Government of Malawi

NATIONAL MULTISECTOR NUTRITION STRATEGIC PLAN

2025 – 2030

Foreword

The Government of Malawi recognizes that optimal nutrition is critical to ensure the social and economic development, hence, places nutrition in Malawi 2063 agenda as key in human capital development. The government is committed to improving the health and well-being of the general population through implementation of nutrition programs in a holistic approach. Therefore, this National Multisector Nutrition Strategic Plan (NMNSP) has been developed to operationalize the National Multisector Nutrition Policy (2025-2030) and provides a blue print for nutrition programming at all levels.

This strategic plan is a result of consultative process and collaborative efforts by Ministries, development partners, Civil Society Organizations, the private sector and communities. It builds on the successes registered during the implementation of the National Multisector Nutrition Strategic Plan (2018-2022). Additionally, it takes into consideration emerging issues of climate change, food systems and Nutrition related Non-Communicable Diseases.

The strategic plan promotes multisectoral approach and coordination in delivery of nutrition services with emphasis on the vulnerable population which include under five children, adolescents, pregnant and lactating women to address the causes of malnutrition.

I, therefore appeal to all stakeholders to step up efforts in addressing the current nutrition challenges and ensure that the strategic plan is adequately accessed and utilized for harmonized and coordinated implementation of the nutrition response. I also call upon various stakeholders and the private sector to support the implementation of nutrition interventions at all levels.

Honourable Khumbize Kandodo Chiponda, MP

MINISTER OF HEALTH

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

Additionally, the success of this process has been made possible by the inclusion of the voices of communities and society at large. The process leading to the development of this important document proceeded from community consultations and surveys.

The Government therefore reiterates its commitment to continue working together with various stakeholders to ensure that the goal of the National Multi-Sector Nutrition Policy (2025-2030) is realized through this strategy.

Additionally, government calls for increased collaboration, advocacy, resource mobilization and accountability from all stakeholders.

Dr. Samson Mndolo
SECRETARY FOR HEALTH

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
AIP	Agriculture Input Programme
ASFNS	Agriculture Sector Food and Nutrition Strategy
AU	African Union
BMI	Body Mass Index
CAADP	Comprehensive Africa Agriculture Development Programme
CMAM	Community-based Management of Acute Malnutrition
COVID-19	Coronavirus Disease 2019
CSONA	Civil Society Organisations Nutrition Alliance
CSOs	Civil Society Organisations
MDHS	Malawi Demographic Health Survey
DN	Department of Nutrition
DNCCs	District Nutrition Coordinating Committees
DPs	Development Partners
ECD	Early Childhood Development
EHP	Essential Health Care Package

GDP	Gross Domestic Product
HIMS	Health Information Management Systems
HIV	Human Immunodeficiency Virus
IMPOW	Integrated Management and Prevention of Oedema and Wasting
KAP	Knowledge, Attitudes, and Practices
KUHeS	Kamuzu University of Health Sciences
LUANAR	Lilongwe University of Agriculture and Natural Resources
M and E	Monitoring and Evaluation
MAD	Minimum Acceptable Diet
MDDW	Minimum Dietary Diversity for Women
MEAL	Monitoring, Evaluation, Accountability and Learning
MGDS III	Malawi Growth and Development Strategy III
MICS	Multiple Indicator Cluster Survey
MIYCN	Maternal, Infant, and Young Child Nutrition
MMS	Multiple Micronutrient Supplement
MNDs	Micronutrient Deficiencies
MoA	Ministry of Agriculture

MoE	Ministry of Education
MoF	Ministry of Finance
MoGCDSW	Ministry of Gender, Community Development and Social Welfare
MoH	Ministry of Health
MoID	Ministry of Information and Digitalisation
MoTI	Ministry of Trade and Industry
MoJ	Ministry of Justice
MoLGUCCU	Ministry for Local Government, Culture and Unity
MoNRCC	Ministry of Natural Resources and Climate Change
MUBAS	Malawi University of Business Administration
MUST	Malawi University of Science and Technology
MW2063	Malawi 2063
MVAC	Malawi Vulnerability Assessment Committee
MZUNI	Mzuzu University
N4G	Nutrition for Growth
NCDs	Non-Communicable Diseases
NCST	Nutrition Care, Support, and Treatment

NECS	Nutrition Education and Communication Strategy
NEPAD	New Partnership for Africa's Development
NESP	National Education Sector Policy
NGOs	Non-Governmental Organizations
NMNP	National Multisector Nutrition Policy
NMNS	National Multisector Nutrition Strategy
NNCDs	Nutrition-related Non-Communicable Diseases
NNIS	National Nutrition Information System
NRU	Nutrition Rehabilitation Unit
NSO	National Statistics Office
NSSP	Nutrition-Sensitive Social Protection
NURTS	Nutrition Resource Tracking System
OTP	Out-patient Therapeutic Programme
PNHAO	Principal Nutrition, HIV, and AIDS Officer
PPAs	Policy Priority Areas
PWP	Public Works Programme
SADC	Southern African Development Community
SBC	Social and Behavioural Change

SCTP	Social Cash Transfer Programme
SD	Standard Deviations
SDGs	Sustainable Development Goals
SFP	Supplementary Feeding Programme
SHN	School Health and Nutrition
SMP	School Meals Programme
SUN	Scaling-up Nutrition movement
TB	Tuberculosis
UN	United Nations
UNGNA	United Nations Global Nutrition Agenda
UNIMA	University of Malawi
VSL	Village Saving and Loans
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

GLOSSARY

Adolescence: This is a stage of human life at which one transitions from childhood to adulthood. It is a critical period when significant physical, psychological, hormonal, and behavioural changes take place. It is a critical phase in life for attaining human potential and offers the second window of opportunity for growth and development.

Adolescents: These are persons aged between 10 and 19 years. Those aged between 10 and 14 years are termed young adolescents while those aged between 15 and 19 years are called older adolescents.

Enteral Nutrition: Delivery of nutrients beyond the oesophagus via feeding tubes for special medical purposes.

Food Security: Exists when all people, at all times, have physical, social and economic access to sufficient, safe, and nutritious food that meets their dietary needs and food preferences for an active and healthy life.

Food Systems: This includes all interactions and actors within the food value chain cycle (from production to consumption and back to production again) including inputs and by-products within the whole system, food production, food handling, food marketing, food processing, marketing, and consumer behaviour.

Malnutrition: This is a condition resulting from inadequate or excess consumption of nutrients leading to under or over nutrition.

Micronutrients: These are essential dietary elements required in small quantities by the human body such as vitamins and minerals.

Moderate Acute Malnutrition: This is defined as moderate wasting (i.e. weight-for-height between -3 and -2 z-scores of the WHO child growth standards median) and/ or mid-upper-arm-circumference (MUAC) greater or equal to 11.5cm and less than 12.5cm in children 6-59 months old.

Nutrition: This is the process by which the body obtains and utilises food and drinks. It is the science that interprets the interaction of nutrients and other substances in food in relation to the maintenance, growth, reproduction, health, and disease of an organism.

Nutrition Security: This is a condition when an individual or a household has access to nutritious and diversified foods that supply nutrients in adequate proportions to meet body requirements coupled with adequate health services, appropriate hygiene, a sanitary environment, and care practices to ensure a healthy and active life for all household members.

Nutrition Sensitive Interventions: These are interventions or programs that address the underlying and basic determinants of malnutrition.

Nutrition Specific Interventions: These are interventions or programmes that address the immediate causes of undernutrition, such as inadequate dietary intake and some of the underlying causes like feeding.

Nutrition Surveillance: This refers to monitoring the state of health, nutrition, eating behaviour, and nutrition knowledge of the population for planning and evaluating nutrition policy and programmes.

Nutrition-related Non-Communicable Diseases (NNCDs): These are diet and lifestyle diseases which cannot be passed from one person to another. Most common nutrition-related NCDs are cardiovascular diseases (high blood pressure, heart attack, and stroke), certain cancers, and diabetes.

Optimal Nutrition: This refers to the consumption of food and drinks in a quantity and quality sufficient to satisfy the dietary needs of an individual.

Oral Nutrition Supplements: Provision of additional nutrients, including protein and energy, for people who are not meeting their nutritional needs through food alone.

Overnutrition: This is a condition resulting from excessive intake of energy and nutrients leading to overweight and obesity.

Overweight and Obesity: This is defined as abnormal or excessive fat accumulation that may impair health. Overweight and obesity are measured by a body mass index (BMI) greater than 25 and 30, respectively.

Parenteral Nutrition: It is the administration or delivery of nutrients via an intravenous route.

Severe Acute Malnutrition: This is defined as very low weight-for-height or clinical signs of bilateral pitting oedema, severe wasting (i.e. weight-for-height less than-3 z-scores of the WHO child growth standards median) and / or mid-upper-arm-circumference (MUAC) less than 11.5cm in children 6-59 months old.

Stunting: This is a form of undernutrition; it reflects retarded growth defined as low height-for-age below -2 Z-score of the WHO child growth standards median.

Undernutrition: This is a condition resulting from inadequate dietary intake or faulty assimilation. It encompasses a range of conditions including acute undernutrition, chronic undernutrition, and micronutrient deficiency.

Underweight: This is a form of undernutrition characterised by low weight-for-age below -2 Z-score of the WHO child growth standards median.

1.0 OVERVIEW

1.1 Introduction

The Malawi 2063 Agenda recognises that optimal nutrition has a bearing on a child's future development and healthy well-being with wider implications on socio-economic development. It recognises nutrition as a key enabler for human growth and development that contributes significantly to the social and economic development of the country. The 2063 agenda therefore demand for the country to halt intergenerational stunting by prioritising health and nutrition of women, adolescents and children through improved livelihood and resilience that promote access to and consumption of diverse diets. It also emphasises the importance of optimal nutrition in the first 1000 days of life to enable children to develop to their full potential. Optimal nutrition throughout the lifecycle is therefore a prerequisite for physical and intellectual development of an individual and a major determinant of one's intellectual performance, academic and professional achievements and overall work productivity later in life.

The National Multisectoral Nutrition Policy (NMNP) 2025 -2030 provides a guiding framework for operationalisation of the Malawi 2063 development agenda through implementation of proven high impact cost effective interventions. The 2025-2030 policy focuses on prevention of malnutrition in all its forms, households' empowerment and resilience building while addressing the existing and emerging national and global nutrition challenges. This strategy therefore aims to operationalize the National Multisector Nutrition Policy (NMNP) 2025-2030. The Strategy

is complemented by programme specific strategies and guidelines which include the Multisector: Nutrition Education and Communication (NECS); Maternal infant and young child Nutrition (MIYCN); Micronutrient; Adolescent Nutrition; School Health and Nutrition (SHN); Early Childhood Development (ECD); Integrated Management and Prevention of Oedema and Wasting (IMPOW); Nutrition related - Non-communicable diseases (NNCDs); Agriculture Sector Food and Nutrition (ASFN); Nutrition Sensitive Social Protection (NSSP); Nutrition Advocacy; and, Local Resource Mobilisation.

The National Multisector Nutrition strategy (2025-2030) has aligned itself with six priority areas from the National Multisector Nutrition Policy (2025-2030). These priority areas were identified to respond to the overall nutrition needs of the country and leverage in planning, designing and implementation of nutrition interventions with other programmes. This strategy has clearly provided key actions that the government shall promote especially at community level. It mainly focuses on building community resilience and empowerment through a more inclusive approach. It also provides doable and tangible actions that promote nutrition of pregnant women, children of all age groups, adolescents and other marginalised groups.

The strategic plan has six strategic objectives that have been aligned with the six policy priority areas (PPAs). The strategic objectives are: i) Prevent malnutrition among all demographic groups. ii) Advocate for healthy and nutritious diets within sustainable food systems. Iii) Enhance Social and Behavioural Change (SBC) interventions for optimal nutrition. iv) Treat and manage nutrition-related disorders to reduce morbidity and mortality. v) Strengthen delivery of nutrition interventions during emergencies. vi) Create and strengthen

an enabling environment for the effective implementation of nutrition programmes.

These strategic objectives are believed to contribute to reduction of all forms of malnutrition through cost effective doable actions. They shall also promote effective coordination of different nutrition interventions including research and monitoring.

1.2 Nutrition Situation

Malawi like other developing countries is experiencing triple burden of malnutrition namely undernutrition, overnutrition and micronutrient deficiencies.

1.2.1 Undernutrition

Over the past two decades, Malawi has experienced a decline in the rates of undernutrition. However, the prevalence of chronic malnutrition remains high. According to Malawi Demographic Health Survey (MDHS), stunting among under 5 children dropped from 47 per cent in 2010 to 37 per cent in 2016 and has slightly increased to 38 per cent in 2024. Underweight of under-five children has been reducing from 13.4 per cent in 2010 to 12.5 per cent in 2016 and currently is at 10 per cent.

Undernutrition is exacerbated by poor feeding and caring practices. Exclusive breastfeeding among infants (0-6 months) rose from 53 per cent in 2004 to a peak of 72 per cent in 2010 and has since declined to 60 per cent in 2025. In addition, only 8.7 per cent of children aged 6 to 23 months meet the minimum acceptable diet (MAD). Similarly, the proportion of women meeting minimum dietary diversity (MDDW) is equally low (25 per cent).

Adolescent period is the second window of opportunity for growth and development. The 2015-2016 MDHS shows that the prevalence of underweight adolescent girls (15-19) is at 12.9 per cent. Undernutrition in adolescent girls increases the risk of complications during pregnancy and child birth for teen mothers and jeopardises the health development of their future children.

The risk of undernutrition can be worsening by a combination of poor access to nutritious diets and frequent illness (such as acute respiratory infections, diarrhoea, and malaria) coupled with poor access to health services.

1.2.2 Overnutrition

Overnutrition is one of the challenges faced by both developed and developing countries. In Malawi, about 21 per cent of the population aged 15 and 49 years is overweight while 5 per cent is obese. The prevalence of overweight and obesity is higher in women than men. For instance, about 24 per cent of women are overweight and 6 per cent are obese whereas in men 17 per cent are overweight and 3 per cent are obese. Under 5 children are also equally affected where by 6 per cent are overweight. Overweight is a risk factor for Nutrition-related non-communicable diseases (NNCDs), in particular cardiovascular diseases (heart diseases and stroke), hypertension, certain cancers, and Type 2 diabetes mellitus. These conditions are perpetuated by unhealthy lifestyles such as; increase in tobacco use, physical inactivity, harmful use of alcohol and unhealthy diets. The WHO estimated that the probability of dying between ages of 30 and 70 years from the leading NNCDs like certain cancers, diabetes, chronic respiratory and cardiovascular diseases to be around 19 per cent worldwide. In Malawi, 32.9 per cent

of adult men and women have raised blood pressure, 7.3 per cent have Type 2 diabetes mellitus, and 8.7 per cent have hypercholesterolemia. Nutrition-related non-communicable diseases (NNCDs) alone contribute to 32 per cent of deaths among adult population.

1.2.3 Micronutrient deficiencies

Micronutrient deficiencies (MNDs) "also referred to as hidden hunger" are a form of undernutrition. In Malawi, micronutrient deficiencies of vitamin A, iron, and iodine have been recognised as of public health concern. Although MNDs are often clinically invisible, they increase the risk of disease and limit growth and development especially in the first 1,000 days of life leading to irreversible consequences, for example, Iodine and iron deficiencies impair cognitive development. It is estimated that in developing countries, GDP is lowered by up to 5 per cent due to micronutrient deficiencies, while in poorer countries this can go as high as 6per cent. Deficiencies of iodine and iron alone could reduce the GDP by 2 per cent, while losses from all other micronutrient deficiencies could be even much higher.

Malawi has registered significant strides in reducing micronutrient deficiencies in the last decade through implementation of various interventions, for instance, vitamin A deficiency from 59 per cent to 3.6 per cent and iron deficiency anemia from 29 per cent to 9 per cent between 2001 and 2016 respectively for children aged 6 to 59 months.

1.3 Current Nutrition interventions and approaches

The Government is committed in ensuring the health and well-being of the general population through implementation of various approaches and interventions in order to

improve their nutritional status. This has been attained through promotion of the 13 high impact cost effective nutrition interventions which fall into three general areas of interventions as follows:

i. *Behaviour changes interventions* that include the promotion of breastfeeding, appropriate complementary feeding practices (excluding provision of food), and good hygiene, specifically hand washing.

ii. *Micronutrient and de-worming interventions* that provide a range of supplements for children under the age of five years, pregnant women, and the general population (Vitamin A supplementation, zinc supplementation for diarrhoea management, multiple micronutrient powders, deworming, iron and folate supplementation, salt iodisation, iron fortification of staples).

iii. *Complementary and therapeutic feeding interventions* that consist of provision of vitamin- and mineral-fortified and/or -enhanced complementary foods for the prevention and treatment of moderate malnutrition among children 6-23 months of age.

Despite these initiatives in addressing the triple burden of malnutrition, micronutrient deficiencies are still of public health concern in Malawi, in particular Zinc and Selenium. Therefore, this calls for sustainable innovative strategies and multisectoral approach in addressing the triple burden of malnutrition.

1.4 Policy context

This strategic plan has been developed following the review of the National Multisector Nutrition Policy and Strategic Plan (2018-2022). It has taken into consideration key policies and

strategies at global and regional levels that have shown to improve nutritional outcomes and well-being of the general population. Some of the policies and strategies within which this strategy will operate includes:

1.4.1 The National Multisector Nutrition Policy

The National Multi-Sector Nutrition Policy (2025–2030) aims at achieving a well-nourished and healthy population that effectively contributes to a wealthy and self-reliant nation. It provides a guiding framework for operationalisation of the Malawi 2063 development agenda through implementation of proven high impact cost effective interventions. The Policy shall be operationalised through the Multisector Nutrition Strategy (MNS) 2025-2030). It shall also be complemented by implementation of programme specific strategies and guidelines which include the Multisector: Nutrition Education and Communication (NECS); Maternal Infant and Young Child Nutrition (MIYCN); Micronutrient; Adolescent Nutrition; School Health and Nutrition (SHN); Early Childhood Development (ECD); Integrated Management and Prevention of Oedema and Wasting (IMPOW); Nutrition related - Non-communicable diseases (NNCDs); Agriculture Sector Food and Nutrition (ASFN); Nutrition Sensitive Social Protection (NSSP); Nutrition Advocacy; and, Local Resource Mobilisation. Therefore, this Strategic Plan provides the framework and context within which other sector strategic plans and budgets should be coordinated, formulated, implemented and monitored.

1.4.2 National Agriculture Policy

The National Agriculture Policy aims at achieving sustainable food and nutrition security through implementing food-

based approaches and interventions in order to prevent all forms of malnutrition. The NAP is operationalised by the food and nutrition strategy through promotion of: production of diversified foods and dietary diversification; Integrated Homestead Farming; and production and consumption of high nutritive-value foods (crops, livestock, and fish); market access; and safe and nutritious foods along food value chain.

1.4.3 National Health Policy

The National Health Policy promotes several nutrition-specific interventions for prevention, treatment and management of all forms of malnutrition at the health facility and community level. The NHP is operationalised by the Health Sector Strategic Plan III which promotes optimal maternal Infant and Young child Nutrition; stimulation, nurturing and caring practices; treatment and management of nutrition disorders; and micronutrient supplementation. In addition, it promotes: growth monitoring and promotion; provision of insecticide-treated bed nets; family planning services; and deworming.

1.4.4 National Education Sector Policy

The National Education Policy (NEP) advocates for the promotion of the School Feeding Programme, school health and water sanitation, and hygiene (WASH), HIV and AIDS, gender and education interventions in schools. The NEP is operationalised by the School Health and Nutrition strategy which plays a pivotal role in promoting the well-being of school-aged children by mainstreaming nutrition within the school curriculum and implementation of nutrition-sensitive interventions.

1.4.5 National Social Protection Policy

The Social protection policy mainstreamed nutrition in all its livelihood interventions to promote optimal nutrition for the targeted population and to increase resilience towards shocks. It seeks to enhance social behaviour change towards diversified production and dietary diversity and to increase access through school feeding programmes, emergency support and business development. The policy has also prioritised nutrition sensitive social protection and resilience for improved nutritional outcomes.

1.4.6 National Gender Policy

The Gender Policy seeks to mainstream gender in agriculture, food security and nutrition for sustainable and equitable development. It aims at enhancing participation of women and men, girls and boys at individual, household and community levels in developmental programs. It also promotes a holistic approach to gender equality and social protection, poverty reduction through microfinance, and sustaining livelihoods of ultra-poor households using cash transfers.

1.4.7 Early Childhood Development Policy

The policy has prioritised nutrition as an investment in human capital which is necessary for sustainable development. The Policy also promotes mainstreaming nutrition in the Early Childhood Development curriculum and implementation of nutrition-sensitive interventions that have an impact on the children's wellbeing.

1.4.8 The National Population Policy

The overall goal of the National population policy is to contribute to the improvement of the standard of living and the quality of life of the people of Malawi. It is aimed at supporting the achievement of sustainable socio-economic development through incorporating nutrition related interventions on family planning, prevention of maternal and child morbidity and mortality, and non-communicable diseases.

1.4.9 National Youth Policy

The National Youth policy aims at empowering the youth to deal with the social, cultural, economic and political challenges in development. It ensures that youth have access to appropriate, adequate, quality and affordable health care and nutrition services for their optimal development and participation in nation-building and development.

1.4.10 HIV Policy

HIV policy seeks to improve the nutritional status of people living with HIV through provision of treatment, care and support services. It also focuses on mitigating the socio-economic impact of HIV on individuals, family, communities and nations.

1.4.11 National Disaster Risk Management Policy

The policy seeks to achieve sustainable development through disaster risk management integration in development planning by all sectors. It promotes holistic approach in coordination and implementation of nutrition during emergencies.

1.4.12 Decentralization Policy

The Decentralization Policy seeks to create a democratic environment and institutions for governance and development at local council level which facilitate the participation of the grassroots in decision making. It supports the roll out and implementation of nutrition interventions through operationalisation of nutrition policies.

1.4.13 National Community Development Policy

The National Community Development Policy seeks to contribute towards an inclusively wealthy and self-reliant nation by catalysing sustainable social economic development efforts through inclusive mind-set change strategic transformative initiatives and approaches. The policy embraces community development approaches and programmes such as food utilization and dietary diversification, home management, community hygiene and sanitation to achieve food and nutrition security at household level and also improve rural livelihoods

1.4.14 National Climate Change Management Policy

The National Climate Change Management Policy seeks to promote climate change adaptation, mitigation, technology transfer and capacity building for sustainable livelihoods through Green Economy measures for Malawi. The policy also promotes community resilient programs to mitigate impacts of climate change through the development of sustainable livelihoods.

1.4.15 Malawi National Health Information System Policy

The National Health Information Systems Policy provides a platform for health and nutrition information sharing and management for evidence-based decision making. It provides policy updates to mitigate policy gaps with regard to implementing and utilizing the health and nutrition information systems.

1.5 Justification for development of the multisector nutrition strategic plan

Despite the strides made in reducing malnutrition in the country, some of the nutrition indicators are still relatively high making malnutrition a public health concern. For instance, stunting is at 37.7 per cent exceeding the 30 per cent cut off points according to the WHO standards. The multi-sectoral nutrition coordination has also been compromised through placement of coordinating body within a line ministry leading to vertical implementation of nutrition programmes. Additionally, there has been inadequate human and financial resources in local authorities which affect the implementation of nutrition interventions.

This strategic plan has taken into consideration some emerging issues such as climate-smart nutrition; nutrition-sensitive social protection (NSSP); food systems transformation; the MIP-1; and alignment with the SUN 3.0 movement; World Health Assembly targets; the SDGs; and other global declarations, which the government signs. Therefore, this strategy has been developed to respond to, and to operationalize the National Multisector Nutrition Policy (2025-2030) and Malawi 2063. It provides an implementation framework for all service providers in planning, budgeting, coordination and implementation of nutrition programs.

2.0 STRATEGIC ANALYSIS

A desk review of various reports and consultations with key stakeholders had identified key enablers and bottle necks in the national nutrition response. These were categorized into strengths, weaknesses, opportunities and threats (SWOT) as presented below:

2.1 Strength

High Government commitment which has been demonstrated by:

- Placement of nutrition in the Malawi 2063 Agenda as one of the key areas in the human capital development.
- Launch and commitment to support with: Scaling Up Nutrition (SUN) Strategy 2021–2025 (SUN 3.0) by the president of Malawi.
- Creation of nutrition budget line in local authorities.
- Placement of more nutritionists in line ministries and district councils.
- Improved human capacity in nutrition at national and district levels.
- Vibrant nutrition coordination structures at national and district level coordinated by the Department of Nutrition.
- High political support through the Parliamentary Committee on HIV and Nutrition which has been instrumental in driving the nutrition agenda.

- Continued financial support by development partners and other non-governmental organisations.
- Increased private sector, media and academia engagements in implementation and advocating for nutrition response through their networks.

2.2 Weaknesses

- Low government resource allocation to nutrition despite its efforts in creating a budget and vote line for nutrition.
- Reduced resource allocation for nutrition by development partners.
- Lack of nutrition frontline workers to facilitate nutrition response at community level.
- Partners not abiding to the five one's principle as they prioritize their own agenda hence, creating unsustainable approach and lack of ownership.
- Weak coordination among key players in the food system.
- Inadequate collaboration and coordination in sustaining care groups.
- Inadequate partners support to nutrition in Local Development Plans (LDPs).

2.3 Opportunities

- Prioritization of nutrition in the Malawi 2063 agenda can contribute to nutrition improvement among the general population.

- Availability of a Decentralization Policy which strengthens governance structures and facilitates multi-sector nutrition response in local authorities.
- Increased number of NGOs, CSOs, and development partners working in nutrition response.

2.4 Threats

- Frequent natural disasters compromising implementation of nutrition developmental response.
- Delay in passing the nutrition bill is compromising regulation of nutrition issues putting the general population at risk.
- Global challenges affecting the donor and partners support in nutrition response.

3.0 VISION, MISSION, STRATEGIES OUTCOMES AND OBJECTIVES

3.1 Vision

Malawi with a well-nourished population.

3.2 Mission

To provide strategic leadership, guidance and policy oversight on implementation of the multi-sectoral nutrition response in the country.

3.3 Strategic outcomes

i. Reduced number of children under five who are stunted by 13.2 per cent by 2030

ii. Reduced rate of anaemia in children, adolescent girls and women of reproductive age by 25 per cent by 2030

iii. Reduced rate of infants born with low birth weight by 25 per cent by 2030

iv. Reduced rate of overweight among children, adolescents, and adults by 40 per cent by 2030

v. Increased rate of exclusive breastfeeding in the first 6 months by 30 per cent by 2030

vi. Reduce wasting in children to less than 1.0 per cent

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

viii. Increased nutrition financing at local council level to 5 per cent of the total district budget by 2030.

3.4 Strategic objectives

The specific objectives of the strategic plan are to:

i. Prevention of malnutrition among all demographic groups.

ii. Advocate for healthy and nutritious diets within sustainable food systems.

iii. Enhance social and behavioural change (SBC) interventions for optimal nutrition.

iv. Treat and manage nutrition-related disorders to reduce morbidity and mortality.

v. Strengthen delivery of nutrition interventions during emergencies.

vi. Create and strengthen an enabling environment for the effective implementation of nutrition programmes.

4.0 STRATEGIC OBJECTIVES, STRATEGIES AND ACTIONS

4.1 Objective 1: Prevent malnutrition among all demographic groups

Strategic objective 4.1.0: To prevent undernutrition among all demographic groups with emphasis on children under five, pregnant and lactating women, elderly and other vulnerable groups.

Malnutrition remains a public health issue in Malawi, especially among vulnerable groups such as under-five children, pregnant and lactating women. Poor diet and frequent illnesses are the main causes of undernutrition in Malawi. Sub-optimal feeding during the first 1,000 days of a child's life and poor maternal nutrition remains wide spread, leading to high levels of child and maternal undernutrition. These are emanating from: 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. Further to this, Malawi has been registering an increase in overweight and obesity triggering nutrition-related non-communicable diseases (NNCD).

Over the years, Malawi implemented several high-impact nutrition interventions to address undernutrition. These include; the promotion of optimal infant and young child feeding, maternal nutrition and health, prevention and control of micronutrient disorders, promotion of production

and utilisation of diversified nutritious foods. Additionally, other nutrition-sensitive interventions such as; school meal programmes, WASH, cash transfers and food distributions were implemented. However, despite making some strides, the rate of reduction for most nutrition indicators was significantly low; For example, there was a slight increase (2.7 per cent) in stunting between 2016 and 2024 compared to 2010 and 2016 where there was a huge reduction (27 per cent). Additionally, maternal and child nutrition practices remain sub-optimal partly due to: limited integration of stimulation, nurturing and care; low coverage of BFHI, and community-based interventions.

This strategic objective therefore aims at promoting the implementation of high-impact nutrition interventions across the various sectors and line-ministries at scale based on lessons learnt and emerging issues. Furthermore, it shall ensure the integration of interventions that aim at building resilience in consideration of gender equality and equity while improving maternal, infant, young children and adolescent nutrition for optimal growth and development.

Strategy 4.1.1: Enhance optimal nutrition for women before, during and after pregnancy.

Activities

i. Revise counselling materials to include care for the caregivers and other emerging issues.

ii. Review and disseminate key message booklet to align with the revised counselling materials.

iii. Develop key message booklet for people with special nutrition needs.

iv. Disseminate key message booklet for people with special nutrition needs.

v. Conduct counselling and education sessions on optimal nutrition and care before, during and after pregnancy through community groups.

vi. Conduct home visits to counsel household on nutrition and care before, during and after pregnancy.

vii. Conduct community campaigns on the importance of starting ANC services in the first trimester and attending all the 8 critical contact points including adherence of iron folate supplementation.

viii. Conduct quarterly cooking demonstrations based on the Malawi recipe book.

ix. Conduct community campaigns to mobilise men on the importance of participating in antenatal services.

x. Conduct community campaigns on the importance of attending community care groups for optimal nutrition.

xi. Train service providers on MIYCN at all levels.

xii. Print all IEC materials.

xiii. Disseminate all IEC materials.

Strategy 4.1.2: Promote optimal nutrition for infants and young children.

Activities

i. Review of IEC materials on optimal breastfeeding practices.

ii. Disseminate IEC materials on optimal breast-feeding practices.

iii. Disseminate recipes for appropriate complementary feeding among infants 6-24 months.

iv. Conduct community awareness campaigns on the importance of attending postnatal care and growth monitoring and promotion.

v. Review IEC materials on optimal complementary feeding practices.

vi. Disseminate IEC materials on optimal complementary feeding practices.

vii. Train service providers on optimal complementary feeding practices.

viii. Train Care Groups on optimal complementary feeding practices.

ix. Sensitise communities (chiefs, men, grandparents, religious leaders) on importance of optimal complementary feeding practices for children 6-24 months.

x. Conduct nutrition education and counselling sessions with breastfeeding mothers through community care groups and home visits.

xi. Conduct advocacy meetings on conducive conditions at the workplace to support breastfeeding mothers through the Employment Act.

xii. Conduct sensitization meetings on conducive conditions at the workplace to support breastfeeding mothers through the Employment Act.

xiii. Scale up community-led complementary Feeding and Learning sessions (CCFLS).

xiv. Conduct sensitisation and awareness campaigns to promote exclusive breastfeeding in the first six months.

xv. Commemorate National Breastfeeding Week.

xvi. Train manufacturers, traders, media houses and frontline workers on the code of marketing of breast milk substitutes.

Strategy 4.1.3: Support stimulation, nurturing and caring practices for women during and after pregnancy.

Activities

i. Revise the integrated nutrition early stimulation and nurturing training package (to include caring for caregivers and other emerging issues).

ii. Disseminate age-specific nutrition, stimulation, nurturing and caring messages.

iii. Conduct training of service providers in IYCN, stimulation, nurturing and caring practices.

iv. Conduct training of caregivers in CBCCs on the nutrition, stimulation, nurturing and caring practices training package.

Strategy 4.1.4: Promote optimal nutrition and care practices for mothers, infants, and young children with special medical conditions.

Activities

i. Develop guidelines on optimal feeding for infants and young children with special medical conditions.

ii. Develop and disseminate key messages on optimal feeding for infants and young children with special medical conditions including pre term babies.

iii. Train service providers on optimal feeding for infants and young children with special medical conditions.

iv. Conduct community sensitisation on optimal feeding for infants and young children with special medical conditions.

v. Conduct community mobilization for caregivers, and community care groups on optimal feeding during and after illness of under-five children, early health-seeking behaviours and growth monitoring and promotion.

Strategy 4.1.5: Integrate implementation of ten steps of baby-friendly health initiatives (BFHI) for successful breastfeeding in maternal and newborn services.

Activities

i. Integrate maternal infant and young child nutrition in routine health services.

ii. Integrate and institutionalise BFHI in routine health services.

iii. Train all health service providers and support staff in BFHI.
iv. Conduct community sensitisation on BFHI services.
v. Revise BFHI guidelines.
vi. Disseminate BFHI guidelines.
vii. Orient stakeholders on the implementation and monitoring of the code of marketing on breastmilk substitutes.
viii. Revise the code of marketing on breastmilk substitutes.
ix. Disseminate the code of marketing on breastmilk substitutes.

Strategy 4.1.6: Promote dietary diversification with a wide variety of all food groups.

Activities

i. Conduct community sensitization campaigns on 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.
ii. Provide inputs to support diversification of crops including Indigenous high nutritive value crops, aquaculture and small stocks such as poultry, small ruminants and milk-producing animals.
iii. Train vulnerable households in aquaculture, small stock and high nutritive crop production.

iv. Conduct awareness campaigns on the importance of consuming a diversified diet that is based on the Malawi six food groups.

v. Review the national food composition tables.

vi. Disseminate the national food composition tables.

vii. Document the type and diversity of foods for various agro-ecological areas of the country.

viii. Disseminate the type and diversity of foods for various agro-ecological areas of the country.

ix. Develop and disseminate food calendars that are based on the seasonal and agro-ecological -zones.

x. Disseminate food calendars that are based on the seasonal and agro-ecological zones.

Strategy 4.1.7: Ensure food fortification and bio-fortification of crops.

Activities

i. Conduct awareness campaigns to the general population on the importance of consuming fortified foods and bio-fortified crops.

ii. Monitor the quality and safety of locally produced and imported foods to meet national fortification standards.

iii. Conduct awareness campaigns on food standards to traders and food industries.

iv. Train port health officers and other key stakeholders on monitoring the quality of fortified foods.

v. Orient small and medium-scale food producers on food fortification.

vi. Assess small and medium-scale food producers on food fortification to issue fortification logo.

vii. Conduct technical support visits to small and medium-scale producers on fortification of their products.

viii. Conduct community mobilization campaigns on the production of bio-fortified crops.

Strategy 4.1.8: Scale up routine micronutrient supplementation.

Activities

i. Procure multiple micronutrient supplements for pregnant women.

ii. Roll out Multiple Micronutrient Supplements among pregnant women in all districts.

iii. Distribute multiple micronutrient supplements to pregnant women.

iv. Scale up Iron-folate Supplementation among adolescent girls using various platforms.

v. Procure micronutrient supplements (Vitamin A, de-worming tablets and MNPS) for under-five children.

vi. Distribute micronutrient supplements (Vitamin A, de-worming tablets and MNPS) for under five children.

vii. Conduct community awareness campaigns on the production and consumption of micronutrient-rich foods among the general population.

viii. Conduct national social marketing campaigns on MNPs.

Strategy 4.1.9: Strengthen supply chain management for micronutrient supplements.

Activities

i. Conduct biannual supply chain assessment to identify gaps and risks on procurement, distribution and accounting for supplements.

ii. Conduct biannual supply chain management meetings with stakeholders.

iii. Train supply chain personnel in the management of micronutrient supplements.

iv. Conduct advocacy meetings for inclusion of micronutrient supplements on the essential medicines list.

Strategy 4.1.10: Promote public health measures for the prevention of Micronutrient Deficiency.

Activities

i. Develop the package of IEC materials on micronutrient supplements to be in line with public health measures.

ii. Conduct a working session to integrate micronutrient supplementation with other public health interventions.

iii. Conduct interface meetings with key stakeholders to integrate micronutrient supplementation with other public health interventions that impact positively on the nutrition status of under-five children i.e., malaria programs, Expanded Program on Immunisation (EPI), deworming, and water, hygiene and sanitation.

iv. Conduct biannual planning and review meetings to foster the integration of micronutrient supplementation with other public health interventions that impact positively on the nutrition status of under-five children.

Strategy 4.1.11: Promote the consumption of diversified diets with a wide variety of foods from the six food groups.

Activities

i. Conduct mobilisation campaigns on the importance of consuming a diversified diet that is based on the Malawi six food groups.

ii. Conduct cooking demonstrations to promote dietary diversity for improved nutrition.

iii. Develop dietary guidelines for Malawi to enhance dietary diversity and healthy diets.

iv. Disseminate dietary guidelines for Malawi to enhance dietary diversity and healthy diets.

v. Conduct community mobilisation campaigns on the consumption of locally available foods/underutilised foods for optimal nutrition.

vi. Train care groups on recommended food storage, processing, preparation, and utilization.

Strategy 4.1.12: Promote healthy diets and lifestyles among all age groups.

Activities

i. Conduct awareness campaigns on the importance of healthy lifestyles to prevent nutrition-related non-communicable diseases.

ii. Disseminate dietary guidelines (Eat well to live well) for prevention and management of nutrition-related non-communicable diseases.

iii. Review dietary guidelines (Eat well to live well) for prevention and management of nutrition-related non-communicable diseases.

iv. Conduct quarterly advocacy campaigns for increased physical activity in communities and workplaces. (include to create public spaces for physical activity).

v. Develop key messages for specific conditions on prevention and management of nutrition-related non-communicable diseases among various groups.

vi. Translate key messages for specific conditions on prevention and management of nutrition-related non-communicable diseases among various groups.

vii. Disseminate key messages for specific conditions on prevention and management of nutrition-related non-communicable diseases among various groups.

viii. Conduct advocacy meetings with private and public sector employers to create weekly wellness days for their employees.

ix. Develop guidelines for healthy conference diets.

x. Disseminate guidelines for healthy conference diets at national and district level.

xi. Develop TV, radio programs, radio jingles and public service announcements on nutrition related non communicable diseases.

xii. Air TV, radio programs, radio jingles and public service announcements on nutrition related non communicable diseases.

xiii. Orient media houses on nutrition related non communicable diseases.

xiv. Participate in international commemoration of non-communicable disease days.

xv. Identify champions to promote healthy lifestyles.

xvi. Conduct Interface meetings with other sectors dealing with nutrition-related non-communicable diseases to discuss operation issues.

xvii. Conduct nutritional needs assessment for boys and men.

xviii. Develop a nutrition package for boys and men based on needs assessment.

xix. Disseminate nutrition package for boys and men.

xx. Conduct meetings to advocate for schools to have physical education sessions.

xxi. Conduct awareness campaigns on food labelling, portion size, counselling information, food choices, physical exercise, healthy imaging, substance abuse, food and health claims, misconceptions and taboos.

Strategy 4.1.13: Promote access to safe WASH and other public health measures for optimal nutrition.

Activities

i. Conduct sensitization meetings on WASH practices through care groups.

ii. Conduct advocacy meetings for the provision of clean safe water sources in the targeted communities for optimal nutrition.

iii. Procure chlorine and other WASH supplies to communities.

iv. Distribute chlorine and other WASH supplies to communities.

v. Facilitate integration of WASH and other key health interventions such as malaria, family planning and menstrual health in all nutrition programmes. (meetings, campaigns etc.).

Strategy 4.1.14: Improve nutrition and well-being of school-aged children and adolescents.

Activities

i. Develop essential nutrition packages (IEC materials, healthy school snacks, training guides, demonstration handbook, leaflets, posters, key message booklets, interventions etc.) for school-aged children and adolescents.

ii. Train teachers and SHN coordinators in essential nutrition packages (IEC materials, healthy school snacks, training guides, demonstration handbook, leaflets, posters, key message booklets, interventions etc.) for school-aged and adolescents.

iii. Conduct cooking demonstrations on diversified diets targeting school-aged children and adolescents.

iv. Distribute iron folate supplementation for adolescents in all schools and communities.

v. Conduct community mobilisation campaigns on IFA at all levels.

vi. Refer adolescents to existing nutrition and health services based on their needs.

vii. Conduct health campaigns in all schools. (deworming, bilharzia control, physical assessment, malaria prevention and treatment).

viii. Conduct health promotion and mental health sessions among learners.

ix. Conduct advocacy meetings for provision of improved WASH facilities and menstrual hygiene for learners in all schools (including boreholes, articulated water systems, etc.).

x. Orient school and out of school health clubs on nutrition.

xi. Establish productive school environment.

xii. Conduct community awareness campaigns on School Health and Nutrition interventions.

Strategy 4.1.15: Promote sustainable livelihood interventions to build resilience among school-aged children and adolescents.

Activities

i. Conduct advocacy meetings for increased access to safety net programs such as AIP and cash transfers targeting adolescent-headed households including ultra-poor households with adolescents.

ii. Facilitate the formation of Village Savings and Loans (VSLs) initiatives targeting out-of-school adolescents (including those who completed secondary education).

iii. Train adolescents on nutrition packages to support their communities.

iv. Provide seed money for VSL targeting out-of-school youth (including those who completed basic education at the secondary level) and participating in nutrition intervention.

v. Facilitate recruitment of out-of-school youth, that completed basic education at the secondary level as community nutrition promoters.

Strategy 4.1.16: Mainstream nutrition objectives and indicators in social protection programmes.

Activities

i. Conduct quarterly advocacy meetings for the integration of nutrition into social protection policies and interventions at different levels.

ii. Conduct quarterly advocacy for review of social cash protection programme targeting criteria to include malnourished and most at-risk groups.

iii. Develop guidelines for the implementation of social protection programs that aim at promoting optimal nutrition.

iv. Train National and Local Authority staff in nutrition-sensitive social protection programming.

v. Conduct learning sessions to share lessons and best practices for nutrition-sensitive social protection at national and district levels.

Strategy 4.1.17: Empower vulnerable households on nutrition to build resilience

Activities

i. Conduct advocacy meetings for the inclusion of discharged cured individuals from treatment programmes to social protection and other livelihood programs.

ii. Integrate VSL activities in nutrition programmes targeting households with adolescents, pregnant and lactating women, under-five children and other vulnerable groups to build resilience for optimal nutrition.

iii. Distribute high nutritive value seeds, fruit trees and small livestock to ultra-poor households and vulnerable groups to build resilience and optimal nutrition.

Strategy 4.1.18: Enhance nutrition knowledge, attitudes, and practices among social protection beneficiaries through social and behavioural change.

Activities

i. Conduct quarterly awareness meetings on the importance of dietary diversity and consumption of micronutrient-rich foods among social protection beneficiaries.

ii. Develop quarterly IMPOW technical briefs to share data, best practices, and lessons learnt.

iii. Develop tailor-made nutrition modules for social protection service providers.

Strategy 4.1.19: Promote school meals, a productive school environment, and health interventions for learners.

Activities

i. Scale up home-grown school meal programs in all primary schools.

ii. Procure high nutritive value seeds, fruit trees and small stock for home-grown school meals.

iii. Distribute high nutritive value seeds, fruit trees and small stock for home-grown school meals.

iv. Review the school meals package.

v. Train school management and school meals committee in basic nutrition, food processing and preparation.

vi. Facilitate planting and management of fruit trees and woodlots around school premises.

vii. Train the School feeding committee on the use of fuel-efficient stoves in school meal programs.

viii. Link agricultural cooperatives with home-grown school meal programs.

ix. Establish gardens in all schools to build learners capacity to practice sustainable agriculture.

x. Train teachers on nutrition using source books.

Strategy 4.1.20: Strengthen identification and management of NNCDs at all levels, among all age groups.

Activities:

i. Develop a nutrition-related non-communicable disease dietary management package for integration into clinical guidelines.

ii. Conduct health care provider training to strengthen the health care system to better prevent, diagnose and manage non-communicable diseases.

iii. Conduct community engagement in designing, implementing and evaluating overweight, obesity, and non-communicable disease prevention strategies.

iv. Conduct landscape analysis for overweight and non-communicable diseases

v. Advocate for political commitment, policy support and resource allocation at national and district levels to raise awareness of obesity and non-communicable diseases.

vi. Advocate for elimination of industrial-produced trans fatty acids and reduction in levels of saturated fats, sugars, salts and energy in processed foods

vii. Advocate for the development of in-service training packages for service providers on the treatment and management of nutrition-related non-communicable diseases

viii. Advocate for integration of dietary management of non-communicable diseases into clinical guidelines.

ix. Advocate for technical backstopping for the management of nutrition-related NCDs in district hospitals.

x. Advocate for procurement of supplies and equipment for case identification, treatment and management of nutrition-related non-communicable diseases

xi. Scale up treatment and management of nutrition-related non-communicable diseases in all health facilities.

xii. Conduct diet-related and lifestyle counselling to individuals and caregivers on the management of nutrition-related non-communicable diseases

xiii. Advocate for inclusion of screening, treatment and management of nutrition-related non-communicable diseases in medical insurance schemes.

4.2 Objective 2: Advocate for healthy and nutritious diets within sustainable food systems

Strategic objective 4.2.0: To promote and advocate for sustainable food systems and climate change resilience to improve nutritional status.

The food system includes all interactions and actors within the food value chain cycle including inputs and by-products within the whole system from food production, handling, marketing, processing, and consumption. On the other hand, food systems contribute to climate change with about one-quarter of global emissions or even up to one-third from indirect effects if deforestation is included. Disparities in food systems are major determinants of dietary and nutrition inequities. These can limit access to healthy diets or promote low-quality diets resulting in an increased burden of under and overnutrition.

The current food systems in Malawi are not sustainable and are not meeting the food and nutrition security, environmental sustainability and socioeconomic requirements. Addressing inequalities within the food systems requires tackling power imbalances; strengthening the voice of those excluded and holding the powerful accountable. There is a need for food systems to go beyond the narrow focus on energy intake by reducing the dominance of cereal production and increasing the availability of healthy foods. Climate change affects all forms of malnutrition by limiting food supplies to people. Floods, droughts and cyclones can lower crop yields, destroy livestock and interfere with the transportation of food, impacting negatively on food and nutrition security.

In the previous strategy, food systems and climate were not highlighted as key influencers for optimal nutrition. This strategic objective therefore aims to address both the supply and demand side of the food systems as well as its environment. It will enhance consumers' engagement within the food system to make their food-related decisions and enable better nutrition to improve health and correct use of natural resources. This strategy will also address the impact of climate change on nutrition using the food systems approach across the value chain while adapting and mitigating climate shocks.

Strategy 4.2.1: Improve governance for nutrition in sustainable food systems.

Activities

i. Revamp the Agriculture Nutrition Sensitive Technical working group to incorporate food systems.

ii. Conduct advocacy meetings for integration of the nutrition agenda into the food systems transformation platforms, including alliances.

iii. Conduct meetings with the private sector in the food system to improve the nutrition quality of food products in line with Malawi and regional standards.

iv. Conduct advocacy meetings for Linkage between mega-farms and cooperatives with community groups to increase access to nutritious produce and products within the value chain.

v. Develop user manuals for cooperatives and other SMEs in value additions that promote optimal nutrition.

vi. Facilitate training of cooperatives and other SMEs in food processing for optimal nutrition.

vii. Conduct advocacy meetings for the inclusion of bio-fortified seeds and planting materials in subsidy programs.

viii. Conduct awareness campaigns on the use of bio-fortified seeds and planting materials.

ix. Conduct advocacy meetings with gene banks and national herbarium partners to increase the production of under-utilised indigenous and nutritious food species.

x. Conduct advocacy meetings to Integrate sustainable natural resource management at the homestead and community level to retain soil nutrients for optimal nutrition.

Strategy 4.2.2: Promote food safety, reduction in food waste, food budgeting, food standards, and value addition within the food system.

Activities

i. Develop a training package on food safety, packaging, waste management, processing, labelling and value additions.

ii. Conduct awareness meetings with food manufacturers on food safety, packaging, processing, labelling and value additions.

iii. Develop IEC material on food safety including aflatoxin.

iv. Conduct community awareness campaigns on food safety including aflatoxins.

v. Conduct sensitization campaigns on food budgeting and post-harvest handling to minimize food waste and loss.

vi. Train Front line workers on food budgeting and post-harvest handling to minimize food waste and loss.

4.3 Objective 3: Enhance social and behavioural change (SBC) interventions for optimal nutrition.

Strategic objective 4.3.0: To promote social behaviour change interventions to enhance optimal nutrition.

Social and behavioural change (SBC) is one of the key approaches used in promoting positive practices for optimal nutrition and well-being. It facilitates a shift in the policy environment and changes in knowledge, attitudes, practices, norms, beliefs, and actions, which are key in attaining sustainable nutritional outcomes at policy, individual, household and community levels. In Malawi, SBC continues to play an important role in improving the nutritional status of the general population especially vulnerable groups such as under-five children, adolescents, women of reproductive age, pregnant and lactating women, and the elderly. Breaking the cycle of malnutrition requires community-based approaches which are family-centred and promote positive social norms.

Guided by the Nutrition Education and Communication Strategy (NECS), different platforms and approaches were used to deliver SBC at policy, individual, household and community levels. However, despite the development of NECS, its implementation was not fully actualised to effect desired nutrition outcomes across the lifecycle.

This strategic objective aims at promoting a combination of nutrition education and other social behaviour change interventions that facilitate social and measurable change to enhance the uptake of optimal nutrition. It will specifically provide doable actions that will guide the delivery of SBC.

Strategy 4.3.1: Promote stakeholder involvement in SBC programming at national, district and community levels.

Activities

i. Conduct advocacy meetings with stakeholders for inclusion of social behaviour change nutrition interventions in their programmes.

ii. Conduct barrier assessment to identify bottlenecks on uptake of positive nutrition behaviour.

iii. Train nutrition service providers at all levels in SBC programming.

iv. Develop an SBC package for different stakeholders for effective nutrition programming.

Strategy 4.3 2: Facilitate an increase in knowledge, attitudes, and skills to promote the adoption of positive norms and practices on the consumption of nutrient-rich diversified foods in the life cycle.

Activities

i. Review harmonized national nutrition counselling cards for different service delivery platforms, including facility-based counselling materials to align with emerging issues including people with special needs.

ii. Harmonize national nutrition recipe books for all age groups.

Strategy 4.3.3: Promote behaviour change for collective action and community empowerment to enhance nutrition knowledge, skills, positive attitudes, norms, beliefs, and practices.

Activities

i. Conduct community engagement meetings to promote ownership and adoption of optimal nutrition practices.

ii. Conduct community awareness campaigns on early health-seeking behaviour and adoption of positive norms and practices at individual, household and community levels.

iii. Orient influential leaders including faith leaders on the importance of nutrition and their roles.

iv. Identify and train influential leaders as nutrition champions.

v. Track community nutrition behaviour to monitor the uptake of nutrition practices.

Strategy 4.3.4: Create demand for nutrition services to enhance the adoption of optimal nutrition practices.

Activities

i. Develop branded nutrition campaigns (tidye katatu titukure thanzi) promoting role of men (bambo otsogora banja la thanzi), women (mayi otakata, madyedwe abwino), adolescents (wachinyamata

ozitsata pakadyedwe kabwino) and influential leaders in promoting adoption of gender transformative nutrition practices.

ii. Digitize nutrition education and counselling materials for different age groups.

iii. Conduct innovative nutrition media campaigns using different communication channels to address key nutrition practices across the lifecycle.

iv. Develop nutrition radio jingles, public service announcements and TV documentaries promoting the adoption of optimal nutrition practices.

v. Disseminate nutrition messages and programs using different communication channels.

vi. Train media houses on nutrition packages.

vii. Identify media nutrition champions to promote the adoption of optimal nutrition practices.

Strategy 4.3.5: Increase male participation in nutrition interventions.

Activities

i. Conduct community mobilization on the importance of male involvement in nutrition programmes.

ii. Identify and train nutrition male champions for all groups and interventions

iii. Conduct community Mobilization campaigns to challenge patriarchal structures and social-cultural norms that perpetuate malnutrition.

Strategy 4.3.6: Address gender and socio-cultural disparities that affect adolescent, maternal, infant, and young child nutrition.

Activities

i. Conduct gender analysis and disseminate the findings to key stakeholders for national nutrition response.

ii. Develop gender-sensitive nutrition programming guidelines based on the gender analysis.

iii. Conduct community engagement campaigns based on the findings of the gender analysis.

iv. Conduct social and community mobilization meetings with local leaders (Political, traditional and faith), on gender and social-cultural issues affecting nutrition.

v. Conduct community awareness to support girl and boy education as a key to breaking the cycle of malnutrition.

vi. Conduct social and community mobilization to address harmful Social cultural issues that affect the uptake of nutrition practices.

vii. Train service providers to design, plan, implement and monitor gender-transformative nutrition programs at all levels.

viii. Sensitize the communities on transformative approaches to address gender and social-cultural issues that have an impact on nutrition outcomes.

Strategy 4.3.7: Promote socio-economic empowerment of women for optimal nutrition.

Activities

i. Conduct meetings to advocate for women participation in economic empowerment interventions to increase access and control of resources for optimal nutrition at the community level.

ii. Mobilize caregivers in community care groups to be engaged in income-generating activities.

4.4 Objective 4: Treat and manage nutrition-related disorders to reduce morbidity and mortality.

Strategic objective 4.4.0: To treat and manage common nutrition disorders to reduce morbidity and mortality.

The treatment and management of acute malnutrition is the lifesaving intervention across the lifecycle. In Malawi, Community based Management of Acute Malnutrition and Nutrition Care Support and Treatment are the two major programmes implemented to treat and manage acute malnutrition. These have been integrated into the Essential Healthcare Package (EHP) as routine services. Over the years the treatment and management programmes has made significant strides, these include; scale up of CMAM in almost all the health facilities, alignment of the preservice curriculum for treatment and management of acute malnutrition with the global standards, inclusion of treatment indicators in DHIS II and treatment supplies in the essential medical list (EML). Furthermore, the Ministry of Health has intensified active case identification and referral through linkages with

community structures. Overall, the programme performance has been within expected sphere standards.

Realising the growing trends in overweight, the "eat well to live well" guide was developed to guide in prevention and management of common diet and lifestyle related non communicable diseases. A course on dietetics was introduced at LUANAR to increase capacity of service providers, and inclusion of management of NNCDs as a priority in the previous policy.

Despite these achievements, there has been; inadequate supplies and equipment, weak monitoring and evaluation for NCST, inadequate human resource, high death rates in some Nutrition Rehabilitation Units (NRUs), no supplies for management of moderate acute malnutrition leading to more cases of severe acute malnutrition, and weak linkages with other community programs. In addition, there has been increased cases of hospital-acquired malnutrition emanating from lack of optimal nutrition support in clinical settings including proper screening, assessment, and interventions such as oral nutrition supplements, enteral and parenteral nutrition and its supplies. Furthermore, there are no clinical nutrition treatment guidelines to standardize management of hospital acquired malnutrition and absence of dietitians in all district hospitals.

This strategic objective aims to provides a comprehensive package in treatment and management of malnutrition and other nutrition related disorders at facility and community levels through integrated management of acute malnutrition for efficient and effective service delivery. Furthermore, the strategic objective provides a comprehensive set of nutrition

interventions aimed at managing overweight and NNCDs among the general population.

Strategy 4.4.1: Strengthen early case identification, referral, and management of acute malnutrition and micronutrient disorders among all population groups at all levels.

Activities:

i. Develop the micronutrient deficiencies disorders treatment and management guidelines

ii. Orient service providers on the micronutrient deficiencies disorders treatment and management guidelines.

iii. Conduct routine assessment for micronutrient deficiencies on suspected cases.

iv. Conduct community awareness campaigns on micronutrient disorders

Strategy 4.4.2: Improve the quality of care and services for the management of hospital-acquired malnutrition in all age groups.

Activities:

i. Review management of acute malnutrition guidelines to incorporate emerging issues for all age groups.

ii. Print Integrated Management and Prevention of Oedema and Wasting (IMPOW) guidelines and related tools

iii. Train service providers in Integrated Management and Prevention of Oedema and Wasting (IMPOW) services in all health facilities and communities within the districts

iv. Rehabilitate NRU infrastructures for effective management of malnutrition.

v. Conduct advocacy meetings to link patients discharged from treatment of malnutrition with livelihood programs for continuum of care.

vi. Conduct advocacy meetings for incorporation of mass screening indicators in DHIS2 and IDSR.

vii. Orient caregivers on family MUAC

viii. Train service providers on nutrition counselling, care and support

ix. Conduct mentoring and coaching sessions to service providers on Integrated management of acute malnutrition

x. Conduct community mobilization to enhance case identification and referral

xi. Develop mentoring and supportive supervision guidelines and tools for community and facility based Integrated management of acute malnutrition service providers.

xii. Conduct operational research on integration of Community Case Management (ICCM) and IMPOW

xiii. Develop clinical nutrition guidelines and tools for the management of hospital acquired malnutrition

xiv. Review hospital catering guidelines and tools.

xv. Develop training manual for hospital acquired malnutrition

Strategy 4.4.3: Improve availability and access to supplies and equipment for the treatment of acute malnutrition such as therapeutic feeds, oral nutrition supplements, and enteral and parenteral nutrition.

Activities:

i. Conduct advocacy meetings for increased budget allocation for essential supplies for Integrated management of acute malnutrition and hospital acquired malnutrition, including oral nutrition supplements, enteral and parenteral nutrition.

ii. Conduct end user monitoring of essential supplies for acute and hospital acquired malnutrition

iii. Conduct facility drug management sensitization meetings to include nutrition supplies as part of drug management.

iv. Conduct annual national quantification of Integrated management of acute malnutrition and nutrition support supplies with all stakeholders

v. Conduct consultative meetings with Quality Management Department (QMD) to incorporate acute and hospital acquired malnutrition quality standards in quality management platforms

vi. Conduct advocacy meetings for inclusion of nutrition supplies in the ministry of health logistics management information system for real time monitoring

Strategy 4.4.4: Promote stimulation of children in treatment centres and at household level.

Activities:

i. Procure stimulation and nurturing materials in NRU's

ii. Distribute stimulation and nurturing materials for children in NRU's

iii. Conduct meetings to advocate for creation of a playing place for malnourished children at treatment centres.

iv. Train caregivers and service providers in NRUs on play and stimulation.

v. Counsel care givers on nurturing and stimulation for children with acute and hospital acquired malnutrition

Strategy 4.4.5: Strengthen systems for the management of overweight, obesity, and NNCDs.

Activities

i. Develop training package for service providers on management of nutrition related non-communicable diseases.

ii. Conduct advocacy meetings for integration of dietary management of nutrition related non-communicable diseases into clinical guidelines for nutrition related non-communicable diseases.

iii. Train health workers in screening and management of nutrition related non-communicable diseases.

iv. Conduct landscape analysis for overweight and nutrition related non communicable diseases.

v. Conduct advocacy meetings to scale up treatment and management of nutrition related non communicable diseases.

4.5 Objective 5: Strengthen delivery of nutrition interventions during emergencies.

Strategic objective 4.5.0: To enhance delivery of nutrition interventions during emergency to prevent morbidity and mortality due to malnutrition.

Malawi has been experiencing different forms of natural and man-made disasters over the past years. These disasters include floods, drought, stormy rains, strong winds, hailstorms, landslides, earthquakes, pest infestations, disease outbreaks and fire. These have compromised delivery of nutrition services and contributed to the back sliding of nutritional gains Malawi has been registering. These challenges have been exacerbated by climate change, population growth, urbanization and environmental degradation leading to food insecurity.

The government created the nutrition cluster mandated to coordinate nutrition emergency response in order to mitigate the impact of disasters on nutritional status of children, pregnant and lactating women, adolescents and the general population. In addition, nutrition during emergencies has been included within the developmental activities due to their recurrencies. Beyond treatment and management of acute malnutrition, maternal, infant and young child nutrition, targeted food rations, and other nutrition sensitive

interventions have also been implemented. Furthermore, the code of marketing for breastmilk substitutes is being enforced during emergencies. However, despite making these strides in emergency response, there has been a number of challenges encountered which include; inadequate supplies for management of moderate acute malnutrition, inadequate preparedness for district emergency response teams, disrupted nutrition developmental activities, loss of produce, and inadequate capacity at national, district and community to timely respond.

This Strategic objective therefore aims at strengthening implementation of a set of actions to promote optimal nutrition during emergencies and save lives of pregnant and lactating women, children and other vulnerable groups, while also addressing the nutritional needs of the affected communities. It also promotes building nutritional resilience of households and communities to ensure community led sustainable approaches. Furthermore, it aims at strengthening capacity at various levels for effective and efficient nutrition emergency response.

Strategy 4.5.1: Prevent and manage acute malnutrition during emergencies.

Activities:

i. Conduct screening for early case identification and referral of malnourished children, pregnant women, lactating mothers and other vulnerable groups in camps, community based child care centres, communities and other platforms for timely service provision.

ii. Train health service providers, FLW and other cadres in nutrition during emergency.

iii. Conduct meetings to Integrate nutrition into other services to ensure continuum of care through various platforms to prevent morbidity and mortality during emergency

iv. Procure nutrition supplies and equipment for management of acute malnutrition in all affected facilities, camps and communities

v. Distribute nutrition supplies and equipment for management of acute malnutrition in all affected facilities, camps and communities

vi. Conduct nutrition assessment and counselling in camps and communities.

vii. Conduct advocacy meetings for inclusion of households with malnourished individuals to social protection and other livelihood programmes during emergencies.

viii. Procure and distribute food supplements to vulnerable groups and the chronically ill during an emergency.

ix. Conduct advocacy meetings for inclusion of high energy nutritious foods in the food basket for optimal nutrition

x. Procure and distribute micronutrient supplements to adolescents, pregnant women and under five children in-line with national guidelines.

Strategy 4.5.2: Strengthen coordination of nutrition emergency response at all levels

Activities:

i. Conduct nutrition cluster meetings at national and district level.

ii. Conduct meetings to mobilise resources for emergency nutrition response

iii. Conduct and disseminate SMART surveys results.

iv. Conduct nutrition stakeholder mapping for emergency response at district and national level

v. Conduct awareness campaigns on the code of marketing of breast milk substitutes during emergency

vi. Develop contingency, response and recovery plan for emergency

vii. Develop and disseminate guidelines on preparedness, response and management of nutrition during emergencies

Strategy 4.5.3: Promote nutrition resilience interventions to mitigate the impact of emergencies on the nutrition status of all age groups.

Activities:

i. Conduct advocacy meetings for clear nutrition objectives into resilience and disaster risk management framework.

ii. Conduct advocacy meetings for inclusion of high nutritive value crops, drought resistant seeds, planting materials, and small stocks in livelihood programmes

Strategy 4.5.4: Promote the adoption of innovative climate resilience approaches for optimal nutrition.

Activities

i. Scale up use of fuel-efficient stoves in food preparation and processing.

ii. Scale up use of locally made solar drying innovations.

iii. Conduct advocacy for production, multiplication and planting of improved fruit trees around households and various institutions for optimal nutrition and climate change mitigation

iv. Conduct community awareness on production of climate resilient crops for optimal nutrition

v. Conduct advocacy meetings for establishment of seed banks for climate resilient and nutritious local varieties including underutilised species.

vi. Create awareness campaigns on production and consumption of underutilised and climate resilient crops and livestock

Strategy 4.5.5: Enhance nutrition education and counselling for affected individuals at all levels.

Activities:

i. Train managers and partners on nutrition in emergency and cluster management

ii. Train FLW's on nutrition in emergencies.

iii. Conduct training in SMART surveys.

iv. Contextualise the international emergency training package

v. Develop nutrition in emergency training package for FLW.

4.6 Objective 6: Create and strengthen an enabling environment for the effective implementation of nutrition programmes.

Strategic objective 4.6.0: To create and strengthen an enabling environment for effective implementation of multi-sectoral nutrition programs.

Nutrition enabling environment is a rich and varied space, where risks are minimised and well managed to ensure effective implementation of nutrition services. Over the past two decades, the Government has progressively strengthened the enabling environment for nutrition. Some the strides made include; inclusion on nutrition in the Malawi 2063 as a key enabler for human capital development, high level commitment as demonstrated by the Presidential launch of the Scaling Up Nutrition 3.0 as a maker and a marker of development in health, education, employment and advancing country owned and driven nutrition agenda. Additionally, it created a vote for nutrition at district council level to support implementation and monitoring of nutrition programmes. Furthermore, it created and filled nutrition positions resulting in increased human capacity at national and district levels. It developed the food and nutrition bill to regulate delivery of nutrition services. The framework also supports unlimited

access to safe and nutritious diets whilst ensuring consumer protection against food and nutrition related violations.

However, despite making such strides, there are challenges with coordination especially at national level which includes: the placement of Department of Nutrition under a line ministry compromised the multisector nutrition programming rendering vertical implementation of nutrition programmes; inadequate resources for delivery of nutrition activities at all levels; absence of nutrition frontline worker to deliver nutrition at community level resulting in unsustainable and compromised nutrition service delivery; unstainable nutrition financing with over 80per cent coming from development partners; weak public and private partnership in nutrition despite the creation of the SUN business network; and weak monitoring and evaluation system for nutrition. Collectively, these challenges might have led to low reduction of nutrition indicators.

This strategic objective aims to create and strengthen an effective enabling environment to deliver nutrition services including strengthening nutrition monitoring, evaluation, research, surveillance, and learning at all levels.

Strategy 4.6.1: Promote an evidence-based policy environment.

Activities:

i. Review the National Multisector Nutrition Policy to align with the global and local emerging issues.

ii. Review the National Multi Sectoral Nutrition strategy to align with the policy.

iii. Develop and disseminate a National Micronutrient Strategy.

iv. Develop and review strategic documents for operationalisation of the national multi-sector strategic plan (advocacy, micronutrient, adolescent, maternal infant and young child feeding, nutrition education communication, agriculture sector food and nutrition, early childhood development, local resource mobilization, nutrition sensitive agriculture, school health and nutrition and Nutrition related non-communicable diseases,)

v. Develop/review guidelines (eat well to live well, growth monitoring promotion, dietary, integrated management of acute malnutrition, nutrition sensitive social protection)

vi. Develop nutrition training packages for influential nutrition stakeholders (faith leaders, local leaders, media, politicians etc.)

vii. Develop policy briefs and translate in different local languages

Strategy 4.6.2: Strengthen multisectoral coordination for nutrition at all levels

Activities:

i. Conduct annual Principal Secretaries steering committee meeting.

ii. Finalise and disseminate the nutrition coordination booklet at all levels

iii. Conduct biannual PS's TWG meetings

iv. Conduct quarterly program TWG meetings

v. Conduct high level monitoring of nutrition programs involving cabinet ministers, parliamentarians and Principal Secretaries

vi. Conduct biannual national multi-sectoral nutrition coordinating meetings

vii. Establish and review coordination structures at national, district and community level

viii. Review of the TWGs to align with the Policy Priority Areas

ix. Review the care group model to ensure wider community engagement and participation.

x. Conduct multi-sector and intra-sector nutrition coordination meetings at district, and community levels

xi. Conduct quarterly National Fortification Alliance meetings to promote accountability in fortification.

xii. Establish and strengthen coordination structures and forums for adolescent nutrition programming

Strategy 4.6.3: Mainstream nutrition in sectoral policies and strategies.

Activities:

i. Advocate for inclusion of nutrition in sectoral policies and strategies as priority areas.

ii. Facilitate inclusion of nutrition in the district development plans and social economic profiles.

iii. Develop district specific profiles to inform prioritisation of nutrition in the DDP.

iv. Support advocacy meetings with stakeholders for inclusion of school Health and Nutrition interventions in their strategies and plans at national, district and community levels.

v. Develop guidelines for mainstreaming nutrition at national and district level programs

vi. Orient relevant stakeholders in guidelines for mainstreaming nutrition.

Strategy 4.6.4: Strengthen human and capital capacity for effective delivery of nutrition services.

Activities:

i. Roll out the nutrition curriculum in all schools.

ii. Lobby for filling vacant positions of the dietitians

iii. Facilitate placement of community nutrition frontline workers for effective delivery of nutrition interventions

iv. Develop a training package for community nutrition frontline workers.

v. Conduct meetings to mobilise resources for construction of warehouses for nutrition commodities at national and district levels.

vi. Facilitate professional development for various nutrition cadres.

vii. Conduct in-service training for various nutrition cadres.

viii. Mobilise resource for procurement of ICT equipment with partners at district level

Strategy 4.6.5: Enforce legal instruments to guide implementation of nutrition services

Activities:

i. Conduct advocacy meetings for lobbying enactment of the food and nutrition bill.

ii. Finalise development of regulations for implementation of the Nutrition Act.

iii. Review of nutrition related legal frameworks and other food standards such Salt Iodisation Act etc.

iv. Monitor food industries on compliance of food fortification standards

v. Conduct advocacy meetings for enforcement of nutrition related legal frameworks.

vi. Conduct advocacy meetings for enforcement of food labelling and advertising on all food products including those with healthy claims.

vii. Conduct advocacy meetings for inclusion of herbal and non-herbal products with healthy claims Malawi Poisons and Medicines Regulatory Authority Act. to include

viii. Monitor the enforcement of maternity leave

ix. Translate Food and Nutrition Act.

x. Print and disseminate the Food and Nutrition Act.

xi. Conduct community dialogue on the Food and Nutrition Act.

xii. Conduct awareness campaign to the general population on the existing nutrition legal frameworks

xiii. Conduct monitoring of nutrition regulations adherence including code of marketing for breastmilk substitutes, salt iodisation etc.

xiv. Orient national and district officers on nutrition related legal frameworks.

xv. Advocate for development of standards for ready to use therapeutic foods.

Strategy 4.6.6: Improve sustainable nutrition financing at all levels

Activities:

i. Finalise development of local resource mobilisation strategy

ii. Disseminate the local resource mobilisation strategy at all levels.

iii. Conduct advocacy meetings for Increased nutrition financing at all levels.

iv. Conduct advocacy meetings for budget allocation for nutrition supplies and equipment for management of hospital acquired and acute malnutrition at all levels.

v. Conduct lobby meetings with parliamentarians for increased nutrition budget allocation in the national budget for district councils

vi. Develop a government development budget proposal for funding.

vii. Conduct advocacy meetings for inclusion of nutrition in all human capital development projects.

Strategy 4.6.7: Strengthen accountability and transparency in nutrition financing at all levels

Activities:

i. Conduct nutrition resource tracking at all levels (including all other financial commitments)

ii. Disseminate the resource tracking progress.

iii. Conduct nutrition budget, expenditure analysis and tracking for public and private sectors at all levels.

iv. Disseminate the nutrition budget and expenditure analysis at national and district level.

Strategy 4.6.8: Strengthen public-private partnership in nutrition programming

Activities:

i. Lobby with the private sectors to invest in nutrition as part of corporate social responsibility.

ii. Conduct biannual SUN Business Network meetings.

iii. Conduct biannual SUN coordination committee meetings.

iv. Conduct awareness meetings with food processing companies on production of complementary and therapeutic foods using high nutritive value foods based on standards.

v. Conduct awareness campaigns on consumption of nutritious centrally processed fortified foods.

vi. Train the food industry on fortification, logo, standards, quality assurance (QA) and quality control (QC) procedures.

vii. Lobby for duty waiver and tax exemption on fortification equipment and premix

viii. Lobby for imposition of other taxes (levies) on non-healthy foods to support local resource mobilisation for nutrition.

ix. Review food fortification inspection manuals

Strategy 4.6.9: Promote research for evidence-based programming

Activities

i. Finalise and disseminate the national nutrition research agenda.

ii. Mobilise resources for implementation of the national nutrition research agenda.

iii. Conduct research dissemination and learning.

iv. Conduct national micronutrient survey every 5 years for impact assessment

v. Conduct evaluation of nutrition programmes.

Strategy 4.6.10: Strengthen nutrition surveillance

Activities:

i. Develop an integrated nutrition surveillance system for real time data and response.

ii. Train service providers on integrated nutrition surveillance systems.

iii. Digitalize nutrition reporting including GMP at all levels.

iv. Conduct feedback sessions on the surveillance data at national and district levels.

v. Develop a computerized training tracking system for personnel trained in IMPOW

Strategy 4.6.11: Strengthen Monitoring, Evaluation, Accountability and Learning (MEAL) systems.

Activities:

i. Develop user friendly community data collection and behaviour tracking tool disaggregated by age and gender.

ii. Conduct quarterly data review sessions at all levels.

iii. Conduct learning visits to other countries.

iv. Roll out the community growth chart to support communities in their nutrition programming.

v. Conduct joint annual planning, reviews, monitoring and learning forums.

vi. Conduct quarterly technical working group meetings

vii. Conduct National Micronutrient Survey.

viii. Monitor commitments made by different stakeholders under SUN 3.0

ix. Conduct annual nutrition review meetings with all key stakeholders to follow up on commitments made under SUN 3.0.

Strategy 4.6.12: Strengthen NNIS and NURTS.

Activities:

i. Review of the National Nutrition Information and Resource Tracking Systems

ii. Build capacity of national, district and community levels in data management and NNIS

iii. Integrate Nutrition Information system with other systems for easy access to information

iv. Development of NNIS recovery plan

Strategy 4.6.13: Promote knowledge management in nutrition.

Activities

i. Update website for the Department of Nutrition.

ii. Message development workshops.

iii. Develop quarterly indicator bulletin.

iv. Produce quarterly nutrition bulletin.

v. Development of nutrition knowledge products and dissemination at all levels.

vi. Develop documentaries on nutrition best practices.

5.0 IMPLEMENTATION ARRANGEMENTS

This chapter outlines how the policy will be implemented using the multisector approach while promoting the five one's principal (one coordinating office, one policy, one strategic plan, one Social and behaviour change strategy, and one M and E framework) to ensure concerted effort in addressing nutritional challenges in Malawi. The chapter is divided into three sections namely;1) Institutional arrangements, 2) Implementation plan and, 3) Monitoring and Evaluation. Figure 1 illustrates the implementation structure for nutrition in Malawi.

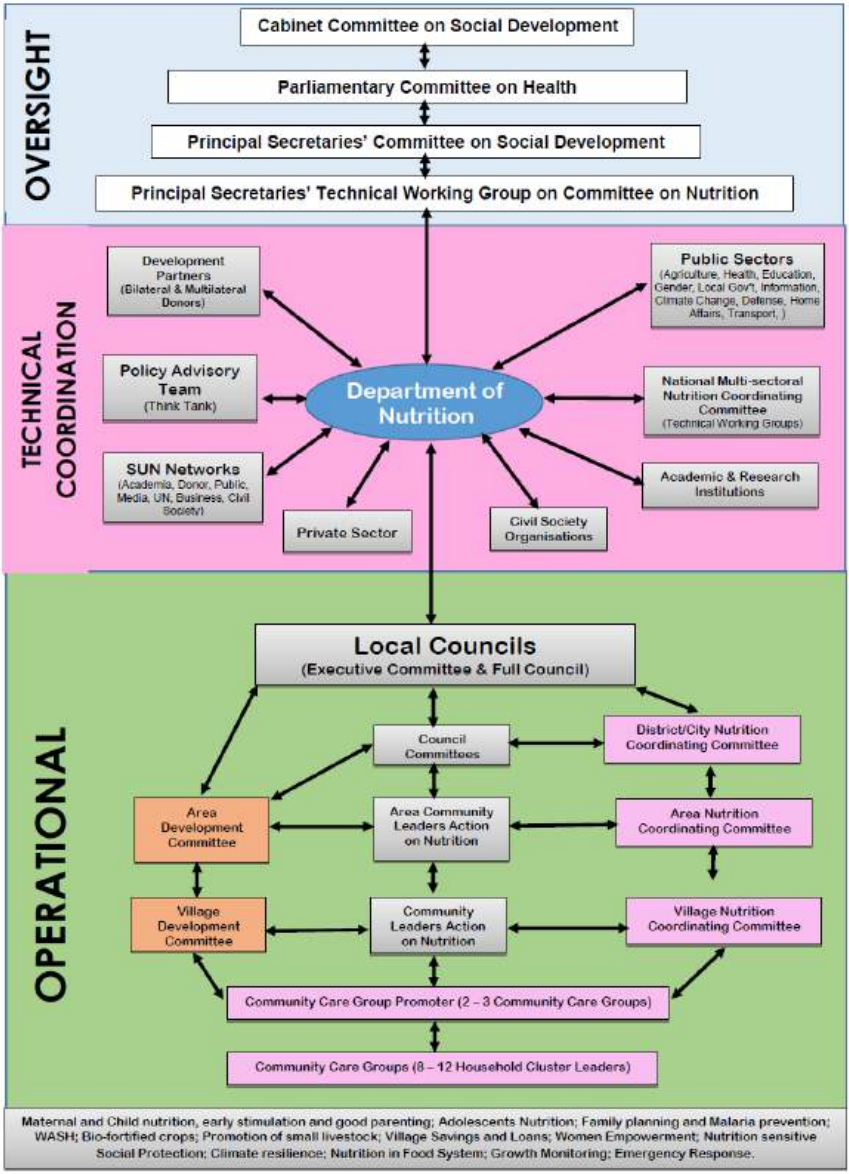

Figure 1: ***Nutrition Implementation Structure***

5.1 Institutional arrangements

The government recognises the significance of partnership to facilitate and create an enabling environment for the implementation interventions. The roles and responsibility of each stakeholder is defined based on their comparative advantage. The roles and responsibility of each stakeholder are highlighted below:

5.1.1 The Department of Nutrition

The Department of Nutrition (DN) will be responsible for provision of oversight, strategic leadership, policy direction, coordination, resource mobilization, capacity building, and Monitoring and Evaluation of the national nutrition response. The Department of Nutrition shall also lead in: high level advocacy for nutrition in both human, finance and other areas; Policy and Strategic documents review; social mobilisation and harmonisation of behaviour change interventions; programme development; Capacity building; support in development and alignment of district plans; generation of evidence and disseminations; and resource tracking and multisector nutrition information systems among others. Additionally, the Department of Nutrition shall also led in ensuring functionality of all coordination and oversight structures at national and district levels. Furthermore, the Department of Nutrition in collaboration with other stakeholders shall ensure that aspiration of nutrition in food systems across sectors are addressed and in conclusion, it shall lead in the implementation and attainment of all nutrition commitments Malawi made globally.

5.1.2 Ministry responsible for Agriculture

The Ministry of Agriculture (MoA) shall be responsible for: the operationalisation of the policy on all matters that relate to food and nutrition security within the sector; mainstreaming nutrition as a core priority in food and nutrition security policies and strategic plan by focusing on promoting utilisation, access, diversity and consumption of underutilised crops. The Food and Nutrition Unit of the Ministry shall advocate for: production and consumption of diverse nutritious crops, including bio-fortified foods; in collaboration with the Department of Nutrition; and Ministry of Trade and Industry support in strengthening value addition through cooperatives; accessibility of high-quality and safe nutritious foods among others. The Food and Nutrition Unit in collaboration with the Department of Nutrition shall further ensure that aspirations of nutrition in food systems are addressed within the Ministry.

5.1.3 Ministry responsible for Health

The Ministry of Health (MoH) shall be responsible in the operationalisation of the policy by providing quality and cost effective clinical and biomedical nutrition services. It shall ensure that nutrition is delivered at all health delivery contact points especially in antenatal, labour and maternity, growth monitoring and outreach clinics to ensure continuum of care.

5.1.4 Ministry responsible for Gender, Children, Disability and Social Welfare

The Ministry shall be responsible in operationalising the policy by ensuring that nutrition is integrated and mainstreamed in its programmes as a core priority. The

Ministry shall also promote: women's empowerment; mainstreaming of nutrition in: income generating activities; social protection and welfare programs; community-based child care centres, and support in community mobilisation.

5.1.5 Ministry responsible for Education

The Ministry Responsible of Education (MoE) shall be responsible in operationalising the policy by ensuring that nutrition is integrated and mainstreamed in its programmes as a core priority. It shall champion the implementation of both, nutrition, health, and social protection components in school health and nutrition including school feeding, and advocate for the inclusion of nutrition in school curricula at all levels of the education system.

5.1.6 Ministry responsible for Local Government, Unity and Culture

The Ministry Responsible for Local Government Culture and Unity (MoLGUCUC) shall be responsible for overseeing and supporting ministries in the operationalisation of decentralisation policies to ensure district led nutrition response. It shall also support Departments of Nutrition in the operationalisation and functionality of; district nutrition information and resource tracking systems; and District Nutrition Coordinating Committees (DNCCs).

5.1.7 Ministry responsible of Finance, Economic Planning and Development

The Ministry of Finance, Economic Planning, and Development, shall be responsible for resource allocation for nutrition in local councils and social protection programming.

It shall also support in mobilisation of resources from both bilateral and multilateral partners, private sectors, and local resource mobilisation for nutrition interventions.

5.1.8 Ministry responsible of Information and Digitalisation

The Ministry shall be responsible for community dialogues and dissemination of matters of nutrition for public awareness. It shall also be responsible for documenting and sharing lesson and best practice that aim to promote optimal nutrition through various platforms.

5.1.9 Ministry responsible of Trade and Industry

The Ministry shall be responsible for ensuring enactment and/or amendment of trade-related pieces of legislation that impact food and 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 Breast milk Substitutes. In collaboration with the DN and other stakeholders, monitor compliance and utilisation of fortification logo.

5.1.10 Ministry Responsible for Youth and Sports

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.

5.1.11 Ministry Responsible for Justice and Constitutional Affairs

The Ministry shall be responsible development and enforcement laws that protect and support food, nutrition and the wellbeing of Malawians.

5.1.12 Ministry Responsible for Natural Resources and Climate Change

The Ministry shall be responsible for coordinating integration and mainstreaming of nutrition in environmental and social impact assessments and management plans. It shall lead in conservation of nature while promoting optimal nutrition through fruit tree planting.

5.1.13 Ministry Responsible for Water and Sanitation

The Ministry shall be responsible for provision of clean and safe drinking water to schools, communities and other institutions. The ministry shall also provide sanitation and hygiene facilities to ensure safe and healthy environment.

5.1.14 Local Councils

Local Councils shall be responsible for: implementation and operationalisation of the policy at district and community levels; resource mobilisation; ensuring nutrition is reflected in district plans and budgets; functionality of coordination structures at district and community levels. Additionally, the councils shall also ensure linkage between facility and other community structure for sustained results. Furthermore, the councils shall ensure that all accountability mechanisms including monitoring and evaluations are functioning for actions.

5.1.15 Academic Institutions and Research Organizations

Academic institutions such as the Lilongwe University of Agriculture and Natural Resources (LUANAR), the University of Malawi (UNIMA), Mzuzu University (MZUNI), Malawi University of Science and Technology (MUST), Malawi University of Business Administration (MUBAS), Kamuzu University of Health Sciences (KUHeS), agriculture extension training schools and other institutions of higher education, shall ensure that pre-service education provides up-to-date nutrition information, policies, and standards that are relevant to Malawi. The academic institutions shall be responsible in evidence generation on matters of nutrition and dissemination of findings through the research and surveillance technical working group to inform policy and programme development. It shall also lead and support government in development of the nutrition research agenda.

5.1.16 Development Partners

Development partners (DPs) shall be responsible in providing technical support to government, policy analysis and implementation; and assist government sectors in mobilizing additional resources for nutrition. The DPs shall continue to undertake high-level advocacy for nutrition in government agendas and continuous engagement with government for advancement of the nutrition to break the cycle of malnutrition to arrest economic losses. It shall support the implementation and follow up on progress made in global commitments which Malawi is a signatory to. The DPs shall also be key in operationalising this policy and ensuring that all members of the DPs align their support with this policy and strategic plan.

5.1.17 Private Sector

Private sector shall ensure that standards and relevant legislation are uphold according to the laws of Malawi. It shall be responsible for coming up with new technologies that promote value addition and nutritive value of foods to improve nutritional status of the population. It shall be responsible for supporting nutrition activities as part of social corporate responsibilities to economic growth and productivity of the country. It shall also be responsible for promoting optimal nutrition, health diet and life style among employees.

5.1.18 Civil Society Organisations

The Civil Society Organisations (CSOs) shall play a role in: advocacy; implementation of nutrition interventions; accountability; supporting implementation and attainment of global commitments; aligning programmes and projects to the policy and strategic plan. Additionally, it shall also support government in the overall operationalisation of the policy at district and community level.

5.1.19 Parliamentary Committee on Health

The Parliamentary Committee on Health shall: advocate for nutrition financing and lobby for passing of nutrition legislations in parliament; Monitor implementation of legislation and policies on Nutrition; Provide high level political visibility on Nutrition; Receiving reports from the Executive arm of Government, judiciary, Civil Society Organizations and local Government to enforce accountability in the implementation of Nutrition policies. Monitor the country's performance on global commitments Malawi signed

on nutrition and HIV; submitting reports to the National Assembly on delivery of Nutrition services.

5.1.20 Principal Secretaries 'Steering Committee on Social Development

The Principal Secretaries' Committee on Social Development shall be responsible for: providing policy direction to effectively contribute to the attainment of the national development agenda; review and approve nutrition policies, legislation and other matters that require further submission to cabinet for approval; assess the extent to which social sector interventions including nutrition are mainstreamed and complement Government economic policies; monitor social development plans and programmes including nutrition to leverage resources. It shall also engage CSOs and other stakeholders to track progress on their contribution in implementation of the policy.

5.1.21 Principal Secretaries technical working group on Nutrition, HIV and AIDS

The Principal Secretaries technical working group on Nutrition, HIV, and AIDS will be responsible for: approving policy for submission to Principal Secretaries' Committee on social development for approval and 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 and receive updates from each sector. Additionally, it shall be responsible for ensuring that each sector including local councils are adequately financed. Furthermore, the TWG shall also ensure

that human resources for nutrition are placed at all levels for effective implementation of the policy.

5.1.22 Government-Development Partners' Nutrition Committee

The Government-Development Partners' Nutrition Committee is a high-level platform for interface between government and development partners on nutrition. It shall be responsible for: prioritization of nutrition on their development agenda; support with resources for implementation of nutrition in the national development agenda for human capital development. Additionally, it shall be responsible for influencing partners and government in investments for nutrition whilst promoting accountability. Furthermore, it shall Support government of Malawi through joint resource mobilization.

5.1.23 Policy Advisory Team

The Policy Advisory Team (PAT) is a think tank group from academia and seasoned Nutritionists. It aims at supporting government decisions based on evidence and providing policy guidance on key nutrition emerging issues before policy decisions are made. It provides a platform for critical analysis of global, regional and national issues to inform country nutrition programming. It also critically analyses policies, strategies, and other strategic documents before submission for approvals. Additionally, it shall provide strategic technical guidance to government on the implementation of global commitments that Malawi signed and also support in advocacy for nutrition based on evidence and implications on the social economic development.

5.1.24 Multi-Sectoral National Nutrition Committee

The Multi-sectoral Nutrition Committee is a platform for coordination, accountability, alignment and harmonization of all the partners in the national nutrition response. The committee shall be composed of a cross section of stakeholders that include government ministries and departments, multilateral and bilateral development partners, civil society organizations, private sector, researchers, seasoned nutritionists, and academic. The Multi-sectoral Technical Nutrition Committee shall provide technical oversight in the implementation of the policy; receive reports, provide feedback and technical advice to technical working groups. It shall also participate in: review of strategic documents; joint planning; annual reviews; cross learning; research dissemination; receive project reports and updates; and monitoring of nutrition programmes. It further receives reports and feedback to the district nutrition coordinating committee (DNCC) on emerging issues.

5.1.25 District Nutrition Coordination Committee

The District Nutrition Coordination Committee (DNCC) is a platform for coordination, accountability, alignment and bringing together all nutrition partners in the district. It shall support establishment and functionality of district structures such as the area and village nutrition coordinating committees. Additionally, the DNCC shall be responsible for participate in district: joint planning; annual reviews; cross learning; receive project reports and updates; and monitoring of nutrition programmes. Furthermore, the DNCC shall participate in all national events.

5.2 Implementation plan

The implementation plan in this policy shall guide implementation of nutrition sensitive and specific interventions. It provides defined activities based on ministerial and departmental mandates, roles and responsibilities as contained in Annexure 1.

5.3 Monitoring and Evaluation

The implementation of MNNP shall be guided by the Multisector Nutrition Strategy and the M&E Framework from which the M & E plan has been drawn as presented in Annexure II. This Policy will be reviewed after five years.

APPENDIX I: MONITORING AND EVALUATION PLAN

Priority Area 1: Prevention of Malnutrition									
Outcome: Reduced number of children under five who are stunted by 13.2 per cent by 2030									
Objective: To prevent undernutrition among all demographic groups with emphasis on children under five, pregnant and lactating women, elderly and other vulnerable groups.									
Output 1: Improved nutrition status of children under 5									
Performance Indicator	**Target 2025**	**Target 2026**	**Target 2027**	**Target 2028**	**Target 2029**	**Target 2030**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Percentage of children under five years of age who are stunted	38	37	36	35	34	33	38 %	MDHS / MICS	Relevant sectors continue to implement planned nutrition related programme
Percentage of low-birth-weight babies	12.9	11.9	10.9	9.9	8.9	7.9	13.9%	MICS/ MDHS	Relevant sectors continue to implement planned nutrition related programme

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Percentage of children under five years of age who are underweight	10	9.2	8.4	7.6	6.8	5.9	10%	MDHS/ MICS	Relevant sectors continue to implement planned nutrition related programme
Percentage of children under five years of age who are overweight	5.5	5.0	4.5	4.0	3.5	3	6%	MDHS/ MICS	Relevant sectors continue to implement planned nutrition related programme
Percentage of children age 6–59 months with anaemia	62	61	60	59	58	57	63%	MDHS/ MICS	Relevant sectors continue to implement planned nutrition related programme

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Percentage of new-borns breastfed within 1 hour of birth	72	76	80	84	88	90	68%	MDHS/ MICS	Relevant sectors continue to implement planned nutrition related programme
Percentage of infants 0–5 months who are exclusively breastfed	63	66	69	72	75	78	60%	MDHS/ MICS	Relevant sectors continue to implement planned nutrition related programme
Percentage of children 6–23 months of age who received a minimum acceptable diet	14	17	20	23	26	29	8.7%	MICS/ MDHS	Increased crop and dietary diversity

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Percentage of children age 6–23 months who were fed foods and beverages from at least five out of eight defined food groups during the previous day	26	29	32	35	38	40	23.9%	MDHS/ MICS	Increased crop and dietary diversity
Proportion of infants 6–8 months who received solid, semi-solid or soft foods during the previous day	90	91	92	93	94	95	88%	MICS/ MDHS	Relevant sectors continue to implement planned nutrition related programme
Percentage of children 6–23 months of age who consumed iron-rich foods during the previous day	47	49	51	53	55	56	45%	MDHS/ MICS	Relevant sectors continue to implement planned nutrition related programme

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Proportion of children 6–59 months received vitamin A supplement doses	70	73	76	79	82	84	86%	DHIS-2/ EPI report, Nutrition Surveys	Micronutrients supplementation programme will be scaled up by IPs
Proportion of children 6–59 months received deworming medication.	54	58	60	63	65	67	69%	DHIS-2/ EPI report, Nutrition Surveys	Micronutrients supplementation programme will be scaled up by IPs
Percentage of children 6–23 months received micronutrient powders 30 sachets in the last 2 months.	25.6	36.4	47.2	58	68.8	80	14.8%	SMART surveys, Nutrition Surveys	Micronutrients supplementation programme will be scaled up by IPs

Output 2: Improved nutrition status of women of reproductive age group									
Performance Indicator	**Target 2025**	**Target 2026**	**Target 2027**	**Target 2028**	**Target 2029**	**Target 2030**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Percentage women of reproductive age 15–49 years who are thin	8	7	6	5	4	3	9%	MDHS	Relevant sectors continue to implement planned nutrition related programme
Percentage women of reproductive age 15–49 years who are obese or overweight	16	15	14	13	12	11	17%	MDHS	Relevant sectors continue to implement planned nutrition related programme
Percentage women of reproductive age 15–49 years consuming at least five out of eight defined food groups during the previous day.	16	18	20	22	24	26	14.8%	SMART surveys/ Program Surveys	Increased crop and dietary diversity

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Percentage of pregnant women received 120+ days iron/ folate/MMS supplementation	60	64	68	70	72	74	76%	DHIS-2, MICS/ MDHS	No stockout of iron/folate supplements/ MMS
Percentage of pregnant women aged 15–49 years with anaemia	32	31	30	29	28	27	33%	MDHS	Relevant sectors continue to implement planned nutrition related programme
Proportion of households consuming adequately iodised salt	86	87	88	89	90	91	85.1%	MICS/ MDHS	Compliance of mandatory standards for iodised salt by all key stakeholders.

Output 3: Improved Nutrition status of School-aged children and Adolescents									
Performance Indicator	**Target 2025**	**Target 2026**	**Target 2027**	**Target 2028**	**Target 2029**	**Target 2030**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Percentage of girls aged 15-19 years with normal BMI	79.2%	81.4%	83.7%	85.9%	88.1%	77%	79.2%	DHS/ MICS/ MNS	Relevant sectors continue to implement planned nutrition related programme.
Proportion of school-aged children 5 - 10 years with iron deficiency	4.4%	4.0%	3.7%	3.3%	3.0%	4.70%	4.4%	DHS/ MICS/ MNS	Relevant sectors continue to implement planned nutrition related programme.
Proportion of adolescent girls 11 - 14 years with iron deficiency	4.7%	4.1%	3.6%	3.0%	2.5%	5.20%	4.7%	DHS/ MICS/ MNS	Relevant sectors continue to implement planned nutrition related programme.

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Proportion of adolescent girls 15 - 19 years with iron deficiency	12.5%	11.0%	9.6%	8.1%	6.6%	14%	12.5%	DHS/ MICS/ MNS	Relevant sectors continue to implement planned nutrition related programme.
Proportion of school-aged children 5 - 10 years with anaemia	24.6%	23.0%	21.3%	19.7%	18.0%	26.3%	24.6%	DHS/ MICS/ MNS	Relevant sectors continue to implement planned nutrition related programme.
Proportion of adolescents aged 11 - 14 years with anaemia	12.5%	11.9%	11.2%	10.6%	10.0%	13.1%	12.5%	DHS/ MICS/ MNS	Relevant sectors continue to implement planned nutrition related programme.

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Proportion of adolescents aged 15 - 19 years with anaemia	20.3%	19.0%	17.6%	16.3%	15.0%	21.6%	20.3%	DHS/ MICS/ MNS	Relevant sectors continue to implement planned nutrition related programme.
Output 4 Improved Nutrition status of Men									
Performance Indicator	**Target 2025**	**Target 2026**	**Target 2027**	**Target 2028**	**Target 2029**	**Target 2030**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Percentage of men with zinc deficiency	60%	55%	50%	45%	40%	35%	65%	DHS/ MICS/ MMS	Relevant sectors continue to implement planned nutrition related programme.

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Percentage of men 15-54 years with normal BMI	81%	83%	85%	87%	89%	90%	80.3%	DHS/ MICS/ MMS	Relevant sectors continue to implement planned nutrition related programme.
Priority Area 2: Nutrition and Sustainable Food Systems									
Outcome: Improved health and nutritious diets for all									
Objective: To promote and advocate for sustainable food systems and climate change resilience to improve nutritional status									
Output 1: Improved governance of nutrition in sustainable food systems									
Performance Indicator	**Target 2025**	**Target 2026**	**Target 2027**	**Target 2028**	**Target 2029**	**Target 2030**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Percentage of Nutrition TWG meetings incorporating food systems agenda	25%	40%	60%	75%	85%	100%	0	TWG minutes, MoA reports	Continued inter-ministerial collaboration and prioritization of food systems

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Number of private sector engagements to improve nutrition quality of food products	2	4	6	8	10	12	0	Meeting reports, MoTI/MoA	Private sector willingness and availability of platforms for engagement
Percentage of cooperatives/ SMEs trained in nutrition-sensitive food processing and value addition	15%	30%	45%	60%	75%	90%	0	Training attendance sheets	Access to training resources and participation by cooperatives
Percentage of input subsidy programmes including biofortified seeds	20%	35%	50%	65%	80%	100%	0	MoA program reports	Budget prioritization and seed supply chain reliability

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Percentage of households meeting minimum dietary diversity requirements.	30%	35%%	45%	55%	65%	75%	25%	SMART Survey, Nutrition Surveys	Relevant partners will continue to implement planned programs
Output 2: Promote Food Safety, Waste Reduction, Budgeting and Value Addition									
Performance Indicator	**Target 2025**	**Target 2026**	**Target 2027**	**Target 2028**	**Target 2029**	**Target 2030**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Percentage of food manufacturers meeting food safety and nutrition standards	30%	40%	55%	65%	75%	85%	0	MBS, NFRA audit reports	Strong enforcement by regulatory bodies and stakeholder compliance
Percentage of frontline workers trained in food budgeting and post-harvest handling	20%	40%	60%	80%	90%	100%	0	Training session records	Capacity and funding to scale training nationwide

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Number of community campaigns on food safety and aflatoxins	10	20	30	40	45	50	0	Campaign documentation	Sustained financing and effective outreach
Number of households practicing safe food handling and budgeting	10%	20%	35%	50%	65%	80%	0	Household KAP surveys	Community acceptance and adoption of promoted practices

Priority Area 3: Social And Behavioural Change (SBC)									
Outcome: Increased rate of exclusive breastfeeding in the first 6 months by 30 per cent by 2030									
Objective: To promote social behaviour change interventions to enhance optimal nutrition.									
Output 1: Improved breastfeeding practices									
Performance Indicator	**Target 2025**	**Target 2026**	**Target 2027**	**Target 2028**	**Target 2029**	**Target 2030**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Percentage of caregivers practicing exclusive breastfeeding	63	66	69	72	75	78	60%	MDHS/ MICS/KAP survey	Nutrition education programme will be scaled up by implementing partners
Percentage of caregivers still breastfeeding and practicing optimal age-appropriate complementary feeding	14	17	20	23	26	29	8.7%	MDHS/ MICS/KAP survey	Nutrition education programme will be scaled up by implementing partners
Percentage of hospitals certified as baby-friendly	15	30	45	60	80	100	4.3%	BFHI assessment reports	More health facilities adopt Baby Friendly Health (BFHI) initiatives

Output 2: Improved care seeking behaviour among the community									
Performance Indicator	**Target 2025**	**Target 2026**	**Target 2027**	**Target 2028**	**Target 2029**	**Target 2030**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Percentage of children under five years of age from households with ITN, who slept under an ITN last night	68	69	70	71	72	73	67.9 %	MICS/ MDHS	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	42	43	44	45	46	47	41%	MICS/ MDHS	Availability of ORS & knowledge of mothers on homemade fluids for management of diarrhoea

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Percentage of women reported 4 or more ANC visits during pregnancy for their most recent birth	53	55	57	59	70	62	62%	MDHS/ DHIS-2	Nutrition education programme will be scaled up
Output 3: Improved positive behaviour changes through care group interventions for optimum nutrition									
Percentage of care groups established	50	54	56	58	60	64	67%	NNIS	Nutrition education programme will be scaled up
Percentage of care groups functioning	50	54	56	58	60	64	80%	NNIS	Nutrition education programme will be scaled up
Percentage of care groups trained in community behaviour tracking	54	56	58	60	64	70	80%	NNIS	Nutrition education programme will be scaled up

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Percentage of care groups implementing community behaviour tracking for improved adoption of optimal MIYCN practices.	15	17	18	19	20	21	22%	NNIS	Nutrition education programme will be scaled up
Proportion of community and faith leaders promoting optimal nutrition practices on different platforms	20	22	24	26	30	34	39%	NNIS	Nutrition education programme will be scaled up
Percentage of children under 2 attending in growth monitoring and promotion sessions	75	76	77	78	79	80	74%	DHIS-2/	Nutrition education programme will be scaled up

Output 4: Improved beneficiaries' participation in growth monitoring sessions									
Performance Indicator	**Target 2025**	**Target 2026**	**Target 2027**	**Target 2028**	**Target 2029**	**Target 2030**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Percentage of children 2–5 years attending in growth monitoring and promotion sessions	76	77	78	79	80	81	75%	DHIS-2/	Nutrition education programme will be scaled up
Output 5: Improved access to safe drinking water and improved sanitation facilities									
Performance Indicator	**Target 2025**	**Target 2026**	**Target 2027**	**Target 2028**	**Target 2029**	**Target 2030**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Percentage of households members using improved sources of drinking water	89	90	91	92	93	94	87.9%	MICS/ MDHS	Government commitment to provide safe drinking water
Percentage of household members using improved sanitation facilities	82	83	84	85	86	87	80.1%	MICS/ MDHS	Sanitation will be scaled

Priority Area 4: Treatment and Management of Common Nutrition Disorders									
Outcome: Reduced wasting in children to less than 1.0 per cent by 2030									
Objective: To treat and manage common nutrition related disorders to reduce morbidity and mortality.									
Output 1: Reduced wasting among children under five years, pregnant and lactating women, PLHIV and other vulnerable groups									
Performance Indicator	**Target 2025**	**Target 2026**	**Target 2027**	**Target 2028**	**Target 2029**	**Target 2030**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Proportion of children under five years of age admitted for severe wasting management	71	72	73	73	74	75	71%	DHIS-2	All cases identified and admitted in the program
Proportion of children under five years of age admitted for moderate wasting management.	25	30	35	40	45	50	26%	DHIS-2	All cases identified and admitted in the program

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Proportion of adolescent and adults accessing health services who received nutrition assessment	15	30	45	60	75	80%	0	DHIS-2	Relevant sectors continue to implement planned nutrition related programme
Proportion of adolescents and adults assessed and identified with severe malnutrition received treatment	15	30	45	60	75	80%	0	DHIS-2	Relevant sectors continue to implement planned nutrition related programme
Proportion of adolescents and adults assessed and identified with moderate malnutrition received treatment	15	30	45	60	75	80%	0	DHIS-2	Relevant sectors continue to implement planned nutrition related programme

Priority Area 5: Nutrition during Emergency Situations and Climate Change									
Outcome: Improved food and nutrition response during emergency situations									
Objective: To enhance delivery of nutrition interventions during emergency to prevent morbidity and mortality due to malnutrition.									
Output 1: Reduced number of persons who are at risk of food insecurity and livelihoods									
Performance Indicator	**Target 2025**	**Target 2026**	**Target 2027**	**Target 2028**	**Target 2029**	**Target 2030**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Percentage of population at risk of food insecurity	18	16	14	12	10	8	20%	MVAC/ Surveil-lance	Relevant sectors continue to implement planned nutrition related programme
Output 2: Improved community screening for acute malnutrition for early identification									
Performance Indicator	**Target 2025**	**Target 2026**	**Target 2027**	**Target 2028**	**Target 2029**	**Target 2030**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Percentage/ number of children 6–59 months screened for wasting	80	82	84	86	88	90	47%	Nutrition Emergency Reports	Relevant sectors continue to implement planned nutrition related programme

Priority Area 6: Creating an enabling environment for nutrition									
Outcome: Increased nutrition financing at local council level by 5% by 2030 and accountability for nutrition.									
Objective: To create and strengthen an enabling environment for effective implementation of multi-sectoral nutrition programs.									
Output 1: Improved evidence-based Policy Environment									
Performance Indicator	**Target 2025**	**Target 2026**	**Target 2027**	**Target 2028**	**Target 2029**	**Target 2030**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
National Multisector Nutrition Policy reviewed	0	0	0	0	1	1	1	DN reports	National stakeholders' commitment and willingness
National Multisector Nutrition strategy reviewed	0	0	0	0	1	1	1	DN reports	National stakeholders' commitment and willingness
Micronutrient Strategy developed and disseminated	1	0	0	0	0	1	1	DN reports	National stakeholders' commitment and willingness

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Number of strategic documents for operationalisation of the national multi-sector strategic plan reviewed and developed	3	2	1	1	1	8	5	DN reports	National stakeholders' commitment and willingness
Number of sectoral policies, strategies and guidelines mainstreaming nutrition	2	2	2	2	2	10	0	DN reports	National stakeholders' commitment and willingness

Output 2: Strengthened multisectoral coordination at all levels									
Performance Indicator	**Target 2025**	**Target 2026**	**Target 2027**	**Target 2028**	**Target 2029**	**Target 2030**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
No. of annual Principal Secretaries steering committee meetings conducted	1	1	1	1	1	5	0	Coordination meeting reports	National stakeholders' commitment and willingness
Number of biannual national multisectoral nutrition coordination meetings conducted (functional)	2	2	2	2	2	12	0	Coordination meeting reports	National stakeholders' commitment and willingness
Number of multi-sector and intra-sector nutrition coordination meetings conducted at district, and community levels	2	2	2	2	2	12	0	Coordination meeting reports	District and community stakeholders' commitment and willingness

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Number of quarterly public sector review meetings on nutrition conducted	4	4	4	4	4	4	1	DN reports	National stakeholders' commitment and willingness
Number of functional TWGs	5	5	5	5	5	5	0	DN reports	National stakeholders' commitment and willingness
Number of SUN Networks quarterly meetings conducted.	10	20	20	20	20	90	0	DN reports	National stakeholders' commitment and willingness
Number of quarterly National Fortification Alliance meetings to promote accountability in fortification conducted	2	4	4	4	4	20	0	Coordi-nation meeting reports	National stakeholders' commitment and willingness

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Number of District Nutrition Coordination Committees (DNCCs) conducting at least 4 meetings per year	29	29	29	29	29	29	7	NNIS	District stakeholders' commitment and willingness
Number of Districts submitting 4 coordination reports per year	29	29	29	29	29	29	7	NNIS	District stakeholders' commitment and willingness
Number of Area Nutrition Coordination Committees (ANCC) functioning in the district	75	150	200	240	260	272	38	NNIS	District stakeholders' commitment and willingness

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Number of Village Nutrition Coordination Committees (VNCC) functioning in the district	1245	2490	3735	4980	6225	7470	4353	DNCC reports	District stakeholders' commitment and willingness
Number of district quarterly review meetings conducted	32	48	64	80	96	116	18	DNCC reports/ NNIS	District stakeholders' commitment and willingness
Output 3: Mainstreamed nutrition in sectoral policies and strategies									
Performance Indicator	**Target 2025**	**Target 2026**	**Target 2027**	**Target 2028**	**Target 2029**	**Target 2030**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Number of advocacy meetings for inclusion of nutrition in sectoral policies and strategies as priority areas conducted	2	2	2	1	1	8	0	Coordi-nation meeting reports	National stakeholders' commitment and willingness

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Number of meetings facilitating inclusion of nutrition in the district development plans and social economic profiles conducted	1	1	1	1	1	6	0	Coordi-nation meeting reports	National stakeholders' commitment and willingness
District specific profiles guidance to inform prioritisation of nutrition in the DDP developed	1	0	0	0	0	1	0	Coordi-nation meeting reports	National stakeholders' commitment and willingness
Number of guidelines for mainstreaming nutrition at national and district level programs developed	1	0	0S	0	0	1	0	Coordi-nation meeting reports	National stakeholders' commitment and willingness

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Number of relevant stakeholders oriented in guidelines for mainstreaming nutrition.	0	80	70	60	36	246	0	Coordi-nation meeting reports	National stakeholders' commitment and willingness
Output 4: Improved capacity building for nutrition									
Performance Indicator	**Target 2025**	**Target 2026**	**Target 2027**	**Target 2028**	**Target 2029**	**Target 2030**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Number of Assistant Nutrition Officers (community nutrition frontline workers) recruited and deployed.	20	200	250	250	213	933	0	DN reports	Government commitment to recruit.
Training package for community nutrition frontline workers developed	1	0	0	0	0	1	0	DN reports	National stakeholders' commitment and willingness

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Number of officers attend capacity building courses for professional development.	5	25	25	25	25	95	0	DN reports	Government commitment to implement planned nutrition related programme
Percentage of HSAs trained in IMPOW	75	80	85	90	95	100	70%	HMIS	Relevant sectors continue to implement planned nutrition related programme
Output 5: Enforcement of legal instruments for nutrition									
Performance Indicator	**Target 2025**	**Target 2026**	**Target 2027**	**Target 2028**	**Target 2029**	**Target 2030**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Number of Food and Nutrition Act in place.	0	1	0	0	0	1	0	DN reports	Government commitment to recruit.

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Number of standards and regulations developed for complementary and therapeutic foods.	0	2	2	2	1	7	0	DN reports	Government commitment to recruit.
Number of monitoring visits conducted on nutrition regulations adherence including code of marketing for breastmilk substitutes, salt iodisation conducted.	4	4	4	4	4	20	1	Activity reports	Government commitment to implement planned nutrition related programme

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Number of Monitoring visits to food industries on compliance of food fortification standards	1	1	1	1	1	5	0	Activity reports	Government commitment to implement planned nutrition related programme
Number of awareness campaigns to the general population on the existing nutrition legal frameworks	1	1	1	1	1	5	0	DN reports	Government commitment to implement planned nutrition related programme

Output 6: Increased budgetary allocation for nutrition by government									
Performance Indicator	**Target 2025**	**Target 2026**	**Target 2027**	**Target 2028**	**Target 2029**	**Target 2030**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Percentage of budgetary allocation for nutrition programs at district level	1.8	2.5	3.2	3.9	4.6	5	1.1	NLGFC reports	Relevant sectors continue to implement planned nutrition related programme
Percentage of budgetary allocation for nutrition programs at national level	2	2.2	2.6	3.0	3.4	3.7	1.8	Budget analysis	Relevant sectors continue to implement planned nutrition related programme

Output 7: Improved coordination of nutrition security response at national, district and community level									
Performance Indicator	**Target 2025**	**Target 2026**	**Target 2027**	**Target 2028**	**Target 2029**	**Target 2030**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Number of District Nutrition Coordination Committees (DNCCs) conducting at least 4 meetings per year	29	29	29	29	29	29	7	NNIS	District stakeholders' commitment and willingness
Number of Districts submitting 4 coordination reports per year	29	29	29	29	29	29	7	NNIS	District stakeholders' commitment and willingness
Number of Area Nutrition Coordination Committees (ANCC) functioning in the district	75	150	200	240	260	272	38	NNIS	District stakeholders' commitment and willingness

Output 7: Improved coordination of nutrition security response at national, district and community level									
Performance Indicator	**Target 2025**	**Target 2026**	**Target 2027**	**Target 2028**	**Target 2029**	**Target 2030**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Number of Village Nutrition Coordination Committees (VNCC) functioning in the district	1245	2490	3735	4980	6225	7470	4353	DNCC reports	District stakeholders' commitment and willingness
Number of district quarterly review meetings conducted	32	48	64	80	96	116	18	DNCC reports/ NNIS	District stakeholders' commitment and willingness
Output 8: Improved research for evidence-Sbased action programming.									
Performance Indicator	**Target 2025**	**Target 2026**	**Target 2027**	**Target 2028**	**Target 2029**	**Target 2030**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Number of research dissemination conferences conducted	1	1	1	1	1	1	0	DN Reports	National stakeholders' commitment and willingness

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Number of annual SUN learning fora conducted	1	1	1	1	1	1	0	Fora reports	National stakeholders' commitment and willingness
Number of National micronutrient survey conducted every five years	0	0	0	0	0	1	0	DN Reports	National stakeholders' commitment and willingness
National nutrition research agenda finalised	0	1	0	0	0	1	0	Activity reports	National stakeholders' commitment and willingness

Output 9: Strengthened nutrition surveillance									
Performance Indicator	**Target 2025**	**Target 2026**	**Target 2027**	**Target 2028**	**Target 2029**	**Target 2030**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
An integrated nutrition surveillance system developed and functional	0	1	0	0	0	1	0	DN Reports	National stakeholders' commitment and willingness
Number of service providers on integrated nutrition surveillance system trained	0	80	70	40	0	290	0	DN Reports	National stakeholders' commitment and willingness
Number of nutrition reporting digitalised	1	5	1	1	1	9	0	Imple-mentation Reports	National stakeholders' commitment and willingness

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Number of feedback sessions on the surveillance data conducted	0	2	2	2	2	8	0	Imple-mentation Reports	National stakeholders' commitment and willingness
Computerised training tracking system developed	0	1	0	0	0	1	0	Imple-mentation Reports	National stakeholders' commitment and willingness
Output 10: Strengthened Monitoring, Evaluation, Accountability and Learning (MEAL) systems.									
Performance Indicator	**Target 2025**	**Target 2026**	**Target 2027**	**Target 2028**	**Target 2029**	**Target 2030**	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
User friendly community data collection and behaviour tracking tool developed	1	0	0	0	0	1	0	DN reports	National stakeholders' commitment and willingness

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Quarterly data review sessions conducted	4	4	4	4	4	20	0	DN reports	National stakeholders' commitment and willingness
Number learning visits to other countries conducted	0	1	1	1	1	5	0	DN reports	National stakeholders' commitment and willingness
Number of joint annual planning, reviews, monitoring and learning forums.	1	1	1	1	1	5	0	DN reports	National stakeholders' commitment and willingness
Existence of functional national nutrition information system	1	1	0	0	0	1	1	NNIS reports	National stakeholders' commitment and willingness

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Number of annual nutrition review meetings with all key stakeholders	1	1	1	1	1	5	1	DN reports	National stakeholders' commitment and willingness
NNIS recovery plan developed	1	0	0	0	0	1	0	DN reports	National stakeholders' commitment and willingness
Number of quarterly nutrition bulletin	4	4	4	4	4	20	0	DN reports	National stakeholders' commitment and willingness
Number of nutrition knowledge products developed and disseminated	4	4	4	4	4	20	0	DN reports	National stakeholders' commitment and willingness

Performance Indicator	Target 2025	Target 2026	Target 2027	Target 2028	Target 2029	Target 2030	Baseline	Source of Verification	Assumptions/ Risks
Number of nutrition best practices documentaries developed	2	2	2	2	2	10	1	DN reports	National stakeholders' commitment and willingness

APPENDIX II: IMPLEMENTATION MATRIX

Strategic objective 1: To prevent malnutrition among all demographic groups with emphasis on children under five, adolescents, pregnant and lactating women, the elderly and other vulnerable groups.

Strategy 1: Enhance optimal nutrition for women before, during and after pregnancy			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
1.1.1 Revise counselling materials to include care for the caregivers and other emerging issues.	No. of counselling materials revised	1	MoH (DN, HPD), MoA (ACB)
1.1.2 Review and disseminate key message booklet to align with the revised counselling materials.	No. of key message booklets reviewed and disseminated	1	MoH (DN, HPD)
1.3 Develop key message booklet for people with special nutrition needs	No. of key message booklets developed	1	MoH (DN, HPD)
1.1.4 Disseminate key message booklet for people with special nutrition needs	No. of key message booklets disseminated	1	MoH (DN, HPD)

Activity	Output/ process indicator	Target	Responsibility
1.1.5 Conduct counselling and education sessions on optimal nutrition and care before, during and after pregnancy through community groups	No. of counselling and education sessions conducted.	347,340	MoLGUCUC (Local Authorities)
1.1.6 Conduct home visits to counsel household on nutrition and care before, during and after pregnancy	No. of home visits conducted	6,946,800	MoLGUCUC
1.1.7 Conduct community campaigns on the importance of starting ANC services in the first trimester and attending all the 8 critical contact points including adherence of iron folate supplementation	No. of campaigns conducted	350	MoH, MoLGUCUC (Local Authorities)
1.1.8 Conduct quarterly cooking demonstrations based on the Malawi recipe book	No. of cooking demonstrations conducted	115,780	MoH, MoA, MoE, MoGCDSW
1.1.9 Conduct community campaigns to mobilise men on the importance of participating in antenatal services.	No. of campaigns conducted	350	MoH, MoLGUC (Local Authorities)

Activity	Output/ process indicator	Target	Responsibility
1.1.10 Conduct community campaigns on the importance of attending community care groups for optimal nutrition	No. of campaigns conducted	350	MoH, MoLGUC
1.1.11 Train service providers on MIYCN at all levels	No. of service providers trained	25, 000	MoH
1.1.12 Print all IEC materials	No. of IEC materials printed	3	MoH - DN
1.1.13 Disseminate all IEC materials	No. of IEC materials disseminated	3	MoH - DN
Strategy 2: Promote optimal nutrition for infants and young children			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
1.2.1 Review of IEC materials on optimal breast feeding practices	No. of IEC materials reviewed.	1	MoH, MoLGUC
1.2.2 Disseminate IEC materials on optimal breast feeding practices	No. of IEC materials disseminated	1	MoH, MoLGUC
1.2.3 Disseminate recipes for appropriate complementary feeding among infants 6-24 months.	No. of Recipe dissemination sessions conducted.	115,780	MoH, MoLGUC

Activity	Output/ process indicator	Target	Responsibility
1.2.4 Conduct community awareness campaigns on the importance of attending postnatal care and growth monitoring and promotion.	No. of community awareness campaigns conducted.	350	MoH, MoLGUC
1.2.5 Review IEC materials on optimal complementary feeding practices	No. of IEC packages reviewed	1	MoH-DN
1.2.6 Disseminate IEC materials on optimal complementary feeding practices	No. of IEC dissemination sessions conducted	36 National and Local Authorities	MoH, MoLGUC
1.2.7 Train service providers on optimal complementary feeding practices.	No. of Service providers trained	25, 000	MoH, MoGCDSW
1.2.8 Train Care Groups on optimal complementary feeding practices	No. of Care Groups trained.	8,683	MoH-DN, MoGCDSW
1.2.9 Sensitise communities (chiefs, men, grandparents, religious leaders) on importance of optimal complementary feeding practices for children 6-24 months.	No. of community sensitization sessions conducted	34,286	MoLGUC , MoH

Activity	Output/ process indicator	Target	Responsibility
1.2.10 Conduct nutrition education and counselling sessions with breastfeeding mothers through community care groups and home visits.	No. of education and counselling sessions conducted	6,946,800	MoH-DN, MoLGUC
1.2.11 Conduct advocacy meetings on conducive conditions at workplace to support breastfeeding mothers through employment Act.	No. of advocacy meetings conducted	3	MoH-DN, MoI
1.2.12 Conduct sensitization meetings on conducive conditions at workplace to support breastfeeding mothers through employment Act.	No. of sensitization meetings conducted	175	MoH-DN, MoLGUC
1.2.13 Scale up community led complementary Feeding and Learning sessions (CCFLS)	No. of complementary feeding learning sessions conducted	347,340	MoH-DN,MoLGUC
1.2.14 Conduct sensitisation and awareness campaigns to promote exclusive breastfeeding in the first six months.	No. of campaigns conducted.	350	MoH, MoLGUC
1.2.15 Commemorate National Breastfeeding Week	No. of National breastfeeding weeks commemorated.	5	MoH, MoLGUC (Local Authorities)

Activity	Output/ process indicator	Target	Responsibility
1.2.16 Train manufacturers, traders, media houses and frontline workers on the code of marketing of breast milk substitutes.	No. of manufacturers trained	10	MoH-DN, MoT, MoI,
	No. of frontline workers trained	25, 000	
	No. of traders trained	100	
	No. of media houses trained	40	
Strategy 3: Support stimulation, nurturing, and caring practices for women during and after pregnancy			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
1.3.1 Revise the integrated nutrition early stimulation and nurturing training package (to include caring for caregivers and other emerging issues).	No. of Integrated nutrition early stimulation and nurturing package revised	1	MoGCDSW, MoH,MoLGUC
1.3.2 Disseminate age specific nutrition, stimulation, nurturing and caring messages.	No. of dissemination sessions conducted	36	MoH, MoGCDSW, MoLGUC
1.3.3 Conduct training of service providers in IYCN, stimulation, nurturing and caring practices	No. of service providers	30,000	MoH-DN, MoLGUC
1.3.4 Conduct training of caregivers in CBCCs on the nutrition, stimulation, nurturing and caring practices training package	No. of caregivers trained in CBCCs	66 100	MoGCDSW, MoH-DN, MoLGUC

Strategy 4: Promote optimal nutrition and care practices for mothers, infants, and young children with special medical conditions.			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
1.4.1 Develop guidelines on optimal feeding for infants and young children with special medical conditions.	No. of guidelines developed	1	MoH, DN, MoGCDSW
1.4.2 Develop and disseminate key messages on optimal feeding for infants and young children with special medical conditions including pre term babies.	No. of key message booklets developed and disseminated	1	MoH, DN, MoGCDSW
1.4.3 Train service providers on optimal feeding for infants and young children with special medical conditions	No. of service providers trained	30,000	MoH, MoGCDSW, DN
1.4.4 Conduct community sensitisation on optimal feeding for infants and young children with special medical conditions.	No. of community sensitization sessions conducted	171,430	DN, MoA, MoH, MoLGUC, MoGCDSW
1.4.5 Conduct community mobilization for caregivers, community care groups on optimal feeding during and after illness of under five children, early health seeking behaviours and growth monitoring and promotion.	No. of community mobilization sessions conducted	171,430	DN, MoA, MoH, MoLGUC, MoGCDSW

Strategy 5: Integrate implementation of ten steps of Baby friendly health initiatives (BFHI) for successful breast-feeding in maternal and new-born services.			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
1.5.1 Integrate maternal infant and young child nutrition in routine health services	No. of health facilities integrating maternal infant and young child nutrition	700	MoH, MoLGUC
1.5.2 Integrate and institutionalise BFHI in routine health services	No. of health facilities integrating and institutionalising BFHI	700	MoH, MoLGUC
1.5.3 Train all health service providers and support staff in BFHI	No. of health service providers and support staff trained	35, 750	MoH, DN
1.5.4 Conduct community sensitisation on BFHI services.	No. of community sensitization sessions conducted	41,085	MoH, DN
1.5.5 Revise BFHI guidelines.	No. of BFHI guidelines revised	1	MoH, DN
1.5.6 Disseminate BFHI guidelines.	No. of BFHI guidelines dissemination sessions conducted	36	MoH, DN

Activity	Output/ process indicator	Target	Responsibility
1.5.7 Orient stakeholders on the implementation and monitoring of the code of marketing on breastmilk substitutes	No. of stakeholders oriented	7,470	MoH, DN
1.5.8 Revise the code of marketing on breastmilk substitutes	Code of marketing on breastmilk substitutes revised	1	MoH, DN
1.5.9 Disseminate the code of marketing on breastmilk substitutes	No. of code of marketing dissemination sessions conducted	36	MoH, DN
Strategy 6: Promote dietary diversification of all food groups			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
1.6.1 Conduct community sensitization campaigns on 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.	No. of community sensitization sessions conducted	7,470	MoA, DN

Activity	Output/ process indicator	Target	Responsibility
1.6.2 Provide inputs to support diversification of crops including indigenous high nutritive value crops, aquaculture and small stocks such as poultry, small ruminants and milk producing animals.	No. of vulnerable households supported with high nutritive value crops	83,361	MoA, DN
	No. of care groups supported with fish production	578	
	No. of vulnerable households supported with small stocks (poultry, small ruminants etc.)	83,361	
1.6.3 Train vulnerable households in aquaculture, small stock and high nutritive crop production.	No. of vulnerable households trained	83,361	MoA, DN
1.6.4 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	350	MoA, MoH-DN, MoGCDSW, MoLGUC,
1.6.5 Review the national food composition tables	Food composition table reviewed	1	DN, Academia
1.6.6 Disseminate the national food composition tables	No of Food composition table dissemination sessions.	36	DN, Academia

Activity	Output/ process indicator	Target	Responsibility
1.6.7 Document the type and diversity of foods for various Agro-ecological areas of the country	No. of booklets produced	1	MoH-DN, MoA,MoLGUC
1.6.8 Disseminate the type and diversity of foods for various Agro-ecological areas of the country	No. of sessions conducted	36	MoH-DN, MoA,MoLGUC
1.6.9 Develop and disseminate food calendars that are based on the seasonal and Agro-ecological zones	No. of food Agro-ecological zone calendars developed	8	MoH-DN, MoA,MoLGUC
1.6.10 Disseminate food calendars that are based on the seasonal and Agro-ecological zones	No. of dissemination sessions conducted	8	MoH-DN, MoA,MoLGUC
Strategy 7: Ensure food fortification and bio-fortification.			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
1.7.1 Conduct awareness campaigns to the general population on importance of consuming fortified foods and bio fortified crops.	No. of awareness campaigns conducted	350	MoH- DN
1.7.2 Monitor the quality and safety of locally produced and imported foods to meet national fortification standards.	No. of monitoring visits conducted	40	MoH-DN

Activity	Output/ process indicator	Target	Responsibility
1.7.3 Conduct awareness campaigns on food standards to traders and food industries.	No. of awareness campaigns conducted	5	MoH- DN
1.7.4 Train port health officers and other key stakeholders on monitoring the quality of fortified foods.	No. of port health officers and stakeholders trained	504	DN, MoTI, MBS
1.7.5 Orient small and medium scale food producers on food fortification	No. of small and medium scale food producers oriented	840	MoTI, MBS
1.7.6 Assess small and medium scale food producers on food fortification to issue fortification logo	No. of small producers assessed	840	MoTI, MBS
1.7.7 Conduct technical support visits to small and medium scale producers on fortification of their products.	No. of small and medium scale producers supported on fortification	840	MoTI, MBS
1.7.8 Conduct community mobilization campaigns on the production of bio fortified crops	No. of community mobilization campaigns conducted	8,278	MoA, DN, MoLGUC

Strategy 8: Up- and out-scale routine micronutrient supplementation			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
1.8.1 Procure multiple micronutrient supplements for pregnant women	No. of Multiple Micro-nutrient supplement bottles (180 tablets) procured	6, 500,000	MoH-DN
1.8.2 Roll out Multiple Micronutrient Supplements among pregnant women in all districts.	No. of districts providing Multiple Micro-nutrient supplements	29	MoH-DN
1.8.3 Distribute multiple micronutrient supplements to pregnant women	No. of women receiving multiple micronutrient supplements	4,330,000	MoH-DN
1.8.4 Scale up Iron-folate Supplementation among adolescent girls using various platforms	No. of adolescents receiving IFA	2,767,131- figure spread across the 5 years	MoH-DN, MoE
	No. of IFA tablets distributed	1,660,278	
1.8.5 Procure micronutrient supplements (Vitamin A, de-worming tablets and MNPS) for under five children	No. of Vitamin A tablets procured	28,378,795	MoH-DN

Activity	Output/ process indicator	Target	Responsibility
	No. of de-worming tablets procured	28,378,795	
	No. of MNP supplements procured	832,360,199	
1.8.6 Distribute micronutrient supplements (Vitamin A, de-worming tablets and MNPS) for under five children	No. of Vitamin A tablets distributed	28,378,795	MoH-DN
	No. of de-worming tablets distributed	28,378,795	
	No. of MNP supplements distributed	832,360,199	
1.8.7 Conduct community awareness campaigns on the production and consumption of micronutrient rich foods among the general population.	No. of community awareness campaigns conducted	8,278	MoA, MoGCDSW, MoH-DN
1.8.8 Conduct national social marketing campaigns on MNPs	No. of Social marketing campaigns on MNPs conducted	10	MoA, MoGCDSW, MoH-DN

Strategy 9: Strengthen supply chain management for micronutrient supplements			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
1.9.1 Conduct biannual supply chain assessment to identify gaps and risks on procurement, distribution and accounting for supplements.	No. of assessments on supply chain management conducted	10	MoH (HTSS,DN), MoLGUC
1.9.2 Conduct biannual supply chain management meetings with stakeholders	No. of supply chain management meetings conducted	10	MOH (HTSS,DN) MoLGUC
1.9.4 Train supply chain personnel in management of micronutrient supplements	No of supply chain personnel trained	840	MoH (HTSS,DN) MoLGUC
1.9.6 Conduct advocacy meetings for inclusion of micronutrient supplements on the essential medicines list	No. of advocacy meetings conducted	20	MoH (HTSS, DN)

Strategy 10: Promote public health measures for the prevention of Micronutrient Deficiency			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
1.10.1 Develop the package of IEC materials on micronutrient supplements to be in line with the public health measures	No. of packages of IEC materials on micronutrient supplements developed	1	MoH-DN
1.10.2 Conduct a working session to integrate micronutrient supplementation with other public health interventions	No. of working sessions conducted	4	MoH-DN
1.10.3 Conduct interface meetings with key stakeholders to integrate micronutrient supplementation with other public health interventions that impact positively on nutrition status of under five children i.e., malaria programs, Expanded Program on Immunisation (EPI), deworming, and water, hygiene and sanitation.	No. of Interface meetings conducted (national and zonal)	30	MoH-DN
1.10.4 Conduct biannual planning and review meetings to foster integration of micronutrient supplementation with other public health interventions that impact positively on nutrition status of under five children.	No. of planning and review meetings conducted	10	MoH-DN

Strategy 11: Promote the consumption of diversified diets from the six food groups.			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
1.11.1 Conduct mobilisation campaigns on the importance of consuming a diversified diet that is based on the Malawi six food groups.	No. of mobilization campaigns conducted	8,278	MoA, MoH, MoGCDSW, MoLGUC
1.11.2 Conduct cooking demonstrations to promote dietary diversity for improved nutrition.	No. of cooking demonstrations conducted	115,780	MoA, MoH, MoGCDSW, MoLGUC
1.11.3 Develop dietary guidelines for Malawi to enhance dietary diversity, and healthy diets.	Dietary guidelines developed	1	DN, MoA, MoH, MoLGUC
1.11.4 Disseminate dietary guidelines for Malawi to enhance dietary diversity, and healthy diets.	No. of dietary guidelines dissemination sessions conducted	36	DN, MoA, MoH, MoLGUC
1.11.5 Conduct community mobilisation campaigns on the consumption of locally available foods/underutilised foods for optimal nutrition.	No. of mobilization campaigns conducted	8,278	MoA, DN, MoLGUC

Activity	Output/ process indicator	Target	Responsibility
1.11.6 Train care groups on recommended food storage, processing, preparation, and utilization.	No. of care groups trained	5,789	DN, MoH, MoA,
Strategy 12: Promote healthy diets and lifestyles among all age groups			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
1.12.1 Conduct awareness campaigns on the importance of healthy lifestyles to prevent nutrition related non communicable diseases	No. of awareness campaigns conducted	8,278	MoH-DN, MoI , MoLGUC
1.12.2 Disseminate dietary guidelines (Eat well to live well) for prevention and management of nutrition related non communicable diseases.	No. of dissemination sessions conducted	36	MoH-DN, MoLGUC, MoI
1.12.3 Review dietary guidelines (Eat well to live well) for prevention and management of nutrition related non communicable diseases.	No. of dietary guidelines (Eat well to live well) reviewed	1	MoH-DN, MoLGUC
1.12.4 Conduct quarterly advocacy campaigns for increased physical activity at communities and workplaces. (include to create public spaces for physical activity)	No. of advocacy campaigns conducted	600	MoH-DN, MoE, MoLGUC, MoGCDSW

Activity	Output/ process indicator	Target	Responsibility
1.12.5 Develop key messages for specific conditions on prevention and management of nutrition related non communicable diseases among various groups	No. of key message packages developed	1	MoH-DN, MoLGUC
1.12.6 Translate key messages for specific conditions on prevention and management of nutrition related non communicable diseases among various groups	No. of key message packages translated	1	MoH-DN, MoLGUC
1.12.7 Disseminate key messages for specific conditions on prevention and management of nutrition related non communicable diseases among various groups.	No. of dissemination sessions conducted	36	MoH-DN, MoLGUC
1.12.8 Conduct advocacy meetings with private and public sector employers to create weekly wellness day for their employees.	No. of advocacy meetings conducted	288	MoH-DN, DHRMD, MoL, MoLGUC
1.12.9 Develop guidelines for healthy conference diets.	No. of guidelines developed	1	MoH-DN,
1.12.10 Disseminate guidelines for healthy conference diets at national and district level.	No. of dissemination sessions conducted	36	MoH-DN,

Activity	Output/ process indicator	Target	Responsibility
1.12.14 Develop TV, radio programs, radio jingles and public service announcements on nutrition related non communicable diseases.	No. of TV programs developed	12	MoH- DN, MoI
	No. of radio programs developed	12	
	No. of jiggles developed	4	
	No. of public service announcements developed	4	
1.12.15 Air TV, radio programs, radio jingles and public service announcements on nutrition related non communicable diseases.	No. of times TV programs are aired	120	MoH- DN, MoI
	No. of times radio programs are aired	120	
	No. of times jiggles are aired	1,800	
	No. of times public service announcements are aired	240	
	No. of live TV programs aired	160	

Activity	Output/ process indicator	Target	Responsibility
1.12.16 Orient media houses on nutrition related non communicable diseases	No. of media houses oriented	40	MoH-DN, MoI
1.12.17 Participate in international commemoration of non-communicable disease days	No. of international commemorations participated	5	MoH-DN
1.12.18 Identify champions to promote healthy lifestyles	No. of champions identified	445	MoH-DN
1.12.19 Conduct Interface meetings with other sectors dealing with nutrition related non-communicable diseases to discuss operation issues.	No. of interface meetings conducted	12	MoH (DN,HPD,NCD)
1.12.20 Conduct nutritional needs assessment for boys and men	No. of assessment conducted	1	MoH-DN
1.12.21 Develop nutrition package for boys and men based on needs assessment	No. of nutrition package for men developed	1	MoH-DN
12.22 Disseminate nutrition package for boys and men	No. of dissemination sessions conducted	1	MoH-DN
12.23 Conduct meetings to advocate for schools to have physical education sessions	No. of meetings conducted	2	MoH-DN

Activity	Output/ process indicator	Target	Responsibility
12.24 Conduct awareness campaigns on food labelling, portion size, counselling information, food choices, physical exercise, healthy imaging, substance abuse, food and health claims, misconceptions and taboos.	No. of campaigns conducted	2	MoH-DN
Strategy 13: Promote access to safe WASH and other public health measures for optimal nutrition			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
1.13.1 Conduct sensitization meetings on WASH practices through care groups.	Number of sensitizations meetings conducted.	8,278	MoH-DN, MoWS, MoLGUC
1.13.3 Conduct advocacy meetings for provision of clean safe water sources in the targeted communities for optimal nutrition.	No. of advocacy meetings conducted	10	MoH-DN, MoWS,MoLGUC
1.13.4 Procure chlorine and other WASH supplies to communities.	Amount of Chlorine (KGs)		MoH-DN, MoWS, MoLGUC
	No. of WASH supplies package procured	5,789	
1.13.5 Distribute chlorine and other WASH supplies to communities	Amount of Chlorine (KGs)		MoH-DN, MoWS, MoLGUC
	No. of WASH supplies package distributed	5,789	

Activity	Output/ process indicator	Target	Responsibility
1.13.6 Facilitate integration of WASH and other key health interventions such as malaria, family planning and menstrual health in all nutrition programmes. (meetings, campaigns e.t.c)	key health interventions integrated	30	MoH-DN, MoWS, MoLGUC
Strategy 14: Improve nutrition and well-being of school-aged children and adolescents.			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
1.14.1 Develop essential nutrition package (IEC materials, healthy school snacks, training guides, demonstration handbook, leaflets, posters, key message booklets, interventions etc.) for school aged children and adolescents	Number of essential nutrition packages developed	1	MoH, MoE, MoGCDSW
1.14.2 Train teachers and SHN coordinators in essential nutrition package (IEC materials, healthy school snacks, training guides, demonstration handbook, leaflets, posters, key message booklets, interventions etc.) for school aged and adolescents.	Number of teachers and SHN coordinators trained	15,000	MoH, MoE, MoGCDSW
1.14.3 Conduct cooking demonstrations on diversified diets targeting school aged children and adolescents	No. of cooking demonstrations conducted	105,000	MoH, MoE, MoGCDSW

Activity	Output/ process indicator	Target	Responsibility
1.14.5 Distribute iron folate supplementation for adolescents in all schools and community.	No. of schools reached with IFA supplementation	42,000	MoE, MoH, DN
1.14.6 Conduct community mobilisation campaigns on IFA at all levels	No. of community mobilization campaigns conducted	42,000	MoH. MoE, DN
1.14.7 Refer adolescents to existing nutrition and health services based on their needs.	No. of adolescents referred to existing nutrition and health services	735,000	MoE, MoGCDSW, MoLGUC
1.14.8 Conduct health campaigns in all schools. (De worming, bilharzia control, physical assessment, malaria prevention and treatment)	No. of schools reached	8400	MoE, MoH, DN
1.14.9 Conduct health promotion and mental health sessions among learners	No. of sessions conducted	12, 400	MoH, DN
1.14.10 Conduct advocacy meetings for provision of improved WASH facilities and menstrual hygiene for learners in all schools. (including boreholes, articulated water systems, etc.)	No. of advocacy meetings conducted	2, 520	MoE, MoH, MoLGUC
1.14.11 Orient school and out of school health clubs on nutrition	No. of health clubs oriented	74, 400	MoE, MoH-DN

Activity	Output/ process indicator	Target	Responsibility
1.14.12 Establish productive school environment	No. of schools with productive environment established	8400	MoE, MoH-DN
1.14.14 Conduct community awareness campaigns on School Health and Nutrition interventions	No. of community awareness campaigns conducted	8400	MoE, MoH-DN
Strategy 15: Promote sustainable livelihood interventions to build resilience among school-aged children and adolescents			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
1.15.1 Conduct advocacy meetings for increased access to safety nets programs such as AIP and cash transfer targeting adolescent headed households including ultra-poor households with adolescents.	No. of advocacy meetings conducted	4	MoA, MoGCDSW, MoLGUC
	No. of adolescents accessing safety nets programs	200,000	
1.15.2 Facilitate formation of Village Savings and Loans' (VSL's) initiatives targeting out of school adolescents (including those who completed secondary education).	No. of out of school adolescents in village savings and loans	450, 000	MoGCDSW, MoE, MoLGUC
1.15.3 Train adolescents on nutrition package to support their communities	No. of adolescents trained	4,800,984	MoE, MoGCDSW, MoLGUC

Activity	Output/ process indicator	Target	Responsibility
1.15.4 Provide seed money for VSL targeting out of school youth (including those who completed basic education at secondary level) and participating in Nutrition intervention	No. of out of school youth accessing seed money	450, 000	MoA, MoE, MoGCDSW
1.15.5 Facilitate recruitment of out of school youth, that completed basic education at secondary level as community nutrition promoter	No. of out of school youth recruited	450, 000	MoE, MoGCDSW, MoLGUC
Strategy 16: Mainstream nutrition objectives and indicators in social protection programmes			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
1.16.1 Conduct quarterly advocacy meetings for integration of nutrition into social protection policies and interventions at different levels	No. of advocacy meetings conducted.	20	DN
1.16.2 Conduct quarterly advocacy for review of social cash protection programme targeting criteria to include malnourished and most at risk groups.	No. of advocacy meetings conducted.	10	MoGCDSW, DN
1.16.5 Develop guidelines for implementation of social protection programs that aim at promoting optimal nutrition	No. of guidelines developed	1	DN, MoGCDSW, EP&D

Activity	Output/ process indicator	Target	Responsibility
1.16.6 Train National and Local Authority staffs in nutrition sensitive social protection programming.	No. of National and Local Authority staff trained	1080	DN, MoGCDSW, EP&D,MoLGUC
1.16.8 Conduct learning sessions to share lessons and best practices for nutrition sensitive social protection at national and districts level.	No. of learning sessions conducted	360	DN, MoGCDSW
Strategy 17: Empower vulnerable households on nutrition to build resilience			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
1.17.1 Conduct advocacy meetings for inclusion of discharged cured individuals from treatment programmes to social protection and other livelihood programs	No. of advocacy meetings conducted	10	MoH, MoGCDSW, DN
1.17.2 Integrate VSL activities in nutrition programmes targeting households with adolescents, pregnant and lactating women, under five children and other vulnerable groups to build resilience for optimal nutrition	No. of households practicing VSL activities in relation to nutrition programs	173,670	MoGCDSW, DN

Activity	Output/ process indicator	Target	Responsibility
1.17.3 Distribute high nutritive value seeds, fruit trees and small livestock to ultra-poor households and vulnerable groups to build resilience and optimal nutrition.	No. of ultra-poor HHs received high nutritive value seeds	405,411	MoA, MoA, MoLGUC
	No. of ultra-poor HHs received fruit seedlings	405,411	
	No. of ultra-poor HHs received small stocks	405,411	
Strategy 18: Enhance nutrition knowledge, attitudes, and practices among social protection beneficiaries through social and behavioural change			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
1.18.1 Conduct quarterly awareness meetings on importance of dietary diversity and consumption of micronutrient rich foods among social protection beneficiaries	No. of awareness meetings conducted	20	DN, MoH, MoA, MoGCDSW, MoE
1.18.5 Develop quarterly IMAM technical briefs to share data, best practices, and lessons learnt.	No. of IMAM technical briefs developed	20	MoH-DN

Activity	Output/ process indicator	Target	Responsibility
1.18.9 Develop tailor made nutrition modules for social protection service providers.	No. of tailor made nutrition modules developed	1	MoH-DN
Strategy 19: Promote school meals, productive school environment, and health interventions to learners.			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
1.19.1 Scale up home-grown school meals programs in all primary schools.	No. of schools implementing HGSMP	6,954	MoE, MoH-DN, MoA
	No. of learners reached	5,298,456	
1.19.2 Procure high nutritive value seeds, fruit trees and small stock for home-grown school meals	Quantity of high nutritive value seeds procured	278,160kgs soya, 69,540 kgs qpm maize, 1,390,800kgs fertiliser, 1,350,800g veggies	MoE, MoH-DN, MoA
	No. of fruit trees procured	3,477,000	
	No. of small stock procured	347,700	

Activity	Output/ process indicator	Target	Responsibility
1.19.3 Distribute high nutritive value seeds, fruit trees and small stock for home-grown school meals	No. of high nutritive value seeds distributed	278,160kgs soya, 69,540 kgs qpm maize, 1,390,800kgs fertiliser, 1,350,800g veggies	MoE, MoH-DN, MoA
	No. of fruit trees distributed	3,477,000	
	No. of high small stock distributed	347,700	
1.19.4 Review the school meals package	No. of school meals packages reviewed	1	MoE, MoH-DN, MoA
1.19.5 Train school management and school meals committee in basic nutrition, food processing and preparation	No. of school meals committees trained	6,954	MoE, MoH-DN, MoA
	No. of school management committees trained	6,954	

Activity	Output/ process indicator	Target	Responsibility
1.19.6 Facilitate planting and management of fruit trees and woodlots around school premises	No. of fruit trees planted	3,477,000	MoE, MoH-DN, MoA
	No. of woodlots established	6,754	
1.19.7 Train School feeding committee on use of fuel-efficient stoves in school meals programs	No. of schools trained	6,754	MoE, MoH-DN, MoA
	No. of schools using fuel-efficient stoves	6,754	
1.19.8 Link agricultural cooperatives with home-grown school meals program	No. of schools linked	6,754	MoE, MoH-DN, MoA
1.19.9 Establish gardens in all schools to build learners capacity to practice sustainable agriculture	No. of school gardens established	6,754	MoE, MoH-DN, MoA
1.19.10 Train teachers on nutrition using sourcebooks	No. of teachers and lecturers trained	104,681	MoE, MoH-DN, MoA

Strategy 20: Strengthen identification and management of NNCDs at all levels, among all age groups			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
1.20.1 Develop a nutrition-related non-communicable disease dietary management package for integration into clinical guidelines.	Nutrition-related non-communicable disease dietary management package developed	1	MoH-DN, Academia
1.20.2 Conduct health care provider training to strengthen the health care system to better prevent, diagnose and manage non-communicable diseases.	No. of health care providers trained	173,670	MoH-DN, Academia
1.20.3Conduct community engagement in designing, implementing and evaluation of overweight, obesity, and non-communicable disease prevention strategies energy in processed foods	No. of communities engaged	4566	MoH-DN, Academia
1.20.4 Conduct landscape analysis for overweight and non-communicable diseases	Landscape Analysis report	1	MoH-DN, Academia
1.20.5 Advocate for political commitment, policy support and resource allocation at national and district levels to raise awareness on obesity and non-communicable diseases.	No. of advocacy meetings	20	MoH-DN, Academia

Activity	Output/ process indicator	Target	Responsibility
1.20.6 Advocate for the elimination of industrial-produced trans fatty acids and reduction in levels of saturated fats, sugars, salts.	No. of advocacy meetings	20	MoH-DN, Academia
1.20.7 Advocate for the development of in-service training packages for service providers on the treatment and management of nutrition-related non-communicable diseases	No. of advocacy meetings	20	MoH-DN, Academia
1.20.8 Advocate for integration of dietary management of non-communicable diseases into clinical guidelines.	No. of advocacy meetings	20	MoH-DN, Academia
1.20.9 Advocate for technical backstopping for the management of nutrition-related NCDs in district hospitals.	No. of advocacy meetings	20	MoH-DN, Academia
1.20.10 Advocate for procurement of supplies and equipment for case identification, treatment and management of nutrition-related non-communicable diseases	No. of advocacy meetings	20	MoH-DN, Academia

Activity	Output/ process indicator	Target	Responsibility
1.20.11 Scale up treatment and management of nutrition-related non-communicable diseases in all health facilities.	No. of scaling up sessions conducted	15	MoH-DN, Academia
1.20.13 Conduct diet-related and lifestyle counselling to individuals and caregivers on the management of nutrition-related non-communicable diseases	No. of counselling sessions	765	MoH-DN, Academia
1.20.12 Advocate for inclusion of screening, treatment and management of nutrition-related non-communicable diseases in medical insurance schemes	No. of advocacy meetings	20	MoH-DN, Academia

Strategic objective 2: To advocate for health and nutritious diets within the food system

Strategy 1: Improve governance for nutrition in sustainable food systems			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
2.1.1 Revamp the Agriculture Nutrition Sensitive Technical working group to incorporate food systems.	Agriculture Nutrition Sensitive TWG revamped	1	MoH-DN, MoA
2.1.2 Conduct advocacy meetings for integration of nutrition agenda into the food systems transformation platforms, including alliances.	No. of advocacy meetings conducted	20	MoH-DN, MoA
2.1.4 Conduct meetings with private sector in food system to improve nutrition quality of food products in line with Malawi and regional standards.	No. of meetings conducted	20	MoH-DN, MoA, MoTI
2.1.5 Conduct advocacy meetings for Linkage between mega farms and cooperatives with community groups to increase access to nutritious produce and products within the value chain	No. of advocacy meetings conducted	20	MoH-DN, MoA

Activity	Output/ process indicator	Target	Responsibility
2.1.6 Develop user manuals for cooperatives and other SMEs in value additions that promote optimal nutrition.	No. of user manuals developed	1	MoH-DN, MoA, MoTI
2.1.7 Facilitate training of cooperatives and other SMEs in food processing for optimal nutrition.	No. of training sessions conducted	200	MoH-DN, MoA, MoTI
2.1.9 Conduct advocacy meetings for inclusion of bio fortified seeds and planting materials in subsidy programs	No. of bio-fortified seeds and planting materials included in subsidy programs	20	MoH-DN, MoA
2.1.10 Conduct awareness campaigns on use of bio fortified seeds and planting materials.	No. of awareness campaigns conducted	8400	MoH-DN, MoA
2.1.11 Conduct advocacy meetings with gene bank and national herbarium partners to increase production of underutilised indigenous and nutritious food species.	No. of advocacy meetings conducted	20	MoH-DN, MoA
	No. of indigenous and nutritious food species increased		
	Percentage increase in production	20%	

Activity	Output/ process indicator	Target	Responsibility
2.1.12 Conduct advocacy meetings to Integrate sustainable natural resource management at homestead and community level to retain soil nutrients for optimal nutrition.	No. of HHs and communities implementing sustainable natural resources management practices	694,680	MoH-DN, MoA
	No. of advocacy meetings conducted	20	
Strategy 2: Promote food safety, reduction in food waste, food budgeting, food standards, and value addition within the food system			
2.2.1 Develop a training package on food safety, packaging, waste management, processing, labelling and value additions	No. of training packages developed	1	DN, MoH, MoA, MoTI, MBS, MoNRM
2.2.2 Conduct awareness meetings with food manufacturers on food safety, packaging, processing, labelling and value additions	No. of awareness meetings conducted	10	MoH- DN, MoA, MoTI, MBS, MoNRM
2.2.3 Develop IEC material on food safety including aflatoxin	No. of packaged IEC materials developed	1	MoH- DN, MoA, MoTI, MBS
2.2.4 Conduct community awareness campaigns on food safety including aflatoxins	No. of community awareness campaigns conducted	8,278	MoH- DN, MoA, MoTI, MBS

Activity	Output/ process indicator	Target	Responsibility
2.2.5 Conduct sensitization campaigns on food budgeting and post-harvest handling to minimize food waste and loss	No. of sensitization campaigns conducted	8,278	MoH- DN, MoA, MoTI, MBS
2.2.6 Train Front line workers on food budgeting and post-harvest handling to minimize food waste and loss	No. of frontline workers trained	25,000	MoH- DN, MoA, MoTI, MBS

Strategic objective 3: To enhance social behaviour change interventions for optimal nutrition.

Strategy 1: Promote stakeholder involvement in SBC programming at national, district and community levels.			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
3.1.1 Conduct advocacy meetings with stakeholders for inclusion of social behaviour change nutrition interventions in their programmes.	No. of Advocacy meetings conducted	10	MoH (DN,HPD), MoGCDSW
3.1.2 Conduct barrier assessment to identify bottlenecks on uptake of positive nutrition behaviour.	No. of barrier assessment conducted	1	MoH (DN,HPD), MoGCDSW, Academia
3.1.3 Train nutrition service providers at all levels in SBC programming	No. of nutrition service providers trained	25,000	MoH (DN,HPD), MoGCDSW
3.1.4 Develop an SBC package for different stakeholders for effective nutrition programming.	No. of SBC packages developed	1	MoH (DN,HPD), MoGCDSW

Strategy 2: Enhance knowledge, attitudes, and skills to promote the adoption of positive norms and practices on the consumption of nutrient-rich diversified foods in the life cycle.			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
3.2.2 Review a harmonized national nutrition counselling cards for different service delivery platforms, including facility-based counselling materials to align with emerging issues including people with special needs	No. of packaged counselling cards reviewed	1	MoH (DN,HPD,RHD), MoGCDSW, MoA, MoE
3.2.5 Harmonize national nutrition recipe books for all age groups	No. of harmonized recipe books	1	MoH (DN,HPD), MoGCDSW, MoA, MoE
Strategy 3: Promote behaviour change for collective action and community empowerment to enhance nutrition knowledge, skills, positive attitudes, norms, beliefs, and practices			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
3.3.1 Conduct community engagement meetings to promote ownership and adoption of optimal nutrition practices	No. of community engagement meeting conducted.	8,278	MoH, MoLGUC, MoGCDSW
3.3.3 Conduct community awareness campaigns on early health seeking behaviour and adoption of positive norms and practices at individual, household and community level	No. of community awareness campaigns conducted	8,278	MoH, MoLGUC, MoGCDSW

Activity	Output/ process indicator	Target	Responsibility
3.3.4 Orient influential leaders including faith leaders on importance of nutrition and their roles	No. of influential leaders oriented	45,000	MoH, MoLGUC
3.3.5 Identify and train influential leaders as nutrition champions.	No. of nutrition champions identified and trained	2,250	MoH-DN, MoLGUC
3.3.6 Track community nutrition behaviour to monitor uptake of nutrition practices.	No. of community nutrition assessments conducted	10	MoH-DN, MoLGUC
Strategy 4: Create demand for nutrition services to enhance adoption of optimal nutrition practices.			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
3.4.1 Develop branded nutrition campaigns *(tidye katatu titukure thanzi)* promoting role of men *(bambo otsogora banja la thanzi)*, women *(mayi otakata, madyedwe abwino)*, adolescents *(wachinyamata ozitsata pakadyedwe kabwino)* and influential leaders in promoting adoption of gender transformative nutrition practices.	No. of branded nutrition campaigns conducted	145	MoH-DN, MoLGUC, MoGCDSW

Activity	Output/ process indicator	Target	Responsibility
3.4.2 Digitize nutrition education and counselling materials for different age groups	No. of digital platforms used to disseminate nutrition messages	5	MoH-DN, MoTI
	No. of nutrition counselling material packages digitized	1	MoH-DN, MoTI
3.4.4 Conduct innovative nutrition media campaigns using different communication channels to address key nutrition practices across the lifecycle	No. of Innovative nutrition media campaigns conducted	145	MoH-DN, MoTI
3.4.5 Develop nutrition radio jingles, public service announcements and TV documentaries promoting adoption of optimal nutrition practices.	No. of TV documentaries developed	12	MoH-DN, MoTI
	No. of radio programs developed	12	
	No. of jiggles developed	4	
	No. of public service announcements developed	4	

Activity	Output/ process indicator	Target	Responsibility
3.4.6 Disseminate nutrition messages and programs using different communication channels	No. of TV documentaries aired	12	MoH-DN, MoTI
	No. of radio programs aired	12	
	No. of jiggles aired	4	
	No. of public service announcements aired	4	
3.4.7 Train media houses on nutrition package	No. of Media houses trained	40	MoH-DN, MoTI
3.4.8 Identify media nutrition champions to promote adoption of optimal nutrition practices.	No. of Media nutrition champions identified	36	MoH-DN, MoTI, MoLGUC
Strategy 5: Increase male participation in nutrition interventions			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
3.5.1 Conduct community mobilization on importance of male involvement in nutrition programmes	No. of community mobilisation sessions conducted	8,278	MoH-DN, MoLGUC, MoGCDSW

Activity	Output/ process indicator	Target	Responsibility
3.5.2 Identify and train nutrition male champions for all groups and interventions	No. of nutrition male champions identified and trained	36	MoH-DN, MoLGUCT, MoGCDSW
3.5.3 Conduct community Mobilization campaigns to challenge patriarchal structures and social cultural norms that perpetuate malnutrition	No. of community mobilization campaigns	8,278	MoH-DN, MoGCDSW, MoLGUC
Strategy 6: Address gender and socio-cultural disparities that affect adolescent, maternal, infant, and young child nutrition.			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
3.6.1 Conduct gender analysis and disseminate the findings to key stakeholders for national nutrition response	Gender analysis conducted	1	MoGCDSW, MoH-DN, MoLGUC
	No. of gender analysis dissemination sessions conducted	36	
3.6.2 Develop gender sensitive nutrition programming guideline based on the gender analysis	Gender sensitive nutrition guideline developed	1	MoGCDSW, MoH-DN, MoLGUC
3.6.3 Conduct community engagements campaigns based on the findings of the gender analysis.	No. of community engagements campaigns	36	MoGCDSW, MoH-DN, MoLGUC

Activity	Output/ process indicator	Target	Responsibility
3.6.4 Conduct social and community mobilization meetings with local leaders (Political, traditional and faith), on gender and social cultural issues affecting nutrition	No. of Social and community mobilization meetings conducted	36	MoGCDSW, MoH-DN, MoLGUC
3.6.5 Conduct community awareness to support girl and boy education as key to breaking the cycle of malnutrition	No. of community awareness campaigns conducted	36	MoGCDSW, MoH-DN, MoLGUC
3.6.7 Conduct social and community mobilization to address harmful Social cultural issues that affect uptake of nutrition practices.	No. of social and community mobilization sessions conducted	36	MoGCDSW, MoH-DN, MoLGUC
3.6.8 Train service providers to design, plan, implement and monitor gender transformative nutrition programs at all levels.	No. of service providers trained	25,000	MoGCDSW, MoH-DN, MoLGUC
3.6.9 Sensitize the communities on transformative approaches to address gender and social cultural issues that have impact on nutrition outcomes.	No. of sensitization meetings conducted	8,278	MoGCDSW, MoH-DN, MoLGUC

Strategy 7: Promote socio-economic empowerment of women for optimal nutrition			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
3.7.1 Conduct meetings to advocate for women participation in economic empowerment interventions to increase access and control of resources for optimal nutrition at community level.	No. of advocacy meetings conducted	8,278	MoGCDSW, MoH-DN, MoLGUC
3.7.2 Mobilize caregivers in community care groups to be engaged in income generating activities.	No. of caregivers mobilized	158,270	MoGCDSW, MoH-DN, MoLGUC

Strategic objective 4: Treat and manage common nutrition disorders in order to reduce morbidity and mortality.

Strategy 1: Strengthen early case identification, referral, and management of acute malnutrition and micronutrient disorders among all population groups at all levels.			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
4.1.1 Develop the micronutrient deficiencies disorders treatment and management guidelines	No. of guidelines developed	1	MoH (DN,DCMR)
4.1.2 Orient service providers on the micronutrient deficiencies disorders treatment and management guidelines.	No. of service providers oriented	25,000	MoH (DN,DCMR)
4.1.3 Conduct routine assessment for micronutrient deficiencies on suspected cases.	No. of assessments conducted	1	MoH (DN,DCMR)
4.1.5 Conduct community awareness campaigns on micronutrient disorders	No of community campaigns conducted	36	MoH (DN,DCMR)

Strategy 2: Improve the quality of care and services for the management of acute and hospital-acquired malnutrition in all age groups			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
4.2.1 Review management of acute malnutrition guidelines to incorporate emerging issues for all age groups.	No. of guidelines reviewed	1	MoH-DN
4.2.2 Print Integrated Management and Prevention of Oedema and Wasting (IMPOW) guidelines and related tools	No. of guidelines and tools printed	10,000	MoH-DN
4.2.3 Train service providers in Integrated Management and Prevention of Oedema and Wasting (IMPOW) services in all health facilities and communities within the districts	No. of health facilities and communities reached	15,000	MoH-DN
4.2.4 Rehabilitate NRU infrastructures for effective management of malnutrition.	No. of NRUs rehabilitated	51	MoH-DN
4.2.5 Conduct advocacy meetings to link patients discharged from treatment of malnutrition with livelihood programs for continuum of care.	Number of advocacy meetings of malnutrition linked to livelihood programs	20	DN, MoGCDSW, NGOs

Activity	Output/ process indicator	Target	Responsibility
4.2.6 Conduct advocacy meetings for Incorporation of mass screening indicators in DHIS2 and IDSR	No. of meetings conducted	4	MoH (DN,CMED, PHIM)
4.2.7 Orient caregivers on family MUAC	No. of caregivers trained	171,430	MoH (DN,DCMR)
4.2.8 Train service providers on nutrition counselling, care and support	No. of service providers trained.	17, 500	MoH-DN
4.2.9 Conduct mentoring and coaching sessions to service providers on Integrated management of acute malnutrition	No. of mentoring and coaching sessions conducted.	30	MoH-DN,
4.2.10 Conduct community mobilization to enhance case identification and referral	No. of community mobilisation sessions conducted.	8,278	MoH-DN
4.2.11 Develop mentoring and supportive supervision guidelines and tools for community and facility based Integrated management of acute malnutrition service providers.	Mentoring and supportive supervision guidelines and tools developed.	1	MoH-DN
4.2.12 Conduct operational research on integration of Community Case Management (ICCM) and IMPOW	No. of operational research conducted.	1	MoH-DN

Activity	Output/ process indicator	Target	Responsibility
4.2.12 Conduct operational research on integration of Community Case Management (ICCM) and IMPOW	No. of operational research conducted.	1	MoH-DN
4.2.14 Develop clinical nutrition guidelines and tools for the management of hospital acquired malnutrition	Clinical nutrition guidelines and tools developed	1	MoH-DN
4.2.15 Review hospital catering guidelines and tools.	Hospital catering guidelines and tools reviewed	1	MoH-DN
4.2.16 Develop training manual for hospital acquired malnutrition	Training manual for hospital acquired malnutrition developed	1	MoH-DN
Strategy 3: Improve availability and access to supplies and equipment for the treatment of acute malnutrition such as therapeutic feeds, oral nutrition supplements, and enteral and parenteral nutrition.			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
4.3.1 Conduct advocacy meetings for increased budget allocation for essential supplies for Integrated management of acute malnutrition and hospital acquired malnutrition, including oral nutrition supplements, enteral and parenteral nutrition.	No. of advocacy meetings conducted	4	MoH-DN, Academia

Activity	Output/ process indicator	Target	Responsibility
4.3.2 Conduct end user monitoring of essential supplies for acute and hospital acquired malnutrition	No. of monitoring sessions conducted	20	MoH-DN, MoLGUC
4.3.3 Conduct facility drug management sensitization meetings to include nutrition supplies as part of drug management.	No. of sensitizations meetings conducted.	4	MoH-DN, MoLGUC
4.3.4 Conduct annual national quantification of Integrated management of acute malnutrition and nutrition support supplies with all stakeholders	No. of annual meetings conducted	5	MoH-DN
4.3.5 Conduct consultative meetings with Quality Management Department (QMD) to incorporate acute and hospital acquired malnutrition quality standards in quality management platforms	No. of consultative meetings conducted	20	MoH-DN
4.3.7 Conduct advocacy meetings for inclusion of nutrition supplies in the ministry of health logistics management information system for real time monitoring	No. of advocacy meetings conducted	4	MoH-DN

Strategy 4: Promote stimulation of children in treatment centres and at household level.			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
4.5.1 Procure stimulation and nurturing materials in NRU's	Stimulation and nurturing materials procured	1	MoH-DN, NGOs
4.5.2 Distribute stimulation and nurturing materials for children in NRU's	Stimulation and nurturing materials distributed	1	MoH-DN, NGOs
4.5.2 Conduct meetings to advocate for creation of a playing place for malnourished children at treatment centres.	No. of advocacy meetings conducted	4	MoH-DN
4.5.3 Train caregivers and service providers in NRUs on play and stimulation.	No. of caregivers trained on play and stimulation	171,430	MoH-DN, MoGCDSW
4.5.4 Counsel care givers on nurturing and stimulation for children with acute and hospital acquired malnutrition	No. of caregivers counselled on child stimulation	171,430	MoH-DN

Strategy 5: Strengthen systems for the management of overweight, obesity, and NCDs.			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
4.6.1 Develop training package for service providers on management of nutrition related non-communicable diseases.	No. of training packages developed	1	MoH-DN
4.6.2 Conduct advocacy meetings for integration of dietary management of nutrition related non-communicable diseases into clinical guidelines for nutrition related non-communicable diseases.	No. of advocacy meetings conducted	8,278	MoH-DN
4.6.3 Train health workers in screening and management of nutrition related non-communicable diseases.	No. of health workers trained	25,000	MoH-DN
4.6.4 Conduct landscape analysis for overweight and nutrition related non communicable diseases.	No. of landscape analysis conducted	1	MoH-DN
4.6.5 Conduct advocacy meetings to scale up treatment and management of nutrition related non communicable diseases	No. of district health facilities reached	700	MoH-DN

Strategic objective 5: To enhance delivery of nutrition interventions during emergency to prevent morbidity and mortality due to malnutrition

Strategy 1: Prevent and manage acute malnutrition during emergencies			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
5.1.1 Conduct screening for early case identification and referral of malnourished children, pregnant women, lactating mothers and other vulnerable groups in camps, community based child care centres, communities and other platforms for timely service provision.	No. of screening campaigns conducted	5	MoH-DN
5.1.2 Train health service providers, FLW and other cadres in nutrition during emergency.	No. of health service providers trained	171,430	MoGCDSW, MoH-DN, NGOs
5.1.3 Conduct meetings to Integrate nutrition into other services to ensure continuum of care through various platforms to prevent morbidity and mortality during emergency	No of meetings conducted	8	MoH-DN , MoGCDSW, MoA, MoLGUC, MoE

Activity	Output/ process indicator	Target	Responsibility
5.1.4 Procure nutrition supplies and equipment for management of acute malnutrition in all affected facilities, camps and communities	Nutrition supplies and equipment procured	32443	MoH-DN
5.1.6 Distribute nutrition supplies and equipment for management of acute malnutrition in all affected facilities, camps and communities	Nutrition supplies and equipment distributed	32443	MoH-DN
5.1.5 Conduct nutrition assessment and counselling in camps and communities.	No. of assessment campaigns conducted	5444	MoH-DN
5.1.6 Conduct advocacy meetings for inclusion of households with malnourished individuals to social protection and other livelihood programmes during emergencies.	No. of advocacy meetings conducted	8,278	MoH-DN
5.1.7 Procure and distribute food supplements to vulnerable groups and the chronically ill during an emergency.	Food supplements procured and distributed		MoH-DN
5.1.8 Conduct advocacy meetings for inclusion of high energy nutritious foods in the food basket for optimal nutrition	No. of advocacy meetings conducted	8,278	MoH-DN, MoGCDSW, NGOs

Activity	Output/ process indicator	Target	Responsibility
5.1.9 Procure and distribute micronutrient supplements to adolescents, pregnant women and under five children in-line with national guidelines.	Quantity of micronutrient supplements procured and distributed		MoH-DN, MoGCDSW, NGOs, EP&D
Strategy 2: Strengthen coordination of nutrition emergency response at all levels			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
5.2.1 Conduct nutrition cluster meetings at national and district level.	No. of nutrition cluster meetings conducted	8	MoH-DN, MoGCDSW
5.2.2 Conduct meetings to mobilise resources for emergency nutrition response	No. of meetings conducted	4	MoH-DN, MoGCDSW
5.2.3 Conduct and disseminate SMART surveys results.	SMART surveys results disseminated	3	MoH-DN, MoGCDSW
5.2.4 Conduct nutrition stakeholder mapping for emergency response at district and national level	Nutrition stakeholder mapping conducted	1	MoH-DN, MoGCDSW
5.2.6 Conduct awareness campaigns on code of marketing of breast milk substitutes during emergency	No. of awareness campaigns conducted	8,278	MoH-DN, MoGCDSW

Activity	Output/ process indicator	Target	Responsibility
5.2.7 Develop contingency, response and recovery plan for emergency	No. of Contingency, response and recovery plan for emergency developed	1	MoH, MoGCDSW, DN, DODMA
5.2.8 Develop and disseminate guidelines on preparedness, response and management of nutrition during emergencies	Guidelines on preparedness, response and management of nutritio n during emergencies developed and disseminated	1	MoH, MoGCDSW, DN, DODMA
Strategy 3: Promote nutrition resilience interventions to mitigate the impact of emergencies on the nutrition status of all age groups			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
5.3.1 Conduct advocacy meetings for clear nutrition objectives into resilience and disaster risk management framework.	No. of advocacy meetings conducted	20	MoA, MoLGUC, MoGCDSW, NGOs
5.3.2 Conduct advocacy meetings for inclusion of high nutritive value crops, drought resistant seeds, planting materials, and small stocks in livelihood programmes	No. of advocacy meetings conducted	20	DN, MoGCDSW, NGOs

Strategy 4: Promote the adoption of innovative climate resilience approaches for optimal nutrition			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
5.4.1 Scale up use of fuel-efficient stoves in food preparation and processing.	No. of campaigns conducted	25,000	MoH, MoGCDSW, DN
5.4.2 Scale up use of locally made solar drying innovations.	No. of campaigns conducted	25,000	MoH, MoGCDSW, DN
5.4.3 Conduct advocacy for production, multiplication and planting of improved fruit trees around households and various institutions for optimal nutrition and climate change mitigation	No. of advocacy campaigns conducted	8,278	MoH, MoGCDSW, DN
5.4.4 Conduct community awareness on production of climate resilient crops for optimal nutrition	No. of campaigns conducted	25,000	MoH, MoGCDSW, DN
5.4.5 Conduct advocacy meetings for establishment of seed banks for climate resilient and nutritious local varieties including underutilised species.	No. of advocacy meetings conducted	8,278	MoH, MoGCDSW, DN
5.4.6 Create awareness campaigns on production and consumption of underutilised and climate resilient crops and livestock	No. of campaigns conducted	25,000	MoH, MoGCDSW, DN

Strategy 5: Enhance nutrition education and counselling for affected individuals at all levels.			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
5.5.1 Train managers and partners on nutrition in emergency and cluster management.	No. of managers and partners trained	50	MoH, MoGCDSW, DN
5.5.2 Train FLW's on nutrition in emergencies.	No. of FLW's trained	5647	MoH, MoGCDSW, DN
5.5.3 Conduct training in SMART surveys.	SMART survey conducted	1	MoH, MoGCDSW, DN
5.5.4 Contextualise the international emergency training package	international emergency training package contextualised	1	MoH, MoGCDSW, DN
5.5.5 Develop nutrition in emergency training package for FLW.	nutrition in emergency training package for FLW developed	1	MoH, MoGCDSW, DN

Strategic objective 6: To create and strengthen an enabling environment for effective implementation of multi-sectoral nutrition programs

Strategy 1: Promote an evidence-based policy environment.			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
6.1.1 Review the National Multisector Nutrition Policy to align with the global and local emerging issues.	National Multisector Nutrition Policy reviewed	1	DN, NGOs
6.1.2 Review the National Multi Sectoral Nutrition strategy to align with the policy.	National Multisector Nutrition strategy reviewed	1	DN, NGOs
6.1.3 Develop and disseminate a National Micronutrient Strategy.	Micronutrient Strategy developed and disseminated	1	DN
6.1.4 Develop and review strategic documents for operationalisation of the national multi-sector strategic plan (advocacy, micronutrient, adolescent, maternal infant and young child feeding, nutrition education communication, agriculture sector food and nutrition, early childhood development, local resource mobilization, nutrition sensitive agriculture, school health and nutrition and Nutrition related non-communicable diseases,)	Strategic documents for operationalisation of the national multi-sector strategic plan developed	5	DN, NGOs

Activity	Output/ process indicator	Target	Responsibility
6.1.5 Develop/review guidelines (eat well to live well, growth monitoring promotion, dietary, integrated management of acute malnutrition, nutrition sensitive social protection)	Guidelines developed	1	DN
6.1.6 Develop nutrition training packages for influential nutrition stakeholders (faith leaders, local leaders, media, politicians etc.)	No. of nutrition training packages developed	1	MoH, MoGCDSW, DN
6.1.7 Develop policy briefs and translate in different local languages	No. policy briefs languages developed	1	DN
Strategy 2: strengthen multisector coordination for nutrition at all levels			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
6.2.1 Conduct annual Principal Secretaries steering committee meeting.	No. of annual Principal Secretaries steering committee meetings conducted	5	MoH, MoGCDSW, DN
6.2.2 Finalise and disseminate the nutrition coordination booklet at all levels	Nutrition coordination booklet at all levels finalised	1	MoH, MoGCDSW, DN

Activity	Output/ process indicator	Target	Responsibility
6.2.4 Conduct quarterly program TWG meetings	Number of quarterly program TWG meetings	20	MoH, MoGCDSW, DN
6.2.5 Conduct high level monitoring of nutrition programs involving cabinet ministers, parliamentarians and Principal Secretaries	Number of monitoring sessions of nutrition programs involving cabinet ministers, parliamentarians and Principal Secretaries	5	DN
6.2.6 Conduct biannual national multi-sectoral nutrition coordinating meetings	Number of biannual national multi-sectoral nutrition coordinating meetings conducted	10	DN
6.2.7 Establish and review coordination structures at national, district and community level	Number of coordination structures at national, district and community level established	29	DN
6.2.8 Review of the TWGs to align with the Policy Priority Areas	TWGs reviewed	4	MoH, MoGCDSW, DN
6.2.9 Review the care group model to ensure wider community engagement and participation.	Care group model to ensure wider community engagement and participation reviewed	1	MoLGUC, DN

Activity	Output/ process indicator	Target	Responsibility
6.2.10 Conduct multi-sector and intra-sector nutrition coordination meetings at district, and community levels	Number of multi-sector and intra-sector nutrition coordination meetings at district, and community levels	10	DN
6.2.11 Conduct quarterly National Fortification Alliance meetings to promote accountability in fortification.	Number of quarterly National Fortification Alliance meetings to promote accountability in fortification conducted	20	DN, MBS
6.2.12 Establish and strengthen coordination structures and forums for adolescent nutrition programming	Number of coordination structures and forums for adolescent nutrition programming established	28	DN

Strategy 3: Build capacity of service providers in management of acute and hospital acquired malnutrition			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
6.3.1 Conduct advocacy meetings with the stakeholders for inclusion of nutrition in sectoral policies and strategies as priority areas	Number of advocacy meetings with the stakeholders for inclusion of nutrition in sectoral policies and strategies as priority areas conducted	8,278	MoH, MoGCDSW, DN
6.3.2 Develop district specific profiles to inform prioritisation of nutrition in the LDPs	District specific profiles to inform prioritisation of nutrition in the LDPs developed	1	MoLGUC, DN
6.3.3 Facilitate inclusion of nutrition in the district development plans and social economic profiles	Nutrition included in the district development plans and social economic profiles	10	MoLGUC, DN
6.3.4 Review guidelines for integration of nutrition in local development plans	Guidelines for integration of nutrition in local development plans reviewed	1	MoH, MoGCDSW, DN
6.3.5 Disseminate the guidelines for integration of nutrition in local development plans	Guidelines for integration of nutrition in local development plans disseminated	1	MoH, DN

Activity	Output/ process indicator	Target	Responsibility
6.3.6 Train service providers and managers on treatment and management of acute and hospital acquired malnutrition.	No. of service providers and managers trained	25,000	MoH-DN
6.3.7 Train frontline workers and community volunteers on early case identification, referral and follow-up.	No. of frontline workers and community volunteers trained	171,430	MoH-DN, MoEST , MoGCDSW
6.3.8 Conduct working sessions with academic institutions to incorporate acute and hospital acquired malnutrition in the health workers curriculum	No. of working sessions conducted	8,278	MoH-DN, Academia,

Strategy 4: Mainstream nutrition in sectoral policies and strategies.			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
6.4.1 Advocate for inclusion of nutrition in sectoral policies and strategies as priority areas	No. of meetings conducted	4	MoH-DN
6.4.2 Facilitate inclusion of nutrition in the district development plans and social economic profiles	No. of meetings conducted	4	MoH-DN
6.4.3 Develop district specific profiles to inform prioritisation of nutrition in the DDP	District profile developed	1	MoH-DN
6.4.4 Support advocacy meetings with stakeholders for inclusion of school Health and Nutrition interventions in their strategies and plans at national, district and community levels	No. of meetings conducted	4	MoH-DN
6.4.5 Develop guidelines for mainstreaming nutrition at national and district level programs	Guideline developed	1	MoH-DN
6.4.6 Orient relevant stakeholders in guidelines for mainstreaming nutrition.	No. of stakeholders oriented	246	MoH-DN

Strategy 5: Strengthen human and capital capacity for effective delivery of nutrition services.			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
6.4.1 Roll out the nutrition curriculum in all schools.	Stimulation and nurturing materials provided	178	DN, MoH & NGOs
6.4.2 Lobby for filling vacant positions of the dietitians	Vacant positions of the dietitians filled	8,278	MoH, MoGCDSW, DN
6.4.3 Facilitate placement of community nutrition frontline workers for effective delivery of nutrition interventions	Community nutrition frontline workers placed	25000	MoH, MoGCDSW, DN
6.4.4 Develop a training package for community nutrition frontline workers.	Training package for community nutrition frontline workers developed	1	MoH, MoGCDSW, DN
6.4.5 Conduct meetings to mobilise resources for construction of warehouses for nutrition commodities at national and district levels.	No. of meetings conducted	8	DN
6.4.6 Facilitate professional development for various nutrition cadres.	Nutrition cadres developed	1	MoH, MoGCDSW, DN

Activity	Output/ process indicator	Target	Responsibility
6.4.7 Conduct in-service training for various nutrition cadres.	Various nutrition cadres trained	290	DN
6.4.8 Mobilise resource for procurement of ICT equipment with partners at district level	Resources for ICT equipment mobilised		DN, NGOs
Strategy 6: Enforce legal instruments to guide implementation of nutrition services			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
6.5.1 Conduct advocacy meetings for lobbying enactment of the food and nutrition bill.	Number of advocacy meetings conducted	8,278	MoH, MoGCDSW, DN
6.5.2 Finalise development of regulations for implementation of the Nutrition Act.	Regulations for implementation of the Nutrition Act developed	1	MoH, MoGCDSW, DN
6.5.3 Review of nutrition related legal frameworks and other food standards such Salt Iodisation Act etc.	Nutrition related legal frameworks reviewed	1	MoH, MoGCDSW, DN
6.5.4 Monitor food industries on compliance of food fortification standards	Number of Monitoring visits to food industries on compliance of food fortification standards	5	DN, MBS

Activity	Output/ process indicator	Target	Responsibility
6.5.6 Conduct advocacy meetings for enforcement of nutrition related legal frameworks.	No. of advocacy meetings conducted	20	MoH, MoGCDSW, DN
6.5.8 Conduct advocacy meetings for enforcement of food labelling and advertising on all food products including those with healthy claims.	No. of advocacy meetings conducted	20	MoH, MoGCDSW, DN
6.5.10 Conduct advocacy meetings for inclusion of herbal and non-herbal products with healthy claims Malawi Poisons and Medicines Regulatory Authority Act. to include	No. of advocacy meetings conducted	20	MoH, MoGCDSW, DN
6.5.11 Monitor the enforcement of maternity leave	Number of Monitoring sessions on the enforcement of maternity leave	5	MoH, MoGCDSW, DN
6.5.12 Translate Food and Nutrition Act.	Food and Nutrition Act translated	1	MoH, MoGCDSW, DN
6.5.13 Print and disseminate the Food and Nutrition Act.	Food and Nutrition Act Printed and disseminated	1	DN

Activity	Output/ process indicator	Target	Responsibility
6.5.14 Conduct community dialogue on the Food and Nutrition Act.	Community dialogue on the Food and Nutrition Act conducted	1	MoH, MoGCDSW, DN
6.5.15 Conduct awareness campaign to the general population on the existing nutrition legal frameworks	Number of awareness campaigns to the general population on the existing nutrition legal frameworks	5	MoH, MoGCDSW, DN
6.5.16 Conduct monitoring of nutrition regulations adherence including code of marketing for breastmilk substitutes, salt iodisation etc.	Monitoring of nutrition regulations adherence including code of marketing for breastmilk substitutes, salt iodisation conducted	5	MoH, MoGCDSW, DN
6.5.17 Orient national and district officers on nutrition related legal frameworks.	National and district officers trained on nutrition related legal frameworks	5	DN
6.5.18 Advocate for development of standards for ready to use therapeutic foods	Number of advocacy meetings	32	MoH, MoGCDSW, DN

Strategy 7: Improve sustainable nutrition financing at all levels			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
6.6.1 Finalise development of local resource mobilisation strategy	Local resource mobilisation strategy developed	1	DN
6.6.2 Disseminate the local resource mobilisation strategy at all levels.	Local resource mobilisation strategy disseminated	1	DN
6.6.3 Conduct advocacy meetings for Increased nutrition financing at all levels.	Number of advocacy meetings for Increased nutrition financing	8,278	MoH, MoGCDSW, DN
6.6.4 Conduct advocacy meetings for budget allocation for nutrition supplies and equipment for management of hospital acquired and acute malnutrition at all levels.	No. of advocacy meetings conducted	20	MoH, MoGCDSW, DN
6.6.5 Conduct lobby meetings with parliamentarians for increased nutrition budget allocation in the national budget for district councils	Number of meetings with parliamentarians for increased nutrition budget allocation in the national budget conducted	10	DN

Activity	Output/ process indicator	Target	Responsibility
6.6.6 Develop a government development budget proposal for funding.	Government development budget developed	1	MoH, DN, MFEPD
6.6.7 Conduct advocacy meetings for inclusion of nutrition in all human capital development projects.	Number of advocacy meetings for inclusion of nutrition in all human capital development project conducted	8,278	DN, NGOs
Strategy 8: Strengthen accountability and transparency in nutrition financing at all levels			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
6.7.1 Conduct nutrition resource tracking at all levels (including all other financial commitments.)	Nutrition resource tracking at all levels conducted	5	DN, CSOs
6.7.2 Disseminate the resource tracking progress.	Resource tracking progress disseminated	5	DN
6.7.3 Conduct nutrition budget, expenditure analysis and tracking for public and private sectors at all levels.	Nutrition budget, expenditure analysis and tracking for public and private sectors conducted	1	DN, CSOs

Activity	Output/ process indicator	Target	Responsibility
6.7.4 Disseminate the nutrition budget and expenditure analysis at national and district level	Number of workshops conducted to disseminate the nutrition budget and expenditure analysis at national and district level	20	DN, CSOs
Strategy 9: Strengthen public-private partnership in nutrition programming			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
6.8.1 Lobby with the private sectors to invest in nutrition as part of corporate social responsibility.	Number of advocacy meetings	16	MoH, MoGCDSW, DN
6.8.3 Conduct biannual SUN Business Network meetings.	Number of biannual SUN Business Network meetings conducted	10	MoH, DN
6.8.4 Conduct biannual SUN coordination committee meetings.	Number of biannual SUN coordination committee meetings.	10	MoH, DN

Activity	Output/ process indicator	Target	Responsibility
6.8.5 Conduct awareness meetings with food processing companies on production of complementary and therapeutic foods using high nutritive value foods based on standards.	Number of awareness meetings with food processing companies on production of complementary and therapeutic foods conducted	5	MoH, DN, MBS
6.8.6 Conduct awareness campaigns on consumption of nutritious centrally processed fortified foods.	Number of awareness campaigns on consumption of nutritious centrally processed fortified foods conducted	5	MoH, DN,MBS
6.8.7 Train the food industry on fortification, logo, standards, quality assurance (QA) and quality control (QC) procedures.	Number of food industry trainings on fortification, logo, standards, quality assurance (QA) and quality control (QC) procedures conducted	5	MoH, DN
6.8.8 Lobby for duty waiver and tax exemption on fortification equipment and premix	No. of advocacy meetings conducted	20	MoH, MoGCDSW, DN
6.8.9 Lobby for imposition of other taxes (levies) on non-healthy foods to support local resource mobilisation for nutrition.	No. of advocacy meetings conducted	20	MoH, MoGCDSW, DN

Activity	Output/ process indicator	Target	Responsibility
6.8.10 Review food fortification inspection manuals	Food fortification inspection manuals reviewed	1	MoH, DN
Strategy 10: Promote research for evidence-based programming			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
6.9.1 Finalise and disseminate the national nutrition research agenda.	The national nutrition research agenda finalised	1	MoH, DN, Academia
6.9.3 Mobilise resources for implementation of the national nutrition research agenda.	Resources for implementation of the national nutrition research agenda mobilised	1	DN, Academia
6.9.4 Conduct research dissemination and learning.	Research dissemination and learning conducted	5	MoH, DN
6.9.5 Conduct national micronutrient survey every 5 years for impact assessment	National micronutrient survey conducted	1	MoH, DN, NSO
6.9.6 Conduct evaluation of nutrition programmes.	Evaluation of nutrition programmes conducted	5	MoH, DN

Strategy 11: Strengthen nutrition surveillance			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
6.10.1 Develop an integrated nutrition surveillance system for real time data and response.	An integrated nutrition surveillance system developed	1	MoH, DN
6.10.2 Train service providers on integrated nutrition surveillance systems.	Number of service providers on integrated nutrition surveillance system trained	290	DN
6.10.3 Digitalize nutrition reporting including GMP at all levels.	Nutrition reporting digitalised	1	MoH, DN
6.10.4 Conduct feedback sessions on the surveillance data at national and district levels.	Feedback sessions on the surveillance data conducted	4	DN
6.10.5 Develop a computerized training tracking system for personnel trained in IMAM	computerised training tracking system developed	1	DN

Strategy 12: Strengthen Monitoring, Evaluation, Accountability and Learning (MEAL) systems.			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
6.11.1 Develop user friendly community data collection and behaviour tracking tool disaggregated by age and gender.	User friendly community data collection and behaviour tracking tool developed	1	DN
6.11.2 Conduct quarterly data review sessions at all levels.	Quarterly data review sessions conducted	20	DN
6.11.3 Conduct learning visits to other countries.	Number learning visits to other countries	5	DN
6.11.4 Roll out the community growth chart to support communities in their nutrition programming.	Community growth chart rolled out	1	DN, MoLGUC
6.11.5 Conduct joint annual planning, reviews, monitoring and learning forums.	Number of joint annual planning, reviews, monitoring and learning forums.	5	MoH, MoGCDSW, DN
6.11.6 Conduct quarterly technical working group meetings	Number of quarterly technical working group meetings	20	DN

Activity	Output/ process indicator	Target	Responsibility
6.11.7 Conduct National Micronutrient Survey.	Number of National Micronutrient Surveys conducted		DN
6.11.8 Monitor commitments made by different stakeholders under SUN 3.0	Number of monitoring visits on SUN 3.0 commitments conducted	10	MoH, DN
6.11.9 Conduct annual nutrition review meetings with all key stakeholders to follow up on commitments made under SUN 3.0.	Number of annual nutrition review meetings with all key stakeholders	5	DN, MoLGUC, MoH
Strategy 13: Strengthen NNIS and NURTS			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
6.12.1 Review the National Nutrition Information and Resource Tracking Systems	Nutrition resource tracking system reviewed	1	DN
6.12.2 Build capacity of national, district and community levels in data management and NNIS	Number of districts trained in data management in the NNIS	29	DN

Activity	Output/ process indicator	Target	Responsibility
6.12.3 Integrate Nutrition Information system with other systems for easy access to information	NNIS integrated with ECD and HMIS	2	DN
6.12.4 Development of NNIS recovery plan	NNIS recovery plan developed	1	DN
Strategy 14: Promote knowledge management in nutrition.			
Activity	**Output/ process indicator**	**Target**	**Responsibility**
6.13.1 Update DN website	DN website updated	1	MoH, DN
6.13.2 Message development workshops.	Number of message development workshops conducted	5	MoH, DN
6.13.3 Develop quarterly indicator bulletin	Number of quarterly indicator bulletin	20	DN
6.13.4 Produce quarterly nutrition bulletin	Number of quarterly nutrition bulletin	20	DN

Activity	Output/ process indicator	Target	Responsibility
6.13.5 Development of nutrition knowledge products and dissemination at all levels.	Number of nutrition knowledge products developed and disseminated	5	DN
6.13.6 Develop documentaries on nutrition best practices	Number of nutrition best practices documentaries developed	5	DN

Appendix III: COSTING SHEET

No	Strategy	2025	2026	2027	2028	2029	2030	Total
Priority Area 1: Prevention of Undernutrition								
1.10	Strategy 1: Enhance optimal nutrition for women before, during and after pregnancy	3,144,262, 080.87	3,301,475, 184.91	3,466,548, 944.16	3,639,876, 391.37	3,821,870, 210.94	4,012,963, 721.48	24,381,531, 848.84
1.20	Strategy 2: Promote optimal nutrition for infants and young children	7,506,598, 635.00	7,881,928, 566.75	8,276,024, 995.09	8,689,826, 244.84	9,124,317, 557.08	9,580,533, 434.94	58,208,370, 990.84
1.30	Strategy 3: Support stimulation, nurturing, and caring practices for women during and after pregnancy	9,711,139, 173.75	10,196,696, 132.44	10,706,530, 939.06	11,241,857, 486.01	11,803,950, 360.31	12,394,147, 878.33	75,303,025, 944.90

No	Strategy	2025	2026	2027	2028	2029	2030	Total
1.40	Strategy 4: Promote optimal nutrition and care practices for mothers, infants, and young children with special medical conditions.	9,917,864, 512.50	10,413,757, 738.13	10,934,445, 625.03	11,481,167, 906.28	12,055,226, 301.60	12,657,987, 616.68	76,906,034, 950.21
1.50	Strategy 5: Integrate implementation of ten steps of Baby friendly health initiatives (BFHI) for successful breast-feeding in maternal and new-born services.	4,467,978, 569.34	4,691,377, 497.80	4,925,946, 372.69	5,172,243, 691.33	5,430,855, 875.89	5,702,398, 669.69	34,646,018, 361.83
1.60	Strategy 6: Promote Dietary Diversification of all food groups	6,541,707, 169.50	6,868,792, 527.98	7,212,232, 154.37	7,572,843, 762.09	7,951,485, 950.20	8,349,060, 247.71	50,726,319, 116.13
1.70	Strategy 7: Ensure food fortification and bio-fortification.	1,160,781, 363.00	1,218,820, 431.15	1,279,761, 452.71	1,343,749, 525.34	1,410,937, 001.61	1,481,483, 851.69	9,001,039, 685.50

No	Strategy	2025	2026	2027	2028	2029	2030	Total
1.80	Strategy 8: Up- and out-scale routine micronutrient supplementa-tion	332,922, 368,174.23	349,568,486, 582.94	367,046,910, 912.09	385,399,256, 457.69	404,669,219, 280.57	424,902,680, 244.60	2,581,577,843,722. 81
1.90	Strategy 9: Strengthen supply chain management for micronutrient supplements	627,866, 741. 25	659,260, 078. 31	692,223, 082.23	726,834, 236. 34	763,175, 948. 16	801,334, 745. 56	4,868,663, 156. 85
1.10.	Strategy 10: Promote public health measures for the prevention of Micronutrient Deficiency	697,710, 667. 50	732,596, 200. 88	769,226, 010. 92	807,687, 311. 46	848,071, 677. 04	890,475, 260. 89	5,410,253, 478. 69
1.11	Strategy 11: Promote the consumption of diversified diets from the six food groups.	13,389,711,436. 50	14,059, 197, 008.33	14,762,156, 858. 74	15,500,264, 701. 68	16,275, 277, 936.76	17,089,041, 833. 60	103,827, 755, 905. 61
1.12	Strategy 12: Promote healthy diets and lifestyles among all age groups	5,304, 981, 053. 63	5,570, 230, 106. 31	5,848, 741, 611. 62	6,141, 178, 692. 20	6,448, 237, 626. 81	6,770, 649, 508. 15	41,136, 381, 506. 94

No	Strategy	2025	2026	2027	2028	2029	2030	Total
1.13	Strategy 13: Promote access to safe WASH and other public health measures for optimal nutrition	1,709,198, 836. 41	1,794,658, 778. 23	1,884, 391, 717.14	1,978, 611, 303.00	2,077, 541, 868.15	2,181, 418, 961.56	13,253, 629, 880. 12
1.14	Strategy 14: Improve nutrition and well-being of school-aged children and adolescents.	8,481,741, 702. 00	8,905, 828, 787. 10	9,351, 120, 226. 46	9,818, 676, 237. 78	10,309,610,049.67	10,825,090,552.15	65,769, 916, 795. 15
1.15	Strategy 15: Promote sustainable livelihood interventions to build resilience among school-aged children and adolescents	3,153, 441, 271. 50	3,311, 113, 335. 08	3,476, 669, 001. 83	3,650, 502, 451.92	3,833, , 574 .52	4,024, 678, 953 .24	24,452, 709, 989. 51
1.16	Strategy 16: Mainstream nutrition objectives and indicators in social protection programmes.	668,897, 433. 75	702,342, 305. 44	737,459, 420. 71	774,332, 391. 74	813,049, 011. 33	853, 701, 461. 90	5,186, 827, 199. 87

No	Strategy	2025	2026	2027	2028	2029	2030	Total
1.17	Strategy 17: Empower vulnerable households on nutrition to build resilience.	16,557,127,564.88	17,384,983,943.12	18,254,233,140.27	19,166,944,797.29	20,125,292,037.15	21,131, 556,639.01	128,388,831,040.65
1.18	Strategy 18: Enhance nutrition knowledge, attitudes, and practices among social protection beneficiaries through social and behavioural change	322,317, 899. 25	338,433, 794. 21	355,355, 483. 92	373,123, 258. 12	391,779, 421. 03	411,368, 392. 08	2,499, 347, 676. 46
1.19	Strategy 19: Promote school meals, productive school environment, and health interventions to learners.	490,801, 252. 50	515,341, 315. 13	541,108, 380. 88	568,163, 799. 93	596,571, 989. 92	626, 400, 589. 42	3,805, 817, 092. 06

Priority Area 2: Advocate for healthy and nutritious diets within sustainable food systems.								
No	**Strategy**	**2025**	**2026**	**2027**	**2028**	**2029**	**2030**	**Total**
1.1	Strategy 1: Enhance optimal nutrition for women before, during and after pregnancy	581,960, 437. 50	611,058, 459. 38	641,611, 382. 34	673,691, 951. 46	707,376, 549. 03	742,745, 376. 49	4,512, 692, 191. 91
1.2	Strategy 2: Promote food safety, reduction in food waste, food budgeting, food standards, and value addition within the food system	14,023,467, 364.88	14,724,640,733.12	15,460,872,769.77	16,233,916,408.26	17,045,612,228.68	17,897,892,840.11	108,742,085,549. 46

Priority Area 3: Enhance social and behavioural change (SBC) interventions for optimal nutrition								
No	**Strategy**	**2025**	**2026**	**2027**	**2028**	**2029**	**2030**	**Total**
1.1	Strategy 1: Promote stakeholder involvement in SBC programming at national, district and community levels.	2,842, 830, 621.75	2,984, 972, 152.84	3,134, 220, 760.48	3,290, 931, 798.50	3,455, 478, 388.43	3,628,2 52, 307.85	22,044,143,764.85
	Strategy 2: Facilitate an increase in knowledge, attitudes, and skills to promote the adoption of positive norms and practices on the consumption of nutrient-rich diversified foods in the life cycle.	105, 247, 282. 50	110,509, 646. 63	116,035, 128. 96	121,836, 885. 40	127,928, 729. 67	134, 325, 166. 16	816, 118, 346. 46

No	Strategy	2025	2026	2027	2028	2029	2030	Total
	Strategy 3: Promote behaviour change for collective action and community empowerment to enhance nutrition knowledge, skills, positive attitudes, norms, beliefs, and practices	4,396, 970, 240.34	4,616, 818, 752.36	4,847, 659, 689.97	5,090, 042, 674.47	5,344, 544, 808.20	5,611, 772, 048.61	34,095, 398, 919. 04
	Strategy 4: Create demand for nutrition services to enhance adoption of optimal nutrition practices.	3,813, 284, 948.63	4,003, 949, 196.06	4,204, 146, 655.86	4,414, 353, 988. 65	4,635, 071, 688.08	4,866, 825, 272.49	29,569, 331, 700. 84

No	Strategy	2025	2026	2027	2028	2029	2030	Total
1.2	Strategy 5: Increase male participation in nutrition interventions	371, 777, 163. 75	390, 366, 021. 94	409, 884, 323. 03	430, 378, 539. 19	451, 897, 466. 15	474, 492, 339. 45	2,882, 869, 342. 79
	Strategy 6: Address gender and socio-cultural disparities that affect adolescent, maternal, infant, and young child nutrition.	1,277, 233, 264.68	1,341, 094, 927.91	1,408, 149, 674.31	1,478, 557, 158.02	1,552, 485, 015.92	1,630, 109, 266.72	9,904, 041, 940. 58
	Strategy 7: Promote socio-economic empowerment of women for optimal nutrition	180, 619, 278. 75	189, 650, 242. 69	199, 132, 754. 82	209, 089, 392. 56	219, 543, 862. 19	230, 521, 055. 30	1,400, 574, 947. 03

Priority area 4: Treat and manage common nutrition disorders in order to reduce morbidity and mortality								
No	**Strategy**	**2025**	**2026**	**2027**	**2028**	**2029**	**2030**	**Total**
1.1	Strategy 1: Strengthen early case identification, referral, and management of acute mal-nutrition and micronutrient disorders among all population groups at all levels.	230, 420, 867. 25	241, 941, 910. 61	254, 039, 006. 14	266, 740, 956. 45	280, 078, 004. 27	294, 081, 904. 49	1, 786, 751, 094. 22
1.2	Strategy 2: Improve the quality of care and services for the management of acute and hospital-acquired malnutrition in all age groups	2,349, 574, 312.44	2,467, 053, 028.06	2,590, 405, 679.47	2,719, 925, 963.44	2,855, 922, 261.61	2,998, 718, 374.69	18, 219, 289, 441. 09

No	Strategy	2025	2026	2027	2028	2029	2030	Total
1.3	Strategy 3: Improve availability and access to supplies and equipment for the treatment of acute malnutrition such as therapeutic feeds, oral nutrition supplements, and enteral and parenteral nutrition.	502, 103, 148. 75	527, 208, 306. 19	553, 568, 721. 50	581,247, 157. 57	610, 309, 515. 45	640, 824, 991. 22	3, 893, 455, 315. 68
1.4	Strategy 4: Promote stimulation of children in treatment centres and at household level.	15,224,149,719.02	15,985,357,204.97	16,784,625,065.22	17,623,856,318.48	18,505,049,134.41	19,430,301,591.13	118,052,529,241.81

No	Strategy	2025	2026	2027	2028	2029	2030	Total
1.5	Strategy 5: Strengthen systems for the management of overweight, obesity, and NCDs.	357, 092, 505. 00	374, 947, 130. 25	393, 694, 486. 76	413, 379, 211. 10	434, 048, 171. 66	455, 750, 580. 24	2, 769, 000, 185. 01
Priority area 5: Strengthen delivery of nutrition interventions during emergencies.								
1.1	Strategy 1: Prevent and manage acute malnutrition during emergencies	18,499,471, 560.18	19,424,445,138.19	20,395,667,395.10	21,415,450,764.85	22,486,223,303.09	23,610,534,468.25	143,450,336,972.68
1.2	Strategy 2: Strengthen coordination of nutrition emergency response at all levels	1,021, 071, 922. 50	1,072, 125, 518. 63	1,125, 731, 794. 56	1,182, 018, 384. 28	1,241, 119, 303. 50	1,303, 175, 268. 67	7,917, 691, 642. 14

No	Strategy	2025	2026	2027	2028	2029	2030	Total
1.3	Strategy 3: Promote nutrition resilience interventions to mitigate the impact of emergencies on the nutrition status of all age groups	282,613, 905. 00	296, 744, 600. 25	311, 581, 830. 26	327, 160, 921. 78	343, 518, 967. 86	360, 694, 916. 26	2,191, 471, 241. 41
1.4	Strategy 4: Promote the adoption of innovative climate resilience approaches for optimal nutrition	483,200, 156. 25	507, 360, 164. 06	532 ,728, 172. 27	559, 364 ,580. 88	587, 332, 809. 92	616, 699, 450. 42	3,746, 875, 958. 80
Priority Area 6: Creating an enabling environment for nutrition								
1.1	Strategy 1: Promote an evidence-based policy environment.	1,153, 901, 727.63	1,211, 596, 814.01	1,272, 176, 654.71	1,335, 785, 487.45	1,402, 574, 761.82	1,472, 703, 499.91	8,947, 692, 971. 84
1.2	Strategy 2: strengthen multisector coordination for nutrition at all levels	4,784, 916, 591.03	5,024, 162, 420.58	5,275, 370, 541.61	5,539, 139, 068.69	5,816, 096, 022.12	6,106, 900, 823.23	37,103, 648, 887. 26

No	Strategy	2025	2026	2027	2028	2029	2030	Total
1.3	Strategy 3: Build capacity of service providers in management of acute and hospital acquired malnutrition	962,206, 843. 42	1,010, 317, 185.59	1,060, 833, 044.87	1,113, 874, 697.11	1,169, 568, 431.97	1,228, 046, 853.57	7,461, 234, 526 .45
1.4	Strategy 4: Strengthen human and capital capacity for effective delivery of nutrition services.	619,811, 333. 17	650, 801, 899. 83	683, 341, 994. 83	717, 509, 094. 57	753, 384, 549. 29	791, 053, 776. 76	4,806, 199, 156. 24
1.5	Strategy 5: Enforce legal instruments to guide implementation of nutrition services	891, 666, 703. 60	936, 250, 038. 78	983, 062, 540. 72	1, 032,215,667.76	1, 083, 826,451.15	1, 138,017, 773.70	6, 914, 245, 560. 10

No	Strategy	2025	2026	2027	2028	2029	2030	Total
1.6	Strategy 6: Improve sustainable nutrition financing at all levels	186, 985, 810. 85	196, 335, 101. 39	206, 151, 856. 46	216, 459, 449. 28	227, 282, 421. 74	238, 646, 542. 83	1, 449, 942, 907. 16
1.7	Strategy 7: Strengthen accountability and transparency in nutrition financing at all levels	106, 849, 034. 77	112, 191, 486. 51	117, 801, 060. 83	123, 691, 113. 87	129, 875, 669. 57	136, 369, 453. 05	828, 538, 804. 09
1.8	Strategy 8: Strengthen public-private partnership in nutrition programming	240, 410, 328. 23	252, 430, 844. 64	265, 052, 386. 87	278, 305, 006. 22	292, 220, 256. 53	306, 831, 269. 35	1, 864, 212, 309. 20
1.9	Strategy 9: Promote research for evidence-based programming	133, 561, 293. 46	140, 239, 358. 13	147, 251, 326. 04	154, 613, 892. 34	162, 344, 586. 96	170, 461, 816. 31	1, 035, 673, 505. 11
2.0	Strategy 10: Strengthen nutrition surveillance	133, 561, 293. 46	140, 239, 358. 13	147, 251, 326. 04	154, 613, 892. 34	162, 344, 586. 96	170, 461, 816. 31	1, 035, 673, 505. 11

No	Strategy	2025	2026	2027	2028	2029	2030	Total
2.1	Strategy 11: Strengthen Monitoring, Evaluation, Accountability and Learning (MEAL) systems.	240, 410, 328. 23	252, 430, 844. 64	265, 052, 386. 87	278, 305, 006. 22	292, 220, 256. 53	306, 831, 269. 35	1, 864, 212, 309. 20
2.2	Strategy 12: Strengthen NNIS and NURTS	106, 849, 034. 77	112, 191, 486. 51	117, 801, 060. 83	123, 691, 113. 87	129, 875, 669. 57	136, 369, 453. 05	828, 538, 804. 09
2.3	Strategy 13: Promote knowledge management in nutrition.	344, 083, 807. 50	361, 287, 997. 88	379, 352, 397. 77	398, 320, 017. 66	418, 236, 018. 54	439, 147, 819. 47	2, 668, 126, 923. 09
GRAND TOTAL		**503,224,798,366.61**	**528,386,038,284.94**	**554,805,340,199.19**	**582,545,607,209.15**	**611,672,887,569.61**	**642,256,531,984.09**	**3,902,152, 916,307.71**

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Ministry of Health
DEPARTMENT OF NUTRITION
Private Bag B401,
Lilongwe