



USAID
FROM THE AMERICAN PEOPLE

USAID OFFICE OF FOOD FOR PEACE OCCASIONAL PAPER 6

EMERGENCIES IN URBAN SETTINGS: A TECHNICAL REVIEW OF FOOD-BASED PROGRAM OPTIONS

AUGUST 2008

This publication was produced for review by the United States Agency for International Development. It was prepared by the Food and Nutrition Technical Assistance II Project (FANTA-2) managed by the Academy for Educational Development (AED). The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.



This report is made possible by the generous support of the American people through the support of the Office of Food for Peace (FFP) of the Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA) and the Office of Health, Infectious Disease, and Nutrition (HIDN) of the Bureau for Global Health, United States Agency for International Development (USAID), under terms of Cooperative Agreement No. GHN-A-00-08-00001-00, through the Food and Nutrition Technical Assistance II Project (FANTA-2), managed by the Academy for Educational Development (AED). The contents are the responsibility of AED and do not necessarily reflect the views of USAID or the United States Government.

Recommended citation: Food and Nutrition Technical Assistance II Project (FANTA-2). ***Emergencies in Urban Settings: A Technical Review of Food-based Program Options***. Washington, DC: FANTA-2, Academy for Educational Development, 2008.

This document may be reproduced without written permission by including the full citation of the source. An electronic version is available for download from www.fantaproject.org.

Food and Nutrition Technical Assistance II Project
Academy for Educational Development
1825 Connecticut Ave., NW
Washington, D.C. 20009-5721
Tel: 202-884-8000
Fax: 202-884-8432
E-mail: fanta@aed.org
<http://www.fantaproject.org>

CONTENTS

Acronyms.....	i
1. URBAN EMERGENCIES.....	1
1.1 Introduction.....	1
1.2 Urban food security.....	2
2. PLANNING FOOD ASSISTANCE IN URBAN EMERGENCIES	4
2.1 In-depth assessment.....	4
2.2 Targeting interventions	5
2.3 Exit strategies	6
2.4 Security	8
2.5 Institutional partners and stakeholders.....	8
2.6 Monitoring and evaluation.....	9
3. SELECTED URBAN FOOD ASSISTANCE PROGRAM OPTIONS.....	9
3.1 Targeted household food distribution	12
3.2 Food for work (FFW).....	14
3.3 Food for training (FFT).....	17
3.4 Wet feeding programs.....	19
3.5 Community-based management of acute malnutrition (CMAM) programs	21
3.6 Supplementary feeding in maternal and child health and nutrition (MCHN) programs.....	23
3.7 Institutional feeding for street children, orphans and vulnerable children (OVC) and other vulnerable groups	25
3.8 School feeding programs.....	27
3.9 Food support to child care centers.....	29
3.10 Market assistance programs (MAPs)	31
3.11 Support to national strategic food reserves.....	33
ANNEX A. Additional resources	35
ANNEX B. The SPHERE Project nutrition and food security assessment checklists.....	38
BOXES AND TABLES	
Box 1: Principle questions in SPHERE Project handbook's nutrition and food security assessment checklists.....	4
Box 2: Key targeting terms.....	5
Table 1: Advantages and disadvantages of targeting approaches in urban emergencies.....	7
Table 2: Comparative summary of selected program options.....	10

ACRONYMS

ACF	Action Contre La Faim/Action Against Hunger
ANC	Antenatal care
BCC	Behavior change communication
CARE	Cooperative for Assistance and Relief Everywhere
CBT	Community-based targeting
CMAM	Community-based management of acute malnutrition
COME	Center for Mother Education
CRS	Catholic Relief Services
CTC	Community-based therapeutic care
DAP	Development assistance program
DRC	Danish Refugee Council
EFSR	Ethiopia's Emergency Food Security Reserve
FAST UP	World Vision's Food Aid Supporting Transformation in Urban Populations Program
FFE	Food for education
FFP	USAID Office of Food for Peace
FFT	Food for training
FFW	Food for work
GMP	Growth monitoring and promotion
HIV	Human immunodeficiency virus
IMCI	Integrated management of childhood illness
JSI	John Snow International
M&E	Monitoring and evaluation
MAM	Moderate acute malnutrition
MAP	Market assistance program
MCHN	Maternal and child health and nutrition
MUAC	Mid-upper arm circumference
OIC	Opportunities Industrialization Centers
OVC	Orphans and vulnerable children
PTA	Parent-teacher association
PVO	Private voluntary organization
RUTF	Ready to use therapeutic food
SAM	Severe acute malnutrition
SD	Standard deviation
SFP	Supplementary feeding program
TFP	Therapeutic feeding program
UFFW	Urban food for work program
USAID	United States Agency for International Development
VTAWP	CARE's Vocational Training for Afghan Women Project
WFP	United Nations World Food Programme
WHZ	Weight for height Z-score

I. URBAN EMERGENCIES

I.1 INTRODUCTION

The objective of this paper is to provide technical information and lessons learned to support the United States Agency for International Development (USAID) and its partners to effectively design and implement emergency food assistance programs in urban and peri-urban settings. Although the majority of the world's food insecure population will continue to reside in rural areas for the foreseeable future, given global urbanization trends and the vulnerability of low-income urban populations to market-induced food security shocks, urban humanitarian interventions may require increasing levels of resources in the coming years. The USAID Office of Food for Peace (FFP) food assistance programs have traditionally focused largely on rural areas, offering a large body of literature on best practices. Similar information on urban food assistance programming has been limited, particularly in emergencies. This paper draws from available experience to highlight lessons learned for humanitarian agencies that have determined, based on a comprehensive assessment on the ground, that food is a necessary and appropriate resource to use in an emergency response. This paper intends to serve as a useful reference for those designing food-based responses in urban emergencies.

Section 1 of this paper defines key terms and concepts, discusses food security and nutrition in urban settings, and characterizes the urban context in terms of urban livelihoods, food access and social dynamics. Section 2 focuses on the program planning process and offers tools to decide what type of food-based interventions might be appropriate given a set of circumstances. Elements discussed include in-depth assessment, targeting, exit strategies, security, institutional partnerships, and monitoring and evaluation. Section 3 describes a set of common food-based programs for which experience exists in urban emergency settings. For each of those approaches common advantages, disadvantages, targeting and implementation modalities are highlighted.

The scope of the paper is limited in three important ways:

- **A focus on food assistance program options.** The paper assumes that a determination has already been made that food assistance is appropriate in an emergency response situation. This determination should follow from a systematic situational and needs assessment, the required agricultural market analysis and an understanding of underlying causes. Annex A lists key guidance materials and other resources that can assist in making this determination. Because acute food insecurity in urban populations is usually caused by poor utilization or restricted food access rather than insufficient availability, non-food based interventions (e.g., urban agriculture or micro-gardening, cash, vouchers, livelihoods support) will frequently be more appropriate than food assistance in urban settings. Other essential nutrition interventions (e.g., prevention and treatment of micronutrient deficiencies, infant and young child feeding in emergencies) are not dealt with in this paper.
- **A focus on urban and peri-urban settings.** The paper focuses solely on design and implementation of emergency food assistance programs in urban and peri-urban settings. Other net food buyers (the rural poor and landless) are also affected by food security crises, but guidance documents appropriate for rural settings are already available.
- **A focus on emergencies and emergency interventions.** Although longer-term trends in the global economy have contributed to the current global food crisis, the paper focuses on emergency activities, which will typically be up to one year in length. Urban emergencies vary widely and include sudden-onset natural disasters, protracted conflict or governance-related insecurity, slow-onset economic crises, or crises affecting a migrant population that fled from the rural areas. Opportunities to link social protection systems and longer-term development outcomes to the emergency response, though very important, will vary by setting.

1.2 URBAN FOOD SECURITY

More than half of the world's population lives in cities, and the majority of them reside in cities in developing countries. Urban populations are projected to double in African and Asian cities over the next 30 years. Every week the number of people living in cities in Africa and Asia increases by approximately one million. By 2030, the United Nations Population Fund estimates that the number of city inhabitants will be over five billion, or 60% of the world population. Although mega-cities have received most of the attention, most urban dwellers live in smaller urban areas, with populations of fewer than 500,000 people, whose capabilities for planning and implementation can be exceedingly weak. The poor make up a large part of recent urban growth.

Defining “urban” and “rural.” Defining the basic terms “urban” and “rural” in a universal way is an issue of debate. For the purpose of this paper the most useful definition is one that views the urban, peri-urban and rural as a continuum held together by their degree of economic and social integration around the city.¹ This dynamic view emphasizes the various flows that link those areas and alerts the decision maker to the ripple effects that special programs can have across the spatial continuum—for instance, the pull that urban job creation programs can create on labor flows across the rural-urban spectrum. In this paper, the term “urban” can largely be understood as representing urban settings as well as peri-urban settings that are highly integrated economically and socially with neighboring urban centers.

Urban-rural differences in nutrition. The key determinants of an individual's nutritional status (i.e., health, diet and care) are the same in urban and rural areas, but the factors that affect those determinants can differ widely. For instance, because city dwellers purchase most of their food, urban diets tend to be more varied, affecting the quality of the food intake. In general, evidence indicates that child undernutrition, especially underweight and stunting, is higher in rural than urban areas in non-crisis situations (urban-rural differences are less consistent with wasting).² That being said, surveys that report nutritional prevalence by “rural” and “urban” often fail to capture the significant variation that may exist in child nutritional status across socioeconomic strata in urban areas. For example, the prevalence of undernutrition (i.e., underweight, stunting and wasting) is higher in slum areas of Bangladesh and India than in rural areas and is also higher than the average in urban areas (which includes slum and non-slum areas) in each of those countries.³ Such findings signal the heightened importance of careful targeting of nutrition programs in urban areas.

Urban-rural differences in food security. There are broad differences in the factors that affect food security across urban and rural settings in non-emergency situations.^{4,5} Those differences need to be considered when planning food security and nutrition interventions in an urban emergency. Key considerations are listed below:

- **Food consumption and access:** Food is generally the largest expense category in the budget of the urban poor. The main source of food insecurity in most cases is food access (especially due to a lack of economic means), rather than food availability. Poor food utilization is also a significant contributor; due to poor water, sanitation and health conditions. Urban agriculture can be an important income source, especially in secondary cities and peri-urban areas; micro-gardening can thrive in situations where households have little more than a terrace for placing a container garden.⁶ Urban diets are more diversified and highly processed than rural diets. Urban residents have less access to free (“wild”) food options. Street foods are important as a source of income and food but pose food safety issues.

- **Labor market:** The urban poor mostly earn cash from low-paying, unstable jobs in the informal and formal sectors. Unlike in rural settings, job stability depends more on economic fluctuations than on seasonality or climatic variability. Job opportunities are highly competitive, often segregated along gender and education lines. Urban centers display a higher degree of economic inequality than rural areas. Security issues (crime, violence) affect access to services and jobs for women more than men.
- **Social networks and gender:** Urban social networks are based on political, religious and economic, as well as ethnic, affiliations. Although ethnicity is the dominant factor in determining residence and settlement in some cities (e.g., Mogadishu, Jakarta), as a general rule groups tied together by these factors are less geographically circumscribed in urban than in rural settings. The most food insecure often do not have access to kin, political or religious groups able to provide support. Larger numbers of orphans and vulnerable children (OVC) are in urban centers than rural. Urban populations are more influenced by political trends and events than their rural counterparts. A change in central political leadership, for example, can result in agencies needing to liaise with an entirely new set of government ministry counterparts for program coordination, while rural government staff are more likely to remain in place during times of political turmoil and transition.
- **Public health and care practices:** Urban populations as a whole make greater use of health services than rural populations. Although such services are more readily available in cities, they are not necessarily more accessible to the poor. Breastfeeding rates are higher in rural areas, but other infant and young child feeding practices, as well as dietary diversity for young children, are better in urban areas. Child care services are needed to support women's employment, but often are not available. Environmental issues (e.g., crowding, sanitation, pollution, contamination) are most acute in cities.
- **Institutional and stakeholder environment:** There is a broader range of stakeholders that can serve as partners in urban areas than in rural areas. Central and municipal governments and the formal private sector will be directly engaged in humanitarian response more frequently in urban areas.
- **Socioeconomic status:** A given population's socioeconomic status is usually higher but more variable in urban areas. Inter-household transfers (e.g., remittances, gifts, transfers) are critical to urban households.
- **Property issues:** Urban areas in low-income countries often include unplanned settlements or slums, whose residents are frequently at high risk of food insecurity due to poor public health conditions, income insecurity and marginalization, including outright conflict with municipal authorities. Unless carefully planned, interventions designed to build or improve infrastructure can also have undesired effects, such as speculation over property values that end up expelling current residents.
- **Rural-to-urban migration and connections:** Urban and especially peri-urban residents often retain active economic and social links with rural areas, although evidence suggests that resource flows are often bidirectional, moving from urban-to-rural or rural-to-urban depending on need. Health care in cities may also be a draw for rural to urban migration, particularly for HIV services. HIV is highest in urban areas.

2. PLANNING FOOD ASSISTANCE IN URBAN EMERGENCIES

This section discusses issues that should be considered whenever planning an urban emergency food assistance program, including: in-depth assessment, targeting, exit strategies, security, institutional partners and stakeholders, and monitoring and evaluation.

2.1 IN-DEPTH ASSESSMENT

After an initial assessment has indicated that food assistance is appropriate to address an urban emergency situation, program planners must conduct an in-depth assessment to estimate needs and design the program. There is no internationally accepted standard guide or assessment instrument for urban emergency needs assessment. The United Nations World Food Programme (WFP) encountered this problem when planning a series of food price impact assessments (including in urban areas) in 2008, and addressed it by developing and disseminating tools to field offices that could be tailored to the local context, including illustrative assessment instruments such as a household questionnaire and a semi-structured interview guide for traders.⁷

As an alternate strategy, agencies may adapt existing guidelines on conducting initial assessments in nutrition and food security in emergencies—notably the SPHERE Project’s Handbook—to urban emergencies (see Box I and Annex B).^{8,9} Whatever the strategy chosen, the assessment must identify the populations at risk, the nature and impacts of the crisis, the types and levels of external humanitarian assistance required, and key contextual issues to consider.

Assessing who was affected. Identifying the affected population can be challenging in urban emergencies. Because poorer urban households tend to be more vulnerable to the effects of shocks than their better-off counterparts, understanding the characteristics of poor households and neighborhoods will frequently be a useful starting point for an assessment. Assessment of the nutrition situation is useful when the crisis is suspected to have contributed measurably to the deterioration of nutritional status. Time and resources permitting, a rapid nutrition survey can be conducted to help provide a representative picture for groups of concern. Where it is not possible to collect primary data, secondary data can be used with caution. Urban undernutrition prevalence estimates often mask significant variation among socioeconomic groups. Estimates are rarely available for low-income households, for higher-risk localized areas such as

BOX I. PRINCIPAL QUESTIONS IN SPHERE PROJECT HANDBOOK’S NUTRITION AND FOOD SECURITY ASSESSMENT CHECKLISTS

Nutrition assessment checklist:

- What information on the nutrition situation exists?
- What is the risk of malnutrition related to poor public health?
- What is the risk of malnutrition related to inadequate care?
- What is the risk of malnutrition related to reduced food access?
- What formal and informal local structures are currently in place through which potential interventions could be channeled?
- What nutrition intervention or community-based support was already in place before the current disaster? What are the nutrition policies (past, ongoing and lapsed), the planned long-term nutrition responses, and programs that are being implemented or planned in response to the current situation?

Food security assessment checklist:

- What is the food security situation for different livelihood groups?
- What was the food security situation pre-disaster (baseline)?
- What is the food security situation during the disaster/crisis?

Adapted from SPHERE (2004)

slums, or for secondary cities. Nutrition data from health or nutrition facilities may be useful but caution should be taken about the extent to which these data are representative of the target population. Assessing urban food security in a livelihoods framework is more challenging than in rural settings, although guidance is available on rapid urban livelihood assessments, including livelihood zoning, wealth ranking and selection of individual respondents, based on the household economy assessment approach.¹⁰ Food security assessment in urban emergencies should aim to capture impacts of the crisis on expenditure on basic needs and household income because urban populations tend to access most of their food from the market.

Key contextual issues. Population density and poor sanitation in urban emergencies elevate the risk of communicable disease epidemics, including acute diarrheal disease. HIV is also more prevalent in urban populations, increasing nutritional requirements and morbidity risks during a crisis. In terms of infant and young child feeding and care, as exclusive breastfeeding rates are lower in urban than rural settings, the risk of contamination of food and water is elevated in urban emergencies.

2.2 TARGETING INTERVENTIONS

As in the rural context, targeting is critical to proper resource use in urban emergencies. Key targeting terms are summarized in Box 2, and advantages and disadvantages of various targeting approaches are listed in Table 1. The targeting approach to use depends on the context of the emergency. If a shock is limited to a specific location (e.g., settlements of displaced people in a peri-urban area), geographic targeting might be preferred. If the effects of the shock are irregularly distributed (e.g., urban low-income households struggling with sharp food price increases), some form of screening may be better suited, such as proxy targeting. Targeting in urban areas should consider issues of urban heterogeneity and scale, and take into consideration the fact that the usual definitions of “community,” “household,” “poor” and “vulnerable” can acquire different meanings. Deciding what targeting approach to use usually depends on the proportion of the population that needs assis-

BOX 2. KEY TARGETING TERMS

Targeting accuracy:	The extent to which a targeting scheme correctly selects those who should benefit from the program (according to the selection criteria), and correctly excludes those who should not benefit.
Leakage:	Related to inclusion error: when non-targeted people, who should have been excluded, benefit from the program.
Dilution:	When other non-targeted household members, who should not benefit from the program, do directly benefit (sharing of the ration).
Diversion:	When beneficiaries use the ration for unintended purposes.
False positive:	Beneficiaries are selected but should not have been.
False negative:	Individuals should have been selected but are not.
Inclusion error:	The likelihood of people benefiting from the program who should have benefited (related to leakage).
Exclusion error:	The likelihood of people not benefiting from the program who should have benefited.

tance, the type of program contemplated, trade-offs between targeting cost and targeting accuracy, and the feasibility of targeting options.¹¹ Considerations include:

- **Proportion of population to receive assistance.** If a large majority (Watkins (2008) proposes 75%) of an urban population needs assistance and resources support a large-scale response, then it is not cost-effective to select households and individuals, and 100% of the population should be targeted. At lower proportions, however, some form of targeting should be used to increase the effectiveness of resource use.
- **Type of program.** Some programs require targeting eligible institutions (e.g., schools, antenatal care clinics, orphanages) and providing assistance to all individuals using the services of or residing at those institutions. Others—like targeted distribution of take-home rations—require identifying households that meet certain social or economic criteria, for instance criteria for “very poor.” This is usually assessed through community-based targeting or means testing. Other programs target on the basis of age or physiological status (e.g., supplementary feeding through maternal and child health and nutrition clinics).
- **Targeting costs and accuracy.** Targeting generally entails a trade-off between cost and accuracy. Main costs include the design of the targeting system (studies required to choose the targeting criteria), the cost of measuring the criteria (screening process) and monitoring costs (verifying that proper norms are used). Targeting accuracy implies low leakage to non-targeted beneficiaries, (i.e., accurate targeting minimizes inclusion and exclusion errors). The balance between cost and accuracy is not always easy to achieve, especially under emergency conditions. Under the pressure of urgency, agencies may lean towards greater inclusiveness (reducing exclusion error) to ensure that all who need assistance are correctly identified, even if this increases leakage (inclusion error).
- **Feasibility of targeting approaches.** Community-based targeting requires accountable and strong community structures, transparency and high community engagement. Self-targeting requires that the program be designed in a way that effectively encourages intended beneficiaries to use the program and discourages others.

2.3 EXIT STRATEGIES

Although most urban emergency food assistance programs will aim to address transitory food insecurity within a short (e.g., one year) time frame, exit strategies must still be identified from the outset. Many of the factors contributing to urban food insecurity—including rising food prices and climate change-related shocks—are expected to be medium to long term in duration. This underscores the need to address underlying causes as well as to establish ways to support these populations through national structures and systems (e.g., social safety nets) wherever possible. This objective of addressing underlying causes may not be within the scope of the emergency response, but should be part of decision makers’ considerations so that the exit strategy takes into account what longer term measures will be taken to reduce vulnerability in the future.

An urban emergency food assistance program’s exit strategy should include components such as graduation and exit criteria, an exit timeline, benchmarks and activities required to meet those benchmarks, an monitoring and evaluation strategy, and a sustainability strategy.¹² Graduation criteria determine when individuals and communities are transitioned out of the program and may include age (e.g., for children in supplementary feeding program (SFPs)), physiological status (e.g., for women in maternal and child health and nutrition (MCHN) clinics), and nutritional status (e.g., for children in therapeutic feeding programs). In contrast, exit criteria determine when a program is

TABLE I. ADVANTAGES AND DISADVANTAGES OF TARGETING APPROACHES IN URBAN EMERGENCIES

TARGETING APPROACH	DEFINITION	ADVANTAGES	DISADVANTAGES	EXAMPLES OF PROGRAMS FROM THIS DOCUMENT (SEE SECTION 3)
Geographic targeting	Beneficiaries are selected on the basis of their geographic location (e.g., selecting the poorest and most food-insecure districts, and providing assistance to all households in that district).	<ul style="list-style-type: none"> • Easy and quick 	<ul style="list-style-type: none"> • Low targeting accuracy if vulnerable households are widely dispersed 	<ul style="list-style-type: none"> • Only program that is solely geographically targeted: targeted household distribution (universal distribution of free ration)
Self-targeting	Beneficiaries 'self-select' by deciding to participate. Aspects of program design encourage the intended target group to participate and others not to participate.	<ul style="list-style-type: none"> • Avoids time and resource expenses of other targeting approaches 	<ul style="list-style-type: none"> • Risk of significant leakage unless program is designed to maximize targeting accuracy 	<ul style="list-style-type: none"> • Food for work • Wet feeding (e.g., soup kitchens) • Market assistance program
Administrative targeting	Beneficiaries are selected from a population list; the criteria used for selection differ by program. "Community-based targeting" is a type of administrative targeting, in which the list of population members is based on community leaders' knowledge of their fellow villagers.	<ul style="list-style-type: none"> • Simple to use when lists are available • Community engagement (if community based targeting is used) 	<ul style="list-style-type: none"> • Risk of exclusion if lists are incomplete or out of date (affects especially marginal groups or new arrivals) • Prone to exclusion if community leaders favor a group versus another 	<ul style="list-style-type: none"> • Targeted household distribution • Food for training
Community-based targeting	Community leaders and members identify beneficiary households based on criteria that are pre-determined by the community. This is a form of administrative targeting.	<ul style="list-style-type: none"> • Community engagement • Not restricted to small number of proxy targeting criteria 	<ul style="list-style-type: none"> • Risk of exclusion of marginal social or political groups or new arrivals 	<ul style="list-style-type: none"> • Targeted household distribution • Food for training
Proxy targeting	Beneficiaries are selected on the basis of an observable characteristic or set of characteristics (e.g., child anthropometry, gender of household head, social group affiliation such as internally displaced people, unemployed adolescents). Examples of single-proxy categorical targeting include: targeting by anthropometric status, targeting by age and targeting by physiological status (e.g., pregnancy/lactation).	<ul style="list-style-type: none"> • Easy to use if selection traits are obvious • Multi-proxy targeting increases targeting accuracy but may be costlier than single proxy 	<ul style="list-style-type: none"> • Risk of exclusion and inclusion error with single proxy targeting • Proxies may be difficult to observe directly and objectively 	<p>Multi-proxy:</p> <ul style="list-style-type: none"> • Targeted household distribution • Food for training • Market assistance program <p>Single-proxy:</p> <ul style="list-style-type: none"> • Community-based management of acute malnutrition (CMAM) programs • Supplementary feeding in MCHN programs
Means-testing	Beneficiaries are selected on the basis of their income, expenditures, wealth or assets.	<ul style="list-style-type: none"> • High potential targeting accuracy 	<ul style="list-style-type: none"> • Time/resource intensive, requires census of all potential beneficiaries 	<ul style="list-style-type: none"> • Targeted household distribution • Food for training
Institutional targeting	Beneficiaries are selected based on affiliation with a selected institution (e.g., enrolled at a selected school, lives in selected orphanage, receives ANC services at a selected clinic).	<ul style="list-style-type: none"> • Relatively easy – only institutions are selected. Beneficiaries are those that attend the institution. 	<ul style="list-style-type: none"> • Excludes people that would be eligible but who do who are not registered to receive services at targeted institutions 	<ul style="list-style-type: none"> • School feeding • Food support to child care facilities • Wet feeding (e.g., in hospices, orphanages)

phased out entirely. Programs may exit when the external support is no longer needed, when local communities or national institutions can assume responsibility for providing the services, or when multi-year development assistance programs can be implemented to provide continued support for recovery. An exit timeline is needed; this will frequently be one year for a USAID FFP-supported emergency food assistance program. Benchmarks are also needed for determining when exit criteria have been reached, specific activities required to reach the benchmarks, indicators and strategies for the monitoring of progress towards benchmarks, and identification of responsible parties for monitoring. Finally, a strategy for sustainability of impacts and responsible parties after exit should exist. Capacity strengthening of a range of stakeholders is required for sustainability. Urban program experiences indicate that working with and through local institutions is as essential for impact and sustainability in urban as in rural settings.

2.4 SECURITY

Population density in urban areas heightens the need for security and crowd management at sites where food is distributed. Wet feeding programs may be justified where beneficiaries face the risk of attack while transporting a dry ration home from the distribution site. However, to avoid overcrowding and minimize risks to beneficiaries of having to walk far away from home, urban wet feeding programs usually require a large number of small feeding sites which makes them more vulnerable to crime and looting. The risk of harassment of beneficiaries may grow if the food distribution or food prices become highly politicized, such as where the low-income urban population is disproportionately represented both in the food assistance beneficiary population and in the political opposition. Social sanctions to control crime may be increased by ensuring community ownership and participation in the program. Finally, as in rural settings, urban food distribution programs pose the risk of sexual exploitation of beneficiaries by people with the ability to influence beneficiaries' access to the ration.

2.5 INSTITUTIONAL PARTNERS AND STAKEHOLDERS

Urban settings offer several opportunities to partner with local institutions and stakeholders. Two types of stakeholders are more prominent in urban settings: central-level public service delivery institutions (e.g., health, education, nutrition, extension) and private sector actors. This is important to consider when developing an exit strategy and the handover of program services. Urban authorities are more able to monitor and influence program activities in urban settings, underscoring the need for an active partnership, transparency and even legal agreements to document plans, roles and responsibilities related to the program.¹³ One urban program in Madagascar focused heavily on governance strengthening, on the premise that the program would improve service delivery, demand and accountability, especially for hygiene and sanitation services.¹⁴ Others have focused on working with very local-level government institutions for program implementation.^{15, 16} FFW requires liaising with civil planning departments.

Unless urban food assistance programs work solely through national systems (e.g., school feeding, MCHN clinics), they frequently require negotiating with the urban private sector. For example, access to land is required for wet or dry ration distribution sites; access to infrastructure is required for food for work (FFW); access to facilities is required for food for training (FFT). Urban-based research and teaching institutions should also not be overlooked; an urban program in Indonesia partnered with universities and research academies to conduct FFT.¹⁷

2.6 MONITORING AND EVALUATION

As stated in the USAID P.L. 480 Title II Program Policies and Proposal Guidelines, the objective of the program should inform the establishment of the project monitoring and evaluation (M&E) plan. Many of the urban food assistance programs described in this document aim to serve mainly to support household food access, rather than to improve nutritional status. Thus household food security may often be a better reflection of program impact than malnutrition rates in children with notable exceptions of food support to community-based management of acute malnutrition (CMAM) and to MCHN clinics. There is limited experience on M&E of urban food assistance programs, highlighting the importance of a comprehensive review of M&E in past and current urban emergency programs, as well as the monitoring and validating of the targeting of such programs in the future.

3. SELECTED URBAN FOOD ASSISTANCE PROGRAM OPTIONS

Section 2 aimed to describe key considerations to assist in making decisions about urban food-based emergency programs. Section 3 focuses in more depth on eleven food-based program options, highlighting the issues that agencies should consider when planning to implement those types of programs in an urban emergency. For each program, the brief summary provided is not meant to be a comprehensive guide on how to implement that type of program but rather should serve as a list of suggestions about what to consider in urban contexts particularly. The information is based on the experiences of agencies implementing these programs in urban areas to date and should be considered a “living document” that will be revised to incorporate future lessons learned.

The programs described in Table 2 include:

- Targeted household food distribution
- Food for work (FFW)
- Food for training (FFT)
- Wet feeding programs
- Community-based management of acute malnutrition (CMAM) programs
- Supplementary feeding in maternal and child health and nutrition (MCHN) programs
- Institutional feeding for street children, orphans and other vulnerable children (OVC) and other vulnerable groups
- School feeding programs
- Food support to child care facilities
- Market assistance programs (MAPs)
- Support to national strategic food reserves

Table 2 compares and contrasts the eleven program types according to seven major factors frequently investigated during the initial assessment and planning phase:

- Coverage, speed of set-up and scale-up potential
- Main objective of food assistance program
- Best targeting approach
- Required national systems and services
- Capacity of local institutions
- Expectations for duration of crisis and exit criteria

TABLE 2. COMPARATIVE SUMMARY OF SELECTED PROGRAM OPTIONS

	1. COVERAGE, SPEED OF SET UP AND SCALE UP POTENTIAL	2. MAIN OBJECTIVE OF FOOD ASSISTANCE PROGRAM	3. BEST TARGETING APPROACH	4. REQUIRED NATIONAL SYSTEMS AND SERVICES	5. CAPACITY OF LOCAL INSTITUTIONS	6. EXPECTATIONS FOR DURATION OF CRISIS AND EXIT CRITERIA
Targeted household food distribution programs	Largest coverage capacity. Ration benefits all household members, but they must be able to transport it home safely. Relatively quick to establish if a population list for targeting is available and the resource pipeline supports quick start-up and can be scaled up quickly once established.	Support household food security through provision of an in-kind income transfer.	Rarely use universal targeting Administrative targeting more likely (e.g., multiple proxy targeting, community-based targeting).	Can be implemented even where other systems (e.g. health and education) are not functioning.	Local institutions must have legitimacy and organizational capacity for targeting; capacity in implementation, quality control, and M&E desirable.	Most appropriate for widespread but transitory household food insecurity.
Food for work (FFW) programs	Medium coverage capacity. Ration benefits all household members. Limited capacity to scale up and slow to establish.	Support household food security through provision of an in-kind income transfer. Build community assets.	Self targeting is built into FFW through labor requirements and wage level. Administrative (community-based) targeting also used when a large portion of population is in need.	Impact of infrastructure development projects is enhanced if integrated into functioning national system (e.g., transport, market).	Local institutions must have legitimacy and organizational capability for targeting; expertise in technical issues such as city planning, civil engineering and construction desirable.	Due to scale limitations, most relevant as temporary safety net for able bodied workers and their families.
Food for training (FFT) programs	Small coverage capacity. Ration benefits all household members. Limited capacity to scale up and slow to establish.	Support household food security through provision of an in-kind income transfer. Build capacity and support livelihood recovery and long term resilience.	Administrative targeting is normally used (e.g., community-based targeting).	Functioning social service systems are not required, although links with national training and certification systems can be valuable.	Local institutions must have relevant technical expertise and training skills.	Due to scale limitations, most relevant to protect food security while supporting livelihoods in small at-risk population.
Wet feeding programs	Medium/large coverage capacity. Ration will benefit all individuals who can attend the site. Can be complex to establish if security is an issue. Moderately fast to scale up. Can be implemented quickly, and are preferable to targeted household distributions if insecurity exists.	Nutrition support for self-selected individuals.	No targeting is required if "soup kitchen" type (self targeting).	Functioning national systems are not required.	Large food preparation and food quality control capacity needed.	Most appropriate as short-term measures.
Community-based management of acute malnutrition (CMAM) programs	Moderate coverage capacity of targeted individuals, with effective outreach. Relatively fast scale up if integrated with existing health care services Moderately quick to establish but fast to scale up once established	Therapeutic feeding of children with severe acute malnutrition (SAM).	Easy to target, based on nutritional status (e.g., mid-upper arm circumference (MUAC), weight for height z-score (WHZ), oedema).	Best when coordinated with national health system for outreach and referral.	Local staff must be trained in screening, counseling, referral and outreach.	A crisis may serve as entry point for CMAM but it is an important asset to be maintained after the crisis.

	1. COVERAGE, SPEED OF SET UP AND SCALE UP POTENTIAL	2. MAIN OBJECTIVE OF FOOD ASSISTANCE PROGRAM	3. BEST TARGETING APPROACH	4. REQUIRED NATIONAL SYSTEMS AND SERVICES	5. CAPACITY OF LOCAL INSTITUTIONS	6. EXPECTATIONS FOR DURATION OF CRISIS AND EXIT CRITERIA
Supplementary feeding in MCHN programs	Moderate coverage capacity. Programs target demographic groups (e.g., pregnant/ lactating women, moderately under-nourished children). Relatively slow to scale up once program is established; care must be taken that the distribution does not impede the delivery of health services.	Nutrition support for targeted beneficiaries. Stimulate use of MCHN services.	Easy to target based on physiological status (pregnant, lactating women; under nourished children).	Functioning maternal and child health system is required.	Mobilization and organization of community health services needed. Integration with national health system highly desirable.	Graduation of individuals is easy, but phase out of food assistance can be challenging.
Institutional feeding for street children, orphans and vulnerable children (OVC) and other vulnerable groups	Small coverage capacity. These programs operate at the level of the institution. Can be scaled up quickly to reach other beneficiaries once program is established. Quick to implement if the institutions are well established and commodities are available.	Support the food security of targeted beneficiaries.	Institutions are targeted. Their mandate can also be quickly expanded to reach out to non-usual beneficiaries in the communities they serve	Well established, accountable institutions are required that have other sources of long term support.	Capacities to run the centers and implement the food distribution are required, as well as close supervision.	Increased food assistance levels should be phased out once pre-crisis situation is reestablished.
School feeding programs	Moderate coverage capacity. Can be used as distribution point by other food transfer programs (e.g., targeted household food distribution, wet feeding). Existing programs can increase size of ration rapidly.	Support food security of beneficiaries. Provide incentive to attend school.	Schools must be selected based on objective (e.g. geographic) criteria. All children in these schools receive the ration.	Functioning national education system, at least at primary level, is required.	Implementation (e.g., food preparation), quality control, and M&E capabilities are needed.	Phasing out can be planned based on the end of school year.
Food support to child care (day care) facilities	Small coverage capacity unless integrated in large scale national system. If the child care centers are already well established and normally provide food, then implementation is easy.	Support food security of beneficiaries. Enable caretakers to earn an income outside of the home.	Facilities must be selected on based on objective (e.g. geographic) criteria. All children at selected facilities receive benefits.	Well established, monitored child care system is required.	Capacities to run the centers and implement the food distribution are required, as well as close supervision.	Alternate assistance must be available to continue food distribution services after the crisis.
Market assistance programs	Large coverage capacity. Ration benefits all household members. Fast to scale up once program is established. Some time is required to identify and establish relationships with vendors and put the program into place.	Support household food security through availability of affordable staple food.	Usually self-targeting.	Except for markets, functioning national systems are not required.	Capacity needed to implement ensure quality control and for M&E. Vendors must have capacity to participate in program.	Phasing out is relatively straightforward when market conditions improve.
Food support to national strategic food reserves	Large coverage capacity. National strategic grain/food reserves are normally used to bolster food availability in the market or supply targeted household distributions. If national reserves are not yet depleted, donor pledges for strategic additions to the reserve can allow quick mobilization of food.	Support household food security (typically by improving availability and stabilizing prices).	No targeting: national in scope	National grain reserve, including storage and management, is required.	National institutions (e.g., Ministry of Agriculture) are typically the focal points.	Alternate mechanisms must be rapidly put in place if the intent is to support prices. Donations are one-off so the price support function cannot last long.

3.1 Targeted Household Food Distribution

DEFINITION

Targeted household food distribution involves the direct distribution of dry take-home food commodities, usually to pre-identified target groups. Although it is often called “vulnerable group feeding,” it typically targets a larger population than just the traditional category of “vulnerable individuals” (e.g., elderly, disabled, female-headed households). Objectives include meeting immediate food needs of households unable to access their normal sources of food, preventing famine, protecting livelihoods and/or supporting livelihood recovery and freeing up income for other household needs. Urban targeted household food distribution poses a number of challenges including: defining target groups and identifying eligible beneficiaries, exclusion of non-beneficiaries in densely populated areas, defining “household” in a way that encompasses the diversity of household compositions seen in urban settings and assisting a large and relatively mobile population.

ADVANTAGES AND DISADVANTAGES

Advantages:

- Targeted household distribution is less time and management intensive to implement than wet feeding.
- Beneficiaries find it easier to participate in targeted household distributions than wet feeding because they must travel to the distribution site less frequently (e.g., every several weeks versus once or twice daily).
- It is far less management intensive per beneficiary than FFW or FFT.

Disadvantages:

- Identification of secure, accessible and appropriate distribution sites, secure transport of commodities, and security during distributions are required. Crowd control at distribution point is essential.
- Targeted households must be able to transport or carry the food home.
- The risk of inclusion error can be high, including with the urban political and social elite.
- The risks of abuse and exploitation (particularly sexual) associated with targeted household distributions have been documented, and training and supervision are required to address this risk.
- Dry rations sometimes include commodities with long cooking times and high cooking fuel requirements (e.g., some types of beans); food insecure urban residents may lack adequate cooking fuel.
- Targeted household distributions can negatively impact demand for rural agricultural products, although this is less of a concern where food assistance is being provided because poor households can no longer afford the food due to price spikes.
- Large-scale distributions—particularly of full rations—can be an incentive for rural to urban migration.

PROGRAMMING CONSIDERATIONS

Targeting issues:

- Targeting, including defining “community” and “household”, is the most challenging aspect of urban distributions. Community-based targeting can be very challenging in the absence of recognized leaders or organizations that help target and implement the program. The need for good targeting is underscored by the social divisions by class, ethnicity and political affiliation that tend to be more pronounced in urban settings, as well as the more diverse household composition in urban populations.

Long-term developmental considerations:

- Distribution sites can help link beneficiaries up with other social or economic services, to which marginalized groups may have had poor access.

Program requirements:

- Ration planning should consider what staple foods are most appropriate for urban populations, who have diverse diets, often have less time to prepare distributed commodities, and may show higher rates of specific chronic illness (e.g., HIV).
- The need for specialized food (e.g., fortified blended foods) must be evaluated to adequately address the population's (and particularly the children's) nutrient gaps.
- Commodities must be sourced—usually domestically—which requires a reliable and timely supply chain. Transport needs to account for urban traffic and road infrastructure; security requirements are high.

Risks and potential pitfalls:

- Overcrowding and insecurity are risks that should be taken into account in site selection.
- Requires fuel (e.g., kerosene, charcoal) which many urban food insecure may not be able to afford.
- Requires the transport of food by household members to their home which might put them at risk.

M&E considerations:

- The number of beneficiaries served, quantity of food received, contents of the food basket, verification of targeting, and end use of food must be monitored. Monitoring and impact evaluation among highly mobile urban populations can be challenging.
- Urban households are heavily cash dependent and some degree of monetization of take-home rations should be expected to pay for other household necessities like rent and fuel.

Exit strategy:

- The exit strategy of an urban targeted household food distribution is particularly challenging given the inequality and structural poverty in urban centers. Where possible, phase-out will be contingent upon the re-establishment or expansion of income and food sources among beneficiaries and affordability of local staples rather than production and the agricultural calendar as in rural settings. This underscores the importance to begin programming to address causes of the food insecurity. A long-term safety net—or at least income generating activities—may be appropriate for the most food insecure population to address access issues.

COUNTRY EXAMPLES

- WFP in Afghanistan.^{18, 19, 20} In 2008, WFP distributed targeted household rations (wheat) to urban and semi-urban households most affected by rising wheat flour prices. The program targeted 1,147,000 chronically poor people, especially female-headed households, disabled head of households with unreliable income, poor households with ≥ 9 family members and only one income earner, and some recently deported poor households from Iran. Beneficiaries were selected by NGOs, government institutions and community councils.
- Catholic Relief Services (CRS) in Haiti.²¹ In 2008, CRS provided targeted household rations to the poorest households of Port au Prince. Beneficiaries were selected by local partners (e.g., Missionaries of Charity, CARITAS).
- CARE in Afghanistan.²² Through its Kabul Widows Humanitarian Assistance Project in 2007-8, CARE provided a monthly targeted household ration to over 3000 widows in five districts of Kabul. The food assistance was combined with other activities (e.g., skills training, literacy, health, nutrition and sanitation education).
- CARE in Malawi.²³ As part of the Joint Emergency Food Aid Programme in Malawi in 2002-3, CARE took the lead in distribution of targeted household rations in Lilongwe during the drought-related regional food crisis.
- John Snow International (JSI) in Zimbabwe.²⁴ In 2003, JSI distributed targeted household rations in urban areas of Zimbabwe as part of the regional drought response. The program covered 7,000 beneficiaries in Harare and 3,700 in Bulawayo.

3.2 Food for Work (FFW)

DEFINITION

Urban FFW programs are public works programs that pay workers with food rather than cash.²⁵ Given the highly monetized urban economy, such schemes naturally tend to favor the most food insecure who will self-select into them. An additional value of urban FFW projects is that they usually focus on urban infrastructure—most notably public water, sanitation and hygiene services—thus providing important public benefits in the reduction of pollution and contamination. Because FFW takes time to plan and implement, it is most appropriate for slow-onset crises, for addressing chronic food insecurity, or in post-emergency recovery stage. It tends to exclude the food insecure who are labor poor (e.g., elderly, disabled, chronically ill) unless the activity is designed to have low labor requirements.

ADVANTAGES AND DISADVANTAGES

Advantages:

- FFW supports household food security for low-income beneficiaries, freeing up cash income for other necessities (e.g., rent, education, transport) and preserving household assets. FFW can provide income to women who otherwise might be disadvantaged in the informal daily labor market.
- FFW can be used to build public infrastructure and community assets, especially in underserved economically disadvantaged areas where such infrastructure may have been lacking (e.g., water, drainage, sanitation) or rebuild it where lost or destroyed. Road infrastructure, for example, has been linked to better mobility as well as ability of medical and fire crews to respond to emergencies.²⁶
- FFW has been linked to improved nutritional status of young children in poor households.²⁷

Disadvantages:

- Urban FFW activities usually involve issues of private property and civil planning before and after the project, requiring complex consultations and arrangements with a range of stakeholders.
- FFW takes time to implement, has relatively low coverage rates and may entail costs for non-food inputs that are not covered by FFW.
- FFW is more time consuming for beneficiaries than other program options, using time that may have gone towards other recovery activities (e.g., house reconstruction, income generation) after a shock.
- FFW is management intensive to plan and implement, requires a range of expertise (e.g., technical aspects of the project, logistics, community mobilization, M&E), and requires security and access.
- Urban FFW poses the risk of increasing speculation in the area where infrastructure is improved.

PROGRAMMING CONSIDERATIONS

Targeting issues:

- FFW is generally considered self-targeting, given the relatively low wages paid (usually set against informal unskilled labor wage rates), the labor-intensive types of work done, and time requirements.
- The most chronically vulnerable people (e.g., elderly, pregnant women, chronically ill and disabled) often cannot benefit, although low-labor projects or tasks within the project can be designed to accommodate them.
- Women's participation may affect choice of project design and may require that child care services be provided alongside the FFW activity.
- Inclusion of unemployed or low-income youth can have social benefits.
- Targeting residents of informal settlements and slums can be sensitive politically especially where construction in those areas is in violation with municipal regulations.
- Unskilled urban workers are most likely to need assistance when food prices are highest and income is reduced, i.e., during periods of economic downturn. Additionally, where these workers are engaged in on-farm and construction work, their income access is often lowest during the rainy season.

- In areas of poor employment opportunities and widespread food insecurity, community-based targeting may assist in ensuring fairness and accountability in targeting.²⁸

Long-term developmental considerations:

- The main advantage of urban FFW is infrastructure development, although special attention is required to improve community assets that benefit the poor and food insecure. In urban areas, those households tend to be more widely distributed than in rural settings. To ensure that infrastructure will be durable, solid program design and monitoring are essential and the project must be linked with government development plans.
- Special attention is required to protect beneficiaries from possible effects of raised rents and property values following infrastructure improvement.
- Working through municipal government structures is essential to clearly delimit areas in which the project will take place, where benefits will be expected and what community support is required.

Program requirements:

- Technical quality must be ensured throughout—from adequate planning to the supervision of work quality. This implies a high management burden.
- Post-project maintenance should be feasible with locally available resources.
- Issues of ownership and long-term maintenance of community assets built with FFW must be clarified from the outset.
- The ration needs to be set in reference to local wage rates and value of food in local markets.
- Funds are required for non-food inputs into the FFW projects.

Risks and potential pitfalls:

- Private property issues require engagement with a variety of stakeholders. Speculation can follow infrastructure improvements leading to the eviction of the very people the project aims to assist.
- Poor and food-insecure households may have difficulties accessing project areas based on social or political factors
- Unless accompanied by special measures, FFW may fail to serve the most vulnerable and labor-poor.
- Quality of infrastructure may be lacking—for instance, if the safety net function of the FFW scheme overshadows technical aspects.
- The timing and duration of FFW projects may fail to complement the availability and timing of other productive and income generating activities, which may diverge from the agricultural calendar.
- Treatment of injured urban workers should be planned for from the outset.

M&E considerations:

- FFW requires monitoring of food ration distribution as well as quality control of project activity/output.
- Informal daily labor wages, which fluctuate, must be tracked to properly set wage equivalences.

Exit strategy:

- The completion of a FFW infrastructure provides a natural exit strategy. However, the chief reason for this type of activity (reduce vulnerability) may not be satisfied by that time, thus more FFW activities may be envisioned to promote food security. In this sense—and unless the needs are clearly transitory—FFW should be considered part of a safety net program that can ultimately contribute to the development of a national safety net program.²⁹
- Sustainability/maintenance of the FFW assets must be addressed from the beginning.

COUNTRY EXAMPLES

- CARE in Ethiopia.^{30,31} CARE implemented an Urban Food for Work Program (UFFW) in 25 urban slum communities (kabeles) of Addis Ababa from 1997–2001. The project focused on road and sanitation infrastructure. The majority of participants were women.

- CARE in Haiti.³² In Gonaives, work teams drained low-lying areas to improve slum sanitary conditions from 1998-2002.
- CARE in Madagascar.³³ The Petit Boulevard Project originated in the Antananarivo Urban Household Food and Livelihood Security Program of CARE (now called Mahavita). This FFW project focused on environmental health, sanitation and road infrastructure. An estimated 10,000 households benefit from the program.
- WFP in Madagascar.³⁴ In 2002, WFP conducted FFW activities to restore livelihoods lost during a period of acute civil insecurity. The FFW program targeted 20,000 households in six urban areas.
- Mercy Corps in Indonesia.³⁵ Through its 2005-2009 development assistance program (DAP), Mercy Corps provided food to 11 urban villages in slums of Jakarta through FFW, which focused on building community infrastructure.
- CARE in Indonesia.³⁶ CARE conducted FFW through its BERSIH program from 2005-8, which built environmental health infrastructure in urban villages across Tangerang City and District.
- CARE in Bangladesh.³⁷ CARE's SHOUHARDO program in Bangladesh targeted 19,835 urban households and over 40,000 beneficiaries were employed by FFW projects over 2005-8.

3.3 Food for Training (FFT)

DEFINITION

FFT is a food security intervention in which beneficiaries are given a food ration in exchange for their participation in an activity designed to impart knowledge or skills that can generate income. The food can be provided in the form of a dry take-home ration, wet feeding on site, or a combination of the two, and is used to compensate for the time spent in training and the opportunity cost of other economic activities foregone. They may be used to provide small business skills (literacy, numeracy), technical skills (carpentry, mechanics, sewing/tailoring, plumbing), or life skills for new arrivals to urban settings (e.g., small animal husbandry, microagriculture, health, nutrition, water and sanitation skills). Project design should take into account the livelihood context, including formal and informal labor activities. Agricultural skills may be the focus, where land access is assured and the potential contribution of urban agriculture is documented. Like FFW, FFT takes longer to plan and implement than targeted household distribution, so it is appropriate for slow onset or protracted crises, chronic food insecurity, or post-emergency recovery stage.

ADVANTAGES AND DISADVANTAGES

Advantages:

- FFT can support recovery of crisis-affected communities, such as for ex-combatants newly integrated into urban and peri-urban communities, by providing skills for economic self-reliance.
- FFT can also be a useful mechanism to inject conditional food assistance into communities that may be displaced (internally displaced persons or refugee camps), vulnerable to displacement (insecure areas) or identified for resettlement, as the knowledge is portable and can be taken to the new location.
- FFT can also promote community self-management (e.g., through the training of permanent teams to maintain water and sanitation infrastructure) although government systems should not be duplicated.
- FFT can have a psychosocial component (e.g., women's FFT groups in Darfur).

Disadvantages:

- FFT activities can reach only a small number of people at a time and take time to plan and implement. As such, FFT projects will often need to be complemented by other schemes (e.g. targeted household distribution) to fill the food gap in large-scale acute food crises.
- Adequate skills training take time for many types of skill-building programs, and food may not be available during the entire training period. Also, start-up kits (often called graduation kits) or micro-finance credit need to be available to enable those trained in livelihood skills to start up the new livelihood. This component usually requires cash that often is not available.
- FFT can stimulate rural to urban migration.

PROGRAMMING CONSIDERATIONS

Targeting issues:

- Special care should be taken to ensure that FFT projects reach the most food-insecure households, who may be labor poor or have a high dependency ratio. Efforts to engage women should take into consideration child care needs or other family related obligations.
- Appropriate livelihood skill-building activities should be considered for these types of households (e.g., small-scale trade, horticulture for market sale) rather than skills with higher labor or professional requirements. FFT projects in urban areas can also build capacity of small-scale traders and informal entrepreneurs. Skills built should be able to generate income for beneficiaries, based on an understanding of the labor and services market. If beneficiaries are expected to return to rural areas in the near term, then the skills should be useful in the rural economy.

- In conflict or high-crime zones, FFT may also be used to redirect unemployed youth into productive activities and create conditions for stabilization and social peace.

Long-term developmental considerations:

- If the knowledge and skill sets are useful after the crisis, this intervention type has clear development implications for the community.
- Efforts should be made to link the project to credit or microenterprise activities—and possibly longer-term technical support—to enhance sustainability of impact of the activity.
- Local academic and research institutions can be engaged as partners for long-term impact.

Program requirements:

- Training facilities must be set up or arrangements with local firms who provide the training must be made.
- Unless the training is provided in a dedicated center where wet feeding is feasible, a dry take-home ration distribution point or a voucher system will be required to access those take-home rations. This system must be in place before the program begins.

Risks and potential pitfalls:

- Duration of training may not be sufficient to impart the skills that will solidly improve the economic prospects of the benefiting household.
- Capital, long-term credit or financial support may not be available for small enterprise startups.

M&E considerations:

- Program activities, outputs and quality should be monitored.
- The impact of trainings on household food security should be evaluated.
- Effects of FFT on rural-to-urban migration should be assessed.

Exit strategy:

- FFT activities can be short-term/one-off activities, in which case the exit strategy is less of an issue. In protracted situations, the learning of a skill by the direct beneficiary should ensure the durability of the benefits received, and facilitate that person's exit from the program.
- At the program level, exit strategy can be managed by progressively involving the private sector in providing the food transfer (or replacing it with cash) once the system's effectiveness is demonstrated.
- Good communications with the community about the duration of the program, its goals and the process of beneficiary selection are important to avoid triggering a sense of entitlement to food for participation in trainings among national participants.

COUNTRY EXAMPLES

- CARE and World University Service of Canada in Afghanistan.³⁸ CARE's Vocational Training for Afghan Women Project (VTAWP) 2007-11 and Afghan Women as Entrepreneurs Project (2004) both provided training to vulnerable women, including widows, in Kabul. The VTAWP will target around 2000 widows with vocational training and other business support to enter the job market.
- World Vision in Indonesia.³⁹ World Vision's Food Aid Supporting Transformation in Urban Populations Program (FAST UP) ended in 2008. It focused heavily on FFT, with an emphasis on health, nutrition, water and sanitation in East Jakarta and Surabaya. The program had about 4300 FFT beneficiaries in FY2007.
- CARE in Indonesia.⁴⁰ The BERISH Program ran from 2005-8. Village health workers were given FFT in MCHN and essential nutrition actions. Village health volunteers were given FFT in Positive Deviance and Center of Mother Education (COME) approaches.
- OIC Ghana (OICG).⁴¹ Current programs include skills training, apprenticeship training and HIV care and support programs at three centers in the cities of Accra, Sekondi-Takoradi and Kumasi. Prior to 2000, OICG's main clients were unskilled and unemployed literate youth.

3.4 Wet Feeding Programs

DEFINITION

The term “wet feeding” refers to food distribution programs that distribute prepared, cooked foods to beneficiaries for on-site consumption. They may be appropriate under very specific circumstances, such as where a distribution of take-home rations is not feasible due to physical insecurity. If so, it will be necessary to situate wet feeding sites throughout the urban area to minimize the risks of overcrowding, or violence and other antisocial behaviors, as well as to reduce the distance that program beneficiaries have to travel for meals. The cooked ration per beneficiary may be a full ration (provide a full day’s worth of meals) or a partial ration (provide only one or two meals) based on the estimated food gap. Wet feeding programs may be administratively targeted or self-targeted – with self-selection much more common given that less preferred foods are often included and/or social stigma may deter participation. Depending on the needs assessment, target groups may be selected based on age, gender, socioeconomic status, or other criteria, but this increases administrative controls.

ADVANTAGES AND DISADVANTAGES

Advantages:

- Wet feeding reduces dilution to other household members, leakage to non-targeted beneficiaries (e.g., combatants), or diversion to other uses (e.g., sale to grain traders, conversion to alcohol) compared to targeted household rations.
- Wet feeding reduces the risk of attack or theft while carrying a ration home.
- Wet feeding eliminates the need for beneficiaries to transport, prepare and cook the food.
- Wet feeding is typically implemented through local implementing partners, building their capacity and reputation in the community.

Disadvantages:

- Because urban wet feeding is management-intensive (e.g., logistics of supply, cooking, fuel provision, site maintenance etc), it requires working through local partners which can mean a longer start-up time if their capacity is not already strong.
- Participation in wet feeding programs has implications for the time available to beneficiaries for other activities, including income-generating activities.
- In densely populated urban areas, wet feeding can encourage overcrowding around the distribution site, requiring crowd control and management of hygiene and sanitation risks.
- In order to ensure adequate coverage, many outlets are needed and feeding sites must often be decentralized. Control of those outlets can be difficult, and food may be pilfered or may leak to the market, creating undesirable effects.
- Wet feeding can induce rural-to-urban migration if services are not in place to address acute food insecurity in surrounding rural areas.
- The number of beneficiaries in the program may vary from day to day, which can lead to over- and under-preparation of meals.

PROGRAMMING CONSIDERATIONS

Targeting issues:

- Wet feeding can be administratively targeted (e.g., with a ration card) or self-targeted. As noted above, these programs are frequently self-targeted because of consumer food preferences, stigma associated with benefiting from the program, and/or the time required to benefit from the program.

Long-term developmental considerations:

- Wet feeding programs are usually implemented as a short term emergency measure, except where

they are conducted as institutional feeding (e.g., in orphanages and hospitals). They build local capacity and infrastructure as they are implemented through local implementing partners.

- Wet feeding sites provide opportunities to link targeted populations with other interventions, services and resources to which they might not otherwise have access.

Program requirements:

- A needs assessment should be conducted to determine ration composition and size and the number of meals to be prepared.
- Site selection should consider accessibility (given mobility constraints for the urban poor and food insecure), security, access to fuel and safe water, and secure access to covered facilities or buildings if possible.
- Feeding staff must be carefully trained and supervised to ensure correct preparation of rations and maintenance of hygiene standards.
- Working through local organizations and networks of volunteers can help manage staff-related costs.

Risks and potential pitfalls:

- Wet feeding programs, especially in densely populated urban centers, pose a high risk of overcrowding and insecurity; this is a major consideration in planning the number of sites.⁴²
- It is necessary to work with local partners to promote environmentally appropriate practices for obtaining fuel and safe water for cooking, as well as to use fuel-efficient stoves.

M&E considerations:

- Monitoring of beneficiaries is needed to ensure that the target population is being reached.
- Institution of mechanisms to ensure accountability at the outlet level should be a priority.
- Food safety should be monitored at all times.
- Working with highly-mobile urban populations is a challenge for M&E.

Exit strategy:

- If the food insecurity is chronic rather than transitory, then the wet feeding program should transition to another safety net mechanism if possible and the transition plan should be designed and clearly articulated from the onset of the program.

COUNTRY EXAMPLES

- Danish Refugee Council (DRC) and local NGO SAACID in Somalia.^{43,44} SAACID, a Somali NGO, worked with DRC to run a WFP-supported Blanket Wet Feeding program in greater Mogadishu in 2008. The program aimed to help the most marginalized and vulnerable internally displaced people within the city, as well as the urban poor who lost access to work due to conflict. The project expanded from 10 to 16 sites and from 50,000 to 80,000 meals per day in Mogadishu. Beneficiaries were selected by self-selection.
- Action Against Hunger (ACF) in Sierra Leone.²⁸ In 1998, ACF ran wet feeding centers in the six most vulnerable areas of Freetown, Sierra Leone, targeting children under the age of five, the elderly, the disabled and lactating mothers.
- WFP in Madagascar.²⁹ In 2002, WFP provided supplementary feeding to an estimated 22,500 malnourished children less than five years of age, as well as an estimated 4,500 pregnant women in Antananarivo and five other main urban centers during a period of acute civil insecurity.

3.5 Community-Based Management of Acute Malnutrition (CMAM) Programs

DEFINITION

Urban CMAM programs refer to a set of at least three components that address acute malnutrition in urban populations: inpatient care for children with severe acute malnutrition (SAM) with complications and infants below six months of age with visible SAM (i.e., facility-based therapeutic feeding); outpatient care for children with SAM without complications; and community outreach.^{47,48} Services or programs for children with moderate acute malnutrition (MAM), such as supplementary feeding, may also be provided depending on the context but are more usually addressed through MCHN programs (see section 3.6 Supplementary Feeding in Maternal and Child Health and Nutrition (MCHN) Programs). The commodity mix required for therapeutic feeding is not currently available through P.L. 480 Title II; the ready-to-use therapeutic foods (RUTF) used by community-based programs will need to be obtained through other sources.⁴⁹

ADVANTAGES AND DISADVANTAGES

Advantages:

- CMAM directly targets food assistance to individuals with SAM, especially children 6-59 months of age with low mid-upper arm circumference (MUAC), severe wasting (<-3 weight for height z-score (WHZ)) and/or bilateral pitting oedema.
- For urban families in which all adults are economically active to earn income to support the household, CMAM reduces the time that caregivers must spend at inpatient facilities during stabilization and recovery.
- An SFP can be used as a starting point for establishing CMAM where it did not previously exist. The SFP can support household food security, increase CMAM program coverage and reduce default rates, and support nutritional status of the malnourished individual during the maintenance phase.
- Families benefiting from a CMAM program can be linked to other services (e.g., targeted household distribution, FFW, MCHN) for additional support and follow-up.
- Referral for health and other services from a CMAM program, when necessary, is generally easier in urban than rural settings because of proximity to health centers.

Disadvantages:

- Although CMAM is essential for rehabilitation of the severely malnourished, they should not be considered an adequate substitute for a general ration where needed.
- CMAM requires a strong community outreach system to support timely referral and coverage—as well as effective implementation of CMAM—which can be challenging in urban environments. This is particularly a concern in urban unplanned settlements.
- To minimize the risk of overburdening the existing system, additional nutritional centers may need to be constructed.⁵⁰ In urban areas, referral centers may be urban tertiary (e.g., teaching) hospitals, which are frequently overwhelmed with SAM caseloads if not given additional assistance; the need to conduct outreach for CMAM may heighten this burden.

PROGRAMMING CONSIDERATIONS

Targeting issues:

- Community outreach and strong community sensitization are required for case identification.
- Individuals are targeted based on the case definition: <110 mm MUAC, SAM or bilateral pitting oedema.

Long-term developmental considerations:

- If a CMAM program is designed with the goal of full national integration into existing health systems, long-term developmental benefits are possible.
- At the individual level, the development benefits of improved nutrition are well documented.

Program requirements:

- Effectiveness rests heavily on the success of community outreach efforts, including community assessment, community mobilization, early detection and referral of cases.
- Because urban populations often seek health and nutrition related services from a large variety of sources (e.g., traditional healers, private sector, public sector), it is especially important in urban settings to establish collaboration with these providers and ensure that core messages related to nutrition are consistent among these actors.⁵¹ They may be engaged in case-finding and follow-up.⁵²

Risks and potential pitfalls:

- Since income insecurity in urban areas is more related to economic (including wage) volatility than agroclimatic seasonality, predicting and planning for increases in caseload can be more challenging.
- As noted above, intensive efforts are required to expand capacity of and avoid the overburdening of existing health and nutrition systems.
- In urban settings, because paid outreach workers and community volunteers are more likely to come from the same community than in rural settings and may be social peers, it might be more problematic to have both categories of workers with the same program (one of which is paid and the other unpaid).⁵³

M&E considerations:

- Existing guidelines for M&E of selective feeding programs, as captured in SPHERE and other best practice documents, apply. SPHERE advises that therapeutic feeding programs such as CMAM should achieve 75% coverage rates in urban populations, in contrast to 50% for rural populations.

Exit strategy:

- Phase-out of a program should be done based on malnutrition prevalence or hand-over to government.

COUNTRY EXAMPLES

- Valid International and Concern in Zambia.⁵⁴ With Concern's support, Valid has supported the implementation and scale-up of CMAM (formerly known as CTC) in Lusaka, Zambia in partnership with the Ministry of Health.
- Save the Children in Haiti.⁵⁵ In 2007, Save the Children conducted a CMAM pilot in parts of Port au Prince, Haiti.
- Concern, Valid and Save the Children in Malawi.⁵⁶ Concern has worked with Valid to implement CMAM in Lilongwe, Malawi.
- Save the Children in Ethiopia.⁵⁷ Save the Children (US) has implemented CMAM in Addis Ababa, Ethiopia.
- Concern in Bangladesh.⁵⁸ Concern is also scaling up CMAM operations in urban Bangladesh.

3.6 Supplementary Feeding in Maternal and Child Health and Nutrition (MCHN) Programs

DEFINITION

If MCHN services are already well established, food support through MCHN clinics can be a component of emergency response. An MCHN program is a package of activities that aims to protect and enhance the health and nutrition of pregnant and lactating women and children <5 years of age (with special emphasis on <24 months), usually provided through MCHN or integrated management of childhood illness (IMCI) clinics and growth monitoring and promotion (GMP) sites. Nutrition interventions in MCHN programs include antenatal (iron folate supplements) and postnatal (vitamin A) supplements for the mother; GMP; and the provision of nutrition education and counseling services to caretakers. Food can be distributed through MCHN programs to meet the following objectives: 1) prevention of malnutrition in at-risk groups; 2) recuperation from malnutrition of beneficiaries determined to be malnourished (e.g., child with a weight-for-age <-2 SD); or 3) as an incentive to benefit from program services.⁵⁹ Food-assisted MCHN programs usually include the distribution of take-home food rations to caretakers with the type of food and size of ration varying depending on the objective of food distribution and who is the direct beneficiary (adult woman, child under five years, etc.). Food can be distributed directly through the MCHN clinic or through a referral to another food distribution site. In cases of high food insecurity where sharing of the ration in the household is likely, a larger household ration may be provided to ensure that the targeted individual (woman or child) is able to consume the full amount of the ration that s/he is given.

ADVANTAGES AND DISADVANTAGES

Advantages:

- If food support through MCHN programs is well designed and targeted, it can bring about improvements to nutritional status of beneficiaries of these programs.
- Provision of food through MCHN programs can be relatively straightforward if the institutional and logistics system are already strong, the objectives of providing food are clear and eligibility and exit criteria exist.

Disadvantages:

- Regular MCHN services may be disrupted in emergency situations if security is an issue or if clinic staff have fled.
- Beneficiaries must transport the dry ration home from the clinic which may put them at risk in an urban emergency situation where security is low.
- Adding a food-provision component to MCHN programs that have not previously handled food requires significant capacity and systems strengthening.

PROGRAMMING CONSIDERATIONS

Targeting issues:

- Targeting of beneficiaries for food support through MCHN programs in an urban emergency would include preventive models targeting pregnant and lactating women and children 0-24 months. Although it is not part of the preventive approach, supplementary feeding may be targeted at children over 24 months who become moderately malnourished. Recuperative models target women during pregnancy and lactation and malnourished children 0-24 months or 0-59 months.⁶⁰

Long-term developmental considerations:

- Maternal focus is critical for pregnancy outcomes.
- Early childhood nutrition is critical to cognitive, physical and intellectual development.
- Protecting young children's health and nutrition is critical to building human capital.
- Programming can lead to many positive impacts on improving local capacity, including training com-

munity health workers, rehabilitation of infrastructures, building of information systems, strengthening of supply chains.

Program requirements:

- Provision of food supplies is needed if food is distributed through the MCHN site.
- Capacity building in food logistics and inventory systems is needed if food is distributed through the MCHN site.
- Adequate staffing and supervision is critical.
- Complementing MCHN with CMAM (see the previous section 3.5) will help reduce severe acute malnutrition.
- Program design issues are critical and preventive models are more likely to reduce overall malnutrition rates in children, but tend to be costlier overall (not per beneficiary/month, but because they attract more beneficiaries).
- Some indicators, especially anthropometric ones, are prone to measurement error and misclassification of beneficiaries. Easy screening mechanisms are preferable.

Risks and potential pitfalls:

- GMP programs, clinics or rally posts may be too crowded and busy to allow health workers to provide adequate counseling and follow-up to mothers. Mothers Clubs offer a good solution to this as they provide an ideal setting for behavior change and communication activities: they are usually located close to the mothers' homes and include only a small group of beneficiaries, resulting in minimal distraction and increased social cohesion and support for mothers. However, they take time to organize and activate.
- Rural areas may be underserved and therefore urban programs could become a magnet.

M&E considerations:

- MCHN indicators are highly standardized, but require a good information management system.

Exit strategy:

- Although the period during which an individual can benefit from the program is limited from the outset, it can be difficult to execute an exit strategy for these programs because the non-food program components (e.g., preventive health services) will continue.
- For sustainability of the impacts of an MCHN-based food intervention, other measures to improve food security should be implemented.
- Preventive interventions are more likely to reduce the number of malnourished children in the long run.

COUNTRY EXAMPLES

- World Vision in Indonesia (2001-2005).⁶¹ World Vision implemented a Transitional Activities Program to improve the health and nutritional status of people in poor urban centers of Jakarta and Subaraya. Program components included increased community access to basic health facilities by constructing or improving health posts, public latrines, bridges, pathways, and garbage dumps; an FFT activity including health education, household economic management training and home industries and handicraft skills training; and wheat-soy blend distribution to targeted malnourished children under five.
- WFP in Angola.⁶² A 2006-9 WFP program in Angola includes supplementary feeding for about 15,000 pregnant and lactating women through health centers in food-insecure areas.
- WFP in Madagascar.⁶³ A 2006-2008 WFP program in Madagascar included supplementary feeding for pregnant and lactating women to reduce low birth weight and prevent malnutrition in newborns, as well as to provide an incentive for mothers to use postnatal monitoring services at nutritional centers.
- CARE in Bangladesh.⁶⁴ CARE's MCHN program in Bangladesh (2004-9) includes supplementary feeding for pregnant and lactating women and children up to two years of age.

3.7 Institutional Feeding for Street Children, Orphans and Vulnerable Children (OVC) and other Vulnerable Groups

DEFINITION

This refers to a broad range of interventions, all characterized by the provision of food resources to urban institutions that provide services to street children, orphans and vulnerable children (OVC) and other vulnerable groups. These facilities may include orphanages, centers where street children can congregate and receive basic services, hospitals, long-term care facilities/hospices, and any other social service centers that serve these populations and which may or may not be residential. The food is usually given to support food security but can also be used to support vocational or life skills training. This type of program may be appropriate if these types of facilities exist and if other sources of support, public or private, have not been identified or needs for external support have increased due to a crisis.

ADVANTAGES AND DISADVANTAGES

Advantages:

- In emergency situations, these sites can be used to rapidly expand food support to other vulnerable groups.
- Such sites offer opportunities to link beneficiaries with other services, such as social and health services.
- With existing programs for institutional support of OVC, the target group may already be familiar with where to seek assistance.

Disadvantages:

- Existing institutional feeding programs may become quickly overwhelmed by rapid increases in demand.
- Like all wet feeding, appropriate sources of cooking fuel and safe water must be found.

PROGRAMMING CONSIDERATIONS

Targeting issues:

- The institution is the target for assistance and all individuals receiving services from the institution receive the food assistance.

Long-term developmental considerations:

- Long-term development impacts are few unless the support is linked to other capacity strengthening initiatives. For example, linked services could include life skills training (e.g., sexual and reproductive health awareness) and/or vocational training with an emphasis on strengthening social connectedness and reducing the relative weakness of social support networks for these groups.

Program requirements:

- Facilities/sites must be selected based on a needs assessment.
- Having food prepared and served to a concentrated group of children requires attention to food safety and hygiene issues, including adequate water for preparations and hand washing by staff and kids.

Risks and potential pitfalls:

- A potential undesirable consequence of providing food support to orphanages is providing an incentive for poor or food-insecure families to place children who are not orphans in orphanages. It also risks undermining traditional community-based mechanisms for supporting OVC.
- The establishment of a feeding program for urban vulnerable children may encourage families to

send their children to the sites for meals, thereby displacing resources intended for the most vulnerable populations of children.

- Effectiveness varies by type of institution. Among the child-focused programs, street children tend to be more mobile and transient than orphans living in orphanages, hindering consistent exposure to the program's services and thus impacts on life skills.

M&E considerations:

- Program implementation, coverage, and impact on beneficiaries should be monitored.

Exit strategy:

- In low-income countries, these facilities frequently receive no government funding, so alternative funding (i.e., private funding, income generation and/or food production on-site for self sufficiency) is required. This is a key issue to consider at the outset of the program to avoid building institutional dependency on food assistance.

COUNTRY EXAMPLES

- CRS in Haiti.⁶⁵ CRS has provided food to orphanages and other facilities serving OVC in Haiti. CRS provides the dry commodities (e.g., cornmeal) which are then prepared for wet feeding by facility staff.
- Save the Children in Haiti.⁶⁶ In 2008, Save the Children supported welcome centers in Port au Prince for street children, providing food, shelter, education and health programs, counseling, play and support to attend school.
- WFP in Zambia.⁶⁷ In response to a regional drought in 2003, WFP implemented an Urban Intervention Project for OVC. The program provided a meal on-site (wet feeding) to the children complemented by take-home rations for their caregiver households, the transfer of which was conditional on school attendance and health education.
- WFP in Indonesia.⁶⁸ In 1999, WFP provided rations to orphanages and shelters for street children.

3.8 School Feeding Programs

DEFINITION

School feeding programs distribute food to schools for on-site wet feeding. They aim principally to support food access and prevent deterioration of nutritional status in children of primary school age, and also to boost school attendance and attainment. Secondary objectives typically include improving concentration and performance in beneficiary children, although these educational outcomes should be considered incidental. Some programs provide a ration to the households as well, to encourage school attendance and participation in the program. Notably, school feeding is different from FFE programs which aim to improve school enrollment, attendance and completion through a package of food and non-food interventions.⁶⁹

ADVANTAGES AND DISADVANTAGES

Advantages:

- Unlike targeted household distribution or FFW, school feeding programs target school-age children directly rather than reaching them through adult family members who may not distribute food fairly.
- School feeding can be the vehicle for targeted interventions (e.g., programs that want to increase girls' education may provide a take-home ration to families who send their daughters to school).
- School feeding can be started quickly if the school is well established and able to prepare the food.
- In emergencies, school feeding programs can target children who do not attend school as well.
- School feeding supports the psychosocial benefits and social cohesion that school provides for children who have experienced a crisis.

Disadvantages:

- If the school feeding program targets only children who attend school, the poorest or most food insecure children who do not attend school due to economic reasons would not benefit. Additionally, children are often pulled out of school during times of economic and food stress (e.g., to earn income for the household), in which case they would no longer benefit.
- In some cases, children benefiting from the program may receive less food from home (i.e., the "substitution effect").
- School feeding can stimulate migration of students to schools with rations (including rural to urban migration), potentially resulting in overcrowding.
- If the emergency takes place during the weeks when there is no school, an alternative method of providing the support must be found.

PROGRAMMING CONSIDERATIONS

Targeting issues:

- These programs target schools rather than children (i.e., all children are fed in participating schools).
- School selection in urban areas is challenging because the schools are frequently in close proximity. Selection must be justified in a clear and transparent manner to minimize conflict with neighboring schools that are not covered. Because food security information may not be available at the level of the school, schools must frequently be selected or excluded on the basis of community level data.
- Schools in informal or squatter settlements must not be systematically excluded.
- For schools in an area with a high prevalence of food insecurity but without the physical facilities necessary for school feeding, it may be necessary to assist the school to build the facilities (for

food preparation, as well as for sanitation and hand washing).

- Because the children receive food at school that would otherwise be provided at home if the child were home during the day, some food-insecure families use that income for other urgent household needs (i.e., substitution).

Long-term developmental considerations:

- If a school feeding program promotes enrollment, attendance and retention, then there are clear benefits for human capital formation over the medium to long term. Parent-teacher associations (PTAs) can also be the basis for other types of community activities.

Program requirements:

- Administrative and logistical considerations are similar to those of wet feeding.
- As noted above, schools should be selected based on a transparent needs assessment.
- Community responsibility for providing fuel or other resources must be clear from the outset.

Risks and potential pitfalls:

- Other than the alleviation of short-term hunger, school feeding programs will not result in improved nutritional status of the beneficiaries.
- In terms of effects on attendance and retention, an initial needs assessment should determine the reasons for low school attendance to confirm whether school feeding would be able to address those reasons. If children are not in school because their labor is strongly needed at home (e.g., for agricultural harvesting), school feeding during that time may not have an impact.
- The monotony of the ration may fail to attract children.
- In some cases, governments may redirect funds away from the education sector when external support starts.
- Schools may need to find acceptable ways to get fuel, safe water and energy efficient cooking stoves.

M&E considerations:

- In many cases, the Ministry of Education or other education-related government institutions should have enrollment and attendance data to use for program monitoring.
- Close monitoring of individual schools is necessary to avoid abuses. Strong PTAs will help monitor and ensure compliance with regulations.

Exit strategy:

- The program must be clear about the anticipated duration of the intervention. Exit strategies for school feeding are easier than other types of programs because every school year has an end date.
- If the program is set for a long term, it is possible to develop an exit strategy based on “milestones”: each year a new, higher objective is set (e.g. starting with the rehabilitation of the school, ending with the community providing the resources to continue the school feeding program without external donations).

COUNTRY EXAMPLES

- WFP in Kenya.⁷⁰ From 2004-8, WFP implemented a school feeding program in the peri-urban slums around Nairobi to provide “a dietary support for all children attending school, to: (a) combat short-term hunger; (b) improve their attention span and cognitive ability; and (c) provide an incentive to girls and orphans to enroll in, attend and remain at school on a regular basis, until completion. The daily food basket will consist of 150 g of maize, 40 g of pulses and 5 g of vegetable oil per child, with a total dietary contribution that is equivalent to 700 kcal and 23 g of protein per student per day.”⁷¹
- WFP in Indonesia.⁷² In 1999, WFP provided poor households in greater Jakarta and four other cities with a dry ration, conditional on their children’s school attendance.
- WFP in Angola.⁷³ A 2006-9 Protracted Relief and Recovery Operation in Angola includes school feeding for a total of 342,000 schoolchildren as part of a package of health, nutrition and education oriented activities.

3.9 Food Support to Child Care Centers

DEFINITION

Child care center programs aim to alleviate poverty by providing working parents with low-cost child care to facilitate the development of their young children and to promote community participation in the overall development of children. Similar to school feeding in urban emergencies, child care feeding programs may be implemented where there is an existing (e.g., government) and well established institution already in place and where additional support in the form of food for the crisis-affected community has been determined to be feasible and appropriate. Child care programs may differ in certain modalities and operational aspects, but they generally offer the same basic package of services: food, education, early child stimulation, care and affection, and hygiene. Caretakers are selected locally to be trained and in charge of the center. Programs usually offer the following additional set of inputs to the caretakers: (1) money to purchase condiments, gas and educational supplies; (2) food to be used in meals prepared for the children; and (3) an “incentive” per child per month for the caretaker. Parents are often expected to complement this amount with a contribution of their own per child per month and to provide monthly supplies of basic items.

ADVANTAGES AND DISADVANTAGES

Advantages:

- The lack of child care options may represent a major obstacle to achieving household livelihood and food security among urban women, especially women heads of households. Child care centers allow working parents (especially women) to seek employment outside the home.
- Children can be provided with high quality child care services and nutritional support.
- The cost per child is relatively low. Overall, the cost of the program has ranged from US\$0.58 per child per day (Colombia’s Hogares Comunitarios de Bienestar) to US\$2.15 (Bolivia’s Proyecto Integral de Desarrollo Infantil). Guatemala was in the middle of the range at US\$1.38 per child per day (1998 data), where only one fifth of the cost was incurred by parents.⁷⁴
- Experience shows the programs are very appreciated by parents, and compliance with parameters for participation is high.
- Increased educational attainment for older siblings has been documented, as they no longer had to miss school to care for younger children (Guatemala study).⁷⁵

Disadvantages:

- Each child care center can serve only a limited number of children (10-15) to be effective. Thus many centers are needed to reach scale, increasing the logistical complexity of the overall program.
- Materials (e.g., gas stoves, toys, educational supplies) break or deteriorate over time and need to be replaced periodically.
- Delays in receiving inputs (i.e., food, cash) have very negative impact on operation as they have ripple effects on the center’s ability to operate and thus on parents’ capacity to continue their employment.
- Controls are needed as caretakers may use the transfers to feed their family in addition to the beneficiary children. However, this may also be deliberately accounted for by the program as an incentive for caretakers, with the amount of food provided adjusted accordingly.
- Logistics are sometimes complex. Caretakers may be required to collect the food and cash transfer from the program and parents. Programs should aim to minimize caretakers’ burden in this regard. Some programs deliver the food directly to the child care centers.
- Women who often spend very long hours away from home, between commuting and work, may have difficulty complying with program participation requirements because of their physical absence from the communities where they live and where the child care centers are located.

- Caretakers often need refresher or new training (e.g., on using menus, on substituting foods of similar nutritional value to adjust for changes in prices and seasonal availability).

PROGRAMMING CONSIDERATIONS

Targeting issues:

- Maternal or both parents' employment away from home is usually the first eligibility criterion.
- Geographic targeting is usually practiced (e.g., only centers in low-income neighborhoods are supported).
- Targeting may also be based on means testing (income), although self-targeting by the poor and food insecure can work if using the child care program is seen as stigmatizing.

Long-term developmental considerations:

- The program allows households to build their assets by helping income generation.
- The program provides early head start for children and protects their nutrition and health.

Program requirements:

- Basic equipment is required (e.g., furniture, kitchen equipment, utensils, educational material, toys).
- Caretakers are required to be trained in the preparation of meals, psycho social care, etc.
- Transport of food can be an issue if not provided directly to the child care center by the program.
- Collection of fees from parents (if part of the program) may also create problems for caretakers.

Risks and potential pitfalls:

- Service provision in terms of hygiene, safety and caretaker-child interactions can vary substantially across centers.
- Caretakers may fail to allocate the necessary time to educational activities because of time constraints or because they do not feel adequately trained, motivated, remunerated, etc.

M&E considerations:

- Close monitoring of costs is needed to keep the level of inputs appropriate to children's needs (e.g., increases in the price of food may affect the quality/quantity of food provided).

Exit strategy:

- This type of program depends on external support unless the centers can be made self-sustaining financially.
- The best exit strategy for FFP is to establish the model, demonstrate its usefulness, then help the program and caretakers to seek alternate sources of funding to continue operating.

COUNTRY EXAMPLE

- Guatemala.⁷⁶ The best studied case for child care centers and a model in its genre, the Hogares Comunitarios began as a First Lady program, supported with donated food (including Title II through CRS). Positive results were obtained on household income, child nutrition and psychosocial development. The value of the program and its popularity among urban poor have motivated subsequent governments to maintain the program since its inception in 1998.

3.10 Market Assistance Programs (MAPs)

DEFINITION

A market assistance program (MAP) provides food to food-insecure households through targeted market sales at a subsidized price. MAPs aim primarily to increase access of food-insecure households to affordable food supplies. Unlike monetization which involves the sale of a commodity at a fair market price to fund other expenses and activities, MAPs distribute food at a fixed, subsidized price (which cannot be changed by vendors). Unlike government-to-government donations of food, MAPs distribute food through retail outlets and existing traders, and unlike monetization which typically aims to sell preferred (high value) commodities, MAPs use less preferred commodities to assist in self-targeting. Subsidized staple commodities can also be sold through a set of program vendors to beneficiary households identified to be eligible (i.e., where the program is not self-targeted); several issues and examples of these programs are noted below.

ADVANTAGES AND DISADVANTAGES

Advantages:

- MAPs can stabilize volatile food prices by infusing cheaper foods into the urban markets, including markets and vendors that serve catchment areas where food-insecure households are clustered. If food-insecure households tend to use identifiable vendors (e.g., small urban shops), these types of vendors can be specifically enrolled in the program.
- Because MAPs work through existing market channels, they are easier to undertake than direct distribution which usually requires setting up a separate distribution system.
- MAPs will usually be self-targeting rather than administratively targeted.
- MAPs may be more cost effective than FFW or targeted household distribution if well administered because of reduced cost of distribution and the possibility of earning revenue that can help cover costs.

Disadvantages:

- MAPs are only effective if the market infrastructure is present and if the target population (e.g., urban poor and food insecure) can afford to buy the food at the subsidized price and can access the vendors.

PROGRAMMING CONSIDERATIONS

Targeting issues:

- MAPs use three types of targeting: geographic targeting, use of self-targeting commodities and use of sales modalities that increase the likelihood that most of the food being purchased is purchased by targeted populations. Selection of commodities to promote effective self-targeting can be based on desirability of the commodity (e.g., cassava flour versus maize flour), its color (e.g., yellow versus white), and the quality of milling (e.g., less versus more refined). For sales modalities, options include selling in smaller package sizes, advertising the product as being assistance to avoid it becoming a high status item, and imposing purchase limits. The price of the subsidized MAP commodity should be set to be lower than the price and availability of more preferred commodities in the market.

Long-term developmental considerations:

- MAPs and targeted food subsidies have longer-term impact in cases where there is investment in market systems for distribution, where boosting effective demand stimulates market development, and where the MAP stimulates new demand for the distributed commodities which may have previously been uncommon or less preferred by the population.

Program requirements:

- MAPs require procurement and management of the commodity, as well as population monitoring to determine if the targeted population is actually benefiting from the program.
- Private voluntary organizations (PVOs) implementing a program should impose sales conditions (i.e., price, volume) upon its buyers to ensure that the commodities are well targeted and that the intervention retains its objective rather than maximizing profit generation.
- Price must be set such that target households can pay the price without excessively depleting their assets or forgoing expenditure on other basic needs, and it cannot trigger hoarding or diversion to unintended markets.

Risks and potential pitfalls:

- Subsidies pose several risks to the food market system as well as the policy making process, and should be considered with caution. They may stimulate rent seeking behaviors among politically and economically advantaged groups, such as traders and government employees. If the subsidized price is too high, the poorest households will not be able to buy it. If the price is too low, the foods will be hoarded (i.e., for resale at a higher price) or diverted (e.g., to animal feed). If a high-status commodity is selected, the better-off will buy it.
- Existing market stocks—purchased earlier at higher prices by retailers—will dampen the initial effect of the subsidy as traders will want to reduce their loss by passing it progressively to consumers. The immediate effect will be a progressive but not immediate reduction in prices, unless special agreements are reached with the government. For instance, in Haiti in 2008, large traders accepted a partial loss on their existing stocks; retail outlets were not part of this agreement, however, so the effect on street prices was almost unnoticeable, especially in more remote areas.⁷⁷

M&E considerations:

- Subsidies require market monitoring to detect market distortion. The PVO must have the capacity to monitor the target population to determine if the target beneficiaries are being reached.

Exit strategy:

- The main obstacles to phasing out food subsidies are political resistance to phasing out a benefit to which people may begin to feel entitled, particularly where there is concern that the poor will not be able to purchase the staple food at free market price.

COUNTRY EXAMPLES

- C-SAFE in Zimbabwe:⁷⁸ Since 2003, the Market Assistance Program has provided milled sorghum to the working poor via subsidized sales through small retailers (tuck shops) in targeted neighborhoods in selected urban areas in Zimbabwe. It has used “desirability” and geography as the means to target beneficiaries (i.e., self-selection), as those with sufficient income prefer milled corn where available.
- WFP in Afghanistan:⁷⁹ Beginning in 1994, WFP supported bakeries in Afghanistan (including Kabul) that sold wheat bread (the national staple) at a highly subsidized price. Beneficiaries were identified to be eligible on the basis of administrative targeting and/or household survey.
- WFP in Indonesia:⁸⁰ From 1999-2005, WFP provided subsidized rice to poor urban households in Jabotabek and Surabaya. Beneficiaries were identified to be eligible on the basis of income level reported during a household survey.

3.1 I Support to National Strategic Food Reserves

DEFINITION

These activities typically entail the transfer of grain by donors to a national strategic grain reserve or food security reserve. The donor may also provide financial support to government grain imports. The main objectives of increasing national strategic grain reserves are to ensure stocks are sufficient for large-scale direct distribution in the event of an acute food crisis—including loaning to humanitarian agencies to expedite response—as well as to enable the government to manipulate food markets (e.g., reducing prices for consumers, stabilizing volatile prices) by injecting food commodities into those markets. Replenishing a national strategic grain reserve is an appropriate strategy if, in the event of a crisis, the national government would otherwise lack sufficient stocks to respond, it would lack the currency (especially foreign) to purchase grain on the international market, and the private sector would not be expected to fill the gap. Globally, food reserves are estimated to be at their lowest level in 25-30 years, regenerating interest in establishing and maintaining national reserves.⁸¹

ADVANTAGES AND DISADVANTAGES

Advantages:

- This type of intervention is suited to an urban population that still has access to income to purchase food.
- The intervention works through national grain storage and distribution systems, building capacity rather than setting up a parallel system.
- This activity bolsters national crisis preparedness and enables market-level interventions.
- This activity can boost availability of grain on the market if private/commercial grain fails to do so.
- This activity can provide loans of grain to humanitarian agencies to temporarily compensate for pipeline delays.

Disadvantages:

- While national strategic grain reserves are an essential component of national disaster preparedness, supporting these stocks is not a rapid or necessarily a well-targeted response to a localized food crisis.
- Poor activity management can result in market distortion.
- National strategic grain reserves are only effective where market dynamics are functioning.
- Politicization (e.g., release during election periods, release to certain political constituencies) of these stocks can lead to inappropriate use of the reserves and a reduction of the reserves' efficacy/availability for genuine disaster mitigation/response.
- The activity requires the national capability to manage the national strategic grain reserve. This includes receiving and issuing grain as well as relatively sophisticated analyses of national, regional and international agriculture and trade trends.

PROGRAMMING CONSIDERATIONS

Targeting issues:

- Strategic grain reserves are typically used to boost grain availability and stabilize grain prices through the national food distribution (i.e., usually retail) network.
- By donating the grain to government or parastatal agencies rather than administering the food assistance through NGOs, the decision making on targeting (i.e., geographically and administratively) shifts to government bodies.

Long-term developmental considerations:

- Boosting a national strategic grain reserve invests in an essential component of national disaster preparedness capability.
- Longer-term price stabilization permits the continuation of national economic stability and production.

Administrative and logistical considerations:

- This is a one-off activity so it does not pose the administrative burden of ongoing activities.
- The activity requires setting a trigger price at which to release grain onto the market, floor and ceiling prices, and a period during which those prices are in effect.
- The activity requires identification of private traders and mills to participate in distribution.

Risks and potential pitfalls:

- Misuse and ineffective use can result if the capacity of state-run or parastatal focal institutions to manage the reserve is weak, or if management of the reserve is not linked to a strong food security monitoring and early warning and response system, a market information system or a network of traders and processors.
- The activity must be profitable for traders, who otherwise will not willingly participate.
- The activity may undermine imports by private traders and thus depress the market.⁸²
- If a large-scale crisis is foreseen, if national food availability is an issue, or if a national reserve has not been established, then it can be effective, but it requires specific conditions to be successful.

M&E considerations:

- The following must be monitored: the quality of commodities in the stocks; the prices of the commodities relative to the floor, ceiling and trigger prices; the quality and quantity of imports to detect distortions in the market; and crop production, market flows and prices, and coping strategies as part of early warning systems.

Exit strategy:

- The emphasis should be on ensuring that the national government maintains its own stocks in the reserve through domestic production or purchase on the open market at times when global levels on the market are high and prices are low (at the beginning of the marketing year).

COUNTRY EXAMPLE

- Government of Ethiopia (2008):⁸³ Ethiopia's Emergency Food Security Reserve (EFSR) holds more than 400,000 MT of food as a reserve for distribution by the Government or to loan to humanitarian agencies to expedite response in case of crisis. Although large-scale multi-year distributions of food assistance—compounded by dwindling donations of food assistance from donors to replenish national stocks—have depleted the reserve, current concerns about the effects of global price trends on hunger rates in the country have triggered the interest in Ethiopia of ensuring that national grain reserves are well stocked, efficiently managed (including reserved for unforeseen crises, rather than for routine operations) and effectively used to address price shocks. The Government of Ethiopia, via a parastatal organization, began urban distributions of grain in 2008 as price inflation outstripped the capacity of poor urban dwellers to purchase staple grains. No analysis is available yet on the effects of this urban distribution program.

ANNEX A. ADDITIONAL RESOURCES

URBAN NUTRITION AND FOOD SECURITY

- Garrett J. *Achieving Urban Food and Nutrition Security in the Developing World: Overview*. IFPRI. Focus 3, Brief 1 of 10, August 2000.
- Morris S. *Targeting Urban Malnutrition: A Multicity Analysis of the Spatial Distribution of Childhood Nutritional Status*. Available: <http://www.ifpri.org/divs/fcnd/dp/papers/fcnbr94.pdf>.
- WFP. *Urban Food Insecurity: Strategies for WFP*. Executive Board: WFP/EB.A/2002/5-B. Rome: WFP, 2002.

EMERGENCY NUTRITION AND FOOD SECURITY ASSESSMENT, PROGRAMMING, AND M&E

- Adams L and P Harvey. *Analyzing Markets*. London: Humanitarian Policy Group, 2006.
- CARE. *A Market Analysis and Decision Tree Tool for Response Analysis: Cash, Local Purchase and/or Imported Food Aid?* Washington DC: USAID, 2007.
- Barrett C and Maxwell D. *Food Aid After Fifty Years: Recasting its Role*. London: Routledge, 2005.
- Checchi F and Roberts L. "Interpreting and Using Mortality Data in Humanitarian Emergencies: A Primer for Non-Epidemiologists," *Humanitarian Practice Network* Paper No. 52. London: Humanitarian Practice Network, Overseas Development Institute, 2005.
- Devereux, S. *Distinguishing Between Chronic and Transitory Food Insecurity in Emergency Needs Assessments*. Rome: WFP, 2006.
- Dirba G and S Renk. *Market Analysis in Emergency Food Security Assessments: Guidelines on Market Situation Analysis and Forecast and Response Protocol*. Rome: WFP, 2007.
- Frankenberger T, Garrett J and Downen J. *Achieving Urban Food and Nutrition Security in the Developing World: Programming for Urban Food and Nutrition Security*. IFPRI. Focus 3, Brief 10 of 10, August 2000.
- IFE Core Group. *Infant and Young Child Feeding in Emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers*. Oxford: IFE Core Group, 2007.
- Jaspars S. *From Food Crisis to Fair Trade: Livelihoods Analysis, Protection and Support in Emergencies*. Oxford: Emergency Nutrition Network, 2006.
- Rogers BL and Macias K. *Program Graduation and Exit Strategies: A Focus on Title II Food Aid Development Programs*. Washington DC: Food and Nutrition Technical Assistance Project, Academy for Educational Development, 2004.
- Seal A and Prudhon C. *Assessing Micronutrient Deficiencies in Emergencies: Current practice and Future Directions*. Geneva, SCN, NICS, 2007.
- SPHERE Project. *Humanitarian Charter and Minimum Standards in Disaster Response*. Geneva: SPHERE Project, 2004.
- Young H and Jaspars S. "The Meaning and Measurement of Acute Malnutrition: A Primer for Decision-makers," *Humanitarian Practice Network* Paper No. 56. London: Humanitarian Practice Network, Overseas Development Institute, 2006.
- UNESCO, 2005. Available: http://portal.unesco.org/education/en/ev.phpURL_ID=41906&URL_DO= DO_TOPIC&URL_SECTION=201.html.
- USAID. *Commodity Reference Guide*. Available: http://www.usaid.gov/our_work/humanitarian_assistance/ffp/crg/.
- WFP. *Emergency Field Operations Pocketbook*. Rome: WFP, 2005.
- WFP. *Food and Nutrition Handbook*. Rome: WFP.
- WFP. *Programming Food Aid in Urban Areas: Operational Guidance*. Executive Board: WFP/EB.1/2004/10-B.

- WHO, WFP and UNICEF. *Preventing and Controlling Micronutrient Deficiencies in Populations Affected by an Emergency: A Joint Statement by the World Health Organization, the World Food Programme and the United Nations Children's Fund*. Geneva: WHO, 2007.

NON-FOOD BASED PROGRAMMING

- Barrett C, Maxwell D and Lentz E. *Cash, Local Purchase and Imported Food Aid: A Market Analysis and Decision-Tree Tool*. Atlanta: CARE, 2007.
- Creti P and Jaspars S. *Cash Transfer Programming in Emergencies*. Oxford: Oxfam, 2006.
- Gentilini U. *Cash and Food Transfers: A Primer*. Occasional Papers No. 18, Rome: WFP, 2007.
- Harvey P. *Cash Based Responses in Emergencies*. London: Humanitarian Policy Group, 2007.
- Peppiatt D, Mitchell J and Holzmann P. *Cash Transfers in Emergencies: Evaluating Benefits and Assessing Risks*. London: Humanitarian Practice Network, 2001.

TARGETING

- Taylor A, Seaman J and Save the Children Fund UK. *Targeting Food Aid in Emergencies*. Emergency Nutrition Network Special Supplement. Oxford: Emergency Nutrition Network, 2004.

WET FEEDING, SUPPLEMENTARY FEEDING PROGRAMS AND MCHN PROGRAMS

- Core Group. *Positive Deviance/Hearth: A Resource Guide for Sustainably Rehabilitating Malnourished Children*. Available: http://www.coregroup.org/working_groups/Hearth_Book.pdf.
- Navarro-Colorado C. *A Retrospective Study of Emergency Supplementary Feeding Programs*. London: Save the Children UK and ENN, 2007.
- Ruel M, Menon P, Habicht JP, Loechl C, Bergeron G, Pelto G, Arimond M, Maluccio K, Michaud L and Hankebo B. "Age-Based Preventive Targeting of Food Assistance and Behaviour Change and Communication for Reduction of Childhood Undernutrition in Haiti: a Cluster Randomised Trial," *The Lancet* - Vol. 371, Issue 9612, 16 February 2008, Pages 588-595.
- SPHERE Project. *Humanitarian Charter and Minimum Standards in Disaster Response*. Geneva: SPHERE Project, 2004.

MANAGEMENT OF ACUTE MALNUTRITION AND CMAM

- Deconinck H, Grant F and Navarro-Colorado C. *Review of Community-based Management of Acute Malnutrition (CMAM) in the Post-emergency Context: Synthesis of Lessons on Integration of CMAM into National Health Systems*. Washington DC: FANTA Project, 2008.
- SPHERE Project. *Humanitarian Charter and Minimum Standards in Disaster Response*. Geneva: SPHERE Project, 2004.
- Valid International. *Community-based Therapeutic Care (CTC): A Field Manual*. Oxford UK: Valid International, 2006.
- WHO. *Management of severe malnutrition: a manual for physicians and other senior health workers*. Geneva: World Health Organization, 1999.
- WHO, WFP, UNSSCN, UNICEF. *Community-Based Management of Severe Acute Malnutrition: A Joint Statement by the World Health Organization, the World Food Programme, the United Nations System Standing Committee on Nutrition and the United Nations Children's Fund*. Geneva: WHO/WFP/UNSSCN/UNICEF, 2007.

INSTITUTIONAL FEEDING PROGRAMS AND SUPPORT TO CHILD CARE FACILITIES

- Ruel, Quisumbing et al. *The Guatemala Community Day Care Program. An Example of Effective Urban Programming*. Research Report 144, IFPRI, Washington, 2000.
- Ruel, M. T. *Operational Evaluation of the Hogares Comunitarios Program in Guatemala. Final Report*. IFPRI, Washington, 2001.

SCHOOL FEEDING PROGRAMS

- WFP. *Food for Education Works: A Review of WFP Programme Monitoring and Evaluation 2002-2006*. Rome: WFP, 2007.
- Bergeron G and JM Del Rosso. *Food for Education Indicator Guide*. Washington DC: FANTA Project, 2001.
- Del Rosso JM and Marek T. *Class Action: Improving School Performance in the Developing World*. Washington DC: World Bank, 1996.
- Inter-agency Network for Education in Emergencies (INEE) website: <http://www.ineesite.org>.
- USDA Food for Education Initiative website: <http://www.fas.usda.gov/excredits/FoodAid/FFE/FFE.asp>.
- WFP SF website: <http://ffe.schoolsandhealth.org>.

MARKET ASSISTANCE PROGRAMS

- Diskin P. *Market Assistance Program (MAP): Field Manual for USAID P.L. 480 Title II Programs*. Washington DC: USAID, 2008.
- Alderman H. *Subsidies as a Social Safety Net: Effectiveness and Challenges*. Social Protection Discussion Paper No. 0224, 9/2, Washington DC: World Bank, 2002.

NATIONAL STRATEGIC FOOD RESERVES

- FAO. *Strategic Grain Reserves: Guidelines for their Establishment, Management and Operation*. FAO Agricultural Services Bulletin 126. Rome: FAO, 1997.

ANNEX B. THE SPHERE PROJECT NUTRITION AND FOOD SECURITY ASSESSMENT CHECKLISTS

THE SPHERE PROJECT NUTRITION ASSESSMENT CHECKLIST

Adapted from SPHERE Project. Humanitarian Charter and Minimum Standards in Disaster Response (2004).

Below are sample questions for assessments examining the underlying causes of malnutrition, the level of nutritional risk and possibilities for response. The questions are based on the conceptual framework of the causes of malnutrition. The information is likely to be available from a variety of sources and gathering it will require a variety of assessment tools, including key informant interviews, observation and review of secondary data.

What information on the nutritional situation exists?

- Have any nutrition surveys been conducted?
- Are there any data from mother and child health clinics?
- Are there any data from existing supplementary or therapeutic feeding centers?
- What information exists on the nutritional situation of the affected population prior to the current crisis (even if people are no longer in the same place)?

What is the risk of malnutrition related to poor public health?

- Are there any reports of disease outbreaks which may affect nutritional status, such as measles or acute diarrheal disease? Is there a risk that these outbreaks will occur?
- What is the estimated measles vaccination coverage of the affected population? Is Vitamin A routinely given in measles vaccination? What is the estimated Vitamin A supplement coverage?
- Has anyone estimated mortality rates, either crude or under five? What are they and what method has been used?
- Is there, or will there be, a significant decline in ambient temperature likely to affect the prevalence of acute respiratory infection or the energy requirements of the affected population?
- Is there a high prevalence of HIV/AIDS, and are people already vulnerable to malnutrition due to poverty or ill health? Have people been in water or wet clothes for long periods of time?

What is the risk of malnutrition related to inadequate care?

- Is there a change in work patterns (i.e., due to migration, displacement or armed conflict) which means that roles and responsibilities in the household have changed? Is there a change in the normal composition of households?
- Are there large numbers of separated children? Has the normal care environment been disrupted (e.g. through displacement), affecting access to secondary carers, access to foods for children, access to water, etc?
- What are the normal infant feeding practices? Are mothers bottle feeding their babies or using manufactured complementary foods? If so, is there an infrastructure that can support safe bottle feeding? Is there evidence of donations of baby foods and milks, bottles and teats or requests for donations?
- In pastoral communities, have the herds been away from young children for long? Has access to milk changed?
- Has HIV/AIDS affected caring practices at household level?

What is the risk of malnutrition related to reduced food access? (See food security assessment checklist.)

What formal and informal local structures are currently in place through which potential interventions could be channelled?

- What is the capacity of the Ministry of Health, religious organizations, HIV/AIDS community support groups, infant feeding support groups, or NGOs with a long- or short-term presence in the area?
- What is available in the food pipeline?
- Is the population likely to move (i.e., for pasture/assistance/work) in the near future?

What nutrition interventions or community-based support were already in place before the current disaster and were they organized by local communities, individuals, NGOs, government organizations, UN agencies, religious organizations, etc.? What are the nutrition policies (past, ongoing and lapsed), the planned long-term nutrition responses, and programs that are being implemented or planned in response to the current situation?

THE SPHERE PROJECT FOOD SECURITY ASSESSMENT CHECKLIST

Adapted from SPHERE Project. Humanitarian Charter and Minimum Standards in Disaster Response (2004).

Food security assessments often broadly categorize the affected population into livelihood groupings according to their sources of and strategies for obtaining income or food. This may also include a breakdown of the population according to wealth groups or strata. It is important to compare the prevailing situation with the history of food security pre-disaster. So-called “average years” may be considered as a baseline. The specific roles and vulnerabilities of women and men, and the implications for household food security should be considered. Consideration of intra-household food security differences may also be important.

This checklist covers the broad areas that are usually considered in a food security assessment. Additional information must also be collected on the wider context of the disaster (e.g., its political context, population numbers and movements, etc.) and possibly in relation to other relevant sectors (e.g., nutrition, health, water and shelter). The checklist must also be adapted to suit the local context and the objectives of the assessment. More detailed checklists are available in, for example, the Field Operations Guide of USAID (1998).

Food security of livelihood groups:

- Are there groups in the community who share the same livelihood strategies? How can these be categorized according to their main sources of food or income?

Food security pre-disaster (baseline):

- How did the different livelihood groups acquire food or income before the disaster? For an average year in the recent past, what were their sources of food and income?
- How did these different sources of food and income vary between seasons in a normal year? (Constructing a seasonal calendar may be useful.)
- Looking back over the past 5 or 10 years, how has food security varied from year-to-year? (Constructing a timeline or history of good and bad years may be useful.)
- What kind of assets, savings or other reserves are owned by the different livelihood groups (e.g., food stocks, cash savings, livestock holdings, investments, credit, unclaimed debt)?
- Over a period of a week or a month, what do household expenditures include and what proportion is spent on each item?

- Who is responsible for management of cash in the household and on what is cash spent?
- How accessible is the nearest market for obtaining basic goods? (Consider distance, security, ease of mobility, availability of market information, etc.)
- What is the availability and price of essential goods, including food?
- Prior to the disaster, what were the average terms of trade between essential sources of income and food (e.g., wages to food, livestock to food)?

Food security during disaster:

- How has the disaster affected the different sources of food and income for each of the livelihood groups identified?
- How has it affected the usual seasonal patterns of food security for the different groups?
- How has it affected access to markets, market availability and prices of essential goods?
- For different livelihood groups, what are the different coping strategies and what proportion of people are engaged in them?
- How has this changed as compared with the pre-disaster situation?
- Which group or population is most affected?
- What are the short- and medium-term effects of coping strategies on people's financial and other assets?
- For all livelihood groups and all vulnerable groups, what are the effects of coping strategies on their health, general well-being and dignity? Are there risks associated with coping strategies?

ENDNOTES

- 1 Garrett J. *Beyond Rural Urban: Keeping Up With Changing Realities*. Washington DC: IFPRI, 2005.
- 2 Ruel M and Garrett. "Features of Urban Food and Nutrition Security and Considerations for Successful Urban Programming," *Journal of Agricultural and Development Economics*, FAO, 1812-7029.
- 3 United Nations Food and Agriculture Organization. *Assessment of Nutritional Status in Urban Areas*. Available: www.fao.org/ag/agn/nutrition/urban_assessment_en.stm.
- 4 Ruel, M.T., Haddad, L.H. and J.L. Garrett. "Some Urban Facts of Life: Implications for Research and Policy," *World Development* 27 (11): 1917-1938, 1999. See also Maxwell, Levin et al. *Urban livelihoods and food and nutrition security in Greater Accra, Ghana*. Research Report 112, IFPRI Washington. 2000.
- 5 Frankenberger TR, Garrett JL and J Downen. *Programming for Urban Food and Nutrition Security*. 2020 Focus No.03 - Brief 10, August 2000. Available: www.ifpri.org/2020/focus/focus03/focus03_10.asp.
- 6 Examples include the keyhole, container and sack gardens promoted in urban communities in Kenya, Mozambique and numerous other countries.
- 7 WFP's Price Impact Assessment Reports can be accessed on the WFP website. Available: www.wfp.org/english/?n=732.
- 8 SPHERE Project. *Humanitarian Charter and Minimum Standards in Disaster Response*. Available: www.sphereproject.org.
- 9 Garrett JL and J Downen. "Strengthening Rapid Assessments in Urban Areas: Lessons from Bangladesh and Tanzania," *Human Organization*, Vol. 61, No. 4, 2002. Available: www.ifpri.org/pubs/articles/2002/garrett02_01.pdf
- 10 FEG Consulting and Save the Children/UK. *Practitioner's Guide to Household Economy Assessment*. Available: <http://feg-consulting.com/resource/practitioners-guide-to-hea/practitioners-guide-to-hea>.
- 11 Those concepts are derived from Watkins, 2008; *Alternative Methods for Targeting Social Assistance to Highly Vulnerable Groups*. Kimerica, Washington. 2008. and Coody, D. M. Grosh, and J. Hoddinott. *Targeting of Transfers in Developing Countries: Review of Lessons and Experience*. Washington DC: World Bank and the International Food Policy Research Institute, 2004.
- 12 Rogers BL and Macias K. *Program Graduation and Exit Strategies: A Focus on Title II Food Aid Development Programs*. Washington DC: Food and Nutrition Technical Assistance Project, Academy for Educational Development, 2004.
- 13 Garrett J. *Lessons from the Urban Food-For-Work Program, CARE-Ethiopia: Notes and Observations*. Washington DC: 2001. Available: www.ifpri.org/themes/mp14/unpublished/m14careethiopia.pdf.
- 14 CARE. *FY2007 Results Report: Madagascar*. Washington DC: USAID, 2007.
- 15 Garrett J. *Lessons from the Urban Food-For-Work Program, CARE-Ethiopia: Notes and Observations*. Washington DC: 2001. Available: www.ifpri.org/themes/mp14/unpublished/m14careethiopia.pdf.
- 16 CARE. *FY2007 Results Report: Madagascar*. Washington DC: USAID, 2007.
- 17 World Vision. *FY2007 Results Report: Indonesia*. Washington DC: USAID, 2007.
- 18 WFP. *Budget Increase to Protracted Relief and Recovery Operation* 10427.0 (20 Mar 2008). Available: www.wfp.org/operations/current_operations/BR/104270_0804.pdf.
- 19 WFP and Government of Afghanistan. *Afghanistan Joint Appeal for the Humanitarian Consequences of the Rise in Food Prices*. Kabul: WFP, 2008. Available: <http://ochaonline.un.org/cap2005/webpage.asp?Page=1654>.
- 20 WFP. *Wheat Price Increase and Urban Programming in Afghanistan: Rapid Assessment Mission Report*. Kabul: WFP, 2008. Available: <http://documents.wfp.org/stellent/groups/public/documents/ena/wfp179713.pdf>.
- 21 Fieser R. *Facing a Food Crisis in Haiti*. Available: www.crs.org/haiti/food-crisis-protests/.
- 22 CARE website. *Project Information: Kabul Widows Humanitarian Assistance (KWHA-V)*. Available: www.care.org/careswork/projects/AFG018.asp?source=170860490000&channel=default.
- 23 CARE website. *Project Information: Joint Emergency Food Aid Programme (Phase III)*. Available: www.care.org/careswork/projects/MWI019.asp.
- 24 Zimbabwe Office of the UN Coordinator website. *Minutes of the Food Aid Co-Ordination Meeting*. Available: www.zimrelief.info/files/attachments/food%20aid%20coordination%20meeting%20minutes%20june.doc.
- 25 Adapted from Jaspars S. "From Food Crisis to Fair Trade: Livelihoods Analysis, Protection and Support in Emergencies." Oxford: Oxfam and Emergency Nutrition Network, 2006.
- 26 Garrett J. *Lessons from the Urban Food-For-Work Program, CARE-Ethiopia: Notes and Observations*. Washington DC: 2001. Available: www.ifpri.org/themes/mp14/unpublished/m14careethiopia.pdf.

- 27 IFPRI and WFP. *Nutrition and Food Aid – Different Modalities, Different Impacts: Lessons From Ethiopia*. Washington DC: IFPRI, 2003. Available: www.ifpri.org/themes/mp18/wfp/ethiopia.pdf.
- 28 Garrett J. *Lessons from the Urban Food-For-Work Program, CARE-Ethiopia: Notes and Observations*. Washington DC: 2001. Available: www.ifpri.org/themes/mp14/unpublished/m14careethiopia.pdf.
- 29 WFP. *WFP and Food Based Safety Nets: Concepts, Experiences and Future Programming Opportunities*. Available: www.wfp.org/eb/docs/2004/wfp039212~2.pdf.
- 30 IFPRI. *Ethiopia: The Urban Food-For-Work Project*. Washington DC: IFPRI, 2002. Available: www.ifpri.org/pubs/ib/ib9_ethiopia.pdf.
- 31 Garrett J. *Lessons from the Urban Food-For-Work Program, CARE-Ethiopia: Notes and Observations*. Washington DC: 2001. Available: www.ifpri.org/themes/mp14/unpublished/m14careethiopia.pdf.
- 32 Smucker et al. *EFSII Haiti Evaluation report*. John Snow International. Washington. 2001.
- 33 CARE website. Available: www.care.org.
- 34 WFP *Emergency Report No. 48* (29 Nov 2002). Available: www.wfp.org/English/?ModuleID=78&Key=503.
- 35 Mercy Corps. *FY2006 Results Report: Indonesia*. Washington DC: USAID, 2006.
- 36 CARE. *FY2006 Results Report: Indonesia*. Washington DC: USAID, 2006.
- 37 CARE. *FY2006 Results Report: Bangladesh*. Washington DC: USAID, 2006.
- 38 CARE Canada. Available: <http://reliefweb.int/rw/RWB.NSF/0/d08abd92b0fb06b0c1257131003bca7a?OpenDocument&Click=>.
- 39 World Vision. *FY2007 Results Report: Indonesia*. Washington DC: USAID, 2007.
- 40 CARE. *FY2006 Results Report: Indonesia*. Washington DC: USAID, 2006.
- 41 OIC Ghana. Available: www.oicinternational.org/index.php?page=109.
- 42 SAACID. Available: www.saacid.org.
- 43 WFP. *Budget Increase to Protracted Relief and Recovery Operation Somalia* 10191.1. Available: www.wfp.org/operations/current_operations/BR/101911_0807.pdf.
- 44 SAACID. Available: www.saacid.org.
- 45 United Nations Sierra Leone. *UN-HACU Situation Report*, 98.4.3 Available: www.africa.upenn.edu/Newsletters/irinw4398.html.
- 46 WFP *Emergency Report No. 48* (29 Nov 2002). Available: www.wfp.org/English/?ModuleID=78&Key=503.
- 47 FANTA Project. International Workshop on Integration of Community-Based Management of Acute Malnutrition (CMAM): workshop materials.
- 48 SAM without complications can be treated in decentralized health facilities and can continue their treatment at home. People with SAM and medical complications should be treated as inpatients in centralized health facilities with 24-hour care capacity. Typically, less than 10% of people with SAM have complications, particularly if malnutrition is detected early at community level.
- 49 USAID. *Commodities Reference Guide*. Washington DC: USAID, 2006. Available: www.usaid.gov/our_work/humanitarian_assistance/ffp/crg/.
- 50 Ashworth A. *Efficacy and Effectiveness of Community-based Treatment of Severe Malnutrition*. Geneva: WHO, 2005, p.18.
- 51 FANTA Project. *Review of Community-based Management of Acute Malnutrition (CMAM) in the Post-emergency Context: Synthesis of Lessons on Integration of CMAM into National Health Systems*. Available: www.fantaproject.org/publications/CMAM_April08.shtml.
- 52 Lee J. *CTC in Lusaka, Zambia: Observations on the Sociocultural Context for Community-based Therapeutic Care of the Severely Malnourished*. Oxford: Valid International, 2005.
- 53 Collins S, Sadler K, Dent N, Khara T, Guerrero S, Myatt M, Saboya M and A Walsh. *Key Issues in the Success of Community-based Management of Severe Malnutrition*. Geneva: WHO, 2005, p. 25.
- 54 Lee J. *CTC in Lusaka, Zambia: Observations on the Sociocultural Context for Community-based Therapeutic Care of the Severely Malnourished*. Oxford: Valid International, 2005.
- 55 Save the Children website. Available: www.savethechildren.org/publications/technical-resources/hunger-malnutrition/EmergencyHealthNutritionForumNewsletter.pdf.
- 56 Valid International website. Available: www.validinternational.org/pages/sub.cfm?id=1278.
- 57 Save the Children website. Available: www.savethechildren.org/publications/technical-resources/hunger-malnutrition/EmergencyHealthNutritionForumNewsletter.pdf.
- 58 Concern website. Available: www.concernusa.org/Public/Program.aspx?pid=122.

- 59 Services should also include management of severe acute malnutrition (SAM), prevention and treatment of acute respiratory infections (ARI), malaria, treatment of diarrheal diseases with oral rehydration solution and zinc, and an expanded program on immunization (EPI) including measles vaccination.
- 60 Ruel MT, Menon P, Habicht JP, Loechl C, Bergeron G, Pelto G, Arimond A, Maluccio J, Michaud L, Hankebo B. "Age-based preventive targeting of food assistance and behaviour change and communication for reduction of childhood undernutrition in Haiti: a cluster randomised trial," *The Lancet* - Vol. 371, Issue 9612, 16 February 2008, pages 588-595.
- 61 World Vision, Inc. *Indonesia Transition Activities Program (TAP) Title II Grant #: 497-G-00-99-00034-00 & FFP-A-00-00-00084-00*. WVI, Washington, DC: 2000.
- 62 WFP. *WFP Protracted Relief and Recovery Operation – Angola* 10433.0. Available: www.wfp.org/operations/current_operations/project_docs/104330.pdf.
- 63 WFP. *Response to Recurrent Natural Disasters and Seasonal Food Insecurity in Madagascar PRRO Madagascar* 10442. Available: www.wfp.org/operations/current_operations/project_docs/104420.pdf.
- 64 CARE. *FY2006 Results Report: Bangladesh*. Washington DC: USAID, 2006.
- 65 Catholic Relief Services website. Available: www.crs.org/haiti/projects.cfm.
- 66 Save the Children website. Available: www.savethechildren.org.
- 67 WFP. *WFP Emergency Report No. 28* of 2003. Available: www.reliefweb.int/rw/RWB.NSF/db900SID/ACOS-64CPNY?OpenDocument.
- 68 WFP. *Summary Evaluation of Emergency Operation – Indonesia* 6006.00. Available: www.wfp.org/eb/docs/2000/wfp003886-2.pdf
- 69 According to WFP, the "Essential Package" of FFE interventions includes basic education, school meals, clean drinking water; separate sanitary latrines, micronutrient supplementation, deworming treatment, school gardens as well as basic skills education (health, hygiene and life skills, including the prevention of malaria and HIV).
- 70 WFP. *Country Programme – Kenya* 10264.0 (2004-2008). Available: www.wfp.org/operations/current_operations/project_docs/102640.pdf.
- 71 Ibid.
- 72 WFP. *Summary Evaluation of Emergency Operation – Indonesia* 6006.00. Available: www.wfp.org/eb/docs/2000/wfp003886-2.pdf.
- 73 WFP. *WFP Protracted Relief and Recovery Operation – Angola* 10433.0. Available: www.wfp.org/operations/current_operations/project_docs/104330.pdf.
- 74 Ruel, Quisumbing et al. *The Guatemala Community Day Care Program. An Example of Effective Urban Programming*. Research Report 144, IFPRI, Washington, 2000. Ruel, M. T. Operational Evaluation of the Hogares Comunitarios Program in Guatemala. Final Report. Washington, DC: IFPRI, 2001.
- 75 Ibid.
- 76 Ibid.
- 77 Gary Mathieu, Coordination Nationale de la Sécurité Alimentaire (CNSA), Ministry of Agriculture, Haiti, personal communication to author.
- 78 USAID. *Market Assistance Program: Field Manual for USAID P.L. 480 Title II Programs*. Washington DC: USAID, 2008. Available: www.usaid.gov/our_work/humanitarian_assistance/ffp/map_field_manual.pdf.
- 79 WFP. *Sustainability Study on Women Bakery Project (draft)*. Rome: WFP, 2004.
- 80 Fillaili R, Rahayu SK, Soelaksono HB, Mawardi S, Usman S, Febriany V and W Munawar. *OPSM Phase Out: Lessons Learnt*. Rome: WFP, 2007.
- 81 FAO. *Crop Prospects and Food Situation* (No. 2, April 2008). Rome: FAO, 2008.
- 82 FAO. *Strategic grain reserves - Guidelines for their establishment, management and operation* (Agricultural Services Bulletin 126). Rome: FAO, 1997.
- 83 IRIN. *An Ethiopian Solution to Costly Food Aid* (5 March 2008). Available: www.irinnews.org/report.aspx?ReportId=77118.

U.S. Agency for International Development
1300 Pennsylvania Avenue, NW
Washington, DC 20523
Tel: (202) 712-0000
Fax: (202) 216-3524
www.usaid.gov