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MEDICAL SERVICE CONSULTANTS, INC. Jan 49159

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A REPORT ON
A NUTRITION CONSULTATION
IN SUPPORT OF
THE FIRST NATIONAL NUTRITION CONFERENCE
OF THE GOVERNMENT OF
THE SOMALI DEMOCRATIC REPUBLIC

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Health and Safety

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Submitted by:

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Medical Service Consultants, Inc.

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Having arrived in Mogadiscio on the 14th of June, work commenced on Saturday the 16th, following observance of Friday as a holy day. Conference implementation was under the direction of Dr. Sharif Abbas, head of maternal/child health and nutrition in the Ministry of Health. Dr. P.M. Shah (under contract to WHO/UNFPA), who is attached to the Ministry of Health to work with Dr. Abbas also provided valuable assistance. Effectively, the three of us (Abbas, Shah, and myself) acted as a "team" for purposes of organization and implementation of the National Nutrition Conference.

With the Conference scheduled to begin on June 23rd, initial activities were hectic as final organizational details were set. I was most pleased to note that Dr. Shah and Dr. Abbas, with the cooperation of Nurse Halima Abdulshek, had attended to nearly all organizational details left for implementation following my departure in May after the pre-planning consultancy. As a result, although we were very busy prior to and during the Conference, the most important items on our organizational agenda, such as the collection and typing of conference papers, were either complete upon my arrival or shortly thereafter. This allowed us to concentrate on the smaller, but very important, logistical details related to the Conference.

The Conference

The opening ceremonies on the morning of June 23rd were well attended by some 60-70 participants and observers. Unfortunately, the Vice-President had to send his regrets as he was unable to present an opening address due to high-level governmental and Party meetings taking place at the same time. His absence, while regretted, had no noticeable impact on the Conference's proceedings as his reason for non-attendance was well-known to be valid and the presence of various Ministers and Central Committee members at different points during the Conference established the political importance desired by our team.

Following the opening ceremonies, the Conference proceeded quite smoothly to its conclusion. Attendance varied from 25 to 50, averaging about 35 which was only slightly less than anticipated. Activities centered on plenary sessions in the morning and early afternoon for presentation and discussion of papers and working group sessions in the evening for the preparation of Conference recommendations and further discussion. The agenda was somewhat more crowded than initially expected due to the occurrence of a national holiday in the middle of the Conference on June 26th. Thus, the Conference was held from June 23 - 25 and June 27 - 28 rather than continuously from the 23rd through the 28th as originally anticipated. This led to a very "tight" schedule, but this mid-conference "break" had its own benefits in terms of allowing delegates to integrate what they had previously heard and to prepare for more intensive working group sessions near the

end of the conference. A complete schedule of Conference activities is appended to this report.

On the whole, papers at the Conference were well presented and well prepared. As is frequently the case at conferences generally, some of the presentations were too long and some of the discussion periods threatened to go seriously over-time. However, the latter problem did indicate the interest and concern expressed by conference participants. Considering that over 30 papers were presented in four plenary sessions, we were fortunate to stay reasonably close to schedule.

Presentations and Discussions

As to paper content, a great variety of detailed information on subjects ranging from camel meat production to sugar imports to incidence of PCM was presented. A considerable amount of time was spent in the working groups fitting the various pieces of information together so as to facilitate the adoption of rational recommendations that took the integrated nature of nutrition into account. The time was well spent and was far more effective than one individual attempting to sum up all the papers in one presentation. This need for the working groups to collate the information presented in plenary sessions had a real utility that became clearer as the conference continued: it underscored the need to see nutrition as integrated with a wide variety of other developmental concerns. Linkages among reports from institutions as diverse as the Ministry of Education, the Ministry of Fisheries, and the government

agency responsible for food importation (E.N.C.) were not immediately clear to many participants. Working group discussions, however, led participants to "discover" the linkages rather than to have them identified by an "expert". The inclusion of one or two international representatives with experience in integrated nutrition planning in Africa to each group assisted this process significantly, but the final identification of linkages came directly from the participants more frequently than not. As a result, by the end of the Conference, participants who had earlier appeared doubtful as to the relationship between their work and national nutritional status became visibly more comfortable during Conference proceedings and more active in discussions.

One policy affecting food marketing and availability was frequently mentioned by participants. This was in reference to food price controls for producers and consumers. As one example, a survey by the Ministry of Agriculture (as reported during the conference) established that maize and sorghum farmers received only 75 - 95% of their cost of production when paid the controlled producer price, with nothing for profit; or "margin" as it is referred to in Somalia. Since farmers must sell their crops to the government and are only allowed to retain a limited portion for personal use, a difficult situation arises. Not surprisingly, many farmers attempt to withhold part of their crop from government notice which they can later sell on the black market. If this is not feasible, they take part

of the food which is left for their consumption and sell that on the black market. This is perfectly rational behavior given the unreasonable prices offered for their produce. The results are clear. A black market runs parallel with the regular market offering food at much higher prices. When the regular marketing system fails to have sufficient food supplies to meet demand, the black market becomes the only reasonable outlet to satisfy consumption needs of the general population. Thus, people spend more than they might otherwise have to for food (were producer/consumer fixed prices realistic) which lowers consumption and affects nutritional status. I was particularly perturbed to think that some families were selling their personal food allotments in order to make ends meet. Not only would their income situation be negatively affected, they would face food shortages at home as the portion of their allotment which they retained fell below their consumption requirements. This is, naturally, a politically sensitive situation. None the less, it seems clear that fixed price policies of the GSDR, as they are presently formulated, are a formidable subsidy for the 10% urban minority while militating against the best economic and nutritional interests of the 90% rural majority.

Other difficulties were apparent as a result of the presentations and discussions. As might be expected, the lack of adequate statistics was quite noticeable. Efforts had been made to develop some statistical data, but there were

many gaps. It was also noted from time to time that, where two statistical samples had been taken, results were contradictory. Determining which of two sets of statistics is more accurate is difficult when one lacks full information on the sampling techniques used. I believe that this problem is especially significant as regards national nutritional status. The only statistics available are from small samples, primarily from settled urban areas and from refugee camps. While the results appear to accurately reflect the condition of these particular samples and associated population sub-groups, it is difficult, if not impossible, to extrapolate to the population as a whole. This is especially true of the nomadic peoples who represent some 70% of the total population. As a result, it is difficult to "prove" severe malnutrition is a wide-spread and serious problem in Somalia. A number of people with whom I spoke, especially from international development agencies, were highly skeptical as to the existence of severe malnutrition in Somalia. Their comments were in all cases made privately while public statements continued to express concern for national nutritional status. I find this disconcerting as I recognize that the enthusiastic support of these agencies and others like them will be essential if a national nutrition program is to be successfully established. Lacking sufficient data, this skepticism is difficult to counter effectively. It is my own opinion, based on discussion with a variety of concerned parties, that while the nutritional situation in Somalia may

not be as grave as found in some other developing countries, significant maternal/child health problems apparently exist that require serious attention. While existing information is sufficient to allow the continuation and limited expansion of current nutrition programs, a truly national nutrition policy cannot, in my opinion, be formulated in the absence of more complete and scientifically valid data. As evidenced in my presentation to the conference, I am generally unenthusiastic in my attitude toward national nutrition surveys. In my experience, their utility is questionable and they can negatively impact on a program if all other activities are held back until their completion. And yet, circumstances being what they are in Somalia, I believe there is justification for a national sample survey. However, I would not want to see current programs disrupted as a result of this survey. A recommendation to the GSDR and USAID, based in part on a conference recommendation, dealing with this situation will be presented later in this paper.

Another difficulty mentioned during the conference was a lack of real cooperation in action, rather than words, among various Ministries with over-lapping functions. One notable example is the relationship between the Ministry of Health and the Ministry of Education. MOH has a health/nutrition education program for mothers as part of its Public Health Nurse/Midwife program. MOE also sponsors Family Life Centers which deal with a number of household concerns, including nutrition and health. Participants

pointed out that the two programs not only duplicate activities to some extent, but also deliver conflicting information to the confusion of the population. One example, of several, was noted in some detail. At Family Life Centers, MOE personnel would instruct food preparers in the use of left-overs for meals at a later date. The emphasis lay on making the left-over dish attractive and palatable while lowering food expenditures. On the other hand, MOH personnel were instructing food preparers to avoid left-overs and throw out those that were unavoidable in order to prevent intestinal problems and disease transmission from unsanitary, unrefrigerated foods. The result was confusion on the part of the food preparers who lost no time in asking for clarification. Both MOE and MOH, in the absence of sufficient reason to do otherwise, apparently stood by their contradictory instructions. According to one MOE official during the conference, MOE and MOH have now been discussing coordination of their education programs for more than a year without any concrete results. A stalemate of sorts has been created. The conference helped a great deal, in everyone's opinion, to bring representatives of the two Ministries together, as well as other agencies. It would seem to be a good time to get cooperative efforts underway. I have included later in this report a recommendation to USAID that could be of value in resolving the educational differences between the two Ministries and improving the level of health/nutrition education generally.

Nearer the end of the conference, time was spent considering a recommendation for the creation of a National Food and Nutrition Board. There was concern that such a Board might have little effect on actual Government policies as the history of past boards, designed for similar purposes, had been unsatisfactory. Others were concerned that if the Board lacked a full-time Technical Secretariat to provide support services, it would be unlikely that part-time assistance would be either sufficient or effective.

The response to the question of the efficacy of having any Board at all was simply that government-wide cooperation (identified by the Conference as being of primary importance) could not be expected under the direction of one Ministry alone. The State Planning Commission, a logical alternative agency with broad powers, does not have the necessary technical personnel and is already heavily burdened with other responsibilities. The only remaining alternative to a Board was to depend on "natural" cooperation between the Ministries and agencies without any central planning authority. This "natural" cooperation was deemed unlikely as it had not existed in the past and would leave the basic situation fundamentally unchanged despite the clear need for a new approach to planning and coordination. Thus, a Food and Nutrition Board did seem appropriate.

As for the second concern regarding the need for a full-time Technical Secretariat, this was simply included in the recommendations of the conference and in the proposed Presidential Decree establishing the Board. Such a Secre-

tariat would have the added value of partially satisfying the first concern. Earlier Boards that had failed in accomplishing their goals were generally those lacking such Secretariats. Full-time people working directly for the Board rather than other Ministries could provide continuity and support needed for implementation of policies. A recommendation as to how USAID might be of assistance to the Board is included in this report.

Beyond these points, a vast amount of information was presented and discussed at the Conference. The final proceedings, when published, could easily run in excess of 400 pages if editing is not stringent. I will not attempt to cover even a portion of this information in this report. Copies of the Conference proceedings will be sent to USAID and onward to AID/Washington. However, prior to dealing with the various recommendations and discussing my role in the Conference, I will simply note some additional observations I made during the course of discussions:

-Industries related to food processing are primarily state-owned and generally running at low levels of efficiency, some as low as 15 - 20% of capacity. This appears to be directly related to the low level of fixed prices offered food producers, as mentioned earlier in the paper. As an example, the dairy plant in Mogadiscio provides very little milk to the urban market. Participants agreed that most of the milk purchased was "black market" in origin. When producers do sell milk to the dairy plant, it is often watered down in an attempt to increase income to a reasonable level.

-The fishing industry is slowly getting under way. Somalis traditionally do not eat fish, preferring red meat due to their nomadic cultural background. Markets are developing in urban areas, but a great deal more must be done before fish can be expected to make a major contribution to the national diet. Unfortunately, in order to make fish more attractive to consumers, the prices have been set at about 25% of production costs. To assist fishermen, the Government assumes a great deal of their costs so as to make it financially feasible to continue fishing. Needless to say, this is a great expense to the Government and leaves the question as to what effect a later decision to rescind subsidies will have on consumer attitudes.

-The import-export situation is both confused and controversial. Exports are primarily made up of meat (71%) and bananas (16%). Hard data is difficult to obtain beyond simple export statistics, but there is a feeling among some Somalis that meat exports are over-emphasized in an attempt to increase foreign currency earnings. This is thought to work to the detriment of local availability and proper livestock management. For some time, essential food imports have been financed in large part by other nations. The U. S. is currently supplying and/or funding a significant proportion of food import needs. Some import figures, such as those for sugar, seem incredibly high when considering Somalia's total population. Private conversations and carefully-worded public statements indicate that Somalia is also

supplying the needs of large numbers of Somalis living outside the country, predominantly in Ethiopia. Since they are Somali people, the GSDR feels obligated to provide them with food in the absence of alternate sources.

-Rural development activities can be found in various Ministries. The Ministry of Rural Development and Local Governments itself appears to have a very limited role, unlike its counterparts in many other developing nations. Some of their representatives see the Ministry as primarily a conduit for international donations (such as WFP foods) and as a provider of "support services" to the activities of other ministries (primarily logistical services). Redefining the role of this Ministry would appear to require a massive effort and is unlikely in the face of limited enthusiasm for such a change. As a result, coordination of rural development activities can be expected to suffer.

-As befits a Marxist nation, primary responsibility for national planning is lodged with the State Planning Commission. Over-burdened, under-staffed, and under-financed, the Commission is considered to be basically inefficient, although well-intentioned. Surveys undertaken by the Commission or under its direction (the census among them) are normally completed and published only after a period of some years. The Ministries tend to avoid contact with SPC unless so required.

-Finally, Somalia gives all indications of being in a precarious financial and political situation. Dependency on international donors is clearly excessive. An accurate long-term prognosis is extremely difficult, perhaps impossible. With this in mind, all efforts to assist Somalia in attaining improved national nutrition status and a higher level of development generally should be carefully prepared to encourage self-sufficiency. Activities should proceed in ordered stages with evaluation at each stage. Dramatic results should not be expected in two to five years, thus project goals should be kept within bounds that are clearly reasonable and fundamental.

Recommendations

A full list of the draft recommendations adopted by the first National Nutrition Conference is attached as an appendix. This list, as is true of the Presidential Decree attached, is in draft form rather than final form. The drafts can be expected to match closely the final documents. Drafts are necessary at this time as finalization rests on the work of the Conference editor. Final documents will be sent to USAID immediately upon their availability. However, readers should not be concerned that major changes in substance will occur. Nearly all changes will be stylistic in nature. As the preamble to the recommendations was not yet quite complete upon my departure, it is not included in this report. As it will have no effect on the

recommendations themselves, its absence should not be a concern.

Prior to my departure from Somalia, I held several discussions with Dr. Abbas, Dr. Shah, Mr. Abayomi-Cole, and, on certain specific items, with Dr. K. S. Rao of WHO's regional office in Cairo regarding possible program alternatives for the immediate future. On the basis of these discussions and my own observations, I prepared four basic recommendations for consideration that met with acceptance by all parties. These four have been presented in draft outline to USAID and discussed in considerable detail with Dr. Abbas representing the GSDR.

1) A National Nutrition Sample Survey - As mentioned earlier, in the set of circumstances prevailing in Somalia, I believe a national nutrition sample survey would be essential for national nutrition planning. Such a survey would be expected to identify problems in all population sub-groups (nomads, sedentary farmers, urbanites, etc.); to identify causal factors; and to establish a rationale for nutrition intervention acceptable to national and international agencies. Presently, all that is available are scattered, limited-sample surveys and anecdotal information. While sufficient to indicate the broad outlines of the problem, it is insufficient for program expansion and the development of new programs aimed at various groups within the population, particularly the nomads. Conversations with Dr. P. M. Shah (WHO/UNFPA) at the MOH offices indicate that he will request WHO to undertake a national nutrition survey in 1980 covering nutritional

status; weaning practices; a diet survey; and a survey of traditional beliefs and customs related to food consumption. Dr. Shah expressed willingness to consider a joint effort with USAID as he was not certain that WHO would have sufficient resources for the full survey undertaking, particularly data collection and analysis. Dr. Rao of the WHO regional office endorsed the idea of cooperation with some enthusiasm.

Although USAID could consider undertaking such a survey independently of WHO, I would advise against this. UN agencies have done a great deal of commendable work in Somalia and have frequently been the only thread of continuity in the development community during the difficult political period of the last decade. They are represented by competent staff who offered professional hospitality to me as an AID contractor without reservation. Dr. Shah and Dr. Abbas work well together and to the benefit of the total program. It would be very unfortunate if, inadvertently, USAID was to appear to be "competing" with WHO or any other international agency. In order to avoid this, regular communication should continue between USAID and the various health-related UN programs and cooperative efforts should be encouraged whenever possible. This sample survey offers an excellent opportunity for cooperation with benefit to both the GSDR and international agencies. At all costs, we must avoid the initiation and implementation of duplicate surveys.

2) MOH/MOE Education Programs - In accord with earlier comments, the need for coordination and cooperation between the Ministries of Health and Education on the matter of health/nutrition education is clear. It is recommended that a health/nutrition education specialist be made available to work with both Ministries jointly to develop an integrated approach. The extent of USAID involvement would depend on whether only curriculum development assistance was requested or if a training program is also to be involved. I would recommend that USAID contact Dr. Abbas of the MOH and Mr. Abdi Heybe of the MOE jointly to discuss the details of such assistance.

3) Food Composition Study - The Ministry of Health has expressed interest in a laboratory analysis of the nutrient composition of various Somali foods prior to and following local food preparation techniques. I would imagine that this would require the collection of appropriate food samples and their transmission to laboratory facilities in the U. S. or a third country. I have no specialized knowledge in this area and am unable to estimate the costs of such an undertaking. None the less, such knowledge would be very helpful to have for general use and for use with the national nutrition survey if the costs are within reason. I would recommend only that the possibilities of such a study be investigated with a decision to be made by an expert in this field.

4) National Food and Nutrition Board - One outcome of the Conference will be the creation of a National Food and Nutrition Board supported by a full-time Technical Secretariat. The political process leading to the Board's creation could require from two to six months. USAID should monitor progress in this regard and be prepared to offer assistance. There are many possibilities, two of which come immediately to mind:

a) the services of a nutrition policy planner could be offered at the point that the Board is being organized to assist in designing initial activities and to "set the tone" for future work; and

b) as the specific nature of the Board's activities becomes apparent, USAID should be prepared to offer either short-term or long-term technical assistance to the Secretariat. The quality of the Secretariat's work will determine the successful implementation of Board policies. Further, the operations of the Secretariat will generate a considerable amount of project activity with which USAID could be of assistance.

These four recommendations are presented as potential USAID-supported activities, to be done either directly with GSDR or in cooperation with other international agencies. To go significantly beyond these recommendations at this time would be premature. Before further activities are determined, two factors should be taken into careful consideration:

1) GSDR's Ministry of Health has very limited staff and local resources to support nutrition and maternal/child

health activities. It is possible that USAID might, quite inadvertently, overwhelm the Ministry with assistance. In coordination with other international agencies, USAID should approach nutrition planning in Somalia as a long-term process requiring a "phased" series of interventions. Flexibility should be maintained so that the Agency does not "lock" itself into too many activities at initial stages of policy development.

2) The establishment of the National Food and Nutrition Board may dramatically change the program and policy dynamics in the field of nutrition in Somalia. On the other hand, the Board may represent only a superficial change that may not affect program and policy dynamics until well into its operations. In either case, the Board represents a major political endorsement of nutrition for a nation whose lack of national nutrition policy planning and implementation is evident. USAID should delay any major nutrition intervention support, beyond recommendations such as are mentioned above, until the Board is established and its Technical Secretariat in operation. If the Food and Nutrition Board is to represent a serious contribution to national development, it must receive not only support, but respect for its decisions despite the fact that it may require two, three, or more years for it to fully "mature" as an effective institution. We must resist the temptation to move quickly in

areas of nutrition planning with which we are familiar if this threatens to inhibit the institutional development of the Board.

Conclusion

A brief resume of my activities during this consultation include:

- Editing of various documents and papers connected with Conference proceedings, before and after the Conference.
- Preparation of speeches for the Vice-President and Minister of Health;
- Assistance in finalization of Conference agenda;
- Assistance in coordinating personnel activities in support of the Conference;
- Assistance in implementation of Conference logistics;
- Preparation and delivery of a written and oral presentation to the Conference entitled, "Factors Involved in Nutrition Planning" (copy attached to this report);
- Service as a rapporteur and co-chairman of the working group on nutrition and food production;
- Provision of debriefings for GSDR and USAID regarding the outcome of the Conference and preparation of suggestions for the implementation of Conference recommendations.

The nature of the Conference's requirements led to the informal adoption of a seven-day work week. Support was offered without reservation by both USAID and GSDR. I am

deeply appreciative to Dr. S. Abbas, Dr. P.M. Shah, Dr. K. Shah, and Nurse H. Abdulshek of the Ministry of Health; Dr. Rao and Dr. Al Agberi of WHO; Mr. Hussein of UNICEF; Dr. Meladi of FAO; and Mr. Abayomi-Cole of USAID for their assistance and direction during the course of this brief consultation. It has been an honor and a pleasure to work with all the many people who contributed so much of their time and energy to the successful conclusion of the First National Nutrition Conference of the Somali Democratic Republic.

APPENDIX A

SOMALI DEMOCRATIC REPUBLIC

The first National Conference on Foods and Nutrition
23rd June - 28th June 1979, Mogadishu

June 23, 1979

9:00a.m. - 11:00a.m.

Inaugural Session

Welcome by the Director General
Ministry of Health,
Mr. Muse Gure Mohamed

Address by the Chairman, H. E.
the Minister of Health,
Col. Muse Rabile God

Address by WHO representative,
Dr. Al Agberi

Address by UNICEF representative,
Mr. Hussein

Address by USAID representative,
Mr. Abayomi Cole

Vote of thanks by the Director,
Community Health, MCH and Nutrition,
Dr. A. S. Abbas

11:00a.m. - 11:30a.m.

Tea Break

Chairman, H. E. the Minister of Health,
Col. Muse Rabile God

11:30a.m. - 12:30p.m.

Prespectives of Child Nutrition

12:30p.m. - 1:30p.m.

Factors involved in Nutrition
Planning,
Mr. R. L. Adams US. A. I. D.

Health and Social aspects of
Nutrition

5:00p.m. - 7:00p.m.	Chairman, H.E. the Minister of Health, Col. Muse Rabile God
5:40p.m. - 6:20p.m.	Nutritional patterns in Somalia, Mr. F. R. Castro
6:20p.m. - 7:00p.m.	Scope of involvement of Somalia Women in Nutrition and Nutrition Related Programs, Mrs. Rachiya H. Duale
<u>June 24, 1979</u>	
9:00a.m. - 9:45a.m.	Agriculture, Food Trade and Nutrition Chairman, H. E. the Minister of Agriculture, Col. Ahmed Hassan
9:45a.m. - 10:30a.m.	Food and Nutrition Situation in Somalia, Dr. Meladi-Fao
10:30a.m. - 11:15a.m.	Agriculture Crop Products, their marketing and consumption with reference to the nutritional needs in Somalia, Dr. Mohamed Daar
11:15a.m. - 11:30a.m.	Agricultural Research in Somalia, priorities and experiences, Dr. Said Alawi
11:30a.m. - 12:00p.m.	Tea Break
11:30a.m. - 12:00p.m.	The Past, Present and Future Strategies in Agricultural Crop Production, Mr. Mohamed Abukar

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12:00p.m. - 12:45p.m.

Food Trade; Import-Export:
The current data and future policies
considering the effect of world
inflation on the cost of food in
Somalia,
Dr. Amina Ahmed

Food and Nutrition Planning

Chairman: The Chairman of Planning
Commission,
Mr. Ahmed Habiib

12:45p.m. - 1:30p.m.

The Food and Nutrition Policies and
Programs. The past experience and
future planning,
Mr. Ebrahim Abdullahi Derie

5:00p.m. - 7:00p.m.

Working Groups

June 25, 1979

Live Stock Foods Fishery and Nutrition

Chairman, The Minister of Fishery,
Dr. Osman Jama.

9:00a.m. - 9:45a.m.

Waste as it is related to Food and
Nutrition,
Mr. Robertson, FAO

9:45a.m. - 10:30a.m.

Livestock Foods, their productions,
marketing, utilization and exports.
The past, present and future
strategies,
Mr. Ismail Ali Nuur
Mr. Mohamoud Abdullahi

10:30a.m. - 11:15a.m.

The Fish as the Source of Food and
Nutrition in Somalia. Scope and
limitations,
Mr. Salah Abdurahman
Mr. Ahmed Ismail

11:15a.m. - 11:30a.m.	Tea Break
	The Foods Industries and Nutrition
	Chairman: The Minister of Industry, Mohamed Sheikh
11:30a.m. - 12:00 noon	The Scope of food industry in meeting the local and export needs of the country, Dr. Sharif Abukar Dr. Abdullahi Jama
12:00p.m. - 12:45p.m.	Dairy market modernization as means of nutritional improvement, Dr. C. B. Singn
	Nutrition through Rural Development
	Chairman: The Minister of Rural Development, Gen. Jama Mahomed Galib.
12:45p.m. - 1:15p.m.	Food supplements distribution; the problems and solutions, Mr. Abdi Adan
1:15p.m. - 1:45p.m.	Rural development programs in Somalia influencing the food and nutrition promotion, Dr. Mahmoud Ulusso
5:00p.m. - 7:00p.m.	Working Groups
<u>June 27, 1979</u>	Promotion of Nutrition at Grassroots Level
	Chairman: The Minister of Health, Col. Muse Rabile God
8:00a.m. - 8:45a.m.	Combating malnutrition in Somalia. The lesson from EMR countries, Dr. K. S. Rao - WHO
8:45a.m. - 9:15a.m.	Non-nutritional activities in promoting nutrition in Somalia, Mr. Anwar Hussain, UNICEF

9:15a.m. - 9:45a.m.	Grain Marketing Grain marketing, storage and price stabilization, Mr. Mohamed Ali Abdi
9:45a.m. - 10:15a.m.	A model to increase the availability of food to the rural areas, Dr. Mohamed Dahir Haji
10:15a.m. - 10:30a.m.	Tea Break
10:30a.m. - 11:00a.m.	Food born diseases and food sanitation, Dr. A. Y. Aliye Economic, political and educational aspects of nutrition. Chairman: The D. G. Education, Mr. Soleyman Adan
11:00a.m. - 11:30a.m.	Price control, rice subsidies in relation to taxation, Mr. Abdi Ebrahim Jama
11:30a.m. - 12:00 noon	Role of political and social organizations in health-nutrition development, Mr. Hussain M. Adam
12:00a.m. - 12:30p.m.	Home economics, nutrition programs in extension, Mr. Hawa Aden
12:30p.m. - 1:00p.m.	The position of nutrition training in the school and college education, Mr. Abdi Heybe
1:00p.m. - 1:30p.m.	Today's and tomorrow's nutrition and health oriented programs through mass media in Somalia, Mr. Ahmed Yassin
5:00p.m. - 7:00p.m.	Working Groups

June 28, 1979

Adoption of Recommendations
Chairman: The Chairman of State
Planning Commission,
Mr. Ahmed Hibiib

9:00a.m. - 11:15a.m.

The reports of the working groups:
Discussions

11:15a.m. - 11:30a.m.

Tea Break

11:30a.m. - 1:00p.m.

Adoption of Policy Recommendations

1:00p.m. - 2:00p.m.

Closing Session

APPENDIX B

DISCUSSION TOPICS FOR WORKING GROUPS

Group A - Nutrition and Health

- I. Overview of Nutritional Situation in Somalia
 - Nutrition and the pre-school child
 - Maternal nutrition
 - Nutrition and Health Service Delivery
 - Nutrition-related health activities (oral rehydration; immunization; child-spacing; parasite control; etc.)
 - Infant/child feeding (breast-feeding; weaning practices; supplementary feeding)
 - Knowledge, attitudes, and practices concerning nutrition
 - Environmental sanitation and water supply
- II. National Investments in Health
 - Division of investments: Urban; rural; nomadic
 - Distribution between preventive and curative services
- III. Involvement of Community in Health Delivery
 - Womens' Associations
 - Youth Organizations
 - Orientation Centres
 - Community voluntary/part-time workers
 - Mass media
- IV. International Assistance (bi-lateral and multi-lateral)

Group B - Nutrition and Food Production

-Present production

crops

animal (cattle, camel, sheep, goat, poultry, dairy)

fisheries

-Potential for increasing Food Production

investment

extension

agricultural research

credit

-Food distribution and marketing

-Auto-consumption (self-consumption)

-Agro-industries and their role

-Food security (buffer stocks, storage, waste control, etc.)

Group C - Nutrition and the National Economy

-Food exports

-Food imports

-Food planning and the food economy

-Food price controls (including food subsidies)

-Food as a share of family expenditures

-Food "control" and consumer protection

APPENDIX C

DRAFT OF PROPOSED PRESIDENTIAL DECREE

Recognizing that adequate food availability and nutritional status is a basis requirement for the life of the people and indispensable for securing progress and achieving development of the nation;

Considering that food plays a fundamental role in economic and social development, and that efforts to improve the food consumption and nutritional status of the people are directly related to food supply, food availability, distribution and consumption and also to planning, public health and education;

THE GOVERNMENT OF THE SOMALI DEMOCRATIC REPUBLIC HEREBY DECLARES:

First: That a National Food and Nutrition Board be established to assist Government in the formulation of a National Food and Nutrition plan as part of the National Development plan and to advise the Government during its implementation and evaluation.

Second: The composition of the National Food and Nutrition Board and its working procedures are laid down in its constitution.

CONSTITUTION OF THE NATIONAL FOOD AND NUTRITION BOARD OF THE SOMALI
DEMOCRATIC REPUBLIC

Article I The National Food and Nutrition Board shall be responsible for the formulation of a National Food and Nutrition Plan for the Government of the Somali Democratic Republic. The Board will be responsible for the assessment of the food and nutrition situation;

identification of the existing problems and their causes, setting of alternative measures within the social-economic capacity of the country, and follow-up of the implementation of the National Food and Nutrition Plan.

Article II The board shall be attached to the Supreme Council and will consist of the Secretaries of State, or Directors - Generals as their representatives, of the following Ministries and other agencies:

1. Ministry of Agriculture
2. " " Health
3. " " Planning
4. " " Commerce and Internal Trade
5. " " Fisheries and Marine Transport
6. " " Livestock, Forestry and Range
7. " " Information and National Guidance
8. " " Education and Youth
9. " " Higher Education and Culture
10. " " Interior
11. Agricultural Development Corporation
12. E. N. C.
13. Voluntary Agencies (Womens Association; S.R.S.P.)
14. WHO, FAO, WFP, UNDP; UNICEF and any other agencies responsible for the production, importation and exportation of food.
15. The Chairman of the Supreme Council.

Article III The Board will have a permanent Technical Secretariat including one or more of the following:

1. Development planner
2. Agricultural planner
3. Food Economist
4. Medical Nutritionist
5. Statistician
6. Nutrition Planner

and these may be assisted also by technical personnel as required from national or international agencies.

The Technical Secretariat will be attached to the Board and will have responsibility for collecting and analysing available data on food and nutrition implications of existing policies and programmes.

Article IV The Board shall convene at least twice a year in January and July, or more frequently as may be necessary, to formulate the National Food and Nutrition plan and to review its application of relevant programmes, and to make recommendations for the introduction of food and nutrition considerations in the National Development Plan.

Article V At the July session the Board shall consider for submission to the Council of Secretaries by early September:

- a. An assessment of the food and nutrition situation.
- b. A plan of action.
- c. A budget which shall be independently allocated to the Board.

Article VI The cost of the programme under the plan proposed by the Board, and assigned for implementation to the appropriate ministries, shall be drawn from the budgets of the Ministries concerned. Such shall be indicated clearly in the plan of Action (Article V, subsection "b")

Article VII The Board may seek expert advice from WHO, FAO or other International Agencies, and the experts concerned may be invited to attend meetings of the Board, with the status of observers.

Article VIII The Board may make recommendation for the introduction of regulations enforcing application of the National Food and Nutrition Plan.

APPENDIX D

CONFERENCE RECOMMENDATIONS

Recognizing the importance of increased food production and health and nutrition services to the attainment of an improved national nutrition status and to a more secure and healthier life for Somali children, the First National Nutrition Conference presents the following recommendations:

-That a national food and nutrition board with a full-time technical support secretariat should be established:

- 1) To assist government in the formulation of national food and nutrition policies based on national resources and social-economic conditions of the population, and
- 2) To assist the initiation and coordination of inter-ministerial programmes designed to improve the food and nutrition status of the Somali Democratic Republic.

-That the following surveys should be conducted in order to establish the information necessary for nutrition program implementation:

- 1) A nutritional status survey of the population;
- 2) A diet and food consumption survey;
- 3) A survey of the relationships between nutrition and various sociological factors such as spacing of children and selection of family size;

- 4) And a survey of cultural factors and their relationship to nutrition such as beliefs, customs, and traditional attitudes.

-That measures be taken to strengthen the Government's Maternal-Child Health System including:

- 1) An improvement in the ratio of MCH centers to population;
- 2) An improvement in the ratio of Public Health Nurse/Midwives to population;
- 3) Positions of health officers be created at central and regional levels to concentrate on preventive and promotional health including nutrition services.
- 4) The system of MCH assistants should be expanded to provide services to all children and married women; and
- 5) An increased emphasis should be made on the training of nurses, with greater concern given to nutrition in their training and education.

-That programmes of immunization and oral rehydration should be expanded all over the country. Environmental sanitation with strict inspections by the Public Health Department should be enforced.

-That health and nutrition programmes be instituted for children in primary, quranic, and nursery schools.

-That school feeding programmes should be initiated in hardship areas.

-That budget allocations for health and nutrition programmes be increased for rural/nomadic areas even if this requires the freezing of current allocations for urban areas for five years.

-That, after thorough study of the various alternative approaches, a programme of child-spacing be implemented which takes into account the attitudes and beliefs of the entire Somali population.

-That the health and nutrition programmes, the educational system at all levels, and mass organizations should strongly encourage breast-feeding and discourage bottle and infant formula feeding and that infant formulas, milk powders, bottles, and teats be sold only on the prescription of a registered doctor;

-That proper weaning practices including proper home preparation of weaning foods be emphasised widely and that large scale production of weaning foods in a national factory be strongly discouraged as this production does not reach the needy and the poor for whom it is intended.

-That the use of weight charts, mother's cards, and other appropriate methods be widely implemented for nutrition surveillance.

-That scientific investigations be carried out to determine the nutritional values of foods consumed in Somalia and published both in Somali for national distribution and English for international distribution.

-That, as poverty is known to be a major cause of malnutrition, families where unemployment and malnutrition are both found should be identified and included in a "food-for-work" program in order to increase national productivity and combat malnutrition.

-That each Village Committee be given an allotment of farm inputs, such as fertilizer, for distribution to farmers locally and be held responsible for collecting payment from the farmers.

-That controlled producer prices should accurately reflect costs of production and a reasonable margin for the food producer and that these prices should be revised at the beginning of each season for announcement to the nation. In this way, agro-industries will also benefit from increased supplies and will function at full capacity.

-That Government should provide food producers with increase agricultural machinery, without neglecting animal traction, at the lowest possible prices through a programme of subsidisation.

-That efforts be made to increase meat exports and improve the life of the nomadic population by improving range

management, marketing arrangements, and through stock improvement.

-That greater credit opportunities be made available to farmers and other food producers through the establishment of credit offices in major food-producing districts of Somalia.

-That a comprehensive programme of dairy development should be formulated to enhance milk production and to provide market incentives to milk producers.

-That underground water resources should be closely studied to determine their potential to support future food production.

-That increased fish production should be encouraged by:

- 1) The use of trawlers and freezers;
- 2) The training of both fishermen and marine mechanics;
- 3) And by the creation of a fishing gear factory.

-That future construction of storage and transportation facilities be done in a manner that encourage efficient food storage and marketing.

-That studies be undertaken as to methods for limiting post-harvest food waste,

-That steps be taken to increase yield per hectare of food crops through cross-breeding, hybridisation, and seed multiplication.

-That a national food control service be established to prepare food control laws and food standards with a central laboratory to analyze and inspect food at all points of entry.

-Finally, that there be a concerted effort to establish a food planning system to deal with the following issues:

- 1) Evaluating national consumption and production requirements for critical food items;
- 2) Identifying and promoting food products where Somalia has a trade advantage;
- 3) And rationalising the food importing system so as to obtain accurate data on import requirements, international prices, conditions of sale, quality of products, and alternative supply sources.

FACTORS INVOLVED IN NUTRITION PLANNING¹

To many of us, talking about nutrition is talking about a science. It is a question of biology, chemistry, and of specific scientific facts and procedures. A portion of the information which will be presented to you at this Conference will deal with scientific research studies and their results. The scientific aspects of nutrition are very important, but it is my belief that if this is the only way in which we approach nutrition planning during this conference, we will have missed a very crucial point and our future planning will suffer as a result.

Nutrition is more than just a science. It is also an art, the art of introducing new ideas to people from many different backgrounds. As with all good art, it cannot be done quickly. To illustrate this, let me compare the problems encountered in nutrition planning with those often found in agricultural extension, a field in which I have also worked.

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One may approach a farmer and discuss with her or him various techniques for improving agricultural production. As you leave, you may be convinced that the farmer has accepted your recommendations, but you will probably wish to return later to see if his practices have really changed and if some success was attained. Perhaps you will pass by this man or woman's farm one day, but lack the time to talk with them. If some time has passed since you first made your recommendations, often all you need to do is take a look at the farm itself. A short look may not give you all the information you might desire, but usually you can tell fairly quickly if the farmer has actually begun to utilize the new techniques you taught him. This is usually not the case in nutrition extension. The appearance of a field will usually tell you more about the agricultural production methods used than the appearance of an individual human will tell you of the nutritional practices utilized.

There are two basic problems involved in the case of nutrition extension. On the one hand, one cannot simply "pass by" an individual as one might a field and tell very much about their nutritional status. That requires a more

thorough examination which takes time and requires the presence and willing attention of the individual examined. On the other hand, even if you develop an accurate idea of an individual's nutritional status, you must remember that any suggestions you make for changes in diet or food preparation will require that individual or his or her parent to make literally thousands of decisions!

If I recommend the application of fertilizer to a farmer, it will require that he or she make certain decisions: to use fertilizer; to buy it; to apply it properly; to reapply it if necessary and so on. In sum, the farmer may have to make a dozen decisions in order to implement my suggestions. If I tell a mother who prepares the family food that she would have a healthier family if she were to prepare the food differently, I am expecting her to make the decision to change her food preparation habits each time a meal is prepared. Over the course of a year, that will require hundreds of decisions. Over the life of her family, it will require thousands, even tens of thousands of decisions. The decision by a farmer to utilize fertilizer, even once, may positively affect farm production for a period of weeks or months thereafter. The decision to prepare one, or a dozen, well-balanced meals, however, will only affect nutritional status for a matter of hours! The same type of decision must continue to be made for months and years if the health benefits of good nutrition are to be realized. Thus, as you can see, nutrition education and extension are directed toward some very significant behavior

changes. The difficulties involved and the time that is required for change to be accomplished must not be ignored or forgotten by those of us responsible for nutrition planning.

I would also like to discuss a few matters which I believe are important to the success of nutrition planning but are less of a philosophical nature and more concerned with practicalities. The actual details of any nutrition program will be determined by the Government of Somalia after careful consideration of needs and resources available. I certainly cannot determine these details nor can this conference hope to do so in the short time available to you. However, the conference can determine general outlines for future efforts. In this light, there are certain considerations which may be of interest to you.

A. Identification of problem areas/"at-risk" groups

In a national "community" of 4-5 million people, one will be able to find nearly any nutritional deficiency if one is willing to look far enough and long enough. This is true of all nations, whether one calls them developed or developing. Likewise, in all nations, every nutritional problem of every individual cannot be dealt with successfully. If resources, both in terms of staff and money, are limited, some set of priorities will be necessary. I recognize that Somalia has had considerable experience with national planning in other areas and so the need for priorities in determining use of resources is easily understood unlike nations where little or no national planning has ever been undertaken. However,

in order to set priorities successfully, one must have basic knowledge as to what nutritional deficiencies are most commonly found and are injurious to the population and as to which groups within the population are most likely to be negatively affected. It is in this area that the expertise of people such as Dr. Abbas becomes so essential.

A method sometimes utilized is the national nutrition survey. Such surveys cover a large sample of the nation's population in all major geographic areas (coastal, riverine, mountains, savannah, etc.) and political jurisdictions (cities, towns, villages, the dispersed rural population and/or nomads, etc.). These surveys can be quite expensive, take a considerable amount of time, and, if not conducted carefully, yield less than fully useful results. However, such a survey can be very helpful (even essential) if there exists an insufficient data base from which to develop a national plan. The first question to be asked then is "Do we know the extent of our existing problems? Can we state what each problem is specifically, who is most affected by it, why it exists, and what priority it has in relation to other nutritional problems?" I raise this point in the realization that I might accidentally over-emphasize it. Let me be more specific. The above questions are, in my experience, very important in the preparation and implementation of a national nutrition plan, indeed any plan. However, answering these questions with a great deal of precision is not the goal. The goal is to provide service to the public. Considering

these questions is important to my efforts, but I do not require, in my own work, such precise answers to these questions that I find myself devoting the majority of my time to answering them to the detriment of the provision of services. In short, general answers to these questions are sufficient at the early states of national nutrition planning. I may slightly over-emphazize or underemphasize a problem. I may not be precisely sure as to why a particular problem is especially prevalent in one area of the country, but almost non-existent in another. Of course, I would like to know the reasons for this situation, but I can plan and implement a program in the area most severely affected without an answer. In point of fact, I may very well find my answer as a result of having initiated work in the affected area. Therefore, when I know that I have a particular problem and I know generally which groups are affected and when I have a basic idea as to how I might logically respond, I begin planning. It is thus a question of judgement. Determining the point at which one has enough information to act is a very personal matter and one which cannot be described satisfactorily in words that will be acceptable to everyone. But I can say that I do not take action without at least general answers to these questions nor do I devote months or years to answering the questions before taking action. This is the basic point. We must be sensitive to our requirements for information without becoming trapped in an endless search for more precise data than is

really necessary for developing a program or project.

B. "Simple" Approaches vs. "Sophisticated" Approaches

Having identified the problem areas and the people most affected, a basic approach must be established for dealing with each problem area. Often more than one approach is feasible. May I suggest one informal rule: When in doubt, choose the simplest approach. The scientific nutrition of which I spoke earlier has reached an impressive level of sophistication. A visit to a nutrition laboratory with a knowledgeable guide would quickly demonstrate this. However, the other "type" of nutrition we have discussed which involves close cooperation with and sensitivity to the general population is at no higher level of sophistication than is true of other social action programs. Although the nutritional sciences may have advanced considerably since 1955, as an example, our ability to communicate effectively with the people we are meant to serve has not always advanced at the same rate. Nonetheless, recognizing the increased sophistication apparent with nutrition as a science, many nutritionists frequently attempt to display a similarly increased sophistication in our relationships with people. Another way of putting it is to say that as the tools available to us (such as national nutrition surveys) become more sophisticated, we attempt to increase the "sophistication" of our implementation. It often does not work. Let me give you an example.

I once worked in another African country with a large

nomadic population and some other features that are similar to those found in Somalia. The original health delivery system, which still operates in most of this country, featured small (one room or two room) health centers where a health worker had a limited number of drugs to utilize and a limited amount of information to gather on visiting patients (age, sex, nature of health problem, action taken). Problems that were too complex or for which there were no drugs available at the local health center were referred to either a hospital or a larger district health center. Surveys sponsored by the national government and the experiences of people working in this system indicated that the system was functioning reasonably well in meeting the demands made on it. However, there were some difficulties. Sometimes, the supply of medications was insufficient and their delivery was undependable. As a result, health workers could not deal with health complaints at all or had to refer minor problems to the district center or hospital. This led to complaints from these same district centers and hospitals. In response, the health workers simply turned people away when their supply of drugs and medications had run out. Not surprisingly, health workers in the small centers became less and less satisfied as they felt they were not being given sufficient respect and attention. Although this was not a problem 80% of the time, it was a very serious problem 20% of the time and threatened to negatively affect the quality of service offered at the centers 100% of the time if no action were

taken.

It became quickly apparent that any solution to the problem would require increased expenditure of money and effort if they were to avoid drastically cutting the number of health centers operating. The "simple" approach to the problem was to concentrate on two items: 1) increasing the amount of each drug available to the centers and 2) improving the distribution system so that deliveries would be more dependable. This seemed reasonable as study had shown that if the drugs were on hand in sufficient quantity, the system worked quite well. The second approach considered was to change the system itself, which would clearly be a much more "complex" solution. The second approach was chosen. Why?

At that time, there was considerable interest among some of the international agencies in attempts to increase the "sophistication" of the health delivery system. They felt that the review of the current system offered an excellent opportunity for the introduction of new activities into the day-to-day work of the local health centers. Their suggestions included the addition of new information for collection by health workers at the center such as size of family, child's birth order, economic status of the family, and the compilation of a family health history. A wider variety of drugs would be made available as well as an increase in the quantity of each drug provided. Another project component promised to improve the distribution system. Finally, all health workers were to receive additional training for their new

duties. This new system was implemented in "pilot areas" around the country while the traditional system continued elsewhere.

The results were as follows:

- The new system proved to be so expensive that there was clearly no hope that the national government could either continue the pilot projects or expand the system to cover the whole country. The financial requirements were far in excess of the resources available.

- Due in part to the financial problems, very few of the new drugs were distributed and the supplies of the original drugs were not expanded significantly.

- The new demands on health workers to collect additional information ran into difficulty quickly. The workers complained that they were spending too much time collecting information and had too little time remaining for treatment of patients. They also pointed out that certain questions, such as economic status of the family, were difficult to ask for cultural reasons and the answers were of doubtful validity.

- The distribution system did not noticeably improve as more attention was placed on training and information gathering.

- After the first year of the new system, the government determined that the original problems still existed and had worsened while several new problems had been added to the list.

The results of the introduction of a "sophisticated" system were disappointment and frustration at a high level of expense in terms of time, money, and effort. The final recommendation was to increase the amount of the original drugs made available to each center and to concentrate on improving the distribution system. In brief, after all was said and done, the simple approach (the "unsophisticated" system) was adopted. In order to avoid such difficulties in the future, I would suggest a different definition of "sophistication" than was apparent in this case. I would suggest that a "sophisticated" system is one that works; an "unsophisticated" program is one that does not work. Sophistication should relate not to such items as the amount of information collected, but to the quality of services provided.

C. Integration of Nutrition in Development Planning

One of the most popular words in international development circles in recent years has been "integration". The basic idea is that it is more effective to have one large project integrating several sectors such as nutrition, agriculture, and education rather than to have several smaller projects each dealing with only one sector. Each of the smaller components of the large, integrated project is expected to be related to all the other components. As a simple example, instead of having a separate nutrition education project and another functional literacy project, we would have a functional literacy project which utilized

nutrition education materials for several literacy lessons. Such integration may require less financial input and fewer staff people to accomplish both goals. In March of this year I had the opportunity to review a combined nutrition/functional literacy project in the Republic of Mali. It appeared to be quite successful from both the literacy and nutrition viewpoints.

I find it very easy to recommend the integration of different sectors if for no other reason than the fact that all these sectors are integrated naturally in real life. If we in nutrition have made errors in the past, certainly one of them has been an attempt to treat nutrition as a "separate field" leading to the creation of nutrition projects which were only loosely linked, if at all, with other related activities. These projects were well-intentioned, but their separation from other developmental activities was an unconscious denial of reality. The ability of a farmer or a herdsman to produce sufficient food for his or her family's needs and to also supply other people who are not engaged in agriculture through local and urban markets is directly affected by the nutritional status of the farmer or herdsman. In short, if farmers are malnourished, they will tire more easily and have less than sufficient strength to produce the crops needed by the nation. Malnutrition will not only have a negative effect on the production capabilities of the family's adults and oldest children, it may also affect the younger children. You will

hear frequently from different speakers at this conference of the special nutritional problems of young children, especially those under five years of age. These remarks will relate to the direct physical damage done to small children by a lack of sufficient and appropriate foods. However, there is a second consideration as well, to my way of thinking. A malnourished, underfed family is an unhappy family. A child raised under difficult circumstances, particularly where something as essential as food is in short supply from time to time, is less likely to wish to maintain that life-style as an adult. Throughout the world, we have noticed the tendency for rural people to move into urban areas in large numbers despite the fact that employment and housing may be very limited or even non-existent in the cities. Sociologists and others have identified a great variety of factors that may cause this phenomenon. It may not be the single most important factor, but I can't help but imagine that a child who has been raised in an environment where food is frequently unavailable or where the food is available but insufficient may well have developed a negative attitude toward rural life. Memories of difficult times in the rural areas cannot help but make urban life more attractive. I am suggesting that malnutrition during childhood is yet one more factor encouraging young adults to leave the rural areas for an insecure, but exciting, life in the city at the same time as the nation requires even greater

agricultural production if it is to successfully feed its people. Thus we have two possible examples of the "natural" integration of nutrition with other development concerns. On the one hand, malnutrition can directly affect productivity in the fields and on the range. On the other hand, malnutrition may also lead to a fall-off in future productivity by virtue of its negative impact on the childhood experience of young people in the rural areas.

Beyond the impact of malnutrition on productivity of agriculture and livestock, nutritional status is naturally integrated with other development activities. A World Bank study in Kenya which I had the opportunity to observe has indicated that malnutrition among road construction workers has an effect on their productivity. Malnourished children of school age are less likely to attend classes than well-nourished children and, if they do attend, may be less likely to succeed in their studies. A malnourished individual is more likely, due to her or his weakened condition, to become infected by a variety of diseases. Once infected, the individual is also more likely to become even more malnourished as a result of the demands made on the body by a serious infection. We then find a malnourished person who already faces difficulties becoming infected which leads to more severe malnutrition which can lead to further infection and so on, sometimes ending in death. In areas with high levels of malnutrition, one frequently finds high levels of

disease. The combination of the two is highly destructive to individual health and productivity and, on a wide scale, to national health and productivity.

There are numerous other examples, but I trust that these mentioned are sufficient to describe the importance of nutritional status as it effects other developmental concerns. Having done this, it is logical that I strongly urge you to keep this "natural integration" in mind when planning projects, even those projects that, at first glance, do not appear to be directly related to nutrition or health. I recognize that many participants in this conference come from agencies traditionally less-concerned with nutrition than agencies such as the Ministry of Health. Unfortunately, I do not have the time to deal with even a major portion of the many linkages between nutritional status and the activities of each of your agencies or Ministries. However, I will be available throughout the course of this conference and I wish to assure you that I will be most pleased to speak with any of you who are unsure as to how nutrition may affect your work specifically.

D. The Importance of Field Staff

Some of the participants at this conference are field staff themselves. Others spend the majority or nearly all of their time working at the national administrative level. Although these latter people do not work directly at the local level, the success of much of their work depends on the proficiency and dedication of the field staff directly

or indirectly associated with them. Although important in every sector, I know of no area of national development where field staff have a greater impact on program success than in the areas of nutrition and general health. As I mentioned earlier, our efforts in nutrition inevitably require personal contact and smooth inter-relationships with the public. Nearly all of that personal contact will take place between members of the public and field staff. Should they fail to establish adequate communication; the entire program is jeopardized. By "adequate communication", I mean not simply the verbal exchange of information, but a rapport between staff and public that encourages the exchange of accurate information in a friendly and trusting atmosphere.

The creation of such an atmosphere requires field staff who are sincerely interested in the health of the people and who are willing to be patient and understanding in developing a rapport. People such as this are not always easy to find in any country for any project. Nonetheless, the importance of their work is such that every effort should be made to find sensitive, dedicated people, even if their technical skills are less than we might like. Technical skills can be provided through training; sensitivity and dedication cannot. All our policies and all our planning are nothing more than paperwork if we do not select the best possible personnel for their implementation. Therefore, when considering various program options during and after this

conference, I encourage you to give careful regard to the staffing requirements of each option and the manner in which the staff will be chosen.

Summation

To complete my comments today, I would like to summarize my remarks: In preparing the foundation for a national nutrition policy, I would encourage you to consider the following:

- Nutrition programs are concerned not only with scientific data, but also human relationships and communication;
- Service to the public must always be our ultimate goal;
- Nutritional concerns will always be present thus, in the absence of a nutrition policy, these concerns will continue to exist and to affect the nation;
- Successful improvement of national nutritional status will require efforts over a period of years, thus it would be unfair to expect dramatic results in a short time;
- Without over-emphasizing data collection, sufficient background information is required to accurately identify the specific problems requiring attention and the groups within the population most in need of assistance;
- When in doubt, select the simplest approach in dealing with a problem;
- As nutrition is already integrated into everyone's

life, it is essential to see the manner in which nutrition may be integrated into all development sectors;

-Finally, serious consideration must be given to the selection and support of field staff who in turn must be dedicated to their work and responsive to the people they serve.