programs

CCM	Community Case Management
C-IMCI	Community Integrated Management of Childhood Illness
CMAM	Community-based Management of Acute Malnutrition
ENA	Essential Nutrition Actions
EPI	Expanded Program for Immunization
IMCI	Integrated Management of Childhood Illness
PMTCT	Prevention of Mother to Child Transmission of HIV
PMI	Prevention of Mother to Child Transmission of HIV

Improving Infant and Young Child Feeding (IYCF) Practices

Programs seeking to reduce malnutrition in Malawian children under five must address child feeding practices, including promotion of exclusive breastfeeding and optimal infant and young child feeding (IYCF) through two years of age. Community-based behavior change interventions and accompanying information, education and

[57] BASICS, which stands for Basic Support for Institutionalizing Child Survival, is a USAID-funded project implemented by Management Sciences for Health (MSH).

communications (IEC) materials that promote optimal feeding practices by targeting caregivers and household decision-makers should be designed based on formative research that identifies constraints and opportunities for behavior change within the communities. In addition, any education, counseling, or behavior change programming and materials should be adapted to provide guidance on the nutritional needs of HIV-infected children. In communities with high HIV-prevalence, the WHO consensus statement on infant feeding should be followed, [58] and the Title II program should link with any programs providing prevention of mother-to-child transmission (PMTCT) of HIV or nutritional care and support for HIV-infected children.

In Malawi, as discussed previously, certain optimal breastfeeding practices, such as early introduction of breastfeeding and feeding on-demand are used by a high percentage of mothers. However, just over 50 percent of children under 6 months are exclusively breastfed, putting almost half of children at risk for illness, poor growth and malnutrition. Promotion of exclusive breastfeeding, while also reinforcing the many good breastfeeding behaviors that caregivers are practicing, is a top priority in Malawi, especially given the high prevalence of HIV.

Children six months to two years old should continue to breastfeed and also be given complementary food according to the guidelines established in WHO's Guiding Principles for Complementary Feeding of the Breastfed Child (similar guidelines exist for non-breastfed children).[59] As discussed in the section on food utilization in Malawi, there is a great need to improve complementary feeding practices, including quantity and quality of food and the timeliness of introduction. It is of particular importance to ensure that children are being fed sufficient amounts of protein and nutrient dense complementary foods, including animal products and vitamin-A rich fruits and vegetables in addition to *nsima*,[60] while also continuing to breastfeed until they are at least two years old. CSs may also promote fortified foods (where available and accessible) to improve the quality of children's diets, and coordinate with UNICEF and the GOM to ensure that all children in Title II program areas receive deworming and micronutrient supplementation.

Improving IYCF practices will require the Title II CSs to conduct formative research to develop a comprehensive behavior change strategy that can be tailored to each community and targeted to caregivers and decision-makers at all appropriate contact points. Formative research to understand child feeding practices should explore the volume, variety and consistency of food given to children in addition to how mothers feed and care for their children (e.g. active or passive feeding, from a separate bowl or shared). CSs need to identify priority behaviors, understand current practices, determine

[58] WHO Consensus Statement, "WHO HIV and Infant Feeding Technical Consultation," October 25-27, 2006.
http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/consensus_statement.pdf
[59] The "Guiding Principles for Complementary Feeding of the Breastfed Child" can be found at: http://www.who.int/nutrition/publications/guiding_principles_compfeeding_breastfed.pdf. The "Guiding Principles for Feeding Non-breastfed Children 6-24 months" can be found at: http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/ISBN_92_4_159343_1.pdf.
[60] Nsima is stiff porridge made from maize flour and water and is the staple food in Malawi.

which behaviors caregivers are willing and able to change, determine constraints that may prevent adoption and decide how best to provide support to those adopting new behaviors. When conducting behavior change programs, Title II CSs should ensure that any services promoted by the program are available to program participants. If products, such as ITNs, or services, such as micronutrient supplementation, are unavailable in the community, CSs should coordinate with the MOH, UNICEF, other donors and stakeholders to make these complementary services available. (Annexes 6 and 7 contain a discussion of behavior change principles and a list of programming resources.)

Title II programs can identify practical and innovative ways to improve feeding practices and implement the health and nutrition policies and guidance of the GOM and USAID. Potential Title II activities include presenting the six food groups in a meaningful way that is useful for families that have limited choices and education; working with communities to identify specific, achievable ways for them to increase the quantity of food consumed by young children; and collaborating to add growth promotion and nutritional counseling to the current growth monitoring program. Other potential program activities to support the nutritional needs of children include promoting household gardens for dietary diversity, training mothers in gardening (currently being done at Nutritional Rehabilitation Units (NRUs)) and training in household-level food preparation, preservation, processing and storage. Several of these activities are currently being undertaken in Malawi. Title II CSs should investigate and identify the most promising approaches. Collaborating with UNICEF to implement the ENA package that has been developed in Malawi and adopting other community-based approaches, such as the Care Group model or the community-based growth promotion model, are all potential ways to deliver these program activities and improve community practices. Annexes 5, 6 and 8 contain further discussion of community-based nutrition programs.

Reducing Prevalence of Childhood Illness

Title II programming in Malawi should strengthen community-based maternal and child health programming to increase access to treatment for common child illnesses, especially malaria, pneumonia, diarrhea and malnutrition, and to promote behavior change to prevent these illnesses. It is essential that Title II programs link with any C-IMCI or CCM programs operating in their areas. Additionally, in areas where prevalence of HIV among children is high, appropriate referral mechanisms to prevention, treatment and care and support programs should be in place to complement nutritional support provided by the Title II program.

High rates of common childhood illnesses in Malawi, including pneumonia, diarrhea, and malaria, likely contribute to the high rates of malnutrition seen in pre-school children. According to MDHS 2004 data, prevalence of all three of these illnesses peaks in the 6-23 month age range, the same age range in which malnutrition rates are climbing. To prevent death, increased severity of illness, risk of complications, disability and associated malnutrition, it is important that children receive prompt and appropriate treatment. However, access to health services is limited, with almost 80 percent of women claiming they face challenges accessing health care because of distance, cost of

care and cost of transport, among other constraints.[61] Community-based health programming, such as CCM, will help increase access to healthcare, with health surveillance assistants (HSAs), other community health workers or trained volunteers providing treatment for common illnesses and referral for complicated cases. This will also be a contact point to provide support for promoting key care practices at the community level and educating caregivers to recognize when a child needs medical care. CCM programs will be implemented with support from BASICS in the southern districts of Phalombe, Mangochi, Zomba, Chikwawa and Nsanje.

To prevent and treat illness, Title II programs should link with and support other GOM and USG programs offered in the district or TAs. Additionally, USAID/Malawi efforts to strengthen the health sector in Malawi, especially in districts where they can link with community-based Title II programming, will enhance results of Title II program investments. Leveraging support from or linking to programs that focus on reducing childhood illness, such as those supported by PEPFAR, the Global Fund for AIDS, Tuberculosis and Malaria, and the President's Malaria Initiative (PMI) will be essential to strengthening support for vulnerable children in Title II communities.

Improving Hygiene and Sanitation Practices

Rates of diarrheal disease are high in Malawi, especially in the 6-23 month age range. Data from MDHS 2004 and the MPVA indicate that households in Malawi with better sanitation and protected water sources have a lower prevalence of diarrheal disease and stunting than those with poor sanitation. Building on the successes achieved by the current Title II program, improving hygiene and sanitation practices and structures should be a priority in future food security programs in Malawi. Specific areas of focus should include behavior change for hand washing (with soap), proper disposal of waste, safe preparation and storage of food (especially foods for young children), point of use water treatment, safe storage of water and helping communities access clean water sources and construct sanitation structures, as needed. Opportunities for collaboration to improve hygiene and sanitation include Population Services International (PSI) Malawi's social marketing of point-of-use water treatment (Water Guard). Title II CSs could explore links with PSI to ensure the product is available in program areas or promote the product's use among program participants.

Improving Maternal Nutrition

Because stunting begins as early as the fetal stage, ensuring good health and nutritional status of the mother, especially during pregnancy, is vital to reducing malnutrition among young children. Promoting women's nutrition, including anemia prevention, should be a priority in food security programming in Malawi.

According to MDHS 2004, eleven percent of women in southern Malawi have Chronic Energy Deficiency (CED). And, over 44 percent of women of reproductive age and more than 47 percent of pregnant women in Malawi are anemic. CED may be caused by

[61] MDHS, 2004.

insufficient food intake, illness, or hard labor and increases women's risk of illness and delivering low birth weight babies. Anemia is often caused by insufficient intake of iron, poor absorption of iron, malaria, worm infestation, or infectious disease. It increases the risk of premature delivery, low birth weight, death for both the mother and her baby during delivery and impaired cognitive development in the fetus. In addition, babies of anemic mothers are more likely to be anemic themselves and face challenges to growth and development.

Interventions to combat CED include food supplementation, increased food production, nutritional education, and behavior change. To prevent anemia in pregnant women, iron/folic acid (IFA) supplementation and intermittent preventive treatment (IPT) for malaria are recommended actions that are included in GOM policy. A woman should receive IPT and IFA supplementation during routine antenatal care. Although 80 percent of women report receiving IFA supplements during antenatal care, only 18 percent report taking the supplements for the minimum recommended 90 days.

While the GOM health services and PMI are providing the IPT and IFA, community-based programs should encourage attendance at antenatal care, and promote IFA supplements, helping women to take them for the minimum-recommended 90 days. Formative research that explores women's dietary practices, intra-household food distribution, food access, and perceptions of antenatal care and health facilities and also identifies barriers, constraints and opportunities for promoting women's nutrition and anemia prevention can help programmers identify ways to best encourage adequate maternal health and nutrition.

Linking with Programs Focused on the Management of Acutely Malnourished Children

The GOM has adopted a plan to roll out Community-based Management of Acute Malnutrition (CMAM), formerly known as Community-based Therapeutic Care (CTC). This program is targeted at children with severe acute malnutrition (SAM),[62] which represents about 0.5 percent of children under five in Malawi. Levels of SAM can fluctuate quickly, however, and children with SAM are at high risk of death and must be treated promptly and according to specific clinical protocols. Until recently, management of SAM cases only took place in NRUs at hospitals. Now, using CMAM protocols, it is possible to rehabilitate many cases in the community, avoiding an inpatient hospital stay. The GOM is planning to implement CMAM nationwide. Title II programs, while maintaining their focus on reduction of chronic malnutrition, should link with CMAM programs and be prepared to refer SAM cases to them and provide support, as needed.

Additionally, HIV appears to be a contributing factor to complications requiring inpatient care for many children with SAM. Studies done in Malawi have demonstrated that HIV-positive children with SAM respond to outpatient care, but at a lower rate than children

[62] Severe Acute Malnutrition (SAM) is indicated in a child whose weight is less than 70 percent of the median weight expected for his/her height or is 3 standard deviations or more below the median weight expected for his/her height., or whose mid-upper arm circumference is less than 110 mm, or who has pitting edema in both feet. A child with SAM is at high risk of death.

who are HIV-negative, and also have a significantly higher rate of relapse into moderate acute malnutrition. Because of the high risk of relapse, HIV-positive children with SAM should be carefully monitored over a longer period than children who are not HIV-positive.[63] Title II programs should remain abreast of any developments that will guide them in providing nutritional support to HIV-positive children in their program areas.

5.2.2.c. Increasing the Effectiveness of the Title II Contribution to the Malawian Safety Net Program

Social protection is an important issue on the agenda of the GOM, the donors and the NGOs, and the amount of resources being devoted to social protection and safety nets is quite large. During the period 2003-2006, for example, almost $150 million was spent per year on average for this purpose, including emergency aid and disaster response.[64] To date, the majority of these resources have been made available for short-tem relief or emergency responses. The GOM, on the other hand, would like to move away from safety net programs that help food insecure households during crises to longer-term, more predictable programming for social protection.

Under the current Title II program, food is being provided as an income supplement to needy households in exchange for work (food for work) and as a ration distributed to vulnerable households. These uses of food are appropriate and should be continued. Both of these programs are consistent with the development focus of the Malawi Title II program, and both contribute to the GOM's priority, which is "the longer-term developmental social protection that seeks to enable/smooth consumption and both protect and promote assets."[65] These activities could be improved, however, by putting a greater emphasis on increasing the productive assets available to communities through food-for-work, and improving the targeting of the ration program to the food insecure.

<u>Focusing Food-for-Work Activities on the Development of Community Assets</u>

Food for work activities should be designed and implemented in ways that support the broader objectives of the Title II program, contributing to improvements in productivity and access and to reductions in vulnerability. This means giving priority to the development of productive assets at the community level. A variety of public works can meet these objectives, including building and repairing roads, water reservoirs and small-scale irrigation systems, and the construction of a variety of soil and water conservation structures on community land. Specific activities need to be identified in dialogue with communities to obtain their support, recognizing that communities are more likely to contribute to and maintain assets they recognize as having an economic value to them.

When the emphasis is on creating assets, rather than the generation of temporary employment, issues of quality and sustainability become more important. This could

[63] Collins, S, N Dent, P Binns, P Bahwere, K Sadler, A. Hallam. "Management of Severe Acute Malnutrition in Children," *The Lancet* 2006; 368: 1992-2000.
[64] Slater and Tsoka, "Social Protection in Malawi," April 2007, p. vii.
[65] Ibid, p. xi.

require Title II CSs to make adjustments in their staffing, adding more engineers, for example, and improving supervision. Enhancing sustainability also requires making sure that appropriate environmental mitigation measures are incorporated into the design and implementation of the infrastructure and that sufficient time and attention is paid to building local commitment and capacity to maintain whatever is built.

Although Title II food has been used successfully in numerous countries to develop feeder roads, road projects have had a checkered history in Malawi. Food for work might also be an appropriate mechanism to support the further development of irrigation infrastructure, although many of the small-scale irrigation systems that are being developed by the current Title II CSs with OFDA resources are being developed in the absence of food for work. The CSs are providing the purchased inputs, such as cement, PVC pipe and pumps, and the beneficiaries are contributing their labor. This is preferable in the case of smaller systems where participants are able to directly capture the economic benefits of their own work, from digging feeding canals to their own plots, for example. On the other hand, food for work could be appropriate to support the construction of over-night storage tanks and/or longer diversion canals that benefit larger groups of people.

Suggested Principles for Implementing Food-for-Work Activities in Malawi

- Give priority to (1) the creation of assets rather than the generation of temporary employment, (2) productive assets rather than social assets and (3) community assets (public goods) rather than private assets.
- Involve communities in the identification, design and implementation of the infrastructure, recognizing that communities are more likely to contribute to and maintain assets they recognize as having an economic value.
- Enhance the likelihood of sustainability by (1) insuring quality, (2) building in appropriate environmental mitigation measures and (3) strengthening local commitment and capacity to operate and maintain any infrastructure that is constructed.
- Avoid selecting activities or implementing activities in ways that are likely to distort participants' economic incentives in perverse ways and/or have adverse affects on local labor and product markets.

Food for work could also be used to support the undertaking of environmental protection measures such as stream protection, terraces, gully plugs, check dams, vegetative barriers and other soil and water conservation structures and plantings. To enhance the likelihood of sustainability, these types of structures and plantings should be limited to the protection of economic assets that are important to communities, such as sources of water for irrigation and household uses and valued feeder roads. To have the intended effect, for example, to conserve soil and water, these types of structures and plantings have to be located close together and constructed in sufficient numbers so that they will be able to have a an effect at a landscape level, i.e. on a hillside, a gully, a micro-watershed. If these types of structures and plantings are not implemented in a contiguous area, their impact will be limited and community members will have little incentive to continue to maintain them in the

absence of food. When this happens, the contribution to assets dimension of the program disappears. The program generates short-term employment but little else.

Food-for-work programs also have to be careful to avoid creating perverse economic incentives and having adverse effects on local labor and product markets. This is always difficult, and perhaps even more so in Malawi. The timing of the work can be important, for example, and may place practical limits on the size of a food-for-work program that can be implemented, which may be the case in Malawi. Road construction cannot be done in the rainy season, for example, and the work should not be undertaken during the times when farmers need to be working in their fields, even when some of these activities could be undertaken during the so-called "hungry months." The poor rural households in Malawi, who are the target group, are heavily dependent on agriculture as their main (often only) source of income, and they need to have the time to invest in their own assets and livelihoods to ensure longer-term survival. One also needs to be careful in setting the ration, keeping its value below the prevailing wage rate to avoid having the program interfere with the functioning of local labor markets. Normally, one should also avoid using food to reward farmers for undertaking activities on their own land from which they would be expected to receive direct economic benefits. This includes various land preparation activities, planting fruit trees around their houses and making individual compost pits. Using food can make an activity profitable for farmers to undertake in the short-run, as long as the food is available. But if activities are not profitable in the absence of food, farmers will not continue them or continue to maintain structures once the food is no longer available. Using food to promote the adoption of activities that are not economic in the absence of food has another disadvantage in that it can also divert people's time and attention from other potentially profitable activities. The economics are similar with respect to community infrastructure. If people do not gain economic benefits from a new road or a series of terraces, for example, they are not likely to make an effort to maintain this infrastructure in the absence of additional food for work. [66] The Title II CSs also need to be aware that some types of food-for-work activities that have been used effectively in emergency environments, when markets were likely in disarray, may no longer be appropriate once production levels have been restored and markets have returned to more normal conditions.

Targeting the Ration Program to the Most Vulnerable and Linking It to Other Complementary Activities

The value of the ration program is that it can reach an important population that the food-for-work programs may not be able to reach. This includes the more vulnerable households, especially those with labor constraints that make it difficult for them to participate in the food-for-work programs. To meet the development objectives of the GOM and the Title II program, these rations should be viewed as a time limited transfer,

[66] The MTE recommended discontinuing using food for work to develop seed storage facilities. Using food for work to build other storage facilities is also problematic for a variety of reasons, including that there are better alternatives that involve making use of the private sector. Instead of using food for work to support community nurseries, an approach that has had very mixed results, the CSs might want to consider a more market-based approach that focuses on helping farmers, as individuals or in groups, develop the capacity to supply seedlings to their programs on a commercial basis.

with the idea that the recipients will use the time period to take advantage of the other food security activities that are being made available under the Title II program to improve their situations economically and eventually graduate from the ration. This ration should be available to the most vulnerable. This is likely to include PLHIV and HIV-affected households in the target areas. However, as the MPVA analysis of the IHSA data indicates, being chronically ill or an orphan (proxies for HIV) is not synonymous with being poor. So targeting guidelines need to be developed and implemented that help the CSs identify the truly food insecure. To increase the likelihood of having a developmental impact, direct distribution of food should be limited to the same communities where other Title II program activities are being implemented. Plus, the CSs need to develop strong linkages between their ration program and the other food security activities being implemented in the same communities.

I-LIFE has been providing rations to families caring for the chronically ill and OVC in their target areas from the beginning of the DAP. According to the MTE, targeting guidelines and graduation criteria have been drafted. However, the MTE also notes that Title II CSs are distributing food in areas that are not recipients of their other food security programming, a food security assessment is not being used in the beneficiary selection process and the draft graduation and exit criteria are not being consistently used even within the same CS. The MTE recommended that the Title II CSs stop distributing rations in communities that are not also recipients of their other activities and that they improve the targeting of their programs at the community level, by adopting a simple food security assessment tool perhaps, to ensure that food insecure households are benefiting from the program. The MTE also recommended that the consortium finalize its criteria for targeting and graduating individuals/households from the program and put them in place across the consortium.

Differences will still exist between the Title II program and other similar programs. So discussions also need to take place with the GOM and the WFP about the various targeting and graduation criteria being used in the country and the need for more standardization.

5.2.3. Mission Management Priorities

USAID/Malawi has a relatively small staff with limited Title II program experience and it would like to minimize the amount of time and effort that will be required of its staff to manage the Title II program. The Mission would also like to increase the synergies between the Title II program and Mission programs funded by other accounts. This could include taking advantage of the considerable resources available to Malawi for HIV programming and expanding the reach and impact of the reduced DA funding for economic growth.

5.2.4. Key Design Considerations

5.2.4.a. Targeting the Program Geographically

The Title II program should be targeted to the regions and districts in the country that are the most food insecure. According to the most recent data available, the Southern Region is the most food insecure area of the country in terms of poverty or access to food. As indicated earlier, almost half the poor live in the Southern Region and the prevalence of poverty is highest there. Eight out of the ten poorest districts are also located in this region. The Southern Region is also the region where poverty and vulnerability coincide. Rates of chronic malnutrition are highest in the Central Region, but, according to the UNICEF estimates for 2006, the difference is less than a percentage point and three of the districts with percentages of chronically malnourished children above 50 percent are located in the Southern Region and four in the Central Region.

To provide more detailed guidance on how the next round of Title II programs should be targeted geographically, a more detailed and up-dated analysis of the food security situation by district[67] needs to be undertaken prior to the design of the new round of Title II programs. This is needed to ensure that the new programs are targeted to the more food insecure and vulnerable areas of the country. This assessment should be done under the auspices of the USAID/Mission so that all potential CSs will be working from the same data base. The current consortium of implementers selected the seven districts where they are working based on an assessment using five indicators of food insecurity and vulnerability – chronic malnutrition, HIV, poverty, food needs and female literacy rates. This assessment needs to be up-dated, however, especially given the many changes that have occurred in the country in the almost ten years that have passed since some of the data that was used in making this assessment were collected.[68]

Within their major areas of operation, the Title II CSs will have to make further decisions about which TAs and communities to work in. These decisions will be unique to individual CSs, but should also be evidenced-based, using data collected through surveys and/or rapid assessments and indicators that are known to correlate with food insecurity and vulnerability.

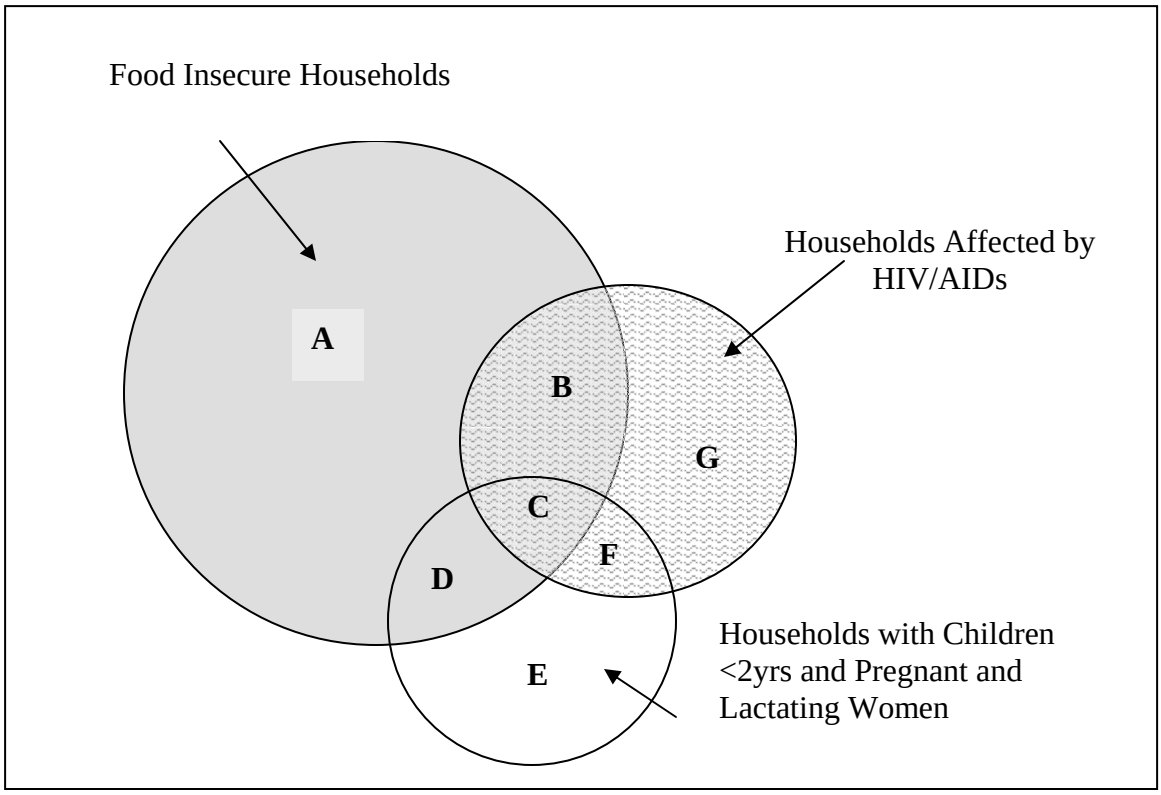
5.2.4.b. Targeting Programs in the Community to Vulnerable Households and Individuals

To be effective, given the nature of Malawian culture and community dynamics, the agricultural technology transfer and marketing programs will need to be open to all community members who wish to participate. To make sure that these programs meet their food security objectives, however, the Title II CSs may also have to adapt and modify these programs so that the more food insecure households in the community are definitely able to participate in them. This should be done in ways that ensure that all types of food insecure households are able to participate, not just those affected by HIV.

[67] This could also be done by TA if the new data from the 2008 Census is available.
[68] If one looks at the most recent poverty data, the current program is working in only one of the poorest ten districts (Thyolo) and in two of the richest ten districts (Ntchisi and Lilongwe Rural), with the remaining five falling into the middle ten. The ranking of districts by degree of poverty using the most recent poverty data also is very different than the rankings that were used as a basis for the current targeting, which were calculated using the 1998 data from the National Statistical Office Atlas of Social Statistics.

All households with children under two years of age and pregnant and lactating women (i.e., areas C+D+E+F, below) also need to be given priority, because of the long-term negative effects of chronic child malnutrition and the fact that almost half of the children under five in Malawi are chronically malnourished. To prevent chronic malnutrition, all households with children under two should be targeted by the health and nutrition programs described in the previous section under program priorities and not just households with children who are already malnourished, as was the case during the first two years of the current Title II program. Title II programs must include households with children under two that are not food insecure (areas E+F in the below diagram). This is because significant numbers of non-poor households also have stunted children and failing to address their problems has equally high long-term costs to these children, their families, their communities and the country as a whole

The programs that involve food transfers, in contrast, need to be directly targeted to the food insecure households and individuals (areas A+B+C+D). Food-for-work programs should be self-targeting to the poor and food insecure by setting the value of the ration below the prevailing wage rate in rural areas. The direct distribution rations should also be going to food insecure households and individuals in the communities in which the program is working. However, the common practice at present is to use one indicator -- households with orphans and/or chronically ill persons (proxies for HIV-affected households) – as a proxy indicator for food insecurity. The problem is that not all households that have been affected by HIV are also food insecure. In other words, the rations should be targeted to HIV-affected households that are also food insecure (i.e. areas B+C in the following diagram) and not to all HIV-affected households (areas B+C+F+G). Other households such as ultra-poor households headed by females or very young or old persons, larger households and especially households with more young children and dependents, households with low levels of education and with little or no land and few assets may be equally deserving of a ration.



5.2.4.c. Finding the Right Balance Between Food and Cash

To enhance program effectiveness, the Title II program will need to find the right balance between food and cash. The Title II program is the largest source of USG resources available to focus on food security problems, and its main resource is food. Under its current Strategic Plan, FFP expects the direct distribution of food to play an important role in non-emergency as well as emergency programs.

The current Title II program in Malawi has a relatively high percentage of total resources being used in the form of food. This was appropriate at the beginning of the program when the country was just emerging from a drought and food supplies at the country level were insufficient to meet minimum needs. Now, after several years of good rains and successful harvests, lack of access on the part of the poor, rather than lack of availability has reemerged as the root cause of food insecurity in the country. This means that more cash is needed now to pay for the expertise, technical assistance and training that are required to ensure that the program will have a measurable and sustainable impact on the underlying causes of poverty and malnutrition in the target areas over the longer term. These several years of good harvests have also resulted in concerns being raised about the relatively large amounts of imported food that are still being distributed in the country.

The balance between monetization and direct distribution proposed in a MYAP needs to be based on best estimates of future conditions available at the time of the design. However, in light of the small size of the Malawian markets and the volatility in domestic

production, the Title II CSs also need to be given the flexibility to make appropriate adjustments in the amounts of food to be monetized and distributed each year, based on more up-to-date estimates of local needs. The food transfers that are being made under the current program are helping poor vulnerable households. However, direct distribution programs can have adverse affects on local production and marketing, as can monetization programs. There is room in the Malawian market for more monetization of the appropriate commodities. However, the small size of the market is also a real constraint. Other monetization programs, including USDA's Food for Progress, could also limit the size of the Title II monetization. Closer coordination between FFP, USAID/Malawi and USDA's Foreign Agricultural Service could help avoid potential problems.

5.2.4.d. Integrating Programs at the Community Level

The Title II activities need to be integrated at the community level to create synergies and increase impact. I-LIFE is working to ensure that the most vulnerable in its target areas have access to activities in each of its major programs areas, including activities relating to agriculture, marketing, health, nutrition and HIV. This emphasis on integration needs to be continued in the current and next round of programs and intensified, including by strengthening the linkages among individual activities. For program integration to pay off, however, the core program activities themselves need to be meeting real needs, technically sound and functioning well.

5.2.4.e. Integrating HIV Into the Program

When Title II programs operate in areas that have a high prevalence of HIV, they need to be designed to explicitly address the constraints that PLHIV and HIV-affected households face. Adding a HIV dimension to Title II programs should not change their overall nature, however. Their target groups should still be the food insecure and their core objectives should continue to be to reduce food insecurity through improved availability, access and/or utilization of food and reduced vulnerability.

With its access to food resources, the Title II program is positioned to make a unique contribution to programs dealing with the most food insecure, HIV-affected households. In Malawi this is taking the form of a time limited ration which is being provided to families taking care of the chronically ill and orphans (the proxies being used to identify families affected by HIV). The rationale for this ration is that it will enable families affected by HIV and other chronic diseases to participate in the other activities being provided under the Title II program, the agricultural and income generation programs in particular, and to use the time and knowledge gained to rebuild their assets and improve their food security. This is a good use of these resources and should be continued but the targeting should be modified to include non-HIV-affected food insecure households and exclude non-food insecure HIV-affected households, as is discussed in the previous section on targeting.

To be effective, the programs will also need to address the specific prevention, treatment and care and support needs of HIV-affected households and individuals. In some cases, Title II CSs may be able to contribute to this directly (e.g., integrating prevention messages into other BCC efforts), and in other cases the best approach will be to focus on establishing linkages with HIV service providers (e.g. anti-retroviral treatment). If these needs are not addressed, HIV is likely to further worsen the food security situation, and the food security objectives of the program are unlikely to be met. Most of the current partners are involved in other HIV programming, including the implementation of HBC programs, and they are using this experience to help them provide these services as part of their Title II programming. There is no guarantee that this situation will continue into the next round of programs, however. That is, some or all of the future Title II CSs may not have the same level of experience that the current implementers have. In this event, it will be necessary for these Title II CSs to emphasize strong coordination, partnerships and the development of referral mechanisms and collaborative planning with other service providers.

In other words, the Title II food assistance should be used to support comprehensive and holistic programming so that objectives for both food security and HIV prevention, treatment, care and support are achieved. However, in the event that a Title II CS wants to address the specific prevention, treatment and care and support needs of the HIV-affected households and individuals, it will also need to make provisions in its MYAP for non-Title II financing or link with other programs to cover much of the costs of providing these other complementary activities. Although Malawi is a non-focus PEPFAR country, it is still scheduled to receive $15 to $20 million a year to finance a variety of non-food HIV activities. The Title II ration by itself represents a significant contribution to the HIV problem in Malawi. However, there are many other urgent uses for Title II cash resources, including to finance some of the activities identified previously that could help reduce the numbers of chronically malnourished children in the country.

Further information on the rationale and framework for coordinating Title II and PEPFAR activities can be found in a September 2007 document entitled "USAID P.L 480 Title II Food Aid Programs and the President's Emergency Plan for AIDS Relief: HIV and Food Security Conceptual Framework" (See Appendix 9) and the HIV/AIDS section of FFP's "Policies and Proposal Guideline for FY 2008.[69] However, it should be kept in mind that not all of the recommendations for integrating the two programs are appropriate for every context. For a highly rural country like Malawi, for example, it is not advisable to move food aid resources to urban/peri-urban programming.

5.2.4.f. Anticipating the Need for an Emergency Response

In recent years, erratic rainfall patterns have led to much volatility in Malawi's maize harvests and food security situation. This points to the likelihood that some areas in Malawi will at some point suffer from a serious weather-induced crop failure. This means that all potential Title II CSs should assess the likelihood of erratic rainfall,

[69] USAID/FFP, "Title II Program Policies and Proposal Guidelines for Fiscal Year 2008," (DRAFT) dated August 8, 2007.

droughts and other potential emergencies in the areas in which they propose to work. This assessment should be included in their proposals along with a discussion of the nature and timing of the steps they would take to deal with particular emergencies in the event they occur.

Possible mechanisms for responding include: (1) adjusting program activities; (2) diverting up to 10 percent of in-country Title II commodities from their MYAPs for emergency use;[70] (3) partnering with WFP to address emergency caseload need; or (4) requesting FFP to supplement their programs with additional emergency Title II resources. Given the high likelihood that title II program communities will suffer shocks during the life of a MYAP, this third option should be achieved by including an emergency response component in new MYAPs, which could be implemented if and when specific emergency indicators also identified in their MYAPs are triggered.[71]

If a new emergency is widespread across the country, rather than localized in the CS's operational areas, FFP and the Mission encourage the CS's to work through WFP to respond to emergencies outside of the MYAPs, as they have done in the past. The WFP has the capacity to work country-wide, unlike the Title II development programs, whose geographical focus will be more limited to the areas of the country that have the highest prevalence of chronic food insecurity. This strategy will facilitate a more coherent response that is better able to target and equitably prioritize resources to areas of greatest need. Since it is also likely that the WFP will want to work with one or more of the Title II CS in mounting an emergency response, the Title II CSs and the WFP should consult on a regular basis on the results of the vulnerability assessments and the necessity for and types of responses that might be needed and how they would be coordinated and managed.

5.2.4.g. Monitoring and Reporting on Program Performance

Developing an effective monitoring and reporting system that is responsive to internal management needs as well as the various reporting requirements of FFP, the Mission and the State Department will be a real challenge. To help clarify its requirements, FFP issued two information bulletins in August 2007 (see Annex 10). The first bulletin [FFPIB 07-01 (updated)] describes the five sets of reporting requirements that are applicable to all MYAPs. These include: (1) CS program indicators, (2) FFP/ Washington's Performance Management Plan (PMP) indicators, (3) USAID Mission indicators, (4) "F" indicators, i.e. indicators required by the Director of U.S. Foreign Assistance under the new U.S. Strategic Framework for Foreign Assistance, and (5)

[70] A CS needs to get USAID Mission or Diplomatic Post approval to divert 10 percent of in-country commodities for emergency uses. If a CS wants to divert more than 10 percent for emergency needs and/or would like FFP to replace the commodities that have been diverted, it needs to get FFP authorization, and this authorization needs to be received prior to the transfer of any additional commodities and funding. USAID Missions cannot authorize the transfer of monetized proceeds, ITSH or Section 202(e) for emergency uses, unless this step has been approved by the FFP Director in an amendment to the approved program.

[71] This option is spelled out in more detail in FFP's "Title II Program Policies and Proposal Guidelines for Fiscal Year 2008," (DRAFT) dated August 8, 2007.

IEHA indicators.[72] The second bulletin (FFPIB 07-02) lays out new reporting requirements designed to enable FFP to better track progress toward the objective and intermediate results identified in its 2006-2010 Strategic Plan. All Title II CSs will need to follow this new guidance in developing and implementing their new MYAPs.

5.2.4.h. Developing Sustainability and Exit Strategies

The Title II program needs to give priority to sustainability issues and to developing criteria to help the Title II CSs determine when individuals can be transitioned out of the safety net programs and when their programs can exit specific communities. In developing their approaches to sustainability, the Title II CSs will need to distinguish between the sustainability of the behavior changes and the technologies that they are promoting, and the sustainability of the institutional mechanisms they are using to deliver their programs. The Title II CSs also need to understand the different factors that drive sustainability in the public and private sectors, and recognize the importance of economic returns driving the latter. Given past history in Malawi, the Title II CSs need to take particular care not to resort to approaches, such as the free distribution of inputs and similar approaches that will create disincentive effects to private sector participation.

5.2.5. Cross-cutting Issues

5.2.5.a. Risk and Vulnerability

Under FFP's Strategic Plan, the Title II CSs are required to pay more attention to reducing vulnerability and risk. Vulnerability means that food security can be lost as well as gained, as a result of shocks that affect the many (e.g., droughts and floods) or shocks that affect the individual (being infected with HIV or the death of the household head). Risks such as these are common in the food insecure areas where the Title II programs are working. So, the Title II CSs will need to give particular attention to integrating activities that will help prevent and mitigate these risks throughout their programs. This should start with a risk and vulnerability assessment for each target community. Types of activities can range from the introduction of drought-resistant crop varieties and improved technologies for storing crops to building the capacities of communities so that they are better able to respond and reduce the damage caused by shocks. In Malawi, expanding access to irrigation can be one of the most effective ways not only to increase agricultural productivity and rural incomes but also to enable farmers to better manage the risks that are inherent in rain-fed agriculture. Food-for-work programs can also be used to create physical infrastructure, such as bunds to help control water flow and water retention and soil conservation structures, which will also help communities reduce their vulnerability to floods and droughts.

5.2.5.b. Building Local Capacity

[72] Note: FFPIB 07-01 (updated) was released on October 5, 2007 as an update to FFPIB 07-01 (August 8, 2007. The updated version includes IEHA indicators, in addition to the other reporting requirements. Since Malawi will become an IEHA country in 2008, CSs should consult with the USAID Malawi Mission about IEHA indicators to include in their reporting systems.

Capacity strengthening, of local partners and local governments as well as the MOH and MOA&FS field staff, is a high priority need for ensuring that the food security objectives of the Title II program are achieved. Capacity strengthening initiatives should be designed to ensure the sustainability of food security initiatives through strengthening the analytical and managerial capacities of these stakeholders, as well as that of community and household leaders. Capacity strengthening also includes activities designed to strengthen communities' capacities to organize, plan and represent their interests in broader fora. The Title II CSs also need to focus on strengthening the capacities of their own staff and volunteers, providing them with on-going training and frequent, supportive supervision in which the supervisor provides constructive feedback to improve staff performance and enhance learning. Capacity-building should be integrated into the design of all food security program activities, rather than existing as a stand-alone objective of the program. The Title II CSs also have a role to play as important stakeholders in assisting and supporting the GOM with the development and implementation of its food security-related policies and programs, bringing their own unique field-based knowledge and experience into the dialogue process that the GOM has established.

5.2.5.c. Environment

The quality of natural resources and people's equitable access to them are issues critical to the success of poverty reduction and food security interventions in Malawi. The Title II food security programs must also integrate the sustainable use of natural resources into their interventions to support agriculture-based livelihoods, rural income strategies, disaster prevention, preparedness and resilience building. During the time frame encompassed by this programming strategy, this means giving priority to the assessment and promotion of conservation agricultural technologies, where appropriate, and insuring that environmental mitigation measures are incorporated into all relevant activities, especially those involving the construction of roads and irrigation infrastructure.

5.2.5.d. Gender Equity

The MGDS recognizes that there are large disparities between men and women, with women being marginalized both socially and economically and "unable to effectively contribute to the social, economic and political development of Malawi." Women face problems in accessing productive resources, development opportunities and decision making, and this has adverse consequences for the country's economic growth and development. The MGDS also identifies social/cultural factors, limited access to means of production and limited participation in social and economic activities as the main challenges to reducing these disparities. Although current USAID food security programs have addressed issues of gender equity, the principles of gender equity need to be integrated more explicitly and proactively into all food security programs.

6. COLLABORATION AND RESOURCE INTEGRATION

Organizations that desire to partner with USAID/Malawi in food security programming will need to explore mechanisms for collaboration and joint programming to ensure efficient use of resources. Prospective MYAP partners also are encouraged to demonstrate how their Title II programs build on the comparative advantage of Title II and maximize synergies and complementarities with other programs, including Mission and USAID regional and centrally funded projects.[73]

Prospective CSs proposing to work in food insecure areas highly affected by HIV are encouraged to consult with PEPFAR to discuss possible collaboration and resource integration. In cases where integration of resources is possible, prospective partners are encouraged to work closely with PEPFAR to ensure integration of livelihood promotion with social protection activities for food insecure families affected by HIV.

Prospective CSs should also indicate how their programs align with and support GOM strategies and programs. This includes the MGDS, the Food Security and Nutrition Policies and the ADP.

All prospective partners in food security programming are encouraged to demonstrate collaboration and integration of resources with the private sector, given the importance of the private sector and its essential role in the development of the agricultural sector.

Prospective partners are also encouraged to consider working together in consortia.

[73] The FFP "Title II Program Policies and Proposal Guidelines for Fiscal Year 2008," (DRAFT) provide more detailed guidance on the types of coordination and synergies that it expects with respect to a number of programs and technical areas, including the GDA, HIV/AIDS, CAADP and the Millennium Challenge Corporation (MCC).

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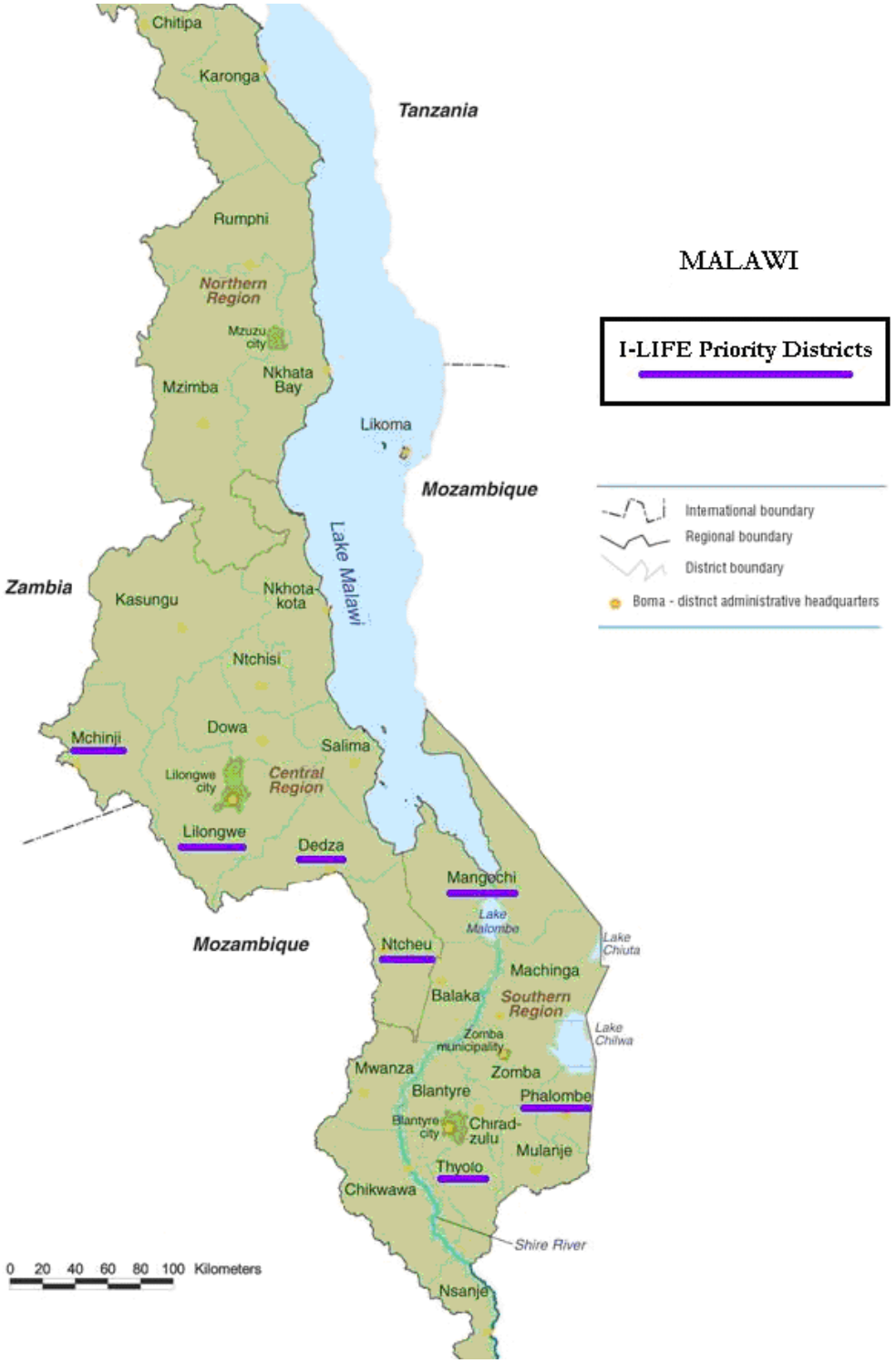
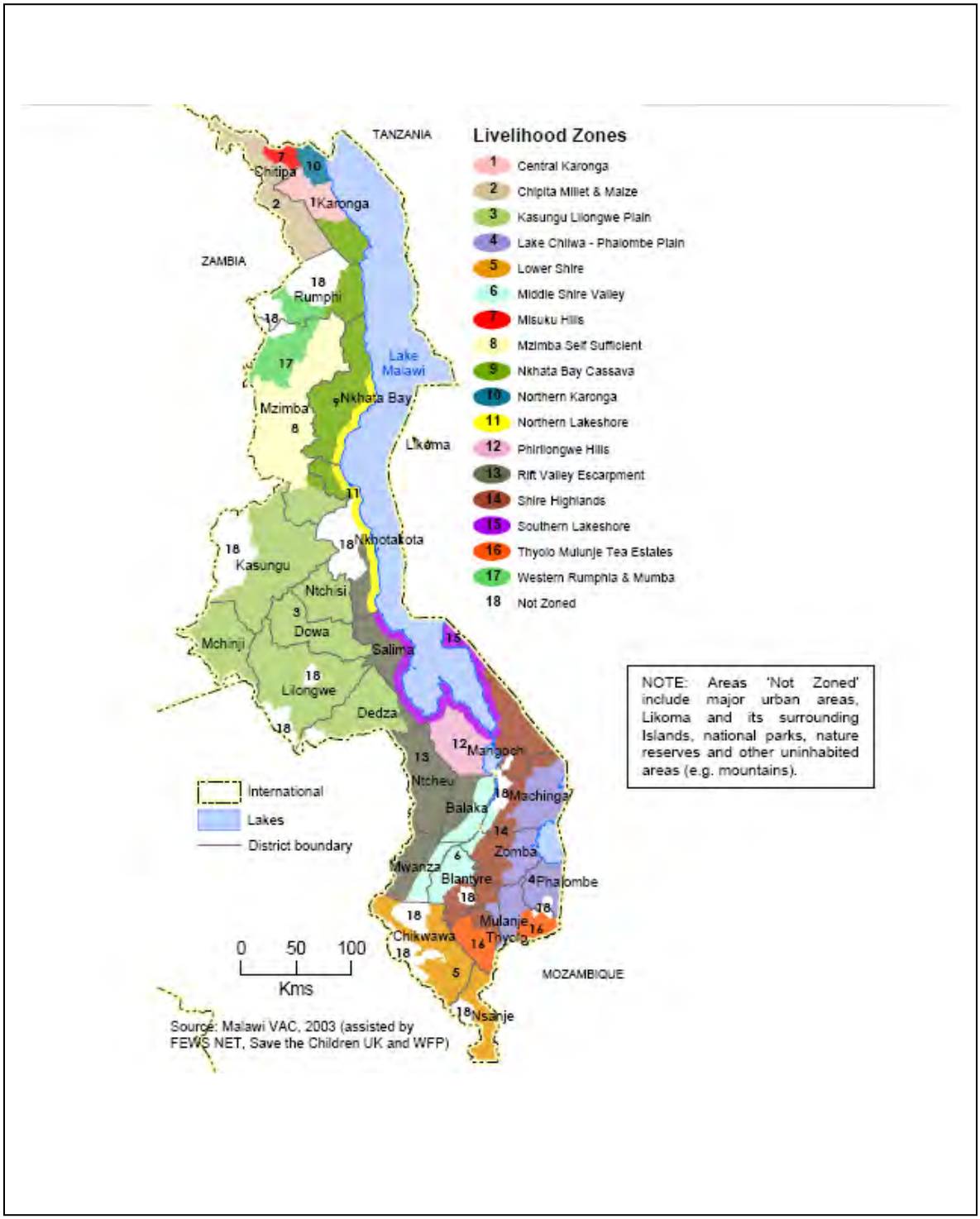
ANNEX 1: MAPS OF MALAWI

Map 1 A: Political Districts

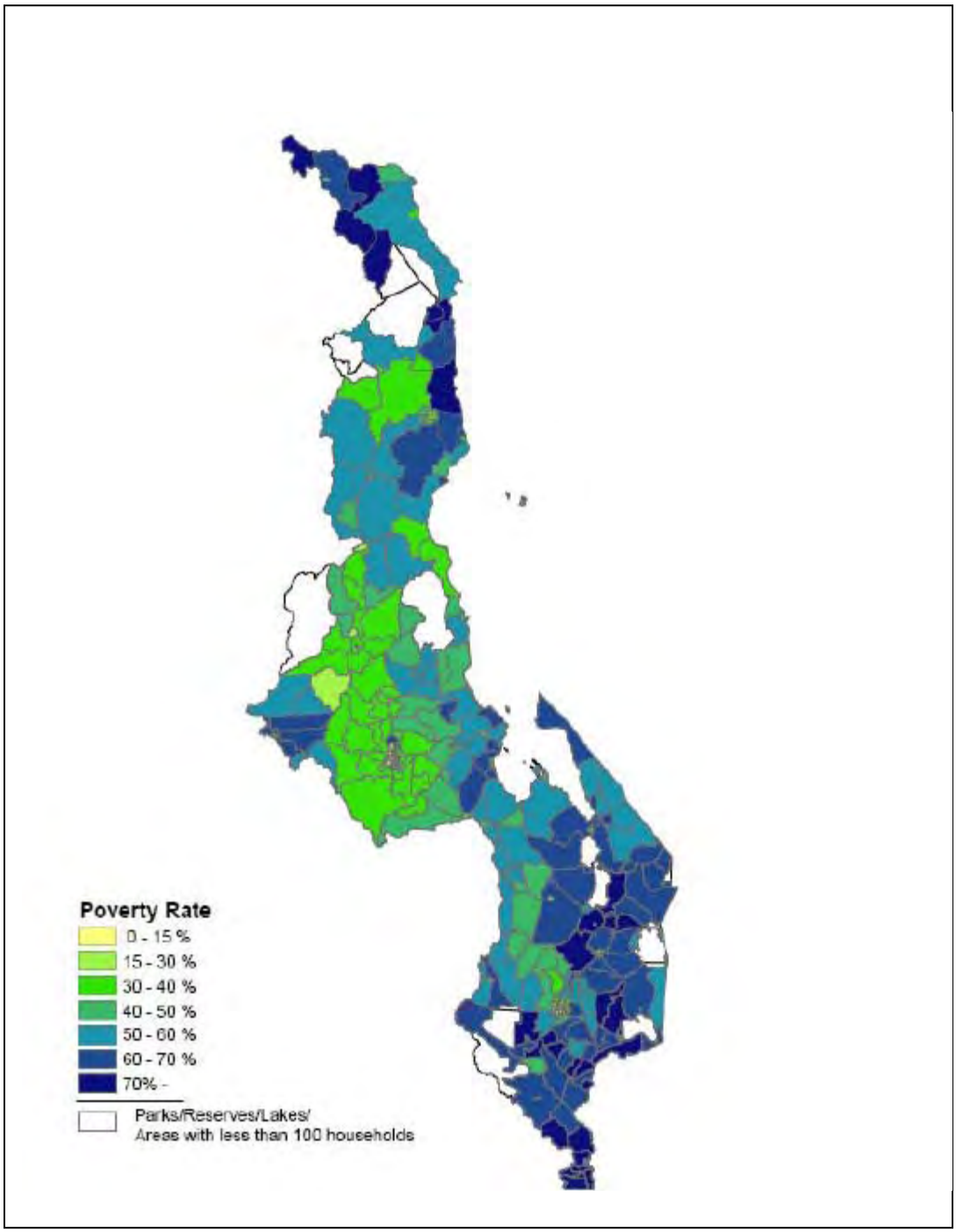


Map 1 B: National Livelihood Zones



Source: MVAC. Malawi Baseline Livelihood Profiles, September 2005.

Map 1 C: Poverty Head Count at Traditional Authority Level



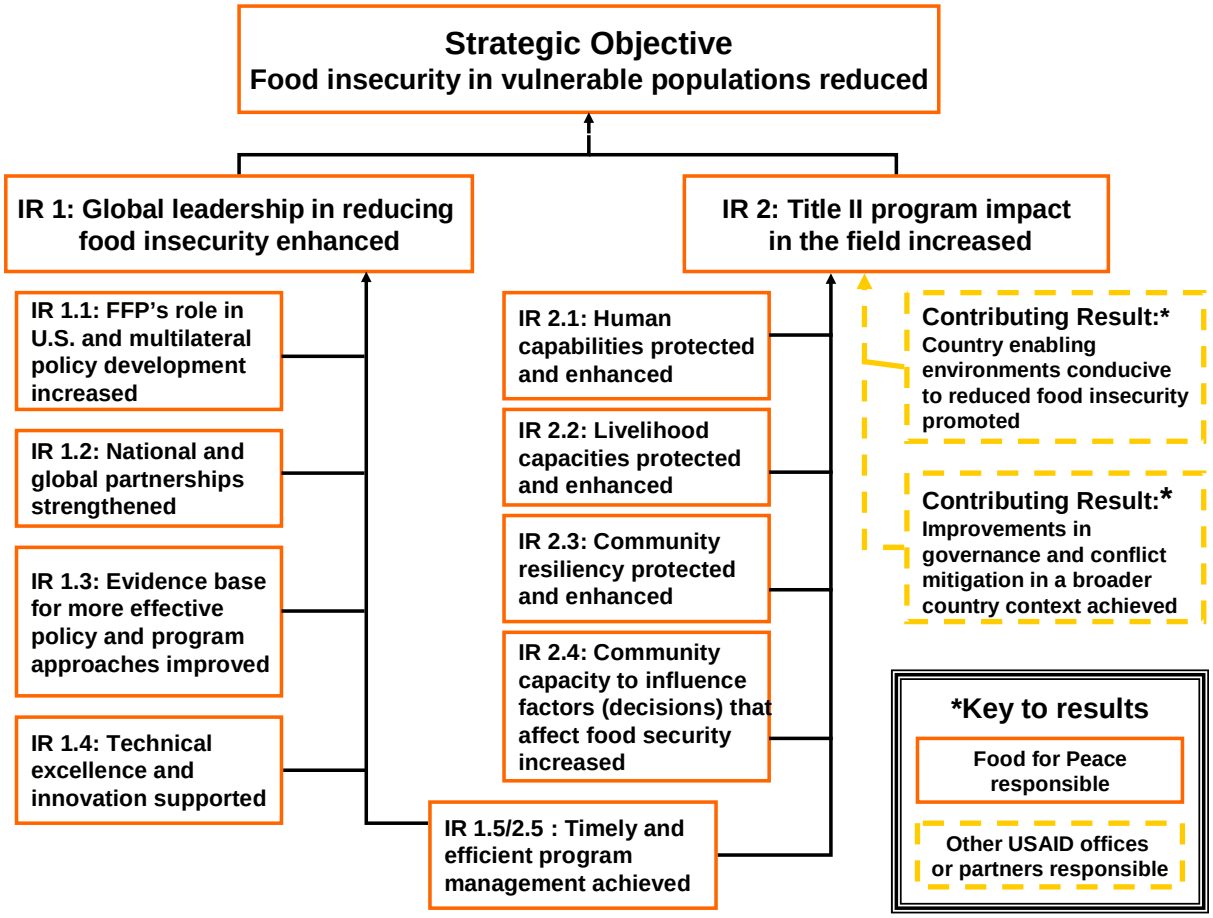
Source: GOM/World Bank, Malawi Poverty and Vulnerability Assessment, June 2006 (Based on NSO 1998 Census and IHS2 2005)

ANNEX 2: LIVELIHOOD ZONES IN MALAWi

Livelihood Zone	Description of Typical Food Economy Practices
Central Karonga	Good maize/cassava base for food and cash, even for poor. Much ganyu done by migrant labor. Less dependent on maize than other northern zones. Livestock holdings, especially of cattle are high by national standards. Livestock comparatively important. The poor depend on ganyu and self employment (firewood and mat making etc)
Western Rumphi/Mzimba	People highly maize dependent but do not produce surplus. Tobacco sales crucial for poor as well as others. The zone produces just enough to feed itself in an average year. Collection of wild foods from Nyika National Park and Vwaza Game Reserve. Drought hazard area.
Mzimba self sufficient	Diversified zone with food and income generated from a variety of sources. The zone produces just about enough to feed itself in an average year. High maize yields and cassava assure zonal food security, with tobacco as main cash crop. Cattle ownership 1-15 for the wealth groups. But the poor still depend on ganyu.
Nkhata-Bay Cassava zone	High rainfall but very poor soils mean unique cassava dominance but food deficit. The zone is food rich but cash poor. There are limited sources of income apart for crop sales. Maize, rice, cassava and bananas grown in addition to cassava. Low prices for staples. The poor rely heavily on migrating for ganyu.
Kasungu and Lilongwe Plain	Surplus maize is second only to tobacco as cash crop. The zone produces surplus of food, maize, groundnuts, sweet potatoes and soya beans. Surplus comes from the 20% well off farmers. Tobacco is the main cash crop generating 65-85% of income for all categories. Some poor farmers are shifting from tobacco to groundnuts. But land pressure makes poor highly ganyu-dependent. Drought hazard.
Southern Lakeshore	Fishing dominates the economy. Crop production is also important but is insufficient to cover local food requirements, in ganyu for poor as well as fish sales for others. But cropping is important. Major crops maize and sweet potatoes.
Shire highlands	Country's densest population but largely self sufficient in grain. Smallest landholdings; Income generating opportunities are referred. Crop production is undiversified supplemented by cassava. For cash, the well off sell crops. The poor and less poor do ganyu and trade.
Middle Shire Valley	Relatively dry area with modest grain crops; winter crops and fishing along Shire River. The poor sell cash crops especially green maize and vegetables and look for ganyu.
Phalombe Plain Lake Chilwa	Weak production zone for the staple maize, with cash from rice, tobacco and fish. The poor and less poor do farming/estate ganyu contracts. There are poor road network and proneness to dry spells.
Thyolo Mulanje Tea Estates	Very small landholdings mean poor and less poor people work on tea estates and elsewhere maintain a living. Low estate wages and poor access to land a cause for food insecurity. Government resettlement plan for the poor being debated.
Lower Shire Valley	Hot dry lowlands. Maize dominates for cash as well as food. Seasonal employment on sugar estate. Smallholder tea production and small scale irrigation being developed for the poor but still small coverage.

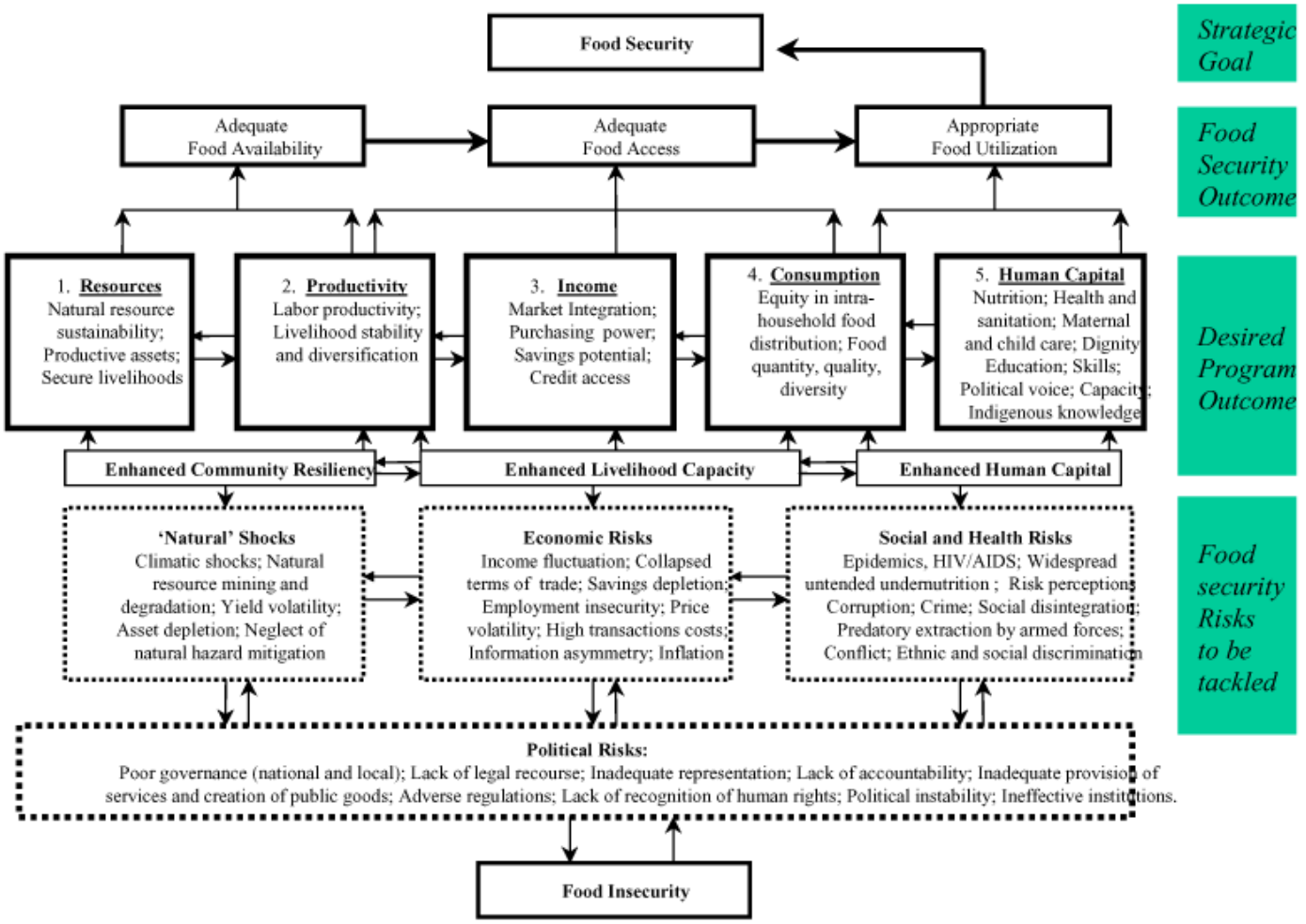
Source: MNVAC, "Malawi Baseline Livelihood Profiles, September 2005.

ANNEX 3: FFP STRATEGIC FRAMEWORK FOR 2006-2010



ANNEX 4: FFP EXPANDED CONCEPTUAL FRAMEWORK FOR UNDERSTANDING FOOD INSECURITY

Figure 1:An Expanded Conceptual Framework for Understanding Food Insecurity



ANNEX 5: DESCRIPTIONS OF COMMUNITY-BASED NUTRITION PROGRAMS

Nutrition Program	Community Based Growth Promotion (CBGP)	Community Integrated Management of Childhood Illness (C-IMCI)	PD/Hearth	Care Groups
Description	Community-based program to prevent malnutrition and improve child growth through monthly monitoring of adequate child weight gain, one-on-one counseling and negotiation for behavior change, home visits, and integration with other health services. Action is taken before a child becomes malnourished.	Community-based program to address malnutrition, measles, malaria, pneumonia, and diarrhea. Four key elements are: facility/community linkages; care and information at the community level; promotion of16 key family practices; coordination with other sectors	Community-based program to sustainably rehabilitate underweight children. In 12 day intensive behavior change program, volunteers and caregivers prepare and feed a recuperative meal of locally available foods, and learn and practice affordable, acceptable, effective and sustainable care practices identified in families of healthy children in the community. It requires that a growth monitoring program be operating in the same community.	Community-based program for improving coverage and behavior change through building teams of women who individually represent, serve and promote health among women in 10-15 households in their community. The leaders form a Care Group that meets weekly or bi-weekly and is trained by a paid facilitator. These Care Group members visit the women for whom they are responsible, offering support, guidance and education to promote behavior change.
Objective	• Improve child growth • Prevent malnutrition	• Reduce morbidity and mortality of children under 5 • Address malnutrition, malaria, pneumonia, diarrhea, measles	• Rehabilitate malnourished children • Sustain nutritional status • Prevent malnutrition among other children	• Improve coverage of health programs • Sustainable behavior change
Target Group	• Children 0-24 months	• Children 0-59 months	• Children 6-36months	• Mothers of children 0-

Nutrition Program	Community Based Growth Promotion (CBGP)	Community Integrated Management of Childhood Illness (C-IMCI)	PD/Hearth	Care Groups
				59 months
Unique aspects	• Uses trained community-selected volunteers • Closely tied to evidence-based interventions • Uses "adequate weight gain" as early indicator of malnutrition • Referral and counter-referral system with health posts/centers • Counseling, negotiation • Supervision, home visits • Active community involvement in problem-solving & planning	• Integrated approach focuses on whole child, not disease • Community level prevention & treatment • Linked with health facilities • Evidence-based protocols for prevention and treatment • Addresses relationship among illnesses	• Community-level rehabilitation • Uses locally available foods and practices • Engages community in addressing malnutrition • Prevention component • Follow-up home visits • Intensive behavior change	• Trained "leader mother" volunteers provide support to other mothers • Small number of paid staff reach large population (through leader mothers) • Peers support • Can support other health initiatives
Considerations	• Useful in linking health and nutrition interventions • Needs large network of community-based workers or volunteers (2-3 community workers per 20 children)	• Mostly applied to children who present with illness • Nutrition component often needs strengthening • Involvement and commitment of the health sector needed	• PD inquiry done in every community • Caregivers must contribute food (challenging in food insecure environments) • 30% or more children in the community should be WAZ<-2	• Need a sufficient volunteer pool • Households should be close enough together so that volunteers can walk between them and to meetings • Time available – do women have 5 hours per

Nutrition Program	Community Based Growth Promotion (CBGP)	Community Integrated Management of Childhood Illness (C-IMCI)	PD/Hearth	Care Groups
	• Supportive and quality monitoring and supervision essential • Quality of counseling important • Community participation in planning, participation required • Requires access to basic complementary health services (immunization, deworming, micronutrients)		• Monthly growth monitoring required • Resource intensive, requires commitment (follow-up, supervision) • Homes should be close together • Requires access to basic complementary health services (immunization, deworming, micronutrients)	week to volunteer? • Long start-up time – project should be of 4-5 year duration • Supervisor: promoter should be 1:5
Complementary to:	• Any community-based program	• Any community-based program	• CBGP • IMCI • Support Groups	• Any community-based intervention
Essential Nutrition Action Messages/services to be delivered	• Appropriate contact for all ENA messages	• All ENA messages are part of IMCI key family practices	• IYCF, feeding of the sick child, deworming, micronutrients	• Appropriate contact for all ENA messages

Nutrition Program	Community-based Therapeutic Care (CTC)	Support Groups (mothers/ grandmothers, etc)	Child Health Weeks/Days
Description	A community-based approach for managing cases of severe acute malnutrition (SAM) (WHZ <-3, MUAC <110 mm, edema). Actively seeks SAM cases through MUAC screening. Using Ready to Use Therapeutic Food (RUTF), CTC treats the majority of SAM cases at home instead of Therapeutic Feeding Centers. SAM cases with complications are referred to facilities for stabilization before released to outpatient care. GAM (WHZ <-2 >-3, MUAC < 125 mm >110 mm) cases are treated with supplementary feeding or other community rehabilitation program, if available.	A way in which mothers can learn from each other, health care providers, or members of the community about optimal child care and feeding practices. This is a comfortable, supportive, and respectful environment. May be mother to mother, facilitated by a health care provider or other community member.	Occurs every 6 months to deliver vitamin A supplements and other preventive health services to children at the community level. In addition to vitamin A, services have included: catch-up immunization, providing iron/folic acid to pregnant women, iodized salt testing, re-dipping ITNs, promotion of infant and young child nutrition.
Objective	• To treat SAM in the community • Improve survival rates of children with SAM	• To promote optimal child care and feeding behaviors	• Increase coverage of vitamin A supplementation • Increase coverage of other nutrition interventions
Target group	Children 6-59 months	Mothers of young children (<2, <3 or < 5years)	• Children 0-59 months
Unique Aspects	• Community-based approach for treating acute malnutrition • RUTF	• Safe environment for mothers to learn and share • Requires minimal outside resources	• High coverage rates • Feasible in diverse settings • Community census and social mobilization
Considerations	• RUTF supply must be secured • Requires trained clinical staff to	• Group leader must have strong facilitation skills	• Best suited for areas with high prevalence of vitamin A deficiency

	classify and treat cases • Most frequently used in emergencies – integration into health systems occurring in some places	• Training may be necessary • Variation in methodology from very interactive to lecture driven • Can link into the non-health sector	• Require coordination with district health plan • Assure adequate supply • Volunteers and supervisors need to be trained • Substantial social mobilization • Follow-up/record-keeping important • Part of a larger nutrition strategy
Complementary to	• CBGP, IMCI, maybe PD/Hearth	• CBGP, IMCI, PD/Hearth	• CBGP, IMCI
Essential Nutrition Actions/Messages to be delivered.	• Infant and young child feeding, feeding of the sick child, some micronutrient messages	• All ENA messages, including women's nutrition	• Vitamin A supplementation • Other micronutrient and IYCF messages

ANNEX 6: KEY CONSIDERATIONS FOR EFFECTIVE BEHAVIOR CHANGE PROGRAMMING

To achieve effective behavior change, a comprehensive strategy should be in place that targets the appropriate people with a feasible change to behavior. The strategy should also address support for overcoming constraints to practicing that behavior with appropriate program activities. The community should be a partner in the behavior change process from the beginning.

A key first step in behavior change programming is to conduct formative research to understand current behaviors and gaps, as well as constraints, incentives and opportunities for behavior change that will support the program's objectives. This research should identify optimal behaviors to promote and determine best interventions for promoting them (e.g., training, outreach, mass communication, policy change, support services). It is important at this stage to identify behaviors that are effective in achieving program objectives and are feasible in the context of the communities in which the program is working. For example, if the program is encouraging children to sleep under insecticide treated nets (ITNs), ITNs should be accessible in that community.

Materials that support and reinforce behavior change messages should be developed, tested and available everywhere that community-based nutrition and health activities take place. Clear, simple and consistent messages should be delivered at as many contact points as possible, in addition to key health contact points. Other potential venues for delivering messages include agriculture, education and income generation programs. Messages should be targeted to the person whose behavior the program seeks to change. This may include mothers, fathers, caregivers or other household decision-makers. It is also important to target appropriate messages to support persons such as community leaders, grandmothers and others who influence community and household behaviors. In Malawi, there are policies and educational curricula for certain nutrition priorities (such as the six food groups), but very few IEC materials are available at health facilities and community program sites to provide guidance to caregivers on how to incorporate the six food groups into their families' diets. This is an enormous missed opportunity that Title II programs should address in any community in which they are doing community-based health and nutrition programming.

Many tools have been developed to guide programmers through the step-by-step process of designing and implementing behavior change programs. Several are listed in annex 7.

ANNEX 7: RESOURCES ON COMMUNITY-BASED PROGRAMS AND BEHAVIOR CHANGE PROGRAMMING

Community-based Nutrition Programs:

PVO Child Survival and Health Grants Program. *Nutrition Technical Reference Materials*.
http://www.childsurvival.com/documents/trms/tech.cfm

Community-based Growth Promotion:
Griffiths, Marcia, Kate Dickin and Michael Favin (1996). *Promoting the Growth of Children: What Works.* Tool #4. The World Bank Nutrition Toolkit, The World Bank.
http://siteresources.worldbank.org/NUTRITION/Resources/Tool4-Frontmat.pdf

C-IMCI:
CORE (2001). *Reaching Communities for Child Health and Nutrition: A Framework for Household and Community IMCI.*
http://www.coregroup.org/working_groups/c_imci_full_english.pdf

PD/Hearth:
Core (2003). *Positive Deviance/Hearth: A resource guide for sustainably rehabilitating malnourished children.*
http://www.coregroup.org/working_groups/pd_hearth.cfm

Core (2005). *Positive Deviance/Hearth: Essential Elements*. A resource guide for sustainably rehabilitating malnourished children (addendum)
http://www.coregroup.org/working_groups/PD Hearth_Addendum_Aug_2005.pdf

Care Groups:
World Relief and Core (2005). *The Care Group Difference: A guide to mobilizing community-based volunteer health educators.*
http://www.coregroup.org/diffusion/Care_Manual.pdf

CTC:
Valid International (2006). *Community-based Therapeutic Care: A Field Manual*
http://www.fantaproject.org/ctc/manual2006.shtml
(A trainer's manual is forthcoming)

Support Groups:
Linkages (2003). *Mother-to-Mother Support Group Methodology and Infant Feeding: Training of Trainers*
http://www.linkagesproject.org/publications/index.php?detail=51

Behavior Change:

Child Survival and Health Grants Program (2005). *Behavior Change Interventions Technical Reference Materials.* http://www.childsurvival.com/documents/trms/xcut.cfm

Core and AED. *Applying the BEHAVE Framework. Workshop Guide.* http://www.coregroup.org/working%5Fgroups/behave_guide.cfm

The Core Group. Social and Behavior Change Working Group. http://www.coregroup.org/working%5Fgroups/behavior.cfm

Emory University; Nutrition Research Institute, Peru; National Institute of Public Health, Mexico; PAHO (2003). *ProPAN: Process for the Promotion of Child Feeding.* http://www.paho.org/English/AD/FCH/NU/ProPAN-index.htm

Formative Research:

Dicken, K and M. Griffiths. *Designing by Dialogue: A Program Planners' Guide to Consultative Research for Improving Young Child Feeding* http://www.eldis.org/go/display/?id=27958&type=Document

Food for the Hungry International. *How to Conduct Barrier Analysis.* http://barrieranalysis.fhi.net/how_to/how_to_conduct_barrier_analysis.htm

ANNEX 8: RECOMMENDATIONS FOR IMPLEMENTING GROWTH MONITORING AND PD/HEARTH PROGRAMS

Community-based programming allows a project to maximize coverage and access of available health and nutrition services and is a key strategy to achieving a reduction in malnutrition. Growth Monitoring and PD/Hearth are two well-known community-based health and nutrition programs that are frequently implemented worldwide and are currently operating in Malawi. When implemented optimally, these have great potential to improve the nutritional status of children under two. However, sub-optimal implementation results in wasted resources and limited effectiveness. A discussion of factors that must be kept in mind when implementing Growth Monitoring and PD/Hearth follows. Annex 5 contains summaries of these and other community-based programs.

Growth Monitoring, as it is currently implemented in Malawi, is insufficient to address the high rates of chronic child malnutrition and will likely have little to no impact on prevalence of stunting. The program has poor attendance, especially after children reach 12 months, is overly focused on weighing and charting children (with mixed levels of accuracy) rather than the health and growth of the children, and uses static nutritional status as a trigger for action rather than adequate growth. Title II CSs working in this area need to address the limited understanding of child growth, limited counseling of the mother, and intervene before children are identified as malnourished. Title II CSs should also focus on opportunities for promoting growth of children during and after the Growth Monitoring sessions, and using the data on the growth cards to engage mothers and support messages related to IYCF actions. Title II CSs that are working in communities that have GOM Growth Monitoring programs should seek ways to link their community activities with these programs, encouraging participation, training and supporting the Health Surveillance Assistant (HSA), and using the information on the growth cards to counsel mothers. This could be done through establishing a growth promotion program as a complement to the Growth Monitoring, through Care Groups, through mother support groups or another appropriate community level program.

PD/Hearth is a popular community-based nutrition program throughout the world. Its use of local foods, of solutions found within the community, the rapid observable recuperation of children, and the powerful behavior change component make it a very powerful tool to sustainably rehabilitate children. It has been the central nutrition program in the current Title II program in Malawi and is popular in communities. However, implementing PD/Hearth must be done with caution, because it is very resource intensive and is not the optimal choice for every community. There are several key criteria that should be in place for PD/Hearth to be successful, and several essential program elements that cannot be adapted, modified or disregarded. In Malawi, only one district (Dedza) approaches the required 30 percent prevalence of underweight that is a key criterion for cost-efficiency. Within districts, there are likely communities that do reach 30 percent, and PD/Hearth may be effective in those locations, assuming other criteria are met. There are several challenges to the success of PD/Hearth in Malawi, including a poorly functioning Growth Monitoring system, and that some communities may be too food insecure to benefit from the intensive behavior change component (i.e.

they cannot access enough food or a diverse enough diet). If criteria are met, and a Title II program chooses to move forward with PD/Hearth in its communities, it must conduct a PD inquiry in every community, be sure that the Hearth menus are a nutrient-dense recuperative supplemental meal that meets a minimum standard, actively involve caregivers in the Hearth session, have mothers serve as community volunteers to conduct and host the sessions, ensure regular follow-up and referral, and conduct the sessions with a maximum of ten caregivers per session. Several of these essential elements have been modified in current Malawi PD/Hearth programming to a point that the program may be ineffective. If the challenges are addressed and high quality technical assistance is made available to establish optimal programs, then PD/Hearth would be an appropriate intervention in certain communities.

ANNEX 9: USAID HIV AND FOOD SECURITY CONCEPTUAL FRAMEWORK

USAID P.L. 480 TITLE II FOOD AID PROGRAMS AND THE PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF: HIV AND FOOD SECURITY CONCEPTUAL FRAMEWORK

USAID Bureau for Democracy, Conflict & Humanitarian Assistance, Office of Food for Peace and the U.S. President's Emergency Plan for AIDS Relief

September 2007

HIV AND FOOD SECURITY CONCEPTUAL FRAMEWORK

USAID Bureau for Democracy, Conflict & Humanitarian Assistance, Office of Food for Peace and the U.S. President's Emergency Plan for AIDS Relief

I. Introduction

This paper describes the rationale for and proposed approach to developing and implementing an HIV and Food Security Conceptual Framework for coordination of activities between the President's Emergency Plan for AIDS Relief (PEPFAR) and the USAID Office of Food for Peace (FFP). The Conceptual Framework will establish and facilitate a programmatic continuum to address the nutrition, dietary supplementation and food security needs of HIV-infected and -affected populations. This Conceptual Framework will address the mutual objectives of FFP and PEPFAR.

In many countries, there is a complex interface between chronic food insecurity and HIV. The infection itself affects metabolism and causes wasting, especially in more advanced stages and in the absence of anti-retroviral therapy (ART). For the past four years, nongovernmental organizations (NGOs) and the World Food Program (WFP) that have been implementing P.L. 480 Title II (otherwise known as Food for Peace) emergency and non-emergency programs have not necessarily worked closely with PEPFAR, nor have resources been programmed systematically in conjunction with PEPFAR to address the food needs of PEPFAR beneficiaries and their communities. Recognition of this situation has highlighted a significant potential for broadening synergies to strengthen the U.S. Government's (USG) response to HIV-related nutrition, food and food security needs in countries where FFP emergency and non-emergency food aid programs and PEPFAR both operate.

In 2005, the U.S. Congress called on the Office of the Global AIDS Coordinator (OGAC) at the U.S. Department of State to take the lead in developing and implementing a USG interagency strategy to address the food and nutrition needs of people living with HIV (PLHIV). Submitted to Congress in May 2006, the *Report on Food and Nutrition for People Living with HIV* builds on the respective comparative advantages of the USG agencies working in HIV, nutrition, food assistance, agriculture and livelihood assistance in order to benefit individuals, families and communities affected by HIV. The Report has led to greater clarity on how PEPFAR and FFP, as well as other USG agencies, international partners and host countries can better collaborate to strengthen nutrition and food interventions for individuals and communities affected by HIV and reduce any remaining programming gaps. By formalizing and expanding the basis for collaboration, a P.L. 480 Title II/ PEPFAR HIV and Food Security Conceptual Framework will ensure that more effective and comprehensive programs are implemented. By continuing to draw upon the technical expertise and resources of both FFP and PEPFAR, the goals of meeting the nutrition, food and food security needs of individuals, households and communities affected by HIV, while strengthening HIV prevention, care, support and treatment, will be better achieved.

Impacts of the HIV Pandemic

HIV imposes a series of dynamic shocks on livelihoods and food security, and these cannot be addressed in the same way as droughts and other natural disasters. As was noted in a collaborative World Food Program (WFP) and International Food Policy Research Institute (IFPRI) paper for the 2001 UN Standing Committee on Nutrition Meeting: *HIV/AIDS Food and Nutrition Security: Impacts and Actions* held in Nairobi, Kenya, the impact of HIV is felt through individual, household, community, national and regional levels because of the loss of human, financial, physical, social and political capital. These impacts include:

i. **Human capital:** HIV decreases the productivity of household labor due to sickness and HIV-related opportunistic infections. Additionally, infected individuals die prematurely, resulting in lost productivity. The labor pool is further diminished as healthy individuals have to care for those infected and attend the funerals for those who have died. Children in particular suffer from the emotional and psychological pain of the loss of parents. They are often displaced and forced to leave school early, resulting in lower levels of education. Because of the premature deaths of adult workers, there is a loss of indigenous knowledge transfer between generations. According to the Food and Agriculture Organization's 2005 *Focus Report on HIV*, more than seven million farmers have died and an additional 16 million are likely to die over the next two decades in 25 Sub-Saharan countries.

ii. **Financial capital:** Medical costs and funerals are a major financial burden. HIV-affected households are often forced to sell assets or increase their burden of debt to pay HIV-related costs. Thus, affected households risk facing difficulties in getting loans from banks. The poor usually rely on informal money-lenders, often at very high interest rates. Infected and affected adults may lose employment as a consequence of illness or because of pressures of caring for the sick, leading to depletion of financial capital and, sometimes, to destitution.

iii. **Physical capital:** Land is often sold to pay for medical and funeral expenses. Land inheritance patterns can make widows more vulnerable to becoming homeless and similarly disinherit their children. In agriculture, less labor-intensive, livelihood-sustaining ways of farming land are required, resulting in reduced crop value and dietary diversity. Affected households are forced to sell productive assets and livestock and the loss of productive traction animals further reduces agricultural output. Loss of employment may also lead to sale of assets.

iv. **Social capital:** With rising HIV prevalence rates, social networks within communities fragment, as an increasing number of households and individuals become affected by the disease and cannot provide support to other families in the community. At the national level, the capacity of government and social institutions to provide formal safety nets and support to HIV-affected people decreases with the progression of the epidemic, because of increasing costs and diminished revenues due to illness or death of populations in productive age groups.

v. **Political capital:** Political participation of HIV-affected family members is constrained due to the burden of illness and the diversion of time to tasks related to survival. Additionally, HIV-affected families are often deliberately excluded from the political process due to stigma and discrimination.

II. Background

FFP Policies and Programs Addressing HIV

HIV-infected and -affected populations often cite food as one of their greatest needs. In response, FFP has addressed the food security needs of these groups since 1999. These efforts began with the Leadership and Investment in Fighting an Epidemic (LIFE) Initiative, which provided food assistance and other support to PLHIV and orphans and vulnerable children (OVC) in four countries: Kenya, Malawi, Rwanda and Uganda. Between FY 2002 and FY 2004, FFP invested approximately $14,000,000 in the LIFE Initiative and provided supplementary feeding for more than 118,000 children and family members affected by HIV.

By 2006, FFP NGO programs with HIV components had expanded to Benin, Burkina Faso, Central African Republic, Dominican Republic, Ethiopia, The Gambia, Ghana, Guinea, Haiti, Indonesia, Kenya, Lesotho, Malawi, Mozambique, Romania, Rwanda, Senegal, Sierra Leone, South Africa, Uganda, Zambia and Zimbabwe. The programs included more than $50,000,000 in FY 2006 for prevention, care and support, vulnerable group feeding, education and food security-enhancing activities for one-half million HIV-infected and -affected beneficiaries. Over 30,000 MT of food aid for vulnerable group feeding was distributed as take-home rations under Food-for-Work (FFW), Food-for-Assets and general relief activities. In fact, most USG food resources directed to support HIV-affected communities and individuals are currently allocated through P.L. 480 Title II FFP programs.

As a result of partners' experiences with mitigation of HIV impacts on food-insecure families, Food for Peace developed guidance in 2004 for both emergency and non-emergency programs on HIV and food insecurity. The guidance seeks to ensure that, where appropriate, partners take HIV into account when analyzing food insecurity and include HIV in their mapping of food insecurity. They are encouraged to develop tools and programming designs that ensure that targeted resources are provided only for *food-insecure* HIV-affected families. These resources should also facilitate collaboration between food security programs and HIV programs. According to the guidance, food may be programmed for related, coordinated food security activities that wrap around nutritional care and support, as an incentive to participating in program activities and as a safety net or income transfer. Ration size and composition are to correspond to the objectives of the program. Food utilization issues should receive adequate attention. In addition, partners are required to present clear, realistic and sustainable eligibility and graduation criteria, as well as appropriate and adequate monitoring and evaluation of the activities.

Most of this assistance has been targeted at HIV-affected food-insecure households through community-level mechanisms, such as home-based care (HBC) networks, PLHIV associations and the use of village health committees and/or village elders. Generally, this aid has not been targeted at HIV-infected individuals in clinical settings—with the exception of some of the more recent WFP programs ─ nor have the resources necessarily been programmed in conjunction with PEPFAR programs to maximize program synergies. One of the main reasons for this is that P.L. 480 Title II programs are mandated to focus on areas with the highest food insecurity prevalence, which tend to be rural, whereas the majority of HIV clinical treatment, care and support services tend to be clustered in urban areas, where HIV prevalence is higher. Thus, it has become clear, especially to HIV service providers, that urban and peri-urban food insecurity among HIV-affected individuals, households, and their communities has largely been neglected and requires alternative targeting strategies by Title II and other food security and livelihoods assistance programs.

PEPFAR's Approach to Supporting Food and Nutrition Needs

PEPFAR is the largest public health initiative focused on a single disease in history. Initiated in January 2003, PEPFAR coordinates and funds HIV/AIDS activities aimed at providing comprehensive and integrated prevention, treatment, care and support services. PEPFAR supports programs worldwide, and focuses its efforts on 15 heavily impacted countries in Africa, Asia and the Caribbean: Botswana, Côte d'Ivoire, Ethiopia , Guyana, Haiti, Kenya , Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam and Zambia. The goals for these countries, known at the "2/7/10 goals" are to support, in an accountable and sustainable way:

- Prevention of 7 million new HIV infections
- Treatment of 2 million HIV-infected people
- Care for 10 million people infected and affected by HIV/AIDS, including orphans and vulnerable children

Based on the May 2006 *Report on Food and Nutrition for People Living with HIV/AIDS* presented to Congress, PEPFAR released field guidance in September 2006 in order to further inform country-level programs. A central precept of the PEPFAR guidance is to leverage other partners for broad support for the provision of food and livelihood assistance to vulnerable families while targeting PEPFAR resources to specific priority target groups. PEPFAR priorities include meeting the nutritional needs of HIV-positive pregnant and lactating women (P & L ♀), orphans and vulnerable children born to HIV-positive parents, and HIV patients in care and treatment programs, especially those who are severely malnourished at entry. The following are illustrative examples of the types of food and nutrition interventions that contribute to achievement of the 2/7/10 goals, as stated in the 2006 Report:

- Development and/or adaptation of food and nutrition policies and guidelines;

- Nutritional assessment and counseling, including hygiene and sanitation education, maternal nutrition, and safe infant and young child feeding related to prevention of mother-to-child transmission (PMTCT);
- Therapeutic and supplementary feeding that is well-targeted to the priority groups noted above;
- Micronutrient supplementation, where adequate intake of micronutrients is not being addressed through a diverse diet, including fortified foods;
- Replacement (weaning) feeding and support, within the context of WHO and national PMTCT and infant feeding guidelines; and
- Linking Emergency Plan programs to food assistance, food security and livelihood programs.

While PEPFAR remains focused on supporting food and nutrition interventions in limited, priority circumstances, its strategy also strongly promotes and fosters linkages to food security and livelihood assistance activities. These include, for example, improved agricultural practices, and skills training and microcredit programs supported by other donors and USG entities, including FFP, to avoid dependency and address chronic individual and family food needs. Models of innovative sustainable approaches that link HIV/AIDS care and treatment can be found in many PEPFAR programs. One notable model is partnerships in Kenya through the AMPATH program that links clinical care and treatment with food production and distribution programs as well as small business development. FFP is also a partner in sustainable approaches in countries where programs overlap. Partnering with the private sector, the PVO and NGO community and relevant USG and other international partner agencies to strengthen these linkages is a key PEPFAR priority. One of the past challenges with establishing specific FFP linkages however, has been differences in the geographical targeting of the two programs, combined with FFP's approach of identifying vulnerable households within food-insecure communities versus the PEPFAR focus on HIV-infected and -affected individuals. The Food Security Conceptual Framework outlined below seeks to address this challenge.

III. Toward a New Title II- PEPFAR HIV Food Security Conceptual Framework

While opportunities for closer collaboration between P.L. 480 Title II and PEPFAR programs have begun to emerge, some programming challenges have prevented a more seamless continuum of support. For example, as previously mentioned, the focus of P.L. 480 Title II programs on areas with the highest levels of food insecurity, which tend to be rural, often differ from those areas that have the highest HIV prevalence, which tend to be urban and peri-urban. Also, P.L. 480 Title II uses community-level mechanisms for targeting food-insecure households, rather than targeting through clinics or HIV service delivery sites. P.L. 480 Title II programs are also awarded through a Washington-based process while PEPFAR funding is determined at the country level. Table 1 illustrates the different focal points, targeting strategies and inputs of Title II and PEPFAR food support in the HIV context.

Table 1: Food Support in the HIV Context

	Title II	PEPFAR		
Beneficiaries	Households	PLHIV		HIV+ P & L ♀ OVC
Point of Entry	Community	Hospital, Clinic, Community,		Community, Hospital, Clinic
Criteria for Entry	Food Insecurity	Clinical Malnutrition		Any nutritional status
		Severely malnourished adults	Mild and Moderately malnourished adults	
Assessment Tool	Household Food Security	Nutritional Assessment and counseling	Nutritional Assessment and counseling	P & L ♀: HIV Status, OVC:HIV-affected/infected (i.e. any nutritional status)
Nutrition Support	Food aid commodities, Supplemental foods	Therapeutic foods; Micronutrient supplements	Supplementary food if severely malnourished at entry; Micronutrient supplements	Basic Food Commodities, Therapeutic or Supplemental foods Micronutrient supplements
Types of food	Fortified and blended foods legumes, oil	F-100, F-75, and ready-to-use therapeutic foods (RUTF)	Fortified and blended foods and RUTF in pilot study areas	Fortified blended foods

Table 2 shows the allowable coverage for the direct distribution of food for various HIV-infected and –affected target groups under P.L. 480 Title II and PEPFAR. The table illustrates that while the allowable coverage under these two programs is extensive, in practice, even when all of the interventions described below are being implemented, there could be gaps in coverage.

Table 2: Allowable Coverage by Direct Food Distribution and Livelihood Support by Target Group and Funding Source

Target Group	HIV-Related Goal	PEPFAR	Title II
Severely malnourished ART & pre-ART clients	Treatment Care & Support	Therapeutic Feeding Supplemental Feeding Select support for livelihoods (improved sustainable agricultural practices, microfinance etc.)	Supplemental feeding for food insecure HH & improved sustainable livelihoods for food-insecure (FIN) families
Food insecure or moderately malnourished ART & pre-ART clients	Treatment Care & Support	N/A (some clinic-based supplemental feeding in pilot study areas only) Select support for livelihoods (improved	Supplemental feeding Improved sustainable livelihoods for FIN families

Target Group	HIV-Related Goal	PEPFAR	Title II
		sustainable agricultural practices, microfinance etc.)	
HIV+ pregnant/lactating women	Care & Support	Supplemental Feeding Select support for livelihoods (improved sustainable agricultural practices, microfinance etc.)	Supplemental Feeding for FIN Improved sustainable livelihoods for FIN
OVC < 2	Care & Support	Replacement Feeding Supplemental Feeding Select support for caretakers' livelihoods (improved agricultural practices, microfinance etc.)	Supplemental Feeding Improved sustainable livelihoods for FIN
OVC 2-5 years	Care & Support	Supplemental Feeding Select support for caretakers' livelihoods (improved sustainable agricultural practices, microfinance etc.)	Supplemental Feeding Improved sustainable livelihoods for FIN caretakers
OVC primary school-age	Care & Support	Supplemental Feeding Select support for livelihoods (improved agricultural practices, microfinance etc.)	Supplemental Feeding Food for Education (including take-home rations) Improved sustainable livelihoods for FIN caretakers
OVC secondary school-age	Care & Support Prevention	Supplemental Feeding Select support for caretakers' livelihoods (improved sustainable agricultural practices, microfinance etc.)	Supplemental Feeding Food for Education (including take-home rations) Food for Training Improved sustainable livelihoods for FIN
Food-insecure HIV negative household members in HIV affected communities	Prevention Mitigation	N/A	Supplemental Feeding Food for Education Food for Training Food for Work Improved sustainable livelihoods
Food-insecure, high-risk groups: female headed HH, child-headed HH, HH with high dependency ratios	Prevention Mitigation	N/A	Food for Education Food for Training Food for Work Improved sustainable livelihoods

Beyond harmonized targeting and coordination of PEPFAR and FFP support to address the immediate needs of individuals and families for food assistance, a commitment is needed by the USG, international agencies, governments and the NGO community to strengthen the long-term capacity of HIV-affected families to provide for their own basic food and other needs. Thus, a number of program modifications are necessary to provide more complete coverage for HIV-infected and -affected target groups through P.L. 480 Title II and PEPFAR programming, including:

1. Reducing the geographic disparity between food aid and HIV program targeting, by expanding the focus of FFP resources to include food insecurity within urban and peri-urban areas.
2. Strengthening the use of clinics, PMTCT sites and other HIV service delivery sites for the targeting of PLHIV and their households for food aid to address household food insecurity.
3. Improving the ability of community-based P.L. 480 Title II programs to link with and refer beneficiaries for HIV services, such as VCT, ART, PMTCT and palliative care, including nutritional support.
4. Improving the ability of HIV clinical services to link with and refer food-insecure beneficiaries to community food security, food aid and livelihood assistance programs.
5. Increasing FFP support for institutions, community organizations and families providing services and support to food-insecure OVCs, including orphanages, training centers and programs for street children, which tend to be more urban and peri-urban based.
6. Strengthening prevention programs among food-insecure high risk populations such as female and child-headed households, families with high dependency ratios, etc.
7. Improving monitoring and evaluation, including the utilization of shared indicators and reporting systems.
8. Strengthening the capacity of all individuals and families receiving nutrition and food support to sustainably address their long-term food needs through improved food production, employment and other vocational and livelihood assistance.

IV. The Legal and Statutory Frameworks

PEPFAR and P.L. 480 Title II programs operate under separate authorities for acquisition of both services and commodities. To realize the most efficient and effective food security and nutritional support programs using resources from both, PEPFAR and FFP can explore a variety of funding options. These may include coordinated country PEPFAR and FFP operation and budget plans and either “hybrid” agreements or a central mechanism that would allow PEPFAR funds to be added to individual FFP agreements with PVO cooperating sponsors to conduct appropriate HIV/AIDS activities.

V. Next Steps

The Conceptual Framework will be implemented in FY 2008. Both PEPFAR and FFP have already strengthened guidance language for proposal submissions: PEPFAR for Country Operations Plans and FFP for its Multi-Year Assistance Programs (MYAP). There are several additional actions that have been identified as next steps. The FFP HIV Policy Working Group, in collaboration with the PEPFAR Food and Nutrition Technical Working Group (F&N TWG), should continue to support the implementation of these steps, including:

1. Stakeholder discussions: FFP, in collaboration with PEPFAR, will take the lead to share ideas and seek to develop a consensus, through discussions within the USG and with outside stakeholders, on how P.L. 480 Title II and PEPFAR can improve programmatic collaboration. FFP, in collaboration with PEPFAR, will also reach out to USAID Missions, and host country food and nutrition working groups to include them in this process.

2. Formation of FFP procurement task force: Led by FFP's Policy and Technical Division (PTD), this group will work closely with PEPFAR to identify technical and programmatic parameters to achieve the objectives of both groups and develop an appropriate award process to facilitate tandem programming of P.L. 480 Title II funding in support of PEPFAR programs, as well as an examination of options to use Title II mechanisms for PEPFAR funds. This process will further ensure close collaboration with in-country teams, an optimal geographic focus and that the communities identified represent priority beneficiary groups.

3. Development of the program module: At the end of the procurement exercise, the Procurement Task Force should be able to present options for model program formats explaining programmatic/technical approaches, and possible funding and procurement configurations to the FFP and PEPFAR Directors for their approval.

4. Inventory of policies and guidelines for funding of initiative proposals: The Task Force will work with P.L. 480 Title II managers, Missions, and host country food and nutrition working groups, to develop written guidance on key criteria for the funding of future proposals.

5. Mapping of Current Title II and PEPFAR programs: Gaining a clearer idea of where existing Title II and PEPFAR programs are being implemented in each country is an essential starting point. This exercise is underway. This information will allow the joint Washington and country working groups to identify priority areas, gaps, and develop a clearer vision of coverage needs. It will also increase synergies of existing P.L. 480 Title II and PEPFAR programs already underway when the information is shared.

6. Determination of standardized eligibility and exit criteria: As with existing P.L. 480 Title II programs, food aid support to PEPFAR beneficiaries and their families would be based on levels of food insecurity as well as nutritional status, with clear eligibility and exit criteria. Discussions with other stakeholders are needed to determine optimal

vulnerability, eligibility and exit criteria to inform the development of guidelines for the program participation of future beneficiaries.

7. Assessing urban and peri-urban food insecurity in PEPFAR countries: P.L. 480 Title II implementing partners have extensive experience with vulnerability assessments. It will be important to gather food insecurity data from urban and peri-urban areas in the countries selected to be able to further define eligibility and exit criteria, priority target groups, rations, program design and monitoring and evaluation plans. In addition, further thought is needed on the additional program linkages for PLHIV who have successfully "graduated" from food support, are healthier, but have no source of income. PEPFAR and FFP will begin discussions with Missions, other USAID offices and implementing partners to create program links where possible.

8. Strengthening monitoring and evaluation: There is a need for more accurate tracking and reporting on beneficiaries from both programs. This process would use standard indicators that both identify numbers of people served with funding from either program as well as better account for dollars leveraged. A common set of indicators need to be identified or developed and agreed upon.

9. Development of a timetable: The FFP HIV Policy Working Group together with the PEPFAR F& N TWG representatives will develop a timetable for the steps necessary for successful implementation of the Conceptual Framework during FY 2008.

ANNEX 10: FPP INFORMATION BULLETINS ON FFP INDICATORS AND REPORTING SYSTEMS

INFORMATION BULLETIN (FFPIB)

Updated: October 5, 2007

MEMORANDUM FOR ALL FOOD FOR PEACE OFFICERS AND COOPERATING SPONSORS

TO: USAID/W and Overseas Distribution Lists; FFP Cooperating Sponsors

FROM: DCHA/FFP, Jonathan Dworken, Acting Director

SUBJECT: USAID and Food for Peace Indicators and Reporting Systems

FFPIB 07-01 (updated)

Background and Purpose: USAID uses multiple reporting systems with different sets of indicators which can become confusing for Food for Peace (FFP) implementers and staff alike. The purpose of this document is to orient FFP Cooperating Sponsors (CSs) and FFP Officers to the five main types of Monitoring and Evaluation (M&E) reporting requirements that affect Title II programs, primarily Multi-Year Assistance Programs (MYAPs). Items 1, 2 and 4 listed below apply to Single-Year Assistance Programs (SYAPs) as well.

1. Cooperating Sponsor's Program Indicators
2. FFP/Washington's Performance Management Plan (PMP) Indicators
3. USAID Mission Indicators
4. "F" Indicators
5. IEHA Indicators

These represent distinct requirements that serve different purposes.

1. Cooperating Sponsor's Program Indicators

CSs implementing MYAPs are required to develop M&E plans and track and report on performance indicators that permit them and FFP to assess progress made towards objectives. Each MYAP has its own indicators specific to its program. MYAP performance indicators are identified in the Indicator Performance Tracking Table (IPTT) submitted with the original proposal, and updated each November in the program's annual Results Report to reflect progress made in the previous fiscal year (FY). The IPTT indicators should be selected based on the MYAP's strategic framework and implementation strategies, and should be useful for program management and performance reporting. To the extent feasible, these indicators should include well-established food security indicators commonly used by FFP programs[1]. There are generally two types of indicators in the IPTT— impact indicators and annual monitoring indicators. As of FY 2006, the M&E system of MYAPs may also include "trigger" indicators, which form part of an early warning system that alerts the CS and FFP to increasing food stress in the MYAP intervention region.

[1] http://www.fantaproject.org/focus/monitoring.shtml

Applicable to MYAPs awarded in FY 2007 and later (and for SYAPs, where applicable), is the new requirement to report on a limited set of standard indicators in addition to the program-specific indicators (see the next section).

Similarly, CSs implementing SYAPs are also required to develop M&E plans, and to report semi-annually on progress as defined in the program proposal. While the reporting requirements for SYAPs are less exhaustive, CSs must provide clarification for any targets not met or exceeded.

2. Food for Peace/Washington's PMP Indicators

FFP Washington has its own Performance Management Plan (PMP) designed to measure progress on the Office's 2006-2010 Strategic Plan[2]. The PMP identifies a limited set of indicators developed to capture results from a wide range of FFP-funded programs. The data source for most of FFP's PMP indicators is the Standardized Annual Performance Questionnaire (SAPQ). As of FY 2006, all CSs implementing MYAPs or SYAPs are required to fill in and submit an SAPQ with their annual Results Report in November of each year. Some of the data for the PMP indicators also comes from the Summary Request and Beneficiary Tracking Table, also submitted as part of the annual Results Report.

New SYAPs and MYAPs awarded in FY 2007 and later are required to report data for the applicable indicators in the SAPQ. Ongoing MYAPs and SYAPs are asked to provide data where possible (see Results Report Guidelines for m ore information). New MYAPs should integrate the FFP indicators into their IPTTs and if they already have a similar but different indicator of their own, they should replace it with the standard FFP indicator so that FFP can aggregate results from across all of its programs and countries. Ongoing MYAPs may want to add FFP indicators to their IPTT, mid-course, if they are able to report on them.

The FFP PMP indicators and the type of program for which they are applicable are:

Strategic Objective: Food Insecurity among Vulnerable Populations Reduced

1. Percentage of underweight children 0-5 years of age in Title II-assisted areas in FFP priority countries (MYAP)
2. Percentage of applicable programs reporting maintenance or improvement in nutritional status (SYAP/MYAP)
3. Average number of months of adequate food provisioning in Title II-assisted program areas (MYAP)
4. Percentage of applicable programs reporting maintenance or improvement in household food consumption (MYAP)

IR 2: Title II Impact in the Field Increased

1. Percentage of targeted direct beneficiaries reached (SYAP/MYAP)
2. Percentage of Title II program beneficiaries with improved health, nutrition or hygiene behaviors (MYAP)
3. Percentage of Title II-assisted producers using a project-defined minimum number of sustainable agricultural technologies (MYAP)
4. Percentage of Title II-assisted communities with disaster early warning and response systems in place (SYAP/MYAP)

[2] Available at http://www.usaid.gov/our_work/humanitarian_assistance/ffp/ffp_strategy.2006_2010.pdf

5. Percentage of Title II-assisted communities with improved physical infrastructure to mitigate the impact of shocks (SYAP/MYAP)
6. Percentage of Title II-assisted communities with safety nets to address the needs of their most vulnerable members (MYAP)
7. Percentage of Title II-assisted communities with improved capacity (MYAP)

3. USAID Mission Indicators

USAID Missions have multiple and complex reporting requirements. They are likely to ask CSs to provide data on, and ideally participate in the development of, the Mission's PMP indicators. These indicators can vary widely, depending on the strategy and programs of the individual Mission. Missions are also required to report to the Director of U.S. Foreign Assistance on a set of standard indicators. The Mission may ask CSs to provide data for these indicators, which are also referred to as "FACTS", "OP", or "F" indicators (see below). Missions may have additional reporting responsibilities that they ask a CS to contribute to, such as PEPFAR (HIV/AIDS) indicators or other special programs.

CSs should work with Missions to identify which of the Mission's indicators apply to their MYAP and they should integrate these indicators into their IPTT. Missions will generally ask CSs to provide indicator data as soon as the fiscal year ends, in October or November of each year.

4. "F" Indicators

"F" refers to the Director of U.S. Foreign Assistance, who has authority over all Department of State and USAID foreign assistance funding and programs[3]. The F indicators are a set of standard indicators established by F to measure what is being accomplished with U.S. foreign assistance funds under the U.S. Strategic Framework for Foreign Assistance. Starting in FY 2007, all USAID operating units (OUs—country Missions and Offices in Washington) are required to set targets for and report on these standard indicators. OUs also have the option of setting targets for and reporting on their own "custom" indicators. OUs enter targets for their F indicators into a database called "FACTS" and they do this in October or November when submitting their Operational Plan (OP). The F indicators are subject to change as the F process evolves.

CSs implementing MYAPs should work with Missions to identify the relevant and feasible indicators from the list of F indicators (or the Mission's custom indicators), and adjust their own program information systems to enable collecting and reporting on these indicators to Missions.

The F indicators relevant to SYAPs are collected by FFP in Washington through the SAPQ and Summary Request and Beneficiary Tracking Table, which CSs fill out annually.

5. IEHA Indicators

The President's Initiative to End Hunger in Africa (IEHA) relies on evidence-based performance data to demonstrate the impact of U.S. Government agricultural assistance in Africa[4]. The

[3] See http://www.state.gov/f/
[4] See http://www.usaid.gov/locations/sub-saharan_africa/initiatives/ieha.html

inclusion of Title II in the results reporting of IEHA provides FFP and its CSs an additional mechanism to demonstrate the effectiveness of development food aid.

At present, IEHA supports efforts in Ghana, Kenya, Mali, Mozambique, Uganda, and Zambia and three regional programs in east, west, and southern Africa. Title II CSs implementing non-emergency programs in IEHA countries are asked to report annually on select IEHA indicators, if possible. CSs should work with their Mission counterparts to discuss which indicators are applicable and should be adopted into their annual monitoring and reporting systems. IEHA has developed and circulated a standardized reporting tool for Missions to use, from which annual data will be collected and reported.

INFORMATION BULLETIN (FFPIB)

Date: August 8, 2007

MEMORANDUM FOR ALL FOOD FOR PEACE OFFICERS AND COOPERATING SPONSORS

TO: USAID/W and Overseas Distribution Lists; FFP Cooperating Sponsors

FROM: DCHA/FFP, William P. Hammink, Director

SUBJECT: New Reporting Requirements for Food for Peace

FFPIB 07-02

1. Summary

In 2006, the Office of Food for Peace (FFP) adopted a Strategic Plan covering the years 2006-2010[1]. A new set of indicators was developed to track the progress of this strategy. Accordingly, some changes have been made in reporting requirements applicable to Title II programs.

Multi-Year Assistance Programs (MYAPs) are still required to have comprehensive monitoring and evaluation (M&E) systems, including: measurable objectives, an Indicator Performance Tracking Table (IPTT) with annual monitoring and impact indicators, baseline data, mid-term and final evaluations, a plan for data collection and use, and environmental impact monitoring, if applicable.

In addition to the IPTT, there are now two other methods for FFP to collect results data from Cooperating Sponsors (CS). All MYAPs and Single-Year Assistance Programs (SYAPs) are required to submit the Summary Request and Beneficiary Tracking Table each year with their annual Results Report.[2] It contains data on projected and actual numbers of beneficiaries, per technical sector. The second method that was implemented in fiscal year (FY) 2007 is the Standardized Annual Performance Questionnaire (SAPQ). Each year, Title II CSs will be asked to submit a completed SAPQ to FFP at the same time as their annual Results Report. The SAPQ is a reporting form that collects data across a number of standard indicators, depending on the content of each program, allowing FFP to aggregate results across countries and respond to its stakeholders in the U.S. Government, including Congress. CSs are advised to identify which of the required standard indicators apply to their program and integrate them into their M&E system (and IPTTs, in the case of MYAPs).

[1] Available online at http://www.usaid.gov/our_work/humanitarian_assistance/ffp/ffp_strategy.2006_2010.pdf
[2] An updated version of this table will be available in September 2007, for use by both SYAP and MYAP partners.

The SAPQ collects data on certain standard *annual monitoring indicators* and *impact indicators*, depending on the nature of a program's activities. MYAPs awarded in FY 2007 forward are required to report (each year) on all of the *annual* indicators that are applicable to their programs and on the applicable *impact* indicators in the appropriate years. MYAPs awarded prior to FY 2007 and all SYAPs are asked only to provide the data if they have it available. For many SYAPs, the majority of the SAPQ questions will not be applicable. SYAPs should, however, still fill in the relevant sections of the SAPQ.

The table below summarizes the required standard indicators. *Annual* data is expected to be based on regular monitoring of beneficiaries, whereas the collection of data for *impact* indicators (baseline and final evaluation) is expected to be based on a sample survey representative of the targeted population. MYAPs' M&E systems should contain the applicable indicators below, including the exact age groups and types of beneficiaries (individuals *vs*. households *vs*. communities) described. These indicators must be measured exactly as they are formulated. No modifications or substitutes will be made as FFP wants to collect standard data across programs.

<table>
<tr><th>If a program …</th><th colspan="2">… then the CS is required to report in the SAPQ on:</th></tr>
<tr><td></td><td>Annual Indicators

A full census or a representative sample of beneficiaries</td><td>Impact Indicators

A population-based representative sample survey, reported at baseline and final evaluation</td></tr>
<tr><td rowspan="2">(a) implements activities to improve the health and nutrition status of program beneficiaries</td><td>• Child nutritional status using any one or more of the following anthropometric indicators. CSs should report on the anthropometric indicators and age groups most appropriate to their program: stunting (height-for-age), underweight (weight-for-age), wasting (weight-for-height), weight gain, growth faltering (trend of weight gain), body mass index (BMI), or middle-upper arm circumference (MUAC).
• The number of beneficiaries (individuals) reached during the FY, per indicator</td><td>• Height-for-Age in children 6-59 months of age
• Number of children 6-59 months of age in the target population
and
• Weight-for-Age in children 0-59 months of age
• Number of children 0-59 months of age in the target population</td></tr>
<tr><td colspan="2">Accurately weighing and measuring children is important. CSs are encouraged to use the Anthropometric Indicators Measurement Guide, available at: http://www.fantaproject.org/publications/anthropom.shtml.</td></tr>
<tr><td>(b) implements activities to improve health, nutrition, or hygiene behaviors</td><td>• One or more of the following standard behavior change indicators
• The number of beneficiaries (individuals) reached during the FY, per indicator

<table>
<tr><th>Human Capacity Objective</th><th>Behavior Change Indicators</th></tr>
<tr><td>To reduce the prevalence of chronic undernutrition among young children</td><td>% of children 0-6 months of age exclusively breastfed
% of children 6-23 months of age with 3 appropriate infant and young child feeding practices (continued breastfeeding, age-appropriate dietary diversity, age-appropriate frequency of feeding) Ref. KPC Module 2
% of caregivers demonstrating proper personal hygiene behaviors*
% of caregivers demonstrating proper food hygiene behaviors*
% of caregivers demonstrating proper water hygiene behaviors*
% of caregivers demonstrating proper environmental hygiene behaviors*</td></tr>
<tr><td>To help prevent, treat</td><td>% of PLHIV eating the recommended # of times per day
% of PLHIV eating the recommended number of food</td></tr>
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<tr><td>and mitigate the impact of chronic diseases such as HIV/AIDS and TB</td><td>groups
% of caregivers using diet appropriately to help manage symptoms or the side effects of medication
% of caregivers demonstrating proper personal hygiene behaviors*
% of caregivers demonstrating proper food hygiene behaviors*
% of caregivers demonstrating proper water hygiene behaviors*
% of caregivers demonstrating proper environmental hygiene behaviors*
% of participants completing DOT,S</td></tr>
<tr><td>To enhance the nutritional status of women</td><td>% of women who consume food rich in iron
% of women who consume food rich in vitamin A
% of women who consume food rich in calcium
% of women taking iron or iron folate supplements in last 7 days</td></tr>
<tr><td>To improve health status and contribute to improved household nutrition through improved water and sanitation infrastructure and practices</td><td>% of caregivers demonstrating proper personal hygiene behaviors*
% of caregivers demonstrating proper food hygiene behaviors*
% of caregivers demonstrating proper water hygiene behaviors*
% of caregivers demonstrating proper environmental hygiene behaviors*</td></tr>
</table>
* The specific behaviors that comprise these indicators are to be defined by the Cooperating Sponsor in their M&E plan and included as a footnote to the IPTT.
</td>
<td></td>
</tr>
<tr>
<td>(c) implements activities to improve household access to food (e.g. programs in agriculture, micro-enterprise development, income generation and diversification)</td>
<td></td>
<td>

Number of months of adequate food provisioning
Household dietary diversity score
Number of households benefiting from activities to maintain or improve household access to food during the FY

Indicator guides have been developed that provide a standardized questionnaire with data collection and analysis instructions for both of these indicators. It is important that Cooperating Sponsors follow standard methods in measuring these indicators.

The indicator guides can be found at:
</td>
</tr>
</table>

4

		http://www.fantaproject.org/focus/household.shtml
(d) provides farmers with agricultural extension/outreach services	• Number of farmers (individuals) that received extension/outreach services during the FY • Number of sustainable agricultural technologies being transferred • A list of those technologies • The minimum number of technologies that farmers are expected to adopt • The percentage of beneficiaries (individual farmers) who adopted that minimum number of technologies	
(e) assists communities to develop disaster early warning and response systems	• Total number of communities the CS plans to assist to develop early warning systems, over the life of the activity • Number of communities that had disaster early warning systems in place in the FY	
(f) assists communities to improve or develop physical infrastructure to mitigate the impact of shocks	• Total number of communities the CS plans to assist to improve or develop infrastructure to mitigate the impact of shocks, over the life of the activity • Number of communities that had improved infrastructure in the FY • A list of the kinds of infrastructure improved	
(g) assists communities to strengthen safety-nets to address the needs of their most vulnerable members	• Total number of communities the CS plans to assist to strengthen safety nets, over the life of the activity • Number of communities that had safety nets in the FY	
(h) helps strengthen community capacity	• Total number of communities the CS plans to assist to strengthen community capacity, over the life of the activity • A list of the components of community capacity that are being strengthened, choosing from a standard menu: governance structure, broad-based/equitable participation, transparency of operations, internal functioning, analysis and planning capacity, implementation capacity, external relations and advocacy, resource diversification, M&E, other • Number of communities that had strengthened community capacity in the FY	

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