

1 Improvement Plan for Nutrition Interventions addressing Children under 5

Improvement Objective 1	Develop an integrated nutrition plan/framework for children under 5 with sensitive nutrition indicators which delivers implementation of the MTSF priorities related to nutrition
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Outputs to achieve the objective	Priority L/M/H	Activity to achieve output	Person/institution responsible	By when? (Deadline)	Target	Embedded where	Budget available	Current situation/ Progress Report
1.1 Relevant Minister(s) (DSD; DAFF; DoH) and top management across government (national and provincial) committed and approve the Integrated Plan on Nutrition	H	1.1.1 Develop a concept paper and preparing a Cabinet Memo for presenting a compelling case to the Ministers on the implementation of the recommendations of the Nutrition Evaluation Report	DPME	Dec 14	The Integrated Plan endorsed by the DGs	DPME		No integrated plan
		1.1.2 Present to a meeting between DGs to agree on overall administrative responsibility (FOSAD/Relevant structures)						
		1.1.3 Facilitate a meeting between Ministers to agree on overall political responsibility (Different Clusters – Agriculture / Economic)	DPME	Feb 15	The Integrated Plan endorsed by the Ministers	DPME		No integrated plan
1.2 Overarching high level vision developed into an Integrated Plan addressing Nutrition for Children Under 5	H	1.2.1 Conduct a cost benefit analysis exercise of existing interventions (including the costs of not doing anything) (Situational analysis/ what is the means of measurement/ develop a High Level Theory of Change/ What are the consequences of Stunting) 1.2.2 Develop costing models	DoH supported by DSD and DAFF	September 2015	The Integrated Plan	DOH		No integrated plan

Outputs to achieve the objective	Priority L/M/H	Activity to achieve output	Person/institution responsible	By when? (Deadline)	Target	Embedded where	Budget available	Current situation/ Progress Report
		1.2.3 Identify resources/ funding to develop the plan 1.2.4 Develop the Integrated Plan 1.2.5 Workshop to achieve consensus						
		1.2.6 Provide inputs to ECD Policy related to nutrition	DoH supported by DSD and DAFF	September 2015	The Integrated Plan	DOH		No integrated plan
		1.2.7 Provide inputs to Food and Nutrition Security Policy Implementation Plan related to Nutrition Under 5	DoH supported by DSD and DAFF	September 2015	The Integrated Plan	DOH		No integrated plan
1.3 Departmental Specific Response Plans		1.3.1 Resource mobilisation	DOH lead, DSD and DAFF	March 2015	Departmental Specific Response Plans developed	DOH lead, DSD and DAFF		
		1.3.2 Establish & Implement the national coordinating framework for sectoral plans						
		1.3.3 Establish M&E and Reporting system						

Improvement Objective 2 Establish a supra departmental structure for coordination of nutrition activities, supported by higher level posts to champion nutrition in different departments, with coordinated delivery focusing on clients with particular problems.

Outputs to achieve the objective	Priority L/M/H	Activity to achieve output	Person/institution responsible	By when? (Deadline)	Target	Embedded where	Budget available	Current situation/ Progress Report
2.1 An appropriate oversight structure established	H	2.1.1 Weigh options for inclusion in proposed structures e.g. FS&N Committee, National Health Commission, ECD Agency	DOH	March 2015	An appropriate oversight structure established	DOH		There is no oversight structure
		2.1.2 Develop modalities on how nutrition for children under 5 could be effectively covered						
2.2 Staff appointed at	H	2.2.1 Build a case to top						Overlapping with other

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all levels with Technical nutrition knowledge as well as Leadership skills to champion the nutrition drive (e.g. KZN)		management based on the Modelling & Costing Exercise for the need for higher level posts (present to MINMECs)						Groups.
2.3 Case management approach evaluated and cost benefit clarified		2.2.2 Undertake a Review of OSS 2.2.3 Build on WHO evaluation of CHWs/CCGs in KZN which follows up on all pregnant women.	DPME	March 2015	Review Report	DOH		
		2.2.4 Review Mikondzo tools related to Nutrition for children under 5	DPME	March 2015	Review Report	DSD		Doing profiling, provide interventions and referrals at ward level
2.4 Expansion Plan developed		2.4.1 Consider expanding DSD and DOH's, Social Auxiliary Workers, Community Health Workers, Child and Youth Care Workers ¹ to monitor, support, screen and refer vulnerable pregnant women and children, linking to Social Sector EPWP and CWP	DSD and DOH	March 2016	Plan Developed	DSD		Currently DSD is training Child and Youth Care Workers. Currently DOH has community Health Workers who can be used to do nutrition programme.
		2.4.2 Build Capacity to CWP's & EPWP cadres		March 2015	A number of CWP's & EPWP cadre recruited to work on the nutrition programme	DSD and DOH		Currently there is a challenge of capacity and CWP's & EPWP cadres can be recruited and trained to assist with the implementation of nutrition programme.

¹ They conduct regular home visits to beneficiaries, oversee activities, assist with grant applications and school fee waivers, lifespaces counselling, home conflict mediation, educate beneficiaries and caregivers on basic health and nutrition and referrals to health facilities.

Improvement Objective 3	Strengthen focus on behaviour change and communication to change behaviour
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LoveLife, Soul City, Lusanda Mahlasela/Richard Delate (John Hopkins University), Popo Maja (DoH Communications), Vimla Moodley (Director Health Promotion), Mark Blecher, Treasury; Phyllis Baxen, FHI 360; PATH, Discovery Vitality, 2 Clinic Sisters, Angie Mokgabudi (DoC), Health Promoter (Mpum/GP), nutritionist., CDP, extension officer, CYCW.

Outputs to achieve the objective	Priority L/M/H	Activity to achieve output	Person/institution responsible	By when? (Deadline)	Target	Embedded where	Budget available	Current situation/ Progress Report
1. Develop a compelling integrated communication and behaviour change strategy for the general public that addresses nutrition in pregnant women and children under 5(ECD LINK) ALOS SPECIFY WOMEN PRODUCTIVE AGE	H	1.1 Desktop Review: Look at existing behaviour change models that mobilise communities, men, and extended family to support behaviour change eg Rwanda	FHI 360 for DOH	January 31 2015	Desk Review document completed	DOH	No additional funds required	Within FHI's current mandate
		1.2 develop integrated communications strategy for nutrition with (i) clearly defined core/key behaviours, (ii) clearly defined channels (mass/social media, face-to-face, community based, campaigns) using celebrities where possible and (iii) budgets Key messages to be included in existing campaigns (e.g. Child protection week, etc)	Consultants contracted by DOH With participation of DSD, DAFF, DRDLR, Soul City, COGTA; DBE&DHET	August 31, 2015	Finalised costed communication strategy approved by all relevant departments.	DOH	Look for additional funds (maybe JHU, FHI UNICEF)	No communications strategy at present time
2. Relevant multi-media messages implemented outside the health		2.1 Allocation of significant budget for IEC	DOH with additional contributions	In FY 2016/2017 budgets	Budget allocated for implementation	DOH(Health Promotion	To be determined by the	

Outputs to achieve the objective	Priority L/M/H	Activity to achieve output	Person/institution responsible	By when? (Deadline)	Target	Embedded where	Budget available	Current situation/ Progress Report
facility addressing social and cultural issues			from DSD, DAFF, DRDLR, COGTA		of the strategy)	strategy - use Lovelife budget as guide	
		2.2 implementation of the communication strategy phased to match available resources in different platforms (eg HR, equipment or micronutrients etc) where necessary	DOH with participation from DSD, DAFF, DRDLR, Soul City, COGTA	Start FY 2016/2017	Year 1: Reach 1 million people Year 2: reach 3 million people	DOH	To be determined by the strategy	DOH have Mom-connect
		2.3 Media and/or community campaign promotes diverse diets e.g. orange-fleshed sweet potato, morogo, local food production and preservation, goat's milk.	DAFF with participation from DSD, DOH, DRDLR, Soul City, COGTA	Start FY 2016/2017	Year 1: Campaigns reach 1 million people Year 2: campaigns reach 3 million people	DAFF	To be determined by the strategy	
		2.4. Commissioning/ influencing popular entertainment (e.g soapies, talk shows, radio plays) and social media (Facebook, twitter, etc) to model appropriate nutrition behaviour	Dept Arts and Culture with participation from DSD, DOH, DRDLR, Soul City, COGTA	Start FY 2016/2017	Year 1: 15 episodes 5,000 hits Year 2: 15 episodes 20,000 hits	DAC	To be determined by the strategy	DOH have Mom-connect
3. Support behaviour change in government staff to act as role models around positive nutrition behaviours.		3.1 Conduct training using model of values clarification (e.g. in health care workers re HIV/AIDS) – work on attitudes	DOH	Start FY 2016/2017	15% of government workers per year (all levels)	DOH		
Focus on community		3.2 Each department to designate a Nutrition	DPSA	January 2016	by June 2016 15 national,	DPSA		

Outputs to achieve the objective	Priority L/M/H	Activity to achieve output	Person/institution responsible	By when? (Deadline)	Target	Embedded where	Budget available	Current situation/ Progress Report
workers (CCGs, CAWS, CHWs) plus front-line workers that work with them (nurses, social workers, nutrition personnel, ag extension workers, teachers. Look at facilities which support and enable mothers to breastfeed		Champion to promote nutrition awareness in the department.			9 provincial champions by June 2017 20+ national 9 provincial 25 districts 4 metros			
		3.3 Formulate guidelines for government caterers to serve more healthy food at Government events	DPSA with DOH	June 2016	Approved Guidelines	DPSA (issue) DOH (formulate)		There are draft documents)
4. Establish incentive systems focusing on mothers, ECD programmes, social grants which promote positive nutritional outcomes for children		4.1 Undertake research on possible incentive systems for positive behaviour.	DSD with SASSA	March 2016	Final Research report	DSD		Link to MTSF (OUTCOME 13)
Outputs to achieve the objective	Priority L/M/H	Activity to achieve output	Person/institution responsible	By when? (Deadline)	Target	Embedded where	Budget available	Current situation/ Progress Report
1. Develop a compelling integrated communication and behaviour change strategy that addresses under 5s	H	1.1.1 Look at existing models which have had a significant impact eg Rwanda						
		1.1.2 Identify experts to develop strategy						
		1.1.3 Phase implementation of the communication strategy to match availability of supply (eg Vitamin A)						
2. Relevant multi-media IEC interventions implemented outside		Allocation of significant budget for IEC						
		Commissioning/influencing of						

Outputs to achieve the objective	Priority L/M/H	Activity to achieve output	Person/institution responsible	By when? (Deadline)	Target	Embedded where	Budget available	Current situation/ Progress Report
the health facility, addressing social and cultural issues		soapies to model appropriate behaviour						
3. Support behaviour change in government staff to act as role models around positive nutrition messages (focus on community workers (CCGs, CAWS, CHWs) plus front-line workers that work with them (nurses, nutrition personnel, ag extension workers, teachers)		(build on model of values clarification in health care workers re HIV/AIDS) – work on attitudes						
4. Establish incentive systems focusing on mothers, ECD centres, which promote positive nutritional outcomes for children		Undertake research on possible incentive systems for positive behaviour.						

Improvement Objective 4	Effective community-level services provided at community and facility level in a PHC context
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Dr Taole (PHC Director, Clinic Sister at District Office, district nutrition coordinators, AMREF, Mr Langa (Director CHW, KZN), USAID, Right to Care

Outputs to achieve the objective	Priority L/M/H	Activity to achieve output	Person/institution responsible	By when? (Deadline)	Target	Embedded where	Budget available	Current situation/ Progress Report
1. Nutrition technical people employed at subdistrict level	H	1.1. Identify the available capacity by conducting an audit at sub-district level	DoH leads with support from DSD,	March 2015	Audit completed	Current operational plans	No	Current personnel responsible for nutrition available from DoH, DSD,

Outputs to achieve the objective	Priority L/M/H	Activity to achieve output	Person/institution responsible	By when? (Deadline)	Target	Embedded where	Budget available	Current situation/ Progress Report
		using existing data	DBE and DAFF					DBE and DAFF
		1.2 profile the nutrition capacity of a sample of existing personnel at community level	DoH leads with support from DSD, DBE and DAFF	July 2015	Profiling completed	Current operational plans	No	Current personnel responsible for nutrition available from DoH, DSD, DBE and DAFF
		1.3 Motivate for the development of nutrition technical and coordination capacity (up-skilling or creation of new posts) at the sub-district level	DoH,	FY 2016/17	All sub-districts have nutrition capacity	Operational Plan of the DOH	Existing optimal budget utilisation. Explore and maximise existing funding mechanisms	Limited technical and coordination capacity at the sub-district level
2. Strengthened nutritional knowledge amongst health care workers and how to prioritise it amidst competing demands (Link to objective 3)		2.1 Advocate for the inclusion of nutrition into pre-service training and curricula for health care workers, extension practitioners and social services	DHET supported by DoH	March 2017	Situational analysis completed Incorporation of nutrition modules within curricula of training programmes	Standards of Nursing unit, Health Professions Council, SETAs, South African Council for Social Service Professions, South African Council		Reports from statutory bodies and centres of excellence

Outputs to achieve the objective	Priority L/M/H	Activity to achieve output	Person/institution responsible	By when? (Deadline)	Target	Embedded where	Budget available	Current situation/ Progress Report
						for Natural Scientists Profession		
		2.2 Ensure that regional training centres incorporate nutrition into their training programmes (either to deliver the training or to commission appropriate training) Standardised and accredited training modules	DoH leads			Review of the RTC model		
		2.3 Ensure adequate (content and time) inservice training	DoH, DSD, DRDLR, DBE, DAFF and development partners	Ongoing	All individuals involved in nutritional activities should be adequately trained	Currently existing capacity development initiatives	Currently available budget for capacity development	Low coverage within all departments concerned
3 Increased use of community-based workers (eg. nutrition advisors as in KZN)		Explore and mobilise key departments to increase coverage of essential nutrition actions using existing schemes including Social Sector EPWP, CWP, CDW	DoH, DSD, DRDLR, DBE, DAFF and development partners	Ongoing	All sector departments involved in nutrition related activities	All existing initiatives eg. EPWP, CWP, CDW	Existing optimal budget utilisation. Explore and maximise existing funding mechanisms	Low coverage and underutilisation of existing resources

Outputs to achieve the objective	Priority L/M/H	Activity to achieve output	Person/institution responsible	By when? (Deadline)	Target	Embedded where	Budget available	Current situation/ Progress Report
		Identify the existing community based cadres linked to the existing schemes and define their roles and responsibilities with regard to nutrition	DSD leads with support from DOH, and DAFF	December 2014	Mapping/situation report of all existing community based workers.	Nutrition plans of DOH, DSD and DAFF	None required.	DSD conceptualizing Phase 3 of the EPWP. Evaluation of EPWP for the social sector currently underway.
		Strategic meetings with managers of different schemes (CWP, EPWP)	DSD, DAFF and DOH	October 2014	Strategic discussions completed	DSD/EPWP and DCOG/WP Plans	None required	DSD conceptualizing Phase 3 of the EPWP. Evaluation of EPWP for the social sector currently underway.
4 NGOs to include nutrition initiatives in their plans		Ensure development funding is harmonised to address nutrition specific and nutrition sensitive activities for current (e.g. USAID, DFID) and future grants.	National Treasury and DOH, DSD and DAFF	January 2015	Nutrition activities integrated into country plans	Country's agreements and plans	Existing and future funding arrangements	Nutrition activities are not adequately addressed in existing strategies
		Government to define the role of NGOs in the service delivery model for nutrition services including funding mechanisms for NGOs	DOH, DSD and DAFF	March 2016	Funding mechanisms and proposed models identified	Build on the evaluation on NPOs to be conducted in 2015/16	Yes, DPME and DSD	No service delivery model for nutrition via NGOs in all departments.
5 Nutritional supplies for children part of core supplies available at facilities		Define and cost PHC nutritional supplies and equipment requirements in line with national norms and standards.	DoH supported by development partners	March 2016	PHC nutritional package defined and costed	District health service package	Explore and maximise existing funding mechanism Define a cost of PHC nutritional package	Ideal clinic initiative

Outputs to achieve the objective	Priority L/M/H	Activity to achieve output	Person/institution responsible	By when? (Deadline)	Target	Embedded where	Budget available	Current situation/ Progress Report
							per child per six month supplement duration.	
		Adapt currently existing tracking systems to track nutrition supplies	DOH	April 2015	Tracking system for nutrition supplies	National Pharmaceutical Services	No additional budget required	Limited tracking of nutritional systems
Outputs to achieve the objective	Priority L/M/H	Activity to achieve output	Person/institution responsible	By when? (Deadline)	Target	Embedded where	Budget available	Current situation/ Progress Report
1. Nutrition technical people employed at subdistrict level	H	1.1.1						
		1.1.2						
2. Strengthened nutritional knowledge amongst health care workers and how to prioritise it amidst competing demands		Incorporate nutrition into preservice training						
		Ensure hospital/PHC/ regional trainers are trained in nutrition (either to deliver the training or to commission appropriate training)						
		Adequate inservice training						
3 Increased use of community nutrition advisors and CHWs as in KZN		Link with Social Sector EPWP and CWP as potential employment categories						
		Link to existing evaluation of Social Sector EPWP and CWP as well as of CHWs in KZN						
		Use CHWs for screening of nutritional status and referral						

Outputs to achieve the objective	Priority L/M/H	Activity to achieve output	Person/institution responsible	By when? (Deadline)	Target	Embedded where	Budget available	Current situation/ Progress Report
4 NGOs supplement nutritional efforts		Look at how existing NGOs can be encouraged to include nutrition in their programmes						
		Consider how existing grants can be expanded to support NGOs working in nutrition, eg around CWP						
		Discuss with PEPFAR/CDC how nutrition for children can be included as a component						
5 Nutritional supplies for children part of core supplies available at facilities		Increase share of budget for nutrition. Work with provincial budget controllers in provinces						“Make me look like a clinic” is helping with monitoring stock levels
		Develop budget advice on nutrition supplies which can help budget controllers – needs to show costs and benefits (UNICEF)						
		PHC package needs to include norms and standards around nutrition equipment.	Health					
		Contract for supplying anthropometric equipment should include training in use of equipment and maintenance, extra batteries.						

Improvement Objective 5	Strengthened food security and availability of nutritious food for vulnerable children
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DAFF team, FAO, Food Gardens Foundation, Food and Trees for Africa, Trevor John DSD (Comprehensive Social Security), SASSA (Dr John Marite, Policy Coordination), Muzi Nkala, CNDC Project Manager, extension officer, Director: Extension, DAFF, Nosipho Machoba (Gauteng ECD), DoH Food control

Outputs to achieve the objective	Priority L/M/H	Activity to achieve output	Person/institution responsible	By when ? (Deadline)	Target	Embedded where	Budget available	Current situation/ Progress Report
1. Comprehensive integrated HH food production program (CIHHFP) developed and implemented (improved program)	H	1.1.1 Undertake diagnostic review and design a CIHHF programme model which can be implemented widely (include issue of water), including looking at existing NGO, NDA and other models (<i>Include in the EPR evaluation the issue of food production</i>)	DAFF-Lead and DSD-NDA support	March 2015 (????)	Diagnostic Review Report- Program model developed	Food security - DAFF		<i>Consider existing food security initiatives and available reviews/research- (UNISA, UP, DAFF, DSD, etc)</i>
		1.1.2 Look at potential for CWP to fund community agricultural workers Establishment of programme with community agricultural workers (CAWs) to support household food production	DAFF Supported by DCOG	April 2015	Approved roll out plan	CWP activity Plan	?CWP budget	Pilot of food production into CWP
		1.1.3- Implement the comprehensive integrated HH food production program including production nutritious indigenous foods (e.g. morogo, orange sweet potato), as well as small livestock and Provision of fruit trees	DAFF	April 2015	Implementation of model		Available in DAFF annual budget	DAFF to indicate plan to provide production inputs and implements for the CWP-community gardens
2 Strengthened nutritional knowledge amongst								

Outputs to achieve the objective	Priority L/M/H	Activity to achieve output	Person/institution responsible	By when ? (Dead line)	Target	Embedded where	Budget available	Current situation/ Progress Report
community practitioners (CAWs, EW, CDPs, CCWs, CHW)		Incorporate the training on nutrition into the extension recovery program by DAFF. Include nutrition training in the curriculum of agricultural colleges as well as universities (agricultural production courses)	DAFF	March 2016	Nutrition training incorporated in ERP	ERP	ERP budget	Evaluation plan for 2015/16
		Training of CAWs on nutrition through partnerships with SETAs and other funding-FHI	DOH supported by DAFF	March 2016	Funded training plan	CAW rollout plan	Health and welfare SETA	FHI currently supporting training on nutrition
3 Promoting healthy food in ECD programs and CNDC schemes		Increase access to funding and monitoring of ECD sites, (ensuring access to food by non-registered ECDs). Increase the number of ECDs registration centres and review the registration process.	DSD	April 2015	Scale-up registration, funding and monitoring of ECDs	ECD policy	ECD budget	Draft policy in place, ECD Audit report
		Expand mandate of Community Nutrition and Development (CNDC) centres to cover children under 5 who have been discharged from health facilities and need to be rehabilitated.	DOH lead Supported by DSD DSD with DOH	April 2015	Clear referral system and follow-up of clients between DOH and DSD	DOH- PHC reengineering-community outreach program	PHC budget	PHC reengineering –community ward-based outreach teams are being set up to strengthen follow up.
		ECDs and CNDC centres should cover a range of nutrition services for children eg growth monitoring etc	DOH supported by DSD DSD with DOH	April 2015				

Outputs to achieve the objective	Priority L/M/H	Activity to achieve output	Person/institution responsible	By when ? (Dead line)	Target	Embedded where	Budget available	Current situation/ Progress Report
		Develop guidance on food quality and diversity and menus for ECD centres, CNDC centres which focus on nutrition rehabilitation.	DSD supported by DOH	April 2015	Standardised age-appropriate menus in centres	ECD and CNDC guidelines	FDC funding	DSD has developed menus for CNDCs and ECDs with DOH assistance
		Costing model and what is realistic? A different activity for non-centre based ECD programs?						
4 Improve effectiveness of supplementary food provision e.g. food parcels/vouchers		DSD to consider options to restrict use of vouchers to prescribed food options , e.g.by linking voucher use/parcels only to fortified staple foods and VAT zero-rated food.	DSD	April 2016	Voucher system developed and implemented	DSD strategic plan		Ministerial committee established to develop a food voucher system
		Review the DSD food parcels to ensure that they contain <u>nutritious foods</u> including fresh produce procured locally e.g. through cooperatives or non-VAT rated	DSD					
		Investigate possibility of vouchers provided to children whose mothers are not able to breastfeed (orphans, medical reasons) and are referred as being vulnerable (KZN has tried and struggled). New DOH policy changes around supplementary	DOH Referrals with DSD					

Outputs to achieve the objective	Priority L/M/H	Activity to achieve output	Person/institution responsible	By when? (Deadline)	Target	Embedded where	Budget available	Current situation/ Progress Report
		feeding and impact on OVC						
5 Establish and enforce regulations to reduce children's access to unhealthy foods.		Look at food control regulations and comment.	Lynn Moeng	End August 2014				Regulations been published for comment closing end August
Outputs to achieve the objective	Priority L/M/H	Activity to achieve output	Person/institution responsible	By when? (Deadline)	Target	Embedded where	Budget available	Current situation/ Progress Report
1. Establishment of programme with community agricultural workers (CAWs) to support household food production	H	1.1.1 Look at potential for CWP to fund community agricultural workers						
		1.1.2 Undertake diagnostic and design to develop a programme model which can be implemented widely (include issue of water), including looking at existing NGO, NDA and other models						
		Support for food production should include nutritious indigenous foods (e.g. morogo, orange sweet potato), as well as small livestock.						
		Provision of fruit trees eg for schools						
2 Strengthened nutritional knowledge amongst agricultural extension workers and CAWs eg on diversified crops with high nutritional value		Media campaign also promotes diverse diets e.g. orange-fleshed sweet potato, morogo, local food production and preservation, goat's milk.						
		Consider training EWs in some aspects of nutrition						
3 Promoting healthy		DSD should increase registered						

Outputs to achieve the objective	Priority L/M/H	Activity to achieve output	Person/institution responsible	By when ? (Dead line)	Target	Embedded where	Budget available	Current situation/ Progress Report
food at ECD and CNDC schemes		ECD sites and learners subsidised, thus improving their access to food.						
		Expand mandate of Community Nutrition and Development (CNDC) centres to cover children under 5 who have been discharged from health facilities and need to be rehabilitated.						
		CNDC centres should cover a range of nutrition services for children eg growth monitoring etc						
		DoH to develop guidance on food quality and diversity and menus for ECD centres, CNDC centres which focus on nutrition rehabilitation.						
		Menu guidelines to be developed must be followed and implementation monitored.						
4 Improve effectiveness of supplementary food provision eg food parcels/vouchers		DSD to consider options to restrict use of vouchers to prescribed food options , e.g.by linking voucher use/parcels only to fortified staple foods and VAT zero-rated food.						
		Investigate possibility of vouchers provided to children whose mothers are not able to breastfeed (orphans, medical reasons) and are referred as being vulnerable (KZN has tried and struggled).						
		DSD food parcels should contain only nutritious foods including fresh produce procured locally e.g. through cooperatives or non-VAT rated						
5 Establish and		Look at food control regulations and	Lynn Moeng	End August				Regulations been

Outputs to achieve the objective	Priority L/M/H	Activity to achieve output	Person/institution responsible	By when ? (Dead line)	Target	Embedded where	Budget available	Current situation/ Progress Report
enforce regulations to reduce children's access to unhealthy foods.		comment.			2014			published for comment closing end August
		Link with emerging obesity strategy.						