

**The Primary School Nutrition Programme (PSNP): Assessing the Allocation of
Funding in KwaZulu Natal, 1995/96**

by

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ABSTRACT

The Government of National Unity's (GNU) desire to eliminate socio-economic imbalances inherited from the apartheid era resulted in the creation of the Reconstruction and Development Programme (RDP) which outlines principles and strategies for development in key areas. One such area is nutrition; in this regard President Mandela enacted the Primary School Nutrition Programme (PSNP) to provide one third of the minimum daily food intake for primary school children, where the need existed. The PSNP was launched on the 1st of September 1994 following the announcement of the start of the programme by the President in his State of the Nation Address on 24 May 1994. Prior to the establishment of the PSNP, the National Nutrition and Social Development Programme (NNSDP) was addressing malnutrition, targeting pre-school children and pregnant and nursing mothers. Initiated without a carefully planned strategy and clearly defined roles for the national and provincial offices, the NNSDP and its successor, the PSNP were, and remain, far from successful. In 1996 the Health Systems Trust (HST) and the Department of Health (DoH) held a workshop intended to build a framework for evaluating the PSNP.

The evaluation of the PSNP was prompted by the fact that direct nutrition interventions in South Africa account for about 7% of the public health budget which in monetary terms is a considerable amount. It remains dubious whether this money is being spent efficiently and appropriately. Further, the evaluation of the programme is a result of severe criticism from all fronts of society as fraud has become apparent in the various government departments within the provinces. In KwaZulu Natal, extensive fraud has occurred, where cases of non-existent schools and teachers have, for example, been discovered on the list of beneficiaries of the PSNP.

The aim of this study is to form a component of the HST and DoH evaluation of the PSNP through investigating how the allocation of funding has been conducted in KwaZulu Natal, and, if this is found to be inappropriate, to provide recommendations for improved allocation of funds. To find out more about allocation procedures in KwaZulu Natal, key informants from the Department of Health were interviewed and their responses were analysed to expose problems with the targeting and allocation of funding at the various levels of government.

Further, data obtained from the KwaZulu Natal Department of Health in Durban were analysed using a sample taken from the final financial quarter of the year 1995/96. These data showed the amount of PSNP funds advanced to each school compared with the amount of funding which was accounted for, as per the procedures for the implementation of the programme. Judging from the results obtained, the use of allocated funds for the PSNP in KwaZulu Natal has not been successful in 80% of cases in the ten Magisterial Districts assessed.

In educational terms, there may be a role for a programme such as the PSNP - providing pupils with enough food to enable them to be more alert and active in the school environment - whereas in nutritional terms, this appears to be less the case. Improving nutrition status is much more feasible when programmes are targeted at the very young and pre-school children. Lack of targeting in KwaZulu Natal has contributed to limited success of the PSNP as a nutrition tool. In the light of the evaluation undertaken in this study, it is proposed that targeting younger, pre-school children is an attractive alternative for future nutrition-based interventions and more development-based approaches, rather than the "food hand-outs" which appear to characterise the PSNP.

PREFACE

This dissertation entitled, *The Primary School Nutrition Programme (PSNP): Assessing the Allocation of Funding in KwaZulu Natal, 1995/96* (Dissertation for the Masters in Environment and Development), was carried out at the School of Environment and Development, University of Natal, Pietermaritzburg, under the supervision of Professor R.J Fincham. These studies represent my original work and have not otherwise been submitted in any form for any degree or diploma to any University. Where use has been made of the work of others it is duly acknowledged in the text.

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ACCRONYMS AND ABBREVIATIONS

ANC	African National Congress
CBO's	Community Based Organisations
DoH	Department of Health
FAO	Food and Agricultural Organisation
GNU	Government of National Unity
IFP	Inkatha Freedom Party
IMR	Infant Mortality Rates
NGO's	Non-Governmental Organisations
NNSDP	National Nutrition and Social Development Programme
NNWG	Natal Nutrition Working Group
NP	National Party
PSNP	Primary School Nutrition Programme
UNICEF	United Nations Children's Education Fund
RDP	Reconstruction and Development Programme
RHOSA	The Regional Health Organisation of Southern Africa
TBVC	Transkei, Boputhatswana, Venda and Ciskei

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CHAPTER ONE: INTRODUCTION

1.1 Background to the Study

Although South Africa produces enough food, a good number of its children are malnourished and are adversely affected by nutritional deficiencies which result in impaired learning, hampered intellectual performance, and slow development (Primary School Nutrition Programme, 1995). It is important to note that in South Africa under-nutrition and over-nutrition co-exist. The implication of the co-existence of these two conditions is that nutrition interventions will need to address both problems simultaneously (Jinabhai, 1995). Both problems need to be attended to because they are a drain on economic resources as people who fall into the two categories are susceptible to illness which may truncate their productivity - while both forms of malnutrition are important, that of under-nutrition will be the focus of this thesis.

To address under-nutrition among primary school children, the Government of National Unity (GNU) of 1994 advocated the Primary School Nutrition Programme (PSNP), one of the 100 Presidential-lead Reconstruction and Development Programme (RDP) projects. Its key focus is to address the problem of under-nutrition among underprivileged primary school children. The programme was implemented on the 1st of September 1994 but was lacking in prior planning and sufficient provision for evaluation. Fraud and misappropriation of funds have subsequently been uncovered in the various provinces of South Africa, necessitating an urgent evaluation of the programme. (Amner, 1996)

Projects need to be evaluated because of the substantial resources involved in implementing them, but more generally, projects are evaluated to serve as feedback to programme personnel about their performance and achievements. (Hoorweg & Niemeijer, 1989) Evaluation of projects also provides information for national governments and international agencies about the way the resources they have put into the programmes are utilised. Furthermore, evaluating programmes provides insights that can be used in the planning of future programmes.

1.2 Problem Statement

The most problematic question regarding the PSNP in KwaZulu Natal is how to develop criteria to determine eligibility for funding for nutrition intervention. In a way this is the problem with which the PSNP in South Africa has had to contend - should the programme target primary schools serving rural and peri-urban areas, should it target schools serving informal settlements, should it include schools in urban areas or should it target certain individuals in schools? Selecting any one of these criteria involves what Timmons *et al* (1989) allude to this as the potential 'error of inclusion and the error of exclusion.' Both errors are problematic. The origins of the lack of effective methods of PSNP allocation of funds lie in the Presidential Address of May 24, 1994, where it was decreed that the PSNP be enacted where the need existed. It is also a result of insufficient planning and the speedy manner in which the PSNP began. The 'error of inclusion' constitutes a drain on financial resources as children not needing the nutrition intervention are included in the programme even though they may not be consuming the food provided. The PSNP works in such a way that all school children within a school are targeted. The 'error of exclusion' refers to the non-participation of needy children in the programme. It is the most sensitive problem and needs to be treated with caution considering that KwaZulu Natal is a politically volatile Province. Poverty-stricken children found in the peripheries of magisterial districts considered relatively well-off by development agencies may, for example, be overshadowed by the majority presence of well nourished children in these magisterial districts.

Targeting could be regarded with suspicion because of deep-seated tensions between the two rival political parties, the African National Congress (ANC), essentially urban-based and therefore strongly supportive of urban schools, and the Inkatha Freedom Party (IFP) essentially a rural-based constituency, and probably the major recipient of PSNP funds if traditional criteria to target the poor are involved. So how do we then make the PSNP function more effectively without evoking ill-feelings in the Province? How do we divorce politics from reality? These are the problems the administrators of the PSNP have to deal with in the Province. The PSNP and its functioning will be dealt with in the ensuing chapter. It suffices to say at this point that criteria for eligibility is a major concern to the administration of the programme and this will continue to be the case if a solution is not found.

1.3 Aims and Objectives

The study aims to look at how the allocation of funding for the PSNP in KwaZulu Natal takes place, to judge whether this is appropriate and, if it is not, to make recommendations to improve the allocation procedure of the programme. Towards these aims the thesis has the following objectives:

- To review the literature of the Department of Health, and particularly of the PSNP and other sources on nutrition programmes, to give a context for school feeding schemes.
- To undertake interviews with key informants from the Department of Health to understand both the qualitative and quantitative nature of the allocation process from national to provincial levels and also from provincial to local levels.
- To develop a measure of the success of the allocation procedure in KwaZulu Natal.

1.4 Study Area

Although the PSNP extends to the whole of South Africa, the focus is on a sample of 10 Magisterial Districts in KwaZulu Natal (Figure 1), where the implementation of the PSNP is scrutinised. These are: Maphumulo, Vulindlela, Mnambithi, Hlanganani, Mtunzini, Pinetown, Camperdown, Durban, Weenen, and Berg. This was not a random sample; these 10 magisterial districts were the only ones that were easily accessible. They appear on the file of the last quarter of the PSNP 95/96 financial year. The total numbers of schools and their pupils in the ten magisterial districts dealt with in the study are presented in Table 1.

1.5 Methodology: Data Analysis, Assumptions and Limitations of the Study

A lot of background literature on malnutrition and poverty as well as the PSNP itself was read. The Deputy Director, Nutrition Directorate at the Department of Health in KwaZulu Natal provided the researcher with a list of key informants to help answer the questions raised on the programme. A questionnaire (Appendix 1) was then designed based on the

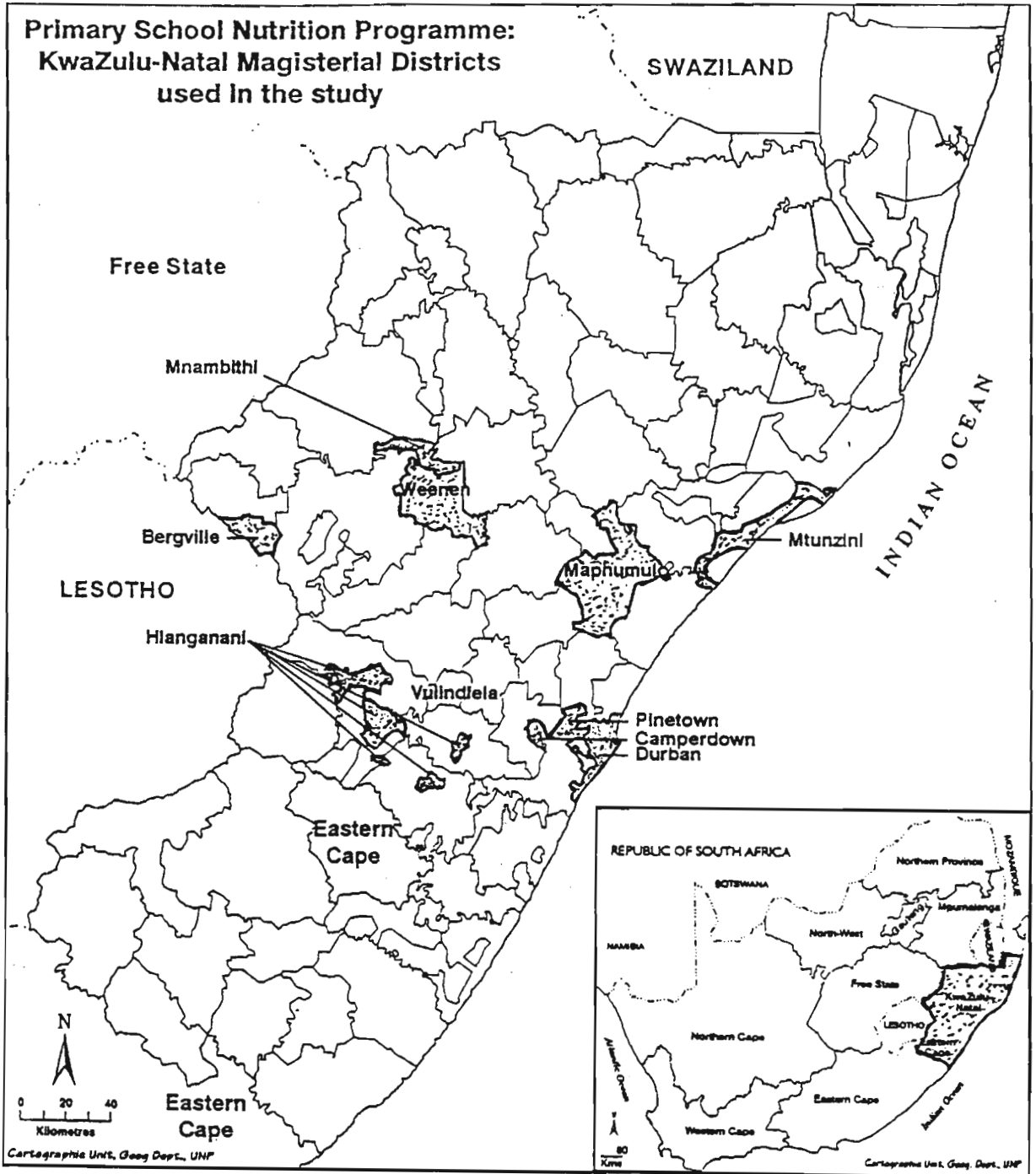


Figure 1: Primary School Nutrition Programme: KwaZulu Natal Magisterial Districts used in the study

Table 1: Total number of schools and pupils in magisterial districts studied (Source: PSNP/NNSDP 1995, Vol 2)

Magisterial District	Number of schools	Number of pupils
Maphumulo	130	69636
Vulindlela	61	32576
Mnambithi	70	44501
Hlanganani	126	45308
Mtunzini	6	841
Pinetown	21	16335
Camperdown	1	450
Durban	67	43510
Weenen	4	554
Berg	7	394

requirements of the Health Systems Trust evaluation study. (Appendix 2) To get different perceptions of people who have been closely involved with the programme, some since its inception, copies of the questionnaire were sent to would-be key respondents at the Department of Health in Pretoria, and the provincial offices in Durban and Pietermaritzburg. Some of the questionnaires were faxed while others were used as a basis for live interviews.

The study also involved a field visit to Durban to seek more information from the Finance Officer at the Department of Health who handles the allocation of funds in the Province. The aim of this meeting was to get information regarding how much funding was allocated to schools in the KwaZulu Natal region and on what basis, how much was paid out and the manner in which schools handled their funds to implement the programme. The Finance Officer also gave access to financial records of the PSNP in KwaZulu Natal on which a lot of the conclusions drawn were based. All of this was done to gauge the success rate of the programme in KwaZulu Natal, in the magisterial districts mentioned above.

1.5.1 Data Analysis

The analysis of the data acquired from the Finance Officer at the DoH, Durban, was a difficult task which required a great deal of time and patience. The data had to be prepared in such a way as to make them suitable to statistical analysis. All words had to be cleared such that only numbers remained in the data files. Analysis of the data files was made using Quattro Pro, 6.01 for Windows.

As there were four different files for the financial year 95/96 comprising the data, the next step was to merge all these files and to sort districts alphabetically as they were disorganised. The data were presented in the form of a spreadsheet with columns representing *magisterial districts, official population, names of schools, number of school pupils, number of advances cleared, number of submitted claims, amount of money advanced, claims paid, claims recovered* and many others less pertinent to the analysis.

The magisterial districts were dealt with in the order in which they appear in the data file. The analysis of the data concentrated on the success and failure rates of the programme. Success was shown with a score of 1 if a school used up its advanced funding (*advances*) - that is, an advance of 25% of their total approved budget. Schools are initially granted this amount on a quarterly basis to cover cashflow expenditure to 'kick start' the programme. Failure on the other hand, given a score of 0, was used to refer to schools that had failed to honour the procedures to access PSNP funding. To access the remainder of the total PSNP funds allocated to them, schools must produce invoices showing exactly how they have used their advanced funds. Failure to account for expenditure results in the stoppage of the PSNP. The *advances* accounted for constitute the *amount of claims recovered*. To gauge the success rate of the PSNP in the 10 magisterial districts, a far from exhaustive measure was developed:

$$(\text{Amount Recovered} / \text{Advances}) \times 100 = \text{Success Rate}$$

Further, appropriate people to talk on behalf of school principals were contacted telephonically to find out why their schools had ceased using the PSNP as a means of backing the quantitative results of the study with a qualitative assessment of the PSNP.

1.5.2 Assumptions

Assumptions refer to the factors on which the researcher based the overall assessment. These include the views given by the key respondents to the questionnaire. The following were assumed:

- That information given by key informants is true and correct.
- That key informants responded to the questionnaire to the best of their ability.
- That the Deputy Director of Nutrition who provided the researcher with the names of the key informants believed that they were the best persons to give the information required.

1.5.3 Limitations

Limitations are the factors that prevented necessary and appropriate action from being taken to enhance the study.

- No formal evaluation of the PSNP has been carried out at present; this meant that the researcher did not have much evaluative material on which to base the study.
- The study would have been enhanced if the researcher had been able to visit at least some of the schools to see the programme in operation to be familiar with the problems with which the PSNP contends. When the researcher contacted the Durban sub-regional office requesting to be part of school visits to rural schools, permission was refused due to stern government laws regarding who can be transported in government vehicles.
- Time constraints also played a major role in dictating the character the study was going to take: For instance the researcher found that staff at the DoH were very busy and under stress, a problem endemic in the PSNP.

- A random sample of magisterial districts was not chosen because a complete sampling frame of magisterial districts was not easily accessible.

1.5.4 Problems

- Delays were experienced with faxed questionnaires, for example, those sent to the Head Office of the Department of Health in Pretoria took some time to get back to the researcher. Bureaucracy is partly to blame in this regard as authority had to be sought before questions could be answered. Further, the response, when finally sent, was lost in the mail for about a month and the researcher had to keep reminding the respondent to speed things up
- Delays in the granting of access to information which resulted in the researcher's inability to get the project started, thus resulting in the failure to do certain things, such as school visits, which would have contributed substantial information to the study
- Another problem was that responses from the key respondents showed that they had very little knowledge about the programme. Some of them returned very scanty and incomplete information and referred questions to senior personnel.

1.6 Thesis Outline

This dissertation seeks to scrutinise the way funds are allocated for the purposes of the PSNP in KwaZulu Natal. The dissertation is divided into 5 chapters. Chapter 1 introduces the study, outlining its aims and objectives, and describes the methodological approach used to reach the conclusions drawn.

Chapter 2 presents nutrition as an issue set within an environmental and developmental context. Ideas presented are emphasised through reference to the UNICEF Conceptual Framework (1990) which enhances an understanding of poverty and its root causes in relation to hunger. This chapter also attempts to show the development of nutrition policy in South Africa. Moreover, most recent developments affecting South Africa's nutrition policy, such as the Reconstruction and Development Programme (RDP) and the Integrated Nutrition Programme (INP) are highlighted in this chapter.

Chapter 3 discusses the allocation of funds both at the National and Provincial level, and it then proceeds to contextualise the PSNP in KwaZulu Natal, outlining implementation problems as faced by the Province. It also describes the procedure used by school committees to access funds from the Primary School Nutrition Programme (PSNP).

Chapter 4 gives insights into the programme by those who have worked closely with the PSNP, based on the information from the questionnaires. It highlights the problems as perceived by respondents. Using a sample of Magisterial Districts in KwaZulu Natal from the data obtained from the finance officer, chapter 4 provides an analysis as to how effectively or ineffectively the programme has been operating in KwaZulu Natal.

Chapter 5 consists of recommendations and conclusions for the operation of the PSNP in KwaZulu Natal.

CHAPTER TWO: POVERTY, NUTRITION AND DEVELOPMENT

2.1 Introduction

This chapter explores the close relationship between poverty, development and nutrition emphasising that environment and the pace of a country's development influence nutritional status. Poverty is focussed on as the main cause of malnutrition. Further, with the aid of statistics, the extent of malnutrition and under-nutrition is explored in the global as well as the national and provincial context. Various models to show the causes of malnutrition and death are referred to, including the UNICEF Conceptual Framework (1990) which breaks down the causes of malnutrition into three categories. These are: *the immediate causes* which include inadequate dietary intake, poor breast-feeding practices and disease, which all contribute to under-nutrition in young children. The *underlying causes* refer to factors such as insufficient household food security, inadequate maternal and child care, inadequate health services and an unhealthy environment. *Basic causes* take into account factors such as technology, the economy, politics, and culture.

Nutrition is also looked at as a very important indicator of the levels of development in a country, being a symbol of national factors such as food security, levels of care, and access to health facilities.

Under scrutiny in Chapter 2 is also the extent of poverty among South African children. A brief history of nutrition in South Africa is included to show how nutrition policy in South Africa has evolved over time to serve as background to the PSNP. Also mentioned is the Reconstruction and Development Programme (RDP) out of which the Integrated Nutrition Programme (INP) was conceived. Various nutrition interventions are alluded to for the sake of illustrating what possibilities exist in terms of types of nutrition intervention. Moreover, nutrition interventions that have been used in South Africa before are covered, which includes the most recent nutrition interventions based on the broader framework for the developing of nutrition strategies, the (INP) mentioned above, out of which came the National Nutrition and Social Development Programme (NNSDP) and the PSNP, where the shortcomings of the allocation of funds in both cases are raised.

2.2 Poverty and Nutrition

2.2.1 The General Causes of poverty

It has become the norm among nutritionists to accept that poverty is one of the major causes of malnutrition. Martin (1995) estimates that the number of extremely poor people in the world has more than doubled since 1975 and it has now soared to 1.3 billion. Hunger is indeed one of the most obvious signs of poverty. This has been reiterated by the work of Juve (1990) and writers such as Austin and Zeitlin (1989:10), who once wrote, "...malnutrition is both a consequence of, and contributor to, the complex web of poverty and underdevelopment." These statistics suffice to show why governments together with non-Governmental Organisations (NGO's) should intervene to try and improve the nutritional status of the people of the world.

Although poverty lies at the heart of the nutrition debate, contextualising it is a complex task. Sherbini (1986) stressing that hunger is caused by poverty, blames a lack of understanding of the nature of the problem in rendering nutrition intervention efforts futile. In an attempt to elicit a deeper understanding of poverty and its link with malnutrition, the author distinguishes between the various types/dimensions of poverty.

Sherbini (1986) brings the time dimension to hunger, stating that hunger is a function of time as there are certain times in the year when poor communities are more prone to suffer from malnutrition. Sherbini refers to this as the *intertemporal dimension* of poverty. Further, the author identifies seasonality as a key factor in poverty, as it has an effect of varying the nutritional adequacy of diets. This phenomenon hits hardest those countries dependant on one major harvest and has the effect of exacerbating malnutrition in these countries. The seasonal cycle combined with natural phenomena such as drought is another important element of the inter-temporal dimension as it squeezes the resource base of the poor, gradually depleting it and perpetuating environmental degradation.

The *cross sectional dimension* answers the questions such as *why are people poorer in rural areas, why are certain groups of people poorer than others in the same region or locality?* The focus, hence is on intergroup and/or inter-regional comparisons. Four major aspects particularly pertinent to the cross-sectional dimension according to Sherbini are:

- Participatory structure
- Institutional vacuum
- Group isolation
- The high cost of purchased food

Moreover, the *cross sectional dimension* reiterates that full participation of the poor in issues pertinent to their well-being such as the economy and politics is vital if development is to be sustainable. Sherbini (1986) argues that people in certain groups are poor because they have no access to the existing power system. This robs them of vital institutional services. Further, physical isolation affects access to essential amenities such as health facilities and education, the lack of which worsen poverty. Physical isolation also increases the risk of natural disasters and may result in failure to get help due to factors such as inaccessibility caused by bad road networks. Group isolation impacts on the motivation to produce, for example, in cases where there are no consumers able to buy produce, due to rates of poverty. The high cost of purchased food is part of the cross sectional dimension because it affects young children and women who more often than not fall at the bottom of the food line.

For Uvin (1994) the alleviation of poverty can be achieved by changing policy and power, in a way that will empower people. This means that government has to intervene by enacting policies that will enhance the nutritional state of its people. It can do this by, for example, altering food policy to favour low income groups. Further, empowering people with skills can put them in a position to change their impoverished situation for the better.

2.2.2 Poverty Among Children in South Africa

Children are in an unfortunate position because of their dependence on their parents. This makes them susceptible to the adverse effects of poverty, particularly under-nutrition which has an adverse impact on their growth and development. In the long run this affects the pace of the economic growth of the nation, as children fail to grow and develop into healthy individuals able to cope with the challenges of a growing economy.

Table 2: The number of children living in poor households by province (Source: Whiteford *et al*, 1995)

Province	Number of poor children	Percentage of poverty stricken children	Share of total poor children
Western Cape	276 138	22.2%	3.0%
Northern Cape	130 048	52.4%	1.4%
Eastern Cape	2 182 949	70.2%	24.0%
KwaZulu/Natal	2 159 992	55.9%	23.8%
Free State	635 735	57.1%	7.0%
Eastern Transvaal	636 157	52.1%	7.0%
Northern Transvaal	1 923 925	74.1%	21.2%
North West	585 890	49.2%	6.4%
Gauteng	555 426	24.7%	6.1%

The most important observation from the above table, is that more than 50% of all children in South Africa live in conditions of dire poverty. Most of these children are found in the Eastern Cape (24.0%), KwaZulu Natal (23.8%), and the Northern Transvaal (21.2%). The following section looks at malnutrition.

2.3 Malnutrition

According to Pradilla the term malnutrition has been:-

“...utilized to describe the prevalence of a number of indicators that, either directly or indirectly, are associated with physiological reality. In medical terms, malnutrition is used to refer to a number of conditions, each with a specific cause related to one or more nutrients and each characterised by a cellular imbalance, between the supply of nutrients and energy, and the demand for them to ensure growth, maintenance, activity, and specific functions. Malnutrition has clearly defined anthropometric, clinical and biochemical signs and symptoms, and can be

treated by an increase or decrease in the nutrient and energy supply (Pradilla, 1991:23).

Under-nutrition is a form of malnutrition which results from the inadequate intake of nutrients, or from disease factors that affect digestion, absorption, transport and the utilization of nutrients. Infectious diseases in particular affect both dietary intake and other processes. (UNICEF, 1990, 1996) As can be seen from the above observation made by Pradilla, malnutrition and under-nutrition need to be addressed as they not only affect the physical well-being of people, they also impact on their psychological well-being, curtailing their ability to function to the fullest of their potential, and this has serious macro economic repercussions.

2.3.1 Malnutrition and Under-nutrition in the Global Sense

The most serious worldwide nutrition problems are micro-nutrient deficiencies which have adverse effects on human health and productivity. Iron deficiency, which is responsible for anaemia in 1.2 million people afflicts almost 2 billion people worldwide. Vitamin A deficiency affects 125 million pre-school children and is responsible for clinically visible eye damage to 14 million of them. Furthermore, 600 million people have iodine deficiency disorders. About 185 million children are affected by being underweight for their age, a common problem among children under the age of six (Earthyear, 1997). Infant mortality is particularly rife in Sub-Saharan Africa (ACC/SCN 1994). Protein-energy malnutrition is another serious problem responsible for growth faltering among children under the age of six.

2.3.2 Malnutrition and Under-nutrition in South Africa

In South Africa, malnutrition and under-nutrition comprise two elements: their prominence among children, where they result in stunting, and among pregnant and lactating women who suffer from micro-nutrient deficiencies. Stunting among children, in particular in rural areas, is estimated to be between 25 and 53%. Chronic diseases of lifestyle which affect all segments of society, can be considered as yet another aspect of malnutrition in South Africa (Fincham *et al*, 1995).

2.3.3 Malnutrition and Under-nutrition in KwaZulu Natal

In the province of KwaZulu Natal alone, stunting of up to 25% among rural children between the ages of 6 - 71 months and marginal vitamin A deficiency of 38% among the same age

group is noted. Iodine deficiency and anaemia in pregnant women and children is also a serious nutrition problem in the province as is a high incidence of low birth weights for babies (DoH 1997).

2.4 Explaining the Causes of Malnutrition

UNICEF, in trying to establish the causes of malnutrition and death, came up with the Conceptual Framework from which the observations made above have been adopted. The Conceptual Framework has since been adopted by South Africa’s Reconstruction and Development Programme (RDP) with its emphasis on an integrated approach to improving the quality of life of all South Africans, particularly the poor.

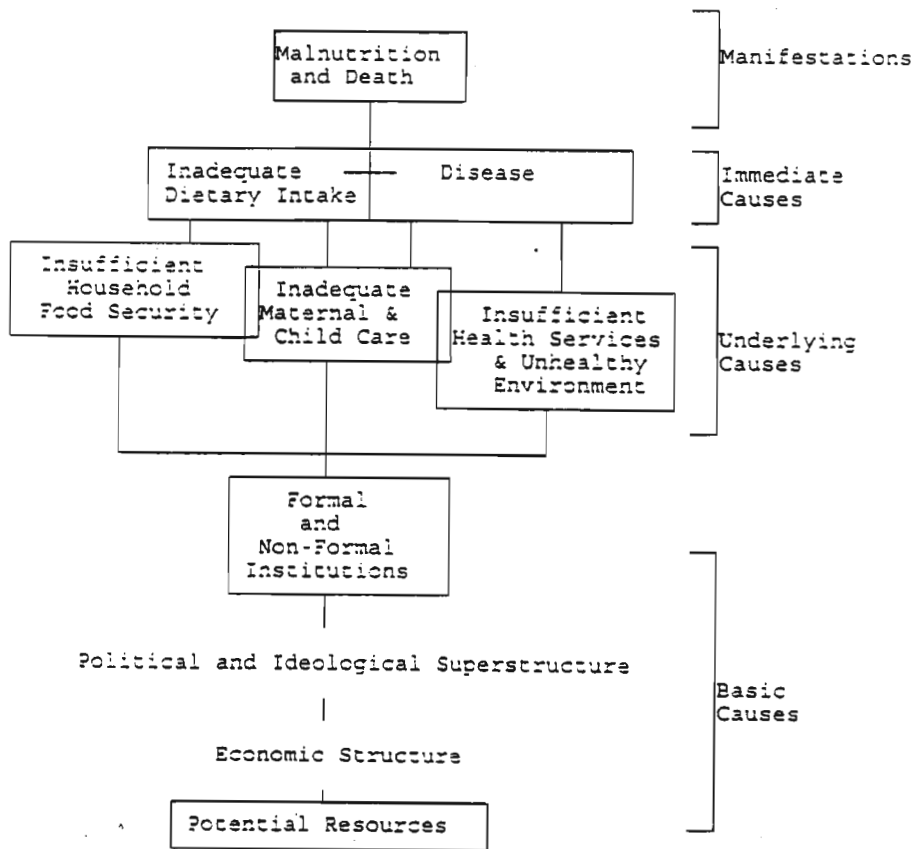


Figure 2: The UNICEF Conceptual Framework (Source: UNICEF, 1990/91)

The Conceptual Framework facilitates the analysis of the causes of malnutrition and death in any community by showing the interrelationship between the various factors at play. It is also an important aid in clarifying the objectives of actions selected for implementation. What is most impressive is the adaptable nature of the model allowing for change and more focus as assessment and further analysis takes place. The model utilises the 'Triple A Cycle' namely: Assessment, Analysis and Action, to seek solutions to nutrition problems. This stems from the realisation that pre-packaged interventions are not always the best. Instead, appropriate nutrition actions are those emerging from the assessment and analysis of the particular context. (UNICEF, 1990) The Framework emphasises the view that malnutrition is symptomatic of poor socio-economic status, and that its elimination can be achieved by dealing with poverty.

2.4.1 Underlying Causes of Malnutrition

There are four broadly inter-relating sets of factors affecting nutrition outcomes. These are: people's access to sufficient food for satisfactory diets, levels of maternal care and access to health services and a healthy environment. Together these factors determine the immediate causes of people's nutrition status in terms of their dietary intake, the socio-psychological environment in which children are or (or are not) nurtured and the levels of disease present. The manifestation is the nutrition status of individuals, groups, broader communities and regions. To achieve adequate dietary intake/food security requires that the following factors be considered. Splett (1994), while in search of ways to address food insecurity, emerged with the following 5 important questions:-

- *Quantitative* - Is there access to a sufficient quantity of food?
- *Qualitative* - Is food nutritionally adequate?
- *Suitability* - Is food culturally acceptable for storage and preparation appropriate?
- *Psychological* - Does it alleviate anxiety, lack of choice and feelings of deprivation?
- *Social* - Does food gathering involve socially acceptable methods?

Food security is further affected by an inadequate water supply and lack of proper sanitation. Lack of money to buy food, inadequate storage and poor food hygiene also impact adversely

on food security. Improper education, especially for women, affects their ability to generate resources for improved nutrition of their families. This leads to the need for the adequate generation of information on nutrition status related factors and the communication of these to the relevant target groups.

2.4.2 Immediate Causes of Malnutrition

Inadequate dietary intakes and disease are the most important causes of malnutrition in pre-school children, school children as well as in pregnant and lactating women. These problems are further worsened by poor breast feeding, meal infrequency, amount of food per meal, nutrient density, food utilisation in the body, the preparation of weaning foods and food hygiene.

2.4.3 Basic Causes of Malnutrition

The basic causes of malnutrition include technical, social, economic, political/ ideological and cultural factors, all of which are concerned with the availability of resources as well as how potential resources are used for health and nutrition benefits. The organisational capacity of formal and informal institutions to provide services, knowledge and skills are among these basic factors.

In 1991 Pradilla emerged with yet another model to illustrate the causes of malnutrition. This model rests on three causal factors: *infection, life styles and diet*. Beghin *et al*, cited in Pradilla, argue that it is only in homogeneous situations that the interpretation of the causes of malnutrition is possible. Furthermore, they state that the models of causality reflect 'all possible interactions of factors'. Moreover, Pradilla adds that nutritional problems are compounded by bacterial, viral and parasitic infections and these have an adverse effect on appetite and, in turn, nutrition by causing vomiting and/or diarrhoea, impairment of absorption, increased requirements and changes in metabolic processes, all of which are a menace to nutritional health. With a low frequency of infection, nutrition rehabilitation is possible. It is important to note that frequent mild diseases caused by the insufficient intake of nutrient-packed foods impedes the growth and development of children, which is why it is important that governments recognise the need for nutrition interventions in the vital early years of child development.

Although a global problem, malnutrition manifests itself at the individual level, and its causes may be found at many levels. As the Conceptual Framework shows, four factors are largely responsible for under-nutrition. These are: people's access to sufficient food for satisfactory diets, levels of maternal care and access to health services and a healthy environment (UNICEF, 1990). Income levels, food availability, food production and life styles could be seen as additional causal factors. Alan Berg (1987) adds to this list incomplete knowledge about nutrition and uncertain political commitment on the part of government.

2.5 Development, Nutrition and Health

There is a strong relationship between development, nutrition and health. Nutrition is a very good indicator of development and also of environmental conditions in poor communities. Because nutrition is so vital to life, the capacity to work, and to well being, governments cannot afford to ignore it because it has serious repercussions on the developmental pace of the state. Without development, a state might not be able to produce the goods and services which sustain it, which in itself is enough to perpetuate the problem of poverty and consequent malnutrition. (Berg, 1981:1) advises that : "Adequate nutrition must therefore be viewed not only as an objective but also as a means of economic development." Thus, nutrition would appear to be a good outcome indicator of the development process.

As has been mentioned, there is a definite link between development, nutrition and health. Phillips (1990) writes of a reciprocal relationship between development and health, where development is characterised by a healthy population and hence economic development and vice-versa. Phillips does, however, acknowledge that development has several interpretations and that his is by no means exhaustive. Berg (1981) reiterates the strong relationship between development and economic growth by outlining the costs associated with under-development very comprehensively. He cites costs in mental development, costs in resistance to disease, costs in infant development, and costs in national development.

It is now abundantly clear that development, nutrition and health are positively linked, and that they almost have a mutually dependant relationship. This idea is backed by Lotfi and Mason (1991), who argue that malnutrition is likely to have a detrimental effect on the pace of

development as it influences physical working capacity, learning ability as well as general alertness of people.

2.6 The Reconstruction and Development Programme - Meeting Basic Needs

“The RDP is an integrated, coherent socio-economic policy framework...” (RDP, 1994:1). Six basic principles, which are closely linked together, form the political and economic philosophy that underlies the whole RDP. These are:

- An integrated, sustainable programme
- A people-driven process
- Peace and Security for all
- Nation Building
- The establishment of the link between Reconstruction and Development
- Democratisation of South Africa

In its problem statement focussing on meeting basic needs, the RDP commits itself to: (1) eliminating hunger, (2) providing land and housing to those who need it, (3) providing access to safe water and sanitation, (4) ensuring the availability of affordable and sustainable energy resources, (5) eliminating illiteracy raising the quality of education and training for children and adults, (6) protecting the environment, and improving health services and making them accessible to all (RDP, 1994).

From its inception the RDP has come under severe criticism but this should not obscure the positive outcomes that have occurred as a result thereof. The first criticism revolves around the high costs of running the RDP. A National Party Provincial leader, Fourie, in 1995 accused the ANC of announcing “grandiose schemes” while lacking infrastructure and proper control. The RDP has also been accused of evoking high expectations among people and to this effect Pretoria News in 1995 likened the high expectation most people have of improved living conditions resulting from the RDP to ‘a political time bomb.’ Furthermore, President Mandela’s address concerning the nutritional scheme evoked much debate as to whether the scheme would sufficiently address primary school children’s nutritional problems. Nutritional experts argue that nutritional interventions are most effective between the ages of 6 months to 24 months and that it would be politically difficult to halt the scheme (Business Day, 24 June,

1994). Thus, the PSNP can be seen as a means of perpetuating the objectives and ideals of the Reconstruction and Development Programme (RDP).

2.7 Brief History of Nutrition in South Africa

Berg (1981) argues that most political and developmental policies and activities impact either negatively or positively on nutrition and South African nutrition policy has not been an exception to this observation. In a document written by the Natal Nutrition Working Group (NNWG) (1993), it is pointed out that the formulation of nutrition policy in South Africa has a long history. However, the problem with nutrition policy formulation here has been that it lacked a long-term outlook, and was made within a disjointed health system. It was also carried out within a non-existent national development policy framework until recently when the RDP was born. The origins of nutrition policy development in South Africa can be traced back as far as 1929/30 with the first Carnegie Inquiry into the poor white problem and the recommendations that followed it. The problem with this inquiry was that it did not take a holistic view of the nutrition problem by excluding the most affected sectors of the population, the non-white race groups. Moreover, the recommendations it put forth sought to minimise the much-needed governmental/institutional support. The government at the time was overly cautious ensuring that nutrition intervention policy did not result in dependence on the part of recipients of government aid.

Unfortunately, the legacy of apartheid cannot be completely cast off from our memories as it has delayed the acknowledgement among decision-makers that nutrition issues should take priority in political agendas. The apartheid era is one that was characterised by a severe maldistribution of resources, particularly for blacks and, to a lesser extent, coloureds and asians. Incidences of underweight, stunting and high Infant Mortality Rates (IMR's) have been highest amongst these racial groups.

The Group Areas Act and other relevant supporting legislation dealt a severe blow to the ability of blacks to improve their nutritional status by forcing them onto reserves or onto the TBVC states, where the quality of the land was, more often than not, uncondusive to good crop cultivation. Cited in the document by the Natal Nutrition Working Group, (1993:31), de Beer, 1984; van der Vyver, 1989; Storey, 1990 correctly state that:

“Apartheid has over the past four decades ensured that the distribution of resources and services available to the [then] disenfranchised black majority are poorer and less developed than those available to the white population.”

In 1939, the first ever survey of African school children was conducted and some rather disturbing statistics regarding their nutritional status surfaced. For example in Bochem and Letaba districts 90% school children had obvious signs of ill health. From these statistics, it was realized that government nutritional intervention was necessary to alleviate the problem of malnutrition and hunger. Despite these revelations, however, subsequent surveys including the two large surveys of the nutritional status of school children in 1981 and 1982 conducted by the Department of Health still excluded the independent TBVC states.

It was opposition parliamentarians such as Mrs Helen Suzman who successfully fought for the recognition of the malnutrition problem in South Africa throughout the 1960's. Through their efforts, kwashiorkor, for instance, was made a notifiable disease in terms of a special government notice. The issue of poverty as the underlying cause of malnutrition was also brought to the fore.

While the 1950's and 1960's saw numerous pro-white policies which took the form of direct food aid, only a limited amount reached disadvantaged Africans. However, with increased living standards for whites, nutritional support decreased and thus nutrition tended to assume a place of little significance in the priority lists of the Department of Health in the 1970's. As a result attention focussed away from direct intervention to assuming an educational stance instead.

In the late 1980's, prompted by the embryonic change in NP attitude, RHOSA (The Regional Health Organisation of Southern Africa) surveys were for the first time extended to cover the previously excluded independent TVBC states. In 1985 for example, an Emergency Food Scheme started to give relief in areas of nutritional risk, amounting to R2,5 million for 95,000 blacks in these states. The Calais Committee in 1990 echoed the first attempts by the Nationalist government to begin to address the pertinent issues of poverty and development more comprehensively. In support of this, Harrison (1995) observed:

“During the last four years there has been a genuine, albeit ill-defined, attempt to provide development-linked nutritional support to areas and communities in greatest need.”

This is indeed true as before the GNU came into power efforts to curb malnutrition were minimal. With the ANC’s accession to power, nutrition has been elevated to unprecedented levels. The beginnings of large scale government interventions were witnessed, such as the Primary School Nutrition Programme (PSNP), established in 1994 as one of the presidential-lead projects.

2.8 Ways of Intervening to Help The Poor: Nutrition Interventions

One of the ways in which the nutritional status of the poor could be boosted is through the use of nutrition interventions which can assume various forms. Nutrition interventions can be divided into two categories. They are either broad-based, such as a general subsidy, or targeted at individuals or specific groups or geographical areas. The NNSDP is an example of a targeted nutrition intervention aimed at ‘specific at risk communities’. Nutrition interventions are a product of design and planning intended to improve the nutritional status of those they are aimed at. More often than not, nutrition interventions have taken the stance of improving the poor’s access to food, either by providing food or by introducing food subsidies. In South Africa the latter has been used. Food subsidies mean that the government contributes a portion of total production, storage and marketing costs of the subsidised products. (NNWG, 1993) The problem with general food subsidies is that they are very hard to target, thus benefitting both the poor and the rich, as participation is self-selective. However, one of the ways to correct this drawback is to only subsidise a limited basic basket of goods. Nutrition history in South Africa shows that the types of nutrition interventions used to help the poor have ranged from Direct Food Aid, Nutrition Education from the 1960's to the 1990's, the Protein Vitamin-Mineral (PVM Scheme), Parasite Eradication, Land Reform and Economic Policy (Harrison, 1995).

The following are possible intervention approaches that can be utilised to curb malnutrition in its various forms.

2.8.1 Supplementary Feeding, Growth Monitoring, Mass Deworming and Fortification

Supplementary feeding involves the supplementation of the normal diets of vulnerable groups, such as pre-schoolers, and pregnant and lactating women, with the food types they require to alleviate deficiencies in vital nutrients for healthy child growth and development. The PSNP falls into this category of nutrition intervention. The Protein Energy Scheme (PEM) is also a food supplementation programme whose target is children below the age of 6 who are susceptible to growth faltering, as well as pregnant and lactating women (Fincham *et al*, 1994). To ensure the full benefits of supplementary feeding requires another nutrition intervention type called growth monitoring.

*Growth monitoring requires frequent measurements and chart recordings by maternal and child care clinics help timely detection of growth faltering in children. Moreover, growth monitoring can be a diagnostic procedure, and can also result in intervention, leading to better nutrition. It is however, commonly used for screening purposes and in other nutrition intervention programmes to check whether the desired nutritional status is being attained (Fincham *et al*, 1995). Further, in areas of parasite infestation, it would be a waste of resources to keep providing food supplementation when parasites such as tapeworms were rife. This programme is renowned for its cost effectiveness in keeping under-nutrition under control (Health Systems Trust, 1996).

Also, mass deworming has been proven to be effective when used in conjunction with fortification, which aims to overcome specific nutrient deficiencies in the diet by adding the missing nutrients to a commonly consumed food, for example maize-meal and bread, which are usually provided by the PSNP. It is one of the most effective options as this could be extended to staple diets consumed at home, thus ensuring a continuous supplement of vital nutrients (Health Systems Trust, 1996).

2.8.2 Health Services, Nutrition Education and Breastfeeding

There exists a close relationship between health and nutrition such that the two reinforce one another. Access to health services ensures that young children receive necessary vaccinations and assessment during the early vital years of child growth. It would help the PSNP achieve its objective of alleviating under-nutrition among school children if their health and nutritional

status were constantly monitored by Health Clinics. (Fincham *et al*, 1995) Further, the provision of Health Services such as Clinics could pave the way to nutrition education as well as enhancing the Breastfeeding campaign by being the 'learning centre' for mothers and could thus help alleviate under-nutrition in the process. As part of a nutritional education campaign, mothers could be taught to alter purchasing, preparation, and feeding behaviour to counter certain harmful food-related habits. Moreover, nutrition education aims to improve the utilization of existing good quality food for the nutritional improvement of vulnerable groups.

2.8.3 Formulated Foods

This form of intervention entails creating new highly nutritious weaning foods intended to meet the special needs of the child during the critical six to thirty-six months of life. Although this may seem to conflict with breast-feeding ideals, it would go a long way towards ensuring nutritious health among very young children both among breastfeeding and non-breastfeeding women. This is because it supplements nutrients vital for child development (Health Systems Trust, 1996).

2.8.4 Consumer Subsidies

These can take very diverse forms such as food stamps, ration shops and price controls. Their aim is to improve the target group's access to nutritional foods by enabling the purchase of foods that would otherwise not be afforded by the target group (NNWG, 1993). The various nutrition interventions covered above have been an attempt to show the various options available for nutrition interventions. They also show that there exists a need to treat nutrition, health, environment, and demographic problems together in an integrated manner due to their close relationship (Fincham *et al*, 1994). It would seem then, that the most viable option for nutrition interventions is one that is based on integrated programs. However, these have to be cost-effective so as to be afforded by the target group as well as the government or any other provider of the nutrition programme.

2.9 Integrated Nutrition Strategies

Integrated nutrition strategies are nutrition interventions that take cognisance of the fact that nutrition is a multi-sectoral problem. Again integrated nutrition strategies can take various directions. They may, for example, be related to nutrition education, water and sanitation,

supplementary feeding and food fortification. Generally, they focus on a discrete set of interventions aimed at solving immediate problems of specific target groups. Integrated nutrition strategies are based on three underlying factors which influence nutrition status. These are: household food security, malnutrition/infection complex and the household caring capacity. For integrated nutrition efforts to work certain elements need to be built in into the programme. These include factors such as: community mobilisation and participation, targeting, human resource development, programme monitoring, evaluating and management information systems, sustainability and cost-effectiveness (Fincham *et al*, 1994).

In August 1994, a Nutrition Committee appointed by the Health Minister was tasked with implementing and monitoring district nutrition plans. This Nutrition Committee emerged with a number of recommendations for community-based nutrition programmes, in a bid to alleviate nutrition problems. Harrison (1995) refers to the result of what transpired as a three-pronged strategy which simply means interventions based at community and health facility level, and the creation of a nutrition promotion programme. The Integrated Nutrition Programme is based on the UNICEF Conceptual Framework whereby assessment and analysis of the causes of malnutrition is adhered to as a basic requirement of solving under-nutrition problems. There are two sides to the INP, the first being a health facility-based nutrition programme intended to be part of the health care package. It is aimed at curbing under-nutrition, micronutrient deficiencies as well as preventing the diseases of lifestyle. The community-based nutrition programme emphasises multi-sector governmental and non-governmental organisation support of communities in solving their own nutritional problems with an overall aim of promoting household food security, the care of women and children and the health services. It also seeks to join together, within the guidelines of the RDP, appropriate projects of the Primary School Nutrition Programme and the National Social Development Programme (Steyn, 1996).

2.9.1 National Nutrition and Social Development Programme (NNSDP)

Having explored the various options for nutrition intervention, the focus will now be on the nutrition interventions that have been in operation in South Africa. The NNSDP will be discussed first. This programme, introduced in September 1991, can be regarded as the forerunner of the Primary School Nutritional Programme. Although it began with activities other than supplementary feeding, it ultimately targeted women and young children at risk,

particularly those in rural areas. It began as a result of the VAT system whose implementation placed an extra burden on low income groups, who now had to spend more on food. The implementation of the tax particularly affected groups such as pre-school children, and expectant and nursing mothers. The Natal Nutrition Working Group (1993) argues in its report that the origins of the NNSDP were political because of the lack of prior-planning and the inadequacy of structures to facilitate the operation of the programme once it was announced. The NNSDP, like its successor, the PSNP, later assumed a developmental stance, targeting specific groups - young children, pregnant and lactating mothers, the elderly, the unemployed and the disabled, by providing food parcels.

2.9.2 Setbacks of the NNSDP

The report by the Natal Nutrition Working Group (NNWG, 1993) makes it apparent that the NNSDP was affected by a series of setbacks. A serious handicap of the programme was that it did not address the very problem it was intended to, that is, improving the nutritional status of its target group, the poor. Instead, the programme's resources, that is its allocation of funds, initially wound up in well-off areas as is illustrated by the table below. There are wide gaps, particularly in the poor magisterial districts, between the actual funds allocated to certain magisterial areas and the recommended allocation of funds. Furthermore, administrative procedures caused a lot of backlogs, often disturbing the running of the programme. In addition, inadequate control and evaluation measures further exacerbated already existing problems. It is also argued that the programme had a lot of potential for fraud. The lack of clear policy guidelines from Pretoria regarding all aspects of the NNSDP caused time to be wasted on policy issues and debates. Moreover, the NNSDP did not succeed as it excluded grassroots community based organisations (CBO's). It has been argued that its emphasis lay not on nutrition but education. High staff centralisation proved too much for the endurance of the programme. Nutritionists argued that it did not address the problem of malnutrition and only diverted funds away from priority pre-school children.

Table 3: Recommended and Actual Magisterial District Allocation of NNSDP Funds (Source: NNWG, 1993)

Census District	Recommended (%)	Actual (%)
Durban	0.91	9.5
Pinetown	0.46	4.41
Newcastle	0.16	0.62
Pietermaritzburg	0.77	4.34
Hlanganani	3.21	0.84
Enseleni	8.84	0.42
Emnambithi	3.63	0.45

As the above table shows, the allocation of NNSDP gravitated towards well-off magisterial districts and thus failed to reach its real target group, the poor.

2.9.3 The Primary School Nutrition Programme

A component of the INP, the PSNP is a supplementary nutrition programme aimed at improving the learning capacity of children in certain primary schools where the need has been established. It resulted from the introduction of the Reconstruction and Development Programme (RDP) by the Government of National Unity in 1994. The RDP seeks to correct socio-economic imbalances characteristic of the apartheid era. The PSNP came into effect in September 1994 with the realisation that under-nutrition was a serious problem among South African ^{school} children. A study executed by the Department of Health in 1994 found that 9.5% of primary school children were underweight for age (Health Systems Trust Editorial, 1995).

Like other RDP projects, the PSNP aims to improve the quality of life of all South Africans, particularly the poor, via the introduction of integrated delivery of services through the direct involvement of local residents, with the full co-operation of the government. It does this by providing a third of the required daily allowance with regard to energy requirement. According to the PSNP Programme Proposal (1994), the PSNP seeks to address two long term developmental challenges facing South Africa. These are:

1. The need to improve the health status of South African children, including nutrition.
2. The need to improve the quality of education.

The PSNP rests on the important principles of the RDP. These are: *Community participation* whereby the role of the community, parents, teachers, principals, and inspectors is emphasised in the programme. The idea is that these groups take part in the design, implementation and monitoring of the programme. The programme seeks to adopt a *holistic approach* which aims to be an essential part of initiatives intended to improve education quality, as well as being linked to other development and health initiatives. The programme should not only be a Department of Health venture but should be a *multi-sectoral and interdisciplinary intervention* by the Departments of Education and Health as well as other sectors in the economy. Lastly, *sustainability* must characterise the programme, such that it is built into the development process, always ensuring cost-effectiveness and optimal resource use.

Listed in Steyn (1996), the aims of the PSNP are:

- to contribute to the improvement of education quality by enhancing primary school pupils' active learning.
- to contribute to general health development by alleviating short-term hunger
- to educate pupils on nutrition and also to improve their nutritional status through micronutrient supplementation and parasite eradication where indicated. ✓
- to incorporate a nutrition education component into the general education curriculum.

To aid in the selection of the beneficiaries of the programme, certain guidelines were drawn by the Department of Health (PSNP Programme Proposal, 1994). These are:

- geographical areas where poverty levels are highest for example rural areas, informal settlements and former homeland areas.
- schools rather than individual children within schools, so that all children within the school would be eligible to receive food.
- targeting within the limits of affordability of the PSNP.

Furthermore, in determining the overall target group, the following were considered:

- high levels of unemployment, particularly in rural and peri-urban areas
- the percentage and distribution of households with incomes below the Minimum Living Level
- budgetary constraints, within the context of multiple development priorities
- institutional delivery capacity

The PSNP was intended to be delivered at primary school level through project committees made up of parents, teachers, community representatives and, occasionally, non-governmental organisations (NGO's) and community-based organisations (CBO's). Its sole purpose is the alleviation of short-term hunger among primary school children. The RDP White Paper/Discussion Document (1994:55) defines the scope of the programme as:

“Provision of an early snack, meeting 30% of the energy requirement to 3.8 million children (50% of primary school children), in areas targeted on the basis of the poverty criteria, particularly rural areas and peri-urban informal settlements.”

It had been estimated that 3.8 million children in 15 800 schools would be fed but the Department of Health in 1995 estimated that about 5.5 million children in these schools received food supplementation through the PSNP. However, the exact figure is not known. Furthermore, the number of project committees involved increased to 8 791, and 10 463 employment opportunities were reported. The Eastern Cape and KwaZulu Natal served the largest number of children, Eastern Cape taking the lead with 1.7 million and KwaZulu Natal, reaching approximately 1.5 million school children through the programme (Steyn, 1996).

The Policy Summary by the Child Health Unit, 1996, advises that each school implementing the programme chooses from 17 basic food options which comprise full cream milk, natural fruit juice, brown/whole wheat bread, porridge and peanut butter. These foods come in 13 different combinations, whereby the menu should ensure the following:

- Supply at least 25% (for 7 - 10 year olds) and 20% (for 11 - 14 year olds) of the Recommended Daily Allowance (RDA) for energy.
- Follow the guidelines for a healthy diet.

- Focus on supplementation rather than meal replacement.
- Comply with minimum specifications on nutrient content, labelling and packaging.

The PSNP in South Africa can be regarded as unique in that it extends beyond the provision of food to embrace other types of nutrition interventions such as micro-nutrient supplementation, parasite control, nutrition education, developing community capacity and encouraging community participation in nutrition (PSNP Policy Summary, 1996). The programme is overseen by the Departments of Health and Education. Initially, the government was to help with additional funding, but within 5 years these departments were supposed to be able to finance the schemes through their own budgets. The programme will be elaborated on in the next chapter, where allocation of funding will be looked at.

2.9.4 Conclusion

Chapter 2 has explored the close relationship between poverty, nutrition and development and has shown that the causes of malnutrition are several but the main cause is poverty. It focussed on poverty and how it manifests in the world context as well as in the South African context, with a focus on children. Against this background of understanding poverty and malnutrition, UNICEF's Conceptual Framework has been selected as it best reinforces the idea that under-nutrition is a multi-sectoral problem with many and diverse causes. Furthermore, this chapter has provided background information to conceptualise the PSNP. The NNSDP is mentioned with an emphasis on the problems in the allocation of funding relevant to the PSNP, which will be elaborated on in chapter 3.

CHAPTER THREE: THE ALLOCATION OF FUNDS FOR THE PSNP

3.1 Introduction

Chapter 2, apart from exploring the relationship between poverty, development and nutritional health and focussing on poverty as the main cause of malnutrition and other causes of malnutrition, attempted to examine the recent nutrition intervention strategies in South Africa, based on the INP. The NNSDP was covered, concentrating on the allocation of funding, where it was discovered that it was well-off areas which received majority funds. The PSNP was also referred to in an attempt to elucidate how the programme fits into nutrition intervention strategies and the RDP. Chapter 3 can be seen as an extension of Chapter 2, looking at the PSNP in depth, and considering the allocation of funds as well as problems regarding targeting. This chapter describes how funds are allocated for the purposes of the PSNP dealing initially with the allocation of funds at the National level, and later discussing the allocation of funds within the Province of KwaZulu Natal. Furthermore, Chapter 3 describes how funds are accessed by school committees. Through such analysis the whole allocation procedure can be assessed and potential strategies to improve allocation and implementation of the PSNP be located.

3.2 Allocation of Funds from the National Level to Provinces

Allocation of funding for the PSNP is calculated using differences in income levels between provinces. These levels are assessed using a measure known as the *aggregate poverty gap*. This is the total amount, in millions of rands, by which the incomes of poor households differ from the poverty line, multiplied by the number of poor households in that province. The *aggregate poverty gap* measures both the incidence and the degree of poverty. It could also be viewed as the minimum theoretical cost of eliminating poverty through government transfers to poor households (Whiteford *et al*, 1995). The aggregate poverty gap takes into account factors such as non-white per capita income and population figures for the 6 -15 age group. When calculating the aggregate poverty gap, Whiteford *et al*, 1995, based their studies on a living standards and development survey, carried out in 1993. The study investigated the extent of poverty in 8500 households and considered this a nationwide representative sample. Although they could have used other measures to gauge living standards in the various Provinces in South Africa, Whiteford *et al* (1995) selected the poverty line or poverty income

measure because it enables the separation of the poor from the non-poor by ruling that any household earning income below the poverty line be classified as poor.

Table 4 : The Poverty Gap by Provinces (Source: Whiteford *et al*, 1995 page 9)

Province	Poverty Gap (R million)	Share of total poverty gap	Per household poverty gap
Western Cape	529	3.4%	4223
Northern Cape	257	1.7%	5001
Eastern Cape	3 716	24.2%	5232
KwaZulu/Natal	3 303	21.5%	5269
Free State	1 159	7.6%	4404
Eastern Transvaal	968	6.3%	4643
Northern Transvaal	2 948	19.2%	4845
North West	917	6.0%	3936
Gauteng	1 551	10.1	5174
TOTAL	15 348	100.0%	4909

(Note: the per household poverty gap is a measure of the extent of poverty)

From Table 3, Eastern Cape has the highest share of the poverty gap (24.2%), followed by KwaZulu Natal (21.5%) and Northern Transvaal (19.2%). while Northern Cape has the lowest share of the aggregate poverty gap (1.7%), this is related to the size of its small population.

Table 5 : Provincial Share of the Budget for the 1994/95 Financial Year (Source: Department of Health, Durban)

Head Office	R 14 680 000
Western Cape Province	R 12 957 924
Northern Cape Province	R 5 361 908
Eastern Cape	R134 287 574
KwaZulu Natal	R 79 017 423
Free State Province	R 21 161 838
Gauteng	R 14 824 579
Northern Province	R132 203 997
Mpumalanga Province	R 24 282 815
North West	R 34 061 942
TOTAL	R472 840 000

Table 4 above shows the allocation of funding per Province. The table is intended to show how KwaZulu Natal's share of PSNP funding compares with other Provinces. Eastern Cape, Northern Province and KwaZulu Natal were allocated the highest amounts given their standing as far as the aggregate poverty gap is concerned.

3.3 The PSNP in Kwa-Zulu Natal

3.3.1 Introduction

In KwaZulu Natal the PSNP was launched on the 1st of September 1994. By the end of the year it had fed over 1.5 million pupils in more than 3000 schools in 45 magisterial areas. In 1995, there were 51 magisterial districts and the number of schools covered rose to 3287 feeding 1 562 008 children. (PSNP/NNSDP, Situation Analysis 1995) However, because the PSNP fails to clearly define the complex meaning of "where the need exists" it creates problems as far as the allocation of funding is concerned, KwaZulu Natal has been one of the provinces where the targeting of nutrition intervention beneficiaries has not been used. Instead all schools in KwaZulu Natal that apply for PSNP funding are accommodated. Part of the problem of the lack of a targeting mechanism in KwaZulu Natal stems from political dynamics, as was mentioned. KwaZulu Natal remains a faction-based, strife-torn province where some

of the ugliest scenes of violence in South Africa have occurred. The political strife between the major contenders of power in the province, the ANC and the IFP, pervades all spheres of life. As was the case with the NNSDP most of the funding of the PSNP seems to have ended up in the relatively wealthy magisterial districts which are predominantly ANC strongholds, and the rural IFP areas, whose need for the programme is more obvious, have not received as much as their counterparts.

3.3.2 Provincial Targeting/Funding Allocation

In KwaZulu Natal all children in the schools are targeted and all schools in the identified poor areas are assisted. There is in effect no target mechanism in place and therefore no targeting (PSNP/NNSDP Situation Analysis, 1995).

Following is the procedure applied by the Department of Health to allocate funding for the PSNP to schools through their school committees.

3.4 The Process of Funding School/Project Committees

When applying for PSNP funds, there must already be a school project committee set up to plan, implement, and control the programme at school level. A project proposal must be drawn up and project proposal forms issued by the Department of Health must be filled out as a basis for the allocation of funds. School Committee members must adhere to the financial controls in place. There is also a finance section of the project committee responsible for monitoring spending and expenditure returns. The onus is on the project committee to control its finances in the most efficient manner. The funds which are allocated to the various nutrition programmes are finally approved by an Approval Task Group.

The School Committees in the various provinces can either use the *tender* system or the *quotation* system to procure food supplies to administer the PSNP. Provinces employing the tender system get the necessary approval by following the standard procedures to contract food suppliers to deliver the approved foods to schools. In this system, the food supplier submits the necessary documents to the provincial office which are in turn sent to the Head Office in Pretoria for payment. The *tender system* is used by provinces whose schools lack the necessary infrastructure to run the programme at their schools.

The quotation system facilitates the allocation of funds for the PSNP at provincial level. Three quotations must be obtained by the school committees and they must decide which food supplier is the most suitable to meet the needs of the programme. They are then granted an advance of 25% of the total approved amount for cash flow purposes. The advance amount is used to pay the supplier and upon submission of the proof of expenditure, the school committees are reimbursed by the Head Office. (PSNP Progress Report 1995) KwaZulu Natal uses the quotation system as part of the process to empower and develop communities, by involving school committees in the funding process of the programme. They must handle the procedure of selecting suppliers and be involved in their payment. The quotation system also involves smaller enterprises, usually local businesses, in a bid to boost local enterprise rather than the big suppliers who are already well established.

3.4.1 Process Used for Funding of School Committees From the National Department of Health

- The number of pupils is multiplied by the number of school days within the financial year - this amount is for food alone
- An additional 10% of the budget is provided to cover administrative expenses such as postage, transport costs, telephone calls, faxes and other sundry expenses.
- An additional R250 is also provided to cover costs for courses/workshops that committee members may attend in order to gain skills that should ideally help to make the objectives of the PSNP attainable.
- School Committees are allocated 25% of their total budget as an advance for cash flow purposes.
- The committees submit a monthly expenditure report to the Finance Section of the Provincial Regional Office. The report must be accompanied by receipts/invoices from suppliers for any expenses incurred.
- The Finance staff verify that the invoices and expenditure report and any other relevant documentation are correct. This procedure is followed by the issue of a '1084' which is submitted to Pretoria for a further cheque to be issued. This takes 4 - 6 weeks.

- A cheque is then made out from the Head Office in Pretoria to the Province's Finance Section, which then passes it on to the respective school committee.
- The procedure is continued until the end of the financial year or until the organisation's funds are exhausted, whichever comes first.

For example, in 1995, allocation per child per day was calculated at:

$$\begin{aligned}
 &= 190 \text{ days} \times .55 \text{ cents} \times 1\,418\,898 \text{ (pupils)} \\
 &= R148\,274\,841,00 \\
 \text{Development} &= R250,00 \times 3\,024 \text{ (school committees)} \\
 &= R756\,000
 \end{aligned}$$

(This amount went to school committees)

$$\begin{aligned}
 \text{Administration} & \text{ (10\% of total budget)} \\
 &= R14\,903\,084,10
 \end{aligned}$$

(This amount also went to school committees)

$$\text{Total} = R163\,933\,925,10$$

Over the years allocation per child in KwaZulu Natal has decreased from R.88 cents to R.50 cents recently. The reason for the decrease in allocation is that schools are fed over a five day school week and not four as was previously done (PSNP/NNSDP Situation Analysis 1995).

3.5 Problems with running the PSNP

From the PSNP literature explored, most of the problems appear to be of a human resource nature. It must be reiterated that the programme was implemented without the prior planning and carefully planned strategy it warranted. Staffing has been a serious handicap to the running of the programme, and there have been inadequate staff numbers to meet the needs of the programme. This has been compounded by training problems where gross inadequacies between training officers and trainees have existed. Again, stemming from staffing problems the PSNP has inadequate evaluation and control measures, and this has resulted in the failure by the programme officers to detect fraud and misappropriation of funds in its nascent stages.

Budgetary constraints partly caused by lack of targeting have meant that budgets have been overextended, a problem also aggravated by blanket feeding. Furthermore, the community empowerment process which resulted from the change from the tender system to the quotation

system of procurement of supplies brought on numerous problems. Delays, overextension of staff who had to train approximately 9000 committee members, failure to pay suppliers and incorrect invoices from suppliers are among the most recurrent problems the PSNP has had to contend with (PSNP Progress Report, 1995).

3.6 Government's Response to PSNP Problems

Following wide coverage by newspapers of a serious public outcry about the PSNP, ranging from mismanagement to corruption, the government sought to intervene with a series of measures to put things right (Seeliger, 1995), (Mngadi, 1995). Since November 1, 1995, a total of 534 posts were allocated to the PSNP nationally. Furthermore, the office of the Reconstruction and Development Programme began a process of appointing PSNP management support teams to each province and to the national office, whose focus was improving operational and financial control systems. Of equal importance was a step taken by the Department of Health which requested that the Health Systems Trust assists in the design of a framework for the evaluation of the PSNP (Steyn, 1996).

3.7 Conclusion

Chapter 3 has looked at the PSNP at national level, describing how it fits into the broader South African development picture. Furthermore, chapter 3 has considered the allocation of funding from the national level to the provincial level and also the allocation of funding from the provinces to local levels. Allocation of funding at the national level is carried out through the use of the poverty gap which measures both the incidence and severity of poverty. At the provincial level it is not clear what mechanism should be used to allocate funding and, provinces deal with allocation at their own discretion. KwaZulu Natal does not use targeting. Chapter 3 has also described how schools and their committees access PSNP funding both from the provincial level and the national level, as well as looking at the problems that have incapacitated the PSNP from performing at its best. The next chapter will focus on field work.

CHAPTER FOUR: RESULTS

4.1 Introduction

Chapter 3 looked at the allocation of funds for the PSNP, focussing on the allocation from National level to the provinces, where the use of the poverty gap to determine the provincial share of the total funding was examined. Chapter 3 also looked at the PSNP in KwaZulu Natal and at the fact that there is no targeting in KwaZulu Natal. The process used for the funding of School Committees from the National Department of Health (DoH) was also considered. Chapter 3 also mentioned the problems with running the PSNP as well as the government's response to the public outcry about the programme expressed strongly by newspapers.

Chapter 4 looks at the qualitative results of the programme to explore the views of staff regarding the allocation of funding for the PSNP. These results are based on representative areas of the province of KwaZulu Natal, that is, urban/rural/peri-urban in 10 magisterial districts to explore how well funds have been used. This chapter also alludes to quantitative results based on observations from the data files obtained from the DoH in Durban. The sample of ten magisterial districts had data only for the last quarter of the financial year 1995. Through the exposure of problems regarding the running of the PSNP in KwaZulu Natal, this chapter aims to propel the way forward, towards recommendations that could make the PSNP more effective as a nutrition intervention tool and thus attain its objectives.

4.2 The PSNP and Allocation of Funding: Qualitative Assessment

This section is based on the results obtained following the use of a questionnaire (Appendix 1) used as a basis for interviews with PSNP personnel.

4.2.1 Allocation of Funding from National to Provincial Levels

(This discussion is based on information supplied by the National Co-ordinator of the PSNP.)

For Provincial budget allocations the aggregate poverty gap is applied. This is used as it is a reliable measure of poverty which encompasses both the incidence and depth of poverty and is able to separate the poor from the not-so-poor. There is no evidence that provinces are unhappy with their share of the total allocation as they were consulted prior to adopting the poverty gap formula. The only problem is that it is not uncommon for provinces to request more funds than they have been allocated using the poverty gap method.

4.2.2 Allocation of Funding from Provincial to Local Levels

(This information was granted by the deputy directorate of the PSNP in KwaZulu Natal.)

At this level, some measure of discretion is allowed when it comes to allocating funds for the PSNP as each province has its own unique circumstances. In KwaZulu Natal, magisterial districts are used in the allocation of PSNP funding as it is easier to access essential information such as the extent of poverty, through them. Moreover, co-ordination and organisation of the activities of the Department of Health is enhanced. For KwaZulu Natal a standard allocation of R0.50 cents per pupil per day applies. It must, however, be stressed that because KwaZulu Natal practices allocation of funding without appropriate targeting, the PSNP in this province is demand-driven rather than needs-driven, which means that funding is not being used efficiently and that it often ends up in the hands of those are not in need.

4.2.3 Targeting of PSNP Funding in KwaZulu Natal

KwaZulu Natal does not use the recommended strategy of targeting all districts where more than 78% of the population live below the poverty datum line or using socio-economic indicators to target the poorest schools and also possibly targeting specific children. Rather, the programme may be deemed to be self-selective as schools have to make their own applications to participate in the programme. Results indicate that the provincial Department of Health and Education decided to feed the poorest schools in magisterial districts, and particularly those which would have been classified as disadvantaged in the apartheid era. However, priority is given to primary schools serving rural and peri-urban areas. The problem with targeting is that isolated, inaccessible schools found in the peripheries of otherwise rich magisterial areas get excluded because they get obscured by the majority of rich schools, and this has a negative impact on targeting. Targeting schools in KwaZulu Natal is something of a moral dilemma given the province's political volatility. The issue of targeting specific children within schools has been eliminated as it is likely to have negative connotations for those targeted. This is because of the stigma attached to being a recipient of hand outs. Furthermore, such a move would be regarded with political suspicion.

4.2.4 Factors Hindering Appropriate Allocation of PSNP Funds

The following factors are a continuation of the findings based on the interviews held with PSNP personnel at the provincial level. This aspect of the qualitative assessment of the PSNP is most unsatisfactory following the poor response and poor knowledge displayed by those who responded to the questionnaire, although responses varied. The deputy directorate provided the most detailed

responses while other support staff lacked knowledge of the programme. Some of the factors include:

- **Lack of Staff**

One of the most serious problems faced by the PSNP is the over-extension of staff in the Department of Health. There are more than 3500 schools in KwaZulu Natal and all of these are served by approximately 20 staff. One key respondent added that there are 6 staff members to every 300 students.

- **Lack of Capacity to Plan and Administer the Programme**

This links with the previously-mentioned point. Inadequate training, limited transport (there are between four to six staff members to a vehicle) and the inclusion of inadequately-trained community members has further hindered the progress of the PSNP in some areas of KwaZulu Natal. Furthermore, although the RDP provides the necessary funds to run the PSNP, it did not provide the infrastructure and enough resources to run the programme and lacked a well-planned strategy.

- **Budgetary Constraints**

This has been a real impediment to the implementation of the programme in some cases. A few school teachers who spoke on behalf of their school principals indicated that their schools halted the PSNP because funding was not reaching their schools timeously and this made it difficult for them to procure supplies for the PSNP. Moreover, this has meant 43% reduction in the amount of total food aid per child (from R0.88 to R0.50 cents).

- **Political Problems and Violence**

These impact on the administration of the programme in the KwaZulu Natal Province making programme delivery unattainable. There are cases where officials have been threatened with violence during the execution of their duty.

- **Lack of Appropriate Infrastructure**

Some schools are excluded from participation in the PSNP due to isolation as a result of poor infrastructure which includes poor roads, lack of water, the lack of essential services such as banking and many others. Deliveries do not get to them regularly and they have difficulty accessing the Health and Nutrition Office in Durban.

It can be seen that the views reflected by staff support what has been written in the literature on the PSNP.

4.3 Quantitative Results

These results come from observations made in the course of analysing the data files on the PSNP obtained from the Department of Health in Durban.

4.3.1 Allocation of Funding to Schools

From the Table 6 below which shows the allocation of funds to schools in KwaZulu Natal, one is overwhelmed by the massive scale of the PSNP. This is revealed by the number of pupils fed by the programme. Although R190,246,591.62 was approved for food aid only R44,436,545.98 (23%) of it was advanced to schools. Further, of this amount, only R22,948,621.46 (50%) was recovered. The figure of balances to account for is quite substantial, it means that millions of rands might be lying idle or worse still might be misappropriated money. Table 6 also illustrates that although a lot of money is put into the PSNP, there is no guarantee that it will be used for feeding school children.

Table 6: The total allocation to schools for the financial year 1995 and how it was distributed
(Source: Department of Health Durban, 1995/96)

Number of Schools	3378
Number of Pupils	1528935
Amount of Food Aid	R166,223,377.30
Development	R814,250.00
Administration	R17,447,819.33
Amount Approved	R190,246,591.62
Amount Advanced	R44,436,545.98
Claims Paid	R49,129,364.98
Amount Recovered	R22,948,621.46
Balance to Account	R21,518,834.78

Table 7 illustrates the breakdown of allocated funds. It shows the various components of PSNP funding to individual schools in their respective districts. These comprise: the names of the schools, the number of pupils, the total number of days children are to be fed per school term, the amount of food aid and the total amount advanced to individual schools.

The school requiring funding is located after having gone through the specified procedure mentioned in Chapter 3. The number of children in the school is multiplied by R0.55c (now R0.50c) x 190 school days per term. The resulting figure is the amount of food aid or the budget for the school. To derive a budget for the whole magisterial district, the total number of schools is considered and then the above mentioned steps are applied to all the schools in the magisterial area.

From Table 7, it is clear that the smaller the number of pupils, the lesser the advance funding allocated to a school. The development fund is constant throughout (R250).

Table 7 : Example of the Allocation Procedure: (Source:Department of Health, Durban 1995/96)

Mag. Area	Name of School	No. of Pupils	Period Aid (Day)	Amount Food Aid	Development	Admin.	Amount Approved	Advance
ENS	Baqoqe C.P.	237	190	R 24,766.50	R250	R 2,501.65	R 27,518.15	R 6,879.50
ENS	Bejane L.P.	1367	190	R142,851.50	R250	R14,310.15	R157,411.65	R 39,353.00
ENS	Bhubhubhu H.P.	415	190	R 43,367.50	R250	R 4,361.75	R 47,979.25	R 11,995.00
ENS	Biliya C.P.	450	190	R 47,015.00	R250	R 4,727.50	R 52,002.50	R 13,000.50
ENS	Bingoma L.P.	78	190	R 8,151.00	R250	R 840.10	R 9,241.10	R 2,311.00
ENS	Bonomunye	318	190	R 33,231.00	R250	R 3,348.10	R 36,829.10	R 9,208.00
ENS	Canaan C.P.	550	190	R 57,475.00	R250	R 5,772.50	R 63,497.50	R 15,875.00
ENS	Casaurina C.P.	156	190	R 16,301.00	R250	R 1,655.20	R 18,207.20	R 0.00
ENS	Cebekhulu C.P.	598	190	R 62,491.00	R250	R 6,274.10	R 69,015.10	R 17,254.00
ENS	Cwaka C.P.	585	190	R 61,132.50	R250	R 6,138.25	R 67,520.75	R 16,880.00
ENS	Emfuyeni C.P.	850	190	R 88,825.00	R250	R 8,907.50	R 97,982.00	R 24,495.00
ENS	Ekuthuleni C.P.	734	190	R 19,781.30	R250	R 7,695.30	R 84,648.30	R181,907.66
ENS	Emasangweni	401	190	R 41,904.50	R250	R 4,215.45	R 46,369.95	R 11,592.50

4.3.2 The Implementation of the PSNP in KwaZulu Natal

In order to show the success rate of the implementation of the PSNP in KwaZulu Natal, a sample of results taken from ten magisterial districts was used. As was mentioned in the methodology, the sample comprised of: Maphumulo, Vulindlela, Mnambithi, Hlanganani, Mtunzini, Pinetown, Camperdown, Durban, Weenen and Berg. These were dealt with in the order that they appeared in the data file acquired from the Finance Officer.

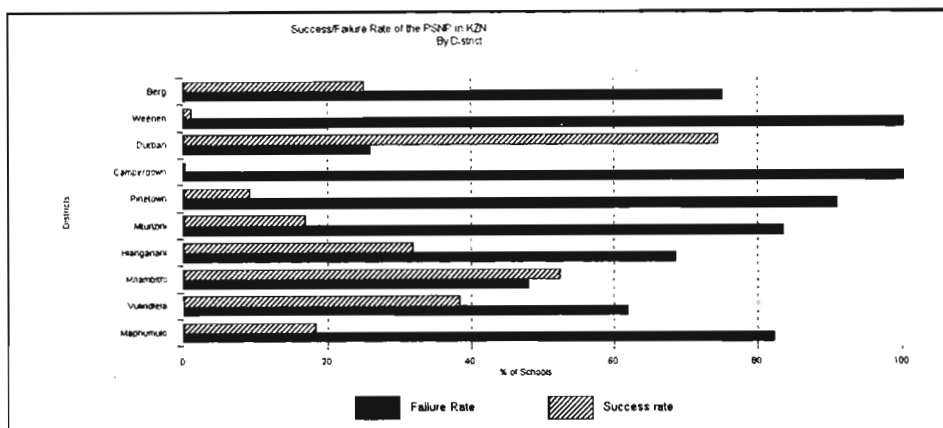


Figure 3: Success and Failure rate of the PSNP in KwaZulu Natal by district (Source: Department of Health, Durban. 1995/96.)

4.3.3 The Idea of Success and Failure

Success refers to those schools who have managed the PSNP well by using up the advances granted them, submitting their claims and being able to account for all the advances received by them. Failure refers to schools that have failed in this regard. To measure the success rate the following ratio was used:

$$(\text{Amount Recovered} / \text{Advances}) \times 100 = \text{Success Rate}$$

4.3.4 An Overall Scenario of Success and Failure in the 10 Magisterial Districts

To measure the success rate in the ten Magisterial Districts, a score of 0 was accorded a district that was not successful at running the PSNP and 1 to those that did well. It is important to note that this measure is not unique; another measure could have been used to gauge the programme's success/failure rate. The results of the PSNP in KZN showed that out of the 493

schools the success and failure rates were 36.5% and 63.5% respectively.

4.3.5 Success and Failure Rate by District

To measure the success and failure rate by Magisterial Districts, Magisterial Districts were categorised into Success and Failure categories whereby the former was allocated 1 and the latter 0. Districts that had a failure rate of 50% and above were categorised as failures. Those scoring less than 50 were deemed to be successful. The results are presented in Figure 3.

From the results, it is clear that failure rates dominate. This is the case in 80% of the magisterial districts. Durban and Mnambithi are the only two magisterial districts where the success rate of the PSNP is higher than the failure rate. Camperdown distorts the results in that it only has one school, which still managed to default.

4.4 Discussion of Overall Results

Although failure rates dominate in 80% of the magisterial districts looked at, the exceptions being Durban and Mnambithi, the results show that the success/failure rate is dependant on factors other than the fact that areas are urban/rural, as one would have been quick to conclude. The results are variable and show that ~~programme implementation problems are localised~~. When looking at the results for Pinetown, an urban area, one would have expected the success rate to be higher given its infrastructure and its developed nature. In actual fact, the success rate in this magisterial area is even below the cut off point of 50%, and it is less than half this rate. Due to the lack of detailed information about the dynamics involved in running the PSNP in these areas, one has to rely on speculation.

The Success/Failure rate in a magisterial area could be a reflection of the quality of the management of the PSNP by the school principal, the school committee and the Department of Health (DoH) staff. One of the ways of assessing this is through monitoring the behaviour of the school principals, the school committee, the DoH personnel and the banking staff. For example, illiteracy and lack of training in remote areas often results in incorrectly filled claim forms by school committee members, hence the stoppage in funding for the PSNP in their schools.

For those areas with a high success rate, Durban and Mnambithi, one of the determinants thereof could have been the dedication of the school principal to the programme and its ideals. A school principal who is apathetic with regard to the programme is not likely to achieve good results. Other necessary traits of a principal likely to succeed at the implementation of the programme include the ability to work in harmony with the school committee, school teachers and the suppliers. A principal who is able to handle large sums of money without getting tempted is also an asset to successful programme implementation. Good monitoring and interpersonal skills are useful traits as problems can be solved in an amicable manner and not grudgingly. Co-operative teachers who understand that the principal sometimes has to be away from his normal duties as school administrator to address the PSNP's problems is also a bonus in contributing to the success of the programme. A principal in whose school this is not present is not likely to pay attention to the programme.

The School Committee members also need to have certain traits to make the programme successful. As was the case with the principal, the school committee must be dedicated to the objectives of the programme and view it as necessary for the enhanced performance of pupils. The school committee members must also work well with the banking staff and suppliers and be strong enough not to be influenced into choosing unreliable suppliers. School committee members must be able to work together harmoniously as a team and overcome political affiliations. Above all they must be able to handle the funds of the PSNP with honesty and transparency, and be able to account for them in the specified manner.

Another important element of the management of the PSNP funding is the contribution of the staff of the DoH. Staff should be good monitors of PSNP funds in the schools they are responsible for. They should be able to travel on a regular basis to consult with principals and members of school committees on the progress of programme implementation. This plays a dual role, that of encouragement and motivation. Staff should be pleasant and easily approachable, arrogance and impatience are unlikely to attract school committee members to discuss their problems. When dealing with illiterate school committee members, staff should be patient and understanding. The same goes for banking staff who should be patient, helpful and approachable when it comes to attending to school committee banking needs.

Those magisterial districts with a high failure rate such as Maphumulo and Vulindlela must be missing a lot of the positive traits that school principals, school committees, DoH and banking staff must have in order for the programme implementation to be smooth. In these magisterial areas, where the failure rates are dominant, the school principals may not have seen the PSNP as their area of jurisdiction, or they may have felt overworked or burdened with the programme or even, such that the school committee were left on their own to manage the PSNP. The failure on the part of the principal and the school committee to work as a team, could also be responsible for high failure rates.

The degree of commitment is also an important factor in determining the success/failure rates of programme implementation. Lack of commitment in the case of school committee members engaged in other activities or with little time for PSNP activities, is a serious problem because it means that some things may have to be postponed. For instance if the signatories of the PSNP proposal forms fail to meet at the appointed time, an alternative time would have to be arranged, sometimes exceeding set time limits.

In some magisterial districts, fraudulent activities were discovered which could be a major deterrent to school committee members and principals appearing at the DoH, in case they are reprimanded for their part in such activities. One of the key respondents from the Finance section of the PSNP at the provincial level mentioned that in the previous financial year, R44 million was unaccounted for. The respondent cited a further case of fraud involving 12 school committees that was still being investigated. This is not much of a surprise as the programme was still a novelty, hampered by a series of serious setbacks, such as the ratio of staff to schools in the PSNP, poor training of those handling the programme and various human resource related problems. This is when honesty and transparency when handling PSNP funds is crucial.

Other enabling conditions for programme implementation include: good infrastructure which includes good roads for suppliers to be able to deliver to schools and also for the DoH staff to be able to make visits to monitor the PSNP in the areas they are responsible for. Good infrastructure also refers to the availability of clean water and good sanitation. Some form of fuel and the presence of cooking facilities is important because it widens the scope of what sort of foods can be provided. Reliable local suppliers are also an asset to successful programme

implementation because schools are assured of constant supplies.

The proximity of school committee members to the schools is important as is their non/little-involvement in other activities. Links with the DoH and the banks where PSNP funds are kept are important. These include telephones and faxing facilities for those schools who can afford them, post offices and public transport. Proximity to the provincial DoH as well as sub-regional offices for schools situated far away from Durban makes a huge difference as it means problems can be addressed timeously.

The main conclusion to be drawn from the results is that factors responsible for poor programme performance are localised and detract from the fact that areas are urban/rural. What is needed therefore, is more research to establish why such differences in success/failure rates occur.

4.5 Conclusion

Chapter 4 consists of a qualitative assessment of the PSNP in KwaZulu Natal, focussing on the implementation problems of the PSNP as viewed by the key respondents. These include lack of direction where allocation of funding from provincial to local levels is concerned. This is because provinces are left to decide their own method of allocating funding to schools. In KwaZulu Natal this has resulted in untargeted funding as there is no target mechanism in place.

Chapter 4 also looked at quantitative results covering the total allocation to schools for the financial year 1995 and how it was distributed. An example of allocation at school level was discussed as well as results from ten magisterial districts illustrating the success/failure rate of the PSNP in KwaZulu Natal. It was found that in a majority of schools the PSNP has not been successful when considering the amount of advances made to schools, the rate of submission of claims as well as the schools' inability to account for their advances. The next chapter will deal with recommendations for the enhanced performance of the PSNP.

CHAPTER FIVE: RECOMMENDATIONS AND CONCLUSIONS

5.1 Introduction

The aim of the study was to form part of the evaluation by the HST and DoH of the PSNP by investigating how the allocation of funding for the PSNP has been taking place in KwaZulu Natal and, if this was found to be inappropriate, to provide recommendations for improved allocation of funding for the programme. To achieve this aim, key informants from the DoH were interviewed and their responses analysed to expose problems with targeting and allocation of funding at the various levels of government. Furthermore, data consisting of a sample from the financial quarter of 1995/96, obtained from the Finance Section, KwaZulu Natal DoH in Durban were analysed. Chapter 4 consisted of a qualitative assessment of the PSNP based on the views of staff who have worked closely with the programme, regarding the allocation of funding and also the question of targeting. Also, quantitative results based on 10 magisterial areas, representative of KwaZulu Natal, being urban, peri-urban, and rural, were explored in terms of how well funds have been used. Observations based on the data files obtained from the DoH in Durban were made to show, for example, the distribution of funds allocated for the 1995 financial year and how allocation actually takes place. The implementation of the PSNP in KwaZulu Natal has enjoyed some measure of both success and failure as the results in chapter 4 have shown. Having explored both the qualitative and the quantitative results of the PSNP in the previous chapter, chapter 5 seeks to consolidate and conclude the findings of the study and to lead the way forward for the improved governance of the PSNP by way of recommendations which include reference to an example of the approach used by the Food and Agricultural Organisation, where appropriate.

5.2 Recommendations

The following recommendations are based on the researcher's observations from the analysis of the results of the study.

*5.2.1 Programme Infrastructure

Appropriate infrastructure should be established as a priority if a programme such as the PSNP is to work. Programme infrastructure refers to important components such as a clear plan with intended objectives and aims, clear procedures on how the programme is to be run, staff who

are well versed in the operation of the programme, the availability of essential amenities such as water and sanitation, good roads, well trained staff and good school infrastructure.

The aims and objectives of the PSNP need to be clarified. Such clarification would help answer the question: *Is the PSNP a feeding scheme or an attractant of school children to school or is it a broad-based development project aimed at empowering small businesses, school governing bodies and others?* Furthermore, it would help the PSNP if the seemingly weak linkages (within the PSNP) between the headquarters and provincial staff members were made stronger. This communication could easily be maintained if the programme objectives were clear to all. To achieve this would also call for additional training in basics and in-service training. Field workers should understand the administrative aspects of the programme. This would help minimise for instance, the delays in funding of some schools following the failure to follow the designated procedure for accessing PSNP funding. This view is supported by the FAO and presented by Sevenhuseyn's work.

It is imperative that an auditing unit be introduced so as to minimise the discrepancies apparent in the PSNP's transaction books. For example, when analysing the data from the DoH, serious errors were found, such as those cases where a school was not granted an advance, but a sum of money was recorded as claims paid to that school.

The Department of Education needs to update its records relating to schools and their pupils. These records should be made accessible to all parties who might need them. Such action might help to curb dishonesty which has resulted in the misappropriation of funds in some cases. Also worth considering is an auditing system to verify information given by school principals about their schools. The purpose of such a move would be to combat dishonesty among school teachers, some of whom have been discovered falsely to extend pupil lists in order to pocket surplus funds.

5.2.2 Training

There is a need to build capacity in the magisterial areas through training. More specifically programme training is required for those involved with the programme to improve the handling of funds allocated in their respective magisterial areas, and this training should include school

committee members. Innovative training incorporating managerial skills, with technical information on nutrition relevant to the extension worker's responsibilities, would go a long way towards improving financial control for the PSNP. Training would not only increase staff numbers monitoring the PSNP at the DoH, thus averting the apparent over-extension of staff, but would also maintain the communication links alluded to above, and would eventually improve efficiency in as far as programme delivery goes. The PSNP seems to have put an effort into training persons involved with the programme (PSNP Report Highlights, 1997).

5.2.3 Programme Evaluation

Programme evaluation is very important although most projects lack criteria for evaluation. As was previously mentioned, it is imperative to ensure that programmes are constantly evaluated because of the vast resources that go into running these programmes. Programme evaluation should also be extended to the role players of the programme to establish the effectiveness of the training programmes. Evaluation of the socio-economic effects of the PSNP should also be carried out to gauge whether or not it is meeting its objectives, which can be facilitated by research.

5.2.4 Community/School Committee Participation

The role of the community in the apartheid era in South Africa was very minimal. However, with the coming to power of the Government of National Unity, the importance of the role of the community has been highlighted. The community and school committee members should be given the support they need from the PSNP personnel, from the banking staff and also from school teachers and their principals as well as from the suppliers and NGO's. Training of the community members is as important as that of staff directly involved with the programme. Moreover, technical and logistical support must be given to ensure smooth running of the programme. Looking at recent statistics for the levels of community participation in the PSNP, it is clear that the number of community participants has declined and that the PSNP is heading for a decline (PSNP Report Highlights, 1997).

5.2.5 Funding Allocation Mechanism

KwaZulu Natal needs a regional mechanism for the allocation of funding for the PSNP. Untargeted selection of the programme's beneficiaries as is the case presently, cannot go on indefinitely because of the limited nature of the PSNP budget. The poverty gap used at the national level could be taken to regional allocation of funding in order to meet needs-based feeding rather than demand-based as is the case at present in KwaZulu Natal. There need to be readjustments regarding development funds for schools, since the standard allocation of R250 at every financial quarter is not sufficient to train field workers.

5.2.6 Role of Non-Governmental Sector

Support from some relevant NGO's in conjunction with government is necessary. NGO's participation in development programmes is vital given their ability to deliver quickly and the fact that they are reputed to work well with communities. The NNSDP, for example, worked well partly because NGO's were involved with the programme. Above all it needs to be recognised that under-nutrition is a multi-sectoral problem and needs support and contribution from all sectors to help mitigate it. At present this is not the case with the PSNP, and NGO's are not involved with the programme.

5.2.7 Decentralisation of the Health System

There is a need to hand over operation and implementation of nutrition programmes to the district health system level such that each district is able to recognise its own nutrition needs and how to address them. The programme should be decentralised such that national government plays a minimal role in implementing the programme at provincial level. This would help minimise delays in programme delivery. If wanting to change from the PSNP to more development orientated programmes, it is necessary that the community be drawn into these programmes.

5.2.8 Research

Research is needed to establish why the PSNP fails in certain magisterial districts and not in others, to help with problem diagnosis and problem solving. It is also important to consider the costs and benefits of the PSNP's supplementary feeding as it may have no demonstrable anthropometric nutrition impact, in which case it might be deemed not to be worthwhile.

It might be shown that focus should be on pre-schoolers who are the most vulnerable group. The appropriateness of the PSNP at community level needs to be probed to establish whether this programme is the solution to rectify under-nutrition among South African primary school children. Berg (1992) stresses that research should move away from trying to find solutions to questions whose answers are already known, such as why micronutrient deficiencies occur or even who is vulnerable and where are they found. Rather, research should focus on 'how' questions such as how programmes such as the PSNP can be responsive to programme evaluations, organisation and management.

5.2.9 Reconceptualisation of the Nutrition Problem

As the Conceptual Framework illustrates, food in itself does not suffice. Food security, access to health services and the levels of care are all pre-requisites for a sound nutrition state. The nutritional status of children could be improved by food and non-food measures which are mutually-reinforcing. Moreover, under-nutrition and malnutrition in general are problems that have the worst effect on children under 5 and this needs to be brought to the attention of those involved with nutrition intervention programmes.

Intersectoral collaboration needs to be taken seriously to improve the quality of programme delivery. The Departments of Education and Health could work more closely together and other sectors such as agriculture, finance and economics also need to play a role in nutrition matters. Moreover, nutrition is a development issue and must be incorporated into macro-economic planning. Political commitment and resources are necessary to change the development process in rural South Africa, and particularly the most poverty stricken provinces, with the largest share of the aggregate poverty gap, namely: Eastern Cape, KwaZulu Natal and Northern Transvaal. Launching economic and development plans aimed at creating employment might help to mitigate poverty by empowering people to be able to feed themselves, a step which could go a long way towards household food security and eventually lessen the need for nutrition intervention programmes such as the PSNP. Subsidisation of some food products by the state could, for example, enable the low income groups to buy food at reasonable prices.

5.3 Conclusion

The PSNP has enjoyed success as an education programme where it has resulted in more school-children being attentive at school, fewer absentees, a decrease in school drop-outs and the creation of local employment opportunities, all of which have a positive effect on the future of the South African economy (PSNP Implementation Report, 1994).

However, the results are different when the programme is considered as a nutrition tool. The PSNP does not address the nutritional needs of those under 5 years, particularly the 0-2 years age category which is the most vulnerable group in terms of their growth and development. In effect, this is one of the factors that works to its detriment. A nutrition programme such as the PSNP would be more beneficial in curbing under-nutrition if it were targeted at children below the age of 5 which is when the most adverse effects of malnutrition occur. The PSNP falls short in this regard in that it does not target very young children. If the PSNP were aimed at feeding pre-school age children, it could have a positive impact on household food security. This could occur, for instance, as a result of mothers being able to seek work as they would be encouraged by the existence of the feeding scheme to send their children to pre-school.

The programme's limited success is more noticeable when the sustainability of its allocation of funding is concerned as millions of rands are involved in running the programme, yet its nutritional benefits are far from being realised. Amner (1996) argues that the sustainability of the programme from a continuous feeding point of view comes into question when considering that school children are not fed during school holidays. If the PSNP was really concerned about nutrition, there would be continuous feeding even during school holidays to ensure continuous monitoring of the children's nutritional status.

Further, the mismanagement of the funding of the PSNP by committee members is one of the major problems affecting the future funding of the programme. In addition, the PSNP's failure to use appropriate targeting means that resources are not channelled where they are most needed. Perhaps other cheaper methods of fighting micro-nutrient malnutrition such as the giving out of Vitamin A capsules and/or iron capsules to needy children who are found to be deficient in these nutrients might be considered. Alternatively, the foods provided could be fortified as this is one of the most cost-effective means of ensuring the supply of vital nutrients

for the target age group.

It would seem then, that although the PSNP is a step in the right direction towards mitigating under-nutrition among school children, there remains ample room to improve the programme before its full nutritional benefits can be reaped, as shown by the recommendations made. The most important move to enhance the nutritional benefits of the programme would be to include children under the age of 5 when malnutrition does the most damage to their development.

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APPENDIX 1
(Questionnaire)

TARGETING OF SCHOOLS

- 1 How do provinces target where and to whom funds are to be allocated?
.....

- 2 What type of schools participate in the PSNP?
.....

- 3 Are there schools that are not in the PSNP and yet should be in it?
.....

- 4 Where are these schools and what type are they?
.....

- 5 What is being done about those schools in the PSNP that should not be benefiting from the programme? Can they be excluded from participating?
.....

- 6 How do you feel about targeting specific children in schools as is done in Western Cape?
.....

- 7 Any history of drop-outs and reasons for doing so?
.....

- 8 Do drop-outs make a difference on the finances of the PSNP?
.....

ALLOCATION OF FUNDING FROM NATIONAL TO PROVINCIAL LEVELS

- 1 What mechanism is used to effect this, and why this particular mechanism?
.....

- 2 Are provinces unhappy with the present method of allocation? If so why? (Any
 problems associated with it)?
.....

- 3 What is the difference between the RDP allocation formula used by the PSNP and that
 used by other DoH programmes?
.....

- 4 What improvements would you like to see in this allocation from provinces to their
 local governments?
.....

- 5 Have you considered adopting strategies of allocation used in other countries?
.....

ALLOCATION OF FUNDING FROM PROVINCIAL TO LOCAL LEVELS

- 1 What is the rationale behind allocation via magisterial districts?
.....

- 2 Why is a more flexible criteria for allocation within provinces used?
.....

- 3 How do you justify differential allocations per child (rural vs urban) i.e what criteria
 is used?
.....

4 What is being done about the apparent poor state of data accuracy at the magisterial districts?

.....

5 What are the problems with allocation at this level?

.....

APPENDIX 2

(HST and DoH Motivation for PSNP Evaluation)

DESIGNING AN EVALUATION OF THE PRIMARY SCHOOL NUTRITION PROGRAMME

1 AIMS

In conjunction with the Ministry of Health, the Health Systems Trust supported a process of debate and design, aimed at shaping a framework for evaluating the Primary School Nutrition programme (PSNP).

This intended evaluation has three very explicit aims:

First, to help **improve the efficiency and effectiveness of the school feeding programme** *per se* as a matter of urgency.

Second, **to enhance the effectiveness of the PSNP as an instrument of development** through community involvement, income generation, job creation and other “add-value” activities related to the school feeding programme.

Third, **to examine the nutritional basis for the PSNP and other nutritional interventions**, and to use information about South Africa’s nutrition to help shape future strategies.

2 MOTIVATION

The evaluation is motivated by two compelling arguments:

Roughly 7% of the total public health budget is spent on direct nutritional interventions. Yet there is little clarity as to whether this expenditure is being used efficiently and appropriately.

Perhaps an even more cogent argument is the recognition that nutrition is high on the national political agenda. If this interest is to be sustained, it must be demonstrated that these high profile nutrition interventions are effective. That is, that they promote good nutrition; that they further the aims of the Reconstruction and development programme; and serve their political purpose. For these reasons, it is imperative that the Primary School Nutrition Programme succeeds. Successful nutritional programmes are likely to limit future investment in similar programmes, regardless how earnest and rational the motivation.

3 PROCESS

A meeting of about 30 people was held on 1 February 1996 to establish a broad framework for the intended evaluation. This was followed by an intensive 5-day process of detailed discussion, aimed at teasing out pressing research questions and setting out a short-, medium- and longer term research agenda.