Government of Malawi
Department of Nutrition, HIV and AIDS

National Multi-Sector Nutrition Strategic Plan 2018–2022

April 2018

Foreword

The Government of Malawi recognises that adequate nutrition is a prerequisite for human growth and development as it plays an important role in one's physical and intellectual ability, and consequentially work productivity. Nutrition is fundamental to the socio-economic growth and development of this country, thus, the Government has placed nutrition high on the national development agenda.

The Government of Malawi has reviewed the National Multi-Sector Nutrition Policy 2018–2022 which serves to redirect the national focus on nutrition programming and align its goals with the Malawi Growth and Development Strategy III. This National Multi-Sector Nutrition Strategic Plan 2018–2022 will operationalise the Nutrition Policy.

The Government recognises that nutrition is multi-faceted therefore requires a multi-sectoral approach. In view of this, the Government established the Department of Nutrition, HIV and AIDS in 2004 to oversee and coordinate the national nutrition response. The Government therefore encourages each sector to fulfil its mandate as stipulated in the National Multi-Sector Nutrition Policy 2018–2022 and this Strategic Plan.

The Government will continue to place nutrition high on the national development agenda. I therefore call upon all line ministries and other stakeholders to join hands in the successful implementation of this Strategic Plan.

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Acknowledgements

The Department of Nutrition HIV and AIDS (DNHA) wishes to thank institutions and individuals who contributed to the development of this National Multi-Sector Nutrition Strategic Plan 2018–2022.

The DNHA acknowledges the financial and technical contributions from the World Bank and USAID through the Food and Nutrition Technical Assistance Project (FANTA)/FHI360, the participation of several partners including Irish Aid, the European Union (EU), *Gesellschaft für Internationale Zusammenarbeit* (GIZ), UNICEF, World Food Program (WFP), World Health Organisation (WHO), Food and Agriculture Organisation (FAO), Civil Society Organisation Nutrition Alliance (CSONA), Concern Worldwide and the Clinton Health Access Initiative (CHAI).

The DNHA also acknowledges the collaboration and technical contributions from all the government line ministries, academic institutions, and the Civil Society Organisations (CSOs) who took part in the development of this Strategic Plan.

Contents

Abbreviations and Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ADC	Area Development Committee
AEC	Area Executive Committee
ANCC	Area Nutrition Coordination Committees
BFHI	Baby Friendly Hospital Initiative
CHAI	Clinton Health Access Initiative
CMAM	Community-based Management of Acute Malnutrition
CSO	Civil Society Organisations
CSONA	Civil Society Organisation Nutrition Alliance
DAES	District Agriculture Extension Services
DC	District Commissioner
DMECC	District M&E Coordination Committees
DNCC	District Nutrition Coordination Committees
DNHA	Department of Nutrition, HIV, and AIDS
ENA	Essential Nutrition Actions
FANTA	Food and Nutrition Technical Assistance III
FAO	Food and Agriculture Organisation
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information Systems
IEC	Information Education Communication
IYCF	Infant and Young Child Feeding
M&E	Monitoring and Evaluation
MAM	Moderate Acute Malnutrition
MDHS	Malawi Demographic and Health Survey

MGDS III	Malawi Growth and Development Strategy III
MICS	Multi Indicator Cluster Survey
MNS	Malawi Micronutrient Survey
MoAIWD	Ministry of Agriculture, Irrigation and Water Development
MoEST	Ministry of Education Science and Technology
MoFEPD	Ministry of Finance Economic Planning and Development
MoH	Ministry of Health
MoIT	Ministry of Industry and Trade
MoJCA	Ministry of Justice and Constitutional Affairs
MoLGRD	Ministry of Local Government and Rural Development
MPs	Members of Parliament
MUAC	Mid-Upper Arm Circumference
NCDs	Non-Communicable Diseases
NCST	Nutrition Care Support and Treatment
NGOs	Non-Governmental Organisations
NMNP	National Multi-Sector Nutrition Policy
PLHIV	People Living with HIV
SAM	Severe Acute Malnutrition
SUN	Scaling Up Nutrition
TAs	Traditional Authorities
TB	Tuberculosis
VNCC	Village Nutrition Coordination Committees
WASH	Water, Sanitation, and Hygiene
WFP	World Food Programme
WHO	World Health Organisation

Glossary

Acute Malnutrition is a form of undernutrition. It is caused by a decrease in food consumption and/or illness resulting in bilateral pitting oedema or sudden weight loss. They are two forms of acute malnutrition; Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM).

- **SAM** is very low weight-for-height below -3 z-scores of the median World Health Organisation (WHO) growth standards, visible severe wasting, MUAC less than 11.5 cm in children 6–60 months old or presence of bilateral pitting oedema.
- **MAM** is defined as a weight-for-height between -3 and -2 z-scores of the median WHO child growth standards, wasting, and mid-upper arm circumference (MUAC) between 11.5 and 12.5 cm in children 6–60 months old.

Adequate Nutrition refers to the availability of food in a quantity and quality sufficient to satisfy the dietary needs of individuals, free from adverse substances, combined with regular physical activity.

Food Security is defined as including both physical and economic access to food that meets people's dietary needs and food preferences for a productive and healthy life. Food security has four components: food availability, food access, food utilisation, and stability of the first three components

Malnutrition the physiological state of an individual that results from the relationship between nutrient intake and requirements, and from the body's ability to digest, absorb and use these

nutrients. Malnutrition includes both undernutrition and overnutrition.

Nutrition is the intake of food, considered in relation to the body's dietary needs. It is the science that interprets the interaction of nutrients and other substances in food in relation to maintenance, growth, reproduction, health, and disease of an organism.

Nutrition Security is achieved when secure access to an appropriately nutritious diet is coupled with a sanitary environment, adequate health services and care to ensure a healthy and active life for all household members.

Nutrition Sensitive Interventions address the underlying causes of foetal and child nutrition and development— food security; adequate caregiving resources at the maternal, household and community levels; and access to health services and a safe and hygienic environment.

Nutrition Specific Interventions address the immediate causes of foetal and child nutrition and development—adequate food and nutrient intake, feeding, caregiving and parenting practices, and low burden of infectious diseases

Nutrition Surveillance refers to monitoring the state of health, nutrition, eating behaviour, and nutrition knowledge of the population for the purpose of planning and evaluating nutrition policy. Especially in low-income countries, monitoring may include factors that may give early warning of nutritional emergencies.

Overnutrition is a result of excessive intake of energy, leading to overweight and obesity.

Overweight and **Obesity** is defined as abnormal or excessive fat accumulation that may impair health. Overweight and obesity is measured by a body mass index greater than 25.

Stunting is a form of undernutrition, it reflects retarded growth, defined as height-for-age below -2 z-scores of the median WHO growth standards.

Undernutrition is a lack of nutrients caused by inadequate dietary intake and/or absorption in the body. It encompasses a range of conditions including acute malnutrition, stunting, underweight and micronutrient deficiency.

Underweight is a form of undernutrition, it is reflected by weight-for-age below -2 z-scores of the median WHO growth standards.

1.0. Overview

1.1. Introduction

Malawi Growth and Development Strategy (MGDS) III recognises nutrition as an essential component of the country's human capital and economic growth and development. Aligned with the MGDS III, the Government developed the National Multi-Sector Nutrition Policy 2018–2022 whose goal is to have a well-nourished Malawian population that effectively contributes to the economic growth and prosperity of the country. This Strategic Plan selects the most effective strategies that are likely to achieve the Policy goal. The Strategic Plan also provides a scope within which the national nutrition response should be implemented.

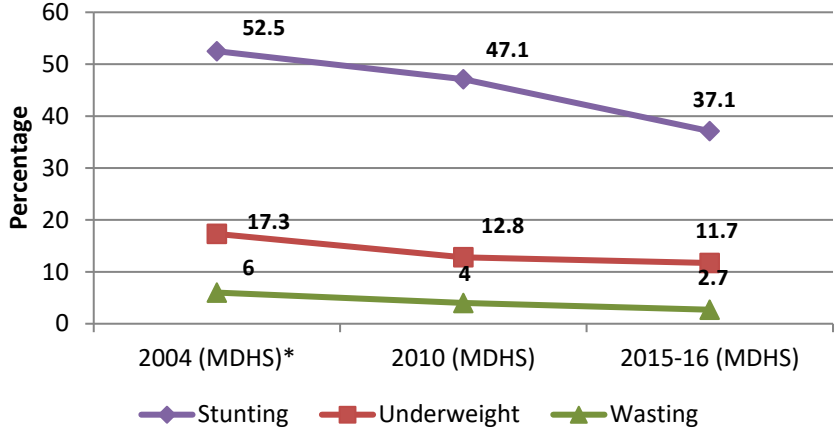
The Strategic Plan has eight strategic objectives that are aligned with the eight priority areas outlined in the National Multi-Sector Nutrition Policy 2018–2022, these include: i) Prevention of undernutrition; ii) Gender equality, equity, protection, participation and empowerment for improved nutrition; iii) Treatment and control of acute malnutrition; iv) Prevention and management of overweight and nutrition-related Non Communicable Diseases (NCDs); v) Nutrition education, social mobilisation, and positive behaviour change; vi) Nutrition during emergency situations; vii) Creating an enabling environment for nutrition; and viii) Nutrition monitoring, evaluation, research and surveillance.

1.2. Analysis of the Nutrition Situation

Undernutrition

Over the past two decades, Malawi has made strides in reducing undernutrition, this is attributed to the multi-sector nutrition programming and increased investments in nutrition. Between 2004 and 2015-16, the Malawi Demographic and Health Survey (MDHS) showed a 16 percentage point reduction in stunting (low height for age) from 53 percent to 37 percent. The MDHS 2015-16 reported 37.1 percent stunting in children under 5, of which 11.0 percent were severely stunted. Similar trends were reported for underweight (low weight- for-age), a decline from 17 percent (MDHS 2004) to 11.7 percent (MDHS 2015-16), and wasting (low weight-for-height) declined from 6 percent (MDHS 2004) to 2.7 percent (MDHS 2015-16), Figure 1 below. Even with the noted decline in undernutrition, continued efforts are needed to address the high rates of stunting.

Figure 1: Trends of Undernutrition in Malawi



*For comparison purposes, the 2004 anthropometric indicators were recalculated using the 2006 WHO growth standards to match the 2010, 2014 and 2015-16 indicators. The values in the graph indicate percentage of children with z-scores < −2 (MDHS 2010).

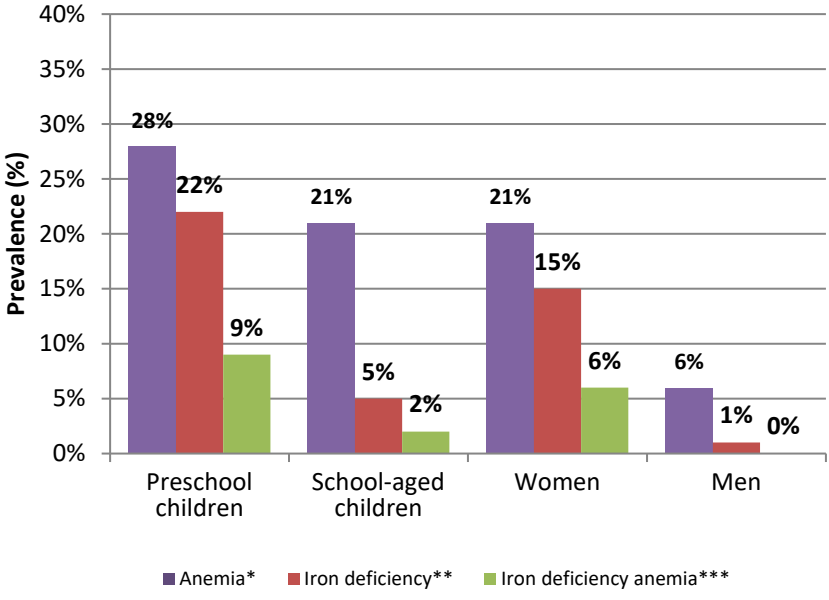
Despite a decrease in undernutrition among children less than 5 years of age, undernutrition is high among adolescent girls. The MDHS 2015-16 reported that 12.9 percent of adolescent girls 15–19 years of age have a body mass index < 18.5, compared to 5.7 percent among women 20–49 years of age. Twelve percent of infants are born with a low birth weight (< 2.5 kg) (ibid) and sub-optimal Infant and Young Child Feeding (IYCF) practices are common. While almost all children have ever been breastfed (97.7 percent) and 76.3 percent are breastfed within an hour of birth, 60.9 percent of children under 6 months are exclusively breastfed and exclusive breastfeeding prevalence drops to 34.1 percent by 4 months of age. In addition, among breastfed children 6–23 months, 29.2 percent were fed the minimum number of times in the previous 24 hours (minimum meal frequency) and only 8.1 percent were given foods from three or more groups and fed the minimum number of times per day (minimum acceptable diet) (ibid).

Micronutrient deficiencies

Micronutrient deficiencies are responsible for a wide range of physiological impairments, leading to reduced resistance to infections, metabolic disorders and delayed or impaired physical, mental and psychomotor functions.

The prevalence of anaemia has declined but is still relatively high, anaemia can be a result of dietary deficiency (e.g., lack of high sources of iron, vitamin B12 or folate) or non-dietary related causes (e.g., malaria). According to the Malawi Micronutrient Survey (MNS) 2015-16, the prevalence of anaemia among pre-school children dropped from 54.8% in 2009 to 28.2% in 2015-16, among women of child bearing age anaemia dropped from 32.0% in 2009 to 20.9% in 2015-16. Figure 2 below shows the prevalence of anaemia and iron deficiency in pre-school children, school-aged children, women and men.

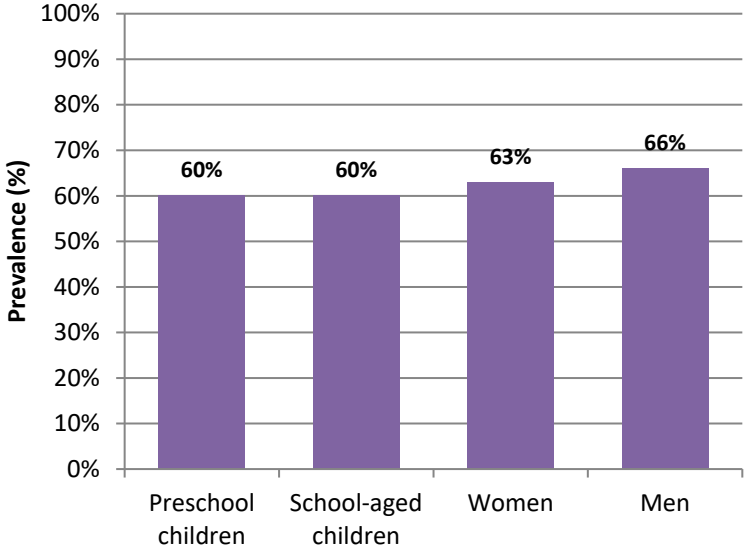
Figure 2: Prevalence of Anemia and Iron Deficiency, MNS 2015-16



*Measured by Hemocue(R) using altitude-adjusted age cut-offs. **Defined using inflammation-adjusted ferritin concentrations. ***Iron deficiency plus anaemia.

The MNS 2015-16 revealed that zinc deficiency was high, reported to be over half among women and men, see Figure 3.

Figure 3: Prevalence of Zinc Deficiency, MNS 2015-16



Measured by serum zinc using age and sec-specific cut-offs and accounting for fasting status, time of day of collection.

Overnutrition

In recent years Malawi is experiencing an increase in overweight and obesity. The MDHS 2015-16 reported 9 percent of children under five to be overweight, while 21 percent of adults between 15 and 49 years of age were overweight with 5 percent obese. The prevalence of overweight and obesity is higher in women (24 percent are overweight and 6 percent are obese) than men (17 percent are overweight and 3 percent are obese) (ibid).

Cardiovascular diseases such as heart disease and stroke, cancer, respiratory diseases, and diabetes mellitus are increasingly becoming significant causes of morbidity and mortality in Malawi. As overweight and obesity increases, the risk of

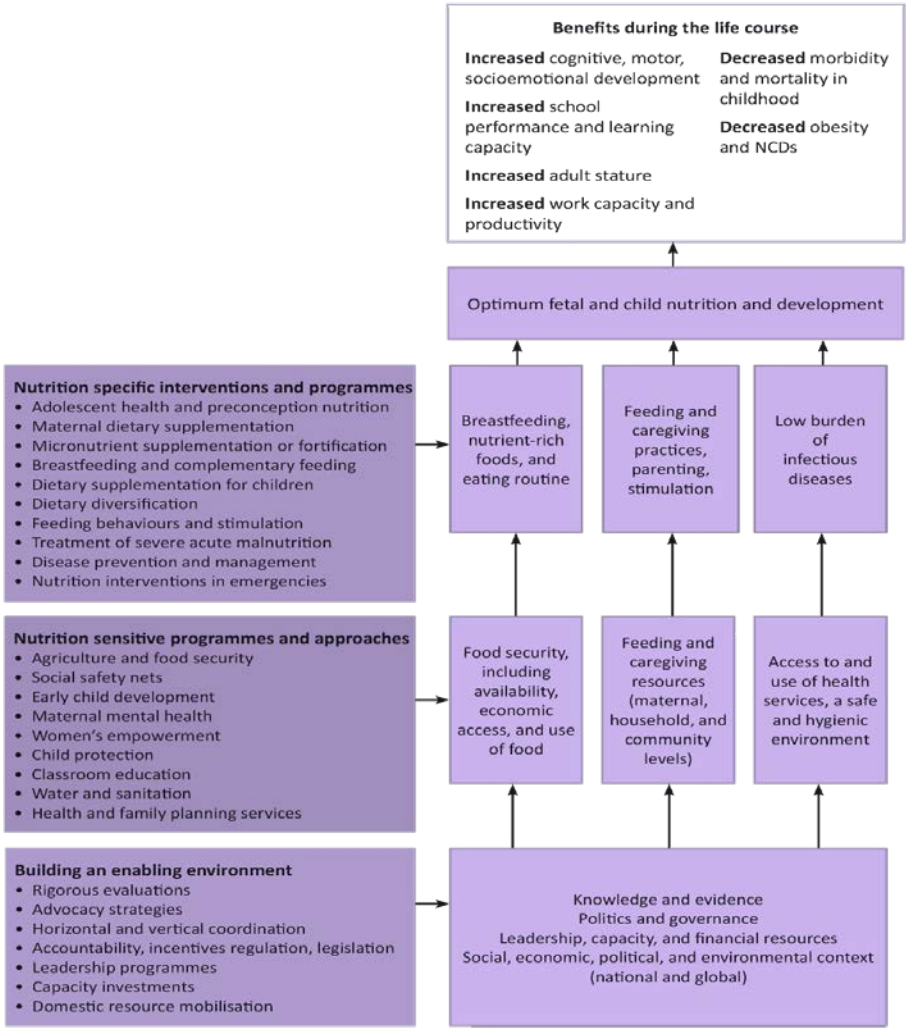
nutrition-related NCDs also increases. These statistics therefore demonstrate the need to address all forms of malnutrition including overweight and obesity.

National Nutrition Response

The national nutrition response is consistent with the conceptual framework on actions to achieve optimum nutrition as illustrated in Figure 4. The framework highlights the need to build an enabling environment for nutrition at the same time implementing high-impact, nutrition-specific and nutrition-sensitive interventions.

To achieve optimum nutrition and development, a comprehensive multi-sectoral nutrition programming approach that creates an enabling environment for the implementation of high-impact, nutrition-specific, and nutrition-sensitive interventions is essential. Key sectors such as agriculture, health, education, social protection and social welfare, early child development, water, hygiene and sanitation and the private sector are essential in addressing the underlying causes of malnutrition. The underlying causes of malnutrition include poverty; food insecurity; scarcity of access to adequate care resources; and to health, water, hygiene and sanitation services. The nutrition-sensitivity of programmes can be enhanced by improving targeting; integrating strong nutrition goals and actions; and focusing on improving women's physical and mental health, nutrition, time allocation, and empowerment. These efforts require that there be an effective enabling environment in terms of coordination mechanisms, human resource capacity, positioning nutrition as a priority area at local government level and ensuring adequate funding for nutrition.

Figure 4: Conceptual Framework on Actions to Achieve Optimum Nutrition and Development



Source: Black et al. 2013. 'Maternal and child undernutrition and overweight in low-income and middle-income countries'. *The Lancet.* Vol. 382, No. 9890, pp. 427–451.

1.3. Policy Context

This Strategic Plan has been developed within the context of a set of policies and strategies that facilitate a multi-sector approach to improve the nutrition status and well-being of the Malawi population. Listed in this section are relevant policies and strategies within which the National Multi-Sector Nutrition Strategic Plan 2018–2022 will operate.

The National Multi-Sector Nutrition Policy

The National Multi-Sector Nutrition Policy 2018–2022 upholds the Government's commitment to eliminate all forms of malnutrition. Its goal is to have a well-nourished Malawian population that effectively contributes to the economic growth and prosperity of the country. The Policy serves as a guiding document for national nutrition stakeholders, including government, civil society and faith based organisations, the private sector, and development partners to promote:

- Evidence-based programming and strengthening of the national nutrition response.
- Scale up of evidence-based innovative interventions.
- Realignment of nutrition interventions to the current national development strategy such as the Scaling Up Nutrition (SUN) movement, World Health Assembly (WHA) targets, the Sustainable Development Goals (SDG), and other new global declarations, which the government has signed.

The Policy provides the framework and context within which sector strategic plans and budgets should be coordinated, formulated, implemented and monitored.

National Agriculture Policy, and the Food and Nutrition Strategy

The Agriculture Policy promotes food and agriculture-based approaches for improving nutrition including production and consumption of diversified foods from all the six food groups. The Policy emphasis on foods with high-nutritive value, integrated homestead farming, capital-intensive forms of agriculture (e.g., cash crops, livestock, and aquaculture), market access, and ensuring sustainable food and nutrition security for all Malawians.

In addition, the agriculture sector food and nutrition strategy promotes sustainable and diverse food systems and nutrition education that will contribute to a nourished nation and economic growth.

National Health Policy, and the Health Sector Strategic Plan II

The Health Policy promotes several nutrition-specific interventions at the health facility and community level. These interventions include promoting dietary diversity; optimal IYCF and caring practices, treatment of acute malnutrition, nutrition care support and treatment for People Living with HIV (PLHIV) and Tuberculosis (TB) patients, and micronutrient supplementation. The Health Policy also promotes, growth monitoring and promotion, provision of insecticide-treated bed nets, and de-worming.

In addition, the Health Sector Strategic Plan (HSSP) II has a goal of providing Universal Health Coverage (UHC) of quality, equitable and affordable health care with the aim of improving health status, financial risk protection and client satisfaction.

National Education Policy, and the School Health and Nutrition Strategy

The National Education Policy advocates for the promotion of the school feeding programme, school health and Water, Sanitation and Hygiene (WASH), HIV/AIDS, gender and education interventions. The Policy also promotes mainstreaming of nutrition within the school curricula and facilitates keeping adolescent girls and young women in school.

The Policy aims at ensuring that all learners acquire education as specified in the National Education Standards, and are equipped with skills, attitudes and habits that allow them to maintain healthy and productive lives, and ensure resilient households and communities.

National Gender Policy

The Gender Policy aims at mainstreaming gender in the national development process to enhance participation of women, men, girls, and boys at individual, household, and community levels for sustainable and equitable development. It also promotes a holistic approach to gender equality and social protection, and poverty reduction.

Decentralisation Policy

The Decentralisation Policy seeks to create a democratic environment and institutions for governance and development at the local level. The Policy supports the roll out of nutrition interventions, and the operationalisation of the National Multi-Sector Nutrition Policy 2018–2022 and the Strategic Plan at the district and community level.

Nutrition is integrated in other policies including; the National Social Support Policy, National Population Policy, National Youth Policy, and National HIV and AIDS Policy.

1.4. Justification for Development of the National Multi-Sector Nutrition Strategic Plan

Despite significant achievements in nutrition over the past decade, malnutrition remains a problem in Malawi. This Strategic Plan has been developed to respond to, and operationalise the National Multi-sector Nutrition Policy 2018–2022 and the MGDS III. The Strategic Plan provides an implementation framework and context within which sector and line ministry strategic plans and budgets should be coordinated, formulated, implemented and monitored.

2.0. Strategic Analysis

The desk review and consultations with district and national stakeholders revealed a number of strengths, weaknesses, opportunities and threats presented in this section.

2.1. Strengths

- There is a high level of commitment by the Government, development partners, Non-Governmental Organisations (NGOs), CSOs, academia and the private sector to support multi-sector nutrition programming. This is reflected in the following documents:
    - MGDS III which identifies nutrition as a priority under other development areas.
    - National Multi-Sector Nutrition Policy 2018–2022
    - The Hunger and Nutrition Commitment Index (HANCI) in 2014 ranked Malawi number 3 (out of 45 countries). HANCI compares 45 developing countries for their performance on 22 indicators of political commitment to reduce hunger
- The presence of a nutrition coordinating office, the DNHA which facilitates multi-sector coordination and collaboration. In addition, there are established high level multi-sector and multi-stakeholder committees that facilitate coordination and implementation of nutrition interventions.

2.2. Weaknesses

- Short-term resource allocation and funding for nutrition. This results to short-term programs that are unsustainable.
- Inadequate collaboration and coordination of nutrition programming at the community and district levels.

2.3. Opportunities

- Decentralisation Policy which facilitates effective and timely implementation of multi-sector nutrition activities.
- Existence of community structures through which multi-sector nutrition interventions are implemented. These include the District Nutrition Coordination Committees (DNCC) including the Area and Village Nutrition Coordination Committees.
- Increased number of NGOs, CSOs, and development partners working at community level.

2.4. Threats

- Malawi is prone to natural disasters such floods and droughts that affect food security and nutrition security of the population. When natural disasters occur, the nutrition situation deteriorates and implementation of nutrition interventions is affected.
- Nutrition interventions and programmes are heavily dependent on donor support. When donors pull out, the programmes are likely to be unsustainable affecting implementation of the Strategic Plan.

3.0. Goal, Strategic Outcomes and Objectives

3.1. Goal

To attain optimal nutrition for all Malawians by 2021 with emphasis on children under the age of 5, pregnant and lactating women, and other vulnerable groups.

3.2. Strategic Outcomes

The expected strategic outcomes are:

i. Reduced number of children under 5 who are stunted by 20 percent

ii. Reduced rate of anaemia in children, adolescent girls and women of reproductive age by 25 percent

iii. Reduced rate of infants born with low birth weight by 15 percent

iv. Reduced rate of overweight among children, adolescents, and adults by 5 percent

v. Increased rate of exclusive breastfeeding in the first 6 months by 20 percent

vi. Wasting in children is maintained at less than 5%; in adolescents and adults is reduced to less than 5%

vii. Improved multi-sectoral programming and coordination of nutrition intervention

viii. Increased government contribution to funding from 0.001% to 0.1%, commitment, and accountability for nutrition

3.3. Strategic Objectives

The specific objectives of the strategic plan are to:

i. Prevent undernutrition with emphasis on children under five, adolescent girls, school-going children, pregnant and lactating women, PLHIV, and other vulnerable groups.

ii. Enhance gender equality, equity, protection, participation, and empowerment of adolescent, women, and children for improved nutrition.

iii. Treat and control acute malnutrition among children under five, adolescents, pregnant and lactating women, PLHIV, and other vulnerable groups.

iv. Prevent and manage overweight and nutrition related NCDs.

v. Enhance nutrition education, social mobilisation, and positive behaviour change.

vi. Improve delivery of nutrition interventions during emergencies.

vii. Create an enabling environment for effective implementation of nutrition interventions.

viii. Enhance evidence-based programming through nutrition monitoring, evaluation research, and surveillance

4.0. Strategic Objectives and Actions

4.1. Objective 1: Prevent Undernutrition with Emphasis on Children Under Five, Adolescent Girls, School-going Children, Pregnant and Lactating Women, PLHIV, and Other Vulnerable Groups

Sub-optimal feeding during the first 1,000 days of a child's life and poor dietary diversity are widespread in Malawi, and are exacerbated by inadequate availability and access to diverse and nutritious foods; poor health-seeking behaviours; poor WASH practises; weak access to quality health care; low education levels among caregivers; and insufficient household incomes. A number of high-impact nutrition interventions were implemented through the National Nutrition Policy and Strategic Plan (NNPSP) 2007–2012. These interventions focused on promoting optimal infant and young child feeding practices, maternal nutrition and health, prevention and control of micronutrient disorders, promotion of production and utilisation of diversified nutritious foods, and strengthening households' capacity to attain adequate nutrition. The government also implemented other nutrition-sensitive interventions such as; school meals programmes, cash transfers and food distributions.

The Strategic Plan aims at building on lessons learned and achievement made over the past decade, and promoting the implementation of high-impact, nutrition interventions across the various sectors and line-ministries.

Strategy 1: Promote optimal nutrition for the general population

Activities:

- Advocate for the production of diversified crops including indigenous high nutritive value crops, fish and animals such as poultry, small ruminants and milk producing animals for improved nutrition.
- Conduct awareness campaigns on the importance of consuming a diversified diet that is based on the Malawi six food groups.
- Conduct cooking demonstrations to promote dietary diversity for improved nutrition.
- Develop and disseminate dietary guidelines for the Malawian population.
- Develop national food composition tables.
- Conduct community sensitisation to promote WASH, malaria prevention, family planning, and early childhood development for improved nutrition outcomes.
- Document the type and diversity of foods for various agro-ecological areas of the country.
- Develop and disseminate food calendars that are based on the seasonal and agro-ecological zones.
- Distribute high nutritive value indigenous seeds and animals to vulnerable households.

Strategy 2: Promote women nutrition before, during and after pregnancy

Activities:

- Review and disseminate Information, Education and Communication (IEC) materials on optimal maternal nutrition, healthy lifestyle and pre-and-post pregnancy care.
- Review the Essential Nutrition Actions (ENA) materials to align with global best practices on maternal and child nutrition.
- Train service providers on the ENA.
- Provide iron-folate supplementation to pregnant women, and all women 15-49 years.
- Train facility and community-based service providers at on adolescent nutrition and maternal nutrition.
- Conduct nutrition education and counselling for adolescent girls and women at facility and community level.
- Disseminate information on the importance of early (within the first trimester) and consistent attendance of antenatal and postnatal care.
- Provide insecticide treated bed nets to all pregnant and lactating mothers.
- Procure and distribute to all facilities Iron, Folic Acid, Vitamin A and de-worming tablets for pregnant women and women 15-49 years.

Strategy 3: Intensify prevention and control of micronutrient deficiencies

Activities:

- Develop and disseminate a National Micronutrient Strategy.
- Conduct community mobilisation on better food systems, integrated homestead farming for promotion of consumption of micronutrient rich foods.
- Advocate for production and consumption of high nutritive foods including bio-fortified foods.
- Develop and disseminate IEC materials on indigenous high-nutrient value crops.
- Develop and disseminate IEC materials on the importance of micronutrients and dietary diversity.
- Develop and review fortification standards to align with global and regional standards.
- Conduct micronutrient supplementation (vitamin A, iron and folic acid, and deworming) through routine child health campaigns.
- Conduct Vitamin A and iron supplementation for school aged children.
- Develop micronutrient supplementation guidelines for school aged children and adolescents.
- Conduct food consumption and availability survey.
- Conduct National Micronutrient Survey.
- Develop and disseminate guidelines on recommended food storage, processing, preparation and utilisation.

- Conduct awareness campaigns on bio-fortified crops and their benefits.
- Conduct socio-marketing of Micronutrient Powders (MNPs).
- Conduct national review meetings on MNPs.
- Procure and distribute MNPs to health facilities.
- Train service providers including care groups on the use of MNPs.
- Provide micronutrient powders to under-five children and pregnant women
- Engage/recruit Technical Advisor to support the roll out of MNPs.

Strategy 4: Promote optimal breast feeding practices for children 0-6 months at facility, community and household levels

Activities:

- Review and disseminate IEC materials on optimal breastfeeding practices.
- Advocate for inclusion of 6 months maternity leave in the Nutrition Bill/ Public Health Act, conducive work conditions and workplace support for breastfeeding mothers.
- Monitor the enforcement of maternity leave.
- Conduct annual sensitisation and awareness campaign to promote exclusive breastfeeding in the first six months.
- Commemorate National Breastfeeding Week.

- Train service providers and managers on Baby Friendly Hospital Initiatives (BFHI).
- Monitor adherence to BFHI protocols and standards.
- Assess and certify health facilities on BFHI.
- Train service providers and managers on optimal breastfeeding practices and support.
- Train manufacturers, traders, media, and frontline workers on the code of marketing of breast milk substitutes.

Strategy 5: Promote continued breastfeeding and appropriate complementary feeding of children aged 6 to 24 months and beyond

Activities:

- Develop and disseminate a recipe book for promoting appropriate complementary feeding among infants 6-24 months.
- Advocate for attendance of postnatal care and growth monitoring and promotion.
- Review and disseminate IEC materials on optimal complementary feeding practices.
- Train service providers, frontline workers and care groups on optimal complementary feeding practices.
- Sensitise communities (chiefs, men, grandparents, religious leaders) on importance of optimal complementary feeding practices for children 6-24 months.
- Conduct education and counselling sessions with lactating women through care groups and home visits.

Strategy 6: Strengthen optimal feeding of children during and after illness

Activities:

- Train service providers on optimal feeding of children during and after illness using ENAs.
- Review and disseminate IEC materials on recommended practice and optimal feeding of children during and after illness.
- Sensitise caregivers, care groups and service providers on the importance of optimal feeding during and after illness.
- Sensitise care givers, care groups and service providers on importance of early health seeking behaviours and attendance of growth monitoring and promotion for a sick child.

Strategy 7: Promote improved WASH practises at the community and household levels

Activities:

- Develop and disseminate IEC materials on WASH.
- Sensitise households and communities on improved WASH practises.
- Conduct awareness campaigns using various communication channels.

Strategy 8: Promote implementation of nutrition-sensitive and nutrition-specific interventions in the relevant core sectors

Activities:

- Integrate nutrition sensitive interventions in Agriculture policy and strategies.
- Train food and nutrition officers and frontline workers on nutrition sensitive agricultural programming.
- Develop standardised complementary feeding guidelines
- Conduct community complementary feeding lessons
- Train to frontline workers, care groups and households on homestead farming, food processing, preservation, storage and utilisation of diversified foods for improved nutrition status.
- Establish seed multiplication gardens at the community level
- Mobilise communities to adopt energy saving technologies to mitigate climate change effects.

Strategy 9: Promote school feeding and school health and nutrition programmes

Activities:

- Review school health and nutrition strategy.
- Develop school feeding guidelines.
- Scale-up school health and nutrition programmes.
- Train school health nutrition coordinators.

- Integrate School Health and Nutrition (SHN) with other public health interventions such as de-worming, malaria, vitamin A supplementation, reproductive health, HIV/AIDS and WASH.
- Review the SHN Monitoring and Evaluation (M&E) system to align with the National Multi-Sector Nutrition M&E system.
- Develop teaching and learning materials for nutrition education in primary and secondary schools.
- Monitor the teaching of nutrition in primary and secondary schools.
- Establish school gardens for agricultural production to improve nutrition knowledge of learners.
- Conduct nutrition open days in schools.
- Train schools and communities to manage their SHN programmes.
- Conduct cooking demonstrations that promote appropriate food choices and combinations in all primary schools.

Strategy 10: Promote fortification and standardization of centrally processed food for improved nutrition

Activities:

- Monitor the quality and safety of locally produced and imported foods to meet national fortification standards.
- Conduct awareness campaigns to sensitise traders and food industries on nutrition related requirements and standards of food.

- Train frontline workers and managers on monitoring the quality of fortified foods.
- Monitor compliance of food standards by industries.

4.2. Objective 2: Enhance Gender Equality, Equity, Protection, Participation, and Empowerment of Adolescent, Women, and Children for Improved Nutrition

Gender inequality adversely impacts nutritional status of women and children in Malawi. Malawian women play a fundamental role in supporting nutrition and food security of their families, as they are the principal meal preparers and caregivers for their children, and they have the responsibility for acquiring and/or producing food. The combination of high adolescent pregnancy and undernutrition during the adolescence years increases the risk of child mortality and malnutrition in their offspring, significantly contributing to the prevalence of stunting in Malawi. The early onset of childbearing also increases the likelihood of more births and affects how well children are cared for in terms of IYCF practices, hygiene and sanitation practices.

Women's participation in decision-making is low, among women of childbearing age, only 47 percent report participating in household decisions (e.g., her own health care, making major household purchases, making purchases for daily household needs, visiting family and relatives). In contrast, only 37.8 percent of married adolescent girls report participating in these same decisions (MDHS 2015-16).

The Strategic Plan aims at implementing the following set of actions to enhance gender equality, equity, protection, participation, and empowerment of adolescent, women and children for improved nutrition.

Strategy 1: Address gender and socio-cultural issues that affect adolescent, maternal, infant, and young child nutrition

Activities:

- Conduct awareness campaigns on optimal nutrition for adolescents, maternal, infant, and young child including food taboos.
- Sensitise the population on the negative impacts of gender based violence on health and nutrition outcomes of women and children.
- Design, plan, implement and monitor nutrition education programmes targeting adolescents.
- Conduct community sensitisation with influential community leaders including Members of Parliament (MPs), Traditional Authorities (TAs), Councillors, Chiefs and family members including mothers, fathers, grandmothers, uncles and aunts on importance of nutrition.

Strategy 2: Promote sustainable livelihoods interventions for improved nutrition in women and child headed households

Activities:

- Provide social transfers and support livelihoods for the most vulnerable households and communities.
- Develop and implement social assistance programmes for women and child headed households.
- Lobby for increased access to safety net programmes for the food insecure women and child headed households.
- Distribute seeds to support production of drought-resistant crops and livelihood diversification to improve the

resiliency of women and child headed households in disaster prone areas.

- Incorporate village saving loans in care group activities for economic empowerment targeting vulnerable gender categories.

Strategy 3: Promote improved nutrition for adolescents

Activities:

- Develop tailor-made services and programs for optimum adolescent nutrition.
- Develop and disseminate a national strategy for adolescent nutrition.
- Develop IEC materials on nutrition for adolescent girls.
- Advocate for integration of adolescent nutrition in youth friendly health initiatives.
- Implement and monitor nutrition education and counselling programmes for adolescents.
- Orient service providers and teachers on adolescent nutrition, HIV/AIDS, reproductive health and WASH.
- Conduct awareness campaigns on adolescent nutrition, HIV/AIDS, reproductive health and WASH through mass media.
- Commemorate adolescent nutrition week.

Strategy 4: Promote male involvement in maternal nutrition, child care and household duties

Activities:

- Actively involve men in maternal and child nutrition.

- Develop and disseminate IEC materials on male involvement in nutrition, child care and household duties.
- Identify male nutrition champions.
- Conduct awareness campaigns on male involvement in maternal and child nutrition.
- Mobilise communities to encourage and supports pregnant women and their husbands/partners to attend antenatal care during the first trimester and improve maternal nutrition.

Strategy 4: Promote iron-folate supplementation for women of reproductive age

Activities:

- Develop and disseminate IEC materials on iron-folate supplementation among adolescents.
- Train service providers including teachers on iron-folate supplementation in women of reproductive age.
- Conduct advocacy campaigns using various channels.

4.3. Objective 3: Treat and Control Acute Malnutrition Among Children Under Five, Adolescents, Pregnant and Lactating Women, PLHIV, and Other Vulnerable Groups

Malawi was one of the first countries to implement Community-based Management of Acute Malnutrition (CMAM). The government adopted the approach in 2006 with the aim of increasing access, coverage, early detection and timely management of acute malnutrition among children.

Malawi has made tremendous achievements in integrating CMAM into the health system. However, there are several priority issues that need to be addressed for complete institutionalisation and effective coverage of CMAM. The priority issues that need to be addressed include: the low capacity and participation of clinicians in the management of SAM; insufficient community outreach and mobilisation; and the weak supply chain management.

In addition to managing acute malnutrition in children, in 2006, the government established nutrition care support and treatment (NCST) which provides a comprehensive set of nutrition interventions aimed at preventing and managing malnutrition in adolescents and adults at various health service delivery points. In addition, NCST services promote the linkage and referral of clients between the health facility and community-based health, nutrition, economic strengthening, livelihoods, and food security interventions.

The Strategic Plan aims at implementing the following set of actions to treat and control acute malnutrition among children under five, adolescents, pregnant, lactating women, PLHIV and other vulnerable groups.

Strategy 1: Strengthen the implementation of CMAM and NCST through lifecycle approach targeting adolescents, adults and children

Activities:

- Procure and distribute CMAM supplies and equipment.
- Procure and distribute NCST supplies and equipment
- Train service providers involved CMAM service delivery.
- Train service providers involved in NCST service delivery.
- Mobilise communities for effective delivery of CMAM services.

Strategy 2: Promote scaling up of nutrition treatment, care and support of TB patients, PLHIV and other chronically ill persons in all public and private health facilities

Activities:

- Establish district and facility Quality Improvement (QI) teams in all implementing facilities.
- Conduct QI learning sessions and forums for implementing facilities.
- Procure and distribute Job Aids such as BMI charts/wheels, registers, counselling materials, and posters.
- Link NCST clients with social protection, livelihood and economic strengthening interventions at community level.

Strategy 3: Promote governance, coordination, monitoring and evaluation of CMAM and NCST service delivery

Activities:

- Review the CMAM and NCST guidelines.
- Conduct coordination and advocacy meeting for CMAM and NCST Service delivery.
- Facilitate CMAM data management for quality service delivery and decision making.
- Facilitate NCST data management for quality service delivery and decision making.
- Mobilise resources for NCST services.

4.4. Objective 4: Prevent and Manage Overweight and Nutrition Related NCDs

In Malawi, overweight and obesity is on the rise, however, identification and management are not routinely done. Obesity can contribute to chronic NCDs, in particular cardiovascular diseases such as heart disease and stroke, cancer, respiratory diseases, and diabetes mellitus, which are becoming increasingly significant causes of morbidity and mortality in Malawi and other low- and middle-income countries[1]. Urbanisation, changing lifestyles, socio-cultural factors, poverty and poor maternal, foetal, and infant nutrition, which forms the basis of the developmental origins of NCDs, are some of the drivers of this epidemic. Tobacco smoking, excessive alcohol consumption, physical inactivity, obesity, and low fruit and vegetable intake are well known shared risk factors for development of major NCDs. If immediate actions are not taken, increases in dietary-related, non-communicable diseases will become an increasing burden on the health care system and economy.

The Strategic Plan aims at implementing the following set of actions to prevent and manage overweight and nutrition related NCDs.

Strategy 1: Increase access to services for prevention and early detection of nutrition related NCDs

Activities:

- Develop and disseminate NCDs operational plan.

[1] Msyamboza KP. et al. 'The Burden of Selected Chronic Non-Communicable Diseases and Their Risk Factors in Malawi: Nationwide STEPS Survey'. Date?

- Review, print and disseminate guidelines on prevention and management of nutrition related NCDs.
- Procure and distribute equipment and supplies for diagnosis, management and treatment of dietary related NCDs.
- Conduct screening to identify at risk clients for dietary related NCDs at each visit both at facility and outreach clinics.
- Conduct routine check-up of BMI, blood pressure, blood glucose levels, cholesterol levels for at risk group including; overweight and obese clients, and clients with NCDs.

Strategy 2: Strengthen capacity of service providers to provide dietary and lifestyle counselling services and management at the facility and community outreach services

Activities:

- Develop training materials and M&E tools on the prevention and management of NCDs.
- Train service providers on screening, prevention and management of nutrition related NCDs.
- Mentor and coach service providers on the management of nutrition related NCDs.

Strategy 3: Promote awareness campaigns and behaviour change communication on prevention of NCDs

Activities:

- Develop and disseminate IEC materials on prevention and management of NCDs
- Conduct awareness campaigns on NCDs at national, district and community levels.
- Develop and air TV and radio programmes on NCDs.
- Orient media houses on NCDs.
- Participate in commemoration of NCD days.

4.5. Objective 5: Enhance Nutrition Education, Social Mobilisation, and Positive Behaviour Change

Carefully designed social and behaviour change interventions can ignite change for nutrition practices at the community and household levels as well as build support for an enabling environment for nutrition. To improve the nutritional status of the population in Malawi, especially nutritionally-vulnerable groups, there must be a focus on improving knowledge, attitudes, beliefs, and behaviours related to nutrition. Household members need to adjust their dietary habits and optimize their nutrition-related practices. Such changes are often difficult and require more than providing correct information about prevention of undernutrition or overnutrition. Individual behaviour is a product of multiple overlapping individual, social, and environmental influences. For individuals to be able to change their behaviour, key factors affecting the individuals themselves and those directly or indirectly influencing them need to be addressed, including motivation and the ability to act (e.g., self-efficacy and social/gender norms)[2].

The Strategic Plan aims at implementing the following set of actions to enhance nutrition education, social mobilisation, and positive behaviour change.

[2] C-Change. 2012. C-Modules: A Learning Package for Social and Behaviour Change Communication (SBCC). Washington, DC: C-Change/FHI 360.

Strategy 1: Promote behavioural change for collective action, community ownership, and improved nutrition knowledge, attitudes and practices

Activities:

- Develop and disseminate Nutrition Education and Communication Strategy (NECS) II.
- Develop/Review and disseminate all nutrition education and communication materials outlined in the NECS II.
- Review, print and disseminate nutrition education and communication training packages outlined in the NECS II.
- Translate nutrition education and communication materials into local languages
- Conduct behaviour change communication activities with prioritised target audiences in the NECS II.

Strategy 2: Advocate for stakeholders' participation in nutrition education programming at all levels

Activities:

- Develop and disseminate nutrition advocacy materials for priority target audience including the media, policy makers, donors and development partners, ministry of finance, traditional authorities, district executive committees and district councillors.
- Update Malawi PROFILES for advocacy.
- Document and disseminate best practices on nutrition.
- Develop nutrition orientation packages for various priority target groups as outlined in the NECS II.

- Facilitate the development of district specific nutrition advocacy plans.

Strategy 3: Promote social mobilisation through mass media and other communication channels

Activities:

- Conduct social mobilisation activities with prioritised target audiences in the NECS II.
- Develop and disseminate nutrition messages for various secondary target audiences.
- Orient media houses on nutrition education and communication as outlined in NECS II.

Strategy 4: Strengthen the capacity of all sectors at national and district level to implement Nutrition Education and Communication Strategy

Activities:

- Facilitate the development of sector specific nutrition education and communication operational plans, in alignment with NECS II.
- Conduct capacity assessment to identify gaps for implementation of NECS in all sectors.
- Evaluate the implementation of NECS II.
- Strengthen and establish community level structures to implement NECS activities.
- Train service providers, frontline workers including volunteers on NECS.

4.6. Objective 6: Improve Delivery of Nutrition Interventions During Emergencies

Malawi is prone to disasters, predominantly drought and floods, which are further exacerbated by climate change[3]. The impact of these disasters on the population are particularly devastating due to the high dependence on subsistence farming, over-reliance on rain-fed agriculture, poverty, limited crop diversity, and a lack of disaster-risk management infrastructure and systems[4].

When emergencies such as floods, earthquakes, drought, and disease outbreaks occur, thousands of Malawians are displaced from their homes, lose their livelihoods, and have little access to resources or services. Specific targeted nutritional interventions to vulnerable groups, including children under the age of five, pregnant women, lactating mothers, and other vulnerable groups would help safeguard them from undernutrition. The government's National Disaster Risk Management Policy does not provide guidance for management or implementation of nutrition interventions during emergencies.

The Strategic Plan aims at implementing the following set of actions to improve delivery of nutrition interventions during emergencies and humanitarian situations.

Strategy 1: Promote timely detection, referral and treatment of malnutrition

Activities:

- Map partners supporting the emergency response at national and district levels.

[3] UNDAF 2012–2016, p. 2.

[4] National Disaster Risk Management Policy 2015, p. 1.

- Develop and disseminate guidelines on preparedness, response and management of nutrition during emergencies.
- Procure and pre-position nutrition supplies in all districts and sites affected by emergencies.
- Conduct routine mass screening for timely detection, referral and treatment of undernutrition in children, adolescent and adults.
- Conduct bi-annual nutrition smart surveys.
- Train DNCCs and frontline workers on nutrition response during emergencies.
- Conduct routine monitoring of the quality and effectiveness of the emergency nutrition responses.

Strategy 2: Promote nutrition education on maternal and child nutrition

Activities:

- Develop and disseminate guidelines and messages on IYCF during emergencies.
- Train service providers and district officers on IYCF during emergencies.
- Enforce the code of marketing for breast feeding substitutes during emergencies.
- Develop and disseminate IEC materials on nutrition response during emergency.
- Conduct information dissemination and communication campaigns on prevention, mitigation and response to the risk of malnutrition during emergencies.

Strategy 3: Strengthen coordination measures of nutrition emergency response at all levels

Activities:

- Engage and plan for nutrition within national humanitarian response.
- Conduct nutrition cluster coordination meetings at national and district levels.
- Mobilise resources to ensure preparedness for emergency nutrition response.
- Conduct joint monitoring assessments to the affected areas.
- Train managers and partners on nutrition in emergency and cluster management.

Strategy 4: Promote resilient programmes aimed at improving maternal and child nutrition

Activities:

- Integrate resilience building programs in developmental and emergence responses.
- Identify households with vulnerable motherless infants, orphan vulnerable children for targeted nutrition support and social protection.
- Provide targeted support to households with under five children, pregnant and lactating mothers with seeds for backyard gardens and small stock for dietary diversification.
- Provide livelihood support for households with undernourished individuals.

4.7. Objective 7: Create an Enabling Environment for Effective Implementation of Nutrition Interventions

Over the past decade, the government has undertaken key measures to create an enabling environment for nutrition. Some of these measures are the inclusion of nutrition in the MGDS III and Sector policies, establishment of the DNHA and high-level multi-sector and multi-stakeholder coordination committees, and placement of nutrition officers in core sectors and line-ministries. At the operational level, district nutrition officers have been deployed, and limited resources earmarked for nutrition in the local assembly budgets.

In addition to increasing coordination, accountability, and resources for nutrition, the government recognises the need to have capable and competent human resource for quality implementation of nutrition-specific and sensitive interventions. Over the years the government has increased the number of nutritionists being trained and employed within the public sector. However, the understanding of nutrition by non-nutritionist managing and delivering nutrition interventions in the health, agriculture, education, and gender sectors is varied and limited.

A favourable enabling environment also requires legal instruments that protect consumers from violations related to food products, unhygienic handling of foods in food outlets; food adulteration and improper food processing; importation of uncertified food supplements; and cultural practices that deny certain family members access to an adequate diet.

The Strategic Plan aims at implementing the following set of actions to create an enabling environment for effective implementation of nutrition interventions.

Strategy 1: Advocate for increased financial resource allocations for nutrition programming by government and development partners

Activities:

- Develop sustainable financing strategy for nutrition.
- Conduct annual nutrition financial resource mapping to identify funding gap.
- Conduct advocacy meetings with district councils, parliamentarians, cabinet and finance committee and donor partners to lobby for increased budget allocation for nutrition.
- Advocate and establish Nutrition Sector-wide Pool funding.
- Advocate and empower community to mobilise resources and support nutrition activities.
- Engage with Ministry of Finance regularly to ensure nutrition is a priority in national investment.
- Facilitate incorporation of nutrition into District Socio-Economic Profiles (DSEPs), District Development Plans (DDP), and District Implementation Plans (DIP).

Strategy 2: Strengthen human capacity for effective programming and delivery of nutrition services at all levels

Activities:

- Conduct institutional and human capacity assessment for effective coordination and implementation of nutrition interventions in-line with the defined multi-sector institutional arrangement.

- Facilitate the development of Sector specific nutrition strategies and implementation plans.
- Update the pre-service training curricula for frontline workers of all sectors to align with national and international nutrition standards and policy priorities.
- Review/update all sector nutrition training materials and plans.
- Conduct pre-service and in-service training for nutrition officers, frontline workers and other cadres of service providers involved in nutrition programming.
- Develop and review DNHA strategic plan.

Strategy 3: Strengthen nutrition coordination at all levels

Activities:

- Conduct annual Principal Secretaries' steering committee meeting.
- Conduct bi-annual national nutrition coordination committee meetings.
- Conduct quarterly Technical Working Group (TWG) meetings.
- Map (and update annually) nutrition programmes and partners at all levels.
- Conduct annual national nutrition learning forums.
- Conduct monthly DNCC meetings.
- Develop and review partnership terms of reference for effective implementation of nutrition activities and programmes at all levels.

- Conduct annual joint planning and review meetings.
- Facilitate coordination among development partners, donors, civil society, academic institutions and private sectors through scaling up nutrition movement.

Strategy 4: Enforce legal instruments to guide implementation of nutrition services and programmes

Activities:

- Develop Food and Nutrition Bill.
- Print and disseminate the Food and Nutrition Act.
- Translate, print and disseminate the abridged version of Food and Nutrition Act to the general public.
- Conduct civic education on Food and Nutrition Act.
- Orient national and district officers to enforce the Food and Nutrition Act as a legal instrument.
- Monitor the provision of food and nutrition in boarding schools, prisons, public reformatory centres, hospitals, public foster homes, public safety homes and other institution to ensure adherence to legal instruments
- Train Malawi Bureau of Standards (MBS), research institutions and the Ministry of Trade, District Environmental Officers and Nutrition Officers to monitor and promote adherence to food standards.
- Gazette revised standards to reinforce mandatory fortification of targeted foods.
- Advocate for the development, documentation, enforcement of by-laws that promote nutrition, food safety and food security at district and council levels.

- Facilitate enforcement of the national code of marketing breastmilk substitutes.

Strategy 5: Promote Public-Private Partnerships in nutrition programming

Activities:

- Establish business network for nutrition.
- Conduct bi-annual coordination business network meetings.
- Advocate for corporate social responsibility with the business network to promote nutrition, cognitive development and save lives of children.
- Train and engage private sector companies and communities on nutrition sensitive value chain.
- Establish partnerships with food processing companies to improve local production of complementary foods.
- Create demand for consumption of nutritious centrally processed fortified foods.
- Conduct consumer education sessions on nutrition using various channels.
- Advocate for integration of nutrition in the food value chains.
- Monitor the quality of fortified foods regularly at all levels of the value chain.
-

4.8. Objective 8: Enhance Evidence-based Programming Through Nutrition Monitoring, Evaluation, Research, and Surveillance

Nutrition monitoring, evaluation, research, and surveillance aim to measure achievements, progress and gaps, and to trigger corrective actions for nutrition planning and programming. Nutrition M&E is primarily designed to provide stakeholders with relevant information on the implementation progress of nutrition services. It further helps in evidence-based decision making.

Nutrition research generates new information and provides evidence on improving programming and practice. Although research has been key in building some of the national programmes such as the CMAM and sugar fortification, it has not been adequate in supporting evidence-based programming around national policy priorities. The National Nutrition Research Strategy 2009-2014 was not adequately disseminated to partners including academia, private sector, and NGOs. There is inadequate financial and human resource to support national nutrition research capacity.

Surveillance provides routine information about the population's nutritional status, identifies at-risk groups, and enables timely interventions to address a problem. While nutrition surveillance was successful in Malawi, it had limited coverage and focused on limited nutrition interventions.

The Strategic Plan aims at implementing the following set of actions to enhance evidence-based programming through nutrition monitoring, evaluation, research and surveillance.

Strategy 1: Promote coordination and collaboration of nutrition researchers in line with the nutrition research strategy and other existing actions in the research institutions

Activities:

- Review the national nutrition research strategy.
- Engage with National Health Sciences Research and Ethics Committee (NHSREC) and College of Medicine Research and Ethics Committee (COMREC) to coordinate and guide on nutrition research.
- Map ongoing nutrition researches and researchers in Malawi.

Strategy 2: Promote research and use of information for evidence-based decision making at all levels

Activities:

- Advocate for local research to generate information for nutrition programming.
- Conduct nutrition research dissemination conferences every two years.
- Develop a National Multi-Sector Nutrition M&E system that integrates key sector databases.
- Re-establish and scale up an integrated food and nutrition surveillance system for real time monitoring at all levels.
- Conduct nutrition research.
- Upgrade DNHA website to manage and share nutrition dashboard with key stakeholders.

Strategy 3: Strengthen monitoring, evaluation and surveillance systems for routine information sharing and data utilisation at all levels

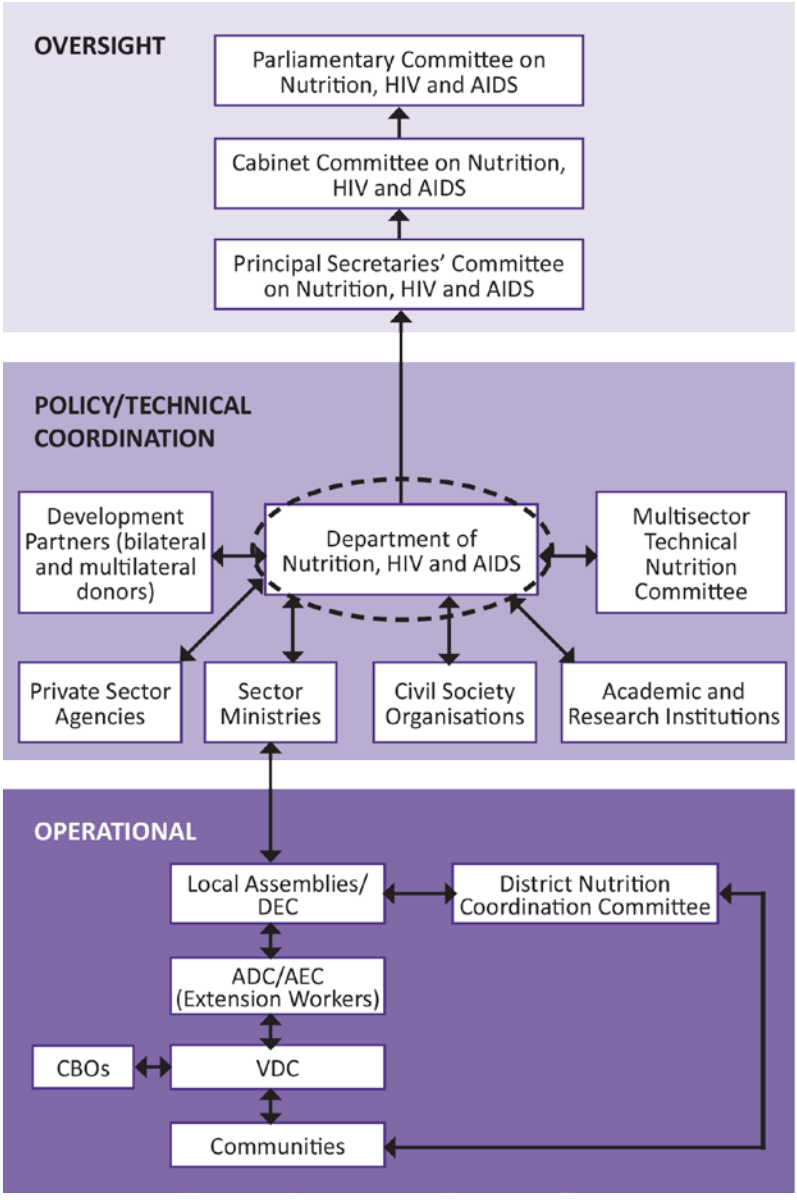
Activities:

- Conduct bi-annual nutrition M&E coordination meeting.
- Conduct routine nutrition data quality assessments and audits with key sectors.
- Train M&E officers and decision makers on data management at all levels.
- Develop and disseminate the National Multi-Sector Nutrition M&E Plan.
- Review and upgrade the National Nutrition Resource Tracking tool.

5.0. Implementation Arrangements

Implementation of the National Multi-Sector Nutrition Strategic Plan 2018–2022 will be multi-sector in nature and in accordance with the National Multi-Sector Nutrition Policy 2018-2022. The Figure 5 below presents a summary of the multi-sector institutional arrangements.

Figure 5: Institutional Arrangements of the Multi-Sector Nutrition Strategic Plan



5.1. Roles and Responsibilities of Key Stakeholders

The Government recognises the importance of stakeholders and partnership in implementation of this policy. The stakeholders include ministries, departments, agencies, development partners, academic and research institutions, the public sector, the private sector, CSOs, NGOs, faith-based organisations, and the communities which are as follows:

The Department of Nutrition, HIV and AIDS (DNHA)

The Department will be responsible for oversight, strategic leadership, policy direction, coordination, resource mobilisation, capacity building, and monitoring and evaluation of the national nutrition response. The department will also be responsible for 1) high level advocacy; 2) spearheading the mainstreaming and integration of nutrition in the national development agenda, sectorial policies, programs, and outreach services; 3) ensuring the implementation of the Policy by sectors and other stakeholders on the basis of the defined mandates; 4) tracking sector performance and ensuring accountability; and 5) resource mobilisation and tracking.

Ministry responsible for Agriculture, Irrigation and Water Development (MoAIWD)

The Ministry will be responsible for food and nutrition security and mainstreaming nutrition as a core priority area by focusing on improving food access and promoting diversified diets. The Ministry will support production and consumption of diverse nutritious crops, including bio-fortified foods, and strengthen value chains to improve production, availability, distribution, and access to high-quality and safe nutritious foods.

Ministry responsible for Health

The Ministry will be responsible for provision of leadership and technical direction in programming and delivery of the quality and cost-effective clinical and biomedical nutrition services in partnerships with stakeholders.

Ministry responsible for Gender, Children, Disability and Social Welfare

The Ministry will be responsible for provision of leadership and technical direction in programming gender and nutrition interventions. The Ministry will also promote women's empowerment, integration of nutrition in income generating activities, social protection and welfare programmes, and community mobilisation in support of nutrition.

Ministry responsible for Education, Science and Technology (MoEST)

The Ministry will be responsible for implementation of the school health and nutrition programmes, including school feeding. It will also be responsible for inclusion of nutrition education in school curricula at all levels of the education system.

Ministry responsible for Local Government and Rural Development (MoLGRD)

The Ministry will be responsible for implementation of nutrition interventions at the council and community levels. It will ensure the replication of the multi-sectoral approach to nutrition at the district and city council levels. It will also establish district and community-level nutrition committees.

Ministry responsible for Finance, Economic Planning and Development

The Ministry will be responsible for mobilisation of resources from government and development partners, and private sectors for nutrition interventions.

Ministry responsible for Information and Civic Education

The Ministry will be responsible for dissemination of nutrition information and public awareness.

Ministry responsible for Industry and Trade

The Ministry will be responsible for enforcement of trade-related sections of legislation that have impact on food, nutrition, including the counterfeit law, Salt Iodisation Act, food standards as defined and protected by the Malawi Bureau of Standards, and the Code of Marketing of Breastmilk Substitutes.

Ministry responsible for Youth Development

The Ministry will be responsible for provision of leadership and coordination in the delivery of high quality, culturally appropriate, and contextually relevant nutrition information and services to the youth.

Ministry responsible for Justice and Constitutional Affairs

The Ministry will be responsible for drafting legislations that support food, nutrition, and the wellbeing of Malawians.

Ministry responsible for Climate Change

The Ministry will be responsible for coordinating integration and mainstreaming of nutrition in environmental and social impact

assessment and management plans in view of challenges due to climate change.

Academic and Research Institutions

Academic and research institutions will be responsible for conducting rigorous nutrition research and disseminating findings to inform policy and programming. Resources and expertise to conduct the necessary research will be leveraged from credible national and international research organisations and institutions. The academic institutions will also play an important role in ensuring that pre-service education addresses up-to-date nutrition policies, interventions, and standards that are relevant to the Malawi context.

Development Partners

Development partners who support nutrition activities will be members of the multi-sector technical nutrition committee and the government development partner committees. They will align their nutrition interventions, programmes and financial support with the Policy and nutrition strategy. The development partners will continue to undertake high-level advocacy for nutrition among policy and decision makers; provide technical support including policy analysis and implementation; and assist government sectors in mobilising additional resources for nutrition.

Private Sector Agencies

Private sector agencies will continue to ensure that the standards in the production and marketing of high nutritive-value foods are upheld; follow mandatory fortification requirements and recommended fortification levels in all the centrally-processed foods; ensure that the provisions of the Nutrition and the Right to Food and Food Safety Acts are adhered to; facilitate the provision

and access to improved technology for nutrition promotion; meet their social corporate obligation in promoting good nutrition for their employees and the nation.

Civil Society Organisations

At the national level, the CSOs will collaborate with the government to advocate for and implement nutrition-specific and nutrition-sensitive interventions, ensuring mutual accountability. Several CSOs in Malawi, including the CSONA, Civil Society Agriculture Network, Malawi Economic Justice Network, the Consumer Association of Malawi, the Youth Net and Counselling, and the Malawi Women's Association, among others, will play a crucial role to ensuring that the concerns of various stakeholders in nutrition are heard and that government is held accountable to its commitments to the citizens of Malawi on matters of agricultural development.

Principal Secretaries' Committee on Nutrition, HIV, and AIDS

The Principal Secretaries' Committee on Nutrition, HIV, and AIDS will be responsible for ensuring that nutrition interventions are implemented according to each sector's mandate, roles, and responsibilities. As controlling officers at the sector level, the Principal Secretaries, through this committee, will be accountable for operationalisation of the strategic interventions assigned to their sectors. This responsibility includes ensuring that their respective sectors have been assigned adequate financial and human resources for nutrition, develop action plans for implementation, establish clear objectives and targets, and develop reporting and review mechanisms for nutrition interventions.

Multi-Sector Technical Nutrition Committee

The Committee will be composed of a cross section of stakeholders that include key Sector ministries, representatives of development partners, CSOs, academic, and think tank institutions. The Multi-Sector Technical Nutrition Committee will provide technical oversight in the implementation of the policy within each sector; provide technical guidance on the implementation of the nutrition policy; and provide technical advice to the Parliamentary, Cabinet and the Principal Secretaries' committees on nutrition, and DNHA.

District Nutrition Coordination Committees

District Committees will work closely with all the district level structures including the Area and Village Development Committees. The Committees will be responsible for providing nutrition technical guidance to stakeholders, coordinating, monitoring, and evaluation of interventions at the district level.

5.2. Implementation Plan

This Strategic Plan will guide implementation of nutrition interventions and programmes by the defined line-ministries and sectors, under the coordination of DNHA guided by the strategic focus and interventions contained in Appendices I.

5.3. Monitoring and Evaluation Plan

The monitoring and evaluation will be guided by the National Monitoring and Evaluation Framework as presented in Appendices II.

Appendix I: Implementation Matrix

Strategic Objective 1: Prevent undernutrition with emphasis on children under 5, adolescent girls, school going children, pregnant and lactating women, people living with HIV (PLHIV), and other vulnerable groups

Strategic Objective 1: Prevent undernutrition with emphasis on children under 5, adolescent girls, school going children, pregnant and lactating women, people living with HIV (PLHIV), and other vulnerable groups			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Strategy 1: Promote optimal nutrition for the general population			
Advocate for the production of diversified crops including indigenous and bio-fortified crops, fish and animals such as poultry, small ruminants and milk producing animals for improved nutrition	No. of people reached with advocacy messages	4,200	MoAIWD
Conduct awareness campaigns on the importance of consuming a diversified diet that is based on the Malawi six food groups	No. of awareness campaigns conducted at all levels	3,000	MoAIWD
Conduct cooking demonstrations to promote dietary diversity for improved nutrition	No. of cooking demonstration conducted	1,200,000	MoAIWD, MoGCDSW
Develop and disseminate dietary guidelines for the Malawian population	Guidelines developed and disseminated	1	DNHA
Develop national food composition tables	National food composition tables developed	1	DNHA, Academia

Strategic Objective 1: Prevent undernutrition with emphasis on children under 5, adolescent girls, school going children, pregnant and lactating women, people living with HIV (PLHIV), and other vulnerable groups			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Conduct community sensitisation to promote WASH, malaria prevention, family planning, early childhood for improved nutrition outcomes	No. of Community sensitisation campaigns conducted	10	MoH, MoGCDSW
Document the type and diversity of foods for various agro-ecological areas of the country	Document in place	1	MoAIWD
Develop food calendars that are based on the seasonal and agro-ecological zones	No. of copies developed and disseminated	3,000	MoAIWD, DNHA
Distribute high nutritive value indigenous seeds and animals to vulnerable households	No. of households reached	1,540,000	MoAIWD
Strategy 2: Promote women nutrition before, during and after pregnancy			
Review and disseminate IEC materials on optimal maternal nutrition, healthy lifestyle and pre-and-post pregnancy care	No. of IEC materials reviewed	4	DNHA
Review the ENA materials to align with global best practices on maternal and child nutrition	ENA materials reviewed	1	DNHA, MoH
Train service providers on the ENA	No. of service providers trained on ENA	16,000	DNHA, MoH
Provide iron-folate supplementation to pregnant women, and all women 15-49 years	No. of pregnant women and women 15-49 years receiving iron-folate supplementation	3,000,000	MoH

Strategic Objective 1: Prevent undernutrition with emphasis on children under 5, adolescent girls, school going children, pregnant and lactating women, people living with HIV (PLHIV), and other vulnerable groups			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Train facility and community-based service providers at on adolescent nutrition and maternal nutrition	No. of service providers trained	16000	MoH, DNHA, Academia
Conduct nutrition education and counselling for adolescent girls and women at facility and community level	No. of adolescent girls and women reached	3,000,000	MoH, MoAIWD, MoGCDSW, NGOs
Disseminate information on the importance of early (within the first trimester) and consistent attendance of antenatal and postnatal care	No. of dissemination campaigns conducted	10	MoH, NGO
Provide insecticide treated bed nets to all pregnant and lactating mothers	No. of insecticide treated bed nets procured and distributed	1,000,000	MOH
Procure and distribute to all facilities Iron, Folic Acid, Vitamin A and de-worming tablets for pregnant women and women 15-49 years	No. of supplements procured and distributed	3	Donors, NGOs, MoH
Strategy 3: Intensify prevention and control of micronutrient malnutrition.			
Develop and disseminate a National Micronutrient Strategy	No. of strategies developed	1	DNHA
Conduct community mobilisation on integrated homestead farming for promotion of consumption of micronutrient rich foods	No. of community mobilisation meetings conducted	50,000	MoAIWD, MoGCDSW

Strategic Objective 1: Prevent undernutrition with emphasis on children under 5, adolescent girls, school going children, pregnant and lactating women, people living with HIV (PLHIV), and other vulnerable groups			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Advocate for production and consumption of high nutritive foods including bio-fortified foods	No. of advocacy campaigns conducted	20	MoAIWD, DNHA,
Develop and disseminate IEC materials on indigenous high-nutrient value crops	No. of IEC materials developed and disseminated	1	DNHA
Review and disseminate IEC materials on micronutrients and dietary diversity	No. of IEC materials reviewed and disseminated	1	DNHA, MoAIWD
Develop and review fortification standards to align with global and regional standards	No. of fortification standards developed and reviewed	1	MoIT
Conduct micronutrient supplementation (vitamin A, iron and folic acid, and deworming) through routine child health campaigns.	No. of child health campaigns conducted	780	MoH
Conduct Vitamin A and iron supplementation for school aged children	No. of school aged children reached with Vitamin A and iron supplementation	10,000,000	MoH, MoEST
Develop micronutrient supplementation guidelines for school aged children and adolescents	Guidelines developed and disseminated	1	DNHA, MoH, MoEST
Conduct food consumption and availability survey	No. of surveys conducted	1	MoAIWD, Academia
Conduct National Micronutrient Survey	No. of surveys conducted	1	DNHA, NSO

Strategic Objective 1: Prevent undernutrition with emphasis on children under 5, adolescent girls, school going children, pregnant and lactating women, people living with HIV (PLHIV), and other vulnerable groups			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Develop and disseminate guidelines on recommended food storage, processing, preparation and utilisation	Guidelines developed and disseminated	1	DNHA, MoAIWD
Conduct awareness campaigns on bio-fortified crops and their benefits	No. of awareness campaigns conducted	10	DNHA, MoAIWD
Conduct socio-marketing of Micronutrient Powders (MNPs)	No. of socio-marketing campaigns conducted	50,000	NGOs, MoH
Conduct national review meeting for MNP	No. of review meetings conducted	5	DNHA
Procure and distribute MNPs to health facilities	No. of consignments procured and distributed	10	Donors, MoH, NGOs
Train service providers including care groups on the use of MNPs	No. of service providers and care groups trained	15,000	MoH
Provide micronutrient powders to under-five children and pregnant women	No. of under-five children and pregnant women receiving micronutrient powders	14,450,000	MoH
Engage/recruit Technical Advisor to support the roll out of MNPs	TA recruited	1	DNHA
Strategy 4: Promote optimal breast feeding practices for children 0-6 months at facility, community and household levels			
Review and disseminate IEC materials on optimal breastfeeding practices	No. of IEC materials reviewed and disseminated	67,500	DNHA, MoH, MoGCDSW
Advocate for inclusion of 6 months maternity leave in the Nutrition Bill/ Public	Maternity leave act in place	1	DNHA, MOH

Strategic Objective 1: Prevent undernutrition with emphasis on children under 5, adolescent girls, school going children, pregnant and lactating women, people living with HIV (PLHIV), and other vulnerable groups			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Health Act, conducive work conditions and workplace support for breastfeeding mothers			
Monitor the enforcement of maternity leave	No. of monitoring visits conducted	100	DNHA, MOH
Conduct annual sensitisation and awareness campaign to promote exclusive breastfeeding in the first six months	No. of sensitisation and awareness campaigns conducted	400	DNHA, MoH, MoGCDSW, MoLGRD, NGOs
Commemorate National Breastfeeding Week	National Breastfeeding Week commemorated annually in each district	29	DNHA, MoH, NGOs
Train service providers and other staff on BFHI	No. of service providers trained	33,750	DNHA, MoH, NGOs
Monitor adherence to BFHI protocols and standards	No. of monitoring visits conducted	20	DNHA, MoH, NGOs
Assess and certify health facilities on BFHI	No. of facilities certified	675	DNHA, MoH
Train service providers and managers on optimal breastfeeding practices and support	No. of service providers and managers trained	16,000	DNHA, MoH, NGOs
Train manufacturers, traders, media, and frontline workers on the code of marketing of breast milk substitutes	No. of people trained	16,580	DNHA, MoH, NGOs

Strategic Objective 1: Prevent undernutrition with emphasis on children under 5, adolescent girls, school going children, pregnant and lactating women, people living with HIV (PLHIV), and other vulnerable groups			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Strategy 5: Promoting continued breastfeeding and appropriate complementary feeding of children aged 6 to 24 months and beyond			
Develop and disseminate a recipe book for promoting appropriate complementary feeding among infants 6-24 months	Recipe book developed and disseminated	1	DNHA, MoH, MoGCDSW, MoLGRD, MoAIWD, NGOs
Advocate for attendance of postnatal care and growth monitoring and promotion	No. of campaigns conducted	20	DNHA, MoH, MoGCDSW, MoLGRD, NGOs
Review and disseminate IEC materials on optimal complementary feeding practices	No. of IEC materials reviewed and disseminated	1,050,000	DNHA
Train service providers, frontline workers and care groups on optimal complementary feeding practices	No. of people trained	16,000	DNHA, MoH, MoGCDSW, MoLGRD, MoAIWD, NGOs
Sensitise communities (chiefs, men, grandparents, religious leaders) on importance of optimal complementary feeding practices for children 6-24 months	No. of community leaders sensitised on optimal complementary feeding and continued breastfeeding practices	50,000	MoH, MoGCDSW, MoLGRD, MoAIWD, NGOs
Develop radio and TV programmes on importance of optimal feeding for children aged 6-24 months and beyond.	No. of radio programs developed and aired	10	DNHA, NGOs
Conduct education and counselling sessions with lactating women through care groups and home visits	No. of counselling sessions conducted	15,000	MoH, MoGCDSW, MoLGRD, MoAIWD, NGOs

Strategic Objective 1: Prevent undernutrition with emphasis on children under 5, adolescent girls, school going children, pregnant and lactating women, people living with HIV (PLHIV), and other vulnerable groups			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Strategy 6: Strengthen optimal feeding of children during and after illness			
Train service providers on optimal feeding of children during and after illness using ENAs	No. of service providers trained	15,000	MoH, MoGCDSW, MoLGRD, MoAIWD, NGOs
Review and disseminate IEC materials on recommended practice and optimal feeding of children during and after illness	No. of IEC materials reviewed and disseminated	1,050,000	DNHA
Sensitise care givers, care groups and service providers on importance of early health seeking behaviours and attendance of growth monitoring and promotion for a sick child	No. of caregivers, care groups and service providers sensitised	600,000	MoGCDSW, MoLGRD, MoAIWD, NGOs
Strategy 7: Promote improved WASH practises at the community and household levels			
Develop and disseminate IEC materials on WASH	WASH IEC materials developed	1	DNHA, MoAIWD, MoH, MoGCDSW
Sensitize households and communities on improved WASH practices	No. of sensitisation meetings conducted	16,500	MoAIWD, MoH, MoGCDSW, NGOs
Conduct awareness campaigns using various communication channels	No. of awareness campaigns conducted	400	MoAIWD, MoH, MoGCDSW, NGOs
Strategy 8: Promote implementation of nutrition sensitive interventions			
Integrate nutrition sensitive interventions in Agriculture policy and strategies	Nutrition sensitive interventions included in agriculture policy and strategies	1	DNHA, MoAIWD

Strategic Objective 1: Prevent undernutrition with emphasis on children under 5, adolescent girls, school going children, pregnant and lactating women, people living with HIV (PLHIV), and other vulnerable groups			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Train food and nutrition officers and frontline workers on nutrition sensitive agricultural programming	No. of officers and frontline workers trained	3,000	DNHA, MoAIWD, NGOs
Develop standardised complementary feeding guidelines	Guidelines developed and disseminated	1	DNHA
Conduct community complementary feeding lessons	No. of lessons conducted	40,000	MoAIWD, MoGCDSW, NGOs
Train to frontline workers, care groups and households on homestead farming, food processing, preservation, storage and utilisation of diversified foods for improved nutrition status	No. of frontline workers, care groups and households trained	3,000	MoAIWD, MoGCDSW, NGOs
Establish seed multiplication gardens in communities	No. of seed multiplication gardens established	40,000	MoAIWD, MoGCDSW, NGOs, MoLGRD
Mobilise communities to adopt energy saving technologies to mitigate climate change effects	No. of mobilisation campaigns conducted	20	MoAIWD, MoGCDSW, MoLGRD, NGOs
Strategy 9: Promote school feeding and school health and nutrition programmes			
Review and disseminate school health and nutrition strategy	Strategy reviewed and disseminated	1	DNHA, MoEST
Develop and disseminate school feeding guidelines	Guidelines developed and disseminated	1	DNHA, MoEST

Strategic Objective 1: Prevent undernutrition with emphasis on children under 5, adolescent girls, school going children, pregnant and lactating women, people living with HIV (PLHIV), and other vulnerable groups			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Scale-up school health and nutrition programmes	No. of programmes scaled up	1	DNHA, MoEST
Train school health nutrition coordinators	No. of coordinators trained	28	DNHA, MoEST
Integrate School Health and Nutrition (SHN) with other public health interventions such as de-worming, malaria, vitamin A supplementation, reproductive health, HIV/AIDS and WASH	No. of schools implementing integrated SHN programs	40,000	DNHA, MoEST, MoH, Academia
Review the SHN M&E system to align with the National Multi-Sector Nutrition M&E system	SHN M&E system aligned with the National Multi-Sector Nutrition M&E system	1	DNHA, MoEST,
Develop teaching and learning materials for nutrition education in primary and secondary schools	No. of teaching and learning materials developed	2	DNHA, MoEST, Academia
Teach nutrition in primary and secondary schools	No. of nutrition lessons in primary and secondary schools	800,000	MoEST, Academia
Establish school gardens for agricultural production to improve nutrition knowledge of learners	No. of school gardens established	400,000	MoEST, MoAIWD
Conduct nutrition open days in schools	No. of schools conducting nutrition open days	5,631	MoEST, MoAIWD
Train schools and communities to manage their SHN programmes	No. of schools and communities trained	5,631	MoEST, MoAIWD, MoH

Strategic Objective 1: Prevent undernutrition with emphasis on children under 5, adolescent girls, school going children, pregnant and lactating women, people living with HIV (PLHIV), and other vulnerable groups			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Conduct cooking demonstrations that promote appropriate food choices and combinations in all primary schools	No. of cooking demonstration conducted in schools	5,631	MoEST, MoAIWD,
Strategy 10: Promote fortification and standardization of centrally processed food for improved nutrition			
Monitor the quality and safety of locally produced and imported foods to meet national fortification standards	No. of monitoring visits conducted	20	DNHA, CAMA, MoIT, Academia, MBS
Conduct awareness campaigns to sensitise traders and food industries on nutrition related requirements and standards of food	No. of awareness campaigns conducted	20	DNHA, CAMA, MoIT, Academia, MBS
Train frontline workers and managers on monitoring the quality of fortified foods	No. of frontline workers and managers trained	150	DNHA, CAMA, MoIT, Academia, MBS
Monitor compliance of food standards by industries	No. of monitoring visits conducted	20	DNHA, CAMA, MoIT, Academia, MBS

Strategic Objective 2: Enhance gender equality, equity, protection, participation, and empowerment of adolescent girls, women, and children for improved nutrition

Strategic Objective 2: Enhance gender equality, equity, protection, participation, and empowerment of adolescent girls, women, and children for improved nutrition			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Strategy 1: Address gender and socio-cultural issues that affect adolescent, maternal, infant, and young child nutrition			
Conduct awareness campaigns on optimal nutrition for adolescents, maternal, infant, and young child including food taboos	No. of awareness campaigns conducted	20	DNHA, MoGCDSW, MoH, NGOs
Sensitise the population on the negative impacts of gender based violence on health and nutrition outcomes of women and children	No. of sensitisation meetings conducted	15,000	DNHA, MoGCDSW, MoH, NGOs
Design, plan, implement and monitor nutrition education programmes targeting adolescents	No. of adolescent programmes in place	1	DNHA, MoGCDSW, MoH, NGOs
Conduct community sensitisation with influential community leaders including Members of Parliament (MPs), Traditional Authorities (TAs), Councillors, Chiefs and family members including mothers, fathers, grandmothers, uncles and aunts on importance of nutrition	Number of sensitisation meetings conducted	15,000	MoLGRD, MoGCDSW, MoH, NGOs
Strategy 2: Promote sustainable livelihoods interventions for improved nutrition in women and child headed households			
Provide social transfers and support livelihoods for the most vulnerable households and communities	No. of households reached	500,000	MoLGRD, MoGCDSW, NGOs, MoAIWD

Strategic Objective 2: Enhance gender equality, equity, protection, participation, and empowerment of adolescent girls, women, and children for improved nutrition			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Develop and implement social assistance programmes for women and child headed households	No. of working sessions conducted	20	MoLGRD, MoGCDSW, NGOs, MoAIWD, MoH
Lobby for increased access to safety net programmes for the food insecure women and child headed households	No. of advocacy meetings conducted	20	DNHA, MoLGRD, MoGCDSW
Distribute seeds to support production of drought-resistant crops and livelihood diversification to improve the resiliency of women and child headed households in disaster prone areas	No. of households reached	500,000	MoGCDSW, MoAIWD
Incorporate village saving loans in care-group activities for economic empowerment targeting vulnerable gender categories	No. of VSL groups formed	5,000	MoGCDSW, MoAIWD, NGOs
Strategy 3: Promote improved nutrition for adolescent			
Develop tailor-made services and programs for optimum adolescent nutrition	No. of working sessions conducted	4	DNHA
Develop and disseminate a national strategy for adolescent nutrition	Strategy developed and disseminated	1	DNHA
Develop IEC materials on nutrition for adolescent girls	IEC materials developed	1	DNHA
Advocate for integration of adolescent nutrition in youth friendly health initiatives	No. of advocacy meetings conducted	20	DNHA, MoH

Strategic Objective 2: Enhance gender equality, equity, protection, participation, and empowerment of adolescent girls, women, and children for improved nutrition			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Implement and monitor nutrition education and counselling programmes for adolescents	No. of monitoring visits conducted	20	DNHA, MoH, MoLGRD, MoGCDSW, MoAIWD
Orient service providers and teachers on adolescent nutrition, HIV/AIDS, reproductive health and WASH	No. of service providers and teachers oriented	1,800	DNHA, MoEST, MoH,
Conduct awareness campaigns on adolescent nutrition, HIV and AIDS, reproductive health and WASH through mass media	No. of awareness campaigns conducted	1,815	DNHA, MoH, NGO
Commemorate adolescent nutrition week	Adolescent nutrition week commemorated annually	5	DNHA
Strategy 4: Promote male involvement in maternal nutrition, child care and household duties			
Actively involve males in maternal and child nutrition	No. of men participating in nutrition activities	3,000,000	DNHA, MoH, MoLGRD, MoGCDSW, MoAIWD
Develop and disseminate IEC materials on male involvement in nutrition, child care and household duties	IEC materials developed and disseminated	1	DNHA, MoH, MoLGRD, MoGCDSW, MoAIWD
Identify male nutrition champions	No. of male nutrition champions identified in each district	29	DNHA, MoH, MoLGRD, MoGCDSW, MoAIWD

Strategic Objective 2: Enhance gender equality, equity, protection, participation, and empowerment of adolescent girls, women, and children for improved nutrition			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Conduct awareness campaigns on male involvement in maternal and child nutrition	No. of awareness campaigns conducted	150	DNHA, MoH, MoLGRD, MoGCDSW, MoAIWD
Mobilise communities to encourage and supports pregnant women and their husbands/partners to attend antenatal care during the first trimester and improve maternal nutrition	Number of mobilisation meetings conducted	15,000	DNHA, MoH, MoLGRD, MoGCDSW, MoAIWD
Strategy 5: Promote iron-folate supplementation for women of reproductive age			
Develop and disseminate IEC materials on iron-folate supplementation among adolescents.	IEC materials developed and disseminated	1	DNHA, MoH, MoEST, MoGCDSW
Train service providers including teachers on iron-folate supplementation in women of reproductive age	No. of people trained	3,000	DNHA, MoH, MoEST, MoGCDSW, NGO
Conduct advocacy campaigns on iron-folate supplementation using various channels	No. of advocacy campaigns conducted	400	DNHA, MoH, MoEST, MoGCDSW, NGO

Strategic Objective 3: Treat and control of acute malnutrition among children under 5, adolescents, pregnant and lactating women, PLHIV, and other vulnerable groups

Strategic Objective 3: Treat and control of acute malnutrition among children under 5, adolescents, pregnant and lactating women, PLHIV, and other vulnerable groups			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Strategy 1: Strengthen the implementation of CMAM and NCST through lifestyle approach targeting adolescents, adults and children			
Procure and distribute CMAM supplies and equipment	No. of therapeutic and supplementary food commodities procured and distributed	5	DNHA, MoH, Donors
Procure and distribute NCST supplies and equipment	No. of therapeutic and supplementary food commodities procured and distributed	3	DNHA, MoH, Donors
Train service providers involved CMAM service delivery	No. of service providers trained	33,874	DNHA, MoH
Train service providers involved NCST service delivery	No. of service providers trained	10,575	DNHA, MoH
Mobilise communities for effective delivery of CMAM services	No. of under-five children screened	14,400,000	MoH, MoLGRD, MoGCDSW, MoAIWD
Strategy 2: Promote scaling up of nutrition treatment, care and support of TB patients, PLHIV and other chronically ill persons in all public and private health facilities			
Establish district and facility Quality Improvement (QI) teams in all implementing facilities	No. of QI teams established	726	MoH

Strategic Objective 3: Treat and control of acute malnutrition among children under 5, adolescents, pregnant and lactating women, PLHIV, and other vulnerable groups			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Conduct QI learning sessions and forums for implementing facilities	No. of learning sessions conducted	6,070	MoH
Procure and distribute Job Aids such as BMI charts/wheels, registers, counselling materials, and posters	No. of materials procured and distributed		DNHA, MoH, NGOs
Link NCST clients with social protection, livelihood and economic strengthening interventions at community level	No. of NCST clients linked with social protection, livelihood and economic strengthening interventions		MoH, MoLGRD, MoGCDSW, MoAIWD
Strategy 3: Promote governance, coordination, monitoring, and capacity for CMAM and NCST service delivery and M&E systems at all levels			
Review the CMAM and NCST guidelines	CMAM and NCST guidelines reviewed	2	DNHA, MoH
Conduct coordination and advocacy meeting for CMAM and NCST Service delivery	No. of meetings conducted	50	DNHA, MoH
Facilitate CMAM data management for quality service delivery and decision making	No. of data quality reviews and assessments conducted	580	MoH
Facilitate NCST data management for quality service delivery and decision making	No. of data quality reviews assessments conducted	580	MoH

Strategic Objective 3: Treat and control of acute malnutrition among children under 5, adolescents, pregnant and lactating women, PLHIV, and other vulnerable groups			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Mobilise resources for CMAM and NCST services	No. of resource mobilisation meetings conducted	20	DNHA, MOH, NGOs

Strategic Objective 4: Prevent and manage overnutrition and nutrition related NCDs

Strategic Objective 4: Prevent and manage overnutrition and nutrition-related NCDs			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Strategy 1: Increase access to services for prevention and early detection of nutrition related NCDs			
Develop and disseminate NCDs operational plan	Operational plan developed	1	DNHA, MoH
Review, print and disseminate guidelines on prevention and management of nutrition related NCDs	Guidelines developed	1	DNHA, MoH
Procure and distribute equipment and supplies for diagnosis, management and treatment of nutrition related NCDs	No. of equipment and supplies procured and distributed	2,700	DNHA, MoH
Conduct screening to identify at risk clients for dietary related NCDs at each visit both at facility and outreach clinics	No. of people screened for NCDs	15,000,000	MoH
Conduct routine check-up of BMI, blood pressure, blood glucose levels, cholesterol levels for at risk group including; overweight and obese clients, and clients with NCDs	No. of facilities conducting routine check-up for NCDs	675	MoH
Strategy 2: Strengthen capacity of service providers to provide dietary and lifestyle counselling services and management at the facility and community outreach services			
Develop training materials and M&E tools on the prevention and management of NCDs	No. of working sessions conducted	4	DNHA, MoH
Train service providers on screening, prevention and management of nutrition related NCDs	No. of service providers trained	600	DNHA, MoH

Strategic Objective 4: Prevent and manage overnutrition and nutrition-related NCDs			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Mentor and coach service providers on the management of nutrition related NCDs	No. of mentoring visits conducted	6,000	MoH, DNHA
Strategy 3: Promote awareness campaigns and behaviour change communication on prevention of NCDs			
Develop and disseminate IEC materials on prevention and management of NCDs	No. of IEC materials developed	1	DNHA, MoH
Conduct awareness campaigns on NCDs at national, district and community levels	No. of awareness campaigns conducted	60	DNHA, MoH, NGOs
Develop and air TV and radio programmes on NCDs	No. of TV and radio programmes developed and aired	520	DNHA, MoH
Orient media houses on NCDs	No. of orientation sessions conducted	10	DNHA, MoH
Participate in commemoration of NCDs days	No. of commemoration days conducted annually	5	DNHA, MoH

Strategic Objective 5: Enhance nutrition education, social mobilisation & positive behaviour change

Strategic Objective 5: Enhance nutrition education, social mobilisation & positive behaviour change			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Strategy 1: Promote behavioural change for collective action, community ownership, and improved nutrition knowledge, attitudes and practices			
Develop and disseminate NECS II	NECS II developed and disseminated	1	DNHA
Develop/Review and disseminate all nutrition education and communication materials outlined in the NECS II	No. of communication materials reviewed and disseminated	67,500	DNHA
Review, print and disseminate nutrition education and communication training packages outlined in the NECS II	No. of training packages reviewed and disseminated	6	DNHA
Translate nutrition education and communication materials into local languages	No. of working sessions conducted	9	DNHA
Conduct behaviour change communication activities with prioritised target audiences in the NECS II.	No. of programme activities conducted		DNHA, MoH, MoLGRD, MoAIWD, MoGCDSW
Strategy 2: Advocate for stakeholders' participation in nutrition education programming at all levels			
Develop and disseminate nutrition advocacy materials for priority target audience including the media, policy makers, donors and development partners, ministry of finance,	No. of working sessions conducted	10	DNHA

Strategic Objective 5: Enhance nutrition education, social mobilisation & positive behaviour change			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
traditional authorities, district executive committees and district councillors			
Update Malawi PROFILES for advocacy	No. of working sessions conducted	5	DNHA
Facilitate the development of district specific nutrition advocacy plans	No. of district nutrition advocacy plans developed	29	DNHA
Develop nutrition orientation packages for various priority target groups as outlined in the NECS II	No. of working sessions conducted	10	DNHA, Academia
Strategy 3: Promote social mobilisation through mass media and other communication channels			
Conduct social mobilisation activities with prioritised target audiences in the NECS II	No. of social mobilisation activities conducted	15,000	MoH, MoLGRD, MoAIWD, MoGCDSW
Develop and disseminate nutrition messages for various secondary target audiences	No. of IEC materials developed and disseminated	1,200	DNHA, NGOs
Orient media houses on nutrition education and communication as outlined in NECS II	No. of orientation sessions conducted	10	DNHA
Strategy 4: Strengthen the capacity of all sectors at national and district level to implement Nutrition Education and Communication Strategy			
Facilitate the development of sector specific nutrition education and communication operational plans, in alignment with NECS II	No. of sector specific nutrition education and communication plans developed	6	DNHA
Conduct capacity assessment to identify gaps for implementation of NECS in all sectors	No. of capacity assessment working sessions conducted	2	DNHA
Evaluate the implementation of NECS II	NECS II evaluation conducted	1	DNHA

Strategic Objective 5: Enhance nutrition education, social mobilisation & positive behaviour change			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Strengthen and establish community level structures to implement NECS activities	No. of community level structures established and strengthened		MoLGRD
Train service providers, frontline workers including volunteers on NECS	No. of people trained	3,500	DNHA, MoH, MoLGRD, MoAIWD, MoGCDSW

Strategic Objective 6: Enhance delivery of nutrition interventions during emergencies

Strategic Objective 6: Enhance delivery of nutrition interventions during emergencies			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Strategy 1: Promote timely detection, referral and treatment of malnutrition			
Map partners supporting the emergency response at national and district levels	Annual mapping exercises conducted and report developed	5	DNHA, NGOs
Develop and disseminate guidelines on preparedness, response and management of nutrition during emergencies	Guidelines developed and disseminated	1	DNHA, DoDMA
Procure and pre-position nutrition supplies in all districts and sites affected by emergencies	Emergency nutrition supplies procured and pre-positioned		DNHA
Conduct routine mass screening for timely detection, referral and treatment of undernutrition in children, adolescent and adults	No. of mass screening campaigns conducted	60	MoH
Conduct bi-annual nutrition smart surveys	No. of SMART surveys conducted	10	DNHA
Train DNCCs and frontline workers on nutrition response during emergencies	No. of service providers trained	3,500	MoH
Conduct routine monitoring of the quality and effectiveness of the emergency nutrition responses	No. of monitoring visits conducted	20	DNHA
Strategy 2: Promote nutrition education on maternal and child nutrition			

Strategic Objective 6: Enhance delivery of nutrition interventions during emergencies			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Develop and disseminate guidelines and messages on IYCF during emergencies	IYCF in emergency guidelines and messages developed	1	DNHA
Train service providers and district officers on IYCF during emergencies	No. of service providers and officers trained	465	DNHA
Enforce the code of marketing for breast feeding substitutes during emergencies	No. of monitoring visits conducted	60	DNHA, MoH
Develop and disseminate IEC materials on nutrition response during emergency	No. of working sessions conducted	20	DNHA
Conduct information dissemination and communication campaigns on prevention, mitigation and response to the risk of malnutrition during emergencies	No. of campaigns conducted	20	DNHA, MoH
Strategy 3: Strengthen coordination measures of nutrition emergency response at all levels			
Engage and plan for nutrition within national humanitarian response.	No. of engagement meetings conducted	20	DNHA
Conduct nutrition cluster coordination meetings at national and district levels	No. of cluster coordination meetings conducted	60	DNHA
Mobilise resources to ensure preparedness for emergency nutrition response	No. of resource mobilisation meetings conducted	10	DNHA
Conduct joint monitoring assessments to the affected areas	No. of monitoring visits conducted	5	DHNA, DoDMA

Strategic Objective 6: Enhance delivery of nutrition interventions during emergencies			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Train managers and partners on nutrition in emergency and cluster management	No. of people trained	465	DNHA
Strategy 4: Promote resilient programmes aimed at improving maternal and child nutrition			
Integrate resilience building programs in developmental and emergence responses	No. of working sessions conducted	20	DNHA. MoH, MoLGRD, MoAIWD, MoGCDSW
Identify households with vulnerable motherless infants, orphan vulnerable children for targeted nutrition support and social protection	No. of visits conducted to identify vulnerable households	20	MoH, MoLGRD, MoAIWD, MoGCDSW
Provide targeted support to households with under five children, pregnant and lactating mothers with seeds for backyard gardens and small stock for dietary diversification	No. of households reached	500,000	MoLGRD, MoAIWD, MoGCDSW
Provide livelihood support for households with undernourished individuals	No. of households reached	560,000	MoH, MoLGRD, MoAIWD, MoGCDSW

Strategic Objective 7: Create an enabling environment for effective implementation of nutrition interventions

Strategic Objective 7: Create an enabling environment for effective implementation of nutrition interventions			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Strategy 1: Advocate for increased financial resource allocations for nutrition programming by government and partners			
Develop sustainable financing strategy for nutrition	Nutrition financing strategy developed	1	DNHA
Conduct annual nutrition financial resource mapping to identify funding gap	No. of resource mapping exercises conducted	5	DNHA
Conduct advocacy meetings with district councils, parliamentarians, cabinet and finance committee and donor partners to lobby for increased budget allocation for nutrition	No. of advocacy meetings conducted	36	DNHA, CSONA
Advocate and establish Nutrition Sector-wide Pool funding	No. of advocacy meetings conducted	20	DNHA, CSONA
Advocate and empower community to mobilise resources and support nutrition activities	No. of advocacy meetings conducted	168	MoH, MoLGRD, MoAIWD, MoGCDSW
Engage with Ministry of Finance regularly to ensure nutrition is a priority in national investment	No. of meetings conducted	10	DNHA, CSONA
Facilitate incorporation of nutrition into district socio-economic profile (DSEPs), district development plans (DDPs) and district Implementation Plans (DIPs)	No. of meeting conducted	140	DNHA, MoLGRD,

Strategic Objective 7: Create an enabling environment for effective implementation of nutrition interventions			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Strategy 2: Strengthen human capacity for effective programming and delivery of nutrition services at all levels			
Conduct institutional and human capacity assessment for effective coordination and implementation of nutrition interventions in-line with the defined multi-sector institutional arrangement	No. of capacity assessments conducted	1	DNHA
Facilitate the development of Sector specific nutrition strategies and implementation plans	No. of working sessions conducted	10	DNHA
Update the pre-service training curricula for frontline workers of all sectors to align with national and international nutrition standards and policy priorities	No. of pre-service training curricula updated	10	DNHA, Academia, NGO
Review/update all sector nutrition training materials and plans	Number of training materials reviewed/updated	5	DNHA, Academia
Conduct pre-service and in-service training for nutrition officers, frontline workers and other cadres of service providers involved in nutrition programming	No. of training sessions conducted	50	Academia
Develop and review DNHA strategic plan	DNHA strategic plan developed	1	DNHA
Strategy 3: Strengthen nutrition coordination at all levels			
Conduct annual Principal Secretaries' steering committee meeting	No. of meetings conducted	5	DNHA

Strategic Objective 7: Create an enabling environment for effective implementation of nutrition interventions			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Conduct bi-annual national nutrition coordination committee meetings	No. coordination meetings conducted	10	DNHA
Conduct quarterly Technical Working Group (TWG) meetings	No. of TWG meetings conducted	20	DNHA
Map (and update annually) nutrition programmes and partners at all levels	No. of mapping exercises conducted	5	DNHA
Conduct annual national nutrition learning forums	No. of national nutrition learning forums conducted	5	DNHA
Conduct monthly DNCC meetings	No. of DNCC meetings conducted	1,740	MoLGRD
Develop and review partnership terms of reference for effective implementation of nutrition activities and programmes at all levels	No. of working sessions conducted	4	DNHA
Conduct annual joint planning and review meetings	No. meetings conducted	5	DNHA
Facilitate coordination among development partners, donors, civil society, academic institutions and private sectors through scaling up nutrition movement	No. of coordination meetings conducted	5	DNHA
Strategy 4: Enforce legal instruments to guide implementation of nutrition services and programmes			
Develop Food and Nutrition Bill	Food and Nutrition Bill developed	1	DNHA
Print and disseminate the Food and Nutrition Act	No. of Food and Nutrition Act printed and disseminated	3,000	DNHA

Strategic Objective 7: Create an enabling environment for effective implementation of nutrition interventions			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Translate, print and disseminate the abridged version of Food and Nutrition Act to the general public	No. of working sessions conducted	4	DNHA
Conduct civic education on Food and Nutrition Act	No. of working sessions conducted	28	DNHA
Orient national and district officers to enforce the Food and Nutrition Act as a legal instrument	No. of orientation sessions conducted	2	DNHA
Monitor the provision of food and nutrition in boarding schools, prisons, public reformatory centres, hospitals, public foster homes, public safety homes and other institutions to ensure adherence to legal instruments.	No. of monitoring visits conducted	20	DNHA
Train Malawi Bureau of Standards (MBS), research institutions and the Ministry of Trade, District Environmental Officers and Nutrition Officers to monitor and promote adherence to food standards	No. of people trained	120	DNHA
Gazette revised standards to reinforce mandatory fortification of targeted foods	Food fortification standards gazetted	1	DNHA, MoIT
Advocate for the development, documentation, enforcement of by-laws that promote nutrition, food safety and food security at district and council levels	No. of advocacy meetings conducted	29	DNHA, MoLGRD

Strategic Objective 7: Create an enabling environment for effective implementation of nutrition interventions			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Facilitate enforcement of the national code of marketing breastmilk substitutes	No. of monitoring visits conducted	20	DNHA, MoH
Strategy 5: Promote Public-Private Partnerships in nutrition programming			
Establish business network for nutrition	Business coalition launched	1	DNHA, CSONA
Conduct bi-annual coordination business network meetings	No. of coordination meetings conducted	10	DNHA, CSONA
Advocate for corporate social responsibility with the business network to promote nutrition, cognitive development and save lives of children	No. of advocacy meetings conducted	15	DNHA, CSONA
Train and engage private sector companies and communities on nutrition sensitive value chain	No. of training sessions conducted	10	DNHA, CSONA, MoIT, MoAIWD
Establish partnerships with food processing companies to improve local production of complementary foods	No. of engagement meetings conducted	10	DNHA, MoH, MoIT
Create demand for consumption of nutritious centrally processed fortified foods	No. of campaigns conducted	10	DNHA, MoH, MoIT
Conduct consumer education sessions on nutrition using various channels	No. of educations sessions conducted	10	DNHA, CAMA, MoIT, CSONA
Advocate for integration of nutrition in the food value chains	No. of advocacy meetings conducted	10	DNHA, CAMA, MoIT, CSONA, MoAIWD
Monitor the quality of fortified foods regularly at all levels of the value chain	No. of monitoring sessions conducted	20	DNHA, CAMA, MoIT, CSONA, MoH, MoAIWD, MBS

Strategic Objective 8: Enhance evidence based programming through nutrition monitoring, evaluation, research and surveillance

Strategic Objective 8: Enhance evidence based programming through nutrition monitoring, evaluation, research and surveillance			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Strategy 1: Promote coordination and collaboration of nutrition researchers in line with the nutrition research strategy and other existing actions in the research institutions			
Review the national nutrition research agenda	National nutrition research strategy in place	1	DNHA
Engage with National Health Sciences Research and Ethics Committee (NHSREC) and College of Medicine Research and Ethics Committee (COMREC) to coordinate and guide on nutrition research	No. of engagement meetings conducted	5	DNHA
Map ongoing nutrition researches and researchers in Malawi	Mapping report in place	1	DNHA
Strategy 2: Promote research and use of information for evidence-based decision making at all levels			
Advocate for local research to generate information for nutrition programming	No. of advocacy meetings conducted	10	DNHA, Academia
Conduct nutrition research dissemination conferences every two years	No. of conferences conducted	5	DNHA, Academia
Develop a National Multi-Sector Nutrition M&E system that integrates key sector databases	National Multi-Sector Nutrition M&E system in place	1	DNHA

Strategic Objective 8: Enhance evidence based programming through nutrition monitoring, evaluation, research and surveillance			
Activity	**Output/Process Indicator**	**Target**	**Responsibility**
Re-establish and scale up an integrated food and nutrition surveillance system for real time monitoring at all levels	Surveillance system in-place	1	DNHA, Academia
Conduct nutrition research	No. of nutrition research activities conducted	10	DNHA, Academia
Upgrade DNHA website to manage and share nutrition dashboard with key stakeholders	DNHA website upgraded	1	DNHA
Strategy 3: Strengthen monitoring, evaluation and surveillance systems for routine information sharing and data utilisation at all levels			
Conduct bi-annual nutrition M&E coordination meeting	No. of coordination meetings conducted	10	DNHA
Conduct routine nutrition data quality assessments and audits with key sectors	No. of data quality assessments conducted	20	DNHA
Train M&E officers and decision makers on data management at all levels	No. of people trained	120	DNHA
Develop and disseminate the National Multi-Sector Nutrition M&E Plan	National Multi-Sector Nutrition M&E Plan in place	1	DNHA
Review and upgrade the National Nutrition Resource Tracking tool	Resource Tracking tool upgraded	1	DNHA

Appendix II: Monitoring and Evaluation Framework

Priority Area 1: Prevention of Undernutrition								
Outcome: Improved nutrition status of Children under 5, women of reproductive age group and other vulnerable groups								
Objective: Prevent under-nutrition with emphasis on children under 5, adolescent girls, pregnant and lactating women, people living with HIV (PLHIV), and other vulnerable groups								
Output 1: Improved nutrition status of children under 5								
Performance Indicator	**Target 2018**	**Target 2019**	**Target 2020**	**Target 2021**	**Target 2022**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Percentage of children under five years of age who are stunted	36%	35%	34%	33%	32%	37%	DHS / MICS	Relevant sectors continue to implement planned nutrition related programme
Proportion of children 6–59 months received vitamin A supplement doses	88%	90%	92%	94%	96%	86%	CHD reports	Micronutrients supplementation programme will be scaled up by IPs
Proportion of children 6–59 months received deworming medication	71%	73%	75%	77%	79%	69%	CHD reports	Micronutrients supplementation programme will be scaled up by IPs
Percentage of children age 20–23 months who received breast milk during the previous day	77%	79%	81%	83%	85%	75%	DHS / MICS	Relevant sectors continue to implement planned nutrition related programme
Percentage of children age 6–9 months who received solid, semi-solid or soft foods during the previous day	90%	91%	92%	93%	94%	89%	DHS	Relevant sectors continue to implement planned nutrition related programme
Percentage of children 6–23 months of age who received a minimum acceptable diet	21%	23%	25%	27%	29%	8%	DHS/ Surveillance	Increased crop and dietary diversity

Priority Area 1: Prevention of Undernutrition								
Percentage of children 6–23 months of age who consumed iron-rich foods during the previous day	47%	49%	51%	53%	55%	45%	DHS	Relevant sectors continue to implement planned nutrition related programme
Percentage of low birth weight babies	12%	11%	10%	9%	8%	13%	DHS / MICS	Relevant sectors continue to implement planned nutrition related programme
Percentage of children under five years of age who are underweight	16%	15%	14%	13%	12%	17%	HMIS/ DHS / MICS	Relevant sectors continue to implement planned nutrition related programme
Percentage of children 6–23 months received micronutrient powders 30 sachets	30%	40%	50%	60%	70%	NA	Care group register	Micronutrients supplementation programme will be scaled up by IPs
Percentage of new-borns breastfed within 30 minutes of birth	77%	79%	81%	83%	85%	75%	HMIS	Relevant sectors continue to implement planned nutrition related programme
Percentage of children age 0–5 months who received solid, semi-solid or soft foods during the previous day	10%	9%	8%	7%	6%	11%	Care group register	Relevant sectors continue to implement planned nutrition related programme
Percentage of children age 6–23 months who received foods from 4 or more food groups during the previous day	29%	31%	33%	35%	37%	27%	Care group register/ DHS/ MICS	Increased crop and dietary diversity
Percentage of children age 6–59 months with anaemia	62%	61%	60%	59%	58%	63%	DHS	Relevant sectors continue to implement planned nutrition related programme

Priority Area 1: Prevention of Undernutrition								
Output 2: Improved nutrition status of women of reproductive age group								
Performance Indicator	**Target 2018**	**Target 2019**	**Target 2020**	**Target 2021**	**Target 2022**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Percentage women of reproductive age 15–49 years who are thin	8%	7%	6%	5%	4%	9%	DHS	Relevant sectors continue to implement planned nutrition related programme
Percentage women of reproductive age 15–49 years consuming 4 or more food groups	29%	31%	33%	35%	37%	27%	Surveillance	Increased crop and dietary diversity
Proportion of households consuming adequately iodised salt	45%	47%	49%	51%	53%	43%	DHS / MICS	Micronutrients supplementation programme will be scaled up by IPs
Percentage of pregnant women received 90+ days iron/folate supplementation	78%	80%	82%	84%	86%	76%	HMIS	Availability of iron/folate supplements
Percentage of pregnant women age 15–49 years with anaemia	32%	31%	30%	29%	28%	33%	DHS	Relevant sectors continue to implement planned nutrition related programme
Percentage of clients received nutrition assessment	7%	9%	11%	13%	15%	5%	HMIS	Relevant sectors continue to implement planned nutrition related programme

Policy Priority Area 2: Gender Equality, Equity, Protection, Participation and Empowerment								
Outcome: Improved gender quality, protection, participation and empowerment at household and community level								
Objective: Enhance gender equality, protection, participation, and empowerment of adolescent girls, women, and children for improved nutrition								
Output 1: Improved access to children, youth and women for gender equality, protection, participation and empowerment								
Indicator	**Target 2018**	**Target 2019**	**Target 2020**	**Target 2021**	**Target 2022**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Percentage of women are literate	61%	62%	63%	64%	65%	60%	DHS	Relevant sectors continue to implement planned nutrition related programme
Percentage of children, youth, women beneficiaries for social cash transfer	62%	64%	66%	68%	70%	60%	Assessment Reports	Relevant sectors continue to implement planned nutrition related programme
Output 2: Increased access to School health and nutrition								
Percentage of schools operating school meals	48%	50%	52%	54%	56%	46%	SHN reports	School Meals Program will be scaled up by partners
Percentage of beneficiaries from school meals	31%	33%	35%	37%	39%	29%	SHN reports	School Meals Program will be scaled up by partners

Policy Priority Area 3: Treatment and Control of Acute Malnutrition								
Outcome: Reduced prevalence of acute malnutrition among children under 5, pregnant and lactating women, PLHIV, and other vulnerable groups								
Objective: Treat and control acute malnutrition among children under 5, pregnant and lactating women, PLHIV, and other vulnerable groups								
Output 1: Reduced wasting among children under five years, pregnant and lactating women, PLHIV and other vulnerable groups								
Indicator	**Target 2018**	**Target 2019**	**Target 2020**	**Target 2021**	**Target 2022**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Percentage of children under five years of age who are wasted	2.5%	2.2%	2.0%	1.7%	1.5%	2.7%	DHS / MICS/ Surveillance	Relevant sectors continue to implement planned nutrition related programme
Proportion of children who have discharged as recovered in CMAM program (1. NRUs 2. OTPs 3. SFPs)	85%, 90%, 85%	86%, 91%, 86%	87%, 92%, 87%	88%, 93%, 88%	89%, 94%, 89%	84%, 89%, 84%	CMAM reports	Relevant sectors continue to implement planned nutrition related programme
Proportion of children who have defaulted in the course of program (1. NRUs 2. OTPs 3. SFPs)	< 5%, <5%, <10%	< 5%, <5%, <10%	< 5%, <5%, <10%	< 5%, <5%, <10%	< 5%, <5%, <10%	3%, 8%, 13%	CMAM reports	Relevant sectors continue to implement planned nutrition related programme
Proportion of children 6–59 months of age admitted for treatment in CMAM 1. NRUs 2. OTPs 3. SFPs	37%	39%	41%	43%	45%	35%	CMAM reports	Relevant sectors continue to implement planned nutrition related programme
Proportion of adolescent and adults in HIV and TB care and treatment who receive nutrition assessment	<50%	60%	75%	85%	85%	<50%	NCST Reports	Relevant sectors continue to implement planned nutrition related programme
Proportion of adolescents and adults in HIV and TB care and treatment whose nutritional status is assessed & classified as moderate and severe undernutrition	<10%	<8%	<5%	<5%	<5%	12%	NCST reports	Relevant sectors continue to implement planned nutrition related programme

Policy Priority Area 3: Treatment and Control of Acute Malnutrition								
Output 2: Reduced number of deaths of children under five years due to wasting								
Proportion of children who have died in the course of program (1. NRUs 2. OTPs 3. SFPs)	<5%, <1%, <1%	<5%, <1%, <1%	<5%, <1%, <1%	<5%, <1%, <1%	<5%, <1%, <1%	10%, 1%, 0%	CMAM reports	Relevant sectors continue to implement planned nutrition related programme

Policy Priority Area 4. Prevention and Management of Overweight and Nutrition Related NCDs								
Outcome: Reduced prevalence of overweight/ obese among children under 5 and women of reproductive age group								
Objective: Prevent and manage overweight and nutrition-related NCDs								
Indicator	**Target 2018**	**Target 2019**	**Target 2020**	**Target 2021**	**Target 2022**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Output 1: Reduced number of children under 5 who are overweight								
Percentage of children under five years of age who are overweight	4.2%	3.9%	3.6%	3.3%	3.0%	4.5%	DHS/MICS	Relevant sectors continue to implement planned nutrition related programme
Output 2: Reduced number of women who are overweight or obese								
Percentage women of reproductive age 15–49 years who are obese or overweight	16%	15%	14%	13%	12%	17%	DHS	Relevant sectors continue to implement planned nutrition related programme

Policy Priority Area 5: Nutrition Education, Social Mobilisation and Positive Behaviour Change								
Outcome: Improved positive behaviour change among targeted population to achieve optimum nutrition								
Objective: Enhance social mobilisation & positive behaviour change communication for nutrition								
Indicator	**Target 2018**	**Target 2019**	**Target 2020**	**Target 2021**	**Target 2022**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Output 1: Improved breastfeeding practices								
Proportion of children 0–5 months of age who are exclusively breastfed	63%	65%	67%	69%	71%	61%	DHS/ Surveillance	Nutrition education programme will be scaled up by implementing partners
Output 2: Improved care seeking behaviour among the community								
Percentage of children under five years of age from households with ITN, who slept under an ITN last night	71%	73%	75%	77%	79%	69%	DHS	Availability and accessibility of insecticide treated nets
Percentage of children under age 5 with diarrhoea in the last 2 weeks who received ORT (ORS packet, pre-packaged ORS fluid, recommended homemade fluid or increased fluids) and continued feeding during the episode of diarrhoea	51%	53%	55%	57%	59%	49%	DHS / MICS	Availability of ORS & knowledge of mothers on homemade fluids for management of diarrhoea

Output 3: Improved positive behaviour change through care group interventions for optimum nutrition								
Indicator	**Target 2018**	**Target 2019**	**Target 2020**	**Target 2021**	**Target 2022**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Percentage of care groups established	69%	71%	73%	75%	77%	67%	Care group register	Nutrition education programme will be scaled up by implementing partners
Percentage of care groups functioning	82%	84%	86%	88%	90%	80%	Care group register	Nutrition education programme will be scaled up by implementing partners
Percentage of care groups trained	82%	84%	86%	88%	90%	80%	Care group register	Nutrition education programme will be scaled up by implementing partners
Percentage of backyard gardens established	24%	26%	28%	30%	32%	22%	Care group register	Nutrition education programme will be scaled up by implementing partners
Percentage of households practising integrated household farming (at least 3)	41%	43%	45%	47%	49%	39%	DAES monthly report	Nutrition education programme will be scaled up by implementing partners
Percentage of women reported 4 or more ANC visits during pregnancy for their most recent birth	53%	55%	57%	59%	61%	51%	DHS	Nutrition education programme will be scaled up by implementing partners
Percentage of households with children under age two benefiting from monthly care group services in intervention districts	76%	78%	80%	82%	84%	74%	Care group register	Relevant sectors continue to implement planned nutrition related programme
Percentage of cluster leaders conducting home	67%	69%	71%	73%	75%	65%	Care group register	Relevant sectors continue to implement planned nutrition related programme

visits to counsel the caregivers								
Percentage of pregnant and lactating women and under 5's benefiting from nutrition intervention	69%	71%	73%	75%	77%	67%	Care group register	Relevant sectors continue to implement planned nutrition related programme
Output 4: Improved beneficiaries participation in growth monitoring sessions								
Percentage of children under 2 participating in growth monitoring and promotion sessions	76%	78%	80%	82%	84%	74%	Care group register	Nutrition education programme will be scaled up by implementing partners
Percentage of children 2–5 years participating in growth monitoring and promotion sessions	77%	79%	81%	83%	85%	75%	Care group register	Nutrition education programme will be scaled up by implementing partners
Output 5: Improved access to safe drinking water and improved sanitation facilities								
Percentage of population using improved sources of drinking water	88%	89%	90%	91%	92%	87%	DHS/ MICS	Government commitment to provide safe drinking water
Percentage of population using improved sanitation facilities	56%	57%	58%	59%	60%	55%	DHS/ MICS	Sanitation will be scaled by IPs

Policy Priority Area 6: Nutrition during Emergency Situations								
Outcome: Improved food and nutrition response during emergency situations								
Objective: Enhance delivery of nutrition interventions during emergencies								
Indicator	**Target 2018**	**Target 2019**	**Target 2020**	**Target 2021**	**Target 2022**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Output 1: Reduced number of persons who are risk of food insecurity and livelihoods								
Percentage of population at risk of food and livelihoods insecurity	16%	15%	14%	13%	12%	17%	MVAC/ Surveillance	Relevant sectors continue to implement planned nutrition related programme
Output 2: Improved community screening for acute malnutrition for early identification								
Percentage of children 6–59 months screened for acute malnutrition	49%	51%	53%	55%	57%	47%	Nutrition Emergency Reports	Relevant sectors continue to implement planned nutrition related programme
Percentage of children 6–59 months identified as MAM	>2%	>2%	>2%	>2%	>2%	4.4%	Nutrition Emergency Reports/ Surveillance	Relevant sectors continue to implement planned nutrition related programme
Percentage of children 6–59 months identified as SAM	>1%	>1%	>1%	>1%	>1%	1.6%	Nutrition Emergency Reports/ Surveillance	Relevant sectors continue to implement planned nutrition related programme

Policy Priority Area 7: Creating an Enabling Environment for Nutrition								
Outcome: Improved multi-Sector programming and coordination of nutrition interventions								
Objective: Create an enabling environment for effective implementation of nutrition interventions								
Indicator	**Target 2018**	**Target 2019**	**Target 2020**	**Target 2021**	**Target 2022**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Output 1: Increased monitoring visits for international code of marketing of breast-milk substitutes								
No. of monitoring visits conducted for Implementation of International Code of Marketing of Breast-milk Substitutes at district level	4	4	4	4	4	0	DNCC reports	Relevant sectors continue to implement planned nutrition related programme
Output 2: Improved performance of HSAs for CMAM								
Percentage of HSAs trained in CMAM	57%	59%	61%	63%	65%	55%	HMIS	Relevant sectors continue to implement planned nutrition related programme
Output 3: Increased budgetary allocation for nutrition by government								
Percentage of budgetary allocation for nutrition programs in DC at district level	0.04%	0.04%	0.04%	0.05%	0.05%	0.03%	DNCC reports	Relevant sectors continue to implement planned nutrition related programme
Output 4: Increased access to baby friendly hospitals								
Percentage of hospitals certified as baby-friendly	7%	9%	11%	13%	15%	5%	HMIS	More health facilities adopt Baby Friendly Health (BFHI) initiatives
Output 5: Improved coordination at district and community level								

Policy Priority Area 7: Creating an Enabling Environment for Nutrition								
Is the District Nutrition Coordination Committee (DNCC) functional in the district?	28	28	28	28	28	26	DNCC reports	District stakeholders' commitment and willingness
Number of Area Nutrition Coordination Committees (ANCC) functioning in the district	120	135	150	175	190	105	DNCC reports	District stakeholders' commitment and willingness
Percentage of Village Nutrition Coordination Committees (VNCC) functioning in the district	52%	54%	56%	58%	60%	50%	DNCC reports	District stakeholders' commitment and willingness

Policy Priority Area 8: Nutrition Monitoring, Evaluation, Research and Surveillance								
Outcome: Strengthened real time information system for evidence based decision making at all levels								
Objective: Enhance evidence based programming through nutrition research and surveillance								
Indicator	**Target 2018**	**Target 2019**	**Target 2020**	**Target 2021**	**Target 2022**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Output 1: Improved evidence based action								
Number of review meetings conducted	4	4	4	4	4	2	DNHA Reports	Integrated information system will be implemented by DNHA
Output 2: Improved coordination for M&E at district level								
Is the District M & E Coordination Committee (DMECC) functional in the district?	20	22	24	26	28	18	DNCC reports	District stakeholders commitment and willingness

Appendix III: Summary of Costing of Activities

Priority Area 1: Prevention of Undernutrition						
STRATEGIES	**Amount (MK) 2017**	**Amount (MK) 2018**	**Amount (MK) 2019**	**Amount (MK) 2020**	**Amount (MK) 2021**	**TOTALS**
Strategy 1: Promote optimal nutrition for the general population	1,026,971,570	1,107,964,377	1,071,763,160	1,103,916,055	1,137,033,536	5,447,648,698
Strategy 2: Promote women nutrition before, during and after pregnancy	7,647,852,258	7,898,473,436	8,095,756,345	8,328,503,827	8,567,929,977	40,538,515,842
Strategy 3: Intensify prevention and control of micronutrient malnutrition.	6,283,011,376	6,470,808,275	6,627,011,714	6,844,626,708	7,098,123,780	33,323,581,853
Strategy 4: Promote optimal breast feeding practices for children 0-6 months at facility, community and household levels	1,044,697,275	1,076,038,193	1,108,320,977	1,141,568,919	1,175,815,986	5,546,441,350
Strategy 5: Promote continued breastfeeding and appropriate complementary feeding of children aged 6 to 24 months and beyond	297,566,312	280,151,051	288,555,583	325,158,743	306,128,618	1,497,560,307
Strategy 6: Strengthen optimal feeding of children during and after illness	21,272,000	21,910,160	22,567,465	23,244,489	23,941,823	112,935,937

Priority Area 1: Prevention of Undernutrition						
STRATEGIES	**Amount (MK) 2017**	**Amount (MK) 2018**	**Amount (MK) 2019**	**Amount (MK) 2020**	**Amount (MK) 2021**	**TOTALS**
Strategy 7: Promote improved WASH practises at community and household levels	80,962,750	86,816,640	85,893,381	88,470,183	91,124,288	433,267,243
Strategy 8: Promote implementation of nutrition-sensitive and nutrition-specific interventions in the relevant core sectors	276,673,159	358,442,785	287,025,120	295,635,874	304,504,950	1,522,281,887
Strategy 9: Promote fortification and standardisation of centrally processed food for improved nutrition	112,941,990	128,105,210	225,910,157	123,414,762	127,117,205	717,489,325

Priority Area 2: Gender Equality, Equity, Protection, Participation and Empowerment						
STRATEGIES	**Amount (MK) 2017**	**Amount (MK) 2018**	**Amount (MK) 2019**	**Amount (MK) 2020**	**Amount (MK) 2021**	**TOTALS**
Strategy 1: Address gender and socio-cultural issues that affect adolescent, maternal, infant, and young child nutrition	208,839,200	219,536,466	221,557,507	228,204,232	235,050,359	1,113,187,765
Strategy 2: Promote sustainable livelihoods interventions for improved nutrition in women and child headed households	137,765,659	141,898,628	146,155,587	150,540,255	155,056,463	731,416,592
Strategy 3: Promote improved nutrition for adolescent	66,197,583	117,911,189	70,229,015	72,335,886	74,505,962	401,179,635
Strategy 4: Promote male involvement in maternal nutrition, child care and household duties	26,602,000	31,022,555	28,222,062	29,068,724	29,940,785	144,856,126
Strategy 5: Promote iron-folate supplementation for women of reproductive age						

Priority Area 3: Treatment and Control of Acute Malnutrition						
STRATEGIES	**Amount (MK) 2017**	**Amount (MK) 2018**	**Amount (MK) 2019**	**Amount (MK) 2020**	**Amount (MK) 2021**	**TOTALS**
Strategy 1: Strengthen the implementation of CMAM and NCST through lifestyle approach targeting adolescents, adults and children	509,311,733	415,352,375	540,328,817	742,550,977	442,091,456	2,649,635,358
Strategy 2: Promote scaling up of nutrition treatment, care and support of TB patients, PLHIV and other chronically ill persons in all public and private health facilities	106,997,779	79,271,456	81,649,600	84,099,088	86,622,060	438,639,982
Strategy 3: Promote governance, coordination, monitoring, and capacity for CMAM and NCST service delivery and M&E systems at all levels	1,318,005,650	923,322,540	914,501,794	951,340,856	979,881,082	5,087,051,922

Priority Area 4: Prevention and Management of Overnutrition and Nutrition Related NCDs						
STRATEGIES	**Amount (MK) 2017**	**Amount (MK) 2018**	**Amount (MK) 2019**	**Amount (MK) 2020**	**Amount (MK) 2021**	**TOTALS**
Strategy 1: Increase access to services for prevention and early detection of nutrition related NCDs	404,237,000	459,367,640	428,855,033	441,720,684	454,972,305	2,189,152,662
Strategy 2: Strengthen capacity of service providers to provide dietary and lifestyle counselling services and management at the facility and community outreach services	14,992,000	72,808,640	15,905,013	16,382,163	16,873,628	136,961,444
Strategy 3: Promote awareness campaigns and behaviour change communication on prevention of NCDs	55,078,400	103,287,782	65,558,740	60,185,655	61,991,224	346,101,801

Priority Area 5: Nutrition education, Social Mobilisation and Positive Behaviour Change						
STRATEGIES	**Amount (MK) 2017**	**Amount (MK) 2018**	**Amount (MK) 2019**	**Amount (MK) 2020**	**Amount (MK) 2021**	**TOTALS**
Strategy 1: Promote behaviour change for collective action, community ownership, and improved nutrition knowledge, attitudes and practices	74,271,260	76,499,398	353,672,509	350,307,798	88,817,569	943,568,534
Strategy 2: Advocate for stakeholders' participation in nutrition education programming at all levels	52,993,000	54,582,790	44,236,347	45,563,438	59,644,088	257,019,663
Strategy 3: Promote social mobilisation through mass media and other communication channels	47,781,438	70,960,242	41,250,379	42,487,890	53,778,430	256,258,379
Strategy 4: Strengthen the capacity of all sectors to review and implement Nutrition Education and Communication Strategy	55,419,000	57,081,570	18,090,467	28,046	14,394,132	145,013,215

Priority Area 6: Nutrition during Emergency Situations						
STRATEGIES	**Amount (MK) 2017**	**Amount (MK) 2018**	**Amount (MK) 2019**	**Amount (MK) 2020**	**Amount (MK) 2021**	**TOTALS**
Strategy 1: Promote timely detection, referral and treatment of malnutrition.	261,643,838	256,196,884	263,882,790	271,799,274	279,953,252	1,333,476,038
Strategy 2: Promote nutrition education on maternal and child nutrition.	35,783,803	50,153,587	37,963,037	39,101,928	40,274,986	203,277,340
Strategy 3: Strengthen coordination measures of nutrition emergency response at all levels	109,345,396	94,031,992	96,554,488	99,297,414	102,276,336	501,505,626
Strategy 4: Promote resilient programmes aimed at improving maternal and child nutrition.	17,212,000	17,728,360	18,260,211	18,808,017	19,372,258	91,380,846

Priority Area 7: Creating an Enabling Environment for Nutrition						
STRATEGIES	**Amount (MK) 2017**	**Amount (MK) 2018**	**Amount (MK) 2019**	**Amount (MK) 2020**	**Amount (MK) 2021**	**TOTALS**
Strategy 1: Advocate for increased financial resource allocations for nutrition programming by government and partners	101,710,400	118,057,982	107,904,563	80,545,344	82,961,705	491,179,994
Strategy 2: Strengthen human capacity for effective programming and delivery of nutrition services at all levels	33,212,163	20,913,849	7,844,468	8,079,802	8,322,196	78,372,478
Strategy 3: Strengthen nutrition coordination at all levels	51,785,165	75,108,027	54,938,882	79,682,106	76,115,251	337,629,432
Strategy 4: Enforce legal instruments to guide implementation of nutrition services and programmes	85,686,127	214,441,496	117,882,834	76,320,291	78,609,899	572,940,648
Strategy 5: Promote public-private partnership in nutrition programming	12,909,000	24,174,615	126,424,801	9,404,009	9,686,129	182,598,553

Priority Area 8: Nutrition Monitoring, Evaluation, Research and Surveillance						
STRATEGIES	**Amount (MK) 2017**	**Amount (MK) 2018**	**Amount (MK) 2019**	**Amount (MK) 2020**	**Amount (MK) 2021**	**TOTALS**
Strategy 1: Promote coordination and collaboration of nutrition researchers in line with the nutrition research strategy and other existing actions in the research institutions	24,127,000	38,147,080	25,596,334	26,364,224	27,155,151	141,389,790
Strategy 2: Promote research and use of information for evidence-based decision making at all levels	417,017,500	499,181,775	422,977,117	435,666,430	448,736,423	2,223,579,245
Strategy 3: Strengthen monitoring, evaluation and surveillance systems for routine information sharing and data utilisation at all levels	44,743,500	62,082,735	63,945,217	53,594,435	50,359,203	274,725,090

GRAND TOTALS	**21,020,872,784**	**21,659,749,046**	**22,063,246,297**	**22,634,424,089**	**22,758,803,295**	**110,137,095,511**

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