

# Can Food Aid Contribute to Improved Nutrition?

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Much is known about how to design effective nutrition interventions. We know, for example, that food is not the only—or always the optimal—resource required. The most effective use of food is in combination with relevant non-food resources. However, where malnutrition is linked to constrained food access, and where additional food of sufficient quality and quantity is required to meet iden-



High energy biscuits are unloaded from a U.N. World Food Program helicopter after the Pakistan earthquake in October 2005.

tified needs, food is a critical element of a nutrition intervention.

For many years, food aid has been used to directly supplement the diets of young children and pregnant women. The World Food Programme of the United Nations (WFP) began supporting ‘mother and infant’ projects in the mid-1960s by delivering supplementary food through health clinics—an activity that accounted for six percent of WFP development expenditures during the decade.

“Though increased incomes are essential, it has been shown that countries implementing direct nutrition interventions have been more successful in reducing malnutrition.”

– *Organization for Economic Co-operation and Development/World Health Organization, 2003.*

This approach was expanded considerably during the 1970s after the World Food Conference (1974) called on governments and donors to provide supplementary foods to vulnerable groups “on a scale large enough to cover on a continuing basis a substantial part of their need.” Today, programs seeking to protect or enhance the nutritional status of mothers and infants represent roughly 20 percent of WFP’s development portfolio. They also account for as much as half of the development resources channelled through USAID from Public Law 480 Title II.<sup>1</sup>

Use of resources is no longer restricted to clinic-based supplementary feeding activities. A wide range of interventions can be included under the umbrella of ‘nutrition’ programs in both development and humanitarian relief settings. For example, the distribution of a ‘basket’ of food commodities to crisis-affected populations represents general nutrition support. The immediate aim of general distribution is to meet the food needs of people with constrained access to normal sources of food, and thus try to ‘protect’ their nutritional

status—that is, prevent sustained food shortfalls that would contribute to excess mortality due to increased malnutrition.

There are other targeted feeding interventions that provide ‘special’ foods, such as those that are micronutrient-fortified, sometimes tailored to child needs and aimed at reversing malnutrition and stabilizing these gains. Additionally, therapeutic feeding involves the treatment of severely malnourished children—and adults as necessary—with energy-dense foods combined with medical intervention protocols; in cases where deficiencies in vitamins or minerals are a threat to nutritional well being, fortified foods are targeted to defined vulnerable populations. This happened recently when fortified cereal flour was distributed to Angolan refugees at risk of pellagra (niacin deficiency). In Nepal, a micronutrient-fortified ‘porridge’ was made available to refugees from Bhutan; this brought a riboflavin-deficiency disease (angular stomatitis) under control and was also associated with higher birthweights.

Increased demand by donors for evidenced-based programming has led to an accumulation of empirical data documenting the positive nutritional impacts of these kinds of food-supported interventions. A review of maternal and child

programs implemented by Private Voluntary Organizations (PVOs) using Title II resources found that a large majority “have been successful in improving the nutritional status (as measured by stunting and/or under-weight) of children in their target populations.”<sup>2</sup> Projects documented a reduction in the prevalence of stunting of an average 2.4 percentage points per year.

A recent study in Ethiopia showed that food aid had a significant impact on protecting child growth during droughts.<sup>3</sup> Another study in Ethiopia showed that households receiving food aid through Food-for-Work, as well as general food distribution to drought-affected populations, had positive results in terms of child weight-for-height.<sup>4</sup>

Studies of refugees in Algeria found that fortified food given to stunted children permitted rapid nutritional improvement.<sup>5</sup> It was shown that treatment of micronutrient deficiencies and growth retardation can be successful among seriously malnourished children even up to the age of five.

In Mexico, a government-supported program called Progressa supplies food to children under 3 years old in poor households. This has had a significant impact on child growth rates, reducing stunting and anemia.<sup>6</sup> Nutrition supplements alone are estimated to create an almost three percent increase in lifetime earnings for poor children through improved growth and productivity.<sup>7</sup>

A targeted food supplementation program in Bangladesh found that low-income women receiving supplementation during pregnancy had birth-weight outcomes comparable to those of women from wealthy



Internally displaced women receive food aid at a distribution center in Orissa, India.

households who did not receive the supplements.<sup>8</sup>

These results confirm that food aid can certainly play an important part in nutrition programming. That said, while the evidence suggests positive impacts on child growth, resolution of micronutrient deficiencies and effective reversal of severe malnutrition, this occurs only under certain conditions:

- i) interventions are carefully targeted to meet local needs after in-depth problem assessment.
- ii) malnutrition is widespread in the population and already contributing to morbidity and mortality.
- iii) supplementary food arrives in sufficient quantity and quality to be able to make an impact.
- iv) foods are consumed mostly by those most in need of them.
- v) appropriate non-food resources are available in combination with the food—including necessary medical

treatments, vaccinations, clean water, deworming, iron folate supplements, and nutrition and health counseling.<sup>9</sup>

When these key principles or conditions are met, “supplemental maternal and child feeding programs have been repeatedly shown to be a highly effective means of improving child nutrition.”<sup>10</sup>

Given the scale and persistence of malnutrition around the world, there needs to be a far greater share of development resources earmarked for nutrition interventions than is currently available. The aim in coming years should be not only to explore new avenues for action, but also to expand and enhance what is already done well.

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