



Helping children since 1937

Capacity Statement

Food Aid Programs¹

Global Overview and Plan's Reach

Decreasing purchasing power and rising food prices have sparked riots and civil disturbances threatening social and political stability around the world. In the summer of 2008, basic food prices reached their highest price in almost 30 years having risen 76% from their prices in 2006². In particular, rising consumer prices and shortages of food commodities have detrimentally impacted the chronically poor in developing countries—those that already spend up to 80% of their daily incomes on food. This shift in food prices has also amplified the vulnerability of women especially girls. Even before the current food crisis, 7 out of 10 of the world's hungry were women and girls³. In 2007 and 2008, an additional 115 million people were forced into chronic hunger⁴, and today, nearly 1 billion people do not have a secure access to food. This trend has jeopardized the Millennium Development Goal (MDG) to halve the proportion of hungry people worldwide by 2015⁵.

In 48 developing countries, Plan has implemented both short-term and long-term solutions in emergency and non-emergency situations to combat the global food crisis. One of Plan's most important partnerships is with the World Food Programme (WFP); Plan is the 3rd largest partner of WFP and has 14 country level partnerships with the organization⁶. Through this association, Plan and the WFP have worked to not only implement food aid programs but also have focused on knowledge sharing through their joint web portal NutriNet.org, which provides information on current innovative food aid programs and other relevant health resources.

Following are the key capacities that Plan has developed in its food aid programs worldwide.

¹ Prepared by Eric Tyler and Luis Tam in September, 2009

² FAO, The State of Agricultural Commodity Markets: High Food Prices and The Food Crisis- Experiences and Lessons Learned

³ WFP, World Hunger Series: Hunger and Markets, 2009

⁴ FAO, The State of Agricultural Commodity Markets: High Food Prices and The Food Crisis- Experiences and Lessons Learned

⁵ WFP, World Hunger Series: Hunger and Markets, 2009

⁶ WFP Executive Annual Board Session Report, 2009

Food Aid in Emergency Situations

In 2008, the High-Level Conference on World Food Security assembled and determined a number of critical steps to mitigate hunger; the most urgent of these steps called for an increase of immediate, emergency food aid. Plan has effectively partnered with the World Food Program (WFP) to respond with timely and targeted food aid during emergency situations. During the fiscal year ending in June 2008, Plan provided emergency food aid to the Dominican Republic, Haiti, Honduras, India, Indonesia, Mali, Niger, Sri Lanka, Bangladesh, and Zimbabwe. Examples from Niger, Bangladesh and Zimbabwe are described below.

Plan's initiative in Niger exemplifies its community oriented response, where the local populations are engaged and organized to respond to current and future relief efforts. In Niger, Plan provided 13 tons of food and constructed or renovated cereal banks in 86 communities, corresponding to nearly 500 tons of cereals to be ready in times of crisis. In addition, Plan Niger worked to reinforce capabilities in preparing for and dealing with disasters for those particularly at risk communities. In the fall of 2008, Plan staff conducted sessions on management skills for the cereal bank committees, administered workshops on Participatory Vulnerability Analysis, and organized meetings on food management for health agents involved in the implementation of nutritional recuperation centers.

Case Study: Zimbabwe – Emergency Vulnerable Group Feeding (2008-2009)

Between January and March of 2008, hyper-inflation, acute shortages of basic supplies and poor harvests caused an estimated 5 million people in Zimbabwe to be without access to food⁷. Predictions showed that the Zimbabwean population faced an estimated food deficit of 395,000 tons of cereal.

- ✓ Beginning in September of 2008, in partnership with the World Food Programme (WFP) and Cooperating Partners (CP), Plan Zimbabwe implemented an emergency vulnerable group feeding program in the Mutare and Mutasa districts in the eastern region of Zimbabwe.
- ✓ Plan hired 40 staffs including an additional 25 Enumerators (in charge of the management of the registration process) to add to the 71 regular employees required to administer and execute the program. For the registration and identification of food insecure households, Plan used community-based empowerment exercises to pass on the ownership of this initial registration phase to the villages while only providing facilitation and guidance. The registration process successfully identified a total of 261,018 people, 12.39% more than the prior registered official population.
- ✓ Subsequently, through food distribution points and warehouse/extended distribution points, Plan proceeded to deliver 17,903 metric tons of food to households categorized by the local communities as being food insecure. The food aid took the form of monthly food baskets which included a combination of cereals, pulses, vegetable oil and a corn Soya blend.
- ✓ The final amount of food aid delivered in the two districts exceeded the proposed target amount by 12.5%, and, in the peak feeding month, the food baskets benefited a total of 227,068 people in the Mutare District and 130,900 people in the Mutasa District (60% children and 40% adults; 52% female and 48% male)⁸.

After the impact of natural disasters, Plan has excelled in providing urgent food aid as was demonstrated in Bangladesh. In November 2007, a category 4 cyclone, SIDR, struck the southern coast of Bangladesh, resulting in a water surge 3 meters high, torrential rains, and heavy winds. The cyclone impacted more than three million people and resulted in the death

⁷ WFP, VGF Report, 2008/2009

⁸ WFP, VGF Report, 2008/2009

of more than 2,000. Within 48 hours of SIDR's arrival, Plan had completed a needs assessment and initiated an emergency response program, reaching out to 10,000 families (approximately 50,000 people) with the distribution of food for a period of three months. Over 10,000 food packs and essential non-food packs were distributed in accordance with the need and preferences of the affected communities. To provide assistance specifically to children, Plan Bangladesh also supported 30 "Shishu Kendra", or Children Centres, which provided safe spaces for a total of 4,500 children to gather for play, participate in arts and educational activities, and receive supplementary feeding.

Food Aid in Non-Emergency Situations

In non-emergency situations, Plan has integrated food aid with its ongoing school feeding programs and its maternal and child health programs. Both initiatives are designed to feed hungry children while building local capacity and empowerment.

School Feeding Programs - In the case of school feeding programs, two main implementation modalities have proven to be most effective: in-school feeding programs, where children are fed in their particular school; and take-home feeding programs, where families are given food if their children attend school. These two strategies often are not mutually exclusive and can be used to complement one another and, in cases of particularly vulnerable children, are executed in association with other programs including micronutrient supplementation. Plan has organized school feeding programs in Ghana, Burkina Faso, Senegal, Cambodia, Vietnam, China, Malawi and Zimbabwe. One of the more innovative programs occurred in Burkina Faso, and its details are highlighted below.

Case Study: Burkina Faso – School Feeding Program (2005-2008)

THE PROBLEM: Primary school enrollment rates in Burkina Faso remain some of the lowest in the world. The opportunity cost of girls' school attendance for households, which includes lost farming or other labor and/or delayed bride price, prevents many families from sending girls to school. In 2005, the gross enrollment of total children in Burkina Faso was 56%, and the rate of primary school completion was 30%, in which only one in four girls completed their primary school education.

THE SOLUTION: In accordance with USAID and financed by a Millennium Challenge Corporation grant, Plan implemented the Burkinabe Response to Improve Girl's Chances to Succeed program (BRIGHT). The BRIGHT program was executed in 132 rural villages located in the 10 provinces in Burkina Faso with the lowest girls' enrollment rates. Community members constructed canteen kitchens and selected cooks from among the mothers of the students to prepare the daily meals. In the 132 BRIGHT schools, daily meals were offered to children (both boys and girls) via a canteen as incentive to promote attendance. BRIGHT staff worked closely with the Ministry of Basic Education and Literacy to train teachers in food storage and day-to-day management of the rations. In addition to these daily meals, the BRIGHT program provided girls who achieved a 90-percent rate of school attendance a monthly ration of 8 kilograms of dry rice to take home. **THE**

RESULTS: During the first year of the BRIGHT program, over 11,000 children enrolled at 132 school complexes, instead of the 3,300 students planned, and in the second year, enrollment reached over 17,000 children, instead of the 5,650 students anticipated. Enrollment was 4.6% higher for girls than for boys. The BRIGHT program also had a positive impact on academic achievement; children who entered with test scores in the 50th percentile increased their test scores on average into the 80th percentile by the end of the program. Most important, girls had a school attendance rate of 95%, thanks to the take-home rations provided to girls who had at least 90% of attendance at school.

Food Aid and Maternal and Child Health Programs – Plan has complemented its existing maternal and child health programs with food aid in Benin, Ethiopia, Mali, Peru, Senegal, Malawi and Uganda. Two of the more innovative programs occurred in Malawi and Senegal, and their details are highlighted below.

Case Study: Malawi- Food Aid, School Feeding and Maternal and Child Health

- ✓ In Malawi, Plan procured Likuni Phala (a processed combination of soybean, dried maize, micronutrients, sugar, salt and powdered milk) to support malnourished, pre-school children through 14 health centers and child care centers in the Mzuzu and Lilongwe areas.
- ✓ Four Health Surveillance Assistants were trained in nutrition from Lilongwe who later trained 40 community resource persons to monitor and promote the growth and nutrition of pre-school children. A community based nutrition teaching aid was also developed with participation of the stakeholders and is currently being printed to be spread in the communities.
- ✓ Furthermore, Plan also distributed food as part of an integrated school feeding project. The program dispersed food to 70,000 children in 54 schools of the food insecure areas of Mulanje and Kasungu.
- ✓ The project also educated children and their families around safe water usage, health and sanitation, as well as fruit and vegetable production⁹.
- ✓ Finally, Plan organized a health week in which 859 postnatal mothers benefited from Vitamin A supplementation; in addition to 3,449 postnatal mothers with children under one year; and 11,168 postnatal mothers with children between 12 – 59 months.

Case Study: Senegal - A Community-based Strategy to Improve Child Nutrition (2004- 2011)

THE PROBLEM: In 2003, micronutrient deficiencies, lack of knowledge on good nutritional practices, and child malaria infections caused malnutrition levels to be persistently high in Senegal. Chronic malnutrition was twice as high in rural as in urban areas, and the prevalence of iron deficiency in children under 5 years were at levels over 70 percent.

THE SOLUTION: In 2004, financed by the World Bank (WB) and in association with the Senegal government and the World Food Program (WFP), Plan implemented a community-based child nutrition and maternal health project in 13 districts of Senegal. This program was proposed to cover 98% of the targeted under-five children. Plan relied on the coordination of 13 community-based organizations to bring together community leaders for joint action planning in the delivery of the project's information and services; and a Communal Coordination Committee was formed to lead these efforts. The targeted health activities were carried out by trained community volunteers and included: taking a census of the target population; monthly weighing of children to detect inadequate growth; cooking demonstrations and nutritional education; distribution of vitamin A supplements; deworming; promoting the use of insecticide-treated bed nets; promoting iodized salt consumption; and educating pregnant women on the use of prenatal consultation and iron supplements. As a supplementary effort, WFP provided enriched flour to the malnourished children and, in a separate corresponding program, provided pregnant and lactating women with a family dry ration including 5 kg of vegetables (*niébé*), 2 kg of vitamin A-enriched oil and 400 g of iodized salt.¹⁰

THE RESULTS: As of June 2008, the program has had widespread success resulting in: (a) coverage of children receiving vitamin A supplements rose from 30% to 91%; (b) coverage of de-wormed children increased from 23% to 100%; (c) household utilization of insecticide-treated bed nets improved from 55% to 87%; (d) children sleeping under mosquito nets increased from 45% in 2005 to 56% in December 2007; (e) percentage of households consuming iodized salt rose from 59% to 78%; and (f) the rate of malnutrition (under-weight) among under-five children decreased from 24% to 5%. Plan Senegal is expanding its child nutrition program to other communes, currently covering a total of 100,000 people.

⁹ Plan, *The World is Hungry*, 2008

¹⁰ WFP, *Country Programme Senegal*, 2008