



Addressing Malnutrition with U.S. Food Aid

The impact of high food prices is now being exacerbated by the global economic recession. The World Bank estimates that 50 million more people have been pushed into extreme poverty as a result of the worldwide slowdown in economic growth. Globally, 963 million people do not get enough food to eat, and more than 1.5 billion people live on less than \$1.25 per day.¹

The United States has responded by providing humanitarian and development assistance. In 2008, the United States committed \$1.8 billion in new assistance to address the crisis. This aid is in addition to resources the United States had already planned to deliver to improve global food security. Of the additional resources, 79 percent come in the form of food aid.²

The rapid response of the global community, including the provision of food and cash assistance, has helped prevent large-scale starvation. Still, early evidence indicates that milder forms of malnutrition caused by deficiencies in calories or key micronutrients are increasing. Left untreated, increased malnutrition will have long-term social and economic consequences. Progress on many of the Millennium Development Goal—including global commitments to cut hunger, reduce child mortality, and improve maternal health—is being rapidly reversed.

Food aid is one among many important tools needed to combat hunger and poverty. The United States remains the most generous supporter of food aid in the world. But in addition to well-documented economic inefficiencies, most current U.S. food aid programs are not designed to meet the nutritional needs of new mothers, children, and others who are at increased risk of malnutrition. Improving the nutritional quality of food aid should be a priority.

Necessary changes include:

- Adding new foods and reformulating the current commodities to better address the nutritional needs of women, children and others at increased risk of malnutrition.
- Providing technical and financial assistance to scale up efforts to fortify and process locally-produced, nutritionally appropriate foods.
- Combining food aid with others interventions such as nutrition education and improvements in access to health care, clean water and sanitation facilities in order to effectively reduce malnutrition.

Strengthening the nutritional quality and impact of food aid



is one important step toward improving the health and well-being of women, children, and other vulnerable populations and enabling them to be more resilient to future shocks.

Pregnant women, new mothers, and infants have specific nutritional needs that current bulk food aid commodities cannot adequately meet.

The increased energy and specific micronutrient needs of children (Vitamin A, zinc, iron and iodine) and mothers (iron) make them especially susceptible to malnutrition. Around the world, at least 3.5 million children younger than five die each year as a direct or indirect consequence of malnutrition. Children who survive early malnutrition particularly during the first two years of life face greater risk of death or disability, lower lifetime productive potential, and more difficulty escaping hunger and poverty.³

Breast milk provides all of the calories and nutrients a newborn needs. Beginning at about six months and lasting until about two years of age, a child needs to be introduced to other nutrient-dense foods in addition to continued breast feeding.⁴ In food-insecure settings, this is often a difficult period when growth begins to falter. Nutritionally appropriate food aid is a critical component of nutritional support. Unfortunately, current bulk food commodities provided by the United States do little to meet the unique nutritional needs of children during this critical window of time.

In 2007, wheat and sorghum accounted for more than half of all U.S. food aid donations. Unfortified and unprocessed wheat, sorghum or other basic grains are not nutritionally appropriate for young children. Although other more nutritious legumes

like black or red beans are eligible for purchase through U.S. food aid programs, these products are little used.

Unfortunately, food aid commodities intended for children are not much better. Corn Soy Blend and Wheat Soy Blend were developed in the 1960s, when much less was known about the unique nutritional needs of expectant and new mothers and their children.⁵ With advances in knowledge, it is widely understood that these fortified blended foods are often not easily digestible and do not provide the calories and micronutrients needed by young children. The World Food Program (WFP) recognizes that, as currently formulated, these fortified blended foods are the least preferred option for use in programs targeting young children.⁶

Local or regional purchase has the potential to help improve food security and nutrition, but efforts need to be made to build the capacity in developing countries to fortify and blend nutritionally appropriate foods.

Local and regional purchase is now widely used to improve the efficiency and effectiveness of food aid. This practice has several advantages over the current U.S. system. Buying food aid in developing countries, closer to where it's needed, supports local farmers and the people who process and market the crops. Locally purchased commodities can often be provided in a more-timely, more cost-effective manner—reaching more people and helping to prevent malnutrition rather than treating it once it occurs.⁷

Ensuring that purchasing food aid locally or regionally can also improve nutrition requires local capacity to process and fortify the commodities with appropriate micronutrient and protein sources such as dried milk. The World Food Program and UNICEF have supported this approach in a number of countries including Nepal, India, and North Korea which have established production of nutritionally appropriate fortified blended foods.⁸ In Kenya, an investment of \$1.3 million by UNICEF was used to help equip a factory and train local workers to manufacture a highly nutritious supplementary food called UNIMIX. The initial loan for was made to a private that was able to repay its start-up loan over four years. UNIMIX has been widely used in West Africa to treat child malnutrition.⁹

The World Food Program and UNICEF are also supporting the efforts of local producers in Malawi to produce a peanut butter- and milk-based food that is widely used to treat severe acute malnutrition. The basic commodities needed to produce this food are locally grown. This product and others like it are being tested to determine their effectiveness in preventing malnutrition as well.¹⁰ These approaches are good examples of how locally procured and processed food aid products can serve nutritional needs.

Strengthened food aid programs that provide nutritious foods can be an effective tool to improve the health and well-being of women and children.

A number of factors affect nutritional status, including access to health care, clean water and sanitation; care practices within

the home; and the educational and social status of women. By itself, food aid cannot address all of these issues. Still, food aid programs targeted to women and children can be designed in ways that will strengthen their nutritional impact. Investing in local and regional purchase of food aid and in processing and fortification capacity are two important ways to improve U.S. food aid programs.

Improving food aid programs to increase their effectiveness and long-term sustainability should also be combined with other efforts to improve food security and nutrition—such as helping families diversify their diet through investments in agricultural production, equipping caregivers with nutritional knowledge, improving key infrastructure (e.g. health outposts, sources of safe drinking water), and empowering women. Combined, all of these efforts can help prevent malnutrition, promote the health and well-being of women and children, and contribute to a future free of hunger and poverty.

Endnotes

¹ FAO (Dec. 2008) *Number of Hungry People Rises to 963 Million: High Food Prices to Blame—Economic Crisis Could Compound Woes*; World Bank (Feb. 12, 2009) *Financial Crisis Could Trap 53 Million More People in Poverty*.

² Author's calculation based on figures in *Supplemental Appropriations Act, 2008* (HR 2642). Calculation includes \$200 million disbursed from the Bill Emerson Humanitarian Trust, \$1.245 million from Title II commodities for FY'08 and FY'09, and \$20 million for use by the World Food Program to increase agricultural production.

³ Black, R., et. al. (Jan. 2008) "Maternal and Child Undernutrition: Maternal and Child Undernutrition: Global and Regional Exposures and Health Consequences." *The Lancet*.

⁴ World Health Organization (2004) *Guiding Principles for Complementary Feeding of the Breastfed Child*.

⁵ As originally formulated, these products also contained powdered milk. As the price of powdered milk increased, the ingredient was dropped from most fortified blended foods. See Marchione, T. (2002) "Foods Provided Through the U.S. Government Emergency Food Aid Programs: Policies and Customs Governing Their Formulation, Selection and Distribution." *The Journal of Nutrition*.

⁶ World Food Program (Oct. 2008) *Ten Minutes to Learn About... Improving the Nutritional Quality of WFP's Food Basket—An Overview of Nutrition Issues, Commodity Options and Programming Choices*.

⁷ Melito, T. (April 2007) *Foreign Assistance: Various Challenges Impede the Efficiency and Effectiveness of U.S. Food Aid*. Government Accountability Office.

⁸ World Food Program (Oct. 2008) *Fortified Blended Foods: Recipes: Facts and Practical Uses*.

⁹ Hoetz, G. (Feb. 1997) "Production of Pre-cooked Fortified Blended Foods in Kenya: A Success Story." *Emergency Nutrition Network*.

¹⁰ See Project Peanut Butter (<http://www.projectpeanutbutter.org/>); Isanaka, S., et.al. (Jan. 21, 2009) "Effect of Preventive Supplementation with Ready-to-Use Therapeutic Food on the Nutritional Status, Mortality and Morbidity of Children Aged 6 to 60 Months in Niger: A Cluster Randomized Trial." *JAMA*.

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