

# **Assessing multi-sectoral policy coordination for achievement food and nutrition security outcomes in Eswatini**

By

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## **Declaration**

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## Summary

The effectiveness of using multisectoral approach in implementing policies has been significant in nutrition policies and sustainable development goals. Creating of coherence multisectoral and intersectoral coordination enables sustainable development, reduces the cost of development and enhances public health. This research assessed multisectoral coordination of food and nutrition policies in Eswatini, using policy documents and annual report from four government ministries namely; Ministry of Agriculture, Ministry of Health, Ministry of Education and Training and Ministry of Natural Resources and Energy. The research process used a literature review method. The data collected was coded to identify if the country has a multisectoral coordination in food and nutrition policy. Budget allocation for nutrition objectives was also examined. Using the word search, coordination actions were verified at planning, implementation and monitoring phases of policy development. The findings show that the country has started putting in place coordination mechanism but has not effectively managed to have coherent multisectoral coordination. Integration of nutrition objectives at policy and implementation level has been done. Collaboration efforts are not structured, during implementation. Sectors working together lacks consistency and work in silos. The working in silos for sectors with integrated objectives is costly, reduces quality of outputs and efficiency. The need to intentionally plan to improve the multisectoral and intersectoral coordination is required in Eswatini. Using Mahlangu's multisectoral and multilevel coordination can improve effectiveness and increase benefits actors enjoy in collaborations.

This thesis is dedicated to researchers who have created an enabling environment on coherent multisectoral coordination food and nutrition.

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## Preface

This thesis is presented as a compilation of five (5) chapters. Each chapter is introduced separately and is written according to the style of the original journal to which Chapter 3, 4 & 5 is submitted for publication.

Chapter 1     **General Introduction and project aims**

Chapter 2     **Literature review**  
Critical review

Chapter 3     **Methodology**

Chapter 4     **Research results**  
Assessing Multi-sectoral policy coordination for Achievement Food & Nutrition  
Security Outcomes

Chapter 5     **General discussion and conclusions**

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## List of Acronyms

AIDS	-	Acquired Immunodeficiency Syndrome
ANC	-	Antenatal Care
CSA	-	Climate Smart Agriculture
CSDH	-	Commission on the Social Determinants of Health
DWA	-	Department of Water Affairs
FAO	-	Food and Agriculture Organization
GDP	-	Gross Domestic Product
HiAP	-	Health in All Policies
HIV	-	Human Immunodeficiency virus
ICN	-	International Conference on Nutrition
IFPRI	-	International Food Policy Research
IYCF	-	Infant and Young Child Feeding
JUG	-	Joint-Up-Government
MDG	-	Millennium Development Goals
MICS	-	Multiple Indicator Cluster Survey
MoA	-	Ministry of Agriculture
MoEPD	-	Ministry of Economic Planning and Development
MoET	-	Ministry of Education and Training
MoH	-	Ministry of Health
MoNRE	-	Ministry of Natural Resources and Energy
MoU	-	Memorandum of Understanding
MPP	-	Micro Projects Programme
NCDs	-	Noncommunicable Diseases
NCP	-	Neighbourhood Care Points
NDS	-	National Development Strategy
OECD	-	Organization for Economic Cooperation and Development
PRSAP	-	Poverty Reduction Strategy Action Plan
PS	-	Principal Secretary
RISDP	-	Regional Indicative Strategic Development Plan
SDG	-	Sustainable Development Goals
SNL	-	Swazi Nation Land
SNNC	-	Swaziland National Nutrition Council
SNNCB	-	Swaziland National Nutrition Council Board
SUN	-	Scaling – Up- Nutrition
SWAp	-	Sector Wide Approach
SZL	-	Swazi Lilangeni
TB	-	Tuberculosis
UNCCD	-	United Nations Convention to Combat Desertification
UNCED	-	United Nations Conference on Environmental Development
UNDAF	-	United Nations Development Assistance Framework
UNDP	-	United Nations Development Programme
UNFCCC	-	United Nations Framework Convention on Climate Change

UNICEF	-	United Nations Children's Fund
USAID	-	United States Agency for International Development
WASH	-	Water Sanitation and Hygiene
WHO	-	World Health Organization

# CHAPTER 1

## 1.1 Background

The global crisis of feeding the 9 billion people by 2050 has accelerated the attention of food and nutrition security back into the global agenda (FAO, 2009b). Food security is caused by a complex interaction of root causes and effects of global socio-political and economic factors, climate change and resource depletion (WHO, 2018; Mbhenyane, 2016). The underlying determinants requires a span of sectors beyond health through effective collaboration and partnerships (WHO, 2018). The Lancet Series on Maternal and Child Health is encouraging global leaders to concentrate on all types of malnutrition using the SDG of 2016 – 2025 (Ruel & Alderman, 2013). Various evidence has proven that improved nutrition status results in improved productivity and grows the economy. Prioritizing in nutrition has proven to boost gross domestic product (GDP) whereas the opposite results in GDP deficit, (Khan & Khalid, 2015).

The complexity of food and nutrition security makes it impossible for an individual sector to fight nutrition and health outcomes effectively. Natural, cultural, social and built environmental all impact food security (Wood & McDowell, 2009). Tools that have been generated by professionals such as nutritionist, engineers, agronomist, nurse, sociologist, a logistician, head of mission and desk officer, are limited to their specialization. Nutrition strategic planning (Dufour, 2009) requires more than a sector, a mutual objective, and a bridge between sectors (Wood & McDowell, 2009). Multisectoral approach has challenges of very broad objectives with vast measure and actions in each sector, lacking thrust and focus, with inefficient implementation downstream revealed in Nepal. It is important to understand strategic entry point for effective mainstreaming of efforts on identification and prioritization. This should be done with all relevant sectors with potential to yield impact with minimal efforts and investments (Government of Nepal, 2012).

Evaluation has proven that successful nutrition programmes design need to consist these characteristics; participatory, multi-sectoral, informed by the analysis of local needs, contribute to food and different income sources (especially for women), solid education mechanisms (specifically on nutrition, health and hygiene), and a tool kit for creative, diverse and locally adapted interventions for effectiveness of the multi-disciplinary team partnering with a common goal (Dufour, 2009; Mbhenyane, 2016; WHO, 2018). The scaling-up nutrition program has identified strengthening capacity for multi-sectoral and multi-stakeholder collaboration at all levels as one of the thematic focal areas for strategy and roadmap for 2016 – 2020 (SUN Movement, 2016). This approach involves; multiple stakeholders led by governments, multiple sectors, and at multiple levels (SUN Movement, 2016). The useful integration of agriculture and nutrition intervention should be comprehensive starting at the programme level planning stage, linking main activities with factors based on governance, policy and capacity (FAO, 2013).

Multisectoral approach works best when; a) opportunities and mechanisms for routine multisectoral collaboration are in place; b) allocation of adequate resources and time for effective multisectoral collaboration; c) deliberations among relevant stakeholders must be open, inclusive and informed; d) multisectoral inputs must influence and shape the policy process; e) for learning and improvement intentional monitoring and evaluation of collaborative partnerships; f) disseminate evidence generated on the cross-sectoral gains if contributing towards the achievement of the stated health goal through a multisectoral response, (Salunke & KumarLal, 2017). The success of multi-sector approach is facilitated using multiple strategies, working with multi-sectors, agencies, with central programme development and implementation governed and owned by the community (Black, 2007).

The government of the Kingdom of Eswatini has shown commitment to addressing poverty and food insecurity through increase in food production projects (Manyatsi & Mhazo, 2014). A scoping assessment on Climate Smart Agriculture (CSA) in 2014 has recommended the need to promote multi-stakeholder dialogue on cross-ministerial roundtables, multi-stakeholder platforms for strategic development and efforts to coordinate national programmes (Manyatsi & Mhazo, 2014). However, programmes and action plans lack legislation to make them operational resulting in ad hoc implementation and lack of proper coordination (Manyatsi & Mhazo, 2014). This study therefore seeks to understand whether multisectoral coordination is coherent in food and nutrition programmes in the Kingdom of Eswatini.

## **1.2 Statement of the problem**

Good nutrition has been identified as an essential ingredient for the attainment of the 2030 Agenda for Sustainable development (International Food Policy Research Institute, 2016). Malnutrition can be treated by the health sector, but production of staple grains can be achieved through the agriculture sector. This qualifies the need for adoption of multisectoral programming to respond to long-term determinants of undernutrition, like poverty, gender equality and health systems (Fanzo & Paul, 2011). Progress made on Sustainable Development Goal 2 (United Nations Development Programme, 2017) indicates that there is the need to focus more attention on reviewing what most governments especially in the developing countries are doing and plan to achieve the SDGs targets, at national, regional and global level (International Food Policy Research Institute, 2015).

The right to adequate food and nutrition is a bedrock for human wellbeing and potential (SUN Movement, 2016). In the Kingdom of Eswatini when combining severe and moderately underweight for children under five years the prevalence is at 5.8%, but only 1.6% are severely underweight (Central Statistics Office and UNICEF, 2014). Summarily, 29% of children are stunted (World Bank, 2015). Among adults overweight and obesity remains a huge challenge. About 62% of women are overweight and obese (United States Agency International Development, 2014). For men overweight and obesity was at 29% 2014 (United States Agency International Development, 2014). This has resulted in an increase in nutrition related noncommunicable diseases such as diabetes, strokes and coronary heart failures.

Malnutrition is not the only challenge Eswatini is faced with. The economy which is dependent on agriculture is under threat of a growing population, limited energy services and climatic stressors. (Department of Water Affairs, 2017). In 2017, only 65% of the rural population had access to on grid electricity (Ministry of Economic Planning and Development, 2017). Quality of life of the populace is further worsened by poverty, unequal income distribution, and high and increasing unemployment. A decline in unemployment from 28.3% to 22.5% between 2006 and 2018 (Knoema, 2018). These challenges have been acknowledged in the National Development Strategy (NDS), Food Security strategy of 2018 and National Health Strategy of 2014.

The Food Security Policy of 2005 has proposed “to effectively implement the Food Security Policy through a strategy and action plan and monitor and evaluate progress, a strong multi-sectoral institutional arrangement with Government is required coupled with effective coordination not only between government institutions but all actors and stakeholders involved in food security” (Ministry of Agriculture, 2005). Eswatini has established institution to strive for multisectoral coordination, however, this have been derailed by a lack of strategies around coherent coordination. Coordination

in policy implementation is largely absent in the Kingdom of Eswatini (Manyatsi & Mhazo, 2014). For example, key hygiene interventions are scattered under different sectors and fragmented in several different policies and strategies. Effective integration of hygiene activities at country level in which education, nutrition, health and WASH policies, strategies and programmes interact for collective action, is limited in the country and also the Southern African region (WaterAid, 2018). This gap is closely linked to the absence of an umbrella mechanism for hygiene coordination (WaterAid, 2018).

As a result of the lack of coordination, government spends millions to treat and manage health challenges (Ministry of Health , 2014). In 2018, the government invested \$1.2m on treating acute malnutrition (Ministry of Health , 2018). The impact of these investments has been minimal. This background is showing the complexity of nutrition and food security, the question would be how best can the government effectively identify the key players that need to participate on these consortiums, at what level are the linkages, direct responsibilities for each player, the expected outputs and outcomes of the multisectoral agenda. The answer to this question would provide indicators to track progress, update approaches and encourage innovative policy programs. This qualifies the need to review the national documents to facilitate the process of taking resolution at policy level for better policy planning, development, implementation and monitoring.

### **1.3 Research question and objective**

This study was guided by three research questions:

1. Has the country put in place the key governance structures to create an enabling environment for food and nutrition security?

In order, for the food and nutrition lead sector to provide guidance to support sectors, partners and stakeholders, there is a need to establish governance mechanisms to influence actors to function effectively and efficiently. This can be achieved through crafting of key documents like; food and nutrition policy, strategic direction the country will take and the inclusion of these priorities in national development strategies. This indicates government's commitment at prioritizing food and nutrition interventions.

2. Which food and nutrition security outcomes are provided for in these policies? Is there a budget allocated to food and nutrition indicators in the different Ministries under study?

Policy document provide a guide on what objectives the country has set in the different sectors, these objectives require funding commitment for implementation. The level of commitment on plans is evident with the budget allocation to programme plans.

3. Is there a multisectoral coordination of food and nutrition actions at policy level in the Kingdom of Eswatini?

Is there a clear direction on best practices of attaining both food and nutrition security and sustainable development indicators through multisectoral coordination? It becomes key for the country to start by mapping actions on multisectoral coordination on food and nutrition actions. Understand what is done, will provide better guidance on areas of improvement, using data generated? In case where there is multisectoral coordination in implementation of food and nutrition policies. The study has assessed what approaches and frameworks have been adopted during implementation in the collaboration spectrum.

### **Objective**

The research goal was to examine whether government has appropriate approaches to improve policies, plans and multi-sectorial coordination at national, regional and local level in the Kingdom of Eswatini for the food and nutrition security. This was achieved through two specific objectives; assessment of the integration of food and nutrition into other government ministries and sectors from policy development to implementation level; and assessment of the allocation of resources by sector or ministry for the implementation of food and nutrition initiatives.

## **1.4 Purpose of study**

The historical perspective indicates that multidisciplinary planning generates a blend of policy or strategy interventions in different development sectors (Garrett, 2011). Effective operation and coordination results in efficient performance of nutrition initiatives and can reduce the level of malnutrition (Garrett, 2011). This present study aims to generate evidence on whether Eswatini is implementing food and nutrition programmes in a well-coordinated multisectoral and inter-ministerial approach. Improvement of the country's performance on nutrition and health outcomes will create savings on the health budget, enhanced physical abilities, improved immunity to fight infections and diseases, and prolonged life expectancy can be attained through improved nutrition. Enhanced nutrition of a person or society can result into improved productivity, advancement of the economic status of the household which further trickles to the community. Quality and balanced diets can result in cognitive development followed by improved school performance for children (Khan & Khalid, 2015).

The need for multisectoral coordination has been indicated in national policies. The National Development strategy indicates that the key long-term strategies for success include national commitment to strategies, focusing resources and efforts on strategic priorities, coordination of strategies and programmes (Ministry of Economic Planning and Development, 2013). In addition, the National Food Security Policy of 2005 clearly states on the guidelines for implementation of the institutional framework that "to effectively implement the Food Security Policy through a strategy and action plan and monitor and evaluate progress" (Ministry of Agriculture, 2005). The findings of this study will reinforce the implementation of such national policies. This will help create an enabling environment investments, collaboration and coordination with other sectors and for better policy impact (FAO & WHO, 2014; van den Bold. M; Kohli.N; Gillespie. S; S, Rajeesh, 2015).

Engagement of several sectors, partners can control knowledge, expertise, reach and funds benefiting from their collective and diverse strengths as they work together towards a common output. Promotion of multisector approaches have proven as an important measure of effective implementation within the health systems and other ministries. For strengthened holistic program planning and implementation agreement on common objectives and structured coordination is key. Smooth implementation of interventions by multisector a coordination committee must be developed (Salunke & KumarLal, 2017; WorldBank, 2013).

## **1.5 Thesis outline**

The write-up will have a cover page with all the contents as per the generic guidelines developed by the Postgraduate office. This research assignment will comply with all the compulsory writing rules set by the Postgraduate office, page numbers, fonts, spacing, page layout and alignment. The pre-pages will have the following contents:

- Keywords
- Abstract
- Table of Contents
- List of Figures
- List of Tables
- List of Acronyms
- Statement of Original Authorship
- Acknowledgements

The body of the research assignment will be structured into five (5) chapters with contents detailed below. The first chapter has provided background on the subject matter and country context on food and nutrition. Statement of the problem provided the context informing the research questions; this leads to the why it is important for conducting this investigation. Theoretical and context literature has been outlined in relation to the research questions which formed the contents for chapter two. Chapter three has unpack the methodology on how the research has been conducted, with details on data analysis. Findings were presented in chapter 4. Details on the meaning of the findings were summarized in chapter five. This chapter concluded the subject matter, highlight contributions done by the researchers and present opportunities for future research.



## CHAPTER 2

### Multisectoral coordination: why, approaches and the Eswatini context

#### 2.0 Introduction

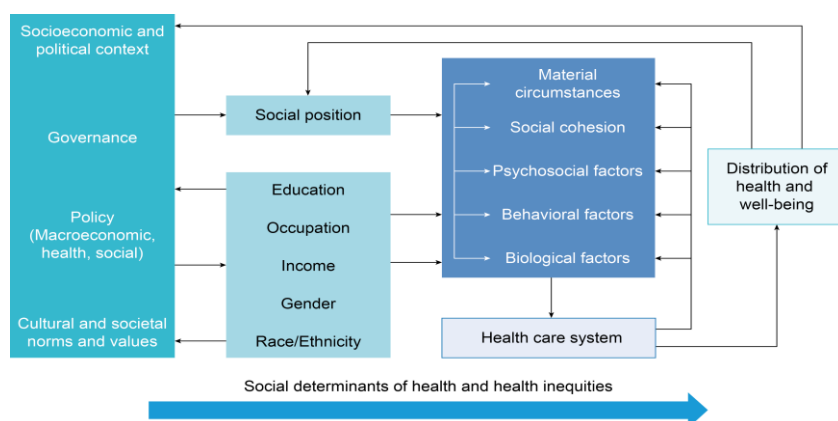
This chapter presented findings from a literature review of multisectoral coordination food and nutrition security policies in relation to the sustainable development goals. The review highlights theoretical approaches on tested and impactful multisectoral coordination tools. The chapter also provides an understanding of factors required for effective multisectoral coordination, failure plans and solutions to prevent failure in the collaboration spectrum. The chapter ends with an analysis of multisectoral coordination in the four Eswatini government ministries.

#### 2.1 Why multi-sectoral coordination of food and nutrition security policies

Responding to malnutrition needs a blend of targeted nutrition-specific programmes addressing the direct causes as well as nutrition-sensitive interventions addressing the indirect causes of malnutrition (Poole, N., Echavez, C. and Rowland, D., 2017). With the use of several linkages involving agriculture and nutrition (food, income, employment and health), malnutrition can be reduced by using improved nutrition-sensitive agriculture approaches (Hawkes, 2011).

The 2008 World Health Organization Commission on the Social Determinants of Health came up with a comprehensive view of the social determinants of health framework, and argued that “the structural determinants and conditions of daily life constitute the social determinants of health and are responsible for a major part of health inequities between and within countries” (Figure 2.1) (Commission on Social Determinants of Health , 2008). The Commission states that the solution to problem is to enhance living conditions, specifically those in which people are born, grow, live, work, and age. Secondly there is the urgent need to address the imbalance allocation of power, money, and resources, as these are the structural drivers of living conditions worldwide. In conclusion the Commission recommends that it is important to “measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health” (Commission on Social Determinants of Health , 2008).

**Figure 2. 1 Commission Social Determinant of Health conceptual framework**



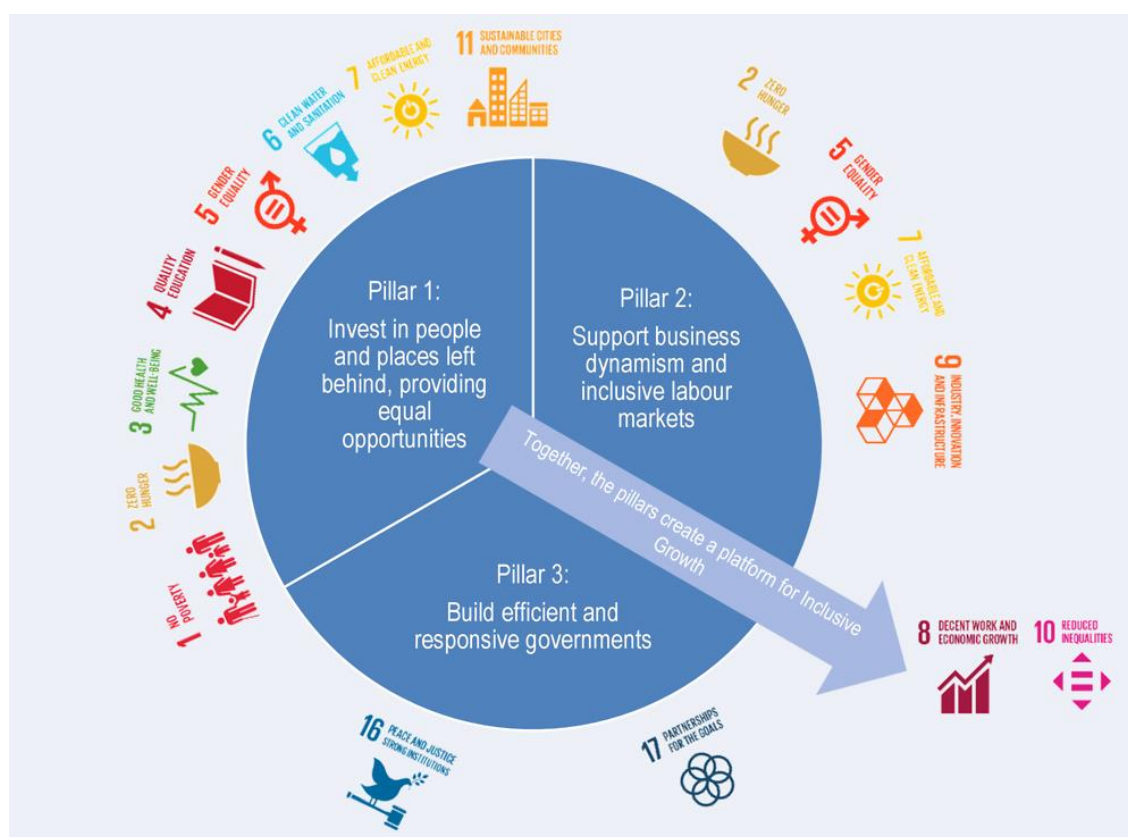
**Source: Commission on Social Determinants of Health – Final Report - WHO 2008**

The combination of consumer data with social determinants of health creates a holistic view of what drives a population's health. It lists four key health determinants: consumer behavior, genomics, socio-economic and environmental factors, and healthcare (Addyson, 2018). The closely related facets; social and behavioral factors are estimated to contribute 60% of an individual's health status (Addyson, 2018). These determinants demonstrate the need for multi-sectoral coordination to achieve maximum policy output. For example, developed countries have invested in health care services and systems, but still they are faced with challenges caused by consumer behaviors (Schroeder, 2007 in (Addyson, 2018). Social forces have substantial and undeniable impacts on individual health (Addyson, 2018). Some of these social factors include; a)The effect of second and third hand smoke, b)Access to stores that sell fresh produce in poor neighborhoods, c)The impact of race and ethnicity, gender, or immigrant status, d)Smartphone use and mental health, e)Children with parents who use smartphones, f)Living in a multigenerational household, g)Having subsidized health insurance, h)Urban health islands, but not limited to these (Addyson, 2018).

The Public Health Framework developed by African American Health Coalition indicates the need for strategic partnership and advocacy that the health sector needs to explore to reduce the health inequities stated above (Addyson, 2018). A strong multisectoral coordination can result in the attainment of a healthy nation through transformation of living conditions where ideal health, mental health and well-being is sustained. This should take into consideration the community capacity building and civic engagement. All these can be achieved through development of coherent policies for the different sectors guided by relationship between the sectors to collectively plan at policy level to influence food and nutrition outcomes. By effective policy development, implementation, monitoring and evaluation can result into the realization of a healthy environment with reduced health impact on the society.

The WHO has identified the need for health to be well integrated across the SDGs, to ensure that SDG policies and activities do not have adverse impact on health or exacerbate inequalities. It is clear that health and health inequalities are prompted and informed by policies beyond the Ministry of Health. This shows the direction of whole of government approach to ensure achievement of SDGs. To achieve SDG 3 a joint policy action with SDGs is required and the achievement of SDG 3 direct and indirectly lead to the achievement of other SDGs and targets (WHO, 2019). Health 2020 argues that most efficient policies to advance health and lower inequalities are education, labour, employment and social welfare systems.

Figure 2.2 illustrates the impact of investing in people and places left behind and providing equal opportunities. This focus responds to the key determinants of health by creating a conducive environment for people to live in (OECD, 2019). The focus on people improves performance of the SDGs. When people's quality of life is improved, poverty rates will decrease, people sleeping without food will be eliminated, improved access to water and sanitation services directly influences the reduction of disease management burden (OECD, 2019). The outcomes of such can impact both under and over nutrition, nutrition behaviours, thus improving the society's capacity to produce, increase employment opportunities and yielding to reliable household income (WHO, 2019), (OECD, 2019).

**Figure 2. 2 The Framework for Policy Action on Inclusive Growth mapped with the SDGs**

Source: OECD 2019

## 2.2 Approaches for multisectoral and intersectoral coordination

**Whole of government approach** which refers to “the diffusion of government vertically across levels of government and areas of governance and horizontally throughout sectors” (WHO, 2018).

**Whole of society approach** “extends the sphere beyond traditional government decision-making by calling for increased engagement of the private sector, civil society, communities and individuals in the health-related actions” (WHO, 2018).

**Whole system approach** which “integrates health considerations into policies that lie outside the health sector” is in the most recent approach and is also termed Health in All Policies (HiAP) (WHO, 2018).

### Collaboration

Collaboration has been defined as a “process of establishing collective understanding of an issue amongst actors”, (Bardach, 1998 in Peter, 2018). This is when the partners working together have shared responsibility in decision-making and implementation of the specific objective they have agreed to deliver in partnership (Rudolph, et al., 2013).

### Collaboration Spectrum

The collaboration spectrum is the space where partners, stakeholders work together to achieve a common goal. They set clear rules on who, how and when will each deliver on the expected outputs and outcomes. This can be done in different levels of collaboration (Rudolph, et al., 2013).

**Engagement** – Partners work together but with an objective to dialogue on issues, interrogate opportunities for partners and stakeholders to recommend solutions and select priorities, implementation of these options can be done in isolation. The partnership is just for engagement only (Rudolph, et al., 2013).

**Consultation** – This is common with stakeholders like NGOs where they usually partner with government who has specialists, like engineers. NGOs would use the expertise in government department to implement their programmes. Sourcing specific information from the experienced experts for enriched decisions and clearly keeping the right of decision-making (Rudolph, et al., 2013).

**Information Exchange** – This is common with departments like central statistics office, meteorology, early warning system who generate, analyse data. Programmers would require the data to inform programme designs, evaluations and validation purposes. Ensure partners participate in measurement of results, benefit understanding of different perspectives, and mitigate opposition or tension as a result of misinformation (Rudolph, et al., 2013).

## **Policy Coordination**

This is defined as “minimizing contradictions among policies” by (Hogl and Nordbeck, 2012 in (Parson, 2018), “jointly and holistic working, planning and dialogues between agencies and making decisions” (Six 2004 in Parson, 2018), “results in one joint policy for the sectors involved” (Meijers and Stead, 2004 in (Parson, 2018). Coordination has remained a primary hindrance for public administration and policy, (Parson, 2018).

### **2.2.1 Policy coordination approaches**

Policy coordination and integration has been defined as “the perusal of policies and actions involving different stakeholders (government and non-governmental actors, agencies and institutions) at various levels (local, national, regional and global) to achieve development objectives by domain (area, sector, goal and target) and minimize conflicts affecting the utilization of synergies generated in the process”, (OECD, 2019).

The literature analyses revealed two groups of policy coordination approaches namely;

a) Government-centred approach; is approach emphasizes on planning of government and public administration with a top-down perspective. It focusses on development of a master plan with guides for deliberations of specialists planners to ensure evaluation. Coordinated planning is done to ensure public interest, common with urban planners. Uses holistic government approaches fusing on urban policy (Tosun & Lang, 2013).

b) Governance-centred approach; is policy coordination and integration emphasizing effective and efficient service delivery and policy implementation. It embraces establishment and strengthening of horizontal linkages between separate governmental departments for improved policy coordination,

collaboration and collective accountability (Tosun & Lang, 2013). Details of these groups are tabulated in Table 2.1 below.

**Table 2. 1 Policy coordination approaches**

	<b>Groups</b>	<b>Approaches</b>
1.	Government-centred	Holistic government
		Joint-up-government (JUG)
		Policy coherence
		Whole-of-government
		Comprehensive planning
2.	Governance-centred	Horizontal governance
		Policy integration
		Holistic governance
		Boundary-spanning policy regimes

**Source: Tosun & Lang 2013**

### **Policy coordination scale**

Coordination is about minimising contradictions between actors who have contrasts but voluntarily cooperate with the introduction of coordination mechanism (Metcalf, 1994 in (Parson, 2018; Peters, 2018). Metcalf developed a tool to measure policy coordination starting from more to less, because of the contradictory normal conditions of coordination (Parson, 2018; Peters, 2018).

9. Government Strategy
8. Establishing Central Priorities
7. Setting Limits on Ministerial Action
6. Arbitration of Policy Differences
5. Search for Agreement among Ministries
4. Avoiding Divergences among Ministries
3. Consultation with other Ministries (Feedback)
2. Communication to other Ministries (Information Exchange)
1. Independent Decision-Making by Ministries (Metcalf, 1994 in (Parson, 2018; Peters, 2018))

### **Forms of multisectoral and intersectoral actions**

The World Health Organization has identified six (6) thematic areas where multisectoral and intersectoral actions have been implemented;

- Strategies and action plans
- Long-term multisectoral and intersectoral initiatives

- Permanent structures
- Projects
- Legislative or parliamentary decisions
- Tools (WHO, 2018)

The long-term multisectoral and intersectoral collaborations actions at planning stage allows sectors to align actions for better implementation. Long term planning allows the process of preparation between ministries, become realistic for advocacy objectives, short term could limit achievements. The investment on permanent coordination structures improves the quality, gives space for coordination to be monitored and report on successes. This can be used to motivate the partners, sectors and stakeholders.

### Frameworks of multisectoral action

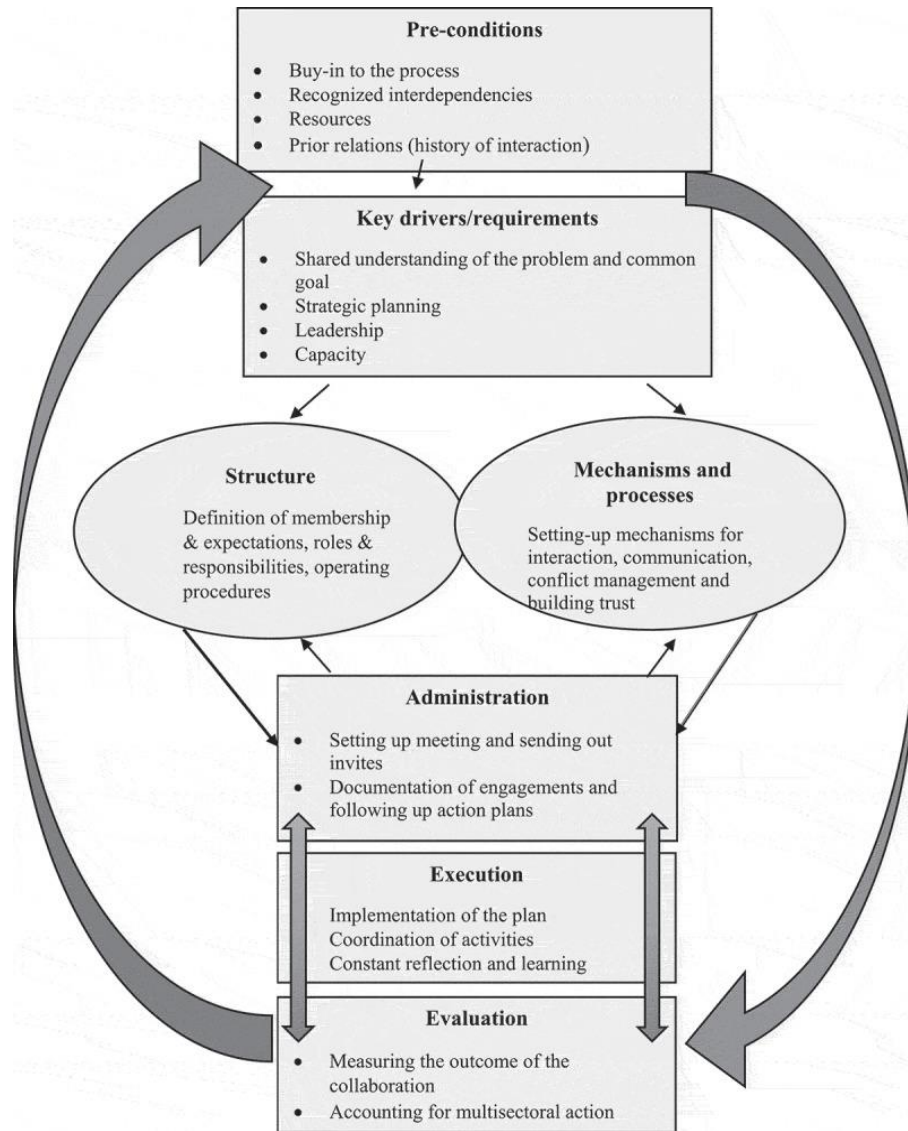
The definition of multisectoral action varies with which model and framework is used. For collaborative governance model multisectoral action is described as “a governing arrangement where public agencies engage non-state actors in a formal collective decision making”, (Mahlangu, et al., 2019).

**Table 2. 2 Synthesis of existing frameworks, models and approaches to multisectoral action**

	<b>Frameworks</b>	<b>Definitions of Multisectoral Actions</b>
1.	Integrative Framework for collaborative governance	Public policy structures involve levels of government, private and civil groups to conduct a public function
2.	Collective impact framework	Long-term obligations by assorted sectors to a shared agenda to resolve a specific social problem
3.	Framework for cross collaboration	Partnership concerning government, business, nonprofits and philanthropies, communities
4.	A process framework of collaboration	Autonomous actors communicate through official and unofficial negotiation
5.	Multisector approach for public health	Intentional partnerships between different stakeholders to collectively accomplish a common goal
6.	Governing multisector governance for health	Creates a common understanding between different actors, sectors to accomplish a common goal
7.	Multisector governance for health	A government system where government and non-government actors resolve multidimensional health problems
8.	Multisector action for health	Activities implemented by non-health sectors to safeguard the health of the population
9.	Multi-sectoral to NCD Preventions	Participation of any 2 or more sectors, one of which must be government

**Source: Mahlangu 2019.**

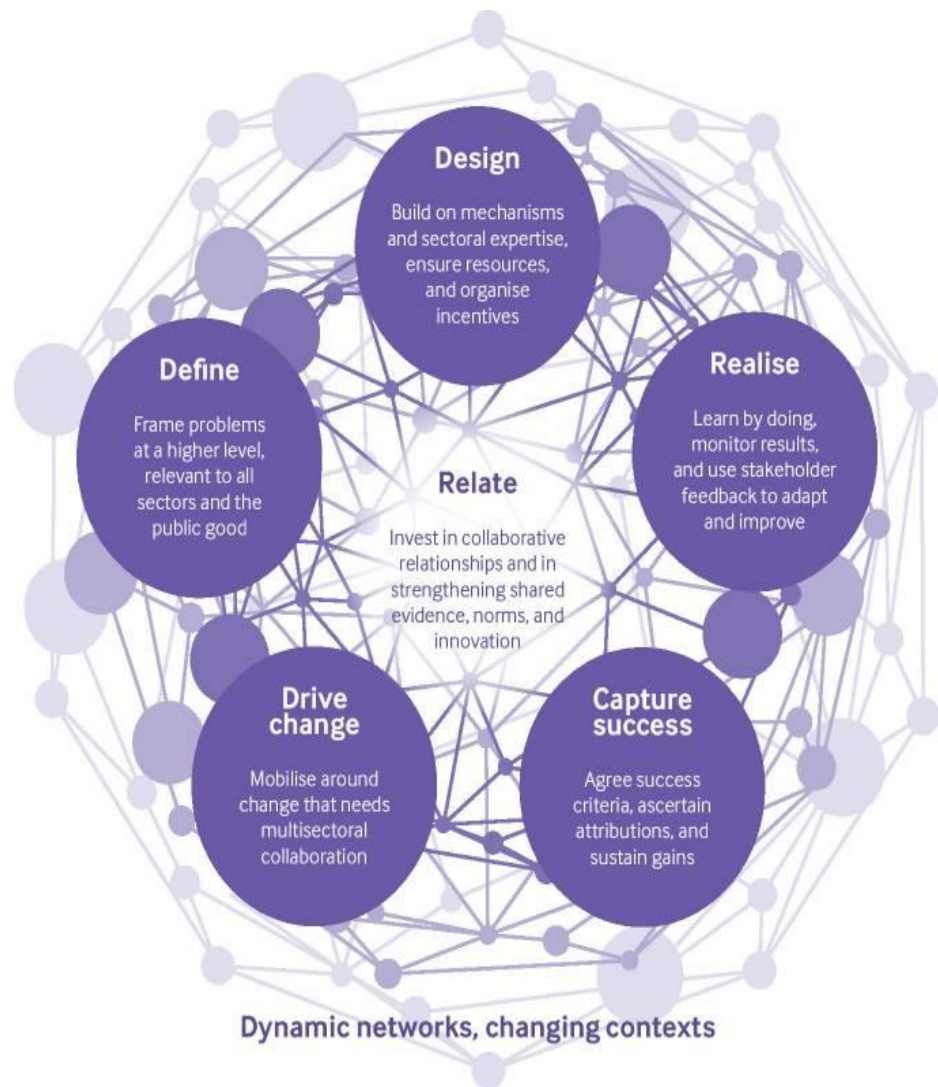
Figure 2. 3 Framework for multisector and multilevel collaboration



Sourced: Mahlangu 2019  
2013

Source: Kurvilla

Figure 2. 4 A Multisectoral Collaboration Model to achieve transformative change



Similarly, to (Mahlangu, et al., 2019), Kuruvilla and colleagues 2018 they developed a framework with six (6) stages, namely; Define, Design, Realize, Capture, Drive Change and in all steps ensure you Relate. This is aimed at ensuring that throughout implementation all actions remain relevant to the context. The use of this framework requires careful considerations on the changing networks and context in the collaboration spectrum.

### **Managerial approaches of network coordination**

There are different types of strategic orientation representing the dominant form of control in the organization. Knowing the key types of coordination is essential for understanding organizational performance (Herranz, 2014).

## **2.3 Broad context theory base**

### **2.3.1 Enabling and facilitating factors for implementation of multisectoral and intersectoral actions**

For sectors to effectively work together identification of common vision to incentivize buy-in to the process of collaboration, through availability of resources, capable members to deliver on the clear roles and responsibilities is expected. Leadership should be competent on conflict management, and communication of the operational procedures and strategic plans to members through regular interactions and develop trust amongst actors (Department of Health, 2011; Mahlangu, et al., 2019). This is similar to what WHO has also identified as enablers for multisectoral and intersectoral coordination. The multisectoral and intersectoral actions are effective when; there is high a-level political support buy-in and obligation for multisectoral and intersectoral actions with lasting results and policy changes, communicated through a well-defined mandate. The sectors should have adequate resources; financial and personnel with skills to engage civil society and reaching out to other sectors. For sustained good working relationships trust must be a catalyst (WHO, 2018).

### **2.3.2 Common barriers of multisectoral and intersectoral actions**

For the collaboration to be active, political commitment must be evident, without the decision maker's willingness to prioritize nutrition from policy to budget allocation, all actions will be meaningless. Sector can be engaged and be willing to participate in collaborations but without capacity to implement policy coordination, results would be poor. Investment will not match results. In any form of collaboration, the fundamental factors are finding the common ground. Use common language and methods across the partnerships. In some cases, partners would be reluctant to participate in multisectoral or intersectoral coordination because power imbalances, competition, political interests, and conflict of interest. Informal and not evaluated policy coordination actions result in lack of evidence on cost-effectiveness of multisectoral and intersectoral collaboration (WHO, 2018).

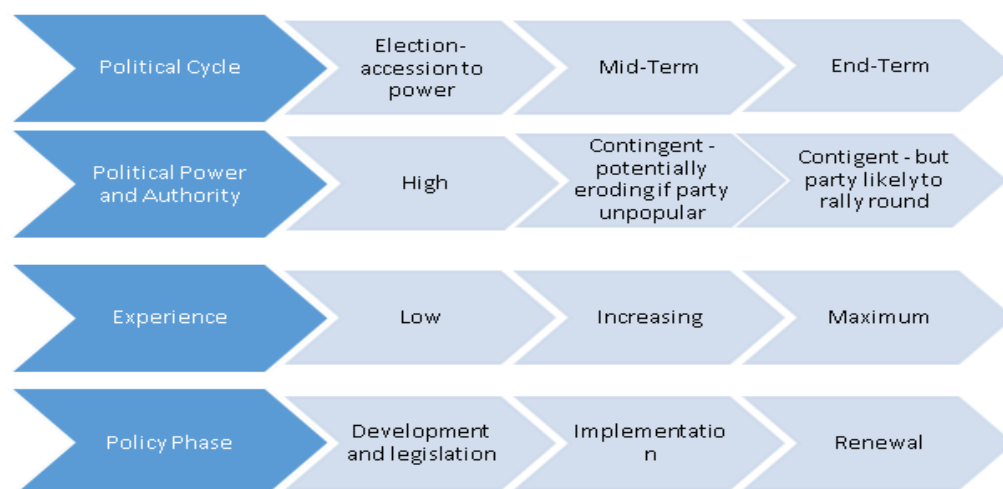


## 2.4 Multisectoral coordination in Eswatini

Eswatini is a lower-middle-income status country with a real gross domestic product (GDP) growing from 2% in 2017 to 2.4% in 2018 (WorldBank, 2019). The King envisions that “by 2022 the Kingdom of Eswatini will be in the top 10% of the human development group of countries” (Ministry of Economic Planning and Development, 2013). The government’s National Vision is “by 2022 the Kingdom of Eswatini will have attained a level of development akin to that of developed countries while ensuring, that all citizens are able to sustainably pursue their life goals, enjoy lives of value and dignity in a safe and secure environment in line with the objectives of Sustainable Development”, (Ministry of Economic Planning and Development, 2017). The NDSs intends to eliminate poverty from the people living in Eswatini. The health sector has increased its budget needs by 15.6% in 2019. The country health budget allocation for 2018 was 2 Billion SZL growing to 2.2 Billion in 2019 as government believes that “healthy citizens are the greatest asset any country can have” Budget Speech 2018 presented by the Minister of Finance – Martin G. Dlamini (Ministry of Finance, 2018). The country’s GDP is allocated to health sector annually, but the country has not started realizing health budget needs decrease, this is similarly to food security, water sanitation, education. As a country, is there something we could do differently to mitigate the cost of hunger. How can we plan our strategies to have positive implications of health sectors strategies on economic goals?

The country development plans are developed with a consciousness of the regional and global expectations. The NDS is coordinated, participatory and iterative process of opinions and programmes to accomplish economic, social and environmental targets in an integrated manner aligned with the sustainable development goals (Ministry of Economic Planning and Development, 2013). The development agenda for the country is also aligned with the African Union development agenda’ aspirations and goals. On the Strategy for Sustainable Development and Inclusive Growth 2030, Aspiration 1: healthy and well-nourished citizens, modern agriculture for increased productivity and production (Ministry of Economic Planning and Development, 2017). The country has acknowledged the need to facilitate review or update of complementary policies and strategies to ensure alignment. This refers to periodic review of national, sectoral and thematic policies and strategies to facilitate attainment of set targets (Ministry of Economic Planning and Development, 2013).

Harris and Rutter (2014) in (Parson, 2018) have illustrated the landscape in which policy performance is influenced by the Electoral cycle. In the case of Eswatini, this could greatly contribute to policy implementation and sector performance. Evidently on the delays in Policy approval by Parliament as a result of the Members of Parliament appointment and election process. Issues of capacity to understand policy processes for both ministries and decision makers (Parliament) can contribute to sector performance. Time for new members to parliament to come into Parliament develop, approve and monitor implementation policies within their term of office has affected the sectors or ministers’ momentum in policy implementation. The cycle of changing parliament members and ministers also affect sector performance.

**Figure 2. 5 Policymaking and the Electoral Cycle**

Source: Harris and Rutter (2014) in Parson 2017.

## 2.5 Application of the review to this study: Conceptual framework

The multisectoral coordination would be more effective when using the Governance centred approach which focuses on policy implementation and service delivery through horizontal networks between different government departments to increase policy coordination, collaboration and accountability. It modifies government structures to attain effective and efficient policy integration, with an expectation that policy makers are aware of cross-sectoral implications of their policies. The policy makers should be willing to engage in coordination and integration.

On the Frameworks the most appropriate is multisectoral and multilevel collaboration. This framework is similar to most frameworks discussed in this chapter but has three different components that makes it to stand out. It has components of a) Administration detailing setting up meeting and invitation, documentation of engagement and follow-up action plans; b) Execution an implementation plan must be in-place, with clear coordination activities and perioding reflection and learning Mahlangu; and Evaluation to measure progress made on collaboration outcomes and track accountability of the multisectoral actions 2019. This framework would allow partners to appreciate the efforts invested into the collaboration as evaluations will provide feedback on impact of their actions. This framework is intentional on reflections, making space for documentation of learnings, best practices, and failures to better inform future partnerships.

## 2.6 Summary

This chapter has highlighted the theoretical content related to the research question. Multisectoral or intersectoral frameworks indicating the improved performance of health indicators requires coordination and collaboration. The need to work together has been emphasized by the social determinants of health and SGDs goals related to poverty, hunger and health. At policy level the country is clear on commitments made by sectors to respond to food and nutrition indicators, with appropriate strategies. The multisectoral or intersectoral

coordination approaches enablers and barriers in policy implementation process. All four (4) sector policies have intersectoral or multi-sectoral coordination as guiding principles of implementation. This demonstrates that policy development is performed with quality. The study plans to balance the two policy and implementation to affirm if the Kingdom is effectively implementing multi-sectoral or intersectoral coordination to ensure sustainable achievement of food and nutrition indicators at national, regional and local level.

## CHAPTER 3

### Methodology

#### 3.1 Introduction

This chapter presents the methodology of the study. It outlines the data collection methods and methods of analysis.

#### 3.2 Research design

This study employed a content analysis with similar definition as systematic review approach. The methodology entailed exploration of deep understanding of the multi-sectoral approach used to implement food and nutrition interventions from the Ministry of Agriculture (MoA), Ministry of Education and Training (MoET), Ministry of Natural Resources and Energy and Ministry of Health (MoNRE). The critical review method was used to intensively research literature and analytically evaluated its quality (Grant, M. and Booth, A. , 2009). The key sector ministries policies, strategic plans and annual reports were reviewed in terms of an effective participation in ensuring functionality in the coordination of the multi sectoral or intersectoral actions. The policies and strategic plans were existing documents in existing governance structures. The study examined the multisectoral or intersectoral coordination effectiveness through analyses of annual reports.

#### 3.3 Source of data

Policy documents from the Ministry of Agriculture, Ministry of Education and Training, Ministry of Natural Resources and Energy and Ministry of Health **The Four Ministries Policy Landscape**. The strategic plans and annual reports were for a five-year period (2014 to 2018). The documents were searched from website, government pages and reporting platforms. In cases where such platforms did not provide sufficient data, office appointments with planning officers were scheduled to facilitate access to the documents. The affirmation letter with Stellenbosch University was used to formally inform the Principal Secretary' office and Planners on the authenticity of the research work. For Ministry of Health, Agriculture, Education & Training and Natural Resources and Energy the Planners were mostly new recruits and had few reports at fingertips. Referrals and in some cases good working relationships enabled access to all required data from the Senior Planners in the different Ministries. Appointments were scheduled through phone calls mostly and emails.

#### 3.4 Analysis

The process of data analyses involved marking all passages of text related to the study question (Myllarniemi, 2015). In order to examine the nutrition landscape, the WHO guide was used (WHO, 2016). The document search focused on all the eleven elements outlined by the guide collected a review of existence of governance elements **Table 4. 2 Eswatini nutrition governance summary**

From the policy documents collected first step of analyses involved; checking if policies have nutrition objectives. If a ministry had nutrition objectives the next search was to identify if there has been a budget allocated to implement the planned objectives.

The WHO/FAO has identified programs as nutrition specific or nutrition sensitive indicators. These include dietary diversity, micronutrient supplementation and others (WHO, 2018). The analysis focused on such initiatives in the policy documents.

In the process of reviewing the policy documents it was clear that the country has a coordination body under the Ministry of Health. This informed the process to further analyse the level of diversity in members tasked to coordinate food and nutrition issues. This was to identify who are actors in the multisectoral coordination, to give a picture who is involved. Concept matrix was employed to extract data prevalent to the multi-sectoral approach from the sampled documents to generate analyses for each ministry and compare for learning purposes between the ministries (Myllarniemi, 2015). For the both the policies and annual reports word search was used to analyse the data of the following key words for multisectoral coordination; capacity, coherence, collaboration, conflict, engagement, exchange, intersectoral action, multisectoral approach, political will, wellbeing. Conceptual model was used to inform how best the concept can fit to all the different levels ranging from national to regional and local level (Myllarniemi, 2015). The analyses were to inform whether multisectoral actions planned for at policy level, have been implemented as planned.

Findings were compared with theory on multisectoral and intersectoral frameworks qualifying consistence on the information gathered from one source with information from other sources on the research topic. Findings were synthesized to generate approaches and recommendations answering the research question.

### 3.5 Definitions

Using a selected word search the documents were analyzed to ascertain details on multisectoral or intersectoral coordination (Grant, M. and Booth, A. , 2009). The words used are defined below:

**Capacity** in general means “specific ability of an entity (person or organization) or resource, measured in quantity and level of quality, over an extended period” ([www.businessdictionary.com>dictionary>english>capacity](http://www.businessdictionary.com/dictionary/english/capacity)), “management refers to the act of ensuring a business maximizes its potential activities and production output at all times, under all conditions” (Bloomenthal, 2019).

**Engagement** – “the art of getting people to believe what you want them to believe” ([https://decisio-wise.com>7-definitions-of0employee-engagement](https://decisio-wise.com/7-definitions-of0employee-engagement)), “the process of encouraging people to be interested in the work of an organization” ([https://dictionary.cambridge.org>dictionaryenglish>engagement](https://dictionary.cambridge.org/dictionary/english/engagement))

**Exchange** – is defined as “when two or more people exchange things of a particular kind, they give them to each other at the same time”, (2) ”if you exchange something, you replace it with a different thing, especially something that is better or more satisfactory” ([https://www.collinsdictionary.com>dictionary>english>exchange](https://www.collinsdictionary.com/dictionary/english/exchange))

**Coherence** – “the quality of being logical and consistent, the quality of forming a unified whole” English Oxford Dictionary <http://en.oxforddictionaries.com/definition/coherence>

**Commitment** – “the will to act and to keep on acting until the job is done” Heaver 2005 in (Stuart, 2017).

**Multisectoral Coordination** – “as a process in which an organization exchange information and alter activities for mutual benefit and to achieve a common purpose”, Garrett and Natalicchio, 2011 in (Harris, 2017). It’s also defined as “as when one works jointly with others or together, especially in an intellectual endeavor; (2) cooperates with an agency or instrumentality with which one is not immediately connected” (<http://www.m-w.com/dictionary/collaboration>).

**Collaboration** – means “the existence of a partner, one who is interested in participating because of the potential to receive some benefit” Garrett and Natalicchio, 2011 in (Harris, 2017). “Exchanging information, altering activities, sharing resources and enhancing one another’s capacity for mutual benefit and to achieve a common purpose” (USAID, 2016).

**Wellbeing** – is the “balance point between an individual’s resource pool and the challenges faced” (Dodge, et al., 2012).

**Political will** – defined as the “the determination of an individual political actor to do and say things that will produce a desired outcome” (<https://assets.publishing.service.gov.uk/media>)

**Conflict** – defined as “active disagreement between people with opposing opinions or principles” (<https://dictionary.cambridge.org/dictionary/english/conflict>)

**Multisectoral approach** has been defined as the “deliberate collaboration among various stakeholder groups (like government, civil society and private sector) and sectors (like health, environment, economy) to jointly achieve a policy outcome” (Salunke & KumarLal, 2017; United States Agency International Development, 2014).

**Intersectoral action** for health and well-being is defined as “actions undertaken by sectors outside the health sector, possibly, but not necessarily, in collaboration with the health sector, on the health or health equity outcomes or on the determinants of health or health equity”, by WHO and Public Health Agency of Canada, (WHO, 2018).

In health literature, intersectoral collaboration refers to the collective actions involving more than one specialized agency, performing different roles for a common purpose (Ofili, 2010).

### 3.6 Limitations

The study has generated substantial evidence to answer the research question. This study had conducted a gap analyses, which will inform the key areas that require strengthening for effective multisector coordination but will not provide the guidance on how best the country can respond to these gaps. Thus, leaving a research opportunity or recommendation for future research on approaches for comprehensive implementation, monitoring and reporting of multisector coordination from policy to programme design and implementation.

- Even though literature has minimal data quality issues, in terms of accuracy. Some of the ministries might under or over report their activities, which can affect the quality of the data presented. The personnel movement between ministries is high, so in case of follow-ups on the details pertaining to some activities was limited.

### **3.7 Ethics**

This type of study has no risks and therefore ethical permission to conduct the study was not required. However, the researcher has complied to the ethical principles that arise in epidemiologic practice and research which entails: i) Informed consent; ii) Confidentiality; iii) Respect for human rights - society and individuals; v) Scientific integrity; vi) Beneficence or non-maleficence (Blaauw, 2017). The relevant ethical issues were that; inducements are not permitted, all risk involved were explained to the government ministries Principal Secretary (PS) and Planning Office and the purpose of the review is without any intentions of raising false hopes. These documents sharing had to be approved by each ministry Principal Secretary office before the Planners could share.

The findings of this research will be a property of Stellenbosch University, with rights for research student to share with key players in development of this paper. Upon request findings can be presented to all relevant key stakeholders for learning and system improvement processes. This serves as an affirmation that the Government of the Kingdom of Eswatini and its key stakeholders and partners have access to this paper upon completion.

### **3.8 Summary**

The chapter provided details on the methodology used to design the research, the data sources and data analyses. As the study used word search as another data analysis method, definitions of the selected words are also presented. The process of research design has planned to mitigate potential risks that could affect the success of the investigation, but still limitations were identified. The study has observed the ethical principles throughout the process of data collection. This study used literature as data, which made it not to require review by the ethics committee.

## CHAPTER 4

### Multisectoral coordination of food and nutrition security policy in Eswatini

#### 4.1 Introduction

This chapter presents the findings of the study in response to the research questions. The research questions are;

1. Does Eswatini have the key governance documents for governing food and nutrition security?
2. Which food and nutrition security outcomes are provided for in these policies? Is there a budget allocated to food and nutrition objectives in the different Ministries under study?
3. Is there a multisectoral coordination of food and nutrition actions at policy level in Eswatini?

##### 4.1.1 Document included in the review

The documents reviewed were nine (9) policy documents from the four (4) government ministries. The Public Policy Coordinating Unit from the Prime Minister's Office guided the development of each policy. The different policy documents were developed from 1999. Figure 4.1 indicates the specific timelines for development of the nutrition related policies. The National Food Security Policy of 2005 was developed through consultant engagement (Ministry of Agriculture, 2005). The process was led by the Public Policy Coordination Unit in 2005. The National Health Sector Policy was developed with stakeholders from government ministries, Non-Governmental Organization and partners in the sector who worked together with the Ministry of Health (Ministry of Health, 2016). Financial support for the process was provided by the WHO. In developing the National Education and Training Sector Policy, the Ministry of Education and Training was supported by UNICEF both technically and financially. A consultant was engaged to draft the policy, the Ministry facilitated the review process through consultation meetings with the education sector partners and stakeholders (Ministry of Education and Training, 2018). The National Water Policy was developed through a process like that of MoET coupled with a consultative process. A task team was set-up by key actors which received technical support from United Development Programme (UNDP) (Appendix 1). The task team was formed by; Department of Water Affairs, The Energy Department, The Land Control Section, Geological surveys and mines department, United Nations Children's Fund (UNICEF), WaterAid, Ministry of Economic Planning and Development - Micro Project Programme (MPP) (MoNRE, 2017).



**Figure 4. 1 Nutrition related national policy timeline**

2005 – 2010	2010 – 2015	2015 – 2020	2020 - 2025
National Development Strategy 1999			
Food Security Policy 2005			
Education Sector Strategic Plan 2010 – 2022			
Poverty Reduction Strategy Action Plan (PRSAP) 2007			
	National Food and Nutrition Strategic Plan 2010 - 2015		
	Inqaba Implementation Manual 2011		
	Framework for National Development Strategy (NDS) Review 2013		
	National Framework for Food Security in Schools 2013		
		MoA - Performance Targets 2013 to 2018	
		MoA Annual Reports 2014 - 2018	
		MoH Annual Reports 2014 - 2018	
		MoET Annual Report 2014 -2018	
		MoNRE Annual Reports 2014 – 2018	
		Swaziland Nutrition Council Annual Reports 2014 - 2018	
		Swaziland Nutrition Council Board Meeting Minutes	
		Food & Nutrition Policy 2016	
		National Health Sector Policy 2016 - 2026	
		Strategy for Sustainable Development & Inclusive Growth 2017 – 2030	
		National Water Policy 2017	
		Water, Sanitation and Hygiene Strategy 2017-2022	
		MoA - Strategic Plan 2018 – 2023	
		National Education and Training Sector Policy 2018	
		Sanitation & Hygiene Policy 2019	
		National Health Sector Strategic Plan 2019 – 2023	
		National Sanitation & Hygiene Strategy 2019 – 2023	

**Source: Author**  
Policies  
Strategic plans  
Annual reports

**Table 4. 1 Summary of Policy Review**

<b>Responsible department</b>	<b>Document name</b>	<b>Year enacted</b>	<b>Associated programs</b>
Ministry of Agriculture	Food Security Policy	2005	Food production Dietary diversification Food aid Micronutrient deficiency Nutrition in control, prevention and treatment of diseases HIV/AIDS impact mitigation, Food hygiene
Ministry of Health	National Health Sector Policy	2016	Integrated child health services, viral load suppression, prevention of mother to child transmission, immunization,
	Food and Nutrition Policy	2016	Integrated Management of Acute Malnutrition Maternal child health, national infant feeding programme, expanded programmes for immunization, supplementary feeding programme, integrated management of childhood illness, integrated growth monitoring, Nutrition and communicable and noncommunicable diseases
	Sanitation and Hygiene Policy	2019	Hand washing, personal hygiene and safe use of water hygiene programmes, environmental health services
Ministry of Education and Training	Education and Training Sector Policy	2018	Nutritional support programmes
	Food Security Policy in Schools	2013	School feeding programmes
Ministry of Natural Resources and Energy	National Water Policy	2017	Rain-fed agricultural production,

**Source: Author**

## 4.2 Existence of nutrition governance

The WHO has provided a guideline for assessing the nutrition landscape of countries (WHO, 2016). The landscape analysis indicate that the country is prioritizing nutrition in its development strategies. This is evident through the inclusion of the United Nations Development Assistance Framework (UNDAF) in the National Development Strategy (NDS) (WHO, 2016).

**Table 4. 2 Eswatini nutrition governance summary**

<b>Existence of Elements of Nutrition Governance</b>	<b>Status</b>
Existence of an intersectoral mechanism to address nutrition	Yes – National Nutrition Council, established in 1945
Existence of a national nutrition plan or strategy	Yes – Swaziland National Plan of Action for Nutrition
Adoption of the national nutrition plan or strategy	1996
Inclusion of the national nutrition plan or strategy as part of the national development	United Nations Development Assistance Framework 2016 -2020(UNDAF) Strategy for Sustainable Development & Inclusive Growth 2017 - 2030 (NDS)
Existence of a national nutrition policy	Yes, National Food and Nutrition Policy, 2016
Adoption of the national nutrition policy	No, still a draft
Existence of national dietary guidelines	No
Allocation of budget for implementation of the national nutrition plan, strategy or policy	Yes, allocated to Health and Agriculture sectors.
Regular nutrition monitoring and surveillance	Yes
Existence of a line item for nutrition in the health budget	Yes

**Source: Lamstein et al., 2016**

However, the country did not meet all the 10 criteria stipulated by the WHO. Firstly, the national food and nutrition policy and its strategy have not been adopted. The disconnect between decision makers and policy implementers has resulted in the delay to presentation of these policy documents. In addition, there is no dietary guideline in place in the country because financial resources to facilitate this action, as country we still don't have decision makers who understand the impact of prioritizing nutrition. This is evident on the level of investment on this sector, this has made the council to depend on donor funding. These are my observation. The country not having this guiding document results in misinformed decisions on prioritizing nutrition programmes. This document establishes the basis for public food and nutrition, health and agricultural policies and nutrition education programmes to enhance healthy eating habits and lifestyles.

## 4.3 Policy initiatives to address food and nutrition security

The data analysis process further unpacked the nutrition specific and sensitive indicators found in each policy document. The details from each document are outlined in Appendix 2. Nutrition

specific objectives were provided in Food Security Policy, Food and Nutrition Policy, Education and Training Sector Policy and the Framework of Food Security (Table 4.3).

**Table 4. 3 Identification of nutrition objectives at policy level**

Policy documents reviewed	Nutrition specific objectives	Nutrition sensitive objectives	Nutrition indicators	Nutrition in budget
Food Security Policy 2005	✓	✓	Yes	Yes
Food & Nutrition Policy 2016	✓	✓	Yes	Yes
National Health Sector Policy 2016 – 2026	✓		No	Yes
National Water Policy 2017		✓	Yes	No
Sanitation and Hygiene Policy 2019		✓	Yes	No
National Education and Training Sector Policy 2018	✓		Yes	Yes
National Framework for Food Security in Schools 2013	✓	✓	Yes	Yes

✓ - Presence of the objectives

Yes - Presence of nutrition indicators or budget allocation for nutrition objectives

No - Absence of nutrition indicators or budget allocation for nutrition objectives

**Source: Author**

#### 4.3.1 Nutrition specific objectives

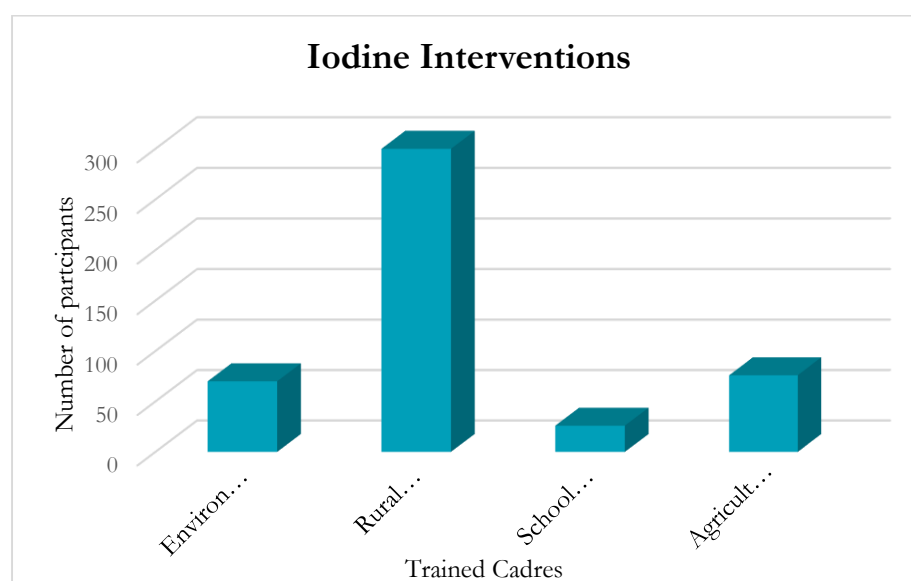
The following nutrition specific objectives were included in the policies: promote food and dietary diversification, promote the control and treatment of micronutrient deficiency disorders, promote nutrition in the control prevention and treatment of diseases, maintain a functional and permanently reliable food distribution system, prevent malnutrition by supplementary feeding and other intervention activities to children and people with special needs, and to manage identified cases of stunting, moderate, provide nutritional support to all public schools, nutrition and communicable and noncommunicable diseases and severe acute malnutrition cases throughout the strategic plan period. The Ministry of Agriculture through the Home Economics Department proposed to address dietary diversity in their policies (Ministry of Agriculture, 2005). Some of the initiatives they stated were plans to increase access to diverse foods through advocacy and technology. The advocacy will focus on promotion of production and use of indigenous foods, consumption of protein-rich livestock products and fish (Ministry of Agriculture, 2005). The ministry also stated plans to upgrade and operationalize food technology laboratory and demonstrate appropriate technologies for the preparation of diversified nutritious food.

Opportunities for strengthening collaboration between Ministry of Agriculture (MoA), Ministry of Health (MoH) – Swaziland Nutrition Council (SNNC), Ministry of Education and Training (MoET). The MoA & SNNC working together in promotion of indigenous foods integration into school feeding programmes which will expose children at a young age to indigenous foods. Production of these in school garden can intensify the popularity and increase access. The common factor why indigenous foods are not highly utilized is access. Re-orientation of the young generation to these could promote diversification. The Ministry of Health and SNNC would continue to track health and nutrition indicator performance on these groups. Indigenous foods are known for high nutritional value. School could be centres of change to influence diet shift. This could also have benefits on management of NCDs.

The MoET contributes to nutrition specific indicators by providing nutrition support to all public schools. The ministry proposes to improve nutrition education through review and implementation of the National Plan of Action for Nutrition (Ministry of Education and Training , 2018). Some of the actions include; creating context-specific nutrition information and communication strategies, mainstream nutrition education in school curriculum, strengthen nutrition education in both formal and informal education systems (Ministry of Education and Training , 2018). At the community level, the ministry will promote community-based food security and nutrition programmes using food security policy of 2005 (Ministry of Education and Training , 2018). The Swaziland National Nutrition Council (SNNC) will train experts on nutrition, promotion of healthy eating and lifestyles (Swaziland National Nutrition Council , 2016). The experts are mainly the health professionals from MoH, and teachers and inspectors from MoET. The trainings are not limited to professionals but also community health workers, farmers' groups, head of households, and women.

The interventions proposed to address micronutrient deficiency included research, encourage production and consumption of micronutrient-rich foods, and micronutrient supplementation and fortification programs. The research is expected to investigate and promote bio-fortification programmes (Ministry of Agriculture, 2005). The MoA has provided an initiative to strengthen vitamin A supplementation to under-five children and postpartum mothers and iron/folate supplementation for pregnant women (Ministry of Agriculture, 2005). The HarvestPlus initiative entails breeding nutritionally improved varieties of staple crops with higher nutritional value in vitamin A, iron, zinc and amino acids. The SNNC is facilitating the provision of micronutrient supplements (Vitamin A, Zinc, Iron and Iodine), regular de-worming specific to 1 -18 years and to all children in need (Ministry of Health , 2014) . SNNC on responding to iodine deficiencies in year, trained health workers including home economics extension workers on how to test iodine content of iodine fortified products (Ministry of Health , 2014). These groups work with people at community level. There would run the tests and guide communities on which brands contain iodine. The awareness training included how to store salt to ensure it retains the iodine during use at household level (Ministry of Health , 2014).

**Figure 4. 2 Iodine interventions in 2014 in Estwatini**

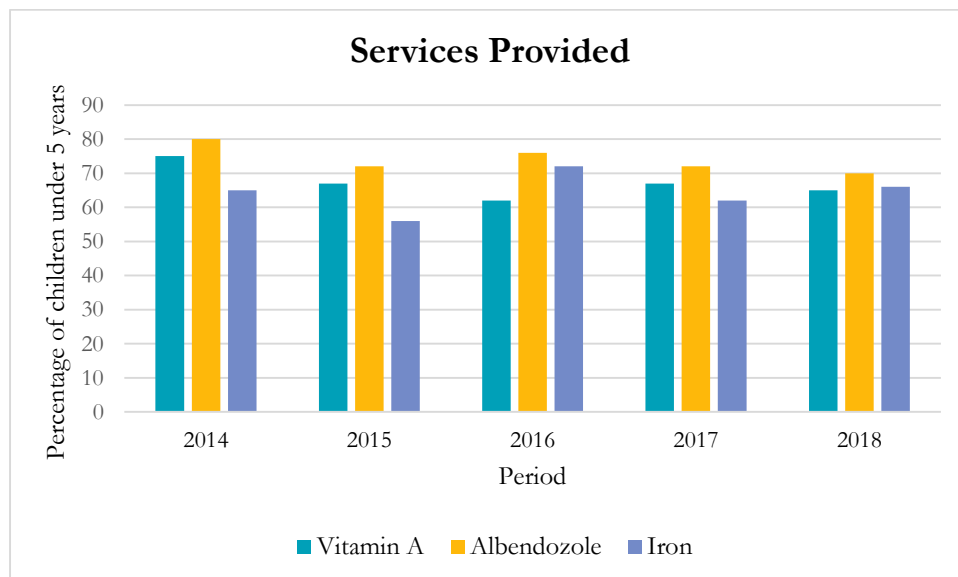


**Source: Ministry of Health Annual Report, 2014**

The policy also wanted to promote optimal maternal nutrition. This will be achieved through trainings and strengthening of micronutrient supplementation, provide supplementary food, improve monitoring and referral systems, and provide nutritional support for HIV and TB infected people (Swaziland National Nutrition Council , 2010). Food and Nutrition policy implemented by SNN also promote, support and protect optimal infant and young child feeding (IYCF) practices (Swaziland National Nutrition Council , 2016). SNNC assists with the management of severe and acute malnutrition using therapeutic care at both the facility and community level. They are mandated to do this through coordination of the Integrated Management of Acute Malnutrition (IMAM) plan (Swaziland National Nutrition Council , 2016).

For Vitamin A and Deworming the Ministry of Health provides both community and clinical interventions to children under 5 years (Ministry of Health, 2016). Albendazole administration in children from 1 to 18 years is conducted by the ministry. Community outreach programmes to increase reach re conducted where schools, and NCPs are used as centers of distribution (Figure 4.3). The supplementation of iron to pregnant women during Antenatal Care (ANC) is also indicated in the Figure 8. The government of the Kingdom of Eswatini is providing these services for free to both groups. In 2018, the coverage for iron supplements was 65%. The coverage reported across years might be higher than what is reported due to underreporting from some facilities (Author). Implementation of these interventions can be enhanced through formal collaborations between MoA, MoH, and MoET as currently these ministries are involved in the implementation of these interventions.

**Figure 4. 3 Micronutrients interventions for children 2014-2018**



**Source: Ministry of Health Annual Reports**

The policies have made a provision for institutional feeding schemes through school nutrition, Neighbourhood Care Points (NCPs) and clinics (Ministry of Education and Training, 2018). In public schools and early childhood development centres referred to as NCPs, the ministry of education and training provides a minimum of one meal a day to pupils. For NCPs who have support from other organizations like World Vision Eswatini, Hand in Hand, Save the Children Fund, Baphalali Red Cross Eswatini not limited to these, two meals per day per child is provided (Ministry of Education and Training, 2013). The Ministry of Health through clinics

provide food parcels to children who attend child welfare at clinic level. Food parcels are under the food by prescription programme under SNNC but implemented in the clinics. This programme also targets pregnant women. These are provided in type A clinics (type A provides outpatient services only and attending to emergency deliveries at community level) and type B clinics (such community facilities provide all type A and plus maternity services) (Swaziland National Nutrition Council , 2016).

#### **4.3.2 Nutrition sensitive objectives**

Through policy objectives the sector will enhance food and nutrition through improved home management, skill development and food production (Ministry of Agriculture, 2005). The Ministry of Agriculture committed to increase food production, improved nutrition and income through diversification and commercialization of crop production on Swazi National Land (SNL) (Ministry of Agriculture, 2005). Food production is enhanced through promotion of maize production at household level especially in rural areas. In addition, food security has been targeted promoting the production and use of food, fodder, fuel and other products derived from forests. There are initiatives to ensure sustainable utilization and management of communal and natural forests, woodlands and plantations. The Ministry is planning to review land use policies to formalize entitlements to secure sustainable access to adequate nutritious food, inputs and other resources at household level (Ministry of Agriculture, 2005).

Another initiative to improve food availability is through the promotion of small- and large-scale livestock industries (Ministry of Agriculture, 2005). To strengthen food aid effectiveness, the Ministry of Agriculture plans to put in place effective and reliable distribution system for food aid under food access pillar. This will be achieved by improved coordination, promote local production, strengthen assessment systems, monitor impact, and advocate for culturally acceptable food commodities. The National Water policy aims at increasing agricultural production through sustainable water utilization and management, support commercial irrigation, and improve rainwater harvesting technologies to enhance production of rain-fed agriculture (MoNRE, 2017).

In ensuring adequate food utilization the Ministry of Agriculture has proposed to promote sustainable food processing, preservation and storage using appropriate technologies through multisectoral programmes to reduce post-harvest losses (Ministry of Agriculture, 2005). In implementing this activity Ministry of Agriculture works with Ministry of Health and the SNNC.

On sanitation and hygiene, the Ministry of Agriculture is facilitating the increased access to clean water, sanitation to protect the public from environmental health hazards (Ministry of Health , 2019). The Ministry of Health is promoting hand washing, personal hygiene and safe use of water at all times. The environmental health department also prioritizes climate change and environmental health services aimed at reduction and elimination of morbidity and mortality resulting from environmental conditions, and zoonotic diseases transferable to man. SNNC is also implementing hygiene interventions through provision of short-term hygiene packages for vulnerable households. The hygiene package is water guard, which is chlorine and coagulant which helps to settle the sediments in dirty water (consultation with Nutrition council head of programme). The Ministry of Health is using Environmental Health Department and SNNC for implementing this intervention. These should work closely with MoNRE as they have the mandate of provide clean water to communities. The Ministry of Agriculture has Home Economics extension officers who also have a mandate to teach on water hygiene. Working together harmonizes messages used amongst partners.

SNNC contributes to integrated health care through promotion of nutrition in control, prevention and treatment of diseases by; promotion of wider understanding between proper nutrition and treatment of communicable and other diseases, strengthened preventive measures and early health care and counselling services for management of nutrition-related communicable diseases and information dissemination on the importance of nutrition for people on treatment. The Ministry of Health through health care facilities service delivery and also provide quality integrated health services to end preventable mortality in children under 5 years.

Diseases such as HIV/AIDS and Tuberculosis affect food and nutrition security. Therefore, the Ministry of Health plans to increase viral load suppression rate and increase Tuberculosis (TB) treatment success rate. In mitigation of HIV/AIDS impact on food production, creation and strengthening of partnerships at local level to support affected households to mobilise resources for food production (labour, seeds, fertilisers). To reduce the energy required for food production the Ministry is developing agricultural production systems adaptable to the weakened capacities of rural communities for sustained farm production for all.

**Table 4. 4 Summary of policy review**



<b>Host Department</b>	<b>Year</b>	<b>Title</b>	<b>Duration</b>	<b>Objectives</b>	<b>Related International Framework</b>
<b>Ministry of Agriculture</b>	<b>2005</b>	<b>Food Security Policy</b>	<b>2005</b>	To ensure that a sufficient quantity of food of appropriate quality is available to all people in Swaziland, through domestic production and imports	World Food Summit of 2002, Maputo Declaration 2003, United Nations Millennium Development Goals, 2000, United Nations Convention to Combat Desertification (UNCCD),
				To ensure that access by all individuals in Swaziland to adequate resources to acquire appropriate foods for a nutritious diet	United Nations Conference on Environmental development (UNCED), United Nations Framework Convention on Climate Change (UNFCCC)
				To ensure that all individuals in Swaziland reach a state of nutritional wellbeing for which all physiological needs are met	the Sirte Declaration on the Challenges of Implementation Integrated and Sustainable Development on Agriculture
				To ensure that all people in Swaziland have access to adequate food at all times	
<b>Ministry of Health</b>	<b>2016</b>	<b>Food &amp; Nutrition Policy</b>	<b>2016</b>	To guide decision among policy makers on food and nutrition strategic areas of focus	International Conference on Nutrition (ICN)
				To facilitate domestication, adoption, implementation and monitoring of Global, Regional and National Food and Nutrition resolutions	Millennium Development Goals (MDGs)
				To inform and influence development of enabling legislation especially food fortification and supplementation	
				To promote mainstreaming of food and nutrition services and concepts into developmental programs in various sectors	
				To generate evidence in food and nutrition to inform planning, programming and decision making	

<b>Host Department</b>	<b>Year</b>	<b>Title</b>	<b>Duration</b>	<b>Objectives</b>	<b>Related International Framework</b>
	2016	<b>National Health Sector Policy</b>	2016 - 2026	Promote quality of health at key stages of life, taking into account the need to address social determinants of health, gender, equity and human rights.	
	2019	<b>National Health Sector Strategic Plan</b>	2019 - 2023	Strengthened provision of quality integrated child health services and end preventable mortality in children under 5 years	African Vision Agenda 2063
				Increased viral load suppression rate	Abuja Declaration 2001
				Increase Tuberculosis (TB) treatment success rate	Sustainable Development Goals (SDGs)
				Prioritize environmental health services to reduce and eliminate morbidity and mortality caused by environmental conditioned and zoonotic diseases transferable to man as well as climate change	Southern African Development Community's Regional Indicative Strategic Development Plan (RISDP)
	2019	<b>Sanitation and Hygiene Policy</b>		Promote handwashing, personal hygiene and safe use of water at all levels	Sustainable Development Goals
<b>Ministry of Natural Resources and Energy</b>	2017	<b>National Water Policy</b>	2017	National Water Act (NWA) shall strive to achieve national food security through sustainable water utilization management for increased agriculture production	Sustainable Development Goals, United Nations Convention on the Law of the Non-navigational Uses of International Watercourses 1997, Regional Water Policy and Strategy 2006 – Southern African Development Community
				Water resources development for commercial irrigation shall uphold the core principles off integrated Water Resources Management and Development (IWRM) by continuously monitoring water availability and increased annual demand for water	Revised Protocol on Shared Watercourses in the Southern African Development Community, United Nations Conference on the Human Environment 1972, International Drinking Water Supply and Sanitation Decade Launch 1977

<b>Host Department</b>	<b>Year</b>	<b>Title</b>	<b>Duration</b>	<b>Objectives</b>	<b>Related International Framework</b>
				Improved rainwater harvesting and tillage techniques shall be promoted and supported to enhance the productivity of rain-fed agriculture	World Conference on Water and Environment 1992, Drinking water and Environmental Sanitation Conference on implementation of Agenda 1994
<b>Ministry of Education and Training</b>	<b>2018</b>	<b>National Education and Training Sector Policy</b>	<b>2018</b>	Care and support for Teachers and Learners	Declaration of the World Education Forum; the Dakar Framework 2000, Final Report of the World Conference on Education for All; Meeting Basic Learning Needs, Jomtien, Thailand, 1990
				To provide a nutritional support to all public schools	Sustainable Development Goals, Southern African Development Community Qualification Framework 2011, Southern African Development Community Open Distance Learning M&E Framework 2010,
<b>Ministry of Education and Training</b>	<b>2013</b>	<b>National Framework for Food Security in Schools</b>	<b>2013</b>		

**Source: Author Nutrition Specific and Nutrition Sensitive Objectives in Policy Documents**

## 4.4 Multisectoral coordination

The multisectoral coordination was explored from two angles: 1) looking at the planning level using the policy and strategic plans for the different Ministries and 2) at implementation level using the annual reports assessing the horizontal and vertical coordination for the Ministry of Agriculture, Ministry of Health, Ministry of Education and Training and Ministry of Natural Resources and Energy. Document reviews were informing the three phases of coordination; planning, implementation and monitoring.

### 4.4.1 Actors involved in policy development

With the landscape the country has developed using the policy documents the existing levels of coordination were analyzed and presented in Table 4.5. The Swaziland National Nutrition Council Board (SNNCB) is mandated to improve the nutritional status of the people of Swaziland by providing support to Swaziland National Nutrition Council (SNNC) in implementing the following objectives guided by the policies;

- Respond to nutritional needs of the Swazi population
- Promote and coordinate food and nutrition activities
- Technically advise the government accordingly
- Facilitate develop and operationalize nutrition policies and strategies

However, there is no clear coordination strategy to guide the operations of the board in providing support to the council.

On vertical and horizontal coordination, the country has identified the key sectors to participate in development and implementation of food and nutrition policies to appropriately support on their sector policies not to have negative implications on achievement of the food and nutrition objectives. The Table 4.5 below shows the comprehensive list of actors in the collaboration spectrum. Between coordination is the participation of partners and stakeholder in collaboration spaces outside from government sectors with common goals with government sectors. This table denotes the linkages between government sectors; MoA, MoEE, MoEPD, MoET and MoH participation in the implementation of food and nutrition programmes. This is not in isolating of non-governmental partners and stakeholders. This is a good representation on participating of both government ministries and none state actors to strengthen performance of food and nutrition outcomes.

**Table 4. 5 Coordination levels among government and between actors**

<b>Multisectoral Coordination Actors</b>	<b>Status</b>	<b>Vertical</b>	<b>Between</b>	<b>Horizontal</b>
Ministry of Agriculture (MoA)	Government			✓
Home Economics Department - MoA	Government			✓
Ministry of Enterprise and Employment	Government	✓		
Ministry of Economic Planning & Development	Government	✓		
Ministry of Education and Training – School Feeding	Government			✓
Ministry of Health	Government	✓		✓
University of Swaziland (UNISWA)	Academic Institution		✓	
United Nations Children’s Fund (UNICEF)	UN Agency		✓	
World Health Organization (WHO)	UN Agency		✓	
World Food Programme (WFP)	UN Agency		✓	
Food and Agriculture Organization (FAO)	UN Agency		✓	
Non-Governmental Organizations: Red Cross	International NGO		✓	
Swaziland Infant Nutrition Action Network (SINAN)	NGO		✓	
World Vision	International NGO		✓	
Action Against Hunger	International NGO		✓	
International Baby Food Action Network - African (IBFAN)	International NGO		✓	
Clinton Health Access Initiative (CHAI)	International NGO		✓	

✓ - indication of the type of coordination

**Source: Author**

#### **4.4.2 Planning Stage – Policy and Strategy**

The planning documents have nutrition specific and sensitive objectives showing that the government ministries are aware of the areas of collaboration. Policy documents are approved by parliament. The highest authority in the country in decision making with authority to shift nutrition interventions to be highly prioritized actions. National development plans indicate some level of commitment in nutrition, but the attention and resources allocated to this sector have proven not to be adequate to eliminate the cost of hunger the country is paying as a result of poor performance of nutrition interventions. The process of setting up a function SNNC to focus on improving performance of nutrition objective shows the willingness of decision makers to increase effectiveness. The council is funded through subvention from Ministry of Health, this is usually approximately 20Million SZL from a total budget of 2.2 Billion allocated to the Ministry of Health. The argument is, if government was aware that investing in nutrition would greatly reduce the burden on the health sector to manage ailments, which drains

governments resources and is not sustainable. As government has been pumping money into the health sector, every year the sector needs increase.

**Table 4. 6 Results of horizontal and vertical multisectoral plans**

Words	MoA	MoH	MoET	MoNRE	Nutrition Council
Capacity	✓	✓	✓	✓	✓
Coherence	X	X	X	✓	X
Commitment	✓	✓	✓	✓	✓
Collaboration	✓	✓	✓	✓	✓
Conflict	✓	X	X	✓	X
Engagement	X	✓	X	✓	X
Exchange	X	X	X	✓	X
Intersectoral action	X	X	X	✓	X
Multisector approach	X	X	X	✓	✓
Political will	✓	✓	X	X	✓
Wellbeing	✓	✓	✓	✓	✓

✓ – presence of issue highlighted as a heading

X – issue not present

**Source: Author**

#### **4.4.3 Implementation – findings from analysis of the annual reports**

The Table 4.7 below provides the results relating to policy implementation or lack of thereof for each Ministry for their last 5-year cycles' annual or cabinet reports (2014 to 2018). These were analyzed using words selected from the WHO to analyze multisectoral or intersectoral coordination. On implementation it is clear that there are coordination actions at the national, regional and community level. This is a strength for improving the effectiveness of coordination for the achievement of nutrition outcomes. The evidence that multisectoral and multilevel coordination is used to implement some policy objectives. This Table 4.7 illustrates the existence of the words listed in the reviewed implementation reports. This is used to reference if the planned actions were executed as planned. This shows that more details are given in the policy documents but less specific on implementation plans. This justify the gap on achievement of food and nutrition outcomes with such good policy documents in place. This justify why there's minimal progress as implementation is directly linked to budget allocated. Without the budgets, all the commitment remains on paper with no impact on the public health.

**Table 4. 7 Summary of horizontal and vertical collaboration at output level**

Words	MoA	MoH	MoET	MoNRE	Nutrition Council
Capacity	✓	✓	✓	✓	✓
Coherence	X	X	X	X	X
Commitment	✓	✓	✓	X	✓
Collaboration	✓	✓	✓	✓	✓
Conflict	✓	✓	✓	✓	X
Engagement	✓	✓	✓	✓	X
Exchange	✓	✓	X	X	X
Intersectoral action	X	✓	X	X	X
Multisector Coordination	X	✓	✓	X	X
Political will	X	X	X	X	X
Wellbeing	✓	✓	X	X	✓

✓ – presence of issue highlighted as a heading

X – issue not present

#### Source: Author

Capacity is dominant in all the sectors reports throughout the period under review. Capacity actions ranges internal to external spaces. Internal there is capacity for teams to better execute their roles, external is to better support on implementation of specific objectives in different areas of collaborations.

Conflict management is actions for sectors to execute whilst implementation the policy objectives and as another capacity building area for internal teams to effectively manage conflicts during programme implementation.

In as much as the planning documents had political will **Political will**, it was disappointing not to find these commitments being tracked during implementation. It's also worth mentioning that even at planning level only 3 ministries were explicit about political will.

Ministry of Education and Training commits to coordinate and implement strategies to enhance self-reliance for school feeding programme with agriculture – fruit production, garden production, life skills, community caregivers, NCPs committees.

#### 4.4.4 Additional information regarding the focus on coordination

The Ministry of Agriculture (MoA) plans to strengthen a demand-driven research and extension system with a clear vision and aims to package this as a framework for planning, coordination, monitoring and evaluation of research. The research activities will be implemented through coordination.

SNNC plans to promote networking and information sharing at national and international levels on nutrition with stakeholders. Networking with organisations.

Ministry of Health [coordination actions are internal, there is no evidence of intentional working](#) with other sectors. There is mentioning of SNNC which is also internal. But with the Environmental health department, there is comprehensive coordination actions communicated on the Sanitation and Hygiene Policy. It has clearly mapped the institutional arrangements, with detailed roles and responsibilities of each player listed ranging from national, regional and local/community level. With the objective on coordination, they have also identified the

coordination approach to be used being the Sector Wide Approach (SWAp) listing the sectors to work with in implementation of this objective.

With all the actions done on coordination there is nothing on the documents reviewed in reference to monitoring the coordination actions. This waters down all efforts done on collaboration. Currently collaboration is haphazard, inconsistent and not structured (author).

## **4.5 Summary**

This chapter was describing the findings on the multisectoral coordination in response to the research questions. The results were a reflection of nine policy documents from 4 government ministries with specific dates of development presented in a timeline. The review process entailed analysis of planning and implementation actions. To qualify if the country has created an enabling environment conducive for food and nutrition, assessment of the existence of governance elements. Out of the nine elements the country is lacking only 2: policy adoption and dietary guidelines. The policy adoption is very crucial as it reflects the level of commitment and priority allocated to food and nutrition. Different sectors have demonstrated existence of food and nutrition objectives in their policies. These were categorized as nutrition specific and nutrition sensitive objectives. The different actors participating in the multisectoral coordination were identified. Coordination approaches used reflected horizontal and vertical collaboration, but not structured.



## **CHAPTER 5**

### **Summary, discussion and conclusions**

#### **5.1 Introduction**

This chapter provides the summary of findings using the results from chapter 4. It elaborates on the understanding of the data found. Giving its impact, limitations and strengths of performance on multisectoral or intersectoral coordination for food and nutrition indicators. In this chapter the answers to research questions are substantiated using the findings and theoretical literature.

#### **5.2. Summary of key findings and discussion**

##### **5.2.1 Existence of nutrition governance**

The country has invested tangible amount of efforts in leveling the ground for food and nutrition security programmes. The Act of Parliament of 1945 was intentional on promotion of food and nutrition activities and informed government on food and nutrition actions (Ministry of Health, 2019). This resulted into the establishment of the Swaziland National Nutrition Council (SNNC). This is under the Ministry of Health (MoH), where it implements its programmes through subvention from the health sector budget and with funding from local and international donors (Ministry of Health, 2016). This body has managed to develop the following key governance documents;

- Swaziland National Plan of Action 1996
- National Food and Nutrition Policy 2016
- National Food and Nutrition Strategy of 2010 to 2015

This shows the readiness of the country to accelerate action in nutrition, with the established essentials for successful development and implementation of national nutrition policies and strategies (Lamstein, et al., 2016). From the policy environment the country has created favourable space for actors to implement nutrition specific and sensitive programmes. The timeline indicates the country has improved on development of policies since 2005, this is a sign that leadership is committed to creating an enabling environment.

With great strides made in achievements there are some key requirements that the country has not managed to put in place; like the National Nutrition Guidelines. The guidelines has been in the pipeline for over a decade. Its development has been thwarted with delays until 2019 when it was added as one of the deliverables of the National Food and Nutrition strategic plan (Swaziland National Nutrition Council , 2010). This example shows the low political commitment, investment and coherence that can hamper the achievement of food and nutrition security.

### 5.2.2 Policy initiatives to address food and nutrition security

For all four ministries under study, the policy documents have nutrition specific and sensitive indicators. For optimal reduction in stunting a combination of nutrition specific and nutrition sensitive interventions are necessary (Hossain, et al., 2017). Nutrition sensitive and specific public policies greatly contribute to poverty reduction, improved health status of a society and productivity of a nation (SUN Movement, 2016; Khan & Khalid, 2015; Ruel & Alderman, 2013). The importance of planning document to have both indicators is key. Nutrition sensitive interventions and programmes have a huge potential in improving the scale and effectiveness of nutrition specific interventions (Ruel & Alderman, 2013; Khan & Khalid, 2015). It is interesting that all key sectors on health and nutrition have committed themselves to food and nutrition actions at policy level. The question would be, with such policies in place, what is limiting the country from reaching hundred percent on health and nutrition indicators.

The Lancet Series of 2013 identifies nutrition specific interventions and programs, which were largely found in the Food Security, National Food and Nutrition policy, with a few under Ministry of Health. From the Policy documents reviewed the country has comprehensive food and nutrition interventions. These are lancet nutrition specific objectives ; a) health and nutrition services during adolescence, preconception, pregnancy and lactation, b) maternal dietary or micronutrient supplementation, c) promotion of optimum breastfeeding, d) complementary feeding and responsive feeding practices and feeding stimulation, e) dietary supplementary, food diversification and micronutrient supplementation or fortification for children, f) treatment of severe acute malnutrition, g) disease prevention and management, h) nutrition in emergencies (Ruel & Alderman, 2013; Hossain, et al., 2017). They are similar to the national nutrition specific objectives with additional objectives like; prevention of malnutrition by supplementary feeding and other activities to children and people with special needs and nutrition and communicable and noncommunicable diseases. The country objectives have taken into consideration the different types of malnutrition; overnutrition and under nutrition. The key areas covered by the policies are related to SGDs zero hunger, good health and well-being, and no poverty goals. With the achievement of the goal 1, 2 & 3 can contribute to the realization of quality education, and reduced inequalities improving gender equality.

Regarding nutrition sensitive interventions, the country has made a provision of the following: agriculture and food security, social safety nets, early childhood development, women's empowerment, child protection, schooling, water, sanitation and hygiene and health and family planning services (Ruel & Alderman, 2013; Hossain, et al., 2017). These are found in the four ministries under study.

However, some of these interventions are listed as strategies for the objectives within the Policy documents and some are detailed on Strategic plans for the different policies. Thus, it is evident that the plan to effectively respond to nutrition challenges is in place for the country. Political will is a requirement for the leadership to understand the sector expectation to participate in multisectoral coordination, demonstrate commitment through adding the objectives in policy documents, budget commitment. From the reviewed documents most ministries have not cited political will. Political commitment to prioritize nutrition is the starting point. When the decision makers are informed of how nutrition can improve the health of the nation, they can invest adequate resource for nutrition specific and nutrition sensitive programmes (Bold, Kohli,

Gillespei, 2015). Lack of political leadership valuing health and wellbeing can prohibit effectiveness of multisectoral coordination (WHO, 2018). The complex nature of nutrition specific and sensitive intervention, a strong political commitment is essential for improvement of malnutrition (Hossain, et al., 2017).

### **5.2.2.1 Budget allocations for nutrition interventions**

Nutrition specific and nutrition sensitive interventions are budgeted for from planning to implementation level. Cabinet's commitment is indicated by the budget allocation for the policy strategies. Most Ministries allocate the budget to specific departments in other ministries the different units are referred to as section like Ministry of Natural Resources and Energy. However, for Ministry of Natural Resources and Energy (MoNRE) the budget for sanitation and hygiene activities are lumped into Rural Water Section budget, which makes it unclear to qualify how much is committed to sanitation and hygiene (Ministry of Natural Resources and Energy, 2014). A similar situation is found for the Ministry of Health which also implements Sanitation and Hygiene interventions under the Environmental Health Department. The budget has been 5 490 000 in 2017/2018 small and would be the first to be cut out when budget commitments require reviews due to limited funds available compared to what the budget required (Ministry of Health, 2017 - 2018). The sector bided for 2 billion Emalangenzi (SZL) but was allocated 1.849 billion SZL in 2017/18 (Dlamini, 2018). From reviewing the reports all ministries always have high budget requirements, yet the minister of finance usually reduces the allocations (Ministry of Agriculture, 2018; Ministry of Natural Resources and Energy , 2018). The situation is further worsened as the amount allocated may not be fully released (Ministry of Agriculture, 2018; Ministry of Natural Resources and Energy , 2018). And yet, some ministries do not utilize all of the funds allocated for that particular period (Ministry of Agriculture , 2014; Ministry of Health , 2014; Ministry of Education and Training , 2014; Ministry of Natural Resources and Energy, 2014).

Collaboration actions require financial resources, networking cost is the cheapest on Himmelman's hierarchy of collaboration and cooperation. Coordination and collaboration require substantial resources to be implemented, as it uses numerous formal tools to evaluate quality of partnerships throughout (Bennet, et al., 2018). These resources can be used to strengthen strategic, operational and technical capacities at all levels. Improved technical knowledge, communication and networking skills, designing and operationalizing nutrition sensitive programmes. Through increased nutrition understanding from policy makers to extension workers and communities (van den Bold. M; Kohli.N; Gillespie. S; S, Rajeesh, 2015). Lack of concrete investment which indicates political commitment yields into poor performance of multisectoral coordination (WHO, 2018; Mahlangu, et al., 2019). Joint funding initiatives encourages multisectoral and intersectoral coordination in programmes and project implementation (WHO, 2018).

### **5.2.3 Multisectoral coordination**

#### **5.2.3.1 Actors involved in policy development**

The review identified six government ministries (n=6), six non-governmental organizations, five (5) UN Agencies and the University involved in multisectoral coordination actions. The country has identified the key players to lead the process of multisectoral coordination. A

systematic and comprehensive multisectoral approach to nutrition consists ministries, departments, agencies, stakeholders, Civil Society Organizations (CSOs), Non-Governmental Organizations (NGOs), academia and development partners (Hechhethu, et al., 2016). This has created comprehensive stakeholders and partnerships to contribute to health and nutrition indicators but the private sector is missing. There is active participation of NGOs, UN Agencies which is a strength on complementing the government resources allocated to food and nutrition. The country demonstrates governance-centred approach with largely horizontal governance and policy integration, and embracing the non-governmental organizations (NGOs) (Tosun & Lang, 2013; Hechhethu, et al., 2016). The existence of the coordinating body with several actors is a benefit in access to fast experience, expertise from the different organizations. This have a potential of improving quality and effectiveness on the coordination actions.

With multiple actors' conflict can emerge in nutrition policy. The MoA and MoNRE have highlighted the need to have conflict resolution strategies in place and build capacity of teams on conflict management skills. The data indicates there is minimal experience in coordination and conflict management with the sectors under study. This becomes an area of improvement as coordination will face opposition as sole interests always prioritize; power, turf, politics, beliefs and ideologies, accountability, specialization and performance management (Peters, 2018; Mahlangu, et al., 2019). These factors contribute to effectiveness of multisectoral or intersectoral coordination. The government of Eswatini needs to invest in capacity building for actors to manage coordination conflicts.

### **5.2.3.2 Multisectoral Coordination during policy planning**

#### **Networking**

On collaboration results indicate that all ministries have the plan for better informed collaborations actions to effectively respond to food and nutrition outcomes. From planning stage sector linkages are clear, for instance the Department of Water Affairs (DWA) clearly states which objectives will be implemented through collaboration with Ministry of Agriculture (MoA), Ministry of Health and the Ministry of Education and Training (MoET). Natural Resources implements these objectives through collaboration “ensuring intersectoral linkages in the management of the water resources and cross-sectoral needs and maximize economic benefit, the Act will promote the coordination, cooperation and information dissemination and exchange amongst sector institutions and stakeholder traditional chiefs” (Ministry of Natural Resources and Energy, 2017).

The Ministry of Natural Resources and Energy is the only ministry with policy and strategic plan documents showing effective stakeholder engagement ranging from community, stakeholders, partners, sectors, donors, UN Agencies, private sector and decision makers constituting the Portfolio Committee. Other ministries have no evidence on engagement processes at the planning stage or there was poor documentation on engagement.

At planning stage most ministries were not clear on what exchange actions will be encouraged during policy implementation. Only the Ministry of Natural Resources made reference to exchange of information with other stakeholders, institutions, sectors including the chiefs which represent Traditional Leadership. There will be exchange of data between sectors to save cost of research on other sectors deliverables.

With the context of Eswatini working together is taking place, but it has a missing character to make benefits sustainable, coherence is missing. For collective impact of multisectoral approaches five conditions are key; common agenda, shared measurement systems, mutually reinforcing activities, continuous communication and backbone support organization (Rudolph, et al., 2013). With these conditions and good working relationship, it yields to trust which can be sustained by transparency and open communication (WHO, 2018; Rudolph, et al., 2013).

Results are showing poor multisector approaches for all the four ministries' policy documents. Two ministries have plans to use multisector approaches in policy implementation to increase efficiencies. However, for one of these ministries the details on how the approach will be used is not clear. The ministries referred to are the Ministry of Natural Resources & Energy and Ministry of Health. Within the Ministry of Health, there are two departments, namely the Environmental Health Department and Swaziland Nutrition Council that have planned to use multisectoral approaches in policy implementation. The policy documents lack definition of multisectoral coordination, clear on actors and common goals informing areas of collaboration. Similarly, to intersectoral action one ministry policy documents have plans to use intersectoral actions when implementing the strategies. This indicates the gap the country has on maximizing on multisectoral or intersectoral coordination for food and nutrition outcomes achievement. On coherence even for the one or two ministries where multisector and intersectoral coordination was planned but there were no actions articulating ensuring consistency in conducting the coordination. The country must start investing on coherent multisectoral and intersectoral coordination.

The quality of multisectoral and intersectoral collaboration directly translates to quality outcomes (WHO, 2018). For effective policy coordination, collaboration efforts should be designed by policy coordination designer using different instruments for different context (Peters, 2018). What needs to be careful of is valuing the specialization to increase quality of programmes (Peters, 2018).

### **5.2.3.3 Multisectoral coordination during implementation**

On implementation all sectors have developed good collaboration spectrum, where they partner, engage, consult and exchange information (Rudolph, et al., 2013). Collaborations between ministries are at the same and different levels, and with different sectors, stakeholders outside government, as well as with regional and global partners. Working with others is evident from all the ministries. Evidence indicates that ad-hoc collaboration is the common practice at implementation by sectors at project or within sector, where departments collaborate in implementation of a particular objective or project which is not coherent.

There is poor engagement when reflecting on ministries' annual reports. For most of the ministries engagement was treated as actions similar to collaborations, where a stakeholder or partners was sensitized on intervention, innovation or policy change. Like collaboration this was common amongst most of the stakeholders, but with more engagements reflecting at community level. The implementing entities understand the importance of participation as well as of making sure that all stakeholders are informed. MoA and MoNRE have impressively reported on exchange as planned, with evidence on information sharing with other sectors, stakeholders and partners.

All forms of networking are not formal, there is no continuity, monitoring of impact of interventions implemented in partnership are not emphasized to elaborate benefits of the collaboration actions (Mahlangu, et al., 2019; WHO, 2018). Reporting is at activity level, no detail on the impact of the activities, which becomes changed induced by programme or project deliverables. Documentation of learnings, best practices and failures to inform future interventions, makes partners not to fully enjoy the investment of working together, (van den Bold, 2015; Mahlangu, et al., 2019).

At reporting stage sectors were not relating to the implementation of commitments made by leadership to contribute to food and nutrition outcomes. Policy implementation process requires the Ministries to have capacity to manage conflicts. Most conflicts reported were at local level, in schools, at community level. Conflicts between stakeholders, partners, donors and UN Agencies are not evident. For Ministry of Education and Training it was a “friction between learners and teachers”. Ministry of Natural Resources and Energy had “water association consisting more than 10 members has a potential conflict which requires to be resolved to mitigate poor performance of the group/association, internal conflict has resulted into halting of trenching activity in Hlane Rural Water Supply Scheme”. The Ministry of Agriculture as two examples of conflicts, “a water project which had a challenge that started as a social conflict and transitioned to governance issue and wealth distribution, MoUs with Partners should consist conflict management from the inception of the formal partnerships”. Coherence was not evident even during the planning stage and the reports didn’t have much evidence on coherence.

These findings indicate that multisectoral coordination has been used in policy implementation. The use was informal, not structured often referred as a recommended approach with minimal evidence of adoption. On intersectoral actions few ministries mention this term, and this provides evidence that our implementation is still largely in silos as ministries, departments and sectors.

The reports are reflecting a similar picture with the plans on capacity building. Sectors implemented the internal expectations on capacity building; in-service training, training on new approaches, procedures, new drugs, interventions, improving understanding of other sectors about nutrition. There is nothing specific to show coherent multisectoral and intersectoral coordination of capacity building actions. Planning documents demonstrate some level of quality compared to reports. Wellbeing is being referenced as an aspiration sectors plan to achieve after implementing the nutrition objectives. The reports are no-longer linking the intervention achievements with health and wellbeing of the societies.

On the implementation environment the sectors are faced with barriers more than enablers, thus requiring more attention to make multisectoral coordination effective for nutrition interventions. Findings indicate irregular interactions, without clear roles and responsibilities to structure expectations between stakeholders and partners (WHO, 2018; Mahlangu, et al., 2019). There is no evidence on investment to understand problem and common vision in most collaborations reported on. This creates risks on performance of partnership. The recommendation is intentionally adopting multisectoral approaches, which will inform policy planning, implementation and monitoring.

### **5.3 Contributions to knowledge**

I have assessed the policy context to demonstrate the existence and weakness of multisectoral coordination in the country context on food and nutrition actions. In this study, I have selected and applied global policy coordination theories to an African context. Through literature review I have shown a pathway for doing this and others can learn from.

### **5.4 Limitations and future research**

This study had a limitation which impacted the level of engagement with data. The sole reliance on desk literature minimized the ability to interview stakeholders and key informants to enrich the literature findings. Despite this limitation, the findings of the study have implications for food and nutrition policy in Eswatini. These findings will help us better understand nutrition policy landscape, actors involved in policy making and implementation, multisectoral coordination challenges and how to improve such. Future research can enrich the knowledge generated by; a) Investigation using important and relevant stakeholders' interviews on the weaknesses identified in desktop review; b) Identification of food and nutrition multisectoral coordination capacity gaps in Eswatini. These research works should be comprehensive to policy process; knowledge management, advocacy, implementation, monitoring and evaluation.

### **5.5 Conclusions**

Poor nutrition status greatly affects the physical capabilities, increases susceptibility to diseases, and leads to economic losses (Khan & Khalid, 2015). Prolonged conditions of these contributes to poverty, malnutrition and mortality (Khan & Khalid, 2015). The Minister of Finance has already understood the importance of health and stated presentation of Budget Speech 2018, "*healthy citizens are the greatest asset any country can have*" (Dlamini, 2018).

Multisectoral action is key for the health sector to achieve the Sustainable development goals (Bennet, et al., 2018). The whole of government approach has proposed a framework for accessing horizontal and vertical collaboration between ministries, sectors and departments (Mahlangu, et al., 2019). This framework provides seven key components to improve and formalize coordination, clarifying; 1)pre-conditions for being a member of multisectoral coordination, 2)requirements, 3)with structured operations, 4)mechanisms, 5)processes, 6) understanding the structures, 7)administration, execution becomes a check list. Ensuring that all actions, achievements are well documented, create space for evaluation of efforts to validate the level of investments versus impact. This will in turn become scientific evidence on performance of multisectoral coordination. Which could be shared with other sectors for learning and replication of best practices and mitigation of failures. Multisectoral coordination can also improve on sector accountability, which the government of Eswatini needs.





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## Appendix 1

### The Four Ministries Policy Landscape

#### The Ministry of Agriculture (MOA)

	Objectives	Strategies
1.	To ensure that sufficient quantity of food appropriate quality is available to all people in Swaziland, through domestic product and imports	Improving and Diversifying Arable Crop Production
		Supporting maize production
		Developing an integrated water resources management approach
		Enhancing livestock production
		Promoting fisheries and aquaculture
		Increasing food from forestry
		Monitoring agriculture production
		Regulating food commercial transactions
		Improving the effectiveness of the management of food aid
2.	To ensure that there is access by all individuals in Swaziland to adequate resources (entitlements) to acquire appropriate foods for a nutritious diet	Improving access to land and water resources
		Ensuring access, rights and participation on management of Forest resources
		Consolidated general entitlements
		Enhancing the Role of Livestock in access to food
		Promoting agro-processing and value-adding
		Promoting alternative rural livelihoods
3.	To ensure that all individuals in Swaziland reach a state of nutritional well being for which all physiological needs are met	Adoption appropriate healthy lifestyles
		Promoting food and dietary diversification
		Promoting awareness of nutritional energy requirements
		Development national food and nutrition standards

		Combating malnutrition in the poor and vulnerable
		Promoting the management of micronutrient deficiency disorders
		Promoting nutrition in managing communicable and other diseases
		Improving environment health and access to clean water and sanitation
4.	To ensure that all people in Swaziland have access to adequate food at all times	Facilitating reliable food distribution systems
		Improving food delivery to the poor and vulnerable
		Establishing annual grain and food storage at household level
		Establishing strategic food storage at Regional level
		Improving disaster preparedness and response
		Mitigating the effects of drought
		Mitigating the effects of HIV&AIDS
		Adapting to Climate Change
		Combating desertification
		Managing agro-and biological diversity
		Adopting biotechnological innovations

Table 2.3: Policy Objectives and Strategies, sourced from National Food Security Policy 2005.

**The Ministry of Health (MOH)**

	<b>Objectives</b>	<b>Strategies</b>	<b>Related to Research Question</b>
1.	Promote health and prevent diseases	Promoting health through the life course	Essential nutrition interventions shall be integrated into all levels of health care service delivery
		Prevention and control of communicable and non-communicable conditions	
		Influencing health actions in key sectors	
2.	Reduce morbidity and mortality	Managing medical and related conditions	
		Rehabilitation and palliative care	
3.	Strengthen health systems capacity and performance	Leadership and Governance	
		Healthcare service delivery	
		Human Resources for Health	
		Health management information systems	
4.	Improve access to essential affordable and quality health services	Health financing	
		Health infrastructure	
		Medical products, vaccines and technology	

Table 2.4: Policy Objectives and Strategies, sourced from National Health Sector Policy 2016.



**The Ministry of Natural Resources and Energy MoNRE)**

	<b>Objectives</b>	<b>Strategies</b>	<b>Related to Research Question</b>
1.	To promote equitable provision through access to adequate and good quality water for all	Managing water as an Economic Good	
		Managing water as a Social Good	
		Water Allocation between sectors and users	
		Allocating water for Productive use	
		Applying comparative advantage in water utilization	
		Promoting food security and sustainable water resources development	
		Water resources for irrigated agriculture	National Water Act 2003 shall review the procedures for applications for water permits with the view to support small scale irrigation schemes for food production
			National Water Act 2003 will prepare guidelines for applicants seeking a permit for food production purposes.
		Promoting rainwater harvesting and conservation agriculture	National Water Act 2003 will support ongoing national initiatives to introduce conservation agriculture to small-scale and subsistence farmers
		Promoting the use of water for primary purposes	National Water Act 2003, supports households who decide to commercialize their crop production through specific water allocation criteria that rewards small-scale farmers to increase agricultural production at small-scale
		Improvement in water resources use efficiency	
		Managing climate change impacts on water availability	
		Water security	

2.	To promote water resources' allocative efficiency practices	Promoting and improving access to portable water, sanitation and hygiene	
		Promoting water quality standards	Ensure citizens have access to safe drinking water
		Cost-recovery and maintenance of water supply and sanitation systems	

Table 2.5: Policy Objectives and Strategies, sourced from National Water Policy 2017.

### The Ministry of Education and Training (MoET)

	<b>Objectives</b>	<b>Strategies</b>	<b>Related to Research Question</b>
1.	Institutional Development	Education for sustainable development	
		Inclusive education and training	
		Care and support for teachers and learners	Introduction universal school feeding schemes, including provision of breakfast or at least one other meal in schools where this is not already in place, taking into consideration children with special dietary needs.
		HIV & AIDS	
		Guidance and counseling	
		Positive discipline	
2.	Curriculum Development	Curriculum framework	
		Science, technology, engineering and mathematics	
		Information communications technology	
		Life skills education	
		Assessment	
3.	Teacher Development and Management	Pre-service education and training	
		In-service education and training	
		Teaching service commission	

Table 2.6: Policy Objectives and Strategies, sourced from National Education and Training Sector Policy 2018.

## **Appendix 2**

### **Nutrition Specific and Nutrition Sensitive Objectives in Policy Documents**

Policy/Strategy	Dates	Nutrition Specific objectives	Nutrition Objectives	Sensitive	Nutrition Indicators	Budget for Nutrition
<b>Food Security Policy</b>	2005	Promote food and dietary diversification	Improve grain and other food storage facilities and food preservation methods at the household level	Yes		Allocated for Extension Department.
		Promote the awareness of nutritional requirements	Increase access to clean water and sanitation and protect the public from environmental health hazards			
		Develop and implement national food and nutrition standards	Promote the role of livestock in securing access to food			
		Combat malnutrition and make available adequate resources to meet the nutritional needs of the poor and vulnerable	Consolidate and formalize entitlements in order to secure sustainable access to adequate nutritious food, inputs and other resources at household level			
		Promote the control, prevention and treatment of micronutrient deficiency disorders	Improve the effectiveness of the management of food aid			
		Promote nutrition in the control, prevention and treatment of diseases	Increase contribution of forests to food security			
		Maintain a functional and permanently reliable food distribution system	Diversify and support sustainable animal production to enhance food security			
		Improve delivery of food to the poor and vulnerable	Continue to support maize production to improve household food security and review regional and national trading regimes			
			Undertake diversification and commercialization of crop production on Swazi National Land (SNL) in order to increase food production, improve nutrition and income.			

Policy/Strategy	Dates	Nutrition Specific objectives	Nutrition Objectives	Sensitive	Nutrition Indicators	Budget for Nutrition
			Make all efforts to mitigate the impact of HIV/AIDS on food production			
<b>Ministry of Agriculture Strategic Plan</b>	2018 - 2023		To enhance food and nutrition by improving home management and imparting income generation skills for targeted households	Yes		Yes
<b>National Food and Nutrition Policy</b>	2016	Food and Nutrition security	Advocacy and communication	Yes		Yes, under the Ministry of Health as a subventions
		Essential nutrition services package	Prioritization of nutrition interventions			
		Nutrition and Communicable & Noncommunicable diseases	Nutrition Standards & Operating Procedures			
<b>Food and Nutrition Strategic Plan</b>	2010 - 2015	To prevent malnutrition by administering supplementary feeding and other intervention activities to children, women and people with special needs	To reduce population vulnerable to food insecurity from the current 47% to 35% by 2015	Yes		Yes
		To improve the quality and management of the identified cases of stunting, moderate and severe acute malnutrition cases throughout the strategic plan period	To improve the effectiveness of management and coordination in Food and Nutrition services during the entire strategic plan period			
<b>National Health Policy</b>	2016 - 2026		Promote quality of health at key stages of life, taking into account the need to address social determinants of health, gender, equity and human rights.	No		
<b>National Health Sector Strategic Plan</b>	2019 - 2023		Strengthened provision of quality integrated child health services and end preventable	Yes		Yes, Subvention for Nutrition Council in addition to other health implemented actions.

Policy/Strategy	Dates	Nutrition Specific objectives	Nutrition Objectives	Sensitive	Nutrition Indicators	Budget for Nutrition
			mortality in children under 5 years			
			Increased viral load suppression rate			
			Increase Tuberculosis (TB) treatment success rate			
			Prioritize environmental health services that are aimed at reducing and possibly eliminating morbidity and mortality resulting from environmental conditioned and zoonotic diseases transferable to man as well as climate change.			
<b>National Water Policy</b>	2017		National Water Act (NWA) shall strive to achieve national food security through sustainable water utilization management for increased agriculture production	Yes		Yes, allocated under Rural Water Supply
			Water resources development for commercial irrigation shall uphold the core principles off integrated Water Resources Management and Development (IWRM) by continuously monitoring water availability and increased annual demand for water			
			Improved rainwater harvesting and tillage techniques shall be promoted and supported to enhance the productivity of rain-fed agriculture			

<b>Policy/Strategy</b>	<b>Dates</b>	<b>Nutrition Specific objectives</b>	<b>Nutrition Objectives</b>	<b>Sensitive</b>	<b>Nutrition Indicators</b>	<b>Budget for Nutrition</b>
<b>Eswatini National Sanitation &amp; Hygiene Policy</b>	2019		Promote hand-washing, personal hygiene and safe use of water at all levels	Yes		Yes, under Environmental Health Department in Ministry of Health
<b>National Education and Training Sector Policy</b>	2018	To provide a nutritional support to all public schools			Yes	Yes

**Source: Author**