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International Decade on Food  
and NutritionforAfrica  
PROGRAMME PROPOSAL  
("I 992-2CD2)

International Decade on Food and Nutrition for Africa 1'

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Acronyms and Abbreviations

. AFRONUS African Council of Food and Nutrition Sciences

ACC/SCN Advisory Coordinating Committee - Subcommittee on Nutrition of the United Nations

AIDS Acquired Immune Deficiency Syndrome

CSD Child Survival and Development

DES Daily Energy Supply

EEC European Economic Community

ECSA East. Central & Southern Africa Cooperation in Nutrition

ECOWAS Economic Cooperation for West African States

FAO Food and Agriculture Organization of the United Nations

GDP Gross Domestic Product

GNP Gross National Product

IDD Iodine Deficiency Disorders

IEC Information, Education and Communication

IDFNA International Decade on Food and Nutrition for Africa

ICN International Conference on Nutrition

JNSP Joint WHO/UNICEF Nutrition Support Programme

MTPA Medium-Term Plans of Actions

NGOs Non-Governmental Organizations

OAU Organization of African Unity

ORT Oral Rehydration Therapy

PEM Protein Energy Malnutrition

R&D Research and Development

SADCC Southern African Development Coordination Conference

TFNC Tanzania Food and Nutrition Centre

UN United Nations

UNDP United Nations Development Programme

United Nations Children's Fund

Vitamin "A" Deficiency

World Health Organisation

World Food Programme

# International Decade on Food and Nutrition for Africa

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## Foreword

Nearly a quarter of the current population of Africa is estimated to be undernourished. Malnutrition in Africa mainly rests itself on excess maternal and child morbidity and deaths, and as proven deficiencies in overall dietary intake. Iodine deficiency disorders, vitamin A deficiency and nutritional anemias are responsible for further serious manifestations. While in other developing countries the food and nutrition situation affecting populations has shown improving trends over the past two decades, in Africa the situation in most countries has been deteriorating due to a combination of factors.

Immediate attention center around inadequate dietary intake (mostly energy-deficient) and intercurrent infectious

diseases such as diarrhoea, measles and malaria.

Weak center around declines in household food security, inadequate child wing practices and limited

access of the population to health and other essential services. A worsening of environmental sanitation and ecological degradation add to the list of factors that stand in the way of good nutrition in the continent

A host of weak in turn underlay the above causes of malnutrition. Among these, are Africa's technological and

economic dependence, its uneven terms of trade, its extroverted agricultural sector, and its social inequities. Environmental laissez-faire also plays a key role. Political, ideological and cultural factors (the latter impinging on habits and life-style)

top the list of these complex factors that, in one way or another, call for redressing during the decade we plan to launch.

The global economic crisis, reinforced by an economic order which heavily burdens Africa has seriously hampered many

efforts to improve the food and nutrition situation in the continent. Africa's mounting debt and debt servicing burden is its

most oppressive constraint to development and thus to improvements in the well-being of its people. Environmental

degradation in the form of deforestation, erosion and desertification have resulted in damaging climatic shifts and are often

spreading droughts and famine. In some of our countries, political instability has brought about civil wars that have further

crippled their economies and have disrupted their food production, marketing and distribution systems. The highest child

mortality rates and malnutrition rates in the continent are found in these countries.

In Africa and in the world at large, there is now a growing recognition that our continent's problems of food and nutrition

cannot continue to be tackled by "piece-meal" or patch approaches if sustained improvements in nutrition are to be achieved.

The proposed actions in this International Decade on Food and Nutrition for Africa document resulted from the realization

by national governments and the international community that a more concerted and effective advocacy is needed to

formulate and implement genuine community-based national food and nutrition plans of action. These plans further require

adequate resources support from the relevant sub-national, national and international structures and organizations.

A call for the mobilization of economic, human and organizational resources is here made to achieve the decade's main

objectives which is the alleviation of malnutrition in the continent. Although each country will have to set its own targets

for the decade, the impact objectives proposed in this document are taken from commitments already made by African

leaders at the World Summit for Children in September 1990. The challenge for national governments, bilateral and

multilateral agencies is to work more closely and in a more coordinated way than before to effectively mobilize the resources

needed to achieve the objectives set.

This decade document has been prepared by participants from six African countries namely, Cameroon, Ethiopia,

Madagascar, Niger, Tanzania and Togo in close collaboration with FAO, UNICEF, WHO, UNDP and The World Bank

A drafting Committee met in Amsha from 4-8 March 1991. This drafting committee was nominated by the Interagency

African Regional Task Force on Food and Nutrition Development in Rome on October 19-20, 1990.

The Amsha meeting was jointly supported by FAO, UNICEF and WHO and was hosted by the Tanzania Food and Nutrition

Centre (TFNC).

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On behalf of the OAU, I want to acknowledge the technical support of the participating countries and the technical staff

and financial support of the above agencies. I particularly want to pay tribute to the TFNC Secretariat which prepared the text

draft of this document in record time based on the Assembly deliberations.

Africa must boldly face the challenge of improving the nutritional situation of its people.

The action plans of this International

Decade on Food and Nutrition for Africa here presented must be taken as a blueprint for meeting this challenge. I, therefore

call upon all African Governments, UN and bilateral agencies, and the international community at large to support the action

plans of this International Decade on Food and Nutrition in Africa.

Salim Ahmed Salim

O.A. U. SECRETARY GENERAL

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## Introduction

Over the past decade, the food and nutrition situation in Africa has been characterised by food shortages, famine, high rates of maternal and child malnutrition, morbidity and deaths. The major nutritional problems behind this situation are protein energy malnutrition and specific nutrient deficiencies. The main immediate causes behind these problems are low dietary intake and intercurrent diseases. These are in turn the result of household food insecurity, inadequate care of the vulnerable groups and inadequate access and provision of essential human services like health, education, clean water and sanitation, and housing. Still underlying to the above are basic causes linked to political, economic, ecological and socio-cultural constraints that act as powerful determinants of malnutrition. A fair number of interventions to revert this complex situation have been tried; they have had mixed, but overall poor results. Intervention programmes have included food production strengthening, storage practices improvement, nutrition education, donated food distribution, feeding programmes, nutrition rehabilitation schemes, nutrient supplementation programmes and the introduction of primary health care services. All these problems of malnutrition, malnutrition in particular, are still with us today. The African Regional Task Force on Food and Nutrition Development established by concerned UN agencies in 1988 has discussed this situation in several interagency meetings and decided that a full International Decade on Food and Nutrition in Africa was called for. At its third meeting in Rome (October 19-20, 1990), the Task Force proposed that a Drafting Committee comprised of representatives from six African countries and major UN agencies was to write a programme proposal for the decade based on the review of existing related reports. The Tanzania Food and Nutrition Centre (TFNC) was given the coordinating role and set up a secretariat which prepared the first draft of the Decade proposal and hosted the drafting committee meeting. This present report contains the original Arusha drafting committee meeting inputs (March 1991) as amended by the Task Force at the closing of its fourth meeting in Nairobi (October 31, 1991).

This document analyses the food and nutrition situation in Africa following an integrated conceptual framework of the causes of the problem. It describes a process-oriented approach to the choice of interventions. This conceptual framework entails the manifestations and the immediate, underlying and basic causes of malnutrition. Various different policy and strategic approaches have been used by key agencies -including UNICEF, FAO and WHO- to address the nutrition problem in a number of African countries. Programmes or projects based on these different strategies have met with varying degrees of success or failure. These differences have, to some extent, been a result of the different understanding of the nature of the malnutrition problem by the agencies. Now, we can say that there is a growing convergence of ideas on the nature of the malnutrition problem on the part of these agencies.

This proposal for the International Decade on Food and Nutrition in Africa sets the goals, objec-

tives. strategies, and a plan of action for the next ten years including some budgetary considerations. Recommendations are also made for the actual launching and implementation of the decade's plan of action.



## International Decade on Food and Nutrition for Africa Background and Justification

While in other developing countries the food and nutrition situation affecting populations has shown improving trends over the past two decades, in Africa the situation in most countries has been deteriorating due to a combination of factors. FAO, the World Bank and the ACC Subcommittee on Nutrition have all pointed out declining per capita food production and inadequate access to food in Africa.

Nearly a quarter of the current population in Africa is estimated to be undernourished; a sizeable percentage of them live in Nigeria, Ethiopia, Zaire, and Mozambique (UNICEF 1990). Other countries, especially those still affected by internal strife, e.g. Liberia, Somalia and Sudan are also severely affected. FAO has estimated that half or the low income countries in Africa have food deficits. Anemia due to iron-folate deficiency and parasitic infections, affects about 300 million people in African countries. Iodine deficiency disorders and vitamin A deficiency are of public health importance in 40 and 20 countries respectively, affecting about 150 and 50 million people respectively (WHO 1990, FAO 1990).

Inadequate nutrition causes the slowing down of growth, resulting in reduced adult weight and height, as well as impaired resistance to infections, especially in children under five years of age. African mortality rates in this age group are 40 times higher than in affluent countries. Reproductive performance of women and the work capacity of adults are also impaired.

UNICEF and WHO have reported very high rates of child malnutrition and maternal and child mortality related to malnutrition, particularly in sub-Saharan Africa. WHO estimates that there are about four million deaths of children under five years in the African region per year. Malnutrition underlies about 2.5 million of these deaths. In the report on "Children on the Frontline" UNICEF estimates that the highest infant and child mortality rates in the world are found in the frontline states of Angola and Mozambique where the basic problem of underdevelopment has been compounded by war and economic destabilization (UNICEF 1988).

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Thirty of the poorest forty-two countries of the world are in Africa. In them, the current food and nutrition situation is most severe, with widespread famine and hunger, resulting from multiple factors including recurrent drought, civil strife, massive displacement of people, rapid population growth, environmental degradation and economic constraints.

The nutritional situation in Africa is, in short, a cause of alarm and it is this what is addressed in this Decade proposal. The International Decade on Food and Nutrition in Africa aims at alleviating the various food and nutrition problems through joint and coordinated efforts at the community, national, regional and international levels. The analysis of causes shows their complexity and multiplicity. This calls for coordinated action by various sectors of government, especially the ministries of planning, agriculture, health, industry and trade, and local government. Other sectors are also involved such as information, education and social

affairs. Specialized institutions including universities and the private sector, especially food industries, are also concerned. Local communities, though, play the most crucial role. The Decade plan calls for intensified and coordinated action by all these partners towards the common goal of improving the food and nutritional status of communities affected by malnutrition; the various sectors are essentially to support action at community level.

This International Decade for Africa was proposed by the African Regional Task Force on Food and Nutrition Development, for the following main reasons, as the best way to mobilize the necessary actions and resources:

The Decade Plan:

a)

b)

will sensitize, mobilize and coordinate actions of all African governments for alleviating the various food and nutrition problems;

is an appeal to the conscience of the world community for a more concerted and increased support to the continent's destitute populations;

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d)

is a vehicle to achieve the goals for nutrition and household food security already adopted by most Heads of State in Africa at the World Summit for Children (United Nations, New York, September 1990);

will act as a systematic followup of the International Conference on Nutrition being convened by FAO and WHO in Rome in 1992. to ensure effective and sustained action in accordance with its mandate;

will coordinate those actions that have to be organized on a regional or subregional basis.

will mobilize resources needed in the framework of a Panafrikan political commitment, thus calling for concerted action and full regional support.

Current Activities at Different Levels

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Current activities do not make it easy for national and international partners to effectively coordinate their inputs to carry out food and nutrition development programmes in Africa. Different

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international organizations tend to have their own priorities and pet projects. as well as distinct modalities of operation, sometimes with little or no linkages with the others. Decisions are.

therefore, taken independently and most often without adequate participation of African experts in the field of food and nutrition.

At national level. the mechanism for tackling the nutritional problems on an either sectoral or an intersectoral basis are usually weak. Food production issues are dealt with by Ministries of Agriculture and Livestock. Post harvest interventions are addressed by several Ministries while nutrition is usually left to the health sector where it gets low priority and where it is often not considered seriously at the policy-making level.

At regional level. African countries struggle with serious regional food and nutrition problems to a web of circumstances ranging from environmental to socio economic to displacement

The governments usually receive some support; which is insufficient from several international organizations. namely from the UN systems and from bilateral and nongovernmental partners.

Objectives of the Food and Nutrition

Decade for Africa

The general objective is to expand year-round household food security and to improve the nutritional status of vulnerable groups in the continent during this decade.

The priorities are:

i) to reduce protein energy malnutrition in children under 5 by half and iron deficiency anemia in pregnant women by one third, and to virtually eliminate iodine and vitamin A deficiencies (these are the nutritional goals adopted by the World Summit for Children. here adapted to the African Region);

ii) to increase food production so as to supply sufficient food (in quality and quantity) at household level in order to reduce the prevalence of households with food insecurity by at least one third of current rates; this is

plies ensuring that the poor and nutritionally at-risk groups have improved year-round access to food so that an adequate nutritional status of household members can be permanently sustained:

- iii) to reduce the prevalence of low-birth-weights (below 2.5 kg) to less than 10% ;
- iv) to install programmes in one third of the African countries for the prevention of chronic diseases related to diet, such as cardiovascular diseases.

The process objectives are shown in paragraph 137 of this document.

## International Decade on Food and Nutrition for Africa

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### Analysis of the Nutrition Situation in Africa

Development programmes have to be assessed and evaluated according to the degree to which they improve the quality of life of people, especially the poorest. Improvements in the nutritional status of people should be sought by any development process in the Developing World, nutritional status being one of the indicators of their overall welfare.

Programmes and projects are usually aimed at solving problems as identified. It is, therefore, important for the development professionals concerned to agree on the existence and the perceived causes of the problems they are going to address, in order to design the most appropriate intervention measures. Although different approaches and conceptual frameworks for action may be used, the important thing is to agree on the existence of the problem, on its major causes and, subsequently, on the specific actions that need to be taken to ameliorate the situation. Such frameworks need to be flexible enough to accommodate changing situations.

With regard to the problem of food and nutrition it is to be noted that FAO, UNICEF and WHO have each their own analytical approach and framework for action. (FAO (1990b); FAO/WHO (1990); UNICEF(1990a); WHO (African Region, 1990c); UNICEF/WHO (1991). There is substantial agreement in all these documents, namely: (a) Mortality and malnutrition are the "final" outcome and the manifestation of various convergent determining processes in various sectors. The nutrition problem is thus best approached through multisectoral interventions.

(b) The causes of the problem of nutrition fall in different levels of causality and are ranked as immediate, underlying and basic determinants. (See Figure 1).

(c) The assessment and analysis of the nutrition situation plus the planning, implementation, monitoring and evaluation of nutrition interventions are seen as ongoing, interactive processes that have to allow flexibility to accommodate changes. (See Figure 2).

According to the framework in Figure 1:

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With focus more on physiological relationships and the interventions have traditionally been more visible, such as nutritional rehabilitation, nutrient supplementation programmes and treatment of diseases (curative health).

Endogenous factors are related to production and distributional issues leading to household food insecurity; access to social services (health, educational, legal) and healthy environment; and care of children and women support.

They are related to various more structural and environmental constraints related to social, political, economic, ecological and organizational factors (e.g. low income, unemployment, rapid population growth, inequitable ac-

cess to land, low level of community participation. warfare and displacement of people. 10x. at irregular rainfall and low soil fertility). The formulation and implementation of various actions with an impact on nutrition through an informed deliberate decision-making process based on a sound causal analysis will be a critical factor in the success of the International Decade on Food and Nutrition for Africa with its discrete objectives.. For operational purposes. causes can also be grouped according to the sector within which most of the actions called for are to be taken. This is shown in Table 1.

International Decade on Food and Nutrition for Africa

Figure 1 CAUSES OF MALNUTRITION AND DEATH

Malnutrition and Death

Inadequate Disease

Dietary Intake

Insufficient Health

Household Food '0' Children Services & Un-

Security and Women healthy Environ- Underlying

Manifest-

tations

Immediate

Causes

Support Causes

INADEQUATE EDUCATION

Resources and Control

Human, Economic & Orga-

nizational

X 1

Political and Ideological Superstructure

Ecological Conditions

Economic Structure

Potential Resources

Figure 2 ASSESSMENT-ANALYSIS-ACTION

ASSESSMENT of

the Nutrition

Situation

ACTION ANALYSIS of the

Based on the Analysis and Cause of Problems

Available Resources w Plan of Action 7'

## 6 International Decade on Food and Nutrition for Africa

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Table 1: List of factors contributing to malnutrition by region

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Inadequate access to food:

physical access: insufficient production and/or transport to consumer centres

economic access: low income, high prices, credit constraints

Poor food storage at various levels of the food cycle

Excess post harvest losses

Insufficient access to fertilizers and other agricultural inputs

No access to irrigation

No access to improved agricultural technology

Concentration on cash crops at the expense of food crops

Highly variable rainfall patterns

Recurrent infectious/parasitic illnesses, especially among children (diarrhoea and respiratory infections, malaria and intestinal worms)

Low birth weight

Low level of prenatal care and family planning services utilization

Low levels of immunization

Poor environmental sanitation conditions

- unsafe and inadequate water supplies
- inadequate community and household feces waste disposal
- poor food hygiene

Child growth-related underlying factors

Inadequate dietary and feeding practices.

- decline in breastfeeding
- increase in artificial feeding (especially in cities/towns)
- poor weaning practices (including long feeding intervals, low caloric density foods and cultural food restrictions)

- adverse practices around child-birth and poor child hygiene.

Low social status of women and low levels of maternal literacy.

Heavy workload of women and still limited control of resources.



# The Food and Nutrition Situation in Africa

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General Background

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In 1989. the population of Africa was estimated at 628.5 million. Of these, 64% was engaged in agriculture producing their own food and surplus for trade and industry. The average population growth rate currently stands at about 3%. The population has a high dependency ratio since about 45% of the population is under 15 years of age.

The population density is high! y variable with the highest densities found around the Equator. the Mediterranean and the Southern Cape. Lower densities occur in the thick equatorial forests. arid areas and deserts.

Urban growth, caused by the rural exodus of mainly the productive population. is increasing at high rates: 8% per annum. with 24% of the total population now living in urban centres in Sub Saharan Africa. This trend is responsible for a high labour drain off the land creating important rural labour constraints which have resulted over the years in decreased rural food production. Agriculture is the backbone of the economies of most African countries. Food cropping. cash cropping and livestock raising are the most important activities. According to FAO, from 1978 to 1988, agricultural production in African developing countries was dominated by cereals (maize, millet. sorghum and rice). root crops (cassava and potatoes) followed by pulses. oil seeds, fruits and vegetables. Cash crops were dominated by coffee, cocoa. tea. cotton, oil seeds and sisal. and livestock by cattle, goats. sheep, camels, pigs and poultry.

Total cereal production increased from 46 million tons in 1979 to 63 million tons in 1988 (3.1% overall annual increase). Root crop production averaged about 990 million tons per year Over the same period (2% overall annual increase). Green coffee production fluctuated significantly. but averaged about one million tons :1 year(1% overall annual increase). There has been some competition between food and cash crops particularly in

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countries such as Malawi. Zimbabwe, Tanzania. Nigeria and Ghana. Most cash crops were exported at highly fluctuating yet low commodity prices thus fetching limited precious foreign earnings.

The overall economic situation in many African countries started to deteriorate in the 1970s and subsequent trends in the 1980s have shown even greater rates of decline.

The continent-wide GNP..averaged US\$275 per capita in 1987. The average economic growth rate was negative: as low as minus 1.7% from 1980 to 1990. The average inflation rate in Sub Saharan

Africa was around 10% over the same period. The same period saw a worn'some expansion of poverty especially in rural areas where, according to the World Bank (1990), up to 65% of the population now lives below established poverty lines. The year 1980 appeared to mark a significant turning point in African trade. Commercial and export credits dried up; as a result, imports shrunk resulting in a negative multiplier effect on economic output; the fiscal crises that ensued led to deteriorations in the provision of basic services; governments' policy-making began resorting more and more to crisis management.

The 1980s were thus marked by a steady decline in African countries' economies. Efforts to break out of stagnation through an external loan-financed, debt-amassing increase in domestic investments failed. As a result of the problems of debt repayment and servicing, there has been a net international outflow of financial resources from Africa since 1981.

Public debt in Africa being high relative to the GNP, food imports and related agricultural inputs to grow it have been low. In most countries, the balance of payments is negative. Sub-Saharan Africa's debt service ratio rose from 26% in 1984 to 43% in 1987 (UN/ECA), i.e. nearly half of the value of the region's exports is absorbed in servicing the debt.

Data on faceless economic indicators such as GNP/GDP are crude aggregates and fail to show the close relationship between household income

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and the nutritional status of its members. There are countries with high GDPs per capita which have important segments of their population with poor nutritional status.

The food and nutrition situation obviously depends on agriculture. The sector contributed 34% to the GDP in Sub-Saharan Africa in 1987 (up from 30% in 1980).

The growth of food production in Africa in the past decade (1980-1990) has nevertheless lagged behind population growth. Lower per capita food production and food supply availability result in household food insecurity. Food shortages led to dependence on food aid (FAO 1989). The major causes of this deplorable situation are primarily economic, political, demographic and environmental.

About half the countries in the African Region remain generally in the list of chronically "food-deficit" countries (FAO 1989). Overall, the food production per capita has been declining in Sub-Saharan Africa over the past two decades at the rate of about 1% per annum (FAO 1989 World Bank 1990).

Sub-Saharan Africa remains one of the least industrialized regions in the world. Relative to world manufacturing output, Africa has a share of less than one per cent and prospects for this figure to increase in the near future are dim. Industrial production has stagnated or declined in many countries over the last decade. Substantial under-utilization of the installed manufacturing capacity is seen as foreign exchange for imported inputs and equipment has been severely rationed and domestic demand has fallen. This squeeze has led to considerable unemployment, with some of the unemployed seeking refuge in the informal, "grey" sector of the economy. As regards agro-industry, it is poorly developed contributing to high post-harvest losses.

In the energy sector, there is excessive dependence on petroleum with limited attempts to increase the use of alternative energy sources. As regards wood fuel, deforestation is making wood/charcoal progressively costlier at the same time that it is also increasing rural women's workload

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to collect it and it as it further contributes to erosion and neo-desertification.

Transport and communication is a sector which has also receded since 1979. Deferred maintenance and frequent civil disorders have wrecked many routes and lines of communication. Most rural areas still do not have adequate access to transport and, therefore, to markets.

Comprehensive data on the nutrition situation in Africa are unavailable. Limited available data show that there was a general increase in the rates of malnutrition/undernourishment among children under five years of age in the 1980s. A significant proportion of the population was affected by chronic malnutrition now estimated to affect about 50% of children under five years in the majority of African coun-

tries. Available data for the 1980s are summarized in Appendix 1 which presents the nutritional status data for children aged 12-23 months. as an indicator group. it is estimated that over 4 million children die every year in Africa with malnutrition of different types showing as a major underlying factor. Malnutrition directly causes 40% of child deaths while most of the rest of these deaths, have malnutrition as an underlying cause (WHO 1990).

Malnutrition results not only in the impairment of the physical and psychomotor development of young children. but also in impaired school performance and, in adults, in a reduction of work output and productivity. Impaired resistance to infections leading to higher morbidity/mortality is evident among children of preschool age and women during the child-bearing years. Malnutrition and infection potentiate each other. Malnutrition in girls may lead to women with small pelvises leading to difficult deliveries and increased perinatal and maternal mortality.

Deficiencies of Vitamin A and iodine are seen at levels of public health importance in 13 and 43 countries in the region respectively. while nutritional anemias are a public health problem in all countries especially among pregnant women and young children.

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#### The Nutrition Situation in Africa

44. Africa suffers from four major nutritional prob-

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lcms. namely:

0 Protein Energy Malnutrition (FEM)

D Nutritional Anemias,

D Iodine Deficiency Disorders (IDD), and

D Vitamin A Deficiency (VAD).

All of these forms of malnutrition result in increased mortality rates and in impaired physical and intellectual development in young children. Adults are also often affected, especially women.

In addition, chronic, diet-related non-communicable diseases such as obesity, cardiovascular conditions and some cancers are increasing dramatically in the more affluent sectors of African societies with Westernized living life-styles. This problem is going to increase towards the 21st century.

#### Protein Energy Malnutrition

The term "protein-energy malnutrition (FEM) refers to an insufficient intake of food or an impaired absorption/ utilization of nutrients, mainly sources of energy, such that the body requirements are not met. It may be acute or chronic. Its first manifestation is loss of weight and in children, growth failure. The immediate causes of PEM, which frequently occur together, include inadequate dietary intake and infectious diseases. Infants and young children are the most severely affected by PEM. Adults, especially women of child bearing age, school age children, the elderly and even some adult men can also be affected. The highest prevalence of underweight and of severe malnutrition usually occurs in children between 6 and 30 months of age, and this age group can be taken as the most sensitive indicator group for the overall nutritional status of a population (United Nations ACC/SCN 1987).

The major problem is that of energy intake. Inadequate total food intake is often accompanied by insufficient availability of protein and other essential nutrients, namely, vitamins and minerals. Low intakes of energy by adults leads to body

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wasting and to increased vulnerability to diseases and thus low levels of physical activity (and hence low agricultural and economic productivity).

Among infants and growing children, chronic low energy and ensuing low protein intakes result in poor physical growth and impaired mental development, as well as low resistance to infections. Findings from nutritional studies undertaken in many parts of Africa show that PEM and other forms of malnutrition are common. WHO estimates for 1988 showed that about 3 million children aged 1-4 years suffered from severe forms of PEM (such as kwashiorkor and marasmus) and that malnutrition contributed in a major way to the death of about 3 million children that year. The World Bank estimates that in the same year the total number of undernourished people in Africa was 104 million.

Infant and child mortality rates in some African countries are very high with malnutrition contrib-

uting to about 50% of the deaths of children under five years of age. The incidence and severity of malnutrition is aggravated by various endemic infectious diseases and parasitic infestations, such as diarrhoeal diseases, measles, respiratory diseases, malaria and worm infections. Measles epidemics can lead to fatality rates as high as 50% in malnourished populations.

Data for the 1980's on prevalence of malnutrition (low weight for age) among children aged 12-23 months are summarized in Appendix I(b). In the African continent, the average prevalence of wasting or acute malnutrition (measured as weight for height deficits) is 5% while that of stunting or chronic malnutrition (measured as height for age deficits) is 40%.

The data show that wasting is seen more in countries of Western, Eastern and Southern Africa severely affected by drought, war or economic crisis than those affected by those problems. Stunting is more prevalent in the forest zones of West and Central Africa. Adult malnutrition and famine are also seasonally or sporadically seen more in the Western, Eastern and Southern African countries than in the forest zones of West and Central Africa. Cereals are the main staple food in these countries.

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International Decade or: Food and Nutrition for Africa

52. Malnutrition in women of reproductive age is re-

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lected itra high prevalence or low birth weights (birth weight less than 2.5 kg). 45 inditmed in Appendix 1(c). the prevalence of low birth weights (LBW) in Africa is high: usually 10-20% or above. (The high percentage of home deliveries with no recorded birth weights may skew these rates even more).

Nutritional Anemias

Anemias are highly prevalent in most African countries, affecting in particular vast numbers of pregnant women. Current estimates are that over 250 million adults and children are anemic. The main nutritional cause of anemia is iron or iron/folate deficiency, particularly due to poor iron absorption from cereal-based diets. Blood loss from hookworm and schistosomiasis and at childbirth all play a major role to aggravate iron deficiency. Malaria also seriously contributes to anemia, especially severe anemia. Anemia is also related to multiple and closely spaced pregnancies. Nutritional anemias also affect most children under years of age, causing impairment of child growth and development, both intellectually and physically, as well as increased morbidity and mortality rates. All this brings about serious negative socioeconomic consequences.

The prevalence of anemia is 50-60% among pregnant women and preschool children in many countries in Africa. Iron deficiency anemia reduces work capacity, with adverse effects on productivity and earnings and on the ability to care for children and home. In most African countries, severe anemia is an associated cause in 50% of maternal deaths and the main cause in up to 20% of the same. In addition to these serious implications on women's health, maternal anemia also contributes to intrauterine growth retardation, low birth weights and increased perinatal mortality. Infancy and childhood nutritional anemias are associated with significant loss of learning abilities. Anemia also impairs the immunological ability to resist disease.

Iodine Deficiency Disorders (IDD)

IDDs are widespread in Africa, especially in remote mountainous areas. At least 150 million people are at risk in 43 countries. IDD is mainly

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attributable to iodine deficiency in the soil, foods and the water in endemic areas. The manifestations of iodine deficiency are many and varied, and are now known collectively as "iodine deficiency disorders". IDD affects the development of children at all stages from foetal life to adulthood. It also affects women during their reproductive years, especially during pregnancy. It is associated with impairment of mental and intellectual functions in children and adults, and in severe cases with deafness and mutism, neuromuscular disorders, increased abortion and stillbirth rates, and perinatal and infant mortality.

Vitamin A Deficiency (VAD)

One hundred million persons are at risk of VAD in at least 20 countries in the southern parts of the continent. particularly in the Sahel - Mauritania. Mali, Burkina Faso. Niger, Chad and in the northern parts of Ghana. Togo. Benin and Nigeria. In these countries, foods containing pro-vitamin A - green leafy and yellow vegetables, yellow fruits and red palm oil - are scarce or not used. Vitamin A deficiency is also common in parts of Sudan, Ethiopia, Tanzania. Malawi. Zambia, Rwanda and Mozambique. Vitamin A deficiency is the main cause of blindness in childhood and also causes retardation of physical and mental development. and contributes to morbidity and mortality among pre-school children. Recent research has underscored the major physical and social consequences of Vitamin A deficiency.

#### THE FOOD SITUATION IN AFRICA

##### a) Food Production Factors

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The aggregate food deficit crisis constitutes one of the most important nutrition problems confronting the African continent. The problem has worsened steadily with the population growth rate being 3% over the last 20 years. The average annual growth rate of basic food production fell from 2.7% in the 1960s, to 1.3% in the 1970s and stagnated in the 1980s. Thus in sub-Saharan Africa there has been a decline in per capita food production of about 1% per annum. FAO regularly publishes a list of food-deficit countries; at any one time there are 20-30 of them in Africa.



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In the cereal-growing areas. there are only one or two harvests per year. 'There are consequently alternating periods of abundance (post-harvest) and shortage - the "hungry season". With greatly variable rainfall from year to year. cereal production fluctuates widely. Other factors such as availability of farm inputs contribute greatly to these fluctuations as well. Moreover, food production is also impaired by excessive growth of weeds and losses due to various pests (birds. insects. bacteria, viruses and fungi).

A recent FAO publication (Food Outlook) points, for example. to the situation of coarse grains. Between 1989 and 1990, there was a decline in coarse grain production of 5-20% in nearly everywhere in the continent. including Northern Africa. About 50% of Africa's cropped area is under cereals; 10% is under roots and tubers which supplement cereals. Cassava is now a staple food for about 40% of the Sub Saharan population where it is grown widely. Potatoes, yams and plantains, also contribute to the African diet and they are grown in areas with suitable soils and climate all over the continent. All these crops have fared well over the past decade except cassava production which has recently been hit by the cassava mealy bug which has struck a serious blow to the crop. Efforts to eradicate the pest have just begun. Increasing proportions of cassava in the overall crop production pattern have occurred almost everywhere in Africa south of the Sahara, with a consequent decline in protein consumption and an increased risk of LDD through the effect of goitrogens in cassava; Rwanda and Burundi are good examples.

Livestock keeping is important in the continent with 60 million pastoralists owning about 14% of the total world cattle population. Sheep, goats. pigs and camels also provided much needed meat and milk products over the past decade with surpluses having been exported mostly from East, Central and Southern Africa. However. in many countries. especially the droughtaffected ones, there is serious overgrazing with consequent degradation of pasture lands. soil erosion and exhaustion.

Over the past decade, fisheries provided much needed fish for food and industry from marine and inland water sources. (Africa has only 4% of the world catch). In many lakes and rivers fish catches have been seriously affected by pollution from pesticides and industrial wastes.

b) Food losses

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A high proportion of most foods harvested in Africa (20-40% or even higher) - cereals. tubers. grain legumes. fresh vegetables and fruits - is lost due to rodents. birds. insects and microorganisms (bacteria and fungi). Poor harvesting. processing. preservation and storage techniques are behind this problem. The nutritive quality of these foods also often deteriorates and they may even become toxic. e.g. due to aflatoxins and other mycotoxins.

c) Food imports

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For the food-deficit countries, adequate food im-

ports, payable through exports of agricultural or other products, is a priority. The unfavourable trends in world prices for most of Africa's cash crops and minerals, together with increasing debt repayment schedules, have drastically affected these countries' ability to import adequate amounts of food to meet domestic requirements.

it was estimated that to supplement local production of traditional staples, about 50 kg of cereals per head were imported, i.e. about 25% of requirements; this requires the use of a similar proportion of export earnings. Often, these imported cereals are marketed at subsidized prices. which is beneficial to low-income urban populations, but seriously hampers the possibilities of farmers to sell their products at fair prices. Extensive food imports and food aid are being used in many food-deficit countries while adequate quantities of food could be produced locally. Moreover these imports - mostly of wheat and rice . promote changes in food preferences and habits. which are detrimental to the local farmers.

d) Food Supply and Availability

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Food supply and availability fluctuate according to variations in local production and also the importing-capncity. The best way to assess food

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availability is through food balance sheets which are prepared nationally. with the cooperation of FAO. For the period 1984-86 (African Food Balance Sheet, FAO 1989) the Daily Energy Supply (DES) ranged widely from country varying from national aggregate figures of 1603 to 3610 kilocalories and averaging 2000 kcal/capita/day. Overall. there was a deficit especially in sub Saharan Africa where on the average, Mozambique and Ethiopia met only 70% of their requirements and most of the countries in the Sahel zone and Central and Southern Africa averaged between 85-95% of requirements. Some countries in Equatorial Africa, North Africa and South Africa had surpluses. The situation in 1990/91 is reportedly deteriorating according to FAO estimates.

#### Food Aid

According to FAO, in 1989 and 1990, African low-income food-deficit countries imported an average of 15.4 million tons of cereals of which 23% was food aid. The major recipients of aid were Egypt. Mozambique. Ethiopia. Sudan, Somalia and Malawi. Largely. the pattern followed that of food shortages mostly related to unfavourable weather and internal strife. However, over the decade, food aid does not seem to have alleviated the problem. rather some dependency seems to have developed among non-emergency aid recipients and this negatively affected incentives for food self-sufficiency. In addition, food aid has changed the consumption patterns in some areas and has sometimes been used as a political weapon. Some of the food aid came in the form of food-for-work or other types of community development project; food aid was also used as a form of economic or programme support, e.g. for agricultural, forestry, fishery or infrastructure development. Food aid (mostly cereals) came from the U.S.A. Canada, the EEC, Australia and Japan, in the form of emergency aid, grants, food for work or as sales under bilateral or World Food Programme arrangements.

#### National Food Security

"Food security" may be defined as access by all people at all times to sufficient food for a healthy and productive life. It comprises three main

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elements:

- 0 Ensuring the availability of adequate food supplies through domestic production or imports; (adequate means adequacy in quality, quantity and cultural acceptability);
- 0 Ensuring the ability of households to acquire (have access to) food either by producing it or by having the income to purchase it (World Bank 1990); and
- 0 Ensuring stability in food supply.

Food insecurity is one of the most visible manifestations of poverty in Africa. About one sixth of Africa's population (more than 100 million people) do not consume enough food to allow for an active working life. Of these "food insecure" people, more than half are in seven countries - Ethiopia. Nigeria. Zaire, Tanzania, Kenya. Uganda and Mozambique. In some countries, more than 40 percent of the population is

food insecure (World Bank 1988).

Food insecurity in the continent ranges from predictable food shortages .. particularly in the "hungry season" prior to harvest time -- to more critical entitlement failures which, at their worst, result in famines. Recurrent famines reported in the 1980s have dramatically illustrated the high degree of food insecurity in the region.

Even when aggregate food supplies are adequate at the national level, malnutrition persists and most countries that have achieved adequate food supplies still have large food-insecure population segments. In Africa, food storage and preservation/processing at household and national levels are largely inadequate with cereal losses estimated at 20-30%.

Losses for perishables such as tubers, fruits, vegetables and animal products are even higher. FAO and the WP have promoted improvements of storage structures and pest control in several African countries, especially against the greater grain borer in East and Central Africa with varying degrees of success. FAO is also currently collaborating on projects to set up national food reserves and strategic holdings to bolster food security in four African countries. In the SADC region, preparations are also underway for regional food security reserves and storage.

#### Household food security

While household food security depends on national performance, it also depends on the ability of families and individuals to produce/acquire food. Enjoying household food security does not necessarily mean though that food consumption will be automatically satisfactory for all its members. In general, the acquisition of sufficient food by households depends not only on the local availability of food - though this is obviously a necessary condition - but also on the households' effective command over all available commodities, including food. Their access to resources such as land, labour and capital affects their purchasing power. Also to be noted is the fact that the household members' exercise of their rights and claims varies according to status and gender.

In about half the countries in the continent (those with low incomes and food deficits) household food availability is insufficient, at least seasonally. This is particularly true in the drought-prone and war-torn countries of West Africa (especially Sahel) and of Eastern and Southern Africa.

Peoples' coping mechanisms in times of food insecurity are not completely understood, but they are acknowledged to be surprisingly effective. They depend on the prior level of food security, the availability, type, use and control of resources they can muster. A household that uses almost all or its economic resources to achieve food security

#### Household Food

Uses a small proportion of available resources

Uses a large proportion of available resources

secure

at Risk (vulnerable)

#### Group 11

is highly vulnerable or at greater risk of becoming food insecure than a household that uses a smaller portion of its resources to achieve the same goal.

(Low income households often spend 50-70% of their total resources on food). The diagram here below has been used successfully to illustrate this concept and to classify households:

Group 1 households are the best off. They are food secure with a relative small portion of their resources used.

Group 2 households are food insecure, but could probably attain household food security by allocating more of available resources to achieve that goal.

Group 3 households are food secure, but at a very high cost. A very large part of their human, economic and organizational resources are used to achieve HFS. They are often at high risk of becoming food insecure (vulnerable).

Group 4 households are the worst off. In spite of using a large part of their resources, they do not achieve household food security. This group should be the priority for interventions. Most targeted programmes focus attention here. For programmatic interventions, an analysis of the resources utilized to achieve household food secu-

rity must also concentrate on the type of resources utilized (human, economic and organizational) relative to its availability.

Household Food

insecure

Not too difficult to improve

Group II

Worst off

Group IV

77. Malnutrition is a result of structural problems in society which determine the levels of food intake and disease vulnerability of the different strata in that society. According to the analytical framework in Figure 1, such determining factors can be analysed at three different levels of causality as follows:

#### IMMEDIATE DETERMINANTS

78. The immediate causes of malnutrition are inadequate

intake of food and diseases especially diarrhoea and other infectious/parasitic diseases. If the food intake and disease patterns are known, it becomes easier to select among strategies to improve the situation.

#### Inadequate Food Intake

79. In most countries in Africa, the diet consists of (and is dominated by) a basic staple food supplemented by complementary foods usually in the form of a sauce or stew. Staples such as maize, plantain, cassava, potatoes, rice, sorghum and millet are the main source of energy (carbohydrates). Complementary foods provide additional energy, protein, fats, vitamins and minerals.

80. At the individual level, food intake is influenced by intrafamily food distribution and the health status of the individual members and, for infants, by the energy density of weaning foods and the frequency of feeding. These are important aspects of child care. (UNICEF 1988).

81. Most of the starchy staples are used in the preparation of weaning foods. These often end up being too bulky and filling for children. Unreliability in the food supply and shortages of water and fuels for cooking, lead to heavy workload of women which, in turn, leads to low feeding frequency of children who thus end up not meeting their daily energy requirements.

82. A general pattern is for infants and children to be given foods rather infrequently (often only twice daily) and these gruels or paps are of very low nutrient density and are often contaminated. This combination easily leads to a vicious circle of malnutrition and infection. Furthermore, food habits or restrictions in the community sometimes prevent the use of available local nutritious food resources, such as fish, eggs and beans for weaning purposes.

83. Malnutrition is also particularly prevalent in pregnant and lactating women due to insufficient dietary intake, recurrent infections and heavy workload.

#### Food quality and safety

84. Foodstuffs in African markets, shops and homes are often of poor quality due to a number of factors:

poor physical quality

chemical contamination

bacterial or parasitic contamination

mycotoxin contamination

rapid rotting

other biological contamination e.g. by rodents and insects

poor quality control of industrial or cottage-industry food products

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85. Moreover, a number of foods are consumed which have inherent toxic qualities if not properly processed, e.g. cassava containing cyanogenic glu-

cosides can release cyanides causing death. Likewise. certain pulses have anti-digestive substances. Particularly in times of food shortage and famine, these foods may be more frequently used, or used by subjects (e.g. children) not familiar with their dangers or processing requirements.

All of these factors are potential hazards to health or nutrition, causing food poisoning with diarrhoea/vomiting which is common throughout the continent. the causes often not being apparent.

#### Diseases

86. Diarrhoea, and infections such as measles and other immunizable diseases, as well as acute respiratory infections. tuberculosis and more recently



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AIDS. are highly prevalent and have significant impact on nutritional status. Most diseases affect intake, utilization and absorption. Loss of appetite. in particular. requires increased caring efforts to feed the child. Measles epidemics can lead to fatality rates as high as 50% in malnourished populations. There are also infestations that are nutritionally significant such as malaria. hook-worm. ascariasis, strongyloidiasis and schistosomiasis.

I UNDERLYING DETERMINANTS OF  
INADEQUATE FOOD INTAKE AND DISEASES  
National and Household Food Insecurity

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More than 20 countries in Africa are repeatedly in the FAO list of food-deficient countries. In them, the majority of urban and rural households simply do not get enough to eat day in day out - at least seasonally - and more so during poor harvest years.

Countries with estimated average per capita daily energy supplies below 95% of their requirements are the ones with highest rates of moderate and severe malnutrition (UNICEF 1990).

Countries which have lowest daily per capita calorie supplies (between 70 to 90 percent of requirements) include: Ethiopia, Somalia. Sudan, Mozambique, Rwanda, Zambia. Angola, Sierra Leone, Chad. Cape Verde, Senegal, Guinea. Mali, Niger, Burkina Faso. Ghana and also Nigeria and .Sao Tome.

National food insecurity in Africa is determined by a number of factors all related to food production. supply/availability and accessibility as discussed below (Maitland 1988, Nur 1988, Rukuni et al 1990. UNICEF 1990).

In general. non-equitable land tenure systems and restricted access to the means of production militate against small-scale farmers who comprise about 90% of all agricultural producers. More significantly. land tenure systems vary greatly in the continent. even within countries. But the common situation is that a strong hold on rights to use land is still largely vested with traditional

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leaders. Farmers who remain permanently landless have families with high rates of malnutrition. Often land is worked by tenant farmers who pay a substantial portion of the produce to the landlord. Women most often are not given the right to own land. Moreover, availability of credit is low and credit is often unavailable to small farmers. especially women.

Those without land ownership rights are unlikely to make much effort for land and soil conservation practices, reforestation. etc. Hence. the risks of land degradation and declining food productivity. Plantation agriculture in prime lands is still prevalent, especially in cash cropping. This is aggravated by unsatisfactory availability and high prices of agricultural inputs for small-scale farmers (especially women who have limited access to education and no say on development matters) and by poor agricultural policies that do not address nutrition issues. High urbanization trends which are on the increase drain off vital labour resources

from rural areas. Inadequate infrastructures including poor transport, poor storage/processing/marketing and distribution, all contribute to food unavailability. Likewise, there is limited application of research findings addressing problems of farmers.

The political will towards the production of food to make "FOOD FIRST" is almost nonexistent leading to inadequate investments in food agriculture by national governments and external institutions. Food self-sufficiency remains a dream in most African countries with limited coordination and cooperation materializing among African countries on this issue. The powerlessness of the food producers themselves compounds this problem.

Environmental factors like drought have affected large parts of the continent causing famine, malnutrition and much loss of life, especially in Ethiopia, Sudan and other countries in the Sahel. Other environmental hazards include floods, torrential rains and locust plague outbreaks. All have seriously disrupted food and agricultural production at some time. (FAO 1990, 1989 World Bank 1990). Desertification in the Sahel. In North Africa and in parts of Eastern and Southwest Africa is advancing rapidly further affecting food

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production in those areas. (FAO 1990). With poor and erratic rainfall and with a limited irrigation capacity in Sub-Saharan Africa, food production has not reached its potential.

Household food insecurity arises mainly from poverty. Poor household food planning, wrong choice of crops, poor crop management, storage losses and shortage of inputs compound the problem in rural areas. Limited disposable income to buy food - as income generating activities and paid employment are scarce - is the key determinant of household food insecurity in urban areas (UNICEF 1990). Indicators of household food security will, therefore, at least be partly different for urban and rural populations given the different degrees of monetization of their economies.

Inadequate Care for Children and Women Support  
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Deficiencies in care have importantly contributed to the poor nutritional status of women and children due to the following major reasons:

'The traditional African extended family system for child care is rapidly disappearing in the continent, especially in urban areas. Day care and child feeding facilities and services in urban and rural areas are rare. Infant and child feeding, including breast feeding (particularly exclusive breast-feeding during the first 4-6 months of age) and weaning foods, still pose problems with the duration of breast-feeding decreasing as urbanization and women's employment grow (UNICEF 1989, 1990). The declining trends in breast-feeding need to be reversed since breast-feeding provides the child with non-contaminated adequate dietary intake, with prevention against infectious diseases and with 'tender loving care'. In addition, prolonged breast-feeding serves to balance diluted weaning foods. The use of commercial breast-milk substitutes has greatly contributed to the declining trend in breast-feeding, particularly in urban areas. The International Code of Marketing of Breast-milk Substitutes needs to be ratified, adopted, implemented and enforced by all countries in the continent. Women have a very heavy daily workload which limits their time for proper child care (and self-care), including quality and frequency of feedings and the seeking of preventive and curative health care. (UNICEF 1990, FAO 1977). The limited control of resources such as land, time and credit by women further adversely affects their overall caring function and capacity in the family.

Inadequate Access to Essential Services

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Limited access to health and other social services also affects the overall food and nutrition situation of the households. The provision of these essential social services shows signs of deterioration across the continent.

Access to health and other social services remains low in most countries with considerable urban/rural disparities. In sub-Saharan Africa, only about 40% of the total population has access to health services. Between 1985 and 1987, health

services coverage averaged around 80% in urban areas while it averaged only 30% in rural area. (UNICEF 1990). Primary health care at community level has received more lip-service than funding. It is supposed to widely involve village development committees, village health workers, traditional healers and traditional birth attendants. Immunization coverages and availability of essential drugs are low. Inadequate maternal care (perinatal, natal and postnatal) and inadequate child spacing services have resulted in the persistence of frequent births and high maternal and infant mortality.

In most African countries, the infrastructure for the delivery of health services is spread thin, including the deployment of personnel. Moreover, health workers prefer to work in urban areas leading to acute shortages of staff in the rural area.

The low level of general education, especially for girls, contributes to a situation of limited access to knowledge and limited exposure to modern technology. Between 1970 and 1984, school attendance of children up to fourth grade averaged only 71% (World Bank 1990). Secondary school, college and university enrollment was even lower and more skewed against the poor. In 1985, the adult literacy rate in those low income African countries was estimated to be only 51% (World Bank 1990).

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In more specific terms, curricula of the full education systems in most sub Saharan African countries contain insufficient information on food and nutrition issues. Preliminary efforts to strengthen curricula in these contents are under way in some African countries (FAO 1990, ECSA 1990).

99. Inadequate supplies of clean water and of environmental sanitation services over most of the continent limits even basic personal and food hygiene to the point of increasing the risk of disease. This largely arises from the use of contaminated drinking water sources (lakes, rivers, wells, springs and ponds). WHO (1990) reports that access to potable water in Africa averaged 75% in urban areas, but only 46% in rural areas in 1988.

Women and children have to trek long distances every day to fetch water. This time-consuming, workload-intensive activity of women lessens the time available for food production, for food preparation, and for child care. As well as for their own adequate and deserved rest. All these factors adversely affect women's and children's nutritional status. The situation is worsened by the limited and dwindling availability of household fuels which must be fetched from further and further away. The use of inefficient stoves further compounds the problem prolonging cooking times and making the boiling of water for drinking purposes almost an impossibility.

100. The coverage of faecal disposal facilities in the continent is estimated at 66% in urban areas and only at 17% in rural areas. (WHO 1988). This directly affects the incidence of faecal-borne diseases raising morbidity and worsening the environmental sanitary situation.

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BASIC DETERMINANTS or Household FOOD

INSECURITY, INADEQUATE CARE FOR  
CHILDREN AND WOMEN SUPPORT AND LOW  
ACCESS TO ESSENTIAL SERVICES

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a) Ecological determinants

101. In Africa, environmental degradation is a major determinant of ill-health and malnutrition. Deforestation, erosion and desertification are reaching alarming proportions bringing about some undesirable climatic changes.

102. Poor households are pushed daily to get scarce: and scarcer fire wood in order to survive. Rapid expansion of cropping into marginal, ecologically-fragile areas is compounded by the pushing of livestock to more and more drought-prone and equally vulnerable ecological zones. All this increases long-term food insecurity due to cyclical crop failures and animal losses.

103. Droughts have worsened the situation further. Originally mostly confined to the Sahel, droughts have now spread to many areas in Western, Central, Eastern and Southern Africa. At least 36 countries have been affected. In them, millions of people have died as a result.

104. Additional emerging problems are those of environmental pollution, pesticides entering the food chain, waste dumping, raw sewage disposal and heavy metal pollution through industrial wastes. The whole question of environmental food safety

has been mentioned elsewhere.

b) Economic determinants

105. Poverty is widespread in Africa, especially in rural tropical areas where, according to the World Bank (1990), 65% of the population lives below absolute poverty levels. Africa's mounting debt burden is one of the most oppressive constraints on its development. Many new loans have merely gone into servicing old debts and not into new productive investments fostering the rehabilitation of its economies. Nearly half of the value of the region's exports is merely used to servicing the debt. Per capita incomes in the region are among the lowest in the world. The living standards of most of the continent's population have worsened in the last decade. Deteriorating terms of trade for Africa's primary exports have been the rule with the costs of imported goods having risen relentlessly. High interest rates and growing protectionism in developed countries plus declining southbound capital flows have sharply reduced Africa's capacity to keep up its national development. All this has resulted in a serious deterioration of the nutritional situation in Sub-Saharan Africa.

106. Moreover, the fundamental root causes of underdevelopment, ill-health and malnutrition have not

Inteman'onaI Decade on Food and Nutrition for Africa

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been addressed comprehensively at national level. Most African countries are undertaking Economic Recovery Programmes (ERP) along with trade liberalization and high devaluation of local currencies leading to declines in household income, in household purchasing power, in access to food, to health. to education and to other social services.

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Political determinants

The colonial heritage of most African countries has, no doubt, contributed a fair amount to the causes of malnutrition. The allocation of the best land to cash crops has not changed significantly since colonial times. Social and economic structures still favour the flow of resources from Africa to the North. Several dramatic political changes in the continent have resulted in civil wars, crippling economies and disrupting food production, marketing and distribution systems. To date, some of these conflicts are still going on. One immediate effect of such conflicts is the increased population of displaced persons. Twenty years ago, there were less than half a million refugees in Africa; today, one of every 50 Africans is a refugee. Most of them have severe food and nutritional problems.

Inadequate policies and governance, even in politically stable countries, have widely contributed to the problem of malnutrition. Current structural adjustment programmes imposed by the IMF, though sometimes showing some results at the macro level, have often resulted in a deterioration of the social services offered to people with consequent negative effects on their nutritional status. Real wages have fallen and cuts in real public spending are evident. Credit has been scarcer and countries have experienced sharp currency devaluations and high interest rates.

In some countries of Sub-Saharan Africa, a breakdown can be seen in their administrative machinery in part due to falling state financial and manpower resources. The situation is particularly critical in the Horn of Africa.

Limited peoples' participation in governance has hindered efficient resources utilization and is causing low morale. It has also led to low productivity and unwillingness of communities to mobilize their own resources for essential services and small scale infrastructural projects. Government responsiveness to public demands - crucial for effective accountability - has been poor.

d) Demographic determinants

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In 1989, the population of Africa was estimated to be 628.5 million. It is growing at an average annual rate of 3% . The population density is high around the Equator, the Mediterranean and in Southern Africa. This increases pressures on land in a way that coming generations are doomed to become landless. High population density also increases ecological damage.

Children under 15 years make up about 45% of

the population while 10% of the population is over 65 years. This leaves a productive population of only 45%. Fertility rates average 6.5% (UNICEF 1989 World Bank 1989). The high growth rate of the population is mediated by frequent births with its negative impact on the nutritional status of women. Moreover, the high dependency ratio, coupled to urban migration, in part explain the fact that only a small proportion of the population is fully agriculturally productive. Nearly a quarter of the population in Africa lives in urban areas (with annual increases of 18.7%).

#### Cultural determinants

Culture and traditions have an impact on nutrition. This impact can be negative at times, especially for women and children. In fact the subordination of women in Africa, legitimized by male-dominant traditional ideology is a major factor of women and child malnutrition. As a consequence, customarily, rural women perform hard domestic and field tasks including economic production. These women not having enough time to take care of themselves and of their offsprings, eventually leads to higher rates of malnutrition.

Furthermore, some cultures forbid women and children to eat certain quality foods (most often



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animal protein-rich foods) while others prescribe certain meal patterns and feeding frequencies. Apart from the serious issue of women subordination, most cultural practices are positive, though, in that they give priority to the care of young children, of the elderly, of the poor and the sick, at 115.

-the same time giving support to the extended family system. All this mostly has positive nutritional implications.

It is through all these mechanisms that basic causes ultimately result in the deplorable food and nutrition situation we see in the continent in the 1990s.

Experiences from Recent Nutrition Programmes  
116. Many past and present nutrition programmes have been undertaken at community, national and regional levels. Some lessons learned are presented here as a contribution to Decade on Food and Nutrition.

Community Level

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The mobilization of communities for the assessment, analysis and self-reliant action to improve the nutrition situation has been poor.

People need to be active participants-in rather than passive recipients of development initiatives. Poor people have developed remarkable coping mechanisms that have worked as evidenced by their survival under sometimes extreme hostile social economic and ecological conditions. Empowerment and de-facto mobilization of communities has been crucial for their active and genuine participation. Participatory planning through early dialogue and feedback is the first step of mobilization. Passive hand-down of services has not empowered communities. Non-governmental organizations and community-based programmes need to be linked to the government efforts for an effective expansion to take place. Bamako initiative-type determined community mobilization needs to supplement traditional African grassroots cooperation to encompass activities related to food and nutrition.

Grassroots mobilization for nutrition activities has been successful in Tanzania, Ethiopia, Somalia and Niger where malnutrition rates have been significantly reduced through WHO/UNICEF-supported Joint Nutrition Support Programmes (JNSP) activities and through the UNICEF-supported Child Survival and Development (CSD) activities. Community-based nutrition surveillance programmes in Botswana, Ethiopia, Mali, Niger, Senegal, Togo and Tanzania have also shown encouraging results.

National Level

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Food and nutrition programmes in most African countries are run by the government with some help from UN and bilateral agencies, as well as NGOs.

Within countries, the mechanisms for tackling nutrition problems either sectorally or intersectorally, have not been very strong. Food production issues are dealt with mainly by min-

istries of agriculture or rural development; storage, processing and marketing by a host of ministries, parastatals and private sector entrepreneurs.

Nutrition issues are hardly considered at the policy-making level. In health ministries, nutrition is usually a lower priority activity in the MCH programme. Ministries of education formulate curricula on food and nutrition independently, often reflecting outmoded approaches and emphases. It is most probably ministries of planning that should provide orientation, coordination and balance to food and nutrition related activities. In most countries, vulnerable groups need to be further targeted geographically and by socioeconomic group to be able to direct resources at them more efficiently. Ministries of planning need to bring together expertise in food economics and nutrition so that nutrition becomes an explicit developmental goal.

International Decade on Food and Nutrition for Africa

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Interministerial mechanisms for food and nutrition coordination are often inadequately set up to deal with shared or apportioned responsibilities. The Ministry of Planning seldom is the coordinating body. Other ministries do not have the power to spearhead this coordination. Interministerial committees, often manned by mid-level technicians, do not have power of decision - or direct access to it. Their meetings risk to become more a forum for airing ideas than a place to make important decisions. (Assessment and analysis without action!).

Some countries have developed explicit national food and nutrition policies, strategies or plans, but they are often too general with no well worked out sectoral or intersectoral plans of action. In many countries, it is the combination of a number of sectoral policies and the actions which stem from them, which constitutes, in effect, an informal national nutrition policy. Where such policies exist, they are often related to vertical programmes with no role planned for ongoing community action. Thus the question of sustainability almost always arises. This proposed Decade Programme will, therefore, insist that national food and nutrition policies and plans of action avoid the shortfalls here recognized.

Recently, FAO has been supporting country-level food security and food strategy programmes. These programmes have included food reserves, early warning systems, food marketing and food security strategies (FAO 1990). Other areas of FAO support have included food policy and planning, training, food control and consumer education. Activities in the control of micronutrient deficiencies and primary health care-related activities have been supported by UNICEF, WHO, the World Bank, FAO and other cooperating agencies and groups (World Bank 1989) such as the International Council for Control of Iodine Deficiency Disorders (ICCID) and the International Vitamin A and the Anemia Consultative Groups. Nutrition surveillance activities have been undertaken in several African countries. Major activities have included data collection and analysis for decision making. With a few exceptions, like those of Botswana, Ethiopia, Madagascar, Mozambique and Tanzania, most of these nutrition surveillance projects have failed. They have failed to influence decision making.

Regional Level

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Several international organizations including FAO, UNDP, UNICEF and WHO have sponsored major regional and subregional meetings and training programmes, mostly of short duration, in the same fields as already mentioned for the national level. There have been few food and nutrition programmes undertaken based on regional cooperation. Currently, there are regions in Africa that have made an effort to include food and nutrition components in their plans. The Southern African Development and Coordination Conference

(SADCC) plan has strong food security, energy and transport programmes. The Preferential Trade Area group (PTA) focuses on intercountry trade including the trade of food stuffs in East, Central and Southern Africa. The Economic Cooperation for West African States group (ECOWAS) also encourages intercountry cooperation including cooperation on food and nutrition issues. The Organization of African Unity (OAU) along with the Economic Commission for Africa (ECA) have traditionally dealt with some food and nutrition issues. The FAO/WHO/OAU Regional Food and Nutrition Commission for Africa has held four sessions, but none since 1986. Since 1987, there have been regular annual meetings of the FAO/UNICEF/WHO Technical Group on Nutrition, an interagency coordinating group. In 1988, a broader group, the African Regional Task Force on Food and Nutrition Development was set up incorporating all UN agencies involved in food and nutrition activities in Africa plus the OAU and interested bilateral and non-governmental organizations. It has now held 4 meetings. It was the second session of the Task Force that proposed an International Decade for Food and Nutrition in Africa (IDFNA) and the third session proposed the Amsha drafting committee meeting with UNICEF/WHO/FAO support. Other cooperation in food and nutrition among African countries include the East, Central and Southern Africa (ECSA) Cooperation in Nutrition group which deals with in-service food and nutrition training and with some

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other discrete interventions. In addition, the African Council of Food and Nutrition Sciences (AFRONUS) which was created in 1988 and is in the process of becoming fully operational. plans to be involved in various food and nutrition activities all over Africa under the auspices of the OAU. There also is the Association of African Universities and the African Chairs of Technology which can be useful in planning nutrition interventions. The Association of African Universities has collaborated with UNU in supporting higher level - training in nutrition.

130. These bodies dealing with food and nutrition issues require much additional support during the Decade as they represent major institutional actors in the food and nutrition arena. Support to these groups by donors has been regrettably small.  
International Level

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At the more international level. in Africa the main actors in the food and nutrition arena have been the United Nations agencies, regional and bilateral agencies. non-UN financial institutions. multilateral and non-governmental organisations. These agencies have been involved in broad policy issues. in programme planning and management. in direct intervention programmes (LDD, Vitamin A, Feeding Programmes). in food aid and relief operations. in training and in research. FAO has been strengthening ministries of agriculture and promoting rural development while WHO has

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supported ministries of health and primary health care approaches. UNICEF has been strengthening all types of social services related to the welfare of children and women.

There is increasing coordination and collaboration among the agencies working on nutrition programmes in Africa. Major constraints to their work include poor integration. limited manpower and limited other resources. For interagency coordination to work better. individual countries themselves need to develop stronger mechanisms to demand coordinated and more transparent external inputs.

The World Summit for Children in New York adopted an ambitious series of human development goals for the 1990s and agreed to prepare a plan of action in 1991. The overall aim was to take needed actions to end unnecessary child deaths and malnutrition. More specific goals relating to nutrition are given in this International Decade document.

Globally. FAO and WHO are convening an International Conference on Nutrition (ICN) in late 1992 in which all countries will participate. Countries are preparing individual analyses of the nutrition situation in their countries and are submitting proposals for national and regional strategies to improve it. Two regional meetings (one anglophone, one francophone) are planned to be held early in 1992 to coordinate Africa's inputs to the ICN.

#### PLAN OF ACTION

The International Decade on Food and Nutrition for Africa comes as a timely response to a felt need given the current food and nutrition problems in

the region mostly affecting its women and children. This plan of action highlights major process objectives and outlines strategies and activities to achieve those objectives. Possible procedures for launching the Decade are also proposed, as well as modalities for implementing, monitoring and evaluating the suggested and budgeted activities.

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Recommendations are finally made on how to achieve measurable results.

This Decade proposal is intimately linked to the International Conference on Nutrition. The Decade plan is not to compete with ICN preparatory work, as a separate activity, but will rather be a flexible mechanism to implement the resolutions of the ICN African Region.

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137. 11v: general and specific impact objectives for the  
Decade can be found in para. 11(c). The follow-  
ing process objectives will have to be realized to  
achieve the above Decade objectives:

- 1) To reach consensus and seek national com-  
mitments on a regional umbrella strategy  
and plan of action fostering food and nutr'-  
tion improvements in Africa during the  
Decade.
- ii) To adequately train a core of cadres at na-  
tional level capable of preparing and imple-  
menting national plans.- moniton'ng their  
implementation and evaluating their im-  
pact. MS is to be achieved through South-  
South technical cooperation among the cou n-  
tries themselves.
- iii) To ensure the creation (or strengthening) of  
an adequate planning, monitoring, evalua-  
tion and coordination system overseeing  
food and nutrition programmes at country  
level.
- iv) To establish (or strengthen) food and nutri-  
tion surveillance systems which Operate and  
are fully utilized by local communities, as  
well as by sub-nau'on al and national level  
institutions.
- v) To help develop national plans of action on  
food and nutrition issues in each country;
- vi) To insist on the inclusion of food and nutri-  
tion considerations in national or regional  
development plans and to use nutrition pa-  
rameters as indicators of development at all  
levels.
- vii)To foster the applied and operations re-  
search necessary for appropriately resol vin g  
local food and nutrition problems.
- viii)To promote food and nutrition information  
dissemination through education and com-  
munication activities focusing on mobiliz-  
ing active participation of communities for  
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food and nutrition action.
- ix) To follow-up on the implementation of the  
recommendations of the 1992 International  
Conference on Nutrition (ICN).
- x) To consolidate an international network of  
African nutrition workers involved in the  
implementati on ot'national plans at the same  
time supporting regional and subregional  
food and nutrition groups.

#### . STRATEGIES

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#### Preamble

The preceding paragraphs have stressed at concep-  
tual framework for analysis ofthe causes of mai-  
nutrition - immediate. underlying and basic - in  
three categories: those related to food security.  
health and care. Individual nutritional status are  
seen as the outcome of processes mainly related to  
these three underlying factors; they in turn being  
determined by basic causes. The nutritional status  
of communities is thus an accepted indicator of  
overall welfare and development.

Causes related to food insecurity and ill-health  
have traditionally been tackled by well-known  
strategies including interventions in the fields of  
agriculture/marketing and health. both applied as

sectoral programmes and also at the community level. The third category, care, is less well recognized and more poorly defined, but is of equal importance - even more so at the household level. Parental knowledge and caring attitudes are often crucial. e.g. the mother's knowledge of how best to make use of local foods for young-child feeding; her willingness to bring the child to a health clinic when necessary for preventive and curative health care. or for instance, her ability to prepare an oral rehydration mixture at home; her awareness of the need to persist in encouraging the young child to finish the plate of food; her control of necessary household income that enables her to adequately feed the child; her availability of time to cater for the child's needs; the availability of energy (fuel) in the household; the availability of adequate care and support for the mother herself - and so on.



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Actions to address these factors are relatively under-represented in the usual nutrition strategies and plans.

A new strategy of the present Decade proposal is. therefore, the determination to achieve a greater balance among interventions addressing these underlying causes of malnutrition. Iterative assessment-analysis-action cycles are to be used at each step of the way when these interventions are being carried out. especially at the more participatory community level. This implies community-devised approaches with strong support from the local administration that ultimately empower the local communities to undertake their own action programmes based on their own analysis. While not all the actions will be community-based, in the long-run they will all have to be oriented towards the community and the household levels.

The main strategy for the Decade is to generate action at country level through:

a) The formulation of action plans that explicitly address the felt needs of the affected communities.

b) The use of explicitly formulated conceptual frameworks that incorporate explicit levels of causality of the nutrition problem, including multisectoral causes both at the macro and micro-levels. (See Figure 1)

c) Needs-oriented operational approaches directly geared at problem-solving. Such approaches encompass an assessment of the problems. followed by an analysis of the causes leading to them, and the selection of the most appropriate actions based on the analysis. (See Figure 2).

d) Community Participation: The involvement of communities in the planning. implementation and monitoring of food and nutrition programmes is imperative. Only active involvement ensures sustainability fostering self-reliance and mobilization for self-help. The strategy is to empower communities to carry out their own assessment. analysis and action cycles.

e) The empowerment of women: The low status of women is a result of their inad-

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equitate control and access to productive and other resources as enshrined in many traditional cultures. Improving their status will require giving them increasing control over resources and more universal access to education. Intense advocacy on this issue of gender disparities will be central to this strategy.

The development of relevant information systems: The strengthening and continued use of existing information systems on food and nutrition is only worth if their linkages to decision-makers are strengthened as well so that pertinent actions ultimately flow

from data better reflecting reality. These systems should, therefore, be linked to existing agricultural, health and household information surveillance systems and not overly rely on growth monitoring (anthropometry) only. Their use for advocacy purposes is their penultimate goal. Advocacy and social mobilization: concerted actions will have to be planned for to ensure political commitment for nutrition actions at all levels.

The incorporation of Food and Nutrition goals and objectives into national and regional development plans: Development plans in Africa too often have had no room for food and nutrition considerations. This situation will be remedied through:

Sensitization of planners and policy makers at all levels on the importance and need for adding nutrition objectives in development plans and for using food and nutrition indicators to monitor and evaluate the overall development goals.

Active participation of nutrition or other relevant professionals in the above process.

Aggressive support to the formulation and implementation of National Food and Nutrition policies, strategies or plans.

Human resources development: Training of staff from relevant institutions at all levels will be fostered to increase their capability

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to on going assess. analyse and take appropriate action on the problems of malnutrition at the different levels of the respective conceptual framework and not only at the more immediate levels of causality. Training will also be in the area of management of food and nutrition programmes.

l) Sectoral action and intersectoral coordination are to be strengthened as needed to implement the national action plans and to support community-based actions. Day to day actions are mainly sectoral. but enhanced intersectoral coordination at all levels uses existing resources more concen- edly and efficiently. We are looking for multiplying, enhancing effects.

k) Coordination among supporting organizations and agencies: This is an obvious strategy indispensable to set up national coordinating mechanisms and plans of action.

l) Mobilization and management of resources capabilities need to be enhanced to ensure continuity of the actions in the field. Manpower and logistic resources are particularly crucial.

m) Finally, an important strategy is for the Decade activities here proposed to be considered in the ICN plan of action. as amended at the francophone and anglophone regional meetings and at the final global meeting in Rome.

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142. Activities to be undertaken during the decade must be identified and developed by countries themselves. The decade plans must build upon existing plans or programmes and be updated yearly. Therefore, a designated core team or body has to take this responsibility and start with the crucial task of advocating the use of the plans at

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different levels. Insertion of these plans into upcoming 5 year development plans of the countries is also a priority.

Broader activities

All Development of Human Resources

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Under this activity, emphasis will be on training national staff in the process of generating and managing plans and actions aimed at redressing nutritional problems, especially at the community level.

Contents and approach of the training will have to be novel enough to be seen as marking a new departure for participants that have often become skeptical and disillusioned with previous efforts in this area. More of the same will not do!

The training will be set up in a step-wise manner. starting with national intersectoral workshops to (re)orient the mid-level national personnel in concerned ministries. non-governmental organizations and private sector where relevant. Graduates of these workshops should become trainers of train-

ers.

Subsequently, personnel of the regional/provincial and district levels will be involved. At least at the district or sub-district level. community leaders will be invited to participate.

To ensure sustainability of the programme. there is also a need for more formal, academic human resource development in higher institutions locally and abroad. Curricula of the local institutions will have to be (re)designed to update them and compatibilize them with this Decade Plan.

Funds for these purposes will have to be generated. Responsible parties will include national relevant institutions, supported by UN and bilateral agencies.

A.1.2. Formulation of National Strategies and Plans  
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of Action for Food and Nutrition Improvements

It is expected that countries will formulate and start implementing their plans of action by 1993. Plans will identify priority actions, targets and a time-frame for implementation.

This will be

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achieved through the following actions:

- (a) Preliminary training as delineated above.
- (b) Situation analyses in the workshops at central and local levels will collect and analyse available data.
- (c) National food and nutrition coordinating bodies will formulate Plans of Action for Food and Nutrition. A suggested methodology for formulating these plans is being finalized and will be made available to national groups sometime in 1992. (UNICEF/FAO/WHO. 1991).

#### A.1.3 Initiation/acceleration of community-based programmes to improve nutrition

149. The major new focus of activities will be community-based, with intersectoral support:

- (1) Using situation analysis techniques, preliminary priority strategies and plans will be identified during the national workshops described above.

- (b) Formulation of more detailed plans with local communities in selected areas/districts will follow.

- (c) Community-based programmes will start to be implemented using the iterative assessment-analysis-action approach.

A key role will be played in this by Village Development Committees with operational support from extension staff.

- (1) Monitoring and Evaluation is also to be carried out by Village Development Committees, with operational support from extension staff.

#### A.1.4 Advocacy and Information/Education/Communication (15C)

150. Advocacy is necessary in order to make the problem of malnutrition "visible" and recognized as a key development problem of high priority.

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The activities considered are:

- (1) Strengthening of the data-management and better decision-making component of existing or new information systems.

- (b) Identification and ongoing exploitation of existing communication channels such as publications, radio, television and traditional community-based information dissemination channels.

- (c) Further review and development of more action-oriented curricula on food and nutrition issues in elementary schools and high schools, as well as in other technical training institutions.

- (1) Identification and targeting of key decision-makers to periodically lobby them with relevant information.

#### A.1.5 Strengthening of Food and Nutrition Surveillance Systems, especially community-based

152. Food and nutrition surveillance is specifically aimed at improving the relevance of decisions meant to improve the food and nutrition situation by providing more valid and accurate data on the nutritional status of vulnerable groups, as well as the immediate, underlying and basic determinants of the existing situation. Nutrition surveillance as a goal by itself has no justification if not linked to decision-making. Growth monitoring and promotion (the former being more the rule than the latter) is currently the most prevalent community-based

surveillance system. At national level, programmes to introduce or strengthen national household surveys capabilities will improve national food and nutrition surveillance by getting critical information to assess the most important determinants of ill-health and malnutrition of the population. (Note that too often results of national household surveys are kept "confidential" and unpublished by governments...) Key indicators for these different level determinants of nutritional status, including some for household food security are being defined now and will be made available to national teams. (UNICEF/FAO/WHO. 1992).

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Also. nutr'tion surveillance data will be included  
in Famine Early Warning Information Systems.

#### A.1.6 Strengthening of Food and Nutrition Research and Development (R & D) Capabilities

153. The continent has very limited R & D capabilities  
and these are located in just a few national insti-  
tutes.

154. The activities considered are:

(a) Training in R & D methodologies for key  
personnel in relevant institutions, through a  
series of intercountry workshops for multi-  
disciplinary teams from selected countries.  
This training should be linked to modest  
research grants for competitively approved  
projects presented shortly after the training.  
Seed money for this endeavour will have to  
be found from international agencies.

(b) Institution-building grants by international  
agencies to bring up-to-par the technical  
capabilities of carefully selected research  
institutes will be sought so they can better  
undertake research on food and nutrition  
issues.

(c) Strengthening of formal regional networks  
of food and nutrition researchers and institu-  
tions (e.g. AFRONUS)

#### A.1.7 Strengthening of Intersectoral Collaboration 155.

for Food and Nutrition Improvements

In most countries of the region, there are more  
than two national institutions working on food  
and nutrition issues. Their collaboration needs to  
be enhanced through:

(3) Formation or strengthening of inter-institu-  
tionnl coordination committees and task  
forces leading to more joint projects.

(b) Development of closer linkages with inter-  
national professional groups such as East/  
Central/Southern Africa nutrition coopera-  
tion (ECSA). the African Council of Food  
and Nutr'tion Sciences (AFRONUS) and  
RENA.

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Strengthening and Developing Programmes

Specifically Aimed at Addressing Immediate  
Causes of Malnutrition and Death

Inadequate dietary intake and/or disease ate the  
immediate causes of malnutrition. The already  
malnourished need prompt nutrition rehabilita-  
tion, an activity not to be overlooked by any  
country. Most of this rehabilitation can be done at  
the community level and does not always require  
professional expertise. Pn'mary curative health  
care services are not to be overlooked either given  
their role in restoring ill-health once it has already  
occurred.

The immediate causes of malnutrition are tn be  
addressed by:

(:1) Supplementary feeding. whenever possible  
using local foods.

(b) Organized nutrition rehabilitation services  
(preferably community-based) for the se-  
verely mal nourished and kwashiorkor cases.

(c) Salt iodation, vitamin A supplementation  
and distribution of iron/folate to control  
micronutrient deficiencies. (The latter two

always to be accompanied by action at the underlying causal level. (e.g.. education, diversification of foods produced)1.

Programmes for control of micronutrient deficiencies, especially IDD, are more amenable to immediate and effective action than those for control of protein-energy malnutrition. Success in preventing these deficiencies will give useful experience and more confidence in tackling the general food and nutrition problems.

Control of micronutrient deficiencies activities lend themselves well to be linked with existing EPI and ante-natal care programmes in the countries. This is preferable to the setting up new vertical programmes for micronutrients that would risk relegating other PHC activities to a second level due to funding going exclusively to micronutrient interventions.

(d) Revitalization and extension of the network of facilities providing PHC (especially rural),



A.3 Strengthening and Developing Programmes  
Specifically Aimed at addressing Underlying  
International Decade on Food and Nutrition for Africa 27

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(e) Provision of essential drugs and the use of  
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causes of Malnutrition and Death

A.3.1 Achievement of Household Food Security

158. The achievement of household food security is the  
nutrition objective with the closest links to the  
overall development objective of national and  
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international redistribution of wealth.

Household food security can be improved, among  
other, through the following measures:

(a) Promoting an increased production of  
drought-resistant crops and the consumption of a wider variety of traditional foods in  
urban and rural areas.

(b) Re-orienting agricultural policies more towards food crops mostly in the of food self-sufficiency of nutritionally vulnerable groups and households in rural areas.

(c) Increasing the income and sustaining the purchasing power of poor households through the creation of employment and other income generating activities and the enforcement of realistic urban and rural minimum wages based on the cost of minimum cost diets. Access to fair credit by small entrepreneurs is also crucial.

((1) Improving food storage, and marketing at household and local levels.

(e) Promoting rural food processing, preservation and packaging centered around small scale enterprises.

(0 Improving the access and control of resources by women.

(3) Strengthening agricultural and social extension services, and ensuring access to agricultural inputs at fair prices.

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(h) Reinforcement of agro-forestry, animal husbandry and fisheries where appropriate.

The food industry in the formal and informal sectors in Africa, as well as food vending outlets of all sorts, suffer from a lack of appropriate standards of quality, safety and hygiene. The enforcement of existing legislation is weak or nonexistent.

This situation will be addressed by:

((1) Ensuring that existing food standards and regulations are enforced so they provide consumers with foods of safe composition and hygiene.

(b) Passing appropriate food legislation where not yet in place.

(c) Strengthening mechanisms for enforcement of such food legislation including development of necessary quality control laboratory services.

((1) Encouraging the national food industry to participate in the above efforts.

A.3.2 Enhancing Care for Children and Women Support

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The important role of maternal and child caring practices for nutrition was discussed above. Child feeding practices in general, and breast-feeding

practices in particular, are very important parts of this care, but other aspects of health care are equally important. It is not enough for health services to be available; one parent, in particular the mother, must take time off to bring the children for immunization and other health services. All of this puts an extra burden on the already over-burdened mothers. Activities to reduce women's workload, in particular during pregnancy and lactation, are, therefore, necessary interventions for both the care of the mother and the child. Improved personal and food hygiene for children is another important aspect of care. Caring practices can be reinforced through:

- (a) empowering women to control a higher proportion of household resources;

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(b) educating and training more women and girls:

(c) mobilizing the resources needed for the adequate care of those unable to make ends meet.

(d) nutrition and health education more geared towards empowering mothers to organize and fight for their rights.

All this will require adequate support and advocacy from the organized women themselves, from local and national authorities, from civic and religious groups, and from NGOs.

#### A.3.3. Strengthening of Essential Services

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It is foreseen that there will be a growing need to ensure the financial sustainability of national health systems, particularly PHC, during the decade to come through some form of cost-sharing. Experience already exists in the continent with such schemes. More countries will have to explore this route and take appropriate decisions on this issue.

Educational

On top of basic, primary education being strengthened, "education for life" activities will be progressively introduced, particularly targeting young girls. Nutrition as a subject per-se is to be integrated in

165. The provision of primary health care services in school curricula in various subjects (e.g.,

one of the most important intervention for dealing with biology, health, education, home economics

with malnutrition. Health and nutrition education, water and sanitation interventions, and adequate housing and clothing have an important

impact both on health and on nutrition. In Africa, (C) W most of these services are inadequate both in quantity and quality.

Efforts have to be redoubled to ensure wider

166. This situation can be remedied by putting in place access to a close safe water source, at the

a package including:

(a) Health services

Incorporation of nutrition objectives into national PHC programmes and establishment of systems for monitoring their achievement is called for. Besides direct nutrition programmes, other PHC-programmes with important implications for nutrition are: EPI, MCH, CDD, ARI-control, EDP and family planning. Therefore, strengthening such activities in urban and rural health facilities is a must. The same activities will also be fostered at community level, especially community-based growth promotion activities.

The management support to PHC activities will need dramatic strengthening, especially at district level. This will entail increasing the efficiency in the management of resources including all required supplies.

The strengthening of community control over the management of district health systems and resources is a final goal not to be

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same time promoting the conservation of this water. Also. sound low-cost, appropriate environmental sanitation investments. structurestand practices are to be pursued more actively during the decade.

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Activities to be carried out are discussed in paragraph 157., especially as they relate to women's activities.

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The pursuit of healthy housing conditions should not be neglected as part of efforts to provide services to the people that increase their quality of life.

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Increasingly. the provision of these services to low income populations is becoming recognized as a need. This is particularly true for women. the landless. the

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handicapped, cooperatives and any other grassroots group trying to assert their rights. Strengthening Programmes Aimed at Addressing Basic Causes

Across the continent, existing conditions of production rooted in corresponding political and ideological systems are clearly among the important basic determinants of malnutrition. Therefore, the basic causes can hardly be addressed through technical improvements only. For instance, a major basic cause of food insecurity - often relegating inadequate agricultural techniques and systems to a second level - is unequal access to the means of production, in particular land.

Landlessness can hardly be tackled by a package of technical interventions. Political determinants are, therefore, to be addressed by a thorough and critical review of all relevant existing policies, looking at them from a nutrition-oriented optic. Issues such as income/price/subsidization policies, access to education, health and credit, employment and wages, human rights and women's policies, will have to be tackled one by one with a view at resolving them in a more equitable way.

Economic determinants at the macro level will have to be addressed this decade as well through relevant negotiated policy changes (not always at national level only). At the micro level, employment and income-generating activities are to get highest priority.

Cultural determinants, including negative habits and traditions, will have to be slowly addressed through targeting education and participatory open discussions.

Ecological determinants can be partly addressed by ensuring environmentally sustainable interventions that in some way preserve or regain soil fertility.

The empowerment of women runs across almost all the above-mentioned measures to tackle basic

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causes - improved technology, access to productive resources, fair economic policies, including legislation, and strong gender-specific education. Strong advocacy and consciousness raising at all levels of society are probably the most important activities to address the basic causes of malnutrition. They lead to social mobilization and increased genuine popular participation as the only means to positively affect the control of resources in society.

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Subregional and regional activities are essentially support activities for national actions. Some of the activities called for are better undertaken on a regional or subregional basis (Western, Central, Eastern/Southern and Northern Africa) and these are:

- a) Formulation of an overall plan for implementation of Decade activities in Africa;
- b) Organization of personnel to perform the tasks/

activities mentioned to be developed at national level; this will require subregional workshops;

c) Advocacy and IEC about the Decade;

(1) Support of regional or subregional bodies, such as AFRONUS (African Council of Nutrition Sciences). ECSA (Eastem/Central/Southern African Nutrition Cooperation Group) and RENA (Reseau d'Education Nutritionnelle en Afrique) to join forces in advocacy, IEC, training and operational research.

e) Intergovernmental groups like ECOWAS.

UDEAC and SADCC will be encouraged to incorporate food and nutrition related goals and activities in their programmes.

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174. Implementation of the Decade's plan will be the responsibility of:

- i)
- ii)

#### THE PLAN

At national level: All relevant institutions of government, coordinated through existing or newly in place bodies and mechanisms including the ICN focal points and the focal points for the follow-up on the World Summit for Children; the same bodies will be responsible for coordinating the support offered by other organizations in the country.

At subregional level: Specifically selected institutions in each of the four subregions, especially for purposes of coordinating the human resources development programmes envisaged

iii) At regional level: A Secretariat. boxed in (The Decade Plan of Action will finally add the outcomes of the ICN pertaining to Africa).

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the OAU with no authoritative mandate but a supportive role. The African Regional Task Force on Food and Nutrition Development - which comprises all UN agencies active in food and nutrition in Africa, together with the OAU and interested bilateral, and non-governmental organizations - will continue to review and guide the Decade activities annually. The Task Force will add to its membership at least two national representatives from each of the subregions on a rotating basis. In addition, the Task Force will develop a coordinating mechanism for purposes of advocacy and support.

By the end of the Decade, at least the following outcomes are expected at country level:

1)

Human resources will be formed and will be in place as required for programme implementation.

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2) Community, national and international resources, (human, financial, material and organizational) will have been mobilized concertedly assuring the sustained implementation of the programmes beyond the decade.

3) National plans of action aimed at improving the food and nutrition situation will be fully operational, particularly as regards community-based programmes.

4) Monitoring and evaluation systems will be operational.

5) The specific objectives of the Decade will have been attained.

Monitoring and evaluation is a responsibility of the national coordination bodies set up. Support from subregional/regional organizations will be made available as needed, to start with through ad-hoc training of national officers in monitoring and evaluation techniques.

The annual review of activities is to be carried out with a special emphasis on assessing progress in community-based activities.

(a) Subregional country meetings will be held yearly to review progress in the implementation of this Decade's Programme.

(b) National plans of action to be formulated will require follow-up as well. National plans of action will, therefore, specifically identify a number of yearly benchmarks and indicators of progress, both programmatically and in the budget flow.

The monitoring process will ideally follow the suggested situation analysis approach of assessment, analysis and action at all levels.

Food and nutrition surveillance systems set up will start providing relevant information on trends and on the impact of activities undertaken and may need periodic readjustments.



180. Annual reports are expected from this activity

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with plans for implementing corrective measures.

Copies will be made available to the respective supporting agencies.

There will be a mid-term review of the decade activities in 1997 and a final review in early 2003.

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182. The Decade will be launched following the guide-

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lines for International Decades as adopted by the General Assembly Resolution 42/171 (UN 1988).

The object of the Decade being a concerted effort to alleviate the food and nutrition crisis in Africa, it meets the UN criteria set in that resolution. This Decade is timed so as to start right after the International Conference on Nutrition planned for December 1992 where additional recommendations may be agreed upon. (This present document will feed into the ICN).

Ms Decade Programme draft having been translated into French and Portuguese will be submitted by the African Regional Task Force on Food and Nutrition Development to:

(i) The OAU. for adoption after consultation with its Member States. and for transmission to the UN Assembly following standard procedures.

(ii) The Sub-Committee on Nutrition of the UN Administrative Committee on Coordination (ACC/SCN) for transmission to the ACC and thence to the UN Economic and Social Council and the General Assembly of the UN, according to the procedures laid down in General Assembly Resolution 42/171 (1988).

A request for help in seeking the necessary financial support for its implementation will accompany the document. Furthermore, the Decade Proposal will be in the agenda of the regional francophone and anglophone meetings to be held early in 1992 in preparation for the ICN. The proposal will eventually be presented at the ICN global meeting in Rome.

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it is understood that, as planned. the Decade will require overall support for a more in depth planning and implementation of the respective food and nutrition activities especially at decentralized levels.

At Community Level

Community inputs are indispensable for the implementation of the interventions planned in the Decade programme. It is. therefore, necessary to commit these communities to such tasks through intensive advocacy utilizing IEC principles to mobilize people to join the process. This process should mobilize communities in the spirit of self-help and self-reliance with additional financial

and technical support coming from Government, NGOs and bilateral and UN agencies. Negotiation skills are crucial to seek such support.

#### At National Level

National support is also indispensable for the success of the Decade programme. Raising awareness about the importance of the programme among policy and decision makers is a must to ensure the political will and commitment needed for such a success. Countries will be reviewing their food and nutrition policies following the steps proposed in the Decade Programme and this activity requires a sanction from the highest level.

At National level, institutional integration and coordination are essential for a successful management of the Decade Programme.

Training of trainers for Decade Programme activities is another crucial input to ensure the adequate achievement of its objectives.

National plans will not be cheap and will require mobilizing extra financial and material resources from national budgets. UN and bilateral agencies and NGOs can only help if governments have done their part and have committed their own resources first.

32 International Decade on Food and Nutrition for Africa

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A. RM The following table refers only :0 regional or subregional activities. It will be completed later

by the Regional Secretariat.

Phasing of Priority Activities in Food and Nutrition (in Years)

3. Initiation of community based programmes. .IIIIIIII

4. Formulation of National Strategies and Plans of Action. I'lllllllll

5. Strengthening of Food and Nutrition Research and Development capabilities.

6. Strengthening of inter-seclorial collaboration. IIIIIIIII

7. Strenglhening of food and nutrition surveillance systems. .l.....

8. Advocacy and lnformation/Educatlion/Communication (IEC). .I.....

9. Achievement of Household Food Security. I'1llllllll

10.8trengthening food quality controls. .lllllllll

11.Enhancing maternal child-carin capachy. IIIIIII

12.8trengthening of essentia services. I'llllll-l

13.8!rangthening programmes aimed at addressing immediate causes.

M.Slrengthenlng programmes aimed at addressing basic causes.

15.Regional and subregional coordination. IIIIIII-ll

17.Preparation for and launching the decade .IIIIIIII

B. W5; Each country will have a similar pert chart for its acu'on-plan.

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Implementation of the Decade Programme will thus in most cases mean reallocation of financial resources and priorities. The only way this can happen is for food and nutrition plans to become part and parcel of overall national development plans.

At Regional Level

By far, most activities of the programme will take place at country level. Mechanisms at regional and sub-regional levels will be strengthened just International Decade on Food and Nutrition for Africa

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to support coordination and monitoring of activities at country level. It is, therefore, foreseen to set up a small Secretariat, based in the OAU, as the regional coordinating body and subregional support centres which will support the planning, coordination, monitoring and evaluation of the Decade activities, particularly at the initial stages. UNDP support is being requested for the establishment of this small secretariat, the structure of which will be determined later after further consultations. More sensitization of the international community will be required, especially contacts with donor countries, to stimulate their participation in the process too.

### 3 4 Imemational Decade on Food and Nutrition for Africa

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Decade for Food and Nutrition in Africa

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Immarional Decade on F 00d and Num'n'on for Africa

Decade for Food and Nutrition in Africa

Indicative Budget

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N8: i) This budge! does not include cos! oi oountry-level activities which will be much g realer. Those funds will be raised

ll country level: the total lo: the continent is estimated a! US\$300 per year. or roughly US: 0.50 per head o!

population.

i) This budge! does only loresee an inflation factor oi approximately 5% per annum.

ii) This budget is based on UN rates.

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38 Inlemaxional Decade on Food and Nutrition for Africa

List of Drafting Committee Meeting Participants

" DulgnationIPost Full Address

1. Dr. R. ANDRIANASOLO Chief Nutritionist Service ch Laboratolre B.P. 4150 ANTANANARIVO 1 01.

Central de Nmntion, MADAGASCAR.

2. Dr. K. V. BAILEY WHO OonsuRant clo WHO Regional Office.

B.P. 6 BRAZZAVILLE. CONGO

Principal Programme omcer, PO. Box 977, DAR ES SALAAM,

Tanzanla Food and Nutrition Centre Tel: 29621/3 Fax: (051) 28951

4. Dr. ABERRA BEKELE Director Ethiopian Nmrition Institut P.O. Box 5654, ADDIS ABABA, EIH IOPIA

Tel: 136688 '

5. Dr. B. DE BENOIST Regional Advisor on NLMtion B.P. 6. BRAZZAVILLE, CONGO

WHO/AFRO

6. Dr. NDIAYE CHEIKH F & N Officer P.O. Box 1628 ACCRA, GHANA Tel: (233)

FAQ Regional Ofctice (21) 666851/2/3/4 Fax: (233-21) 668427

7. Mr. A. DOH Director of CHAN. - O.C.C.G.E. B.P. 7980, Centre of Nutrition LOME, TOGO.

Tel: (228)215132 or 212188

8. Mr. FIN! AY S. DOH Director 01 Department 01 Planning Planning Ministry of Planning an d Regional

Development,YAOUNDE. CAMEROON.

Tel: 23-22-71

9. Ms. LOTTA EKSTROM Numtion Officer WHO P.O. Box 9292 DAR ES SALAAM

Tel: (051) 21995 Telex: 41110

10. Dr. YAOU GARBA Nutritionruste Medicine PO. Box 623. Division 01 Nutritition

Ministry of Health, NLAEMEY, NIGER.

11. Dr. U. JONSSON Senior Advisor (Nutrition) 245 E44 ST 22E NEW YORK,

N.Y.10017,U.S.A.Tel: (212) 972-6553

12. Dr. F. P. KAVISHE Managing Director, PO. Box 977, DAR ES SALMM.

Tanzania Food and Nulrih'on Centre. Tel: 29621/3 Fax: (051) 28951

13.Mr. AMA. KIDIKU Ag Chief Public Health Otlicer, PO. Box 30016, NAIROBI, KENYA.

Ministry 01 Health Tel: 718870 Ex1.2442 Tel: (227) 73 34 19

14. Dr. G. MDUMA Senior Medical Officer, P.O. Box 9083,DAR ES SALMM.

Ministry of Health Tel: 29753

15. Dr. A. C. MOSHA Principal Programme Officer, PO. Box 977. DAR ES SALAAM.

Tanzania Food and Nutrition Centre, Tel: 29621/3 Fax: (051) 28951

(ChairmanDratting Committee Meeting)

16. Dr. K. SOUGOULIMPO Director of Food, Technology & Nutmion B.P. 1242 LOME, TOGO. Tel: 21-41-18

Direction Nutrition, Technologie 8. Alimentaira

(DNTA)

17. Mr. D. SUNGUSIA ' Agricultural Specialist (Resident Mission) 1719 Wond Bank Sewioes , NIC Building,

7th Floor,P.O. Box 2054. DAR ES SALAAM.

Tel: 36240/23543

18.Mr. Y. TOHERNAKA Economist, B.P. 862, NIAMEY. NIGER.

Ministers du Plan

19. 4. Prof. J. H. WAGAO South Centre/University of Dar es Salaam,

PO. Box 71000, DAR ES SALAAM.

List of Drafting Committee Meeting Participants (continued)

Designation/Post Full Address

20 Mr. A. O. WAGARA Principal Nutrition Programme Officer. P.O. Box 977. DAR ES SALAM, Tanzania Food and Nutrition Centre Tel: 29621/3 Fax: (051) 28951

21. Ms A. VERSTER Regional Advisor on Nutrition, P.O. Box 1517. ALEXANDRIA. EGYPT.

WHO-Office for the Eastern Mediterranean Tel: 203-4830090/4839240

Region (WHO/EMRO) Fax: 203-4838916 Telex: 54028 WHO UN

22. Mr. A. H. VISSERS Deputy Resident. P.O. Box 9182 DAR ES SALAM.

UNDP Tel: 27411 Telex: 41284

23. Mr. TESFAYE ZEGEYE Head of Food and ONCCP Nutrition Unit P.O. Box 1037 ADDIS ABABA, Ethiopia

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