SCN News, Number 03

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ADMINISTRATIVE COMMITTEE ON COORDINATION – SUBCOMMITTEE ON NUTRITION

Early 1989

A periodic review of developments in international nutrition compiled from information available to the ACC/SCN

Does Cash Cropping Affect Nutrition?

FEATURES

Does Cash Cropping Affect Nutrition?

Food first, or agriculture for export? Does growing food protect nutrition, whereas cash–cropping cause famines? Are subsistence farmers lured into the cash economy, growing inedible crops and then finding themselves unable to feed their families? Based on recent research and new thinking, some tentative answers to such questions are now being found. In the first place, the view that households growing cash crops inevitably suffer damage to their nutrition is becoming firmly rejected. The issues depend on the context of different developing countries; on the perspective, from historical to the need for immediate decisions; and on the viewpoint, from household to national, increasingly taking account of the interdependence between countries with the debt crisis.

A symposium on “cash–cropping and nutrition” held at the ACC/SCN 14th session at WHO headquarters in Geneva, February 1988, brought together researchers and representatives of UN agencies and donor governments to debate current views. The symposium, organized by Dr P. Pinstrup–Andersen of Cornell University, drew on recent research in six countries and on an historical perspective of developments in West Africa; and on thinking in a broad policy context. Research in this area was identified as one of six priority topics by the SCN in 1983/4. The symposium, resulting in part from this previous SCN interest, was chaired by Dr P. Lunven, of FAO. The symposium's conclusions provide an improved basis for decisions ranging from the cropping priorities of individual development projects, to wider policies of structural adjustment.

What Are "Cash Crops"?

There is "an underlying ambiguity about what the term "cash−crop" refers to; a tendency to slide across levels of analysis from the household to the international economy; and a bewildering variety of issues" according to Mr S. Maxwell (Institute of Development Studies, UK); his paper tried to "bring order to a heterogeneous and notably acrimonious debate". "Cash−crops" are typically such products as cotton, sorghum or groundnuts in drier areas; maize, cocoa, coffee, tea or palm−oil where rainfall is better; sugar−cane in many parts of the world; jute, rubber, and rice, notably in Asia. They may be food or nonfood, frequently for export, but also for domestic consumption. The broader definition of "a crop produced for sale" has come to be used. The issue is thus virtually the same as that of commercialization of agriculture in poor communities: cash crops are commercial crops.

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UPDATE ON THE NUTRITION SITUATION Recent Trends in Nutrition in 33 Countries ACC/SCN Jan/Feb 1989

This report updates and extends information published in the ACC/SCN's *First Report on the World Nutrition Situation* (November 1987). Copies can be obtained by writing to the ACC/SCN Secretariat.

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Dr Abraham Horwitz
Chairman, ACC/SCN
Director Emeritus
PAHO
525 Twenty−third St. N.W.
Washington, D.C., 20037
USA

Dr John B. Mason
Technical Secretary
ACC/SCN, Room X. 48
c/o WHO Headquarters
Avenue Appia, 20
CH−1211 Geneva 27
Switzerland

Cable: UNISANTE Geneva
Telex: 27821
Fax: (41−22) 7910746
Phone: (41−22) 7910456

What Are the Issues?

"The commercialization of agriculture is the cornerstone of economic development in many developing countries... (seen as) a means of generating and saving foreign exchange, increasing the incomes of the rural smallholder, providing employment for the landless and stimulating growth linkages with other segments of the economy," said Dr E. Kennedy, of IFPRI in her introduction. But "critics... have argued that not only have the economic benefits not materialized but in some cases, the transition to commercial agriculture has had a negative effect on staple food production and hence household−level food security, and health and nutritional status. Many of the most contentious nutrition issues in the food crop/cash crop debate have revolved around the impact of commercial agriculture on women and preschoolers."

The question of direct effects on farmers growing cash crops has received most of the research attention to date. But the linkages of widespread and established cash cropping to national food availability, food prices, employment and income distribution – possibly even more important in the long–run – have been relatively neglected. Social changes brought about by cash cropping have been of major importance. Yet these issues, sometimes inadequately distinguished, are central to the debate, brought to the public eye as “Food First”. They need to be definitively answered.

They need answers because otherwise development agencies risk inadvertently worsening nutrition when investing in agricultural production. A number of the studies reported at the symposium were financed by IFAD and by USAID. Answers are needed because structural adjustment programmes, commonly with IMF and World Bank support, often aim to increase foreign exchange earnings through commercial agriculture. This could conflict with efforts to ensure a “Human Face” for adjustment to protect the poor and vulnerable, especially mothers and pre–schoolers, precisely those feared to be at risk from cash–cropping. And answers are needed above all, so that, as put by Mr S. Maxwell, “cash crop policy (can be) consistent with food policy and rural development policy: the first in order to secure adequate supplies of food at appropriate prices throughout the year; the second in order to ensure participation by the poor and by women in the gains (both direct and indirect) from cash crops”.

The debate ranges from effects on individual households, both those adopting cash crops and those excluded, to effects on the national economy; it encompasses food security issues at these different levels, as well as health conditions; and it must view the social and political changes involved.

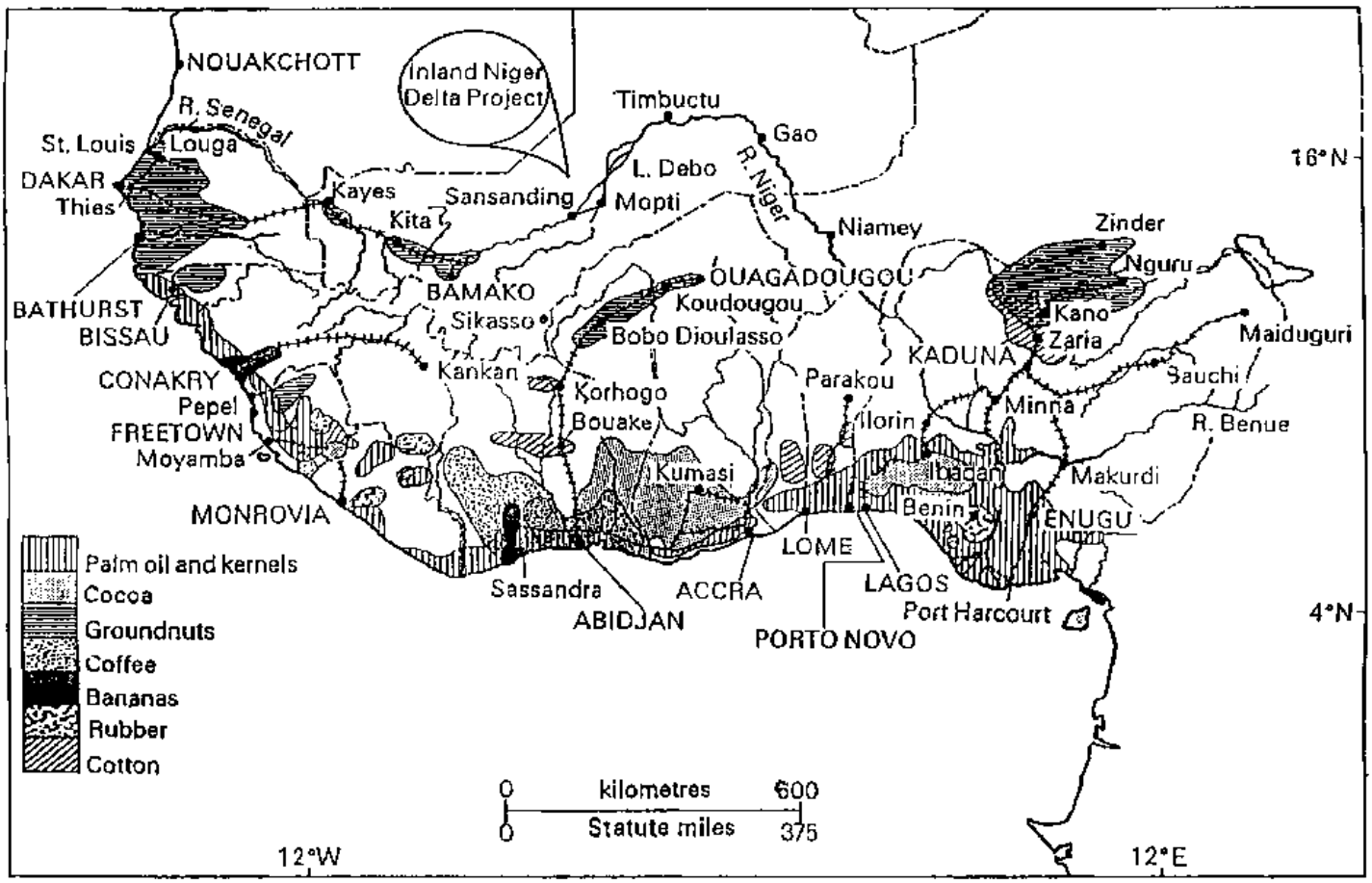
Cash Cropping Has Shaped Development in West Africa

Pervasive changes throughout West Africa resulted from commercial exploitation of agriculture. Dr T. Brun (Cornell University, US/GRAINS, Paris) gave a devastating view of how systems of production and marketing can impoverish rural people, drawing on a review of events starting in the last century. The methods used to produce crops, as much perhaps as the crops themselves, were to blame. This theme is taken up in the more recent and geographically focused case–studies from other countries.

“In less than a century, cash–cropping has spread over thousands of hectares in West Africa”, Dr Brun points out, “It occupies the most fertile and best irrigated lands”. The map (see page 4) shows the main areas of export crop production and their rail links to the ports in the 1960's.

Cash–cropping brought an era of change in W. Africa. In the early 1900's food grain carried prestige: the number of granaries was a mark of wealth. This is no longer so. The “mining” of agriculture – extraction of value as fast as possible from intensively farmed areas – moved populations and caused extensive deterioration of the land. Production initially used forced labour, moving able–bodied men from villages over initially wide areas. More recently low–paid wage labour has had similar results. Neither the production nor marketing systems put much resources back into the local farming economy. High interest debts were repaid – and continue to be – by the value of the next harvest; and much remaining cash is directly spent at harvest time. “In this way cash–cropping was directly linked to the supply of groceries and household goods. Peasants would obtain loans until the next harvest from their usual suppliers of basic commodities: rice, salt, sugar, cooking oil, fabric etc. and in turn the retailers would benefit from loans from leading foreign trading firms”.

The change from a barter to a monetary system – encouraged to help taxation – together with the mass migration of laborers and the disruption of the whole traditional local economic system, transformed a settled food producing area into one entirely different; in such areas as the Sahel, into one tragically vulnerable to drought and famine. To this day, there can be a real conflict between production of food crops and cash crops – especially with groundnuts and cotton – in terms of labour and land availability. Consumption patterns shifted from the local millet, sorghum and root crops, to imported rice and wheat, as well as sugar, alcohol, and consumer goods. So distorted had the system become that it was often cheaper to buy imported rice than local foods.



Main Areas of Export Crop Production in the 1960s.

Nor was this system always efficient, either in colonial times or with many major agricultural development schemes after independence. An early example quoted by Dr Brun is the cotton–growing enterprise called the "Office du Niger" which operated from the mid–1920's to mid–1940's. The human cost of construction of irrigation and of farm labour was enormous – in 1926 13% of the work force died from ill health and malnutrition – and cotton output was far below target. A number of more recent examples of failed large–scale enterprises are given: "In Mali, both Operation Groundnut in 1967–68 and Operation Groundnut and Food Crops (OACV) in 1973–74 have failed. The failure of this last operation, backed by substantial resources, has increased the debt burden".

Other schemes have succeeded: "By contrast to groundnuts, cotton in Mali and to some extent in Burkina Faso is a success story. Its yields and production have increased in a spectacular way and in both countries it has brought a marked improvement in the standard of living of farmers".

Important factors that lead to success or failure include the involvement and adequate remuneration of the farmer. Recently relative producer prices have in many areas made food grains more profitable and farmers have benefited where they have been able to switch. Cash–cropping seems worthwhile where it does not compete with food crops, especially in terms of land and peak labour demands; where prices are good, and the crops are suitable for the ecology. In contrast, some schemes to counter import needs, themselves resulting from distorted consumption patterns, have a poor record: "despite a huge capital outlay, production of wheat... from a large irrigation project has been a dismal failure". Finally, effective organization of farmers and relation to the political process are seen as essential to success.

Four examples – two successful, where nutrition is reckoned to have benefited, and two failures – illustrate these points, summarized in Box 1 (see page 5). In these cases, success required *both* effective farmers' organizations and influence, *and* no conflict with staple food crops: under these conditions, income and nutrition benefited.

Box 1

EXAMPLES OF CASH–CROPPING SCHEMES

Crop	*Characteristics*	*Results*
A. Cotton (Dry zone)	Organized farmers' association. Most farmers aim to cultivate both cotton and food crops. Cotton yields increased, income increased.	Food intake and nutrition improved.
B. Groundnut (Dry zone)	Absence of farmers' association. Groundnut expansion in conflict with sorghum and millet. Low groundnut yields, income not increased. Changing back to food crops.	Food intake not improved.
C. Cocoa (Wet zone)	Farmers' lobby influential politically. Cocoa not in conflict with staple food production. Marked increase in income.	Food intake improved.
D. Palm oil (Wet zone)	Weak farmers' association. Although palm oil not in conflict with basic crops, production and income stagnated.	Food intake not improved.

Indeed a major lesson from this historical view of agricultural developments in West Africa is that the nutrition situation is part and parcel of the overall social and economic changes. Society has changed radically over the century, catalyzed by agriculture, but low consumption and poor nutrition still go hand in hand with the poverty of the area. Alternative development patterns might well have had different results. A contrast with China, made by Dr Brun, is instructive. Here almost diametrically opposite policies have been pursued: priority given to regional self–sufficiency in grain; producer prices for food maintained; basic goods and services favored over sale of luxury goods. Such policies have contributed to a “drastic reduction in rural poverty and malnutrition, and limited rural–urban income disparities”.

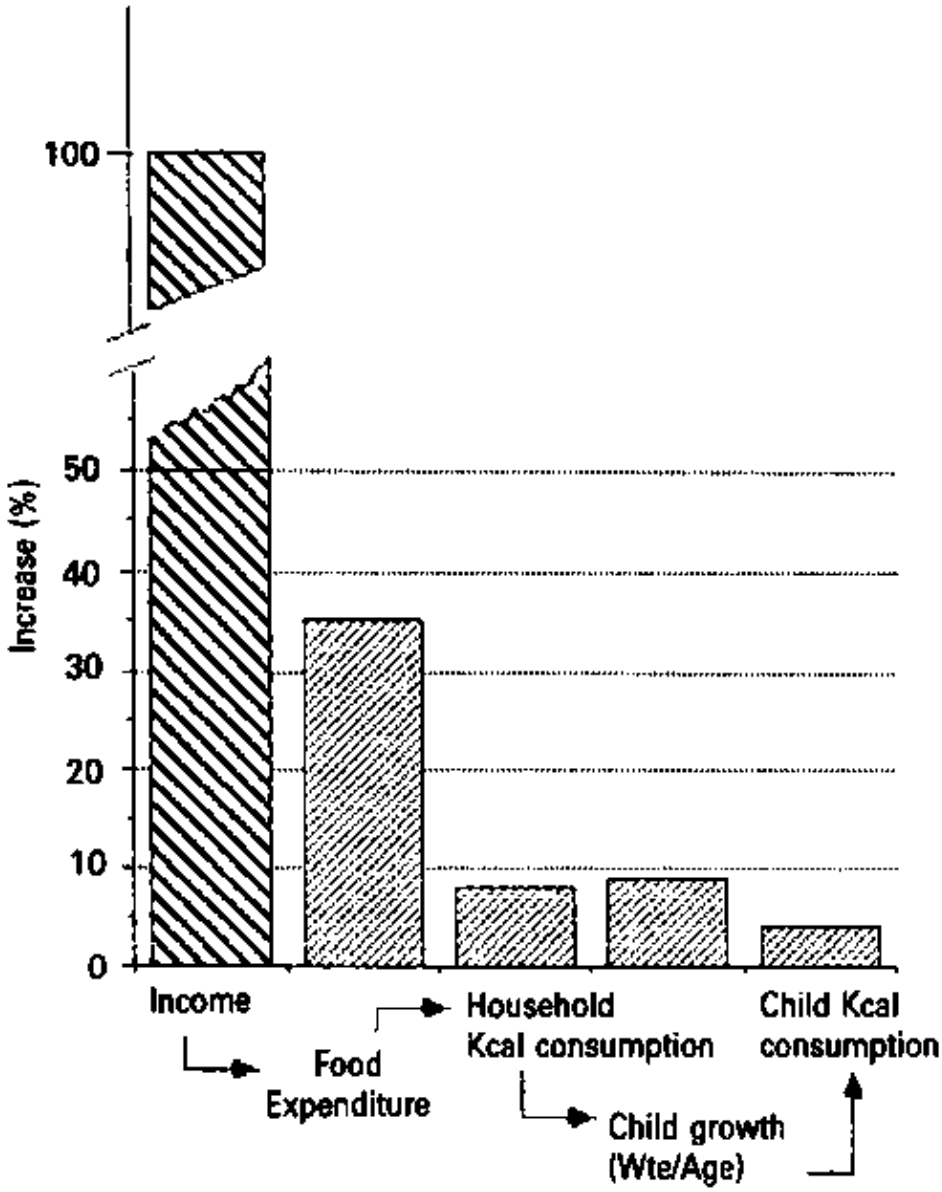
Nonetheless, the individual farmer taking advantage of cash crop production often does somewhat better than his neighbor who does not switch. But *all* farmers in W. Africa may be worse off than they could have been under other circumstances. So, on a micro scale, promoting cash crops can be advantageous, if done in the right way. But on a larger scale, geographically and over time, the development of societies based on undue priority to cash crops – and especially with a “mining” approach – produces grave distortions across the board, and can both perpetuate poverty and lead, for example, to the devastating famines seen in the Sahel in the last 15 years.

The theme of possible short–term gain to the individual farm household vs long–term national development is returned to later. But first, recent evidence from studies organized by IFPRI sheds important light on the question of local effects.

Case–studies of Household and Community Effects

Six projects where cash cropping was promoted have been studied in detail. Two of these – in Kenya and the Philippines – were sugar cane production and processing schemes, largely for export. Two were concerned with edible crops, not however used for local consumption: sorghum production for animal feed in Mexico, and export vegetable production in Guatemala. Finally, two schemes for irrigated rice production – where some of the product could be consumed by the producers – were studied in Gambia and Sri Lanka.

Fundamental questions concerned whether income increased and if this was translated into improved food consumption; hence whether health and nutritional status benefited. Equally important was to understand better the mechanisms involved: the role of women, time allocations and child care; timing and “lumpiness” of income, and its control within the household; food security and health conditions; and others.



Effects of doubling income on nutrition. Illustration of data from project in the Philippines: dilution of income effects, through food consumption, on child growth.

How much do Income Increases improve Nutrition?

Clearly increases in income are not all spent on more food. Nor is there an exact one–to–one relation between food available to the household and child growth. Infectious disease, in particular, could negate benefits of better eating. These relationships were illustrated by Drs Kennedy, von Braun and Bouis, of IFPRI, with results from the Philippines – as shown in figure 1. They noted that “although income has a significant effect on energy consumption, the magnitude of the effect is small. A doubling of household income would increase a preschooler's caloric intake by only 9 percent, and this in turn would improve the average weight/length Z–score by 4 percent”.

This explains why income increases may have only a small effect on nutritional status. By the time the mechanism has gone through increased income translating into higher food expenditure, then into food consumption (and more expensive food is often chosen) at household then child levels, then into child growth (activity probably increasing concurrently), the relationship is only weakly positive. (In passing, the Philippine results do show that children's food intake goes up in parallel with household food availability). So a weak influence of income on child nutrition is to be expected, once the mechanisms begin to be examined. And that was what was observed in most of the case studies.

Sugar Schemes. A sugar processing factory started operation in 1980 in south Nyanza district in Kenya. Although some sugarcane had been grown in the area, maize was previously the main crop. Large–scale sugarcane production was introduced, in two ways. Some 2,800 hectares were put down to sugarcane production as a commercial enterprise, and a further 6,000 hectares were converted to sugar–growing by

small–holders – known as the “Outgrowers Scheme”. Some labour inputs were provided to small–holders by the factory, but generally the effect was to provide a commercial outlet for their sugarcane. The result was a substantial shift from maize – still grown partly on the farms – to sugarcane.

The impact of this move to cash–cropping by the “outgrowers” was studied by IFPRI, using formal survey methods and an ethnographic or anthropological approach. Early results were on the economic and nutrition situation of farm households, in 1984, a few years after introduction of the scheme. Those who had adopted sugar cane were compared with those growing mainly maize. A follow–up study is trying to trace changes in these outcomes over time. In general, both research approaches tend to rule out the possibility that cash–cropping here had caused a deterioration in nutrition among the sugar–growing farm households. If anything nutrition was improving, although it was still rather early to tell definitely. But there were some disturbing indications that farmers *not* adopting the cash crop – who might be those with less land endowment, so having less room for manoeuver – were falling behind and suffering nutritionally.

A parallel study in the Philippines led to similar conclusions. Here, the authors stressed that “the introduction of sugar led to a serious deterioration in land tenure patterns, which especially adversely affected corn tenant households. Preschoolers in landless households were significantly more stunted than preschoolers in households with access to land.” From their studies in Kenya and the Philippines, Kennedy *et al* concluded “in general, the results from the comparative analyses suggest either a neutral or slightly positive effect of cash cropping on nutritional status of children. Nevertheless, the loser/gainer patterns at each of the study sites are complex.” They warned that “these two examples illustrate the fact that even in cases where some groups benefit from commercialization, there are other groups for whom the impact may be negative.”

Sorghum for Animal Feed in Mexico. Hybrid sorghum varieties were developed in Texas some thirty years ago. Their use spread rapidly into Mexico, so that by 1980 sorghum had become the third largest crop, after maize and cotton – so much so that it is thought of as a “Second Green Revolution”. This rapid adoption took place without formal promotion by government, by aid agencies, or indeed by extension services. As de Walt and colleagues – researchers from the University of Kentucky, Mexico and Argentina – said: “Farmers simply saw a good product and adopted it”. By the early 80's sorghum, much of it grown on irrigated land, supplied three–quarters of the raw material used in Mexico's extensive animal food industry.

For their contribution to the symposium, de Walt et al applied their wider studies in four Mexican communities to assessing nutritional affects of the shift to sorghum. One important broad conclusion was that “ecological conditions, agrarian and agricultural policy, community social and cultural factors, and alternative employment sources may be more important in determining change in the nutritional status of rural populations at risk than is the process of agricultural commercialization”.

Adoption of the crop itself – sorghum – was found to have little detectable effect on nutrition. In three of the four communities, children of families producing sorghum were somewhat better off – although these families may have had better productive assets anyway. Far more important than the crop type itself was access to good land, especially irrigated land, and other productive resources. But here again the link between income and adequate child growth was relatively weak – even when food consumption patterns changed significantly with income.

Thus the authors concluded, on the one hand “if we are interested solely in the question of what effect cash–cropping in these communities has on nutritional status, we would have to conclude that the relationship is relatively unimportant”. But, on the other hand “in some sense we are guilty here of asking the wrong question. Choice of sorghum as a cash–crop over maize as a semi–subsistence crop does not appear to place the families of small farmers in nutritional jeopardy, nor does it give them an advantage. The more important questions here have to do with access to basic productive resources and the relationship between access to basic resources and rural–urban and international migration”.

The broader question on the supply side – the overall effects of displacement by sorghum of wheat (the “First Green Revolution crop”) and its possible competition with maize, the staple food – remained open, but was taken up in general terms later.

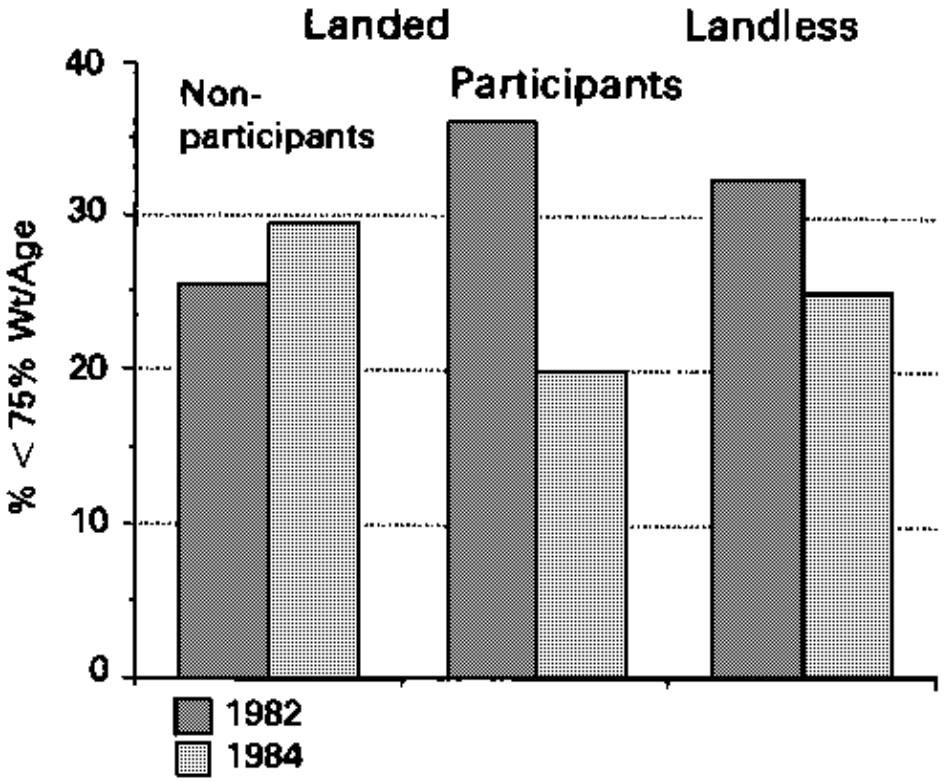
Irrigated Rice in the Gambia and Sri Lanka. Both in the Gambia, in W. Africa, and in Sri Lanka, rice is the preferred staple and is produced domestically although imports have risen in recent years. Major schemes to increase irrigated rice production have potential for benefiting both national food security, and individual households within project areas.

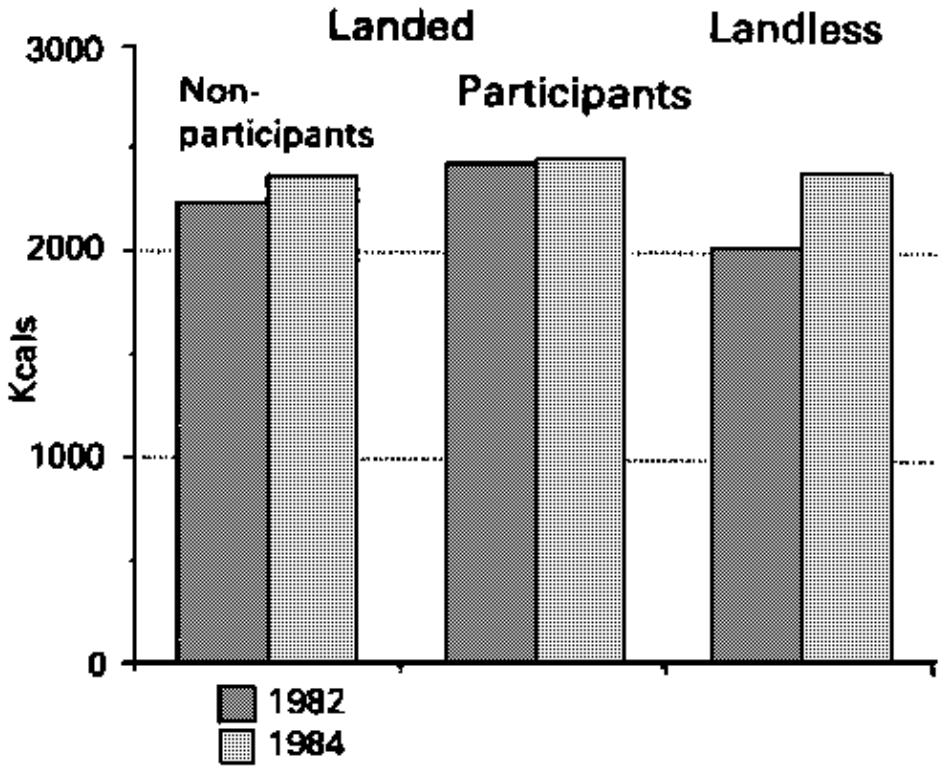
In the Gambia, a pump irrigation scheme some 300 km upstream on the banks of the country's major river, initiated in 1982, was studied as part of the IFPRI programme by Drs Rubin and Webb. The “Jahally–Pacharr” project was intended “to develop rice production by smallholders on 500 hectares of mechanical pump irrigation and 960 hectares of rainfed/tidalflow irrigation. The project is owned and managed by the state, with water control, seeds, fertilizer, and plowing services all being provided on a credit basis. All other farming activities are carried out by smallholders who are registered as temporary tenants of plots.”

“As it happened”, the authors report, “the rice produced with the new technology available in the Jahally–Pacharr project was not sold, but was instead treated as a new and more reliable source of food for household consumption.” The result was that income and food consumption increased, associated with “substantially improved nutritional status for children”. A notably useful effect was that seasonal fluctuations in food availability were smoothed out, reducing mothers' seasonal weight loss, with benefits for child health and nutrition. One drawback seen was that mothers working on the rice scheme would often take small children with them to the fields which may have increased children's exposure to disease.

Overall, however, the scheme seemed to benefit substantially the nutrition of families involved. This might be expected, with the rice produced directly contributing to household diets, but is important to know.

Development in the Kirama Oya (river) basin in Sri Lanka has been supported by the Norwegian government for a number of years. An Integrated Rural Development “project concentrated on raising the productivity of paddy cultivation. One component dealt with the rehabilitation and reconstitution of an old irrigation system along the Kirama river. The other entailed the introduction of modern cultivation techniques, a credit system for agricultural inputs, proper water management practices, and a system for crop insurance”.





Changes in child underweight and food intake during an irrigated rice development project in Sri Lanka.

Economic and nutritional changes were monitored by Norwegian researchers during three years of project work, 1981–84, for participants in the scheme and other households living in the area. Drought in 1981/82 affected the whole population, causing nutritional status to deteriorate. However, by 1984 it was clear that conditions of households participating in irrigated rice production were improving, compared with others, and even some landless laborers were benefiting through increased employment. In the project area, income was estimated to have increased by 88%, far higher than the price inflation rate for food – although this was substantial at 55%. Part of the positive benefit for nutrition was put down to the crop itself: rice could be used directly in the diet. Although total rice eaten did not increase significantly – the level of intake being already high – the authors reckoned the positive benefit accrued from superior quality of the rice, and retention of a

higher proportion of paddy, saving money.

But the major effect was thought to be from increased income, with an indirect effect on nutrition. Rice production was thus fairly comparable to other commercial crops, and the authors looked to factors that had gone well with this particular cash–cropping project. Essentially, they ascribed the project's success to its appropriate features in the social and cultural context of Sri Lanka and its positive interaction with underlying potential for improvement – the high education levels, for example, particularly of women. Mistakes seen in other commercial agricultural projects were avoided. Women were not overburdened with new work; benefits reached the relatively poor farmer; insurance schemes and the absence of new technology helped.

The organizing concept of household food security was advocated as a more general means of assessing project design – here focusing on three factors: the availability of an adequate food basket; the "viability in procurement" (meaning absence of conflict with fulfilling other basic needs); and sustainability of access to food. The Kirama Oya project met these criteria.

Better Health Needed to Realize Nutritional Benefits of Increased Income

Several results from the case–studies showed that health of children – measured by reports of episodes of sickness – did not seem to improve with income. This observation emphasized that economic development alone is unlikely, through income, to solve nutrition problems where health care and sanitation remain poor. Indeed, an important conclusion was that investment in primary health care, and in health/nutrition education, should be included in development projects. Complementary measures are important to ensure that potential benefits to nutrition of successful agricultural projects are realized.

National Food Availability – Still "Food First"?

The detailed studies at household and community level strengthened the case that cash–cropping *per se* may not be damaging to those participating – indeed may benefit their nutrition. But key issues remain at a broader level: does cash–cropping lower national food availability, or anyway put it at greater risk? Does it cause social differentiation, so that some are impoverished? These relevant questions could be examined from the available literature.

But, "this... literature... is surprisingly ambivalent and surprisingly incomplete" according to Mr S. Maxwell. "On the issues it does cover, the literature is on the whole rather more favourable to the opponents of cash crops than it is to the proponents. At the national level, there is no convincing refutation of the "Food First" critique that the foreign exchange earned from cash cropping is not used to replace food lost for domestic consumption". "National food availability", he says, "is likely to be determined by policies on food trade. The hypothesis that foreign exchange earned from cash cropping is used for food imports remains untested. Some Food First critics have argued that food imports do not compensate for food "lost" because of cash crop production. On the other hand, other country studies show that food imports fluctuate in direct proportion to foreign exchange earnings from export agriculture. This evidence does not prove that imports compensate fully for "lost" food production, but does at least suggest a link between the two. Of course, this could be counted as part of the case against export agriculture, by showing that national food security is a hostage to international commodity prices".

Box 2.

From: ACC/1988/PG/1
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18. In response to a question raised regarding future directions in this area, suggestions made included the following:

> (a) Primary health care and nutritional education should be integrated into cash cropping projects. Recent evidence clearly pointed out that increased income alone was unlikely to solve nutritional problems caused by a number of factors, including lack of primary health care and poor knowledge. Efforts should be made to design integrated programmes in such a way as to alleviate the most hindering constraints. This might be done on the basis of solid information by functional group;

(b) Efforts should be made to improve rural infrastructure, to make agricultural marketing mote competitive, to lower production and marketing costs and to protect gains by made low−income rural people while avoiding losses to poor consumers;

(c) More emphasis should be placed on efforts to reduce production costs through technological change and expanded input use, rather than relying on higher food prices to stimulate production;

(d) Nutritional considerations should be explicitly considered by decision−makers in ministries of health, agriculture, planning and finance, at both the national and project levels;

(e) More information was needed on the nutritional effects of alternative policies and projects for cash cropping, and specifically for the purpose of;

(i) Further attempts to generalize findings from case studies, including those undertaken by IFPRI;

(ii) Broadening research on cash cropping (along the lines suggested in the sixth paper presented to the Symposium) and establishing a typology of situations which determine farmers' choice about cash cropping;

(iii) Strengthening current efforts on food and nutritional surveillance in order to monitor nutritional changes and the long−term effects of programmes and policies, with emphasis on high−risk groups;

(iv) Undertaking more research on energy expenditure in various types of production systems and for various reasons.

All agree that cash cropping should produce an *increase* in national food availability, using comparative advantage for agricultural production, and foreign exchange earned to at least compensate for any lost food production. What *actually* happens is not clear and needs empirical testing. For this, distinguishing availability in the supply sense, and consumption − especially for those who do not benefit directly from cash−cropping − will be essential. As yet, the jury is still out on this key issue.

Social Differentiation; who gains, who loses?

“The nutrition status of individual households” as Mr Maxwell emphasized “is determined more by their ability to acquire food than by the level of food output or its availability in the market”. Cash cropping effects on employment and income distribution are of prime importance − as are food prices, which he also examined in some detail. A vital question is “who gains and who loses” from the processes of social change associated with and, possibly, initiated by cash crops. “The economic and social transformation associated with cash crops will have a profound effect on nutrition. Indeed, this is one of the main criticisms of cash crops in the popular literature”.

Social differentiation is catalyzed by cash cropping, the history of W. Africa being one example. Extensive knowledge, even if not specific to nutrition, has been gained on these social consequences. A central conclusion is that often only those already better endowed with productive resources take up cash crops. Further, “cash crops exacerbate maldistribution because they accelerate processes of social differentiation: cash crop “adopters” (at whatever level of analysis) grow faster, sometimes at the expense of non−adopters. This growth is often favored by state policy on pricing, research, input supply, wage policy, taxation or trade”.

Individual, Short−term Benefit Conflicts with National Development?

Most nutritional information on cash−cropping to date has focused on households or communities that adopt cash−crops. Results have varied in the past, because of differing contexts. The picture becomes sharper with the new studies. Often those adopting cash crops benefit − in terms of income and nutrition. Nothing inherent in producing crops for sale − even inedible crops − necessarily makes them nutritionally bad for the producer. It depends on the situation − but there should be no reflex rejection of cash cropping from this viewpoint.

The emerging issue concerns the long−term and wide scale effects, and how cash cropping is promoted. Cash crop policy must be fitted into, made consistent with, food policy and development policy. The effects on

food security must be carefully considered at levels from household, through area to national; over time, bearing in mind international and within–country terms of trade; and in relation to future vulnerability, as in the Sahel. The far–reaching social and income distribution effects have to be thought of in the context of development processes, not just as a short–run foreign exchange issue.

Successful targeting of cash crop production projects to poor farmers could in many cases be a major route to equitable development – the issue is then *how* to achieve this. A focus on small scale enterprises would often be a start.

So, like so much else, cash cropping policy relates to priorities, to policy objectives; to who benefits. But at least one concept, confusing in the past, is becoming clearer: for the farmer himself, there is nothing nutritionally disastrous in itself in growing crops for sale.

Where to go from here?

In synthesizing the one–and–a–half days' debate, Dr Pinstrup–Anderson brought together practical conclusions of the symposium (see Box 2). Cash cropping projects should capitalize on their potential for improving nutrition by including health and education components. A broader approach, keeping production costs down, should favor the rural poor. Better knowledge of how nutrition responds, and why, to agricultural development is needed, to guide policy and project design.

Deliberate and sustained efforts by those responsible for policies that affect nutrition – from health and agriculture to economic planning and education – to include nutritional considerations in their activities could have far–reaching benefits for the malnourished in many parts of the world.

Nutrition in Times of Disaster

The number of disaster victims requiring assistance for survival and in meeting their nutritional needs continues to increase. Some 20 million people now live in refugee camps. “The international community must take advantage of all available knowledge with a view to continuously improving our response (to disasters)”, said James Ingram, Executive Director of the World Food Programme, in his keynote address to the

Conference on Nutrition in Times of Disaster. “The whole matter of nutrition in times of disaster is one of formidable complexity but, equally, of formidable urgency”, he stressed. The Conference aimed to provide a forum for discussing and coordinating related technical issues, especially among those involved in disaster relief activities, in order to arrive at practical recommendations to improve responses to emergencies. It was organized by WHO and UNHCR under the auspices of the ACC/SCN and the International Nutrition Planners Forum (INPF) from 27–30 September 1988. Some 150 participants from fifty countries attended.

Following discussions in plenary sessions and working groups, the conference participants agreed on a set of recommendations. These related to the issues of early warning and preparedness; assessment and monitoring prior, during and after an emergency; rations and logistics; and transition from emergency to development assistance.

Statement of Conference on Nutrition in times of Disaster

“In the last fifteen years, the continuing problem with famine and disasters, both natural and man–made, has resulted in unprecedented numbers of people depending for survival upon international food aid, sometimes for prolonged periods of time. The generosity of donor nations has been immense but, even so, the total volume of emergency resources (food and money), provided bilaterally or multilaterally through organizations such as the World Food Programme, has proved painfully inadequate to meet escalating needs. The food provided has also, at times, failed to reach intended beneficiaries due to severe logistical and security constraints in recipient countries.

Consequently, the rations provided very often result in a seriously insufficient and unbalanced diet.

The food shortages, along with other factors, have often had a dramatic effect, increasing disease and deaths among affected populations, particularly in refugee camps. In this context, there are alarming reports of outbreaks of certain nutritional deficiency diseases which have hitherto been considered to be under control, such as scurvy, severe anaemia and beriberi. These outbreaks may, in a large measure, be ascribed to an inadequate quantity and quality of the food available locally and/or provided by international assistance.

The participants in this conference consider that a minimal standard for food provision for emergency conditions must be maintained. This requires the provision of at the very least 1900 kcals/person in the daily diet. Furthermore, such a standard diet should contain all essential nutrients at levels that have been determined necessary to maintain health and sustain life.

The conference urges donor nations to increase their emergency resource allocations and to programme these according to estimates of emergency needs rather than reacting to each situation in an *ad hoc* manner. It urges that more of this emergency food aid be channelled through multilateral agencies. In order that nutritional standards can be met, it further urges donor nations to diversify the composition of food aid that they provide without reducing the total amount of calories allocated. Finally, it encourages both affected countries and the donor community to intensify efforts to strengthen the capacity of governments to cope with their own disasters and assure the provision of a nutritionally adequate diet to disaster–stricken populations.

The meeting urges donor nations to assist the UN family in meeting these goals. **Such actions are of the greatest urgency if this toll of lives is to be reduced**”

Plea for help. Severe malnutrition in refugee camps, producing epidemics of nutritional diseases not seen on this scale in recent times, emerged as the most urgent issue. The Conference agreed on a statement – shown in the box on page 11 – to be brought urgently to the attention of those who might help.

On other topics, here are some points recommended by the Conference.

The *preparedness* focus should be on response, supported by the necessary information. Relevant information should be integrated into an early warning system. But, lack of precise or complete information should not be a justification for an inadequate response. Systems for surveillance of the food and nutrition situation are usually more effective than one–time assessments and need to be in operation to provide timely warning and response.

Guidelines for the use of anthropometric data were put forward. It was stressed that *nutritional indicators* need to be complemented with socio–economic indicators, for which there is a need for specified methodologies

under different situations. While anthropometric measures, in the context of each situation, are useful and important, evidence of food shortages, no matter how measured, is sufficient to demand intervention and should not be contingent upon evidence of “malnutrition” measured by anthropometry. Among other indicators, information on morbidity was considered as useful only in specific situations and unless already collected, of marginal value for general monitoring purposes. Mortality data were agreed not to be generally a priority for monitoring and assessment except sometimes in camp situations and possibly in the evaluation of feeding programmes.

More research into appropriate methods for rapid assessment was vital. *Transition* from emergency to development assistance aims to avoid dependence, to recreate assets, to create income and to foster community self–help.

The recommendations on issues of *rations and logistics* were wide–ranging, and those specifically related to nutrition are extracted here.

“**A practical working figure for the minimum energy requirement should be 1900 kcal/person/day for a sedentary population. There is no advantage in specifying an alternative figure for energy intake as being sufficient for survival. The further mean per capita energy intakes fall below the minimum level, the more malnutrition, morbidity and eventually mortality occur, particularly in infants and young children.**

The mean per capita daily energy and protein requirement for any target population can be more accurately calculated by applying age–specific values for energy and protein requirements to the demographic age/sex structure of the target population. Other important factors to take into account in calculating requirements include:

– how much of the requirement can be obtained by the affected population itself;

– exposure to cold (an upward adjustment of 5% per 5°C below 20°C was suggested);

– additional needs for supplementary feeding of “at risk” groups;

– additional needs for activity, e.g. physical labour;

– losses during distribution: a 5% allowance was proposed for transport losses within countries with ports, 10% for land–locked countries.

Energy and protein

The immediate priority for the choice of commodities is to ensure an adequate intake of energy and protein. The *protein–energy* ratio of the total basket should not fall below 12%. If necessary, this may be a priority criterion for commodity selection during the first month of a relief programme. (Some commentators pointed out that this figure may be too high – a target of 8–10% *protein–energy* ratio is in line with current UN recommendations.)

The level of *fat intake* should be such as to provide at least 10% of the dietary energy intake.

Micronutrients

Where rations are provided to the target population for more than one month, it is essential to ensure that the ration provides minimum requirement levels on the following critical micronutrients: vitamin A; thiamine; riboflavin; vitamin C; iron; folic acid.

Mechanisms for ensuring the supply of essential micronutrients include the following:

– locally procured or traded food stuffs containing the micronutrients;

– foods, fortified locally or externally with the micronutrients;

– as a last resort, pharmaceutical supplements of the micronutrients might be distributed in some situations.

Food Basket

Food provided should be culturally acceptable and able to be consumed in a digestible form. When whole grains are provided, milling equipment must be provided from the onset of the relief programme. Special weaning and supplementary foods for vulnerable groups must be energy dense and contain adequate essential micronutrients.

When the general ration does not contain a digestible cereal, adequate oil, and a separate protein source, (e.g. lentils or other pulses); and/or when adequate milling facilities for whole grains are not yet available, then processed food (such as CSM) may be necessary in the general ration and for supplementary feeding. Processed foods are expensive, and locally mixed supplementary foods can substitute if the raw ingredients are available.

Options for when Food Supplies are Inadequate

Field workers face certain painful decisions regarding distribution in situations where food supplies are insufficient to provide the minimum energy requirements. **The primary solution is that relief agencies must strive to avoid situations where food supplies are inadequate for the survival of populations. Nonetheless such situations continue to arise and field workers may have to choose from the following options, unsatisfactory as each of them is:**

> *Option A.* Where the community and family structure is still intact and community representatives can be identified, then *the community should decide how such limited food shall be distributed.* The potential problems associated with this approach were recognized.
>
> *Option B.* Where community structures have been disrupted, then *field workers should distribute food selectively to those at highest risk of mortality.* Such selective feeding should continue for the shortest time possible until overall food supplies are adequate.
>
> *Option C.* A third alternative is that food is equitably distributed to all members of the affected population without selection of particularly vulnerable members of that population."

The very fact that field workers may be faced with distributing grossly inadequate food supplies was seen as an avoidable tragedy, and having to consider such options as a policy of desperation. Ensuring adequate supplies is the only satisfactory solution.

A publication incorporating the full recommendations of the Conference, report of the proceedings, and the background papers will be issued in 1989.

NEWS AND VIEWS

Iron Deficiency and Brain Function

Iron deficiency is the commonest nutritional problem in the world – nearly half the pre–school children and women of child–bearing age in developing countries have some degree of anaemia. Concern has widened in recent years about the effects of iron deficiency on children's behavior and development, as evidence has accumulated showing its probable depression of psychomotor development, attention, learning and school achievement.

A conference on "Iron Deficiency and Brain Function" was organized, under the auspices of the ACC/SCN and UNU, by Drs Ernesto Pollitt (University of California, Davis), Jere Haas and David Levitsky (Cornell University), and held at WHO, Geneva in October 1988. The conference concluded that iron deficiency anaemia probably was causing poor performance in children – adding further urgency to the need for widespread and effective control of iron deficiency.

The conference issued this summary statement –

> "Many studies have shown an association between iron deficiency and less than optimal behavior in infants and children, as demonstrated by lower scores on tests of development, learning and school achievement.

A problem with interpretation of past studies has been that iron deficiency anemia is associated with other adverse environmental and nutritional conditions.

More recent studies using randomized designs with appropriate controls of environmental and nutritional variables have shown that iron therapy in preschool and school–aged children with iron deficiency anemia results in improvements in selective learning and school achievement tests.

This evidence in humans and a number of animal studies [therefore] suggests that iron deficiency anemia is causally associated with less than optimal behavior. For this reason and others it is important that iron deficiency anemia be prevented and treated in all children.

Since the specific mechanism and functional significance of these behavioral changes are not completely understood, further studies are essential both to clarify the effects of iron deficiency anemia itself and to determine the importance of lesser degrees of iron deficiency in children."

Nutrition and AIDS

Possible connections between nutritional status and AIDS – either the initiation of the disease or its rates of progression – were reviewed at a symposium on Nutrition and AIDS at the ACC/SCN 14th Session at the World Health Organization in Geneva, from February 22 to 26, 1988.

It was noted that in the individual, malnutrition is a result of AIDS since progressive wasting is a common marker of progress of the disease. Discussion on the implications of the epidemic explosion at all levels, from households to national structures and infrastructures, focused mainly on two questions:

1. Does nutritional status or nutritional intervention influence the course of AIDS?

2. Are there indications that the spread of AIDS will lead to nutritional problems through reductions in supplies and services?

While several studies are being carried out there is as yet no clear indication that nutritional status has any effect on susceptibility either to HIV infection or progression to overt disease. It nevertheless remains a likely hypothesis which it should be possible to test with a controlled nutrient intervention in high–risk populations. While it is likely that nutritional support of those with manifest AIDS will improve the quality of remaining life, it is uncertain that it will extend life.

The development of the disease in persons already infected will reach alarming proportions within the next 10 years, regardless of any action now taken.

Unless the development and spread of the disease can be controlled, there is a real probability within the next decade of a major loss of population among young adults, the most productive age group, leading to severe disruption of family support infrastructures and of the production, distribution and support sectors in at least some countries.

At the level of individual families where one or more breadwinners are affected the long term availability of food might be impaired and local support for the sufferers' families might be needed. This might in some cases involve some type of food supplementation.

As the AIDS epidemic increases in adult populations where the transmission pattern is heterosexual there is an associated increase in HIV infection in newborn infants through the placenta during pregnancy or through blood at delivery. Current figures suggest a high fatality rate during the first two years. This cause of death is likely to show very soon in the national vital statistics data. In more seriously affected countries it may even wipe out the gains achieved during the past two decades in combating infant, young child and maternal mortality. Among other practical issues, in those countries where the prevalence of AIDS is high, there will have to be changes in interpreting low weight and high mortality as nutritional indicators in children.

Individual countries may react to this increasingly serious situation in several ways. For example, in labour–intensive agrarian societies, agricultural production may fall because of reduced manpower.

There might have to be a compensatory increase in agricultural mechanization. The health system will be faced with major increases in calls for services – calls which would have to be met with reduced manpower and disrupted infrastructures. Any of these would have major implications for food, nutrition and health

planning. They could also badly affect both future needs for capital funding and debt repayment capabilities.

No plan as yet exists for avoiding these possible scenarios of the near future, but although there is growing evidence of major under–reporting of both the incidence and prevalence of the disease in many countries, enough epidemiologic data exist to give an early warning. National and international actions attempting to compensate for the effects of AIDS as they begin to develop can be implemented only if governments and UN agencies vigorously monitor the epidemiology of AIDS and the effects of the epidemic.

(Source: Zelda Craig, from documents at ACC/SCN 14th Session.)

Nutrition Goals

From WHO

• Malnutrition is not intractable. Access by all to primary health care and, through it, to all levels of a comprehensive health system, together with minimum social and environmental conditions such as adequate housing, literacy, education and other social services, could reduce malnutrition due to deficiency by half and virtually wipe out malnutrition due to excess.

• If primary health care is taken seriously, it is realistic to expect that, by the year 2000:

– at least 90% of newborn infants will have a birth weight of at least 2500 g;

– underweight infants and young children will no longer be a problem of public health significance in any region of the world and stunted growth will show sharply declining trends;

– disorders due to deficiency of vitamin A or iodine will no longer be problems of public health significance in any region of the world, and effective means to combat nutritional anaemia will have been developed;

– noncommunicable diseases for which diet is a major risk factor will show declining trends in all countries where they present problems of public health significance.

(Source: In Point of Fact, WHO, No. 58/1988, Based on WHO Mid–Term Programme. Joint Committee on Health Policy.)

Cyprus Initiative against Hunger in the World

In a statement made by the Executive Director of the World Food Council, Gerald I. Trant (in the meeting of WFC Members on the Cyprus Initiative against Hunger in the World, held in New York on 19 October 1988), the initiative was called “a practical expression of the commitment made by Council members to act together in their united strength to rid the world of the scourge of hunger and malnutrition”.

WFC are greatly concerned that present and future member governments of the Council make specific commitments under the Cyprus Initiative, which seeks to reinforce political determination and mobilize the action required to reverse the unwelcome prospect of increasing hunger and poverty. Council members noted the need for a critical assessment of past experience, for direction to ensure more effective policies in the future based on lessons learned, and for new initiatives designed to promote a cooperative course of action to combat hunger.

The initiative should seek to stimulate and reinforce efforts to improve information on the dynamics of the forces causing hunger. He emphasized that it must be a sustained effort over several years with a phased approach to implementation.

The Executive Director of WFC invited the developing country member governments to put forward specific proposals that they would undertake, and which could be supported by developed country members with international agencies and NGOs. He urged cooperative action in a small number of countries in developing regions, within the framework of the Cyprus Initiative.

(Source: Meeting of World Food Council Members, UN, New York, 19 October 1988.)

Feed the Hungry

The following article by Alan Berg was published in The New York Times, *3 September 1988.*

“Dazzling advances in research and ever−increasing harvests in many developing countries have not been able to protect the world's poor from malnutrition. But a simple rethinking of the ways governments give food assistance may achieve what high tech has not.

Such rethinking is now under way in some of the neediest and most debt−distressed countries. The best of their new food programs show that it is possible to reduce malnutrition substantially, quickly and affordably − without fostering dependence on welfare. The key is to target food programs to those in need. Obvious? Yes, but too many programs have squandered benefits on those who do not require special attention.

Until recently, Brazil's annual $1 billion wheat subsidy was available to the rich and poor alike. In a number of African countries, subsidies go to foods like meat and butter, which are out of the reach of the poor even with the subsidy − and the poor continue to go hungry.

An income test would seem the most sensible approach to deciding who gets benefits, but it is often unworkable. Even in the United States, where income reporting is systematized, the food stamp program has been jeopardized by charges of abuse. In the developing world, where income is less documented and often takes the form of food a family grows for itself, determining eligibility by income is next to impossible.

Some countries have found creative, alternative ways to reach the neediest. They target programs by place, type of food, age and signs of faltering growth in children, or even by season. In sub−Saharan Africa, for instance, several countries are beginning to concentrate food resources in scarce months, before the harvest, when malnutrition is most severe.

Thailand and Brazil now focus on regions where malnutrition is concentrated, in the northeast of both countries. Several Brazilian states have gone further. They target the favelas, the very poor neighbourhoods, by subsidizing basic foods for customers of small stores. Because better−off Brazilians prefer not to journey into favelas, even for lower prices, the benefits go to those who need them. In Colombia, poverty is scattered throughout the country. So the Government ranked each county accordingly to poverty criteria such as infant mortality and access to health care. Food coupons were distributed to the needy in the 30 percent of counties ranking the lowest in these categories.

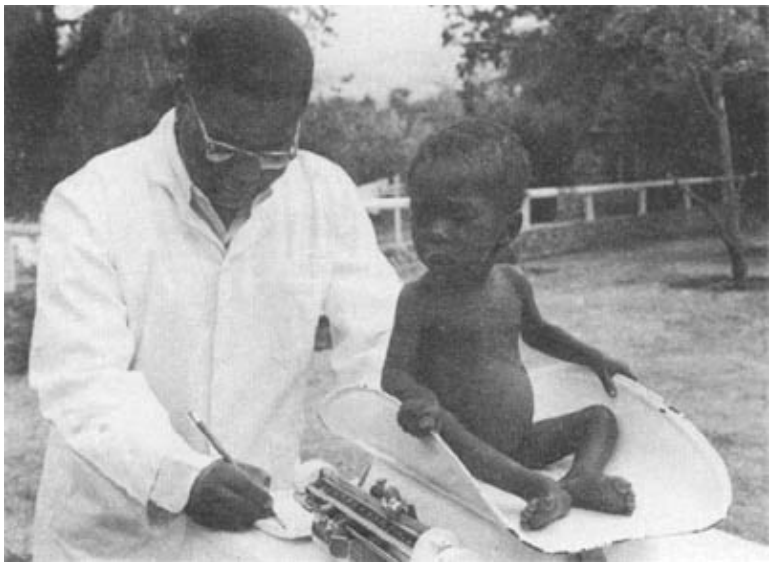
Some countries target by subsidizing foods consumed primarily by the poor. In Bangladesh, rice is the preferred grain for those with money; thus, a subsidy on sorghum, which is nutritionally splendid, benefitted only those too poor to buy rice. Morocco, which is restructuring its subsidies to emphasize foods eaten by the poor, expects to give the poor greater nutritional benefits for one−fifth the former cost. This year, Mexico established a similar but even larger program than Morocco's, dismantling many of its generalized subsidies.

Tamil Nadu, a state in India, targets a food and nutritional education program in the poorest areas for those at greatest risk. Nutrition workers in 9,000 villages weigh children monthly and provide daily feedings for 90 days to those whose growth is faltering. At the same time, they teach mothers of underweight children how to improve nutrition at home within their means. High−risk pregnant and breast−feeding women also receive food.

The benefit of the Tamil Nadu project has been dramatic and enduring. Serious malnutrition has declined by about 50 percent. Two years after children complete the program they are, on average, a significant four pounds heavier than children who did not participate. Sri Lanka is now developing a similar program.

What makes all of these targeted programs so attractive is that they are cost–effective. Food stamps and other broad subsidies often eat up 10 to 20 percent of national budgets. But the new programs get better results as projected costs are much lower than in conventional approaches. Because these programs provide food only when or where it is most needed, they are less likely to foster a welfare mentality.

None of this is to suggest that alleviating the underlying causes of poverty should not remain the most important goal. Education, jobs and access to land are all sorely needed. But the poorest cannot wait. A direct attack on malnutrition is needed as well, and governments willing to make that effort now have effective and affordable measures to make it happen."



Seasonal Effects on Dietary Energy Balance

Research results from developing countries on seasonal variation in body weight and energy balance were discussed at an international workshop on the Biology of Adaptation to Seasonal Cycling of Energy Balance, held at the National Institute of Nutrition, Rome, 27–28 October 1988. This workshop was sponsored by the Italian Ministry of Foreign Affairs. Results of research studies, financed by the EEC and carried out in India, Benin and Ethiopia, in collaboration with the Universities of Wageningen and Glasgow, were presented. Methods used included measurement of energy intakes and expenditure, and topics such as the process of adaptation to low energy intakes, and energy adaptation in the Third World countries, were examined. The workshop report contains the materials presented and the discussions that followed. Further information can

be obtained from: Human Nutrition Unit, National Institute of Nutrition, via Ardeatina, 546, 00179 Rome, Italy.

Rickets Workshop

Rickets was the subject of the 21st Nestle Nutrition Workshop held in Buenos Aires, Argentina from 5–8 December 1988. During the course of this workshop, over 20 papers were presented and discussed. The Workshop's scientific programme included physiology and biochemistry of vitamin D and parathyroid hormone, calcium and phosphorus homeostasis, histophysiology of bone growth plates, the process of mineralization, and placental transfer of vitamin D and minerals. Various types of rickets, particularly those found in premature infants, were also discussed. In addition, rickets epidemiology and prevention were given special consideration. The question of rickets as a public health problem was investigated through surveys conducted in Algeria, China, France, India, Libya, Northern Europe, Saudi Arabia and South America. More information on the workshop can be obtained from: Prof. D. R. Fraser, Department of Animal Husbandry, University of Sydney, NSW 2006, Australia.

IUNS – International Nutrition Congress and Workshops

The 14th International Congress of Nutrition, hosted by the Korean Nutrition Society and sponsored by the IUNS, will be held in Seoul, Korea from 20–25 August 1989. The Congress through invited papers, plenary and poster sessions, and workshops, covers a very wide range of items related to food and nutrition.

Symposia will be held within the following subjects: Metabolism, Nutrition Integrated to Basic Sciences, Clinical Nutrition, Nutrition and the Life Cycle, Nutrition Planning and Policy, Nutrition and Culture, Animal Nutrition, Methods in Nutrition Research, Food Science and Technology and Regional Issues. Workshops will be held on a range of topics. The SCN is organizing one of these on “Managing Successful Nutrition Programmes”. Further details from: Secretariat/The 14th International Congress of Nutrition, c/o Dept. of Food and Nutrition, Ewha Womans University, 11–1 Daehyun–dong, Suhdaemun–ku, Seoul, 120–750, Korea. Phone: 082–02–363–4441, Telex: BTCICCS K26666, Fax: 02–393–5903.

Nutrition Policy in Europe

A Conference on Nutrition Policy in the European Region is planned for 1–6 October 1990, in Budapest, Hungary, organized by the Nutrition Unit, WHO Regional Office for Europe.

The Conference will have five main themes: a) how to set policy objectives – from nutrients to food supply; b) what did and do people eat? – elements of a nutrition information system; c) the scientific basis for nutritional recommendations, how they are set and how dietary guidelines are formulated in line with these; d) different models for organizational requirements; and e) measures for implementation such as agricultural policies, price interventions, mass catering, nutrition information, and new food technologies.

The Conference will include case studies of different countries' experiences, practical work on approaches to designing and implementing nutrition policy, and an exchange of views between of farmers, food industry retailers, consumers, nutrition scientists and economists. Further information can be obtained from Elizabet Helsing, Nutrition Unit, WHO Regional Office for Europe, 8, Scherfigsvej, 2100 Copenhagen 0, Denmark.

Nutrition Month in the Philippines

The need to integrate the nutrition effort in the overall development programme of the Philippines was strongly emphasized by observing July 1988 as Nutrition Month in the country. The month–long celebration was highlighted by symposia, exhibitions, project launching and various promotional activities of key agencies aimed at broadening public awareness and involvement in nutrition work. “Nutrition problems”, said the Chairman of the National Nutrition Centre “cannot be solved from the perspective of nutritionists and food experts alone... it requires the combined efforts of all sectors and all levels of society.”

(Source: Nutrition Centre of the Philippines (NCP) Bulletin, July/September 1988.)

Zaire Nutrition Data Bank

The Human Nutrition Planning Centre of the Department of Public Health in Zaire has developed a Nutrition Data Bank which collects published data in the area of nutrition. Dr Mayambu, the Director of the Centre, can be contacted for further information: Centre National de Planification de Nutrition Humaine, Dept. de la Santé Publique, 35 Av. du Comité Urbain, Gombe BP 2429, Kinshasa, République du Zaire.

WHO Collaborating Centre for Nutrition

The Human Nutrition Unit of the National Institute of Nutrition in Rome has been designated as a WHO Collaborating Centre for Nutrition. The Centre will have the responsibility for national advocacy and analysis of nutrition policy formulation. It will serve as a reference centre for research for prevention and control of malnutrition in developing countries, and will be a focal point for research on nutritional aspects of aging. WHO Collaborating Centres form part of an inter–institutional collaborative network in order to support regional or global resources in terms of information, services, research and training with regard to health development. Contact: Prof. A Ferro–Luzzi, Human Nutrition Unit, National Institute of Nutrition, via Ardeatina, 546, 00179 Rome, Italy.

Nutritional Status of Somali Refugees, September 1988 – March 1989

Reported by Save the Children Fund, UK

During the summer of 1988, several hundred thousand Somali refugees entered remote areas of eastern Ethiopia from areas of northern Somalia affected by civil disturbance. They were settled in three camps, at Harshin, Hartisheik, and Aware.

The first survey of child nutritional status at Hartisheik, the largest camp, was carried out in early September 1988, when the population was estimated at 100,000 persons. A random cluster survey of 36 clusters totaling 1080 children under 110 cm in height found 13.5% to be below 80% of the median weight–for–height (Wt/Ht) of the World Health Organization (WHO) reference population – about equivalent to moderate malnutrition. The proportion below 70% of median Wt/Ht (roughly, severely malnourished) was 1.8%. Six weeks later, a similar survey found proportions of 21.7% and 2.2% below 80% and below 70% of the WHO reference population Wt/Ht median, respectively; this 8% increase in moderate malnutrition was statistically significant. A third survey, carried out in January 1989, found 16.9% of children below 80% of the reference population Wt/Ht median. During that survey, only 40% of children identified as either moderately or severely malnourished were registered in supplementary feeding programs. In the latest survey, in mid–March, 26.4% of children were below 80% and 4.3% below 70% of the reference value – the highest malnutrition prevalence so far. Results of surveys are shown in the Table

Since January 1989, several hundred cases of scurvy have been reported. In addition, cases of hepatitis have been documented. Mortality data were not available during this September–March interval. The nutritional status of children at Harshin was similar to that at Hartisheik, with 12.5% of surveyed children below the 80% of median Wt/Ht cutoff. During the period between the September and January surveys, delivery of various ration components to Hartisheik had been inconsistent, with corresponding deficits in food availability. For example, lentils had not been available for any regular food distributions. Oil had been unavailable during much of this interval. Cereals were the only consistent source of calories. These quantitative ration delivery problems slowly improved by year's end, although further interruptions of food delivery ocurred in February and March 1989, a time during which child malnutrition rates increased at Hartisheik.

These data describe the occurrence of important nutritional problems among a large group of refugees in Africa. The malnutrition prevalence rates reported here compare adversely with those reported among

refugee populations in Malawi and Thailand, and are more comparable with those reported in Somalia and Sudan. High mortality rates were reported among the refugee populations in the latter two countries. Children with weight−for−height measurements below 80% of the WHO reference population median have been shown elsewhere to be at increased mortality risk.

Scurvy among refugee populations has been reported several times in recent years in the Horn of Africa, at least in part because, as in this situation, rations provided to refugees often fail to provide the minimum requirements of 6 mg/day of vitamin C. There are logistic problems in delivering large quantities of vitamin C−containing foods (such as fresh vegetables and fruit) to refugees in remote regions of Africa; however, enrichment of cereals with vitamin C by donors is a potential solution. Similar factors were felt to be contributing to malnutrition in both surveyed camps.

Recommendations to improve nutritional intervention and assessment included regular and full ration distribution, inclusion of foods containing vitamin C in the ration, an expanded system of supplementary and therapeutic feeding programs with improved outreach to achieve better coverage of malnourished children, expanded collection of direct mortality data, and continued monitoring of children's nutritional status. In addition, based on experience in coping with past disasters and refugee crises, the Ethiopian Ministry of Health has recently published a revised set of health relief management guidelines which set out principles for the management of relief programs and other assistance provided to refugees and disaster−affected populations.

Nutritional Status of Random Cluster Samples of Somali Refugee Children < 110 cm, Hartisheik and Harshin, Ethiopia, September 1988 − March 1989

Camp	Date	Children Surveyed	Prevalence <80% Wt/Ht	Prevalance Proportion <70% Wt/Ht
Hartisheik	Sept. 1988	1080	13.5%	1.8%
Hartisheik	Nov. 1988	1350	21.7%	2.2%
Hartisheik	Jan. 1989	1350	16.9%	2.3%
Hartisheik	Mar. 1989	1350	26.4%	4.3%
Harshin	Jan. 1989	1350	12.5%	1.8%

Percentage of Sampled Children < 5 Years of Age with Moderate or Severe Malnutrition in Recent Refugee Populations

Country and Camp (date)	< 80% weight−for−height
Ethiopia (March 1989)	
Hartisheik (n = 1350)	26.4%
Malawi (June 1988)	
Nsanje (n = 575)	6%
Thailand (November 1979)	
Sakeo	18%
Khao−I−Dang	5%
Somalia (May 1980)	
Sabacad	35%
Amalow	24%
Malke Hiday	26%
Sudan (January 1985)	

Wad Sherife	52%
Wad Kowli	32%

Letters

Andrew Schachtel, a Nutrition Worker, Directorate of Health Services, Thimphu, Bhutan writes:

"Would it be possible for future issues of the SCN News to include:

1. The safety of iodized oil injections for pregnant women;

2. The value of oral iodized oil in the prevention of iodine deficiency;

3. A list of courses in nutrition being offered worldwide to nurses, paramedical workers, and doctors from less developed countries;

4. Results of national nutrition surveys performed by various countries, in tabular form, especially listing percentage of children under 5 years with Wt–for–ht, Ht–for–age, < 2SDs below reference median, etc.?"

Answers to these questions (for the first two, replies kindly provided by Dr G. Clugston, WHO Nutrition Unit) are as follows:

1. *The use of iodized oil (injected or oral) in pregnancy for correction of iodine deficiency and prevention of iodine deficiency disorders (IDD)*

Many tens of millions of iodized oil injections (and more recently oral iodized oil) have been given over the past forty years for the prevention and treatment of iodine deficiency disorders particularly as an interim or rapid approach in moderate or severely iodine deficient areas. Experience has been on a global scale – i.e. in American, African, South East Asian and Western Pacific Regions of the world. The priority target group for use of iodized oil is primarily women of child bearing age including those who are pregnant (especially first trimester) followed by children 0–5 years, older children, and finally adult men 16–45 years. With all this vast experience there appears to be no scientifically sound evidence of any significant or enduring harmful effects of iodized oil when administered at any stage of pregnancy in either injected or oral forms. Indeed it has been clearly and repeatedly demonstrated in severely iodine deficient areas (e.g. Indonesia, Nepal) that iodized oil in pregnancy increases survival, birth weight and development quotient of the offspring and eliminates cretinism. Pregnant women should specifically be included in any such prophylatic programme.

2. *The value of oral iodized oil in the prevention of iodine deficiency*

While much less is known about the use of oral iodized oil in terms of its metabolism, absorption and duration of action when compared with injected iodized oil, widespread use has been reported and now seems quite common in many parts of the world. The advantages that have become apparent in using iodized oil capsules include ease of administration including less cost, less training, fewer instruments, less time required, and avoidance of certain hazards such as injections and improper disposal of needles. It can be easily included as a basic activity in primary health care systems in remote areas. Based on current studies it appears that the effect of oral dosing lasts about half as long (i.e. 12–18 months) as the same dose by injection. A suggested schedule for both oral and injected iodized oil is shown opposite.

3. *Courses in nutrition*

A list of institutions offering courses in nutrition is available from Dr D. Benbouzid, Nutrition Unit, Division of Family Health, WHO, 20 Avenue Appia, CH–1211 Geneva 27, Switzerland.

Proposed dosage schedule for iodine supplementation using iodinated oil

Age	Dose	Route	Frequency
< 1 year	0.5 ml	oral	once only
	(240 mg iodine)	or	
		i.m.	once only
1–14 years	1 ml	oral	every year
	(480 mg iodine)	or	
		i.m.	every 3–4 years
Women	1 ml	i.m.	every 3–4 years
14–45 years	(480 mg iodine)	or	
(safe in pregnancy & lactation)		oral	every year

4. *Results of national nutrition surveys*

The SCN's Supplement on Methods and Statistics (ACC/SCN, December 1988) to the First Report on the World Nutrition Situation contains national nutrition survey data in tabular form. This is available upon request from the SCN.

WHO's Nutrition Unit has available *Global Nutritional Status: Anthropometric Indicators,* (1987), (Ref: NUT/ANTREF/3/87, Geneva) which gives such national data in a standard form (i.e. prevalence less than –2SD for Wt–for–ht, Ht–for–age, Wt–for–age by graphic and administrative regions, and sex). The format is shown in SCN News, No. 1, page 11. The Nutrition Unit is in the process of updating this report with several more survey reports as well as expanded presentation using other cut–off points and mean SD sources to express distributions of anthropometric indicators in different population groups. More information can be obtained from the Nutrition Unit, Division of Family Health, WHO, Geneva.

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Dr H. A. B. Parpia, Co–Chairman of Development Councils for Food Processing Industries, Mysore, India writes:

“There can be no nutrition without elimination of poverty and increasing supplies of food. The development of an agro–food system and particularly post–harvest technology development in the Third World countries bring about the much needed socio–economic transformation through:

1. Preventing 30–40% losses of durable foods and 40–50% losses of perishable foods at pre– and post–harvest levels. This will increase food supplies without bringing more land into cultivation and destroying ecology;

2. Generate largest employment per dollar invested and prevent migration of people to urban areas which is resulting in disastrous consequences to environment, health, nutrition and habitat;

3. Ensure better quality food for the people by preventing deterioration of nutrients and contamination;

4. Convert subsistence agricultural economies to more balanced economies and stimulate crop production as better markets would be available at post–harvest levels;

5. Integrate culture through food and create better understanding among people, even nutritionists and food scientists;

6. Provide better political and social stability and create more purposeful links between the economies of rural and urban areas; and

7. Help nations improve balance of trade by export of value–added processed foods.

India realised the importance of food conservation and processing as the most important means of improving the quality of life, and created a full Ministry for this purpose. It recognizes that the next food revolution will come through prevention of losses and raising people's ability to eat nutritionally by having a better outlook and income. The country has to feed 1000 million by AD 2000, and the world has to feed 8000 million by that year. The problem of Asia is more serious as 60% of the population lives on 20% of the land."

PROGRAMME NEWS

AUSTRALIA

AIDAB's Health Strategy

A strategy to raise the profile of the health sector in Australia's official aid programme has been adopted by the Australian International Development Assistance Bureau (AIDAB) with these three main objectives:

a. increased visibility, through collating and distributing information on Australian expertise relevant to regional health needs, as well as information on existing planned health aid activities;

b. increased focus, in relation to women and their children's health;

c. improved programming to better incorporate health activities into Bureau programmes in a systematic way.

The main areas of concentration during 1988 were building up of in–house resources, obtaining more systematic information on Australian expertise, and carrying out a programme of country–specific sectoral studies which will lead to bilateral projects.

Each country–specific study covers health priorities and policies, the relevant institutional context, other donor activity, and the narrow areas of focus in which Australia has the capacity to assist and which are consistent with AIDAB policies and administrative considerations.

A major focus of health activities will be nutrition programmes. AIDAB has issued Development Paper No. 9 on Healthier, Wealthier, Wiser? – AIDAB's health sector strategy one year later. The address for AIDAB is: GPO Box 887, Canberra ACT 2601, Australia.

FAO

Nutrition Country Profiles

FAO's Food Policy and Nutrition Division is often asked for summary information on the food and nutrition situation in different countries. Such requests come from international and non–governmental organizations, from universities and research institutions, as well as from inside the UN system.

To improve the response to such requests, FAO undertook to develop Nutrition Country Profiles of all developing countries that are members of FAO. The following principles have guided the preparation of the profiles:–

a. the profiles would provide brief explanatory texts and supporting data describing the food and nutrition situations of countries, with related factors such as agricultural production, and selected economic and demographic variables;

b. to ensure inclusion of the most recent information, national institutions would be contacted to prepare the original drafts, according to a pre–defined format;

c. in the first instance, the profiles would be available in one language each, i.e. English, French or Spanish, as appropriate;

d. the format of the profiles would permit routine updating.

Preliminary activities began in 1986 with the development of a draft profile format and the selection, from FAO's AGROSTAT data base, of relevant nutrition–related data (agricultural production, food availability, economic and demographic indicators). Six sample profiles were prepared with tables presenting the data. Guidelines for profile preparation were drafted and administrative procedures established. The process then began of identifying and contacting national institutions, a process that was repeated at regular intervals in order to maintain a steady flow of profiles. Preparation of the first draft in countries is considered an essential component of the whole activity, first to ensure the inclusion of information that may not be widely available – such as unpublished survey reports – and second to facilitate updating.

Over 100 of the 127 developing countries included have been contacted. Final profiles are available for 32 countries, and a further 30 are in various stages of draft.

Full country coverage, textual editing and improvements in layout are planned for 1989/90; routine updating will begin in 1990.

All Nutrition Country Profiles will eventually be available on FAO's World Agricultural Information Centre (WAICENT) for users with access to international computing networks. The preparation of programmes to effect the necessary online availability is in process. Until the computer link is established, and for users without the requisite computer facilities, Nutrition Country Profiles may be obtained by writing to the Food Policy and Nutrition Division, FAO, Via delle Terme di Caracalla, 00100 Rome, Italy.

FAO/WHO/UNICEF

Inter–Agency Food and Nutritional Surveillance Programme (IFNS)

The IFNS programme – a joint initiative by FAO, WHO and UNICEF, with coordination and support provided by the SCN – was initiated in late 1987 in order to i) promote the development of food and nutritional surveillance systems in a substantial number of developing countries, and ii) compile and report on existing information on nutritional status at national level. Core funding for the programme's activities was provided by the Swiss and Dutch Governments. In the intervening year and a half substantial progress has been made both in terms of the long–term objective and in support for the production of a report on nutritional status trends in 33 countries (Update on the Nutrition Situation, ACC/SCN, Jan/Feb 1989).

A major concern was to produce as early as possible a document which – in addition to describing the purposes of the programme – also set out the kinds of projects which would be considered for funding and the guidelines for preparation of project proposals. These guidelines have been widely distributed through the participating agencies and during the course of a number of inter–country/regional meetings on nutritional surveillance (*Guidelines for Project Preparation,* IFNS Programme, July 1988, UNICEF, New York). These meetings – a number of which were planned in conjunction with the IFNS and with the latter's support – have taken place in Africa, Asia, Latin America and the Near East, and have contributed to a growing momentum in the thinking and development of surveillance systems in most regions of the world. They also served to provide a forum for discussing the IFNS programme and a large number of project proposals have been received as a consequence. To date, more than 20 countries have submitted proposals which have been and are being reviewed, with several already approved and funded.

Substantial projects in both China and Madagascar are now being supported by IFNS funds. In Tanzania – with large national and community based components – Dutch and Italian funding has been secured. Additional country projects which are now under way include the Philippines and Venezuela (funded by UNICEF and PAHO). Inter–country training projects are being developed in Latin America and the Caribbean, Africa and Asia.

GTZ (FEDERAL REPUBLIC OF GERMANY)

Nutrition in Rural Development

Based on the development policy guidelines of the Federal German Government from 1986, the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH is introducing a strategy to incorporate nutritional aspects in rural development and health projects. The incorporation of nutritional aspects in GTZ projects means:

- implementing systems for monitoring and evaluation of nutritional output and impact;
- execution of a baseline survey and follow–up studies;

– selecting and implementing adequate measures for improving nutritional status.

These components will be introduced in every rural development, primary health care, food security and agricultural production project. Until now seven baseline nutrition studies have been carried out in five different countries. In 1989 it is planned to do about twenty baseline studies worldwide. The results of the monitoring system are not only intended to improve the nutritional status of the project target groups, but also to evaluate the impact of different project types and components of nutrition. A GTZ manual for assessment of nutritional status in communities will be developed in order to help standardize the survey methodology as far as possible.

The strategy is outlined in a position paper on assessing the nutritional impact of projects. The paper will be submitted to anyone interested. Contact: Dr R. Korte, GTZ, Postfach 5180, D–6236 Eschborn 1, Federal Republic of Germany.

INTERNATIONAL ATOMIC ENERGY AGENCY

Bioavailability of essential micronutrients

The International Atomic Energy Agency (IAEA) is interested in starting a coordinated research programme in 1990 on the bioavailability of essential micronutrients. This programme will involve tracer studies using radioisotopes (and possibly also stable isotopes) and is expected to focus on essential trace elements such as iron, zinc and selenium. Some financial support will be available for participating institutes from developing countries. Further information may be requested from Dr R. M. Parr, IAEA, PO Box 100, A–1400 Vienna, Austria.

ICCIDD

Prevention and Control of IDD

The International Council for Control of Iodine Deficiency Disorders (ICCIDD) has now established a global network of more than 300 members with the wide range of expertise necessary for successful development and implementation of Iodine Deficiency Disorders (IDD) control programmes. Dr B. S. Hetzel, Executive Director of the ICCIDD explains that the Council aims to establish national control programmes in countries where a vast number of people are at risk of IDD consequences. A format for the preparation of national programmes has now been adopted as well as recommendations on procedures for funding involving WHO, UNICEF and bilateral agencies. The ICCIDD allocated $50,000 towards activities in 1988/9 which will also be supported by UNICEF and the WHO/UNICEF Joint Nutrition Support Programme, as well as bilateral agencies.

Regional status of IDD control programmes are published in the IDD Newsletter. Here are some of the highlights:

– Intensified activities aiming at development of national control programmes are proceeding in Cameroon, Nigeria and Zaire.

– National IDD control workshops were held in Nigeria and Zaire.

– The second IDD Task Force meeting for Africa received excellent proposals from Kenya, Tanzania and Zimbabwe.

– Control programmes have escalated in Bolivia, Peru and Ecuador with international aid through WHO/UNICEF Joint Nutrition Support Programme, and additional support from the Belgian government in Ecuador. It seems that IDD could be under control within the next 2–3 years in Latin America.

– The policy of universal salt iodization by 1992 in India increased the volume of iodized salt 7–fold during 1983–87. Considerable progress is evident now that individual states have responsibility for control programmes.

– In Nepal, a feasibility study of the social and economic impact of IDD control was undertaken by the UNICEF office with assistance from the Nepalese Government in collaboration with ICCIDD. A report of the national IDD control programmes, with 2.5 million

iodized oil injections, was submitted to the government in December 1986, but limited progress has been made with salt iodization.

– In December 1987 a regional seminar was held in Alexandria, Egypt and a national seminar was held in Islamabad, Pakistan.

– In Indonesia, a new preparation of iodized peanut oil is to be produced.

– Recent data from Europe indicated the importance of iodine deficiency in newborn babies who are much more seriously affected than adults.

– A scientific meeting jointly sponsored by the ICCIDD and the Fogarty International Centre on “Iodine and Brain” was held in March 1988. Over 50 papers were presented ranging from molecular biology through animal models to human epidemiological studies. The proceedings of this meeting are published by Plenum Press.

Further information from: Dr B. S. Hetzel, ICCIDD, CSIRO, Kintore Avenue, Adelaide 5000, Australia.

KENYA

Postgraduate Degree Programme in Applied Human Nutrition

Most African professionals seeking postgraduate level training in applied nutrition have to study abroad, often in the USA or UK, where costs are considerably higher and little, if any, opportunity exists for relevant field work.

Since 1985, a two–year postgraduate programme leading to a Master of Science degree in Applied Human Nutrition has been established at the University of Nairobi, Kenya. This followed recommendations by the ACC/SCN. The aim of the programme is to reinforce the skills of professionals in programme planning, implementation and evaluation in the field of applied nutrition and nutrition policy for the region, through provision and improvement of training facilities in the field. The course content reflects the multifaceted causality of nutritional problems in that it incorporates major disciplines crucial to the understanding of the aetiology and consequences of malnutrition, as well as for the formulation of measures aimed at alleviating nutritional problems, either directly, or indirectly by influencing policy decisions. Thus the programme is of special relevance to intermediate level and senior staff from a range of government ministries.

The programme is supported by the Kenyan Government and the German Federal Ministry for Economic Cooperation through the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH. Financial support for the students has come from both the Government of Kenya and the Federal Republic of Germany, as well as international and bilateral organizations such as IDRC, Canada; SIDA, Sweden; UNICEF and UNU. For further details on the course curriculum and entry requirements contact: Dr A. Kielmann, Unit of Applied Human Nutrition, University of Nairobi, PO Box 41 607, Nairobi, Kenya.

OCEANIA

Oceania Foods

The October 1988 Newsletter from Oceania Foods reported progress in the development of national and regional food composition tables for Australia, New Zealand and Pacific Island countries.

Australia Food Tables

The first publication of the revised Australia food tables is now in press. The fruit, vegetable and meat groups provide the majority of the data and contain a comprehensive range of raw and canned fruits, raw and cooked vegetables, and meats.

NUTTAB

The Department of Community Services and Health have made available (on disk) a nutrient data table for use in Australia (NUT–TAB). The data base includes nutrient information available from the Department's ongoing Food Analytical Programme with the balance of data modified or direct from the United Kingdom's reference, McCance and Widdowson's Table of Composition of Foods by A. A. Paul and D. Southgate. The

British data will progressively be replaced as nutrient values become available from the Australian Food Analytical Programme.

New Zealand Food Composition Database

In August 1988, the Department of Scientific and Industrial Research released the New Zealand Food Composition Data Base. The data base uses validated local food data, which included comprehensive information on New Zealand fruits, vegetables, dairy products and fish. Nutrient data from the British food tables (Paul and Southgate) have been included to fill the gaps. The current analytical programme will eventually provide a set of food tables, comprising all New Zealand data. The Food Composition Data Base is available in hard copy or in computer readable form (floppy disk or magnetic tape). A data base has also been developed to provide clinical dietitians with access to information on manufactured foods available in New Zealand.

Pacific Island Food Composition Programme

The Pacific Island Food Composition Programme (PIFCP) is a project funded by USAID and administered by the South Pacific Commission, a regional inter−governmental organization which provides programmes of technical assistance to the 22 island nations of the Pacific. The major objectives of the PIFCP are production, management and dissemination of up−to−date and comprehensive data on the nutrient composition of Pacific foods. The current activities of PIFCP include a review of existing published and unpublished nutrient data on Pacific foods, identifying gaps in the information, canvassing users for nutrient and food priorities to guide the production of new data, a programme of analyses of Pacific Island foods in regional laboratories, the establishment of a nutrient data bank and the dissemination of data in print and computerized format.

PIFCP is actively seeking submissions of published and unpublished analytical data on the nutrient composition of Pacific foods. In addition, interested persons are requested to provide their views about foods and nutrients in need of inclusion in the analytical programme. A periodic PIFCP Newsletter will be produced by the South Pacific Commission and those interested in receiving copies are invited to register on the mailing list.

In 1987 PIFCP was able to provide funds for equipment purchase for two regional laboratories that are involved in the analytical work. These were The National Agricultural Chemistry Laboratory, Department of Agriculture and Livestock, Port Moresby, Papua New Guinea; and the Institute of Natural Resources, University of the South Pacific, Suva, Fiji. In 1988 staff at these laboratories received on−site training in the analytical methods required by the programme and some pilot analytical work has begun. More information can be obtained from the Food Composition Coordinator, South Pacific Commission, PO Box D5, Noumea Cedex, New Caledonia. The OCEANIAFOODS contact is Dr Ruth English, Chief Nutritionist, Department of Community Services and Health, GPO Box 9848, Canberra ACT 2601, Commonwealth of Australia.

SIDA (SWEDEN) & FAO

Forests, Trees and People

In 1987 the Swedish International Development Agency (SIDA) and FAO launched a new programme in community forestry called Forests, Trees and People (FTP). The programme, which currently covers nine countries (Bangladesh, Burkina Faso, Ethiopia, Kenya, Nepal, Tanzania, Thailand, Vietnam and Zambia), is funded through FAO Trust Funds and SIDA. The International Rural Development Centre (IRDC), Swedish University of Agricultural Sciences (SUAS), coordinates the Swedish side of the programme. It is part of SIDA's Special Programme series and is thus a research and development programme with a strong emphasis on methodological development and community participation.

One area of importance to the FTP programme is to develop methods of addressing nutrition concerns also in forestry sector programmes. Thus nutrition issues of relevance to forestry have been addressed in a number of seminars and technical meetings for the FTP staff, both at international and national levels. Some nutrition studies and surveys have been carried out or are under way in several of the projects e.g. Tanzania, Thailand, Vietnam and Zambia. FAO in collaboration with the Khoen Kaen University, Thailand, has recently held a workshop on “Nutrition in Forestry” for forestry staff, nutritionists and planners from Bangladesh, Indonesia, Nepal, Thailand and Vietnam. IRDC/SUAS has planned a similar workshop in Africa. Major focus is on the use of nutrition data for targeting forestry project activities; finding more effective ways through which forestry projects, programmes and policies can address household food insecurity problems; and on identification of key indicators which can be used to monitor and evaluate the effect of nutrition−oriented forestry actions. In

connection with this, SIDA/IRDC also assists the projects in Ethiopia, Kenya, Tanzania and Zambia in planning nutrition, food consumption or ethnobotanical surveys in their FTP projects.

FAO is preparing several publications on nutrition in forestry and some reports are also available from IRDC/SUAS. Further information and details can be obtained from Britta A. Ogle, IRDC/SUAS, PO Box 7005, 75007 Uppsala, Sweden or from Marylyn Hoskins, FAO – Forestry Division and Brian Thompson, ESN, FAO Headquarters, Rome, Italy.

UNESCO

New Initiative to Improve Education through Nutrition

Education sector budgets around the world have suffered greatly in the present prolonged recession and progress towards universalizing “basic education” is slow. Less than two–thirds of primary school age children go to school and no more than half actually finish primary education.

Education planners are re–examining education priorities and cost–benefits and shifting priorities in favour of expanding and improving primary education. Planners measure the efficiency of educational systems in terms of *internal efficiency* – what to do to maximize educational outputs given limited resources – and in terms of *external efficiency* – what kinds of outputs have most significant impact on overall national development. Efficiency factors focus almost exclusively on better educational planning, more textbooks, better teacher training. Malnutrition as an educational “risk factor” obstructing learning and jeopardizing the future educational progress of children is largely overlooked despite estimates that one out of every two to three children in developing countries suffers from moderate to severe nutrition/health problems, affecting school performance.

A new UNESCO initiative is designed to bring the Child Survival and Development Revolution into primary school classrooms. It has three main goals: (1) improve the nutrition and health of school–age children in developing countries; (2) improve the efficiency of educational systems in developing countries; and (3) strengthen public health understanding of the relationship between nutrition and health status of primary school children and learning outcomes.

The initiative will test the feasibility of strategic approaches and low–cost technologies designed to improve the nutrition and health of primary school children (i.e. de–worming, provision of iron, iodine, vitamin supplementation, targeting of food aid and school feeding). It will also support research to determine, for example, the extent to which educational deficits are exacerbated by nutrition and health factors, and the extent to which levels of non–attendance are related to specific nutrient deficiencies and other health problems. The third aspect of the initiative will involve creating a real constituency among Ministries of Education and Health for school nutrition and health through sensitization and information exchange.

WHO

Vitamin A Delivery through Immunization Programmes

Vitamin A deficiency is one of the most important types of malnutrition in the world today, along with protein–energy malnutrition, iron and iodine deficiency disorders. Over the past decade, the burden of over 2.5 million needlessly blind children, and ten million children and adults annually with other evidence of vitamin A shortage is concentrated in countries already facing a wide range of competing nutrition and health problems. Recent evidence shows that the equally sinister and far more prevalent results of poor vitamin A status lead to decreased resistance to infection and reduced chance of survival.

WHO's Expanded Programme on Immunization (EPI) recommends targeting young children in high risk areas, and those at greatest risk of blindness and death due to preventable malnutrition, for vitamin A prophylaxis through immunization services. In December 1988, the International Vitamin A Consultative Group (IVACG) meeting in Addis Ababa endorsed the potential contribution of immunization services to control strategies.

Using immunization programmes to distribute a micronutrient is a radically new departure for EPI which has focused on antigen delivery. But vitamin A supplementation is a sustainable and cost–effective measure to enhance the overall goal of increased child survival. EPI can, in countries with a serious vitamin A deficiency problem, contribute enormously to control of malnutrition and blindness in the critical years of early childhood, in at least two distinct ways:

– by providing a distribution mechanism for vitamin A supplements within the context of Primary Health Care, and

– through measles immunization, thus eliminating the most important single cause of rapid deterioration of body vitamin A reserves, as well as potentially blinding corneal lesions in childhood.

Countries which have already linked vitamin A supplementation to immunization programmes include Brazil, El Salvador, Guatemala, Indonesia, Malawi and Mauritania. In 1988, headway was also made at central and regional level in the coordination of control approaches between nutrition, blindness prevention and the EPI. Country visits were made to Malawi

WHO's Breast–Feeding Data Bank

The WHO Nutrition Unit has created a Breast–Feeding Data Bank as part of its Nutritional Surveillance activities. The Data and Mali, both of which resulted in intensification of control strategies and decisions to prepare national policy documents. Implementation of supplementation through EPI in at least 2 countries in Africa, 2 countries in Asia and one country in the Americas is one of the immediate EPI–linked objectives for 1989.

The vitamin A dosing schedule within the EPI in countries where vitamin A deficiency is a problem of public health significance is as follows:

Vitamin A dosing schedule within the EPI: In communities where vitamin A deficiency is a problem of public health significance

Age of child	Vaccine	Vitamin A dose
birth or within 2 months of delivery	BCG and Polio	200 000 IU to mother
6 weeks	DPT 1 and Polio 1	
10 weeks	DPT 2 and Polio 2	
14 weeks	DPT 3 and Polio 3	
6 months		100 000 IU to infant
9 months	measles	100 000 IU to infant
1–5 years	any EPI or health services contact	200 000 IU every 3–6 months to pre–school children

(Source: EPI Global Advisory Group Meeting, Abidjan, 17–21 Oct. 1988. Programmes for the Control of Vitamin A Deficiency: The Role of the EPI in New Initiatives for 1990s, WHO).

Bank has also the broader objective of better defining the impact of breast–feeding on childspacing. The format allows the study of breast–feeding prevalence and/or trends at birth or shortly after and at 3, 6 and 12 months median age; when that is not reported, the mean duration of breast–feeding is included. Examples of the data format are these:

Table I.

BREAST–FEEDING, CHILDSPACING AND FERTILITY IN THE AFRICAN WH										
Region, Country or Area	**Year**	**Sample**		**Age of mother**	**Percentage of infants supplemented at month**			**Median duration**		**Abstinence**
		Type	**Size**		**3**	**6**	**9**			**months**

									breast–feeding months	post partua amenorrhoea months		
ETHIOPIA												
	Debarek.	1971	R	375					18			36
GHANA												
	Kwahu Plateau–South	1971–73	R	179					18 E	15 E	6	28
	WFS	1981–84		3,335					18 E	12 E	10	
		181–84			15–24				18 E	12 E	9	
					25–34				18 E	12 E	10	
					+35				19 E	14 E	12	
	WFS	1981–84		1,830		48	84	84				

Table II.

PREVALENCE AND DURATION OF BREAST–FEEDING IN THE SOUTH–EAST ASIAN WHO RE														
Region, Country or Area	**Year**	**Sample**		**Percentage breast–feeding**										**bre**
		Type	**Size**	**Ever**	**At 3 months**			**At 6 months**			**At 12 months**			
					Fully	**Partially**	**Both**	**Fully**	**Partially**	**Both**	**Fully**	**Partially**	**Both**	
BANGLADESH														
	1978	R	910	99			99			97			97	27
Dhaka	1986 E	U					49 (12)							
Matlab Thana	1974	R	1,414	99			86			83			77	30
National survey: WFS	1975–76	R	298	98			91			86			62	31
National survey: WFS	1975–76		325	98			91			86			62	31
Villages	1986 E	U		78						63				
Villages	1986 E	R		89						67				
BURMA														
	1975	R					99			99			64 E	
Grater Rangoon	1969		1,223	99										

The aims of the Data Bank are to provide information for:

– monitoring prevalence and duration of breast–feeding and evaluating trends over time, and

– giving a useful tool for studying the interrelationship between breast–feeding and fertility, especially childspacing.

Data kept in the Bank are based on information collected from different sources including internal communication of research findings. The following criteria are used for inclusion/selection of data:

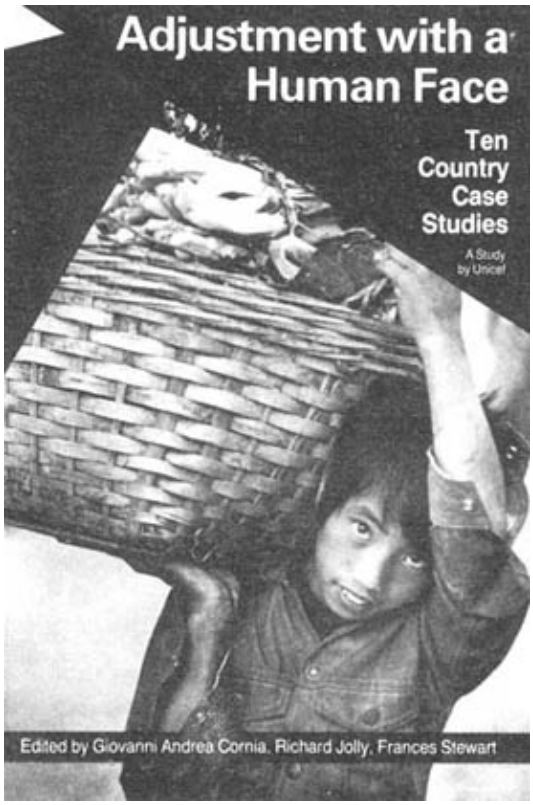
– only findings based on observations of 100 or more infants are retained unless the results obtained on smaller samples are exceptional in some way;

– while studies undertaken in previous years are included, priority is given to recent studies;

– prevalence rates, based on results for which the methodology is defined and calculations can be checked, are included, excluding studies that are obviously biased.

Information on type of survey when given in the reports (e.g. geographic location, socio–economic level and ethnographic characteristics) are also included in the Data Bank. Further details on the Data Bank can be requested from WHO–/NUT Breast–feeding Data Bank, Nutrition Unit, Family Health Division, WHO, 1211 Geneva 27, Switzerland.

PUBLICATIONS



Adjustment with a Human Face, Volume II, Ten Country Case Studies, A Study by UNICEF (Giovanni Andrea Cornia, Richard Jolly and Frances Stewart (Editors) Clarendon Press, Oxford, 1988 – 310 Pages)

Monetarists regard inflation, rather than unemployment, as a social malady. Milton Friedman invented the phrase “natural rate of unemployment”, a normal and acceptable outcome of the market process. The IMF neo–liberal monetarist model used for stabilization policies had led to measurably high unemployment and real low wages in the 70 or so countries where it has been applied. In the Philippines, real wages fell by 50% in the 1980's. Employment levels shrank from 55.5% in 1976, to 35% in Peru. Wages in Chile in 1985 were 14% less than in 1981.

A prerequisite of orthodox stabilization programmes is to reach quantitative targets: contraction of the money supply, credit restriction, wage freeze. Unemployment statistics and per capita GNP are considered to be economic indicators rather than terms used to quantify human distress. Reduction of government spending on poverty alleviation seems logical if the rationale is deficit correction or foreign debt servicing.

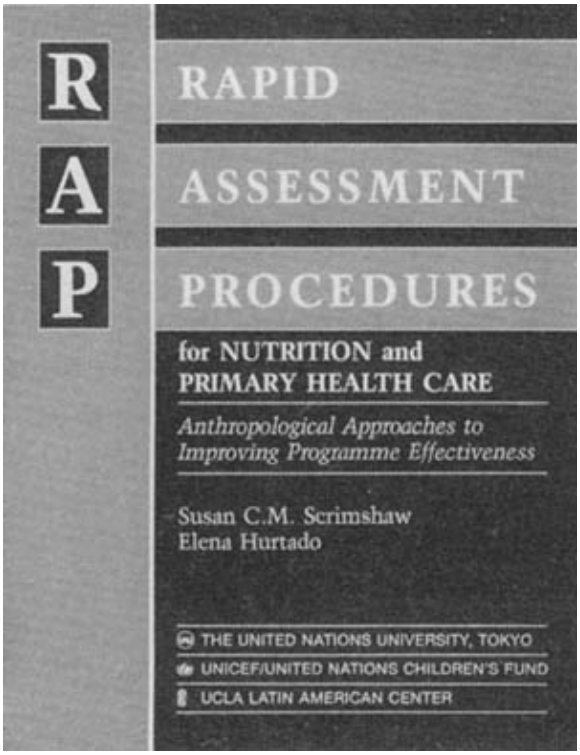
The IMF inadvertently contributes to a cycle of deprivation in its role as net recipient of capital from developing countries. It is a source of conditional loan finance to whom needed resources are delivered in the form of interest payments. Debt servicing obligations siphon export earnings and divert cash from social welfare programmes. In 1985, Brazil paid the equivalent of the entire budget of the federal social welfare and medicare system. The external debt in the Philippines is 82% of GNP (1985) and is so debilitating that it makes economic sense to convert it to equity, or to repudiate it. The IMF, as ringmaster of debt rescheduling, may be forced to modify the monetarist solution by shifting the emphasis from inflation to unemployment. If unemployment, rather than inflation, is defined as the social malady, the monetarist paradigm may be skewed to incorporate a humanist clause.

The modification of government strategies to include or exclude this human and quantifiable dimension, and the evolution of this process as it relates to IMF stabilization planning, is the subject of *Adjustment with a Human Face, Volume II, Ten Country Case Studies, A Study by UNICEF.* Edited by Giovanni Cornia, Richard Jolly and Frances Stewart, each monograph adopts the same format: a retrospective look at the administration of austerity plans during the 1970–1985 period in the context of world recession and local catastrophe, an update on trends from 1985, and a prognosis. Investigative reporting forms the backbone of the text, using social sector data to measure the impact of stabilization economics on human structures. The deterioration, or in some cases amelioration, of social conditions is analyzed in the language of input, process and impact indicators which provide detailed information on government expenditure correlated with access to employment, food, education and health service at the household level. Unemployment translates into a familiar arithmetic of low food purchasing power, malnutrition, increased child morbidity and mortality rates. Positive health interventions translate into child survival.

Among the other countries chosen for this research, Botswana, Peru, South Korea and Zimbabwe emerge on the credit side for combining adjustment with allocation of resources to vulnerable groups, compared with Brazil, Ghana, Jamaica and the Philippines, who have less political will in this regard. The contributors to these country case histories are aware that an analysis of the cycle of deprivation is insufficient without the corollary analysis of response: what decisions add up to a workable crisis resolution tactic. Botswana and Zimbabwe are cases in point. Their respective governments chose to fund a drought relief programme despite budgetary restrictions. At the onset of the drought in 1982, underweight prevalence rates were measured and an appropriate drought was undirected, resulting in an infant mortality rate of 120 per 1000 in the same period. A sharp decline in wages in Brazil caused the infant mortality rate to increase from 65 to 73 per 1000 from 1982–84. State and city governments worked with community groups to form buffer mechanisms to moderate adverse conditions. In Sao Paulo, wholesale food markets, food convoys and food network schemes provided poorer members of the community with food they could not otherwise afford. In Chile, these OEPs (people's economic organizations) provide 3% of the 1.2 million Santiago shanty town population with food. When unemployment is endemic, it is the woman who is responsible for the sustenance of her family. The ingredients for the stabilization agenda – or menu – directly affect what goes into the cooking pot. These examples provide valuable insight to both the economist and the nutritionist on the variation in causes of, and responses to, the economic crises that currently afflict many developing nations. They serve most of all to highlight the capacity of some countries to Successfully buffer the short term effects of structural adjustment on the health and well–being of the poor.

And no one exists alone
Hunger allows no choice
To the citizen or the police
We must love one another or die.
(W H Auden)

Rosemary Kevany



Rapid Assessment Procedures for Nutrition and Primary Health Care: Anthropological Approaches to Improving Programme Effectiveness (Susan C. M. Scrimshaw and Elena Hurtado, published 1987, pp. 70)

RAP is a set of procedures and guidelines which enable health workers and social scientists in fields other than anthropology to carry out rapid assessments of health related behaviour. The procedure was developed for the UN University Research Programme in order to improve understanding of programme implementation, its success and problems. It has to date been used primarily for nutrition and primary health care programmes, but can be adapted to suit many other areas.

RAP is a simplified method of collecting data using anthropological techniques for the assessment and evaluation. It has a specific function and is by no means a substitute for the more classical anthropological approaches and surveys. It is not meant to be comprehensive but to provide a systematic way to assess specific cultural aspects and behaviour. It can be used at various community levels and with individual, household and other community grouping. The method is especially concerned with beliefs and perceptions regarding health, illness and its treatment and the utilization of traditional and biomedical health resources.

RAP is designed primarily for short periods of data collection ranging from 4–8 weeks. It therefore involves a very brief period in the field and focuses on a few specific topics involving human behaviour. Small population samples are selected. The procedures used allow detailed recording of the socio–cultural context in which health related behaviour occurs. The methods used consist of:

a. formal and informal interviews with open–ended questions on specific topics allowing the respondents to explain their beliefs, views and experiences;

b. careful observation of nonverbal events and behaviour providing valuable clues to the socio–cultural context;

c. focus group discussions to help check the information collected with a large number of people.

Thus, by using a variety of social science techniques, which include participant observation, structured interviews, guided conversation, focus groups, etc., RAP attempts to elicit the views of the people and health care providers about their attitudes and opinions regarding a particular project or health service.

The guide is intended to be used by persons trained or familiar with field data collection methods, but one does not need a degree in anthropology. Data collection outlines are presented on each topic providing a variety of sample questions, outlines, checklists, grids to complete and other data gathering aids.

In short, RAP is a very useful tool to gather information in a relatively short period of time and feedback can be provided immediately to evaluate and guide programme improvement. It provides qualitative information through direct observation and individual or group interviews to supplement quantitative information which is best obtained through questionnaires and other survey techniques. RAP was not designated to generate theory but to assess needs, evaluate and improve programmes.

Dr M. Deichmann, WHO, Geneva (Reference: UCLA Latin American Center, Reference Series, Volume 11, available from The United Nations University, Tokyo, Japan; and UCLA Latin American Center Publications, University of California, Los Angeles, California, USA.)

The FAO Manual on the Practical Application of Human Energy Requirements, and Accompanying Micro−Computer Programme Package

In 1950, FAO and WHO published the first report on calorie (energy) requirements with subsequent reports following in 1957, 1973 and most recently in 1985, in all cases dealing with the latest scientific information available for use in deriving estimates of energy requirements of children and adults. Although some attention has been given to applying energy requirements to food planning and food adequacy assessment, only since the 1973 Report has the difficulty of accurately applying energy requirements been recognized. Following the publication of the 1985 Report and its recommendation to treat the application issues separately from the scientific issues, FAO began preparing a manual for advising and instructing economists and planners dealing with problems of food supply at the national and subnational levels on how to calculate and apply energy requirements, based on the methodology from the 1985 Report. The Manual, which went through a series of revisions as a result of review by experts and potential users, is now with Oxford University Press (OUP) for anticipated publication in mid−1989.

The Manual describes how to calculate the actual energy *requirements* of a household, a group of people or a population with any variety of age/sex composition; it supplies those data needed for applying the methodology (e.g. average population body weights, age and sex population distributions for 1985, energy activity indexes for various occupations) should the user not have his or her own data. The Manual provides guidance on the selection and aggregation of extra individual *allowances* if one wishes to provide more food to sustain, for example, better growth in children or a higher rate of physical activity in adults. In addition, the Manual offers the additional possibility of introducing adjustments at a household, regional and national level for the post−harvest losses in food production, processing, storage, distribution, and in the preparation of food within the household.

Such an analysis which differentiates the various influences on energy requirements and allowances makes the distinction between food requirements and economic indices at a national level easier to understand. It can also focus attention on the possibility of alternative methods of improving food availability without necessarily needing to increase food production (e.g. reduction of food losses).

As a companion to the Manual, OUP will also publish a microcomputer programme package, which replicates the presentation format from the Manual for calculating the requirements of a population with the option of including various allowances. Like the Manual, the package also provides data from the Manual appendices needed for completing the calculations. A User's Guide for the micro−computer programme package is also to be produced, providing the necessary explanation for the use of the programme. It is planned during 1989 and the following biennium to promote the use of the Manual Package as a tool in development planning through regional and country level workshops, (Further details: Food Policy and Nutrition Division, FAO, Rome.)

World Bank calls for Action on Hunger in Africa

In a report published on 25 September 1988, the World Bank urged the international community to give food security “a high priority because it is one of the most intractable aspects of poverty in Africa”. The report, entitled *The Challenge of Hunger in Africa: A Call to Action,* stems from the work of a task force on food security which the Bank established to develop a strategy for helping the more than 100 million Africans who currently do not get enough to eat. The report proposes that a partnership be formed between African governments, the World Bank, and other international assistance agencies to support a comprehensive action programme for food security.

In the report's foreword, World Bank President Barber B. Conable emphasizes that increasing agricultural production and adjusting economic policies to achieve economic growth are two important means of helping to ensure food security for all African countries. He adds, however, that “a focus on agriculture and economic growth alone will not be enough to end hunger and ensure food security in Africa.” Thus, Conable notes, the

report recommends a complementary set of “special actions to help reach Africa's poorest and hungriest people.”

These recommendations include:

– Preparing specific action programmes to promote food security in each Sub–Saharan country.

– Giving priority to projects and policies that raise the incomes of the food insecure and dampen fluctuations in food prices and supplies.

– Increasing the effectiveness of food aid – including improving the preparation and coordination of response to emergency food situations.

– Making more systematic efforts to identify the people at high risk of food insecurity.

The Challenge of Hunger In Africa acknowledges that the proposed programme will comprise “actions that are not so much new in themselves but will have a new urgency in implementation, a clearer consistency with existing programmes, and a sharper focus on countries where food security is most severe.”

Among the specific objectives to be accomplished over the next five years are the following:

– That food security action programmes will cover the majority of those in need;

– That food security will become a central theme in African government policy and donor assistance;

– And that donor assistance, through greater collaboration, will have a greater impact on the hunger problem.

The theme of partnership – of African governments and donors working together to tackle food security – pervades the report. Barber Conable cautions that the World Bank does not believe that its recommendations on food security – even if fully implemented – will end hunger quickly: “There are no quick fixes to the problem of hunger, and we must be realistic in our expectations”. He concludes, however, that the World Bank is convinced that this report, and the set of actions that it will launch, “will assist African governments and the international community to understand more about food security and to address the associated problems more consistently and urgently”.

(Source: *The Challenge of Hunger in Africa: A Call to Action*.)

Methodology for Assessing Food Consumption

A methodology book for food consumption studies entitled *Manual on Methodology for Food Consumption Studies* has been published by Oxford Medical Publications. This book, edited by Margaret E. Cameron and Wija Staveren, is the result of the IUNS Committee work on Measuring Dietary Intake.

The Use of Vitamin A in Emergency and Relief Operations

In recognition of the special needs of malnourished populations during famine and the logistical constraints of relief operations, in September 1988 the International Vitamin A Consultative Group (IVACG) published a report on the *Guidelines for the Use of Vitamin A in Emergency and Relief Operations.* The necessary measures for prevention and treatment of Vitamin A deficiency for populations at risk, and in particular, pregnant women and high priority risk groups, are given and summarized in tables. The report is available from the IVACG Secretariat, International Life Sciences Institute/Nutrition Foundation, 1126 Sixteenth St NW, Washington, DC 20036, USA. This guide is a valuable reference for those involved in relief operations.

Child Survival Programme in Gujarat, India

The Gujarat Institute of Area Planning in Gota, Ahmedabad, India, engaged in an action–research programme in Child Survival in Gujarat State. In March 1988, the Institute published a working paper entitled *Growth of Children in a Drought Affected Rural Area in Gujarat: some results of a Longitudinal Study,* by Leela Visaria and Jyoti Anandjiwala. The 47–page report is based on monthly results of weights of 1,568 children, aged

0–60 months. These data were collected during 1985–1987 from ten villages in Gujarat. Further information is available from The Gujarat Institute of Area Planning, Gota 382 481, Dist. Ahmedabad, India.

Cassava Toxicity and Food Security

The second revised edition of *Cassava Toxicity and Food Security* by Hans Rasling (International Child Health Unit, University Hospital, S–751 85 Uppsala, Sweden) was published in 1988 by UNICEF's African Household Food Security Programme. The aim of this 40–page review is to summarize available knowledge of effects on humans of cyanide exposure from cassava and to recommend ways to prevent these effects. This review is primarily intended for staff involved in agriculture and health programmes with little previous knowledge of cassava toxicity. The nature of cassava toxicity, determinants and methods for estimation of cyanide exposure as well as related diseases are discussed. The recommendations contained in the review will contribute to the understanding of the positive and negative effects of cassava in a broad perspective and also to define areas of future research. (Available from UNICEF, New York.)

Prevention of Iodine Deficiency

The Prevention and Control of Iodine Deficiency Disorders – A State–of–the–Art Review by B. S. Hetzel with discussions by F. Delange, J. B. Stanbury and F. E. Viteri and an introduction by Mahshid Lotfi and John B. Mason (ACC/SCN, Geneva). This Nutrition Policy Discussion Paper, published in March 1988, is the third in the ACC/SCN's State–of–the–Art series. The document focuses on IDD prevention and control measures, particularly through iodized oil and salt supplementation. Country control programmes and global strategy for IDD eradication are also emphasized. Copies are available from the SCN Secretariat.

African Crisis and Food Security

The International Labour Organization (ILO) has published a special issue of the *International Labour Review* (Vol. 127, No. 6, 1988) on food security during the African crisis. This special issue is a result of a two–year policy review project on agricultural performance in African countries. Five country case studies (Ghana, Madagascar, Nigeria, Somalia and Uganda) are included, along with a synthesis chapter. The country studies discuss food security in the context of food production and consumption trends, taking particular care to distinguish the impact of the crisis on different sections of the population. The synthesis chapter, entitled “Getting the crisis right: perspective on the African crisis”, probes further into aggregate production data to establish the extent of production falls in African countries. Rising food imports are discussed in the context of rapid urbanization and changing diet patterns in urban areas. Copies of this document can be obtained from the ILO, Geneva.

Nutrition Assessment Manual

(Draft Revision) by Nancy Binkin, CDC, Atlanta, USA. This manual is intended for use by health personnel who are called upon to assess the nutritional status of population groups who have experienced severe nutritional hardship as a result of famine, drought or war. It provides specific answers to basic epidemiological questions that allow decisions to be taken regarding follow–up surveys, relief efforts and technical assistance.

Food and Nutrition in Kenya – A Historic Review

This is available free–of–charge (excluding postage) to those interested in this topic. Further information from Dr A. A. J. Jansen, “La Calcine”, Llauro, 66300 Thuir, France.

Chronic Energy Deficiency: Consequences and Related Issues

Published by the International Dietary Energy Consultancy Group (IDECG). Edited by Beat Schurch and Nevin S. Scrimshaw, the book contains the background papers and working group reports presented at the first Scientific Meeting of the IDECG held in Guatemala, August 1987. It is available free–of–charge from the IDECG Secretariat, C/o Nestle Foundation, PO Box 581, CH–1001 Lausanne, Switzerland.

Food Studies

The “Food Studies Group” (FSG) has available a variety of brochures, project abstracts, FSG Focus and Publication Lists which provide information about the services and work of the Group. Details from:

The Director, FSG, Queen Elizabeth House, Oxford University, 21 St Giles, Oxford, OX1 3LA, UK.

A Health and Nutrition Atlas

WHO has published an atlas, with maps showing distribution by country of measures of wasting, stunting and birthweight, in relation to such factors as population, etc; food availability, diarrhoea, access to clean water; child survival, women's education; and various measures of diet, including micro−nutrients. (Source: World Health, May 1988.)

Cash Crops in Developing Countries

In April 1988, the Institute of Development Studies (IDS) published a special issue on Cash Crops in Developing Countries, edited by Simon Maxwell, which sets out to clarify the debate about cash crops; and to locate in a general framework specific arguments about growth, distribution and food security. (Source: IDS Bulletin, Vol. 19, No. 2.)

The IDS Bulletin is sent free−of−charge to selected third world institutions. For further information: Publications Office, IDS, University of Sussex, Brighton, BN1 9RE, UK.

The Africa Kit

This “Kit” contains comprehensive, up−to−date information on the crisis in Africa. It comprises three parts:

− African Update: Background information on governmental organizations since the Special Session on Africa (May, 1986);

− Non−Governmental Organizations and Africa; and

− a Resource Guide.

The Africa Kit can be obtained from the Non−Governmental Liaison Service, United Nations, DC2−1103, New York, NY 10017, USA.

Infant Feeding and Maternal Nutrition

In January 1988, the American Public Health Association, Clearinghouse on Infant Feeding and Maternal Nutrition, published Report No. 5 which discusses Government legislation and policies to support breastfeeding, improve maternal and infant nutrition and implement a code of marketing breastmilk substitutes.

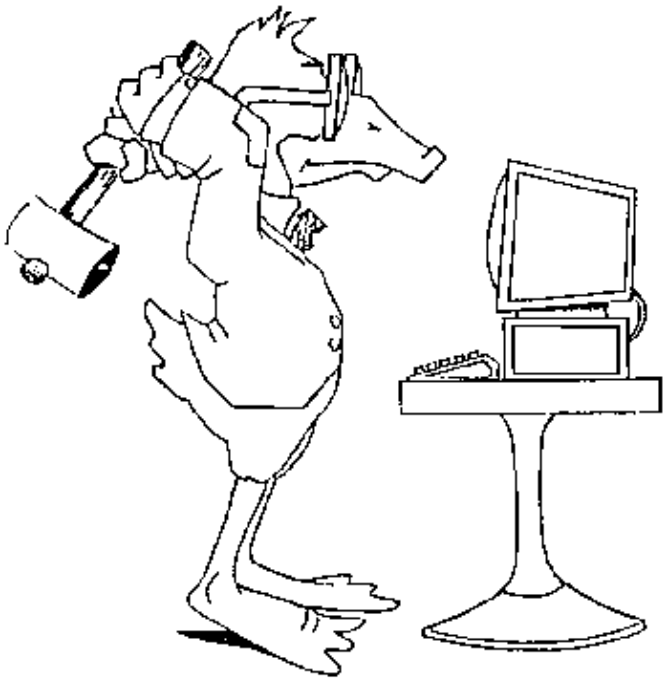
Monitoring of national legislations and policies to protect women and children is one activity of the Clearinghouse. They welcome readers' additions to their Report which is updated annually. Please contact: American Public Health Association, International Health Programmes, 1015 Fifteenth St, NW Washington, DC 20005, USA.

Derived Intervention Levels for Radionuclides in Food

Following the nuclear accident at Chernobyl in 1986, it was evident that available guidance on dealing with the long−term consequences of a nuclear accident was inappropriate. Of particular concern was the safety of radioactive contaminated food and drinking water in the “far−field” region. In response to this, WHO prepared the above guidelines. For various food categories, recommendations are made on levels of contamination by radionuclides at which corrective action might be justified to reduce the health risk to the population. The guidelines are based on accepted radiation dose criteria, on food consumption data from different parts of the world, and on dosimetric information for the relevant radionuclides. Further information can be obtained from: WHO, Distribution and Sales Service, CH−1211 Geneva 27, Switzerland.

Educational Handbook for Nutritionists

This draft handbook prepared by A. Oshang, D. Benbouzid and J. J. Guilbert in 1988, takes advantage of new material developed in recent years. It should be seen as a tool for “teachers of teachers” and not as a self−learning instrument, although this has been the case for a handful of committed workers in health sciences. As a draft, it is intended for testing by users during workshops. Comments on the handbook are welcome. The book can be obtained from, and comments addressed to: Dr D. Benbouzid, Nutrition Unit, Division of Family Health, WHO, CH−1211 Geneva 27, Switzerland.



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Printed by The Lavenham Press Ltd., Lavenham, Suffolk, England.

UNITED NATIONS – ADMINISTRATIVE COMMITTEE ON COORDINATION – SUBCOMMITTEE ON NUTRITION (ACC/SCN)

The ACC/SCN is the focal point for harmonizing the policies and activities in nutrition of the United Nations system. The Administrative Committee on Coordination (ACC), which is comprised of the heads of the UN agencies, recommended the establishment of the Sub–Committee on Nutrition in 1977, following the World Food Conference (with particular reference to Resolution V on food and nutrition). This was approved by the Economic and Social Council of the UN (ECOSOC). The role of the SCN is to serve as a coordinating mechanism, for exchange of information and technical guidance, and to act dynamically to help the UN respond to nutritional problems.

The UN members of the SCN are: FAO, IAEA, IBRD, IFAD, ILO, UN, UNDP, UNEP, UNESCO, UNFPA, UNHCR, UNICEF, UNRISD, UNU, WFC, WFP and WHO. From the outset, representatives of bilateral donor agencies have participated actively in SCN activities. The SCN is assisted by the Advisory Group on Nutrition (AGN), with six to eight experienced individuals drawn from relevant disciplines and with wide geographical representation. The Secretariat is hosted by WHO in Geneva.

The SCN undertakes a range of activities to meet its mandate. Annual meetings have representation from the concerned UN agencies, from some 10 to 20 donor agencies, the AGN, as well as invitees on specific topics; these meetings begin with symposia on topics of current importance for policy. The SCN brings certain such matters to the attention of the ACC. The SCN convenes meetings on inter–sectoral and sector–specific topics. Ten–year programmes to address two major deficiencies, vitamin A and iodine, have been launched.

The SCN compiles and disseminates information on nutrition, reflecting the shared views of the agencies concerned. Regular reports on the world nutrition situation are issued, and flows of external resources to address nutrition problems are assessed. State–of–the–Art papers are produced to summarize current knowledge on selected topics. As decided by the Subcommittee, initiatives are taken to promote coordinated activities – inter–agency programmes, meetings, publications – aimed at reducing malnutrition, primarily in developing countries.