

**THERE IS NO FOOD IN THE HOUSE:
THE GAP BETWEEN FOOD SECURITY POLICY AND
PRACTICE IN GHANA**

by

Elizabeth A. Kiggins
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APPROVAL

Name: Elizabeth A. Kiggins
Degree: Master of Public Health
Title of Thesis: There is No Food in the House: The Gap between Food Security Policy and Practice in Ghana

Examining Committee:

Chair: Dr. Tim Takaro
Associate Professor & Associate Dean, Research

Dr. Susan Erikson
Senior Supervisor
Assistant Professor

Dr. Jeremy Snyder
Supervisor
Assistant Professor

Dr. John Calvert
External Examiner
Associate Professor

Date Defended/Approved: September 10 2010



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ABSTRACT

The purpose of this paper was to examine whether food security policy has been effectively translated into practice. To investigate this, the programs at a childhood undernutrition rehabilitation centre in a food insecure district in Ghana were compared with international food security policy. It was found that the policy recommendations were generally not reflected in practice. In the few instances where practice complied with policy, similarities were superficial and food insecurity was inadequately addressed. These findings are consistent with the rhetoric/action gap that has been noted between food security policies and action to reduce food insecurity on the ground. One of the major challenges identified in transforming policy to practice is that national governments are charged with primary responsibility for policy implementation. This approach is impractical considering capacity limitations of low-income countries and disregards moral obligations of other parties who influence the inequitable global system in which food insecurity persists.

Keywords: food insecurity; child undernutrition; policy; practice; responsibility; Ghana

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1: INTRODUCTION

On a humid Friday morning in June 2008, a young girl named Kukuwa¹ sat on a small hospital bed, dancing. Her head and shoulders bounced up and down while her hand tapped out the beat. The music was coming from a toy telephone, but she would dance to any melody she heard – a song on the radio, the jingle of an advertisement, even the musical ring of a cell phone. Kukuwa was almost two years old, but because she had been seriously undernourished for most of her life, she could not walk or crawl. Still, she danced.

Kukuwa was at the Nutrition Centre in Apam, Ghana because she was severely stunted and wasted and had been diagnosed with kwashiorkor. Every weekday her mother, a young woman named Amma, brought her to the Centre where she was given balanced meals to treat the undernutrition. The Nutrition Centre program aimed to rehabilitate undernourished children and sustainably improve child nutrition by educating caregivers about healthy child feeding practices.

In the afternoon as they were getting ready to go home, I asked Amma what she would feed Kukuwa over the weekend when the Nutrition Centre was closed. Her response indicated a problem that could not be solved solely by teaching mothers what to feed their children. Replying to my question, Amma told me, “There is no food in the house.”

The Nutrition Centre in Apam, Ghana was built as a response to the serious problem of child undernutrition in the Gomoa District. In Gomoa, child undernutrition is highly prevalent and dramatically impacts children’s lives, initiating a host of poor health outcomes, such as delayed physical and cognitive development, increased susceptibility to disease, and death. The Nutrition Centre’s plan was developed by an international non-governmental organization (NGO)² which focused on child-centred community development and had been working in Ghana for more than 20 years. The Centre was

¹ All names are pseudonyms.

² Throughout this paper, this organization will be referred to as “the NGO” to maintain confidentiality.

opened in partnership with the Ghana Health Service (GHS). The NGO was responsible for funding construction of the Centre and the first year of operation and the GHS for human resources, two full-time staff members, and program funding after the first year. The purpose of the Nutrition Centre was to provide outpatient undernutrition rehabilitation services to children under the age of five and educate caregivers on nutrition and child feeding practices.

The establishment of the Nutrition Centre demonstrated the NGO's and the GHS's awareness of and attention to the problem of child undernutrition. In their efforts to address the problem, the Nutrition Centre faced many challenges to providing a successful therapeutic feeding program for undernourished children, such as limited resources, non-integrated management of undernutrition and child health, and geographical inaccessibility. This paper, however, will not focus on the problems in the rehabilitation program but rather on how food security policy recommendations were integrated into the Nutrition Centre program to respond to food insecurity. Food insecurity contributes significantly to child undernutrition in Gomoa by restricting children's access to adequate amounts and varieties of foods which are necessary to maintain good health. Although policies to reduce food insecurity are plentiful, there has been a considerable gap between policy and practice. It is therefore important to examine if the Nutrition Centre's program incorporated policy recommendations to address the problem of food insecurity in Gomoa.

Globally, food insecurity and undernutrition are widespread and persistent problems. The international community has repeatedly made pledges to eliminate hunger. Although over time as insufficient progress is made, unattained goals are replaced with new, less ambitious ones. For example, the World Food Conference in 1974 committed to the goal of completely eradicating hunger within a decade; the World

Food Summit in 1996 pledged to halve the number of undernourished people by 2015; and the Millennium Summit in 2000 set the target of halving the proportion of undernourished people between 1990 and 2015 (Shetty, 2006). In addition to development goals, the right to adequate food is enshrined in international human rights law, notably the International Covenant of Economic, Social and Cultural Rights (ICESCR) and the Convention on the Rights of the Child (CRC). Article 11 of the ICESCR recognizes “the right of everyone to an adequate standard of living for himself and his family, including adequate food...[and] the fundamental right of everyone to be free from hunger” (UN, 1966, para.35-36). Furthermore, in identifying that “childhood is entitled to special care and assistance” (UN, 1989, para.5), the CRC acknowledges that all children have the right “to the enjoyment of the highest attainable standard of health” and that “appropriate measures...[must be taken] to combat disease and malnutrition” (UN, 1989, para.76-80).

International pledges and laws have been complemented by policies developed to provide the path to realize these goals and human rights. However, “international food and nutrition policies have lacked implementation and evaluation plans, budget allocation, and clear divisions of responsibility” (Yngve et al., 2010, p.152) making it difficult to ensure that policy recommendations are translated into effective action at the local level. One major challenge in transforming policy to practice is that many policies place the burden of responsibility for their implementation on national governments even though this may not be practical considering limited resources and capacity of low-income countries and it does not fully reflect moral responsibilities for alleviating food insecurity.

Using the example of the Nutrition Centre in Ghana, this paper will compare food security policy to practice. Food insecurity is one of the principle underlying causes of

child undernutrition in Gomoa, as noted by Amma's experience and as will be described further in Section 2. Due to its contributing role in the public health problem of undernutrition, it is essential that food insecurity be addressed within initiatives to reduce child undernutrition. The purpose of this paper is to examine if the Nutrition Centre's activities reflect the recommendations of international food security policy, explore why some of these recommendations are not followed, and offer suggestions for achieving better policy compliance.

2: BACKGROUND

2.1 Food Insecurity

People experience food insecurity when they are unable to access adequate food (FAO, 2009). Having inadequate access to food can have significant adverse impacts on a person's health and well being. As defined during the World Food Summit in 1996, "Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life" (FAO, 1996, para.11). There are four key dimensions of food security: food availability, ability to access food, capacity of the body to utilize the nutrients in the food, and stability to changes in the external environment that could disrupt food security. If any of these elements are not met, an individual is food insecure (FAO, 2006; Webb & Rogers, 2003).

Children at the Nutrition Centre generally experienced food insecurity because their families were unable to access sufficient food due to poverty. Although food was available in local markets, the cost of food, exacerbated by the global food crisis, was a factor limiting many people from obtaining adequate food. For example, the price of maize, an important staple food in Ghana, increased 88 percent between July 2007 and July 2008 (WFP, 2009). Despite severe food access problems, the Nutrition Centre's program focused on the consequences of food insecurity, child undernutrition, rather than the reality that there was not enough food, at times none at all, for children to eat. Being food insecure does not simply translate as receiving insufficient caloric intake for survival. If food is not sufficient in quality and dietary diversity to allow an individual to live 'an active and healthy life', that person experiences food insecurity.

2.2 Food Insecurity in Ghana

In 2008, the World Food Programme (WFP) conducted a *Comprehensive Food Security and Vulnerability Analysis* (CFSVA) to assess the food security situation in Ghana. Based solely on household food consumption, they found that five percent of Ghanaians (1.2 million people) were food insecure and an additional nine percent of the population (2 million people) were vulnerable to food insecurity (WFP, 2009). In itself this constitutes a serious food security situation. However, closer examination of the WFP's methodology indicates that these conclusions may be misleading and that many more Ghanaians experience food insecurity.

The CFSVA report noted that data collection occurred during and immediately following the harvest in November and that food insecurity prevalence would likely increase during the lean season (from March to September) (WFP, 2009). Further to that, the International Food Policy Research Institute (IFPRI) recently completed a study which revealed that results from the WFP's procedure for measuring food security provided substantially lower estimates of food insecurity compared with direct measurement of individual caloric consumption (Wiesmann, Bassett, Benson & Hoddinott, 2009)³. Considering these aspects of the WFP's methodology, it is reasonable to suggest that their statistics underestimate the problem and that food insecurity prevalence in Ghana is even greater than the report shows.

Food insecurity is a complex problem and in Ghana there are many factors that contribute to its persistence. The CFSVA identified both macro and household level factors that underlie food insecurity including high food prices, the global economic crisis, natural hazards, low educational attainment, reliance on agriculture as primary

³ For example, in Burundi where the WFP's method concluded that 10% of households were severely food insecure, the IFPRI's process found 46% of the population to be severely food insecure. The IFPRI's data was compared and found to be consistent with other estimates (Wiesmann et al., 2009).

livelihood source, and poverty (WFP, 2009). The CFSVA included a study assessing difficulties faced by Ghanaian households which also confirmed the problem of food insecurity. In response to an open-ended question, 13 percent of respondents reported having insufficient money for food and other basic needs in the previous year and eight percent faced difficulty due to high food prices. What is yet more concerning is that in dealing with these and other challenges, such as illness or loss of income, some of the coping mechanisms reportedly used by Ghanaians further compromised food security. Coping strategies indicated in the study included consuming less expensive or less preferred food, reducing the number of meals eaten per day, reducing meal portion size, borrowing food, and purchasing food on credit (WFP, 2009). Food insecurity is a critical problem that has devastating impacts on the lives of many Ghanaians.

2.3 Economic and Agricultural Context of Food Insecurity in Ghana

With its population of nearly 24 million, Ghana is situated on the Gulf of Guinea in West Africa between Côte d'Ivoire and Togo (CIA, 2010). The country's GDP per capita is US\$1500 (PPP) with an average of 28.5 percent of the population living below the poverty line (CIA, 2010). Being a low-income food-deficit country (FAO, 2010), Ghana is vulnerable to the volatility of the world food market. For instance, in 2001 when the declining trends of the previous decade were reversed and food prices began to increase, culminating in the global food price crisis in 2008, many Ghanaians experienced negative impacts on their food security (HLTF, 2008; WFP, 2009). The effects of this volatility are especially devastating because the global agriculture and food system is structured to maximize efficiency rather than reliability. As a result, when there is a disturbance in the system's functioning, which there frequently is, mechanisms

to protect food security are generally not in place and people are unable to access adequate food (Surowiecki, 2008).

The Ghanaian economy is heavily reliant on agriculture which employs more than half of the labour force and accounts for more than a third of GDP (CIA, 2010). Domestic production of many staple foods, such as cassava, yams, and maize, meets national requirements but rice and wheat are not produced in adequate quantities (WFP, 2009). Prior to the implementation of structural adjustment programs, enough rice was produced in Ghana to considered the country to be self-sufficient in this staple, but a condition imposed by a World Bank loan forced the government to stop subsidizing production and open the market to international trade (Ismi, 2004). Cash crop production, primarily cocoa, has been strongly supported by the Ghanaian government. Cocoa farming occupies ten percent of the country's cultivated land and has experienced significant yield increases in recent years while other staple crop production has remained below its potential. For example, from 2000 to 2008, cocoa yield increased 73 percent while rice yields only improved five percent (WFP, 2009).

The Gomoa District, where the Nutrition Centre is located, is in the Central Region of the country which is situated on the southern coast (refer to Appendix A for a regional map). In Gomoa, an estimated 63 percent of the population live below the poverty line (Coulombe, 2005). The main economic activity of the district is subsistence agriculture. This includes farming crops such as cassava, maize, yams, pineapple, plantains, and rice and small-scale livestock farming. In coastal communities, such as the town of Apam, fishing is the main agricultural activity (Gomoa West District Assembly, 2006). On average in Ghanaian coastal regions, there has been a 23 percent decrease in annual oceanic fish catch since 2000 (WFP, 2009) which can have devastating impacts on the livelihoods of the local population.

2.4 Health Consequences of Food Insecurity

Food insecurity is significantly detrimental to health because individuals are unable to access food in adequate quantities and varieties leading to undernutrition. Undernutrition, as defined by the World Health Organization (2008), is “the result of food intake that is continuously insufficient to meet dietary energy requirements, poor absorption and/or poor biological use of nutrients consumed” (p.1). Children are especially vulnerable to becoming undernourished due to the high rates of growth and development during this period of life, their need for adequate care, and their reduced ability to advocate for their own health. These factors also put children at a high risk for experiencing negative impacts of undernutrition (Fishman et al., 2004). Child undernutrition has numerous consequences that can impact various stages of life. Children admitted to the Nutrition Centre showed signs of the short term effects of undernutrition, most commonly diagnosed with stunting, wasting, kwashiorkor, or marasmus. If untreated, undernutrition such as these children were experiencing, can lead to a child’s death or have serious consequences for their adult life.

2.4.1 Short Term Impacts of Child Undernutrition

In the short term, child morbidity and mortality from undernutrition can be caused directly by inadequate food intake to maintain body function or indirectly by impairing body function making children more likely to suffer poor outcomes from other health problems. Directly, undernutrition frequently results in reduced physical size. This can occur due to deceleration or cessation of child growth leading to stunting (low height-for-age) or weight loss, also known as wasting (low weight-for-height) (Fishman et al., 2004). Stunting is a sign of chronic malnutrition in which both macronutrient and micronutrient intakes are inadequate, while wasting occurs in the short term due to acute

protein-energy malnutrition (Black et al., 2008; Gibney, Margetts, Kearney, & Arab, 2004).

Marasmus and kwashiorkor are two common clinical manifestations of severe protein-energy malnutrition. Both conditions can cause significant morbidity, such as extreme wasting, skin ulcerations, edema, and changes in mental status, and are associated with an increased risk of death from undernutrition (Gibney et al., 2004; UNICEF, 1998). Micronutrient deficiencies also have specific adverse health impacts. Vitamin A deficiency, for instance, can impair vision potentially leading to blindness and iron deficiency is responsible for half of global anaemia cases (Black et al., 2008). In addition to the physical consequences, insufficient food intake can delay the cognitive development of a child (Grantham-McGregor, Fernald & Sethuraman, 1999; Hong, 2007). Although the consequences of undernutrition vary depending on which nutrients a child's diet is lacking, the remedy is sufficient food in terms of quantity, quality and dietary diversity rather than specific nutrient supplementation.

It is estimated that 50 to 60 percent of child deaths in developing countries can be attributed to undernutrition, the majority of which are not the direct outcome of inadequate food intake to sustain life (FAO, 2002). Undernutrition indirectly affects children's health by impairing the immune system and increasing susceptibility to infectious diseases such as diarrhoea, acute respiratory infections, and malaria. A disease episode generally has a longer duration for a child who is undernourished than for one who is well-nourished (Gibney et al., 2004). Undernourished children also have a greater risk of mortality from these diseases. For example, it is estimated that significantly underweight children have nine times the risk of dying from diarrhoeal disease compared with well-nourished children (FAO, 2002).

2.4.2 Long Term Impacts of Child Undernutrition

If undernutrition occurs and is not remedied before two years of age, the effects are generally irreversible. Long term consequences of child undernutrition include decreased adult size, lower offspring birthweight, impaired intellectual development, reduced educational performance, and lower economic status (Black et al., 2008; Victora et al., 2008). If children who were undernourished at a young age rapidly gain weight in later childhood, they have an increased risk of developing nutrition-related chronic diseases (Victora et al., 2008). Restricted childhood growth has also been shown to be associated with decreased work capacity in adults. This reduces an individual's ability to be economically productive, which can have negative effects on the nutritional status of their children, potentially establishing an intergenerational cycle of low income-generating ability, food insecurity, and poor nutrition (Fishman et al., 2004).

2.5 Child Undernutrition in Ghana

Ghana has made progress in reducing undernutrition in recent years. As a nation, they have met the 1996 World Food Summit goal to halve the number of people who are undernourished between 1990 and 2015 (FAO, 2009). An in-depth look at the data shows that much of the progress occurred between 1990 and 1996 before the goal was set (FAO, 2009), therefore, not as a result of implementation of the World Food Summit Plan of Action. These reductions in undernutrition are attributed to increased food availability in the 1980s and 1990s. Recently, food access has replaced food availability as the key constraint to achieving food security⁴ (Aggrey-Fynn, Banini,

⁴ Food availability refers specifically to the “availability of sufficient quantities of food of appropriate quality, supplied through domestic production or imports” while food access is defined as “access by individuals to adequate resources...for acquiring appropriate foods for a nutritious diet” (FAO, 2006, p.1).

Croppenstedt, Owusu-Agyapong & Oduru, 2006), as was the case at the Nutrition Centre in Gomoa.

Child undernutrition rates have also decreased, but the condition is still highly prevalent and Ghana is not on track to halve the proportion of undernourished children by 2015, a target of the first Millennium Development Goal (UNICEF, WFP & WHO, 2007). The 2008 Ghana Demographic and Health Survey collected data on stunting, wasting, and underweight for children under the age of five. The averages for Ghana, the Central Region (where the Nutrition Centre is located) and the regions with the highest and lowest prevalence are presented in Table 2.1 (GSS, GHS & ICF Macro, 2009). From this data, striking regional differences are apparent. By comparing the regional upper and lower limits with the Central Region data, it is also clear that the Central Region has a relatively high prevalence of child undernutrition.

Table 2.1: Stunting, Wasting, and Underweight Prevalence (GSS et al., 2009)

Indicator	National Average	Central Region Average	Average in Region with Highest Prevalence	Average in Region with Lowest Prevalence
Stunting (% of children under five)	28	34	38 (Eastern Region)	14 (Greater Accra Region)
Wasting (% of children under five)	9	12	14 (Upper West Region)	5 (Volta & Brong Ahafo Regions)
Underweight (% of children under five)	14	17	27 (Upper East Region)	7 (Greater Accra Region)

In Gomoa, many people including some caregivers, health care workers, and NGO staff explained how poverty was a major barrier to good child nutrition because it

limited access to adequate food. The CFSVA corroborated this by concluding that lack of access to food was a factor contributing to acute childhood undernutrition (wasting) in the Coastal agro-ecological zone, where the Gomoa District is found. The CFSVA did not attribute chronic undernutrition (stunting) to insufficient food access, but concluded that stunting was associated with poverty (WFP, 2009). Note that the CFSVA used the older NCHS/WHO international growth references which were replaced in 2006 by the new WHO Child Growth Standards. A comparison of the two references sets revealed that the NCHS/WHO data underestimates the prevalence of stunting (de Onis, Onyango, Borghi, Garza, & Yang, 2006). Given this fact and the high probability that food insecurity prevalence in the CFSVA was also underestimated, it is likely that one of the means by which poverty affects childhood stunting is by restricting access to food. Almost all the children coming to the Nutrition Centre lived in the town of Apam where many households were net food buyers. Poverty reduces household purchasing power and can impede a family's ability to purchase quality food in sufficient quantities (Ashiabi, 2000).

The Nutrition Centre's program targeted child undernutrition in general, not food insecurity explicitly. However, since food insecurity is a main contributing cause of undernutrition in Gomoa, it is important that an intervention designed to improve child nutrition, such as the Nutrition Centre, incorporates measures to improve food security. It is therefore reasonable to focus on the Nutrition Centre's role in the response to food insecurity. This paper examines whether the recommendations of international food security policies are observed in the Nutrition Centre's program and discusses challenges to translating policy into practice.

3: METHODS

My practicum for the Master of Public Health program in the Faculty of Health Sciences at Simon Fraser University took place in Ghana from May to July 2008. The first two weeks were spent at the NGO's national and program area offices learning about the NGO's structure and programs. Following this orientation, I stayed for nine weeks at the Nutrition Centre in Apam, Gomoa where I observed their therapeutic feeding and nutrition education programs and prepared an evaluation report for the NGO and the GHS. My observations of the Nutrition Centre program were recorded as daily field notes. My practicum received ethics approval from the Research Ethics Board of Simon Fraser University under the practicum course, HSCI 880.

To determine if there was a gap between policy and practice, I compared the Nutrition Centre program with selected international food security policy documents. These documents are important because they present the public face of food security policy and represent continually renewed global commitments to reduce food insecurity and undernutrition. The international food security policy documents selected for analysis were:

- the 1996 World Food Summit's *Rome Declaration on World Food Security and Plan of Action* (WFS Plan of Action) (FAO, 1996);
- the FAO's *Voluntary Guidelines to Support the Progressive Realization of the Right to Adequate Food in the Context of National Food Security* (Voluntary Guidelines) (FAO, 2005);
- the UN Millennium Project's Task Force on Hunger report *Halving Hunger: It Can Be Done* (Task Force on Hunger) (UN Millennium Project, 2005); and
- the High-Level Task Force on the Global Food Security Crisis' *Comprehensive Framework for Action* (CFA) (HLTF, 2008).

The WFS Plan of Action was selected because it endeavoured to consolidate previous efforts and renew commitments to reduce food insecurity. The Voluntary Guidelines were chosen because they were compiled to fulfil recommendations of the 1996 and 2002 World Food Summits. The Task Force on Hunger document was analyzed because it recognized the past gap between food security policy and practice. Finally, the CFA was selected because it was a response to the global food crisis, which was occurring at the time of my practicum. Although this document was published in July 2008 and its recommendations were not in effect while I was at the Nutrition Centre, the CFA was examined to determine its similarity to the other policies. These policies are the most relevant recent documents for this analysis, not an exhaustive selection of international food security policy. The *Global Framework for Action to End Child Hunger and Undernutrition* (UNICEF et al., 2007) was considered but excluded as it focused on specific nutrition and health interventions rather than food security. I read and compared the policy documents, extracting common perspectives, commitments, and recommendations. The common themes were then compared with my observations of the Nutrition Centre's program to determine whether policy was reflected in practice.

4: FINDINGS

Food security policy has been developed as a response to the persistence of food insecurity and undernutrition. There has, however, been a disconnect between policy and practice, labeled the rhetoric/action gap (Jonsson, 2007), in which the recommendations of these policies are not effectively implemented to reduce food insecurity at the local level. Because the policies represent global commitments to reduce hunger, when there is a gap between rhetoric and action, they serve to mask food insecurity on the ground and excuse a lack of practical action to reduce it. It is therefore important to examine these policies in comparison to the reality of food security programming. The findings below illustrate the rhetoric/action gap by contrasting the selected international food security policies with the Nutrition Centre program in Ghana.

The policy documents examined – the WFS Plan of Action, the Voluntary Guidelines, the Task Force on Hunger, and the CFA – all outline very similar recommendations for achieving food security. The CFA is somewhat distinct because it more specifically targets the factors underlying the recent global food crisis rather than those contributing to food insecurity in general (HLTF, 2008). Overall, the policies recognize that food insecurity is an immense problem that requires immediate attention as is described in the following example from the WFS Plan of Action: “The problems of hunger and food insecurity have global dimensions and are likely to persist, and even increase dramatically in some regions, unless urgent, determined and concerted action is taken” (FAO, 1996, para.3). The policies follow this acknowledgement with a series of commitments and recommendations presented as the means to achieve food security.

The use of the terms “action”, “task force” and “realization” in the policy titles give the impression that the recommendations are going to be put into effect. However, as recognized by the Task Force on Hunger, much of the political commitment to reduce global hunger has not been effectively turned into action and there is a need to “bridge the gap between commitment and results” (UN Millennium Project, 2005, p.71). In comparing the activities of the Nutrition Centre as observed during my practicum with the policy documents, some major discrepancies between policy recommendations and practice were apparent on subjects such as comprehensively approaching food security programming and supporting livelihoods to promote food security. There were few instances where Nutrition Centre operations complied with the recommendations, for example, in meeting food-related needs of food insecure people and providing nutrition education. However, the similarities were generally superficial and, when analyzed in detail, it became clear that the Nutrition Centre did not effectively address the problem of food insecurity in Gomoa. These comparisons of the policy recommendations and the Nutrition Centre program are discussed further in Sections 4.1 to 4.4.

4.1 Comprehensive Approach to Achieve Food Security

One of the dominant themes presented in the policy documents is the need to approach food security in a comprehensive manner with interventions that target the immediate needs of food insecure populations complemented by programs that address the underlying causes of food insecurity. For example, the Voluntary Guidelines suggest that:

States should consider adopting a holistic and comprehensive approach to hunger and poverty reduction. Such an approach entails, *inter alia*, direct and immediate measures to ensure access to adequate food as part of a social safety net; investment in productive activities and projects to improve livelihoods of the poor and hungry in a sustainable manner; the development of appropriate institutions, functioning markets, a

conducive legal and regulatory framework; and access to employment, productive resources and appropriate services (FAO, 2005, p.10).

The Task Force on Hunger further explains that food security initiatives can have increased effectiveness when programs that have been traditionally implemented independently are linked (UN Millennium Project, 2005). Contrary to this recommendation, the Nutrition Centre was not part of a larger scheme designed to improve food security and nutrition as is explained in detail below.

The NGO has five main program areas focusing on the fields of health, livelihood, water and sanitation, education, and rights of the child. These domains are designed with the intention of integrating NGO programs to foster the greatest potential improvements in the lives of children and their communities (The NGO, 1999)⁵. The Nutrition Centre, however, was implemented as a stand-alone project to reduce childhood undernutrition in the Gomoa District and was not linked to any other NGO activities. The NGO's Health Advisor repeatedly made requests for the Nutrition Centre to be connected to a livelihood program to improve the income of caregivers, thereby increasing access to nutritious foods for themselves and their children, but these requests were unsuccessful. In fact, the NGO had no other programs established in this district and although they partnered with the Ghana Health Service (GHS) for this project, no other government agencies or local organizations were included in the collaboration. This has resulted in the Nutrition Centre having a very narrowly-focused approach, only providing rehabilitation services to undernourished children without directly addressing the important role food insecurity has in creating this problem.

The lack of integration could have been influenced by a variety of factors. For example, insufficient resources may have limited geographical coverage of other NGO

⁵ The full citation is not included to preserve the NGO's confidentiality. For a complete reference, please contact the author (eak3@sfu.ca).

programs and the individual passions of the NGO's domain advisors appeared at times to influence what programs were implemented and in which locations. The NGO may also have been restricted in providing a comprehensive approach to the problem because the Nutrition Centre project was funded by a single grant from a donor in a high-income country. Funding of this type often establishes conditions for program implementation, diminishing the decision-making power of local organizations.

Despite these constraints, the lack of a holistic approach is troubling because "although food assistance may be provided to ease [the] plight [of people who are food insecure], it is not a long term solution to the underlying causes of food insecurity" (FAO, 1996, para.12). The NGO's Health Advisor stated that success will ultimately be seen when the Nutrition Centre closes, not for lack of support or resources, but because no children require their services. For this outcome to be realized, there must be sustainable changes to the food security situation in Gomoa. While the activities of the Nutrition Centre are essential in the short term because measures must be taken to ensure that all children have access to adequate food, these activities are not enough to reduce the food insecurity experienced by children and their families.

4.2 Meeting Immediate Food-Related Needs

Through their therapeutic feeding program, the Nutrition Centre provided balanced meals for the purpose of rehabilitating children who were undernourished. If this food was not provided by the Nutrition Centre, many of the children would have been unable to access food which was sufficient in terms of quantity, quality, and dietary diversity to meet their nutritional needs. At the surface level, this is consistent with the recommendations made in all of the policies to support the immediate food-related needs of people who are food insecure.

The policies are based on the principle that all people have the right to adequate food and if individuals cannot realize this right themselves, States are obligated to assist their citizens to do so. One of the objectives of the WFS Plan of Action illustrates this, stating the commitment “To enable food insecure households, families and individuals to meet their food and nutritional requirements and to seek to assist those who are unable to do so” (FAO, 1996, para.64). This document further explains that “relief operations are often the only solution for hungry people facing immediate starvation, and should continue to be a priority” (FAO, 1996, para.189). The CFA recognizes the importance of such actions not only for meeting immediate food-related needs but also for preventing long-term adverse health effects (HLTF, 2008) which is especially important for young children as was described in Section 2.3. The Task Force on Hunger and the CFA additionally stress the need for therapeutic feeding to treat undernutrition in children (HLTF, 2008; UN Millennium Project, 2005).

There were, however, limits in the extent to which the Nutrition Centre program met these recommendations. For example, the Centre was only open Monday through Friday from 8:00 a.m. to 5:00 p.m. and, other than the one small meal they were given to take home following a day of therapeutic feeding, children could only receive food when they came to the Centre and stayed for the day. It was never explained why the Nutrition Centre program was organized in this manner, but it may have been mirrored after other health centres in Gomoa. For example, the district hospital had similar hours and would not see non-emergent patients in the evenings or on weekends. Nutrition Centre staff had little power to change how the program operated and did not readily make exceptions such as letting a caregiver pick up food or giving extra food to take home. This aspect of the Nutrition Centre’s structure limited children’s access to food during

evenings and weekends and when caregivers were unable to bring them to the Nutrition Centre.

The Nutrition Centre also limited their target population to children who were under the age of five and undernourished in the Gomoa District. At one point during my practicum, a mother brought two children to the Centre, only one of whom had been admitted for rehabilitation. These children stayed at the Nutrition Centre with their mother all day, but only the child who was diagnosed as undernourished was given food. The narrowly-defined criteria to qualify for Nutrition Centre support restricted access to food for children who were food insecure and vulnerable to becoming undernourished, but were either not yet exhibiting signs of undernutrition or over the age of five. This is especially problematic because the Nutrition Centre was not part of an integrated food security approach and was one of the few sources of food assistance in the district.

The specific population focus also neglected the nutritional needs of the caregivers, most often mothers, who brought their children to the Centre. Notwithstanding their individual right to food as human beings, providing food to mothers can also improve their children's nutrition. This is recognized in the Task Force on Hunger's recommendation to support supplemental feeding programs for pregnant or nursing mothers who are at risk of becoming undernourished to help interrupt the intergenerational cycle of undernutrition (UN Millennium Project, 2005). On different occasions, two of the caregivers expressed the wish that mothers would receive at least one meal when they brought their child to the Nutrition Centre, both to improve the nutritional quality of their breast milk and because they had limited access to food especially when they stayed at the Centre all day. However, the Nutrition Centre did not provide any food to caregivers, many of whom were food insecure and most of whom

were breastfeeding mothers. The Nutrition Centre staff even stopped providing fruit to the children because some of it was being eaten by the mothers.

Limited resources were a major constraint for the Nutrition Centre program. After the initial year of financial support from the NGO, the GHS became responsible for providing the Nutrition Centre with necessary supplies and funds, a condition outlined in the program's proposal. Both of the Nutrition Centre staff reported that there were insufficient resources to run the program after the NGO withdrew their funding. Affected by these limitations, the Nutrition Centre's program only complied with the recommendation to provide assistance to meet immediate food-related needs for their selected target population during specified hours of program operation. Based on the organization and activities of the Centre, although partially motivated by insufficient resources, it is evident that the program had not integrated the principle of the right to food for all that is the foundation of the policy documents.

4.3 Nutrition Education

In addition to therapeutic feeding, the Nutrition Centre's other main proposed task was to educate caregivers on nutrition-related topics such as exclusive breastfeeding, complementary feeding, balanced diets, and food hygiene. All policies identified that education about nutrition and child feeding has a significant role in alleviating food insecurity. The CFA recommends that "a campaign to promote breastfeeding, food hygiene and dispel inappropriate food taboos and restrictions" would be beneficial to implement concurrently with food assistance programs (HLTF, 2008, p.8). The Voluntary Guidelines also suggest that "States should take appropriate measures to promote and encourage breastfeeding... [and] may wish to disseminate information on the feeding of infants and young children" (FAO, 2005, p.22).

As with the previous finding, this is an example where the Nutrition Centre attempted to carry out the recommendation, but only partially succeeded. The Centre was constructed with a demonstration room equipped with the necessary supplies and educational materials. Despite this, only once during my nine weeks at the Nutrition Centre was an education session held for the caregivers, even though there was a substantial amount of spare time available in the Centre's daily program. Caregivers who brought their children to the Nutrition Centre did assist staff in preparing balanced meals for the children made with locally available ingredients. This provided a good opportunity to convey information, but the caregivers selected to help were often the ones who attended the Nutrition Centre frequently and were familiar with the preparation procedures. Although education was deemed important both in the policy documents and Nutrition Centre planning, it was not consistently integrated into Nutrition Centre activities.

During my practicum, I found it perplexing that education was not given a more central role in daily programming because, on more than one instance, some of the staff at the NGO and Nutrition Centre expressed the opinion that if children were rehabilitated and their caregivers had proper knowledge of their nutritional requirements, they would not become undernourished again. Although the reason for the limited attention to education was never clarified, this perspective revealed that staff recognized the importance of therapeutic feeding and education. It also, however, seriously overlooked the contributing role of food insecurity and did not address the reality that increased knowledge of child nutrition and feeding practices has a limited impact when people experience barriers to accessing food.

The story of Kukuwa and Amma from Section 1 illustrates this fact. Although Amma frequently helped with meal preparation and had the knowledge to cook similar

meals for Kukuwa at home, she did not have enough money to buy food. Nutrition education cannot be relied on to create sustainable changes in child nutrition in an area where food insecurity is highly prevalent. As was stated directly in the CFA and indirectly in the other policies, parallel programs of food assistance and nutrition education are necessary to immediately support food insecure populations. Furthermore, as discussed in Section 4.1, these short term solutions must be accompanied by programs that target the underlying causes of food insecurity to generate long term changes.

4.4 Livelihood Support

The policy documents outline the importance of eradicating poverty and increasing incomes of food insecure individuals to improve their access to food. Among the potential measures put forward in the comprehensive approach to reducing food insecurity in the Voluntary Guidelines, they suggest “invest[ing] in productive activities to improve the livelihoods of the poor and hungry in a sustainable manner” (FAO, 2005, p.10). Addressing poverty is understood to be essential to reduce food insecurity because “even where and when overall food supplies are adequate, poverty impedes access by all to the quantity and variety of foods needed to meet the population’s needs” (FAO, 1996, para.55). This obstructionist effect of poverty was evident in Gomoa. The commitment to support livelihoods within food security initiatives is detailed in one of the WFS Plan of Action’s objectives, as follows:

To pursue poverty eradication, among both urban and rural poor, and sustainable food security for all as a policy priority and to promote, through sound national policies, secure and gainful employment and equitable and equal access to productive resources such as land, water and credit, so as to maximize the incomes of the poor (FAO, 1996, para.56).

While numerous methods are proposed to promote livelihoods, such as increasing access to productive resources and safety nets, providing education and training,

improving market function, and trade reform, the central message is that it is imperative that programs to reduce food insecurity support livelihoods and do not create barriers to income generation.

Given that Gomoa is the poorest district in the Central Region with 63 percent of the population living below the poverty line (Coulombe, 2005), supporting the livelihoods of food insecure people is essential to improving food security and decreasing child undernutrition. The structure of the Nutrition Centre program, however, conflicted with this recommendation. In order for a child to participate in the rehabilitation program, they had to stay throughout the day to receive food while accompanied by a caregiver. This requirement forced many caregivers to choose between bringing their child to the Nutrition Centre and carrying out other necessary daily tasks, such as earning an income. As a result, many children were brought to the Centre only once or twice per week and attendance rates were significantly higher for children whose caregivers were unemployed compared to those with employed caregivers.

The GHS District Director and the Nutrition Centre staff identified this requirement for participation as counterproductive to sustainably improving child nutrition, but no changes were made to the program's structure. As mentioned previously, the NGO's Health Advisor also recommended that the Nutrition Centre be linked with a livelihood program, but this never occurred. In explaining the benefits of community-based compared with facility-based rehabilitation, the Task Force on Hunger recognizes that "moving children to rehabilitation centers usually requires the mother to spend significant amounts of time away from home, work, and the family's other children" (UN Millennium Project, 2005, p.135). It was not made clear why the NGO planned a facility-based rehabilitation program, but when the Nutrition Centre was founded, community-based rehabilitation was a relatively new practice and there may

not have been the experience or infrastructure necessary to implement such a program. Nevertheless, contrary to the policy recommendations, this aspect of the Nutrition Centre's structure may have maintained, or even intensified, food insecurity by not supporting livelihoods.

5: DISCUSSION

Although food insecurity is one of the principle factors underlying child undernutrition in Gomoa, the activities of the Nutrition Centre for the most part did not reflect the recommendations of the international food security policies. For example, the Nutrition Centre operated in isolation from other NGO programs rather than within a comprehensive approach to improve food security and the structure of its program impeded as opposed to supported the livelihoods of food insecure caregivers of undernourished children. In instances where Nutrition Centre activities resembled policy recommendations, such as meeting individuals' food-related needs and providing nutrition-related education, there was nominal agreement between policy and practice. But because of the Nutrition Centre's structure and constraints, the recommendations were not fully implemented and were not working to reduce food insecurity.

This is not surprising because the failure of political commitments to effectively reduce food insecurity and hunger has been repeatedly noted, including by the Task Force on Hunger (Fan, 2010; FAO, 2003; Pinstруп-Andersen, 2007; UN Millennium Project, 2005). The international community appears to unite in the endeavour to solve the global problem of hunger, for example, by holding food summits, committing to development goals, and creating policy documents. This apparent attention makes it seem as though the world is engaged in hunger reduction efforts; however, there is a disconnect between policy and practice. Jonsson (2007) describes this disconnect as a rhetoric/action gap explaining that there is "a significant gap between statements in conventions, declarations, global initiatives, and development plans and the action on the ground to implement them" (p.127).

The rhetoric/action gap is evident in the example of the Nutrition Centre and on a larger scale. For instance, a report by ActionAid International (2006) noted that since the commitments to the Millennium Development Goals were made, the government of Ghana had not developed any specific policies, implementation plans, or objectives for poverty and hunger reduction. It is very discouraging how world leaders and international organizations repeatedly come together, rework old pledges and policies, present these as the way forward, and then do not take the necessary actions to make progress on these issues. As expressed by Amadou Toumani Toure, the President of Mali, after the 2009 World Food Summit, “We end up leaving with a stomach full of promises and think we have found a solution...Then at the next conference, we start all over again” (as cited in Yngve, et al., 2010, p.152).

There are many factors that may contribute to this rhetoric/action gap. For example, political and moral will to institute policies that sustainably reduce poverty and equitably redistribute resources are insufficient (Marinoff, 2007). The Task Force on Hunger describes the lack of moral will in the following:

The historical persistence of hunger has also lead to its acceptance as an inevitable part of the human condition. As a result, it has not received the absolute moral condemnation that might be expected of an issue that evokes such strong feelings (UN Millennium Project, 2005, p.32).

Without conviction that food insecurity is unjust and that concrete action must be taken to improve the situation, few policy recommendations will be implemented. Another problem is that the recommendations of the policy documents are very broad and not accompanied by plans that clearly determine how to fund, implement, and evaluate their fulfilment (ActionAid International, 2006; Yngve et al., 2010). All four policies examined in this project include commitments to support implementation, monitoring, and

evaluation, but these are not supplemented with practical plans making the policies difficult to transform into practice.

The established responsibility framework of the policies is also a factor that hinders their translation into action. Basing commitments and recommendations on the human right to adequate food, the policy documents assert that the national governments of food insecure countries bear the primary responsibility for implementing food security policy. As stated in the WFS Plan of Action, “The implementation of the recommendations contained in this Plan of Action is the sovereign right and responsibility of each state” (FAO, 1996, para.22). This assignment of responsibility is both impractical due to the limitations faced by low-income countries in terms of resources, capacity, and infrastructure and does not reflect moral responsibilities that other actors who help shape the inequitable global system have to reduce food insecurity. In the case of the Nutrition Centre, when the NGO passed responsibility to the GHS after the first year of operation, the GHS did not have sufficient resources to fully support the program. The Nutrition Centre actually closed for a few months beginning in August 2008 when they ran out of food and had to wait until new supplies arrived to continue rehabilitating undernourished children.

Giving national governments of food insecure communities the primary responsibility for implementing food security policies is impractical considering the reality of global health and development on the ground. This reality has been described as a growing anarchy that is “fueled by an avalanche of resources landing on neglected health systems facing workforce shortages and crumbling infrastructure unprepared to manage this largesse, having been weakened by two decades of macroeconomic reforms (known as structural adjustment programs or SAPs)” (Pfeiffer & Nichter, 2008, p.411). SAPs had devastating impacts on health services. For example, supplies

previously provided by governments, such as medication, bed sheets, and hospital food, became available only if patients could afford to pay for them (Gloyd, 2004). At the district hospital in Gomoa, food was not even given to severely undernourished patients admitted to the children's ward. Budgetary constraints rendered this government health facility unable to meet the policy recommendation of providing therapeutic feeding for children who were undernourished.

The deterioration of national health systems has led to a substantial increase in the involvement of NGOs in health and development (Chen, Evans & Cash, 1999; Pfeiffer & Nichter, 2008). NGOs activities are often directed by priorities established by donors resulting in a variety of responses to policy recommendations. These programs, however, are being implemented in an uncoordinated manner (Pfeiffer & Nichter, 2008), sacrificing the potential benefits of applying a collaborative and comprehensive approach. The emergence of NGOs as a key actor has further weakened government systems because NGOs have become the favoured recipient of donor funding (Buse & Walt, 1997; Matanga, 2010). In addition, governments have lost skilled workers to these organizations. Due to insufficient personnel, 72 percent of health care centres in Ghana reported that they could not provide all the services required by their patients (Garrett, 2007). Considering these constraints, it is unrealistic to expect national governments of low-income countries to achieve food security for their all of citizens.

In addition to the limitations that restrict the ability of the governments of low-income countries to implement food security policy, placing primary responsibility on these governments is inappropriate because, for moral reasons, there are other global actors who also have responsibilities to reduce food insecurity. The persistence of food insecurity is largely the result of the complex global system that low-income countries have little power to change. The FAO Panel of Eminent Experts on Ethics in Food and

Agriculture explains that although formal and legal responsibility belongs to national governments, international collaboration is necessary because “actions taken by another state may negatively affect a state’s ability to ensure freedom from hunger within its territory” (FAO, 2003, p.4). One of many examples that illustrates this situation is agricultural subsidization in high-income countries and the subsequent dumping of agricultural products in low-income countries.

Although restricted by international trade agreements, many high-income countries continue to provide subsidies to support their agricultural sectors, a privilege that is not available to low-income countries. Using loopholes in trade rules, they exempt themselves from adhering to practices that conflict with their interests (Oxfam Canada, n.d.). In 2002, high-income countries spent six times as much money on agricultural subsidies than development aid with an average of \$900 in subsidies received annually per cow in Europe (Pogge, 2005). At the same time in Ghana, the average national income per person was \$630 per year (World Bank, 2010).

This subsidization results in surpluses that are dumped in low-income countries, reducing the price of local agricultural products to levels below the cost of production and undermining the livelihoods of farmers (ActionAid International, 2006; Oxfam Canada, n.d.). As was previously discussed, supporting the livelihoods of food insecure individuals is essential for promoting food security and reducing undernutrition for these people and their families. In Ghana, the dumping of various agricultural products from high-income countries is adversely affecting local markets, artificially lowering prices making Ghanaian farmers unable to compete to sell their products. However, when the Ghanaian government planned to increase tariffs on such imports to reduce the negative impact on their citizens, the International Monetary Fund prevented it, threatening to

withdraw their loan to Ghana if the government took this action (Oxfam International, 2010; van der Westhuizen, 2007).

This situation described above exemplifies the power that high-income countries and international financial institutions have within the global system. They use this power to support their own priorities which, in general, do not include achieving food security in low-income countries. These parties, however, have the capacity to do much more to ensure that food insecure populations have better access to adequate food. Low-income countries, on the other hand, do not have the same power and, in this example, Ghana was barred from taking action to support local farmers. Considering these pronounced disparities in power and capacity and the moral obligations discussed below, it is clear that global actors should be actively involved in the fight against food insecurity.

Thomas Pogge (2000; 2005) asserts that the persistence of severe poverty and its devastating consequences, including food insecurity and undernutrition, constitutes the largest ever violation of human rights and argues that the fulfilment of these rights relies very heavily on global, not merely national, factors. He explains that the way the global institutional order is organized favours high-income countries “by allowing them to continue protecting their markets through quotas, tariffs, anti-dumping duties, export credits, and subsidies to domestic producers in ways that poor countries are not permitted or cannot afford to match” resulting in growing inequality between nations and people (Pogge, 2005, p.725). Considering these causal linkages, Pogge (2004) claims that high-income countries also bear moral responsibility for extreme poverty and the harm it causes.

The inequality created by the global system greatly contributes to food insecurity and undernutrition and it also hinders efforts to improve the situation. According to a report by ActionAid International (2006):

Developing countries' failure to meet their WFS commitments is the inevitable result of global forces over which national governments have little, if any control – such as unfair trade liberalisation, rich country dumping, falling levels of aid to agriculture, and the increasing concentration of market power in the hands of multi-national agribusiness (p.11).

In addition to perpetuating food insecurity in developing countries, the global system, profoundly influenced by the interests of developed countries, impedes solutions to the problem. Based on this situation, it is logical that responsibility for transforming food security policy into practice should be shared.

The policy documents do designate a role for global actors, but responsibility is outlined vaguely with no clear description of what each group is required to do. For example, the WFS Plan of Action states that “the international community has a key role to play in supporting the adoption of appropriate national policies and, where necessary and appropriate, in providing technical and financial assistance to assist developing countries...in fostering food security” (FAO, 1996, para.18). Aside from putting the onus on national governments, responsibilities for the array of actions necessary to reduce food insecurity have not been clearly defined in the policies, which has contributed to the persistence of the rhetoric/action gap (Sandøe, Jensen & Pinstrup-Andersen, 2007; Yngve et al., 2010). The ambiguity in responsibility facilitates the lack of action by global actors such as high-income countries, multilateral organizations, international financial institutions, and multinational corporations.

The issues of practicality and moral obligation discussed above do not exempt national governments from responsibility for implementing food security policy. As stated by the FAO Ethics Experts, “Every individual and organ of society...must be considered morally bound not to cause hunger for others” (FAO, 2003, p.5). Actions taken by the Ghanaian government, though in part responding to the pressures of various global forces, have hindered the achievement of food security. For example, government

efforts to increase agricultural production have focused on export-oriented crops which generally benefits large agribusiness rather than supporting the livelihoods of smallholder farmers and producing food for consumption by Ghanaian citizens (ActionAid International, 2006). National governments therefore have an important role to play in food security policy fulfilment. However, the current assignment of responsibility in the policies does not reflect different actors' capacities or their moral obligations to reduce food insecurity creating a major obstacle to translating policy into practice.

6: CONCLUSION & RECOMMENDATIONS

This project examined the public health problems of child undernutrition and food insecurity in Ghana within the context of policy and practice. In the example of the Nutrition Centre in Apam, it was apparent that insufficient action was being taken to reduce these public health problems and that the recommendations of international food security policies were not reflected in practice. The Nutrition Centre program specifically would benefit from being integrated into a comprehensive approach that incorporates activities to address both the causes and consequences of food insecurity. If integration with other food security programs is not possible, it is essential to ensure that the Nutrition Centre's activities do not impede food security achievement, for instance by hindering income generation.

The Nutrition Centre's efforts to treat and prevent child undernutrition must be recognized even though this program was not an example of successful food security policy implementation and reforms could greatly increase its impact on the health and lives of children in the Gomoa District. As stated by Pogge (2008), "Saving ten children from a painful death by hunger does make a real difference, *all* the difference for these children, and...this difference is quite significant even when many other children remain hungry" (p.8). Regardless of the Nutrition Centre's limited scope, the program was able to provide healthy meals for some young children like Kukuwa who otherwise may have had nothing to eat.

Regarding international food security policies, there has been a clear failure to effectively transform them into action to reduce food insecurity and undernutrition. The

policies analyzed in this project span 12 years, from the 1996 WFS Plan of Action to the 2008 CFA, but despite the lack of progress that has occurred over this time, the content of the policies and the responsibilities for action within them remain relatively unchanged. The international community is trapped in a cycle of making hunger reduction commitments, compiling policies to meet these goals, realizing that insufficient progress is being made, and then starting all over by renewing their commitments. For real improvements to be made in the lives of people who are food insecure, this cycle must be broken. As stated in an IFPRI report calling for “business as unusual” to achieve the first Millennium Development Goal, global decision-makers need to “walk the walk” rather than following the current trend of “let[ting] commitments lapse and implement[ing] solutions slowly, without clear responsibilities, accountability, or authority” (Fan, 2010, p.4).

To bridge the rhetoric/action gap, there must be changes in the way that the international community approaches the problem of food insecurity. Rather than rewriting old policies, international meetings, such as future world food summits, must focus on generating concrete plans to implement food security policy (Sandøe et al., 2007). One step in achieving successful action is assigning responsibility in a manner that realistically reflects the capacities and the moral obligations of the parties involved. National governments should have some responsibility for implementing policy, but considering the limitations of low-income countries, they cannot be fully burdened with this task. In order for sustainable changes to occur, policies must consider the reality of the situation because currently “responsibility for health remains primarily national, [although] the determinants of health and the means to fulfil that responsibility are increasingly global” (Jamison, Frenk & Knaul, 1998, p.515). Food insecurity and undernutrition persist in an inequitable global system that generally favours the interests

of high-income countries, their citizens, and their corporations. It is evident that these groups also have moral obligations to reduce food insecurity.

The responsibility frameworks of food security policies must be reorganized to account for these capabilities and obligations. Responsibilities must clearly define who is required to do what by when, replacing the ambiguity in the present recommendations that facilitates inaction. The challenge arises in determining the degree to which various parties have responsibilities for different actions. Which policies recommendations can the Ghanaian government be expected to implement and what are high-income countries obligated to do? Also, what responsibilities do other actors, such as NGOs, multilateral organizations like the FAO and the WFP, multinational corporations, and international financial institutions have to reduce food insecurity? A major concern is that the reassignment of responsibilities will be influenced by the same unequal power relations that have contributed to the persistence of food insecurity rather than reflecting moral obligations and capacities to implement policy recommendations. These issues must be explored further to determine how the existing global approach to achieving food security can be transformed to successfully reduce food insecurity and undernutrition.

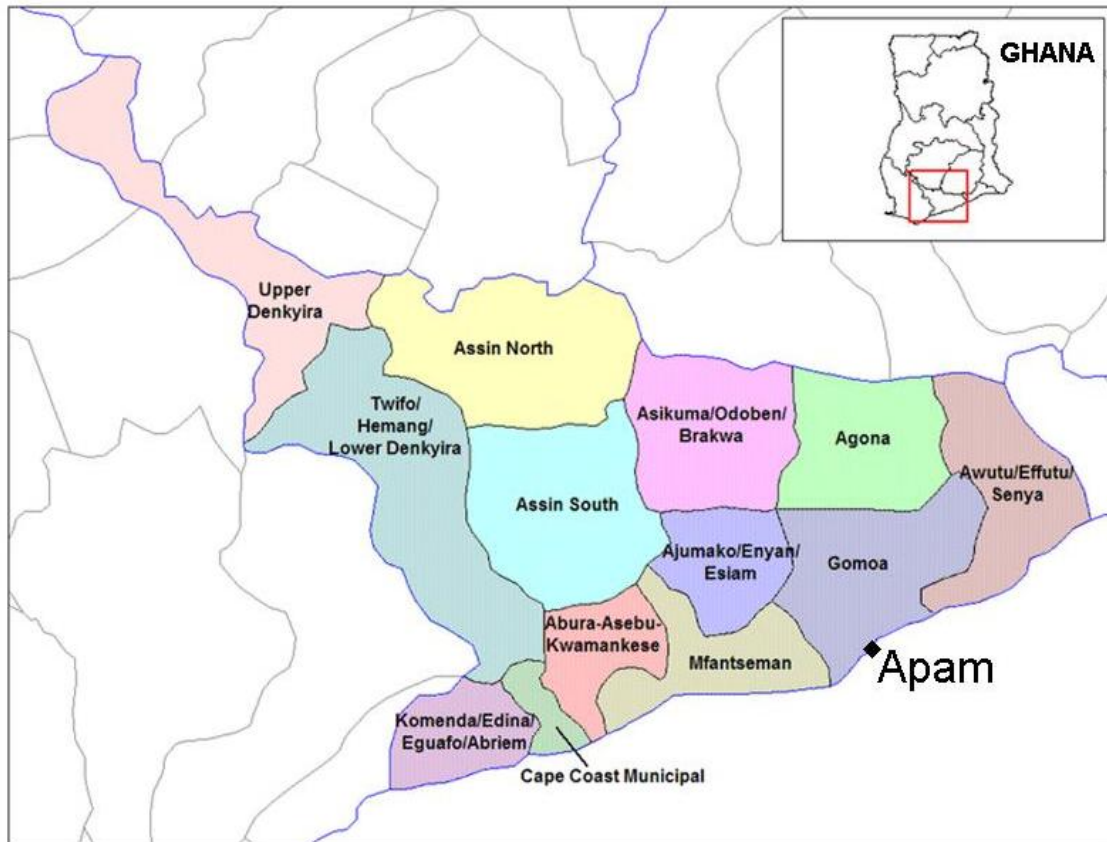
Similar questions can be asked regarding responsibility for the Nutrition Centre program. For example, is it reasonable to give the GHS full responsibility for maintaining the program after the first year of operation? The NGO was aware that the Nutrition Centre was not receiving adequate supplies to provide therapeutic feeding for undernourished children, but maintained that funding must come from the GHS. They were, however, willing to pay for my accommodations while I was at the national office. When I requested that the money be used instead to support the Nutrition Centre, without explanation I was told that was not possible. Considering they constructed the

facility, initiated the program, and seem to have more available resources than the GHS, what responsibilities do the NGO have to ensure the Nutrition Centre's sustainability? Also, is the donor who initially financed the program obligated in any way to continue to provide support?

Food insecurity and child undernutrition are exceedingly complex problems which require more than the technical solutions, such as Plumpy'nut ready-to-use therapeutic food and Sprinkles micronutrient supplements, that are currently promoted. These public health problems must be approached considering the context of the global forces that so greatly influence their persistence but also have the potential to realize their elimination. Sustainable changes to achieve food security in this inequitable global system will take time, but it must be remembered that "an individual child cannot wait for the long term – hunger is something that must be satisfied every day" (UNICEF et al., 2007, p.8). For years, the international community has been promising to eradicate hunger. How much longer are children going to have to wait for this to become a reality?

APPENDIX

Figure A1: District Map of Central Region of Ghana (Ghana-Net, 2007)



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⁶ The full citation is not included to preserve the NGO's confidentiality. For a complete reference, please contact the author (eak3@sfu.ca).

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