REPORT
INTER-COUNTRY WORKSHOP : A FOLLOW-UP
TO THE INTERNATIONAL CONFERENCE
ON NUTRITION

20-23 March 2001
Harare, Zimbabwe
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>AFRO</td>
<td>Africa Regional Office</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immune-Deficiency Syndrome</td>
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<td>BF</td>
<td>Breast feeding</td>
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<td>BFHI</td>
<td>Baby Friendly Hospital Initiative</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>DNC</td>
<td>Directorate of Non-Communicable Diseases</td>
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<td>EBF</td>
<td>Exclusive Breast Feeding</td>
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<td>EPI</td>
<td>Expanded Programme on Immunization</td>
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<td>EU</td>
<td>European Union</td>
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<td>EWFIS</td>
<td>Early Warning and Food Information System (Eritrea)</td>
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<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
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<td>FIVIMS</td>
<td>Food Insecurity Vulnerability Information and Mapping System</td>
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<td>FMD</td>
<td>Foot and Mouth Disease</td>
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<td>FSNC</td>
<td>Food Security and Nutrition Council (Mozambique)</td>
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<td>GMO</td>
<td>Genetically Modified Organism</td>
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<td>GMP</td>
<td>Growth Monitoring and Promotion</td>
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<td>HIPC</td>
<td>Highly Indebted Poor Countries Initiative</td>
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<td>HIV</td>
<td>Human Immuno-deficiency Virus</td>
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<td>ICN</td>
<td>International Conference on Nutrition</td>
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<td>IDD</td>
<td>Iodine Deficiency Disorders</td>
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<td>IMCI</td>
<td>Integrated Management of Childhood Illnesses</td>
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<td>INS</td>
<td>Integrated Nutrition Strategy (Mozambique)</td>
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<td>MCN</td>
<td>Maternal and Child Nutrition</td>
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<td>NFNC</td>
<td>National Food and Nutrition Council/Committee</td>
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<td>National Food and Nutrition Policy</td>
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<td>Non-governmental Organisation</td>
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<td>NPAN</td>
<td>National Plan of Action for Nutrition</td>
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<td>PEM</td>
<td>Protein Energy Malnutrition</td>
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<td>RDP</td>
<td>Reconstruction Development Programme (South Africa)</td>
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<td>SCN</td>
<td>Su-Committee on Nutrition</td>
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<td>ZAPN</td>
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EXECUTIVE SUMMARY

An Inter-country Workshop as a Follow-up to the International Conference on Nutrition (ICN) was held for the English Speaking Countries of Sub-Saharan Africa in Harare, Zimbabwe from 20-23 March 2001.

The main objective of the workshop was to assess the progress made in the implementation of the ICN by participating countries and to recommend the way forward.

There were 53 participants from 19 countries, FAO, WHO, UNICEF, and other observers. The participants were high-level experts with diverse backgrounds and experience in such areas as health, agriculture, education, planning, economics, communication etc.

General presentations were made on the regional progress made towards the development and implementation of the National Plans of Action for Nutrition (NPAN), on the capacity development initiative in the Region and on the Food Insecurity Vulnerability Mapping and Information System (FIVIMS). The majority of the time was allocated to country presentations and group work.

Based on responses to the questionnaire sent out to countries before the workshop, and based on the outcome of the country presentations, three key issues were identified for group work deliberations namely: issues related to advocacy, implementation and resource mobilization. Three groups were formed. Each group was assigned to address one of the issues and to come up with innovative and feasible recommendations. The groups were advised not only to state the problems and to indicate “what” needs to be done, but more importantly to identify “how” it could be done. Accordingly, each group came up with a list of recommendations, which were further discussed in plenary sessions and synthesised.

From the questionnaire responses, the country presentations, the group work and the general discussion sessions, the following major cross-cutting observations were made:

- Development of the NAPN: 12 countries (63.2%) had completed the NPAN, but most of them have not updated it. In two countries (10.5%) the NPAN is in the final draft form and is awaiting adoption by the appropriate authority in their respective countries, while the two NPAN (10.5%) are under preparation, and three NPAN (15.8%) are still in the initial development stages;

- All countries adopted the multi-sectoral approach to the development of the NPAN and a sectoral approach in its implementation depending on sectoral expertise;

- Nutrition is still not a priority in the development agenda;

- With or without the NAPN all countries have been implementing and continue to implement the ICN themes based on their country priorities and the availability of resources;

- Many countries have demonstrated some achievements with some programmes in food and nutrition such as IDD, Vitamin A, breast-feeding etc. However, the achievements were mostly attributed not to the direct effects of the ICN or NPAN, but rather the availability of funds, government commitment and previous experiences.

The major constraints identified were:

- Absence or non-functional National Food and Nutrition Policy;

- Weak advocacy;
Inadequate effort by governments and partners to mobilise resources for the development and implementation of the NPANs;

Inadequate technical and institutional capacity to plan and implement food and nutrition programmes;

Minimal government budgetary allocation and inadequate external support;

Increasing poverty among the population and limitations on budget allocation by governments.

The recommendations made at the end of the workshop mostly focus on improving the above constraints/shortcomings. The workshop participants strongly urged governments and requested partners to demonstrate greater commitment in action and abide by the pledges they made at the ICN by implementing actions to alleviate the constraints indicated above.
SESSION 1: OPENING OF THE WORKSHOP

The Inter-country Workshop a Follow-up to the International Conference on Nutrition (ICN) was attended by 53 participants from 19 English-speaking countries of Sub-Saharan Africa, FAO, WHO, UNICEF and other invited observers. They were high-level experts with diverse educational backgrounds and experience in various fields such as health, agriculture, economics, planning, in formation/media.

The opening session was initiated with the words of welcome from the Master of Ceremony, Mr. O. Hove, Director Regional Planning, Ministry of Finance and Economic Development of the Government of the Republic of Zimbabwe. This was followed by remarks from Dr. M. Belhocine, Director of Non-communicable Diseases (DNS) WHO/AFRO. The DNC reaffirmed the commitments of WHO/FAO stating that, "as part of their mandate, FAO and WHO have always supported countries to improve the nutritional status of their populations, especially those who are most in need and the agencies will continue their support. That challenges are numerous, but in putting together our efforts, we can take them up". Lastly, he thanked the government of Zimbabwe not only for hosting the workshop but also for taking an active part in the technical and logistics aspect.

1.1. Opening statement by Mrs Victoria Sekitoleko, FAO Sub-Regional Representative for Eastern and Southern Africa

On behalf of the Director-General of the FAO, Dr Jacques Diouf and on her own behalf, the FAO Sub-Regional Representative, Mrs Victoria Sekitoleko started by thanking the government of the Republic of Zimbabwe for hosting the workshop as it did in 1995. She then recalled the resolutions of the ICN and the World Food Summit of 1992 and 1996 respectively and the follow-up workshop of 1995, that took place in Harare. She noted that despite efforts, malnutrition has not shown any significant improvement. It is projected that by the year 2010 over 300 million people (one third of the population) will suffer from malnutrition in the Region, the major causes being poverty, natural and man-made emergencies and the newly emerging health problems especially HIV-AIDS. “FAO’s focus has been and continues to be directed towards improving household food and nutrition security”. FAO and other partners will use the NPAN as a guide to identify countries’ priorities. In view of the many problems and limited resources, she stressed the need for prioritisation and a focussed approach.

1.2. Opening statement by Dr Ebrahim M. Samba, WHO Regional Director for Africa

The message of the Regional Director was read on his behalf by Mrs. Emilienne Anikpo N’Tame, Director of the Division of Health Environment and Sustainable Development at AFRO. The Regional Director recalled the pledges made by countries after the ICN to prepare NPAN in order to eliminate malnutrition, but the problem still persists. He noted that "the number of children suffering from malnutrition has risen from about 700,000 in 1992 to about 850,000 in 2001, clearly indicating that food and nutrition security has not been guaranteed". He also expressed his deep concern over the HIV/AIDS epidemic and its links with malnutrition and urged participants to integrate it in the NPAN. He highlighted WHO focus areas of co-operation including among others, the support to Member States for the elaboration of the NPANs. Finally he said, "I urge you to undertake an in-depth examination of the status of the plans of action in the Sub-region in order to propose appropriate solutions to the problems raised. The outcome of your meeting is anxiously awaited and will be given special attention by WHO/AFRO".

1.3 Opening Speech by Dr. Timothy Stamps, the Honourable Minister of Health and Child Welfare

The Honourable Minister of Health and Child Welfare of the Republic of Zimbabwe, Dr. Timothy Stamps opened the workshop. He recalled the resolutions and pledges made and the enthusiasm at the ICN 1992 where he led the Zimbabwean delegation. He reiterated the various processes that were envisaged in the
development and implementation of the ICN and the strategies that should be followed. The Minister said that way back in 1974 it was stated by the World Health Assembly that “within 20 years, no child shall go hungry to bed”, and noted that by 1996, fifty million people were displaced and the problem of food insecure and undernourished. 25% of the fifty million people are in Africa. Paradoxically little aid is coming. He indicated that although policies have been formulated, plans of action developed and programmes laid down, implementation has not been satisfactory due to a number of reasons.

The Minister continued his speech by focusing on the exogenous international factors, which have a bearing on the health and nutritional status of the populations of the developing countries. He referred to international farm policies, globalisation, the development of the genetically modified (GM) seeds, the resurgent diseases such as those that could come with GM, WTO regulations, the scourge of HIV/AIDS and its direct link with food insecurity and nutrition etc. He said, “there are challenges we have faced as individual countries or collectively as region and have won and made progress. There are however, areas where there has been barely any progress or in certain circumstances the situation has worsened due in part to economic problems. Resources are limited, impediments are high, but our skills and experiences can rise to the challenges. I therefore, urge all participants to have depth in their presentations and discussions and come up with realistic solutions to improve and accelerate the attainment of the nutritional objectives of the ICN”. He concluded by thanking FAO/WHO for organising the workshop and wishing participants success in their deliberations.

1.4 Vote of thanks

On behalf of the participants, Mrs. Pam Malebe from Kenya thanked the Honourable Minister of Health and Child Welfare for officially opening the meeting and said that his presence gives hope that there is a political will in the process. She extended her gratitude to the Government of the Republic of Zimbabwe for hosting the workshop and FAO and WHO for organising and financing the workshop.
SESSION 2: INTRODUCTION
BACKGROUND, OBJECTIVE AND METHOD OF WORK

2.1. Background

At the International Conference on Nutrition (ICN) in 1992, the governments of 159 countries and the European Economic Community unanimously adopted the World Declaration on Nutrition and the Plan of Action for Nutrition (NPAN). In so doing, the governments had committed themselves to drawing up and/or updating their respective NPAN with attainable goals and measurable targets, and to pursuing a series of nutrition objectives through various strategies and activities. The recommendations of the ICN triggered the adoption of a number of resolutions by the World Health Assembly and the WHO Regional Committee for Africa. The resolutions drew attention to the need to put in place national nutrition policies and develop the NPANs.

As part of the preparation for the World Report on the progress made by countries and the UN specialised agencies in the implementation of the resolutions, a sub-regional workshop for English-Speaking countries was organised in Zimbabwe in 1995. At that time countries were only starting to develop their NPAN. Five years on it is deemed necessary to review the progress as part of the global exercise. Hence, a workshop was organised jointly by FAO and WHO, from 20-23 March 2001 in Harare, Zimbabwe, which also hosted the 1995 meeting on same issue.

2.2. Workshop Objectives

2.2.1 General Objective

The general objective was to assess the progress made in the implementation of the ICN by the participating countries and to recommend the way forward.

2.2.2. Specific objectives

- Assess the extent of implementation and monitoring of the main strategies of the NPAN.
- Determine the strengths, weaknesses, opportunities and constraints common or specific to the countries in the implementation and monitoring of the NPANs.
- Propose solutions and lines of action appropriate to the regional context and to national situations, in order to improve and accelerate the achievements of the nutritional objectives of the ICN.

SESSION 3: GENERAL PRESENTATION

3.1 Overview of the status of the development and implementation of the NPAN

3.1.1 Global overview of the ICN/NPAN

The three important events, which have taken place this decade in support of food and nutrition: the World Summit for Children (1990), the ICN (1992) and the World Food Summit (1996) were mentioned. The vows, pledges and commitments made in all three conferences were highlighted, and the nine (ICN) themes recalled. With respect to the ICN it was noted that the basic strategies were:

- Preparation of NPAN and their implementation;
- Establishment of "permanent" inter-sectoral committees;
- Long-term commitment to the process;
• The need for a decentralised process, which results in empowerment of individuals, households and communities.

### 3.1.2. Global review and analysis of the progress made towards the developing and implementing NPANs

The presentation summarized the finding of a questionnaire, which was sent to the WHO Member States at the end of 1994 in order to ascertain the progress made in implementing the commitments made in the World Declaration on Nutrition. The survey found that:

• Many countries were just starting or in the process of developing (38%) their NPAN, especially those in Africa. Only 28% of the countries responding had prepared, finalized or strengthened their national plan of action.
• There was a good start in inter-sectoral collaboration and agency co-operation.
• Governments and NGOs did not make sufficient efforts to mobilise resources for the development and implementation of the NPAN, and the situation does not seem to have changed in 2001. Hence, the need to devise better and innovative strategies;

The presentation also summarized the findings of the questionnaire sent out to the participating countries prior to the workshop. By March 2001 the situation was as follows:

- Final stage of draft (10.5%): Tanzania, Zambia
- Under preparation (10.5%): Botswana, Sierra Leone
- No plan yet (15.8%): Liberia, Seychelles, Zimbabwe

#### 3.1.2.1 Key elements for the successful development of the NPANs were noted to be:

i. Political commitment i.e. having an influential ministry to lead the process having a high profile advocate; and having food and nutrition plans and policies be part of the overall national development policy;
ii. Focused approach with targeted priorities; and
iii. Consultation with all stakeholders.

#### 3.1.2.2 Key elements for successful of the NPANs were noted to be:

i. Functional and dynamic co-ordination mechanism;
ii. Strong institutional and organisational structures i.e. such as a national nutrition institute; and
iii. Quality leadership and committed nutrition advocates.

#### 3.1.2.3 Two important questions were raised during the discussions.

i. As much as the NPAN is expected to influence the development policies and plans of governments, how much has it influenced the policies, directions and priorities of the UN agencies towards nutrition? How committed are the partner agencies to assist countries in mobilizing resources, which has been one of the major constraints for the lag in the development and implementation of the NPAN?
ii. Do we have process indicators in place to objectively measure the progress of the development and implementation of the NPANs?
With respect to the first question, a lot of changes have been noted. WHO has not only increased its budget for nutrition but only its technical towards countries in the development of their NAPNs.

It was noted that for the mobilisation of resources, it should be primarily the responsibility of the countries to mobilise the resources from within the country and also to solicit external outside. This however, does not mean that the partners are not willing to help. On the issue of process indicators, it was reported that even the UN Agencies are aware of the need for these and that, based on the experience of other initiatives, efforts are underway and some indicators may be identified soon.

3.2 African Capacity Development Initiative for Food and Nutrition

The need for capacity building for food and nutrition has been on the sub-Saharan Africa agenda since the 1970s and the efforts have continued since then. However, the efforts made could not match the enormous and complex nutrition problems and the capacity demands of the region. Currently, a new initiative has arisen. The revived initiative (African Capacity Development Initiative for Food and Nutrition) is a result of a series of consultations undertaken by nutrition experts in the region with the assistance of agencies such as SCN, UNU, FAO, WHO, UNICEF and others. There is now a shift in concept from capacity building to “capacity development”. Capacity development denotes a process of maintenance and sustainability of a system and it is all embracive: it encompasses training and retraining, institutional strengthening and improving organisation effectiveness from the central to the grass-roots levels.

3.2.1 There is need to focus on capacity development more than ever before because:

- Assessments conducted in the region repeatedly indicated a serious capacity problem;
- It is the key determinant to effective implementation of programmes;
- The nutrition problem is worsening;
- There is a changing environment for operating nutrition programmes and there are newly emerging challenges such as, HIV/AIDS, sector reforms, increased natural and man-made disasters etc.;
- It is necessary to be kept people informed of the new technologies and to strengthen institutional and organisational mechanisms to plan, programme and implement effective nutrition programmes;
- There is a need to improve programme effectiveness and to improve the status of the professionals involved in the field of food and nutrition.

3.2.2 The proposed mechanisms include:

- Develop advocacy skills;
- Assessments of constraints, and building upon success factors;
- Strengthening sub-regional, regional and international networks to facilitate sharing of information and expertise;
- Developing strategic coalitions and harmonisation of actions.

3.2.3. The priority areas for capacity development have been identified as:

- Advocacy and leadership quality;
- Policy analysis, planning, management and monitoring skills;
- Programme driven research
3.2.4. Targets for capacity development include:

- Securing national commitment and enforcing stakeholders’ back-up support;
- Develop regional approaches to common food and nutrition problems;
- Harmonise efforts, especially training programmes and training materials.

There is optimism in implementing the new initiative because there is a wealth of accumulated experience and potential in the region to build upon. There are also willing partners to assist and there is support from some key international bodies such as the ACC/SCN and the UN agencies.

3.3 Food Insecurity and Vulnerability Information and Mapping Systems (FIVIMS): their importance for the implementation and monitoring of the NPANs.

The purpose of the presentation was to provide information to the participants on FIVIMS, what it is, its objectives, its approaches, and how it can assist in the implementation and monitoring of the NPANs. FIVIMS was established following the WFS of 1996. It was created to respond to a global concern on the need for information on populations who are vulnerable and at risk, to identify causes and to take appropriate and timely measures. It necessitated the development of a user-friendly sources of information from the local to the international level to enable improved identification and formulation of action programmes.

3.3.1. Issues from the plenary

The general consensus from the discussion was that, while fully appreciative of the usefulness of FIVIMS, if it is to effectively serve the countries:

- The information needs, and sources should be well identified and harmonised, to avoid the dissemination of wrong information and confusion;
- "Minimum data sets" and indicators should be established;
- National institutions should be assisted to develop their capacity in this area in order to provide the necessary information and at the same time benefit from it.

SESSION 4: COUNTRY PRESENTATIONS AND DISCUSSION

All 19 countries presented country papers. During the presentations and discussion, attempts were made to capture issues related to progress made in the development and implementation of the NPANs, lessons learnt, successes and success factors, constraints and the way forward. Finally, crosscutting issues from all country presentations were synthesised and the most prominent issues were incorporated in the topics for group work for further examination.

4.1 Botswana

The NPAN is still in the process of finalisation. However, it is worth noting that even though the NPAN is yet to be finalised, most of the ICN themes are being implemented, and some achievements have been recorded.

4.1.1. Achievements:

- Under-weight statistics fell from 26% in 1987 to 8% in 2000;
- Good progress made in the implementation of micronutrient programmes;
- Encouraging improvement in the rate of exclusive breast feeding;
- The development of an effective food security assessment and response system.
4.1.2 Success factors:

- Some activities like the food security assessment and response system have full backing of the Government;
- The availability of external funds for some interventions, e.g. micronutrients;
- Technical support from partners.

4.1.3 Constraints:

- Absence of a National Food and Nutrition Policy (NFNP);
- Inadequate awareness on the role of nutrition in development;
- Inadequate financial support;
- Inadequate technical capacity for planning and implementing of nutrition interventions;
- Shortage of staff at all levels;
- Nutrition not well represented in regional and international fora;
- Problem of co-ordination;
- New challenges aggravating the problems e.g. HIV/AIDS;
- Natural disasters such as drought and floods.

4.1.4 Way forward:

- Finalise the draft NPAN by incorporating new developments and have it approved and launched before the end of 2001;
- Conduct a mini-workshop to discuss the final draft before its finalisation;
- Disseminate the NPAN to sub-national levels through workshops, seminars etc;
- Ensure that nutrition becomes one of the indicators of the “Botswana Vision 2016 Goals”;
- After the approval of the NPAN, develop project proposals on priority areas and solicit funds from within the country and from outside sources;
- Continue strengthening ongoing programmes

4.2 Eritrea

Eritrea finalised its NPAN in 1996, but it has not been up-dated. Activities pertaining to the ICN themes are on-going with financial and technical support from partners especially UNICEF. Some achievements have been made despite the man-made and drought disasters in the country.

4.2.1 Achievements:

- The development of the NPAN, which was very useful to sensitise sectors and to systematise the plans and programmes;
- The establishment of the National Early Warning and Food Information System (EWFIS);
- The nationwide nutrition survey of 1995, which has so far remained the main source of information for planning purposes;
- The progress made towards the elimination of IDD and the wide distribution of Vitamin A capsules;
- The advances made in BFHI (96% of the hospitals have been participating, but it needs to be maintained);
- Legislation on the Code of Marketing of Breast milk Substitutes has been developed in 1997. However, although there are restrictions, the law has not yet been enacted.
- GM/P programme has been initiated in the health units, but the plan is to make it community-based and strengthen the promotion aspect.
- The development and promotion of child supplementary food (DMK) has been a great success.

4.2.2 Success factors:

- Government commitment to allocate significant funds from its meagre resources and approach partners to mobilise additional funds for nutrition;
- Financial and technical support from partners;
- The magnitude of the problem demanding action, to curb it before it gets worse.

4.2.3 Constraints:

- The absence of a NFNP;
- Weak coordination among sectors;
- The effects of the war and drought diverting all resources towards emergency relief;
- The NPAN process was not deep enough to bring the nutrition agenda to the top of the list of priorities;
- Advocacy is weak and unsystematic;
- There is serious shortage of human resource in nutrition (only one qualified nutritionist in the country);
- Very weak institutions as a result of the four decades old war;
- Very scarce resources and what is available mostly goes for emergency.

4.2.4 Way forward:

- Revise and up-date the NPAN to incorporate new developments such as HIV/AIDS, poverty alleviation and other relevant sectoral programmes and projects etc; FAO has been approached to assist;
- Intensify advocacy through well-designed strategy;
- Strengthen and systematise the GM/P and move it from health unit-based to community-based;
- Conduct national nutrition survey including micronutrients;
- As the emergency situation improves, develop more sustainable nutrition programmes;
- Implement the Code of Marketing of Breast milk Substitutes;
- Re-enforce the legislation on salt iodisation

4.3 The Gambia

In the pre-ICN years the National Nutrition Unit in the Ministry of Health had a sectoral National Pan of Action for Nutrition. After the ICN in 1992, it was revised to incorporate the nine themes of the ICN and became de-facto the NPAN for the Gambia.

In 1999, a National Nutrition Policy (NNP) was approved by the Cabinet and adopted by the House of Assembly in early 2000. The policy was developed through a series of processes: consultations, workshops and consensus building and involved all relevant sectors. An Inter-sectoral National Nutrition Policy Council chaired by the Vice-President comprising of high government officials provided political support and monitored the formulation process throughout.

The policy identified seven priority themes out of the nine proposed by the ICN. The policy further set four
key instruments to address the identified priorities.

4.3.1 Achievements:

- The development and approval of the NNP;
- The development of the NPAN;
- The establishment of a National Food and Nutrition Council (NFNC) at the level of the office of the Vice-President to provide policy guidance;
- The establishment of a National Nutrition Agency (NNA) under the NFNC to provide technical guidance and harmonisation of nutrition activities in the country;
- The awareness created on the multisectorality of nutrition and its pivotal role in development;
- Efforts made in training to improve capacity in nutrition planning and implementation;
- The completion of the nation-wide micronutrient survey;
- Expansion of the BFHI;
- The improvement of exclusive breast feeding from 0% in 1987 to 36% in 2000.

4.3.2 Success Factors:

- Government commitment;
- Persistence and dedication of the few nutrition experts in driving the nutrition agenda;
- Intensified advocacy;
- Availability of resources for some activities.

4.3.3 Constraints:

- Increasing poverty;
- Inadequate human and institutional capacity;
- Shortage of funds

4.3.4 Way forward:

- Intensify advocacy especially at the divisional level;
- Strengthen divisional level committees by improving their capacity;
- Establish/strengthen nutrition units in the sector ministries;
- Improve the nutrition surveillance system and the nutrition data management

4.4 Ghana

Ghana’s NPAN was launched in 1995 and disseminated through a series of workshops at national and sub-national levels. However, its implementation has not been easy. Those who were fully behind the development of the plan failed to demonstrate the same commitment on its implementation. But nutrition activities continue to be delivered all over the country

4.4.1 Achievements:

- The development and launching of the NPAN;
- The incorporation of the NPAN in the National Vision 2020 Document, which is the overall national economic development plan;
- The development of several projects based on the NPAN and mobilisation of resources for some of them.
4.4.2 Success factors:

- Dedicated nutrition professionals able to push the nutrition agenda using various formal and informal approaches;
- Financial support from partners.

4.4.3 Constraints:

- Nutrition is not on the priority list on the country government agenda despite the development of the NPAN;
- Inadequate budget from the Government;
- Inadequate capacity to implement programmes.

4.4.4 Way forward:

- Revise the plan and consider evolving new government polices and activities;
- Continue the advocacy efforts in a much more organised manner;
- Strengthen ongoing interventions.

4.5 Kenya

Kenya developed a NPAN in 1994 by prioritising the ICN themes based on its needs. While the objectives for developing the NPAN were noble, the implementation has not been encouraging. Review of the NPAN has revealed that not much has been achieved in the implementation because:

- Most of the activities in the plan lacked specificity;
- The themes and the subsequent activities were not prioritised enough;
- Most activities have implemented in piece-meal thereby narrowing their impact;
- Funding has been inadequate for the implementation;
- The NPAN has not been able to draw enough national consensus.

4.5.1 Achievements:

- A lot of activities are being implemented along the nine ICN themes by various sectors depending on their area of focus, but there has not been a comprehensive evaluation to document the achievements;
- One of the success stories from Kenya is the use of the “PROFILES”¹ for advocacy targeted at decision-makers and those who control the financial resources and allocation of budgets.

4.5.2 Success factors:

- Ongoing interventions for some years;
- Technical ability of the nationals to plan and implement nutrition interventions;
- External funding for some programmes;
- Past experiences.

¹ “PROFILES”: is a data-based advocacy and policy analysis tool. It demonstrates the human and economic development benefits gained by investing in nutrition.
4.5.3 Constraints:

- NPAN not very well prepared in terms of operational strategies;
- Its implementation did not have as much backing as its development;
- Shortage of funds: the country has been undergoing severe economic crisis and is thus unable to provide the necessary budget allocation for social services;
- Problem of co-ordination and harmonisation.

4.5.4 Way Forward:

- Review and up-date the NPAN with careful prioritisation and focus.
- Continue advocacy using the “PROFILES” focusing on the sectors and individuals who have control over financial resources.

4.6 Lesotho

The NPAN was finalised and adopted by the Cabinet in 1995. It was then disseminated through line ministries and workshops.

4.6.1 Achievements:

- Finalisation and adoption of the NPAN;
- The passing of the legislation on salt iodisation by the Cabinet;
- Total goitre rate reduced from 45% to 23%;
- 80% coverage of Vitamin A capsule distribution;
- Establishment of a micronutrient task force;
- 8/18 hospitals participate in the BFHI;
- Passing of labour code with three months maternity leave for civil servants;
- Development of a unified surveillance system (will be implemented soon);
- Establishment of microbiology laboratory as part of Food Quality Control.

4.6.2 Success factors:

- Political commitment;
- Food and Nutrition Coordinating Secretariat under the Prime Minister’s Office;
- Continued technical and financial support from development partners.

4.6.3 Constraints:

- Shortage of funds for some of the projects.
- Inadequate capacity.

4.6.4 Way forward:

- Revise the NPAN and incorporate new developments into it;
- Strengthen collaboration with all stakeholders at all levels;
- Develop human resource capacity by organising training programmes.

4.7 Liberia

The country has been at war and has had little chance to develop the NPAN. However, nutrition activities have been ongoing even without the NPAN as by no less than in any other country, which has a finalised
NPAN. Some of the interventions include the development of the Health Sector Nutrition Policy, a National Nutrition Survey and feasibility study on the production of iodised salt. In December 2000 a National Nutrition Network was launched by the Ministry of Health and Social Welfare to initiate and co-ordinate the development of the NPAN.

4.7.1 Achievements:

- Conducted a national nutrition survey including micronutrients;
- Development of the Plan of Action for Micronutrients;
- Almost towards eliminating IDD;
- Promotion of BF with increase in the rate of EBF (4 months) currently reaching 60%.

4.7.2 Success factors:

- External support;
- Strong leadership.

4.7.3 Constraints:

- Civil crisis
- Serious shortage of capacity at all levels
- Limitation of resources

4.7.4 Way forward:

- Finalise the NPAN (it requires technical support from partners);
- Continue to strengthen already initiated programmes;
- Develop new projects for implementation based on country priorities.

4.8 Malawi

The NPAN in Malawi was finalised and disseminated in 2000 and an agenda for food and nutrition has been set up in the country. Lobbying to get the themes implemented is still underway. A group has been formed to incorporate nutrition in the Poverty Alleviation Strategy and an Inter-ministerial Committee on Food Security and Nutrition has also been formed to ensure that sectoral plans incorporate nutrition issues. Several government sectors and NGOs are implementing elements of the NPAN depending on the area of their domain.

4.8.1 Achievements:

- Finalisation and dissemination of the NPAN

4.8.2 Success factors:

- The effect of the ICN and WFS resolutions;
- Technical and financial support from partners;
- Concern by nutrition professionals.

4.8.3 Constraints:

- Weak co-ordination and no accountability;
- Lack of expertise and weak institutional arrangement for nutrition;
- Inadequately trained cadres running nutrition interventions;
• Nutrition profession has a low profile in the country and there is gender bias, most of those engaged in nutrition work are women;
• The financial allocation for nutrition is very low compared to other activities in the health sector and external funding is limited.

4.8.4 Way forward:
• Intensify advocacy starting with Parliamentarians;
• Establish strong Secretariat at the higher level to guide, co-ordinate and monitor the implementation of the NPAN;
• Develop project proposals based on the NPAN priorities;
• Establish a guideline on accountability of sectors to implement the NPAN;
• Increase budget allocation for nutrition and solicit funding from outside;
• Organise in-service training and long-term training programmes to improve the human resources capacity.

4.9 Mauritius
Mauritius has developed a NPAN covering all the nine themes of the ICN identify in six priority areas. As in Seychelles, the problem is not under-nutrition but over-nutrition and obesity. But there is some under-nutrition among infants, which is due to lack of knowledge of mothers. Whatever the case, the country is successfully addressing the ICN themes in a manner relevant to its needs.

4.9.1 Achievements:
• The country is successfully implementing the priority themes according to its needs and has reduced under-nutrition to such a level that it is no longer a threat. But it is confronted with the effects of over-nutrition, for which it is developing alternative strategies;
• The composition and conditions of sale of commercial foods is being regulated under the Food Act;
• All hospitals are participating in the BFHI, but there is a need for close monitoring to keep the momentum.

4.9.2 Success factors:
• Strong economy;
• Committed government;
• Motivated and dedicated professionals;
• Improved household food security;
• Cash incentive for mothers who bring their children to GM/P sessions.
• Use of the mass media to disseminate nutrition information;
• Good programming.

4.9.3 Constraints:
• Shortage of staff;
• New challenges requiring new approaches.

4.9.4 Way forward:
• Focus on EBF and appropriate weaning to prevent under-nutrition among infants;
- Promote the production and consumption of vegetables and fruits;
- Education on healthy life styles;
- Production and dissemination of educational materials.

4.10 Mozambique

The NPAN development process started in 1994 and consultation continued until 1995 in preparation for the World Food Summit (WFS) in 1996. After the WFS, a National Food Security and Nutrition Strategy (NFSNS) was developed and completed by 1998. A Secretariat was established in the Council of Ministers to co-ordinate further development and implementation of the strategy. Currently, efforts are being made to develop provincial food security and nutrition strategies.

4.10.1 Achievements:

- The development of the strategy;
- The establishment of the Secretariat;
- Annual vulnerability analysis and mapping;
- Inclusion of some elements of the strategy into sectoral plans and programmes;
- Training activities.

4.10.2 Success factors:

- Very high enthusiasm after the end of the war;
- Technical and financial support from many partners: UN agencies, bilateral and other NGOs.

4.10.3 Constraints:

- The national committee is weak and the coordinating secretariat has no budget;
- The provincial committees are not active;
- There is very serious shortage of capacity at all levels;
- Usually it is the technicians who attend the coordination meeting and not decision-makers.

4.10.4 Way forward:

- Finalise policy.
- Strengthen the Secretariat at the central and provincial levels.

4.11 Namibia

Namibia adopted a three-phase approaches to address its food security and nutrition problems for the decade 1992-2002.

a) Phase I: Assessment and planning  
b) Phase II: Pilot implementation  
c) Phase III: Expansion

In order to achieve these phases, the Cabinet established a three-tier institutional structure to ensure that food security and nutrition issues are actively addressed and appropriately linked. These are the Food Security and Nutrition Council (FSNC) at the policy level, a Technical Committee and a Secretariat. The Food Security and Nutrition Action Plan (FSNAP) was approved by the Cabinet and launched by the Prime Minister in 1995.
The FSNAP identifies five out of the nine themes based on national priorities. The themes, which have already been implemented were not included in the FSNAP. The FSNAP has not been revised, but with the phase III (expansion phase) Regional Action Plans will be developed.

### 4.11.1 Achievements:

- The establishment of the three-tier mechanisms;
- The declaration of The Food and Nutrition Decade;
- The finalisation and approval of the FSNAP;
- The incorporation of the FSNAP into the national development plans;
- Finalisation and approval of operational guidelines on various aspect of nutrition;
- Efforts made in human resource capacity development;
- Successful completion of the pilot phase.

### 4.11.2 Success factors:

- Political support;
- Financial and human resource support from the Government;
- Decentralisation of food security and nutrition initiatives to the sub-national levels;
- Strong three-tier structure and good co-ordination;
- Support from bilateral and UN agencies.

### 4.11.3 Constraints:

- Inadequate support from external sources;
- Lack of expertise for planning and implementing nutrition interventions.

### 4.11.4 Way forward:

- Revise the FSNAP (technical and financial support is required);
- Strengthen the three-tier structure for effective co-ordination of the implementation of the FSNAP;
- Implement phase III: Expansion to the sub-national levels, based on the experiences gained from phase II (pilot phase);
- Continue advocacy.

### 4.12. Seychelles

The country has not yet developed a NPAN, but a NFNP is being developed which will serve as the guide in developing the NPAN appropriate to the country. Currently ongoing programmes are based on priority problems and the available professional staff to implement them.

The problem of Seychelles is not under-nutrition but the other extreme form of malnutrition-obesity and the related health risks. Being under-weight accounts for only <5% and it is due to failure to thrive and congenital abnormalities. Cases of kwashiorkor and marasmus have not been seen in the last two decades. Micronutrient disorders are very rare. De-worming of school children and iron supplementation for pregnant women are routine activities throughout the country.

### 4.12.1 Achievements:

Under-nutrition is largely controlled and new strategies are being developed to confront the newly emerging health problems associated with over-weight focussing on healthy diets and nutrition education.
4.12.2 **Success factors:**

- Strong economy and committed government;
- Availability of foods in abundance such as fruits vegetables, fish and others;
- No serious man-made or natural disasters;
- Good programming and follow up;
- Dedicated and motivated staff;
- Use of mass media to educate the public on better nutritional practices;
- Relatively small population.

4.12.3 **Constraints:**

- Shortage of staff;
- New health challenges requiring new set of approaches.

4.12.4 **Way forward:**

- Finalise the NFNP and then develop the NPAN;
- Support the production and consumption of fruits and vegetables;
- Education on EBF and promotion of BF.

4.13 **Sierra Leone**

Sierra Leone has been in a difficult situation as a result of the civil war. Even tough, the NPAN has not been finalised the implementation of nutrition relevant activities by various sectors and NGOs has continued. The NPAN in process covers seven priority areas with priority to improving household food security.

4.13.1 **Achievements:**

- Completion of the NPAN formulation process;
- Completion of national micronutrient deficiency national survey and the development of a plan of action for micronutrients;
- The development and use of various operational guidelines on nutrition;
- The production and promotion of “affordable” local weaning food.

4.13.2 **Success factors:**

- Past experiences;
- Funding from partners.

4.13.3 **Constraints:**

- The absence of a NFNP and a NFNC;
- Less attention to women, although they account for over 50% of the agricultural labour force;
- Shortage of funds;
- The effect of rebel activities;
- Inadequate capacity;
- No salt iodisation and legislation in place yet.
4.13.4 **Way forward:**

- Finalise the NAPN;
- Continue a advocacy;
- Support for women groups to enhance agricultural productivity and household food security; strengthen ongoing activities;
- Salt iodisation and legislation;
- Special emphasis on EBF;
- Capacity development for the implementation of the NPAN.

4.14. **South Africa**

South Africa was not a participant in the ICN of 1992. However, it had developed a sectoral Integrated Nutrition Strategy (INS) by a Task Force set up by the Ministry of Health as one component of the Reconstruction Development Programme (RDP). The three components of the INS were: a) Health facility-based nutrition programme b) Community-based nutrition programme c) Nutrition communication, promotion and advocacy.

4.14.1 **Achievements:**

- Some achievements have been made in the implementation of some activities, but it is still too little, the major pre-occupation with respect to nutrition intervention has been the school feeding programme;
- Conducting short-term nutrition training programmes for health workers and other cadres;
- Legislation on salt iodisation;
- Legislation regarding the protection and promotion of breast-feeding.
- The number of hospitals participating in BFHI increased from only four in 1994 to 23 in 2000;
- The implementation of feeding programme in all primary schools.

4.14.2 **Success factors:**

- Financial availability;
- Gradual increase in nutrition awareness.

4.14.3 **Constraints:**

- The role of nutrition in human and economic development has not yet been understood;
- There is too much pre-occupation with the school-feeding programme, with little attention to community nutrition programmes. So long as the school-feeding programme continues to drain the resources for nutrition and the time and efforts of the few nutritionists, community nutrition may not get the necessary attention.
- Lack of capacity especially the shortage of nutritionists with knowledge and experience in planning and implementing community-based nutrition programmes.

4.14.4 **Way forward:**

- Continue with nutrition advocacy in a more aggressive way so that nutrition is well understood among decision-makers and planners;
- Revise the sectoral NPAN to incorporate new developments;
Develop nutrition capacity through training and institutional strengthening.
Continue to provide programme-oriented training based on the experiences gained in the last 2-3 years.

4.15. Swaziland

The Swaziland NPAN was launched in 1997. The development of the Swaziland NPAN was co-ordinated by the National Nutrition Council and launched in 1997. The NPAN has very clear and measurable objectives and impact indicators based on national priorities. The priority themes are being implemented by government and non-government agencies.

4.15.1 Achievements:

- Finalisation and launch of the NPAN and implementation of the themes;
- Nutrition Council Act of 1945 was amended and passed by the Parliament in 2001;
- Salt iodisation legislation passed in 1997;
- Nutrition issues successfully integrated into important development policies;
- Stunting rate reduced from 30% in 1984 to 27% in 1995;
- EBF rate increased from 8% in 1984 to 26% in 1995;
- Five out of the six hospitals fully participate in the BFHI;
- Total goitre rate decreased from 38% to 11%;
- Baseline survey on micronutrient deficiency;
- Production and dissemination of various types of operational and educational materials.

4.15.2 Success factors:

- Government commitment;
- The establishment of the NNC;
- Availability of funds from the Government and partners;
- Good co-ordination and collaboration;
- Nutrition professionals given the mandate to lead the technical process;

4.15.3 Constraints:

- Absence of a NFNP;
- Increase in poverty;
- Inadequate resources;
- Inadequate capacity especially at the sub-national level;
- HIV/AIDS undermining the efforts made especially with respect to BF and diverting attention away from other social services like nutrition.

4.15.4 Way forward:

- Develop a NFNP and an HIV and breastfeeding policy and other important policies and solicit technical and financial assistance;
- Mobilise more resources to strengthen ongoing interventions and develop new ones;
- Develop capacity at sub-national levels;
4.16. Tanzania

The development of the NFNP in Tanzania started way back in the 80s under the guidance of the TFNC and has been undergoing several alterations and modifications.

The NPAN development process, which started in 1993, went through several stages and the final draft was completed in 1997. The finalisation of the NPAN has to await the approval of the NFNP, which in turn may not happen before the ongoing government reform programme has been completed. Although the time taken is long, the process has been found to be very vital in order to come up with feasible NPAN at the end of the process. In any case, even without the NPAN priority activities have been initiated and continue to be implemented. They have not been affected by the absence of the NPAN but rather mainly by lack of resources.

4.16.1 Achievements:

- Slow but concrete development process of the NFNP and NPAN;
- Micronutrient programmes especially IDD and Vitamin A;
- Development of human resource capacity.

4.16.2 Success factors:

- Relatively adequate human resource capacity in nutrition at the central level. TFNC has one of the most highly qualified nutrition experts in the region;
- Vast experience in community-based approach to solving nutrition problems.

4.16.3 Constraints:

- Delay in the finalisation of the NFNP;
- Serious shortage of resources;
- Inadequate nutrition capacity at the sub-national levels.

4.16.3 Way forward:

- Once the government reform programme is through, priority will be given to the finalisation and dissemination of the NPAN by organising a series of workshops from the parliament down to the sub-national levels and subsequently its approval by the parliament;
- The inclusion of nutrition in the Highly Indebted Poor Countries Initiative (HIPC) (Tanzania is one of them);
- Develop strategy for mobilisation of resources primarily to complete the NPAN development process.

4.17. Uganda

The NPAN was finalised in 1996 and endorsed by the Ministry of Health. The NPAN has not yet been enacted through the Act of Parliament. The NPAN was distributed to the sub-national levels, but a formal and organised dissemination process has not been established. The formulation and implementation of the Plan is so far being co-ordinated by a multi-sectoral Food and Nutrition Task Force under the Ministry of Agriculture, Animal Industry and Fisheries (MAAFI) with membership from various sectors and agencies such as the University.
The Food and Nutrition Policy statement is included in the Constitution of the Government and in the Presidential Manifesto of 1996.

4.17.1 Achievements:
- The finalisation of the NPAN;
- The inclusion of Food and Nutrition Policy in the Constitution of the Government;
- The inclusion of food and nutrition in the Presidential Manifesto of 1996;
- Progress in HIV awareness campaign on infant breastfeeding.

4.17.2 Success factors:
- Government commitment;
- Financial support from partners for projects.

4.17.3 Constraints:
- Limited nutrition data especially on micronutrients;
- Shortage of trained personnel;
- Weak institutional capacity for nutrition;
- Weak coordination;
- Lack of operational guidelines for use by field staff.

4.17.4 Way forward:
- Revise and finalise the NFNP;
- Up-date the NPAN and work towards its successful implementation based on priorities;
- Establish NFNC to strengthen co-ordination the movement towards the implementation of the NPAN;
- Conduct advocacy campaign on continuous basis;
- Harmonise nutrition messages and finalise communication strategy;
- Develop implementation guidelines for district level planning.

4.18 Zambia

The approval of the Zambian NPAN, finalized by 1998 is pending the finalisation of the NFNP. This delay has however not created any set back in the implementation of the ICN themes so long as resources are made available. All themes are being integrated at different levels with various relevant initiatives and programmes of global or sectoral nature.

4.18.1 Achievements:
- The establishment of the multi-sectoral NFNC;
- The Micronutrient Control Programme (80% Vitamin A coverage and significant reduction in the level of urinary iodine);
- Increase in the rate of EBF, currently standing at 26%;
- The initiation of comprehensive monitoring system with financial and technical support from partners;
- The implementation and of the NNSP and community-based GM/P.

4.18.2 Success factors:
• Government commitment within its limited resources;
• Professional dedication and leadership;
• Support from partners for some activities;
• Incorporating nutrition with other sectoral programmes.

4.18.3 Constraints:

• Delayed finalisation of the policy and the ZAPN;
• The placement of the NFNC under one sectoral ministry (Health) making it almost invisible compared to its vast dimension, and hence remain very much marginalized in policy and resource allocation;
• HIV/AIDS diverting attention of the Government and partners, thus further marginalizing nutrition;
• Economic problem, hence limited budget for social service including nutrition; Loss of experienced staff aggravating the already weak human resource capacity.

4.18.4 Way forward:

• Push through the appropriate authority, for the finalisation of the NFNP and approval of the ZAPN;
• Continue to advocate for the placement of the NFNC in an appropriate ministry, which has the authority over all the sectors and thereby gives nutrition higher level of recognition and priority;
• Continue advocacy to ensure that nutrition is placed high in the national development agenda;
• Strengthen the ongoing activities through closer monitoring and enhanced integration with relevant programmes at all levels;
• Conduct systematic evaluation of the programmes and make necessary adjustments.

4.19. Zimbabwe

Zimbabwe has not developed NPAN. However, it has a long history of inter-sectoral collaboration for food and nutrition dating back to the 80s. As a result, the ICN was viewed more as systematising the planning process and serving as a catalyst in accelerating ongoing efforts. Thus, with or without the NPAN, the country has had some successes. In fact, it has already formed a NFNC with a Secretariat of its own to guide, coordinate and harmonise food and nutrition issues in the country.

4.19.1 Achievements:

• The Establishment of a NFNC and its Secretariat in the Ministry of Finance and Economic Development by appointing experienced nutrition professionals to head the Secretariat;
• Human resource capacity development in nutrition;
• National micronutrient survey;
• Virtual elimination of IDD through well executed and monitored interventions;
• Development of national guidelines on infant feeding and HIV/AIDS and associated training;
• Community-based GM/P;
• Development of innovative approaches built upon traditional system to solve some of the community food security and nutrition problems (Zunde RaMambo)²;

4.19.2 Success factors:

• High political support;
• Better co-ordination;
• Availability of national expertise to plan, implement and monitor interventions as well as provide training;
• Capitalising on existing opportunities to implement the themes;
• Use of traditional system of community involvement and decision-making.

4.19.3 Constraints:

• Restructuring and public sector reform programmes;
• Economic problems and hence decline in the allocation of resources for nutrition;
• Increasing poverty;
• Natural disasters such as drought and floods;
• Dwindling donor support;
• HIV/AIDS undermining efforts and diverting resources away from other social services including nutrition.

4.19.4 Way forward:

• Strengthen the NFNC Secretariat;
• Formulate NFNP and develop NPAN;
• Continue advocacy and push the nutrition agenda higher up;
• Continue to make use of existing opportunities and devise strategies to mobilise external funds;
• Strengthen links with the private sector;
• Continue to build capacity especially at the sub-national levels;
• Build upon past experiences and improve the performance of already ongoing interventions.

SESSION 5: GROUP WORK AND PLENARY

Three groups were formed, each group deliberated on one of the following three major issues, which were identified based on responses to the questionnaire and from the synthesis of the country presentations.

Groups were urged to examine the issues carefully, see what has been attempted in the past, what worked what did not work and why? Identify the main problems and their causes and then come up with innovative and feasible recommendations as specific as possible. To do so, they were advised to address carefully the “how?” and not just the “what.” aspect.

² Literally it means “the chief’s granary”. A system where community members jointly store some portion of their produce at the time of harvest under the protection of the village chief and use it for development work of their village or as a stop gap measure in times of food shortages and other disasters. The revival of the Zunde Ramabo was proposed by the chiefs, because they felt that the system would be applicable to improve household food security and also to enhance community involvement and responsibility in food security and nutrition.
1. Group A

- What strategies could be developed to improve policy regarding food security and nutrition?

2. Group B

- What should be done to enhance implementation?
- Identification of priority actions,
- Improve collaboration and harmonisation,
- Empowering concerned sectoral ministries to address food security and nutrition issues effectively,
- Improve action-oriented monitoring etc.

3 Group C

- What strategies could be devised to mobilise more resources for capacity development and implementation of food security and nutrition programmes from within and outside sources?

5.1 Group A Recommendations

- Advocacy: strengthening ongoing efforts at different levels.
- Improve the capacity of nutrition professionals in policy analysis, advocacy and networking.
- Allocate resources for fellowship/scholarship for skills development in nutrition.
- Improve co-ordination with all sectors at planning and implementation stages.
- Increase resource allocation for nutrition programmes in national budget and solicit support form various agencies (multilateral/bilateral) collaboration;
- Identify and network with collaborating partners.
- Advocacy: Strengthen research and information dissemination at all level.

5.2 Group B Recommendations

- Research to identify the gaps, prioritise activities taking into consideration available resources (human and financial).
- Identification of the National ICN focal person / point / sector.
- Formalise coordinating mechanisms.
- Sensitisation of Parliamentarians about nutrition and its importance in development.
- Use appropriate channels of communication and techniques to disseminate nutrition information.
- Tap into regional resources of expertise for nutrition programme formulation, implementation, monitoring and evaluation.
- Capacity development of community level workers related to their day-to-day activities, e.g. agricultural extension workers, community development workers etc.
- Form partnerships with NGOs and the private sector at their levels of operation.

5.2.2 Intersectoral Collaboration

a) This is imperative in nutrition:

- Identification of appropriate partners at all levels and all sectors, including the private sector.
- Consistency in intersectoral committee membership (same person)
Consider the size of inter-sectoral group and have smaller groups for specific activities.

Management of meetings: chairing, agenda, minutes, venue, including the planning or scheduling of fixed dates well in advance.

Involvement of members/sectors by asking for sectoral contributions and sensitisation of sectors about the subject.

Carry out stakeholder analysis.

NGOs should operate within government directives.

b) Empowerment of each Ministry / Sector concerned to carry out implementation.

- Appropriately placed institutional structure for nutrition
- Commitment from government to make funds available for nutrition activities.
- Sensitisation / advocacy / training about food security and nutrition to get sectoral support, e.g. the sharing of information by using the conceptual framework and the role of each sector.
- Ensure that each sector/institution has assigned a focal person to work as a member of the inter-sectoral committee and act as a liaison officer between the committee and his/her respective institution.
- Continuous capacity development of staff in all sectors.
- Retainment of staff in government sectors through adequate incentives.
- Appropriate planning for nutrition posts in the sector ministries.
- Enhance regional coordination and collaboration for training in nutrition.

5.2.3 Monitoring and Evaluation

- Develop «standardised» monitoring and evaluation tool: impact and process indicators.
- Develop inbuilt monitoring and evaluation system;
- Set operational objectives for monitoring and evaluation systems.
- Strengthen nutritional surveillance system.

5.3. Group C Work Report: How do we resolve issues related to implementation financing?

5.3.1 National factors

5.3.1.1 Proposed Solutions

- The Sub-region should take on the responsibility of developing a training package for nutrition professionals in economic and financial issues including budgeting– The Economics of Nutrition
- Train Economists in nutrition so that they recognise the role of nutrition in economic development and be supportive in resource allocation.
- Nutrition professionals should be empowered through training to acquire skills, which would enable them speak the language of economists.
- Strengthen advocacy to give nutrition its due attention.
- Take advantage of the multi-sectoral nature of nutrition to implement nutrition activities through the various sectors – Use other programmes as an entry point for nutritional activities
- Inter-sectoral workshops should be convened to identify what funds are available for various programmes including nutrition and how to access funds
Countries should identify innovative ways of raising funds for nutrition in addition to the traditional funding channels e.g. foundations, private sector, communities etc.

5.3.2 International factors

5.3.2.1 Proposed Solutions

- Tactful negotiation/dialogue with donors
- Agencies should play a more active role in mobilising resources for nutrition
- The partner agencies should have focal persons to attend to nutrition issues from the international down to the national level
- A workshop should be organised with donors to expose nutritionists on how to prepare proposals for funding.

5.3.3 NGOs

5.3.3.1 Proposed Solutions

- Involve NGOs in planning and developing proposals for nutrition programmes.
- Provide technical guidance to NGOs as necessary.
- Use all opportunities available to NGOs to implement nutrition activities.
- Ensure that NGOs operate within government directives.

SESSION 6: CONCLUSION

Based on the responses from the questionnaires, the general presentations, the country presentations, the group work and the discussions; the following identified cross-cutting features formed the basis of the conclusions of the workshop.

6.1. Crosscutting features

- Good progress has been made in the development of the NPAN despite technical and financial constraints.

- Countries are at different stages in the development and implementation of the NPAN. The common feature is that they are all still struggling at the macro-level with little efforts down to the sub-national level.

- All countries have used the multi-sectoral and multi-disciplinary approach in developing the NPAN while implementation has been more at sectoral level. The creation of multi-sectoral national committees is almost universal, but the number and composition of members differ from country to country. According to the reports, most of the inter-sectoral committees are not very active and there is always a problem of pulling them together for meetings and decisions. The key sectors involved are agriculture, health, education, planning ministries/commissions, trade and commerce. UN agencies and NGOs participated at one stage or other.

- It was noted from the presentations that with or without the NPAN, activities pertaining to the 9 themes of the ICN continue to be implemented in all countries at varying degrees with the available resources from all sources. For most countries, the NPAN development process was more important and useful than the actual product (the document, as the process has been useful in propagating the
multi-sectoral nature of nutrition and in streamlining, systematising and harmonising on going activities, even those that existed before the ICN.

- All countries have attempted to integrate nutrition relevant plans and activities with other initiatives and programmes such as poverty alleviation, HIV/AIDS, Roll back Malaria etc. However, there is a need for a closer follow-up as the nutrition component could be marginalized in the implementation process.

- The need for a more systematic, intensive and aggressive advocacy approach targeted at those who control the resources was stressed invariably. Kenya and Ghana provide examples of the successful use of "Profiles" in food and nutrition advocacy.

- “Inadequate” human and institutional capacity to plan, implement and monitor the NPAN at all levels was mentioned by all countries. In this respect, the African capacity development initiative that is being revived in collaboration with partners was found to be highly appropriate and timely.

- The commitments made by member countries to give priority to nutrition and the promises made by partners to provide financial support have shown some progress in some countries. However expectations by the food and nutrition community in the region have in general not been met.

- Surveillance systems are still weak and countries still rely on the Demographic and Health Surveys (DHS), which in most cases are done every five years and more. As a result, there are problems of getting reliable and comprehensive data on nutrition to monitor trends more frequently.

- The prevalence of under-nutrition is generally high. There has not been much change since the beginning of the decade. Only Botswana and Lesotho noted a declining trend in under-weight children and adults, while Seychelles and Mauritius are confronted with increasing rates of being overweight, both among children and adults, along with the associated health risks

6.2. Achievements/succeeded

- No matter at what stage the countries are the process of developing NPANs and establishing NFNCs was regarded as a great success considering the struggle required to convince and to bring together all relevant sectors amid financial constraints and inadequate technical capacity.

- IDD control programmes have been successful in many countries and most of them are about to meet the objective of elimination of IDD. An encouraging progress has also been made in Vitamin A deficiency control programme integrated with EPI and the global Polio campaign. But, not much as been achieved in the control of iron deficiency anaemia. In general however, the successes with the micronutrient programmes was attributed primarily to the financial and technical support from partners and the relatively easy methods of control compared to PEM, which is not easily tackled without over all development.

- A few countries have made some progress in the implementation of community-based growth monitoring and promotion (GM/P) programmes, and they were able to generate some data. The success stories demonstrated that incentives given to mothers motivate them to bring their children to such sessions.

- Breast-feeding interventions were cited as another area of success in most countries with exclusive breastfeeding (EBF) and the Baby Friendly Hospital Initiative (BFHI) rates increasing. Unfortunately, the achievements made are being undermined by the controversial issue of HIV/AIDS and breast-feeding and no country seems to have
clear guidelines on this issue. This ambiguity has left the programme implementers in a dilemma often resulting in conflicting messages being passed on.

- Another area of positive development has been the incorporation of nutrition with other initiatives and programmes

### 6.3 Success Factors

- High degree of government commitment;
- Technical and financial support especially from partners;
- National and partner agencies were active and advocacy was high;
- The ICN and WFS contributed to sensitising countries;
- The NPAN process served as an important tool in explaining the multi-sectoral nature of nutrition; through the involvement of the various sectors;
- Existence of experienced and dedicated nutrition experts in the countries;
- Accumulated experience in the planning and implementing food and nutrition programmes.

### 6.4 Constraints

- Deteriorating economic environment with consequent increasing poverty levels.
- Diminishing financial resources from government budgetary allocation.
- Donor re-prioritisation of resources and “donor-bias” on allocation for nutrition.
- Inadequate political commitment in deeds.
- Nutrition not yet fully recognised as an investment in human, social and economic development.
- Non-existing or non-functional food and nutrition policies and weak institutional arrangements for nutrition.
- HIV/AIDS has overburdened the health sector and resulted in diminished budgetary allocation for nutrition activities and diverted the attention of stakeholders and partners.
- “Inadequate” human and institutional capacity was a universal constraint expressed by all countries.

### SESSION 7.: RECOMMENDATIONS

The workshop participants urge national governments and their institutions, and requeste partner agencies, to make all possible efforts to implement the following recommendations.

#### 7.1. Governments

1. Develop and up-date clear and functional food and nutrition policy and plans, enact a legislation and establish institutional mechanisms for their effective implementation.

2. Intensify advocacy at all levels with special focus on decision-makers, development planners, economists and those that control resources in order to put nutrition high on the agenda in development planning and resource allocation. To that effect, use innovative advocacy tools such as the “PROFILES”, which has been found to be very useful in few countries.

3. Use all opportunities particularly regional intergovernmental meetings to sound the importance of addressing nutrition issues to achieve sustainable development.
4. Devise short, medium and long-term, all embracive (human, institutional, organisational), demand-driven capacity development strategies at local, national, sub-regional and regional levels. It is recommended to enlisted interested partners and also use existing opportunities.

5. The participants fully endorsed the “African Nutrition Capacity Development Initiative” being developed and promoted, and request all countries and partners to support the implementation of the initiative as it will help to accelerate actions towards achieving nutritional objectives.

6. Revitalise discontinued regional training programmes such as the Applied Nutrition Training programme in Kenya (still functioning but with serious financial constraints), the Maternal and Child Nutrition (MCN) course in Zimbabwe, the Food and Nutrition Management Training at TFNC, Tanzania and provide financial support for trainees to attend such courses to up-grade their knowledge and skills on new developments in nutrition.

7. Strengthen effective network mechanism to facilitate the exchange of information at national, sub-regional and regional levels using the modern information technology and other facilities available.

8. Strengthen multi-sectoral collaboration with clear terms of reference for each sector, developing the capacity of line ministries and sharing of information etc.

9. Allocate/increase resources for nutrition in the national budget, and devise innovative strategies to mobilise additional support from outside sources.

10. Explore and capitalise on all opportunities to ensure that nutrition is made a component and an outcome indicator in relevant initiatives and strategic plans such as HIV/AIDS, poverty alleviation, Roll Back Malaria, Integrated Management of Childhood Illnesses (IMCI) programmes etc. However, a close follow up is necessary so that, as usual, the nutrition component is not left out in the process of implementation.

11. Revise and harmonise nutrition training, and up-grade the knowledge and skills of nutrition lecturers through well-designed, tailored courses, workshops, and networking between teaching institutions, to capture and incorporate new developments in nutrition.

12. More efforts should be made to provide nutrition training for economists, development planners, sociologists and other social science graduates through post-graduate training and/or tailored courses so as to widen understanding of nutrition and its advocacy horizon.

13. Define and safeguard the “professional identity” of nutrition professionals through proper classification and career structures.

14. As the field of nutrition is too broad and complex, efforts should be made to develop capacities of nutritionists in the basics of economics, sociology, project formulation, information management, budgeting & resource management, social marketing techniques etc.

15. Create “beneficiary-driven demand” for nutritional improvement by developing the capacity and empowerment of communities.

16. The role of the private sector, civil societies and academic institutions in nutrition should be fully recognised and all efforts made to involve them as appropriate.

17. NGOs are important allies in nutrition, so more efforts than already exist, should be made to bring them into the planning and implementation team, so as to comply with government development plans and programmes and harmonise and synchronise their financial and technical inputs.
18. Review the progress of the implementation of these recommendations after nine months. Namibia has volunteered to host this gathering.

### 7.2 Partner Agencies

1. Familiarise nutrition professionals on the “human rights-based approach” to programming in collaboration with concerned agencies such as UNICEF.

2. Appreciate the interest and support demonstrated by partner agencies such as FAO, WHO, UNICEF and others in the implementation of the ICN themes so far. And strongly request that they show further commitment by assisting countries mobilise resources as they are in a better position to get information and access to donors.

3. Strengthen partner agencies' human resources at the regional and sub-regional levels to be able to provide professional and continued back-up support to countries.

4. It is also strongly recommended that agencies establish focal points (where they do not exist) for nutrition within their country offices.

5. Establish/strengthen surveillance systems and establish “minimum data sets” which will serve as process and outcome indicators to monitor trends and to use the information for policy analysis, planning and advocacy. It is recommended that the FIVIMS project and other systems assist countries to develop their capacity in this area.

### SESSION 8: CLOSING CEREMONY

#### 8.1 Closing Speech

After four days of intensive deliberations, the Honourable Minister of Lands, Agriculture and Rural Resettlement of the Government of the Republic of Zimbabwe, Dr. J.M. Made officially closed the workshop. The Master of Ceremony was Professor Mandivamba Rukuni. Before the closing, a summary of the deliberations and recommendations was read by the chairperson of the workshop, Mrs. E.K. Shihepo (Namibia).

The Honourable Minister noted that the majority of African countries are facing down turns in their economies, leading to poverty and food insecurity particularly among rural communities. This is further aggravated by natural and man-made calamities. It is estimated that 31% of the world's 1.3 million people who live below the poverty line are in Africa and that 29% of the continent's population are undernourished. However, she said, "*this is not to say that our programmes have not been successful, but that we need to do more to alleviate the problem. Let us convert predicaments into challenges and opportunities".* Finally she commended FAO, WHO, the participants and all others for the successful deliberations and declared the workshop officially closed (Full text annexed)

#### 8.2 Vote of Thanks

Mrs. I. Jallow Semega-Janneh from The Gambia, gave the vote of thanks. She noted the useful experiences shared by the participants, the encouragement gained on hearing success stories and the recommendations made arising out of the in-depth discussions, which will help the participants to look ahead in their efforts to achieve the nutrition security of the people. On behalf of the participants, she extended words of thanks to the Honourable Minister of Lands, Agriculture and Resettlement for his presence and encouraging words, and to the Government and people of Zimbabwe for hosting the conference and the two sister UN agencies for participating it.
INTER-COUNTRY WORKSHOP:
A FOLLOW-UP TO THE INTERNATIONAL CONFERENCE ON NUTRITION (ICN)
20-23 March-Harare, Zimbabwe

Organisation of the Workshop: Organising Agencies:

World Health Organisation: Regional Office for Africa
Food and Agriculture Organisation of the UN: Regional and Sub-regional Offices for Africa

Host country
The Government of the Republic of Zimbabwe

Technical Committee:

M. Belhocine WHO/AFRO - Harare
Andre Ouedraogo WHO/AFRO - Harare
Georges Codjia FAO Sub-Regional Office - Harare
Cheik N’Diaye FAO Regional Office for Africa - Accra
Guy Nantel FAO HQ - Rome
Chizuru Nishida WHO HQ - Geneva
Tiina Mutru WHO HQ - Geneva
Isabel Bhowa FAO Sub-Regional Office - Harare

Facilitators

Isaac Akinyele FAO/WHO Consultant - University of Ibadan, Nigeria
Estifanos Tekle FAO/WHO Consultant/Resource Person
Erida Nyatsanza Lecturer, University of Zimbabwe

Office Bearers

E.K. Shihepo Chairperson (Namibia)
Rosetta Annan Vice-Chairperson (Ghana)
L.C. Malaba Rapporteur (Zimbabwe)
Bosielo Majara Rapporteur (Lesotho)

Countries Represented


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3 Ethiopia and Nigeria did not show up
Annex 2

Inter-country workshop on follow-up to the International Conference on Nutrition (ICN)
20-23 March 2001, Harare, Zimbabwe

PROGRAMME

Monday 19 March

6.00p.m. - 7.00p.m : Registration of participants

Tuesday 20 March

8.00 a.m. - 8.30 a.m. : Registration of participants

Session 1: Opening Ceremony

8.30 a.m. - 9.00 a.m : Statements by FAO Sub-regional Representative
: WHO Regional Director
: Official Opening by the Honourable Minister of Health
: and Child Welfare - Dr T. J. Stamps

9.00 a.m. - 9.30 a.m. : Tea break

9.30 a.m.- 10.30 a.m : Objectives and method of work: Georges Codjia
: Introduction of participants
: Election of office bearers
: Adoption of programme of work

Session 2: Introduction

10.30 a.m. - 10.45 a.m. : Update on follow-up to ICN, and global and regional perspectives on food and nutrition (FAO) - Guy Nantel.

10.45 a.m. - 11.00 a.m. : Update on follow-up to ICN, and global and regional perspectives on food and nutrition (WHO): Chizuru Nishida

11.00 a.m. - 12.00 p.m. : Plenary discussion
12.00 p.m. - 12.30 p.m. : Introduction to Country Presentations
12.30 p.m. - 2.00 p.m. : Lunch break

Thursday 20 March (Contd)

Session 3: Country presentations (10 minutes per country)

2.00 p.m. - 3.00 p.m. : Botswana, Eritrea, Ethiopia, Gambia, Ghana, Kenya
3.00 p.m. - 3.30 p.m. : Plenary discussion
3.30 p.m. - 4.30 p.m. : Lesotho, Liberia, Malawi, Mauritius, Mozambique
4.30 p.m. - 4.45 p.m. : Tea break
4.45 p.m. - 5.15 p.m. : Plenary discussion
5.15 p.m. - 6.15 p.m. : Meeting of office bearers and secretariat

Wednesday 21 March 2001

Session 4: Country presentations (continuation and completion)
8.00 a.m. - 9.00 a.m. : Namibia, Nigeria, Seychelles, Sierra Leone, South Africa
9.00 a.m. - 9.30 p.m. : Plenary discussion
9.30 a.m. - 10.30 a.m : Swaziland, Tanzania, Uganda, Zambia, Zimbabwe
10.30 a.m. - 11.00 a.m. : Tea break
11.00 a.m. - 11.30 p.m. : Plenary discussion
11.30 p.m. - 12.00 p.m. : Nutrition Capacity Building Initiative: Presentation by Julia Tagwireyi - Food and Nutrition Council, Zimbabwe

Session 5: Group work

How can greater policy priority be given to issues regarding food and nutrition?
How can progress be made on implementation, including the following key issues?
How do we resolve issues related to implementation financing?

12.00 p.m. - 12.30 p.m. : Introduction of group work
12.30 p.m. - 1.30 p.m. : Lunch break
1.30 p.m. - 3.30 p.m. : Group work
3.30 p.m. - 3.45 p.m. : Tea break
3.45 p.m. - 5.15 p.m. : Group work continues
5.15 p.m. - 6.15 p.m. : Meeting of office bearers and the secretariat: assess progress of group work

Thursday 22 March 2001

8.00 a.m. - 8.30 a.m. : Food Insecurity and Vulnerability mapping and information and Systems mapping (FIVIMS) and their importance for the implementation and monitoring of NPANs: Mark Smulders – FAOSAFR

Session 6: Group work

8.30 a.m. – 11.00 a.m. : Group work
11.00 a.m. - 11.30 a.m. : Tea break
11.30 a.m. – 12.30 a.m. : Group work continues
12.30 a.m. – 2.00 p.m. : Lunch break

Session 7: Plenary Session – Group work presentation

2.00 p.m. – 2.30 p.m. : Presentation
2.30 p.m. - 4.45 p.m : Discussion
4.45 p.m. – 5.00 p.m : Tea break
5.00 p.m. – 5.30 p.m. : Meeting of office bearers and the secretariat:
18.00 p.m. - 20.00 p.m. : Reception

Friday 23 March 2001

Session 8: Discussion on key issues, conclusions and recommendations

8.30 a.m. – 9.00 : Presentation of draft conclusions and recommendations
9.00 a.m. – 10.30 a.m. : Discussion on main issues and recommendations
10.30 a.m. – 11.00 a.m. : Tea break
11.00 a.m. – 11.30 a.m. : Adoption of recommendations

Session 9: Closing

12.30 - 1.00 p.m. : Presentation of final recommendations
  : Closing remarks by the Honourable Minister of Lands, Agriculture and Rural Resettlement – Dr J. Made
1.00 p.m. : Close and Lunch
INTER COUNTRY WORKSHOP ON FOLLOW-UP TO THE INTERNATIONAL CONFERENCE ON NUTRITION 20 – 23 March, Harare

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### Reference Documents

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<tbody>
<tr>
<td>3</td>
<td>State of Food Insecurity in the World 2000</td>
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<td>4</td>
<td>World Health Assembly resolutions on nutrition.</td>
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