



CHAPTER

7

Preparing
conclusions and
recommendations

This chapter outlines various options for food interventions based on the findings of the CFSVA. The response options are highly context-specific and should be tailored to address issues of access, availability, and utilization over the short, medium, and long term. When possible, interventions should be designed specifically for district or regional levels. Community input and priorities should be taken into consideration when designing an intervention and selecting programme activities.

Depending on the circumstances and practical possibilities, responses may be applied uniformly throughout the region or targeted to selected geographic areas. Geospatial analysis (discussed in section 3.5) will inform geographic targeting. Some may be targeted to specific types of households, while others, by their very nature, are targeted to specific types of individuals (while necessarily also benefiting the households of which those individuals are members). Assistance may be provided directly to households or individuals, or indirectly via a market intervention. Complementary action may be needed in some cases to address the food needs of individuals who may not be covered by measures directed to support households (WFP 2004).

7.1 RESPONSE OPTIONS

There are multiple ways in which a food security or malnutrition problem might be addressed. Some factors that affect the most appropriate response include (WFP 2004):

- The habits, priorities and culture of the affected population;
- The level of access to the particular area;
- The quality of infrastructure;
- Food availability and market conditions;
- The resources available (financial, human, logistical, etc.);
- The type of partnerships that are feasible (e.g. between government, United Nations, and NGOs);
- The political and economic environment; and
- The security situation.

Each response must be planned according to the particular circumstances and must be explicitly linked to the needs and gaps identified in the analysis. Table 7.1 outlines some steps specific to availability, access, and utilization that should be undertaken and reported:

Table 7.1: Problem and response analysis

| | Problem Analysis | Response Analysis |
|---------------------|---|--|
| Availability | <ul style="list-style-type: none"> • Seasonality • Distribution • Infrastructure | <i>Increase production</i> <ul style="list-style-type: none"> • Inputs/technology <i>Markets</i> <ul style="list-style-type: none"> • Increase imports • Trade flows & cross-border issues |
| Access | <ul style="list-style-type: none"> • Where are there access issues? Why? • Who has access issues? Why? • Seasonal? | <ul style="list-style-type: none"> • Cash vs. food interventions • Duration of intervention • Government policy, e.g. safety-net programmes • Role of other NGOs, United Nations agencies, etc. • Exit strategies/criteria • Income transfer |
| Utilization | <ul style="list-style-type: none"> • Prevalence of malnutrition • Causes of malnutrition | Response is contingent upon access/availability issues <ul style="list-style-type: none"> • Water & sanitation • Hygiene practices |

The sectors and broad types of interventions that address food availability, access, and utilization factors include:

- **Food availability:** interventions to support agricultural production (crops, livestock), the movement of food between deficit and surplus areas, food distributions.
- **Food access:** interventions to support income generation (e.g. public works, food and/or cash for work), income transfers (cash/voucher distributions), food transfers (food distributions, school feeding), market intervention to support or reduce food prices, school feeding.
- **Food utilization:** interventions to improve health care, water, sanitation, shelter, nutritional knowledge (care practices), child care services.
- **Malnutrition:** interventions to improve food consumption (therapeutic and supplementary feeding programmes, school feeding, food distribution).

While short-term gains derived through relief aid, consumption-smoothing, or training are important for each potential intervention, it is important that they are seen in the context of longer-term household resiliency to shocks, productive capacity, and human capability. Cash-for-work and food-for-training activities are examples of medium-term activities, while other activities supporting livelihoods through provision of productive inputs can be seen as longer-term interventions (generally outside of WFP's mandate).

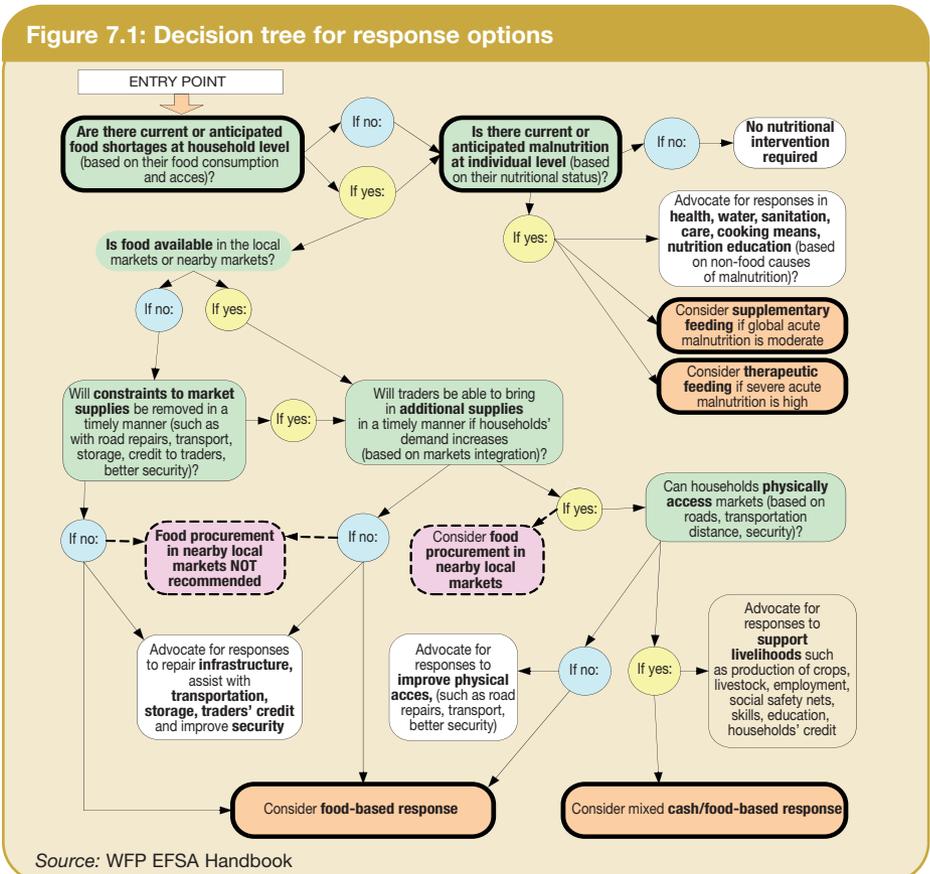
Various response options are outlined in Table 7.2. For more detailed descriptions, see Annex 15.

Table 7.2: Summary of response options

| 1. RESPONSES TO PROBLEMS OF FOOD AVAILABILITY AND/OR ACCESS | |
|--|--|
| a) Food transfers providing assistance to households | |
| Free food distribution | A distribution of free rations for households in need. Rations are designed to make up for household food access shortfalls. They may be general, that is, provided to all households in a particular area or population group, or targeted, to households in specific groups. |
| Food for work (FFW) | A food ration in payment for work, e.g. to rehabilitate or create the infrastructure necessary for specific livelihood activities (e.g. irrigation channels, fish ponds, rural roads, riverside jetties) or community services (e.g. health facilities). This may include incentives for work that requires little technical supervision in the aftermath of a disaster (e.g. general clean-up activities after a flood or cyclone). |
| Food for training Exchange against produce | Food provided as an incentive to enable (and encourage) individuals from food-insecure households to undertake skills training to increase their livelihood assets and their food production or options for earning income. Food given to affected rural households in exchange for their own produce (including livestock) for which there is temporarily no market locally. |
| b) Food transfers providing assistance to individuals (and also benefiting their households) | |
| Neighbourhood and home-based care programmes | Food provided to orphans and other vulnerable children (OVC) in the context of high prevalence of HIV/AIDS. |
| School feeding | A nutritionally balanced meal, or snack, for children/youths at school. |
| Food to other social service institutions | Food provided to orphanages; centres for unaccompanied children; homes for the elderly or handicapped people; hospitals and health centres providing in-patient care. |
| c) Cash and other non-food transfers providing assistance to households | |
| Cash transfer programmes | Cash distributed to target beneficiaries. |
| Cash for work (CFW) | A cash payment for work (similar to FFW). |
| Food vouchers | Beneficiaries receive vouchers that they can exchange for food in designated shops. |
| Non-food transfers | Non-food items or services (e.g. water, schooling, health care) provided free or at subsidized prices or through vouchers, thus sparing cash that could be spent on food. |
| Non-food support to livelihood activities | Productive inputs and/or services (or vouchers to obtain such inputs or services) to maintain, rebuild, or restore capital assets for food-insecure but economically active individuals and households. Productive inputs may include seeds, tools, fertilizer, irrigation, fodder or other livestock inputs, and tools and materials for artisans. Services may include veterinary care, extension services, improved access to pasture, and financial services such as emergency loans for productive activities. |
| d) Market Interventions to enhance availability and facilitate access for households | |
| Market assistance programme | Select (normally “second-choice”) food commodities made available to traders and retailers to sell at controlled prices. |
| Market support | Reduction of logistic bottlenecks (e.g. repair of bridges or roads) or credit made available to traders. |
| 2. RESPONSES TO PROBLEMS OF FOOD UTILIZATION | |
| Food preparation materials | Items required for preparing food, such as cooking sets, cooking fuel, and water. Such interventions are common for displaced and refugee populations. |
| Nutrition education, health, water and sanitation interventions | Interventions designed to improve feeding and care practices, prevent nutrient loss during food preparation, and prevent and treat diarrhoea or other diseases that affect nutrient absorption and utilization within the body. |

| 3. RESPONSES TO MALNUTRITION | |
|---|---|
| a) Correcting high levels of global acute malnutrition | |
| Therapeutic feeding | Medical and nutritional treatment to save the lives of severely malnourished individuals. Treatment may be provided on site (in health centres or specially established therapeutic feeding centres [TFCs]) or — where cases are geographically dispersed — through a take-home ration with community-level follow-up by trained health workers (community-based therapeutic care [CTC]). |
| Supplementary feeding | The distribution of food to supplement the energy and other nutrients available in the basic diets of individuals with special nutritional requirements or who are malnourished. This may be either a take-home ration or a ready-to-eat food or porridge eaten on the spot. The food is in addition to the individual's share of the general ration, if any. |
| Public health measures | Measures to improve sanitation, water supplies, health care services and their use, measles vaccination, deworming, etc. |
| b) Correcting or preventing micronutrient deficiencies | |
| Food fortification | Foods fortified with specific nutrients (particularly vitamins and minerals), provided where the general diet is grossly deficient in these |
| Nutrient supplementation | Regular distribution of specific nutrient supplements (e.g. vitamin A capsules), when the general diet is grossly deficient in these |

The decision tree in Figure 7.1 can be used to determine the type of response options that are most appropriate for a given context. Note that response options should take gender into account, although this is not illustrated in the chart.



Choosing No Response

In many complex situations characterized by widespread vulnerability, proposed food and non-food responses may actually jeopardize the well-being of the target population. In such situations, it is important to undertake a “Do No Harm”¹²⁰ analysis to determine the appropriateness of a food aid response. Aid can have important impacts on inter-group dynamics and conflict. A “Do No Harm” analysis helps to explain the complexity of conflict environments by:

- Mapping the interactions of aid and conflict;
- Analysing dividers and sources of tension;
- Analysing local capacities for peace/connectors; and
- Analysing potential intervention impacts on sources of tension and connectors.

7.1.1 SWOT analysis

After identifying potentially appropriate response options, analysis of the strengths, weaknesses, opportunities, and threats (SWOT) of each option can be conducted to determine the feasibility and appropriateness of proposed activities. Box 7.1, adopted from the WFP EFSA Guidelines, outlines SWOT analysis.

Box 7.1: SWOT analysis

SWOT Analysis is a way of systematically appraising different options. It is undertaken for each suggested response option.

Strengths and weaknesses – These reflect the **appropriateness** and **feasibility** of the response option.

The following **criteria** should be taken into account when assessing the **appropriateness** of a response option.

The response should:

- Address the factors that have been identified as contributing to risk;
- Reflect the needs and priorities of the affected population (disaggregated according to sex, age, etc.);
- Be compatible with local society and customs; and
- Be compatible with the interventions of the government or other agencies.

The response should not:

- Lead to dependency upon aid among any sector of the population;
- Have a negative impact on the local social, environmental, or economic situation (e.g. a large food distribution might discourage agricultural production);
- Divert people from other important tasks (e.g. productive activities, caring, collection of water and fuel);
- Expose the population or agency staff to security risks; or
- Stigmatize people (e.g. by explicitly targeting people with HIV/AIDS or from certain ethnic groups).

120. For more information on “Do No Harm” analysis, see Anderson, 1999, “Do No Harm: How aid can support peace or war,” and Anderson, 2000, “Options for Aid in Conflict.”

The following **criteria** should be taken into account when assessing the **feasibility** of a response option:

- Targeting criteria should be realistic, given social and cultural factors and the time available.
- It should be possible to undertake the response with the resources available. Consider financial, material, and human resources (including expertise).
- It should be possible to implement the response in a timely manner, given the urgency of the situation.

Opportunities and threats – These reflect the **external factors** that may affect the response. They are context specific. Some examples are given here:

Opportunities:

The introduction of new government policy that facilitates market functioning;
The end of the wet season and the improvement of transportation;
The signing of peace agreements; and
The harvest.

Threats:

Government policies that limit the scope of trade or aid programmes;
Reduction of donor interest in the country;
Deterioration of security; and
Lack of availability of key programme resources (e.g. fuel).

The **strengths, weaknesses, opportunities, and threats** are combined in a matrix. This helps when comparing response options, as each is described according to the same format. However, **judgement** still needs to be applied to decide upon the relative merits of different options.

In some cases, only one response option may be proposed. It is still advisable to undertake a SWOT analysis, in order to check the appropriateness and feasibility of the response.

7.2 TARGETING

Why Target?

In general, there are four main reasons for targeting assistance:



1. **Humanitarian.** Aid programmes should give assistance to those with the greatest need.
2. **Effectiveness.** The greatest impact can be achieved by focusing resources.
3. **Efficiency.** Efficient targeting improves the ratio of costs to benefits.
4. **“Do No Harm.”** Untargeted aid – particularly food distributions – may damage the local economy or create dependencies.

Like most aid organizations, WFP must determine how best to use limited food and non-food resources. Options include narrowing the targeting criteria (e.g. excluding certain geographic areas or livelihood groups) and decreasing allocations. No option is ideal, or easy. When designing interventions, it is important to distinguish between targeting strategies based on assessment findings and those adopted to deal with limited resources.

Interventions should be targeted to the most vulnerable communities, and the most vulnerable households within those communities. In order to do so, it is essential to identify targeting criteria that are consistent with assessment findings regarding risk and vulnerability. These criteria should take into account the target population’s

vulnerability to food insecurity with respect to the three basic food security outcomes of availability, access, and utilization. Ultimately, groups targeted for assistance should include those at risk of food insecurity because of their physiological status, socio-economic status, or physical security, as well as people whose ability to cope has been temporarily overcome by a shock (TANGO 2004).

The process of targeting households will be undertaken by implementing agencies. The CFSVA will serve to guide the targeting process using the process outlined in section 7.2.1. Food aid programming requires targeting approaches that are flexible, both initially and throughout the course of interventions. In general, targeting involves defining the target group and identifying a target mechanism. Identifying the target group entails defining the criteria on which specific regions, populations, or livelihood groups, and households or individuals (i.e. levels) are given priority for the receipt of food or non-food assistance. Developing targeting tools or mechanisms ensures that only those who meet the criteria actually receive the benefits.

Targeting is inextricably linked to the assessment process. Successfully carrying out the targeting steps outlined in this section depends on accurate information. Targeting based on assumptions of need and levels of risk among particular groups may result in artificial targeting criteria and an inappropriate response.

7.2.1 Determining targeting level and defining target group

Depending on the context and intervention objectives, targeting occurs at multiple levels, including:

- **Geographic targeting**
Select areas or locations, ranging from countries or regions to villages and neighbourhoods, informed by geospatial analysis (e.g. agro-ecology, food economy zone, disaster areas, administrative zones).
- **Group targeting**
Population groups may be defined by livelihoods (e.g. smallholder farmers in food-insecure area), or groups that have lost normal access to food or livelihoods (e.g. IDPs or refugees).
- **Household targeting**
Within geographic areas and population groups, some families will be targeted, excluding others. Examples of target groups include the poorest or most food-insecure households.
- **Intra-household or individual targeting**
Selection of individual beneficiaries within households. Examples include children, women, livelihood activity, or those with the willingness to participate.

Geographic targeting should be combined with other levels of targeting to enhance the impact and cost-effectiveness of the intervention. In many contexts, targeting based on geographic level alone misses a large percentage of vulnerable people. Multi-stage targeting approaches combine geographic targeting with other targeting levels (e.g. group or livelihood system) and vulnerability criteria to capture the degree of variation in income and assets across households within regions.

7.2.2 Identifying targeting mechanisms

There are four basic types of targeting mechanisms:

- **Market-based**

Market interventions influence supply or demand of food or commodities sold by the target group in exchange for food (e.g. releasing strategic grain stocks to increase supply and lower or stabilize prices).

- **Recipient self-targeting**

Beneficiaries choose whether or not to participate, depending on costs and benefits.

- **Administrative targeting**

Beneficiaries are selected by outsiders using predefined criteria or indicators that are objective, measurable, and standardized (applied at any targeting level).

- **Community-based targeting**

Beneficiaries are selected by insiders – by community members themselves. Relies on participatory methods such as wealth-ranking, with variable input from government or project staff.

Each mechanism has pros and cons, which are summarized in Table 7.3. In practice, these four targeting mechanisms are often combined.

Table 7.3: Choosing a targeting mechanism

| | Advantage/benefit | Interpretation |
|-----------------|---|--|
| MARKET-BASED | <ul style="list-style-type: none"> • “Impersonal” selection-no corruption or bias • No administrative costs of direct selection (data and management) • Can recoup part of programme costs • Can avoid dependency and disruption to local economy (if well managed) | <ul style="list-style-type: none"> • Often benefits the better-off more than the poor (high inclusion error) • Can exclude the poor and vulnerable, who lack exchange entitlements (high exclusion error) • Needs good information and analysis of the market and the economic position of the target group • Can displace private-sector traders and/or discourage production (if poorly managed) |
| SELF-SELECTION | <ul style="list-style-type: none"> • No corruption or bias in selection - beneficiaries themselves decide whether to participate • No administrative costs of direct selection | <ul style="list-style-type: none"> • Needs good information and analysis to determine on the basis of which benefits and costs the intended people only will decide to select themselves • Programme must be able to accept everyone who self-selects, otherwise competition for resources will exclude the powerless and lead to possible bribery or pressure • Can result in high exclusion and inclusion errors • Not very effective in relief/crisis situations • Not effective with free distributions |
| ADMINISTRATIVE | <ul style="list-style-type: none"> • Objective, standardized, and verifiable (when successful) • Can be very accurate, therefore effective at minimizing errors (especially inclusion errors) | <ul style="list-style-type: none"> • High costs in management time, data collection and analysis, screening procedures (especially at household/individual level), and monitoring • Risk of bias, corruption, intimidation, theft, or error — requires monitoring/auditing • May not be feasible when administrative and information-gathering capacity is low • Identifying sensitive and specific indicators, and combining them to measure vulnerability, poverty, etc., can be technically very difficult |
| COMMUNITY-BASED | <ul style="list-style-type: none"> • Community members already know each others’ situation (assets, income sources, household size, etc.), so no need for costly and difficult data collection/analysis • Community understands complex local interacting causes of vulnerability better than outsiders • Promotes participation in and ownership of the programme | <ul style="list-style-type: none"> • Risk of bias, corruption, intimidation, domination by powerful groups, etc. — requires monitoring/auditing • Community concepts of equity and vulnerability may not match donors’ targeting priorities • Community may disagree with principle of targeting, and prefer to share aid among everyone • Developing and supporting community institutions needs significant staff time, skills, and resources • Difficult to standardize or compare targeting between different communities • “Community” may not include the most vulnerable groups, or in some situations (e.g. refugees) community may not actually exist • Costs to community decision-makers, in time and trouble, can be high |

7.3 GENDER ANALYSIS AND PROGRAMME/INTERVENTION DESIGN

Integrating gender into qualitative and quantitative data analysis not only provides the information needed to develop comprehensive household food security profiles, but it also provides insight into how to design and implement gender-sensitive programming. For example:

- Food distribution – During general food distributions, entitlements are often issued in women’s names. However, women do not always have control over the food once they have left the distribution site. Information on intra-household decision-making and control over resources will improve a general understanding of what happens once food is distributed, to what extent women are able to control it, and how it can potentially benefit the entire household.
- School feeding – In areas of wider gender gap in terms of school enrolment, understanding the reasons why one group is not sent to school is fundamental for assessing the appropriateness of take-home rations as an incentive for school attendance for pupils of a particular gender.

7.4. RECOMMENDATIONS RELATED TO HIV/AIDS

This section summarizes the content of the technical guidelines, HIV/AIDS Analysis: Integrating HIV/AIDS in Food Security Analysis, available online at the Food Security Analysis Service website (<http://www.wfp.org/food-security>).

7.4.1 WFP response to HIV/AIDS

In the early stages of its evolution, the HIV/AIDS pandemic was perceived primarily as a public health crisis. Since that time, the disease has been increasingly acknowledged as having contributed to the deterioration of human, financial, social, natural, and physical assets at the household, community, and national levels.

In response, humanitarian and development agencies have placed a growing emphasis on developing multi-sectoral programmes aimed at addressing both the short- and long-term impacts of HIV/AIDS. As part of this effort, WFP has adapted its activities to account for the complex relationship between food security, nutrition, and HIV/AIDS. In 2007, WFP established five key principles for programming in the context of HIV/AIDS. They clearly state that while WFP’s primary focus remains vulnerability to food insecurity, it will promote and support the global fight against HIV/AIDS:¹²¹

1. The entry point for WFP involvement will always be situated in nutrition and food security. WFP’s interventions will target beneficiaries based on their food security status, not just their HIV status.
2. When and where appropriate, WFP will take HIV and AIDS into account in all of its programming categories and in all assessments of needs.

121. FANTA and WFP, 2007, “Food Assistance Programming in the Context of HIV.”

3. WFP's HIV/AIDS response in specific countries will depend on the national strategy and will always fit within the government's framework for action.
4. In order to minimize the debilitating stigma and discrimination often associated with HIV and AIDS, WFP will support local non-governmental organizations and community-based organizations, including associations of people living with HIV/AIDS. WFP will use food aid to complement and scale-up existing government, United Nations and NGO partner activities in prevention, mitigation, and care for HIV-affected individuals and families.
5. WFP food assistance will place special emphasis on women and vulnerable children, in particular orphans, and will support the broader national and international response to HIV/AIDS to ensure that food aid is part of a larger package provided to HIV-affected households and communities.

Main WFP-supported programming options for people living with HIV/AIDS are shown in Box 7.2.

Box 7.2: Main programming options for people living with HIV/AIDS¹²²

WFP-supported programmes provide food assistance to:

- Facilitate OVC access to education and support care (e.g. food support to OVC, extended and foster families, institutions that take care of orphans, and food for training that targets OVC);
- Support training that promotes livelihood diversification (e.g. training focused on income-generating activities and vocational skills);
- Support education and prevention activities;
- Support home-based care (HBC);
- Promote adherence to treatment of individuals with tuberculosis (TB);
- Promote adherence to (and uptake of) paediatric anti-retroviral therapy (ART) of children living with HIV/AIDS, provide nutritional support (and adherence) to prevention of mother-to-child transmission (PMTCT) of pregnant and lactating mothers living with HIV/AIDS; and
- support adherence to and uptake of ART.

7.4.2 Linking CFSVA findings to programme targeting and design in high HIV/AIDS prevalence countries

Identifying areas that are food insecure is the first step in targeting areas that receive WFP assistance. However, targeting all WFP interventions is a complex exercise that takes place at different levels and different stages of the programme design process. This section helps clarify how findings from a food security and vulnerability assessment can inform targeting and design of WFP interventions in high-prevalence countries.

122. WFP, 2003, "Programming in the Era of AIDS: WFP's response to HIV/AIDS" (WFP/EB.1/2003/4-B).
WFP, 2006, "Five years later: An update on WFP's response to HIV/AIDS" (WFP/EB.A/2006/5-D/1).

In the context of HIV/AIDS, WFP interventions can be categorized in two main groups:

- 1) Food assistance for universal access to care, treatment and support; and
- 2) Other interventions with food security objectives.

7.4.2.1 Food assistance for universal access to care, treatment, and support

Table 7.4 outlines the main activities supported by WFP in southern Africa for universal access to care, treatment, and support.

Table 7.4: Food support for universal access to care, treatment, and support: Main activities supported by WFP in southern Africa

| Intervention type | Activity type | Population prioritized | Intended outcome |
|--|-------------------------|---|--|
| Food support for universal access to care, treatment, and support | Home-based care support | Households with a chronically-ill household member | Alleviation of the impact of HIV/AIDS-related illness on the household |
| | ART support | Take-home rations provided to food-insecure mothers at risk | Supporting adherence to and uptake of ART |
| | PMTCT support | Pregnant and lactating mothers living with HIV/AIDS | Prevention of parent-to-child transmission of HIV/AIDS |
| | Paediatric aids support | Children living with HIV/AIDS | Supporting adherence to and uptake of paediatric ART |
| | TB support | Individuals with TB | Adherence to DOTs |

Source: WFP Southern Africa, 2007, "Social Protection and Human Security for Chronically Food-Insecure Populations in Countries with a High Prevalence of HIV and AIDS."

Implementing these kinds of interventions, which are strictly linked to services supporting PLHIV, does not depend on the findings from a food security and vulnerability analysis. Geographic and community targeting are still needed for targeting food assistance to therapeutic programmes and home-based care. WFP policy is to give first priority to the most insecure areas that also have high prevalence of HIV and second priority to areas that are generally food secure but have high prevalence rates (under the hypothesis that the disease will increase their food insecurity). Therefore, food security and vulnerability analysis can inform programme targeting by combining data on food security and HIV prevalence and by identifying food-insecure areas with high prevalence of HIV.

Food assistance for universal access to care, treatment, and support is meant to sustain medical treatment of people living with HIV/AIDS. Selection of beneficiaries is therefore determined by prioritizing the most food-insecure people who are enrolled in TB or ARV treatments, PMTCT or HBC programmes. WFP's implementing partners are encouraged to adopt a multi-dimensional approach based on clinical, social, and demographic criteria for identifying individuals eligible for food assistance.

7.4.2.2 Other interventions with food security objectives

In southern Africa, HIV/AIDS considerations are included in several programmes with food security objectives. The process of targeting programmes with food security objectives includes the following steps:

- Step 1 – Geographic targeting to identify areas with high food insecurity (first priority) and high HIV prevalence.
- Step 2 – Community targeting to identify districts and communities with greater food security needs (similar criteria as those in Step 1).
- Step 3 – Household targeting to identify food-insecure households and households vulnerable to food insecurity. Household targeting can be undertaken through community-based targeting or partnering with medical facilities. In the context of HIV/AIDS, targeting criteria should look at HIV indicators.

Table 7.5, on page 314, summarizes WFP programme interventions most relevant in southern Africa for providing assistance to at-risk populations. Intervention types, activities, populations, and intended outcomes have been extracted from the paper “Social Protection and Human Security for Chronically Food-Insecure Populations in Countries with a High Prevalence of HIV and AIDS.” The last column has been added to suggest how vulnerability analysis and mapping (VAM) can contribute to each type of activity.

As outlined in the table, food security and vulnerability assessments can inform the design of these interventions in several ways:

- Identify food-insecure areas that have a high prevalence of HIV and a high concentration of OVC;
- Provide evidence on educational gaps for OVC;
- Provide evidence on the need to support skills development and create livelihood options and to prioritize households affected by HIV and AIDS.

Empirical evidence about the impact of HIV/AIDS on livelihoods and food security can also be used to refine beneficiaries’ selection tools.

7.4.3 Key references: HIV/AIDS

- WFP. 2003. *Programming in the Era of AIDS: WFP’s Response to HIV/AIDS*, WFP/EB.1/2003/4-B.
- *ibid.* 2006. *Five Years Later: An Update on WFP’s Response to HIV/AIDS*, WFP/EB.A/2006/5-D/1.
- *ibid.* 2006. *Getting Started: HIV, AIDS and Gender in WFP Programme*. Rome: WFP.
- *ibid.* 2008. *HIV/AIDS Analysis: Integrating HIV/AIDS in Food Security and Vulnerability Analysis*, VAM Branch and HIV/AIDS Service, Rome, Italy.
- WFP Southern Africa. 2007. *Social Protection and Human Security for Chronically Food Insecure Populations in Countries with a High Prevalence of HIV and AIDS*. Johannesburg, South Africa.

7.5. KEY REFERENCES: CONCLUSIONS AND RECOMMENDATIONS

- TANGO International. 2004. *Development Relief Program Guidance - Part III, Analytical Framework, Methods, and Tools*. Office of Food for Peace, Bureau for Democracy, Conflict and Humanitarian Assistance.
- WFP. 2009. *Emergency Food Security Assessment Handbook*, second edition. Rome.

Table 7.5: WFP-supported interventions with food security objectives in southern Africa

| Social Protection Interventions | | | | |
|--|--------------------------------------|---|--|--|
| Intervention type | Activity type | Population prioritized | Intended outcome | VAM contribution |
| Food support to vulnerable households emerging from or at risk of shocks to their food security and well-being. | Vulnerable group feeding | Chronically food-insecure populations regularly unable to meet food needs | Alleviation of household food insecurity | Provide geographic and social targeting criteria |
| | School-based take-home rations | Orphaned and other vulnerable children (OVC) | Safeguarding orphaned and other vulnerable children's access to primary education | Provide information on reduced access to education for OVCs and reasons for this (e.g. child labour) |
| Nutritional support to groups particularly vulnerable to malnutrition. | Supplementary feeding | Pregnant, lactating, and child-rearing mothers, and children under 5 years of age (MCH) | Prevention of maternal and child malnutrition and improved pregnancy outcomes | Identify areas with high levels of maternal and child malnutrition and possible linkages to household food security |
| | School feeding | Children attending basic education programmes in formal and non-formal schools | Safeguarding the enrolment, attendance, and retention of orphaned vulnerable children in formal and informal schools | Identify areas with lower educational outcomes Identify areas where access to education is reduced for orphans and other vulnerable children |
| | Early childhood care and development | At-risk children under 5 years of age | Prevention of early childhood malnutrition | Provide evidence on levels of child malnutrition Support monitoring and evaluation for nutritional rehabilitation centres |
| Protection to agriculture-based livelihoods. | Conservation agriculture | Rural poor agriculture-based households in areas affected by declining yields | Sustaining agricultural yield and soil quality | Provide evidence on the link between HIV/AIDS and <ul style="list-style-type: none"> reduced labour at household level decline in quantity and quality of crops fallow land returning to bush reduction in soil fertility decline in on-farm conservation and/or irrigation practices reduced expenditure on agricultural inputs |
| | Food-for-work/assets/training | Communities in areas with generalized food insecurity that require development of the local agricultural infrastructure | Preservation of agricultural production with access to appropriate infrastructure and training | Identify areas with short-term food insecurity for FFW interventions in the lean season |
| | Junior Farmer Field and Life Schools | Orphaned and other vulnerable children who require education in basic farming practices | Safeguarding the capacity of children to engage in agriculture-based livelihoods | Identify areas with higher numbers of OVC Provide evidence on the drop-out rates of orphans and/or vulnerable children Provide evidence on the loss of agricultural knowledge, practices, and skills in the affected households and communities |

Source: WFP Southern Africa, 2007, "Social Protection and Human Security for Chronically Food-Insecure Populations in Countries with a High Prevalence of HIV and AIDS."