Reminder about the Country preparation process

As described in the "Country level preparation and follow-up process" document, 5 main activities need to be carried out prior to the workshop to enhance the effectiveness and impact of the discussions during and after the workshop:

- Gathering all relevant policies and documents that can support discussions during the workshop, e.g.:
  - CAADP Compact / CAADP Investment Plan and/or relevant Agriculture / Food Security Development Strategy and policy
  - Nutritional and food security surveys / Nutrition country profiles
  - National Nutrition strategy
  - SUN progress report

- Synthesizing key nutrition problems and challenges from the different sectors in the **Nutrition Country Paper**. In particular, the following questions need to be addressed:

1) What is the Nutritional situation in your country?

- What are the main nutrition problems in your country (in particular: Acute malnutrition, Chronic malnutrition, Underweight, Micronutrient deficiencies, Overweight/obesity, Diet-related chronic disease)? How do seasonal patterns impact rates of acute malnutrition? What are the main changes in malnutrition rates over the last decade?
- Are particular geographic areas (incl. urban/rural contexts) / population groups more vulnerable to malnutrition? Why?
- In your country, what are the main causes of malnutrition related to: i) economic vulnerability (level of poverty); ii) food security (food availability, food access, utilization, stability); iii) disease (incl. HIV/AIDS); iv) care and breastfeeding practices and sociocultural issues (e.g. gender, cultural norms/habits)?

2) What is the Policy and Institutional Frameworks for FNS in your country?

- What are the most relevant policy documents and strategic plans related to food and nutrition security? How is FNS addressed in these plans? Are they operational?

3) What are the main programs and initiatives addressing food and nutrition needs being currently implemented and/or planned?

- What are the programs and initiatives currently being implemented and/or planned to improve nutrition in the different sectors (health, agriculture, food security...)?
- How nutrition goals are addressed/mainstreamed in these programs and initiatives? Which activities are implemented to achieve the stated nutrition-sensitive goals and objectives? Who are the different target groups / geographical areas? Do these groups and locations correspond to those most vulnerable to malnutrition?

4) What are the main stakeholders, coordination mechanisms and national capacities for Food and Nutrition Security?

- What are the main stakeholders (national institutions, development partners, private sector) and initiatives involved in implementing food security and nutrition programmes?
- Which are the institutions responsible for, and participating in the design and implementation of FNS policies?
- What are the existing national capacities for the implementation of nutrition-related activities? Are they sufficient/appropriate?
- What are the current mechanisms to facilitate coordination and communication on nutrition? Do they function well? Are there any linkages with agriculture coordination mechanisms?

- Identify examples of country studies or projects linking agriculture and nutrition, and if possible include lessons learnt (challenges, successes factors), to be shared during the workshop.

- Gather relevant documents, leaflets, communication support documents, etc. to illustrate nutrition challenges, projects and good practices in your country. There will be booths available at the workshop venue to exhibit these documents. This offers a great opportunity to share with participants from other countries your experiences and good practices.

- **"Get ready" for the follow-up** by planning / setting up proper mechanisms to ensure follow up after the workshop

ADD COUNTRY EMBLEM OR SEAL

CAADP

Comprehensive Africa Agriculture Development Programme (CAADP)

CAADP Nutrition Capacities Development Workshop for the Southern Africa Region

Nutrition Country Paper – SOUTH AFRICA

DRAFT

July/August 2013

This synthesis has been elaborated in preparation for the CAADP workshop on the integration of nutrition in National Agricultural and Food Security Investment Plan, to be held in Gaborone, Botswana, from the 9th to the 13th September 2013.

The purpose of this Nutrition Country Paper is to provide a framework for synthetizing all key data and information required to improve nutrition in participating countries and scale up nutrition in agricultural strategies and programs. It presents key elements on the current nutritional situation as well as the role of nutrition within the country context of food security and agriculture, including strategy, policies and main programs. The NCPs should help country teams to have a shared and up-to-date vision of the current in-country nutritional situation, the main achievements and challenges faced both at operational and policy levels.

General sources used to produce this document

The tableau below suggests a list of sources to consult when completing the NCP. This list needs to be completed with all country-specific documents (e.g. national policies, strategic plans) that are available in your country.

Sources	Information	Lien internet
CAADP	Signed Compact / Investment plans / Stocktaking documents / Technical Review reports if available	http://www.nepad-caadp.net/library-country-status-updates.php
DHS	DHS Indicators	http://www.measuredhs.com/Where-We-Work/Country-List.cfm
FANTA	Food and Nutrition technical assistance / select focus countries	http://www.fantaproject.org/
FAO	Nutrition Country Profiles	http://www.fao.org/ag/agn/nutrition/profiles_by_country_en.stm
	FAO Country profiles	http://www.fao.org/countries/
	FAO STAT country profiles	http://faostat.fao.org/site/666/default.aspx
	FAPDA – Food and Agriculture Policy Decision Analysis Tool	http://www.fao.org/tc/fapda-tool/Main.html
	MAFAP – Monitoring African Food and Agricultural Policies	http://www.fao.org/mafap/mafap-partner-countries/en/
OMS	Nutrition Landscape information system (NILS)	http://apps.who.int/nutrition/landscape/report.aspx
REACH	REACH multi-sectoral review of existing data on the nutrition situation, programmes and policies	*When available*
ReSAKKS	Regional Strategic Analysis and Knowledge Support System	http://www.resakss.org/
SUN	Progress Report from countries and their partners in the Movement to Scale Up Nutrition (SUN)	http://scalingupnutrition.org/resources-archive/progress-in-the-sun-movement
UNICEF	Nutrition Country Profiles	http://www.childinfo.org/profiles_974.htm
	MICS: Multiple Indicators Cluster Surveys	http://www.childinfo.org/mics_available.html
WFP	Food security reports	http://www.wfp.org/food-security/reports/search
World Bank	Economic reports	http://data.worldbank.org/indicator
UNDP	Development report	http://hdr.undp.org/en/data/profiles/
Other Sources		
National Sources	Key national policies / documents to be added	

I. Context –Food and nutrition situation

General Indicators		*Sources/Year*
Population below international poverty line of US$1.25 per day	26%	UNICEF (2005-09)
Under-five mortality rate (per 1,000 live births)	→43	UNICEF (2005-09)
Infant mortality rate (per 1,000 live births)	↘62	UNICEF (2005-09)
Primary causes of under-five deaths (list the 3 main causes): -HIV/AIDS - -	45%	WHO (2008)
Maternal mortality rate /100 000 lively births	410	UNICEF (2005-09)
Primary school net enrolment or attendance ratio	↗87%	UNICEF (2005-09)
Primary school net enrolment -ratio of females/males	100	UNICEF (2005-09)
HIV/AIDs prevalence between adults 15-49 years	17.3%	UNAIDS, WHO 2011
Percentage of population living in rural areas	38.3%	World Bank 2010
Access to improved drinking water in rural areas	78%	UNICEF (2005-09)
Access to improved sanitation in rural areas	65%	UNICEF (2005-09)
Agro-nutrition indicators		*Sources/Year*
Land area (1000 ha)	121309	FAOSTAT 2011
Agricultural area (1000 ha)	96374	FAOSTAT (2008)
Food Availability and consumption		
Average dietary energy requirement (ADER)	2400	FAOSTAT(2009)
Dietary energy supply (DES)	3000	FAOSTAT(2009)
Total protein share in DES	11%	FAOSTAT(2009)
Fat share in DES	25%	FAOSTAT(2009)
Average daily fruit consumption (excluding wine) (g)	N/A	
Average daily vegetable consumption (g)	N/A	

Geography, population & human development

Illustration of HDI, including key statements about the sanitarian and educational situation

South Africa occupies the southern tip of Africa. The country has nine provinces which vary considerably in size, climate and topography. A vast percentage of the country is covered by grasslands and savanna. **South Africa is a medium human development country (ranked 121 out of 187, UNDP Human Development Report 2012) and a regional powerhouse**. Human development challenges include a disappointingly low life expectancy of 51 years. South Africa has the largest number of people living with HIV/AIDS in the world (over 5.5 million) and **continues to battle a dual epidemic of tuberculosis and HIV/AIDS, bearing 24% of the global burden of HIV-related tuberculosis**.. About 84.5% of households have access to pipe-borne water, 61.6% to waste removal services and 86.4% to modern sanitary facilities. Between 1991 and 2008, net secondary school enrolment went up from 45% to 72%. Since the end of apartheid, 1.6 million free housing units have been constructed for low-income families. Access to electricity went up from 34% in 1993 to 81% in 2007.

Economic Development

Including specific focus on agriculture

South Africa is one of the strongest economies in the African region. Robust economic growth in the post-apartheid period has enabled a measurable decline in income poverty. Total investment in the country has been increasing at about 11%. The primary sectors are manufacturing, services, mining, and agriculture. South Africa has what may be called a dual economy—one comparable to industrialized nations and another comparable to developing countries. Agriculture in South Africa is highly dualistic with a small number of commercial operations run predominately by white farmers and large numbers of subsistence farms run by black farmers. **Inequality has increased and as measured by the Gini coefficient, inequality rose from 0.64 to 0.67 in the period 1995 to 2008.** At over 25%, the unemployment rate remains very high, and the poor continue to have limited access to economic opportunities and basic services. South Africa's low public debt combined with its deep and liquid capital markets have provided the access to global finance necessary for the government to expand its own spending in areas such as infrastructure and social services.

Agriculture (cultivable area, main cash and food crops, livestock production ….)

Including main trends and main agricultural areas

Almost 80% of the land area is agricultural. About 10% is arable and only 0.34% are under permanent crops (FAOSTAT 2011). South Africa has a dual agricultural economy, with both well-developed commercial farming and more subsistence-based production in the deep rural areas. Agricultural activities range from intensive crop production and mixed farming in winter rainfall and high summer rainfall areas to cattle ranching in the bushveld and sheep farming in the arid regions. Maize is most widely grown, followed by wheat, sugar cane and sunflowers. Citrus and deciduous fruits are exported, as are locally produced wines and flowers.

Due to its geographic position and economic capacities, fisheries sector in the country is well-developed. Industrial fishing for export is predominant, followed by traditional fishing, mainly for local consumption.

Food Security (food availability, access, utilization, diet and food habits, and coping mechanisms)

Main indicators of the food insecurity situation, food accessibility (quality and quantity), diversity, food access, utilization

At the national level, South Africa is food secure. It produces its main staple foods (maize, wheat), exports its surplus food, and inputs what it needs to meet its food requirements. **Despite a strong agriculture sector, a large percentage of households experience hunger and are vulnerable to food insecurity**. In the rural areas a higher percentage of households experience hunger when compared with households in the urban areas. In addition to limited access to food, many families also suffer from low diversification in the diet. Close to 40% of households do not meet their daily energy requirement. The average stunting rate for children under five years old is 27%.

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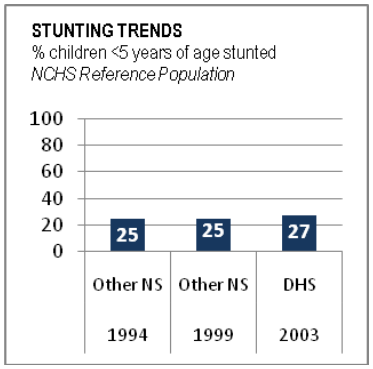
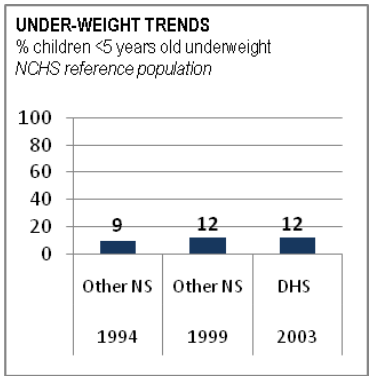
on eating habits

Main causes of malnutrition in your country related to economic vulnerability and food security

- Wide spread poverty among rural populations.
- Low dietary diversity

Agro-Nutrition Indicators (continued)		*Sources/Year*
Nutritional Anthropometry (WHO Child Growth Standards)		
Prevalence of stunting in children < 5 years of age	↘19.5%	NFCS (2005)
Prevalence of wasting in children < 5 years of age	4.5%	NFCS (2005)
Prevalence of underweight children < 5 years of age	↘9.3%	NFCS (2005)
% of underweight Women (15-49 years) (BMI < 18.5 kg/m²)	7%	DHS (2003)
% of overweight Women (15-49 years) (BMI ≥ 25. kg/m²)	52%	NFCS (2005)
Prevalence of obesity - Children under 5 years old - Women of reproductive age (BMI > 30 kg/m²)	N/A	





Indicator (WHO Standards) Source: DHS 2008	*Gender*			*Residence*			*Wealth quintile*					
	Male	*Female*	*Ratio m/f*	*Urban*	*Rural*	*Ratio u/r*	*1 +Poor*	*2*	*3*	*4*	*5 +Rich*	*Ratio r/p*
Stunting prevalence	*36*	*30*	*1.2*	*32*	*34*	*0.9*	*	*	*	*	*	*
Underweight prevalence	*10*	*8*	*1.3*	*10*	*9*	*1.1*	*	*	*	*	*	*

Nutritional Situation[i]

Nutritional Anthropometry, including how seasonal patterns impact rates of acute malnutrition. Including particular geographic areas (incl. urban/rural contexts) / population groups more vulnerable to malnutrition

The *National Food Consumption Survey* (NFCS, 2005) found that 18% of children aged 1-9 yrs were stunted. **Stunting is higher in rural formal areas (24.5%) tribal areas (19.5%) and urban informal areas (18.5%)**. In terms of stunting the national average prevalence has decreased from 21.6% in 1999 to 18% in 2005 with the best improvement in the rural areas (26.5% to 20.3%) whereas the prevalence did not change in urban areas. Underweight affects 9.3% of children. About 4.5% of children are wasted. Overweight affects 4.8% children 1-9 years and is higher (5.5%) in urban formal areas. About 26.6% of women are overweight (excluding obesity) and 24.9% are obese. **Overweight and obesity combined occur in 51.5% of women**. Only 4.6% of women were found to be underweight.

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Agro-nutrition indicators (continued)		*Sources/Year*
Infant feeding by age		
Children (0-6 months) who are exclusively breastfed	8%	UNICEF (2003-09)
Children (6-9 months) who are breastfed with complementary food	49%	UNICEF (2003-09)
Children (9-11 months) who are using a bottle with a nipple	49%	DHS (2003)
Children (20-23 months) who are still breastfeeding	31%	UNICEF 2003-2008
Prevalence of micronutrient deficiencies		
Prevalence of vitamin A deficiency among pre-school children (serum retinol < 0.70 µmol/l)	63.6%	NFCS (2005)
Prevalence of vitamin A deficiency among pregnant women (serum retinol < 0.70 µmol/l)	27.2%	NFCS (2005)
Prevalence of anemia among pre-school children (Hb<110 g/l)	27.9%	NFCS (2005)
Prevalence of anemia among pregnant women (Hb<120 g/l)	29.4%	NFCS (2005)
Prevalence of iodine deficiency among school-aged children (urinary iodine < 100 µg/L)	N/A	
Coverage rates for micronutrient-rich foods and supplements intake		
% Households consuming adequately iodized salt (≥ 15ppm)	62%	UNICEF (2003-09)
Vitamin A supplementation coverage rate (6-59 months)	21%	NFCS (2005))
Vitamin A supplementation coverage rate (≤2 months postpartum)	34.3%	DHS (2003)
Iron supplementation coverage among pregnant women		

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Infant feeding

Infant and young child feeding practices/ Maternal nutrition health

The majority of infants (82%) in South Africa are breastfed according to the DHS 2003. The North West province has the lowest rate of breastfeeding infants(54%). The survey also found that 61% of mothers had initiated breastfeeding within one hour of birth and 83% within the first day of life. The addition of other liquids while breastfeeding starts early in South Africa. **Only 8% of infants under the age of 6 months were exclusively breastfed according to the DHS 2003 survey**.

Only 31% of children are receiving breast milk at 20-23 months of age. The health of the mother is important for the health of the child.

Micronutrients

Micronutrient deficiencies

The National Food Consumption Survey reported that for South African children as a whole, the average dietary intake of energy, calcium, iron, zinc, selenium, vitamin A, vitamin D, vitamin C, vitamin E, riboflavin, niacin, and vitamin B6 was less than 67% of the Recommended Dietary Allowances (RDA). South Africa has sound regulatory and legislative framework pertaining to the prevention of micronutrient malnutrition. The 2005 NFCS revealed that at the national level, 97% of households had salt containing a significant amount of iodine (>2ppm) but only 76.6% consumed adequately iodated salt. Anemia was found in 28% children, moderate anemia in 6% and severe anemia in .3% of the children. Anemia in women was found to be 29%. Moderate anemia was 6% and severe anemia was .5%. In the 2005 DHS survey, iron depletion was found in 5.7% of children and in 7.7% of women. The prevalence of poor iron status (combined depletion and iron deficiency anemia) was 18% in women and 13% in children. Vitamin A deficiency was found in 63,6% of children and is fairly consistent among the age groups 1-3 years, 4-6 years and 7-9 years. The prevalence of vitamin A deficiency in women is 27,2%. About 45,3% of children were zinc deficient. The prevalence was the highest among 1-3 year olds, namely 51,3%, followed by 4-6 year olds at 45,4% and 7-9 year old children (36,2%).

Care practices and sociocultural issues (incl. gender issues; cultural habits/norms)

National food security and nutrition information system

What are the FNS information systems in place? Are they comprehensive (e.g. regular update/frequency; covering different dimensions of food security; including information on underlying causes of malnutrition; identifying nutritionally vulnerable groups, including gender disaggregated data, etc.)? What other mechanisms exist? What other kinds of indicators do they collect (e.g. agriculture, health, water, education, gender, etc.)? Are there any gaps in data collection?

Main linkages between malnutrition and disease (incl. HIV/AIDS)

High HIV/AIDS infection rates in the country leads to and aggravates malnutrition

Main causes of malnutrition related to care and infant feeding practices, sociocultural barriers (incl. gender issues)

Infant and young child feeding practices are not optimal (included low exclusive breastfeeding and complementary feeding rates)

Malnutrition and Food insecurity levels by region

II. Current strategy and policy framework for improving food security and nutrition

Specific strategies, policies and programs currently in place to improve nutrition

What are the most relevant policy documents and strategic plans (i.e. policies, strategies and action plans at global andsector levels: agriculture, food security, nutrition, health & social protection, education, …)? Related to food and nutrition security? How is food and nutrition security addressed in these plans? Are they operational?
Objectives and main components: What are the main objectives and activities in the different strategies and policies?
Budget/Donor: What budget allocations have been made? By whom? Any specific line dedicated for food and nutrition security?
Key points: What main nutrition-sensitive activities are mainstreamed in these strategies and policies? Is nutrition included as an objective of policies and/or national development plans (including agricultural plans)? If there is a separate Nutrition Policy or Programme, what involvement is there from agriculture? For each policy, illustrate the level of importance, the level of mainstreaming of the nutrition component, the linkages between nutrition and agriculture, the implementation or not of activities and recommendations, the impacts.

Strategy / Policy	***Reference Period***	***Objectives and main components***	***Budget / Donor***	***Stakeholders***	***Key points***	***Integration of Nutrition***
STRATEGIC FRAMEWORK						
Vision 2014	2014	*Vision 2014* seeks to ensure that: • ***Poverty is halved by 2014***:*economic development, comprehensive social security, land reform and improved household and community assets;* • ***Unemployment is halved by 2014***: employment creation, skills development, assistance to small businesses, opportunities for self employment and sustainable community livelihoods; • ***Skills required by the economy are provided***, by building capacity and providing resources across society to encourage self employment with an education system that is geared towards productive work, good citizenship and a caring society; • ***Society is integrated*** by ensuring that all South Africans, including especially the poor and those at risk - children, youth, women, the aged, and people with disabilities - are fully able to exercise their constitutional rights and enjoy the full dignity of freedom; • ***Government is compassionate*** by ensuring that services and public service representatives are accessible whilst citizens are awarded avenues to know their rights and should be enabled to insist on fair treatment and efficient services; • ***Tuberculosis, Diabetes, malnutrition and maternal death cases, are greatly reduced and the tide is turned against HIV & AIDS***, as well as, working with the				*Country point of view : Fill with one of the following symbol :* 

Strategy / Policy	*Reference Period*	*Objectives and main components*	*Budget / Donor*	*Stakeholders*	*Key points*	*Integration of Nutrition*
		rest of Southern Africa, to strive to eliminate malaria, and improve services to achieve a better national health profile and reduce preventable causes of death, including violent crime and road accidents; • ***Serious and priority crimes are significantly reduced in number,*** as well as cases awaiting trial, with a society that actively challenges crime and corruption, and with programmes that also address the social roots of criminality; and • ***South Africa is strategically positioned as an effective force in global relations***, with vibrant and balanced trade and other relations with countries of the South and the North, and in an Africa that is growing, prospering and benefiting all Africans, especially the poor.				
Accelerated and Shared Growth Initiative for South Africa (ASGI-SA),		This initiative aims to catapult the South African economy to 6% GDP sustainable growth through such measures as job creation, infrastructure development, youth and skills development. The expectation is that this initiative will attract business, as well as build a conducive business environment and guarantee returns on investments as well as provide the requisite levels and rates of skills development to satisfy the demands of the labour market.			Add details, target populations, regions, integration of food security and nutrition	

Strategy / Policy	*Reference Period*	*Objectives and main components*	*Budget / Donor*	*Stakeholders*	*Key points*	*Integration of Nutrition*
10 year Program of Action for Sustainable Growth and Development.					Add details, target populations, regions, integration of food security and nutrition	
Medium Term Strategic Framework (MTSF)	2009-2014	Ten Priorities • more inclusive economic growth, decent work and sustainable livelihoods • economic and social infrastructure • rural development, food security and land reform • access to quality education • improved health care • the fight against crime and corruption • cohesive and sustainable communities • improving public service delivery • sustainable resource management and use • support for the creation of a better Africa.			Add details, target populations, regions, integration of food security and nutrition	

Strategy / Policy	*Reference Period*	*Objectives and main components*	*Budget / Donor*	*Stakeholders*	*Key points*	*Integration of Nutrition*
Integrated Sustainable Rural Development Programme (ISRDP)	Add period Ongoing				Add details, target populations, regions, integration of food security and nutrition	
Black Economic Empowerment (BEE) Charter	Add period				This is an instrument to address the economic divide (equity and inequality) and broadening economic participation. It is equally an endeavour to bring the second economy (the widely dispersed informal Small, Medium and Micro Enterprises) into the mainstream formal sector of the economy. The challenge lies in integrating the first and the second economies for mutual benefit. This will include, among others, bringing the emerging farmers into the mainstream structure of farming.	
AGRICULTURE						
CAADP					Add details, target populations, regions, integration of food security and nutrition	
Medium-Term Investment Programme (NMTIP)					A framework for implementation of the Comprehensive African Agricultural Development Programme (CAADP) at national level	

Strategy / Policy	*Reference Period*	*Objectives and main components*	*Budget / Donor*	*Stakeholders*	*Key points*	*Integration of Nutrition*
FOOD SECURITY						
Integrated Food Security and Nutrition Programme (IFSNP).					Add details, target populations, regions, integration of food security and nutrition	
Integrated Food Security Strategy (IFSS).	2002-2015	The vision of the Integrated Food Security Strategy is to attain universal physical, social and economic access to sufficient, safe and nutritious food by all South African at all times to meet their dietary and food preferences for an active and healthy life -Increase household food production and trading; - Improve income generation and job creation opportunities; -Improve nutrition and food safety; - Increase safety nets and food emergency management systems; -Improve analysis and information management system; -Provide capacity building; -Hold stakeholder dialogue			.	
NUTRITION						
Integrated Nutrition Program	2002-??? Still on going?	Areas of focus for delivery of nutrition services: -A community-based nutrition Program (DBNP) -A Health Facility-based Nutrition program (HFBNP) -A Nutrition Promotion Program			TARGET GROUPS OF THE INP The INP will target nutritionally vulnerable communities and groups. Within these areas, priority target groups for nutrition interventions have been identified as: -Children under 6 years -At risk pregnant and lactating women Primary school children from poor households -Persons suffering from chronic diseases of lifestyle or communicable diseases -At-risk elderly persons	

Strategy / Policy	*Reference Period*	*Objectives and main components*	*Budget / Donor*	*Stakeholders*	*Key points*	*Integration of Nutrition*
National Food Fortification Program	2012	To fortify wheat, maize flour and retail sugar with Vitamin A, iron,			Add details, target populations, regions, integration of food security and nutrition	
HEALTH & SOCIAL PROTECTION						
Health Sector Strategic Framework	?					

III. Country nutritional programs & initiatives currently implemented and/or planned

Main programmes and interventions being implemented to improve nutrition in the different sectors (health, agriculture, food security...)

Description and analysis of the main programs (mainly the ones mentioned above in the institutional framework) Emphasize on multisectoral initiatives, Classify according to main levels and axis to address malnutrition

Key actions specific to the nutrition programme (from Landscape follow-up March 2010)

- Improve advocacy on evidence-based nutritional interventions seeking to address maternal malnutrition and child undernutrition in order to achieve the MDGs
- Streamline policies on key nutritional interventions to reduce maternal and child under-nutrition identified in the Lancet Series on Maternal and Child Under-nutrition
- Strengthen the capacity of nutrition manager at different spheres of government to utilize allocated budgets on key evidence based nutrition interventions.
- Improve coordination of stakeholders and various role-players, including civil society, public and private institutions, academia
- Strengthen nutrition coordination and leadership at different spheres of government and across different public and private sectors
- Strengthen the capacity of Provincial Nutrition coordinators to improve coordination and supervision at the district level
- Strengthen or establish coordination mechanisms of nutritional interventions at district level
- Ensure, without delay, that all relevant policies, guidelines, protocols and IEC materials are available at facility level
- Increase number of nutrition personnel with appropriate skills at the Primary Care level
- Scale-up the implementation of evidence-based, cost-effective interventions such as management of severe malnutrition in order to improve quality of services
- Ensure the integration of effective intervention to reduce maternal and child under-nutrition in other programmes
- Develop a comprehensive monitoring and evaluation plan, and rationalize the collection and use of nutrition information for decision-making purposes at National, Provincial, District, facility and Community level
- Provide adequate essential nutrition supplies and equipment needed to deliver basic nutritional services (e.g. Zinc, Vitamin A, MUAC tapes, weighing scales, multiple micronutrient supplements, iron folic acid) at every facility.
- Scale-up community based nutritional interventions by improving coordination with the NGO sector and other community-based organizations

Consideration of nutritional goals into programs / activities related to agriculture and food

How nutrition goals are addressed in the programs? Which activities / best practices are implemented to achieve the stated nutrition-sensitive goals and objectives?

Main population groups targeted & localisation

Analysis of the targeting mechanism / What is the scale in which those programmes and interventions are being implemented at national level, provincial or district level? Who are the different target groups / geographical areas? Do these groups and locations correspond to those most vulnerable to malnutrition?

Funding opportunities

Main trends in terms of financing mechanisms and funding opportunities in food, agriculture and nutrition programs and initiatives

Monitoring & Evaluation mechanisms

Main indicators collected and M&E mechanisms implemented to monitor project outcomes and impacts on nutrition

Monitoring of key nutrition and other health indicators forms part of the presidency monitoring strategy for all essential health indicators.

IV. Stakeholders, coordination mechanisms and national capacities for implementing food and nutrition security framework

Main national entities in charge of designing and implementing the food and nutrition policy framework

Which are the institutions responsible for, and participating in the design and implementation of FNS policies and programmes? Anchorage, Main ministries involved, role and responsibilities? What types of support structures, institutions exist at central and community levels to strengthen household FNS (formal, non-formal, traditional etc.)?

Ministry of Agriculture
Ministry of Health
Ministry of Finance
Office of the President

South Africa's food security policy is located within a broader regional and international context. At the regional level, South Africa, together with Southern African Development Community (SADC) countries is working to achieve regional food security. SADC targets national, household and individual food security. SADC's Food, Agriculture and Natural Resource Unit (FANR), based in Harare, Zimbabwe, was established in the early 1980s specifically to address food security issues in Southern Africa. In recent years, public institutions that were charged with a food security mandate have increasingly realized the importance of 'smart partnerships' with the non-public institutions.

Main management and technical capacities at the institutional level

Managerial capacities of line ministry staff at national, provincial and district levels? Technical capacities (related to food and nutrition security) of Ministry staff and agriculture service providers and R&D sector?

Disaster prevention/management structures

What are the disaster prevention/management structures in place at central and local levels? Do these operate effectively? What more can be done?

Monitoring and Evaluation capacities

What are the main actors/structures responsible for regular monitoring and evaluation of food and nutrition policies and programs? Are they sufficient/adequate?

Main technical and financial partners

Role, responsibilities,…

Numerous multilateral and bilateral agreements have either been concluded or are currently being negotiated, both within the UN system and the WTO as well as with other partners, including countries of the South, such as India, Brazil and China, as well as the EU and USA. In this way, South Africa is broadening and deepening its ties with all members of the community of nations.

Southern African Customs Union (SACU)

Multilateral development partners

AU, EU, IFAD, AFDB, WORLD BANK FAO, UNDP, UNICEF, WHO, WFP

The UN Development Assistance Framework is a coordinated joint UN agency response to the articulated national priorities. The agencies and the GoSA are meant to engage in joint programming in the areas of health, food security, and youth and gender issues.

Bilateral development partners

The United States Agency for International Development (USAID) Denmark, Sweden, Norway, the Netherlands, Ireland, Spain, France, Italy, The People's Democratic Republic of China, India, Brazil

Local & International NGOs

Main coordination mechanisms (Task force, core group, cluster...)

Including coordination mechanisms: public-public, technical and financial partners, public-private. Analysis of these mechanisms, and suggestions of improvements

Food Security Working Group

The IFSS proposes the following institutional arrangements and organizational structures. The Minister of Agriculture and Land Affairs should convene and chair meetings of core Ministers that lead and are core members of food security and nutrition programmes. They will provide political leadership to the IFSS and its programmes; set policy; direct and control operations; establish strategies, set institutional arrangements and organisational structures; set the norms and standards of service delivery; and report to the Ministers' Social Sector Cluster that is chaired by the Minister of Health.

Similarly, the Department of Agriculture is the convenor and chair of the core of Social Cluster DGs responsible for the IFSS. Specifically, it will provide the IFSS with secretariat services; establish a food security unit to coordinate food security activities within national and provincial government spheres. The structure also proposes components for consultative forums. These consultative forums will be a representation of stakeholders from the public, private and civil society sectors. The implementation of the strategy will require frequent dialogue with stakeholders, but most important synthesis of feedback to inform food security policies and programmes.

South-South co-operation is also a key priority of South Africa's foreign policy, with particular emphasis placed on its relationships with groupings such as the G77, the NAM, the Asia Africa Sub-Regional Organisations Conference and IBSA.

Adherence to global / regional initiatives linked to nutrition (e.g. SUN, REACH, CAADP...)

What global/regional initiatives is the country adhering to in order to promote food and nutrition security? Is it of any value to investment plan (IP) implementation? What institutions exist at regional level that promote FNS and could be of value to IP implementation?

-Baby Friendly Hospital Initiativen BFHI
-Infant and Young Child Feeding Initiative
-Global Strategy for Women's and Children's Health
-Global Code of Practice on the International Recruitment of Health Personnel
-International Code of Marketing of Breast-milk Substitutes
-Millennium Development Goals
-GAVI Global Alliance for Vaccines initiative
-Roll Back Malaria Initiative (RBM)
-Global Strategy for Women's and Children's Health
-GAIN
-The Comprehensive Africa Agriculture Development Programme (CAADP).

Main issues at stake to improve the mainstreaming and scaling-up of nutrition at the country level and regional / international level, taking into account sustainability

Success factors, challenges, main priorities

… IYCF have been shifted to centre stage and is as thus a major priority on the health agenda since the country decision was taken to promote breastfeeding in the general population regardless of HIV status. A political decision was taken after the release of the WHO guidelines during 2009/10 and thus policies and programmes are being aligned to this decision. This will contribute greatly to the promotion of the general health and well-being of all children in the country.

-Aligned of implementations plans at all levels (from national to districts) with clear indicators at the different levels will increase coverage of services.

-Alignment of nutrition plans with the strategic priorities of the Department of health will provide clarity on the role of nutrition in child survival.

-Establishing partnership for smooth collaboration and coordination with development partners will improve delivery of services and reduce duplication.

-A planned national breastfeeding summit will be held in August 2011 to gain consensus and build awareness on the need to accelerate breastfeeding in the general population. During this session partnerships will be strengthened through public commitment and that of other players to the government strategies on child survival.

-Active work on the recognition of the critical role of public health nutritionists at community level will culminate in the increased training of nutritionists during the next few years and followed by middle level workers for nutrition. These categories will merge with the strengthening of the role of the community health workers to address nutrition and health issues in the targeted groups at household level.

-Earmarked budget for Maternal and child health including nutrition is allocated to the different levels of government for these increased focused activities.

Ensuring incorporation of nutrition priorities into district plans to ensure implementation and monitoring.

Definitions

Acute hunger	Acute hunger is when the lack of food is short term, and is often caused when shocks such as drought or war affect vulnerable populations.
Chronic hunger	Chronic hunger is a constant or recurrent lack of food and results in underweight and stunted children, and high infant mortality. "Hidden hunger" is a lack of essential micronutrients in diets.
Direct nutrition interventions and nutrition-sensitive strategies	Pursuing multi-sectoral strategies that combine direct nutrition interventions and nutrition-sensitive strategies. Direct interventions include those which empower households (especially women) for nutritional security, improve year-round access to nutritious diets, and contribute to improved nutritional status of those most at risk (women, young children, disabled people, and those who are chronically ill).
Food Diversification	Maximize the number of foods or food groups consumed by an individual, especially above and beyond starchy grains and cereals, considered to be staple foods typically found in the diet. The more diverse the diet, the greater the likelihood of consuming both macro and micronutrients in the diet. *Source : FAO*
Food security	When all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.
Hunger	Hunger is often used to refer in general terms to MDG1 and food insecurity. Hunger is the body's way of signaling that it is running short of food and needs to eat something. Hunger can lead to malnutrition.
Iron deficiency anemia	A condition in which the blood lacks adequate healthy red blood cells that carry oxygen to the body's tissues. Without iron, the body can't produce enough hemoglobin, found in red blood cells, to carry oxygen. It has negative effects on work capacity and motor and mental development. In newborns and pregnant women it might cause low birth weight and preterm deliveries.
Malnutrition	An abnormal physiological condition caused by inadequate, excessive, or imbalanced absorption of macronutrients (carbohydrates, protein, fats) water, and micronutrients.
Millennium Development Goal 1 (MDG 1)	Eradicate extreme poverty and hunger, which has two associated indicators: 1) Prevalence of underweight among children under five years of age, which measures under-nutrition at an individual level; and, 2-Proportion of the population below a minimum level of dietary energy consumption, that measures hunger and food security, and it is measured only at a national level (not an individual level). *Source : SUN Progress report 2011*
Multi-stakeholder approaches	Working together, stakeholders can draw upon their comparative advantages, catalyze effective country-led actions and harmonize collective support for national efforts to reduce hunger and under-nutrition. Stakeholders come from national authorities, donor agencies, the UN system including the World Bank, civil society and NGOs, the private sector, and research institutions.
Nutritional Security	Achieved when secure access to an appropriately nutritious diet is coupled with a sanitary environment, adequate health services and care, to ensure a healthy and active life for all household members.
Severe Acute Malnutrition (SAM)	A weight-for-height measurement of 70% or less below the median, or three standard deviations (3 SD) or more below the mean international reference values, the presence of bilateral pitting edema, or a mid-upper arm circumference of less than 115 mm in children 6-60 months old.
Stunting (Chronic malnutrition)	Reflects shortness-for-age; an indicator of chronic malnutrition and it is calculated by comparing the height-for-age of a child with a reference population of well-nourished and healthy children.
Underweight	Measured by comparing the weight-for-age of a child with a reference population of well-nourished and healthy children.
Wasting	Reflects a recent and severe process that has led to substantial weight loss, usually associated with starvation and/or disease. Wasting is calculated by comparing weight-for-height of a child with a reference population of well-nourished and healthy children. Often used to assess the severity of emergencies because it is strongly related to mortality. *Source : SUN Progress report 2011*

Acronyms

ASARECA	Association for Strengthening Agricultural Research in Eastern and Central Africa
AUC	African Union Commission
BMI	Body Mass Index
CAADP	Comprehensive Africa Agriculture Development Program
CILSS	West Africa Regional Food Security Network
CIP	Country Investment Plan
COMESA	Common Market for Eastern and Southern Africa
CORAF	Conference of African and French Leaders of Agricultural Research Institutes
DHS	Demographic and Health Survey
EAC	East African Community
ECOWAS	Economic Community of West African States
FAFS	Framework for African Food Security
FAO	Food and Agriculture Organization
IFAD	International Fund for Agricultural Development
IFPRI	International Food Policy Research Institute
JAG	Joint Action Group
MICS	Multiple Indicator Cluster Survey
NAFSIP	National Agriculture and Food Security Investment Planning
NCD	Non-communicable Disease
NCHS	National Center for Health Statistics, Centers for Disease Control & Prevention
NEPAD	New Partnership for Africa's Development
NPCA	National Planning and Coordinating Agency
PRS	Poverty Reduction Strategy
REACH	Renewed Efforts Against Child Hunger
REC	Regional Economic Community
SGD	Strategic Guidelines Development
SUN	Scaling-Up Nutrition
UNDP	United Nations Development Program
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WFP	World Food Program
WHO	World Health Organization

[i] In 2006, reference norms for anthropometric measures have been modified: from NCHS references to WHO references. To compare data measured before and after 2006, we usually use NCHS references.