ORGANIZATIONAL AND PROCEDURAL MATTERS

Agenda item 10

For information*

PROGRAMMING FOOD AID IN URBAN AREAS: OPERATIONAL GUIDANCE

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* In accordance with the Executive Board's decisions on governance, approved at the Annual and Third Regular Sessions, 2000, items for information should not be discussed unless a Board member specifically requests it, well in advance of the meeting, and the Chair accepts the request on the grounds that it is a proper use of the Board's time.

NOTE TO THE EXECUTIVE BOARD

This document is submitted for information to the Executive Board.

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

Director, Strategy, Policy and Programme Support Division (PSP):	Mr J. Stanlake Samkange	tel.: 066513-2767
Head, HIV/AIDS Unit (PSPP):	Ms R. Jackson	tel.: 066513-2562

Should you have any questions regarding matters of dispatch of documentation for the Executive Board, please contact the Supervisor, Meeting Servicing and Distribution Unit (tel.: 066513-2328).

EXECUTIVE SUMMARY

At EBA.2002, the policy paper "Urban Food Insecurity" (WFP/EB.A/2002/5-B) was presented and approved. One of its recommendations was to develop guidelines for WFP country offices on programming in urban areas; this document sets out the guidelines. They will be field tested in the next six months, adjusted as required and integrated into the *Programme Design Manual*.

These guidelines for food interventions in urban areas are needed as a result of the increasing scale worldwide of urban poverty and food insecurity: there are 1 billion poor people in towns and cities in Africa, Asia and Latin America—and the number is rising.

Food interventions in urban settings have to take account of several special factors. Employment and incomes are significant in relation to urban food security. Many urban dwellers have no kinship support, and their access to social and health services may be limited by poverty. Urban dietary requirements are met to a considerable extent by relatively expensive processed and prepared foods. HIV/AIDS has a significant impact on urban food security: cash has to be spent on care rather than food, and households lose income earners. Poor sanitation and waste disposal coupled with limited access to clean water result in high rates of disease among the urban poor. Education is linked to prosperity, but it is the first casualty in times of food insecurity; interventions need to include informal educational activities that can reach the poorest people. There are legal and policy constraints relating to land, shelter and employment that affect poor people, who also suffer when infrastructure developments raise property values. Urban agriculture can supply some food needs, but is not a significant factor in reducing food insecurity.

Targeting is difficult in urban settings, where poor and more prosperous people live in close proximity. Unregistered urban residents have to be taken into account and safety nets need to vary to match fluctuating demand. Urban interventions reach large numbers of beneficiaries, so communities and non-governmental organizations need to be mobilized to assist implementation; partnerships involving the many stakeholders in urban situations should be a major element of interventions. Monitoring criteria need to be developed that take account of the effects of different foods on food security.

In the predominantly cash economies of urban areas, interventions can include food for work, HIV/AIDS interventions and programmes for pregnant and lactating women and school feeding. Avoiding disruption to food and labour markets is an area of concern. Emergency interventions will be most effective if they involve income support, food subsidies and food-for-work activities.

DRAFT DECISION*
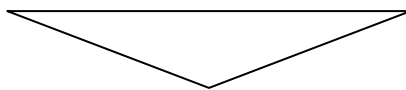
The Board takes note of the information contained in the document "Programming Food Aid in Urban Areas: Operational Guidance" (WFP/EB.1/2004/10-B).

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* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.

INTRODUCTION

Purpose of these Guidelines

1.   The aim of these guidelines is to provide WFP country offices with conceptual and practical guidance for the design and implementation of urban food aid programmes where these are appropriate interventions for WFP. They supplement the procedures described in the WFP *Programme Design Manual* and in other WFP guidelines on the use of food aid, which should always be consulted in conjunction with this document.

Why Should WFP be Active in Urban Areas?

2.   The majority of WFP's resources are devoted to rural areas, where most of the poor, food-insecure people in developing countries live. The growth of cities, however, suggests that poverty will become an increasingly urban phenomenon in the years ahead. Urbanization is perhaps the most dominant demographic process of recent decades: the urban population in developing countries has increased fivefold over the last 30 years. More than 2 billion people in low-and middle-income countries live in cities, and the urban population of the developing world is expected to double over the next 25 years. More than three-quarters of the people in Latin America live in urban areas; more than half the populations of Africa and Asia will be living in cities and large towns by 2020.

3.   Increased poverty, food insecurity and malnutrition have accompanied this process of urbanization. Over the last 15 to 20 years, the absolute number of urban poor and undernourished people has increased at a rate that outpaces corresponding changes in rural areas. It is estimated that almost 1 billion people in Africa, Asia and Latin America live in urban slums. In these unplanned and often illegal squatter settlements, basic infrastructure and services are grossly inadequate or non-existent. Many of the poorest urban dwellers live on the worst-quality land, on the edges of ravines, on flood-prone embankments and on slopes prone to mudslides or collapse. This makes them highly vulnerable when natural disasters occur.

4.   In some developing countries, malnutrition in the poorest areas of cities and peri-urban zones already rivals that of marginal rural areas. The urban population is growing three times more quickly than the rural population; it is expected that by 2015 more poor and undernourished people will live in the cities of developing countries than in rural areas.

WFP and Urban Programming

5.   As the proportion of poor and undernourished people in urban areas rises, it is important that WFP addresses urban food insecurity in a more systematic manner in its development and relief interventions. *Enabling Development* highlighted the importance of future WFP work in urban and peri-urban areas where there are high concentrations of malnutrition.

6.   Life in urban environments differs from life in rural areas in a variety of ways. Many of these differences have a direct impact on the food security and nutritional status of urban dwellers, especially women, children and the elderly. They also have direct implications for the design and implementation of interventions intended to alleviate poverty and food insecurity.

7.   All WFP food-assisted interventions, whether in rural or urban areas, must conform to the Programme's general procedures for designing and implementing food-assisted programmes, as described in the *Programme Design Manual*. Each intervention, whether urban or rural, should therefore follow the same basic process of:

➢   assessment/analysis

➢   design and planning

➢   implementation

➢   monitoring and evaluation

➢   reporting

➢   phase-out/closure

8.   The use of food aid in urban areas, however, poses additional problems and issues that differ substantially from those of food-assisted interventions in rural areas. These special issues, and their implications for WFP food-assisted interventions, are outlined here. Most of them relate to the assessment/analysis and the design and planning phases of the programme cycle. The implementation, monitoring and evaluation (M&E), reporting and phase out/closure phases are essentially the same for all projects, though there are slight differences for urban settings.

9.   These guidelines therefore focus on issues related to assessing and analysing urban poverty and food insecurity, and on the design and planning of food-assisted interventions that redress them. The guidelines conclude with examples of the types of food-assisted interventions that WFP might undertake in urban areas.

ASSESSMENT/ANALYSIS

10.   Assessment/analysis involves collecting information. When assessing and analysing the food and nutrition problems that WFP interventions are designed to address, similar procedures and analytical tools should be used for both rural and urban settings.

11.   In the WFP context, the term "assessment" is often used as a shorter version of "food needs assessment", which is the main type of assessment carried out in all WFP programme categories. Its purpose is to identify where, when and how lack of food or difficult access to food is putting people at risk of crisis or long-term harm. Assessment is the first step towards more informed decision-making and thus improved practice. Decisions about the need for food aid and the number and type of recipients must be based on sound information and critical analysis.

12.   Assessment/analysis should result in consensus concerning:

➢   which groups of people are unable to meet their basic food needs and why;

➢   the extent of the food deficits facing the various food-insecure groups, taking into account the options that they have to acquire food without jeopardizing future food security;

➢   when and under what circumstances the various groups may be able to enhance their level of self-reliance;

➢   the extent and causes of protein-energy malnutrition and micronutrient deficiency diseases among various groups, and how these differ from seasonal norms;

> ➢ the options available for helping people in various groups to meet their food needs and combat malnutrition, and the advantages and disadvantages of each option;

> ➢ whether food aid would be an appropriate response and, if so, what its role would be; and

> ➢ any institutional, material and logistic constraints that would have to be overcome in order to set up and implement a food aid operation.

13.   The following sections deal with the aspects of urban poverty and food insecurity that require special attention during the assessment/analysis phase and that are not dealt with in the *Programme Design Manual*.

Income and Employment

14.   The food and nutritional security of urban populations depends on people having access to cash for purchasing goods. Economic insecurity plays a far greater role in urban than in rural food insecurity. Urban dwellers have to pay for many goods and services that are free or highly negotiable in rural settings, including shelter, water, sanitation and transport.

15.   In urban areas, high levels of income are required to avoid poverty. In sub-Saharan Africa, for example, subsistence costs three times as much in towns than in rural areas. A high proportion of earned income in urban areas is spent on non-food items such as rent, public transport, water and fuel, school fees, health care and medicines. Informal payments, made for example to stop homes or vending sites from being destroyed, can consume a significant proportion of available income.

16.   As a result, land, labour, capital and entrepreneurship, which in many rural areas are organized in a system of kinship relations, are priced commodities in urban areas. This places households under pressure to ensure a steady flow of income, and makes the poorest households especially vulnerable to internal and external economic factors outside their control.

17.   Labour can be formal, informal or a mixture of both. It is difficult to obtain accurate information on informal labour, which is often illegal, even though such labour may provide most of a household's income—and hence most of its food.

18.   Although many people seek formal employment because of its higher status and wages, it can be precarious because of the fluctuations in the national economic situation caused by structural adjustments or other market dynamics.

19.   Poor people often work in sectors where wages are low and job tenure is insecure. They regularly experience unemployment and underemployment as shocks that have a direct impact on the income and well-being of individuals and households, and on their access to food.

20.   Poor people tend to work in unskilled, irregular jobs, so seasonality can affect their earnings. For example, food sellers and construction workers often suffer income shortfalls in the rainy season, when job opportunities are fewer.

21.   WFP assessments do not usually consider such external factors as changes in exchange rates or international trade policy. These can, however, have significant and rapid implications for the food situation of urban dwellers by causing massive lay-offs in major employment sectors. In Bangladesh, for example, changes in the terms of international trade precipitated lay-offs for thousands of mostly poor women employees. This had severe knock-on effects on the food situation of the employees' households, which relied on the income.

22.   Urban households' almost total reliance on paid employment, coupled with the generally low wages that they earn, makes them vulnerable to rapid descents from self-sufficiency to severe food insecurity. The availability of capital assets is not necessarily a good indicator of poverty, because in times of crisis there is often no retail market for goods such as refrigerators, televisions and stereo systems. Households may therefore own many consumer items, but have no food to put on the table.

23.   As WFP becomes more involved in addressing urban food insecurity, it must adapt its current assessment practices so that it can react quickly to significant economic changes leading to major urban food problems. This will be a major challenge in the coming years. Traditional WFP food assessment techniques may need to be coupled with specialized analyses of both the formal and the informal labour markets, using macro-and micro-economic indicators to improve the assessment of job and employment vulnerability. The vulnerability to external changes of the main occupations available to the urban poor should also be assessed. Unconventional assessment techniques should be considered, as poor people may not readily disclose coping strategies that are deemed illegal by the authorities.

Reliance on Purchases to Meet Food Requirements

24.   One of the most significant differences between food access in urban areas compared with rural areas is that urban people are usually highly dependent on food purchases, especially from markets or street vendors. Food is usually the major household expense and can account for as much as 80 percent of monthly income. Given this necessity to purchase food, one of the greatest challenges facing urban poor people is securing viable employment.

25.   Urban dwellers' dependence on market purchases for food means that the level of food prices can seriously affect household food security. This makes urban consumers very price-sensitive, and they tend to switch to substitute foods more readily than rural populations. Food prices depend on factors that include the efficiency of the food marketing system, the household's access to food subsidies or other food programmes, and macroeconomic policies. Urban areas experience seasonal fluctuations in food availability and purchasing power that are similar to those of their rural counterparts. Urban food availability can mimic that in rural areas, especially for items whose supply is contingent on in-country sources. Fresh fruits are therefore most abundant during and after harvest, after which the supply dwindles.

26.   The assessment of food insecurity in urban areas must therefore emphasize the efficiency and effectiveness of food markets, and the ability of urban poor people to obtain food through the market system.

Food Consumption

27.   Scarcity and lack of access are not the only issues to affect urban food security. One of the advantages of urban living is that a large variety of food is available from the major food growing areas of a country: urban poor people usually have access to a range of fresh, processed and street foods. Urban diets can therefore be more diverse than rural ones, but they may also contain higher proportions of saturated fats, refined carbohydrates and animal proteins. There is a greater propensity to consume processed and prepared foods in urban areas, because of the opportunity costs of women's time in preparing and cooking food. High-fat diets, poor food choices and low levels of physical activity increase the risks of obesity, cardiovascular disease and other chronic diseases among urban dwellers.

28.   Many nutritional surveys of urban children under 5 show high levels of chronic malnutrition. This means that food intake is sufficient to prevent severe malnutrition, but not to meet children's full nutritional needs—especially in view of the high prevalence of illnesses among people living in crowded, contaminated environments, which inhibits nutrient intake.

29.   Street vendors are significant sources of food for urban dwellers. Poor people spend a high proportion of their income on street foods because they are often cheaper than home-prepared meals, especially when the time and cost of transport, shopping and preparation are factored in. Family members may travel considerable distances in the city, often at significant cost, in search of day labour. They are therefore unlikely to return home to eat, and tend instead to purchase small quantities of street food, often several times a day. Smaller families often rely more on street foods than larger ones, because per capita food and fuel costs increase when cooking for only a few people. Reliance on street foods, however, means that urban consumers may eat foods of lower nutritional quality and may be exposed to higher levels of food contamination.

30.   The nutrition problems of urban poor people may thus have more to do with the types of food they consume than with the amounts of food. Addressing food habits might be an important way of improving urban nutrition.

Coping Mechanisms

31.   As in rural areas, the coping mechanisms resorted to by urban poor people range from benign measures such as dietary changes, delayed purchases of clothing and other household items and temporary reliance on friends and family, to moderate measures such as temporary withdrawal of children from school, sale of household assets and begging, to severe measures such as children leaving the household, prostitution and theft. Even minor market fluctuations and temporary unemployment must be responded to quickly so that the income stream is not broken; in urban areas, poor people are unlikely to maintain food stocks in their houses, so they often lack any cushion to cover sudden loss of income or purchasing power.

32.   In rural areas, natural disasters tend to affect the entire community, while in urban ones vulnerability and poverty are more likely to be suffered in isolation and without community support. The loss of a primary wage earner or asset affects the food security of only the immediate household, and not that of neighbouring households. Poverty in cities tends to be more individualistic and is often less visible than in rural areas.

33.   Food sharing, child care, loans, group membership, sharing houses and other informal safety nets tend to be weaker in urban areas because residents have often come from different parts of the country and there is little sense of community. Large-scale migration to cities is a relatively recent phenomenon; many urban people are first-generation city dwellers who may not have established ties with their new surroundings. Social trust, collaboration, reciprocity and helping neighbours are all weak in urban areas because there is greater mobility and social and economic heterogeneity. Urban migrants often reject the traditional mores and values that bind rural people and communities. Urban poor people are less likely than their rural counterparts to participate in community social organizations and increasing social violence in many urban areas further reduces the likelihood of developing close community ties that can be relied on in times of hardship.

34.   In many poor urban neighbourhoods, social networks and family cohesion have become so weak that children are abandoned or leave home at an early age in search of work. Special efforts may be required to locate and identify such vulnerable groups—street children are often invisible to the authorities and formal community systems.

35.   On the other hand, urban residents are more likely to have access to formal safety nets, because urban poor people are more visible to those in power and more easily reached. The very poorest people, however, often exist outside these formal social networks. Access to formal safety nets often depends on where the poor person lives: people in illegal squatter settlements, for example, may not have access to safety-net programmes or services because governments do not want to legitimize the areas. As a result, food transfers, public works and credit and savings schemes may not be available to the poorest urban dwellers.

36.   In many countries, the urban/rural family networks that traditionally provided a social safety net have weakened, particularly where conflict has displaced entire rural communities. In the past, urban poor people often relied on rural family members for support during difficult times. Rural kin provided refuge, a degree of food security and family support; remittances from urban dwellers helped to support family members who remained in rural areas. Distance may weaken the social ties between urban and rural family members: urban dwellers cite the twin pressures of time and money when explaining why they do not visit their rural family members as often as they would like.

37.   Urban poor people therefore have fewer effective coping mechanisms. When crisis strikes, they may face severe food problems with little warning. They are also more likely to suffer such problems in isolation.

HIV/AIDS

38.   The higher prevalence of HIV/AIDS in urban areas is the result of a combination of many factors, including (i) large population movements that bring people from different parts of the country into close proximity, (ii) a high proportion of single young men, which increases the demand for prostitution, (iii) the need to obtain cash and the lack of alternative means of doing so, which encourages young women to turn to prostitution, (iv) rural immigrants' limited awareness of the dangers of HIV/AIDS and the means of preventing its spread and (v) the stigma associated with HIV/AIDS in many countries, which encourages sufferers and their families to leave rural communities and seek anonymity in cities.

39.   Urban poor people are disproportionately affected by HIV/AIDS, and the costs of care and loss of income resulting from the disease increase the vulnerability of poor families. This is especially true of families living in informal settlements, where there is limited access to secure livelihoods, health care and information.

40.   HIV/AIDS can pose major constraints to livelihoods by increasing dependency ratios and diverting cash to health care expenses. Conditions of conflict and population displacement exacerbate the spread of HIV/AIDS and can disrupt interventions designed to control it. Data also suggest, however, that the progression of HIV/AIDS infection can accelerate dramatically when the isolation associated with conflict situations ceases. Forced migration often displaces people from rural areas to the peripheries of urban centres, where they are at greater risk of infection. The root causes of HIV/AIDS can be difficult to address in conflict settings.

41.   HIV/AIDS has significant impacts on individual-, household- and community-level nutrition. At the individual level, people with HIV/AIDS are frequently exposed to a cycle of undernutrition and infection, each of which may accentuate the negative impacts of the other while increasing the severity of the HIV/AIDS outbreak. HIV-infected individuals have higher than normal nutritional requirements, but they are also more likely to suffer loss of appetite, which reduces their dietary intake. In well-nourished HIV-positive

individuals, the onset of the disease and even death can be delayed; diets that are rich in protein, energy and micronutrients can help build resistance to opportunistic infections in HIV/AIDS patients. Improved nutrition therefore allows HIV-positive individuals to continue to be productive members of their families for longer.

42. At the household and community levels, nutrition has some important indirect impacts. For example, poorly nourished caregivers have less capacity to care for themselves, their young children or household members with HIV/AIDS. In many poor households, including those that are not affected by the pandemic, childcare may be compromised in the short term to ensure food security in the long term.

43. Women are disproportionately affected by HIV/AIDS and its associated stigma. HIV/AIDS-infected women are more stigmatized than affected men, which reduces their access to social and economic networks. The social, economic and cultural inequalities that define women's status in society expose them more to HIV/AIDS infection than men. Early marriage, widow inheritance, genital mutilation, ritual cleansing and other cultural traditions contribute to women's increased vulnerability; their low status prevents them from adopting HIV/AIDS prevention practices, even with their husbands. Among those most vulnerable to HIV/AIDS are married women who contract the disease from their husbands.

44. Women are also biologically more vulnerable to HIV/AIDS infection. They are more likely than men to be infected by sexually transmitted diseases but less likely to seek treatment because of the associated stigma. Women can also transmit HIV to unborn babies in the womb, during childbirth and through breastfeeding.

45. The epidemic has increased women's economic and social burdens as caregivers and breadwinners by disrupting the productive/reproductive interface. Time and financial constraints force women to make choices that may have a direct impact on their ability to ensure family food security. Time spent in wage employment and child care may be reduced, which affects household food consumption and children's nutritional status. In some areas, a significant number of households are headed by grandmothers and older children, often girls.

46. In urban areas, the costs of HIV/AIDS go beyond loss of life and increased suffering. An increased demand for health services is coupled with a reduced ability to pay for municipal services. Decreasing supplies of labour, skills and tax revenue impede a municipality's ability to pursue development goals and threaten the provision of core services.

Vulnerability Linked to Gender

47. Women and households headed by women are for various reasons even more vulnerable in urban than in rural zones: for example, more women participate in paid labour activities in urban areas, particularly in the informal sector, and the proportion of households headed by women is often higher in cities than in rural areas, particularly in Africa, where it frequently approaches 50 percent.

48. The characteristics of urban employment make caring for small children difficult. Urban occupations often require long working hours outside the home and are not compatible with taking children along. One of the greatest threats that maternal employment poses to childcare is its negative impact on breastfeeding: in urban areas, the median duration of breastfeeding is consistently shorter than in rural areas.

49. Women's participation in the urban labour force has increased dramatically in recent decades. Women are, however, especially vulnerable to changes in urban employment and are among the first to lose their jobs during financial crises. Employers offer women

lower-skilled, lower-paid and part-time jobs; women tend to dominate the petty trade, domestic work and informal service sectors. In more conservative cultures, urban women may prefer to stay at home and sell food or engage in small-scale trading from their doorsteps; this allows them to care for their families, but limits their income-generating potential to the immediate neighbourhood. Women often borrow ideas and skills for income generation from friends and neighbours, which leads to duplication of activities, increased competition and reduced incomes for everyone.

50.   One of the main income-earning activities for poor women in urban areas is the sale of street foods. While this may suit the circumstances of many poor women, informal food vendors are subject to harassment and are the first to be shut down by police during health emergencies.

Water, Sanitation and Other Utilities

51.   Many urban centres are unhealthy environments. High levels of air and water pollution, poor sanitation and solid waste disposal, inadequate public services and cramped living conditions all affect the health of urban dwellers. The migration of yet more people to already crowded cities overwhelms existing services, with serious potential repercussions for public health.

52.   Poor households suffer most of the consequences of this unhealthy environment. Many of the poorest urban dwellers live in crowded conditions; in Nairobi, for example, 60 percent of the population live in slums or squatter settlements, which together account for only 5 percent of the city's land area.

53.   High population densities in urban areas lead to rapid spread of infectious diseases in and among overcrowded households. New arrivals, many of whom come from isolated rural communities, are particularly prone to new infections. Poor urban neighbourhoods are vulnerable to recurrent outbreaks of cholera, dysentery and illness caused by industrial pollution. Dangerous environments are made worse by inadequate health facilities, erratic public water supplies, insufficient drainage and infrequent refuse collection.

54.   Worldwide, fewer than 20 percent of poor households in urban areas have access to an adequate water supply. A study of changes in domestic water use over three decades in 16 major towns and cities in East Africa found that there had been a significant decline in the amount of water available per capita. In poor, densely populated urban areas, daily per capita water use has dropped by as much as 75 percent, especially water for hygiene purposes. Cost, limited availability and the inability of infrastructure to keep up with urban demand in areas where the population has grown by more than 200 percent all contributed to this situation.

55.   Most poor urban households do not have access to adequate sanitation and refuse facilities; many poor slum areas do not even have access roads that allow waste-disposal trucks to enter. Such poor sanitary conditions can create significant health hazards and directly increase malnutrition.

56.   The lack of basic services makes it especially difficult for poor people to prevent contamination of water and food, maintain adequate levels of hygiene or control the insect vectors of diseases such as malaria. For example, evidence suggests that water-borne diarrhoeal diseases are more prevalent among poor urban dwellers than among their rural counterparts. Urban areas suffer from high rates of infectious diseases among adults and young children; many infants and young children die from infectious diseases that are associated with poverty, overcrowding and contamination, such as diarrhoea, malaria, measles and acute respiratory infections.

57.   Squatter settlements and slums are often located on very precarious sites along riverbanks, in low-lying areas prone to flooding, on slopes that are vulnerable to mudslides and erosion, in garbage collection sites, in tidal basins and on floodplains. The demand for land leads people to settle in areas that are at high risk from natural hazards, which in turn exacerbates the risks by increasing the pressure on already unstable terrain.

58.   Cities also have higher rates of injury and death from industrial accidents, traffic accidents, domestic violence and street crime.

59.   Although urban areas have more health facilities than rural areas, they are often low quality and poor people rarely have access to them because of the high fees and the cost of transport and time to reach them.

60.   Inadequate health and sanitation provision may therefore cause more malnutrition in urban areas than the availability of food.

Educational Services

61.   Poverty status is closely correlated to education level. Findings from Malawi demonstrate that urban households whose heads have attained higher levels of education are better off. People always benefit from the ability to read, write, use numbers and understand their basic rights. Improving education facilities for poor people may therefore be the most effective way of improving their situation.

62.   In times of household food insecurity, families may reduce expenditure on school snacks, send children to live with relatives in rural areas or withdraw children from school. Children from the poorest households are the most likely to enter the workforce; young girls are often the first to be withdrawn from school.

63.   Boys and girls contribute to urban household incomes in different ways. Boys earn income directly through small-scale trade; girls often contribute indirectly by providing childcare and other domestic chores, which releases other household members— particularly women—to join the workforce. Urban women may not have equal access to education or training programmes, however, and this often limits their participation in the labour market.

64.   Children who work do not always drop out of school. Many urban households view education as a way of reducing vulnerability and develop household strategies that allow them to keep their children in school. In some urban areas, children attend school in shifts: they may go to school in the morning and engage in income-earning activities in the afternoon. In other cases, the children in a family attend school on a rotation system, with each child missing a week per month. The key is to provide flexible alternatives that keep children in school while allowing them to contribute to household security.

65.   Interventions to support the education of urban poor people must follow innovative approaches and take into account the realities of urban poverty. It may be more effective to carry out informal education initiatives than to support formal education structures, which are not always accessible to urban poor people.

Policies and Regulations

66.   Legal and regulatory measures may be one of the most effective ways of promoting food and nutritional security for poor people in urban areas. Poor urban dwellers often face significant legal obstacles when attempting to secure employment, shelter and land. Many poor newcomers to urban areas live in illegal slums or on the city periphery, where their land tenure rights are not protected. The lack of clearly delineated rights can make poor

people's livelihoods extremely vulnerable: for example, urban agricultural plots can be confiscated, housing taken away or destroyed, and informal marketing activities disrupted.

67.   Most urban poor people, especially those living in squatter settlements, rent their accommodation. Rents are low—and thus affordable—because these areas lack basic services. Interventions that improve urban infrastructure often lead to increased rental values and may have the unintended consequence of pushing poor people out of areas where they can no longer afford to live. Infrastructure improvements therefore tend to represent a gift to landlords by justifying rent increases.

68.   As food insecurity in urban areas is linked largely to the ability to earn a wage, interventions directed at improving income opportunities may be better options than those aimed at improving infrastructure, because they enable poor families to rent or build better-quality housing in the area of their choice.

Urban Food Production

69.   Urban food production is often seen as an effective way to address urban food and nutrition problems. The extent of urban agriculture varies widely, depending on land availability and legal restrictions. The use of urban agriculture to diversify incomes and sources of food security in urban areas has been especially important in Latin America and parts of Africa. Studies estimate that as many as 40 percent of urban dwellers in Africa, and up to 50 percent in Latin America, are involved in urban agriculture. In Kampala, children in households that engage in some form of urban agriculture have been found to be significantly less malnourished.

70.   Although some households grow substantial amounts of their own food, urban agriculture usually accounts for only a small percentage of household food consumption. One of the major barriers preventing poor people from increasing their own food production in urban areas is that access to land is usually informal and insecure. Urban land has a high value, so the income groups that practise urban agriculture are unlikely to be the poorest ones.

71.   Assessments should avoid exaggerating the potential role of urban agriculture in meeting the food needs of urban poor people.

DESIGN AND PLANNING OF WFP FOOD-ASSISTED INTERVENTIONS IN URBAN AREAS

72.   The process of programme design is largely the same for urban and rural areas. The *Programme Design Manual* should be consulted when designing a WFP urban food-assisted intervention, whether for relief or development.

73.   There are, however, important differences among urban settings that must be taken into account in the design process. Where urban poor people are highly mobile and have limited access to non-cash resources such as agricultural land or housing materials, and have little social cohesion, the most successful interventions are likely to be those that increase incomes and link workplace and community in ways that strengthen existing livelihood strategies.

Targeting

74. Targeting in urban areas can be especially difficult. WFP food-assisted interventions should target vulnerability, not just structural poverty. Vulnerable groups may include those who have recently become unemployed as a result of economic crisis.

75. The heterogeneity of urban neighbourhoods presents unique challenges for targeting poor urban households. Community-based targeting may not work in urban areas, because poverty and malnutrition are widely dispersed across a city and because people move frequently and often work outside the areas in which they live.

76. In some cities, poor families live next door to wealthy ones, which creates complex patterns of wealth and vulnerability that may not be captured by high-level data. Urban neighbourhoods often encompass households with highly disparate income levels, diverse livelihood strategies and different compositions. Targeting based on location is therefore often not viable, because urban poverty is not necessarily clustered in well-defined areas.

77. Urban populations are more mobile than rural populations, which makes it difficult to define what is meant by "community" and to track households over time. Large numbers of tenants and other non-family members may reside in a household for short periods; renting out rooms is often a significant coping mechanism for households that have fallen on hard times. Seasonal residents often migrate from rural areas into cities, where they stay with extended-family members for limited periods. Not all the people in a household may be equally in need, so targeting assistance is a complicated procedure.

78. The presence of large numbers of homeless people creates an additional challenge, because these people are often difficult to find and are poorly represented in safety-net programmes.

79. Governments often do not want to acknowledge the existence of certain large vulnerable populations; as a result, official safety net programmes may miss the most vulnerable, unregistered households and individuals. It is important that WFP targeting strategies take unregistered target groups into account.

Targeting in Urban Areas: Lessons Learned

80. A number of lessons on targeting in urban areas were derived from case studies in Ethiopia, Indonesia, Mozambique, and Zambia including the following.

➢ Most safety-net programmes miss vulnerable, unregistered populations. It is therefore important that WFP targeting strategies take unregistered target groups into account.

➢ Macroeconomic fluctuations lead to changes in vulnerability; safety nets should expand or contract to accommodate these. Vulnerable groups may include those who have recently become unemployed as a result of economic crisis. A large proportion of the population depends on wage labour to meet its food needs, so when wage-earning opportunities disappear huge competition is created for the limited number of jobs in the informal sector.

➢ Programmes in urban areas can be justified on the basis of achieving scale and efficiency. Urban programming has the advantage of reaching large numbers of needy people in areas where access and control over resources are easier to manage.

➢ WFP has an important role to play in assessing the targeting procedures that different collaborating partners adopt, and identifying best practices that can be transmitted to all the organizations working with similar target groups.

> ➢ Care must be taken to ensure that isolated groups of poor people are not excluded. Community-based targeting strategies may help to reach vulnerable households by distributing food where poor people are likely to congregate.

81.   Different types of interventions require different targeting approaches. Infrastructure interventions, for example, are geographically based in particular administrative units; health messages and income-generating activities can target particular vulnerable groups across wider areas. Programmes implemented across administrative units and local development committees can help to identify vulnerable groups; care must be taken to ensure that isolated groups of poor people are not excluded from participating. Many poor households, for example, seek medical services only in cases of dire illness. Pregnant women in poor households often rely exclusively on traditional healers or family members for their prenatal needs, and do not attend public health services. Some vulnerable households may only be reached through community-based strategies such as providing feeding in areas where poor people are likely to congregate. These areas vary from city to city but can include community washing centres, community water facilities and places of informal employment.

82.   There is therefore no single method of targeting that works in all environments. Targeting in complex urban settings can be especially challenging and is likely to require a combination of methods rather than a single mechanism. Targeting decisions must take into account the objectives of the programme, the local context, including the social, political and cultural environment of the beneficiaries, and the combination of organizational resources that are available in terms of food, staff numbers and skills, financial resources and time.

Partnerships

83.   Urban areas are characterized by a multiplicity of stakeholders, including local government, business owners, non-governmental organizations (NGOs), community organizations and leaders, urban poor people, occupational organizations, political parties, international donors, and researchers. Most have a vested interest in alleviating poverty in cities; others have a vested interest, positive or negative, in the plight of poor people and include moneylenders, landowners and rent collectors. The interests of these seemingly diverse stakeholders often overlap significantly: many individuals and organizations may be involved in providing services to urban dwellers without being aware of what the others are doing. In developing countries, local governments can be the weakest of the urban stakeholders.

84.   Stakeholders have multiple objectives, many of which may be complementary or conflicting. This has serious policy and programming implications. Another important consideration in urban areas is the presence of individuals and groups that profit from poor communities. Not all stakeholders share the same ethics, values and norms.

85.   Entry into urban communities often has to be facilitated by a local political leader or known group. Partnership with trusted local organizations can help WFP to gain community acceptance and obtain appropriate responses from participants, and allow the Programme and local organizations to observe each other's potential as future programme partners. Local community organizations and government officials can identify especially vulnerable hidden groups such as the homeless and street children, and can ensure that a cross-section of the community attends interviews and guarantee the safety of WFP staff during assessment and implementation.

86.   The role of local government structures in reducing urban poverty is particularly important in the following five areas:

> assisting low-income groups to obtain land for housing or to acquire land tenure rights;

> providing and maintaining basic infrastructure and services to improve housing and livelihood opportunities;

> integrating pro-poor approaches and concerns with support to macroeconomic growth;

> improving awareness of and access to justice among poorer groups; and

> establishing and maintaining local political and bureaucratic systems that poor and other disadvantaged groups can gain access to and influence.

87.   WFP has an important role to play in advocating with local government structures to ensure that these issues are properly addressed.

The Importance of Community-Based Initiatives

88.   One of the main lessons learned from a survey of urban projects is that most successful interventions are community-based. Most urban communities have some form of organization, but it takes time to understand communities and build their trust. Information gathering within a community provides the basis for dialogue about its problems, means and obstacles; many successful projects spend years studying communities and gaining their trust. A good starting point for a project is what the community is already doing for itself, or what it is willing to do. Successful interventions include community involvement and strategies that solve the problems of all stakeholders.

89.   Communities generally need infrastructure and other improvements. Water and sanitation interventions have proved successful and popular, as have improved access to better-quality healthcare. Neighbourhood networks must be strengthened to support vulnerable households. Representation of communities with municipalities, government structures and donors must also be strengthened to empower them to negotiate for their own development and well-being.

Commodities

90.   The characteristics of urban populations have implications for the types of food that WFP should distribute in urban programmes. Most urban households are unable to cope with unprocessed foods: for example, few urban households have a mill or access to milling facilities. Urban households also lack access to fuel, which is expensive, and so cannot use commodities that require long preparation or cooking times. WFP should therefore aim to distribute more processed goods in urban interventions: maize meal rather than maize and canned fish, meat or split peas rather than dried beans.

91.   On the other hand, urban consumers are more sophisticated and more likely to demand expensive commodities such as sugar, tea and tinned milk that do not fit WFP's food and nutrition policy guidelines, which aim to provide basic food commodities to meet nutritional needs. WFP does not want to discriminate against rural populations by providing more expensive and more desirable commodities to urban poor people than it provides in rural areas.

92.   In designing WFP interventions in urban areas, however, the choice of commodities will inevitably involve some trade-off between what urban populations desire and what best fits with WFP policies and practices.

Urban Emergency Programming

93.   The impacts of an emergency are more clearly recognized in rural areas than urban areas, and there have been relatively few emergency operations (EMOPs) in urban zones. Those that have occurred have often focused on direct income support, mostly in the form of food aid, subsidies for food purchases to offset rising prices and income reductions and losses, post-disaster provisions to address immediate and short-term needs, and food for work (FFW) activities to provide short-term income to families.

94.   WFP has carried out very few recovery and rehabilitation interventions in urban environments, but there is a clear need for such activities, especially in post-disaster or post-conflict situations. Even small economic or physical shocks may have a significant impact on urban poor people, who have only limited coping options, especially in terms of social capital. WFP's work in this context is likely to focus on in-kind transfers, support to local government safety nets, cash transfers or credit for recovering assets, food subsidies for asset recovery, market stabilization and income support, or FFW to repair infrastructure and provide income. These interventions usually target specific groups and can be direct, via existing safety net programmes, or indirect, through markets.

95.   Recent EMOPs have made increased food deliveries to urban populations. The 2001 EMOP in Indonesia underscored the need to consider and understand the needs of urban populations in crisis. In particular, WFP needs to identify:

➢   the impacts that different types of emergency situations have on urban food security;

➢   criteria to monitor changes in urban food security and signal the need to switch to different types of programming, for example from development to emergency;

➢   activities other than delivery of food that are within WFP's expertise and would help local authorities in times of crisis;and

➢   opportunities for engaging donors and partner agencies more fully in planning urban programmes, particularly in EMOPs.

96.   Recent events such as the two cyclones that hit the Indian state of Orissa in 1999, flooding in Mozambique in 2000 and the El Salvador earthquake in January 2001 clearly illustrate the risks faced by poor urban dwellers. Such disasters have direct consequences on people's food security. The large-scale disasters since 1999 highlight what happens when rapid, unplanned urbanization converges with natural hazards. Urban development strategies rarely make provision for disasters, however, and management plans for natural disasters often omit urban settlements. Recent experience has demonstrated that increased urbanization can correlate with increased risk of flooding, landslides, cyclones and earthquakes. Unplanned growth rarely takes account of potential exposure to natural hazards.

TYPES OF INTERVENTIONS

97.   The special nature of the urban environment has implications for the types of food-assisted interventions that are most likely to meet WFP's objectives.

FFW

98.   A number of factors pose significant challenges to FFW interventions in urban areas; such interventions are unlikely to be an attractive option for urban poor people, even when there is an expressed need for employment.

99. Urban dwellers live in a cash economy, so they want to work for cash rather than food because food is not the only demand on their income. When urban people do agree to work for food, they almost always demand higher rates of remuneration, in part because they measure their remuneration against what wage employees earn; they also want to have excess commodities that they can sell to meet their non-food needs. Paying higher remuneration rates undermines WFP's objective of meeting the food gap, however, and could imply that its scarce resources may be better used in rural areas, where more people can be assisted with the same quantity of food.

100. Finding appropriate FFW activities that will benefit participants directly is particularly difficult in urban areas, which have few community-owned facilities whose improvement would benefit the whole community. As noted above, improved urban infrastructure may result in poor people becoming worse off as rents increase.

Food for Education/Food for Training

101. Food for education (FFE) and food for training (FFT) may be appropriate WFP interventions in urban areas, because they help to increase employment opportunities and hence household income. The benefits tend to be long term, rather than immediate.

102. WFP support to education in urban areas has the same objectives as its support to education generally, which are:

- to provide nutritional supplements to schoolchildren from households in targeted groups; and
- to encourage families to enrol and maintain their children in school.

103. Current WFP school feeding guidelines discourage support to urban primary schools; it is up to the country office to justify such interventions on a case-by-case basis.

104. Care must be taken to ensure that WFP assistance to education includes poor children who are not registered with local authorities, including those from squatter camps. Targeting individuals or social groups in schools should not be encouraged, but WFP school feeding programmes can target schools that are well situated for the enrolment of children from the poorest areas.

105. The design of WFP school feeding programmes might need to be adapted to take better account of the way in which urban poor people approach education. School feeding times may therefore have to be adjusted to accommodate double shifts or to take account of the important contribution that children's work makes to household incomes.

106. Food for vocational training and support for non-formal education, especially for young women, might be a particularly appropriate intervention for WFP in urban areas. Such interventions should be sensitive to the problems that poor young women face, including the need to ensure that classes are accessible and that individuals are safe.

Support to HIV/AIDS Programmes

107. As noted above, urbanization tends to exacerbate the spread of HIV/AIDS. The effects of the disease include increasing dependency ratios and the diversion of cash to health care expenses.

108. WFP support for HIV/AIDS programmes mainly takes the form of mitigation activities. The provision of food to HIV/AIDS-affected households enables them to retain some of the resources that would otherwise be spent on purchasing food and medicine, and allows them to engage in activities that strengthen long-term food security. It may also enable

foster families to maintain household food and nutrition security while caring for orphans. The types of activities that WFP could support include:

➢ food for vocational training for street children and orphans;

➢ school feeding with take-home rations for families caring for orphans;

➢ FFT programmes, especially for women, that promote income-generating activities and are linked to small-scale credit facilities for women and older orphans;

➢ FFT to support home production such as home gardening to improve diet diversification and micronutrient intakes, and small-scale, low-labour livestock activities to increase intakes of high-energy/high-protein food and provide capital that could increase over time.

109. WFP targets beneficiaries on the basis of food insecurity, not on HIV/AIDS status alone. Because of the stigma attached to HIV/AIDS, targeting HIV-positive individuals can have negative consequences on them individuals and their families. WFP focuses instead on communities that have been particularly affected by the pandemic and whose food security is threatened by HIV/AIDS. Orphans and other children who lack parental guidance should be targeted with nutritional support and skills training to reduce the risk of contracting HIV/AIDS later. Street children are especially vulnerable to HIV/AIDS.

110. WFP prioritizes the geographical location of its HIV/AIDS interventions according to the following criteria.

➢ The highest priority is given to highly food-insecure areas that also have high HIV/AIDS prevalence rates. The areas with the highest infection rates—urban areas— are often different from those that are highly food-insecure, although certain population segments in these areas may well be highly food-insecure.

➢ The next priority is given to areas that are considered food-insecure, but not necessarily the most food-insecure, and that have high HIV/AIDS prevalence rates. Such areas are appropriate for WFP operations, and food-insecure communities that are affected by the epidemic are easier to locate.

➢ The last priority is given to areas that are generally considered food-secure but that have high HIV/AIDS prevalence rates. In these areas, there is likely to be a large number of households that are or will soon be food-insecure because of HIV/AIDS. The challenge that WFP faces in these cases is that such households are difficult to target and serve unless there is a strong network of NGOs working with HIV/AIDS-affected communities that can identify target households in a cost-effective manner.

111. When planning food baskets for HIV-positive populations, micronutrient needs should be addressed as well as protein and energy needs.

Supplementary Feeding of Mothers and Children

112. In order to assess the relevance of supplementary feeding, it is necessary to assess the degree to which malnutrition is associated with inadequate dietary intake at the individual level. Supplementary feeding cannot be justified as a household food security intervention unless it can be shown to be more efficient and effective than other options.

113. Where household food availability and access is of less concern, health and care factors are likely to be the main causes of malnutrition. Interventions that focus on developing and maintaining new and existent infrastructure, especially for water and sanitation, may be more effective in improving general nutrition than projects that focus on health. New

drains, for example, can reduce waterlogging and waste accumulation, resulting in cleaner communities and improved health. In this situation, WFP support to feeding programmes should be linked to efforts that directly address the unhealthy conditions in which many urban poor people live.

114. Supplementary feeding may be justified in situations where securing basic levels of household food availability is costly in terms of human and economic resources, particularly for mothers. In such situations, supplementary food rations reduce the time that mothers are forced to spend working outside the home; the time saved can then be used for better child care and more frequent and regular feeding. It is, however, vital that supplementary feeding be linked to efforts to improve overall child care and the general health situation, or the cycle of poor health and malnutrition will not be broken.

Using Markets as Entry Points

115. In urban areas, markets represent a logical focal point for targeting food aid interventions, because most urban households have daily access to markets for their food needs. Market interventions can be designed specifically to benefit the urban poor.

116. WFP is largely precluded from undertaking market interventions, but where they are an appropriate means for improving the food situation of urban poor people, it can be a strong advocate for market interventions by other donors.

117. The following are the main types of market interventions:

➤ *Monetization of food aid.* The sale of imported food aid can help to reduce overall food prices during crisis situations, thus ensuring that more poor people can meet their food needs through market channels. Sales of imported food aid should not interfere with local production if limited to crisis periods and stopped as soon as the crisis has ended. The commodities sold should be those most likely to be consumed by poor people—for example, maize meal rather than wheat flour in sub-Saharan Africa—in order to ensure that monetized food aid benefits poorer households.

➤ *Release of grain stocks.* Timely release of grain stocks can stabilize the market prices of important commodities. This can be particularly useful during slow-onset emergencies that require a well-timed inflow of commodities through regular private commercial channels, government-sponsored channels or programmed food aid. A possible role for WFP might be to guarantee the replacement of strategic grain stocks with WFP food aid.

➤ *Price subsidies.* Price subsidies can preserve poor people's purchasing power and ease the burden of food expenditures, thus protecting nutritional status and ensuring that households maintain adequate caloric intake, and can help to redistribute income towards poor people. Reducing the cost of household food supplies leaves more income for coping with or recovering from an emergency, or for the costs of health, education and shelter. Subsidies are normally put on goods that are normally consumed disproportionately by poor people. Ideal goods for subsidy are those that maintain nutritional quality regardless of intrinsic value or perceived quality or convenience—for example, particular varieties or qualities of rice consumed by poor people but rejected by wealthier groups. Price subsidy programmes are normally implemented by governments, but WFP can play a valuable advocacy role in ensuring that price subsidies are properly focused on the needs of the poorest people and are available to all who require assistance to meet their household food needs.

ACRONYMS USED IN THE DOCUMENT

EMOP	emergency operation
FFE	food for education
FFT	food for training
FFW	food for work
M&E	monitoring and evaluation
NGO	non-governmental organization
PSP	Strategy Policy and Programme Support Division