

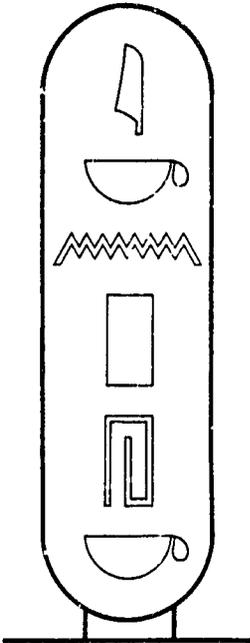
Nutrition In Primary Health Care

Summary of an
International
Conference

Cairo, Egypt
January 16-19, 1984

Cosponsored by The Ministry of Health,
Arab Republic of Egypt,
and The International Nutrition Planners Forum.

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Oelgeschlager, Gunn & Hain, Publishers, Inc.
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The International Nutrition Planners Forum is an informal organization of senior officials for developing countries with responsibility for nutrition policy or programs. Members do not represent governments. They participate in their individual capacities as professionals. The forum exists to provide greater opportunities for developing country nutrition professionals to exchange ideas and experiences, to learn from one another, and to speak out on important nutrition issues. Its program consists of activities such as conducting exchange study visits, writing and publishing case histories on nutrition planning, and holding forums on important nutrition issues. Forum participants are predominantly from developing countries; therefore, the published conclusions and recommendations represent the views of the developing world.

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Bureau/AID
Washington, D.C., USA

Dr. Aaron Lechtig
Primary Health Care Consultant
UNICEF
Brasilia, Brazil

Dr. Bandri N. Tandon
Head
Department of Gastroenterology and
Human Nutrition
All India Institute of Medical Sciences
New Delhi, India

Dr. Juan R. Aguilar
Conference Coordinator
LTS-International Nutrition Unit
Rockville, Maryland, USA

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INTRODUCTION AND SUMMARY

Some ninety experts from thirty-five developing countries met in Cairo, Arab Republic of Egypt, in January 1984 to share experiences, to discuss issues, and to seek feasible approaches to implement nutrition interventions within the Primary Health Care (PHC) strategy.

The International Conference on Nutrition in Primary Health Care, held January 16 through 19, 1984, was hosted by the Egyptian Minister of Health and was sponsored by the International Nutrition Planners Forum.

The purposes of the conference were:

- To identify major issues related to nutrition interventions in PHC; to exchange information on what is currently being done in this area in different developing countries; and to assess the main factors related to the success or failure of these activities
- To prepare specific and practical recommendations regarding the design implementation and evaluation of programs which ensure the inclusion of appropriate nutrition components in PHC efforts.

In keeping with the objective of providing a forum for the voice of the developing world to be heard, almost all speakers, chairpersons, resource people, and participants were from developing countries.

Three major working papers were presented on the state of the art, the rationale for integrated health and nutrition services, and the problems of implementing nutrition interventions within PHC.* These presentations were followed by discussions oriented by two detailed sets of guidelines.

The main findings of the International Conference on Nutrition and Primary Health Care follow.

- Nutrition interventions should be implemented within the PHC strategy because epidemiological and operational advantages can yield improved program effectiveness and efficiency.
- The most important nutrition interventions to be implemented within the PHC strategy are: growth monitoring, nutrition orientation, food supplementation, micronutrient supplementation, treatment and rehabilitation of severe malnutrition, and actions to improve food availability for the family.

*Proceedings of *The International Conference on Nutrition in Primary Health Care* to be published by Oelgeschlager, Gunn, and Hain, Publishers, Inc., Boston, Massachusetts, Summer, 1984.

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- The main constraints to broadening the implementation of nutrition interventions are the insufficient political commitment to nutrition and health care at the highest executive level, the scarcity of available resources allocated for this purpose, and the perceived low effectiveness of current nutrition interventions, which can be attributed principally to inadequate planning, training, community participation, and physical infrastructure. Practical approaches to solve these constraints are presented.
- Suggestions to improve management of the delivery of nutrition interventions are also presented and address service coverage, the referral system, supervision, logistics and supplies, monitoring and evaluation, and operational research.
- Finally, five main principles are identified to guide efforts to implement nutrition interventions within the PHC strategy: The *heterogeneity* of national conditions calls for *flexibility* in adapting solutions for each country; *realistic planning* within the national and regional context is essential; *simple and feasible* approaches are probably the most effective; *self-reliance and community participation* must be encouraged; and careful *targeting of nutrition interventions* is needed if scarce resources are to be directed to the poorest regions and segments of the population.

SHOULD NUTRITION BE INTEGRATED WITHIN THE PRIMARY HEALTH CARE STRATEGY?

Although nutrition was recognized as one of the eight essential components of the PHC strategy agreed upon in Alma Ata in 1978 and has been jointly advocated as such by WHO and UNICEF, nutrition activities in many developing countries are being implemented in a manner parallel with or isolated from other health activities—or are not considered at all. Thus, a first task of the conference was to address the question of whether nutrition services should be implemented within the PHC strategy and the rationale of such an integration.

When considering nutrition interventions within the PHC strategy, countries must clearly establish their own broad health policies as well as the conceptual and operational definitions of PHC with which participants at all levels of operation can agree. Although these definitions must be country-specific, the definitions used by conference participants shared in several salient characteristics.

PHC is preeminently a strategy to expand coverage of basic health and nutrition services to the total population. Although simple curative actions are included, the emphasis is on prevention, promotion, education, and self-reliance. The specific actions to improve health and nutrition must be potentially effective and feasible under specific cultural and political conditions, and within the given constraints on financing and implementation. PHC also entails direct community involvement, so that community needs will be taken into account from the very outset of planning the program services.

It was the overwhelming consensus of the conference that the implementation of nutrition interventions within PHC is an essential element of overall national efforts to reduce morbidity and mortality in the developing world, for the following principal reasons.

1. Integrated nutrition and health approaches are warranted by the *epidemiological nature* of malnutrition: a disease produced by multiple causes, chiefly suboptimal dietary intake and frequent infections. These principal causes tend to exacerbate one another, and efforts that address both clearly have a greater potential for improving nutritional status and survival.
2. Coordination of health and nutrition efforts also presents benefits with regard to *implementation*. When health and nutrition interventions are provided together, it is easier to ensure that individuals receive more of the services they need. Certain nutrition interventions within PHC, such as growth monitoring, appear to be especially useful in integrating services for the same individuals, at least for children.
3. In addition, integration of nutrition into PHC also promotes greater operational *efficiency*. It helps to reduce the duplication or overlap of efforts. Cost effectiveness can be improved when nutrition and health programs are designed to strengthen one another and to make maximum use of the resources available for both.

Notwithstanding the validity of these justifications for integration, some nutrition interventions have demonstrated greater advantages when implemented "vertically" at a national scale. Cases mentioned in this regard were food fortification with vitamin A and salt iodization.

While emphasizing its commitment to the implementation of nutrition interventions within the PHC strategy, the conference recognized that the potential for integration varies among countries because of differences in health infrastructure and management capacity, in networks for intersectoral coordination, and in the relative strengths of existing health and nutrition programs. These and related factors will ultimately determine the degree of integration of nutrition interventions within the health systems of the developing world.

SELECTING NUTRITION INTERVENTIONS TO BE IMPLEMENTED WITHIN THE PRIMARY HEALTH CARE STRATEGY

Because of the heterogeneity of national conditions, no single set of nutrition interventions can be considered most appropriate in all cases. Several combined interventions, however, were proposed. One criterion was to group interventions intended to promote adequate nutrition, to prevent malnutrition, and to provide treatment and rehabilitation for severe malnutrition. Another widely used criterion was to combine interventions that improve diet, enhance nutrient utilization, and diminish excessive nutrient losses.

Whatever categorization is chosen for such efforts, the following nutrition interventions should be given priority:

- Growth monitoring
- Nutrition orientation
- Food supplementation
- Micronutrient supplementation
- Treatment and rehabilitation of severe malnutrition
- Actions to improve food availability

Growth Monitoring

Monitoring the growth of children is especially important because it:

- Stimulates family awareness of the health and nutritional status of children
- Identifies more accurately individuals at risk and facilitates targeting of the interventions
- Provides the opportunity and means of integrating health and nutrition services focused on the same child who is not growing adequately by coupling growth monitoring with refeeding during and after diarrhea, promotion of breastfeeding and appropriate weaning, immunizations, and food supplementation
- Establishes a common basis for coordinating service logistics and supplies
- Serves as the foundation for a nutrition surveillance system that extends from family and community to regional and national levels, thus supplying information vital for informed policymaking

Use of a standard growth chart and of uniform anthropometric criteria is of utmost importance in the monitoring. The multiplication and use of different growth charts within the same country is both inconvenient and

confusing and must be avoided. It is equally important that growth charts and adequate scales are made available in the community and in the health services. Growth charts should be kept by mothers and by local health centers. Overall, it is recognized that the growth chart serves as a practical and powerful educational tool for encouraging mothers to protect the health and nutrition of their children when adequate food has been made available.

Nutrition Orientation

This general emphasis is important to promote awareness of the food and nutritional needs of the family. Demonstration education and counseling activities must cover:

- Support and promotion of breastfeeding
- Promotion of appropriate infant feeding and weaning practices
- The nutritional needs of pregnant and lactating women
- Feeding of children during and after diarrheal episodes

Food Supplementation

Food supplements should be considered part of preventive health care and should be given first to the families of preschool children whose growth does not follow a satisfactory pattern and to pregnant and lactating women at high risk of malnutrition. Community schemes stressing self-reliance for the production, processing, and distribution of food supplements should be encouraged.

Micronutrient Supplementation

Such efforts should treat and prevent specific mineral and vitamin deficiencies in children and women. The most common concerns are iron and folates; vitamin A; and iodine in areas where goiter is endemic.

Treatment and Rehabilitation of Severe Malnutrition

Efforts to combat malnutrition must encompass primary treatment at the local level, referral outside the community when necessary, and adequate rehabilitation and follow-up. Some suggestions include:

- Counseling and involving parents in care of malnourished children at home
- Establishing simple out-patient treatment schemes, including food supplementation for children either at high risk of, or who have, second- and third-degree malnutrition

- Treatment of complications, including dehydration, infections, and vitamin A deficiency
- Integrating treatment and rehabilitation with periodic growth monitoring, immunizations, and other health activities

Actions to Improve Food Availability

Such actions, within both the family and the community, should be supported. Some activities toward this end are:

- Building fish ponds, providing instruction in animal husbandry of small animals, and planting school, community, and home gardens
- Establishing small-scale commercial production, processing, and distribution of traditional vegetable mixtures for weaning
- Selective provision of subsidized food to the poorest segment of rural populations through existing networks of small local merchants; in this way additional bureaucracy and the usual leakages of subsidized food may be avoided

Related Interventions

The potential of nutrition program impact on morbidity and mortality is enhanced when the proposed nutrition interventions are implemented in close connection with other PHC components. Five specific interventions were cited.

1. Diarrheal disease control, including:
 - simple, feasible sanitation
 - improvement of personal hygiene
 - oral rehydration therapy for children with diarrhea, beginning as early as possible and preferably given in the household
 - appropriate refeeding during and after diarrheal episodes
2. Immunization against the major communicable diseases of childhood and appropriate maternal immunization:
 - for children, immunization against measles, tetanus, whooping cough, diphtheria, poliomyelitis, and tuberculosis
 - for mothers, immunization against tetanus
3. Birth spacing and family planning services to provide parents with the necessary information and means to decide on the most appropriate interval between births to ensure adequate nutrition and health for mothers and their children
4. Education and training to improve mothers' capacity to manage family resources to take care of the nutrition and health problems of their children and to make use of available services
5. Income-generating activities to increase the family's ability to purchase staple foods

IMPLEMENTING NUTRITION INTERVENTIONS WITHIN THE PHC STRATEGY

Effective implementation of nutrition interventions depends largely on the degree of success with which the PHC strategy is being implemented.

The Main Constraints

Despite great differences in culture and levels of development among developing countries, the main constraints to effective and broad implementation are:

- Insufficient political commitment
- Scarcity of resources
- Perceived ineffectiveness

1. Insufficient political commitment. Although many governments have formally expressed commitment to the PHC strategy and its nutritional component, this commitment is often not being fully translated into action. As a consequence, nutritional interventions within the PHC situation are:

- Insufficient motivation of leaders to improve the health and nutrition of the population
- Excessive allocation of resources to expensive curative facilities rather than to basic preventive services
- Incompatibility between the existing inequalities in the social structure and the health strategies devised to improve the overall health and nutrition of the population

2. Scarcity of resources. Another important constraint in several countries is inadequate resources to implement nutrition interventions within the PHC strategy. This is a crucial factor in countries with low GNP, where funding becomes the most important impediment to extending integrated services.

3. Perceived ineffectiveness. Ineffectiveness in the delivery of nutrition interventions has been frequently cited as a reason for not expanding integration of nutrition services within PHC. This perceived low effectiveness is usually attributed to the following factors:

- Inappropriate program planning, including unrealistic objectives, targets, and strategies
- Inadequate training of personnel at all levels
- Insufficient community involvement
- Inadequate physical infrastructure

In addition to the other structural constraints, these factors in turn give rise to *inadequate management of the delivery of health services*, which is characterized by low coverage, inadequate referral system, insufficient supervision, inadequate logistics of supplies, inappropriate monitoring system, and lack of operational research focused on critical issues of service delivery.

As a result of these operational deficiencies there is a notable decrease in *effectiveness and efficiency*.

Practical Approaches to Address the Constraints

In view of these three constraints, suggestions to strengthen efforts in integrated nutrition and health care were proposed.

1. Increasing political commitment. A political problem requires a political solution that lies in the hands of decisionmakers and politicians. To motivate them to assign high priority to nutrition and PHC, the following approaches were suggested:

- Stimulate the interest and concerns of communities and their leaders, promoting the full expression of their *demands* for more appropriate nutrition and health.
- *Widely disseminate information* about local and national conditions and experiences, using a variety of communication media and addressing the messages to different interest groups within the country.
- *Accelerate the process of integration* of nutrition into PHC through the active participation of other governmental sectors (e.g., education, agriculture, planning and labor) and of nongovernmental agencies and the private sector.
- Encourage the *coordination and collaboration among international agencies* to reinforce political commitment. Specific areas of cooperation include: divulgence of relevant information, development of appropriate technology, assistance of evaluative efforts, and financing programs and training. In pursuing these efforts, international agencies should take into consideration the interests, needs, and policies of each country.

2. Increasing resources. It is acknowledged that in recent years, and for various domestic and international economic reasons, very few countries have been able to allocate adequate funds for the implementation of integrated nutrition and PHC interventions. Options to increase resource allocation may follow three main lines of action.

- For several countries a *greater allocation of funds* may be the only way of surmounting the extreme lack of resources in the health

sector. Funding through international agencies, use of "seed money" to generate additional funds, joint funding from other sectors, and specifically earmarked taxes for nutrition and health interventions are some concrete and successful ways of reaching this objective.

- *An internal shift of funding within the health sector from curative to preventive services is essential to increase funds for nutrition and basic health actions. An effective approach for this purpose is integration of the health ministries and the social security systems. In some countries this coordination has contributed to improved operational planning, joint use of facilities and services, avoidance of duplication, and better rationalization of expenses.*
- *Improving program efficiency and decreasing costs can help to compensate for scarce resources. Communities could be stimulated to solve more of their own problems by drawing on their own resources. Making such use of local resources and capabilities is essential. National experts, rather than expatriate consultants, must be used to the extent possible in helping to solve the country's problems. Specific program approaches should rely as much as possible on low-cost, appropriate technology that has been of proven effectiveness in other, similar populations. With regard to food supplementation, unnecessary use of imported foods should be avoided. Too often they are inappropriate and expensive, and their use may increase dependency on foreign sources by inhibiting local food production and overall self-reliance. Equally important to improve program efficiency is the minimizing of misappropriation of funds, food leakages, and similar corruption.*

3. Improving effectiveness. Strategies to improve the effectiveness of integrated nutrition and health programs were proposed.

Planning. Successful integration of nutrition interventions with the PHC strategy depends on adequate planning. Without it, this integration is doomed to failure. Practical suggestions in this regard are:

- Program planning should be adapted to each specific situation, including locally available resources for maintenance and day-to-day operations.
- Planning goals must be defined by each country or region in consultation with the affected community. Growth monitoring is a good example of a useful instrument to assess goal achievement and to integrate health and nutrition at the community level.
- Village- and district-level functionaries should have an opportunity to participate in the planning process. When this is not possible, a gradual shift in the planning process from the center to the periphery must be initiated.

- Decisionmakers should be incorporated early in the planning process to gain their support.
- Planning committees should comprise persons with field experience and motivation to improve nutrition and health care. The participants should have reasonably stable roles in the community so they will be able to follow up the planning process.
- Planning goals should include not only the usual short-range objectives but also a medium-term and long-term framework of goals for further strengthening health and nutrition interventions.
- Before planning large-scale expansion of nutrition and health interventions, the geographical regions where the pilot program will be tested and the final programs then initiated should be selected carefully. The probability of success could thus be improved, and the likelihood of funds for further expansion increased.

Training. Adequate training of all staff in the health and nutrition services is equally important. Suggestions and findings in this regard are:

- Deficiencies can range from initial problems in selection and recruitment of community-based personnel to inappropriate training strategies and curricula development. In particular, there often is inadequate community orientation in the initial training or insufficient follow-up and in-service education on a continuous basis.
- A first step to ensuring greater community orientation is to define appropriate criteria for the *selection and recruitment* of village-based workers and to involve communities integrally in the process. It is essential that the worker live in the community in question and be of a social and educational status acceptable to the majority of the community. The neediest of families should have ready access to this community health worker (CHW). A willingness on the part of candidates to serve the community is of paramount importance in the selection process.
- For the training itself, *realism* and *practicality* are key watchwords. Training must be based on the specific tasks and functions of the CHW, which must be clearly defined ahead of time. Training should be oriented toward problems and performance and should avoid the common tendency of stressing accumulation of academic knowledge. A closely related requirement of training is that, to be successful, it must be evaluated on the basis of trainees' performance of specified tasks under routine working conditions, rather than on their memorization of concepts learned in the classroom.
- Emphasis should also be placed on the *training of trainers* and on continuing in-service education which is closely integrated with supervision.

- Finally, training should be conducted by those who are themselves well-trained and well-motivated to increase the effectiveness of integrated nutrition and PHC services.

Community participation. The principal obstacle to meaningful community participation in the implementation of nutrition interventions within the PHC strategy was thought by many to be the extreme lack of equity and social justice maintained by repressive political systems in many developing countries. Under some conditions, the most effective community leaders are perceived as a threat by these governments and may receive unjust and inhuman treatment as a result. This problem reveals a deep paradox that needs to be solved if community participation in PHC is to be stimulated.

In view of this dilemma, a practical approach was suggested. It emphasizes the joint identification of community needs and priorities in an ongoing dialogue about the alternative actions that are realistic under existing conditions. Continuing provision of the appropriate information and continuing discussion are needed to stimulate awareness of needs and of possible solutions to pressing problems.

The role of women is especially important. Several programs have found that frequent and close mother-to-mother communication, as well as student-teacher communication, is a key to success in growth monitoring, nutrition demonstrations, and educational activities related to the use of supplementary foods, breastfeeding and weaning practices, and oral rehydration therapy. This communication process has in turn enhanced awareness of health and nutrition issues and has increased their demand for more appropriate services.

Physical infrastructure. The main problem identified in this regard is the common belief within the health sectors of many countries that implementation of nutrition interventions within the PHC strategy depends on heavy investment to build health centers and hospitals. Physical facilities are indeed necessary to store food and other supplies and to provide a base of operations for the health care services of the community, but these facilities should not be elaborate or expensive. Useful approaches to solve this constraint are to:

- Maximize the use of all existing community facilities provided by both governmental and nongovernmental organizations (private agencies, schools, and churches), including stores, public places, sports facilities, and social clubs
- If additional physical facilities are required, mobilize community leaders to obtain any necessary resources and inputs (including materials and labor)
- Adapt available space in the homes of the CHWs or other community

members to serve as “miniposts” for the first level of care until more appropriate facilities are available.

Suggestions to Improve Management

In view of constraints beyond the structural limitations, recommendations were made to improve overall system management.

1. Service coverage. The *coverage* of nutrition and health interventions is a problem often associated with inadequate resources and insufficient training and motivation at all levels. Suggestions for extending service coverage included the following:

- Drawing on community resources and institutions more fully, including indigenous practitioners and voluntary groups, and building upon existing health care networks are the chief and most promising means of achieving higher levels of coverage.
- In some places, mobile clinics and teams can bridge the gap while the capacities of community-based services are bolstered.
- Widening information channels to the community and adapting appropriate time schedules for working parents are also useful alternatives.
- More effective services will also require greater community involvement, as well as better training and motivation. In this regard, training mothers to become the principal health worker in each family is an essential approach to increase coverage. Use of growth charts has proved to be very effective for this purpose. Growth monitoring also provides an important starting point for building nutrition surveillance systems that extend from the community to the national level.
- Coordination with other sectors—including agriculture, education, planning, and labor—is very important in expanding coverage and in improving the effectiveness of integrated nutrition and PHC efforts.
- Nongovernmental organizations and other private agencies have a potentially significant role in stimulating this process. In this context the churches, primary schools, women’s organizations, and community associations offer great possibilities to increase coverage of nutrition and health activities.

2. Referral System. The need to refer persons to appropriate services outside the community in a timely and informed way demands improvements in the referral system.

- It is essential that CHWs receive adequate training to be able to identify consistently those who require higher levels of care and to be able to give appropriate, basic care to those who do not. Once the referral is made, the CHW must know when the person returns to the community and must be able to provide the needed follow-up.
- The first point of referral from the community should be accessible, in both cultural and physical terms, and should have the capacity to deal effectively with the principal health and nutrition problems seen.
- The services planned for each level of the referral system must be consistent with available resources and capabilities. This consistency avoids the overloading of facilities and staff that often causes diminished effectiveness.
- Community acceptance of, satisfaction with, and confidence in the successive levels of the referral system is essential. To avoid the frustrations that come from excessive expectations, it is equally important that communities have a very clear and realistic understanding of the services that are available and of how these services are constrained by the availability of resources. Monitoring of community perceptions, and ongoing dialogue about services and resources, can help to ensure continuing community satisfaction with the referral system.

3. Supervision of Integrated Nutrition Efforts. In discussions regarding supervision, there was consistent agreement on the main characteristics of successful approaches.

- As an appropriate means of training, close participation of the community is needed in all aspects of supervision.
- Supervision should focus on the performance of a minimum set of key activities that have received priority attention in training.
- Continuing education should be integrated with supervision during frequent, periodic meetings in the workplace. This coordination will help to ensure that the focus of the learning process is on the most important, real problems of service delivery.
- The supervision of integrated nutrition efforts must be oriented toward the achievement of program objectives *in addition to* the quantitative aspects of the program such as the amount of supplies distributed or number of supervisory meetings held.
- Equally important to improve the effectiveness of the supervisory process are the careful definition of simple norms, the establishment of appropriate CHW-supervisor ratios, the provision of essential means for transportation, and the allocation of needed time for both supervisors and CHWs.

4. Logistics and supplies. Different degrees of success with community-oriented approaches to the *logistics and supply* of program inputs were reported. In general, whenever possible there should be encouragement of local production—whether at the family, community, or regional level—of foods and other needed materials and products. Communities should be motivated to participate in all steps of this process. In addition, intersectoral collaboration is needed to develop comprehensive strategies for the improvement of markets and production incentives for local staple foods. Such economic efforts are an essential complement to nutrition actions within the PHC strategy.

5. Monitoring and evaluation. The distinctions between the concepts of *monitoring* and *evaluation* were defined at the outset of discussions on these issues. Monitoring is the ongoing assessment of program operations, based on data routinely collected by the health system for the purposes of program management and supervision. Evaluation, in contrast, is a special, nonroutine process intended to assess overall program effectiveness and success in achieving stated goals and objectives.

- Community workers in nutrition and health programs should be responsible for the collection of simple data and for its tabulation at the community level for decisionmaking purposes. To do this effectively, the CHW needs appropriate training and motivation, and must perceive the data to be useful. Data collection forms should be simple and geared to the educational level of the community.
- Decisions on the kinds of data to be collected should be made in accord with the needs at each level within the system. Overall coverage figures may be needed at the central level, whereas information on the number of mothers attending community meetings in a given community may be more important to the community worker. Regardless of the level for which a given data element is collected, those which provide information essential to operational decisions are the most important.
- When analysis of data collected locally cannot be done at the community level, there should be intensive feedback during in-service training and supervision to ensure that the analysis is translated into improved service delivery at the local level.

6. Operational research. Strong community orientation is needed in *operational research* to improve the effectiveness and efficiency of nutrition interventions within the PHC strategy. The most pressing need for this type of research is:

- To identify means of simplifying program management, training, and communications

- To investigate the most appropriate indicators for program monitoring and to find an effective means for sharing with the community the findings of monitoring and evaluation
- To develop food supplements that are appropriate in different localities
- To identify mechanisms for sharing the results of operations research and other information on successful nutrition and health programs with communities, within regions, within countries, and among countries

GUIDING PRINCIPLES FOR IMPLEMENTATION

The conference identified five principles to guide efforts to implement nutrition interventions within the PHC strategy. These guiding precepts were repeatedly emphasized in the discussions as being of paramount importance to the success of both new and ongoing integrated nutrition and PHC programs.

1. It is essential to recognize the high degree of *heterogeneity* of national and regional situations, needs, goals, approaches, and levels of achievement. In view of this diversity, the need is great for *flexibility* in adapting nutrition interventions to the specific characteristics of each national and regional setting. There is no single, rigid prescription or package of interventions that should be recommended for all countries.
2. Means for *realistic program planning* at the national and regional levels are needed to support the implementation of nutrition interventions within the existing infrastructure of the health sector in each country.
3. The emphasis should be on *simple and feasible approaches* in all steps, from decisions in planning to program operation and evaluation.
4. *Self-reliance* must be fostered to the greatest extent possible; *participation of the community* is essential in identifying its own needs and solutions and in contributing the resources and means for their achievement.
5. Careful *targeting* is needed so scarce resources are focused on the neediest regions and segments of the population.

A strong sense of renewed hope emerged from the open dialogue and sharing of common experiences and concerns characterizing the conference. This shared experience transcended differences in language, culture, geography, ethnicity, religion, and political ideology. It served to reinforce individual strengths and commitment and to forge again a common goal: that the fundamental human right to adequate nutrition and health care is assured for all peoples in all countries of the world.

APPENDIX—LIST OF PARTICIPANTS

Asia Region

Bangladesh

Dr. Kurshed Jahan
Assistant Professor
Institute of Nutrition and Food Science
Dhaka University

Dr. Mahibur Rahman
Director
Institute of Public Health Nutrition
Dietetics Food Science
Ministry of Health and Population
Control
Dhaka

Dr. Nargis Akhter
Superintendent, Maternal and Child
Health Training Institute
Azimour, Dhaka

India

Dr. Bandri N. Tandon
Professor of Medicine
Head, Dept. of Gastroenterology and
Human Nutrition
All India Institute of Medical Sciences
New Delhi, 110029

Dr. S. N. Chaudhuri
Director, Child in Need Institute
Vill. Danlatour, P.O. Amagehi
Via Joka
24 Parganas, West Bengal

UNICEF/Delhi

Mr. Rolf Carriere
Director Regional Nutrition
UNICEF
73 Lodi Estate
New Delhi

Dr. Sam H. Dalal
Head of Nutrition Section
UNICEF
73 Lodi Estate
New Delhi

Nepal

Dr. Savitri Pahari
Chief, Nutrition Division
Dept. of Health Services
6/10 New Road, Kathmandu

Dr. Manindra Randon Baral
Medical Superintendent
Kanti Children's Hospital
Maharajguns, Kathmandu

Pakistan

Dr. Sajjan Memon
Director, Health Services SIND
Hyderabad

Philippines

Mrs. Delfina B. Aguillon
Acting Executive Director
National Nutrition Council
MCC P.O. Box 1646
Makati, Metro Manila

Dr. Flora Bayan
Director of Primary Health Care
Ministry of Public Health
26 Kanlaon St.
Quezon City, Manila

Dr. Florentino S. Solon
Deputy Minister of Health
Executive Director of Nutrition
Center of the Philippines
San Lazaro Compound
Rizal Ave., Manila

Thailand

Dr. Pramukh Chandavimol
Chief Medical Officer of Public Health
Dept. of Health, Ministry of Health
275 Devaves Palace
Samsen Rd., Bangkok 10200

Dr. Amorn Nondasuta
Permanent Secretary
Ministry of Public Health
275 Devaves Palace
Samsen Rd., Bangkok 10200

Dr. Paichit Pawabutr
Chief Medical Officer
Office of the Permanent Secretary
Ministry of Public Health
275 Devaves Palace
Samsen Rd., Bangkok 10200

Dr. Aree Valyasevi
Director, Nutrition Research Institute
Mahidol University
Ramathibodi Hospital
c/o Research Center
Rama 6 Road, Bangkok 10400

Near East Region

Morocco

Mr. Abeljalil Cherkaoui
Chief de Service des Centres Socio-
Educatives
Entraide Nationale
2 Rue Dait, Roumi
B.P. 750 Agdal, Rabat

Tunisia

Dr. Nourradane Achour
Professor of Preventive Medicine
Ministry of Health
Bab Saadoun, Tunis

Dr. Bechir Hamza
Professor of Pediatrics and Director of
National Child Health Institute
Institute National de Santé de
L'Enfance
Boulevard du 9 Avril
Bab Saadoun, Tunis

Yemen Arab Republic

Dr. Jaafar Mohammed Saeed
Director, Technical Unit for Nutrition
Ministry of Health
P.O. Box 1330
Sanaa

Egypt

Dr. Faouad El-Shirbiny
Dean, High Institute of Public Health
Alexandria University

Dr. Nahid Kamel
Chairperson, Dept. of Public Health
Alexandria University

Dr. Hamman M. Hamman
Chairperson, Dept. of Public Health
Assyut University

Prof. Mohamed M. Abdel Kader
Head of Council of Nutrition Institute
16, Kasr El-Ainy St.
P.O., Kasr El-Ainy
Cairo

Prof. Laila Kamel
Professor of Hygiene and Nutrition
Cairo University

Dr. Mohamed Ali Raofat
Professor of Nutrition
Cairo University

Dr. Said Meccawy
Director General
Beheira Health Administration

Dr. Lotfy El Sayaan
Under Secretary of Health
Dakahlia Health Administration

Dr. Ahmed Sawat Shoukry
Professor of Pediatrics
Cairo University

Dr. Shafika Nasser
Member of the Senate Council
Professor, Public Health Dept.
Cairo University

Dr. Abd El-Aziz Sharawy
Director General
Maternal and Child Health Department
Ministry of Health

Dr. Ahmed Hashim
Director General, Dept. of Basic Health
Services
Ministry of Health
Cairo

Dr. Mostafa Hammami
Under Secretary for Basic Health
Services
Ministry of Health

Dr. Mamdouh K. Gabr
Professor of Pediatrics
Faculty of Medicine
Cairo University

Dr. Osman Galal
Director, Nutrition Institute
16 Kasr El-Ainy St.
P.O. Kasr El-Ainy
Cairo

Dr. Farouk Shaheen
Nutrition Institute
16 Kasr El-Ainy St.
P.O. Kasr El-Ainy
Cairo

Dr. Amin K. Said
Nutrition Institute
16 Kasr El-Ainy St.
P.O. Kasr El-Ainy
Cairo

Dr. Mohamed A. Hussein
Nutrition Institute
16 Kasr El-Ainy St.
P.O. Kasr El-Ainy
Cairo

Dr. Mohamad Awad Diab
Faculty of Medicine
Suez Canal University

Dr. Magid Khattab
Faculty of Medicine
Suez Canal University

Dr. Ali Zein El Abedien
Professor of Community Medicine
National Research Center

UNICEF/Cairo

Dr. Kerdany Abraham
UNICEF Program Officer
Cairo

USAID/Cairo

Dr. Howard D. Lusk
USAID/Cairo
Associate Mission Director Cairo
USAID Box 10
FPO New York 09527

WHO/EMRO

Dr. Ashfao Alamkhan
Regional Advisor
EMRO Maternal and Child Health
World Health Organization
Alexandria, Egypt

Africa Region

Botswana

Ms. Barbara Pelontle Mpfu
Nutritionist
Family Health Division
Ministry of Public Health
P.O. Box 992
Gaborone

Ethiopia

Mr. Tekle Estifanos
National Coordinator
WHO/UNICEF Integrated Joint
Nutrition Support Program
Ethiopian Nutrition Institute
P.O. Box 5654
Addis Ababa

Ghana

Dr. Samuel Ofori-Anaah
Dept. of Community Health
Medical School
P.O. Box 4236
Accra

Cote d'Ivoire

Dr. Mamadi Conde
Directeur du Service de Nutrition
Appliquée
Ministère de la Santé Publique
B.P. 81 Conakry

Kenya

Dr. Steven N. Kinoti
Director, Medical Research Center
P.O. Box 20752
Nairobi

Liberia

Mrs. Nancy Nah Nimene
Director, Division of Nutrition Services
Bureau of Preventive Services
Ministry of Health and Social Welfare

e/o Mrs. Love
P.O. Box 2048 National Bank
Monrovia

Mauritania
Ms. Karen Woodbury
Public Health Officer and Project
Manager
B.P. 222
USAID/Nouakchott

Dr. Heather Goldman
Nutrition Advisor
B.P. 222
USAID/Nouakchott

Dr. Mohamed Mahmoud Hacen
Directeur Project Assistance
Service Medicale Rurale
Ministère de la Santé Publique
B.P. 177
Nouakchott

Niger
Mme. Boulama Monique
Responsable cellule Nutrition
Ministère de la Santé Publique et des
Affaires Sociales
B.P. 623
Niamey

Senegal
Mr. Serigne Mbaye Diene
Deputy Director
Division Alimentation et Nutrition
Appliquée Au Senegal (DANAS)
Ministère de la Santé Publique
Rond Point Zone B, Dakar

Mme. Hane Fatimata Sy
Nutritioniste
Bureau AID/SECID
B.P. 116 Ziguinchor

Dr. Mame Sy
Director of National Nutrition Program
Division Alimentation et Nutrition
Appliquée au Senegal (DANAS)
Ministère de la Santé Publique
Rond Point Zone B, Dakar

Sierra Leone
Mrs. Gladys R. L. Carrol

National Food and Nutrition
Supervisor
Catholic Relief Services/SL
8 Howe St., P.O. Box 1392
Freetown

Sudan
Dr. Kamal Ahmed Mohamed
Director Nutrition
P.O.B. 303
Khartoum

Somalia
Dr. Ahmed Ali Said
Ministry of Health
P.O.B. 342
Mocadishu

Swaziland
Mrs. Edith Nomie Ntiwane
Matron of the Public Health Unit
Ministry of Health
P.O. Box 1119
Mbabane

Mrs. Christobel Motsa
Senior Home Economics Officer
Secretary National Nutrition Council
Ministry of Agriculture and
Cooperatives
Home Economics and Nutrition
Section
P.O. Box 162
Mbabane

Upper Volta
Dr. Clemen Bouyain
Family Health and Nutrition Unit
Minister of Public Health
B.P. 7013
Ouagadougou

Zaire
Dr. Lusamba Dikasa
Assistant Professor of Public
Health
University of Kinshasa
P.O. Box 128
Kinshasa XI

Dr. Nkongolo Kalala Malaba
Medecin-Directeur du Departement
Medical Kimbanguiste
B.P. 7069, Kinshasa I

Dr. Kabamba Nkamany
Medecin-Directeur de Centre National
de Plantification de Nutrition
Humaine (CEPLANUT)
B.P. 2429 Kinshasa I

Zimbabwe

Mrs. Hagar Mawunde
Acting Provincial Nutritionist
Minister of Health
c/o Mrs. Tagwireyi
Nutrition Department
P.O. Box 8204 Causeway
Harare

AID/REDSO

Dr. James D. Shepperd
Regional Health Office
AID Africa, West Africa
U.S. Embassy Abidjan, Ivory Coast

Latin America Region

Brazil

Dr. Walter J. Santos
Executive Secretary
International Nutrition Planners
Forum
Visconde de Piraja 156, Rm. 605
Rio de Janeiro
CEP 20020

Dr. Bertoldo Kruse Grande de Arruda
President, National Food and Nutrition
Institute (INAN)
Av. W3 Norte 510
Brasilia, DF

Dr. Mozart de Abreu E Lima
Secretary General
Ministerio da Saude
5H15 — QL 20 Conj. 5 Casa 14
Brasilia, DF

UNICEF/Brasilia

Dr. Aaron Lechtig
Child Health Officer/UNICEF
ED. Seguradoras, 13 Andar, SBS
Brasilia, D.F. 70-072

Ecuador

Dr. Mauro Rivadeneira
Director General de Salud
Ministerio de Salud Pública
Juan Larrea 444
Quito

Haiti

Ginette Isaac, RN
Training Officer
SAWS (7th Day Adventist World
Service)
Hospital Adventiste, P.O. Box 2355
Port-au-Prince

Dr. Michaele Amedee Gedeon
Director, Food and Nutrition Policy
Planning Unit (UPAN)
Ministry of Planning
166 Ave. John Brown
Port-au-Prince

Dr. Herna Fayla D. Lamothe
Director, Direction of Nutrition
P.O. Box 2444
Port-au-Prince

Dr. Serge Toureau
Directeur General
Departement Santé Publique et
Population
P.O. Box 2444
Port-au-Prince

Jamaica

Mrs. Kathleen Gloria Rainford
Director, Nutrition Dietetics Division
Ministry of Health
5 Carmel Terrace
Kingston 8

Mexico

Dr. Adolfo Chavez
Head, Community Nutrition Division
Instituto Nacional de la Nutrición

"Salvador Zubiran"
Vasco de Quiroga 15
Tlalpan 14,000—Mexico D.F.

Panama

Dr. Cutberto Parrillon Delgado
Director, Programa Nacional de
Nutrición
Ministerio de Salud Pública
P.O. Box 2048
Panamá City

Peru

Dr. Humberto Gamarra Dejo
Director, División de Salud
Materno-Infantil y Población
Ministerio de Salud
Av. Salaverry s/n Jesus Maria
Lima 11

Dr. Juan Manuel Sotelo
Director General de Servicios de Salud
Ministerio de Salud
Av. Salaverry s/n Jesus Maria
Lima 11

Guatemala

Dr. Juan R. Aguilar
LTS International Nutrition Unit
121 Congressional Lane, Suite 304
Rockville, Maryland 20852, USA

United States

Mr. Alan Berg
Room N445
World Bank
1818 H Street, NW
Washington, D.C. 20433

Dr. Martin J. Forman
Director, Office of Nutrition
Science and Technology Bureau
Agency for International Development
Washington, D.C. 20523

Ms. Janet Wilcox
LTS International Nutrition Unit
121 Congressional Lane, Suite 304
Rockville, Maryland 20852