

**CIET**

[www.ciet.org](http://www.ciet.org)  
building the community voice into planning

**Summary Report**  
**SR-BA-bos3-95**

**Bosnia & Herzegovina**

***Food security in Bosnia and Herzegovina***

CIETinternational

**Bosnia & Herzegovina: Food Security 1995**

The second survey in this series, conducted in March/April 1995, revisited most of the communities selected for its 1994 predecessor. Military conditions, however, did not permit revisiting of the four sites in Bihac pocket. Time trend comparisons were thus possible for 37 communities in seven operational regions. An additional 15 communities included in Banja Luka provided baseline data in that region for the first time since the war started.

The followup confirmed that the broadly successful food aid distribution programme had been sustained, with improved targeting, through the winter of 1994-1995. As commercial channels opened, coverage of food aid declined in five of the seven operational areas; it increased in Sarajevo-BiH and in Zenica-HVO. However, there was also a decline in the proportion of households reporting insufficient food and not receiving food aid.

The proportion of households reporting food shortage declined across almost all sites. Between 1994 and 1995, the number of sites where less than 50% had sufficient food dropped from six to three sites; sites where 75% or more had sufficient food increased from 14 to 24. Asked directly if there had been any difference in food aid between last winter and this winter, between 60 and 80% in the different regions answered that there had been an increase in food supply or that things were the same. Only in inner Sarajevo was the majority opinion that food supply was worse now than last year.

Commercial food trade had increased substantially since the 1994 study. Key informants in more than half the sites said there were no shortages of commercial food items; shortages indicated by the other key informants were for non-basic items. There was strong evidence of increased household involvement in the commercial food market. Across almost all sites, there was an increase in the proportion that purchased food in the last week. There was also a decrease in the proportion that traded household goods for food, confirming that more money is circulating at community level. A much larger proportion in 1995 reported receiving remitted income, though the average amount received by each household was lower than in 1994. Key informants reported a decrease in commercial food prices across all regions.

In all regions, there was a fall-off in the proportion of households purchasing "basics" like wheat flour (35% to 10%). There was also a dramatic drop in the proportion that purchased oil and sugar across all areas. In the regional analysis workshops, this finding was attributed to increased food security. If people do not have to purchase basic foods, it was argued, they have sufficient from food aid.

The proportion of households reporting food as their main problem dropped precipitately across all regions, from 10-30% in 1994 to 1-2% in 1995. Once again, one in four households said they needed "nothing" from humanitarian organisations, indicating the perception that food aid is supplied by the government. In 1994, 40-50% said they expected food from humanitarian agencies; by 1995 it had dropped to 2-3%.

The proportion who said they expected "money" from relief agencies increased from 0-2.5% the previous year to 13-51% across the different regions in 1995. After three years of war, there was little chance of this being a question of mistaken identity. The conspicuous commercialisation of food and increases in cash availability across the BiH areas point to some relief agencies handing out cash. HCR personnel indicated awareness that this was the case.

The positive disposition towards displaced people was still present in 1995, most respondents considering displaced people worse off than residents. Agricultural and garden production of food in the survey sites was similar to last year. Once again, few households produced a surplus or thought they could do so even with more inputs.

Reported dependence on food aid, not to be confused with shortage of food, was again evaluated by asking households what they would do if aid stopped next month. The proportion who said they would have to rely on charity increased across all regions. Despite this, UNHCR and other humanitarian organisations were still not seen substantially as a social support mechanism. Only 2% (9% in 1994) of households said they saw UNHCR as their main support during the worst months last year; relatives filled this role more often.

Measles vaccination fell off between 1994 and 1995, almost across the board. This was true of residents and displaced people, those near and far from the conflict lines, of those receiving and not receiving food aid, and of female and male headed households alike.

A perturbing continuing trend, detected in both Serbia and Bosnia in 1994, was the impressive reduction of breast-feeding. Once again, breast feeding patterns were not worse in communities near the conflict lines, and there were no notable differences between residents, host households and displaced-headed households. Among several explanations for this result, two are especially worrisome and deserving of further inquiry. First, part of the drop-off in breast feeding might be ascribed to declining bonding between mothers and offspring, an introspective negative identity related to the war. Gender biases in breast feeding (the fall off is more pronounced among boys) support this explanation. Secondly, it is possible that aggressive promotion of the abundant supplementary feeding schemes by aid agencies could be a disincentive for breast feeding.

Whatever the explanation, declining breast feeding habits have a measureably negative effect on children. There was a clear relationship between stopping breast feeding before four months of age and malnutrition, estimated by mid-upper arm circumference (MUAC) less than 12.5cm, the conventional cut-off for severe malnutrition in a child aged 6-36 months. A child who had not benefitted from breast feeding for at least four months was found to have more than twice the risk of malnutrition, as measured by MUAC.

There was a suggestion of an increase in malnutrition in children under the age of five years, as indicated by mid-upper arm circumference (MUAC) less than 12.5cm, in a region- and age-specific analysis (children aged 2 years in Tuzla in 1994 compared with children aged 2 years in Tuzla in 1995). In the context of decreased coverage of food aid, this could be of considerable importance. Whether or not there is a causal association between retraction of food aid and malnutrition, the coincidence is likely to be of public relations consequence.

For this reason, possible links with food aid should be scrutinised. In 1994, a clear link was detected between occurrence of malnutrition and the report of insufficient food in the household. A household declaring it had insufficient food in 1994 was 60% more likely to have a child with MUAC<12.5cm. This link is not apparent in the same population in 1995. This could be because the food was better targeted to households with malnutrition. However, children in households receiving food aid had similar malnutrition risk, in 1994 and 1995, to those in households not receiving food aid. The implication is that food aid has little to do with emerging patterns of malnutrition (at least as measured by MUAC in Bosnia). The decline in breast feeding is one possible explanation, in which case programmatic action might have a preventive role. Another possible explanation is the increasing commercialization of food, and concomitant re-stratification of society.

The full report, *Food security, social support and agriculture in Bosnia-Herzegovina: 1995 followup*, CIETinternational 1996, is forthcoming.