



CARE USA Programs Using Food Resources

Policy Statement
December 2001

(ALMIS # 5344 and the White Paper update this policy. A new revised policy will be issued in FY07)

CARE considers food an important resource, which can be used to achieve the short-term and long-term program objectives that are fundamental to its vision and mission. This revised CARE USA Policy for Programs Using Food Resources¹ seeks to ensure the most appropriate and effective use of food resources in environments full of risks, uncertainty and rapid changes. It replaces CARE's Use of Food Aid Policy and Guidelines, dated February 1984.

Introduction

The objective of CARE's Policy on Using Food Resources is to promote programs that not only save lives and protect livelihoods, but also address the underlying causes of poverty, in the areas of emergency response, rehabilitation, mitigation and development. Programs using food resources need to follow the programming principles and standards that apply to all CARE programs, particularly the HLS framework and CARE Impact Guidelines.

Rights-based programming

As part of its Strategic Plan for 2002-2006, CARE has adopted "a rights-based approach to programming to achieve greater impact on poverty

¹ For the purpose of this document, the term "programs using food resources" include programs using monetization and/or direct distribution of commodities. It does not necessarily include all programs that have improved food security as an objective—only those that use food as a resource.

and social injustice." With respect to food, examples of RBA applications are: access to food is a basic right and food cannot be used as a political weapon.

Targeting food resources

All programs using food resources should target populations vulnerable to food insecurity, in areas of high food vulnerability where access to food has been identified as a constraint to food security. Before using food resources, the socio-cultural dynamics of food distribution in families and communities need to be considered, particularly access to food for women and girl children. Criteria for selecting recipients should take into account categories of vulnerable populations.

With the rapid growth of urban populations, food insecurity is no longer simply a rural problem. Programs using food resources need to consider targeting both urban and rural areas and should adequately reflect seasonal and/or labor movements across these two settings.



Safety Nets²

While CARE recognizes the need for safety nets in certain situations, it also recognizes that safety nets in and of themselves are not

² Social safety nets are programs designed to transfer adequate amounts of cash, food, or other basic requirements to extremely poor or vulnerable people who would not be able to secure adequate access to these in the absence of such programs. While emergency response in the event of an acute crisis may serve the same end, social safety nets tend to be defined in terms of chronic poverty or vulnerability, not short-term acute emergencies.



sustainable solutions to the underlying causes of poverty or vulnerability. Therefore, when safety nets using food resources are deemed appropriate, they should be complemented by programming options that increase impact.

Emergencies

Since its inception, CARE has responded to emergencies and over the years has expanded activities to include emergency preparedness, mitigation and response. Food has been and will continue to be an important resource for those programs. However, CARE recognizes that food resources can create and exacerbate conflict, especially in emergencies because the situation is usually more unstable and the need for quick action is greater. The SPHERE's Project's Minimum Standards on Food Aid are applicable to all CARE programs

using food resources in emergencies. CARE also recognizes that food is only one component of an emergency program and other essentials such as water, health services, and education should be taken into account.

In emergency situations, local food purchase, adequate quality of water and synchronizing food distributions with local production/harvest seasons should all be considered.

Advocacy

CARE will use advocacy to support its programs using food resources in two ways: (1) as a programming tool to address underlying causes of food insecurity and to promote government's responsibility for assuring that people have the opportunity to realize their right to food security; (2) CARE will also participate in coalitions and alliances to create favorable legal, policy and regulatory frameworks for the effective use of food resources.

ALL PROGRAMS USING FOOD RESOURCES SHOULD TARGET POPULATIONS VULNERABLE TO FOOD INSECURITY, IN AREAS OF HIGH FOOD VULNERABILITY WHERE ACCESS TO FOOD HAS BEEN IDENTIFIED AS A CONSTRAINT TO FOOD SECURITY. BEFORE USING FOOD RESOURCES, THE SOCIO-CULTURAL DYNAMICS OF FOOD DISTRIBUTION IN FAMILIES AND COMMUNITIES NEED TO BE CONSIDERED, PARTICULARLY ACCESS TO FOOD FOR WOMEN AND GIRL CHILDREN

Partnerships and strategic alliances

Wherever possible, CARE will work with and through partnerships that complement and extend efforts to address food insecurity and the underlying causes of poverty. All partnerships should be consistent with CARE partnership principles.

Monetization

Monetization can be used to open local markets to broader participation, where appropriate, to strengthen fragile markets, and to generate cash to support longer-term development objectives and shorter-term programs. The actual percentage of food aid monetized will be based upon the most appropriate programming approach, identified through sound contextual analysis. It is strongly recommended that the proceeds of monetization not be used as the sole source of funding for a development program. Monetization should be undertaken through a consortium of PVOs with host governments or by using a private firm, following detailed market analysis and in line with the Food Aid Management Monetization Manual.

Genetically modified foods

Safety and transparency are CARE's primary concerns regarding genetically modified foods. Accordingly, CARE will not program any resources when unsure of their safety.

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