FOOD AND NUTRITION SECURITY STRATEGY 2015 - 2025

APPROVED BY SADC COUNCIL OF MINISTERS AND ENDORSED BY THE HEADS OF STATE AND GOVERNMENT

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Accroynms

AIDS	:	Acquired Immunodeficiency Syndrome
ARNS	:	African Regional Nutrition Strategy
BFHI	:	Baby Friendly Hospital Initiative
BMS	:	Breast Milk Substitutes
CAADP	:	Comprehensive African Agricultural Development Programme
CFS	:	Committee on World Food Security
DFID – UK AID		Department of International Development
DRC	:	Democratic Republique du Congo
EBF	:	Exclusive Breast Feeding
ECSA	:	East, Central and Southern Africa Health Community
FAO	:	Food and Agricultural Organization
HIV	:	Human Immunodeficiency Virus
ICT	:	Information Communication Technology
IDD	:	Iodine Deficiency Diseases
IEC	:	Information Education and Communication
IYCF	:	Infant and Young Child Feeding
M&E	:	Monitoring and Evaluation
MDGs	:	Millennium Development Goals
NCDs	:	Non Communicable Diseases
NEPAD	:	New Partnerships for African Development
PANI	:	Pan African Nutrition Initiative
PLHIV	:	People Living with HIV
RAP	:	SADC Regional Agricultural Policy
SADC	:	Southern African Development Community
SFNSS	:	SADC Food and Nutrition Security Strategy
SSYB	:	SADC Statistical Year Book
STDs	:	Sexually Transmitted Diseases
SUN	:	Scaling up Nutrition
UNICEF	:	United Nations Children's Fund
VAS	:	Vitamin A Supplementation
WB	:	World Bank
WFP	:	World Food Programme
WHO	:	World Health Organization

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EXECUTIVE SUMMARY

The SADC Heads of State and Governments Summit in August, 2013 in Lilongwe, Malawi directed Ministers responsible for Agriculture and Food Security and Ministers of Health to jointly meet to discuss and agree on strategies to increase food production, food fortification and nutrition. The directive was based on the evidence presented to the Summit that showed that food and nutrition insecurity in the Region is still high with child stunting levels as high as 50% in some countries and population experiencing food insecurity averaging 15 million people per year since 2004. It was for these reasons that this SADC Food and Nutrition Strategy was developed.

The goal of this Strategy is to significantly reduce food and nutrition insecurity in the Region by 2025. This will be achieved by:

(i) Promoting availability of food through improved production, productivity and competitiveness;

(ii) Improving access to adequate and appropriate food in terms of quality and quantity;

(iii) Improving the utilisation of nutritious, healthy, diverse and safe food for consumption under adequate biological and social environment with proper health care; and

(iv) Ensuring stable and sustainable availability, access and utilisation of food.

The implementation mechanism of the Strategy will be aligned to the general principles of the RISDP, the Regional Agricultural Policy (RAP), the SADC Health Policy Framework, the Orphans, Vulnerable Children and Youth (OVCY) Strategy, the Maseru Declaration on HIV and AIDS, amongst others. Specifically, the main guiding principles which will apply are:

(i) Value addition – ensure that the interventions to be spear-headed at the regional level will be limited to those that clearly add value or generate solutions to national initiatives;

(ii) Broad participation and consultation – the implementation of the Strategy must be based on broad participation and consultation to ensure ownership and commitment at all levels; and

(iii) Subsidiarity (Suitability of implementation level) – the implementation of the Strategy will also recognize the need to ensure that programmes and activities and associated structures are delivered at levels where they can be best handled and managed. The Secretariat will promote partnerships with other regional institutions outside SADC structures to facilitate the implementation of the Strategy.

The implementation of the Strategy will require resources in the form of human, material, technical and financial resources. Strong commitment from Member States and other stakeholders is necessary to ensure the development of satisfactory,

comprehensive and complementary national food and nutrition security policies and strategies. The SADC Secretariat will facilitate the execution, monitoring and evaluation of the implementation of the Strategy.

This Strategy was approved by Ministers responsible for Agriculture and Food Security and Ministers of Health at their meeting held in Lilongwe, Malawi in July 2014 and subsequently endorsed and adopted respectively by Council and Summit in Victoria Falls, Zimbabwe in August 2014.

CHAPTER 1: INTRODUCTION

1.1 Background

The Food and Nutrition Security Strategy (FNSS) is developed to implement a wide range of SADC policies and programmes which aim to holistically address issues of food and nutrition security from a multi-sectoral perspective. More specifically, the FNSS implements the food and nutrition aspects of the SADC Regional Agricultural Policy (RAP), the SADC Health Policy Framework, Orphans, Vulnerable Children and Youth (OVCY) Strategy, the Maseru Declaration on HIV and AIDS, among others. The FNSS also takes into account the African Union's African Regional Nutrition Strategy (2005-2015) and Member States' national food and nutrition security policies and strategies.

Food and nutrition security cannot be adequately addressed without paying particular attention to children under the age of five years and women of child-bearing age. Child stunting, under-nutrition and obesity are the critical nutritional challenges affecting the Region. The first 1000 days (period from conception until a child is two (2) years old) are critical for child development. Drawing on current international evidence, the FNSS calls for a life-cycle approach in addressing food and nutrition security challenges.

Women and youth empowerment is critical for improved food and nutrition status. Gender inequalities still persist in the Region with women and girls being the worst affected. Specifically, women and youth face challenges in terms of access to productive resources, legal rights, education and health. Women play a central role in food production and are the primary care givers.

1.2 Conceptual Framework of Food and Nutrition Security

The concept of food and nutrition security has evolved dramatically in the past several decades both in theory and practice. For the purpose of this strategy, food and nutrition security is defined as:

> *when all people at all times have physical, social and economic access to food, which is safe and consumed in sufficient quantity and quality to meet their dietary needs and food preferences, and is supported by an environment of adequate water and sanitation, health services and care, allowing for healthy and active life (CFS, 2012).*

The three pillars of food and nutrition security are:

(i) **Availability** which is achieved when adequate food is at the disposal of individuals;

(ii) **Accesibility** is when households and individuals have sufficient resources to secure appropriate foods in terms of quantity and quality (through production, purchase or donation) for a nutrious diet; and

(iii) Utilization which refers to the ability of the human body to ingest and metabilize food. The food should be nutritious and safe for consumption under adequate biological and social environment with proper health care.

In addition, food availability, accessibility and utilisation should be stable and sustainable in order to attain food and nutrition security in the Region.

1.3 Structure of the Strategy

(i) Chapter 1 provides the introduction to the Strategy;

(ii) Chapter 2 presents the situational analysis;

(iii) Chapter 3 outlines the Strategy's vision, goal, objectives, priority areas of focus and identify interventions to be implemented to achieve the desired results;

(iv) Chapter 4 presents the implementation mechanisms;

(v) Chapter 5 presents the resource requirement;

(vi) Chapter 6 presents the monitoring and evaluation mechanisms; and

(v) Chapter 7 presents the Results Framework giving a logical framework of impact/ outcomes/ outputs / activities / targets to be achieved.

CHAPTER 2: SITUATIONAL ANALYSIS

2.1 Overview

The SADC region comprise 15 Member States and has an estimated population of over 285 million people (SSYB, 2012). The region has a population growth rate of 2.2 percent per annum and an average fertility rate of 4.9 births per woman of child bearing age. Most of the Member States have more than 40 percent of their population below the age of 15 years, with a regional average of 76 percent below 35 years of age. The youth (15 – 34 years) constitute an average of 35 percent of the total SADC population. This pattern illustrates an on-going demographic transition and high dependency ratios on the economically active segments of the population. This has implications on the provision of food, social and health services such as employment opportunities to the growing population and workforce, in particular, women and the youth.

Despite the huge resource endowments, the regional food and nutrition security situation remains unstable and unpredictable. Since 1970, the proportion of the malnourished population has remained within the 33 to 35 percent range in Sub-Saharan Africa (IFPRI, 2002). The proportion of food insecure households in the SADC remains high despite improved food production in some Member States in recent years. Available evidence indicates continued existence of chronic food insecurity,marked with high levels of poverty and disease burden. Vulnerability to food and nutrition insecurity amongst children, women and youth is known to be high in many SADC countries.

The consequences of malnutrition include arrested physical and mental development of individuals and the detrimental impact on social and economic development. Children and women of child bearing age are the most affected by malnutrition because of their physiological conditions. Poor nutrition status combined with the communicable and non-communicable diseases burden and the generally weak health delivery system in the SADC remains a cause for concern.

Food and nutrition challenges and poverty are interrelated. Poverty remains one of the greatest challenges in the SADC region, with approximately half of the population living on less than $1 a day, according to the International Council on Social Welfare. Hunger, malnutrition, gender inequalities, exploitation, marginalisation, high morbidity, and communicable diseases are a few of the complex challenges that contribute to poverty in the SADC region.

In addition to poverty, the situation is further complicated by high prevalence of HIV and AIDS leading to the loss of agricultural labour force. Exacerbating the situation are the frequent droughts and floods, high food prices and global financial crisis over the past decades that have also left many people in the Region without food and in need of humanitarian assistance.

Despite attempts to bridge local production gaps through food imports and food aid, the SADC average per capita dietary energy supply is estimated at 2,160 against a

recommended requirement of 2,700 Kcal; and protein supply at 49 g per person per day against a requirement of 68g (RISDP, 2013). This trend has posed a challenge for Member States to meet the RISDP goal of halving extreme hunger by the year 2015, a target which is unlikely to be met.

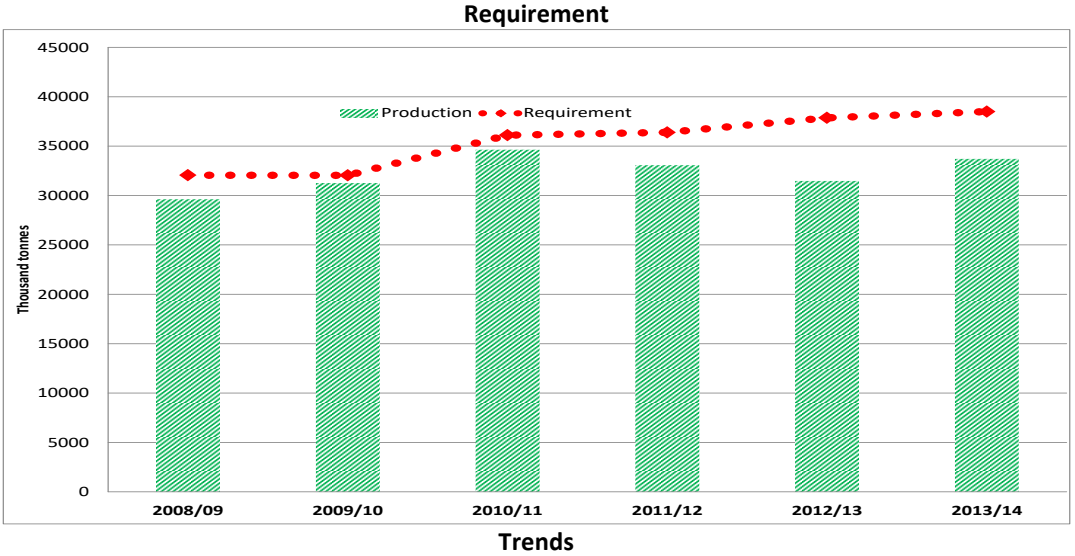
2.2 Food and Nutrition Situation in SADC

2.2.1 Food Security Situation

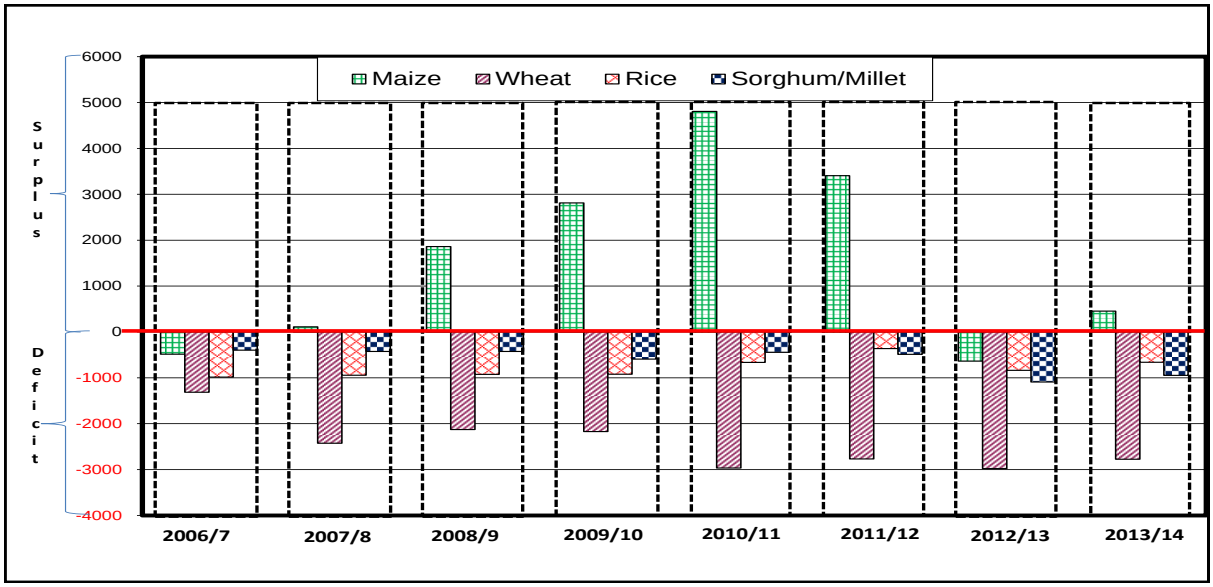
2.2.1.1 Cereal Production

Cereals are a major contributor to food security in the region. However, the total cereal production has been fluctuating and failing to meet the region's demand as reported by Member States Early Warning Systems (Figure 1). Consequently, the SADC has had to meet its cereal requirements through commercial food imports and food aid. Cereal production and productivity have remained low due to a combined effect of high prices of inputs relative to that of agricultural commodity products and low investment in small-holder agri-based value chains.

Figure 1: Regional Cereal Production and Requirement



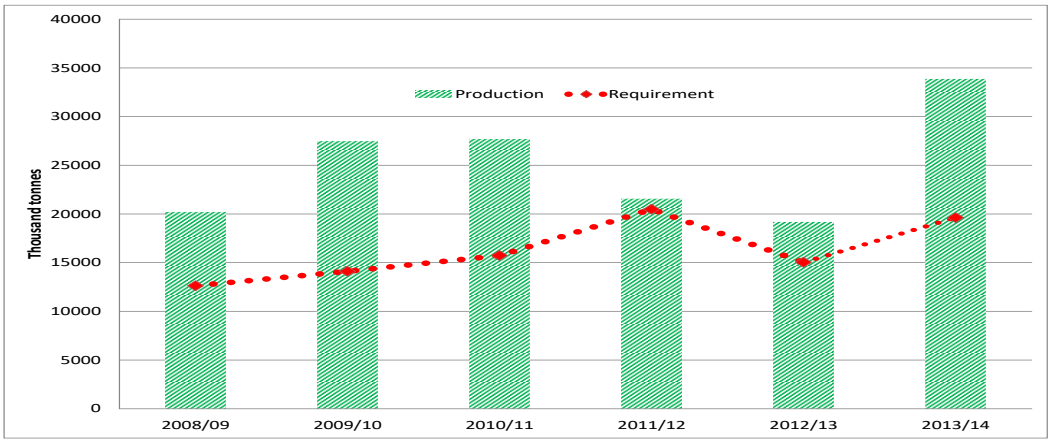
Similarly, Member States reports on individual cereal crops, sorghum, wheat, rice and millet consistently indicated deficits while maize recorded surpluses from time to time (Figure 2)



2.2.1.2 Roots and Tubers

Roots and tubers especially cassava and sweet potatoes, are also an important source of food in the Region. Cassava is a staple food in parts of Angola, DRC, Malawi, Mozambique, United Republic of Tanzania and Zambia. Cassava production has generally been above the estimated requirement in these countries (Figure 3). However, the supluses are hardly available to a large section of people of the Region due to lack of market access and capacity for value addition.

Figure 3: Total cassava production and requirement trends in Angola, Malawi, Mozambique, Tanzania and Zambia



Source: Member States

2.2.1.3 Legumes, Pulses and Oilseeds

Legumes, pulses and oilseeds contribute significantly to food and nutrition especially as they provide plant protein and other micro-nutrients. However, data on production and demand is not readily available at the Regional level.

2.2.1.4 Livestock Production

Although there have been some increases in production (Table 1) of various livestock products (beef, pork, mutton, goat, poultry, egg and milk), in absolute figures over the past decade, the overall picture is that the growth has failed to meet the demand making the region a net importer of livestock products.

Table 1: Production of Livestock Products (million tonnes)

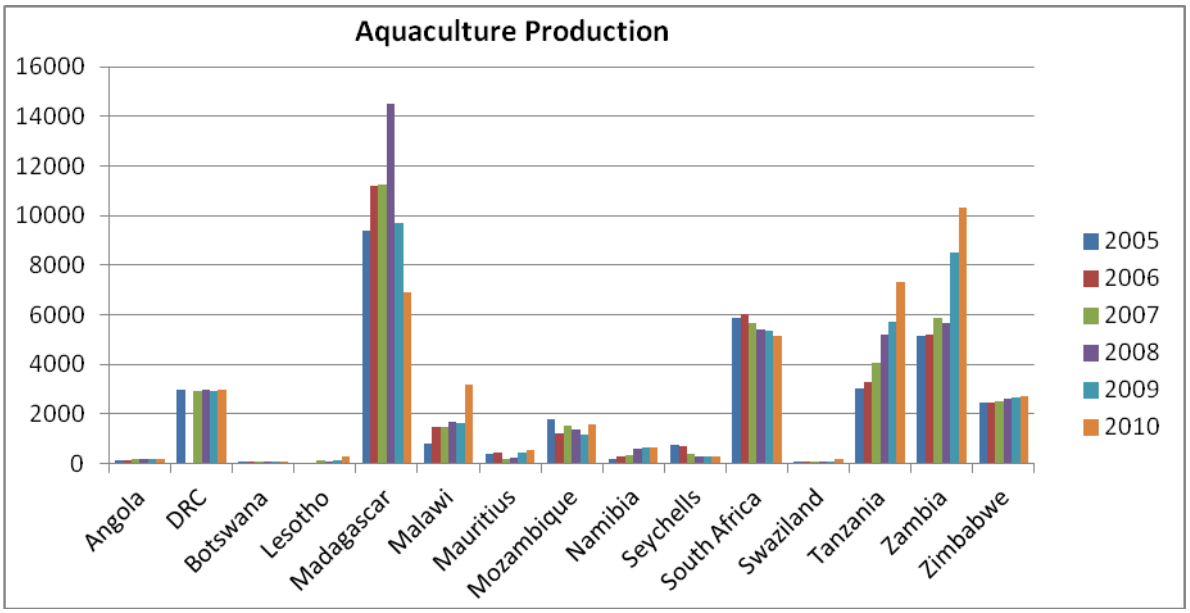
Livestock Product	2006	2007	2008	2009	2010	2011	2012	% increase (2011 vs. 2012)
Beef	1.25	1.28	1.33	1.39	1.45	1.51	1.57	4.3
Mutton	0.14	0.15	0.15	0.16	0.17	0.17	0.18	6.3
Goat	0.14	0.15	0.15	0.16	0.17	0.17	0.18	6.3
Pork	1.32	1.35	1.40	1.41	1.42	1.43	1.44	0.7
Poultry	1.83	1.88	1.95	2.04	2.13	2.22	2.31	4.4
Milk	4.44	4.55	4.65	4.75	4.86	4.97	5.08	2.3
Eggs	0.56	0.57	0.59	0.61	0.63	0.65	0.67	3.2

Source: SADC, 2013

2.2.1.5 Fisheries production

Fisheries contribute to food and nutrition security, economic development, trade and employment creation and the Region has high potential for increased production. Recent statistics indicate that the Region produces only 2.4 million tonnes of the 148.5 million tonnes of global captured fisheries. Similarly, the Region produces only 0.033 million tonnes of the 59.9 million tonnes of global aquaculture production. Regional production of aquaculture and captured fisheries are indicated in Figure 4 and 5.

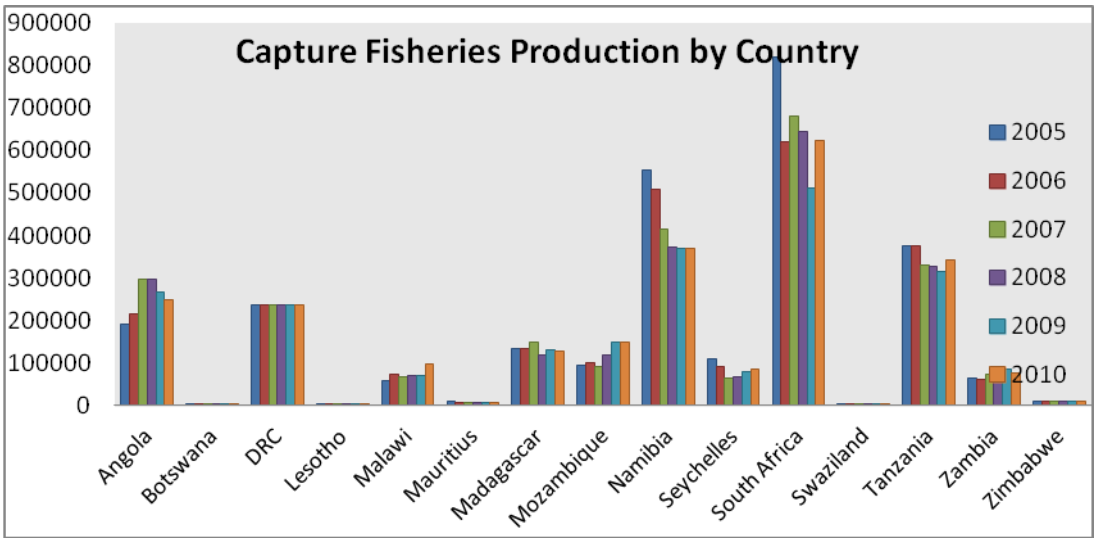
Figure 4: Aquaculture Production (tonnes)



Source: FAOStat, 2010

Fisheries resources in the Region are threatened by multiple factors principal of which are overfishing, degradation of aquatic environments, illegal, unreported and unregulated (IUU) fishing and climate change. The Region also lacks information to support fisheries management interventions.

Figure 5: Capture Fisheries by Member States



Source: FAOStat, 2010.

2.2.1.6 Fruits and Vegetables

Although data on fruit and vegetables is not readily available, these contribute significantly to food and nutrition security in the Region. Fruits and vegetables are rich in vitamins and minerals, improve palatability and add variety to diets, and provide income for the population. With respect to indigenous fruits and vegetables, their potential has not been fully exploited.

2.2.2 Trends in Food Insecure Population

The highest food and nutrition insecurity in the SADC was reported for 2008/09 period when the Region experienced its most acute drought during the decade with over 22 million food insecure people. Although the absolute number of food insecure population is decreasing, the proportion of chronically food insecure population remains high due to generally high levels of poverty and in some cases armed conflict (Table 2).

Table 2: Population at risk of food and livelihoods insecurity in the Region

Country	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	vs 2013/14
Angola									367 190	700 000	91%
Botswana										372 479	
DRC					6 922 099	4 322 413	5 860 872	4 300 000	5 445 000	6 700 000	23%
Lesotho	948 300	541 000	245 700	553 000	353 000	450 000	200 000	514 000	725 519	223 055	-69%
Malawi	1 340 000	5 055 000	833 000	63 200	613 291	275 168	508 089	272 502	1 972 993	1 855 183	-6%
Mozambique	108 203	801 655	240 000	520 000	302 664	281 300	350 000	245 000	270 000	212 000	-21%
Namibia	0	0	0	0	0	224 795	42 100	243 474	74 711	778 504	942%
South Africa	11 012 940	9 675 590	7 016 457	6 659 466	7 855 673	7 867 488	7 879 302	6 542 250			
Swaziland	600 400	634 400	465 900	345 000	238 600	262 000	160 989	88 511	115 713	289 920	151%
Tanzania	688 360	850 023	4 418 503	216 142	425 313	1 849 497	1 141 214	1 618 795	1 472 127	1 615 445	10%
Zambia	39 300	1 232 661	380 537	440 866	444 624	110 000	53 629	74 804	62 842	209 498	233%
Zimbabwe	2 300 000	2 884 800	1 392 500	4 100 000	5 100 000	1 400 000	1 287 937	1 390 000	1 668 000	2 206 924	32%
SADC	**17 037 503**	**21 675 129**	**14 992 597**	**12 897 674**	**22 255 264**	**17 042 661**	**17 484 132**	**15 289 336**	**12 174 095**	**15 163 008**	25%

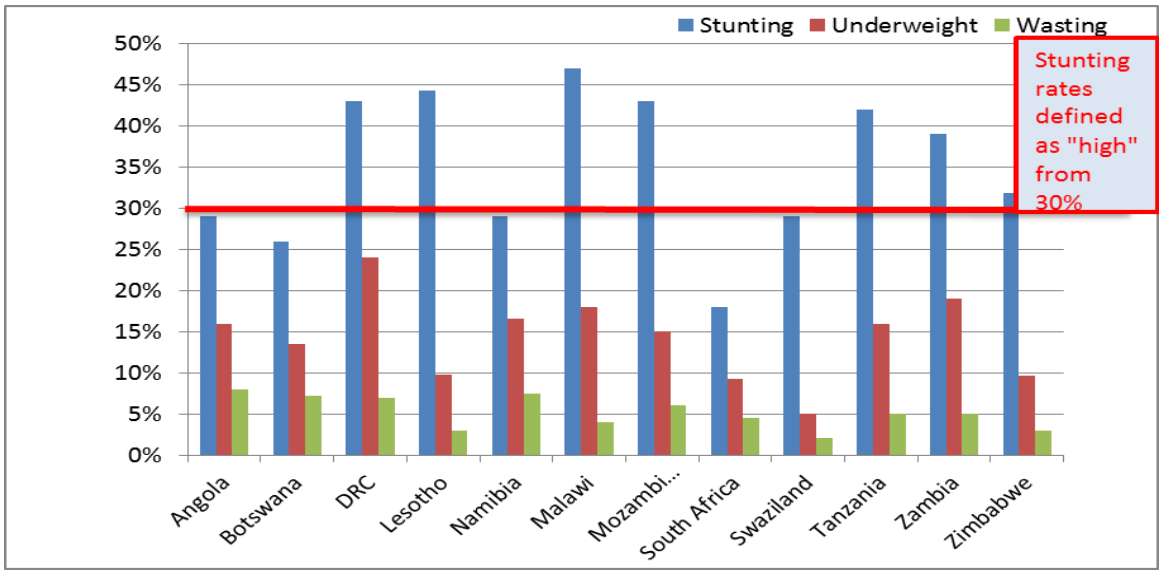
2.3 Health and Nutrition Situation in the Region

2.3.1 Malnutrition

The SADC Region faces a serious challenge of malnutrition with the proportion of undernourished population ranging from 5 to 47 percent. The three main indicators of of malnutrition are stunting, wasting and underweight. In 2013, ten of the SADC Member States experienced stunting rates of close to or above 30% which according to the WHO, are classified as high or very high (Figure 6).

Maternal under- nutrition is a major contributor to foetal growth restriction, which increases the risk for neonatal deaths and, for those that survive, of stunting by 2 years of age. Sub-optimum breastfeeding results in an increased risk of mortality in the first 2 years of life. Maternal overweight and obesity lead to increased maternal morbidity and infant mortality. In the SADC region 11 percent of babies born each year between 2008 and 2012 were born of a low birth weight of less than 2,500 gm and therefore starting their life-cycle at a disadvantage. Nutrition needs of adolescents tend to double during growth spurts and when reaching puberty.

Figure 6: Nutrition Trends in SADC Region for selected countries

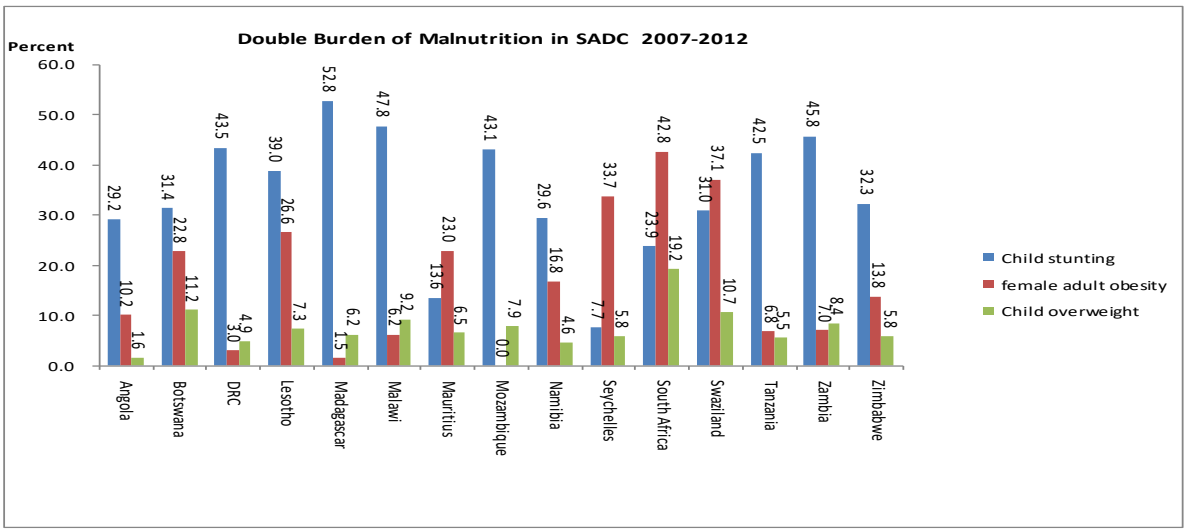


Source: SADC Regional Vulnerability Assessment and Analysis (RVAA) Synthesis Report, 2013

2.3.2 Double Burden of Malnutrion

In the SADC region, maternal and child malnutrition is a major challenge. Most countries face a double burden, where undernutrition (stunting and wasting) co-exists with over nutrition (overweight and obesity). Figure 7 illustrates high female adult obesity and child stunting challenges in at least 10 SADC countries. Female obesity is pronounced in South Africa, Seychelles, Botswana, Swaziland and Lesotho. On average, female adult obesity in SADC is 18 percent compared to 11.1 percent in Africa (WHO, 2013), childhood overweight is 7.6 percent compared to 5.7 percent in Africa.

Figure 7: Double Burden of Mulnutrition in SADC for the period 2007 – 2012



Source: SADC Regional Vulnerability Assessment and Analysis (RVAA) Synthesis Report, 2013

Overweight and obesity in children and adults is strongly associated with non-communicable diseases such as coronary heart diseases, diabetes and high blood pressure. These diseases are known to reduce life expectancy and result in premature death. Overweight women are more likely to give birth to diabetic children and have complications during child birth.

According to WHO 2004, the burden of cardiovascular disease is increasing rapidly and it is now a public health problem throughout Africa. Hypertension is the main physiological risk factor for other cardiovusculr diseases. It is estimated that more than 20 million people are affected in urban areas of Africa. The prevalence ranges between 25 and 35% in adult aged 25 – 64 years. Studies indicate that there is clear relationship between level of blood pressure, salt and fat consumption and body weight. Prevention and control of hypertension could avoid at least 250 000 deaths per year.

2.3.3 Micronutrients Deficiencies

Micronutrient malnutrition, also referred to as the “hidden hunger”, refers to diseases caused by dietary deficiency of vitamins or minerals. At the global level, the World Health Organization (2008) estimates that anaemia affects 47.4 percent of the preschool-age population with about 600 million pre-school and school-aged children being anaemic. The main causes of anaemia include iron deficiency, hookworm, malaria and schistomiasis.

In SADC, vitamin A deficiency, anemia and iodine deficiency disorders are the most common forms of micronutrient malnutrition. Anemia in pre-school age children (Hb<110g/l) is reported at 45.5% in data collected between 1988 and 2008 (Table 3). Seven countries (Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Swaziland, Tanzania, Zambia) have severe anaemia ranging between 40.5% and 74.7 percent according to WHO classifications. The estimated percentage of children aged 6 - 59 months reached with full coverage of 2 doses of vitamin A supplementation was 56 percent in 2012 while 61 percent of households consumed adequate iodized salt (2008-2012).

Table 3: Anaemia prevalence 1988-2008

Country	Prevalence of anaemia in women of reproductive health age				Anaemia in Pre-school age children Hb<110g/l (%)	
	Pregnant Hb<110g/l	Public Health Problem	Non-pregnant (≥15.00 years)Hb<120g/l	Public Health Problem		Public Health Problem
Angola	57.1	Severe	52.3	Severe	29.7	Moderate
Botswana	21.3	Moderate	32,7	Moderare	38.0	Moderate
DRC	67.3	Severe	52.8	Severe	70.6	Severe
Lesotho	25.4	Moderate	27.3	Moderate	48.6	Severe
Madagascar	50.1	Severe	45.6	Severe	68.3	Severe
Malawi	47.3	Severe	43.9	Severe	73.2	Severe
Mauritius	37.5	Moderate	14.0	Mild	16.8	Mild
Mozambique	52.4	Severe	48.2	Severe	74.7	Severe
Namibia	30.6	Moderate	35.0	Moderate	40.5	Severe

Seychelles	24.9	Moderate	21.1	Moderate	23.8	Moderate
South Africa	21.8	Moderate	26.4	Moderate	24.1	Moderate
Swaziland	24.3	Moderate	36.5	Moderate	46.7	Severe
Tanzania	58.2	Severe	47.2	Severe	71.8	Severe
Zambia	46.9	Severe	29.1	Moderate	52.9	Severe
Zimbabwe	18.8	Mild	-	-	19.3	Mild

Source: WHO Global Database on Anaemia 2008/ WHO 2013 World Health Statistics

The challenge still faced by countries in the SADC region in addressing micronutrient malnutriton is that vitamin and mineral supplementation and fortification programmes are inconsistent, and are generally inadequate in terms of nutrient mix, target groups and coverage.

2.3.4 Infant and young child feeding

Present recommendations are that babies should be put to the breast within 1 hour after birth, be exclusively breastfed for the first six months, and for an additional 18 months or longer with complementary feeding. Early initiation of breastfeeding has been reported in several studies to contribute to the reduction of the risk of neonatal mortality. Despite this recognition, in SADC only 60 percent (ranging from 31 percent in Zimbabwe to 95 percent in Malawi) of new-born infants are put to the breast within the first hour of birth.

In SADC, exclusive breastfeeding (EBF) rate in the first 6 months is at 38 percent against a global target of at least 50 percent by 2015. Between 2001 and 2011, only 5 SADC Member States had EBF rates of 50 percent and above (Table 4). Sub-optimum breastfeeding results in an increased risk of mortality in the first 2 years of life. Worldwide, it is estimated that undernutrition in the aggregate, including fetal growth restriction, stunting, wasting and deficiencies of vitamin A and zinc along with suboptimum breastfeeding, is a cause of 3.1 million child deaths annually or 45 percent of all child deaths in 2011(UNICEF, WHO, WB, 2013).

Table 4: Infant and young child feeding practices in SADC region 2007-2012

Country	Low Birth Weight (%)	Early initiation of Breastfeeding (%)	EBF <6months (%)	Introduction of solids, semi-solids or soft foods feeding (6-8 months) (%)	Breastfeeding at age 2 (%)
Angola	12	55	11.1	77	37
Botswana	13	40	20	46	6
Democratic Republic of Congo	10	43	37.0	52	53
Lesotho	11	53	53.5	68	35
Madagascar	16	72	50.7	86	61
Malawi	14	95	71.4	86	77
Mauritius	14	-	21	-	-
Mozambique	17	77	42.8	90	52

Namibia	16	71	23.9	91	28
Seychelles	-	-	-	-	-
South Africa	-	61	8.3	49	31
Swaziland	9	55	44.1	66	11
United Republic of Tanzania	8	49	50.0	92	51
Zambia	11	57	61.0	94	42
Zimbabwe	11	65	31.4	86	20
SADC Average	12.5	61	37.58	75.6	38.8
East Southern Africa	11	60	52	72	61
World	15	43	38	55	58

Note: (-) Data not available
Source: State of the World Children 2014; WHO Global Data bank for IYCF; data based on DHS from Member States.

Timely introduciton of nutritionally adequate and safe complementary foods is one of the recommended practices targeting women, infants and young children. Only 5 countries in the SADC region have information on the proportion of children with minimal acceptable diet (which is the composite indicator for minimum meal frequency and minimum diet diversity) among 6-23 months old children. The levels of minimum acceptable diet are usually very low (less than 40 pecent) but many more countries are not able to report the quality of complementary feeding. SADC leads other regions in terms of early initiation to solids, semisolids or soft foods for children between 6 – 8 months.

2.4 Cross-Cutting Factors

2.4.1 HIV and AIDS

The effect of the HIV pandemic on food and nutrition security and the interaction between HIV and nutrition has been documented world over as a bi-directional causal relationship. The relationship between nutrition and HIV is well documented in literature yet in SADC region data is scarce. The currently available data does not provide adequate information on the nutritional status of PLHIV. Anecdotal evidence also suggests that nutritional assessment, care and support for PLHIV are still considered weak.

Adequate nutrition has been demonstrated to play a vital role in the maintenance of health in general. Good nutrition may contribute to slowing the progression of disease. At the individual level, food, nutrition and HIV are closely physiologically interrelated. Common manifestations of energy and nutrient deficiencies include anaemia, other micronutrient deficiencies and wasting. Severe diarrhoea and fever, which are often experienced by PLHIV, result in increased nutrient losses and increased nutrient needs.

Food insecurity has been found to be a strong determinant of mortality among PLHIV. Evidence seems to conclusively suggest a strong association between food security and improved adherence to anti-retroviral therapy (ART) and reduced

HIV/AIDS mortality. Other evidence shows significant association of food insecurity with non-adherence to ART. Food insecure individuals are more likely to miss their antiretroviral therapy doses than those who are food secure. There has also been reported non-adherence to infant feeding recommendations, where perceived or real problems with breast milk production are experienced in times of food insecurity by PLHIV.

2.4.2 Water and Sanitation

Unsafe drinking water and sanitation are among the major causes of child death, illnesses and malnutrion. In Eastern and Southern Africa, 63 percent of the population had access improved water source, while 34 percent used improved sanitation facilites in 2012 (UNICEF, 2014).

2.4.3 Food Safety

Increasing the supply of safe and wholesome food reduces the impact of foodborne diseases. Assurance of safe food therefore is essential to improving the quality of life. Effective control systems are required within Member States as they are esssential in protecting the health and safety of population by assuring the safety of imports and exports as well as food produced for domestic consumption. It is essential to use the same standard for food exports and those for domestic consumption.

The effective enforcement of food legislation and monitoring of foodborne diseasses require sound food analysis capability. The food control laboratories in the Region are generally weak. The majority of the laboratories have no capacity to test for chemical contaminants and naturally occuring toxins.

2.4.4 Climate Change

Climate change is affecting the Region with increased variability in weather patterns leading to increased incidencies of droughts, cyclones and floods. These have direct impact on availability of food, water, leading to increased incidencies of diseases. Cyclones and floods also damage infrastructure.

2.4.5 Women and Youth Empowerment

In the SADC, there is an acknowledgment of the pivotal role played by women in ensuring food and nutrition security. Women contribute more than 60 percent to total food production, provide the largest labor force in the agricultural sector; and in some Member States they perform more than 70 percent of agricultural work, which includes, planting, weed control, harvesting and processing of food (IFPRI, 2002). It is also acknowledged that children, youth, including young women, who are by far the majority of the population of SADC, are worst affected by food and nutrition insecurity, in particular, persons with disability. Likewise, in the Region, there is growing recognition of the role of women and youth in agri-based initiatives and in food and nutrition security.

According to the State of Food and Agriculture (SOFA) 2011, closing the gap between men and women in access to inputs could raise yields on women's farms by 20 to 30 percent, which in turn could increase production in developing countries by 2.5 to 4 percent and reduce the prevalence of undernourishment between 12 and 17 percent.

2.5 Initiatives to foster Food and Nutrition Security

2.5.1 Global Initiatives

The Committee on World Food Security (CFS) was set up in 1974 as an intergovernmental body to serve as a forum for review and follow up of food security policies. It is the most inclusive international and intergovernmental platform for all stakeholders to work together in a coordinated way to ensure food security and nutrition for all. It addresses world short term food crises but also long term structural issues. The Committee reports annually to Economic and Social Council of the United Nations (ECOSOC). All SADC Member States are Members while the SADC Secretary attends its meetings as an observer. The High Level Panel of Experts on Food Security and Nutrition (HLPE) created in October 2009 is an essential part of the CFS. It provides CFS with independent, scientific knowledge-based analysis and advice. HLPE reports are requested by CFS and their findings and recommendations serve as a basis for CFS policy discussions.

The Scaling up Nutrition (SUN) Movement was launched in 2010 and brings together the authorities of countries burdened by undernutrition, a broad range of stakeholders from multiple sectors in-country, led by the governments and a global coalition of partners to contribute to significant and sutained reductions in undernutrition. The SUN Movement focuses on the 1000 days window of opportunity between pregnancy and the child's second birthday and recognizes that investing in well-tested, low-cost and effective nutrition interventions is one of the smartest ways to save lives and enhance the intellectual, physical and social growth of children. As of December 2013, 8 out of the 15 countries in the SADC region were SUN countries.

Global Nutrition for Growth Compact: Six SADC countries joined a total of 94 stakeholders who endorsed the Global Nutrition for Growth Compact to addressing undernutrition, through commitments to increase domestic resources for scaling up nutrition and announcing national stunting-reduction targets (Nutrition of Growth 2013).

Global Resolutions: SADC Members states are signatory to many global resolutions. In 2012, the World Health Organization and Member States adopted a resolution on Maternal, Infant and Young Child Nutrition (MIYCN) that include six global targets to be achieved by 2025. Global targets are important to identify priority areas and to catalyse global change. These global targets are meant to inspire choices of individual member states and the SADC region as a whole. Accompanying this resolution is the Comprehensive Implementation Plan on MIYCN that includes a set of recommended actions which if implemented multi-sectorally

and collectively by health, agriculuture, social services and trade sectors, should address the growing public health burden of malnutrition.

2.5.2 Regional Initiatives

The Regional Indicative Strategic Development Plan (RISDP) was developed in 2003 in an effort to address the many challenges confronting the Region. RISDP is a 15-year strategic roadmap that provides strategic direction for achieving SADC's long-term goals, among which is the achievement of food and nutrition security.

The **SADC Regional Agricultural Policy** (RAP) is designed to drive the implementation of key interventions for improved food and nutrition security and trade in agricultural commodities. The SADC Food and Nutrition Strategy is developed in order to implement the RAP in a nutrition sensitive, holistic and multi-sectoral manner.

Comprehensive African Agricultural Development Programme's (CAADP) is an African owned programme with a goal to eliminate hunger and reduce poverty through agriculture. To do this, African governments have agreed to increase public investment in agriculture by a minimum of 10 per cent of their national budgets and to raise agricultural productivity by at least 6 per cent. NEPAD, the Regional Economic Communities (RECs) and the African Union (AU), together with a number of donors support African governments to achieve these targets.

The SADC Health Policy Framework developed in 2000, which proposes policies, strategies, and priorities in a number of areas including those related to nutrition security such as (i) health research and surveillance, (ii) health information systems, (iii) health promotion and education, (iv) HIV and AIDS, (v) disabilities, (vi) reproductive health, (vii) nutrition and food safety. This is anchored on the SADC Protocol on Health which was approved by the SADC Heads of State in August 1999 and entered into force in August 2004. It recognises that this cooperation is essential for the control of communicable and non-communicable diseases and for addressing common health concerns.

Education attainment is critical to women and youth empowerment, to improved nutrition of children and the household in general. The SADC addresses the issue of education through the **Protocol on Education and Training** of September 1997. Similarly, the Education sector has overarching policy frameworks that this strategy need to link to, such as Chapter 3 on Areas of Co-operation and specifically Article 4 on Co-operation in Policy for Education and Training (a) "widening provision and access to education and training as well as addressing gender equality".

The Region has or is in the process of establishing Centres of Execellence aimed at supporting regional agenda on food and nutrition security. Todate, a Food Security and Vulnerabilty Assessment has been established and is hosted by the University of KwaZulu Natal, South Africa.

2.5.3 National intiatives

Social, economic, demographic and political changes have greatly influenced the nature and magnitude of health, food and nutrition problems and the burden of disease and related risk factors in most countries in the SADC region. To this effect, Member States are undertaking a number of initiatives including development of food and nutrition security policies and strategies which are taking into consideration global and regional standards.

CHAPTER 3: THE STRATEGY

3.1 **Vision:** The attainment of universal physical, social and economic access to safe, healthy and nutritious food to ensure economic wellbeing of all the peoples of Southern Africa.

3.2 **Goal:** Significantly reduce food and nutrition insecurity in the Region by 2025.

3.3 Strategic Objectives

(i) To promote availability of food through improved production, productivity and competitiveness.

(ii) To improve access to adequate and appropriate food in terms of quality and quantity;

(iii) To improve the utilisation of nutritious, healthy, diverse and safe food for consumption under adequate biological and social environment with proper health care.

(iv) To ensure stable and sustainable availability, access and utilisation of food.

3.4 Priorities, Interventions and Actions

3.4.1 Strategic Objective 1: To promote availability of food through improved production, productivity and competitiveness.

Identified under this Strategic objective are the following priority intervention areas:

3.4.1.1 Improved Productivity of Diverse, Safe and Nutritious Foods

Most countries have failed to meet RISDP production and productivity targets of basic cereals and other essential food commodities. Moreover, there is also a challenge in that production and productivity levels of a large range of nutritious foods are still not known due to lack of investment in research, monitoring and generation of statistics. Investment in this area has the potential to tranform the food and nutritional security of SADC Member States in real and substantial ways that will impact positively on regional and national socio-economic transformation in the form of better standards of living and overall improved human development indicators.

To achieve the above, the following are the priority actions:

(i) Promote increased access to diverse and improved seeds;

(ii) Promotion of eco-friendly and innovative production systems with increased access to water for productive use;

(iii) Strengthen the management of information systems related to food and nutrition security;

(iv) Promote best practices in production and extension services;

(v) Facilitate documentation and sharing of best practices on incentives and empowerment of women and youth in food and nutrition security mentorship, skills development and incubation;

(vi) Promote healthy life style in schools, work place and communities; and

(vii) promote the inclusion of food and nutrition sensitive curricula at all levels.

3.4.1.2 Improved Access to Land and Water for Agriculture

Access to land and water resources, especially for women and youth, coupled with lack of complementary resources to ensure sustained production by the vast majority of the population, has remained a challenge.

To achieve the above, the following are the priority actions:

(i) Promote access to land and water for vulnerable persons, in particular, women, youth, persons with disabilities and other special categories of disadvantaged people;

(ii) In line with the RAP, promote sharing of best practices on land reform emphasizing access to land for women, the youth and other disadvantaged groups; and

(iii) Increase land under irrigation.

3.4.1.3 Reduced Post-Harvest Losses

Large numbers of farmers in the SADC region suffer significant post-harvest losses from shattering, spillage, bio-deterioration and during storage. Losses in the Southern Africa region have ranged from 14 to 17 percent each year (weighted average of all cereals from 2003 – 2009 data) (PHL Network 2010). The high post harvest losses have a negative impact upon the food and nutrition security of the region.

To address the above, the following are the priority actions

(i) Facilitate action oriented research on food waste and disseminate results to inform appropriate action;

(ii) Promote low cost technologies on food processing, handling, preservation and storage; and

(iii) Encourage agro-processing and value addition of safe and diverse foods; and

(iv) Promote the establishment of post harvest handling facilities particularly for horticultural crops.

3.4.1.4 Adaptation and Mitigation to Climate Change and Environment

The region is highly vulnerable to climate change because of the heavy reliance on rain-fed agriculture. There is need to identify response strategies for climate change adaptation and mitigation. These strategies should address the region's ability to cope.

The priority actions are:

(i) Facilitate capacity building on adaptation, and mitigation; and

(ii) Facilitate and promote the dissemination of information and sharing of best practices on adaptation and mitigation.

3.4.1.5 Improved Access to Credit and Finance

Poor access to credit and finance remains one of the major obstacles to an agricultural revolution, speedy eradication of poverty, and food and nutrition security. In the absence of innovative credit and finance schemes targeted at the disadvantaged, especially women and the youth, and smallholder farmers, the productive potential is not fully realised.

In order to promote access to credit and finance the priority actions are:

(i) Explore and promote innovative approaches to agricultural financing and insurance schemes for farmers;

(ii) Explore and promote incentives including grants targeted to the youth and women in agribusiness; and

(iii) Incentivise credit for production of nutritious, diverse and local foods.

3.4.1.6 Improved Access to Markets

Poor access to markets has impacted negatively on food and nutrition security for the producers and consumers. Strengthening market infrastructure, inteligence and information systems are pivotal to the overall improvement of agri-based value chains and enhancing food and nutrition security.

The priority actions are:

(i) Facilitate the removal of non-tariff barriers, especially sanitary and phytosanitary measures;

(ii) Facilitate the development and/ or upgrading of marketing infrastructure; and

(iii) Facilitate the development of agricultural market information system, including use of information and communication technologies (ICT).

3.4.2 Strategic Objective 2: To improve access to adequate and appropriate food in terms of quality and quantity.

In the area of food access, the strategy identifies the following priority intervention areas:

3.4.2.1 Improved Access to Food Markets for Scale Scale/Traditional Enterpreneurs.

The distortions and exclusion factors that have historically limited access by large numbers of small scale producers and consumers in the food markets are not new. These distortions are linked to a variety of factors and bottlenecks at local, national, regional and international levels. Within the context of the SADC FNSS, a major focus will be at addressing the binding constraints that have limited participation of large numbers of potential actors in the market place. Attention will also be paid to ensure that those already active, in particular large scale players such as Multi-national corporations, large scale commercial farmers, retailers, wholesalers and their associates adhere to the 'rules of the game' to ensure fairplay, equity and sustainability in the food markets.

To achieve the above, the following are the suggested priority actions that need to be implemented:

(i) Promote local purchases for humanitarian and social protection programmes;

(ii) Facilitate development of laws, legislation and standards that guarantee access to food markets, especially for women;

(iii) Develop strategies to address inequalities to support the marginalized poor, women, the youth, rural masses, and vulnerable groups;

(iv) Facilitate establishment of market information systems at national and regional levels; and

(v) Domesticate regional trade policy instruments to support women, the youth, rural masses, and vulnerable groups.

3.4.2.2 Increased Access to Incomes

Poverty, low incomes, unemployment, and underemplyment are major challenges impacting on the ability of people to purchase food.

The priority actions aimed at increasing access to income include:

(i) Promote the culture of saving especially among vulnerable groups;

(ii) Facilitate the creation of decent, diversified productive employment opportunities including income generating programmes and rural agro-processing businesses, particularly for women and youth and vulnerable groups; and

(iii) Promote the development of appropriate skills for youth and women in business.

3.4.2.3 Enhanced Sustainable Social Protection

Social protection encompasses a broad range of public actions that provide direct support to people to help them deal with risks, vulnerability, exclusion, hunger and poverty. The three major elements of social protection include *social legislation* which provides legal framework that define and protect citizen's rights and ensures minimum civic standards to safe guard the interest of the individual (e.g. labour laws, health and safety standards); *social insurance* which consist of contributory schemes managed by governments to provide support to participating individuals in times of hardship (e.g. unemployment benefits); and *social transfers* which are non-contributory (the recipient is not required to pay premiums or taxes to receive the transfer) social assistance provided by public and civic bodies to those living in poverty or in danger of falling into poverty (e.g. food aid, cash transfers, old age pensions or disability allowance).

To achieve the above, the following are the suggested priority actions that need to be implemented:

(i) Promote school feeding schemes for primary schools; and

(ii) Promote the support of social protection schemes for rural vulnerable/poor especially orphans, elderly, people living with disabilities, people living with HIV and AIDS.

3.4.2.4 Improved access to labour saving technologies

Member States are encouraged to invest in technologies that increase the efficiency of tasks usually performed by women in order to save time and labour for subsequent investment in improving child care practices.

The priority actions are:

(i) Promote labour saving technologies for food production, processing and food preservation; and

(ii) Promote the provision of social and recreational facilities for children, particularly in rural areas, to release women's time into productive activities.

3.4.3 Strategic Objective 3: To improve the utilisation of nutritious, healthy, diverse and safe food

The following are prioritiy intervention areas:

3.4.3.1 Promoting and Protecting the Well-being of Women and Adolescents

Good maternal nutrition promotes optimal fetal development, and this reduces the risk of chronic disease in adult age. The first 1000 days (period from conception until a child is two (2) years old) are critical for child development. Additionally, the SADC Region would encourage improved nutrition of the mother at least 3 months before conception. There is also need to reduce early occurrences of overweight and obesity and their metabolic consequences in children and adolescents.

The priority actions are:

(i) Promote the adaptation and adoption of WHO standard package of maternal health and nutrition services;

(ii) Promote optimal fetal nutrition during pregnancy;

(iii) Promote the development of pre-school and school nutrition programmes;

(iv) Promote healthy habits for optimal weight management before and during pregnancy to prevent obesity and underweight; and

(v) Promote food and nutrition counselling through primary health care centres and private sector clinics to control obesity and undernutrition during childhood.

3.4.3.2 Infant and Young Child Nutrition

It is estimated that under-nutrition including foetal growth restriction, stunting, wasting and deficiencies of vitamin A and zinc along with suboptimum breastfeeding, caused 3.1 million child deaths or 45 percent of all child deaths in 2011 (WHO, 2013).

Breastfeeding may help prevent childhood obesity. According to the Lancet (2013), exclusive breastfeeding promotion and support contribute to an average 10.8 percent reduction in child mortality while promotion of complementary feeding contributes to the reduction in stunting by 18.5 percent on average (Bhuttal et al. 2008). Only 38 percent of infants in the SADC region are exclusively breastfed during the first six months of life. Complementary feeding frequently begins too early or too late, with 72 percent introducing solids, semi solids or soft foods between 6-8 months of age. In addition, complementary foods often lack diversity, are unsafe and given infrequently.

The priority actions are:

(i) Promote exclusive breastfeeding for first six months;

(ii) Promote optimal complementary feeding (age specific, diversified, quality and frequency feeding) with continued breastfeeding up to 24 months or beyond;

(iii) Strengthen social behaviour change communication strategies;

(iv) Real time monitoring for IYCF: The frequency of data collection to be increased to provide an accurate and up to date picture of the situation with particular focus on complementary feeding; and

(vi) Coordinate capacity building for adoption/adaptation of the Global Strategy on Infant and Young Child Feeding comprehensively including community health workers.

3.4.3.3 Reduced Prevalence of Micronutrients Deficiencies

Micronutrient deficiencies contribute substantially to the global burden of disease. Iodine, iron and vitamin A deficiencies have been identified as among the world's most serious health risk factors. In addition to the more obvious clinical manifestations, micronutrient deficiencies contribute to a wide range of non-specific physiological impairments, leading to reduced resistance to infections, metabolic disorders, and delayed or impaired physical and psychomotor development.

The priority actions are:

(i) Promote and advocate consumption of foods with adequate micronutrient content; and

(ii) Promote development/revision of appropriate evidence-based legislation and enforcement of standards on food fortification and bio-fortification.

3.4.3.4 Improved Food Safety Standards

Food borne illness resulting from microbial, parasitic or chemical contamination of food is a major problem in the region. Diarrhea is the most common food borne illness caused by pathogens. Serious consequences include kidney and liver failure, brain and neural disorders. Chemical food contamination may cause non communicable diseases such as cancer and can affect reproductive health and the immune system.

The priority actions are:

(i) Facilitate the development of food safety policies, legislative and institutional frameworks, and mechanisms to strengthen the coordination of food safety management;

(ii) Harmonize and monitor the enforcement of food safety standards including updating and implementing national legislation and regulations to meet the international food safety standards such as the Codex Alimentarius;

(iii) Facilitate the accreditation of all food testing laboratories in the region to international / regional food safety institutions: and

(iv) Facilitate the establishment of a Regional network of food testing laboratories.

3.4.3.5 Improved Water, Sanitation and Hygiene (WASH)

Foodborne diseases continue to pose a serious threat to achieving optimum food utilization and hence good nutritional status of the people in the SADC region. Diseases of zoonotic origin represent a considerable public health burden and challenge, with salmonellosis and campylobacteriosis the most commonly reported foodborne illnesses. The lack of hygiene standards and control measures in food preparation and the use of polluted water, are some of the underlying determinants.

The priority actions are:

(i) Promote and advocate for safe portable water;

(ii) Facilitate the monitoring of water safety and sanitation in order to reduce the incidence of waterborne diseases;

(iii) Facilate the documentation and sharing of best practices of WASH interventions that improve nutrition security; and

(iv) Encourage treament of recycled water in agriculture.

3.4.3.6 Improved identification, treatment and management of Malnutrition

Improving nutrition is widely regarded as an important intervention in emergency situations. Management of moderate and severe cases of malnutrition to save lives of infants and children. Chronic poverty, food insecurity, and inadequate supply of safe and nutritious food in quantity and quality, poor access to health services, unhygienic environment, water and sanitation, are among the major causes of moderate and severe mulnutrition.

The priority actions are:

(i) Promote the implementation of standards for identification, treatment and management of moderate and severe cases of mulnutrition;

(ii) Promote sharing of best practices in the production and provision of therapeutic supplies in the region;

(iii) Promote multisectoral collaboration including communities and Public-Private partnerships for integrated nutrition response;

(iv) Promote nutrition assessment and provision of counseling for people living with chronic illnesses such as TB, cancer, PLHIV and other vulnerable groups;

(v) Promote adoption/adaption of Global Guidelines on Nutrition Counseling Care and Support for PLHIV;

(vi) Promote improvement of nutritional care and support in emergency situations and under conditions of humanitarian crisis; and

(vii) Promote engagement and education of primary health care and other community based workers in nutrition assessment and provision of counseling on diet, food safety and physical activity including PLHIV.

3.4.3.7 Enhanced Investment in Nutrition

Investing in nutrition reduces the costs associated with hidden hunger and stunting. Although there is high level commitment in Member States for intersectoral actions, this is not often translated into action. Human resources do not match the needs of addressing food and nutrition security in a multisectoral manner and nutrition-sensitive interventions are not well understood and are poorly resourced.

The priority actions are:

(i) Facilitate studies and documentation of the cost of hunger and cost of diet including cost-benefit analysis on food and nutrition;

(ii) Advocate for inclusion of Nutrition in the post 2015 MDG agenda: and

(iii) Advocate for increased budget for nutrition at both regional and national level.

3.4.4 Strategic Objective 4: To ensure stable and sustainable availability, access and utilisation of food.

There cannot be food and nutrition security if people do not have food available, accessed and utilised at all times when required. Hence the issues of stability and sustainability are of paramount importance for food and nutrition security.

The priority actions are:

(i) Promote full ownership and commitment by Member States towards attainment of food and nutrition security;

(ii) Promote sustainable mechanisms of funding of the implementation of the strategy at both the regional and national levels;

(iii) Promote empowerment of youth and women in food and nutrition; and

(iv) Develop, review, enact and implement laws and policies that guarantee and protect food as a human right.

CHAPTER 4: IMPLEMENTATION MECHANISMS

The SADC Secretariat will drive the implementation of the Strategy in collaboration with the Food and Nutrition Security structures in Member States, regional and international partners (Figure 7). The success of the implementation of the Strategy is therefore predicated on the various stakeholders playing their roles.

4.1 Principles for the Implementation of the Strategy

The implementation of the Strategy will be aligned to the general principles of the RISDP, the Regional Agricultural Policy (RAP), the SADC Health Policy Framework, the Orphans, Vulnerable Children and Youth (OVCY) Strategy, the Maseru Declaration on HIV and AIDS, among others. Specifically the following guiding principles will apply:

(i) **Value addition** – the interventions to be spear headed at the regional level will be limited to those that clearly add value or generate solutions to national initiatives;

(ii) **Broad Participation and Consultation** – the implementation of the Strategy must be based on broad participation and consultation to ensure ownership and commitment.

(iii) **Subsidiarity** (Suitability of implementation level) – the implementation of the Strategy will also recognize the need to ensure that programmes and activities are delivered at levels where they can be best handled. To this end, the Secretariat will promote partnership with other regional institutions outside SADC Structures to facilitate the implementation of the Strategy.

4.2 Stakeholders and Institutional Arrangements

The key stakeholders in the implementation of the Strategy would include the following:

(i) SADC -Summit, Council and Joint SADC Ministers Resposible for Agriculture and Food Security and Ministers Responsible for Health and those responsible for HIV and AIDS, among others;

(ii) SADC Steering Committee on Food and Nutrition Security;

(iii) Appropriate agencies;

(iv) Food and Nutrition Commissions/Councils, Professional councils and associations;

(v) Farmer Organizations/Associations;

(vi) Regional NGOs, Research Institutions and private sector; and

(vii) The International Cooperating Partners.

4.2.1 Joint SADC Ministers Resposible for Agriculture and Food Security and Ministers Responsible for Health and those responsible for HIV and AIDS

The Joint Ministers will review, approve and oversee implementation of the Strategy. The Joint Committee of Ministers will report to SADC Council annually / biennually.

4.2.2 Joint Senior Officials

All meetings of the Joint Ministers will be preceded and supported by a meeting of Joint Senior Officials responsible for food and nutrition security.

4.2.3 SADC Steering Committee on Food and Nutrition Security

A SADC Steering Committee on Food and Nutrition Security will be established. This steering committee will be responsible for coordinating and facilitating the implementation of the Strategy. The steering committee will comprise coordinators of food and nutrition security from all the Member States and key partners.

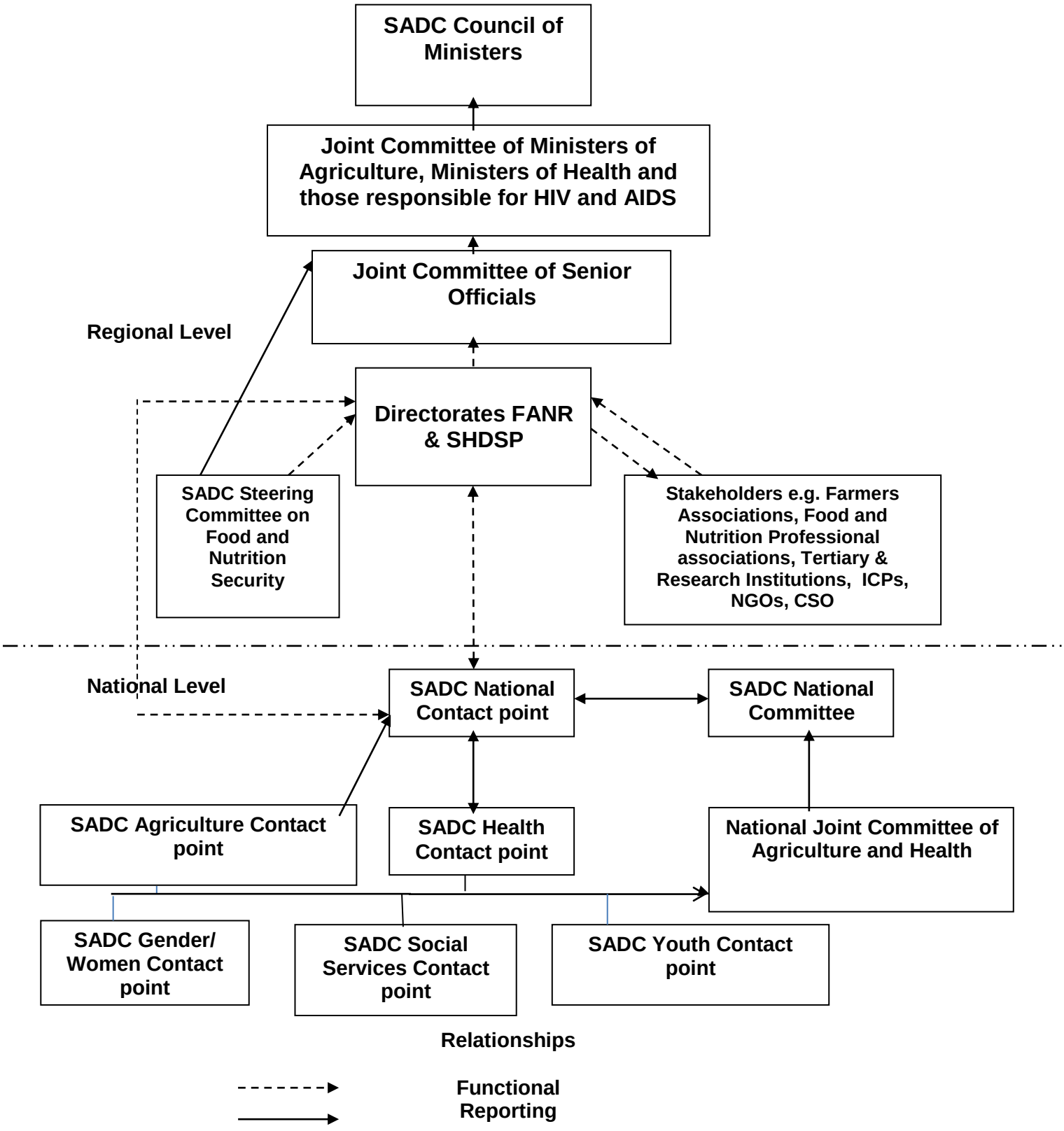
4.2.4 SADC Secretariat

The SADC Secretariat will facilitate the execution, monitor and evaluate the implemenation of the strategy. The Directorate of Food, Agriculture and Natural Resources and the Directorate of Social and Human Development and Special Programme in the SADC Secretariat will be jointly responsible for the implementation of the Strategy.

4.2.5 Member States

The obligation of the Member States will be to provide leadership, establish supportive administrative mechanisms, and formulate, monitor and evaluate the food and nutrition strategies. Full government commitment is necessary to ensure the development of satisfactory and comprehensive national food and nutrition security policies and strategies. Member States will work with relevant key partners including the private sector and civil societies.

Figure 8: Institutional framework for implementation of the SADC Food and Nutrition Security Strategy



CHAPTER 5: RESOURCE REQUIREMENTS

The Strategy will be implemented through the RAP investment plan and other strategic frameworks. Five Year Business Plans with costed targeted outputs will be developed as part of RAP Investment Plan.

The SADC Secretariat will also facilitate resource mobilisation for implementation of activities coordinated at regional level, taking into account the Windhoek Declaration of April 2006 on a new Partnership between SADC and ICPs. The Declaration outlines the guiding principles of cooperation, partnership, commitments, structure for dialogue and key areas of cooperation based on RISDP priorities. Pursuant to this, SADC through RISDP has adopted a programme based resource mobilization framework that is intended to support SADC's median and long term integrated strategic priorities as opposed to a project based framework that is characterized by many, costly and small interventions that are not sustainable in the long run.

Chapter 6 : MONITORING AND EVALUATION MECHANISMS

The monitoring and evaluation of the Strategy will be guided by the SADC Policy on Strategy Developmet, Planning, Monitoring and Evaluation (SPME) which was approved by Council in 2012. The SPME monitoring system is results based and for the FNS Strategy the following will be included:

(i) Impact indicators: These will be reflected at the strategic goal and commitments and linked to post-MDG tracking;

(ii) Outcome indicators: these will reflect achievement and progress towards implementation of the strategic objectives;

(iii) Activities and process indicators: reflected at regional and national levels and adequate coordination structures developed; and

(iv) Regional Steering Committee: Drawing from technical officers identified from the SADC Member States.

The FNS will be subjected to a mid-term review to ensure its suitability and adaptability in meeting the priorities and requirements of Member States.

Chapter 7: FOOD AND NUTRITION SECURITY RESULTS FRAMEWORK

Indicators, Baselines and Targets for the Goal

GOAL : Significantly reduce food and nutrition insecurity in the Region by 2025.				
PROPOSED PROXY INDICATORS	BASELINES	TARGETS	VERIFICATION SOURCES	RISKS AND ASSUMPTIONS
Stunting prevalence/height for age (% children under 5, moderate & severe)	SADC Average: 34.8 (average of 2004-2011 MSs data published in WHO / UNICEF database) MS 1: xxx (year) MS 2: xxx (year) MS X: xxx (year)	All Member States have stunting rates below 30% by 2025	- MSs data (National Surveys) -WHO / UNICEF Database	Member States will be commited to implement the Strategy. The inclusion of Nutrition in Natinal Budgets is also anticipated to facilitate implementation of he Strategy. Member States expected to set up data collection and dissemination mechanisms on nutrition
Wasting prevalence/weight for height (% children under 5, moderate & severe)	SADC Average: 6.1% (average of 2004-2011 MSs data published in World Bank database) MS 1: xxx (year) MS 2: xxx (year) MS X: xxx (year)	**Align with Global targets**	- MSs data (National Surveys) - World Bank Database	
Underweight/ weight age) (% children under 5)	SADC Average: 37.5 % / 15.6% (average of 2004-2011 MSs data published in World Bank database) MS 1: xxx (year) MS 2: xxx (year) MS X: xxx (year)	**Align with Global targets**	- MSs data (National Surveys) - World Bank Database	
Anaemia prevalence/Hb concentration (% in non-pregnant women of reproductive age)	SADC Average: MS 1: xxx (year) MS 2: xxx (year) MS X: xxx (year)	% Reduction in baseline values **(Align with Global targets**)	- MSs data (National Surveys) - World Bank Database	
Low birth weight prevalence	SADC Average: MS 1: xxx (year) MS 2: xxx (year) MS X: xxx (year)	% Reduction in baseline values **(Align with Global targets)**	- MSs data (National Surveys) - World Bank Database	
Exclusive breastfeeding prevalence (%Infants less than 6 months of age)	SADC Average: MS 1: xxx (year) MS 2: xxx (year) MS X: xxx (year)	% Reduction in baseline values **(Align with Global targets)**	- MSs data (National Surveys) - World Bank Database	

Overweight/body mass index (% of obese adults) ~~Children under its weight for height~~	SADC Average: MS 1: xxx (year) MS 2: xxx (year) MS X: xxx (year)	Align with Global targets		
Food security (% of population receiving food aid)	SADC Average: MS 1: xxx (year) MS 2: xxx (year) MS X: xxx (year)	% Reduction in baseline values	MSs data (Vulnerability Assessments)	
Domestic food gap (Proportion of value of domestic food production to food demand/consumption in %)	SADC Average: MS 1: xxx (year) MS 2: xxx (year) MS X: xxx (year)	% Reduction in baseline values		

Indicators, Baselines and Targets for Strategic Objective 1

Strategic Objective 1: To promote availability of food through improved production, productivity and competitiveness				
PROPOSED PROXY INDICATORS	BASELINES	TARGETS	VERIFICATION SOURCES	RISKS AND ASSUMPTIONS
Value and Production of major cereal and non-cereal crops, legumes, tubers, etc	X USD (2014) Tones per crop	Increase from baseline values	SADC elaboration of National Reports and Statistics	MSs governments are committed to enhance farmer's capacities to access inputs, technologies and knowledge to boost agricultural production and productivity, with focus on marginalized rural households. MS will be able to provide necessary data on agricultural production and productivity.
Crop Productivity in SADC (yields in Kgs/Ha cultivated, by crop)	Kg/Ha by major crop in 2014	Increase from baseline values	SADC elaboration of National Reports and Statistics	
Value of Livestock Production in real terms (USD) Livestock Production, productivity Carrying capacity	X USD (2014) livestock Numbers and volume per species X Ha (2014)	Increase from baseline values	SADC elaboration of National Reports and Statistics	
Value of Forest Products in real terms (USD) Forest under sustainable management	X USD (2014) • Timber • Honey etc % and area covered	Value of forestry production is increased Quantity of forestry production is increased	Sustainable fishery production is increased in SADC countries	

Aquaculture production	X USD (2014) % increase in value and volume (MT)	Value of fishery production is increased (including aquaculture) Quantity of fishery production is increased	Sustainable fishery production is increased in SADC countries	
Food Import dependency in SADC Region (ratio: value of imported food in the SADC region / value of food produced)	Ratio (2014)	Reduction of food import dependency	SADC elaboration of National Statistics	

Indicators, Baselines and Targets for Specific Objective 2

Specific Objective 2: To improve access to adequate and appropriate food in terms of quality and quantity				
PROPOSED PROXY INDICATORS	BASELINES	TARGETS	VERIFICATION SOURCES	RISKS AND ASSUMPTIONS
Value of agric exports/imports within the region	X USD %.....	Increase from baseline data	SADC elaboration of National Reports and Statistics	Information systems in the MS may not function sustainably
Food import / export parity price in real terms (USD)	X USD	Increase from baseline data	SADC elaboration of National Reports and Statistics	
Value of value added agricultural products traded in regional markets	Value of intraregional trade: xxx (2014)	Increase from baseline data	SADC elaboration of National Reports and Statistics	
Value of value added agricultural products traded in the international markets	Value of extra regional trade: xxx (2014)	Increase from baseline data	SADC elaboration of National Reports and Statistics	

Indicators, Baselines and Targets for Specific Objective 3

Specific Objective 2: To improve the utilisation of nutritious, healthy, diverse and safe food for consumption under adequate biological and social environment with proper health care.				
PROPOSED PROXY INDICATORS	BASELINES	TARGETS	VERIFICATION SOURCES	RISKS AND ASSUMPTIONS
Stunting prevalence/height for age (% children under 5, moderate & severe)	SADC Average: 37.5 % / 15.6% (average of 2004-2011 MSs data published in World Bank database) MS 1: xxx (year) MS 2: xxx (year) MS X: xxx (year)	% Reduction from baseline values (Align with Global targets)	- MSs data (National Surveys) - World Bank Database	MS will be able to collect, analyse and disseminate data on utilisation of food.
Underweight/ weight age) (% children under 5)	SADC Average: 37.5 % / 15.6% (average of 2004-2011 MSs data published in World Bank database) MS 1: xxx (year) MS 2: xxx (year) MS X: xxx (year)	% Reduction from baseline values (Align with Global Targets)	- MSs data (National Surveys) - World Bank Database	
Overweight/body mass index (% of obese adults) Children under its weight for height	SADC Average: 37.5 % / 15.6% (average of 2004-2011 MSs data published in World Bank database) MS 1: xxx (year) MS 2: xxx (year) MS X: xxx (year)	% Reduction from baseline values (Align with Global targets)	- MSs data (National Surveys) - World Bank Database	

INDICATORS, STRATEGIES AND TARGETS FOR PRIORITY INTERVENTIONS

Strategic Objective 1: To promote availability of food through improved production, productivity and competitiveness.

Priority intervention area	Key performance indicator	Strategies	Targeted Outputs	Responsibility
1. Improved productivity of diverse, safe and nutritious foods	Production and yields of diversified foods (cereals, legumes, tubers, indigenous/local crops, livestock products) Volume of harvested indigenous/local foods			
	Evidence of different types of seeds used by all categories of farmers	Promote increased access to diverse and improved seeds	Access to improved seeds promoted in all Member States (MS) by 2020)	Secretariat coordinate and MS implement
	MS using eco-friendly & innovative production systems	Promotion of eco-friendly & innovative production systems with increased access to water for productive use (for example, crops, livestock, fisheries, processing)	At 10 MS have innovative systems with clear targets for youth & women by 2018	Secretariat facilitates & MS implement
	Existence of functional information system	Strengthen the management of information systems related to food and nutrition security	Information system functional by 2018	Secretariat coordinates development of system
	Evidence of best practices in use	Promote best practices in extension services	At least 10 MS have functional systems to promote best practices	Secretariat coordinates establishment of platform for sharing and MS adopt
	Existence of documents & platforms for sharing information	Facilitate documentation and sharing of best practices on incentives and empowerment of women and youth in food and nutrition security mentorship, skills development and incubation	Platform for sharing best practices with focus on women & youth functional by 2019	Secretariat coordinates establishment of platform for sharing and MS implement
	Evidence of promotional programmes	Promote healthy life style in schools, work place and communities	At least 10 MS develop and implement Health and nutrition friendly programmes by 2022	Secretariat coordinates development of programmes and MS implement
	Existence of nutrition sensitive curricula in MS	Promote the inclusion of food and nutrition sensitive curricula at all levels	At least 10 MS include Food & nutrition in school curricula by 2025	Secretariat facilitates development of curricula and MS implement

Priority intervention area	Key performance indicator	Strategies	Targeted Outputs	Responsibility
2. Improved Access to Land and Water for Agriculture	Number of women and youth with access to land & water Land allocated to women and youth Number of MS with programmes on land & water for women & youth			
	Land allocation by gender Land allocated to disabled & other vulnerable groups	Promote access to land and water for vulnerable persons, in particular, women, youth, persons with disabilities and other special categories of disadvantaged people	At least 10 MS have implement land & water allocation programmes for women and youth by 2025	Secretariat coordinates the development of programmes & MS implement
	Existence of best practices being shared on land reform	In line with the RAP, promote sharing of best practices on land reform emphasizing access to land for women, the youth and other disadvantaged groups.	Platform for sharing best practices on land reform established	Secretariat facilitates establishment of platform & MS participate and adopt
	% of arable land under irrigation	Increase area under irrigation	Align with RISDP targets	Secretariat monitors the promotion of irrigation by MS
3. Reduced Post-Harvest Losses	% reduction in food wastage/loss			
	Evidence of research activities & results in MS	Facilitate action oriented research on food waste and disseminate results to inform appropriate action	At least 5 MS carrying out research & disseminating information by 2021	Secretariat coordinates & MS carry out research with support from CCARDESA
	Different types of technologies developed & being used in MS	Promote low cost technologies on food processing, handling, preservation and storage	At least 5 MS implementing low cost technologies by 2019	Secretariat coordinates and MS implement
	Evidence of agro-processing and value addition being practiced in MS	Encourage agro-processing and value addition of safe and diverse foods	At least 10 MS have functional agro-processing and value chain programmes by 2023	Secretariat facilitates development of programmes and sharing of best practices and MS promote and implement
	Different types of post-harvest handlin facilities	Promote the establishment of post-harvets handling facilities particularly for	At least 10 MS promoting post harvets handling	Secretariat monitors

Priority intervention area	Key performance indicator	Strategies	Targeted Outputs	Responsibility
	developed and being used in MS	horticultural crops	facilities by 2022	
4. Adaptation and Mitigation to Climate Change and Environment	% of farmers vulnerable to climate change by gender			
	Existence of innovative financing & insurance mechanisms for farmers	Explore and promote innovative approaches to agricultural financing and insurance schemes for farmers	Innovative programmes for financing agriculture developed and implemented by 2022	Secretariat coordinates development of programmes and MS implement
	Evidence of incentives & grants for women & youth in agribusiness	Explore and promote incentives including grants targeted to the youth and women in agribusiness	Programmes to incentivize women & youth in agribusiness developed and implemented by 2022	Secretariat facilitates development of programmes & MS domesticate and implement
	Existence of incentives to support production of nutritious crops	Incentivise credit for production of nutritious, diverse and local foods	Programmes to finance production of nutritious foods developed and implemented by 2022	Secretariat coordinates development of programmes & MS implement
5. Improved Access to Markets	Value of intra and inter-regional trade Level of participation of smallholder farmers in agricultural marketing and trade			
	Evidence of reduction on non-tariff barriers	Facilitate the removal of non-tariff barriers, especially sanitary and phytosanitary measures	All MS participating and implementing SPS issues by 2020	Secretariat facilitates and provide capacity & MS implement
	Existence of functional market infrastructure	Facilitate the development and or upgrading of marketing infrastructure	Market infrastructure development and rehabilitation programmes developed and implemented by 2025	Secretariat coordinates development of programme and MS implement
	Existence of functional market information system	Facilitate the development of agricultural market information system, including use of information and communication technologies (ICT).	Market information system developed and functional by 2020	Secretariat facilitates development of system and MS provide information

Strategic Objective 2: To improve access to adequate and appropriate food in terms of quality and quantity

Priority intervention area	Key performance indicator	Strategies	Targeted Outputs	Responsibility
1. Improved Access to Food	Number of countries with			

Priority intervention area	Key performance indicator	Strategies	Targeted Outputs	Responsibility
Markets for Small Scale/Traditional Entrepreneurs	programmes to improve food market access			
	Evidence of social protection programmes purchasing locally	Promote local purchases for humanitarian and social protection programmes	At least 10 MS promoting local purchases for social security programmes by 2019	MS promote and Secretariat monitors
	Existence of laws, legislation & standards to guarantee access to food markets	Facilitate development of laws, legislation and standards that guarantee access to food markets, especially for women	Laws, legislation & standards that guarantee access to markets developed by 2024	Secretariat coordinates development of laws, legislation& standards and MS domesticate
	Existence of strategies to address food market access inequalities	Develop strategies to address inequalities to support the marginalized poor, women, the youth, rural masses, and vulnerable groups	Strategies to address inequalities in market access developed by 2018	Secretariat coordinates development of strategies and MS implement
	Existence of functional food market information systems at regional and national levels	Facilitate establishment of market information systems at national and regional levels	Food market information system developed and functional by 2020	Secretariat facilitates development of system and MS provide information
	Evidence of domestication of regional trade policy by MS	Domesticate regional trade policy instruments to support women, the youth, rural masses, and vulnerable groups.	Regional trade policy domesticated by 2025	Secretariat facilitates and MS domesticate
2. Increase Access to Incomes	Incomes levels in the MS			
	Evidence of savings programmes in the MS	Promote the culture of saving especially among vulnerable groups	Savings programmes developed and implemented by 2020	Secretariat facilitates development of programmes and MS adapt and adopt
	Evidence of income generating programmes for youth and women in MS	Facilitate the creation of decent, diversified productive employment opportunities including income generating programmes and rural agro-processing businesses, particularly for women and youth and vulnerable groups	Income generating programmes developed and implemented by 2025	Secretariat facilitates development of programmes and MS adapt and adopt
	Number of youth trained in different skills Number of training centres supported in each MS	Promote the development of appropriate skills for youth and women in business	At least 2 Training institutes in each MS strengthened by 2020	Secretariat supports capacity building of training centres
3. Enhanced Sustainable Social Protection	Number of people benefiting from social security			

Priority intervention area	Key performance indicator	Strategies	Targeted Outputs	Responsibility
	schemes by MS			
	Number of MS with functional school feeding programmes	Promote school feeding schemes for primary schools	School feeding schemes developed and implemented by 2018	Secretariat facilitates and MS implement feeding programmes
	Existence of social protection schemes for vulnerable groups in MS	Promote the support of social protection schemes for rural vulnerable/poor especially orphans, elderly, people living with disabilities, people living with HIV and AIDS	Social protection schemes developed and implemented by 2022	Secretariat facilitate development of programmes and sharing of best practices and MS implement
4. Improved access to labour saving technologies	Different types of technologies developed and being use to save labour (especially for women)			
	Existence of labour saving technologies being used by women	Promote labour saving technologies for food production, processing and food preservation	MS implementing labour saving technologies by 2021	Secretariat monitors and MS develop and implement
	Existence of recreational facilities in MS	Promote the provision of social and recreational facilities for children, particularly in rural areas, to release women's time into productive activities	Provision of recreational facilities in rural promoted by 2020	

Strategic Objective 3: To improve the utilisation of nutritious, healthy, diverse and safe food.

Priority intervention area	Key performance indicator	Strategies	Targeted Outputs	Responsibility
Promoting and Protecting the Well-being of Women and Adolescents	Percentage of children under the age of 5s who are stunted Percentage of school aged children who are overweight and obese			
	Number of Member States with standard packages	Promote the adaptation and adoption of WHO standard package of maternal health and nutrition services	At least 10 MS promoting WHO standards by 2018	Secretariat facilitates and MS implement
	Existence of optimal fetal nutrition programmes in MS	Promote optimal fetal nutrition during pregnancy	Optimal fetal nutrition promotional programmes developed and implemented by 2021	Secretariat coordinates development of programmes and sharing of best

				practices and MS implement
	Existence of pre-school feeding programmes in MS Number of MS implementing pre-school feeding programmes	Promoting the development of pre-school and school nutrition programmes	Pre-school feeding programmes established and implemented in MS by 2017	MS implement and Secretariat monitors
	Evidence of healthy eating and habits programmes in MS	Promotion of healthy habits for optimal weight management before and during pregnancy to prevent obesity and underweight	Programmes on healthy eating and habits developed and implemented in MS	Secretariat facilitates development of programmes and MS implement
	Evidence of functional food and nutrition counseling centres in MS	Promoting food and nutrition counselling through primary health care centres and private sector clinics to control obesity and undernutrition during childhood	Nutrition counseling programmes developed and implemented in MS by 2017	MS implement programmes
Infant and Young Child Nutrition	% of children breastfed immediately after birth % of infants < 6 months of age exclusive breastfed % children meeting the recommended IYCF diet			
	Existence of breast feeding promotional programmes in MS	Promote exclusive breastfeeding for first six months	Breast feeding promotional programmes developed by 2017	Sexcretariat facilitates development of promotional programmes and MS implement
	Existence of complementary feeding programmes in MS	Promote optimal complementary feeding (age specid, diversified, quality and frequency feeding) with continued breastfeeding up to 24 months or beyond. Strengthen social behaviour change communication strategies	Complementary feeding programmes developed and implemented by 2019	Secretariat coordinates development of programmes and MS implement
	Quality of information on IYCF	Real time monitoring for IYCF: The frequency of data collection to be increased to provide an accurate and up to date picture of the situation with particular focus on complementary feeding	Real time monitoring on IYCF by 2020	Secretariat coordinates development of monitoring system
	Number of MS adapting and adopting Global Strategy on	Coordinate capacity building for adoption/adaptation of the Global Strategy	Capacity building programmes implemented	Secretariat to facilitate capacity building

	Infant and Young Child Feeding	on Infant and Young Child Feeding comprehensively	by 2018	programmes
Reduced Prevalence of Micronutrients Deficiencies	Micronutrient supplementation to adolescent girls and women before and during pregnancy			
	Evidence of consumption of foods with adequate micronutrients Number of MS promoting consumption of foods with adequate micronutrients	Promote and advocate consumption of foods with adequate micronutrient content	Promotional programmes on consumption of foods with adequate micronutrients developed and implemented by 2021	Secretariat coordinates development of promotional programmes and MS implement
	Existence of legislation and standards on food fortification and bio-fortification	Promote development/revision of appropriate evidence-based legislation and enforcement of standards on food fortification and bio-fortification	Legislation and standards on food fortification developed/revised by 2020	Secretariat facilitates and MS domesticate
Improved Food Safety Standards	Number of MS with policies and institutions to implement food safety standards	Facilitate the development of food safety policies, legislative and institutional frameworks, and mechanisms to strengthen the coordination of food safety management;	All MS have policies and institutions to implement food safety standards by 2025	Secretariat monitors
	MS with national food safety legislation aligned to international food safety standards	Harmonize and monitor the enforcement of food safety standards including updating and implementing national legislation and regulations to meet the international food safety standards such as the Codex Alimentarius;	At least 10 MS with legislation aligned to international food safety standards	Secretariat faciliotate the harmonisation of policies and monitors the algnment of national legislation to international food safety standards
	Number of MS with accreditade food testing laboratories	Facilitate the accreditation of all food testing laboratories in the region to international / regional food safety institutions	At least 10 MS have accrdidate food testing laboratories by 2025	Secretariat facilitate the accredidation of laboratories
	Existence of network	Facilitate the establishment of a Regional network of food testing laboratories.	Regional network in place by 2024	Secretariat faciliotates the establishment of network
Improved Water, Sanitation and Hygiene (WASH)	Incidences of waterborne diseases			
	Evidence of safe potable water in MS Number of MS promoting	Promote and advocate for safe potable water	Promotional programmes on safe potable water developed and implemented by 2020	Secretariat facilitates development of programmes and MS promote

	safe potable water			
	Existence of functional monitoring system	Facilitate the monitoring of water safety and sanitation in order to reduce the incidence of waterborne diseases	Framework for monitoring functional by 2019	Secretariat facilitates monitoring of water safety and sanitation
	Evidence of documents and best practices on WASH	Facilitate the documentation and sharing of best practices of WASH interventions that improve nutrition security	Platform for sharing best practices on WASH functional by 2019	Secretariat facilitates establishment of platform
	Number of MS encouraging treatment of recycled water in agriculture	Encourage treatment of recycled water in agriculture	At least 10 MS have a substantial increase in the use of recyled water in agriculture by 2025	Secretariat monitors the promotion of reclycled water in MS
Improve identification, treatment and management of Malnutrition including Emergencies and among Vulnerable Groups, (Elderly, People Living with Disability and profiling of PLHIV)	Cases of malnutrition for vulnerable groups			
	Existence of standards in the MS Number of MS implementing standards on malnutrition	Promote the implementation of standards for identification, treatment and management of moderate and severe cases of malnutrition	Programmes to promote implementation of standards developed and implemented by 2022	Secretariat coordinates development of promotional programmes and MS implement
	Evidence of best practices being shared	Promote sharing of best practices in the production and provision of therapeutic supplies in the region	Platform for sharing best practices functional by 2019	Secretariat facilitates establishment of platform for sharing best practices
	Evidence of collaboration among partners	Promote multisectoral collaboration and Public-Private partnerships for integrated nutrition response	Multisectoral collaboration promoted by 2016	Secretariat facilitates multisectoral collaboration
	Evidence of nutrition assessment and counseling programmes in MS	Promote nutrition assessment and provision of counseling for people living with chronic illnesses such as TB, cancer, PLHIV and other vulnerable groups	Nutrition assessment programmes and counseling programs for people with chronic diseases developed and implemented by 2020	Secretariat facilitates development of programmes and MS implement
	Evidence of adoption/adaption of Global Guidelines on Nutrition Counseling Care in MS	Promote adoption/adaption of Global Guidelines on Nutrition Counseling Care and Support for PLHIV	At least 10 MS implementing Global Guidelines on Nutrition Counseling Care and Support for PLHIV by 2020	Secretariat monitors and MS implement
	Evidence of nutrition care support in emergency situations in MS	Promote improvement of nutritional care and support in emergency situations and under conditions of humanitarian crisis	At least 10 MS implement nutrition care support programmes for emergencies	Secretariat monitors

	Number of MS providing training on nutrition assessment and provision of counseling on diet, food safety and physical activity including PLHIV to primary health workers	Promote engagement and education of primary health care and other community based workers in nutrition assessment and provision of counseling on diet, food safety and physical activity including PLHIV	At least 10 MS providing training to primary health workers by 2018	Secretariat monitors
Promote Investment in Nutrition	Evidence of nutritional support and regional and national levels			
	Evidence of studies on the cost of hunger	Facilitate studies and documentation of the cost of hunger and cost of diet including cost-benefit analysis on food and nutrition	Studies undertaken and shared by 2018	Secretariat facilitates studies
	Evidence of inclusion of Nutrition in post MDG agenda	Advocate for inclusion of Nutrition in the post 2015 MDG agenda	Nutrition included in the post 2015 MDG agenda	Secretariat coordinates
	MS budgets on nutrition Regional budgets on nutrition	Advocate for increased budget for nutrition at both regional and national level	MS gradually increase budgets for nutrition	MS implement and Secretariat monitors

Strategic Objective 4: To ensure stable and sustainable availability, access and utilisation of food.

Priority intervention area	Key performance indicator	Strategies	Targeted Outputs	Responsibility
Sustainable food and nutrition security	Fluctuations in food security situation in the region			
	Number of MS implementing food and nutrition security interventions	Promote full ownership and commitment by Member States towards attainment of food and nutrition security	All MS committed to the implementation of food and nutrition security interventions	Secretariat monitors
	Number of MS allocating budgets for food and nutrition interventions Budget allocation for nutrition at regional level	Promote sustainable mechanisms of funding of the implementation of the strategy at both the regional and national levels	At least all MS gradually increasing budgets for nutrition to implement strategy	Secretariat monitors
	Number of MS with programmes to empower women and youth in nutrition	Promote empowerment of youth and women in food and nutrition	Programmes to empower women and youth in nutrition developed and implemented by 2021	Secretariat facilitates development of programmes and MS adapt/adopt and implement
		Develop, review, enact and implement laws and policies that guarantee and protect food as a human right	Laws and policies that guarantee food rights developed by 2023	Secretariat facilitates the development of laws and policies

DEFINITION OF TERMS/GLOSSARY

Biofortification: The development of micronutrient-dense staple crop varieties using traditional breeding practices or biotechnology.

Body Mass Index (BMI): A measure of body fatness, calculated as weight (kg) divided by the square of height (m2). A BMI of <18.5 is considered underweight, ≥25 signifies overweight, and ≥30 signifies obesity. Although BMI is a good measure for determining a range of acceptable weights, it does not take into consideration some important factors, such as body build, i.e, relative contributions of fat, muscle, and bone to weight.

Childhood obesity: Weight-for-height that is >2 SD. Childhood obesity is associated with a higher probability of obesity in adulthood, which can lead to a variety of disability and disease, such as diabetes and cardiovascular diseases.

Childhood overweight: Weight-for-height>+2SD according to the WHO Child Health Standards.

Citizen: A native or naturalized member of a state or nation who owes allegiance to its government and is entitled to its protection

Community nutrition programme: A community-based programme intended to prevent growth faltering, control morbidity, and improve survival of children by promoting breastfeeding, providing education and counselling on optimal feeding practices, preventing diarrheal disease, and monitoring and promoting growth.

Complementary feeding practices: A set of 10 practices recommended for caregivers to implement from 6 to 24 months, at which point breastmilk and/or breastmilk substitutes alone are no longer sufficient to meet the nutritional needs of growing infants. Poor breastfeeding and complementary feeding practices, coupled with high rates of infectious diseases, are the principle proximate causes of malnutrition during the first two years of life.

Dietary Diversity: The number of food groups consumed over a given period of time. Household-level dietary diversity can be used as an indicator of household food security, and individual-level dietary diversity is an indicator of diet quality for an individual (typically measured for women or young children).

Early initiation of breastfeeding: Initiation of breastfeeding within one hour of birth. As a public health statistic, it is measured as the proportion of children born in the past 24 months who were put to the breast within one hour of birth.

Exclusive breastfeeding (EBF): The feeding of an infant only with breastmilk from his/her mother or a wet nurse, or expressed breastmilk, and no other liquids or solids except vitamins, mineral supplements, or medicines in drop or syrup form.

Eastern and southern Africa is a classification of countries and areas by the UNICEF State of the World Children. Of the 23 countries in this classification, 14 are

from the SADC region, excluding Democratic Republic of Congo which is classified under the West and Central Africa region.

Food Borne Diseases: Food borne diseases encompass a wide spectrum of illnesses and are a growing public health problem worldwide. They are the result of ingestion of foodstuffs contaminated with microorganisms or chemicals. The contamination of food may occur any stage in the process from food production to consumption ("farm to fork") and can result from environmental contamination, including pollution of water, soil or air.

Food fortification: The addition of one or more micronutrients (vitamins and minerals) to food during processing. Ideally, food fortification provides a public health with minimal risks to health in the population.

Food safety: is a scientific discipline describing handling, preparation, and storage of food in ways that prevent foodborne illness.

Food security: when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.

Gender-Sensitive: A conscientization strategy concerned with increasing people's sensitivity to the implications of gender inequality, and demanding that problems of gender discrimination be identified and overcome in policies and programmes.

Global Hunger Index (GHI): An index that ranks 84 developing and transitional countries using the following three equally weighted indicators to describe the state of countries' hunger situation: (i) the proportion of people who are undernourished; (ii) the prevalence of underweight children under the age of five; and (iii) the under-five mortality rate. By using these three indicators, the GHI captures various aspects of hunger and undernutrition, and takes into account the special vulnerability of children to nutrition deprivation (IFPRI).

Hidden hunger: Micronutrient malnutrition or vitamin and mineral deficiences, which can compromise growth, immune function, cognitive development, and reproductive and work capacity.

HIV/AIDS: Human immunodeficiency virus (HIV) is a retrovirus that affects cells of the immune system, destroying or impairing their function. As the disease progressed, the immune system becomes weaker, and the person becomes more susceptible to infection. The most advanced stage of HIV infection is acquired immunodeficiency syndrome (AIDS).

Infant and Young Child Feeding (IYCF): Refers to specific recommendations and guiding principles for optimal nutrition, health, and development of children. A set of eight population-level IYCF indicators have been developed to: (i) assess IYCF trends over time; (ii) improve targeting of interventions; and (iii) monitor progress in achieving goals and evaluate the impact of interventions[1].

[1] WHO, 2008

International Code on Marketing of Breast-milk Substitutes: A set of recommendations to regulate the marketing of breastmilk substitutes, feeding bottles, and teats. This code aims to contribute "to the provision of safe and adequate nutrition for infants, by protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution" (Article 1).

Low birth weight (LBW): A birth weight of less than 2,500g. At the population level, the proportion of infants with a low birth weight often serves as an indicator of a multifaceted public health problem that includes long-term maternal malnutrition, ill health, hard work, and poor health care in pregnancy.

Malnutrition: Poor nutritional status caused by nutritional deficiency or excess (undernutrion or overnutrition).

Micronutrient(s): Vitamins and minerals that are needed in small amounts by the body to produce enzymes, hormones, and other substances essential for proper growth and development. Iodine, vitamin A, iron, and zinc are the most important in terms of prevalence and severity; deficiencies are a major threat to the health and developement of populations worldwide, particularly children and pregnant women in low-income countries.

Nutrition security: is achieved when secure access to appropriately nutritious food is coupled with a sanitary environment – alongside adequate health services and care, this ensures a healthy and active life for all household members.

Undernourished: A person whose usual food consumption, expressed in terms of dietary energy (kcal), is below the energy requirement norm. The prevalence of undernourishment in a specified population is sometimes used as a measure of food deprivation. This term is not to be confused with undernutrition.

Undernutrition: Poor nutritional status due to nutritional deficiences. This is when the body contains lower than normal amounts of one or more nutrients, i.e. deficiencies in macro-nutrients (food) and/or micro-nutrients. Undernutrition encompasses stunting, wasting and deficiencies of essential vitamins and minerals (collectively referred to as micronutrients).

Underweight: Low weight-for-age defined as more than 2 SD below the mean of the sex-specific reference data.

Vulnerable groups: The elderly, the young, pregnant women, people living with disability and the poor are who are marginalized that they cannot benefit form nutrition.

Stunting (Chronic malnutrition): Low height –for-age, defined as more than 2 SD below the mean of the sex-specific reference data. Stunting is the cummulative effect of long-term deficits in food intake, poor caring practices, and illness.

Overnutrition: A state in which nutritional intake greatly exceeds nutritional need. Overnutrition manifests itself as overweight (BMI≥25) and obesity (BMI≥30). In children, overnutrition is defined as weight-for-height >2 SD (>2SD is overweight and >30 SD is obese).

Wasting (acute malnutrition): Low weight-for-height defined as more than 2 SD below the mean of the sex-specific reference data. Wastingis the result of a recent shock such as lack of calories and nutrients and/or illness, and is linked strongly to mortality.

Window of opportunity: The period between conception and age two when irreversible damage caused by malnutrition can and should be prevented.

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