CHAPTER 20

THE DEVELOPMENT OF GOVERNMENT POLICIES ON FOOD AND NUTRITION

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Outline

- Content and purpose of food and nutrition policy
- Factors that influence policy development
- Policy-making models
- Stages in policy development
- Characteristics of good policy
- Policy approval and implementation
- Proposed outline of national policies
- Comparison of old and new food policies

Objectives

At the completion of this chapter you should be able to:

- Understand the different definitions of policy
- Describe the content and purpose of policy
- Describe the characteristics of best policy
- Understand the hierarchy of policy development
- Describe the development and implementation of policies
- Describe the roles and responsibilities of different actors in policy development
- Apply different policy-making models to food and nutrition
- Describe the old and new paradigms of food and nutrition policy
1. NUTRITION POLICY: PURPOSE AND CONTENT

Nutrition and nutrition-related activities in a community must be supported by the community and also by the government through its representatives that work in the community. When a course of action has been decided on by the government and its agents to address a situation, then a policy is said to be in place. A food and nutrition policy is the application of public guidelines in the area of food and nutrition leading to a more concerted collaborative action.

Nutrition policy is paramount in implementing the right to food, which is a fundamental human right, as stressed in Chapter 1. Nutrition policy also has an indirect bearing on developmental issues (Moodley & Jacobs, 2000). Food and nutrition policies should be based on scientific evidence and used as measures to deliver improved nutrition and health. In addition, food and nutrition policy guarantees the safety of food for all by issuing and enforcing rules and regulations along the food path. In particular, nutrition policies can serve the following purposes:

- Setting nutrition norms and standards
- Setting indicators for monitoring the success of nutrition programmes
- Protecting health professionals and consumers
- Guiding resource allocation

The content of a food and nutrition policy depends on evidence, context, process, and impact. The evidence that guides the policy should be based on surveys that collect information on nutritional status, food availability, and health outcomes. Political will and action is crucial – especially in developing countries – for the process of policy formulation, legislation, and levels of enforcement. The intended impact of the policy – for example, on agriculture and the food industry, on diet and health outcomes, and on the nutritional status of the target groups – should be clearly outlined in the policy statement. Overall, the content should have well-defined goals, with benchmarks that can be quantitatively measured.

Policy is implemented in order to guide strategies aimed at the achievement of goals of nutrition activities in a community. Policies differ in the degree of urgency with which their goals must be achieved. Some may require immediate action, while others can be implemented over time. In addition, in some cases policies that are geared towards nutrition also have other positive consequences. For example, policies that guide the implementation of school feeding programmes are primarily an attempt to directly improve the diets of school-aged children. But such policies also lead to an increase in school enrolment – a consequence linked to the right to education, with the goal of breaking the poverty cycle.

At the national level, policies are designed to meet broad objectives that pertain to the country as a whole and are most commonly expressed in the form of laws or regulations. In addition, government agencies may issue guidelines, that is, recommendations concerning how best to approach a specific issue. Guidelines generally support the goals of national policy, but they have greater flexibility, in that they can be interpreted and adapted to suit specific circumstances. Unlike laws and regulations, guidelines are not legally enforceable: the decision to adhere to guidelines is a matter of choice. For example, many developing countries have laws or regulations that require information about the nutritional content of packaged foods to appear on the label, so that consumers can make informed choices, or that require salt intended for home consumption to be iodized, so as to reduce the prevalence of iodine deficiency disorders. But countries may also encourage healthy dietary habits by publishing food guides, which provide advice to people about what to eat. Similarly, a country might issue guidelines that recommend exclusive breast-feeding for children under the age of 6 months, but mothers are not legally obligated to abide by this recommendation.

Policies are often accompanied by procedures, that is, instructions that lay out the methods by which the goals of the policy will be pursued. Ideally, procedures should be set up so that anyone attempting to abide by the policy will be able to follow them. If procedures are overly restrictive or inflexible, the usefulness of the policy will be limited. Thus, provided this is feasible, procedures offer various options – different ways to reach the same goal.
2. FACTORS THAT INFLUENCE POLICY DEVELOPMENT

Several horizontal and vertical factors influence policy development. Some of these are shown in Figure 20.1.

Figure 20.1: Factors influencing policy development.
Source: Adapted from WHO, 2006; DOH, 2006.

Here is an example to illustrate the process of developing policies. The government of a country that acts as policy-holder may have entered into an agreement with an international organization, such as the World Health Organization (WHO), to improve malnutrition among children under the age of 5. During policy development, the representatives of the international organization ensure that the new policy does not contravene any other agreement between the two entities.

The key actors involved in the development of policy vary depending upon the type of policy. The primary group is the policy-holder. Policy-holders are usually in the government but could be at any level from the grass roots all the way up to the national level. They provide resources, and they develop and monitor policy. In democratic countries, national policies are typically influenced by the election campaign promises of the political parties that gain power.

In addition, lobby groups or pressure groups contribute to the development of policy. Their main intention is to ensure that the interests of the public are met. They also follow and monitor how government policies are implemented. The following are examples of some lobbying/pressure groups:

- Non-governmental organizations (NGOs): voluntary sector, support the government in the execution of some policies as well as monitor the implementation of policies
- Opposition political parties
- Consumer groups
- Media: educates the population on the policy as well as monitoring its implementation (or, at least, that is what they should be doing)
- Scientists and institutions of higher learning, such as universities
- International bodies, such as the WHO: influence policy development and monitor its implementation (Moeng et al., 2008)
- Commercial companies: less conspicuous; in Western countries often employing lobbyists to argue in their support; their goal typically is to advance the commercial interests of their employers

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In addition, social groups may ensure that a policy brings social benefits to improve the food security of vulnerable population groups, as well as access to recreational facilities in the community.

Where consumer groups are represented, they ensure that appropriate information regarding the policy is provided to consumers and that a suitable system is in place to guarantee the interest of consumers. For example, in the development of policy on food safety, a consumer group may function to ensure that the nutritional characteristics of the food are preserved and that contaminants are eliminated. Consumer groups can act as watchdogs in monitoring whether the public and private sectors live up to their commitments, for instance, by means of voluntary codes and award schemes. Consumer groups then give feedback to consumers. In addition, groups representing food producers, such as farmers and food manufacturers, play a role in ensuring that food safety issues and good manufacturing practices, such as hazard analysis and critical control point (HACCP) systems, are addressed by a policy on food.

Research scientists are another important group of people who attempt to influence policy development. In so doing, however, nutrition researchers can face a number of hurdles, including the following (see Moodley & Jacobs, 2000):

Time. There may be much delay between research, policy development, and implementation. In particular, administrative and bureaucratic processes are often cumbersome, which delays the commencement of research—which in turn delays the translation of research findings into policy.

Communication. Interaction between scientific researchers and policy-makers is often fraught with difficulties.

Tendering systems. Governments typically seek to cut costs. As a result, policy development and/or implementation may be contracted to a commercial organization.

3. POLICY-MAKING MODELS

Howlett and Ramesh (2009) described different models or approaches for policy making: the rationalist model, the stakeholder approach, the participatory model, and the market-oriented approach.

3.1 The Rationalist Model

Most policy-makers use the rationalist model. It has six basic steps in policy formulation (Moeng et al., 2008):

1. Identification of objectives – agenda setting
2. Gathering of evidence – formulation of options
3. Making crucial decisions based on options available
4. Implementation of policy
5. Evaluation of the policy
6. Termination of the policy

Although the above steps suggest that policy making is systematic, in practice the steps may not occur in a logical order. This may happen because consensus cannot be formed on the policy objectives or the formulation of the preferred policy. Other possible problems exist. For example, the evidence to support the policy may be inconclusive or ambiguous. Also, political considerations may strongly influence decisions arrived at during the policy-making stage.

3.2 The Stakeholder Approach

This method often favours the powerful and important stakeholders in the group and depends on how well a stakeholder can bargain. Stakeholders negotiate with others, such as government agencies, and form alliances in order to serve their own interests.

For example, in the formulation of health-sector policy for reducing under-5 mortality, stakeholders may include the following:
• Community-based organizations that are involved in child health
• Organizations involved in environmental cleanliness
• Non-governmental organizations with a focus on child health
• Ministries, departments, and agencies of the government
• Faith-based organizations in the community
• International organizations, such as UNICEF, whose activities are child-centred

3.3 The Participatory Model
This approach runs contrary to the stakeholder process in that it includes an active involvement of all stakeholders, which gives legitimacy to the policy-making process. By implication, therefore, the participatory process of policy formulation is interactive, drawn out, and open/transparent. In a participatory approach, multiple criteria are adopted to guide the policy being formulated. Criteria may include available expertise, use of evidence to support policy being formulated, sensitivity to community sentiments politically, and the role and power of various stakeholders involved in the process.

3.4. The Market-oriented Approach
In this model, which has become popular in the neoliberal era, decisions on policy are based on the needs of the clients. The client is therefore at the centre of policy development. A typical example is the development of policy by governments of developing countries to address inequalities in a wide range of issues such as unemployment, poverty, low standards of human and social development, the negative conditions affecting particular population sectors, and economic growth. The population of the country is at the heart of the policy development. The main expressions of this neoliberalism are the implementation of programmes for economic reform based on the liberalization of prices, deregulation of markets, elimination of subsidies and trade barriers, privatization of state operations, and opening up of competition at all levels (UNRISD, 1997).

To alleviate poverty, therefore, the policy may include measures to meet some or all of the following targets (Adelman, 1986):

• Increase in the quality of assets of the communities that are targeted
• Increase the volume of market sales through generation of a meaningful range of employment opportunities in all sectors (formal and informal)
• Increase productivity through upgrading the quality of labour and expanding the range of support services available to the community
• Introduce a productivity-enhancing technical enabling environment.

4. STAGES IN POLICY DEVELOPMENT
Figure 20.2 is a schematic representation of the process whereby government policy is formulated and implemented. Although the figure suggests that the stages in the process occur in a linear order, this is to some extent an oversimplification. In practice, some of the stages may overlap because the policy is fine-tuned.

The process of developing a policy begins with statements of intention on the part of political leaders. During this initial stage, the issue requiring policy intervention is identified, as are the basic goals of the proposed policy, and leaders make an effort to convince the majority of citizens that the issue is indeed a matter of public concern. The process may be triggered by a crisis, such as the H1N1 flu pandemic, that, among other things, produced policies requiring schools to provide facilities for hand washing. The process can also be prompted by political factors. For example, in the case of nutrition policy, leaders may be responding to pressure from international organizations, such as WHO, that seek to guarantee certain worldwide standards. Especially in the face of an upcoming election, political leaders may also be responding to internal pressures from groups of citizens, in a desire to accumulate political capital.

Once it is generally accepted that a problem exists, the problem is then put on the policy agenda. A number of factors play a role in the formulation and development of policy.
Advocacy. With regard to the role of advocacy, Gibney et al. (2004) stress that those responsible for developing policy must be careful to distinguish between facts – that is, hard evidence that supports the need for policy – and other, more subjective factors. Those who advocate the adoption of a particular policy are sometimes influenced by personal convictions or judgements grounded primarily in opinion and emotion. This leads to the common problem of badly formulated policies. For example, a situation in which an obvious problem exists may attract a considerable amount of advocacy, often quite vigorous and vocal. However, unless the evidence that bears on the situation is critically examined and analyzed, the resulting policy may not represent an effective or appropriate means to address the problem.

Evaluation of evidence. In an effort to make the process of policy formulation more objective, Margetts et al. (2001) propose a policy cycle that is driven by the evaluation of evidence (see Figure 20.3). The cycle starts with a review of the available literature. The review takes into consideration the overall design of specific studies, including sampling procedure and sample size, and the degree of consistency (and hence the reliability) of the findings. On the basis of this initial review, goals are set and objectives defined, and a programme of action is developed and implemented. The results are then evaluated, and this review of the evidence accumulated during the course of the programme feeds back into the policy cycle.
Figure 20.3: The policy cycle.

*Source: Margetts et al., 2001 (reproduced by permission).*

Here are a few examples of evidence-based approaches to nutrition policy development. These examples are drawn from South Africa and Ghana, but similar examples exist throughout the developing world.

- **Policy 1: Fortification of staple foods.** The National Food Consumption Survey (NFCS) was conducted in 1999 in South Africa among children aged 1 to 9 years. The findings revealed that most children appear to consume diets low in energy and poor in protein quality and micronutrient density. In addition, one out of two children had an intake of less than half the recommended level for vitamins A, C, and B₆, riboflavin, niacin, folate, calcium, iron, and zinc. The most affected children were from poor households in rural areas (Steyn & Labadarios, 2000). The study also identified the most widely consumed foods by income groups. More than 90% of households obtained maize meal, bread, sugar, milk, and margarine through purchasing, donations, or as part of their pay (Labadarios et al., 2000). Based on these findings, various recommendations were made for the fortification of some staple foods with minerals and vitamins (Steyn & Labadarios, 2000).

- **Policy 2: Micronutrient supplementation.** Research findings indicated that most school pupils in Ghana are deficient in vitamin A. These children were therefore given vitamin A supplements in accordance with the recommendations of a study carried out by the WHO/UNICEF/IVACG Task Force (1997). They were also given medications to control worm infestation in the gastro-intestinal tract.

- **Policy 3: Mandatory salt iodization.** As already mentioned, in many countries, salt intended for household consumption must be iodized. In Ghana, this policy evolved as a result of research that identified a high prevalence of iodine deficiency disorders in the country.

- **Policy 4: School feeding programme.** Surveys conducted nationwide in Ghana revealed that the nutritional status of children was not improving and that some children do not eat before going to school. As a result, the government decided to provide children with one hot meal per day at school. This programme is heavily supported by the Netherlands government.

Stakeholder involvement during the initial stages of policy development, the problem to be addressed and the desired outcome are identified. This stage does not necessarily involve all the stakeholders in the area of concern. Rather, a committee or working group may be appointed to draft the policy. Depending on their expertise, specific actors play different roles in this phase. For example, some of these players may...
be analysts, while others assume responsibility for actually drafting the policy. This is not to imply that the people whom the policy is intended to benefit play no role during the drafting stage; in fact, in some cases they contribute substantially to the initial analysis and formulation of the policy. In addition, as part of the cycle of policy development, a range of stakeholders are asked for their opinion of the draft of the policy before it is implemented. Their views are circulated for final comments before the document is submitted for approval.

5. CHARACTERISTICS OF GOOD POLICIES

It is the hope of all policy-makers that the policy they formulate will be highly successful. To help achieve this, the policy should meet the following criteria:

- **Technical appropriateness.** Rather than attempting to re-invent the wheel, a policy should be guided by robust research and be grounded in what is accepted internationally as good practice and that will work within the local context. Solutions proposed in the policy must have content that is feasible and evidence-based. Therefore, people with the appropriate know-how must be involved from the initial drafting stage.

- **Clarity of language.** A policy should be written in language that is easy to understand, without any ambiguity of purpose, so that it can be understood by those who are not experts in the field. Professional writers in the local language can be employed to write the document.

- **Legal soundness.** The content and purported actions of a government policy should be consistent with the national laws and the constitution. The processes for development of the policy should also conform to legal requirements. If the policy is legally sound in its structuring and developmental processes, it can then be enforced.

- **Financial viability.** The policy development process and its implementation may require much financial input. At the conception of a policy’s development, therefore, the amount of money that will be needed to generate and sustain the policy as well as the source of the necessary funds should be considered. Policy implementation is likely to stall when funds run out.

- **Acceptability to key stakeholders.** Key stakeholders should be part of the entire process. This generates commitment and transparency, thereby making the process acceptable to all parties. Stakeholder involvement gives the support needed during the implementation phase; in some countries it is a constitutional requirement.

6. POLICY APPROVAL AND IMPLEMENTATION

The specific approval process varies depending on the scope of the policy. For example, nutrition policies that will be implemented at a district level need the endorsement of the relevant senior personnel, such as the local director of food and nutrition. The policy may also need to be approved by the directors of specific government departments or agencies and/or by the senior management of non-governmental organizations that have a stake in the policy.

Because policy documents are usually legal documents, after the views of stakeholders and the beneficiaries have been incorporated, the document is subjected to legal scrutiny to ensure that it is consistent with the laws of the state. Table 20.1 shows the procedure followed by the Department of Health in South Africa (DOH) when giving legal backing to a policy document prior to its formal publication.

<table>
<thead>
<tr>
<th>Table 20.1: Procedure for legal review of proposed policies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stages</strong></td>
</tr>
<tr>
<td>Step 1</td>
</tr>
</tbody>
</table>
Policies then pass through several subsequent stages of implementation. Table 20.2 lists the key stages identified by the World Health Organization in the implementation of health-related policies.

### Table 20.2: Transforming nutrition policy into action

1. The policy, together with its associated programme of action, is formally adopted by the government.
2. An intersectoral coordinating committee is established. The committee
   • is embedded in the government structure,
   • is allocated an operating budget,
   • has members that are drawn from all concerned sectors and interests,
   • needs to make priorities, and
   • is subjected to periodic review.
3. Specific government bodies (such a ministry or department) are tasked with implementation of the policy.
4. Activities are ranked and prioritized.
5. These activities are monitored and evaluated.
6. Information about the country’s food, nutrition, and health situation is now available.

Source: **WHO, 2001.**

While the details of policy implementation vary from country to country, the overall framework is generally quite similar.

7. **COMPARISON OF THE PARADIGM OF OLD AND NEW FOOD POLICIES**

The issues that food and nutrition policies seek to address are not static: they shift over time. Thus, the policy focus of today differs from the focus of policies that guided nutrition a decade ago. As described in Chapter 4, most developing countries are now in the throes of a nutrition transition, brought about by increased urbanization and a shift in the direction of Western food habits and food supply chains. As a result, policies are no longer formulated solely to offset undernutrition, but also to address problems of overnutrition, including chronic diseases associated with obesity. Table 20.3 contrasts the features of old versus new food policies in a number of key areas.

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**Table 20.2:** Transforming nutrition policy into action

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 2</strong></td>
<td>Legal clarification and revision of document</td>
</tr>
<tr>
<td>A legal report on the draft policy is submitted. The report touches on any aspect of the report that needs clarification.</td>
<td></td>
</tr>
<tr>
<td><strong>Step 3</strong></td>
<td>Document returned for revision to those responsible for the initial draft</td>
</tr>
<tr>
<td>Suggested amendments are incorporated.</td>
<td></td>
</tr>
<tr>
<td><strong>Step 4</strong></td>
<td>Resubmission of document to legal department</td>
</tr>
<tr>
<td>Revised document is evaluated. If accepted, the document may be translated into local languages.</td>
<td></td>
</tr>
<tr>
<td><strong>Step 5</strong></td>
<td>Publication of document for public comment</td>
</tr>
<tr>
<td>Public comments are forwarded to the relevant unit for perusal. Document is submitted to the responsible minister, requesting approval of public comments. After this stage, the document is published.</td>
<td></td>
</tr>
<tr>
<td><strong>Step 6</strong></td>
<td>Finalization of policy document</td>
</tr>
<tr>
<td>Document is adopted and signed by minister when public comments do not change regulation significantly.</td>
<td></td>
</tr>
</tbody>
</table>

Source: **DOH, 2006.**
Table 20.3: Old and new food policies

<table>
<thead>
<tr>
<th>Feature or area of concern</th>
<th>Old food policy</th>
<th>New food policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>Mostly rural</td>
<td>Mostly urban</td>
</tr>
<tr>
<td>Rural jobs</td>
<td>Mostly agricultural</td>
<td>Mostly non-agricultural</td>
</tr>
<tr>
<td>Employment in the food sector</td>
<td>Mostly in food production and primary marketing</td>
<td>Mostly in food manufacturing and retail</td>
</tr>
<tr>
<td>Actors in food marketing</td>
<td>Grain traders</td>
<td>Food companies</td>
</tr>
<tr>
<td>Supply chains</td>
<td>Small number of food miles</td>
<td>Large number of food miles</td>
</tr>
<tr>
<td>Typical methods of food preparation</td>
<td>Mostly food cooked at home</td>
<td>High proportion of pre-prepared meals; food eaten out</td>
</tr>
<tr>
<td>Typical food</td>
<td>Basic staples; unbranded</td>
<td>Processed food; branded products</td>
</tr>
<tr>
<td>Packaging</td>
<td>Little</td>
<td>Much</td>
</tr>
<tr>
<td>Source of food purchased</td>
<td>Open markets, local stalls, or shops</td>
<td>Supermarkets</td>
</tr>
<tr>
<td>Food safety issues</td>
<td>Pesticide poisoning of field workers; toxins associated with poor storage</td>
<td>Pesticide residues in food; adulteration; biosafety issues in processed foods</td>
</tr>
<tr>
<td>Nutrition problems</td>
<td>Undernutrition</td>
<td>Chronic diet-related diseases</td>
</tr>
<tr>
<td>Nutrient issues</td>
<td>Micronutrients</td>
<td>Fat, sugar</td>
</tr>
<tr>
<td>People who are food insecure</td>
<td>Peasants</td>
<td>Urban and rural poor</td>
</tr>
<tr>
<td>Main sources of national food shocks</td>
<td>Poor rainfall and other production shocks</td>
<td>International prices and other trade problems</td>
</tr>
<tr>
<td>Main sources of household food shocks</td>
<td>Poor rainfall and other production shocks</td>
<td>Income shocks causing food poverty</td>
</tr>
<tr>
<td>Remedies for household food shortages</td>
<td>Safety nets; food-based relief</td>
<td>Social protection; income transfers</td>
</tr>
<tr>
<td>Forums for the development of food policy</td>
<td>Ministries of agriculture and health</td>
<td>Ministries of trade and industry; food activist groups and NGOs</td>
</tr>
<tr>
<td>Focus of food policy</td>
<td>Agricultural technology; local reform</td>
<td>Competition in the value chain; industrial structure in the retail sector; waste management; health education</td>
</tr>
<tr>
<td>Key international institutions</td>
<td>FAO, WFP, UNICEF, CGIAR, WHO</td>
<td>FAO, ILO, WHO, WTO, UNIDO</td>
</tr>
</tbody>
</table>


Previously, food policies in developing countries were primarily concerned with improving food security and reducing poverty, especially in rural areas. At the national level, policies were aimed at ensuring that market prices of foods were low and stable. Governments also focused on improving the economy and increasing wages, in an effort to break the cycle of poverty. With regard to households, the older policies were geared towards improving access to foods, especially foods that would help to reduce micronutrient deficiencies. The new food policy focuses on the “double burden” of hunger and obesity. Policies are therefore designed to reduce the incidence of chronic diseases of lifestyle by, amongst other things, encouraging healthy food habits.
In the past, many countries were excluded from global decision-making activities. New food policies seek to rectify this situation, on the principle that all countries should participate in global decision-making processes, especially the country or countries directly affected by such decisions. As part of this goal, new food policies are aimed at encouraging democratic modes of governance and prudent management of a country’s economy. By this means, a country gains the confidence of the international community, which may in turn lead to inflow of foreign investment. Meanwhile, at the household level, policies are implemented that enable poor people to acquire formal education at little or no cost. Similarly, poor farmers are provided with skills training, with the goal of improving agricultural productivity and allowing the farmers to compete in the global market (Timmer, 2008). As these countries continue on their present trajectory of development, food policy will need to be responsive to changing needs.

DISCUSSION QUESTIONS AND EXERCISES
1. Define the following:
   • a policy statement
   • a legislated policy
   • a regulation
   • a guideline
   • a procedure
2. Describe the processes in your country that concern policy development and implementation on either (a) exclusive breast-feeding, or (b) some other aspect of child growth and development.
3. “Eradicate extreme poverty and hunger”: this is Millennium Development Goal 1 of the United Nations. Identify a policy gap in your country with regard to this goal and formulate a policy on it for presentation.
4. Identify any nutritional problem regarding children under age 5 in your community. Draft a letter to the sector minister clearly stating the evidence supporting your position and why it is important to have a policy direction.

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ADDITIONAL RESOURCES

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IFPRI (International Food Policy Research Institute). Datasets, various years. Available at: http://www.ifpri.org


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