Recommendations from the Landscape Analysis country assessment in South Africa

1 Coordination and Integration

1.1 Improve coordination of stakeholders and various role-players, including civil society, food industry, public and private institutions, academia

Building partnerships with various stakeholders to improve the nutritional status of South Africans is a key feature of success. One of the exemplary partnerships were formed with the milling and premix supplier industries during the implementation of the national food fortification programme, and also the engagement with the infant food industry in the process of drafting the Regulations relating to foodstuffs for Infants and Young children. However, these engagements are not formalized and usually happen on ad hoc basis or when there are issues of mutual interest to be discussed. Constant communication sending coherent and consistent messages when communicating with various partners and stakeholders will strengthen the nutrition agenda in South Africa. There is a need for government to take stewardship on nutrition and engage various stakeholders on evidence based nutritional interventions.

1.2 Strengthen nutrition coordination and leadership at different spheres of government and across different public and private sectors

Although there is an Integrated Food Security Task Team (IFSTT), which is only composed of government departments such as Social Development, Agriculture, Health and Education, coordination of nutrition related interventions is still a challenge. There is a need for a Nutrition Working Group, which will also include the private and public sectors, civil society and academic institutions. This working group will act on advisory capacity to the implementing agencies on nutrition related policies and interventions. While nutrition coordination within the Department of Health, both at the national and provincial level is already strong, this is yet to happen at the district and local levels where implementation is supposed to happen. Nutrition working groups should also be established at the provincial and district level. It is also proposed that thematic working groups be created to work on specific nutrition issues and provide technical solutions.

1.3 Strengthen the capacity of Provincial Nutrition coordinators to improve coordination and Supervision at the district level

Supervision and provision of technical support from provinces to the districts is one of the most important determinants of quality of care as these support are meant to highlight problem areas which the provincial coordinator is expected to assist the district nutrition coordinators to help resolve. Lack of supervision on the implementation of nutritional interventions at the district level was highlighted during the assessments. Mentoring and motivation of nutrition workers at the implementation level should be prioritised.

1.4 Strengthen or establish coordination mechanisms of nutritional interventions at district level

Nutritional services are implemented at the PHC and as well as in the district hospital. However, the organization of nutritional services at the district level differs from one province to another. Some districts have dedicated nutrition coordinators whereas others have coordinators that are also responsible for nutrition and other programmes such as maternal, child and women’s health. The demands from other programmes make it impossible for them to provide adequate support and
guidance to the facilities and other implementer of nutritional related interventions. There is a need for dedicated nutrition personnel who are qualified at the district level. The inclusion of nutrition related interventions into the district health plans and the municipality Integrated Development Plans will go a long way in ensuring that nutritional interventions are not forgotten.

1.5 Ensure the integration of effective intervention to reduce maternal and child undernutrition in other programmes
Nutrition has been identified as one the important programmes within primary health care. However, there is very little happening with regard to the implementation of nutritional intervention at PHC level. On paper, nutrition is regarded as important but when resources are allocated nutrition interventions are often ignored. There is a need to package key nutritional messages on defined nutrition actions and incorporate them into other programmes or interventions such as PMTCT, BANC, HIV and AIDS programmes, TB, etc.

1.6 Scale-up community based nutritional interventions by improving coordination with the NGO sector and other community-based organizations
The prevention of malnutrition and further deterioration in nutrition situation therefore require sustainable and multidimensional short- to long-term solutions underpinned by strong collaborative action from different role players. Prevention and promotion, care, mitigation and treatment thus are the major strategic areas for essential nutrition actions. Community-based nutrition programmes are direct means of improving nutrition in the short term, and a means of focusing attention on nutrition concerns and policies. The variation in implementation of community-based nutritional interventions in provinces is an indication of various models on community-based nutrition programming in South Africa. Although there are many non-governmental organizations operating at community level in all provinces, most of them have very little or no nutrition component in their programmes. A package of key nutritional interventions should be developed and resources needed to implement them quantified. The involvement of the community in all nutrition activities should be explored.

2 Leadership

2.1 Improve advocacy on evidence-based nutritional interventions seeking to address Maternal malnutrition and child undernutrition in order to achieve the MDGs
There have been considerable achievements in South Africa on improving the nutritional status of the population. While there is political commitment in improving the nutritional status of South Africans, such commitments have not been translated into concrete actions to improve key nutritional interventions to reduce maternal malnutrition and child undernutrition. Observations from stakeholders are that nutrition is not receiving the priority it deserves or there are varying interpretations or understanding of what the role and mandate of the nutrition sector is. The strong political commitment to act is, diluted by a poor perception of what nutrition problems really are. Nutrition programming is mainly equated to food gardens, provision of dietary supplements and food parcels and more often than not, nutrition programming is commonly equated to the provision food. There is a need to target various stakeholders, including politicians, policy makers, NGOs and the private sector in a coordinated way showing the links between malnutrition, functional consequences, ready solutions and indicators to measure results.
3 Evidence-based Planning

3.1 Streamline policies on key nutritional interventions to reduce maternal and child undernutrition identified in the Lancet Series on Maternal and Child Undernutrition

The inconsistency amongst the stakeholders on what the major nutrition problems are in the country shows that policies are not streamlined to focus on key nutritional problems as identified through national studies and routinely collected data. Focused attention with limited resources on highly effective evidence-based interventions will turn the nutrition situation around in South Africa. A Strategic plan should be developed and should be integrated with an action plan, a detailed budget, resource mapping and a clear definition of responsibilities for implementation, outputs and achievement results. This would encourage programme managers to set priorities and link them to existing financial resources. Although policies and guidelines as well as regulatory frameworks that support the implementation of nutritional interventions to address child and maternal undernutrition are in place, implementation and monitoring is still a challenge. Policies should have nutritional interventions that are evidence based and should be used to guide implementation at the provincial level. Major barriers identified in implementing these policies at the provincial and district level were lack of strategic direction and guidance on prioritisation and implementation of evidence-based nutritional interventions that have high impact on women and children.

3.2 Scale-up the implementation of evidence-based, cost-effective interventions such as management of severe malnutrition in order to improve quality of services

Presently the approach to managing severe malnutrition is varied across the country with various provinces using different guidelines, frameworks and protocols due to an absence of a national framework that will facilitate a coordinated approach with clearly defined quality standards. The use of this assortment of guidelines makes it difficult to quantify, qualify and provide a national picture of the extent of the problem and impact of interventions aimed at reducing and preventing severe acute malnutrition. The treatment of acute severe malnutrition is also mainly clinical based and inadequately addresses the progressive and multi-causal nature of malnutrition.

4 Monitoring and Evaluation

4.1 Develop a comprehensive monitoring and evaluation plan, and rationalize the collection and use of nutrition information for decision-making purposes at National, Provincial, District, facility and Community level

Although some of the nutrition indicators are included in District Health Information System (DHIS), a comprehensive nutrition monitoring and evaluation plan needs to be developed. Such a plan will measure inputs, outputs, progress and impact of the programme. Other nutrition indicators are collected and processed through other systems, and passed upwards. Too many parallel systems with different reporting formats, data collection tools are a huge burden to the already far-stretched nutrition workers. While nutrition surveys have been used as the main source of information for nutrition programming, information from these sources is hardly used for planning and prioritization purposes. There is need for capacitating nutrition workers on the importance of monitoring and evaluation so that they could such information for decision making at various levels of the health care system.
5 Scaled-up interventions and tools or equipment

5.1 Ensure, without delay, that all relevant policies, guidelines, protocols and IEC materials are available at facility level
The unavailability of policy guidelines and protocols at the facility level has a negative impact on the implementation of key nutritional interventions to address maternal malnutrition and children malnutrition. Provinces and districts should put systems in place to ensure that guidelines and protocols are distributed to facilities timely.

5.2 Provide adequate essential nutrition supplies and equipment needed to deliver basic nutritional services (e.g. Zinc, Vitamin A, MUAC tapes, weighing scales, multiple micronutrient supplements, iron folic acid) at every facility
Micronutrient malnutrition is a problem in South Africa. About 28% of children and 29% of women of child-bearing age suffer from anaemia. The prevalence of Vitamin A deficiency is 63.6% in children and is fairly consistent among the age groups 1-3 years, 4-6 years and 7-9 years. About 45% of children are zinc deficient with the highest prevalence among 1-3 year olds (51%). To respond appropriately to these micronutrient deficiencies, it is important to improve the quality of such services by ensuring that adequate supplies and equipment are available in all facilities. These areas should be prioritised.

6 Human resources

6.1 Strengthen the capacity of nutrition manager at different spheres of government to utilize allocated budgets on key nutritional interventions
Data shows that spending on nutrition services has increased in real terms over the period from 2005/06 to 2008/09. This is encouraging given the importance of nutritional interventions in contributing to the reduction of morbidity and mortality in mothers and children. The difficulties in getting reliable data on funding for nutritional related interventions during the assessments could be a result of lack of capacity and skills in budgeting and finance as well as planning and programme management and support at the district and provincial level. A snapshot analysis of the nutrition budgets indicated that the major cost driver was nutritional supplements, which could account for more than 60% of the total nutrition budgets. Although budgets are allocated to nutrition at the beginning of the financial year, in practice they are seldom allocated to nutritional interventions nor nutrition managers are in a position to easily access the funds. This occurrence is due to the re-allocation of funds to other projects that senior management at Provincial and district level have prioritised.

6.2 Ensure in-service training of health workers on nutrition related policies, guidelines and protocols geared towards addressing maternal and child undernutrition
The traditional way of bringing people into a classroom type training has not been effective because it can only cater for few people. Hospital managers have been reluctant to release their staff for training due to staff shortage. There are also too many training events that are targeted to the same health workers. Various ways should be explored to capacitate health workers with minimal disturbance in their daily work. Other ways that could be looked at include, amongst others integration of some key nutritional messages into existing trainings such as IMCI, PMTCT, etc.; in-house training wherein health workers will not have to leave their workplace; incorporate key nutritional interventions into the health workers’ training curricula. All Provinces have existing training programmes offering training in other areas such as maternal and child health care. This could be the entry point to strengthen training
programmes in nutrition. A properly designed and co-coordinated national nutrition training programme could help to resolve such challenges.

6.3 Increase number of nutrition personnel with appropriate skills at the Primary Care level
Human resources have been recognized as the bottleneck that impedes better performances. Problems associated with recruitment, training, updating, motivation, mobility and workload need to be addressed. The nursing personnel have always driven implementation of nutritional interventions. This is done in addition to other tasks that they are already performing, which result in nutritional related interventions getting very little attention. A shortage of nutrition qualified personnel prompt a need for cadres who are adequately trained in public health nutrition. These resources need to be employed to expand the base of operations at the district and PHC level. Nutrition personnel, mainly dieticians are distributed in hospitals throughout the country, which leaves the PHC and communities with no nutrition personnel. The number of nutrition personnel is simply not adequate to meet the demands of the South African population, with a high disease burden of HIV/AIDS, TB and chronic diseases of lifestyle.

6.4 Strengthen infrastructure, including space for nutrition education, storage room (strengthen counselling and education)
Nutrition education aims at achieving a voluntary change in nutrition-related behaviour to improve the nutritional status of the population. Nutrition education and counselling is one of the key pillars in reducing child and maternal undernutrition. For individual counselling to be effective, a conducive environment should be created for both the counsellor and the client. Shortage of counselling rooms and storage space at health care facilities could compromise the quality of nutritional interventions that are provided to mothers and children.