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NUTRITION PLANNING AND PROGRAMMING

IN

SWAZILAND

A Consulting Report By
TRANSCENTURY CORPORATION
(James M. Pines,
Consultant)

Mbabane, Swaziland
July 18, 1980

RECOMMENDATIONS

The Nutrition Status Survey

1. USAID should sponsor a national nutrition status survey, only if;
 - a) The GOS passes proposed legislation strengthening the National Nutrition Council and clarifies the Council's role in national decisions.
 - b) Survey plans are approved by the ministries of Planning, Agriculture, and Health, and
 - c) GOS makes personnel and logistical commitments sufficient to assure that the survey will be viewed as a national, rather than a USAID, undertaking.
2. The nutrition status survey should be designed and implemented as an integral step in development of a national nutrition surveillance system, consistent with the Health Information System now being developed with USAID support.
3. Integration with the surveillance system should include;
 - a) Selection and training of interviewers who will later form part of the clinic-based surveillance system.
 - b) Sampling and concomitant collection of clinic data that will permit inferences about representativeness of clinic information in relation to potential clientele.
 - c) Introduction of data assembly and processing procedures suitable for adoption by the surveillance system.
4. USAID should explore feasibility of combining the nutrition status survey with the scheduled Schistosomiasis Survey and, if this is not possible, should assure maximum compatibility and coordination of the two surveys.
5. USAID should not let the proposed nutrition status survey delay initiation of nutrition-related activities, most of which are independent of survey results.
6. The Survey Grant should provide for preparation of a short policy-oriented report of survey results, including program recommendations consistent with those results, and should provide for technical assistance to the author of this report, on identification of appropriate responses.

Mission Nutrition Programming

1. The USAID should exert all possible efforts to add a staff person, through direct hire or other means, with a mandate to;
 - a) Support planning and implementation of the nutrition status survey
 - b) Review current and proposed Mission activities, to identify opportunities for introduction of compatible actions addressed to nutrition goals, and assist in their introduction, and
 - c) Identify and develop action projects that yield significant nutrition impact and simultaneously test hypotheses about the causes of malnutrition.
2. USAID should assist and support training of nurses and Rural Health Visitors in a) weighing and measuring children, b) completing and using weight chart and c) referral of malnourished patients for attention.
3. USAID should take prompt steps to support school garden programs of the Ministry of Agriculture and the Ministry of Education, through the Curriculum Development Project, an Operational Program Grant, or other means.
4. USAID should encourage the Ministry of Agriculture to direct agricultural and home economics extension assistance to families identified as at high risk of malnutrition by the health system.
5. USAID should assure that the Curriculum Development Project incorporates teaching of food practices favoring the patterns of rural life contemplated by Project goals, and should encourage coordination of nutrition education activities among the Ministries of Health, Education, and Agriculture, including the Program for Better Family Living.
6. USAID should assist the Ministry of Health to promote breast feeding and to counteract the influence of private food companies on national feeding practices.
7. The RDA Project and the Cropping Systems Project should include activities addressed to delineation of local nutritional self-sufficiency patterns, based on production and income results contemplated by the Projects.

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USAID/Swaziland, responding to a request from the National Nutrition Council of Swaziland, provided consulting help to explore need for, and feasibility of, a national nutrition status survey and to identify actions to assure that any survey would produce useful policy and program responses. The mission also requested guidance on appropriate USAID support for improvement of nutrition in Swaziland. Detailed comment on survey alternatives and techniques appears in a separate report by Dr. Milton Nichaman of the Center for Communicable Disease Control (CDC), who shared the consulting assignment. This Report deals primarily with USAID support of the proposed survey and of Government of Swaziland (GOS) programming for nutrition improvement.

Pines visited Swaziland from July 9 through 18th and Dr. Nichaman joined him on July 13. Both consultants interviewed widely, reviewed materials that included much available only in country, and visited field sites. They shared their conclusions with the National Nutrition Council and USAID at separate meetings before leaving Swaziland.

The Swaziland Context

Consideration of nutrition programming by GOS and by USAID begins with assessment of malnutrition in the Country. Although Swaziland offers little precise direct information about nutrition status, related indicators suggest that there are serious problems, likely to become worse if not addressed. A mortality rate exceeding 190 per thousand, the 1976 Census estimate for the 0-2 age group, reflects substantial malnutrition. The social dislocation and patterns of rural life, revealed in the recent Rural Homestead Survey, must be accompanied by malnutrition problems. Surveys, cited at page 11 of Carolyn Barnes's Background Paper on Social Factors and Government Systems for USAID/Swaziland (November, 1979), show food knowledge, attitudes, and practices that everywhere produce malnutrition. Though now rare, kwashiorkor and marasmus still occur in Swaziland, universal signs of significant incidence of less serious malnutrition. A 1979 100-family survey, done in association with the Rural Homestead Study, supports the conclusion that Swaziland has disturbing malnutrition problems. Estimates of food balances show aggregate availability barely equal to caloric needs, suggesting that disaggregation would reveal pockets of serious malnutrition. Although disaggregated prevalence of malnutrition is not available, and would be helpful, current evidence suggests that geographical differences in welfare within Swaziland are much less than in most countries.

Despite the foregoing and other substantial evidence that nutrition in Swaziland lags behind what might be expected in a country with per capita income approaching \$600, many in the GOS and the nutrition community remain surprisingly skeptical about the need to attack nutrition problems. Interest in a national nutrition status survey stems from this skepticism, from proper recognition that more detailed information improves nutrition planning, and from the National Nutrition Council's political problems in stimulating governmental concern and response.

These considerations emphasize that decisions about whether, and how, to undertake a survey are more political than technical. The Nutrition Council and

USAID should not take the easy path of "more information is useful" and assume that a major survey is indispensable. Other aspects of the Swaziland context affect the decisions.

Survey findings seem unlikely to influence agricultural development policies in Swaziland. The Government's heavy commitment to the Rural Development Areas (RDA) approach, emphasizing commercial farming, and the economics of maize production, making increased imports of this basic staple from South Africa likely, can be changed little by nutrition considerations. Declared commitments to "food self-sufficiency" by 1983 generate reasonable attention to food production, but Swaziland's nutrient needs will be met increasingly through exchange of agricultural exports and migrant worker remittances for food imports, mostly from South Africa. If current agricultural programs yield results anywhere near projections, food availability and income will limit potential for nutritional self-sufficiency among very few rural Swazis. The agricultural context provides little support for a new survey, though action projects addressed to family production and purchase patterns could furnish useful information while yielding significant impact.

Nutrition-related actions in the Swaziland health context are also independent of nutrition survey findings. The health system's current coverage, estimated at 65 per cent of the population within eight kilometers of a clinic, limits nutrition impact of any possible interventions. Since coverage is likely to be least where malnutrition is highest, this conclusion receives further support. Where coverage exists, the system's techniques for identifying and treating malnutrition remain rudimentary, making preventive intervention extremely difficult. A promising Rural Health Visitors service, not yet supervised adequately or integrated with the clinics, offers opportunities to address malnutrition immediately, without waiting for survey results.

removal of private company advertising and formula samples from clinics, and expansion of current promotion of breast feeding, are also independent of survey findings. Available data and current trends, reflected by the wide availability of expensive imported formulas for example, leave little doubt that Swaziland is well on the way to development of extensive "commercialogenic" malnutrition.

The Ministry of Education and the Ministry of Agriculture sponsor separate school garden programs that have already attained impressive levels. Some gardens cover half an acre and contribute substantially to local nutrient supply. With modest support, school gardens could yield consequential educational and nutritional returns. Any nutrition status survey is unlikely to damage the case for school gardens.

The Swaziland nutrition context also includes the problems and responses presented in the USAID Project Paper on Rural Water Borne Disease Control (645-00877). The extensive morbidity, described in the Paper, aggravates malnutrition in Swaziland and reflects causal factors that emphasize the need for a multi-sectoral approach to the problem.

These examples illustrate the need and possibilities for initiating nutrition-related activities without waiting for survey results. Strengthening the fragile, and often uncoordinated, Swazi Government services will improve nutrition, regardless of survey outcomes, and prepare the GOS to respond more effectively to survey findings and to data from internal information systems. Without major improvement in (e.g.) Health and Agriculture Ministries' approaches to nutrition, including linking of their services through focus of extension work on families with malnutrition, any survey can have little influence on policy and action.

The USAID Programming Strategy

Current and projected USAID activities provide ample scope for a nutrition strategy consistent with GOS needs and absorptive capacity. Although some modest studies and action projects, with little relation to present plans, would be helpful, the Mission's primary nutrition programming task requires integration of nutrition considerations into projects addressed to other goals. Without such integration, neither a national nutrition survey or any other nutrition-specific activity merits consideration.

The Rural Development Areas Project (RDA), the Health Manpower Project, the rural water borne Disease Control Project, and support of population-related activities, all lend themselves to incorporation of nutrition concerns, without detriment to stated primary goals. The proposed Cropping Systems Project, a Curriculum Development Project being prepared, and an OPG scheduled to support health planning, also offer opportunities to program nutrition-related activities. Whether the nutrition strategy can be introduced under current project terms, will require amendments, or should be funded separately, depends on internal AID considerations, but the integration principle remains fundamental. The often-repeated platitude that "nutrition is a multi-sectoral problem" applies with special force to the Swaziland and USAID contexts. A major isolated project, with nutrition as primary goal, would overburden both systems with little result. An attempt to program for nutrition impact through existing agencies and projects responds effectively to critical national problems.

The RDA Project, though geared to commercial agriculture, requires explicit attention to nutritional adequacy of food available in specific areas. Cropping patterns and acreage for subsistence cultivation need to be determined in coordination with nutrient needs, food preferences, and the nutrition education

approach of the Agriculture Ministry's Domestic Science Demonstrators. These steps are not independent activities, but aspects of continuous "nutritional review," essential to assure that agricultural development produces improved nutrition.

The Health Manpower Project requires introduction of specific nutrition-related elements, if the health system is expected to address malnutrition. Training nurses and Rural Health Visitors to weigh babies, to record weights on charts, and to use the charts for distinguishing degrees of malnutrition, making referrals, and educating parents, falls well within tasks of the health system and goals of the Project. A nutrition monitoring system, based on weight charts from a small sample of clinics, is essential for detection, prevention, and treatment of malnutrition. It could be initiated under the Health Manpower Project and has already been approved in principle by the AID-sponsored specialist working with the Ministry to improve the health information system. That system, though much improved, does not yet provide adequate guidance for management of malnutrition.

The Rural Water Borne Disease Control Project is a nutrition intervention. Because nutrition is multi-causal and hence multi-sectoral, actions affecting it often carry other labels. The Mission needs to explore implications of the interdependence between malnutrition and water-borne disease for the Project and for nutrition strategy. By combining, or at least linking, the Schistosomiasis Survey of the Project with the nutrition status survey and nutrition monitoring system, for example, the Project will provide important information about the causes of malnutrition and also begin documenting significant nutrition-related Project impact. Reduction of water-borne diseases should improve nutrition status and also produce measurable savings in food requirements for achieving adequate nutrition. The otherwise impressive Project Paper cites reduced curative health expenditures (p46), but slights nutritional benefits of the Project.

The Cropping Systems Project, like the HDA Project, needs to explore, and program to meet, the nutrient needs of homesteads producing significant amounts of food for home consumption. By looking at the family farm as a system for generating income and nutrition, and using nutritional guidance to optimize patterns of food purchase and home consumption, the Project can encourage local self-sufficiency, through production and marketing patterns that improve nutrition. Special studies in the Project should include exploration of nutrition needs, food habits, and their implications for small-scale production.

The Curriculum Development Project provides a ready vehicle for supporting school gardens. It can also help to assure consistency of nutrition education messages among the many agencies already seeking to influence food behavior. The Project's concern for encouraging farm employment implies similar concern for development of food habits less tied to the attractions of urban supermarkets. This calls for a distinctive approach to the teaching of nutrition, emphasizing food behavior aspects of rural life. The Project should test impact of alternative techniques for encouraging nutrition-related behavior consistent with Project goals.

The proposed national nutrition status survey is clearly incidental, and in no way prerequisite to, a USAID nutrition strategy. If the National Nutrition Council and the Ministries of Planning, Agriculture, and Health, continue their zeal for a survey, USAID should support a modest effort. Linking it to the beriberi survey might be the simplest response to Swazi concerns. The national agencies' political judgment that the survey will stimulate GOS response merits favorable consideration, but favors a rapid and inexpensive study that minimizes burdens on local bureaucracies and on the mission. The survey should not be started until current proposed legislation strengthening the National Nutrition Council becomes law, and the GOS has clarified

the Council's role in key decisions. The survey should be limited primarily to anthropometric measures, accompanied by a socioeconomic questionnaire designed to yield information permitting inferences about causality ("functional classification"). Pinpointing pockets of malnutrition, to target agency services more effectively, is the survey's main value. This does not require more extensive measures, though later small studies among malnourished groups will be helpful. Additional information about the causes of malnutrition should be obtained by testing and refining hypotheses through action projects, a far more effective method of exploring causality than a cross-sectional survey. The proposed survey should reinforce and broaden current USAID-supported efforts to improve the ministry of Health's information system, by institutionalizing the concept of regular monitoring of nutrition status. Linking the survey directly to ministry activities also helps to make it a GOS undertaking and increases the likelihood that it will be taken seriously.

The survey would, for example support development of a clinic-based surveillance system by permitting inferences about the representativeness of clinic data for generalizations about total population. It will also furnish information useful in development of policy and program recommendations, though no survey can by itself identify preferred program alternatives. Past USAID experiences with national nutrition status surveys emphasizes the importance of preparing, for decision-makers, a brief easily understood summary report that presents survey findings and outlines proposed policy and programs. While this report and the proposals should be discussed with CDC and GOS staff involved in the survey, this non-scientific and crucial document should be prepared by someone more tuned to the attitudes and preferences of those likely to be involved in GOS nutrition policy. The survey agreement should provide for technical assistance to those preparing the policy-oriented survey report.

Next Steps

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Initiation of nutrition planning and programming in the USAID requires the attention of a staff person with a clear mandate to give priority to this task. Absence of such a person created the current limited integration of nutrition in present and planned projects. Despite the Mission's CDSS priority to reducing mortality of infants under two, for example, staff have lacked the time and focus to program improved nutrition's potential contribution to that goal. The USAID's current concern for nutrition programming reflects commendable recognition of present program gaps.

The staff person for nutrition may be direct hire, personal services contract, or obtained through any other mechanism available. If assignment to mission staff is not feasible, it may be possible to meet the need through use of an expatriate assigned to the Health or Agriculture Ministry under some mission PVO or other contracting arrangement. Presence of a person who can do nutrition programming, including following up development of the surveillance system and other actions flowing from the nutrition survey, is essential.

Both the realities of GOS absorptive capacity and of USAID programming possibilities favor a modest, though critical, nutrition effort. Each active and planned project needs to be reviewed for nutrition possibilities, amendment where required, and identification of detailed study and action plans. Implementation of nutrition-related activities will thereafter require continued attention from the mission. Formidable sensitization and coordination tasks, within both GOS and USAID, confront the proposed nutrition officer.

If a national nutrition survey is undertaken, the Mission should recognize that this involves substantial added burden on clerical and professional staff. Despite assurances to the contrary from DSB/N and the contractor in Liberia and Lesotho, for example, liaison and logistic requirements of similar surveys taxed USAIDs' capacity. Unless USAID/Swaziland can designate a person to give full-time attention, during certain periods, to the survey, serious problems are inevitable. The designated Mission person, by identifying with GOS and giving priority to helping the Nutrition Council

seek policy consequences for survey findings, will help to avoid the unfortunate indifference, antipathy, and lack of followup that occurred after similar surveys elsewhere in Africa.

Immediate response to the draft survey proposal received from the National Nutrition Council requires a letter that;

- a) narrows scope of the survey,
- b) requests approval in principle from Planning, Agriculture, and Health ministries,
- c) advises that legislation strengthening the Nutrition Council, and clarifying its role in decision-making, is required;
- and d) specifies staff and logistic commitments expected from GOS.

Survey planning, if approved, should not delay or inhibit other Mission nutrition-related activities.

Swaziland presents a situation particularly appropriate for DSB/N assistance to the mission. The mission is favorably inclined to nutrition programming, the programming tasks require short-term specialized assistance to a generalist nutrition officer, and promising longer-term programming possibilities and impact exist. With proper attention, Swaziland can demonstrate, for USAID missions and for governments of developing countries, that multi-sectoral nutrition programming, building on existing institutions and activities, offers high-payoff opportunities to improve nutrition and to accelerate achievement of other development goals.