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**Testimony before the  
Senate Foreign Relations Committee Hearing  
On Child Hunger and Malnutrition  
September 26, 2006**

**Introduction**

Mr. Chairman, thank you for holding this critical hearing on child hunger and malnutrition. It is a privilege to be here with such a distinguished panel. My name is George Ward and I am the Senior Vice-President for International Programs at World Vision.

World Vision is a Christian relief and development organization dedicated to helping children and their communities worldwide reach their full potential by tackling the causes of poverty. We operate in nearly 100 countries with 23,000 employees. World Vision has over 3 million private donors and supporters from every Congressional district within the United States who partner with us in fighting global poverty.

I am also representing the Alliance for Food Aid, which is comprised of 15 private voluntary organizations and co-ops that conduct international food aid programs.<sup>1</sup> The Adventist Development and Relief Agency currently chairs the Alliance for Food Aid and the Alliance's Executive Director is Ellen Levinson.

**PVO Contributions**

Mr. Chairman, it is a great tragedy that there are 400 million hungry children in the world today. About one-third of these children are under the age of five, and underweight. Poor nutrition during critical growth phases results in poor physical and cognitive development.

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<sup>1</sup> Members of the Alliance for Food Aid include: Adventist Development & Relief Agency International, ACDI/VOCA, Africare, American Red Cross, Counterpart International, Food for the Hungry International, Joint Aid Management, International Orthodox Christian Charities, International Relief & Development, Land O'Lakes, OIC International, Partnership for Development, Project Concern, United Methodist Committee on Relief, and World Vision

It is all the more tragic that the world has the know-how to solve the problem of child hunger and malnutrition and yet has not done so. The solution does not require any new invention, but it does require focused attention. Child hunger can be solved one child, one household, and one community at a time. This solution requires empowering children's caregivers with the necessary tools and resources. Clearly, there is much work to be done.

One of the strengths that private voluntary organizations like World Vision bring to the fight against child hunger is that we are community based. World Vision makes long-term, 15-year commitments to communities through our "Area Development Programs." These programs integrate funding from public and private sectors to produce targeted interventions in five main areas: clean water, food/nutrition, education, health, and job creation.

Immunization, health screening and care, education, and adequate nutrition are critical for ensuring the health and growth of young children. Delivery of these services depends on the development of the community as a whole. Private voluntary organizations therefore use a combination of child services and community capacity-building techniques to support the health and nutrition of the child. Integrated and long-term programming are the watchwords for success.

Charities also provide an opportunity for private donors to make a real tangible difference in children's lives. For example, in 2005, nearly 2.6 million children benefited from World Vision child sponsorship programs, with 812,000 of these children supported by U.S. donors.

### **USAID Food Aid Programs**

Through PL 480, Title II, United States Agency for International Development funds many Maternal Child Health and Nutrition programs aimed at reducing childhood malnutrition by providing food aid for children. Programs include supplemental food; monitoring the weight, height and health of the children; immunization, oral rehydration and other health interventions; clean water; and training mothers about proper sanitation, nutrition, and managing health problems, such as the commonly found respiratory and diarrheal diseases.

Infants and young children in their first two years of life require special foods of adequate nutrient density, consistency, and texture. In resource-constrained populations, children are at high risk of suffering from micronutrient and protein deficiencies. This is why a number of Title II Maternal Child Health programs include wheat-soy blend or corn-soy blend that are fortified with vitamins and minerals, including vitamin A, iron, and zinc. World Vision operates such programs in Haiti, Indonesia, Mozambique, Rwanda, Uganda and Zambia.

Maternal Child Health and Nutrition programs have been a great success. Positive results are evidenced by reduced stunting and improved weight and height among children. While children's health and nutrition are improved, the broader community also benefits from the educational and capacity-building components of the program.

We note with concern that because of reduced funding for developmental food aid programs the level and coverage of Title II Maternal Child Health and Nutrition programs are shrinking. We urge the Committee to support continued and expanded use of Title II food aid for these tested and successful programs.

### **Ending Child Hunger and Undernutrition Initiative**

UNICEF and the World Food Program have done an excellent job in working together to create the new global initiative for "Ending Child Hunger and Undernutrition." This is a collaborative public-private partnership that seeks resources to achieve results. World Vision supports it. The initiative also provides a tangible focus for governments and private institutions to rally around to ensure the first Millennium Development Goal of reducing hunger by 50% is reached by 2015.

This initiative recognizes that good nutrition and health go hand-in-hand. Many medical interventions for children can be successful only with adequate nutrition. For example, five to six million children die each year from infections that would not have killed them if they had proper nutrition. Over 50 percent of all deaths of young children due to infectious diseases -- such as malaria, pneumonia, diarrhea and measles -- have malnutrition as an underlying cause.

The "Essential Package" developed by this initiative will drastically improve the nutrition and health of children. It includes: health and nutrition education; supplemental food; micronutrients; household water treatment, hand-washing with soap, and deworming.

### **U.S. Government Policy**

Mr. Chairman, I know you and other members of this committee have been strong supporters of both international and domestic child hunger programs. While not under the jurisdiction of this Committee, I think it is critical to note the importance of the National School Lunch, and Women, Infants, and Children supplemental feeding programs in fighting child hunger in the United States.

On the international front, only people who are healthy and educated can achieve peace in security. The journey to this goal begins with proper child nutrition. We therefore thank you for your continued support of the hunger-focused international food aid programs like P.L. 480 and McGovern-Dole Food for Education program. These initiatives are making a life-saving difference to millions of people around the world. However, the emergency demands on the P.L. 480 Title II resources have increasingly

left little room for development programs such as Maternal-Child Health and Nutrition. We need congressional leadership and support to ensure that these critical programs are funded and expanded.

Mr. Chairman, there are many difficult problems in this world today that we do not know how to solve. Child hunger is not one of them. It is my hope and prayer that by working together, we can rededicate ourselves to providing the tangible help many children need.

This concludes my testimony, Mr. Chairman. I would be happy to answer any of the Committee's questions.