

EVALUATING THE IMPLEMENTATION OF THE
RESOLUTION ON THE NATIONAL PROGRAMME OF
FOOD AND NUTRITION POLICY 2005-2010
(ReNPPP 2005-10)

Report for the Ministry of Health
English short version of the Research report

Editor
Mojca Gabrijelčič Blenkuš

English short version prepared by
Mojca Gabrijelčič Blenkuš, Matej Gregorič, IVZ RS
Marijan Ivanusa, WHO Country Office in Slovenia

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Authors of the English short version report: Mojca Gabrijelčič Blenkuš, Matej Gregorič, Marijan Ivanuša

Editor: Mojca Gabrijelčič Blenkuš

Full Research report was prepared by National Institute of Public Health of the Republic of Slovenia expert group:

Mojca Gabrijelčič Blenkuš - coordinator, Matej Gregorič, Urška Blaznik, Pavel Pollak, Vida Fajdiga Turk, Sonja Paulin, Eva Grilc, Lidija Vertnik, Cirila Hlastan Ribič and Tina Lesnik.

Technical assistance: Irena Dobrila, Damjana Amon, Mateja Turk.

The authors of this publication are responsible for the content of this publication.

Collaborated in accomplishing this task:

Bojan Radej, Slovenian Evaluation Society, who acted as consultant

Rok Poličnik, Katja Povhe Jemec, Ministry of Health of the R of Slovenia

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Translated by: Vera Andjelković

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Executive summary

In 2010, the National Institute of Public Health (NIPH) undertook the task of internal ex-post evaluation of the Resolution on the National Programme of Food and Nutrition Policy 2005-2010 that had three key pillars: food safety, balanced and protective nutrition and sustainable food supply. The evaluation was conducted as an internal ex-post evaluation aimed at reviewing the work (process), products, and to a limited extent, the broader impacts - in relation to strategic objectives, specific operational objectives, and tasks of the individual fields of the food and nutrition policy.

Key findings:

1. The objectives and respective measures in all fields have been fairly well defined. Measures adopted at the government level enhanced coordinated inter-sectoral work.
2. Objectives in the field of food safety were the most successfully achieved, followed by objectives in the field of local sustainable food supply. The food and nutrition policy has achieved relatively little progress in the change of the nutrition habits, as five-year period is too short for major changes in the dietary behaviour of the population.
3. Lack of data was an important obstacle for evaluation at the impacts level which was thus done only on a relatively limited scale.

Introduction

In 2010, the National Institute of Public Health (NIPH) undertook the task of internal ex-post evaluation of the Resolution on the National Programme of Food and Nutrition Policy for the period 2005-2010 (ReNPPP 2005-10). The primary purpose of the evaluation was to examine and determine what and how much progress was actuated by the adoption of the ReNPPP 2005-2010 and how its usefulness proved in everyday life. An additional purpose of the evaluation was the preparation of recommendations and backgrounds for creating a new national programme of food and nutrition policy for the following ten years.

The origins of the food and nutrition policy

Preparations for the national food and nutrition policy in Slovenia began in the nineties of the previous century when the World Health Organization (WHO) adopted the World Declaration on Nutrition (1992) in Rome. By signing, member states pledged to adopt strategies aimed at establishing healthy eating habits, and possibilities for healthy and safe food choices. The core activities in the field of food safety, providing food sourcing, and healthy nutrition have been identified as an integral part of the National Health Plan of the Republic of Slovenia 2000 – 2004.

The first step towards establishing an independent national food and nutrition policy is the Act Regulating the Sanitary Suitability of Foodstuffs, Products and Materials Coming into Contact with Foodstuffs (2000), which defined the establishment of the Food and Nutrition council as an expert and consultative body to the Minister for Health and provided for the preparation of a national food and nutrition policy. Based on the recommendations and conclusions of working groups at the Food and Nutrition council, the Ministry of Health formed ReNPPP 2005-10, in which objectives were defined by issue or content areas, or by the population age groups of our country. The inter-ministerial coordinated ReNPPP 2005-10 was adopted by an overwhelming majority in the National Assembly in March 2005, which confirmed strong commitment to improving health and reducing risks of infectious diseases and chronic non-communicable diseases related to nutrition and diet, and thus indirectly address also increasing prevalence of overweight and obesity in the population.

Structure of the food and nutrition policy – ReNPPP2005-10

In the documentation defining the food and nutrition policy (First Food and Nutrition Action Plan 2000-2005), the WHO identified three fundamental pillars important for ensuring safe and healthy nutrition. Similarly to the first WHO food and nutrition action plan, the ReNPPP 2005-10 was designed comprehensively and included three key pillars:

1. The pillar of food safety includes the prevention of biological, chemical, and physical pollution of food in all stages of the food chain: food production, processing, and food stores, including the preparation and offer of food.
2. The pillar of balanced and protective nutrition aims to provide optimal health with the help of healthy eating habits, and to establish the possibility of healthy nutrition especially for health and socioeconomically disadvantaged population groups and groups with special nutritional needs.
3. The pillar of providing sustainable local food supply includes ensuring access to good quality and health beneficial food that takes into account the culture specific eating habits of the population and realizes the development of sustainable agricultural and environmental policies.

Purpose and objectives of implementing the ReNPPP2005-10

The strategic purposes of the ReNPPP 2005-10 were:

- ensuring safe food along the entire food chain;
- establishing, maintaining, and strengthening healthy eating habits of the Slovenian population and creating an environment enabling such eating habits;
- ensuring the population is supplied adequately with good quality and health beneficial food produced in a sustainable manner.

Long-term objectives of the ReNPPP 2005-10

The ReNPPP 2005-10 has defined a long-term objective in the field of eating habits as achieving the recommendations for nutritional intake in all age groups, as well as all social and other population groups in the Republic of Slovenia in order to achieve the optimal effects healthy nutrition has on health.

Medium-term objectives of the ReNPPP 2005-10

The medium-term ReNPPP 2005-10 objectives were set very ambitiously and thus achievable where/when optimal conditions (organizational, financial, and staff) for realizing the planned objectives and activities were ensured.

Implementing the ReNPPP 2005-10

Realizing the ReNPPP 2005-10¹ demanded the coordinated efforts of different line ministries: Ministry of Health (coordination for implementing policies), Ministry of Agriculture, Forestry and Food, Ministry of Education and Sport, Ministry of Higher Education, Science and Technology, Ministry of Labour, Family and Social Affairs, Ministry of the Environment and Spatial Planning, and others, such as the Ministry of Finance. The ReNPPP 2005-10 determined that the specific activities of the participating ministries were defined in annual or biennial action plans approved by the government of the Republic of Slovenia. The action plans determined specific objectives, activities, implementers, the level of funds required, and the execution deadlines.

Governmental and non-governmental organizations, national, regional and local institutions, including foreign experts and private sector associations in the field of food and nutrition, have all cooperated in planning and implementing measures and activities of the ReNPPP 2005-10. The NIPH and regional institutions of public health had an important role in implementing individual strategies of the ReNPPP 2005-10, and frequently adopted 'soft' coordination among individual sectors and institutions at the national and regional levels.

¹ During the course of the ReNPPP 2005-10, the government of the Republic of Slovenia adopted three action plans: for the financial years 2006, 2007 and 2010. In 2008, the Ministry of Health did not prepare the regular action plan, but carried out activities related to the Slovenian Presidency of the Council of the EU, under which the food and nutrition policy was one of the key topics in the field of health. The government of the RS also did not adopt an action plan for 2009, although in this period the Ministry of Health and other line ministries intensively carried out activities in the field of the food and nutrition policy (e.g. measures to promote the consumption of fruits and vegetables by children and adolescents, preparation of the legislation background concerning school meals, etc).

Status and key issues in the field of food safety, nutrition and food supply in Slovenia – evaluation starting points

1. Food safety

In the republic of Slovenia, food safety is overseen by regulations. During the EU pre-accession period, Slovenia had to adopt the complete EU *acquis communautaire* in the field of food safety. Ensuring food safety requires an integrated approach throughout the food chain, which means that every food business operator in any part of the chain has to ensure that food safety is not compromised. The ReNPPP 2005-10 chapters concerning food security, with related objectives, largely coincide with the requirements of the food law.

Key issues in ensuring food safety upon implementation of the ReNPPP 2005-10:

- Slovenia does not have a uniform data collection system in the field of food safety; monitoring for identified risk factors is poorly coordinated.
- Among the infectious agents identified, rotavirus and *Campylobacter* bacteria are in first place, while salmonella and most other bacterial intestinal infections were in decline.
- The epidemiological situation assessed in terms of reports is relatively favourable. Less favourable is the information that the reports of bacterial intestinal infections of unknown origin are increasing.

2. Nutrition

A balanced diet is based on the adequate energy and nutritional value of a square meal, its diverse composition, appropriate way of preparing, recommended eating regimen, and is important for all age groups. While growing up, a balanced diet ensures optimal growth and development, it improves overall well-being and productivity, while in the long-term it mainly promotes good health and contributes to healthy ageing. According to the WHO, as much as 41% of chronic diseases such as cardiovascular diseases, diabetes, certain cancers, obesity, osteoporosis and others are significantly associated with nutritional risk factors, while in 38%, nutritional risk factors play a key role in the development of these diseases.

Key issues in infant nutrition upon implementation of the ReNPPP 2005-10:

- We do not have a comprehensive sweep of data on the frequency of breastfeeding (at least in the 6th month of age) at the national level.
- Breast feeding in Slovenia is not in accordance with the recommendations and significantly decreases soon after discharge from the maternity hospital. Nearly a third of all infants feed exclusively on milk substitutes in their first three months.
- Health education programmes for pregnant women, postpartum women and fathers with special emphasis on accessibility for socially disadvantaged groups, are variously accessible by region.

- There is insufficient consistency in implementing the legislation and policy documents supporting breastfeeding.

Key issues in the nutrition of children and adolescents upon implementation of the ReNPPP 2005-10:

Generally, children and adolescents have unhealthy diets; they consume fewer than the recommended daily meals, skip breakfast, do not enjoy enough vegetables, enjoy too many energy-rich meals, snacks and sweetened drinks. Children from families with lower socioeconomic status eat the least healthy.

- Children and adolescents have too few practical skills and knowledge on nutrition.
- Uniform contents of health nutrition as part of the integrated content of health promotion are still not implemented everywhere in the curriculum of primary and secondary schools. There is suboptimal provision of meals in secondary schools.

Key issues in the nutrition of adults and the elderly upon implementation of the ReNPPP 2005-10:

- It is estimated that half the adult population is eating unhealthily, while according to clinical estimates, more than half the adult population already has risk factors present for diseases related to unhealthy eating.
- The energy value of an average meal is too high; on average inhabitants consume too much salt and fats, especially saturated fats, and too few vegetables.
- Almost half the adults eat light meals or lunches out of home during weekdays, and only three quarters of the adult population still cook lunch every day during the week.
- Men, people with poor material status, lower education, and residents in a village environment and the eastern part of Slovenia have especially unhealthy eating habits, while relatively poor eating habits are also present among the employed.
- Those with the lowest income have the greatest burden in total expenditures for food. They frequently choose foods with health adverse composition.
- There are too few system introduced measures for improving the nutrition status of the elderly, and too few activities adapted to the various local environment and challenges, especially given the poorer socioeconomic position of the elderly. The problems of malnutrition and the operation specifics of an elderly organism are overlooked.

3. Local sustainable food supply

Local production and processing of foods is important as it lowers dependence to the unstable conditions on the global food market; it eases supply to the market without long transports that burden the environment and deteriorate food quality; it promotes neatness and cultivation of the countryside, and ensures work for local farmers. With the increased availability of locally grown foods, we can tackle poverty and social inequality. Locally grown fruits and vegetables that are fresh and of good quality can have better effects on health in humans. If we increase the portion of locally grown foods in our diet, especially fruits and vegetables, we may favourably

influence the sustainable supply of food sources and minimize the possibility of deficiency of some nutrients in our diet.

Key issues in the local supply of food upon implementation of the ReNPPP 2005-10:

- In Slovenia, self-sufficiency with basic agricultural products is low and unbalanced: low in crop yields, but much higher in livestock products.
- Most of the time, the existing offer of locally produced food does not meet the requirements of public institutions due to fluctuations in quality, inconsistent supply, and overly dispersed providers.
- The offer of locally grown food is increasing, including organic food, yet we are lacking comprehensive national programmes that would link producers and establish a stable market.

The evaluation procedure

The evaluation of the ReNPPP 2005-10 was conducted as an internal ex-post evaluation aimed at reviewing the work (process), products, and to a limited extent, the broader impacts - in relation to strategic objectives, specific operational objectives, and tasks of the individual fields of the food and nutrition policy.

The evaluation was inspired by the preceding examination of best practices in policy evaluation and projects:

- Review of the Scottish Diet Action Plan. Progress and Impacts 1996 – 2005: *participatory involvement of stakeholders*;
- Comparison of nutrition policy implementation in Scotland with twelve countries: *cross-cutting experiences in different countries*;
- Joint WHO /DG SANCO project: Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union: *building the output database*;
- Evaluation of the EU Platform for Action on Diet, Physical Activity and Health: *terms of reference*; and
- examples of research of public policies (Determine project, PolMark project and Crossing Bridges project): *approaches and questionnaires*.

The evaluation was conducted by the expert group, established at the NIPH by appointment by the Ministry of Health. A representative of the contracting authority (Ministry of Health) and a representative of the Slovenian Evaluation Society assisted with the evaluation. Aims, objectives and evaluation questions were established.

The objectives of the ReNPPP 2005-10 evaluation were as follows:

- assess the food and nutrition policy objectives achievement level (through process assessment);
- assess the food and nutrition policy objectives realization success through products;
- assess the food and nutrition policy effectiveness in individual fields and objectives, within a limited extent in relation to time and data limitations;
- assess the applicability of the food and nutrition policy as a model for implementing action plans and individual tasks;
- based on the final conclusions of the evaluation, draft starting points for preparing a new national programme of food and nutrition policy for the next period.

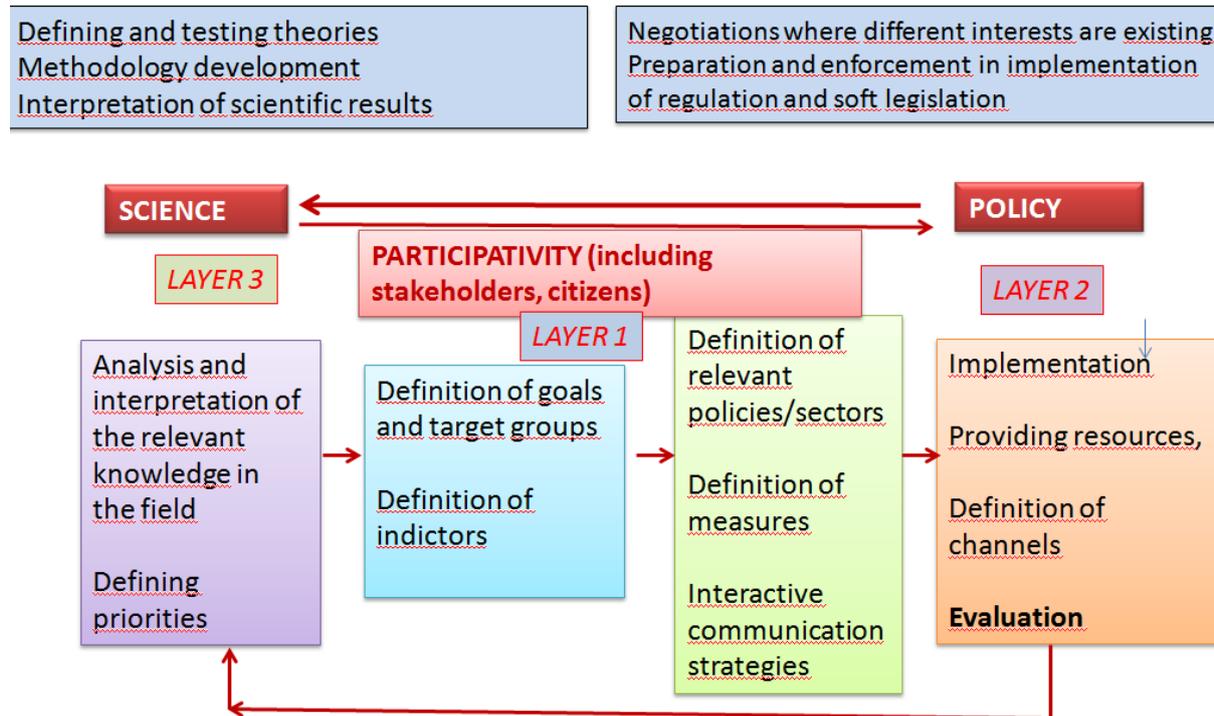
The evaluation used a combination of two methods of work:

1. evaluation with targeted questionnaires with key informants (mixed quantitative and qualitative method interviews with identified groups of co-evaluating stakeholders), and
2. evaluation of the food and nutrition policy objectives, with Logic evaluation matrix (LEM) questions, adapted from the model of the Slovenian Evaluation Society (Radej, 2010, available at <http://www.dlib.si/details/URN:NBN:SI:DOC-LNEAPNUQ>).

A synthesis of the obtained results was performed to establish the final conclusions.

Approach was developed by the expert group of the National Institute of Public Health of the R of Slovenia and was implemented as the innovative practice in evaluating national nutrition policy.

Evaluation of the ReNPPP 2005-10 was a highly participatory process, involving broad scope of stakeholders from different areas and levels, linking expert and policy cycles in the health in all policies approach.



Source: Gabrijelčič Blenkuš et al. 2012. Vsevladni pristop za zdravje in blaginjo prebivalcev in zmanjševanje neenakosti v zdravju / Whole of government approach in health in all policies and health equity. Ljubljana, NIPH - in print.

1. Questionnaire with key informants

In-depth interviews with **stakeholders in evaluation** (key informants) were conducted in spring 2010.

Questionnaire for key informants is constituted from two parts, general and specific one (Annex). **General part** has introductory (warming up) questions, followed by the questions on adequacy of FNAP2005-10; implementation of FNAP2005-10; successfulness of communication; attention to inequalities in health in process of implementation; recommendations for the future. **Specific part** was directed to the key informants of the specific area (food safety, healthy nutrition of local sustainable food supply), according to the FNAP2005-10, asking for the perception of the successfulness in implementation of individual goals and recommendations for the future policy.

Questionnaire is composed from the opened and closed questions - 36 closed Qs with open space to express opinions (Annex).

Stakeholders in evaluation were defined as typical and reputable representative of the specific group of stakeholders. List of key informants was composed, for all three areas of ReNPPP2005-10. Finally, 75 stakeholders in evaluation were selected. In depth interviews were performed with 72 informants (20 male, 52 female), only three of them were not able to participate.

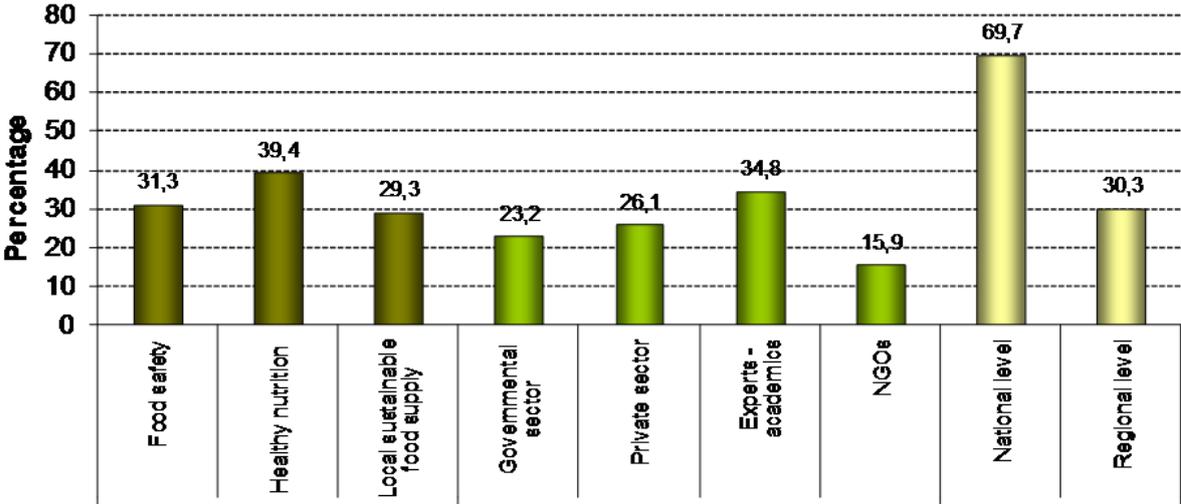


Figure 1. Percentage of key informants, by pillar, category and level

To provide insights not only at the national but also at the regional level, 17 informants were identified at the regional level, too.

Maximal anonymity was assured to the participants.

2.Logical evaluation matrix (LEM)

For the evaluation of the goals in matrix a four steps process was employed. Firstly, the ReNPPP2005-10 goals were reshaped where needed, not changing the content of the individual goal, because some goals in FNAP were not clearly defined and measurable. Reasonable and measurable goals were formulated in such cases. Potential impact on the deviation of the assessment was considered in such cases and high level of transparency was provided.

As the second step, assessment documentation and materials were provided: (1) overview of the action plans, to document if goals were included in the annual action plans; (2) overview of the outputs (products); (3) overview of the databases and available research data and, if necessary, data were additionally analysed, (4) key informants views and opinions were documented, too.

Assessment of the ReNPPP2005-10 goals with the employment of the Logic evaluation matrix (LEM - see below) was the third step. Nine questions with assessment criteria were formulated and assessment marks were defined: (+), (0), (-); (+/0 in 0/-)

Finally, validation of the results was provided by organizing the discussions on the results at the two workshops, (1) the »content” validation workshop, organized on 15th October 2010 (World Food Day), where broad range of stakeholders were invited, and (2) “methodology” validation workshop, organized on 19th November 2010, together with the members of the Slovene Evaluation Society.

Criteria questions for the Logic evaluation matrix (Radej, 2010, available at <http://www.dlib.si/details/URN:NBN:SI:DOC-LNEAPNUQ>) were developed by the expert group and consultant from Slovene Evaluation Society, as following:

Q1: Has been enough evidence produced to set priorities for the individual goal?
(+) action area is well defined and researched, data are available, problems and challenges are well known, priorities are set
(0) action area is partially defined and researched, data are partially available, problems and challenges are partly understood
(-) action area is insufficiently defined and researched, data are scarce, problems and challenges are not recognized
Q2: Were appropriate measures proposed for the individual goal?
(+) measures proposal is prepared, it is concrete, implementable and it has clearly defined tasks
(0) measures proposal is in a draft phase, it is not concrete, it has not clearly defined tasks
(-) measures proposal is not existing
Q3: Were proposed measures adopted?
(+) proposed measures were adopted and were implemented
(0) proposed measures were adopted only partialy, not fully implemented
(-) measures were proposed but were not adopted
Q4: Were the adopted measures implemented?
(+) adopted measures are implemented and are executed by legislative solutions (laws or “soft” legislation)
(0) adopted measures are partly implemented, with not enough human or financial resources,with less intensive monitoring and control
(-) adopted measures are not implemented
Q5: Were the social inequalities tackled by the proposed measures?
(+) measures are targeting socially disadvantaged groups, too, and they are reaching them well
(0) measures are targeting socially disadvantaged groups, too, but they are reaching them only partially
(-) measures are not targeting socially disadvantaged groups
Q6: Was at least 50% of the target population reached by the measure?
(+) measures reached more then 2/3 of the target population
(0) measures reached approximately 1/2 of the target population
(-) measures reached less then 1/3 of the target population
Q7: Were sufficient financial resources provided for the implementation?
(+) financial resources were sufficient for the implementation, more then 2/3 of the resources needed were available
(0) financial resources were partly sufficient, they were available in approximately 50 % of the amount needed for the measure implementation
(-) financial resources were partly sufficient, they were available in approximately 1/3 of the

amount needed for the measure implementation
Q8: Were strategic aims of FNAP2005-10 in line with the implementation goals?
(+) strategic aim is fully in line with the implementation goal
(0) strategic aim is partly in line with the implementation goal
(-) strategic aim is not in line with the implementation goal
Q9: Were implementation activities in line with the individual goal?
(+) more then 2/3 of the activities are in line with the individual goals
(0) approximately half of the activities are in line with the individual goals
(-) less the 1/3 of the activities are in line with the individual goals

Criteria for the evaluation, for the estimation of the achievements of the individual goals in the ReNPPP2005-10, were established, by defining the scores and score descriptions:

Considerable success (+)	(4,8 - 5)
Considerable/moderate success	(4,3 - 4,7)
Moderate success (+/0)	(3,8 - 4,2)
Moderate/little success	(3,3 - 3,7)
Little success (0)	(2,8 - 3,2)
Little/minimal success	(2,3 - 2,7)
Minimal success (0/-)	(1,8 - 2,2)
Minimal/no success	(1,3 - 1,7)
No success (-)	(1,2 and less)

All of the areas were assessed by the LEM questions and scored. Results are presented below.

3.Capacity building and validation workshops

As part of the evaluation process two capacity building and two validation workshops were organized:

- 2nd June 2010 workshop – methodological evaluation capacity building workshop, led by dr. Bojan Radej, Slovene Evaluation society;
- 14th and 15th June 2010 workshop – best practice sharing workshop, presentation of the evaluation of the Scottish FNAP, led by Prof. Dr. Elisabeth Dowler, University of Warwick, and Dr.Martin Caraher, City University London;
- 13th October 2010 workshop – evaluation results validation workshop, with the participatory involvement of a broad range of the stakeholders; Caroline Bollars, WHO Regional Office for Europe, participated as the external observer;
- 19th November 2010 workshop – methodological validation of the evaluation approach, with the participation of the Slovene Evaluation Society members.

The overall evaluation findings

The ReNPPP 2005-10 document is an **appropriate and effective tool** for realizing the set objectives and tasks of the food and nutrition policy. In principal, the activities planned in action plans on annual levels, followed the set strategic objectives of the document.

The **implementation** objectives in all fields have been fairly well defined based on research data; suitable proposals for measures have been made for most objectives. Those measures that were adopted at the government level contributed the most to the coordinated functioning of the numerous sectors. Implementation of the ReNPPP resulted in **preparation of the national supporting implementation documents, guidelines and developed tools, which is a real breakthrough.**

1. Interviews with key informants results

The ReNPPP 2005-10 was **supportive for the process of integrating different stakeholders**, and thus establishing conditions for recognizing the importance of activities in the field of food and nutrition as well as for their implementation.

Appropriate representatives were chosen to perform the food and nutrition policy tasks, but they operated at different levels of intensity.

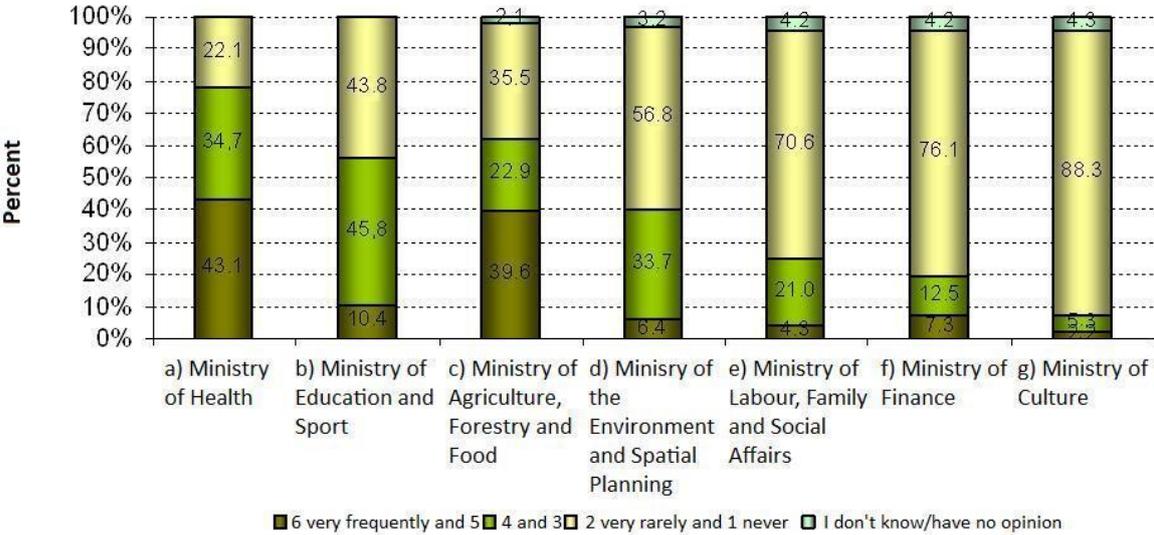


Figure 1. Frequency of cooperation with other sectors as part of the ReNPPP 2005-10 implementation; key informants' estimate (N = 72)

The food and nutrition policy created the greatest progress in establishing **better communication and cooperation**, which are often a prerequisite for successful work in achieving objectives. Results of the evaluation show very high visibility of the document among various stakeholders and in different sectors. The greatest progress in cooperation and communication has been made in the agricultural and education sectors (Figure 1). According to the content area, communication was the most successful in the field of healthy nutrition, less in

ensuring local sustainable supply, and relatively low in the field of food safety, most likely due to the specificity of the regulatory approach.

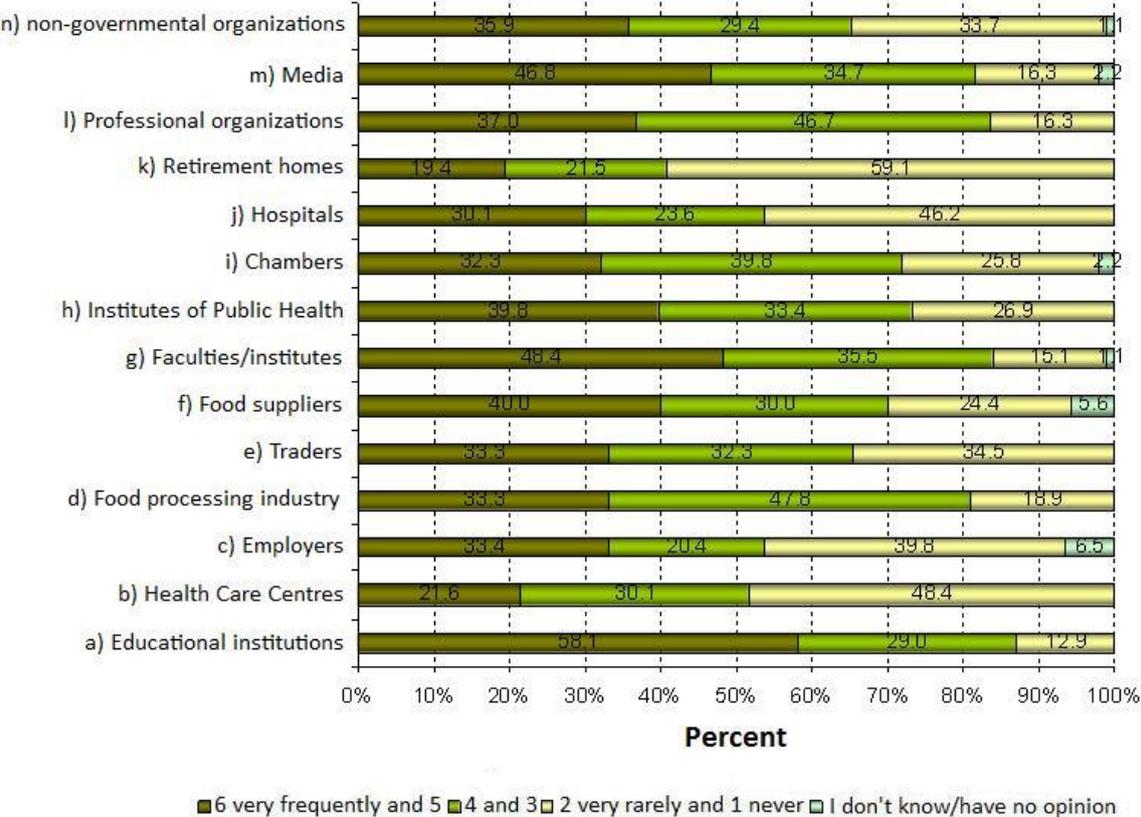


Figure 2. Frequency of cooperation with other stakeholders as part of the ReNPPP 2005-10 implementation; key informants' estimate (N = 72)

Cooperation among different types of stakeholders was established most successful for educational institutions, faculties and institutes, institutions of public health and NGOs, food suppliers, professional organizations and also media which is encouraging (Figure 2). Cooperation should be encouraged more mainly among retirement homes and health care centres in the future.

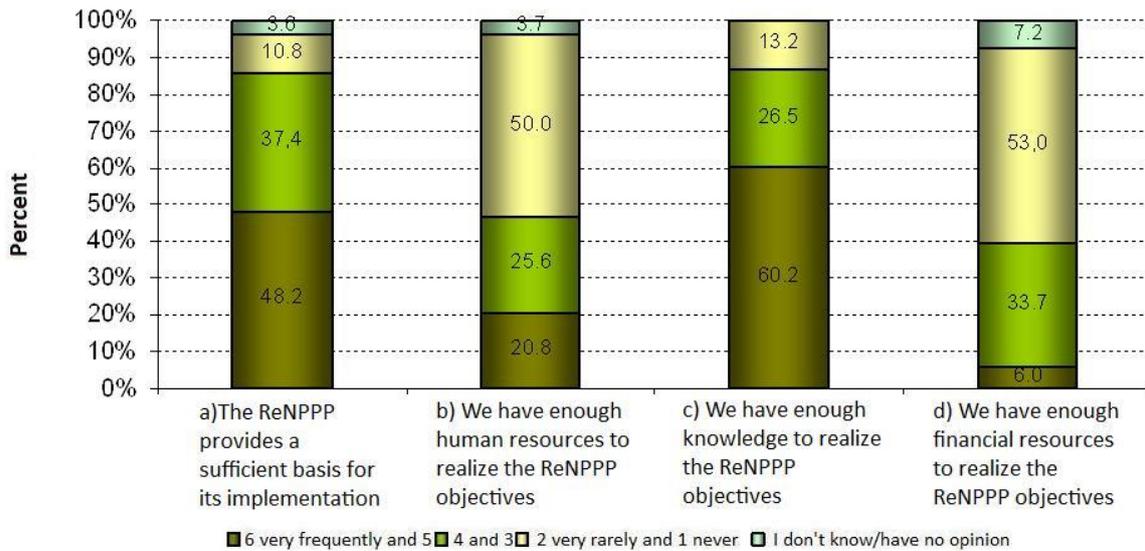


Figure 3. Estimate of claims regarding the potential for work in achieving the objectives/tasks of the ReNPPP 2005 – 10; key informants' answers (N=72)

Interviews with key informants are showing that there were in general sufficient knowledge capacities to implement activities (Figure 3). The opinion was shared that The ReNPPP2005-10 itself provided sufficient basis for the implementation of different actions. In certain action areas (such as education), at the implementation level, achievements were less than expected due to limited opportunities (organizational, financial and human) for realizing the planned strategies and activities. In general, lack of resources was one of the main obstacles to the successful implementation of the ReNPPP 2005-10 (Figure 3).

Interviews with key informants are valuable tool for getting insights into the processes of implementation, for providing participativity and enables better validity of the results and for offering space for sharing oppinions. Results could be used for evaluation of the present policy and defining priorities for the future policy.

2. Logical evaluation matrix results

Logical evaluation matrix results help us understanding the implementation level of actions in different areas and enable the comparison among areas of ReNPPP2005-10. It is clear that situation analyses for different action areas were available and priorities were mainly set. Measures were also defined, at a slightly lower extent. Adoption of measures was more problematic in some areas (Table 1) and the successful implementation of adopted measures seems to be the main challenge, especially in the area of pregnant and lactating women and infants and in the area of nutrition education. Measures reaching more than 50 % of the population (which means they were institutionalized) were recognized only in the areas of food safety and health nutrition for children and adolescents (mainly because of the very well organized kindergartens and school nutrition). On the other hand, “soft legislative approaches” in the area of healthy nutrition provide the lowest coverage of the target populations (Table 1).

Insufficient funding was the main implementation barrier in the areas of healthy nutrition and to some extent in local sustainable food supply.

Table 1. Achieving the food and nutrition policy objectives in relation to the nine Logic evaluation matrix criteria questions (answers to the questions for individual groups of objectives have been rated on a scale of 1 - the lowest value, to 5 - the highest value) with the objective achievement estimates (from the lowest minimal to the highest considerable, small and moderate are interim values).

Areas of food and nutrition Action plan	Situation analysis, priorities set	Measures were defined	Measures were adopted	Measures were implemented	Health inequalities considered	Measure reached >50% target population	Adequate funding available	Goal in line with strategic aims	Implemented activities in line with goals	Level of Success in implementation
LE matrix questions	Question 1	Question 2	Question 3	Question 4	Question 5	Question 6	Question 7	Question 8	Question 9	
Food safety	4,3	4,5	4,3	3,5	NA	4,5	4,0	5,0	5,0	Substantial /moderate
Healthy nutrition	4,1	4,1	3,1	2,8	3,2	2,4	2,4	4,6	3,7	Moderate /little
Pregnant & lactating women, infants	3,8	3,8	2,6	2,2	3,0	3,8	2,2	5,0	4,2	Moderate /little
Children & adolescents	4,4	4,5	4,0	3,3	4,5	3,4	2,8	5,0	3,5	Moderate
Active population	4,1	4,3	2,9	2,6	3,3	1,9	2,9	4,1	3,7	Moderate /little
Healthy food offer	4,0	3,0	3,0	3,0	1,0	1,0	1,0	3,0	3,0	Little /minimal
Nutrition education	3,3	3,7	3,0	2,0	1,7	2,3	2,3	4,0	3,0	Little
Local sustainable food supply	4,3	3,7	3,5	3,2	2,8	3,3	2,3	4,7	4,2	Moderate

In the food and nutrition policy implementation process, the **social determinants of safe and healthy nutrition** were in particularly considered for the pillar of healthy nutrition, mainly for children and adolescent, and to some extent in providing sustainable local food, which is favourable. They should be considered more in healthy food offer and in nutrition education in the future. Social determinants were not recognized as a factor in the field of food safety and were practically neglected in this area (Table 1). Consideration of the social gradient and targeted approaches to reducing inequalities in all activities and measures has strengthened in the years of implementing the food and nutrition policy, and was most pronounced at the end of its implementation, in accordance with the growing awareness of the significance of the social component at the European Union level.

It turned out that regulation-based and **institutionalized system measures** gave much better results in implementing objectives (Table 1 and Table 2), as regulations proved to be an effective tool for achieving objectives. Namely, 50 % of all of the goals in the area of food safety were

achieved with “considerable success” and the lowest score in this area was “little success” (Table 2). On the other hand, majority of goals were achieved with “little success” or “little to moderate success” in the areas of healthy nutrition and local sustainable food supply (Table 2). In the area of healthy nutrition some goals got the lowest scores (mainly nutrition education and healthy food offer). The somewhat lower success in achieving objectives in the field of nutrition in comparison with the field of food safety can be attributed to the facts that operation in the field of nutrition is not supported by legislative solutions.

Table 2. Qualitative scores in achieving the ReNPPP2005-10 goals, per areas, in percentages

Areas of ReNPPP 2005-10	No. of goals per area	Average goals score per area	No success (% of goals)	No/minimal (% of goals)	Minimal success (% of goals)	Minimal/little (% of goals)	Little success (% of goals)	Little/Moderate (% of goals)	Moderate success (% of goals)	Moderate/considerable (% of goals)	Considerable success (% of goals)
Food Safety	8	Considerable/moderate	0	0	0	0	12,5	0	25	12,5	50
Healthy Nutrition	29	Moderate/little	0	0	6,9	13,8	20,7	27,5	13,8	17,2	0
Food Supply	6	Moderate	0	0	0	0	50	17	17	0	17

Concurrently the most objectives, as much as 29 (Table 2), were defined in the field of nutrition. An excessive number and dispersion of targets in a given field proved to be a hindrance to their implementation. Namely, such a large number of objectives can over stretch limited resources and overload the implementers’ network. In some places, the objectives set were particularly ambitious; this is particularly true for healthy nutrition area.

3.The specific evaluation findings by the policy pillars

1. Objectives in the field of food safety were the most successfully achieved.

The evaluation results show that the greatest progress was made in establishing an effective food safety system. Success is mainly attributable to the European Union legislative mechanism in this field, which also regularly provides funding for activities. More could be achieved by educating and enlightening the general population on food safety. The issue of health inequalities in food safety area might be explored.

2. Objectives in terms of healthy nutrition were achieved quite successfully.

The food and nutrition policy has achieved relatively little progress in the change of the nutrition habits, as five-year period is too short for major changes in the dietary behaviour of the population, which could also affect health outcomes; such changes occur and are detected only in a longer period of time. Even changes in environments, such as work, where residents are provided with a choice of healthy food, take place gradually. Lack of data was an important obstacle for evaluation at the impacts level, which was thus done only on a relatively limited scale. In the future, it would be commendable to establish a minimal information system for the treated area. On the other hand, impacts on dietary behaviour are very complex and dependent on a variety of determinants.

Table 3. Trends based on the medium-term objectives of the ReNPPP 2005-10

Objective:	Achievement of objectives (see Note) in relation to available data from nationally representative and other studies:
↑ vegetables for at least 30 % and fruits for at least 15 %.	Objective was achieved for consumption of fruits but not achieved for consumption of vegetables. Data are similar for children and adolescents.
↓ intake of total fat for 20 % and saturated fat for 30 %.	Objective not achieved however there is visible trend of ↓ intake of total fats, ↑ use of olive oil and margarine, ↓ use of animal fat
↑ dietary fibre for 20 %.	(data not available)
↑ Ca for 25 % and vitamin C for 15 %.	(data not available)
↓ daily intake of alcohol in men for 35 % and in women for 20 %.	Objective not achieved however there is visible trend of ↓ alcohol intake
↓ the adult population that is overweight and obese (BMI > 25) for 15 % and children and adolescents for 10 %.	Rates of overweight and obesity among adults the same or even ↑; rates ↑ in children and adolescents
≅ 60% exclusive breastfeeding up to the 6 th month and ≅ 40% breastfeeding with food substitutes up to 1 year of age.	Slight ↓ in breastfeeding at discharge and later

The greatest advance in the pillar of healthy nutrition was achieved in providing nutritional norms and standards for children and adolescents and by promoting the encouragement of breastfeeding among health care implementers. More could primarily be achieved in strengthening the conditions for group and individual diet counselling and nutrition education.

3. Objectives in the field of local sustainable food supply were successfully achieved.

The evaluation results show that the greatest progress has been made in the increased availability of locally produced food in public institutions (schools, kindergartens). Yet more could be achieved in reinforcing population self-sufficiency with agricultural produce and products.

4. Evaluation approach - final remarks

The evaluation highlighted the fact that **the food and nutrition policy is highly dependent on the favourable effects of other sector policies**. Since the inter-sector or horizontal component of the nutrition policy is so dominant, we suggest that in the future, the programming logic of the food and nutrition policy is designed cross-sectoral. This would involve the preparation and implementation of measures with the greatest cooperation possible from other sectors: agriculture, education, sports, culture, regional and local development, finance, economy..., including the general public as the ultimate recipient of the food and nutrition policy achievements. The new programme logic would require that, in the future, the food and nutrition policy systematically strives in the direction of achieving more and more of its primary objectives through favourable effects of other public policy measures.

The ReNPPP 2005-10 was one of the first programme documents for a healthy lifestyle adopted by the Ministry of Health. This evaluation provided an opportunity **to improve the new food and nutrition policy based on the acquired experiences**. The evaluation results show that the ReNPPP 2005-10 programme logic was primarily based on promotional activities, normative management, research encouragement, and adoption of broad scope of different standards and guidelines. As elements of the formative and interim evaluations were not systematically included in the document, the food and nutrition policy response to actual issues might have been slightly smaller than expected – which is an opportunity for improvement.

The appointed ReNPPP 2005-10 long-term and medium-term objectives represented a good **strategic framework and direction** for action in the field of food and nutrition. A number of appointed and ongoing activities in this field shall continue, as they can lead to a significant reduction in burden of diseases (and thus economic burden) related to unhealthy nutrition, while strengthening the positive health of population. In the future, it will be necessary to better define the medium and long-term objectives in the field of food safety and sustainable local food supply.

Proposal of goals and areas of work for preparing the new food and nutrition policy

The goals of the new policy could be in line with the health goals proposed by the **WHO European Action Plan for Food and Nutrition Policy 2007-2012**:

- to reduce the prevalence of diet-related noncommunicable diseases
- to reverse the obesity trend in children and adolescents
- to reduce the prevalence of micronutrient deficiencies
- to reduce the incidence of foodborne diseases.

In order to achieve these health goals, population nutrition goals should be adopted in line with FAO/WHO recommendations as follows:

- <10% of daily energy intake from saturated fatty acids
- <1% of daily energy intake from trans fatty acids
- <10% of daily energy intake from free sugars
- ≥ 400 g fruits and vegetables a day
- <5 g a day of salt.

The goals of the new policy could also be in line with the health goals proposed by the **EU Strategy for Europe on Nutrition, Overweight and Obesity related health issues 2007-13**:

- enhancing partnership approach, by developing partnerships for action and strengthening local networks for action;
- increasing policy coherence and public health governance, by supporting better informed consumers, making the healthy option available, encouraging physical activity, defining priority groups and settings, and developing the evidence base to support policy making, together with developing monitoring systems.

The following six areas shall be addressing the priorities of the new nutrition action plan for Slovenia, as defined with this evaluation exercise:

1. Supporting a healthy start in life course approach (pregnancy, infants and young children nutrition, nutrition for children and adolescent, nutrition for workers and nutrition for ageing population)
2. Ensuring a safe, healthy and sustainable food supply
3. Providing comprehensive information and education to consumers
4. Carrying out integrated actions to address related determinants
5. Strengthening local food supply and nutrition standards in the health sector, intensifying the implementation of nutrition actions in health sector
6. Regular monitoring and evaluation, based on the logical evaluation matrix approach.

Intersectoral cooperation, decreasing health inequalities in determinants of food and nutrition and establishing good communication among all stakeholders and with citizens are the baseline goals for the new Food and Nutrition action plan for Slovenia.

Additional proposal is **to link nutrition and physical activity action plans in the future** which would be an added value for the synergistic implementation in both areas.

Conclusion

The Resolution on the National Programme of Food and Nutrition Policy 2005 - 2010 was successfully implemented. It constituted an appropriate and effective tool for achieving the set objectives and tasks.

Objectives in the field of food safety were achieved most successfully, followed by achieved objectives in the field of local sustainable food supply. The ReNPPP was only relatively successful in the field of healthy nutrition. In the field of food safety, the implemented measures included a significant portion of the target population quite well, while only to a lesser extent in the field of local sustainable supply and healthy nutrition, suggesting the significance of legislatively supported action – regulation supported measures and institutionalized system measures gave much better results.

The greatest achievements were seen at the level of preparations of the national supporting implementation documents, guidelines and developed tools. The ReNPPP 2005-10 results for processes support for integrating different stakeholders, and establishing conditions of better communication and cooperation were estimated especially favourable. Consideration of the social gradient and targeted approaches to reducing inequalities in all activities and measures has strengthened in the years of implementing the food and nutrition policy, and was most pronounced at the end of its implementation.

Based on the evaluation results, principles and recommendations have been developed for the creation of a new food and nutrition policy for the next period.

Annexes

Annex 1 - Proposal of principles for preparing the new food and nutrition policy for the next period based on the evaluation findings

For the next period, when planning and implementing the food and nutrition policy in the Republic of Slovenia, the following principles derived from earlier findings should be considered:

- Respecting the right to a healthy lifestyle, including healthy nutrition, and respecting the culture specific eating habits of the inhabitants of the Republic of Slovenia;
- Respecting ethical principles – dividing the social, moral, and environmental responsibility of all participants in the food chain (production, processing, distribution and marketing of food, and the final consumer) to promote the supply of safe and health nutrition;
- Focus on system solutions and specific measures for individual target subgroups, with special social care for healthy nutrition and healthy lifestyle, and reducing the risk of overweight for disadvantaged population groups of all ages, especially at the start of life;
- Increasing access to health beneficial food and limiting the supply of unhealthy food for all residents regardless of their socioeconomic status;
- Establishing broad inter-sector links at the state level, which support good communication and cooperation among sectors, and operation on the principles of 'Health in all Policies';
- Proportional representation of all ministerial policies, non-governmental organizations, interested professional and lay publics, and other stakeholders in the planning, realization and monitoring of the food and nutrition policy;
- Integration of programme logic in the planning and implementation of the food and nutrition policy, and the planning and implementation of state activities and measures, with the possibility of monitoring and evaluating the progress and realization of individual objectives;
- Long-term orientation with planned interim evaluations taking into account achievements in science and profession development;
- Flexibility of policy implementation that based on interim evaluation allows continuous updating with new priorities;
- Employing intermittent qualitative and quantitative studies to accompany the status and trends of eating habits and diet quality of individual population groups in Slovenia and its regions, with suggestions for priorities and actions;
- Policy orientation into comprehensive limitation of the growing trend of obesity together with activities relating to diet and exercise;
- Utilizing modern communication strategies, ensure visibility of the food and nutrition policy throughout all regions;
- Reinforcing the implementation of existing systems that are focused on healthy nutrition and the healthy lifestyle of all population groups;
- Intensive focus in implementing national activities at the local/regional level with the inclusion of regional policies;
- Enforcing the right to knowledge and skills on healthy nutrition and healthy lifestyle within the public education systems;
- Enforcing consumer rights and protection;
- Taking into account the financial capability of the country.

Annex 2 – Proposal of concrete key objectives for preparing the new food and nutrition policy for the next period

1. Food safety

- Better communication between participants from individual sectors and institutions in the field of food safety;
- Inter-ministerial planning for monitoring current risk factors and for risk factors we monitor over longer periods;
- More unified collection, analysis, and compilation of data in the field of food safety;
- Strengthening and integration of financial and human resources;
- Updating and modernization of educational programmes in primary, secondary and higher education schools with topics on risk management in food safety; concentrating on ensuring food safety in all processes from purchase to preparation;
- Raising awareness of the risk factors for the general population and target groups of consumers (children, pregnant women, elderly, allergy sufferers, and patients intolerant to certain food ingredients);
- Coordinated management in identifying and managing current threats to food safety.

2. Healthy nutrition

Infants, pregnant women and postpartum women:

- Maintaining the main strategic objective: to achieve at least a 60% share of (fully) breastfed infants up to 6 months of age;
- Establishing an information system that will provide comprehensive and regular monitoring of breastfeeding to measure the effectiveness of promotional activities and supportive environments;
- Legally protect breastfeeding from the influences of marketing of breast milk substitutes under the International Code of Marketing of Breast-milk Substitutes;
- Standardize the doctrine of transfer of knowledge and skills on breastfeeding among various implementers while monitoring their education and professional qualifications;
- Establish breastfeeding-friendly environments in public places;
- Preserving the existing health care infrastructure – expanding breastfeeding-friendly institutions by including new ones; expanding, encouraging and monitoring the quality of the existing network of new-born friendly maternity hospitals; systematic monitoring of the situation;
- Continuing the work of standardizing the education programme for future parents, with topics on healthy nutrition for pregnant women, breastfeeding mothers, infants, and small children; enforce the programme nationally with monitoring of its implementation;
- Further research and enforcement of (culture specific) measures that would contribute to increased breastfeeding.

Children and adolescents:

- Enhance both specifically and comprehensively national institutionalized promotional activities that would include and connect parents, children, schools, the health care system and the local environment, and which would be regularly financed from public funds;
- Renew and systematically integrate the topics of a healthy diet into the educational system, as part of the healthy lifestyle topic, and into the school environment, at different levels - from the curriculum to extracurricular activities, by involving teachers, parents, health professionals – so that every student in the country is exposed to these topics during their time at school, regardless of interests, gender or social status;
- Focus educational and promotional activities into the acquisition of practical skills for the recommended nutrition, including skills in cooking from basic ingredients and skills to select and combine health beneficial food;
- Further improve the system of organized nutrition in educational institutions that follow the guidelines of healthy eating, and protect school premises from marketing of unhealthy food and beverages to children; limit the offer of unhealthy food in educational establishments;
- Implement regular professional monitoring and counselling on the quality of meals offered in schools and kindergartens with the established system of regular reporting;
- Regulate staff conditions for implementing school meals (normative and educational for all educational institutions from kindergarten to secondary school), and further improve the technical and spatial conditions for nutrition, especially in secondary schools;
- Strengthen the professional knowledge and practical skills of the management and professional staff in educational institutions involved in the whole process from the purchase of food to planning, preparation and serving of meals, and realizing staff norms;
- Encourage a general increase in availability of healthy choices for children and adolescents, both in the school and home environment, especially for those with a lower socioeconomic position;
- Enforce measures of general restriction on marketing unhealthy food to children;
- Provide and promote the adequate use of health beneficial drinks in educational institutions; introduce water dispensers in educational institutions.

Children and adolescents at risk due to unhealthy lifestyle:

- Establish a system of early detection for children and adolescents vulnerable to risk factors for developing diseases and conditions related to unhealthy nutrition, unhealthy lifestyle, eating disorders, and especially excessive body weight;
- Preparation of health-educational programmes in primary health care for vulnerable children and adolescents, their parents or relatives, which will link to local and school environments, and activities in local communities;
- Establish a comprehensive information system for monitoring status indicators in the field of nutrition and lifestyle, for other indicators of preventive treatment of children, adolescents and adults, and for monitoring the vulnerable;
- Continued implementation of health promotion programmes, particularly for the most vulnerable population groups in respect of lifestyle and/or healthy nutrition in local communities, and the integration of health care, social, and other relevant services.

Adult population – the general population:

- Enhance both specifically and comprehensively promotional activities that involve the general population and the local environment;
- Promote increased access to healthy eating choices.

Active population:

- Enhance both specifically and comprehensively promotional activities that involve workers and the work environment;
- Promote increased access to healthy eating choices in work organizations, which would include regulating the offer available from vending machines, and monitoring external providers;
- Implement, in an institutionalized manner, healthy eating guidelines for workers in work organizations;
- Reduce risk due to unhealthy nutrition of socially weaker heavy manual labourers in industry and agriculture.

Preventing cardiovascular and other chronic non-communicable diseases:

- Early detection for adults vulnerable to risk factors for developing diseases and conditions related to unhealthy nutrition and unhealthy lifestyle;
- Increase the share of vulnerable adults and groups with special needs participating in group health-educational workshops and individual counselling;
- Establish comprehensive health treatment of vulnerable population groups;
- Establish a comprehensive information system for monitoring status indicators in the field of nutrition and lifestyle, for other indicators of preventive treatment;
- Continued implementation of health promotion programmes, particularly for the most vulnerable population groups in respect of lifestyle and/or healthy nutrition in local communities, and the integration of health care, social, and other relevant services;
- Strengthen the professional knowledge and practical skills of the professional staff in health-educational institutions and hospitals;
- Improve the quality of individual and group counselling.

Socioeconomically disadvantaged population groups:

- Ensure monitoring of already collected, but disorganised data, new nutrition data, and nutrition status data with priority relative to socioeconomic status, and with the establishment of priority;
- Ensure access to health beneficial foods and healthy nutrition for socioeconomically disadvantaged population groups;
- Explore options for fiscal measures (reduce tax on health beneficial foods, and increase for detrimental food), by adapting international standards and criteria for unhealthy foods for Slovenia;
- Provide health promotion programmes for socioeconomically disadvantaged population groups with priority on a healthy start of life (for pregnant women, breastfeeding mothers, infants and small children);

- Raise awareness among professionals, policy makers, and the general public on the impact of socioeconomic determinants of obesity and unhealthy diet on health.

Elderly and population groups with special needs:

- Institutionalize into practice the implementation of adopted recommendations for the nutritional treatment of people with special needs; with implementation monitoring or screening of nutrition status;
- Institutionalize into practice the implementation of adopted guidelines for people with special needs; with implementation monitoring;
- Increase resources (financial, professional, staff – with appropriate licensing, training, and monitoring) for implementing hospital clinical nutrition and nutrition at retirement homes;
- Introduce professional monitoring, with counselling, of the nutrition and quality of meals offered in accordance with the guidelines for people with special needs that are included in the health and social care system;
- Strengthen possibilities for the nutrition screening and healthy nourishment of elderly that are not included in the health and social care system;
- Upon preparing for old age at the individual level (pre-retirement seminars and the like) implement activities as a support for healthy nourishment;
- Increase the participation of local communities in actively ensuring greater social inclusion of the elderly; inclusion of the elderly into educational processes.

Supply of health beneficial food and healthy nutrition:

- Promoting the production of reformulated products with lower contents of salt, sugars and fats, or smaller portions of food - especially products used in daily diet, in all population groups, taking into account the social gradient and disadvantaged groups in particular;
- Installation of vending machines with a healthy offer in all health care institutions, based on the guidelines for healthier choices in vending machines;
- Encouraging the use of water dispensers in public areas;
- Search for approaches and measures for the easier and better understanding of nutritional information in the general population and target population groups.

Professional education and training on healthy nutrition and healthy lifestyle:

- As the ReNPPP 2005-10 objectives have been realized to a lesser extent, they will be summarized in the new food and nutrition programme.
- Regulate the licensing of nutrition specialists.

3. Local food supply

- Increase and improve inter-sector collaboration of key stakeholders in the field of local sustainable food supply and self-sufficiency in Slovenia - nationally and regionally, including through establishing local nutrition strategies;
- Encouraging local producers to maximize local yields (including the diversity of products), especially fruits and vegetables, increasing visibility on the local market, the integration of

system incentive mechanisms and organizing producers into short chains, with the help of professional agricultural institutions;

- Strengthening the awareness and knowledge of the population on the importance of fresh and good quality local produce from the local environment, and adapting to consumer demand, including the establishment of new market opportunities (local markets...);
- Increase self-sufficiency through the system of incentives; by establishing missing balance and systematic monitoring of self-sufficiency for individual products;
- Increase access to good quality, health beneficial and locally sustainable grown foods in public institutions;
- Simplify and facilitate the procurement of locally grown agricultural products, by readjusting Directive 2004/18/ES, by simplifying the public order system, and by considering the Green Public Procurement directive;
- Continuation and expansion of implementing the school fruit scheme with a simplification, and the transfer of experiences into the school milk scheme and other forms of community assistance ;
- Integrating organic foods and production aspects into the local sustainable supply segment.

Annex 3 - Key informant questionnaire

INŠTITUT ZA VAROVANJE ZDRAVJA
REPUBLIKE SLOVENIJE



NATIONAL INSTITUTE
OF PUBLIC HEALTH

Evaluation of the Resolution on the National Programme of Food and Nutrition Policy 2005-2010 (ReNPPP)

KEY INFORMANT QUESTIONNAIRE

All persons selected receive a notification letter with which we inform them in advance that they were chosen for the interview and which explains the purpose of the interview. Before starting the interview, verify they have received the notification letter. If the person states that they are not aware of this, additionally explain the purpose of the interview and personally hand over the notification letter.

Not all the questions in the questionnaire are intended for all selected persons. Certain questions are related to one group of people (familiar with the ReNPPP 2005-10) and to the other group of people (unfamiliar with the ReNPPP 2005-10). As a result, the questionnaire contains so-called jumps or 'filters' - a question or questions not intended for a certain group of people are skipped. These jumps are identified with an arrow and the question number with which the interview continues. As certain questions only inquire of the field the persons cover by content (food safety; healthy eating habits; supply of quality and health beneficial food) it is necessary to be attentive to the notes and identifiers!

Certain questions contain a notice when a support card should be handed to the respondent to facilitate answering.

Institution: _____

Informant: _____

Informant category: _____

Date: _____

Interview conducted by: _____

I. General part

Q1. In your opinion what are Slovenian eating habits like?

- a) *Very healthy*
- b) *Moderately healthy*
- c) *Neither healthy, nor unhealthy*
- d) *Relatively unhealthy*
- e) *Very unhealthy*
- f) *Don't know / no opinion*

Do you have any additional comments:

Q2. Do you think that the situation regarding healthy nutrition in the last five years is ...?

- a) *Improving*
- b) *Remains the same*
- c) *Worsening*
- d) *Don't know / no opinion*

Do you have any additional comments:

Q3. Do you think the food in Slovenia is safe?

- a) *Very safe,*
- b) *Moderately safe,*
- c) *Neither safe, nor unsafe,*
- d) *Relatively unsafe*
- e) *Very unsafe*
- f) *Don't know / no opinion*

Do you have any additional comments:

Q4. Do you think the **state takes good enough care** for the healthy diet of its citizens?

(Note: *healthy diet is considered both in terms of safety and balance of meals, access to health beneficial offers, and in terms of eating habits. Emphasis is on the concern of the state.*)

- a) *Very good*
- b) *Moderately good*
- c) *Neither good, nor bad*
- d) *Relatively bad*
- e) *Very bad*
- f) *Don't know / no opinion*

Do you have any additional comments:

Q5. How familiar are you with the policy document ReNPPP 2005-10? (**Filter question**)

- a) *Very familiar, I know details* → go to question V7
- b) *Moderately familiar, to some extent*
- c) *I have heard of it, only superficially familiar with the contents*
- d) *I am not familiar* → got to question V6, and then proceed to question V17

If for question Q5 the respondent answers to be (very) familiar with the ReNPPP 2005-10 (answers a, b,c), go to Q7.
If for question Q5 the respondent answers not to be familiar with the ReNPPP 2005-10 (answer d), go to Q6 and then proceed with Q17.

Q6. You have stated that you are not very familiar with the ReNPPP 2005-10; try to state the reason why this is:

(E.g. lack of information, disinterest, other priorities...)

Adequacy of the nutrition policy

Q7. Do you think the **objectives** of the ReNPPP 2005-10 conform with the **priorities** in the field of →/food safety/ → /healthy nutrition/ →/food supply/?

- a) *Conform very well*
- b) *Conform moderately*
- c) *Neither conform, nor contradict*
- d) *Conform poorly*
- e) *Do not conform*
- f) *Don't know / no opinion*

Do you have any additional comments:

Q8. How **realistic** do you consider the objectives of the ReNPPP 2005-10 to be in general?

- a) *Very realistic*
- b) *Moderately realistic*
- c) *Neither realistic, nor unrealistic*
- d) *Barely realistic*
- e) *Completely unrealistic*
- f) *Don't know / no opinion*

Do you have any additional comments:

Q9. In general would you say that the ReNPPP 2005-10 can contribute towards →/providing safer food in the food chain/ →/healthy eating habits/ →/the adequate supply of quality and health beneficial food/?

- a) *Very well*
- b) *Moderately well*
- c) *Neither well, nor poorly*
- d) *Poorly*
- e) *Very poorly / no*
- f) *Don't know / no opinion*

Do you have any additional comments:

Implementation of the nutrition policy

Q10. Do you feel your field is sufficiently represented in the ReNPPP 2005-10?

- a) *Yes, completely*
- b) *Moderately well*
- c) *Neither well, nor poorly*
- d) *Poorly*
- e) *Very poorly / no*
- f) *Don't know / no opinion*

Do you have any additional comments:

Q11. To what extent does the ReNPPP 2005-10 affect your institution achieving its objectives?

- a) *A lot*
- b) *Moderately*
- c) *Neither a lot, nor a little*
- d) *A little*
- e) *Very little*
- f) *Don't know / no opinion*

Do you have any additional comments:

Q12. How frequently in your work (in the field of →/food safety/ →/healthy nutrition/ →/food supply/) did you use the ReNPPP 2005-10 for...?

Hand the respondent card 1!

	6 Very often	5	4	3	2 Very rarely	1 Never	Don't know / no opinion
planning certain tasks							
implementing certain activities							
advocating certain objectives							
drafting legislation							
working with the media							
Other: _____							

Do you have any additional comments:

Q13. How well do you agree with the following statements about your options for working towards achieving the objectives/tasks of the ReNPPP 2005-10?

Hand the respondent card 2!

	6 I completely agree	5	4	3	2	1 I completely disagree	Don't know / no opinion
ReNPPP provides sufficient basis for its implementation							
We have enough human resources to achieve the objectives of the ReNPPP							
We have enough knowledge to achieve the objectives of the ReNPPP							
We have enough financial resources to achieve the objectives of the ReNPPP							
Other: _____							

Communication effectiveness

Q14. How effective was the ReNPPP 2005-10 for communicating and informing with...?

Hand the respondent card 3!

	6 Very effective	5	4	3	2	1 Very ineffective	We did not use it	Don't know / no opinion
colleagues								
other sectors								
other stakeholders								
the professional public								
the lay public								
the media								
Other: _____								

Q15. Would you like to describe an experience in communication?

Hand the respondent card 4!

Q16. In your opinion, to what extent could the realization of the ReNPPP 2005-10 contribute to...?

	6 A lot	5	4	3	2	1 Very little	Don't know / no opinion
reducing infections and food poisoning							
the increased consumption of fruits and vegetables							
reducing obesity							

Do you have any additional comments:

Filter: → should be answered by all

Q17. Please specify at least three activities in the field of → /food safety/ → /supply of quality and health beneficial food/ → /nutrition, physical activity and obesity prevention/, where your institution was the most active in the last five years and achieved the most (give a brief description of these activities)

(Note: the respondent is only questioned in the field that is content relevant to them)

1. _____
2. _____
3. _____

Q18. Please indicate on which field → /food safety/ → /supply of quality and health beneficial food/ → /nutrition, physical activity and obesity prevention/ will your institution focus or what will its priority be in the coming years (give a brief description of these activities)

(Note: the respondent is only questioned in the field that is content relevant to them)

1. _____
2. _____
3. _____

Q19. Please highlight some of the main encouraging factors for your institution in implementing policies, programmes and other activities in the fields of → /food safety/ → /supply of quality and health beneficial food/ → /nutrition, physical activity and obesity prevention/ (give some basic examples for each encouraging factor, e.g. inter-sectoral cooperation, programme development...)

(Note: the respondent is only questioned in the field that is content relevant to them)

1. _____
2. _____
3. _____

Q20. How often do you cooperate with the following sectors
 → /in implementing the ReNPPP 2005-10? /
 → /for tasks in the field of food safety/ healthy nutrition/ food supply? /

**Hand the
 respondent
 card 5!**

	6 Very often	5	4	3	2 Very rarely	1 Never	Don't know / no opinion
Ministry of Health							
Ministry of Education and Sport							
Ministry of Agriculture, Forestry and Food							
Ministry of the Environment and Spatial Planning							
Ministry of Labour, Family and Social Affairs							
Ministry of Finance							
Ministry of Culture							
Other: _____							

If for question Q5 the respondent answered to be familiar with the ReNPPP 2005-10 (answers a, b, c), ask the first part of the question.
If for question Q5 the respondent answered not to be familiar with the ReNPPP 2005-10 (answer d), ask the second part of the question.

Q21. In your opinion, what would improve cooperation with these sectors? What are the major obstacles to better cooperation?

Q22. How often do you cooperate with the following stakeholders
 → /in implementing the ReNPPP 2005-10? /
 → / for tasks in the field of food safety/ healthy nutrition/ food supply

Hand the respondent card 6!

	6 Very often	5	4	3	2 Very rarely	1 never	Don't know / no opinion
Educational institutions							
Health care centres							
Employers							
Food processing Industry							
Traders							
Food providers							
Faculties/institutes							
Institutes of public health							
Chambers							
Hospitals							
Retirement homes							
Professional associations							
Media							
NGOs							
Other: _____							

If for question Q5 the respondent answered to be familiar with the ReNPPP 2005-10 (answers a, b, c), ask the first part of the question.
If for question Q5 the respondent answered not to be familiar with the ReNPPP 2005-10 (answer d), ask the second part of the question.

Q23. In your opinion, what would improve cooperation with stakeholders? What are the major obstacles to better cooperation?

Q24. Would the following better contribute to realizing
 → /the objectives/tasks of the ReNPPP 2005-10? /
 → /the objective of your work orders? /

**Hand the
 respondent
 card 7!**

	6 I completely agree	5	4	3	2	1 I completely disagree	Don't know / no opinion
Better cooperation with other sectors							
Better institutionalized measures / structural improvements							
Better defined public-private partnership							
More activities to reduce social inequalities							
More political support							
Better awareness of the professional and lay public							
More activities of non-governmental organizations							
Constructive cooperation with the media							
Better financial support							
Better support form the EU							
Other: _____							

If for question Q5 the respondent answered to be familiar with the ReNPPP 2005-10 (answers a, b, c), ask the first part of the question.
If for question Q5 the respondent answered not to be familiar with the ReNPPP 2005-10 (answer d), ask the second part of the question.

Considering health inequalities

Q25. To what extent have you taken into consideration social status/social inequality

→ /in implementing the tasks of the ReNPPP? /

→ /in your work in the field of food safety/ healthy nutrition/ food supply? /

(Note: we discuss social status/social inequality in terms of the differences that would otherwise reflect with those of lower socioeconomic status)

a) A lot

b) Moderately

d) A little

e) Not at all

f) Don't know / no opinion

If for question Q5 the respondent answered to be familiar with the ReNPPP 2005-10 (answers a, b, c), ask the first part of the question.

If for question Q5 the respondent answered not to be familiar with the ReNPPP 2005-10 (answer d), ask the second part of the question.

Q26. Can you describe an example:

General open questions

Q27. In your opinion, what were the greatest achievements in Slovenia in the field of food safety/ healthy nutrition/ food supply in the years from 2005 to 2010?

Q28. In your opinion, **how** did the

→ / ReNPPP 2005-10 contribute? /

→ / nutrition policy in the country contribute with its support? /

If for question Q5 the respondent answered to be familiar with the ReNPPP 2005-10 (answers a, b, c), ask the first part of the question.

If for question Q5 the respondent answered not to be familiar with the ReNPPP 2005-10 (answer d), ask the second part of the question.

Q29. What are the main reasons or obstacles that you did not better utilize the

→ / ReNPPP 2005-10? /

→ / state support in this field? /

If for question Q5 the respondent answered to be familiar with the ReNPPP 2005-10 (answers a, b, c), ask the first part of the question.

If for question Q5 the respondent answered not to be familiar with the ReNPPP 2005-10 (answer d), ask the second part of the question.

Recommendations for the future

Hand the respondent card 8!

V30. Please evaluate how important you consider the following measures?

	6 Very important	5	4	3	2	1 Very unimportant	Don't know / no opinion
Establishment of a cross-sector body in the field of food supply/food safety/nutrition.							
Increased taxation of unhealthy foods.							
Reduced taxation of fruits and vegetables.							
Restricting marketing of unhealthy food to children.							
The greater impact of the food processing industry on creating a food policy.							
Exercising regular inspection measures over the energy and nutritional value of school and nursery school meals.							
Integrating the issues/topics of healthy nutrition into school curriculums.							
Food and drink vending machines in schools can only be equipped with health beneficial foods.							
Prohibiting the installation of food and drink vending machines in schools.							
Installing water fountains in schools and nursery schools.							
Promoting direct connection (short food chains) between public institutions and local farmers.							
Increased encouragement for farmers to sell food in the local environment.							
Support for measures to improve the diet of socially disadvantaged groups.							
Preparation of specific measures to limit the trend of obesity.							
Integrating measures in the field of nutrition with measures in the field of physical activity.							
Increased control over food safety.							
Increased extent of government monitoring in individual fields for ensuring food safety.							
Standardization of collection procedures and databases on food safety.							
Other: _____							

V31. In your opinion, what could contribute to the better use of national nutrition policies, especially in Slovenia? What mechanisms?

II. Specific fields

Filter: → should be answered only by those who for question V5 answered to be familiar with the ReNPPP 2005-10 (answers a, b, c)

V32. In your opinion, how successful was the implementation the ReNPPP 2005-10 in the field of...?

(Note: the respondent is only questioned of the activities that are content relevant to them)

**Hand the
respondent
card 9A!**

→ /healthy nutrition / in terms of...

	6 Very successful	5	4	3	2	1 Unsuccessful	Don't know / no opinion
Establishing conditions for promoting breastfeeding							
Establishing health education programmes for pregnant and postpartum women, and fathers							
Implementing promotion of healthy nutrition for children and adolescents							
Implementing promotion of healthy nutrition for the adult population							
The establishment of contemporary nutrition standards in educational institutions							
Improvement in the regulation of organized nutrition in secondary schools							
Improving conditions for the promotion and organization of healthy nutrition for workers							
Providing adequate nutrition for patients in hospitals and care recipients in retirement homes							
Strengthening programmes and conditions for healthy nutrition for socially disadvantaged groups							
Enhancing nutrition and dietary counselling in the health system							
Improving the offer of health beneficial foods and healthy nutrition							
Enhancing education and training related to healthy nutrition and a healthy lifestyle in the educational system							
Other: _____							

Hand the
respondent
card 9B!

→ / food safety/ in terms of...

	6 Very successful	5	4	3	2	1 Unsuccessful	Don't know / no opinion
Establishing and guaranteeing a Slovenian food safety system, based on science and risk assessment							
Improving the effectiveness of risk management throughout the food chain							
Providing data on risk factors and health risks in food safety							
Implementing education on risk management in food safety							
Strengthening the maintaining of public confidence in food safety							
Establishing and effective food safety system							
Reducing microbiological and chemical contamination of foods on the market							
Reducing the number of intestinal infections and poisoning							
Strengthening population knowledge, skills, awareness and motivation in relation to food safety							
Other: _____							

Hand the
respondent
card 9C

→ /food supply/ in terms of...

	6 Very successful	5	4	3	2	1 Unsuccessful	Don't know / no opinion
Enhancing and establishing local food supply in Slovenia (food supply in the local area within a radius of 60 km)							
Establishing new market opportunities for local food production and sales							
Improving supply of quality and health beneficial locally produced food to the population							
Increasing demand for locally produced food							
Increasing the rate of self-sufficiency in relation to natural conditions, also during periods of instability on the global markets							
Other: _____							

Filter: → everyone should answer

V33. What are the main activities that should be implemented **in your field** to improve the status (solutions...)?

Do you have any comments in conclusion? Is there anything you would like us to know?
