

MEMORANDUM

June 16, 1979

TO: Mr. B. Bahl, A/Director, USAID/Maseru
Mr. T. Georges, Chief, AFR/DR/HN
Ms. C. Collins, RHDO/Mbabane
Mr. R. Wrin, AFR/SA
Mr. A. Harding, AFR/DR/SAP
Mr. M. Forman, Director, DS/Office of Nutrition
Mr. P. Sheehan, FFP/Title II
Mr. W. Pearson, FFP/PO

FROM: A. Braunstein, AFR/DR/HN *avB*

SUBJECT: Health and Nutrition Activities in Lesotho - Issues
Raised During Consultation Visit in Lesotho,
June 13-16, 1979

While the visit was limited to three days, consultations were very useful and resurfaced a number of issues which are under consideration by the USAID. Discussions were held with officials from the Central Planning and Development Office (CPDO), Ministry of Health, Food and Nutrition Coordinating Office (FNCO), Ministry of Agriculture, WHO and WFP.

A list of contacts is attached. During these discussions I was able to discuss in detail not only the two ongoing AFR projects, but also the ongoing and new DS/N projects for delivery of services to Africa. An annotated listing of these projects was left with the USAID for coordination of any specific GOL requests with Mission and Lesotho priorities. A key factor in this regard is the pivotal role of FNCO as a coordinating and servicing agency within the Prime Minister's Office for ad hoc services to operational ministries (e.g., through one or another DS/N project).

1. Rural Health Development

The first two technicians (Smith and Emmet) have been working well in-country now for three months with the MOH planning division, developing a proposed organizational structure, job descriptions, and assignment of candidates. The additional two technicians (Wright and Prescott) charged with curriculum development and training had just finished a short-term consultancy and should be returning on full assignment in August. The village health worker will be the focus of rural health development. E. Petrick of University of Hawaii was on short-term consultancy during my visit for work on the Ministry's reorganization plan.

Issues: (a) The project contains specific benchmarks for participant training, but the MOH can't find sufficient suitable candidates, and where good candidates have been identified (e.g., to fill potentially the four mid-level positions in the Planning Division) they can't be spared for the present. The contractor will be proposing a revised training schedule to meet MOH requirements for both long-term, short-term, and intensive on-the-job training.

(b) The Expanded Program for Immunization (EPI) was thought to receive support from the African Development Bank but this proposal, since it so far appears structured around a mobile team approach, is being subjected to a second review. At the same time, WHO ad hoc assistance to date has not produced an agreed operational approach. In sum, the potential EPI program needs to be analyzed in-depth and the MOH is considering requesting assistance in this regard from CDC.

(c) The MOH has been providing very good support to the project. The contractor's first six-month report will be submitted in August. The contract team was concerned that the evaluation required for movement to phase II (in August 1980), which is now scheduled for March 1980, may not give AID/W sufficient lead time. They felt reassured if, as I expected, the plan is to do, complete and submit the evaluation in March but no later. The contract team also seized the opportunity of my visit to raise the question of additional requirements in commodities under the project (e.g., vehicles for MOH, training materials, other equipment, printing costs, etc.), but not until phase II. This can be reviewed in-depth by RHDO at the appropriate time.

2. Nutrition Planning

The FNCO, with the able assistance of Bob Learmonth, PAI grantee consultant, and the rest of its staff, has made appreciable progress in the past year in institutionalizing a food and nutrition planning and programming process within the GOL: national goals with recommended strategies have been set, objectives have been prioritized and so far 18 ongoing and new GOL projects are being reviewed, improved, and coordinated among each of the operational ministries. Extensive in-country publicity and political involvement at the highest levels have been accorded multi-sectoral nutrition planning under the able leadership of Mrs. Phafane, FNCO Director.

Issues: (a) The final draft National Nutrition Survey - Intensive discussions were held with FNCO staff with regard to the UCLA nutrition survey of 1976/77. Despite the fact that the former Permanent Secretary of the MOH had "cleared" the survey document, the GOL, through its authorized channels (FNCO and CPDO) have not done so. The survey, during implementation and thereafter, has been plagued by a series of political and planning problems. The GOL officials report that the MOH was not involved in a constructive way, and that a number of animosities were noted; Learmonth reports that all survey equipment was packed up and shipped out, and that "rumors" have circulated as to the veracity of the actual sampling. In this climate an ad hoc group of statisticians in-country began to find methodological problems. Previous discussions which I had held June 10-11 in Botswana with the highly esteemed WHO regional nutrition advisor, Dr. J. Kreysler, confirms these problems and more with the UCLA survey; many in Lesotho have come to doubt that the sample was properly covered, and he found no GOL officials prepared to defend the survey. At the same time as these developments were taking place, the FNCO was in the process of creation and has now achieved an authoritative position within the GOL. Mrs. Phafane, the Director, and R. Learmonth, are determined to salvage a National Nutrition Survey out of the UCLA survey and have agreed to the following approach: they will itemize each of the perceived methodological flaws and/or concerns with the survey, its implementation, and presentation leaving totally aside the political issues; this listing will be submitted to USAID with a request for the services of an appropriate CDC consultant for two-to-three weeks' work in Lesotho, bringing the raw UCLA data along with him; FNCO expects that agreement on the flaws can be reached and necessary statistical corrections can be made (e.g., for those data for which revised confidence intervals would not be too large). Mrs. Phafane stated specifically that at the end of this process she is prepared to propose acceptance of all or most of the survey data, with recognition that it is flawed, as Lesotho's National Nutrition Survey (to be distinguished from UCLA's survey); the FNCO is now in position to add a nutrition planning component to such a Survey's Recommendations. At the same time, Dr. Kreysler has proposed that once the UCLA survey data is disaggregated some sub-sampling could be done to update and/or confirm the data of three years ago. R. Learmonth himself felt that, if worst came to worst, he would consider proposing to FNCO a new survey, of course, as I mentioned, probably not with AID funding. The FNCO and CPDO wish to move quickly on this strategy. They hope to have their itemized request in to USAID within two weeks and are hopeful that AID/W will respond positively and constructively by arranging for the arrival of a CDC expert within a month of AID/W's receipt of the request. Such consultant services should definitely involve Dr. Kreysler based in Botswana, but available to the GOL for services.

(b) PAI grant extension/renewal - increased expenditures under the OPG grant are expected to run out in October 1979 instead of February 1980 as originally anticipated. Both FNCO (including R. Learmonth) and USAID wish to cover this shortfall (estimated at about \$50,000) so as to leave adequate time for preparation and consideration of a 1-2 year's phase II grant. R. Learmonth is hoping to involve the ministries in the planning for phase II and is thinking of proposing a full-time PAI advisor to start with FNCO and then move on FNCO detail to probably MOH. (He feels that such an advisor would or even should not necessarily be he himself.) I strongly support a supplemental grant in FY 79 to extend the project thru February 1980, during which time favorable consideration should be given to a new FY 1980 grant. This is based on my own observations of the workings of FNCO and within the GOL and Dr. J. Pine's positive evaluation of the project in March 1979. R. Learmonth agreed to prepare a pipeline analysis and anticipated expenditure flow through February 1980 to support a supplementary FY 1979 grant. With regard to a new FY 1980 grant for phase II, Mrs. Phafane would have preferred a direct grant to FNCO. I explained the two accepted mechanisms of OPG and PP and we agreed that the OPG route provided the greater flexibility, especially given the indigenous capacity represented by FNCO. Mrs. Phafane has in mind to build certain controls over PAI grant activities into the next OPG proposed document for phase II. We reviewed the logframe structure for such a new FY 1980 grant using J. Pine's Evaluation Appendix as our point of departure.

R. Learmonth pointed out that the next time around with PAI, the logframe should be restricted to covering the grant inputs, not the total FNCO. FNCO is very interested in also using select services under DS/N project funding. Mrs. Phafane also made the very constructive suggestion that FNCO staff be offered opportunities to join DS/N funded activities in other countries as assistants for heavy on-the-job training. (And in fact the same could hold for staff of other country's nutrition planning units.)

(c) USAID's Project Evaluation Summary (PES) - USAID staff pointed out that grant extension would also allow time for completion of the required PES. Unless someone from RHDO can do it they feel that other priorities take precedence. They are thinking of at least a further month's delay subject to S. Norton's picking up on this matter. I myself don't see completing the PES as being as much a time consuming chore as requiring focus - a little difficult now with J. Figueira's leaving in about a week.

(d) Food Aid and Growth Surveillance System (GSS) - On a number of points there is growing GOL concern about the CRS program, its relations with the MOH, the Government's Food Management Unit, equity

in food distribution (which may be objectively influenced by divergent logistic capabilities), and proper coordination for food aid with nutrition education. The CRS program in Lesotho is reported to be the largest per capita food aid program in the world. There are evident and not so evident exacerbations which result. Relations may be coming to a head over the desire of the GOL to have an integrated growth surveillance system, one which will be increasingly coordinated with and by the GOL. This desire appears to have run up against the CRS system for replacing the "path-to-health" growth chart (which actually plots wt for age) with a new Growth Surveillance Chart which plots percent of standard (although it gives the original wt/age data). The GOL does not feel comfortable with this system because of the heavier administrative/recording/computation requirement which might be feasible in a CRS mission clinic (I visited one at the town of Peka in northern Lesotho and reviewed the system there) but would most likely be beyond the capacity, at least in the beginning, of the limited staff at almost all MOH clinics and posts. CRS for its part has told the GOL that the GSS is the system now authorized by their regional office in Kenya. Each system has certain advantages and disadvantages. This issue requires speedy and serious attention in the Lesotho context at least. R. Learmonth was surprised to learn from me that the GSS is supported by a direct AID grant to CRS (FFP funded). The USAID is making preparations for a FFP evaluation for this summer. A GSS evaluator should be added to that effort.

Attachment: List of Persons Contacted

cc: Mr. Peter Strong, RFFPO/Nairobi
Mr. Steve Norton, REDSO/Nairobi
Mr. L. Heilman, AFR/DR
Mr. P. Russell, AFR/DR/ARD

Drafted: ABraustein:6/16/79:1b *AB*

Persons Contacted

USAID

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J. Figueira, General Development Officer Mr. H. Jones, AGR

MOH

Mrs. Borotho, Director, Planning Division
Dr. Ngakane, Flying Doctor Service
Mrs. Seipobi, MCH Department
Dr. Qwinke, WHO Representative
Mr. J. Smith, Planning Specialist, RHD Project Contract COP
Mr. W. Emmet, Mgmt. Specialist, RHD Project
Mr. A. Foose, PHAL Advisor

CPDO (Ministry of Finance)

Mrs. Q. Moji, Deputy Director
Mr. M. Walton, Health Planning Advisor

FNCO

Mr. C. Phafane, Director
Mr. Chobokone, Deputy Director
Mr. R. Learmonth, PAI grantee consultant

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Miss M. Jonathan, Director, Applied Nutrition Program

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Ms. Rhonda Sarnoff, Nutritionist