

MODULE 11

GENERAL FOOD DISTRIBUTION

Part 1: Fact sheet

Part 2: Technical notes

Part 3: Trainer's guide

Part 4: Training resource list

Harmonised Training Package (HTP):
Resource Material for Training on
Nutrition in Emergencies. Version 2, 2011

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Module 11: General food distribution

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Nutrition Works

The Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies

What is the HTP?

The Harmonised Training Package: Resource Material for Training on Nutrition in Emergencies (the HTP) is a comprehensive documentation of the latest technical aspects of Nutrition in Emergencies (NiE). The word **Harmonised** reflects the pulling together of the latest technical policy and guidance, the word **Training** refers to its main application and the word **Package** refers to the bringing together of the subject matter into one place. It is organised as a set of modules by subject, each containing technical information, training exercises and a resource list for use in training course development.

The HTP is an initiative of the IASC Global Nutrition Cluster (GNC) and has been endorsed by the GNC and its member's agencies. In 2007, the IASC GNC commissioned the UK based partnership, NutritionWorks, to develop a training resource to facilitate capacity development in the NiE sector. HTP Version 1 was launched in 2008. HTP Version 2 update in 2010/11 was funded under an USAID OFDA grant to the UK based charity, the Emergency Nutrition Network (ENN). The update was undertaken in an ENN/NutritionWorks collaboration, with NutritionWorks responsible for overall coordination and editorial management, and editorial oversight and module production supported by the ENN.

What the HTP is not

The HTP is not a ready-to-use training course. It cannot be used as an 'off the shelf' package; rather, it should be used as a resource package during a process of course development by experienced trainers.

Who is the HTP for?

The HTP is a primarily a **resource for trainers** in the NiE sector and it can be used by individuals to increase their technical knowledge of the sector. It is designed to provide trainers from any implementing agency or academic institution with information from which to design and implement a training course according to the specific needs of the target audience, the length of time available for training and according to the training objectives. It is written in clear English and will be available in other languages in the future.

How is the HTP organised?

The HTP is organized into four sections containing a total of 21 modules which can be used as stand-alone modules or as combined modules depending on the training needs.

Section 1: Introduction and concepts

1. Introduction to nutrition in emergencies
2. The humanitarian system: Roles, responsibilities and coordination
3. Understanding malnutrition
4. Micronutrient malnutrition
5. Causes of malnutrition

Section 2: Nutrition needs assessment and analysis

6. Measuring malnutrition: Individual assessment
7. Measuring malnutrition: Population assessment
8. Health assessment and the link with nutrition
9. Food security assessment and the link with nutrition
10. Nutrition information and surveillance systems

Section 3: Interventions to prevent and treat malnutrition

11. General food distribution
12. Management of moderate acute malnutrition
13. Management of severe acute malnutrition
14. Micronutrient interventions
15. Health interventions
16. Livelihoods interventions
17. Infant and young child feeding
18. HIV/AIDS and nutrition
19. Working with communities in emergencies

Section 4: Monitoring, evaluation and accountability

20. Monitoring and evaluation
21. Standards and accountability in humanitarian response

Each module contains 4 parts which have a specific purpose as follows:

Part 1: The Fact Sheet – provides an overview of the module’s topic and is designed for non-technical people to obtain a quick overview of the subject area.

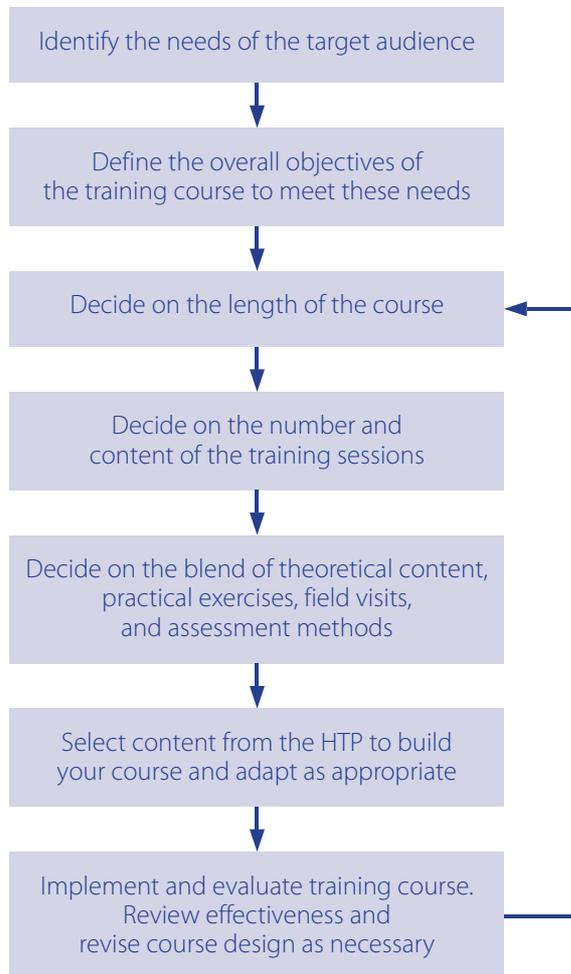
Part 2: The Technical Notes – for trainers and trainees, provides detailed technical guidance on current policies and practice.

Part 3: The Trainers’ Guide – aims to help trainers develop a training course and provides tips and tools which can be adapted to the specific training context.

Part 4: Resources – lists of relevant available resources (including training materials) for the specific technical area.

How to use the HTP

The HTP should be used during a process of course development. The process of course development involves a number of steps and these are summarised in the diagram below.



PART 1: FACT SHEET

The fact sheet is the first of four parts contained in this module. It provides an overview of key information relating to general food distribution. Detailed technical information is covered in Part 2. Words in italics are defined in the glossary.

Food rations and objectives of general food distribution

General food distribution (GFD) is the term used for food rations that are given out to selected households affected by an emergency. The food ration consists of a number of items (the minimum three are cereal, pulses and oil, but items such as salt, sugar, fresh vegetables, canned meat or fish can be added). The general ration is normally delivered as a package of dry items.

GFD is used to respond to an assessed food need based on livelihood, economic or nutritional indicators or to vulnerable demographic groups identified as in need of food. The objectives of a general food distribution arise from the definition of need and could vary from saving lives and protecting the nutritional status of a population to protecting and rehabilitating livelihoods.

Assessing Food Needs

An assessment to determine the priority needs of those affected should be one of the first stages in planning the relief response. There are three broad approaches used for assessing the food needs of a population. These involve assessment of livelihood or economic outcomes, nutritional outcomes and vulnerable groups. Assessments of the need for food assistance generally determine;

- Whether food assistance is needed,
- How much is needed and what types of food,
- Who needs food assistance and for how long,
- Locally available resources.

This provides the information and understanding needed to inform key decisions in the whole process of general food distribution including setting objectives, planning the ration, targeting, distributing and monitoring.

Ration planning for GFD

There are two stages for calculating food aid requirements. The *energy* requirement of different individuals varies depending on physical activity, age, sex, body size and climate. Fat and protein should provide at least 17 per cent and 10 to 12 per cent respectively of the energy in a well-balanced diet. All foods are made up of a combination of *macronutrients* (protein, fat, carbohydrate) and *micronutrients* (vitamins and minerals). Together with water, these nutrients are essential for life. The first stage of ration planning is to establish the energy requirements and the second stage is to select the quantity and type of food commodities.

Stage 1: Calculate energy needs

The planning figure of 2100 kcals (or 2400 kcals for the International Committee of the Red Cross) is multiplied by the population size to establish the overall energy requirements for a population. The planning figure of 2100 kcals may be adjusted for the following reasons:

- **Age and structure of the population.** Women and children require less energy than men.
- **Nutrition and health status of the population.** Malnourished children require extra food for catch-up growth.
- **Physical activity levels.**
- **Environmental temperature.** For every 5°C drop below 20°C, an additional 100 kcal/day/person should be provided.
- **Access to alternative food sources.**
- **Provision of milled or unmilled cereal.** The volume of milled cereal is 20 per cent less than whole cereal.

Stage 2: Design of the Food Basket

The following should be considered when selecting the commodities for the food ration.

- **Nutritional and dietary considerations.** Foods supplied in the ration must be nutritionally complementary to the foods people obtain for themselves.

FACT SHEET

- **Environmental Conditions:** Populations in need of food support may be living in conditions that influence the selection of commodities.
- **Risk of Micronutrient Deficiency Diseases (MDDs)**
- **Acceptability and familiarity of the food items.**
- **Storage, quality control and specifications.** All foods distributed must be fit for human consumption and meet certain quality specifications.
- **Food processing and preparation.** Food commodities should be easy and quick to prepare and cook.

Food basket commodities

GFD rations are usually composed of a minimum of cereals, pulses and oil with additional items added as appropriate and feasible. Additional commodities can include canned meat, cheese, dried fish, fortified blended foods including CSB+/+++, sugar, salt, High Energy Biscuits, or Meals Ready-to-Eat.

Targeting and eligibility criteria

Targeting is based on a broad set of indicators, reflecting who has been affected by a shock and to what degree. Targeting criteria shape the design and objective of the GFD, aims to ensure that food aid is received on the basis of need and endeavours to prevent 'harm' by limiting any negative impact of food aid. Above all else, targeting is implemented to maximize the efficient and effective use of resources. Ideally, the cost (in terms of time, human resources, food and funds) of targeting should be less than the cost of distributing food to the entire population. Targeting generally falls into two broad categories: individuals or households (or groups of households).

For targeting to be justified, there should be significant and identifiable differences between the target and non-targeted population. Eligibility criteria must specify the characteristics of these individuals or households to be targeted and they should be practical and transparent.

All food aid is geographically targeted in the sense of distributing food to the population of one geographical area and excluding another. Targeting may take place between countries, between regions in a country or between sub-region, food economy or livelihood zones, districts or villages. Targeting within geographic areas is appropriate when:

1. There are identifiable differences between the intended target and non-target population
2. The targeted population is a minority of the population with identified differences in need
3. It is operationally feasible to implement a targeted distribution
4. The community co-operates with the targeting strategy

The two main approaches for targeting are through administrative targeting or community based targeting. Administrative targeting involves government officials and humanitarian agencies using registration systems. Community based targeting relies on a community elected committee who has the responsibility for defining eligibility criteria, identifying recipients and distributing the food aid.

Distribution Modalities

There are two primary systems for distributing food aid to the general population: take home rations and large scale cooked food distribution. Take home rations consists of large distribution of commodities from centralized distribution points for preparation at the household level. Cooked food distribution is only an option in quite specific circumstances such as when people lack the necessary space or materials or where insecurity would put recipients of take-home rations at risk.

In general, food based responses still dominate in emergency settings. Increasingly, food assistance instruments might include direct food based transfers (such as food-for-work, etc.), food subsidies, cash transfers and vouchers and agricultural and livestock support. Food-for-work and voucher programs are of most relevance in an emergency setting where food support is considered a requirement.

A number of factors help to ensure a successful GFD system:

- Context awareness
- Management and coordination.
- Training and support for the implementation process.
- Decentralised GFD system.
- Timing of the GFD
- Involvement of Women
- Cost to the recipients

Monitoring and evaluation of GFD programmes

A good monitoring system should assess whether the decision to target food within a certain geographical area is appropriate, the most vulnerable receive the food aid, the food aid is of acceptable quality, the objectives of the GFD are achievable and realistic and whether adverse effects of food aid are avoided. Agreement on who has to collect what information, the appropriate format to use and how to analyse the data and report on the information should be reached at the outset. Key components of a monitoring system for a GFD programme include impact monitoring, anthropometric monitoring, food ration monitoring, distribution and storage reporting, post-distribution monitoring including market surveys and household visits as well as monitoring non-recipients.

Key messages

1. Assessment should be carried out to determine if food support is a priority need in the context in question and to define who, for how long, how much and with what types of food.
2. The objectives of a GFD are developed from the needs assessment and could vary from saving lives and protecting the nutritional status of a population to protecting and rehabilitating livelihoods.
3. The nutrition and energy needs of a population are affected by a number of factors (climate, activity, health and nutrition status, age and sex), which must all be considered when planning food aid requirements. It is important to consider the risk of MDDs among populations dependent on food aid and ensure the planned ration minimizes the risk of MDD.
4. The GFD should meet the nutrition and energy needs of the recipient population. The food provided should be appropriate and, ideally, be familiar to the population. There are two stages to planning a ration: establishing the energy requirements of the population, and selecting the type and quantity of food.
5. Eligibility criteria must specify the characteristics of individuals or households which are thought to require a certain quantity and quality of food.
6. Targeting uses eligibility criteria and aims to maximize the efficient and effective use of resources.
7. All food aid is geographically targeted in the sense of distributing food to the population of one geographical area and excluding another. Targeting may take place between countries, between regions in a country or between sub-region, food economy or livelihood zones, districts or villages.
8. There are two primary systems for distributing food aid to the general population: take home rations and large scale cooked food distribution. Other forms of general food distribution, such as Food-for-Work and voucher programs are gaining in popularity.
9. Accountability, transparency and coordination are key elements for implementing a successful GFD.
10. Monitoring all aspects of the GFD should ensure that food effectively reaches intended beneficiaries in the agreed quantities and measure its impact on food security and nutrition.
11. A GFD can be phased out when its objectives have been achieved, and the implementation criteria no longer apply.

GFD Termination

The two criteria for the termination of a GFD are set during its planning phase: its objectives must have been achieved, and the implementation criteria must no longer apply (as demonstrated in monitoring and evaluation findings). In some circumstances however, GFD must be terminated earlier

because unexpected negative effects have occurred, because security conditions no longer permit its continuation, or because monitoring and evaluation has revealed new parameters that require a thorough review of the rationale underlying the current GFD.

PART 2: TECHNICAL NOTES

The technical notes are the second of four parts contained in this module. They provide information on distribution of food distribution in emergency responses. The technical notes are intended for people involved in food assistance and nutrition programme planning and implementation. They provide technical details, highlight challenging areas and provide clear guidance on accepted current practices. Words in italics are defined in the glossary.

Summary

This module is about the distribution of food rations to defined emergency-affected households. The important factors needed to plan an appropriate and adequate ration are considered. The elements also needed to ensure a successful general food distribution and eligibility criteria for effective targeting and monitoring system are discussed.

Key messages

1. Assessment should be carried out to determine if food support is a priority need in the context in question and to define who, for how long, how much and with what types of food.
2. The objectives of a GFD are developed from the needs assessment and could vary from saving lives and protecting the nutritional status of a population to protecting and rehabilitating livelihoods.
3. The nutrition and energy needs of a population are affected by a number of factors (climate, activity, health and nutrition status, age and sex), which must all be considered when planning food aid requirements. It is important to consider the risk of MDDs among populations dependent on food aid and ensure the planned ration minimizes the risk of MDD.
4. The GFD should meet the nutrition and energy needs of the recipient population. The food provided should be appropriate and, ideally, be familiar to the population. There are two stages to planning a ration: to establish the energy requirements of the population, and to select the type and quantity of food.
5. Eligibility criteria must specify the characteristics of individuals or households which are thought to require a certain quantity and quality of food.
6. Targeting uses eligibility criteria and aims to maximize the efficient and effective use of resources.
7. All food aid is geographically targeted in the sense of distributing food to the population of one geographical area and excluding another. Targeting may take place between countries, between regions in a country or between sub-region, food economy or livelihood zones, districts or villages.
8. There are two primary systems for distributing food aid to the general population: take home rations and large scale cooked food distribution. Other forms of general food distribution, such as Food-for-Work and voucher programs are gaining in popularity.
9. Accountability, transparency and coordination are key elements for implementing a successful GFD.
10. Monitoring all aspects of the GFD should ensure that food effectively reaches intended beneficiaries in the agreed quantities and measure its impact on food security and nutrition.
11. A GFD can be phased out when its objectives have been achieved, and the implementation criteria no longer apply.

Sphere standards

Food security, food transfers standard 1: General nutrition requirements

Ensure the nutritional needs of the disaster-affected population including those most at risk are met.

Food security, food transfers standard 2: Appropriateness and acceptability

The food items provided are appropriate and acceptable to recipients so that they can be used efficiently and effectively at the household level.

Food security, food transfers standard 3: Food quality and safety

Food distributed is fit for human consumption and of appropriate quality.

Food security, food transfers standard 4: Supply chain management

Commodities and associated costs are well-managed using impartial, transparent and responsive systems.

Food security, food transfers standard 5: Targeting and distribution

The method of targeted food distribution is responsive, timely, transparent, safe, supports dignity and appropriate to local conditions.

Food security, food transfers standard 6: Food use

Food is stored, prepared and consumed in a safe and appropriate manner at both household and community levels.

Source: The Sphere Project *'Humanitarian Charter and Minimum Standards in Humanitarian Response; Chapter 3: Minimum Standards in Food Security and Nutrition'*, The Sphere Project, Geneva, 2011.

These technical notes are based primarily on the following references as well as the Sphere standards set out in the box below:

- World Food Programme, *Food and Nutrition Handbook*, Rome, 2005
- International Committee of the Red Cross, *Nutrition Manual for Humanitarian Action*, 2008
- Emergency Nutrition Network Special Supplement 1, *Targeting in Emergencies*, 2004

Introduction

General food distribution (GFD) is the term used for food rations that are given out to selected households affected by an emergency. The food ration consists of a number of items (the minimum three are cereal, pulses and oil, but items such as salt, sugar, fresh vegetables, canned meat or fish can be added). The general ration is normally delivered as a package of dry items.

GFD is used to respond to an assessed food need based on livelihood, economic or nutritional indicators or key vulnerable group targeting. The objectives of a general food distribution arise from the definition of need and could vary from saving lives and protecting the nutritional status of a population to protecting and rehabilitating livelihoods. General food rations

can be designed using ration planning tools (e.g. NutVal). Aside from the energy content of the diet, a well-balanced ration should provide a suitable combination of protein, fat, and vitamins and minerals. Rations should be planned to make up the difference between the nutritional requirement and what people can provide for themselves. Where people have no access to any food at all, the distributed ration should meet their total nutritional requirements. Water, while an important component of bodily function is not considered a food need or commodity and is not distributed within a GFD ration.

Targeting of the GFD aims to ensure that food aid is received on the basis of need and endeavours to prevent 'harm' by limiting any negative impact of food aid.¹ Above all else, targeting is implemented to maximize the efficient and effective use of resources. All food aid is geographically targeted in the sense of distributing food to the population of one geographical area and excluding another. Targeting generally falls into two broad categories: individuals or households (or groups of households). Eligibility criteria, i.e. the characteristics of those individuals or households to be targeted with food, arise from the objectives and must be practical to apply and monitor. There are two primary systems for distributing food aid to the general population: take home rations and large scale cooked food distribution. Other forms of general food distribution, such as Food-for-Work and voucher programs are gaining in popularity.

¹ In this document "food aid" refers to the general food distribution component of a potentially larger food assistance program. See page 33 for more information on the changing landscape of food assistance.

Monitoring of the food distribution system is important and should ensure that food effectively reaches intended beneficiaries in the agreed quantities while measuring its impact on food security and nutrition. It should also allow for a review of the system itself. Once the objectives of a GFD have been achieved, and the implementation criteria no longer apply then a GFD program can be phased out.

The United Nations (UN) World Food Programme (WFP) is the largest organization responsible for GFD and the International Committee of the Red Cross (ICRC) is another key organization implementing GFD. The ICRC may be able to operate in areas affected by conflict where WFP may not be present. In addition, some NGOs such as CARE and World Vision may conduct GFDs, often with commodities procured through WFP. Module 2 describes agency mandates in greater detail.

Assessing Food Needs

An assessment to determine the priority needs of those affected should be one of the first stages in planning the relief response. Assessments of the need for food assistance generally determine;

- Whether food assistance is needed,
- How much is needed and what types of food,
- Who needs food assistance and for how long,
- Locally available resources.

This provides the information and understanding needed to inform key decisions in the whole process of general food distribution including setting objectives, planning the ration, targeting, distributing and monitoring. The first decision of a food needs assessment must be whether assistance is needed at all. Surprisingly, this is often bypassed, as it is automatically assumed food is needed.

Emergency needs assessments encompass a wide range of approaches and procedures, which vary according to the stage and type of emergency, and also according to the organizations involved in the assessment and the administrative level at which the assessment is initiated. In general, there are three main types of assessment related to food needs:

- Initial rapid assessment in acute emergencies;
- Detailed 'one-off' assessments and subsequent re-assessments undertaken in more stable or protracted emergencies;
- Institutionalised monitoring such as nutritional surveillance and early warning systems.

Initial rapid assessments are needed during a 'rapid onset' emergency, or following a delayed response to a slow onset emergency, where the speed of assessment is critical to inform urgent decisions. At most, only two or three days may be available as decisions must be made immediately. Initially, the estimated food aid requirements are often little more than informed guesswork. For example, population estimates may be based on a rough estimate of population density multiplied by the geographical area, with an additional factor for expected arrivals or departures. This is then multiplied by the agreed ration that provides an estimate of the food aid requirement. This forms the basis of the food 'pipeline' for the coming months. These simplistic estimates need to be followed up fairly quickly by a more detailed assessment.

In more stable, protracted emergencies there is usually time to plan and implement a wider ranging and more **detailed assessment** which may focus on particular aspects of the situation, such as household food security and local coping strategies. In protracted emergencies there may be **annual assessments** of food aid requirements, which fit into the annual planning cycle of local governing authorities, donors, UN agencies and non-governmental organizations.

In countries or regions prone to food scarcity and famine, regular information on food security and nutritional status can be provided by **institutionalized data collection systems** either within government structures or within humanitarian agencies operating in the area. Early warning systems aim to give prior warning when a food crisis threatens, and to provoke action that will avert the crisis. There are a number of methods and systems in place including the Integrated Phase Classification (IPC) system, the Famine Early Warning system (FEWS), and other more localized food security and nutrition surveillance programs such as the National Food and Nutrition Sentinel Site Surveillance System (FNSSS) in Zimbabwe.

There are three broad approaches used for assessing the food needs of a population. These involve assessment of livelihood or economic outcomes, nutritional outcomes and vulnerable groups. These approaches can be used simultaneously in an assessment but there are some common challenges in the selection of indicators that the application of indicators across contexts can present. See **Challenge 1** for more information.

'Livelihood or Economic Outcomes', compare need against people's current or predicted ability to access enough food. These assessments measure the process by which households become food insecure and malnutrition occurs. The causes of their food insecurity may be multiple, for example, environmental (e.g. drought, flood affected) and socio-political (e.g. displaced, refugee, conflict affected). The Household Economy Approach or livelihoods groupings are among the assessment methods used for assessment of these outcomes. Module 9 describes food security assessments in more detail.

Challenge 1: Applying common indicators across contexts

Humanitarian classification systems in general aim to better inform decision makers as to the severity of the crisis and the type of response needed. These systems attempt to find a solution to the challenge of which indicators to use to determine population needs and the associated programmatic responses. For example, some contexts such as those in large parts of southern Sudan, Somali and northern Kenya have consistently high malnutrition rates, as well as unfavourable climatic conditions that frequently impact negatively on food security. In these contexts, consistently high malnutrition and mortality rates may become 'normalized' by key decision makers and are less likely to trigger a GFD response than in other countries that have lower malnutrition and mortality rates. This leads to inequality with regard to analysis and use of the criteria employed to initiate a GFD.

In order to facilitate comparisons between countries or regions and over time for decision-making about appropriate policies, programmes and resource allocation, the Integrated Food Security Phase Classification (IPC) is a food security severity scale developed globally by a partnership of UN agencies, NGOs and donor agencies. It aims to provide a common technical approach to classify food security according to reference outcomes that are based on recognized international indicators of food security, nutrition and mortality. The IPC has been introduced in several parts of Africa and Asia, and continues to gain momentum among governments, UN, NGO, donors, and academic organizations. Indicators of wasting and chronic malnutrition and mortality have been included in the IPC, along with those of food security. In most humanitarian classification systems mortality is considered the prime indicator by which to measure the impact of a humanitarian crisis, although the prevalence of anthropometric wasting is frequently used as a proxy for mortality and within the IPC mortality and malnutrition have been called the "ultimate outcome indicators".

Efforts should be made to utilize humanitarian classification systems such as the IPC to collect and analysis common indicators as part of the process for initiating GFDs in order to react appropriately to the context specific crisis.

'Nutritional Outcomes' measure current physical distress as reflected by nutritional status. Anthropometric assessment, (e.g. weight-for-height, MUAC or nutritional oedema), is the most widely used. Anthropometric assessments give an estimate of the current prevalence of malnutrition in the measured group. Anthropometric assessment is often limited to children aged 6-59 months, as it is assumed that young children are the first to show signs of malnutrition in a population that is facing a nutritional crisis. The results are intended to inform an understanding of the situation of the whole population. Anthropometry can have some limitations when used to estimate the prevalence of current distress:

- In locations with a high prevalence of malnutrition in non-crisis years, there can be difficulties in separating out the effects of the crisis and the "normal" high underlying rate of malnutrition, unless baseline data are available for the same season.
- There are no agreed upon techniques in use for estimating the nutritional status of pregnant and lactating women. Similarly, the interpretation of anthropometric assessment of adults and the elderly presents difficulties.
- A high prevalence of malnutrition cannot be reliably used to infer that there is significant household food shortage. For example, malnutrition may be caused by disease and not a lack of food.

- Acute malnutrition is often a late indicator (i.e. malnutrition takes time to develop) and, therefore, when the objective is to prevent malnutrition, economic or livelihood assessments may be more appropriate than anthropometric surveys.

'Vulnerable groups' refers to population sub-groups who may be at risk of malnutrition even if household food security is deemed to be sufficient. Groups who have specific physiological food needs include the elderly, pregnant and lactating women, the handicapped and the ill. Those groups who are vulnerable to malnutrition will vary from place to place and should be specifically assessed rather than assumed.

Mortality rates of more than 2 deaths/10,000/day for children under five years and malnutrition rates greater than 15 per cent (*percentage of the median weight for height*) are considered a serious situation. These indicators, together with food security and health information, often determine whether or not GFD is the most appropriate response. Factors such as the probability of mass displacement, adoption of drastic *coping strategies*, which will have a long term negative impact on *livelihoods*, high levels of *morbidity*, collapse of a peace process or increased violence in an already volatile area are all crucial when determining the appropriateness of initiating a GFD.

Box 1: Examples of GFD Objectives

- To meet immediate and medium term food needs and restore and protect the livelihoods of vulnerable and marginalised groups.
- To improve the access to food for IDPs and returnees in the targeted areas
- To support the improved nutrition and health status of children, pregnant and lactating women, people living with HIV/AIDS and other vulnerable groups
- To help to improve the health and nutritional status of mothers and children

While needs assessments may become increasingly precise with regard to identifying levels of need of the affected population, food aid remains a fairly blunt tool to respond to identified need. For example, while a needs assessment may determine the average household food gap to the nearest 10 per cent, logistical and implementation practicalities necessitate that, at best, rations can only realistically be planned and designed as full, three quarter, half or quarter rations for an affected population.

Setting Objectives of GFD

The objectives of a general food distribution arise from the definition of need. Given a definition of need, the objective should describe who should get food aid, how much food aid, when and why. Objectives should be set with a considered understanding of the potential for putting in place a distribution system. The objectives of GFD could vary from saving lives and protecting the nutritional status of a population to protecting and rehabilitating livelihoods. See Box 1.

Ration planning for GFD

There are two stages for calculating food aid requirements. The first stage is to establish the energy requirements and the second stage is to select the quantity and type of food commodities to be included in the ration or 'food basket'. A full food ration, which assumes that the affected population has no access to alternative sources of food, should meet all the nutrition and energy needs of the recipient population. The initial calculation of food aid requirements should be made on the basis of need and not the availability of resources.

First stage: Estimation of energy requirements

A full ration provides 2100 kcal/person/day (formerly the ration was 1900 kcal and was increased in 1997 by the United Nations to better reflect nutritional requirements). A daily food ration of 2100 kcal provides the average energy needs for most people within an affected population and assumes the following: standard population demographic distribution²,

average body size, a warm climate of 20°C, normal nutritional and health status and light physical activity. See **Annex 6** for examples of daily rations.

However, 2100 kcal/person/day does not meet the energy and nutrition needs of 'special' groups such as pregnant and lactating women, malnourished children, and people suffering from certain illnesses who have a higher energy and nutrition requirement. These groups may need selective feeding programmes, such as therapeutic and supplementary programmes, in order to meet their nutritional requirements.

ICRC recommends a ration of 2400 kcal/person/day. This would meet the average energy needs of a moderately active population and cover the nutritional needs of pregnant and lactating women, the effects of cold climatic conditions, physical activity, catch-up growth and nutrient losses during transport, storage and distribution. The strategy adopted by ICRC aims to minimize the need for selective feeding programmes.

The energy requirement of the population in need is referred to as the 'mean per capita energy requirement'. The planning figure of 2100 kcal (or 2400 kcal for ICRC) is multiplied by the population size to establish the overall energy requirements for a population. The working figure of 2100 kcal may be adjusted for the following reasons:

- **Age and structure of the population:** A population composed exclusively of women and children will require approximately six per cent less energy than a standard population. Where males constitute the total population, the average daily energy requirements would be increased by 6 per cent. See **Challenge 2**.
- **Nutrition and health status of the population:** The health status of a population may affect the average energy requirements. For example, World Health Organization (WHO) guidelines recommend a 10 per cent increase in energy to maintain nutritional status and avoid weight loss of asymptomatic individuals living with HIV, while adults with AIDS related illnesses require a minimum increase of between 20 and 30 per cent in energy intake.

² There are two average demographic composition profiles that are representative of all groups living in a given situation- one applies to economically developed countries, and the other to underdeveloped or developing countries.

Challenge 2: Suitable Rations for the Elderly

Theoretically, a well-planned general ration is usually adequate for older persons. However, in practice, a number of other factors often result in the general ration not actually meeting the nutritional needs of this demographic group. Some of these factors include: poor physical access to the ration as a result of marginalization or isolation; poor digestibility, especially of whole-grain cereals; lack of motivation or inability to prepare foods; and poorer access to opportunities for supplementing the ration. In emergency situations, these factors are exacerbated due to a general breakdown in normal family and community-support mechanisms. The elderly need access to easily digestible micronutrient rich foods with family and community support for food preparation.

Energy requirements usually decrease in the elderly, but micronutrient requirements remain unchanged, therefore the elderly should have access to foods that are nutrient dense and of a high nutrient quality. Current standard GFD rations are often inadequate for the elderly and more attention should be placed on using fortified blended foods or possibly ready to use commodities designed for prevention of malnutrition.

- **Physical activity levels:** If the population is involved in more than light activity the ration should be increased accordingly:
 - Moderate activity (e.g., walking short/medium distances)
 - Adult males: +360 kcal
 - Adult females: +100 kcal
 - Whole population (adults and children): +140 kcal

For heavy activity such as agricultural labour, walking long distances and carrying heavy loads:

- Adult males: +850 kcal
 - Adult females: +330 kcal
 - Whole population (adults and children): +350 kcal
- **Environmental temperature:** For every 5°C drop below 20°C, an additional 100 kcal/day/person should be provided. For example:
 - 15°C: +100kcal
 - 10°C: +200kcal
 - 5°C: +300kcal
 - 0°C: +400kcal
 - **Access to alternative food sources:** If the population has access to alternative food sources it may be possible to reduce the average calorie requirements. However, it is difficult to accurately calculate the calorie intake from alternative food sources. Care must be taken when reducing the ration across the board to ensure marginalized groups are still able to meet their minimum energy and nutrition requirements. Targeted monitoring of potentially vulnerable groups is advised.

- **Provision of milled or unmilled cereal:**

When recipients of food aid mill whole grain cereal, the volume of the cereal is reduced by up to 20 per cent and therefore the nutrient and energy content of the ration is also reduced. A whole-grain ration should compensate for this loss as well as for the additional milling costs. Compensation is normally in kind and between 15 and 20 per cent.

Second stage: Design of the Food Basket

Energy

Energy is not a nutrient but a measure of total food intake. Calories or kilocalories are a unitary measure of energy. Energy is needed for essential body functions (such as breathing), growth (especially during childhood and pregnancy), and physical activities (working and playing). The total amount of energy needed by different individuals varies, depending on physical activity, age, sex, body size and the surrounding climate. See **Annex 1** for the energy requirements of different population groups. Fat and protein should provide at least 17 per cent and 10 to 12 per cent respectively of the energy in a well-balanced diet.

All foods are made up of a combination of *macronutrients* (protein, fat, carbohydrate) and *micronutrients* (vitamins and minerals). Together with water, these nutrients are essential for keeping a person alive.

Macronutrients

Macronutrients form the bulk of the diet and supply all the energy needed by the body. *Carbohydrate* is an important source of energy (carbohydrate provides 4 kcal/g). For many (poorer) people in the developing world, carbohydrates are the main energy source and accounts for as much as 80 per cent of the food they eat.

Fats and oils provide an important source of energy (fat provides 9 kcal/g) and forms part of the essential structure of cells.

Proteins provide the building blocks for body tissues, with the excess used for energy (protein provides four kcal/g). Proteins are required in higher amounts during periods of rapid growth, such as infancy and early childhood, pregnancy, lactation, and after infections or injuries. Animal protein contains all of the essential amino acids, while vegetable proteins contain limited quantities of some of the essential amino acids.

Micronutrients

An individual's requirement for different micronutrients depends on age and gender. There are also key periods when micronutrient requirements increase: pregnancy and lactation, child growth and during certain illnesses. Micronutrients are needed in small amounts, but are nonetheless essential for life and needed for a wide range of body functions and processes. See Module 4 for greater detail on population requirements for vitamins and minerals.

Vitamins are required for essential metabolic processes. Vitamins are divided into two groups: water-soluble such as vitamin B and C, which are generally not stored in the body; and fat-soluble vitamins such as vitamin A and D, found in most animal products, which are stored in the body (primarily in the liver).

Minerals are essential elements for hormones, enzymes and other body tissues.

The following should be considered when selecting commodities for a food basket:

- **Nutritional and dietary considerations:** When people are receiving partial rations, the foods supplied in the ration must nutritionally complement the foods people obtain for themselves.
- **Environmental Conditions:** Populations in need of food support may be living in conditions that influence the selection of commodities. For example, for populations living in flood zones with lack of cooking facilities you will need to consider different commodities than for populations in an established camp setting with cooking and market access.
- **Risk of MDDs:** Populations who are dependent on general food rations with little or no opportunity to access other foodstuffs, especially fruits and vegetables, are at risk of developing *micronutrient deficiency diseases* (MDDs). Even if a population receives a full ration and consumes it all, there are still insufficient amounts of certain micronutrients. The most common emergency-situation MDDs come from a lack of iron, vitamin A and C, iodine, thiamine and niacin. See Challenge 3 below and Modules 4 and 14 for detailed information.

- **Acceptability and familiarity of the food items:** Wherever possible, the staple food should be acceptable and familiar to the recipients. The relative amounts of each commodity in the food basket should reflect population preferences. However, the range available in an emergency ration is often restricted for a variety of reasons.
- **Storage, quality control and specifications:** All foods distributed must be fit for human consumption and meet certain quality specifications. Transport, storage and handling of the food commodities must be carried out with care and carefully monitored. Flour does not keep as well as whole grains, and it is therefore better to mill the grain as close as possible to the final distribution point and time of delivery. Generally, a rule to apply is that if the time taken to manufacture a commodity and get it to the final distribution point is less or equal in time to the shelf life then the food commodity is suitable for distribution in those conditions. This is particularly important for blended cereals, as they have a shorter shelf life (9 to 12 months when stored in ideal – cool and dry – conditions). Distributing blended cereals in countries with high temperatures and humidity will further reduce the shelf life. Cooking oils are susceptible to rancidity; therefore, lightproof and airtight packaging is required.
- **Food processing and preparation:** Food commodities should be easy to prepare and have a short cooking time. The time it takes to cook food is especially important in the early stages of an acute emergency when fuel supplies may be scarce. See **Box 1** for fuel saving strategies. Adequate supplies of essential non-food items must be ensured to allow the proper preparation and consumption of items in the food basket.

Table 1 compares the recommended nutrition requirements of average populations with the nutritional content of the standard UN food ration for populations fully dependent on food aid. The table shows that the rations lack sufficient amounts of vitamin B2 and vitamin C. See **Challenge 4** for more discussion. WFP and UNHCR have developed a spread sheet application (Nutval) for planning, calculating and monitoring the nutritional value of the general food rations. Nutval (<http://www.nutval.net>) has been designed to make the jobs easier for those involved in planning food rations. It aims to ensure nutritionally adequate rations to minimize public health problems such as micronutrient deficiencies.

Challenge 3: Micronutrient Deficiency Diseases (MDDs) among emergency affected populations

Populations dependent on GFD rations are often at a heightened risk of MDDs. In most situations, a range of strategies is employed to prevent MDDs among populations dependent on rations but these present additional challenges and complications to the GFD. These are described in detail in module 14 and only briefly outlined below.

1. Inclusion of fresh fruit and vegetables in the ration: Fresh food items, which are micronutrient-rich, are purchased locally and distributed as part of the general ration. However, transport and storage of fresh produce then becomes a major challenge.
2. Addition of a particular food aid commodity: A commodity that has a relatively high micronutrient content is added or exchanged for another commodity, e.g., addition of groundnuts or pulses, which contain relatively high amounts of niacin, to populations who are heavily reliant on maize (which is low in niacin). The supply chain might not always allow for these changes to occur.
3. Provision of fortified foods: *Food fortification* is the process when one or more micronutrients are added to food during processing. This increases the nutritional value of the food without greatly increasing the cost, or adversely affecting its taste or general acceptability. Commodities provided through a GFD should be fortified (i.e.: oil with Vitamin A, salt with iodine, etc.). Programs for national or localized food fortification can be hard to achieve even in stable situations let alone in an emergency setting. However advocacy and other means towards these ends could be considered in more protracted emergency situations.
4. The use of specially designed micronutrient powders or 'sprinkles' that can be added directly to a meal in order to increase the micronutrient quality. This strategy is mostly used with vulnerable population groups who require a higher micronutrient intake such as pregnant and lactating women as well as children (6 to 59 months). Distributing these powders requires investment in terms of logistics and additional work and often getting recipients to adhere to continually using these supplements can be hard when there are no immediate visible benefits.

The risk of MDDs among populations dependent on GFDs should be acknowledged and efforts made to address the challenges posed in order to ensure that populations in need have access to sufficient amounts of micronutrients.

Table 1: Content of standard ration and average population nutrition requirements

Nutrient	Energy	Protein	Fat	Calcium	Iron	Vit A (Retinol)	B1	B2	B3	Vit C
Average population requirement	2100 kcal	53 g	40 g	450 mg	22 mg	1650 IU	1 mg	1 mg	12 mg	28 mg
% of requirements met by standard ration	101%	113%	121%	109%	103%	284%	241%	83%	158%	71%

Source: Emergency Nutrition Network and Save the Children United Kingdom, *Targeting Food Aid in Emergencies Special supplement*, ENN/SCUK, 2004.

Food Basket Commodities

GFD rations are usually composed of a minimum of cereals, pulses and oil with additional items added as appropriate and feasible. A well-balanced ration should provide a suitable combination of macro and micronutrients. See **Annex 2** for macronutrient content of food aid commodities and **Box 3** for the use of milk powder.

Cereal grains comprise the bulk of food aid delivered during a GFD. As the staple food in most food aid contexts, cereals provide the largest proportion of energy, a large part of the

protein and significant amounts of micronutrients for those dependent on food aid. Cereal, provided as flour for cooking, is more versatile than grain. It is also more palatable and reduces the fuel requirements for cooking. The levels of micronutrients present depend on the type of cereal and the extraction rate during milling or other processing. The more refined the flour, the lower the level of micronutrients. WFP and UNHCR are committed to providing milled grain, rather than whole grain, especially in the early stages of an emergency. However, the provision of milled cereals may be difficult to sustain in protracted operations due to the reduced shelf life of flour, the additional transport expense and logistical

Box 2: Fuel-saving strategies

Improved (fuel-efficient) stoves

Improved stoves rely on (a) enclosing and insulating the fire and/or (b) controlling the airflow. Simply by shielding a wood fire from draughts 30 to 40 per cent fuel savings can be achieved. Improved stoves are usually made with, or with a combination of, mud, metal, clay or ceramic.

Energy-saving cooking practices

Certain cooking practices can help in saving fuel, including using tightly fitting lids and the correct choice of pot, cutting foods into small pieces, pre-soaking beans, and grinding of beans and hard grains, such as maize. Removing excess soot build-up and putting fires out promptly will also improve efficiency.

Collective cooking arrangements

Increasing the numbers served from the same pot maximizes cooking efficiency.

The use of alternative biomass fuels (alternatives to firewood)

Some examples of alternative fuels include peat, charcoal and grass. Typical consumption levels of firewood range between 1 and 2 kg per person, per day.

Use of non-biomass fuels (solar cookers and kerosene stoves)

Solar cookers can only be used where there is high enough exposure to sunrays. Fireless cookers, or hay basket cookers, are usually made with a basket or box that is insulated with cloth, uses newspaper or wood shavings and is covered with a tightly fitting insulated lid.

The use of kerosene for cooking in an emergency requires special stoves and fuel storage containers. Fire risk is considerable at all stages of distribution. People may not know how to operate the stoves, which significantly increases the risk of fire. For these reasons, the use of these stoves is discouraged at the household level but may be used communally where there is less risk of fire and the kerosene and hardware being sold.

Source: World Food Programme, *Food and Nutrition Handbook*, Rome, 2005

Challenge 4: Nutritional Inadequacy of Planned Food Baskets

One of the most frequent problems is that the food ration is not nutritionally adequate, mostly in terms of quality. By definition, most general rations are insufficient in calcium, vitamin B2 (riboflavin), and often fat, vitamin C and A (especially if blended food such as fortified CSB is not part of the general ration). This creates a dilemma for those that conduct the distribution as they knowingly provide a deficient food ration and that, if access to other food products is limited, the recipients will eventually become micronutrient deficient. Though many humanitarian actors acknowledge this phenomenon, little is (or can be) done. Inclusion of fresh food is a solution but is logistically challenging and therefore expensive. Provision of food rations that exceed the required calories allows for bartering for other food and non-food products, but not necessarily always of high nutritional value. Provision of fortified CSB is mostly restricted to SFPs and does not reach all recipients. Cash vouchers for specific nutritionally valuable commodities can help. Micronutrient supplementation in the form of powders has become more common to address the micronutrient gap but suffers still from acceptance and therefore adherence problems. Micronutrient spreads are effective but expensive and again are often restricted to SFPs.

Dietary diversity is the best solution for food rations that are deficit in micronutrients because it is the most appropriate and dignified approach.

challenges of providing sufficient quantities of flour. An advantage of the traditional milling of grain in the home is that cereals milled that way tend to have a higher micronutrient content due to the processing methods. In addition, grain can be fortified during the milling process. One caveat, though, milling grain at home is labour intensive, particularly for women.

Legumes/Pulses are an important source of protein and provide a range of micronutrients for those receiving the GFD. Pulses require careful preparation to make them palatable, safe and digestible. They must be pre-soaked, hence the need for containers and water. They often take a long time to cook, which increases the demand for cooking fuel. Less cooking time is required for pulse flour, split peas, lentils and grams.

TECHNICAL NOTES

Canned meat, cheese, and dried fish are expensive commodities and can be hard to procure in sufficient quantities. Agencies involved in GFD's may have different approaches to inclusion of these commodities; for example, WFP does not use them in GFD programmes on a regular basis whereas ICRC frequently includes them.

Vegetable oil distributed in a GFD must be fortified with vitamin A and is therefore an excellent source of that vitamin: 40 grams of fortified oil potentially provides 100 per cent of children's daily needs for vitamin A and about 70 per cent of adults' needs.

Fortified Blended Foods (FBFs) are processed mixtures of cereals and other ingredients (e.g., pulses, dried skimmed milk, and possibly sugar and/or some kind of vegetable oil) that have been milled, blended, and pre-cooked. Examples of blended foods are Corn Soy Blend (CSB), and Wheat Soy Blend (WSB). The protein provided by blended foods includes all the essential amino acids. Fortified blended foods are sometimes used in the general ration, to help provide an additional source of micronutrients. According to WFP, the nutritional specifications of 100 grams of dry blended food should provide 380 kcal, 14 per cent protein, 6 per cent fat and a vitamin and mineral complex. See **Annex 6** for fuller descriptions of blended foods and micronutrient content of fortified foods.

Corn Soy Blend Plus (CSB +/++) is a reformulation of the original CSB to meet the additional energy density and micronutrient needs of some population subgroups. CSB+ is a product for children two years of age and older, adolescents, pregnant/lactating women, adults and other vulnerable groups such as those with chronic illnesses. It is a mixture of cereals, soy beans, sugar and a vitamin/mineral mix. According to WFP, the nutritional specifications of 100 grams of CSB+ is similar to FBFs and should provide 380 kcal, 14 per cent protein, 6 per cent fat and a vitamin and mineral complex. CSB++ is a more digestible form of CSB intended for children 6-23 months. In addition to the above-mentioned components it includes dried skim milk and oil in its formulation and has a higher nutritional value with 410kcal, 16 per cent protein, 9 per cent fat and a vitamin and mineral complex. Both of these new CSBs contain an improved micronutrient formulation. As of early 2010 WFP has replaced all FBF's in GFDs with the improved CSB+/++. CSB++ can also be used in treatment as well as prevention programs.

Sugar is sometimes included in the GFD and can play an important role in the diet by improving palatability and, particularly in the case of a child's diet, energy density. Sugar is usually pre-mixed into the CSB to ensure that the distributed sugar is actually used for consumption of CSB (as opposed to tea for example) and it ensures that the CSB is palatable.

Salt improves palatability and since the salt in the ration is always iodized it serves a crucial nutritional function.

There are other food aid commodities that do not conveniently fit into the above food groups and are usually only used in specific contexts as follows:

High Energy Biscuits (HEB) and "BP5" are comparable in energy and protein and can be suitable to meet emergency food needs on a temporary basis. When cooking facilities are not in place or unknown or in case of sudden need, compact foods such as high-energy biscuits are easy to handle, transport and distribute. BP5 requires no preparation and thus no additional resources are required to prepare it (e.g. fuel, cooking and serving equipment, water and trained personnel). Crushed into drinking water or milk they can produce porridge (thick or thin according to taste), no cooking is required and they are useful for feeding children/elderly and or ill people. HEBs also contain optimal amounts of minerals and are often used to complement a ration; BP5 has been developed for use as a complete food and sole source of both macro- and micronutrients. Both HEB and BP-5 contains about 458kcal, 15.5g of fat and 16.7g proteins per 100g. They are also vitamin and mineral fortified. 100-150ml of water should be provided for every two biscuits consumed. However, BP5 is expensive; nearly three times as much compared to HEB, and is not a 'usual' food. Furthermore, it is monotonous to eat daily. As soon as possible normal food should be provided.

Meals ready-to-eat (MREs) or Humanitarian daily rations (HDR). These rations are the most expensive food aid commodities and are usually reserved for immediate response during the first few days of a sudden disaster or the displacement of large numbers of people. Usually these products contain high quality protein, fat and carbohydrate with added vitamins and minerals.

Liquid Nutrient Supplements (LNS) are a family of ready-to-use food (RUF) products designed to deliver nutrients to vulnerable people. Originally designed for use in therapeutic and preventative nutrition programs, LNS products are gaining popularity and in the future may increasingly be considered for use in the early phases of GFD programs. They are described as "lipid-based" because the majority of the energy provided by these products is from lipids (fats). All LNS provide a range of vitamins and minerals, but unlike most other multiple micronutrient supplements, LNS also provide energy, protein, and essential fatty acids. LNS recipes can include a variety of ingredients, but typically have included vegetable fat, peanut/groundnut paste, milk powder and sugar. Alternative recipes and formulations are currently being explored in efforts to develop affordable and culturally acceptable products for a range of settings. RUFs do not require dilution or cooking, are safe to store without refrigeration and risk of contamination is low. Examples of LNSs are Plumpty'Nut and Nutributter.

Box 3: The use of milk products in GFDs

Guidelines for the use of milk powder state that dried milk powder should not be distributed to emergency affected populations as part of a general dry ration. This is because of the danger of it being used as a breastmilk substitute and the risk of high levels of microbial contamination when prepared with unclean water or in unsanitary conditions. These risks are greatly increased in an emergency setting. During emergencies, dried whole milk and dried skimmed milk (DSM) may be used to fortify cereals and porridges or as an ingredient in the local production of processed foods, for example, blended foods. See **Annexes 3** and **4** for further information on United Nations guidelines for the use of milk powder, and policy guidelines on infant formulas and breastmilk substitutes.

The most cost-effective ration is based on a combination of cereals, pulses and oil. A limited degree of food aid commodity trading at the household level is acceptable, provided there is no large-scale diversion of the food aid or detrimental effects on the health/nutritional status of the community. Certain commodities may have a potentially high resale value (e.g., sugar and oil). The inclusion of high resale commodities in the GFD may allow beneficiaries to purchase other essential food and non-food items that are not otherwise available in the

diet, such as fruits and vegetables. However, this may not be the most cost effective means of ensuring households have access to other essential food and non-food items. Other more cost effective alternatives may include cash or voucher distribution or distribution of the essential items for which the food aid is being exchanged. See **Case example 1**. However, in some situations, food may be the most readily available resource for enabling beneficiaries to access other essential items.

Case example 1: Fresh Food Vouchers for Refugees in Kenya

The town of Dadaab in North Eastern Kenya is home to three refugee camps, together hosting over 240,000 people. The camps were established in mid-1992 and host refugee communities from various countries but the Somali population is the biggest in numbers. Due to ongoing insecurity in Somalia, regular influx into the camps has continued. The three camps are managed by the United Nations High Commission for Refugees (UNHCR). Food is provided by the World Food Programme (WFP) as a general dry ration, comprised of cereal, legumes, oil and sugar. At the time of writing the ration does not include fresh foods, such as vegetables or fruit, and many residents have little access to food beyond that which is provided. Each of the camps has a market where resident vendors sell a variety of items, including fresh foods. However, since residents are prohibited from employment, their ability to access these foods is limited to external support they get from remittances or through the sale of part of the general food ration. Malnutrition rates had been high in the camps and lack of nutritional diversity was identified as an ongoing underlying cause of malnutrition. To increase the consumption of nutritious fresh foods by the refugee population, a voucher programme was implemented by Action Against Hunger USA (ACF – USA) between September 2007 and April 2009.

The programme targeted children 6 to 59 months enrolled in selective feeding programmes. It provided their caregiver with vouchers worth 600KSh per month to enable them to buy fresh vegetables, fruit, milk and eggs in the local market. Since each camp has functioning markets with vendors specialising in the sale of fresh fruit and vegetables, a local supply was easily accessible to the beneficiaries. By providing a voucher for a defined list of items instead of providing cash, ACF were able to maintain some control over beneficiary spending. To complement the voucher component, health education focused on food hygiene and a balanced diet was provided to all beneficiaries as part of the voucher distribution process.

Results showed that the programme improved the dietary diversity (a proxy indicator of the nutrient adequacy of the diet for individuals) of refugee households while also helping to improve the coverage rates of the nutrition programmes and improved the business of the programme vendors in camp. The community appreciated the voucher approach as it provided them with an increased level of choice about the foods to purchase. The camp community is dependent on aid organisations to meet their basic needs, and while this programme also provided items of food assistance to beneficiaries, it did so in an indirect way that maintained the dignity of the beneficiaries and should therefore be a preferred approach where feasible.

Source: *Field Exchange Issue 36*, July 2009

Box 4: Examples of food commodity substitutions

Blended food and beans	1 to 1
Sugar and oil	2 to 1
Cereal and beans	2 to 1
Cereal for oil (not oil for cereal*)	3 to 1

* If, for example, no oil is available for inclusion in the ration, either 100g sugar or 150g cereals could substitute for 50g oil.

Source: World Food Programme, *Food and Nutrition Handbook*, Rome, 2005

Factors affecting the actual delivered ration versus the planned ration

In reality, the actual ration is often substantially different from the planned ration. In planning rations, some compromise always has to be made between what is ideal and what can in fact be obtained in sufficient quantities and delivered in time. Common reasons for a difference between planned (designed) rations and actual rations are detailed below:

I. Availability of food items

The selection and number of items in the food basket are frequently determined by availability. When certain food items are unavailable they can be replaced with other items of similar nutritional value. Ideally, substitution should be temporary and recipients should be fully informed of the change in food basket composition through the public information systems. Examples of food commodity substitution are shown in **Box 4**.

When there is insufficient food aid available to meet ration requirements there are three options available:

- Postpone distribution until a full ration for the total population is available.
- Distribute an equal share of available commodities to the entire population (e.g., a reduced ration).
- Give a larger (or full) ration to the more vulnerable groups within the target population and a smaller (or no) ration to the less vulnerable groups within the target population.

Whichever option is adopted, recipients must be kept fully informed of changes to the distribution schedule or amounts and the reason for the change. Ideally, recipients are part of the decision making process on what option is eventually adopted.

II. Estimation of the size of the affected population

The actual size of the population in need can vary from the estimated or planned program population leading to insufficient quantities of food being distributed. Reasons for this difference in planned and actual figures can be various.

- In the initial stage of an acute emergency the size of the affected population has to be estimated very quickly
- In protracted operations, population estimates cover long periods of time and assessments are usually done well in advance of the distribution time therefore leading to a disconnect between estimated need and actual need
- Duplicate registration of recipients

III. political priorities

The political priorities of host or donor countries may influence the timeliness and scale of response. For example, host governments may be reluctant to declare a state of emergency or alternatively exaggerate the scale of the emergency in order to influence aid. Donor response often depends on the political relationship with the recipient country.

IV. Lack of resources

Lack of resources by implementing agency including "in-kind" donations of food commodities aid, lack of cash to pay for local purchases, institutional costs, and in-country transport.

V. Late delivery

Late delivery of food aid, for example due to long order or transportation times, seasonal or logistical factors, or insecurity.

Calculating Program Needs – Food Aid Quantity

Once the size and composition of the ration has been agreed upon, food aid requirements for the population in need can be calculated. This entails a scaling up of the ration planned for the individual to a food delivery planned for a certain defined population over a defined period of time. See **Box 5** for a more detailed description.

Box 5: Food aid requirements for a population over a defined time period**Ration item (pppd) x Beneficiaries x Planning period x Transport loss adjustment**

Ration item Pppd:	Individual amount in grams of each ration item per person (pp), per day(pd)
Beneficiaries:	The projected average number of beneficiaries for the project
Planning period:	The duration of the feeding operation in days.
Transport loss adjustment:	Add-on percentage for losses during transport, storage and handling. For a country with a port: +5%; landlocked country: +10%

Source: World Food Programme, *Food and Nutrition Handbook*, Rome, 2005.

Targeting

After the food basket has been designed to meet the objectives and scale of the GFD, steps to implement the program need to be taken. Targeting is based on a broad set of indicators, reflecting who has been affected by a shock and to what degree a population has been affected by the shock. Targeting criteria shape the design and objective of the GFD, e.g., who gets food, how much do they get, when do they get it and why do they receive it. Targeting aims to ensure that food aid is received on the basis of need and endeavours to prevent 'harm' by limiting any negative impact of food aid. Above all else, targeting is implemented to maximize the efficient and effective use of resources. See **Box 6**.

Ideally, the cost of targeting within a community, in terms of time, human resources, food and funds, should be less than the cost of distributing food to the entire population. As the proportion of households to be excluded from the distribution decreases, the savings through targeting diminish. At a certain point, the difference in cost between feeding everyone and implementing a targeted programme (with associated resources for targeting) may no longer justify targeting food aid, and a blanket distribution may be more cost effective.

For targeting to be justified, there should be significant and identifiable differences between the target and non-targeted population. Defining *eligibility criteria*, i.e. the characteristics of those individuals or households to be targeted with food, arise from the objectives. Clearly, if an objective is to meet the needs of a group of individuals or households which are thought to require a certain quantity and quality of food, then the eligibility criteria must specify the characteristics of these individuals or households. There must be agreement with the community about the objective of the GFD, eligibility criteria and the distribution mechanism to target vulnerable households. The process for establishing the eligibility criteria must be transparent and involve all the key stakeholders.

Eligibility criteria for receiving food aid should be practical in that it must be possible to verify that the recipients who receive food aid are the intended recipients. A targeting system can be no more accurate than its ability to identify the beneficiaries. Criteria need to be both sensitive (to ensure that those eligible included) and specific (to ensure that those not eligible are excluded). This is important in order to be able to establish the inclusion and exclusion error. *Inclusion error* is the proportion of individuals who are not eligible for but are receiving food aid. *Exclusion error* is the proportion of individuals who

Box 6: Core principles of targeting

1. Constructive and honest discussions with the community are important. For example, if the community deviates from the recommended targeting criteria, or redistribution is occurring on a large scale, it is important that the community and official representatives are able to agree on a solution. It is important that such challenges are regarded as a way of strengthening and improving the system rather than indicating its failure.
2. Targeting systems must be transparent and clearly understood by recipients and non-recipients. This requires appreciable investment in communication and sensitization.
3. Targeting is a pragmatic exercise, requiring judgement, compromise and constant reconsideration.
4. There must be sufficiently experienced and knowledgeable human resources to assist with the process and implementation of the targeting system.
5. Targeting should be culturally acceptable among the community, otherwise the food aid risks being distributed to all households within the community, or households who receive food aid will re-distribute to excluded households.
6. Targeting may not be appropriate among camp populations, as most refugees and camp-based IDPs expect to receive full rations and may therefore be unwilling to be involved in a targeting process.

Case example 2: Balancing Inclusion/Exclusion Errors in Darfur

Displacement in response to armed conflict is a major cause of hunger in Darfur. In the initial stages of the conflict, targeting criteria were based mainly on whether or not a person was displaced. However, following a food security and nutrition survey, it was determined that rural residents were similarly susceptible to food insecurity, putting them in a more precarious position than some IDPs. These non-displaced people were vulnerable on several fronts: their harvest was threatened by poor climate conditions in 2004, they were experiencing the negative consequences of the conflict, including limited market access and a virtual cessation of trade, and their communities were increasingly burdened by hosting large numbers of IDPs. Assisting a large number of IDPs in a village raised tensions in the communities, as did targeting all IDPs and only some of the residents. Therefore, WFP and partners needed to find a fair and transparent way to ensure that the most food-insecure people were assisted. After discussions with partners and communities, WFP arrived at a pragmatic formula: in rural villages already identified as vulnerable to food insecurity and in which hosted IDPs exceeded 50 per cent of the total population, WFP would provide rations for the entire village population. It is possible that some residents did not require immediate food assistance, but they constituted a small minority, and identifying and excluding these individuals would have taken vital human resources away from distribution and monitoring tasks and could have led to further tensions.

Source: WFP (2006). 'Targeting in Emergencies'. Policy Issues, WFP 2006

are in fact eligible for but are not receiving food aid. GFD aims to have low inclusion and exclusion error. It is impossible to completely eliminate such errors, which need to be minimized. See **Case example 2** for an example of managing inclusion and exclusion errors. If the inclusion and exclusion error is high, it may be necessary to reset eligibility criteria and the design of the GFD system.

All food aid is geographically targeted in the sense of distributing food to the population of one geographical area and excluding another. Targeting may take place between countries, between regions in a country or between sub-region, food economy or livelihood zones, districts or villages. These targeting decisions are usually informed by broad sets of indicators, which determine the extent to which different areas are affected by a given shock. In some situations, geographical targeting provides the best strategy for achieving the targeting objective and further targeting may be unnecessary. However, targeting within geographic areas is appropriate when:

1. There are identifiable differences between the intended target and non-target population
2. The targeted population is a minority of the population
3. It is operationally feasible to implement a targeted distribution
4. The community co-operates with the targeting strategy

Targeting generally falls into two broad categories: individuals or households (or groups of households).

Targeting individuals

Eligibility criteria applied to individuals vary in the ease and accuracy with which they can be applied. For the most part, criteria applied to individuals are set through administrative targeting. The need to target individuals in emergencies usually arises because inadequate support has been given to households, e.g. because of early warning failure, shortage of relief food, or because they have been excluded in some way from support to the general population. Individuals are targeted because it is thought that they have special needs and are unlikely to be able to meet their food needs, e.g. the sick, particular ethnic groups, pregnant or lactating women, the elderly, the disabled, or orphans.

Targeting the disabled and elderly

The elderly may be nutritionally vulnerable. Reduced physical or mental function may make it difficult for them to access food, particularly in situations of displacement where social support networks or access to traditional foods is disrupted. The nutritional vulnerability of older people should not be assumed in every context, but older people may be nutritionally vulnerable in a situation where the majority of the population are older people (if, for example, the remainder of the population has fled or migrated). The definition of the elderly in a general population may be difficult. Equally, trying to define disability is a complex and controversial matter. Acceptable definitions changes over time and from one culture to another.

Targeting institutions

Institutions may be targeted to reach specific groups who are thought to be vulnerable, e.g. hospital patients, orphanages or schools. These groups may face special problems in a crisis, as relatives may find it difficult to provide support and Government support for institutions may collapse.

Targeting households

Households are usually targeted by 'socio-economic' indicators, health or nutritional status and are based on assessment or assumption that specific types of household in the population cannot meet their survival or livelihood needs.

Targeting households according to socio-economic status

Economic assessments may lead to criteria that can be difficult to apply in a field setting. For example a 'poor' population group might be defined as one that has less than a certain amount of land or livestock, criteria that it may be difficult or impossible to verify during a distribution. To use these criteria for the inclusion of an individual household in distribution, an outside agency would require a survey of all households. This may be practical on a small scale or with a densely settled population but is usually not possible. Sensitive and specific criteria may be difficult to develop, as there may be multiple characteristics that define the eligible group.

Targeting households according to the nutritional status of children: the 'family ration'

In the absence of a clear understanding of who is food insecure, a common targeting system is to assume that households with a malnourished child registered in a feeding centre are food insecure and to provide them with a ration. Households with children that are malnourished are, therefore, targeted for a general household ration. This targeting strategy, sometimes referred to as providing a 'family ration', has been adopted in a number of emergency contexts where support for the general population is absent or inadequate. However, this assumption may not be valid where a child is malnourished primarily due to other factors such as disease or inadequate care. While the provision of a family ration may target food to a proportion of needy households, the strategy in situations of overall scarcity has potential weaknesses;

- a) It may exclude households in need of food that do not have an eligible child and lead to families attempting to admit children who do not meet the eligibility criteria. This is particularly problematic if families deplete all assets in order to prevent their children becoming malnourished. Often the children end up becoming malnourished at a later date.
- b) Some children may be kept in an undernourished condition to ensure that the family has access to a ration.
- c) Providing the ration at the point of the malnourished child's discharge is contrary to the logic of the distribution since it keeps a household in need for a potentially long period before they receive food support.
- d) Where several agencies are providing services in the same area and the same child attends several centres to receive multiple rations.

Targeting households according to other indicators such as chronic illness (tuberculosis and HIV), gender, age

Targeted vulnerable feeding provides a family ration to households on the basis of individual eligibility criteria, i.e., the household has a malnourished child, someone who is chronically ill (e.g. tuberculosis or HIV) a pregnant or lactating woman, an elderly or disabled person, or someone who is socially vulnerable, such as an orphan. This system recognizes that vulnerable individuals are part of a household, and household members will share the food ration received. Furthermore, by virtue of having a vulnerable individual in the household, all members of the household may be at an increased risk of food insecurity and possibly malnutrition.

The high prevalence of HIV has brought the targeting of people living with HIV (PLHIV) and AIDS affected households into prominence. Unmanaged HIV infection and AIDS can create additional risk of food insecurity and attention has been given to how food insecure households, with the additional burden of HIV and AIDS, can be effectively targeted. First, it should be noted that the impact of HIV and AIDS on household food security is highly variable (i.e. HIV affects both poor and wealthy households) and depends on a range of factors, such as which household members are affected, the household livelihood strategy and the demographic profile of the household. It is probably a reasonable assumption to make that in most settings the effect of HIV and AIDS (through the loss of productive household members, increased costs) is to increase the level of vulnerability. However, much poverty will arise from other, unrelated causes so that the most food insecure households may or may not be HIV infected or AIDS affected. Therefore, attempts to target AIDS affected households alone are unlikely to be appropriate, as they will exclude other food insecure households. Furthermore, in most contexts, it is difficult to develop criteria that identify people living with HIV and their AIDS affected households accurately. Many people will not know their HIV status and even if they did, open discussion may increase the stigmatisation they face and could be unethical. Proxy indicators of HIV, such as chronic illness, may go some way to identifying these households, but run the risk of inclusion and exclusion errors by supporting households which are not food insecure or excluding households which need support. Where the objective of targeting is to address food insecurity it may be better to, for example, target the poorest households and adjust this to provide a better quality of diet to households with chronically ill members.

Targeting households headed by females, on the basis that such households are most vulnerable to food insecurity, is another strategy that is often used by agencies. However, as with all possible target groups, no assumptions should be made which are not validated by assessment about the food security of female-headed households.

Challenge 5: Community-based versus administrative targeting

Assuming the key steps for implementing CBTD are conducted, it is clear that CBTD encourages greater community participation and increases the likelihood of a transparent and accountable targeting system, compared with administrative targeting.

However, there may be a number of weaknesses or problems with the CBTD approach that may be highly context specific. For example, in some communities wealth differentials may be so small that targeting is not feasible, while in other communities the ethos of sharing is so culturally important that targeting is not accepted. The cost to the community and individuals can also be significant. Those on village relief committees have to find time to visit households and attend meetings while any ill feeling that the targeting system creates in the community may be directed towards those on the committee. There may also be considerable hidden costs for implementing agencies. Sensitizing and supporting communities to the approach may require considerable investment of time and human resources.

Currently, there is limited comparative information on the cost and effectiveness of CBTD and administrative targeting. It is therefore not possible to promote one method above another.

More data should be collected on the relative cost effectiveness of different eligibility requirements and forms of targeting as well as recommendations made for use in most appropriate settings.

The elderly are another vulnerable group that can be targeted. To minimize the risk of the elderly having inadequate food intake the following should be considered when targeting a vulnerable feeding programme to the elderly:

- Ensure they are involved during the assessment phase.
- Provide blended food as part of their ration.
- Ensure physical access to the general ration.
- Decentralize distribution sites.
- Ensure older people have sufficient access to fuel and water for cooking.
- Ensure the weight of the food rations is small enough to be carried/transported

There are programme design factors that increase the risk of the elderly suffering from inadequate food intakes: an inadequate assessment of needs at the outset, poor physical access to the ration, constraints in food processing and pre-preparation, and limited opportunity for accessing food through complementary coping strategies.

Conducting Targeting

Historically, government officials and humanitarian agencies have conducted GFDs, in non-camp situations with the assistance of traditional leaders and village committees. This combination of actors would be responsible for registration and ensuring those receiving the food aid were the neediest. This type of approach is referred to as administrative targeting. However, during the last decade there has been a shift towards a new system of targeting and distribution called community-based targeting and distribution (CBTD), whereby the responsibility for defining eligibility criteria, identifying recipients and distributing the food aid is with a village food distribution or village relief committee, often set up specifically for these tasks. Both methods have their advantages and disadvantages as outlined in **Challenge 5**.

In community-managed systems, the community through an elected committee is used to identify beneficiaries. Community managed systems are usually distinguished from 'administrative' systems by the more active participation of the recipient population, rather than only its representatives, with the aim of reaching mutually agreed and acceptable eligibility criteria since those who are identifying the most needy are those who have the greatest knowledge about the targeted communities. Thus, eligibility criteria tend to be more subjective, complex and locally specific than those used in administrative targeting. The village distribution or relief committee is aware of the quantity of food aid to expect, when it will be received and the proportion of the community entitled to receive food aid. However, CBTD is generally applied only in smaller programmes in small communities or in protracted emergencies in a stable context. In large food distribution systems, the levels of supervision may be low and the scope for inclusion and exclusion errors with CBTD may be large.

The rationale behind CBTD is that by giving responsibility for targeting and distribution to the community through elected village committees there will be greater accountability and transparency. It is also intended to translate into less involvement of, and resources expended by, outside implementing agencies in identifying recipients and overseeing distribution. Members of the village distribution committee are elected by the community (women are encouraged to participate, with WFP guidelines advocating for committees to be 50 per cent female) and the success of the community-based targeting system is largely dependent on the village committee being accountable and transparent to all members within their community.

Case example 3: Perceptions of vulnerability and eligibility criteria in Kenya: 2000-2002

The Kenya Food Security Group commissioned a review of the strengths and weaknesses of the community-based targeting distribution system that was implemented throughout much of Kenya during the food crisis from 2000 to 2002.

One of the key assumptions that shaped the 'official' targeting strategy was that not all households in the community had been equally affected and therefore not all households in the community would require food aid. Many of the food distribution committees at the village level and the affected communities disputed this assumption, and believed all people had been affected by the drought so all people required food aid. For example, pastoralists with reasonable herd sizes were officially not perceived to be vulnerable and therefore did not require food aid. However, communities believed such pastoralists were vulnerable because their remaining assets (livestock) had dropped in value and were not productive (no milk production), and that money was needed to purchase water and pasture in order to keep the animals alive.

The village distribution committees recognized that some members of the community might require more assistance than others but were of the view that all households needed some food aid. The committees developed their own targeting strategy, which enabled all households to be included and consequently ration sizes received at household level were smaller than anticipated. The committees were convinced that with their previous experience of managing resources during times of hardship that the strategy they developed was more appropriate for the community compared to the official strategy suggested.

The implementing agencies were aware that such deviations from government recommendations were not received positively by the national policy makers. Therefore, implementing agencies were frequently reluctant to admit the truth to the national policy makers. This meant less transparency and honesty between the different structures and levels. Such deviations from the agreed-upon standards could be used as a 'lessons learnt' exercise to strengthen future GFD.

Source: Maxwell, Simon, 'A review of the community-based targeting and distribution system used in Kenya in 2000-2002', unpublished.

Programme implementation may be extremely difficult where there are fundamentally different views over eligibility criteria. See **Case example 3**. Unfortunately, it is not uncommon for a combination of political, social and cultural factors to end up frustrating efforts to target the neediest households.

See **Box 7** for key steps, and **Case example 4** for an example of community-based targeting.

Distribution Modalities

There are two primary systems for distributing food aid to the general population: take home rations and large scale cooked food distribution. The distribution of rations must ensure the regular and sufficient food consumption of its recipients. It must be organized in a way that complies with a set frequency, involving the intended amounts and timeframes, and avoids

Box 7: Key steps in community-based targeting

1. Implementing agency meets with local authorities and village members in public meetings to inform them that food aid will be provided and to explain what proportion of the population will be targeted.
2. A relief committee (RC) is elected with the aim of having broad representation of all the constituent groups, including adequate representation of women. The RC could be at village level or cover a larger geographic area.
3. The RC discusses with the implementing agency the criteria that should be used for inclusion in the recipient group. These criteria can then occasionally be discussed publicly.
4. The RC then draws up lists of households that meet the agreed-upon criteria, which are then registered to receive food. The lists are read out in a public meeting in the village.
5. The distribution is conducted by the RC; a staff member of the implementing agency could be present.
6. Post-distribution monitoring is conducted by the implementing agencies, perhaps in collaboration with the RC, either through food basket monitoring, or qualitative and key informant interviews.

Source: Jaspars, Susanne and Jeremy Shoham, 'Targeting Food Aid in Emergencies', *ENN Special Supplement*, 2004.

Case example 4: Community-based targeting in Myanmar: 2005

A key component of the WFP programme in Myanmar has been community-based targeting. With the country under sanctions, UN agencies are expected to provide assistance directly to communities and not through government channels. In Northern Rakhine State, WFP has four programme components: food for vulnerable groups, food for work, food for training and food for education. In 2004, the vulnerable group feeding adopted the community-based targeting system for identifying recipients and distributing the food aid.

The community-based targeting system was introduced in order to reduce the influence of village leaders, and to increase community participation and transparency. Overall, the CBTD component of the programme was considered a success. The new targeting system included broader eligibility criteria. Under the old system, 95 per cent of the caseload was female-headed households. With the new targeting system, only 80 per cent of the households were female headed, which made room for other groups, e.g., the landless, elderly with no support, and the physically and mentally handicapped. CBTD has also lowered the exclusion error, with inclusion estimated at 88 per cent. CBTD bypasses the political system at village level and may lead to strengthening civil society, which will be beneficial for other development activities.

One of the reasons for the success of the CBTD approach in Myanmar appears to be that because of the other components of the WFP intervention, such as FFW, the community was under less pressure to include everyone in the vulnerable group feeding programme, as it had alternative opportunities for accessing food.

Source: Shoham, Jeremy, *Field exchange*, 26, November 2005.

interruptions at all costs. A GFD programme may use a combination of existing and newly established structures for implementation. In stable situations, existing government structures such as information networks and transport and storage systems may be used. This may be quicker and cheaper than establishing new parallel systems. The initial needs assessment should include information on how suitable local systems are in supporting the GFD.

There are a number of factors (discussed below) to help ensure a successful GFD system, whether it is take home rations or cooked food, which should be considered before the actual mechanics of distribution are decided. See **Table 2** for a summary of the benefits, risks and limitation of the different distribution modalities.

Context awareness

It is important to be aware of the social and political divisions within an area. Determine whether or not traditional community leadership mechanisms have collapsed and/or if they are truly accountable and representative to all groups within a community. Assess if it is appropriate to use these mechanisms to assist with the identification of vulnerable people within their community. By being unaware of the context and existing local tensions, GFDs can further increase these tensions, leading to increased insecurity and resulting difficulties for GFD implementation. See **Case example 5**.

Management and coordination

In order to implement a GFD on a large scale, committees/working groups/task forces need to be established at a number of levels. Members of these groups should have the interest

of the recipients at heart; ideally have previous experience of GFD systems, knowledge of the area and people affected by the shock, and the ability to mobilize qualified and experienced staff quickly. They should also be neutral, impartial and accountable, and display transparency. Members of the committee at the central and regional levels are typically made up of government representatives, UN agencies, implementing organizations, donors and religious leaders.

These committees play an important role in managing and coordinating the GFD system, as well as systematically reviewing the system so that it can be improved and adjusted where necessary. The roles and responsibilities of the GFD committee at all levels should be agreed upon at the onset and clearly set out in relation to the roles and responsibilities of the implementing organizations. Good organization and coordination between all concerned is vital for the successful operation of the GFD.

Training and support for the implementation process

Some GFD committees, especially at the village level, may be inexperienced and may initially require training and support. Although this may appear time consuming and less of a priority at the height of a crisis, it is important to remember that the greater the energy invested in the process of establishing a GFD system the higher the chance of a successful GFD system being implemented. Local GFD committees, which are working well, can also usefully provide a forum for discussion and a means for disseminating information about the distribution system to the community, as well as eliciting recipient views about the GFD programme.

Case example 5: Selection of representatives to distribute food in Rwandan refugee camps: 1994

In the Rwandan refugee camps in Tanzania and the Democratic Republic of the Congo in 1994, food distributions were initially organized on a communal basis, with commune heads preparing lists and assisting in the distribution itself. This was the same type of distribution system that was implemented in the IDP camps in Rwanda from 1990-93, but one found to be inequitable and open to abuse by commune leaders. The great advantage of this system was that distributions could start almost immediately and required fewer agency staff than a system distributing on the basis of a sector, cell or head of household. The principal disadvantages were that, in large camps, distributions were often lengthy and chaotic and, above all, were more open to abuse by the commune leaders, who were able to influence the size of ration received by particular groups and divert a proportion of the food for their own use. The use of commune leaders to distribute food was politically charged and potentially beneficial to the militia and those who had been involved in the genocide, given the context that produced the refugee exodus, e.g., the call for Hutus to “leave the country and continue the struggle from across the border”, the role of the militia in instigating and spreading the genocide and the involvement in the militia of many commune and prefecture leaders.

Source: Core Team Overseas Development Institute, ‘The international response to conflict and genocide lessons from the Rwandan experience’, Study 3, Humanitarian Aid and effects, *Journal of Humanitarian Assistance*, 6 May 1996.

Decentralized GFD system

When distributing food aid to dispersed and mobile populations a decentralized system (high number of distribution sites over a geographic area) will help to increase the coverage rate and help to reduce the exclusion rate. However, decentralization will also increase costs associated with transport, human resources and administration.

Timing of the GFD

The timing of a GFD is critical. GFDs implemented before mass migration, adoption of long-term negative coping strategies and increased rates of severe malnutrition and mortality will ultimately involve less expenditure in order to protect and rehabilitate the population affected by the shock. However, food aid and the mechanisms for resourcing and transporting it do not always lend themselves to timely delivery of aid. Emergency food aid often arrives late, and all too frequently appropriate resources are not readily available until the situation has deteriorated considerably and the situation becomes news (the CNN factor). It is often only at this point that resources, in particular food aid, are made available by the donor community for GFD.

It is also important to consider the timing of a GFD and its potential impact on food production and market prices. In some situations, GFDs need to be timed for the ‘hungry season’ and phased out post-harvest. However, **the potential disincentive effects of food aid should be an argument for looking at the appropriateness of the assistance being provided, and the way it is provided, not whether it should be provided at all.** In countries or regions where food is available locally, it may be quicker and cheaper to purchase food aid locally. Local purchase also provides commodities that people in need of food aid are used to and can also stimulate the local economy.

Women

There is a view that women are more likely to ensure that food aid resources are consumed by household members and less likely to sell the ration for non-essential items, e.g., alcohol and tobacco. Targeting food aid to women is a WFP requirement for food assistance programmes. While it may be relatively easy to ensure women have a presence in village distribution committees or receive the food aid, it is more difficult to ensure they actively participate in decision making and that their opinions and suggestions are given equal weight to those of their male counterparts. In some cultures it is unrealistic to expect major cultural changes during the life of the GFD, however, every effort should be made to include women in decision making and implementation, although expectations of their participation should be realistically managed. See **Case example 6.**

Cost to the recipient

When planning a GFD system, it is important to consider the cost to the recipient, such as the time it takes for them to walk to the distribution site and the time spent waiting around for the distribution. There may also be costs for transporting food home. As a reminder, full rations for one month weigh roughly 18 kg; a family of five, of which three are small children (and, thus, cannot carry their ration), must then carry away 90 kg at once, that is, 45 kg per adult – a considerable weight for most adults. The frequency of distribution rounds must therefore be set by referring to common sense, and adapt to circumstances. If recipients face a four-day journey on foot to reach distribution points, they can hardly be expected to undertake such a journey more than once a month. In camp settings, on the other hand, it may be most practical to conduct distributions on a weekly basis. The ultimate decision must also allow for the constraints of the distributing agency in terms of staff and logistics, with respect to the number of recipients and the time required for the distribution itself. Where women or the elderly pick up the food at distribution sites, agencies often

Case example 6: Targeting food aid directly to women in southern Sudan: 1995

WFP initially used the chief structure for food distributions in southern Sudan during the 1990s. However, this system saw food being diverted, resulting in exclusion of many vulnerable households. In 1995, after many discussions with the key stakeholders it was decided to distribute food through locally based relief committees. The members of the committee would be elected by the community and would consist of seven women and six men. Each village elected a woman to identify the vulnerable households. While there were weaknesses in this system, the benefits were the following: Women stressed that more of the food reached the household; women felt re-empowered as managers of the food and participated in the decision-making process. It provided female role models through a system that allows men and women to work together for their community. By using them to identify the vulnerable households, women became active and contributed to their community. Unfortunately after the women received the food aid, the authorities would insist on part of the ration being given to them as a tax. Neither women nor men had the power to resist this taxation system.

Source: Chapman, Cassandra, 'Is targeting of food aid directly to women based on gender roles an appropriate response?', *Field Exchange*, 6, February 1999.

make arrangements for more manageable bag sizes and/or acknowledge that as soon as the women receive the food, a large proportion of the ration is given to male members of the household to help carry the food home. Whenever possi-

ble, such costs to the recipient should be minimized, e.g., by trying to ensure time spent waiting for the food ration is kept to a minimum and costs for milling whole grain are compensated for by an increased grain ration.

Table 2: Benefits, risks and limitations of different distribution modalities

Method	Benefits	Risks/Limitations
Cooked food distribution to individuals	<ul style="list-style-type: none"> • Only way of guaranteeing access to food by the (politically) vulnerable. • Reduces risk of theft and taxation. • No registration or ration cards needed. • Overcomes problems of lack of fuel, utensils, water, and physical weakness. 	<ul style="list-style-type: none"> • Creates population concentrations. • Risk of attack and military recruitment. • Health risks associated with overcrowding. • High cost because of high staff and material needs. • Food needs to be stored and can therefore be stolen or looted.
Take home rations with administrative targeting distribution	<ul style="list-style-type: none"> • Ensures that households receive food • Initial control over beneficiary figures • Less risk of diversion by elders and taxation by military and administration. • Undermines abusive leadership. 	<ul style="list-style-type: none"> • Over-registration of more powerful groups, leading to unequal distribution. • Difficult to register mobile populations; movement is increased at times of insecurity. • Little beneficiary participation.
Take home rations with community based targeting distribution (CBTD)	<ul style="list-style-type: none"> • Faster than distribution on the basis of registration. • Empowers people and makes them more responsible. • Creates social contracts by electing committee members. • Reduces overhead costs. • Can specify gender balance. • Enhances agency understanding of local society. 	<ul style="list-style-type: none"> • Local representatives are under pressure to favour relatives, the more powerful and divert to the military. • Local representatives may exclude outsiders, such as the displaced. • Agency needs to identify the politically vulnerable and ensure they are represented. • Time consuming to establish truly representative committees. • In acute crisis, traditional leadership may take over.

Adapted Source: Susanne Jaspars, 'Solidarity and Soup Kitchens: A review of Principles and Practice for Food Distribution in Conflict.' *HPG Report 7*, ODI. 2000.

Case example 7: Ngara refugee camp Tanzania

In 1994, there was concern that there was considerable over-registration among the Rwandese refugees in Ngara camp in Tanzania. Refugee leaders were reluctant to cooperate with an external re-registration process out of fear that this would lead to a reduction in the amount of food aid being distributed. This was an extremely sensitive and volatile issue. To minimize double registration of individuals, camp authorities planned to complete all the registration in one day. This required involvement from a large number of staff from many agencies on the day of registration and considerable time was invested in planning the details of the day-long event.

The registration day started at dawn. Once registered, refugees had their hand dipped in gentian violet to prevent double registration. Some refugees did their best to remove the gentian violet and tried to register more than once. No doubt some were successful in this endeavour. By dusk, registration was halted (partly due to security concerns) even though there were still queues of refugees waiting to be registered. It was generally accepted that refugees still queuing at the close of registration had already been registered earlier in the day and that no further registration needed to take place the following day. The overall number registered was less than the original refugee registered case load but still greater than the number of refugees that UNHCR believed to be living in the camp.

Source: Maxwell, Simon, personal communication.

Take Home Rations

GFD programmes are most frequently implemented using take home rations that consist of large distribution of commodities for preparation at the household level. Take home rations are handed out at centralized distribution points for which registration and proper organization are key factors in ensuring success.

Registration or estimation of beneficiaries

All GFD systems require information on the number of beneficiaries that meet the eligibility criteria. One means of obtaining this information is by having the community themselves or external agencies register beneficiaries. External registration needs careful planning by all interested parties and is resource intensive in terms of time, staff, and construction materials.

When registration is not possible, the minimum requirement is to identify socially excluded or politically marginal groups, for example, displaced populations with no agreed community leaders. In this way, they can be prioritized during distribution, and/or their food receipts monitored.

Registration data needs to be regularly updated due to births, deaths and population movements. Distribution days may provide an opportunity to update registration figures. During an emergency it is common for communities to record influxes of displaced persons. However, it is less common for communities to record and report an exodus of people from their community, as the amount of their food aid entitlement would have to decrease in accordance with the reduction in population. This phenomenon has often resulted in an inflation of beneficiary numbers. A related problem has been over-regis-

Challenge 6: Registration and the need to play the system

Food aid is more than just a consumable commodity; it is at times a highly desirable asset and one that can be used to wield power and influence. In many situations it is also a life-saving commodity. Where populations face starvation and destitution and when relief programmes provide at best only the bare minimum for survival often in the most inhospitable of environments, it is hardly surprising that those affected by a crisis endeavour to maximize resources that may be available to them. This has inevitably led to protracted disagreements and conflict between those implementing the GFD and the recipients of food aid, with regards to the actual number of people requiring food aid assistance and ways to resolve discrepancies. Where such conflicts arise, it may prove very difficult to find easy solutions. Pragmatic compromise may be required by the key stakeholders in order to agree on the numbers of recipients requiring food aid. While registration can certainly be planned to minimize risk of 'cheating', implementing agencies can also do much to reduce pressures within a population to want to cheat, i.e., ensure regular and timely delivery of a full food basket and ensure basic non-food needs are met. Where intractable registration or 'number' issues do arise and donors begin to cut food aid resources, implementing agencies can play a key monitoring and advocacy role by setting up systems to monitor any potentially negative effects of food aid reductions on nutritional status and mortality.

Food distribution agencies should reduce the risk of 'cheating' by ensuring regular and timely delivery of a full food basket and ensuring that basic non-food needs are met. Systems should be set up to monitor the potentially negative effects of food aid reductions on nutritional status and mortality.

TECHNICAL NOTES

tration among refugees or IDPs. In these instances, refugees or IDPs register more than once at different registration sites or at the same site using different members of the household. See **Challenge 6**. In some instances, it has been estimated that the registered population has been twice the actual number of refugees. In the past, such problems have proven quite intractable and difficult to resolve. See **Case example 7**.

Ration cards or recipient lists

Households that fall within the agreed eligibility criteria may receive a ration card. The ration card has information on family size and address (village, camp sector). It also usually has sets of numbers to indicate the distribution periods for when food has been received. Alternatively, recipient lists established by the community GFD committee or village leaders may be sufficient to record those enrolled in the GFD programme.

Scooping

Scoops, or measures, are made for each of the food aid commodities to correspond to the ration size for a particular commodity, for a household and for a specific length of time. This saves time at the distribution site, as commodities do not have to be weighed out. If ration sizes are altered then new scoops should be made to correspond with the new ration size. Recipients should be made aware of the number of scoops they are entitled to for a given food commodity. However, manipulation is still possible by over- or under-filling the scoop or by using the wrong size scoop. An alternative to scooping used in some situations involves distribution to groups of households. In this method, groups of households are informed of their ration entitlement. A number of individuals from the group then receive the group amount and divide this up amongst themselves. Group distribution is faster than systems using scoops and there is a greater chance that the correct ration will be received.

Distribution cycle

Rations may be distributed weekly, bi-weekly or monthly. The distribution cycle depends on the type of population served, the context, and food resources available. For dispersed or mobile populations, it is usually most appropriate to distribute food on a monthly basis as this reduces the time spent collecting the ration. If the rainy season usually reduces accessibility (e.g., impassable roads), then it may be better to distribute a two-month ration prior to the onset of the rains. In refugee or IDP camp situations where access is easy, food could be and is often distributed twice a month. In conflict situations, where the risk associated with carrying or keeping large quantities of food needs to be taken into account, it may be more appropriate to only distribute small quantities of food at each distribution, thereby necessitating shorter distribution cycles. Once the distribution cycle has been determined, it is crucial to inform beneficiaries and maintain the schedule, in order to keep the confidence of the recipient population. If irregularities are anticipated, the population must be informed so they can plan accordingly.

Number of distribution points

In general, distribution points should be located as close to recipients as possible and the number of recipients attending one distribution point at any one time should be minimized. Registering recipients and distributing food from nearby distribution sites on the same day reduces the chance of recipients receiving double rations, as they would have to be in two places on the same day. UNHCR recommends at least one distribution site per 20,000 refugees and that the distance people have to travel should not be more than 5 to 10 kilometres for dispersed populations.

Distribution staff

Staff profiles depend on the type of distribution system adopted. A community-based distribution system requires less salaried staff than an agency-managed system. See **Challenge 7**. However, sometimes the GFD committee and helpers during the distribution receive payment (officially or unofficially) in kind, using the food aid. The types of staff required during a distribution include:

- Distribution monitors
- Distribution supervisors, field co-ordinators and logistics officers
- Distributors
- Cooks and cleaners in the case of cooked distributions
- Storekeepers, guards

Large-scale cooked food distributions

A GFD in the form of large scale distribution of cooked food is only an option in quite specific circumstances such as the following: when people do not have the means to cook for themselves (they lack the necessary space or materials such as cooking utensils and fuel; where insecurity would put recipients of take-home rations at risk; individuals at risk of becoming malnourished must temporarily be targeted, until such a time as the entire population can be assisted in the form of take-home GFD rations; or for emergency school feeding). See **Case example 8** for an example of an effective large scaled cooked food GFD.

Distributing cooked food can be advantageous because it can guarantee access to food for the politically vulnerable, reduce the risk of food rations being “taxed” for safe passage, doesn’t always require a registration card and addresses problems of lack of fuel, utensils, and/or water. However, distributing cooked food encourages population concentrations, which may increase the risk of attack, spread of diseases and/or military recruitment. Such programmes should only be considered as a short-term measure to be phased out when people have the necessary resources to prepare food at home and/or when security permits. There are also health risks associated with over-crowding:

Challenge 7: Payment for GFD committee members and helpers

There is no policy consensus on whether GFD committee members and other helpers from the community that assist with the distribution should receive payment in kind (food aid) for their work and time. This can result in ad hoc and in some instances 'underhanded' practices occurring. The savings made where village GFD committees implement programmes should be considered in conjunction with the amount of time the GFD committee members are spending carrying out their responsibilities when deciding if payment is necessary. An alternative to direct payment is to establish arrangements and practices whereby those in a community, who are not involved in the committee and distribution, pledge time for certain agreed domestic or agricultural tasks for those involved in GFD implementation who may have less time to do their own work. These arrangements can be established when setting up the committees and planning distributions.

Payment of GFD committee members and helpers needs to be considered in the planning stage of a GFD.

Case example 8: Cooked Food Distributions in Mogadishu

Mogadishu, the historical capital of Somalia, has been at the heart of instability in the country for 19 years. As a result of conflict in 2007 between the Transitional Federal Government (TFG) and local factions an estimated 1.5 million people were displaced, with 500,000 in critical need of lifesaving assistance. In 2007 the World Food Programme (WFP) could no longer safely deliver general dry food distributions to recipients in Mogadishu – deliveries were being looted, riots were occurring with increasing frequency, and people were being killed as a result. SAACID, an indigenous Somali NGO founded and directed by Somali women, developed and designed a food kitchen programme to cater for the vacuum created by the breakdown in WFP food distribution. SAACID established 10 large scale cooked food centres to provide one cooked meal per day to those wanting a meal throughout Mogadishu and conducted a 2-day mobilisation workshop for 120 key community leaders. The workshop resulted in local Mogadishu communities taking full ownership of the initiative, and identifying and agreeing upon the 10 sites within the city. Critically, the community agreed with the core principle of the programme – free life-saving meals for anyone needing such a meal – without prejudice to clan, gender or age.

The programme was expected to run for only 6 to 12 months but in reality, the security context continued to decline throughout the implementation with no possibility of the cooked food programme transitioning back to dry food distributions. A long list of threats – worsening security, increasing inflation, a deepening drought, an international financial crisis, and systemic attacks on public markets – only increased dependency on the kitchens by the most vulnerable in the city. As markets were systemically attacked, and the economy flat-lined, alternative livelihoods also dried up. More and more families came to rely exclusively on the kitchen network. Officially, SAACID provided 80,000 meals of 2000 kcal every day however it appeared that the average number of people accessing one 2,000 calorie meal was 4.5 people – or more than 321,320 people per day. At the time of writing the programme is in its fifth year phase.

The operational deployment of the food kitchen network was expensive compared to dry food distributions however it worked because of strong community ownership, the transparency in the equality of resource and the clans represented in each district, the assured consistency and reliability of delivery to recipients, the relatively small amounts of food held on site at any one time and the fact that the food is cooked – limiting the value of looting by potential factional or free-lance militias, or even the public, who were desperate for food. The key defining feature for initial and ongoing support for the large scaled cooked food initiative was the paucity of viable alternatives for feeding the vulnerable and food insecure in Mogadishu City. Another factor for continuing support was the ability of the programme to deliver to a concentrated population cluster in a high profile city. The cooked food distribution probably provided the safety net that prevented a major famine from occurring.

Source: *Field Exchange Issue 37, 2009*

- Hygiene within the kitchens is difficult to ensure.
- Outbreaks of food borne diseases are frequent in mass feeding situations.
- Distributing cooked food is expensive due to the high number of staff and materials required.
- The food for cooking must also be stored and has the potential to be stolen.
- It is difficult to meet the energy and nutritional needs of young children within the two or three meals provided per day.

Box 8: Political, military and security-related problems in food distribution**1. Theft**

Taking food against someone's will e.g. theft of food by militia or soldiers, before, during or after distribution.

2. Looting and pillage

Organised and violent confiscation/stealing of large quantities of food, household and productive assets by local authorities, leaders or militia. For example, looting of food aid from warehouses or food convoys.

3. Attack

Attack on staff to force distribution according to attacker's wishes (which is against agency criteria). Attack on convoys or at distribution points to deny food to intended beneficiaries or for personal gain.

4. Taxation

Imposed or unimposed levies by authorities for feeding troops, paying local administration, or for providing security, including food aid. Can occur before or after distribution.

5. Diversion

Powerful individuals within communities or within agencies, taking shares larger than their entitlements. For example, elders, local authorities or village committees.

6. Manipulation**6.1 Of information**

Inflation of beneficiary numbers to benefit powerful groups, either within the beneficiary population or by those administering assistance. E.g. by creating fake beneficiaries or villages, inflating family size. Exclusion of marginal groups, or those seen to support the enemy, from assessments.

6.2 Of beneficiaries

Deliberately creating displaced groups or maintaining malnourished groups to attract resources. Exclusion of displaced and other politically vulnerable groups.

6.3 Of agencies

Playing agencies off against each other. E.g. making use of a lack of consistency in agency principles for withdrawal.

7. Coercion/extortion

Forcing agencies to do something against their will by issuing threats. E.g. imposing regulations on staff and vehicle hire.

Source: Susanne Jaspars. 'Solidarity and Soup Kitchens: A review of Principles and Practice for Food Distribution in Conflict', *HPG Report 7*, ODI. 2000.

- Food intakes are often lower than intended, as incorrect amounts of food are allocated when relief workers are confused by differences between weights or volumes of dry and cooked food.

However, the nutritional content of cooked food rations can be optimised when fresh foods are used and/or micronutrient powders/pastes are added.

Implementation constraints

Access to a population may be blocked due to security issues, government action or environmental conditions such as flooding. Some of the challenges facing food distribution programs are highlighted in **Box 8**. Unfortunately, populations that are difficult to access frequently have the greatest need for assistance, especially food aid.

The following are examples of the constraints in implementing a GFD when there is limited or no access to the population:

- A needs assessment is not possible or is very hurried and cursory.
- Little time for planning the GFD and little opportunity to inform and prepare the beneficiaries, meaning the windows of opportunity that need to be used to implement a GFD are sacrificed.
- Distributions are irregular, making it difficult for beneficiaries to depend on the food aid and/or plan for their future food needs.
- Support and capacity building are provided for local leaders or local GFD committees in a very limited manner.
- Opportunities for monitoring the distribution are restricted.

Other forms of General Food Distribution

Donors and aid agencies are increasingly using the term food assistance as an alternative to food aid in response to the changing landscape of global food insecurity and recognition that a broadened approach to food insecurity could improve the efficiency of the response. In general, food based responses still dominate in emergency settings however increasingly food assistance instruments might include direct food based transfers (such as general feeding rations, food-for-work, etc.), food subsidies, cash transfers and vouchers and agricultural and livestock support. For example, WFP's Strategic Plan for 2008-2013 offers an expanded set of food assistance tools for addressing hunger, and thereby promoting growth and development within a rapidly changing global environment. Under the plan, WFP's interventions should be provided in ways that meet hunger needs, strengthen local markets, fosters small farmers' productivity, and build national capacities. Therefore efficiency can no longer be simply viewed through the narrow lens of success of a general food distribution program, but should be viewed more widely as to whether the right instrument is being employed to address the identified problem. Food-for-work and voucher programs are of most relevance in an emergency setting where food support is considered a requirement. For more details please see the Livelihoods Module (Module 16).

Food-for-work (FFW)

In a FFW programme, recipients receive a household ration in exchange for undertaking some form of work. It is usually implemented to ensure that only those in need receive food aid and also acts as a means of generating national and community level assets (often for the public 'good'), like roads, schools or ponds. Such programmes are, however, often difficult to implement at the onset of a crisis. The assumption made is that only the poorest and most needy will accept this type of work which involves payment of food in lieu of wages. For self-targeting to be successful, an appropriate wage (in terms of food) must be established and the system must have the capacity to employ those who want to work. However, sometimes FFW plans exclude the most vulnerable like the disabled, chronically ill, mothers with small children and those who are malnourished (where possible, governments and implementing agencies will register such individuals and their families for free distribution). Furthermore, it is sometimes problematic to establish appropriate (e.g., to ensure the work is necessary and useful from a community perspective) FFW plans on a large enough scale to ensure that sufficient numbers of vulnerable people can receive assistance in areas affected by a particular shock. In some situations, governments prefer FFW as opposed to free handouts of food aid (GFD) and believe that such programmes carry less risk of creating a dependency culture.

Cash or Commodity Vouchers

Voucher transfers are assistance to persons or households in the form of paper or electronic entitlements which can be exchanged in shops for specific types and/or quantities of food in order to meet household food needs. Commodity voucher programmes encourage traders to bring food and other commodities to local markets. Vouchers allow more choice than direct distribution of commodities, but can still be applied towards the purchase of certain commodities. See **Case example 9**. Both types of voucher can be exchanged only for food; recipients cannot claim cash. The two main types of vouchers are:

- **Commodity voucher:** exchanged for fixed quantities of specified foods
- **Cash voucher:** exchanged for a choice of specified food items with the equivalent cash value of the voucher

Some reasons for using vouchers are:

- **Access versus availability:** Food is available in markets but beneficiaries lack the resources to access it.
- **Food plus effect:** In addition to meeting the needs of beneficiaries, the local economy or host population benefits from the injection of cash into the market system.
- **Choice and dignity:** Beneficiaries have greater choice and avoid queuing for food handouts. (However, handing in food/cash vouchers can also have a negative impact on dignity as those that 'pay' with vouchers can be easily identified as being 'poor').
- **Mitigating unintended effects of food transfers:** Avoids beneficiaries selling food from a GFD to purchase other desirable complementary food items. Cash/ vouchers can also supplement general food distributions in order to meet needs of specific beneficiary groups.
- **Cost efficiencies:** In some cases cash/vouchers are more efficient than in-kind food assistance. Even when they are more costly, other benefits of cash/vouchers may outweigh cost efficiency considerations. This may require cost-benefit analysis.
- **Hand-over strategy:** In some cases it may be easier to develop cash and voucher programmes with national authorities and then hand them over.
- **Coherence with agricultural seasonal cycle:** Cash/ vouchers can be alternated with food, ensuring transfer modalities are matched to agricultural seasonal cycle.
- **Faster response time:** The use of cash/vouchers may allow faster response. As an example, when direct transfer of food to affected areas is hindered by political, logistical, security or other reasons, but local markets are functioning, cash/vouchers might be faster.

Case example 9: Swaziland Cash and Food Transfer Program

Severe drought in Swaziland during the 2007/2008 agricultural season caused a 60% drop in national maize production, resulting in the lowest harvest on record. This was exacerbated by forest fires in the high yield region of the country, which damaged the forestry industry and resulted in many lost labour opportunities. The combined shocks of drought and forest fires impacted heavily on an already vulnerable food security context. The national poverty rate in Swaziland at that time was 43%, while HIV prevalence was 26%, believed to be the highest in the world. This has significantly contributed to the reversal of human development indicators which had been rising until the mid-1990s.

Agencies in Swaziland have routinely responded to food and income shortage with a standard food parcel of cereal, pulses and vegetable oil. A detailed market feasibility assessment for using cash transfers provided the foundation for action, as it confirmed that local and national markets would support an increased demand for (largely food) products and suggested the inflationary effect would be insignificant. A cash transfer safety net programme was therefore designed by Save the Children (SC) to support beneficiary households with access to food and other basic items to meet immediate humanitarian food and non-food needs, while also protecting and promoting livelihoods. SC distributed a combination of food aid (50% ration) and cash (market value of a half food ration) to 6,200 households each month for 6 months. Beneficiary households were identified using nationally agreed vulnerability criteria from SC operational areas. Cash was transferred to private bank accounts or through Post Office accounts. Considerable investment in a comprehensive monitoring and evaluation system generated useful data before and during the intervention (market feasibility study, baseline survey, monthly monitoring of disbursements markets and households, final evaluation survey).

The key findings from the project were:

- Cash improved nutrition and dietary diversity.
- Cash enabled purchases of essential non-food items.
- Cash was invested in assets and livelihoods.
- Women were empowered by receiving cash.
- Cash delivery systems were appropriate, timely, safe, well targeted and scalable

It was determined that in this situation cash transfers had a greater positive impact on children's diet than food distribution only and in such a fragile and vulnerable context, predictable safety net transfers must be designed as part of a broader Government social protection system. A range of long term safety net programmes, including a monthly unconditional cash transfer to the most vulnerable households, which could be scaled up to meet the additional needs during a drought year, would support the existing development efforts by the Government.

Source: Jackson, Rosie, 'Swaziland Cash and Food Transfer Programme', *Field Exchange* Issue 36, July 2009.

Monitoring and evaluation of GFD programmes

Monitoring of the GFD system is important. The main type of monitoring practised by agencies implementing GFDs relates to logistical performance and a number of process indicators such as food basket monitoring. While this type of monitoring information is critical, there has been a general lack of impact monitoring of GFD programming or comparative evaluation and monitoring of different ways of delivering general rations, such as administrative versus community-based targeting.

A good monitoring system should determine:

- **Appropriate targeting:** whether the decision to target food within a certain geographical area is appropriate.
- **Verify if the most vulnerable received the food aid:** whether the groups in greatest need were identified in the assessment and received the food aid.

- **Realistic objectives:** whether the objectives of the GFD were achievable and realistic.
- **Effects:** whether (and to what extent) adverse effects of food assistance were avoided and whether asset depletion of households were halted

Monitoring should ensure that food effectively reaches intended beneficiaries in the agreed quantities and measure its impact on food security and nutrition. It should also allow for a review of the system itself. At the onset of programming it must be agreed who has to collect what information, the appropriate format to use and how to analyse the data and report on the information. This will ensure all stakeholders are collecting comparable and agreed data. Reporting on abuse and food diversions, and on high inclusion and exclusion errors should be actively encouraged in order for the GFD system to be strengthened and improved.

The key components of a monitoring system for a GFD programme are described below.

Case example 10: Food basket monitoring among Rwandan refugees in the Democratic Republic of the Congo: 1994

The mean intake (quantity of food distributed divided by the number of refugees) of the Rwandan refugees in 1994 in Goma, Democratic Republic of the Congo suggested a more-or-less satisfactory picture. However, with the introduction of food basket monitoring, it was apparent that distributions within the camps were often highly inequitable, with some groups receiving general rations that were quite inadequate. For example, a mid-October survey in Kibumba found that 40 per cent of households received less than 2000 kcal/capita, whilst 13 per cent received more than 10,000 kcal/capita. A review of surveys undertaken in the four main camps found that the percentage of families receiving less than 1000 kcal/capita was 32 per cent in Kahindo, 29 per cent in Kibumba, 9 per cent in Katale and 19 per cent in Mugunga. Such inequities were often reflected in high rates of malnutrition in certain camps and for certain groups.

Source: Core Team Overseas Development Institute, 'The international response to conflict and genocide lessons from the Rwandan experience', Study 3, Humanitarian Aid and effects, *Journal of Humanitarian Assistance*, 6 May 1996.

Anthropometric monitoring

If malnutrition rates decline it cannot be assumed to have been due to the impact of the GFD, as other factors will also play a role. At the same time, any decline in nutritional status during implementation of a general ration indicates that the GFD was not effective (especially if malnutrition due to epidemics is excluded) or was poorly implemented.

Food basket monitoring

Food basket monitoring is done to see whether recipients have received the planned ration. This involves checking the rations received by a sample of households exiting the distribution site. They are selected at random, their rations are weighed and the results are then compared with the planned ration for the household, (based upon family size on the recipient document or ration card). See **Case example 10**. Food basket monitoring cannot reveal inequalities due to inadequate or inaccurate registration (exclusion or inclusion errors).

Distribution reporting

Distribution reports should be completed for each distribution cycle or other agreed-upon period (e.g., monthly). The following minimum information is required:

- Number of actual beneficiaries for the particular distribution period (checked against the number of registered beneficiaries)
- Food balance at the start of the distribution period
- Quantity of each commodity distributed, losses, damages
- Food balance at the end of the distribution period

This information should be analysed for over- or under-distributions and to determine whether the recommended rations were distributed. The distributing agency should ensure that losses are minimized and accounted for and they are able to identify at what level of the distribution process problems occur, in order to address bottlenecks. The information should include food supply and delivery to the end distribution point, as well as food storage and handling of data.

Post distribution (or end-use) monitoring

Post distribution monitoring is usually conducted through household visits and/or market surveys. During household visits the following information should be collected: the quantity of food received the use of food aid (e.g. possible sale/exchange of food aid commodities), acceptability and quality. Household visits are necessary to determine whether there are some households that have been left out of the distribution altogether or whether some households or groups have been under- or over-registered (inclusion and exclusion error). This could be carried out on a random sample. Using knowledge of social and political divisions within the recipient population, it should be possible – without a random sample – to identify vulnerable groups that are likely to have been left out of the distribution and ensure that such households are visited as part of the monitoring. Household visits will enable the coverage of the GFD to be calculated, e.g., the proportion of eligible households who were expected to receive food aid and did receive food in practice.

Market surveys should collect information concerning the commodities and quantity of food aid for sale in the market. This will help to determine the impact of food aid on the market, identify food aid commodities frequently sold by the beneficiaries and the potential impact of the food on their diet. Such information may demonstrate a need to revise the food basket.

Monitoring non-beneficiaries

Monitoring changes in the vulnerability of non-beneficiaries is important in case their vulnerability increases and they become eligible for inclusion in the programme. See **Annexes 7 and 8** for an overview of monitoring targeting systems and the different types of monitoring that may be adopted within a targeting system.

Challenge 8: Impact-monitoring of GFD programming

There are several reasons why there has been a lack of impact and effectiveness monitoring of GFD programming;

- a) Agency reluctance to collect such information out of fear that findings will demonstrate limited impact
- b) Lack of clarity regarding objectives and outcomes of interventions, making it difficult to identify appropriate impact information
- c) Impact assessments are expensive (but often relatively cheap compared to overall programme costs), require careful planning and are time-consuming, and therefore may not be a priority at the onset of an emergency.
- d) The lack of technical capacity within an agency to implement an impact-monitoring system, compounded by the lack of agreed practitioner guidelines for establishing an impact monitoring system
- e) Difficulty of attributing impact to intervention, given other factors that may impact food security and nutritional status
- f) Ethical issues around establishing a control group in order to try and quantify the impact of an intervention.

Those involved in GFD programming should commit to doing impact assessment of GFD programming and agree on the minimum impact information that must be collected as well as the most appropriate systems to collect, analyze and disseminate impact information. A greater commitment towards assessing relative cost effectiveness of different types of GFD and different means of addressing food insecurity in emergencies is also required.

Impact monitoring

Monitoring impact of the GFD is determined by the objectives of the GFD. Unfortunately, over the years, impact monitoring of GFDs has largely been inadequate and unable to establish effectiveness. A review³ found a lack of published studies assessing the impact and effectiveness of GFD programmes. The limited studies that were available do not provide evidence of impact. In addition there was no comparative information on cost and effectiveness of different methods for implementing GFD, for example, comparing community-based targeting with administrative targeting.

The limited information on impact monitoring is a concern given the many constraints which can undermine GFD implementation, including new approaches like community-based targeting being rolled out on the basis that it is a more effective alternative than administrative targeting.

Given the considerable investment required for GFD programming, it is worrying that the donor community has not made greater demands on implementing agencies to provide systematic impact and effectiveness information about the general food aid distribution systems. Even without donor requirements, implementing agencies should take steps to ensure impact data is routinely collected, in order to be able to demonstrate effectiveness of their interventions. See **Challenge 8**.

It is also important to monitor the social impact of the distribution system adopted. Recipient views are critical to understanding the social impact.

Where women are designated recipients of food aid, the percentage of women amongst those coming to collect food should be monitored. If women are not attending the distribution, the reasons for this should be investigated. Women should be interviewed specifically regarding their views on the distribution system, how food is used at the household level and how their involvement in collection of food affects their ability to care for children and perform their other domestic responsibilities.

Adverse Effects of GFD

GFD can induce negative side effects. Agencies must be aware of potential pitfalls and anticipate them as much as possible: negative effects may be limited or avoided if all stakeholders are well informed of the operation and comply with assistance modalities. **Table 3** below describes the most common negative side effects and the means to avoid or reduce them.

In addition to the adverse effects of implementation of GFD programmes as a whole, controversy exists around the potential negative effects of distributing genetically modified (GM) food commodities. GM foods are generally based on seeds (soybeans, maize, canola) that have been produced through modern recombinant DNA methodologies. There is no evidence of any adverse health effects of consumption of GM foods⁴; however, there are concerns about introduction of GM commodities that might end up affecting local food production. Food aid must, from a legal perspective, adhere to the same laws and international agreements that apply to commercial agricultural trade. In the case of GM food, there are no

³ Review of published literature on the impact and cost effectiveness of six nutrition-related interventions, *Field Exchange*, 24, March 2005

⁴ WHO (2005). 'Modern food biotechnology, human health and development: an evidence-based study'. Geneva: WHO.

Table 3: Negative side effects of GFD and the means to avoid them

Negative Effects	Remedy
Attracting an excessive number of victims and concentrating them in a limited area.	Scattering delivery points in order to avoid excessive population concentrations.
Maintaining dependency on (foreign) assistance.	Rehabilitating means of production and strengthening livelihoods.
Discouraging the trade of the national food production.	Purchasing at least part of the GFD food domestically.
Ill-considered local purchases may deplete national reserves and contribute to the rise of market food prices.	Understanding the national surplus production capacity and balancing GFD food sources through imports accordingly.
A sudden influx of food aid might lower prices of similar commodities therefore undermining livelihoods of surrounding farmers.	Understand the food markets beforehand and conduct regular post distribution monitoring of markets to access impact of food aid on markets and livelihoods.
Undermining local micro-economic coping and survival mechanisms.	Understanding the critical thresholds beyond which the survival of victims is threatened, and beyond which GFD is called for.
Recipients may be exposed to looting and abuse.	Ensuring the security of recipients at home, in transit, and at distribution points beforehand. Taking appropriate measures through dialogue with relevant authorities.
Recipients may be exposed to adverse acts on the part of authorities (e.g. political propaganda, police surveillance, conscription, taxation, forced displacement).	Informing relevant authorities of the necessary conditions for the GFD beforehand; obtaining their formal commitment to these.
GFD may fuel conflict by indirectly supplying armed groups with food.	Informing armed groups of the necessary conditions for the GFD to proceed beforehand; obtaining their formal commitment to these.
Threatening the profit of speculators and of those who control the food market which can be dangerous for recipients and implementing agencies alike.	Understanding the food market beforehand, including the forces that control it, maintaining a thorough information policy in terms of assistance operations, obtaining the commitment of all stakeholders and allowing for threats, and negotiating with those who issue them.
Developing the assistance syndrome.	Defining the criteria for GFD termination (as done in formulating exit strategies) in consultation with the recipients.
Recipients may sell food rations.	Adapting food and non-food assistance to needs.

Source: Adapted from International Committee of the Red Cross, *Nutrition Manual for Humanitarian Action*, 2008

internationally agreed upon standards. WFP⁵, as the largest general food aid distributor, continues to accept and distribute GM foods in agreement with national guidelines of the recipient country (meaning if a country has national protocols prohibiting GM import of products then WFP must supply non-GM foods). There are no internationally agreed rules on labelling of GM foods and WFP addresses this issue on a country-

by-country basis. Where GM commodities are not labelled it is virtually impossible for the end user to be aware of the GM status of the commodity. The import and distribution of unlabelled GM seeds are of particular concern due to the potentially negative agricultural effects of planting GM seeds alongside native/non-GM crops. This risk is particularly high for GM food assistance if provided as whole grains (that subsequently

⁵ WFP (2004). 'Operational Guidelines on the Donation of Foods Derived from Modern Technology'. Rome: WFP.

can be used as seeds for planting). Potential negative effects are that GM crops could pose a threat to crop biodiversity, especially if grown in areas that are centres of origin of that crop. In addition, GM crops could compete with and substitute traditional farmers' varieties and wild relatives that have been bred, or evolved, to cope with local stresses⁶. Significantly, sterile GM seeds and international property rights laws means that seeds can only be used for one planting which can have a direct and dramatic effect on small scale farmer's productivity. Means of preventing the use of GM foods for planting include; breaking/milling the GM whole grains and/or providing seeds for planting.

GFD Termination

The two criteria for the termination of a GFD are set during its planning phase: its objectives must have been achieved, and the implementation criteria must no longer apply (as demonstrated in monitoring and evaluation findings). In some circumstances however, GFD must be terminated earlier because unexpected negative effects have appeared, because security conditions no longer permit its continuation, or because monitoring and evaluation have revealed new parameters that require a thorough review of the rationale underlying the current GFD.

⁶ FAO 'Weighing the GMO Arguments: Against' <http://www.fao.org/english/newsroom/focus/2003/gmo8.htm>

Annex 1: Energy requirements of emergency-affected populations

Sources: (1) Energy requirements derived from Report of a Joint FAO/WHO/UNU Expert Consultation Technical Report Series No. 724.
(2) Population data (mid-1995): United Nations Population Division, New York

Developing country profile kilocalories per day

Age/sex group (years)	Male ^a		Female ^a		Male & Female ^a	
	% of total population	Energy requirement per caput	% of total population	Energy requirement per caput	% of total population	Energy requirement per caput
0	1.31	850	1.27	780	2.59	820
1 ^b	1.26	1,250	1.20	1,190	2.46	1,220
2 ^b	1.25	1,430	1.20	1,330	2.45	1,380
3 ^b	1.25	1,560	1.19	1,440	2.44	1,500
4 ^b	1.24	1,690	1.18	1,540	2.43	1,620
0-4	6.32	1,320	6.05	1,250	12.37	1,290
5-9	6.00	1,980	5.69	1,730	11.69	1,860
10-14	5.39	2,370	5.13	2,040	10.53	2,210
15-19	4.89	2,700	4.64	2,120	9.54	2,420
20-59 ^c	24.80	2,460	23.82	1,990	48.63	2,230
60+ ^c	3.42	2,010	3.82	1,780	7.24	1,890
Pregnant			2.4	285 (extra)	2.4	
Lactating			2.6	500 (extra)	2.6	
Whole Population ^c	50.82	2,250	49.16	2,010		2,070

^a Adult weight: male 60 kg, female 52 kg.

^b Population estimates for years 1, 2, 3 and 4 are not available from the United Nations. Estimates for these years were made by interpolation between the figures given by United Nations for 0 years and 5 years.

^c The figures given here apply for light activity level (1.55 x BMR for men, 1.56 x BMR for women). (The BMR – basal metabolic rate – is the rate of energy expenditure of the body when at complete rest, e.g., sleeping.) Adjustments for moderate and heavy activity: see Annex II.

Note: The requirements as expressed above do not take into account the varying fibre content, digestibility and complex-carbohydrate composition of the diet. In developing countries, a relatively high proportion of fibre and less-available carbohydrate is usually present. The carbohydrate content of foods may be expressed in terms of its various components (starches, sugars, fibre, cellulose, lignins, etc.) or simply as the calculated difference between the total weight and the sum of the other components (fat, protein, minerals and water). This issue is discussed in WHO Technical Report Series No. 724, Section 7.1. If the Atwater factor (4 kcal per gram) is applied to carbohydrate by difference, the real energy available in the food should be decreased by 5 per cent or the requirement for this type of diet increased by 5 per cent; which, for this table, means an increase of +100 kcal in the energy requirement indicated.

Annex 2: Nutritional content of food aid commodities

Source: World Food Programme and Feinstein International Famine Centre, *WFP Food and Nutrition training tool box*, Rome, 2001 with CSB+/++ from 2010

Approximate nutritional values of commodities per 100-gram edible portion

COMMODITY		ENERGY (Kcal)	PROTEIN (g)	FAT (g)
CEREALS	Wheat	330	12.3	1.5
	Wheat flour	350	11.5	1.5
	Bulgur wheat	350	11.0	1.5
	Maize	350	10.0	4.0
	Maize meal	360	9.0	3.5
	Sorghum	335	11.0	3.0
	Rice	360	7.0	0.5
	Rolled oats	380	13.0	7.0
BLENDED FOODS	Instant corn soy blend	365	12.2	4.0
	Corn soy blend	380	18.0	6.0
	Wheat soy blend	370	20.0	6.0
	Soy-fortified bulgur wheat	350	17.0	1.5
	Soy-fortified corn meal	360	13.0	1.5
	Soy-fortified rolled oats	375	21.0	6.0
	Soy-fortified wheat flour	360	16.0	1.3
PULSES	Dried peas and beans	335	22.0	1.5
	Groundnuts	330	15.0	25.0
MILK, CHEESE AND EGGS	Dried skim milk	360	36.0	1.0
	Dried whole milk	500	26.0	27.0
	Cheese	355	22.5	28.0
	Dried eggs	575	45.5	43.5
MEAT AND FISH	Canned meat	220	21.0	15.0
	Dried salted fish	270	47.0	7.5
	Canned fish in oil	305	22.0	24.0
	Fish protein concentrate	390	75.0	10.0

Approximate nutritional values of commodities per 100-gram edible portion (continued)

COMMODITY		ENERGY (Kcal)	PROTEIN (g)	FAT (g)
OILS AND FATS	Vegetable oil	885	0	100
	Butter oil	860	0	98.0
	Margarine	735	0	100
	Edible fat	900	0	0.5
FRUIT AND BEVERAGES	Dried fruit	270	4.0	0.5
	Dates	245	2.0	0.5
	Jam	265	0	0
	Tea	0	0	0
	Coffee	0	0	0
MISCELLANEOUS	Sugar	400	0	0
	Iodized salt	0	0	0
	Pasta	365	12.5	1.2
	Freeze-dried meat	480	65.0	25.0
	Minestrone	500	22.5	27.0
	Protein-enriched ration	450	16.7	15.5
	Milk biscuits (whole milk)	470	23.4	10.4
	Milk biscuits (skim milk)	375	24.0	1.5
	High-protein biscuits	450	50.0	20.0

Annex 3: WFP guidelines on the use of dried milk powder

Source: World Food Programme, *Food and Nutrition Handbook*, Rome, 2005.

Dried milk powder is not distributed as part of a general food distribution. This is because of the danger of it being used as a breastmilk substitute and the risk of high levels of microbial contamination when prepared with unclean water or in unsanitary conditions. These risks are greatly increased in an emergency setting.

Milk powder can be used safely in the following ways:

- As an ingredient in High Energy Milk (or porridge), prepared under strict control and in hygienic conditions in a supervised environment for on-the-spot consumption (well managed supplementary and therapeutic feeding)
- As an ingredient in porridge pre-mix, prepared from cereal flour, oil, sugar and DSM. This should be prepared centrally under strict control and hygienic conditions for distribution in dry supplementary feeding programmes
- As an ingredient in the local production of processed foods, for example, blended foods, noodles, or biscuits, although the high cost of milk powder may mean this is an inefficient use of resources

Use of breastmilk substitutes

If a breastmilk substitute (BMS) is considered essential, for example, among an emergency-affected population accustomed to bottle-feeding, then they may be provided with it as long as certain precautionary measures are followed. BMS should only be available to mothers who have been identified by health workers as needing it, through specially designed, supervised programmes. BMS should never be distributed through the general ration programme.

WFP supports the policy of the World Health Organization concerning safe and appropriate infant and young child feeding, in particular, by protecting, promoting and supporting breastfeeding, and encouraging the timely and correct use of complementary foods.

Storage

Microbial contamination is the major problem in using reconstituted milk powders, so high energy milk must only be prepared and consumed under strict control and in hygienic conditions.

During storage, as long as the product is kept clean and dry, the low moisture content of the product will not allow microbial growth. Milk powders are packaged in expensive plastic lined bags, which must be handled carefully, so as not to damage the packaging, stored away from direct sunlight and kept cool.

Most WFP-supplied milk powder can be stored for 6 months to 2 years, depending on the temperature:

- In a cold climate (4°C) 24 months
- In a tropical climate (21°C) 18 months
- In a very warm climate (32°C) 6 months

Annex 4: Policy statements on infant feeding and infant formula

Source: World Food Programme, *Food and Nutrition Handbook*, Rome, 2005.

In April 1999, a revised Joint Policy Statement on Infant Feeding in the Balkan Region signed by UNHCR, UNICEF, WFP and WHO was circulated in Macedonia in April 1999. A revised statement re-circulated in June 1999.

The following is a summary of the key recommendations:

- Exclusive breastfeeding is protected, supported and promoted for all infants until about six months, with continued breastfeeding also encouraged through the second year of life.
- Donations of infant formula displaying brand names are not accepted.
- In very exceptional circumstances, infant formula, provided in generic, non-brand formula, may be used.
- If artificial feeding is required as a last resort, cups and not feeding bottles should be used.
- Local produce (e.g., fruit and vegetables) and basic food aid commodities (e.g., rice, beans and lentils) are recommended as complementary infant foods. The use of specialized, manufactured complementary products is discouraged because of a potential dependency.
- The Joint Statement refers to the distribution of supplementary food commodities such as dried milk powder and biscuits to children from birth to 5 years of age. It states that dried milk must not be used to feed infants.
- An education component should be an integral part of every project where supplementary food commodities (especially infant formula and commercial complementary foods) are distributed.

The International Code (WHO, 1981) and subsequent relevant resolutions of the World Health Assembly (4, 5). The Code sets out the responsibilities of national governments, companies, health workers and concerned organizations in ensuring appropriate practice in the marketing of breastmilk substitutes, feeding bottles and teats. The Code has the following aim:

To contribute to the provision of safe and adequate nutrition for infants by the protection and promotion of breastfeeding and by ensuring the proper use of breastmilk substitutes when these are necessary on the basis of adequate information and through appropriate marketing and distribution.

The Code has a series of articles covering a number of possible avenues that could be used by companies and others to market breastmilk substitutes:

- No donations of free or subsidized supplies of breastmilk substitutes, bottles or teats should be given to any part of the health care system (WHA 47.5). Donations may be made to institutions outside the health care system for infants who have to be fed on breastmilk substitutes and when these are distributed outside the institution supplies should be continued for as long as the infants concerned need them (Article 6, The Code).
- No facility of a health care system should be used for the purpose of promoting infant formula or other products covered by the Code including the display of these products or posters or placards concerning these products.
- Breastmilk substitutes, bottle and teats should only be given if all the following conditions apply (WHA 47.5):
 - Infants have to be fed on substitutes according to agreed criteria
 - The supply is continued for as long as the infants concerned need it
 - The supply is not used as a sales inducement
- Manufacturers and distributors of infant formula responsible for marketing the products have to ensure certain labelling requirements are met, e.g., that the label is in an appropriate language and include instructions for appropriate preparation and does not include any picture or text which idealizes the use of infant formula (Article 9, The Code).

The Joint Policy Statement recommends that it is the responsibility of the Ministries of Health and local authorities to ensure that relief agencies comply with the International Code and subsequent WHA resolutions. UNICEF is a member of the local authority involved in developing and implementing the Code in Macedonia. Draft legislation incorporating the Code is before the Macedonian parliament but not currently incorporated into the country's legislation. UNICEF has been involved in the writing of this draft legislation in close cooperation with the Macedonian Breastfeeding Interest Group of which UNICEF is a member.

Annex 5: Specifications for fortified blended foods

Source: World Food Programme, *Food and Nutrition Handbook*, Rome, 2005 and World Food Programme, Technical Specifications for the Manufacture of CSB Plus and CSB Plus Plus, Rome 2010

Blended foods are a mixture of milled cereals and other ingredients, such as, pulses, dried skimmed milk, and possibly sugar and or some kind of vegetable oil. Blended foods are produced either by:

- Dry blending of milled ingredients;
- Toasting or roasting, and milling of ingredients;
- Extrusion cooking, which results in a 'pre-cooked' product

The final product is usually milled into powder form and fortified with a vitamin mineral premix.

A range of 'blended' foods is available worldwide for a variety of purposes. Some blended foods were originally designed to provide protein supplements for weaning infants and younger children, or for low-cost weaning foods in developing countries.

Guidelines on Formulated Supplementary Foods for Older Infants and Young Children have been developed by the FAO Codex Alimentarius Commission (1991). These guidelines refer to blended foods suitable for infants from six months of age up to the age of three years, for feeding young children as a supplement to breastmilk, and as breastmilk substitutes. They are intended to provide those nutrients, which either are lacking or are present in insufficient quantities in the basic staple foods. As of 2010 WFP has developed two new versions of corn soya blend to meet the additional energy density and micronutrient needs of some population subgroups. CSB+ is a product for children two years of age and older, adolescents, pregnant/lactating women, adults and other vulnerable groups such as those with chronic illnesses. CSB++ is for children 6-23 months. Both of these new CSBs contain an improved micronutrient formulation.

Blended food should be produced in accordance with the 'Code of Hygienic Practice for Foods for Infants and Children' and 'Code of Sound Manufacturing Practices' of the Codex Alimentarius. There are numerous manufactures of blended foods including the USA, WFP, IFRC/ICRC and national locally produced blended foods.

It is a mixture of the following ingredients:

- Cereal, like maize, sorghum, millet, wheat or combination, providing carbohydrates and protein;
- Pulses (chickpeas) or soy beans as an additional source of protein;
- Oilseeds (groundnuts, dehulled sunflower seeds, sesame seeds), soy bean or stabilized vegetable oil as an additional source of oil;
- Vitamin/mineral supplement;

If required, sugar can be included in the recipe; it replaces an equivalent amount of cereal

It is manufactured according to the following recipe:

- Whole maize: 80 per cent, by weight
- Whole soy beans: 20 per cent, by weight
- Vitamin/mineral premix (as specified below)

It should be manufactured by use of extrusion or roasting/milling. It should be fortified by adding to each MT of finished product 1kg of vitamin premix and 3kg of mineral premix (obtained from La Rote Ltd. Switzerland, or its local authorized dealer).

Micronutrient specifications (per 100gm dry finished product)

	CSB WFP	CSB plus WFP	CSB plus plus WFP	WSB ex-USA	CSB ex-USA
Vit. A	1,664 i.u.	1,664 i.u.	1,664 i.u.	1,658 i.u.	1,700 i.u.
Vit. B1 (thiamine)	0.128 mg	0.128 mg	0.128 mg	1.49 mg	0.7 mg
Vit. B2 (riboflavin)	0.448 mg	0.448 mg	0.448 mg	0.59 mg	0.5 mg
Vit. B3 (niacin)	4.8 mg	4.8 mg	4.8 mg	9.1 mg	8.0 mg
Folate	60 microgram	60 microgram	60 microgram		
Vit. C	48 mg	100 mg	100 mg	40 mg	40 mg
Vit. B12	1.2 microgram	2.0 mcg	2.0 mcg	4.0 microgram	4.0 microgram
Iron	8.0 mg (as ferrous fumarate)	4.0 mg (ferrous fumarate) 2.5 mg (iron-sodium EDTA)	4.0 mg (ferrous fumarate) 2.5 mg (iron-sodium EDTA)	20.8 mg	18 mg
Calcium	100 mg (as calcium carbonate)	130 mg	130 mg	749 mg (? not as calcium carbonate)	800 mg (? not as calcium carbonate)
Zinc	5.0 mg (as zinc sulphate)	5.0 mg	5.0 mg	4.6 mg	3.0 mg
Vit. B6	–	1.70 mg	1.70 mg	0.52 mg	0.70 mg
Iodine	–	40 mcg	40 mcg	50 microgram	50 microgram
Magnesium	–	–	–	202 mg	100 mg
Selenium	–	–	–	–	–
Potassium	–	400 mg	400 mg	624 mg	700 mg

TECHNICAL NOTES

WFP fortification specifications for different commodities

	Vitamins/minerals	Amount	Remarks
Vegetable oil	Vitamin A	30,000 I.U./kg = 9000 µg RE vitamin A/kg	
	Vitamin D	3.000 I.U./kg = 75 µg vitamin D/kg	
Salt	Iodine	20-40mg of Iodine/kg salt or 33-66mg potassium iodate (KIO ₃ /kg salt)	Assuming average salt intake of 10g/day; Assuming 20% iodine loss from production site to household; Assuming another 20% loss during cooking
Wheat and maize flour	Thiamine (vitamin B1)	4.4 mg/kg flour	Not less than not more than twice the amount indicated
	Riboflavin (vitamin B2)	2.6 mg/kg flour	Not less than not more than twice the amount indicated
	Niacin	35 mg/kg flour	Not less than not more than twice the amount indicated
	Folic Acid	0.4 mg/ kg flour	Not less than not more than twice the amount indicated
	Iron	29 mg/kg flour (as reduced iron)	Not less than not more than twice the amount indicated
Blended foods (provisional)	Vitamin A	1664 I.U./100g finished product	
	Thiamine	0.128 mg/100g finished product	
	Riboflavin	0.448 mg/100g finished product	
	Niacin	4.8 mg/100g finished product	
	Folate	60 µg/100g finished product	
	Vitamin C	48 mg/100g finished product	
	Vitamin B12	1.2 µg/100g finished product	

WFP fortification specifications for different commodities (continued)

	Vitamins/minerals	Amount	Remarks
Blended foods (provisional)	Iron ++ (as ferrous fumarate)	8 mg/100g finished product	
	Calcium ++ (as Calcium carbonate)	100 mg/100g finished product	
	Zinc ++ (as Zinc Sulphate)	5 mg/100g finished product	
High Energy Biscuits (provisional)	Vitamin A	250 µg RE/100g biscuit	
	Thiamine	0.5 mg/100g biscuit	
	Riboflavin	0.7 mg/100g biscuit	
	Niacin	6 mg/100g biscuit	
	Folic Acid	80 µg/100g biscuit	
	Vitamin C	20 mg/100g biscuit	
	Vitamin B12	0.5 µg/100g biscuit	
	Iron	11 mg/100g biscuit	
	Calcium	250 mg/100g biscuit	
	Magnesium	150 mg/100g biscuit	
	Iodine	75 µg/100g biscuit	
	Panθοthenic Acid	3 mg/100g biscuit	
	Vitamin B6	1 mg/100g biscuit	
	Vitamin B12	0.5 µg/100g biscuit	
	Vitamin D	1.9 µg/100g biscuit	
Vitamin E	5 µg/100g biscuit		

Annex 6: Examples of GFD rations

Source: World Food Programme, *Food and Nutrition Handbook*, Rome, 2005 and International Committee of the Red Cross, *Nutrition Manual*, Geneva, 2008

Food item	Amount in grams per person per day				
	Ration 1 ICRC 2,253kcal/s	Ration 2 ICRC 2,240kcal/s	Ration 3 WFP 1,900kcal/s	Ration 4 WFP 1,869kcal/s	Ration 5 WFP 2,226kcal/s
Cereal	400	420	Maize flour 350	Wheat flour ^a 400	Parboiled rice 430
Oil ^b	30	40	20	25	25
Pulses ^c	33.3	30	120	40	60
Canned meat				40	
Canned fish	50				
Blended food ^d	66.7	60	30		40
Sugar	16.7	20		20	20
Salt ^e	5	5	5	5	7
Yeast				4	
Fresh vegetables ^f	150	150			100
Spices	1-2	1-2			
Tea or Coffee	5-10	5-10			

^a Wheat flour fortified with calcium and B vitamins

^b Oil fortified with vitamin A

^c Types of pulses: Tanzania = red haricot, Bosnia = red haricot, Nepal = red lentils

^d Types of blended foods: Tanzania = corn-soy blend, Nepal = wheat-soy blend

^e Salt fortified with iodine

^f Fresh vegetables: Nepal = onions

Annex 7: Overview of monitoring targeting systems

Source: Taylor, Anna and John Seaman, 'Targeting food aid in emergencies', *ENN Special supplement*, July 2004.

	1	2	3	4	5
	Assessing and defining needs	Setting objectives	Determining eligibility	Distribution	
Key questions for monitoring	<ul style="list-style-type: none"> Were the needs accurately described? 	<ul style="list-style-type: none"> Were food aid target groups those in greatest need? 	<ul style="list-style-type: none"> Did criteria adequately identify the target group? Were the criteria clear and usable by those responsible for using them? 	<ul style="list-style-type: none"> Did the target group receive the right quantity and quality of food at the right time? 	<ul style="list-style-type: none"> Did the targeted group use the food to achieve the objective set?
Possible methods	<ul style="list-style-type: none"> Food security monitoring Monitoring the prevalence of malnutrition 		<ul style="list-style-type: none"> Process monitoring and evaluation Food basket monitoring Household profile monitoring Post distribution monitoring: non-recipient monitoring Results from complaints mechanisms 	<ul style="list-style-type: none"> Food basket monitoring Post distribution monitoring: non-beneficiary monitoring Coverage surveys Process monitoring and evaluation 	<ul style="list-style-type: none"> Food usage monitoring Market surveys
Key factors which lead to exclusion and inclusion errors	<ul style="list-style-type: none"> Type of assessment The involvement of the community in the definition of need Taking into account the resource context 		<ul style="list-style-type: none"> Political context Transparent and accountable systems for identifying the eligible 	<ul style="list-style-type: none"> Geographical coverage Information about programme in the community Could it be transported? Diversion by powerful people 	<ul style="list-style-type: none"> Sharing within households Redistribution by the community Diversion by powerful people

Annex 8: Different types of monitoring that can be used in targeting systems

Source: Taylor, Anna and John Seaman, 'Targeting food aid in emergencies', *ENN Special supplement*, July 2004.

Types of monitoring	Where and when it is done	Purpose
Process monitoring (including appeal mechanisms)	Ongoing with beneficiaries, non-beneficiaries, leaders and authorities	To assess the quality of the implementation and how it is perceived by the population
Food basket monitoring	At the distribution point through interviews with beneficiaries	Determines whether the ration received at the distribution point matches the entitlement on ration card
Household profile monitoring	At the distribution point through interviews with beneficiaries	Monitoring of beneficiary household profile relative to eligibility criteria
Food usage surveys	Post distribution through home interviews with beneficiaries	Determines how recipient households use the food and how long it could last
Market surveys	At markets post distribution	To monitor sales and prices of food aid
Non-beneficiary monitoring	Post distribution through home interviews with non-beneficiaries	Monitoring perceptions among non-beneficiaries regarding fairness of the targeting and distribution process
Coverage surveys	During a targeted feeding programme	To determine the proportion of the eligible population who are registered for feeding and the proportion who are not.
Food security monitoring	On an ongoing basis among the whole population	To determine whether the targeting objectives are appropriate/have been achieved
Nutrition monitoring	Periodically among the whole population	To determine whether the targeting objectives are appropriate/have been achieved

PART 3: TRAINER'S GUIDE

The trainer's guide is the third of four parts contained in this module. It is NOT a training course. This guide provides guidance on how to design a training course by giving tips and examples of tools that the trainer can use and adapt to meet training needs. The trainer's guide should only be used by experienced trainers to help develop a training course that meets the needs of a specific audience. The trainer's guide is linked to the technical information found in Part 2 of the module.

Module 11 is about planning, implementing and monitoring general food distributions (GFDs). The module can be used to provide a practical training for field workers involved in setting up and carrying out GFD. It can also provide a short practical briefing on different aspects of GFD for senior managers.

Navigating your way round the guide

The trainer's guide is divided into six sections:

1. **Tips for trainers** provide pointers on how to prepare for and organize a training course.
2. **Learning objectives** set out examples of learning objectives for this module that can be adapted for a particular participant group.
3. **Testing knowledge** contains an example of a questionnaire that can be used to test participants' knowledge of EFSA either at the start or at the end of a training course.
4. **Classroom exercises** provide examples of practical exercises that can be done in a classroom context by participants individually or in groups.
5. **Case studies** contain examples of case studies (one from Africa and one from another continent) that can be used to get participants to think by using real-life scenarios.
6. **Field-based exercises** outline ideas for field visits that may be conducted during a longer training course.

CONTENTS

1. Tips for trainers

2. Learning objectives

3. Testing knowledge

Exercise 1: What do you know about general food distribution?

Handout 1a: What do you know about general food distributions?: Questionnaire

Handout 1b: What do you know about general food distributions?: Questionnaire answers

4. Classroom exercises

Exercise 2: Identifying food groups and food aid commodities

Handout 2a: Identifying food groups and food aid commodities

Handout 2b: Identifying food groups and food aid commodities: Model answers

Exercise 3: Planning and calculating levels of nutrients and energy in the ration

Handout 3a: Planning and calculating levels of nutrients and energy in the ration

Handout 3b: Planning and calculating levels of nutrients and energy in the ration: Model answers

Handout 3c: WFP food composition table

Exercise 3.1: Calculating levels of nutrients and energy in the ration

Handout 3.1a: Calculating levels of nutrients and energy in the ration

Handout 3.1b: Calculating levels of nutrients and energy in the ration: Model answers

Exercise 4: Assessing and developing appropriate targeting strategies

Handout 4a: Assessing and developing appropriate targeting strategies – two case studies

Handout 4b: Assessing and developing appropriate targeting strategies – two case studies: Model answers

5. Case studies

Exercise 5: Assessing and addressing micronutrient deficiency diseases.

Handout 5a: Case study I: Addressing MDDs in Bhutanese refugees in Nepal 1990

Handout 5b: Case study I: Addressing MDDs in Bhutanese refugees in Nepal 1990: Model answers

Exercise 6: Planning a nutritionally adequate food aid rations

Handout 6a: Case study II: Planning food aid rations for Burundian refugees in Tanzania 1997

Handout 6b: Case study II: Planning food aid rations for Burundian refugees in Tanzania 1997: Model answers

6. Field-based exercises

Exercise 7: Evaluation of a general food distribution

Handout 7a: Evaluation of a general food distribution

1. Tips for trainers

Step 1: Do the reading!

- Read Parts 2 of this module.
- Familiarize yourself with the technical terms from the glossary.
- Read through the following key documents (see full references and how to access in Part 4 of this module):
 - ENN&SCUK. (2004). *Targeting Food Aid in Emergencies*. Special supplement. ENN and SCUK.
 - The Sphere Project. (2011). *Sphere Handbook*, Minimum Standards in Food Security and Nutrition. Geneva: The Sphere Project.
 - International Committee of the Red Cross (2008), *Nutrition Manual for Humanitarian Action*. Geneva: ICRC
 - World Food Programme. (2005). *Food and Nutrition Handbook*. Rome: WFP.

Step 2: Know your audience!

- Find out about your participants in advance of the training:
 - How many participants will there be?
 - Do any of the participants already have experience/knowledge of general food distributions?
 - Could participants with general food distributions experience be involved in the sessions by preparing a case study or contribute through describing their practical experience?

Step 3: Design the training!

- Decide how long the training will be and what activities can be covered within the available time. In general, the following guide can be used:
 - A **90-minute** classroom-based training can provide a basic overview of general food distributions.
 - A **half-day** classroom-based training can provide an overview of general food distributions and include some practical exercise.
 - A **one-day** classroom-based training can provide a more in-depth understanding of general food distributions and include a number of practical exercises and/or one case study.
 - A **three- to eight-day** classroom plus field-based training can provide a full training in order to carry out a general food distribution for a particular context. This would include case studies and field exercises.
- Identify appropriate learning objectives. This will depend on your participants, their level of understanding and experience, and the aim and length of the training.
- Decide exactly which technical points to cover based on the learning objectives that you have identified.
- Divide the training into manageable sections. One session should generally not last longer than an hour.
- Ensure the training is a good combination of activities, e.g., mix PowerPoint presentations in plenary with more active participation through classroom-based exercises, mix individual work with group work.

Step 4: Get prepared!

- Prepare PowerPoint presentations with notes (if they are going to be used) in advance and do a trial run. Time yourself! Recommended PowerPoint presentations that can be adapted from existing sources include (see full references and how to access in Part 4 of this module):

Existing PowerPoints for a session on GFD

	Author	Specific session
1.	WFP&Feinstein International Famine Centre, T. U. (2001). WFP Food and Nutrition Training Toolbox.	
2.	The Sphere Project. (2004). Humanitarian Charter and Minimum Standards in Disaster Response: Nutrition training modules.	Nutrition Module, Session 3: General Nutrition Support: All groups and at Risk Groups

- Prepare exercises and case studies. These can be based on the examples given in this trainer's guide but should be adapted for the particular training context.
- Prepare a 'kit' of materials for each participant. These should be given out at the start of the training and should include:
 - Timetable showing break times (coffee and lunch) and individual sessions
 - Parts 1 and 2 of this module
 - Pens and paper

REMEMBER

People remember 20 per cent of what they are told, 40 per cent of what they are told and read, and 80 per cent of what they find out for themselves.

People learn differently. They learn from what they read, what they hear, what they see, what they discuss with others and what they explain to others. A good training is therefore one that offers a variety of learning methods which suit the variety of individuals in any group. Such variety will also help reinforce messages and ideas so that they are more likely to be learned.

2. Learning objectives

Below are examples of learning objectives for a session on GFD. Trainers may wish to develop alternative learning objectives that are appropriate to their particular participant group. The number of learning objectives should be limited; up to five per day of training is appropriate. Each exercise should be related to at least one of the learning objectives.

Examples of learning objectives

At the end of the training, participants will:

- Be familiar with typical food aid commodities.
- Be able to calculate the nutritional composition of food rations.
- Be familiar with food composition tables.
- Be aware that GFD objectives and programmes should be based on assessed needs and be familiar with types and approaches.
- Be aware of the objectives of GFD.
- Know how to plan an appropriate and nutritionally adequate general ration.
- Know when to implement a GFD and the most appropriate distribution method to adopt.
- Be able to suggest practical recommendations to adapt the GFD in order reduce the risk of MDD.
- Understand the overall aim of food aid targeting and the key factors to consider when implementing a successful targeting system.
- Know the key factors to consider for successful implementation of a GFD.
- Know components of a GFD monitoring system.
- Understand the challenges that may arise during the implementation of GFD.

3. Testing knowledge

This section contains one exercise which is an example of a questionnaire that can be used to test participants' knowledge of general food distributions either at the start and/or at the end of a training session. The questionnaire can be adapted by the trainer to include questions relevant to the specific participant group.

Exercise 1: What do you know about general food distributions?

What is the learning objective?

- To test participants' knowledge about GFD

When should this exercise be done?

- *Either* at the start of a training session to establish knowledge level
- *Or* at the end of a training session to check how much participants have learned

How long should the exercise take?

- 20 minutes

What materials are needed?

- **Handout 1a:** What do you know about general food distributions?: Questionnaire
- **Handout 1b:** What do you know about general food distributions?: Questionnaire answers

What does the trainer need to prepare?

- Familiarize yourself with the questionnaire questions and answers.
- Add your own questions and answers based on your knowledge of the participants and their knowledge base.

Instructions

Step 1: Give each participant a copy of Handout 1a.

Step 2: Give participants 15 minutes to complete the questionnaire working alone.

Step 3: Give each participant a copy of Handout 1b.

Step 4: Give participants five minutes to mark their own questionnaires and clarify the answers where necessary.

Handout 1a: What do you know about general food distributions?: Questionnaire

Time for completion: 15 minutes

Answer all the questions

1. When planning a general food ration what are the calorie, protein and fat requirements most frequently used for an average population? *Circle the correct answer.*
 - a) Average energy requirements for most of the population are 2100 kcals and protein should provide between 10 to 12 per cent of the energy and fat should provide at least 17 per cent of the energy.
 - b) Average energy requirements 1900 kcals and protein should provide at least 21 per cent of the energy and fat should provide at least 25 per cent of the energy.
 - c) Average energy requirements 2100 kcals and protein and fat should provide at least 15 per cent of the energy.
 - d) Average energy requirements 1500 kcals and protein should provide at least 12 per cent of the energy and fat should provide at least 17 per cent of the energy.

2. What are the three main food commodities that commonly make up the GFD and which one makes up the bulk of the ration?
 - a)
 - b)
 - c)

3. True or false? Write true or false after each sentence.
 - a) Energy requirements may vary according to ethnic background.
 - b) Energy requirements will increase if all the population in need are only women and children.
 - c) Nutrient requirements remain the same during pregnancy.
 - d) Vitamins and minerals are not important nutritional considerations.

4. Are populations that are dependent on a GFD more likely to suffer from MDDs than populations with access to a diverse range of food commodities? *Write yes or no.*

5. Give two practical suggestions how the general food distribution may be modified in order to minimize the risk of MDD among a population dependent on food aid.
 - a)
 - b)

6. Give two examples of distribution methods for GFDs.
 - a)
 - b)

TRAINER'S GUIDE

7. True or false? *Write true or false after each sentence.*
- a) General food distributions are only necessary in order to save lives.
 - b) General food distributions may be implemented to restore or maintain nutritional well being.
 - c) The energy requirements for a population are established according to the amount of food available in the pipeline.
 - d) There are alternative methods for distributing food aid to the general population such as food for work and voucher programs
 - e) Changes in anthropometric data quantify the impact of the general food distribution.
 - f) Government officials are always the most appropriate structures to use to identify vulnerable households.
 - g) Targeting is always appropriate regardless of community vulnerability.
 - h) Ensuring there is sufficient food in the pipeline will ensure a successful general food distribution.
 - i) Food is fortified in order to increase the intake of micronutrients, thereby improving micronutrient status and therefore reducing the risk MDD.
 - j) GFD objectives are established and do not depend on the context or needs.
8. Give two of the reasons why the established planning figure of 2,100kcal/person/day may be adjusted up or down.
- a)
 - b)
9. State two purposes of targeting.
- a)
 - b)
10. True or false? *Write true or false after each sentence.*
- a) Monitoring is not essential for GFD programmes.
 - b) It is only important to monitor in order to determine if the most vulnerable received food aid.
 - c) Post distribution monitoring enables the coverage of a GFD program to be evaluated.
 - d) It is not important to monitor the vulnerability of non-beneficiaries during GFD.

**Handout 1b: What do you know about general food distributions?:
Questionnaire answers**

1. a)
2. **Cereals, pulses and oils. Cereals usually make up the bulk of the ration.**
3. a) **False**
b) **False**
c) **False**
d) **False**
4. **Yes**
5. a) **Addition of fresh fruit/vegetables to the ration**
b) **Provision of fortified blended food**
c) **Addition or exchange of a particular food aid commodity with relatively high micronutrient content**
d) **Use of micronutrient powders or sprinkles**
6. a) **Distribution of a take-home (dry) ration.**
b) **Distribution of a cooked (wet) ration through large scale cooked food programmes**
7. a) **False**
b) **True**
c) **False**
d) **True**
e) **False**
f) **False**
g) **False**
h) **False**
i) **True**
j) **False**
8. a) **Age and structure of the population**
b) **Nutrition and health status of the population**
c) **Physical activity levels**
d) **Environmental temperature**
e) **Access to alternative and complementary food sources**

9. a) **Targeting helps to define the objective of the GFD.**
b) **Targeting aims to maximize coverage and minimize inclusion error.**
c) **To ensure food aid is received on the basis of need**
d) **To maximize the impact of food aid**
e) **To limit the negative impact of food aid, e.g., dependency, reducing market prices for food producers**
10. a) **False**
b) **False**
c) **True**
d) **False**

4. Classroom exercises

This section provides examples of practical exercises that can be carried out in a classroom context by participants individually or in groups. Practical exercises are useful between plenary sessions, where the trainer has done most of the talking, as they provide an opportunity for participants to engage actively in the session. The choice of classroom exercises will depend upon the learning objectives and the time available. Trainers should adapt the exercises presented in this section to make them appropriate to the particular participant group. Ideally, trainers should use case examples with which they are familiar.

Exercise 2: Identifying food groups and food aid commodities

What is the learning objective?

- To be familiar with food groups and typical food aid commodities

When should this exercise be done?

- After an introductory session on the nutrient requirements and content of food aid commodities

How long should the exercise take?

- 25 minutes

What materials are needed?

- **Handout 2a:** Identifying food groups and food aid commodities
- **Handout 2b:** Identifying food groups and food aid commodities: Model answers

What does the trainer need to prepare?

- Prepare a case study for an area that is familiar to the participants based on the template in Handout 2a or use a similar handout.

Instructions

Step 1: Give each participant a copy of Handout 2a or similar one and food tables.

Step 2: Give participants working in pairs 10 minutes to read one of the case studies and complete the table.

Step 3: Allow 15 minutes of discussion and feedback in plenary.

Discussion points for feedback in plenary

- ➔ Discuss why milk products are not part of the general food aid ration.
- ➔ Discuss how rations may vary according to context and availability of food products, e.g., dates as part of the general ration in eastern Sudan.

Handout 2a: Identifying food groups and food aid commodities

Time for completion: 25 minutes

Allow 5 to 10 minutes for this task and 10 to 15 minutes for feedback. Participants may work in pairs.

For each of the foods on the list below:

- 1. Identify the food group to which it belongs: cereal grains; roots and tubers; oils and fats; legumes; fruit and vegetables; animal products; blended foods.*
- 2. Tick the box if it is a common general food aid commodity.*

	Food	Food group	General food aid commodity
1	Teff		
2	Cassava		
3	Horse beans		
4	Cassava leaves		
5	Noodles		
6	Locusts		
7	Butter oil		
8	Dates		
9	Salt		
10	Carrots		
11	Infant formula		
12	Soy fortified sorghum grits		
13	Millet		
14	Spaghetti		
15	Corn soy blend		
16	Whole milk		
17	Polished rice		
18	Tinned cheese		
19	Dried fish		
20	Lentils		
21	Onions		
22	Instant bouillon		
23	Dried milk powder		
24	Mangoes		
25	Red palm oil		

Handout 2b: Identifying food groups and food aid commodities: Model answers

	Food	Food group	General food aid commodity
1	Teff	Cereals (Teff is grown in the highlands of Ethiopia and is the preferred cereal.)	No
2	Cassava	Roots and tubers (Tubers, such as cassava and potatoes, are not a food aid commodity as they contain large amounts of water and are liable to spoilage.)	No
3	Horse beans	Legumes	Yes
4	Cassava leaves	Fruit and vegetables	No. Indigenous vegetables, like cassava leaves, are an important source of micronutrients (vitamin A and C).
5	Noodles	Cereal grains	Yes
6	Locusts	Animal products	No
7	Butter oil	Oils and fats	Yes. Vegetable oils tend to be more common.
8	Dates	Fruit and vegetables	Yes. Eastern Sudan
9	Salt	Salt contains essential minerals and is essential as a condiment.	Yes. All WFP salt is iodized.
10	Carrots	Fruit and vegetables	No
11	Infant formula	Animal product	No. In some situations milk formula will be distributed to women through health services, but it is not distributed as part of the general ration.
12	Soy fortified sorghum grits	Blended food	Yes. SFSG are fortified with a range of micronutrients
13	Millet	Cereal grains	No
14	Spaghetti	Cereals	Yes
15	Corn soy blend	Blended foods	Yes. CSB is a type of blended food, which is a pre-cooked flour made from a combination of cereals and pulses, and fortified with micronutrients.
16	Whole milk	Animal products	No
17	Polished rice	Cereals	Yes
18	Tinned cheese	Animal products	Yes. Occasionally
19	Dried fish	Animal products	Yes. Occasionally
20	Lentils	Legume	Yes
21	Onions	Fruit and vegetables	No. But onions have been included in rations for Bhutanese refugees.

Identifying food groups and food aid commodities: Model answers (continued)

	Food	Food group	General food aid commodity
22	Instant bouillon	It does not fall within the food groups given.	No. This has been given in the past but is not a regular food aid commodity.
23	Dried milk powder	Animal products	No
24	Mangoes	Fruit and vegetables	No
25	Red palm oil	Fats and oils	No. However, in Great Lakes beneficiaries swap their vegetable oil in order to buy red palm oil.

Exercise 3: Planning and calculating levels of nutrients and energy in the ration**What are the learning objectives?**

- To be able to calculate the nutritional composition of food rations
- To be familiar with food composition tables

When should this exercise be done?

- After an introductory session on the nutrient requirements and content of food aid commodities

How long should the exercise take?

- 30 minutes

What materials are needed?

- **Handout 3a:** Planning and calculating levels of nutrients and energy in the ration
- **Handout 3b:** Planning and calculating levels of nutrients and energy in the ration: Model answers
- **Handout 3c:** WFP food composition table

What does the trainer need to prepare?

- Prepare a case study for an area that is familiar to the participants based on the template in Handout 3a or use the given handout. Ensure there are sufficient calculators and enough copies of the WFP food composition tables and examples of WFP food rations.

Instructions

Step 1: Give each participant a copy of Handout 2a or similar and the food composition tables.

Step 2: Give participants working in pairs 10 minutes to read one of the case studies and complete the table.

Step 3: Allow 20 minutes of discussion and feedback in plenary.

Discussion points for feedback in plenary

- ➔ Which ration has the lowest energy value? The Ethiopian ration (1923kcal).
- ➔ Which ration has the most grams of protein? The Bosnia ration – 62.4g protein.
- ➔ Which ration has the most grams of fat? The Bosnia ration.
- ➔ This illustrates the higher quality of the Bosnia ration, even though it does not have the highest energy level.

Handout 3a: Planning and calculating levels of nutrients and energy in the ration

Time for completion: 30 minutes

Allow 15 to 20 minutes for this task and 10 to 15 minutes for feedback. Participants may work in pairs.

Each pair should address questions from one of the two case-scenarios.

- 1. Calculate the nutritional composition of one of the following rations.*
- 2. Look up the nutritional value of the food (per 100g) in Handout 3c on the WFP food composition table.*
- 3. Use a calculator to calculate the energy, protein and fat provided by the amount of each food in the ration.*
- 4. Calculate the total amount of energy (kcal), protein (in grams) and fat (in grams).*
- 5. Calculate the percent of total energy provided by protein and fat.*

EXAMPLES OF WFP FOOD RATIONS

1. BOSNIA, 1994

Food commodity	Amount (g)	Energy (kcal)	Protein (g)	Fat (g)
Wheat flour	400			
Vegetable oil	25			
Sugar	20			
Red kidney beans	40			
Corned beef	40			
Iodized salt	5			
TOTAL				
% Energy				

2. NEPAL BHUTANESE REFUGEES 1994

Food commodity	Amount (g)	Energy (kcal)	Protein (g)	Fat (g)
Parboiled rice	430			
Lentils	60			
Vegetable oil	25			
Wheat soy blend	40			
Sugar	20			
Salt	7			
TOTAL				
% Energy				

3. TANZANIA 1997 (BURUNDIAN REFUGEES)

Food commodity	Amount (g)	Energy (kcal)	Protein (g)	Fat (g)
Maize flour	350			
Kidney beans	120			
Vegetable oil	20			
Corn soy blend	30			
Iodized salt	5			
TOTAL				
% Energy				

4. ETHIOPIA 1997 (SOMALIA REFUGEES)

Food commodity	Amount (g)	Energy (kcal)	Protein (g)	Fat (g)
Whole wheat grain	400			
Vegetable oil	25			
Iodized salt	5			
Sugar	20			
FAMIX	30			
TOTAL				
% Energy				

Handout 3b: Planning and calculating levels of nutrients and energy in the ration: Model answers

1. BOSNIA, 1994

Food commodity	Amount (g)	Energy (kcal)	Protein (g)	Fat (g)
Wheat flour	400	1,400.00	46.0	6.00
Vegetable oil	25	221.25	0	25.00
Sugar	20	80.00	0	0
Red kidney beans	40	134.00	8.0	0.48
Corned beef	40	88.00	8.4	6.00
Iodized salt	5	0	0	0
TOTAL		1,923.00	62.4	37.50
% Energy			13.0%	17.50%

2. NEPAL BHUTANESE REFUGEES 1994

Food commodity	Amount (g)	Energy (kcal)	Protein (g)	Fat (g)
Parboiled rice	430	1,548.00	30.1	2.15
Lentils	60	204.00	12.0	0.36
Vegetable oil	25	221.25	0	25.00
Wheat soy blend	40	148.00	8.0	2.40
Sugar	20	80.00	0	0
Salt	7	0	0	0
TOTAL		2,201.30	50.1	29.91
% Energy			9.1%	12.23%

3. TANZANIA 1997 (BURUNDIAN REFUGEES)

Food commodity	Amount (g)	Energy (kcal)	Protein (g)	Fat (g)
Maize flour	350	1,260	31.50	12.25
Kidney beans	120	402	24.00	1.44
Vegetable oil	20	177	0	20.00
Corn soy blend	30	114	5.40	1.80
Iodized salt	5	0	0	0
TOTAL		1,953	60.90	35.49
% Energy			12.47%	16.35%

4. ETHIOPIA 1997 (SOMALIA REFUGEES)

Food commodity	Amount (g)	Energy (kcal)	Protein (g)	Fat (g)
Whole wheat grain	400	1,320.00	49.20	6.00
Vegetable oil	25	221.25	0	25.00
Iodized salt	5	0	0	0
Sugar	20	80.00	0	0
FAMIX	30	114.00	5.40	1.80
TOTAL		1,735.30	54.60	32.80
% Energy			12.59%	17.01%

Handout 3c: WFP food composition table

	Nutritional value/100g		
	ENERGY (Kcal)	PROTEIN (g)	FAT (g)
CEREALS			
Wheat	330	12.3	1.5
Rice	360	7.0	0.5
Sorghum/millet	335	11.0	3.0
Maize	350	10.0	4.0
PROCESSED CEREALS			
Maize meal	360	9.0	3.5
Wheat flour	350	11.5	1.5
Bulgur wheat	350	11.0	1.5
Parboiled rice	360	7.0	0.5
BLENDED FOODS			
Corn soy blend (CSB)	380	18.0	6.0
Wheat soy blend (WSB)	370	20.0	6.0
Soy-fortified bulgur wheat	350	17.0	1.5
Soy-fortified maize meal	390	13.0	1.5
Soy-fortified wheat flour	360	16.0	1.3
Soy-fortified sorghum grits	360	16.0	1.0
Famix	380	18.0	6.0
DAIRY PRODUCTS			
Dried skim milk (enriched) (DSM)	360	36.0	1.0
Dried skim milk (plain) (DSM)	360	36.0	1.0
Dried whole milk (DWM)	500	25.0	27.0
Canned cheese	355	22.5	28.0
Therapeutic milk (TM)	540	14.7	31.5
MEAT&FISH			
Canned meat	220	21.0	15.0
Dried salted fish	270	47.0	7.5
Stockfish	–	–	–
Canned fish	305	22.0	24.0

WFP food composition table (continued)

	Nutritional value/100g		
	ENERGY (Kcal)	PROTEIN (g)	FAT (g)
OIL&FATS			
Vegetable oil	885	–	100.0
Butter oil	860	–	98.0
Edible fat	900	–	100.0
PULSES			
Beans	335	20.0	1.2
Peas	335	22.0	1.4
Lentils	340	20.0	0.6
MISCELLANEOUS			
Sugar	400	–	–
Dried fruit	270	4.0	0.5
Dates	245	2.0	0.5
Tea (black)	–	–	–
Iodized salt	–	–	–

Exercise 3.1: Calculating levels of nutrients and energy in the ration**What are the learning objectives?**

- To be able to calculate the nutritional composition of food rations
- To be familiar with NutVal spreadsheet application for the planning, calculating and monitoring of food rations

When should this exercise be done?

- After an introductory session on the nutrient requirements and content of food aid commodities

How long should the exercise take?

- 60 minutes

What materials are needed?

- **Handout 3.1a:** Calculating levels of nutrients and energy in the ration
- **Handout 3.2b:** Calculating levels of nutrients and energy in the ration: Model answers

What does the trainer need to prepare?

- Prepare access to computers with NutVal installed (or access to internet for instant downloading). Ensure that the computing facilities are adequate and there is technical support so that extraordinary time is not used sorting out the logistics of the exercise.

Instructions

Step 1: Give each participant a copy of Handout 3.1a

Step 2: Give participants working in pairs 10 minutes to read the handout and set up NutVal on their shared screen.

Step 3: Allow 30 minutes to complete exercise

Step 4: Give 20 min for discussion and feedback in plenary.

Discussion points for feedback in plenary

- ➔ Which features of NutVal would you find most useful?
- ➔ How does this compare to calculating a ration by hand?

Handout 3.1a: Calculating levels of nutrients and energy in the ration

Time for completion: 45 minutes

Allow 25 to 30 minutes for this task and 15 to 20 minutes for feedback. Participants should work in pairs with one computer. Each pair should run through both the exercises and be prepared to feed back their experience in plenary.

Exercise 1 – Using the Database

1. Open NutVal and ensure Excel is set to allow macros to work – very important!
2. Click on the button to go to the Food and Nutrient Database
3. Sort the list to find out which food has the highest energy content
4. Tell the database to display only 'Cereals' and sort the list to find out which cereals contains the most and least protein
5. Tell the database to display only 'Blended Foods' and sort the list to find out which contains the most fat

Exercise 2 – Using the Calculation Sheet

1. Go back to the menu page and then click the button to go to the calculation sheet
2. Display a typical maize-based ration by clicking the button at the bottom left of the screen. Which nutrients are too low in these rations?
3. View the pie chart of energy sources and see what proportion of energy is coming from carbohydrate?
4. Do the figures for the proportion of energy coming from fat and protein agree with the figures on the main calculator page?
5. How much do you need to increase the fat by to meet the energy target?
6. View the other ration examples based on rice and wheat. What do you notice about the macronutrient adequacy of these rations?
7. Now select the maize based ration example and change the beneficiary group from a general ration to adolescents. What happens to the energy requirement? Now also look at the elderly beneficiary group.

Exercise 4: Assessing and developing appropriate targeting strategies**What is the learning objective?**

- To be aware of the objectives of GFD
- To understand the overall aim of food aid targeting and the key factors to consider when implementing a successful targeting system

When should this exercise be done?

- After the objectives of a general food rations and the objectives and methods of successful targeting systems have been introduced

How long should the exercise take?

- 25 minutes

What materials are needed?

- **Handout 4a:** Assessing and developing appropriate targeting strategies – two case studies
- **Handout 4b:** Assessing and developing appropriate targeting strategies – two case studies: Model answers

What does the trainer need to prepare?

- Prepare a case study for an area that is familiar to the participants based on the template Handout 4a or use the given handout.

Instructions

Step 1: Give each participant a copy of Handout 2a.

Step 2: Give participants working in pairs 10 minutes to read the case studies and answer the questions.

Step 3: Allow 15 minutes of discussion and feedback in plenary.

Discussion points for feedback in plenary

- ➔ Would you modify the agencies activities/strategies and if so how and why?

Handout 4a: Assessing and developing appropriate targeting strategies – two case studies

Time for completion: 25 minutes

Allow 5 to 10 minutes for this task and 10 to 15 minutes for feedback. Participants may work in pairs. Each pair should address the questions at the end of each case study.

Case study A: Livelihood assessment following the Orissa cyclone in India 1999

Source: Taylor and Seaman (2002) Targeting food aid in emergencies. ENN Special supplement.

Background information

Source: IFRC April 2000. India Orissa Cyclone. Situation Report No. 8

A violent cyclone hit India's eastern coast on 29 October 1999. Winds lasting for over 36 hours caused a 7-metre tidal wave which swept more than 20 km inland and brought massive destruction and death to coastal districts in the State of Orissa.

According to the Government of Orissa, more than 10 million people in 12 coastal belt districts were affected by the cyclone. At least 10,000 people died in the disaster, while tens of thousands of families from the worst-affected coastal districts of Balasore, Bhadrak, Kendrapara, Jagatsinghpur, Puri and Ganjam were forced to evacuate their damaged or destroyed homes.

Orissa is one of the poorest states in India and is wholly dependent on agriculture. The coastal districts account for 2 million hectares of Orissa's total 6.5 million hectares of crop area. About 99 per cent of the agricultural area in these coastal districts is under paddy cultivation. The farmers in Orissa experienced severe crop losses when the cyclone devastated the kharif crop (autumn harvest) and the prospects of a good rabi (summer) harvest are marred by pests, crop diseases, damaged irrigation and a shortage of power supply facilities. Fish production in Jagatsinghpur is likely to be reduced by over 40 per cent this year due to the large-scale devastation, including pollution of ponds. There was destruction of coconut, cashew nut and mango trees and animals were starving due to an acute scarcity of fodder.

A shortage of drinking water was also reported in certain areas of the cyclone-affected districts as wells were destroyed.

After the Orissa cyclone Oxfam conducted a needs assessment in the areas affected by the cyclone and the following were the key conclusions:

- a) Market prices were too high for the poorest.
- b) Share croppers became indebted due to their failed harvest.
- c) Wage labourers were left with no income source.
- d) Fishermen lost their means of production and access to agricultural labour.
- e) Scheduled castes and tribes no longer had access to agricultural labour.
- f) Food assistance was erratic and did not reach the remote villages. Lower caste people were often the last in the queue for assistance. Political bias due to impending elections may have influenced the targeting of relief assistance, and international agencies concentrated their relief in areas with high media coverage.

Answer the questions.

- 1. What would you recommend for the objective of an emergency response based on the background information and the key conclusions of Oxfam's assessment?**
- 2. Briefly describe the different food aid interventions that you would implement, how these would fit in with other interventions and who the intervention would target.**
- 3. List the potential difficulties with introducing a targeted food distribution in this area and how these difficulties may be overcome.**

Case study B: Family ration targeting system

Source: Taylor and Seaman (2002) Targeting food aid in emergencies. ENN Special supplement.

Mandera is one of three districts in a northeastern province of Kenya. It is an area prone to drought and food insecurity and has a population of 131,000, with 37,900 (some of these were displaced and refugees/returnees) reported as living in central Mandera. The district is geographically isolated and has weak links with other districts. Its people are ethnic Somalis who are traditionally nomadic pastoralists but now increasingly fall into the category of agro-pastoralists as they practise some cultivation of staple crops, including maize and beans. During the severe drought of 1991 and 1992, livestock holdings were drastically reduced so that many families became destitute and were forced to migrate to central Mandera.

Between 1994 and 1996 there were three successive rain failures in the district. However, despite a worsening food security situation in the district, the Kenyan government was reluctant to declare an emergency.

In May 1996, MSF recorded a 32.4 per cent prevalence of malnutrition in Mandera. In response to the deteriorating situation in Mandera, MSF took the decision to step outside its usual mandate and to implement a general food distribution programme. An MSF team already present in the area was given the task of designing and implementing the programme although they had no prior experience of this type of intervention. It was hoped that this would encourage other organizations, with experience of general food distribution, to take over the programme.

It was apparent in central Mandera that not everybody was equally affected by the drought and there were different levels of food insecurity among the households. MSF targeted ration cards for general distribution to families with a malnourished child in one of the feeding centres (although it was recognized that this may not necessarily target the most food-insecure families as malnutrition may be related to disease or poor care practices).

The total 3000 family ration cards, which corresponded to a population coverage of 18,000 (approximately 50 per cent of the population). MSF targeted a 50 per cent family ration to households with at least one member in a feeding centre. The first distribution was carried out at the end of November 1996. The distribution points were the supplementary feeding centres and were carried out once a month. To prevent families trying to collect the food at more than one feeding centre, the distribution was carried out in all three centres at the same time. In view of the fact that it would be easy to exaggerate numbers in a family, a standard ration card for six members was distributed to beneficiaries. Feeding centre staff did the distribution. However, as they were part of the community they were prone to giving more food to members of their own tribe.

The Government of Kenya requested emergency food aid in February 1997.

Answer the questions.

- 1. What do you expect the consequences of the above targeting system to be?**
- 2. What targeting strategy for the general food distribution would you have adopted and why?**

Handout 4b: Assessing and developing appropriate targeting ration strategies: Model answers

Case study A: Livelihood assessment following the Orissa cyclone in India 1999

1. Objectives as set out in Oxfam programme.

To meet the immediate and medium term needs, and restore or protect the livelihoods of vulnerable marginalized groups, e.g., the scheduled tribes and castes.

2. Food aid interventions and their target group as designed by the Oxfam programme.

A food and cash programme was recommended to replace lost employment for agricultural labourers and was implemented in areas that had received little or no assistance.

Free food was provided to the estimated 5 per cent of households that could not find labour opportunities.

These interventions must be integrated and coordinated with other longer and medium-term food security interventions in the area. Monitoring would be important to ensure those with the greatest vulnerability were receiving assistance. Given the scale of the disaster it might be expected that not all humanitarian needs could be met at the initial phase. Good coordination is very important especially in the initial phases to ensure agencies are not just implementing activities in areas where there is the greatest press coverage but also in areas that may be less accessible and less assistance is being provided.

3. Potential difficulties with introducing a targeted food distribution system in this area.

Those from the lower castes are often the most vulnerable and may be deliberately under-represented during the process of identification of vulnerable households. The impending election could also cause governments to favour certain areas for intervention which may be more related to winning votes rather than areas of greatest need.

To minimize these difficulties it would be important for the implementing agency to be aware of the caste system and the impact of the impending elections on identifying areas of greatest vulnerability. The implementing agency would have to make greater effort to seek out those from lower castes and ensure they were adequately represented within the distribution system. The implementing agency would ensure their information concerning the impact of the cyclone came from a variety of sources and all information should be triangulated in order to obtain the most comprehensive overview of the situation.

Case study B: Family ration targeting system

1. A substantial increase in the numbers of children admitted in the centres – this caused a deterioration in the quality of care that could be offered to each child, leading to increased rates of defaulting. In addition, increased admissions heightened the risks of cross-infection.

Or

A substantial increase in the pressure experienced by feeding centres staff to admit children who did not meet the entry criteria which, ultimately led to inclusion errors.

Or

High levels of re-admissions and double registration in the programme because the ration provided a resource for the whole family. There was some evidence that children were intentionally underfed to ensure access to food.

The strategy soon had to be abandoned as the numbers escalated out of control.

2. MSF recognized that not all households were equally vulnerable to food insecurity for this reason targeting food to the most vulnerable would be an important element of a food distribution system. MSF also acknowledged targeting households with a child in the feeding centre may not necessarily mean the most food insecure households would receive food aid assistance. An alternative targeting strategy would have been to have adopted a community based targeting and distribution system. Given the dispersed and mobile nature of much of the population in central Mandera a community distribution committee may be better able to represent all groups within the population. However, given the frequent insecurity in the area it would be vital sufficient time was invested in establishing a representative, transparent and accountable committee otherwise unintentionally the food aid intervention could increase local tensions. The community distribution committee would be responsible for identifying the most food insecure households in their area and be responsible for distributing the food. Time would have to be invested to ensure marginalized groups were represented in the distribution lists. During the distribution advocacy for recognition of the need for widespread emergency food aid interventions at the central level – Nairobi – would be important.

5. Case studies

A case study from Nepal is presented in this section. Case studies are useful for getting participants to think through real-life scenarios. They also provide an opportunity for participants to work in a group and develop their analytical and decision-making skills. Trainers should develop their own case studies which are contextually appropriate to the particular participant group. Ideally, trainers should use scenarios with which they are familiar.

Exercise 5: Assessing and addressing micronutrient deficiency diseases

What are the learning objectives?

- To know when and how to assess the risk of MDD among a population
- To be able to suggest practical recommendations to adapt the GFD in order reduce the risk of MDD

When should this exercise be done?

- As part of a longer in-depth training or after micronutrient deficiency diseases have been introduced

How long should the exercise take?

- 90 minutes

What materials are needed?

- **Handout 5a:** Case study I: Addressing MDDs in Bhutanese refugees in Nepal 1990
- **Handout 5b:** Case study I: Addressing MDDs in Bhutanese refugees in Nepal 1990: Model answers

What does the trainer need to prepare?

- Prepare a case study from a context familiar to the participants based on the template Handouts 5a and 5b or use handouts.

Instructions

Step 1: Give each participant a copy of Handout 5a.

Step 2: Divide the participants into groups of (maximum) five people. In each group a rapporteur and a spokesperson should be nominated to provide feedback to the other groups.

Step 3: Give the groups 60 minutes to read the case study and answer the questions and prepare a presentation of their answers. Each group must imagine they are part of the 1994 assessment mission.

Step 4: Give each group five minutes for feedback in plenary.

Step 5: Give each participant a copy of Handout 5b.

Discussion points for feedback in plenary

- ➔ The difficulties of providing a nutritionally balanced diet when there are strong population food preferences
- ➔ How logistical constraints can influence the quality of the diet
- ➔ How could the outbreak of MDDs have been prevented?

Handout 5a: Case study I: Addressing MDDs in Bhutanese refugees in Nepal 1990

Time for completion: 90 minutes

Participants should be organized into groups of (maximum) five and given 15 minutes to read the case study. Groups should then answer the following questions and present back to plenary.

- 1. What were the probable factors contributing to the outbreak of micronutrient deficiency diseases?*
- 2. Why does it appear that the percentage of cases declines when refugees have stayed for more than 24 months in the camps?*
- 3. What are your recommendations for addressing this outbreak of micronutrient deficiency diseases through the general food distribution? Justify your recommendations.*

Population

After October 1990, the first refugees began arriving in southeast Nepal from southern Bhutan. Most refugees arrived after a three-day journey from Bhutan in lorries and buses. Camps began to develop in 1991, but the peak influx of refugees occurred during May 1992. By July 1992, over 50,000 refugees had been registered. By January 1997, there were 91,801 refugees registered in seven camps, with several thousand more living and working in Nepal but not registered as camp residents. Demographic data collected during this period showed that 50 per cent of the population was below 18 years of age, and 13 per cent was below five years of age.

Local environment

The narrow strip of land, which adjoins India along Nepal's southern border, is known as the Terai. It is only a few hundred feet above sea level, and until the 1950s and 1960s was covered by tropical jungle vegetation. The area had been sparsely inhabited since it was considered to be a zone with high levels of malaria. The Jhapa district, where the camps are located, was cleared of jungle and is now one of the most densely populated areas in eastern Nepal and has the highest proportion of area under cultivation.

Other sources of food and income

The Terai is well served with commercial buses and cycle rickshaws. Access to towns and markets is not a problem in terms of distance. There is ample seasonal opportunity for casual daily work. However, there is a significant number of landless Nepali citizens in the Terai who depend on such labour opportunities for their daily subsistence. Since the refugees receive a full ration at the camp, they are willing to work for less pay compared to the Nepali citizens. This has led to a policy that aims to limit the numbers of refugees moving in and out of the camps to seek casual daily labour. In this sense, the camps are officially 'closed' but there are no physical barriers to enforce this policy.

Leadership structures

For purposes of camp management and organization, each camp is divided into sectors and sub-sectors, with an average of 80 houses in each sector. Each sector has a sector leader, and a male and a female sub-sector head represents each sub-sector. The functions of this camp management structure are distribution of resources, administration, and maintaining peace and security. The structure resembles the administrative 'block' system, which the refugees had in Bhutan. The Bhutanese are familiar with leaders having a strong influence over their daily life.

Malnutrition

At the onset of the refugee influx the malnutrition rate was reported to be 20 per cent (weight-for-height median less than 80 per cent). During the emergency phase, the main nutritional concerns focused on preventing and addressing acute wasting, iron deficiency anaemia and vitamin A deficiency. By the end of 1992, the prevalence of acute malnutrition and the mortality rates in the camps was considered to have decreased to 'acceptable' (5 per cent) levels.

Food assistance and other essential services

WFP provided all food commodities except vegetables, which were provided by UNHCR. The food basket (see below) was adequate in terms of calories and protein. Water and sanitation conditions as well as health delivery systems in the camps are considered to be better than other refugee camps in the developing world.

The composition and size of the planned general ration:

Food item	Per person per day (g)
Polished rice	430
Pulses	60
Vegetable oil	25
Sugar	20
Salt	7.5
Vegetables	100-150

During a food-basket monitoring exercise implemented in 1993, the actual average amounts received was calculated as follows:

Food item	Per person per day (g)
Polished rice	401
Pulses	57
Vegetable oil	25
Sugar	19
Salt	4.5
Vegetables	96-125

Refugees preferred polished rice to any other cereal. Most refugee women would normally wash their rice more than once before cooking, sometimes throwing this water away. Fortified blended food was provided in supplementary feeding programmes for moderately malnourished children (less than 80 per cent weight-for-height) and for pregnant and lactating women.

The refugees wanted to consume meat once a week and milk (especially in the form of yoghurt) once or twice a week. The exchange rate for the refugees' food aid (usually pulses) commodities to purchase meat and/or yoghurt in the local market was unfavourable. Therefore the energy and protein content of the refugee food basket was affected negatively during the exchange.

Furthermore trading was restricted as there was concern that the local markets would be undercut if there was a substantial amount of food aid appearing in the market.

Micronutrient deficiencies

In September 1993, an outbreak of suspected *beri-beri* became apparent when an increasing number of patients with neurological symptoms were presenting at the health centres. From October, a surveillance system for *beriberi* and other micronutrient diseases was established. While the numbers of cases varied significantly between the camps, it became evident that there was a close association between the duration of stay in the camps and the proportion of cases of *beriberi*, as shown in the table below.

Time spent in camps (months)	Percentage of cases (%)
<6	5.4
6-11	18.5
12-17	41.5
18-23	23.1
24-29	3.1
30+	8.5

Within a short time of establishing the surveillance system, cases of pellagra and scurvy were also reported.

Handout 5b: Case study I: Addressing MDDs in Bhutanese refugees in Nepal 1990: Model answers

*There are no definitive answers for the questions posed in this case study.
A range of answers could be explored as part of this exercise.*

1. What factors may have contributed to the outbreak of micronutrient deficiency diseases?
 - a) The consumption of polished rice. Bhutanese refugees prefer polished rice. In view of this food preference polished rice was supplied in the general ration. However, polished rice contains far less thiamine than parboiled rice.
 - b) It was difficult for UNHCR to provide fresh vegetables as these are perishable. The vegetables provided often had depleted micronutrient levels. It was also difficult for UNHCR to provide a variety of vegetables.
 - c) The unfavourable exchange rates for general ration commodities. The exchange of pulses for foods containing less thiamine (and other B vitamins), or for non-food items. Due to the poor exchange rate a significant quantity of the ration had to be exchanged thereby depleting the calorie, protein and micronutrient content of the ration.
 - d) The ration was monotonous and deficient in micronutrients compared to the one formerly enjoyed by the population before leaving Bhutan.
 - e) The loss of water-soluble vitamins, such as thiamine and other B vitamins, due to washing rice and prolonged boiling of food in water.
 - f) The restrictions on trade and employment for the refugees, which severely affected their own capacities for food acquisition

2. Why does it appear that the percentage of cases declines when refugees have stayed for more than 24 months in the camps?

This is probably a statistical artefact as the surveillance was established at a time when only a small proportion of refugees will have been in the camps for more than two years.

3. What are your recommendations for addressing this outbreak of micronutrient deficiencies through the general ration distribution? Justify your recommendations.

- a) Provide parboiled rice instead of polished rice. (Parboiled rice is richer in thiamine than polished rice)
- b) Provide a fortified blended food as part of the general ration. (rich in micronutrients)
- c) Use the general food distribution as an opportunity to provide a few key education messages with regards to the cause of micronutrient deficiency diseases, e.g.,
Changes in cooking practices, e.g., using water from boiled rice
Benefits of parboiled rice
Use of foods rich in thiamine and other B vitamins

(By raising awareness, food preparation and consumption habits may be altered thereby leading to a decrease in MDD)

- d) Initiate vulnerable group feeding (identify those most at risk and when they are most at risk), e.g., school feeding using fortified blended food. (rich in micronutrients)
- e) Support and promote indigenous food preparation practices (sprouting of whole beans known as '*kinema*', and fermentation of green leafy vegetable '*gundruk*' (which is well known to refugees and part of their diet in Bhutan); (Germination and fermentation increase the micronutrient content of the commodities – especially vitamin C.)
- f) Provide part of ration as whole beans (as opposed to split lentils), such as chickpeas or green peas, to make sprouting possible.
- g) Adapt the composition of the vegetable basket to ease logistical constraints, e.g., cannot include green leafy vegetables since these are highly perishable. Therefore weekly vegetables basket could include: 300g potato, 50g onion, 20g green chilli, 300g cabbage, pumpkin or green banana (seasonal and therefore rotated) and 20g dry garlic and 10g turmeric provided on a monthly basis.

All the above modifications to the general food ration aim at increasing the levels of micronutrients in the diet.

Exercise 6: Planning a nutritionally adequate food aid rations**What is the learning objective?**

- To know how to plan an appropriate and nutritionally adequate general ration

When should this exercise be done?

- As part of a longer in-depth training

How long should the exercise take?

- 50 minutes

What materials are needed?

- **Handout 6a:** Case Study II: Planning food aid rations for Burundian refugees in Tanzania 1997
- **Handout 6b:** Case Study II: Planning food aid rations for Burundian refugees in Tanzania 1997: Model answers

What does the trainer need to prepare?

- Prepare a case study from a context familiar to the participants based on the template in Handouts 6a and 6b or use similar handouts.

Instructions

Step 1: Give each participant a copy of Handout 6a.

Step 2: Divide the participants into groups of (maximum) five people. In each group nominate a rapporteur and a spokesperson to provide feedback to the other groups.

Step 3: Give the groups 40 minutes to read the case study and answer the questions and prepare a presentation of their answers. Each group must imagine they are part of the UNHCR/WFP food assessment mission.

Step 4: Give each group five minutes for feedback in plenary.

Step 5: Give each participant a copy of Handout 5b.

Discussion points for feedback in plenary

- ➔ Highlight there is no correct answer but compromises have to be made between the preference of the refugees, the cost of the operation and the logistical constraints.
- ➔ Discuss the advantages and disadvantages of establishing mills at different levels.

Handout 6a: Case study II: Planning food aid rations for Burundian refugees in Tanzania 1997

Time for completion: 60 minutes

Participants should be organized into groups of five (maximum) and given 10 minutes to read the case study. Groups should then answer the following questions and present back to plenary.

- 1. How might the composition of the ration affect fuel requirements? How can these be minimized?*
- 2. Given the refugees food preferences, how would you plan a nutritionally balanced ration that to goes some way to meeting these preferences?*
- 3. What arrangements would you recommend for milling the cereals and why?*

Background

In 1972 and 1993 there was an influx of Burundian refugees into Tanzania. Most of these refugees returned home following the 1994 genocide in Rwanda. There was another major influx that reached its peak in November 1996. These refugees went to new camps in the Kibondo district and Kasulu district in the Kigoma region and some also joined existing camps.

Many of the new arrivals had a history of internal displacement within Burundi for months before they crossed the border. Small numbers (9,700) of Burundian refugees in the Democratic Republic of the Congo (DRC) were crossing Lake Tanganyika and arriving in the town of Kigoma in Tanzania between November 1996 to April 1997.

In July 1997, UNHCR conducted a registration of the refugees in the Kigoma region. There was an approximate 30 per cent reduction in the official statistic used as a working figure until then. These Burundians were of Hutu ethnicity, but varied in terms of educational levels and political allegiances, with particular distinctions being made between lowlanders and highlanders. The majority came from rural areas, particularly the border areas, where food supplies were affected by the sanctions placed on Burundi by the international community.

Local environment and food security

The camps in the Kigoma region are all located on either side of the main road linking Kasulu, Kibondo and Ngara towns. There are small markets in some camps (Muyovosi and Mtabila). Local villages a few kilometres away hold small markets on some days.

The Kigoma region is considered one of the poorest regions in Tanzania. The districts of Kasulu and Kibondo are suitable for the cultivation of a wide variety of food and cash crops, including maize, cassava, beans, groundnuts, tobacco and cotton. In the higher areas with greater rainfall, the soils are suitable for coffee, bananas, pineapples, maize beans and cassava. These features are similar to the agricultural situation in Burundi.

In contrast to the older camps, where the plot size is around 40 x 40 metres, the plot size in the new camps are only 15 square metres, allowing only a very small vegetable garden area. This means refugees will be dependent on food aid assistance as farming land is not available to them.

A limit is applied to all camps whereby refugees should not go outside the camp more than four kilometres in any direction. Even though this is not easy to enforce, it affects the refugees' ability to complement their food with income-generating activities and food production. Environmental degradation as a result of refugees searching for firewood has been a major concern in the camps to the north, but not in the Kigoma region until recently. A range of environment protection initiatives is being considered.

Leadership structures

The refugees are divided into 11 zones, which were 'cleared' from the thick bush that previously covered most of Muyovosi site. Refugees were allocated to zones largely on a chronological basis of time of arrival. Each zone has a zone leader, elected by the people of that zone. The 11 leaders were all men while all but one of their assistants were also male. Each week the zone leaders and camp authorities gather at a formal meeting to discuss operational issues in the camp. NGO implementing partners are also present at this meeting.

Nutritional status

Although there appears to have been little documentation of malnutrition and mortality rates in the early months when the camp was being set up, it was generally recognized that the Burundian refugees that arrived at the end of 1996 and in early 1997 were in a poor nutritional state, having spent several weeks hiding in the border areas in Burundi before arriving at the camps.

Refugees' food preferences

The refugees preferred staples are beans, plantains, cassava and sweet potatoes. They are unaccustomed to eating maize.

White maize grain is a staple cereal in Tanzania and it can be readily bought or sold on local markets. There is no market for locally milled white maize grain.

If the refugees have to receive maize grain, then they overwhelmingly prefer the local (white) maize grain to the imported (yellow) whole maize grain. Maize meal is also available for distribution, some of this is yellow imported maize meal, and the rest is locally milled white maize. The yellow maize meal, which is imported from the United States, has a much finer texture than the more coarsely ground white maize. If given a choice between the yellow and white maize meal, the refugees overwhelmingly prefer the yellow maize meal to the white meal. In general the two most preferred options were; white maize grain, followed by yellow maize meal.

Food preparation and milling

In Tanzania, whole white cereal grain is used to make *ndete*. This is pounded maize, boiled and mixed with beans or lentils. This takes three hours or more to cook. If beans are old they can take several hours and must be partially cooked before adding to the pounded maize. To reduce cooking time of the beans some refugees add bicarbonate of soda or ash from the fire to the cooking broth. Refugees were not accustomed to eating *ndete*, but had started cooking it when they first came to the camp because they could not afford to mill, and/or milling facilities were not yet established.

Maize meal was used to make *ubugali*, a stiff porridge, which can be made from cassava flour as well. Water is brought to the boil, then flour is added, and it is stirred continuously for about 10 minutes, depending on the amount.

Umusululu is a thinner porridge and in the refugee camps it is made with corn soy blend (a pre-cooked fortified blend of cereals and soybeans) which was often eaten for breakfast by all family members.

In Burundi, most households took their cereal grains to the mills. Very few milled at home, and no refugees had the stones with them necessary for milling. They were however accustomed to pounding their grain for *ndete*. There are no camp level mills run by WFP in Kasulu district. There are four commercially run mills in Muyovosi camp, which are owned and run by refugees as a business venture. The machines were bought in Tanzania and spare parts are available locally.

Handout 6b: Case study II: Planning food aid rations for Burundian refugees in Tanzania 1997: Model answers

There are no definitive answers for the questions posed in this case study. A range of answers could be explored as part of this exercise.

Ration composition and fuel requirements

The composition of the ration affects the amount of fuel required for its preparation. In this example, whole grain maize takes several hours to cook, while maize meal is prepared in 10 minutes from the time the water comes to the boil.

The quality of the beans affects how long they take to cook; older beans take longer and therefore require more cooking fuel.

The following initiatives may reduce fuel requirements or increase fuel efficiency:

1. Environment protection initiatives:
 - controlling firewood collection
 - use of fuel efficient stoves
 - distribution of kerosene/or kerosene stoves
2. Centralized/communal kitchens. This would be a short term response only.
3. Communicate and inform refugees about appropriate fuel-saving strategies, e.g.:
 - Cut foods up in small pieces.
 - Always use an appropriate size pot, and use a lid.
 - Soak beans prior to cooking reduces cooking time.
 - Discourage use of traditional soda as this reduces the micronutrient content of the cereal.

Meeting food preferences

The case study clearly states that the refugees preferred staples are beans, plantains, cassava and sweet potatoes, not maize. As far as being practically feasible, depending on cost considerations and also availability, the level of beans relative to cereal should be increased.

Studies are needed to investigate the local trading of food aid commodities. Are refugees getting value for money when they trade their ration commodities for their preferred food items?

Maize and maize meal are clearly quite different in terms of how they are used at the household level. Find out from the refugees which balance of meal versus whole cereal they would prefer and try to meet this preference as much as possible.

A local purchase of a recent crop of beans is desirable as this would be fresher and need less cooking time.

Arrangements for milling the cereals and why?

The food assessment mission to the Great Lakes Region in 1996 recommended that 'considering the preferences of the refugees and also in an attempt to save energy in food preparation, the target of maize flour versus maize grain should be 50 per cent for each commodity'. This balance would allow for sale of grain, which has a higher market value than flour.

For discussion of advantages and disadvantages of establishing mills at different levels

1. Distribution of maize cereal (whole grain)

The advantages of distributing whole grain are:

 - Less expensive for WFP and the donor
 - Easier to store and clean
 - Longer shelf life
 - May be used as whole grain to prepare certain dishes
 - Possibly higher extraction rate among cereals milled traditionally in the home, which means more of the original grain is retained, including valuable vitamins and minerals

The disadvantages of providing whole maize cereal are:

- Its lower digestibility
- Difficulty of processing in the home – lack of grinding stones and unaccustomed to milling at home
- Labour intensive, particularly for women
- Costs (time and money) of taking to the commercial mill
- Loss of part of the ration during milling

2. Milling maize into maize meal at camp level mills.

Advantages

- Enables the implementing agency to distribute whole grain which is cheaper and easier to handle
- Camp level mills operated and managed by refugees, which has the advantage that they know the milling preference (in terms of coarseness of flour) of the population, and this means the agency responsible for food distributions do not have to become involved in the milling operation
- Mills more likely to be financially sustainable if run as a commercial venture
- Refugees to choose what proportion of their cereal they wanted milled

Disadvantages

- Refugees to pay for milling in cash or in kind, which raises issues of cost and affordability
- Access to mills possibly unavailable for the entire population
- Potential problems with the capacity of local mills, the regularity of opening, maintenance and repair (availability of spare parts)
- Possibility that mills operated in camps may have an impact on the commercial viability of local mills
- Greater logistical and management challenges establishing milling at camp level

3. Milling at regional level

Advantages

- Reduces dependency on local level mills, which may be expensive or unreliable (depending on availability of fuel and spare parts)
- Depending on the capacity and type of national level milling operation, may offer an opportunity for local fortification
- Less logistical and management challenges establishing milling at regional level.

Disadvantages

- Additional transport and processing stage introduced, as the cereals must be transported in bulk to the mills, milled and the flour re-bagged for onward transportation to the extended delivery points

4. Milling in the country of origin and the distribution of imported milled flour.

Advantages

- Provides an opportunity for fortification and, in this case study, the imported maize meal was actually preferred to the locally milled maize
- Easier to prepare than whole grain cereal.

Disadvantages

- Additional cost of transport of bagged flour
- Shorter shelf life

6. Field-based exercises

The section outlines ideas for exercises that can be carried out in the classroom as well as with a field visit. Field visits require a lot of preparation. An organization that is actively involved in general food distribution has to be identified to 'host' the visit. This could be a government agency, an international NGO or a United Nations agency. The agency needs to identify an area that can be easily and safely visited by participants. Permission has to be sought from all the relevant authorities and care taken not to disrupt or take time away from programming activities. Despite these caveats, field based learning is probably the best way of providing information that participants will remember.

Exercise 7: Evaluation of a general food distribution

What are the learning objectives?

- To know the key factors to consider for successful implementation of a GFD
- To know how to monitor programmes and assess programme performance and impact
- To understand the challenges that may arise during the implementation of GFD
- To become familiar with what a GFD looks like in practice

When should this exercise be done?

- As part of an in-depth course and after all teaching sessions have been completed

How long should the exercise take?

- 12 hours (excluding travel) over a three-day period

What materials are needed?

- **Handout 7a:** Evaluation of a general food distribution

What does the trainer need to prepare?

- Prepare the briefing document and work with participants to develop questions for:
 - a) analysis of distribution monitoring data, e.g., planned ration versus actual ration
 - b) key informant interviews with community members implementing the food distribution and interviews with implementing agency staff
 - c) focus group discussions with beneficiaries
- The trainer will need to identify a suitable organization and area for the field visit and organize all logistics (transport, fuel, meals, etc.) for the visit. It is essential that the trainer visits the field site in advance of the visit in order to set up focus groups and identify key informants, and to identify potential problems. It will also be important to ensure that monthly distribution monitoring data can be made available in an utilizable form. Discussion of the exercise should take place back in the classroom on day 3.

Exercise 7: Evaluation of a general food distribution (continued)**Instructions**

Step 1: Give each participant a copy of Handout 7a.

Step 2: Divide participants into three groups: key informant interview, focus group discussion, analysing general distribution monitoring data

Step 3: On morning of day 1, groups read Handout 7a and have opportunities to ask questions. Groups then discuss what are the essential elements in a monitoring and evaluation visit. They prepare a list of questions for key informant interviews and focus group discussions while the monitoring group revisit Sphere standards for general food distributions and familiarize themselves with the objectives of the general food distribution and the likely outcome indicators.

Step 4: Day 2 participants travel to the project and spend all day in the field conducting interviews and collecting and analysing monitoring data. Efforts should be made to incur as little opportunity cost to either distribution staff or beneficiaries.

Step 5: Participants travel back home.

Step 6: Day 3 participants reconvene in class and prepare the presentation of their findings and engage in group debriefing. Presentations and results are relayed back to host agency for their information and use.

Discussion points for feedback in plenary

- ➔ Triangulate the information from all the groups. Are there any contradictions? Who needs to be asked what to sort out the contradictions? Are there any gaps in the information? Who needs to be asked what to fill the gaps?
- ➔ Discuss any difficulties in obtaining the information from reports, group discussions and key informants.
- ➔ If the exercise was to be repeated what would you do differently?

Handout 7a: Evaluation of a general food distribution

Time for completion: 12 hours over 3 days

Three groups are needed for this exercise.

Each group should first read the prepared briefing paper about the emergency general food distribution and then prepare a checklist of questions for their respective tasks.

Group 1 will conduct key informant interviews with staff implementing the general food distribution as well as community members responsible for assisting with the implementation of the programme, in order to gauge views on programme performance with a special focus on targeting, redistribution and the planned versus the actual ration.

Group 2 will conduct a series of focus group discussions with beneficiaries in order to gain their views of the programme, with a special focus on targeting, redistribution and the planned versus the actual distribution.

Group 3 will collect monthly reporting data and analyse these data.

Each group will then return home and prepare a presentation to the plenary group on day 3. They will provide feedback of their findings in the field to those responsible for implementing the general food distribution.

It is advisable that each group nominates an individual to ask questions in each of the interview sessions and at least two other individuals in the group to take notes of the answers. Another individual could take notes on dynamics of the interview, e.g. if it was dominated by one individual or if observers may have inhibited responses, etc.

Sample checklist of questions for each group:

Group 1:

- What were the objectives of the GFD?
- What was the planned ration and how did that meet the objectives?
- What was the actual ration? If there is a difference why is there a difference?
- Do you inform the beneficiaries of any changes? If so, when and how?
- What are the criteria to receive food aid?
- Who decided these criteria?
- How was this criteria decided?
- How do you identify the eligible households?
- What proportion of households should have received food?
- What proportion of households actually received food? If there is a difference, why? Was this modification to the system discussed with anyone? Who?
- Once the beneficiaries receive the food how is it used? Sold, consumed exchanged, shared with non-beneficiaries, tax payments, repay loans, etc.?
- Do community members who assist with the general food distribution receive payment in kind (food aid)? If so, how much? Has this been agreed upon with the implementing agency?
- What are the main challenges you are facing?
- What changes have you made to the programme since starting? If so, why have you made these changes?
- Do you plan to make any further programme changes?
- Are there adequate numbers of staff running this programme?
- If you were faced with the same situation again would you implement a general food distribution system any differently? If so, how?
- What are the coverage rates and inclusion/exclusion error?

Implementing agency only

- How has the implementation of the GFD met the programme objectives?
- What has the monitoring data shown you? Do you share the monitoring data with the community? If so, what information is shared?
- Do you have an exit strategy for the programme and what is it?

Community members only

- What support have you received from the implementing agency? Would you make any changes to the level of support you have received? If so, what?
- What monitoring data do you collect?
- Does the implementing agency share their monitoring data with you? If so, what data and what does it tell you?
- When do you think the general food distribution should end?
- Have there been any negative impacts of the food aid?

Group 2:

- What were the objectives of the GFD?
- What are the criteria for selecting those eligible to receive food aid?
- How were these criteria agreed/developed and by who?
- Would you make any changes to the criteria?
- What is the ration you receive? Has this changed? How? When?
- If the ration changes are you informed? How? By who?
- Are you happy with the food commodities you receive? If not, what changes would you make?
- What do you do with the ration? Exchange, sell, consume, pay debts, share with others, etc.?
- Are you happy with the way the programme is being implemented? If not, what changes would you like to see?
- Has the programme been explained properly to you?
- Is the food ration adequate? If not, what changes would you make?
- How is the food distribution organized (well, adequately or badly)?
- How much time does it take to collect your food ration? Does this create any conflicts for you?
- How far do you have to carry your food ration home? How do you manage to transport/carry your ration home? At what cost?
- Do you ever assist with distributing the food aid? Do you receive payment for this?
- Have there been any negative impacts of the food aid?

Group 3:

- What were the objectives of the GFD?
- What food commodities have been distributed and in what quantities?
- How does the food distribution meet the objectives of the GFD?
- Compare planned distribution quantities with actual quantities distributed. Explain differences.
- How many beneficiaries received food aid?
- Compare actual beneficiaries with planned beneficiaries. Explain differences.
- Have there been any changes in anthropometric data since the implementation of the general food distribution? If so, what are the reasons for change?
- Have there been any changes in the food security situation since the implementation of the general food distribution? How was this assessed? If changes did occur, what are the likely reasons for change?
- How does the programme compare with the Sphere standards?
- What changes have been made to the programme? Have these affected any of the programme outcome data?
- Are there data on programme coverage and inclusion/exclusion error? How were these obtained and what is their likely accuracy?
- If it is not possible to make some of these calculations, what data or reporting procedures are missing?
- Have there been any negative impacts of the food aid?

PART 4: TRAINING RESOURCE LIST

The training resource list is the fourth of four parts contained in this module. It provides a comprehensive list of reference material relevant to this module including guidelines, training courses and reference manuals. Part 4 provides background documents for trainers who are preparing training material.

What can you expect to find here?

1. An inventory of existing **guidelines** and **manuals** listed alphabetically by agency name with details about their availability.
2. An inventory of some of the most useful research and publications pertinent to the module topic.
3. A list of known **training resources** listed alphabetically by agency name with details about:
 - Overall content
 - Intended use
 - Target audience
 - Length of time the course session has been designed for

Guidelines and manuals

1. **FAO (2005). Protecting and promoting good nutrition in crisis and recovery. Rome: FAO.**
Guidelines designed to further the development of a more strategic focus that strengthens programme planners' capacity to protect and promote good nutrition in crisis situations.
Availability: Printed and pdf version in English
Contact: <http://www.fao.org/>
2. **HELP AGE and UNHCR (2007). Older People in Disasters and Humanitarian Crises: Guidelines for best practice. London: Helpage.**
Guidelines for best practice to meet the special needs of older people in emergencies.
Availability: Printed and pdf version in English
Contact: www.helpage.org/
3. **IASC (2003). Guidelines for HIV/AIDS Interventions in Emergency Settings. Geneva: IASC.**
Guidelines to help individuals and organizations to address the special needs of HIV and HIV-affected people living in emergency situations.
Availability: Printed and pdf version in English
Contact: <http://www.unaids.org>
4. **ICRC and International Federation of Red Cross and Red Crescent Societies (2007). Guidelines for cash transfer programming. Geneva: ICRC and IFRC**
Guidelines on how to use cash and vouchers in multi-sectoral integrated programming, planning and disaster response. Provide practical step by step support to the design and implementation of cash programmes.
Availability: Printed and pdf version in English
Contact: www.icrc.org www.ifrc.org

TRAINING RESOURCE LIST

5. **ICRC (2008). Nutrition Manual for Humanitarian Action (Manuel de nutrition pour l'intervention humanitaire). Geneva: ICRC.**
Manual with a comprehensive description of nutrition in emergencies for ICRC staff.
Availability: Printed and pdf version in English and French
Contact: www.icrc.org
6. **Médecins Sans Frontières (1995). Nutrition Guidelines. MSF.**
Guidelines to facilitate the application of fundamental concepts and principles necessary for the assessment of nutritional problems and the implementation of nutritional programmes in emergency situations. The guidelines are aimed at fieldworkers and are presented in three parts.
Available: Printed format in English, French and Spanish
Contact: www.msf.org
7. **The Sphere Project (2011). Humanitarian Charter and Minimum Standards in Humanitarian Response. Geneva: The Sphere Project.**
The new edition of the Sphere Handbook takes into account recent developments in humanitarian practice in water and sanitation, food, shelter and health, together with feedback from practitioners in the field, research institutes and cross-cutting experts in protection, gender, children, older people, disabled people, HIV/AIDS and the environment. It is the product of an extensive collaborative effort that reflects the collective will and shared experience of the humanitarian community, and its determination to improve on current knowledge in humanitarian assistance programmes.
Availability: Will be available in English, French, Spanish, Arabic in hard copy; CD-ROM and electronically via the sphere website (below)
Contact: www.sphereproject.org
8. **UNHCR, UNICEF, WFP&WHO (2003). Food and Nutrition in Emergencies. Geneva: United Nations.**
This manual aims to strengthen the understanding of managers and practitioners to ensure the food and nutrition needs of affected populations are addressed appropriately.
Availability: Printed version and pdf downloadable from website in English
Contact: www.who.int/
9. **UNHCR (2003). Handbook for Registration. Geneva: United Nations.**
Guidelines on registration, documentation and population data management in various operational contexts. It defines new standards and processes for registration.
For managers and practitioners involved in registration in a camp setting
Availability: Printed version and pdf downloadable from website in English
Contact: <http://www.unhcr.org>
10. **UNHCR (2007). Handbook for Emergencies, 3rd ed. Geneva: United Nations.**
A reference tool which serves to reinforce a common understanding among the main key actors in emergency situations.
Availability: Printed version and pdf downloadable from website in English
Contact: <http://www.unhcr.org>
11. **UNHCR (1997). Commodity Distribution: A practical guide for field staff. Geneva: United Nations.**
This guide outlines procedures to assist UNHCR field staff and operational partners in the design and implementation of systems for commodity distribution, needs assessment, the planning of rations and the management of the logistics chain.
Availability: Printed version and pdf downloadable from website in English
Contact: <http://www.unhcr.org>

12. **UNHCR&WFP (2004). Integration of HIV/AIDS activities with food and nutrition support in refugee settings: Specific programme strategies. Geneva: United Nations.**
Provides practical guidance on the integration of food and nutrition programmes with support activities for people with HIV/AIDS among refugees and host populations. While the guidelines focus mainly on refugees, internally displaced populations and asylum-seekers, they are also applicable to host communities and other emergency-affected populations.
Availability: Printed version and pdf downloadable from website in English
Contact: <http://www.unhcr.org>
13. **WFP (2009). Cash and Vouchers Manual. Rome: WFP.**
This manual defines processes, procedures, safeguards and standards to guide the application of cash and vouchers in WFP.
Availability: pdf downloadable from website in English
Contact: www.wfp.org
14. **WFP (2008). Food Assistance in the Context of HIV: Ration Design Guide. Rome: WFP.**
This guide has been prepared primarily for WFP programme officers in the field who are responsible for designing rations for HIV programmes. The guide will also be helpful to other agencies, including WFP co-operating partners, to help them understand the rationale behind different WFP rations and to strengthen partnership.
Availability: pdf downloadable from website in English
Contact: www.wfp.org
15. **WFP (2005). Food and Nutrition Handbook. Rome: WFP.**
Manual designed to enable staff to assess and analyze the nutrition situation in their country or region. It aims to help manage the design, implementation, monitoring and evaluation of interventions. It is designed as a stand-alone document, but can be used with the WFP basic training course Nutrition in Emergencies. The manual provides a comprehensive overview for planning, implementing and monitoring a food distribution.
Contact: www.wfp.org
16. **WFP (2002). Emergency Field Operations Pocketbook. Rome: WFP**
A quick-reference resource for all WFP staff engaged in the provision of humanitarian assistance in the field. The Pocketbook provides a brief aide-mémoire on relevant WFP policies, guidelines and procedures; check-lists and data that may be useful for assessment, planning, monitoring and problem-solving field visits; cross-references to more detailed guidance.
Availability: In English
Contact: www.wfp.org
17. **WFP (2006). Food Distribution Guidelines. Rome: WFP.**
Guiding principles of food distributions including general food distribution, food-for-work and vulnerable feeding
Availability: Printed version and pdf downloadable from website in English
Contact: www.wfp.org
18. **WFP&UNHCR. Nutval. Rome: WFP.**
Nutval is a spreadsheet application developed through WFP, UNHCR, University College London and the IASC Global Nutrition Cluster for planning, calculation and monitoring of nutritional value of general food rations. Nutval aims to ensure a nutritionally adequate ration to minimize public health problems such as micronutrient deficiencies.
Availability: download Excel spread sheet in English
Contact: www.nutval.net
19. **WFP /UNHCR (1997). Guidelines for estimating: Food and nutritional needs in emergencies. Rome: WFP.**
These guidelines describe the rationale for increasing the ration from 1900 kcals to 2100 kcals and describes the factors to consider when planning a ration.
Availability: Printed version and pdf downloadable from website in English
Contact: www.wfp.org

TRAINING RESOURCE LIST

20. WHO, UNHCR, IFRC&WFP (2000). The management of nutrition in major emergencies. Geneva: United Nations.

This manual aims to assist those involved in the management of major emergencies with a nutritional component. A practical guide to measures needed to ensure that the food and nutrition needs of disaster-stricken populations are adequately met.

Availability: Printed version

Contact: <http://www.who.int/>

21. WHO&FAO (2002). Living well with HIV/AIDS: A manual on nutritional care and support for people living with HIV/AIDS. Geneva: United Nations.

This manual provides practical recommendations for a healthy and balanced diet for PLWHA in countries with a low resource base.

Availability: Printed version and pdf downloadable from website in English

Contact: <http://www.fao.org/>

22. WHO, WFP&UNICEF (2006). Preventing and controlling micronutrient deficiencies in populations affected by an emergency: Multiple vitamin and mineral supplements for pregnant and lactating women and for children aged 6 to 59 months. Geneva: United Nations.

This is a joint statement and provides practical suggestions to minimize the risk of MDD.

Availability: Printed version and pdf downloadable from website in English

Contact: <http://www.who.int/>

23. World Vision International (WVI) (2008). Food Resource Manual: 2nd Edition. USA: WVI

The core purpose of this manual is to equip those involved in the delivery and distribution of food to better serve the poor, improve management and accounting for the food aid resources, and to show good stewardship of the food aid resources entrusted to World Vision.

Availability: Printed version and pdf downloadable from website in English, French and Spanish

Contact: <http://www.wvifood.org/>

Relevant Publications**1. ENN and SCUK (2004). Targeting Food aid in emergencies. ENN special supplement. Oxford: ENN.**

Technical paper that provides guidance on the design of food targeting systems in emergencies including rapid and slow onset emergencies and responses aimed at emergency preparedness, in acute and protracted settings.

Availability: Downloadable pdf format in English

Contact: <http://www.ennonline.net/>

2. ENN (2007). Review of the published literature of the impact and cost-effectiveness of six nutrition related interventions. Oxford: ENN

Review of the published evidence for the impact and cost-effectiveness of six key humanitarian interventions commonly implemented in emergencies – including general ration distribution. The review identifies gaps in the literature and suggests methodologies for filling these gaps.

Availability: Downloadable pdf format in English

Contact: <http://www.ennonline.net/>

3. ENN&Oxfam (2007). From food crisis to fair trade; livelihood analysis, protection and support in emergencies. Oxford: ENN.

Technical paper that collates and analyses recent experiences of livelihoods programming in emergencies.

Chapter 4 examines situations where food aid is not necessarily the right response to address food insecurity or impact of disasters on livelihoods.

Availability: Downloadable pdf format in English

Contact: <http://www.ennonline.net/>

4. **FANTA (2002). Use of Compact Foods in Emergencies: Technical Note 3. Washington DC: FANTA.**
Provides a brief overview of the growth of compact foods in emergencies and seeks to highlight the key issues and considerations on the use of compact foods and to identify gaps. The focus of this note is on compact foods used for the whole population in the initial stages of an emergency.
Availability: Downloadable pdf format in English
Contact: <http://www.fantaproject.org/>
5. **HELP AGE&African Regional Development Centre (2001). Addressing the Nutritional needs of Older People in Emergency Situations in Africa: Ideas for Action. London: Helpage.**
Technical paper that brings together key issues affecting the nutrition of older people in emergencies and suggests ways in which the rights and needs of older people can be more effectively addressed.
Availability: Printed and pdf version in English
Contact: <http://www.helpage.org/>
6. **Jaspars, S. (2000). Solidarity and Soup Kitchens: A review of principles and practice for food distribution in conflict. HPG Report 7. London: ODI.**
Technical paper of current principles and practice for food distribution in conflict. The objective of the report is to assist humanitarian agencies develop a more principled approach to food distribution.
Availability: Printed and pdf version in English
Contact: <http://www.odi.org.uk/>
7. **ODI Humanitarian Policy Group (2010). Food aid and food assistance in emergency and transitional contexts: A Review of current thinking. London: ODI.**
This report presents the findings of a review of changes in food aid and food assistance policies and strategies within the international aid system, discusses the shift from food aid to food assistance by key donors, UN agencies and NGOs, details changes in the context in which food assistance is provided and reviews changes in the international architecture and the delivery of food assistance.
Availability: Printed and pdf version in English
Contact: www.odi.org.uk/work/programmes/humanitarian-policy-group/
8. **ODI Relief and Rehabilitation Network (1995). General Food Distribution in Emergencies: from Nutrition Needs to Political Priorities: Good Practice Review 3.**
This review is chiefly concerned with assessing the need for food assistance, targeting, planning and determining food rations, and the management and organization of the delivery of general food rations.
Availability: Pdf version in English
Contact: <http://www.alnap.org/>
9. **ODI Core Team (1996). The international response to conflict and genocide: lessons from the Rwandan experience, Study 3, Humanitarian Aid and Effects. Journal of Humanitarian Assistance.**
Of particular relevance:
Chapter 5 reviews the food distribution systems and draws out important lessons learned and recommendations.
Availability: Printed and pdf version in English
Contact: <http://www.reliefweb.int/>
10. **WFP (2006) Targeting in Emergencies. Rome: WFP**
Policy document that reviews the definitions of targeting and WFP policies related to targeting in emergencies discusses the process of targeting and targeting errors and offers recommendations for good targeting practice.
Availability: pdf downloadable from website in English
Contact: <http://www.wfp.org/>
11. **WFP (2010) Revolution: From Food Aid to Food Assistance. Rome: WFP.**
This paper documents a compilation of state-of-the-art food assistance innovations by WFP. It lays out both new tools and traditional responses that provide life-saving relief, improve nutrition, enhance human capital and strengthen food markets, while supporting country-led food security strategies.
Availability: pdf downloadable from website in English
Contact: <http://www.wfp.org/>

TRAINING RESOURCE LIST

12. WFP (2010) Nutrition Improvement Approach. Rome: WFP.

The Nutrition Improvement Approach was built on the 2004 WFP Nutrition Policy Papers and 2008-2013 Strategic Plan to help WFP offices translate policy into reality.

Availability: pdf downloadable from website in English

Contact: <http://www.wfp.org/>

13. WFP (2007). Enhanced commitments to women to ensure food security. Rome: WFP.

This is a comprehensive study based on research in 48 countries showing how WFP has implemented its 2003-2007 gender policy. For managers planning a food aid intervention targeting women

Availability: Printed version and pdf downloadable from website in English

Contact: <http://www.wfp.org/>

14. WFP/IFPRI (2005). Assessing the effectiveness of community based targeting of emergency food aid in Bangladesh, Ethiopia and Malawi. Rome: WFP.

Provides an overview of effectiveness of three community-based targeting food distribution systems.

For managers planning community-based targeting systems

Availability: Printed version and pdf downloadable from website in English

Contact: <http://www.wfp.org/>

15. WFP/IFPRI (2004). Rethinking food aid to fight AIDS. Rome: WFP.

This document reviews food aid strategies using an HIV/AIDS lens in order to reduce the risk and mitigate the impact of the pandemic. For managers planning an intervention to assist HIV/AIDS affected people

Availability: Printed version and pdf downloadable from website in English

Contact: <http://www.wfp.org/>

Training courses**1. FANTA (2004). A Training Manual. Washington: FANTA.**

A three- to five-day course is designed to enable African institutions to integrate nutrition and HIV and AIDS into their training programmes. The manual provides technical content, presentations, handout materials and can be used in conjunction with a set of PowerPoint training modules.

Availability: Printed version and pdf downloadable from website in English

Contact: <http://www.fantaproject.org/>

2. FAO (1999). Field programme management: Food, Nutrition and Development. Rome: FAO.

The one-week training package provides technical information, case studies and exercises to assist fieldworkers in carrying out the daily tasks and aims to improve skills in solving community nutrition problems. Participants learn to assist communities in identifying their problems and planning, implementing and monitoring activities. All of the key elements required to conduct a five-day course are provided in one package. It includes some good examples for field workers involved in establishing community-based targeting food distribution systems.

Availability: Printed version in English.

Contact: <http://www.fao.org/>

3. FAO&University of Western Cape (2004). User's training Manual: Improving Nutrition Programmes – An assessment Tool for Action. Rome: FAO

Training manual developed to enhance the capacity of the assessment team members to conduct nutrition programme assessments, founded on a common understanding of concepts underpinning effective and sustainable community-based nutrition programmes. The manual is divided into six topics, to be taught over three to five days.

The package can be adapted to the level of the learners involved and the amount of time available. A field visit is recommended. Each topic consists of key issues, case studies, ideas for discussion related to conducting an assessment, trainer's notes and a set of handouts for the learners. A series of overhead transparencies have also been prepared to assist you. It is based on the lessons learned from them. A technical guide entitled Improving Nutrition Programmes: an Assessment Tool for Action (AT) was developed by FAO (separate reference). The most useful modules would be on participatory monitoring including methods for collecting information and basic analysis and interpretation.

Availability: Printed and pdf version in English

Contact: <http://www.fao.org/>

4. **NutritionWorks&Feinstein International Famine Center, Tufts University (2007). Sphere Training on Nutrition Module: Contents. Geneva: The Sphere Project.**

Training modules aiming to improve the technical capacity for humanitarian response in nutrition. For staff with some responsibility for designing or monitoring nutrition-related projects and to ensure an understanding of the scope and content of Standards in the Food Security, Nutrition and Food Aid chapter of the Sphere handbook, the key indicators and the scientific/practical rationale behind these. The training modules include a lesson plan, handouts and visual materials for each of the eight sessions. The general nutrition support session assumes a working knowledge of the Sphere handbook. A case study, based on South Sudan in 1988, synthesizes information given in both the health and nutrition sections, and can be used over an additional half day to consolidate the learning. This course is designed to build technical capacity in mid-level technical specialists.

Availability: Printed version and pdf downloadable from website in English, French, Spanish and Arabic
Contact: <http://www.sphereproject.org/>
5. **UNHCR and ICH (2003). Micronutrient malnutrition-detection, measurement and Intervention – training pack for field staff. Geneva: UNHCR.**

Training course on micronutrient malnutrition made up of PowerPoint presentations, handouts and photo cards aimed at raising awareness of micronutrient deficiencies. Useful for managers planning food aid rations and must consider the risk of MDD.

Availability: Printed version and pdf downloadable from website in English
Contact: <http://www.unhcr.org>
6. **University of Nairobi, FSAU&FAO (2005). Training Package of Materials for the Course Food and Nutrition Surveillance and Emergency. Rome: FAO.**

This training course provides an understanding of the nutritional outcomes of emergencies (malnutrition, mortality and morbidity) and also the causes of malnutrition and mortality in emergencies (the process and dynamics of an emergency). The course has an operational focus and incorporates relevant applied research. The course is divided into three parts.

Availability: Unknown
Contact: <http://www.fsausomali.org/>
7. **WFP&Feinstein International Famine Centre (2001). WFP Food and Nutrition Training Toolbox. Rome: WFP.**

A basic five-day training course on food and nutrition aimed at getting participants to gain a greater understanding of food and nutrition in relation to WFP's work, and will provide opportunities for participants to practise related basic skills. It includes 13 sessions and three guides: Trainer's guide, Workshop Organizer's Guide and Training Materials for Participants. It provides a comprehensive overview of issues surrounding food aid.

Availability: Cannot be downloaded
Contact: <http://www.wfp.org/>
8. **WFP (2000). Gender-sensitive Food Aid programme. Rome: WFP.**

Training manual for WFP gender trainer.

Availability: Printed version
Contact: <http://www.wfp.org/>
9. **WHO&FAO (2002). Nutritional care and support for people living with HIV/AIDS: A training course. Geneva: United Nations.**

A training course for caregivers of PLWHA and their families that focuses on practical nutrition care and communication skills

Availability: Printed version
Contact: <http://www.who.int/>

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