

Food Security and Nutrition

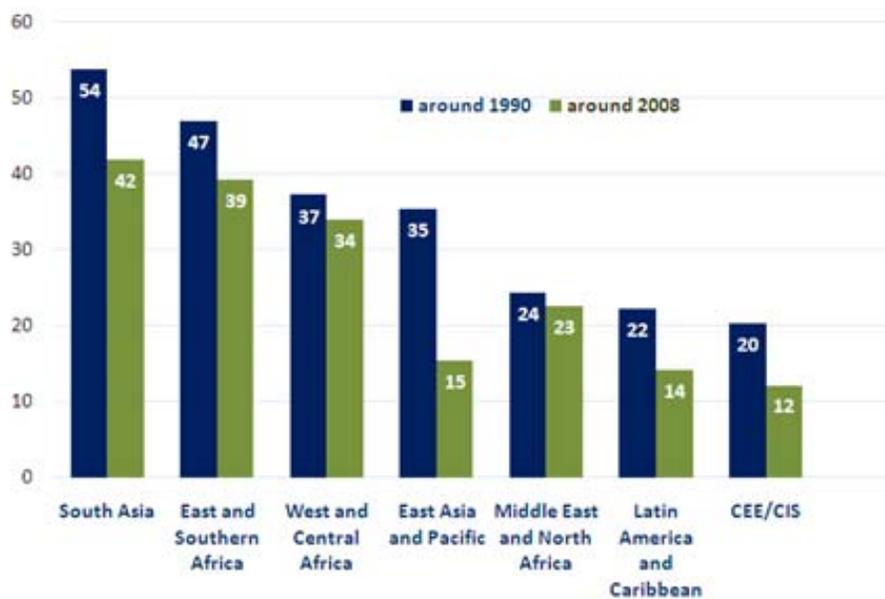


Mali Delegation Visit

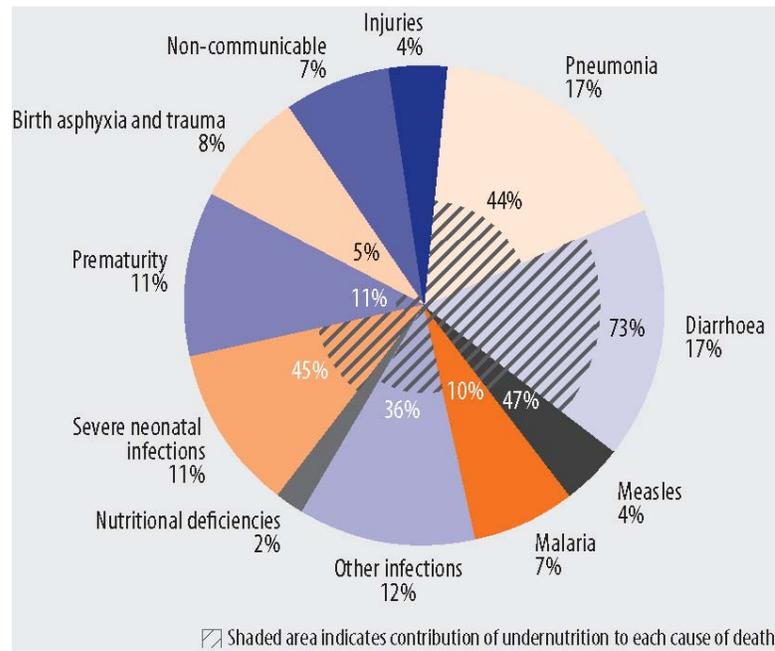
April 19, 2010

Global Undernutrition Trends

Chronic Undernutrition 1990-2008



Global Undernutrition



West Africa Undernutrition

	% of children underweight	% of children stunted	% of children wasted	% of women with BMI <18.5	% of women with Anemia	% of Children with Anemia	% of infants exclusively breastfed < 6 months	% of children fed according to three Infant & Young Child Feeding Practices (6-23months)	% of children (6-59 months) who received Vitamin A	% of households consuming adequately iodized salt
Ghana	13	22	5	9	65	76	54	23	78	32
Liberia	19	39	8	10		87	29	25	43	
Mali	27	34	13	11	73	83	38	7	89	79
Nigeria	24	38	9	14	67	76	17	23	33	97
Senegal	14	16	8	12	58	70	34		75	41
Global AVERAGE	24	38	11	15	56	68	43	26	68	62

	Height-for-age below -2 SD		Weight-for-height below -2 SD		Weight-for-age below -2 SD	
	2006	2001	2006	2001	2006	2001
Kayes, Koulikoro	31.7	36.5	13.8	10.6	30.4	32.2
..Kayes	27.7	38	13	10.2	27.6	32
..Koulikoro	34.9	35.3	14.3	11	32.6	32.4
Sikasso, S'gou	37.9	44.2	14	11.7	34.5	38.9
..Sikasso	40.3	47.4	14.2	9.5	36.9	40.7
..S'gou	35.3	39.9	13.7	14.5	31.9	36.5
Mopti, Tombouctou/Gao, Kidal	38.1	39	13.7	11.8	34.9	34.4
..Mopti	39	38.8	12.3	10.4	33.3	33.7
..Kidal/Gao/Tombouctou (2001)	37	39.5	15.4	15.8	36.9	36.2
Bamako	19.4	15.8	12.7	6.1	23.2	15.3
Total National	33.9	37.6	13.7	10.7	32	33.3

Food security = all people at all times have both physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life.

AVAILABILITY:

sufficient quantities of food from household production, other domestic output, commercial imports or food assistance

ACCESS:

adequate resources to obtain appropriate foods for a nutritious diet, which depends on income available to the household, on the distribution of income within the household and on the price of food

UTILIZATION/CONSUMPTION:

proper biological use of food, requiring a diet providing **sufficient energy and essential nutrients**, potable water and adequate sanitation, as well as knowledge within the household of food storage and processing techniques, **principles of nutrition** and **proper child care and illness management**

- Agriculture production is necessary but not sufficient to address food insecurity (both access and utilization components)
- Who earns the income is often as important as income itself
- Food is not always equitably distributed within the households
- Food without attention to health, care and environment is not enough to achieve food security

7

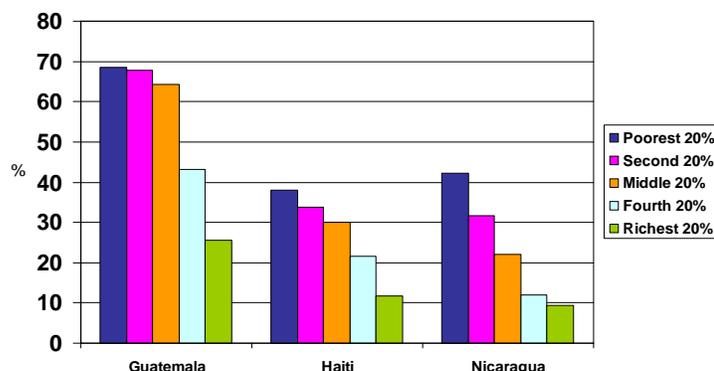
Economic growth and agricultural production alone are not enough to improve nutrition everywhere and for everyone...

- 2002-2008 average annual economic growth of 4.03%
- Agriculture sector one of largest and most important activities

GUATEMALA

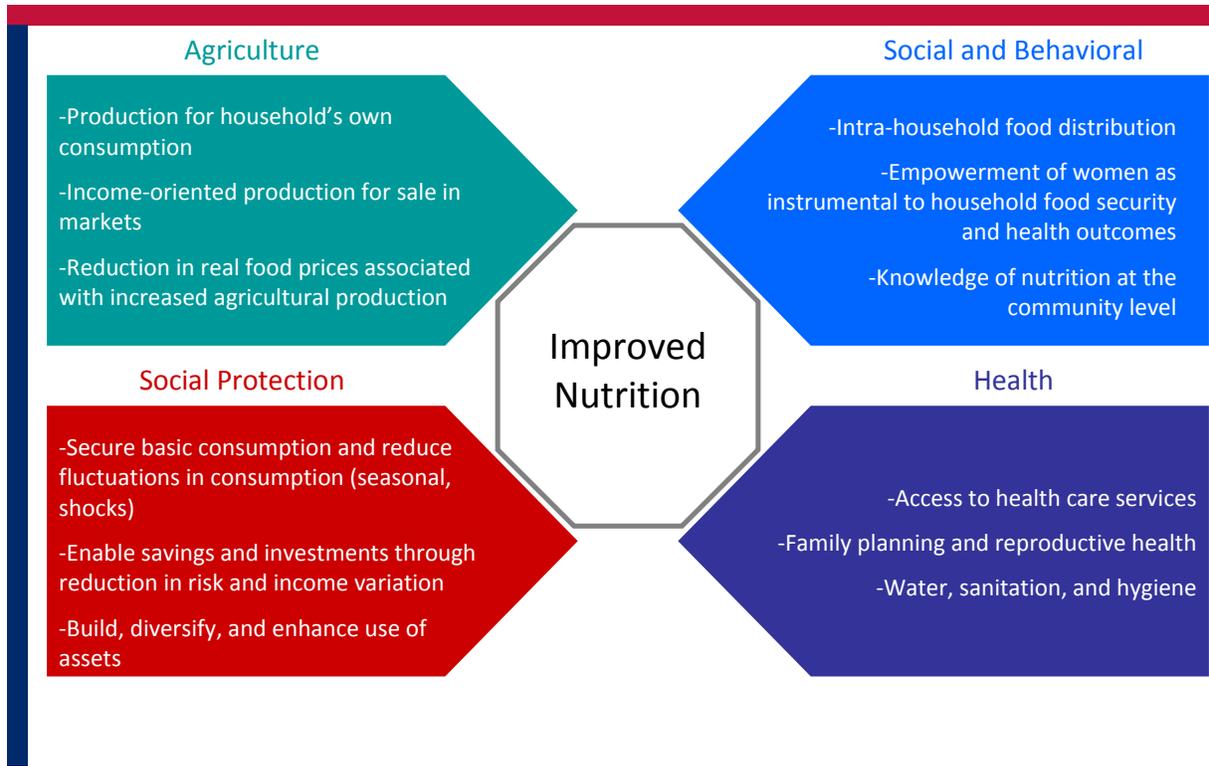


- Chronic undernutrition in 1999: 53%
- Chronic undernutrition in 2002: 54%

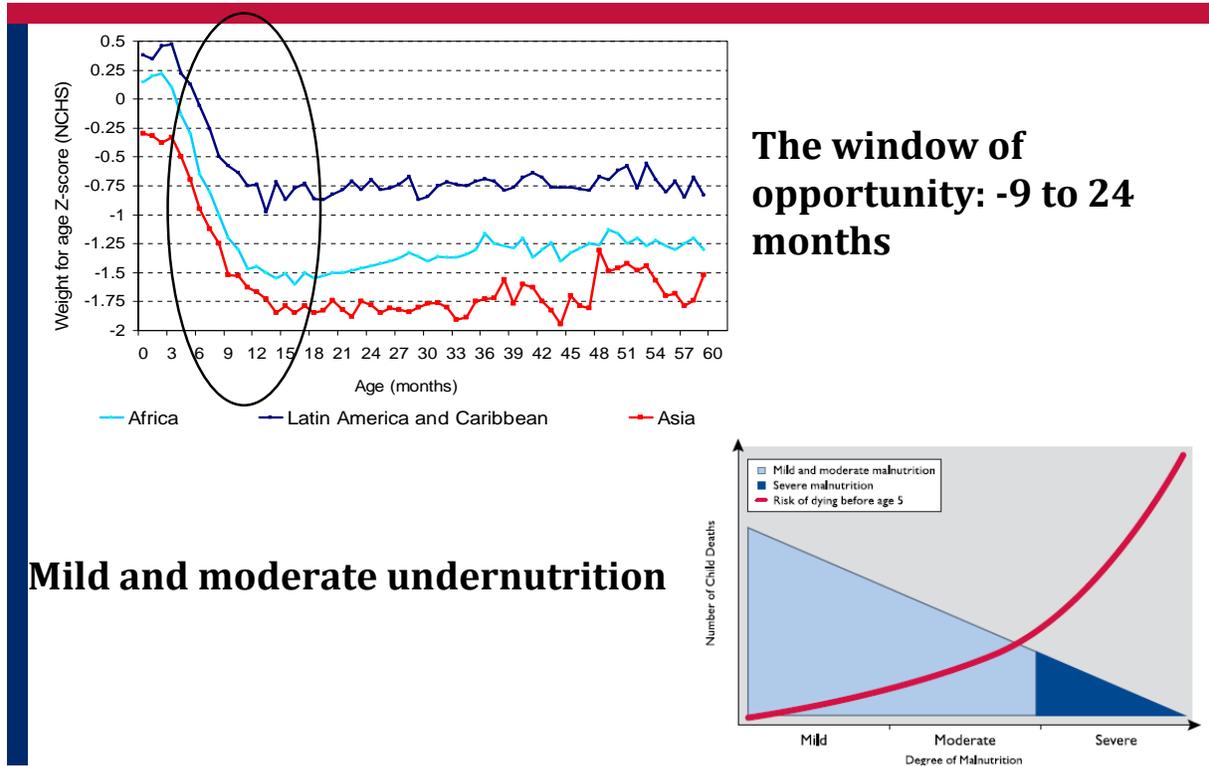


Percentage of children under five who are stunted by household wealth quintile

Nutrition Framework

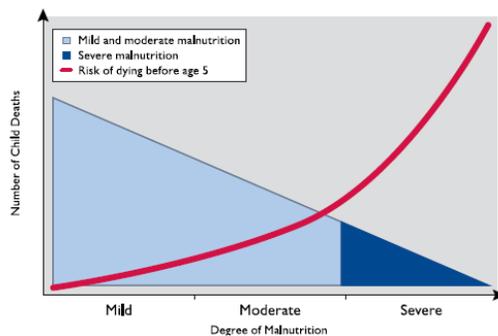


Nutrition Framework



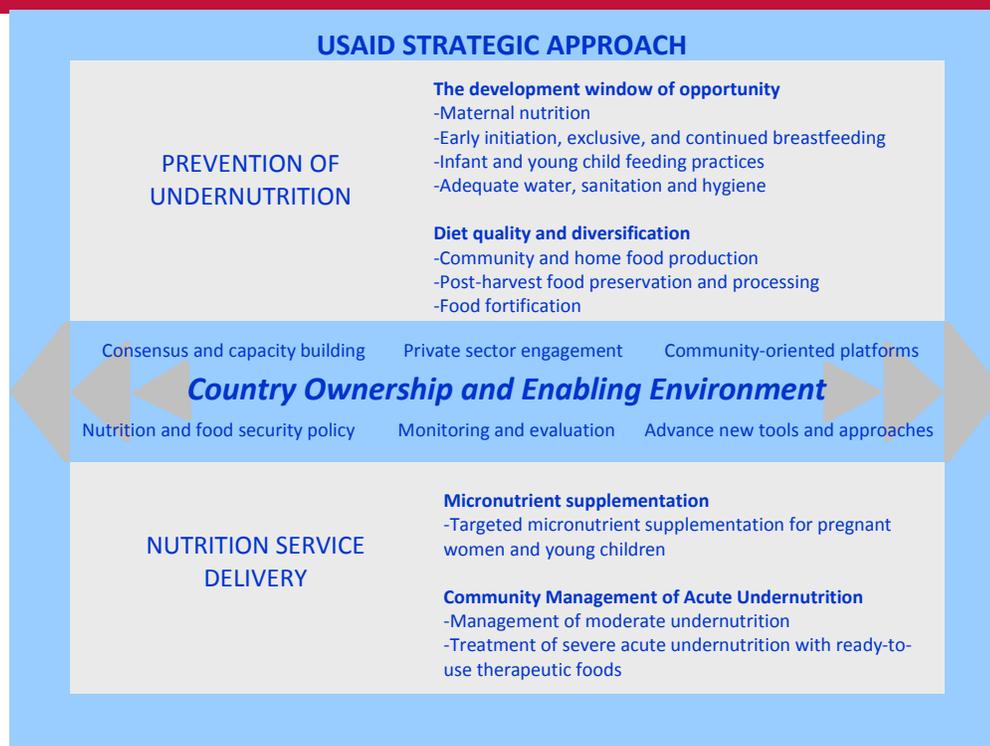
The window of opportunity: -9 to 24 months

Mild and moderate undernutrition



Guiding principles for nutrition interventions:

- Focus on utilization/consumption
- Focus on the chronically hungry
- The window of opportunity is from pregnancy to 24 months
- Quality of foods and utilization within the household are crucial elements of food security
- Prevention of malnutrition is ultimately the most sustainable approach
- Programs should be country-owned and designed based on the country-specific determinants of malnutrition and food insecurity





- **Community-based education and counseling programs** to promote maternal nutrition, exclusive breastfeeding under six months, and the introduction of appropriate locally available complementary foods for children 6 to 23 months
- **Innovative food supplements for young children** and in partnership with the private sector, including ready-to-use lipid-based food supplements
- Increasing access to and **consumption of diverse and high-quality foods** by linking with agriculture and economic growth programs
- **Micronutrient interventions** for the most vulnerable, including vitamin A for children under five, iron for women and children, and iodized salt
- **Fortification programs** as part of value-chain development with the private sector, including biofortification
- **Community Management of Acute Malnutrition (CMAM)** that is integrated into national health services and community outreach

Identify needs:

- Who and where are the undernourished?
- What are the causes of undernutrition?
- What are the potential impediments to progress?
- Is national data available and accurate? What information gaps exist?
- Is there a need for national or community advocacy?
- What institutional capacity exists and is needed at the local, national, and regional levels?

Identify opportunities:

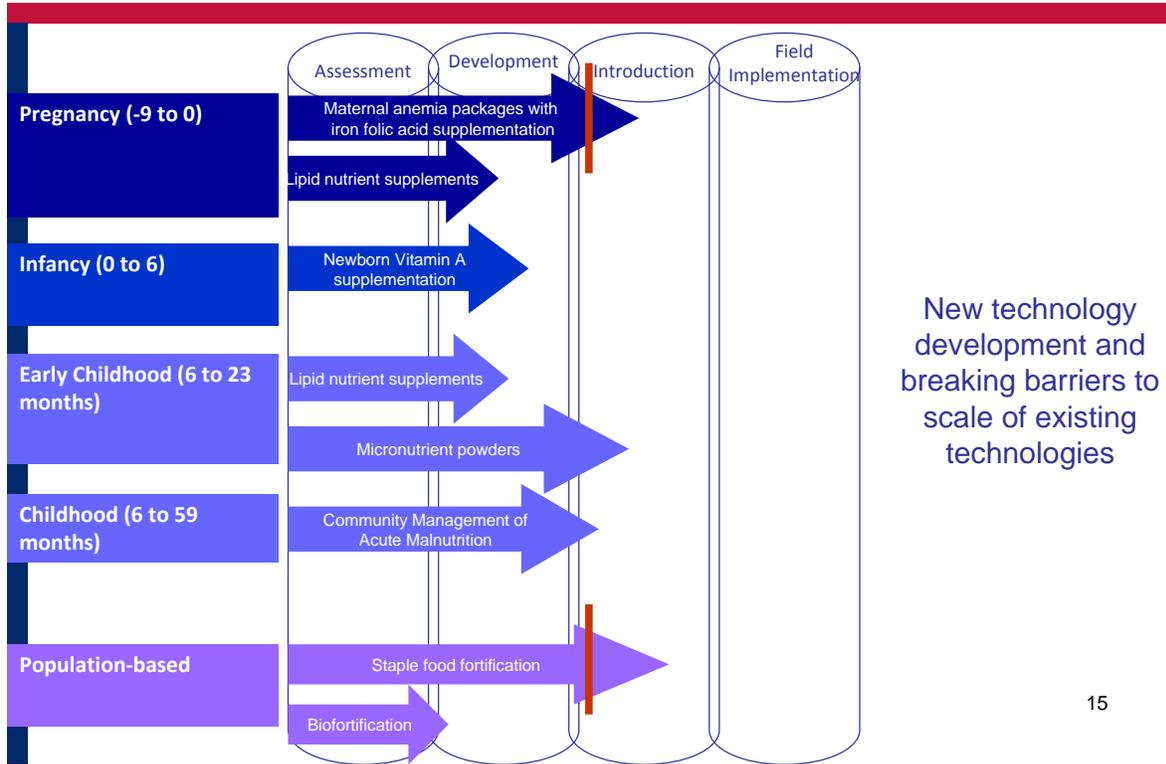
- What are the existing national food and nutrition policies and strategies?
- What is the government coordination mechanism for nutrition?
- Who are the main actors, and what are their strengths and weaknesses?
- Are there existing successful programs that could be scaled-up?

1. What critical analytical, capacity, or strategic gaps need to be filled in FY10?

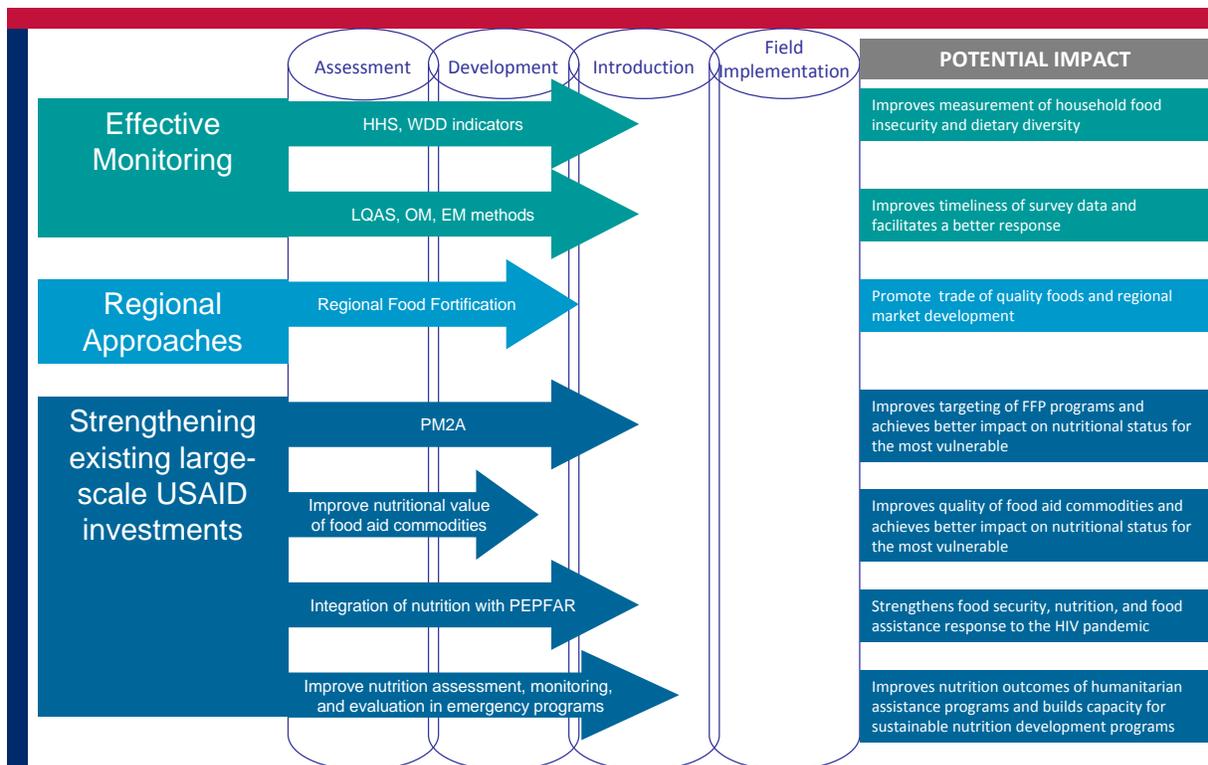
2. What is USAID's strategic niche and comparative advantage?

3. How will these investments build a strong foundation for a large-scale country-owned program with impact of undernutrition?

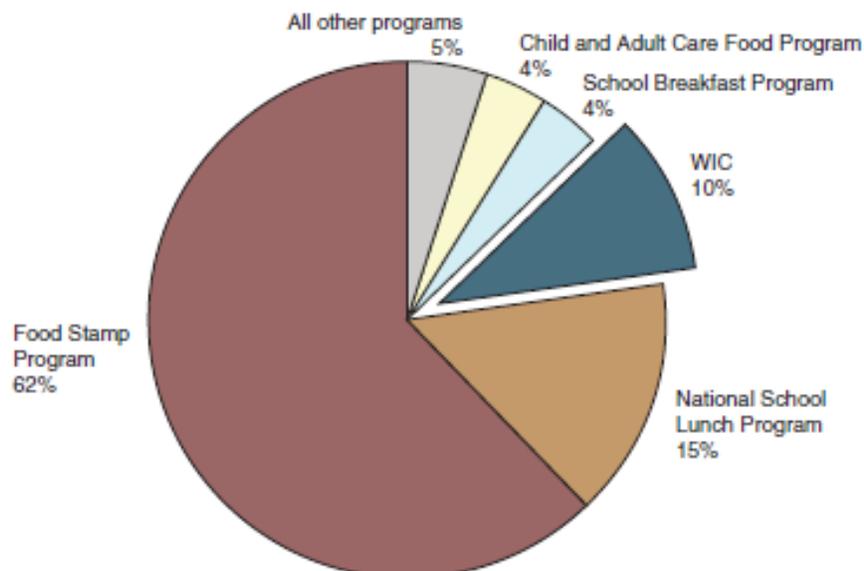
Nutrition Framework: Research



Nutrition Framework: Research



	Early 1990s	Mid-1990s	Late 1990s	Early 2000s	Mid 2000s	Late 2000s
Benin		5.8		5.5	5.6	
Burkina Faso	6.3		6.3	5.7		
Ghana	6.1	5.0	4.4	4.3		4.0
Liberia	6.4				5.1	
Mali	6.9	6.6		6.6	6.4	
Niger	6.8		7.0	6.8		
Nigeria	5.7		4.6	5.6		5.5
Senegal	6.2	5.9	5.5		5.2	



Note: USDA expenditures for food and nutrition assistance totaled \$60.7 billion in FY 2008.
Source: USDA, 2008b.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC):

- Provides supplemental food, nutrition education, and referrals to health care and other social services to low-income women, infants, and children ages 1-4
- Established in 1972
- 100% federally funded
- Food package revisions in 2007
- Nutrition Services and Administration provide nutrition education and breastfeeding promotion and support
- Prices for food at home in the US rose 6% in 2008 (largest single-year increase since 1990)

19

WIC Eligibility:

- **Categorical:** pregnant women, nonbreastfeeding women up to 6 months postpartum, breastfeeding women up to 1 year postpartum, an infant up to his/her first birthday, or a child up to his/her fifth birthday
- **Residential:** Must reside in the state where they establish eligibility
- **Income:** 185% of the Federal poverty guidelines based on family size
- **Nutritional Risk:**
 - Conditions detectable by biochemical or anthropometric measurements (anemia, underweight, overweight)
 - Documented nutritionally-related medical conditions (micronutrient deficiencies, metabolic disorders)
 - Dietary deficiencies that impair or endanger health (inadequate dietary patterns)
 - Conditions that directly affect the nutritional health of a person (alcoholism, drug abuse)
 - Conditions that predispose a person to inadequate nutritional patterns or nutritionally-related medical conditions (migrancy, homelessness)

20

WIC Participant Benefits:

- **Supplemental Food Package:** Unique package based on age and individuals consisting of milk, juice, eggs, fruits, vegetables, infant formula, whole-grain products, iron-fortified cereal and more.
 - **Retail:** participants obtain supplemental food by exchanging a check/voucher at authorized retail outlets
 - **Home delivery:** supplemental food delivered to participant's home
 - **Direct distribution:** participants pick up supplemental food from storage facilities operated by the State or local agency
- **Nutrition Education:** 2 sessions during each 6 month period
- **Referrals to health care and social services:** Local WIC agencies assist participants in obtaining health care and social services including immunizations, food stamps, and Medicaid
- **Farmers' Market Nutrition Program:** WIC participants issued FMNP coupons in addition to regular WIC food instruments to purchase fruits, vegetables, and herbs from farmers or markets that are approved (coupons redeemed through FMNP resulted in over \$20 million in revenue to farmers)