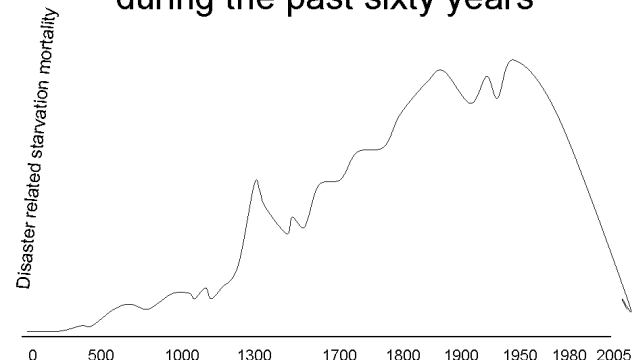


14 Key Myths about Food Aid and Food-related Nutrition Programming

Keynote Presentation, "Mega FoodAid Workshop" May, 2005, Bangkok Thailand
- Steve Hansch

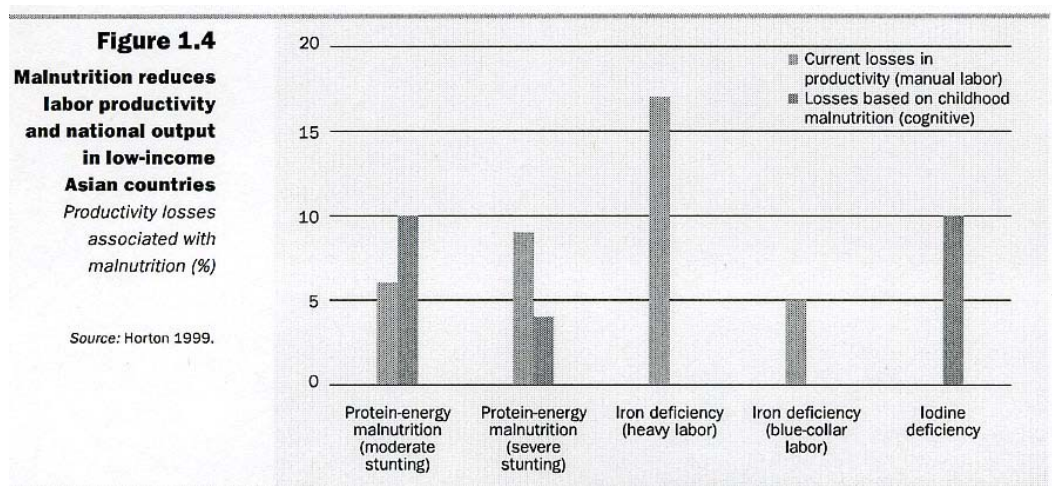
Myth 1: The scale of famines we see now are new and unprecedented; more people face starvation related to disasters than ever before. In fact, starvation deaths per year have been declining for sixty or seventy years. Since the late 1950's Great Leap Forward in China, the scale of human loss in each new food crises has grown smaller due to better publicity, better integration of grain markets, and the work of aid agencies which now deliver food aid in a more timely, proactive manner, informed by Famine Early Warning Systems.

The overall sweep of history
starvation deaths have decreased
during the past sixty years



Myth 2: Malnutrition and starvation routinely follow closely on the heels of all sorts of natural disasters. In fact, short-onset natural disasters do not cause increased malnutrition, starvation or famine. Food aid functions usefully after natural disaster for public works projects, to help address the livelihood needs of unemployed, and as palliative care. But despite fears and rumors, malnutrition has not been shown to significantly increase as a result of floods, earthquakes or other short-onset disasters. Protracted disasters, such as droughts, are a different story: they do lead to malnutrition.

Myth 3: Nutritional security and food interventions are mostly palliative – helping reducing immediate suffering only but without any real social value or long-term impact. In fact, death rates correlate closely with Malnutrition. From a long-term health outcomes point of view, food aid is one of the most efficient, powerful forms of aid available. Moreover, reducing malnutrition is not just a short term containment of a nuisance, it's a powerful investment. Without good nutrition, children achieve their growth potential, and as a result their long-term educability, productivity, entrepreneurship, citizenship and governance will not be possible. Nutrition and food security are not merely conducive to development, they are requirements. Aid investments in governance and economics cannot succeed without first reducing malnutrition.



Unfortunately, we are unlikely to reach Millennium Development Goal to reduce halve hunger by 2015. Despite proven approaches to anticipate and prevent malnutrition, the global caseload has not come down.

Myth 4: In-patient clinical care, including wet-feeding by western physicians -- commonly depicted in the advertising of US NGOs -- is the main and best aid given by NGOs and PVOs. In fact, the most important interventions against malnutrition are "population-based," addressing the food security needs of large populations, not the small fraction who happen to come to a clinic. This includes food rations given to tens of thousands of households, food-for-work, nutrition education, micronutrient fortification, de-worming, school feeding, and other efforts that "reach out" into the community.

Myth 5. Sphere Minimum Standards in Humanitarian Response is only for certain extreme cases. It is a common perception that the rights or duties described in Sphere apply only to displaced persons or other emergency victims, though not in the worst phase of an emergency. In fact, it applies to all persons at all times. It refers to persons in the worst phases. It applies to persons who live around IDP camps but who are not themselves displaced. It applies to marginalized people. Sphere expresses a commitment by NGOs that all persons at all times have minimum rights which cannot be waived or ignored (which governments sometimes do) because of a state of emergency.

A related myth: Whenever an NGO like undertakes to work with a community in a particular sector, that NGO then assumes a responsibility or even liability for directly fulfilling the full Sphere standards in that sector. As a result, NGOs are often afraid to take part-way measures, within the limits of what they can afford, and only focus in on one sector at a time. This was not the intention of Sphere. Sphere was created by NGOs, not by donors, and it was meant to express a system of priorities, not liabilities. In fact, Sphere establishes a collective responsibility to help all people fulfill their rights in all sectors. Each NGO shares a general responsibility for helping call attention to any gaps in minimal standards. But working in a given sector does not establish particular additional liabilities for that NGO to always itself directly provide minimum levels. Food aid is a good example. The Sphere food section refers to ensuring that each person should have access to 2,100 kilocalories value of food per day, but it does not stipulate that this need be, or should preferably be in the form of food aid.

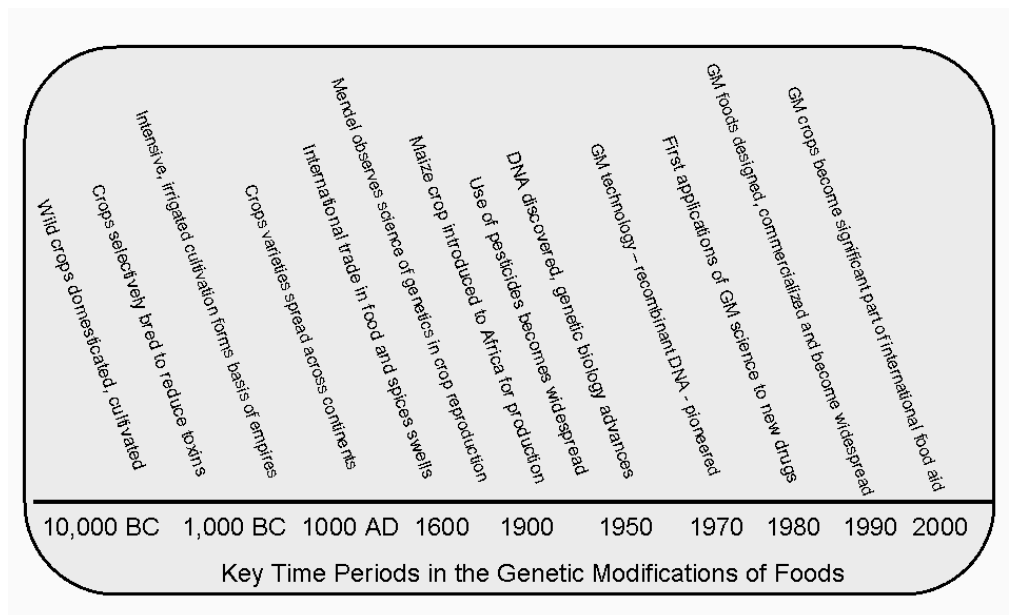
Myth 6 Protein deficiencies require the most attention, whereas micronutrients can be managed by medical specialists. In fact, the concern about global protein deficiency is a hold-over from the 1960s when fears of a global protein gap were over-estimated. We know that in emergencies where individuals are in caloric deficit, their bodies will burn amino acids for their caloric value, wasting the effort to deliver protein. In contrast, vitamin and mineral deficiency diseases are pervasive, pernicious, yet easy to prevent. But they can not be readily resolved by medical specialists, because micronutrient deficiency diseases are widespread throughout large populations. In Thailand, along the Burma Border, where the Burma Border Consortium has been providing food aid for almost twenty years, Sphere analysis found that both the food aid and the medical communities neglected the micronutrient problems, each feeling it was not their responsibility. Only recently, has the community of NGOs in Thailand recognized their collective responsibility for this micronutrient gap and dealt with it through the food supply.

Associated Myths: The reason Corn Soy Blend is valued by nutritionists is because of its high protein content. In fact, we recommend CSB because of it is one of the only foods in food aid that carries vitamin and minerals. Another Myth: The reason aid agencies give vegetable oil in food

rations is for cooking and frying foods, or as income transfer. In fact, we give vegetable oil to target to very young children who have small stomachs and require high-energy per volume foods, like oil.

Myth 7: USG Food Aid is simply “surplus” disposal. In fact, Title II food aid (the main part of USG food aid) is fully on budget. The food aid sent overseas today is not "extra" food owned by the government or "left over" by a market that failed to clear. Title II food aid, which is the primary food aid used by NGOs and WFP, is fully expensed as an additional purchase by the US Government, and the food is purchased on the open, competitive market. Unlike the 1960s when the US food aid program was formally institutionalized, food aid today plays a minor, insignificant role in overall food exports.

Myth 8: Genetically Modified foods are a short-term, controversy over a specific set of harmful foods, largely driven by health and environmental concerns. In fact, Genetically Modified foods are here to stay, and growing rapidly in their acreage in many countries and in their numbers and complexity. Countries that can adapt and adopt GM foods are rapidly expanding their trials and acreage planted, including China, India, and South Africa. In the long-term, genetic manipulation of food genes will go far beyond the few instances that are currently the subject of heated debate. In the medium-term, the issue will not be whether GM food can be traded, since so much will be, but will rather deal with the complexities of which foods to which areas during which periods of time.

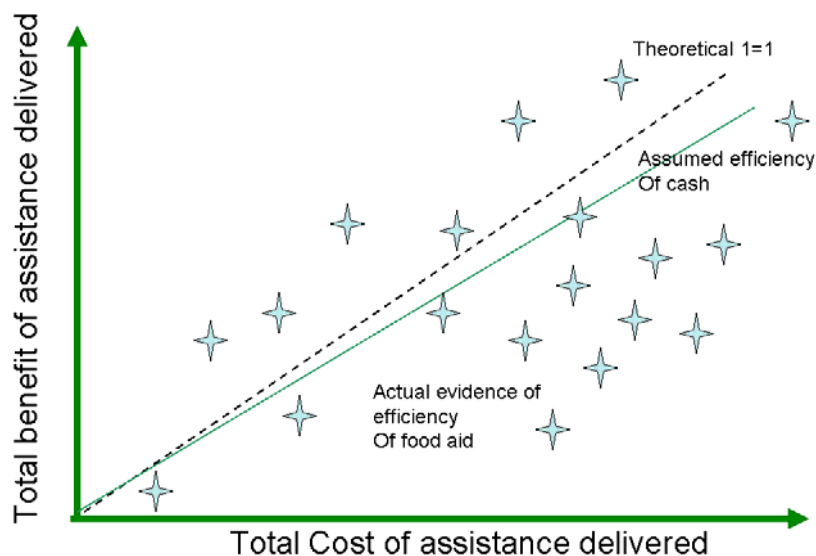


Myth 9: The World Trade Organization (WTO) is the appropriate venue for setting global norms, rules and regulations conditioning charitable donations of goods in kind, such as food aid. The debate over US food aid has been caught up in the politics of governmental trade rules. But the US food aid program grew out of the individualistic and charitable spirit of Americans who have lobbied for food aid. Farmers, charitable organizations and the public have lobbied for food aid. The WTO generally does not engage in establishing theories, rules or limitations on what should be permissible charitable aid. The WTO does not weigh in on whether underpaid or volunteer aid workers should be allowed to travel to donate their time in poor countries, or whether donor governments should support the sending of its country's ideas, technology, search-and-rescue goods or drug supplies. In contrast, the OECD Development Assistance Committee (DAC) has led discussions about reducing the amount of aid that is "tied," which has resulted in recent years in new donor guidelines, where the US has been a leading collaborator: see: www.oecd.org/document/36/0,2340,en_2649_33693550_34041636_1_1_1_1,00.html or www.aidharmonisation.org.

Myth 10 Monetization “affects” markets whereas other aid does not. Aid agencies have a peculiar all-or-nothing concept of how markets work, ignoring that market signals and price effects occur as a result of most NGO activities. Of course monetization affects local markets but so does every other form of aid, including the local purchases of aid agencies for their administration, living expenses and transport. What distinguishes NGO monetization programs is the extent to which NGOs explore ways by which monetization can help markets. Monetization can improve market diversity, performance, transparency, competition; it can overcome local oligopoly control; it can set precedents for publicly visible fair bidding procedures; it can make retail prices more affordable for the poor to buy food. In many circumstances, Monetization can be an extremely efficient way to address a food deficit. In large food deficits across large regions, it can more cost-effectively address food insecurity than direct distribution. It still represents a program area that WFP and NGOs from Europe have little experience or expertise in.

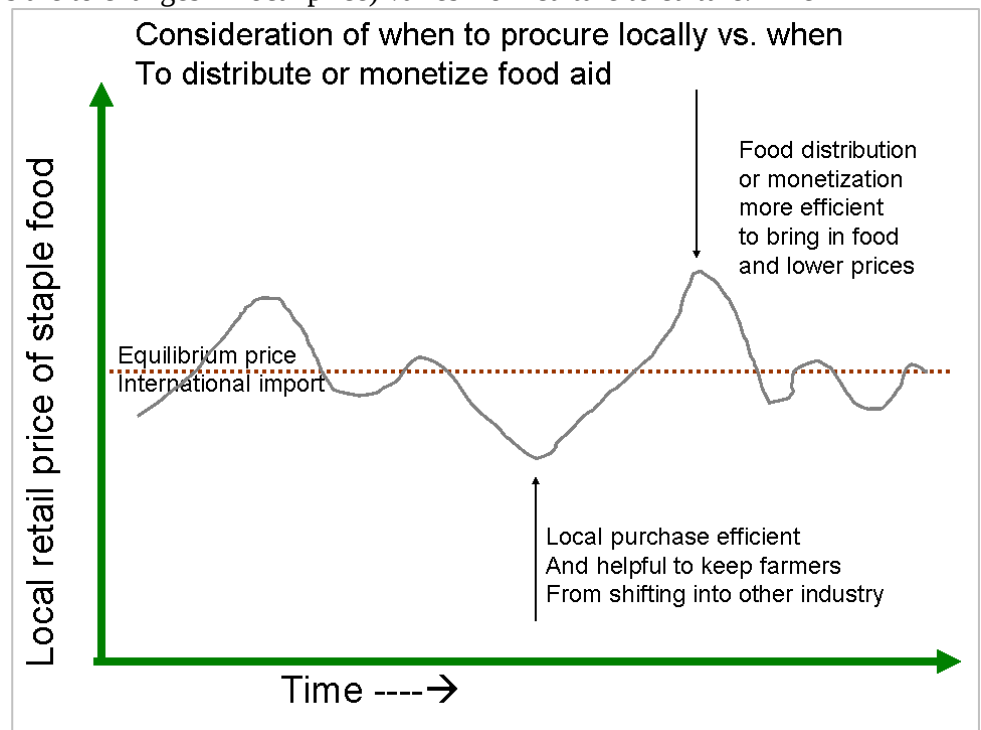
Myth 11: Aid in the form of cash is obviously, necessarily and always more efficient than aid provided in-kind, food aid in particular. This view is assumed to be true by many critics of food aid. They reason that the value of cash is simple to calculate and the value of food is always less than cash because of the cost of transport, storage, handling and administration. But experience is more complicated and the evidence contradicts the simplistic assumption. As shown in the chart at right, sometimes food aid is more efficient than pure cash, as documented in NGO research. Much depends on the exchange rate value

of cash, the food import abilities, geographic limitations and prices of food in a given country. As well, the management of cash programs is not necessarily more streamlined than food. In fact, cash programs have a much greater tendency than food to see large shares of the resource (cash) diverted to consultancies, equipment, and losses due to local inflation. In fact, in many circumstances, the local market effects of cash -- creating local inflation -- leads to cases where cash aid has a far lower income-transfer value than food aid.



Myth 12: Local purchase or cash-for-work are always better than food-supported programs. This assumption follows from myth 11 above. Actually, cash for work and local purchase are often good options. The optimal response to food insecurity has been found in many cases (Ethiopia, Southern Africa, Central Asia, Thailand) to be a combination of food aid imports and local purchase. Toward this end, the US Administration recently requested that Congress appropriate \$300 million for USAID to use for local or regional purchase. This would be administered by OFDA (not Food for Peace). At present, Congress has shown little interest in meeting the request, preferring to maintain overall aid levels steady and keeping the US food aid program at its \$1.2 billion level, without taking from that for local purchase. But USAID and OMB have shown a growing interest in exploring local purchase, an area where European NGOs and WFP have much more expertise.

This would require NGOs to understand when to consider conducting a local purchase with cash, or using cash-for-work instead of FFW. Part of the answer involves tracking the local price of staple foods against equilibrium or international prices. Also: Price elasticity of production (how sensitive farmers' decisions are to changes in local price) varies from culture to culture. The purpose of taking into account the price elasticity of production is to anticipate the price level below which farmers would feel compelled to switch from growing basic food crops into alternate industries, as Afghanistan wheat farmers did when switching to narcotics production after too much food aid was brought into Afghanistan in 2001/2002.



Myth 13: Reduction of U.S. trade barriers and reduction of domestic

agricultural subsidies will improve food security throughout poorer countries. This has been a dominant rationale of recent political attacks on US food policies including requests to eliminate US food aid. The presumption is that the removal of US food subsidies would, by increasing the price of US food, allow developing countries to export food to the US, helping their economies and farmers. Without doubt, some farmers in poorer countries would benefit. But not all developing countries would reap this benefit. According to Arvind Panagariya (in "Global Crises, Global Solutions, 2004, Cambridge Univ Press, Bjorn Lomborg, editor), *"a large majority of them stand to lose from the liberalization of subsidies in agriculture."* He explains that two-thirds of low-income countries are net importers of food and a removal of food subsidies in food exporter countries, such as the US, would, overall, reduce the incomes of the poor worldwide, reduce their food consumption and raise world food prices.

Myth 14: HIV AIDS leads to demonstrably higher rates of malnutrition on a population basis, famine and economic collapse. The "New Variant Famine" theory was put forward by UNICEF in 2003 to recognize the simultaneity of high HIV prevalence and food insecurity in southern Africa. It did not, however, turn out to have predictive power: correlation did not prove causality. There's little doubt that HIV/AIDS creates livelihood problems at the household or local level and that food and nutrition should be part of treatment, linked with education. But the notion that HIV leads to famine or state collapse is contradicted by comparative historical experience in many countries, including Uganda and Cambodia which experienced the worst levels of HIV/AIDS during the years of greatest stability, after decades of complex emergency. In sub-Saharan Africa, by and large, the countries that have been the most politically stable have been those with the highest HIV prevalence, and the countries most prone to war and famine have had the lowest rates.