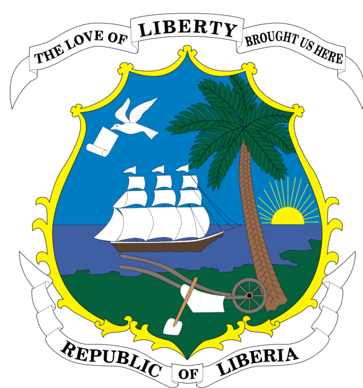

Liberia Multi-Sectoral Nutrition Costed Strategic Plan (LMNCSP)

2024-2028

TABLE OF CONTENTS

TABLE OF CONTENTS **1**
LIST OF TABLES .... **i**
LIST OF FIGURES .... **i**
LIST OF ABBREVIATIONS AND ACRONYMS .... **ii**
STATEMENT FROM THE VICE PRESIDENT OF LIBERIA .... **v**
FOREWORD .... **v**

1 CONTEXT **12**
1.1 Malnutrition: Global, Regional, National Health and Socioeconomic Issues 13
1.1.1 Global Context 14
1.1.2 African Region Context 15
1.1.3 West AfricanRegion Context 15
1.1.4 Country Context 16
1.1.5 Socioeconomic Status 17
1.1.6 Education and Literacy 18
1.1.7 Access to Basic Health Services 18

2 LIBERIA NUTRITION SITUATION ANALYSIS **19**
2.1 Introduction 19
2.1.1 Trends of malnutrition in Liberia 19
2.1.2 Trend ofWasting 21
2.1.4 Trends of Micronutrient Deficiencies 22
2.2 Causes of Malnutrition and Interventions 26
2.2.5 Human Resource for Nutrition 27
2.2.7 Gender Mainstreaming in the LMNCSP 28

3 MULTI-SECTORAL STRATEGY DESIGN FRAMEWORK **29**
3.1 Introduction: 29
3.2 Interventions in Key Sectors 29
3.3 Multi-Sector Nutrition Governance 29
3.4 Nutrition-Specific Interventions 35
3.5 Nutrition-Sensitive Interventions 35
3.6 Nutrition Governance 36
3.7 National Policy and Legal Framework forthe LMNCSP 36
3.8 Nutrition a Universal Human Right 36

4 VISION, MISSION, GOAL, OBJECTIVES and STRATEGIES **41**
4.1 Vision 42
4.2 Mission 42
4.3 Goal 42
4.4 Objectives 43
4.5 Purpose of the Multi-sectoral NutritionCosted Strategic Plan 43
4.6 Target Audience of the Multi-sectoral NutritionStrategy 43

5 STRATEGIC OBJECTIVES, STRATEGIES and INTERVENTIONS **45**
5.1 Rationale 46

5.2 Theory of Change and Logical Framework ... 48
5.3 Key Strategic Objectives and Strategies ... 49
5.4 Strategies and Priorities for High Impact Interventions ... 53

6 MONITORING,EVALUATION,ACCOUNTABILITY, AND LEARNING (MEAL) FRAMEWORK ... 71
6.1 Introduction ... 72
6.2 Purpose of the Monitoring, Evaluation, Accountability and Learning (MEAL) Plan ... 73
6.3 Monitoring Processes ... 7397
6.4 Data Generation ... 73
6.5 Data Validation ... 73
6.6 Data Analysis ... 73
6.7 Information Dissemination ... 73
6.8 Stakeholders Collaboration ... 74
6.8.1 Accountability Frameworks ... 74
6.9 Evaluation of the Process and Criteria ... 74

7 RESOURCE REQUIREMENTS ... 77
7.1 Resource requirements for the Liberia Multi-sectoral Nutrition Costed Strategic Plan (LMNCSP) ... 78
7.2 Summary cost estimates for the Liberia Multi-sectoral Nutrition Costed Strategic Plan (LMNCSP) 78

8 INSTITUTIONAL FRAMEWORK ... 85
8.1 Roles and Responsibilities of the Main Nutrition Stakeholders ... 87
A. Ministry of Education (MoE) ... 89
B. The Ministry of Commerce and Industry (MoCI) ... 89
C. The Ministry of Health (MoH) ... 89
D. Nutrition Division of MoH ... 89
E. Ministry of Agriculture (MoA) ... 90
F. National Fisheries and Aquaculture Authority (NaFAA) ... 90
G. National Water, Sanitation and Hygiene Commission (NWASHC) ... 90
H. Ministry of Internal Affairs (MIA) ... 91
I. Ministry of Finance and Development Planning (MFDP) ... 91
J. Ministry of Information, Cultural Affairs and Tourism (MICAT) ... 91
K. Ministry of Public Works (MPW) ... 91
L. SUN Civil Society Alliance of Liberia (SUN CSAL) ... 91
8.2 Risks and Assumptions (National, County and District Levels) ... 92
8.2.1 Risks ... 92
8.2.2 Assumptions ... 92

9 REFERENCES ... 96

10 STRATEGIC PLAN ANNEXES ... 97
ANNEX A: Monitoring and Evaluation Matrix ... 97
ANNEX B: Implementation Matrix 112

LIST OF TABLES

Table 1: Summary of Strategic Objectives and Strategies 50
Table 2: LMNCSP Resource needs per Line Ministry & Agencies in USD Millions 80

LIST OF FIGURES

Figure 1: Trend of under-5s stunting & wasting 21
Figure 2: Under-5s stunting rates by county 22
Figure 3: Under-5s wasting prevalence by county 23
Figure 4: Prevalence of anemia in WRA (2000-2020). 24
Figure 5: Trends of thinness, overweight & obesity in children & adolescents 25
Figure 6: Exclusive breastfeeding practices across Liberia 26
Figure 7: Infant & Young Child Feeding Practices (IYCFP). 26
Figure 8: The Conceptual Framework 47
Figure 9: Theory of Change (ToC). 48
Figure 10: The LMNCSP strategic objectives (SOs). 49
Figure 11: Monitoring processes 73
Figure 12: 5-Year cost summary by Strategic Objectives 79
Figure 13: Percentage per intervention cost by strategic objectives 79
Figure 14: Annual Breakdown of Cost the LMNCSP SOs 80
Figure 15: Cost of Key Priority Areas 81
Figure 16: LMNCSP strategy resource needs per Line Ministry & Agencies in USD Millions. 83
Figure 17: Liberia Nutrition Institutional Framework 86

Mother practicing exclusive breastfeeding in Liberia.

LIST OF ABBREVIATIONS AND ACRONYMS

ACF	Action Against Hunger
ACSM	Advocacy Communication and Social Mobilization
ALRI	Acute Lower Respiratory Infection
ANC	Antenatal Care
BCC	Behaviour Change Communication
BFCI	Baby Friendly Community Initiatives
BFHI	Baby Friendly Hospital Initiatives
BMI	Body Mass Index
BMS	Breast Milk Substitutes
CAN	Compendium of Actions for Nutrition
CBO	Community Based Organization
CFSNS	Comprehensive Food Security and Nutrition Survey
CMBS	Code of Marketing of Breastmilk Substitute
CRC	Convention on Rights of Child
CSO	Civil Society Organization
CU5	Children under 5 years
CHT	Community Health Team
DHT	District Health Team
DNIs	Direct Nutrition Interventions
DQA	Data Quality Assessment
EBF	Exclusive Breastfeeding
ECE	Early Child Education
ENAs	Essential Nutrition and Actions
EPA	Environment Protection Agency
EVD	Ebola Virus Disease
FAO	Food and Agriculture Organization of the United Nations
FBO	Faith Based Organization
FANTA	Food and Nutrition Technical Assistance
GAM	Global Acute Malnutrition
GDP	Gross Domestic Product
GMF	Genetically Modified Food
GNR	Global Nutrition Report
GoL	Government of Liberia
HFS	Health Facility Survey
HINI	High Impact Nutrition Intervention
HIV / AIDS	Human Immune Virus / Acquire Immuno Deficiency Syndrome
HMIS	Health Management Information System
IEC	Information, Education Communication
IFA	Iron Folic Acid
IMAM	Integrated Management of Acute Malnutrition
IMCI	Integrated Management of Childhood Illnesses
INGOs	International Non-Governmental Organizations
IPC	Integrated Food Security Phase Classification
ITNs	Insecticide-Treated Nets
IYCF	Infant and Young Child Feeding
JMP	Joint Monitoring Program
KAP	Knowledge, Attitude and Practice
KPC	Knowledge, Practice and Coverage
LDHS	Liberia Demographic and Health Survey
LISGIS	Liberia Institute of Statistics & Geo-Information Services
M&E	Monitoring and Evaluation
MAM	Moderate Acute Malnutrition
MFDP	Ministry of Finance and Development Planning
MAIYCN	Maternal, Adolescent, Infant and Young Child Nutrition
MNP	Micro-nutrient Powder
MoGCSP	Ministry of Gender, Children and Social Protection
MICAT	Ministry of Information, Cultural Affairs and Tourism
MoA	Ministry of Agriculture
MoCI	Ministry of Commerce and Industry
MoE	Ministry of Education
MoH	Ministry of Health
MPW	Ministry of Public Works
MoU	Memorandum of Understanding
MSP	Multi-Stakeholders Platform
MoYS	Ministry of Youth and Sports

NaFAA	National Fisheries and Aquaculture Authority
NCC	National Consumer Commission
NCDIs	Non-Communicable Disease and Injury
NGOs	Non-Government Organizations
NHP	National Health Policy
LMNCSP	Liberia Multi- Sectoral Nutrition Costed Strategic Plan
NPHIL	National Public Health Institute of Liberia
NNP	National Nutrition Policy
NWASHC	National Water Sanitation and Hygiene Commission
ODF	Open Defecation free
PAPD	Pro-Poor Agenda for Prosperity and Development
PHC	Primary Health Care
PIH	Partners in Health
PHM	Post-Harvest Management
PLW	Pregnant and Lactating Women
PLWHA	People Living with HIV / AIDs
PPP	Public-Private Partnership
PRSP	Poverty Reduction Strategic Paper
REACH	Renewed Efforts Against Child Hunger and Undernutrition
SAM	Severe Acute Malnutrition
SBCC	Social and Behaviour Change Communication
SDG	Sustainable Development Goals
SHN	School Health & Nutrition
SMART	Standardized Monitoring and Assessment of Relief and Transition
SOP	Standard Operating Procedure
SUN	Scaling Up Nutrition
SWOT	Strength Weakness Opportunity Threat
ToTs	Trainer of Trainers
TWG	Technical Working Group
UNFPA	United Nations Populations Fund
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
USD	United States Dollar
WAHO	West African Health Organization
WASH	Water Supply Sanitation and Hygiene
WBW	World Breastfeeding Week
WFP	United Nations World Food Programme
WHA	World Health Assembly
WHO	World Health Organization
WIFA	Weekly Iron Folic Acid (supplementation)
WRA	Women of Reproductive Age

STATEMENT FROM THE VICE PRESIDENT OF LIBERIA FOREWORD

The Government of Liberia (GoL) recognizes the importance of optimal nutrition and the essential contribution it makes towards national development, specifically human capital, economic growth, and consequentially work productivity. Nutrition is fundamental to the socio-economic growth and development of Liberia; thus, the Government has placed nutrition high on the national development agenda. The Government of Liberia National Agenda, The Pro-Poor Agenda for Prosperity and Development (PAPD), Pillar 1 emphasizes the reduction of stunting to 22 percent by 2023.

Malnutrition rates in Liberia among children under-five years are very high with 14 out of 15 counties having stunting rates over 30 percent. Three percent of children under-five are classified with acute wasting while 11 percent are underweight, and an increasing double burden of overweight of 4 percent of children and 16 percent of women of reproductive age. Anemia is also affecting 71 percent of children, 55 percent of adolescents and 52 percent of pregnant women.Liberia has made some progress in stunting reduction from 45 percent to 30 percent between 2000 and 2020 and further down to 29.8 percent in 2022 (UNICEF, 2018) and 55.2 percent practicing Exclusive Breastfeeding (GNR 2022).

The GoL recognizes that nutrition is multi-faceted, so it requires a multi-sectoral approach. In this view, the development of the five-year Liberia Multi-sectoral Nutrition Costed Strategic Plan (LMNCSP) process commenced following the revision of the National Nutrition Policy (NNP, 2019-2024) in 2019.

The LMNCSP has five Strategic Objectives listed in the revised National Nutrition Policy (NNP) 2019 – 2024 that define the scope of the LMNCSP. Additionally, the Comprehensive Food Security and Nutrition Survey (CFSNS) 2018, and Liberia Nutrition Situation Analysis 2019 have adequately presented the multiple immediate causes and underlying factors responsible for the current nutrition situation in Liberia.

The GoL encourages each sector to fulfill its mandate. I therefore call upon all line ministries and stakeholders to join hands in the successful implementation of the five-year Liberia Multi-Sector Nutrition Costed Strategic Plan.

Chief Dr. Jewel Howard-Taylor
Vice President of the Republic of Liberia

ACKNOWLEDGEMENT

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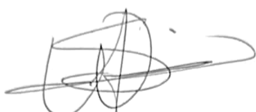
It acknowledges the coordination and technical support of these outstanding individuals – the former SUN Movement Focal Person Mrs. Mameni Linga-Morlai, the National Coordinator of the SUN Movement of Liberia, Mr. Augstine Musah, United Nations REACH – Mrs. Kou Baawo, the Nutrition Director – Dr. Annette Brima-Davis, UNICEF Nutrition Specialist – Dr. Jecinter Akinyi Oketch, Mr. Linus N. Sarkor, Sr, Dr. Daniel N. Mwai the national and international consultants respectively.



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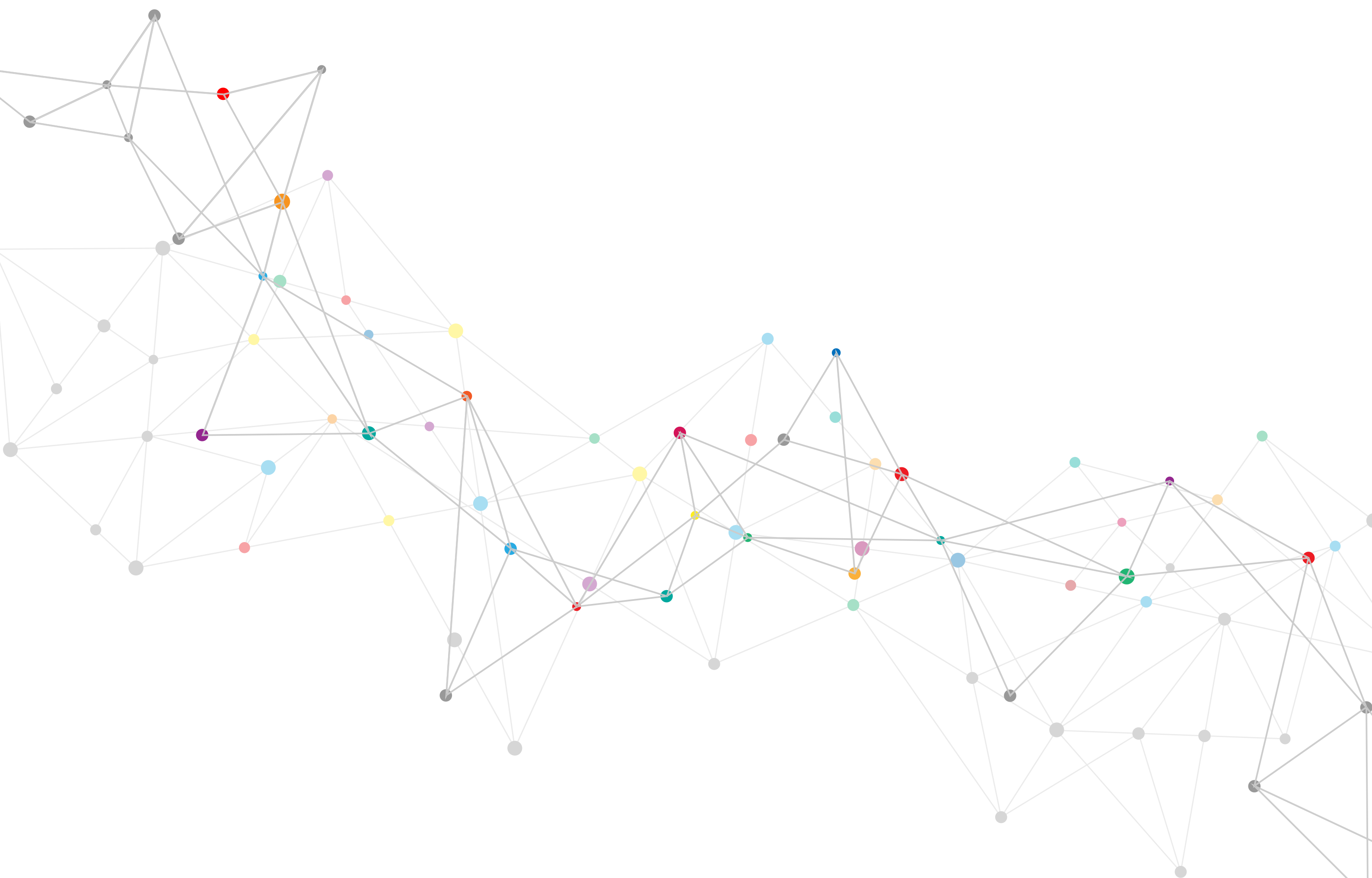

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CONTEXT

1

The Government of Liberia (GoL) recognizes the importance of optimal nutrition and the essential contribution it makes towards national development, specifically human capital, and economic growth. This is in line with global evidence which shows that investing in nutrition is indeed cost effective and can yield human capital gains including reducing child deaths by more than one third per year, improving future earning potential by 5 to 50 percent, improving school attainment by at least one year, reducing poverty (well-nourished children are 33 percent more likely to escape poverty as adults), and boosting gross national product by 11 percent. Studies have also shown that every1 United States dollar invested in nutrition can yield up to 16 U.S. dollars in return.

The Government of Liberia National Agenda, **The Pro-Poor Agenda for Prosperity and Development** (PAPD), Pillar 1 emphasizes the importance of reducing all forms of malnutrition and place priority on reduction of stunting among children under five years. Liberia has made some progress in stunting reduction from 45 percent to 30 percent between 2000 and 2020 and now 29.8 percent in 2022(UNICEF, 2018); (GNR, 2022). This progress puts Liberia amongst 50 countries globally which are on track to meet the World Health Assembly (WHA) 2025 targets of 40 percent reduction (WHO, 2020)for stunting prevalence among children under- five years old, which is 18 percent stunting prevalence rate for Liberia.

However, stunting continues to affect around one-third of children under five years (265,000 children). In the worst affected counties, Rivercess, stunting is at 41 percent, Bong 37.4 percent which is over 7 percent higher than the national average. Even in the least affected area (Greater Monrovia), stunting is still 20.7 percent. These data mean that the stunting level in Liberia is classified as “very high” based on the World Health Organization (WHO) thresholds. Other forms of malnutrition of great concern include wasting, underweight, anemia, micronutrients deficiency, and overweight among children under-5 years, adolescents, pregnant and lactating women in country.

Ensuring that the nutritional status of the general population improves is a human rights requirement of the Government of Liberia. Health and Nutrition are the fundamental rights of children as indicated in the **Universal Declaration of Human Right,** 1948,[1] as ascribed in the Article 25 setting the right to food, medical care, and basic social services as the requirements for the wellbeing and health of every individual and family. The WHO, **The United Nations Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child**[2]. The Children’s Law of Liberia in 2011, the UN Sustainable Development Goals 2, 3, 4,5, & 6, are major national and international instruments supportive of nutrition for Liberians.

The LMNCSP has 5 Strategic Objectives which are aligned with the 12 Priority Areas outlined in the revised National Nutrition Policy (NNP) 2019 – 2024 that define the scope of the LMNCSP.

1 https://www.un.org/en/universal-declaration-human-rights
2 https://www.unicef.org.uk/what-we-do/un-convention-child-rights

The NNP revised in 2019, **Comprehensive Food Security and Nutrition Survey** (CFSNS, 2018), and Liberia Nutrition Situation Analysis 2019 have adequately presented the multiple immediate causes and underlying factors responsible for the current nutrition situation in Liberia.

The LMNCSP acknowledges the central role of the Food Systems – working together with health, water, hygiene and sanitation, education, and social protection systems – to provide nutritious, safe, affordable, and sustainable diets for children, adolescents, and women, while ensuring adequate nutrition services and positive nutrition practices across the life cycle.

The process for developing the LMNCSP entailed the broad participations of relevant multi-sectoral stakeholders (Government, counterparts, Civil Society Organization, Scaling up Nutrition (SUN), United Nations agencies, donors, and development partners and scientific evidence review including the **Compendium of Actions for Nutrition** (CAN) for each sector. The process for developing this plan has been led by the Nutrition Division of the Ministry of Health and coordinated by the SUN Secretariat-Liberia, with the support of other key stakeholders.

This collaborative approach will enhance information collection and dissemination; harmonize efforts and nutrition awareness amongst decision makers. It will also positively shape the enabling environment for nutrition sensitive policies, guidelines, law, legislation, and implementation. This multi-sectoral approach requires competent and adequate human, financial and infrastructure resources.

1.1 Malnutrition: Global, Regional, National Health and Socioeconomic Issues

1.1.1 Global Context

Globally, 45 percent of death in children under five years is related to malnutrition, amounting to 3 million deaths among children per year[3] . The global burden of malnutrition is unacceptably high, affecting every country in the world, making malnutrition a global issue. The gains made over the years are not sufficient and there is still a lot to be done.

According to the WHO, malnutrition in all its forms includes undernutrition (wasting, stunting, and underweight), inadequate vitamins or minerals uptake, overweight, obesity, and diet-related non-communicable diseases. As of 2022, the global nutrition situation was as below:
More than 1 billion people worldwide were said to be overweight according to WHO 2022. This amounts to 650 million adults who are obese, 340 adolescents and 39 million children million. This number may reach 167 million by 2025[4] while 462 million adults were underweight. Forty-five (45) million children under five years of age were wasted, 17 million were severely wasted and 149 million were stunted.

3 Black et all, 2013
4 https://www.WHO.int/news/world obesity day- 2022

Around 45 percent of deaths among children under five years of age are linked to undernutrition. These mostly occur in low- and middle-income countries. At the same time, in these same countries, rates of childhood overweight and obesity are rising. The developmental, economic, social, and medical impacts of the global burden of malnutrition are serious and lasting, for individuals and their families, for communities and for countries.[5]

Malnutrition increases health care cost, lowers productivity, slows down economic growth, and perpetuates a cycle of poverty and ill health.[6] A third of women at reproductive age in the world are anaemic while 37 percent of the world's adult are overweight or obese and each year approximately 20 million babies are born underweight. One in four children under-5 years worldwide are stunted although some progress has been made. The overall gains in stunting between 2000 to 2018, global stunting prevalence have decreased from 32 percent to 21.9 percent resulting to a reduction in the number of children who are stunted from 198.2 million to 149.0 million. This means 6.7 percent of the world's children population are at risk of death or will not reach their full potentials in life.[7]

1.1.2 African Region Context

Africa's child population will reach 1 billion by 2055, making it the largest child population among all continents. According to the **2022 Global Nutrition Report**, Africa faces serious nutrition-related challenges, stemming from both a deficiency in nutrients and obesity. Despite a decrease in the prevalence of stunting globally, about 60 million African children under-5 years are not growing properly. Two in five children in Africa are stunted. At least 10 million others are also classified as overweight, posing both severe health burden on countries and hampering broader development efforts.[8]

Anemia affects 40.4 percent of women at reproductive age, 13.7 percent of children are born with low weight at birth, exclusive breast feeding for 0-5 months infants is 44 percent which is higher than global rates of 43.8 percent, overweight is 5.3 percent among children under five years; the second lowest among all regions. Stunting is 30.7 percent, highest than global rates of 22.0 percent and wasting 6.0 percent which is lower than global average of 6.7 percent.[9]

1.1.3 West African Region Context

The West African Region comprises of 18 countries (Benin, Burkina Faso, Ivory Coast, Cape Verde, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Sou Tome and Principe, Senegal, Sierra Leone, Saint Helena, Togo). West Africa has a population of close to 372 million, of which 62.3 million are children under five years of age (CU5). Over one third of these 19 million CU5 are stunted, while the prevalence of CU5 wasting and overweight

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5 https://www.who.int/news-room/fact-sheets/detail/malnutrition (site visited on 8/9/2023)
6 https://www.who.int
7 https://www.unicef.org
8 https://qz.com>africa
9 globalnutritionreport.org (visited 8/9/2023)

is 9 percent and 2 percent respectively (GNR, 2017). Overweight and obesity also affect the adult population, with 14 percent and 37 percent of women affected respectively (GNR, 2017). Nearly half of the women of reproductive age 49 percent have anemia and 47 percent of children aged 6-59 months have vitamin A deficiency (WAHO, 2017).

In October 2017, 100 persons from the West African countries came together and debated the West Africa Health Organization's (WAHO) regional nutrition strategic plan (Regional Nutrition Strategy for West Africa, 2018-22), which overall objective is to scale up nutrition-specific and nutrition-sensitive activities base on the strategic objectives costing USD$41.3 Million: (1) To improve governance, coordination; implementation, planning, and monitoring and evaluation of food and nutrition security; (2) To consolidate knowledge management, including sharing of best practices, monitoring for optimum decision-making; (3) To consolidate capacities for regulation and implementation of high-impact interventions in nutrition; and (4) To mobilize resources for food and nutrition security.

The WAHO stresses the need for countries in the region to support financially and have strong political will for the full implementation of these interventions, based on sound monitoring, budget controls and information and data collection on progress made in a transparent manner.

1.1.4 Country Context

Liberia is located on West Coast of Africa with a population of 5.2million persons as of 2022 (LIGIS 2022)[10] and life expectancy of 61 years as of 2021.[11] Liberia birth rate has increase by 2.56 percent which is almost double the world average growth rate. The capital, Monrovia, hosts 25 percent of its population. Liberia covers a land space of 43,000 square miles; females make up 49.5 percent of the Liberian population according to World Population Review, 2019.[12]

About 70 percent of the population was below the age of 35 and 44.5 percent of the population were below the age of 15 years. Twenty-three percent of its population is women of reproductive age 15-49 years, with an average of 4.7 children per woman. Thirty-one of teenage girls get pregnant, with only 19 percent of females use modern contraceptives or birth control although there is an upward trend to 31 percent. The maternal mortality rate is 1,070 maternal deaths in every 100,000 live births (**Liberia Family Planning Costed Implementation Plan, 2019; National Nutrition Policy** 2019-2024).[13] This high birth rate has implications on household economy and nurture poverty because most of the teenage mothers are mostly dependent on their parents for support amidst the hard economic condition.

10 https://www.lisgis.gov.lr
11 https://data.worldbank.org (2021)
12 http://worldpopulationreview.com/countries/liberia-population/
13 Liberia Institute of Statistic and Geo-Information Services (LISGIS); World Population Prospects (2019 Revision) - United Nations population estimates and projections.

The Liberian households' size ranges from 3.7 to 4.9 persons per household with an average household size of 4.3. Access to well diversified diet is low, there is high illiteracy amongst women, there is early childbirth among adolescent girls 15-19 years (**Liberia Family Planning Costed Implementation Plan,** 2018-2022 pg: 19), lack of adequate safe water and sanitation, behavior change challenges and inadequate access to health services in mainly rural areas, part of the population live in communities where distance to health centers are more than an hour walk or 5km. The high rate of food prices amid economic challenges and all the above further compounds the nutrition challenges in country.

Malnutrition is a public health concern in Liberia because it compromises a child's cognitive development and physical ability and hampers the health of other vulnerable groups including women, adolescents, elderly, people living with HIV and tuberculosis. Additionally, it increases poverty, food insecurity, poor dietary uptake, low education performance and related to poor access to basic social services (**National Health Policy**, 2008). "Malnutrition is both a cause and consequence of poverty; it negatively affects all aspects of an individual's health and development and further limits societies' economic and social development."[14]

According to the 2019-20 Liberia Demography and Health Survey, 3 percent of children under-five are classified as acute wasting while 11 percent underweight. The proportion of children who are underweight is high in River Cess County at 20 percent and low in River Gee County at 7 percent. Anemia is a major public health problem in Liberia affecting 71 percent of children, 55 percent of adolescents and 52 percent of pregnant women. Exclusive breastfeeding among children younger than age 6 months has remained stable at 55 percent since the 2013 LDHS. Stunting rate among children under-5 years is 29.8 percent[15] , which is classified as "very high" according to WHO standard and effects all 15 counties of the nation. Thus, stunting reduction is a national priority. Although the focus is on undernutrition, the burden of over-nutrition is growing as the proportion of overweight children has increased since 2013, from 1 percent to 4 percent.

Malnutrition negatively affects children's capacity to grow to their full potential especially stunting which lower a child's ability to perform well in school. Stunting can negatively affect a child's brain function, organ development, and immune system, which can result in poor achievement at school. Thus, decreasing productivity, earnings in adult life, greater risk of developing obesity and diabetes later in life, ultimately, diminishing chances of escaping the cycle of poverty (UNICEF, 2018).

1.1.5 Socioeconomic Status

Liberia's poverty levels reported in the 2020 Global Nutrition Report indicates that 45 percent of Liberians live on less than 1.90 United States dollars per day and about 76 percent live on

14 USAID Multi-Sectorial Nutrition Strategy 2014-2025
15 https://globalnutritionreport.org 2022

less than3.20 United States dollars per day (World Bank, 2020). The Gross Domestic Product (GDP) per Capital was 1,450 United States dollars in 2020, a decrease from more than1,600 United States dollars in 2016. There is a high level of inequality income amongst the population at 65/160 according to the Gini Index which potentially affects households' economy and food consumption (World Bank, 2020). Liberia ranks 162 with the highest level of inequality in socioeconomic status (UNICEF, August 2020).

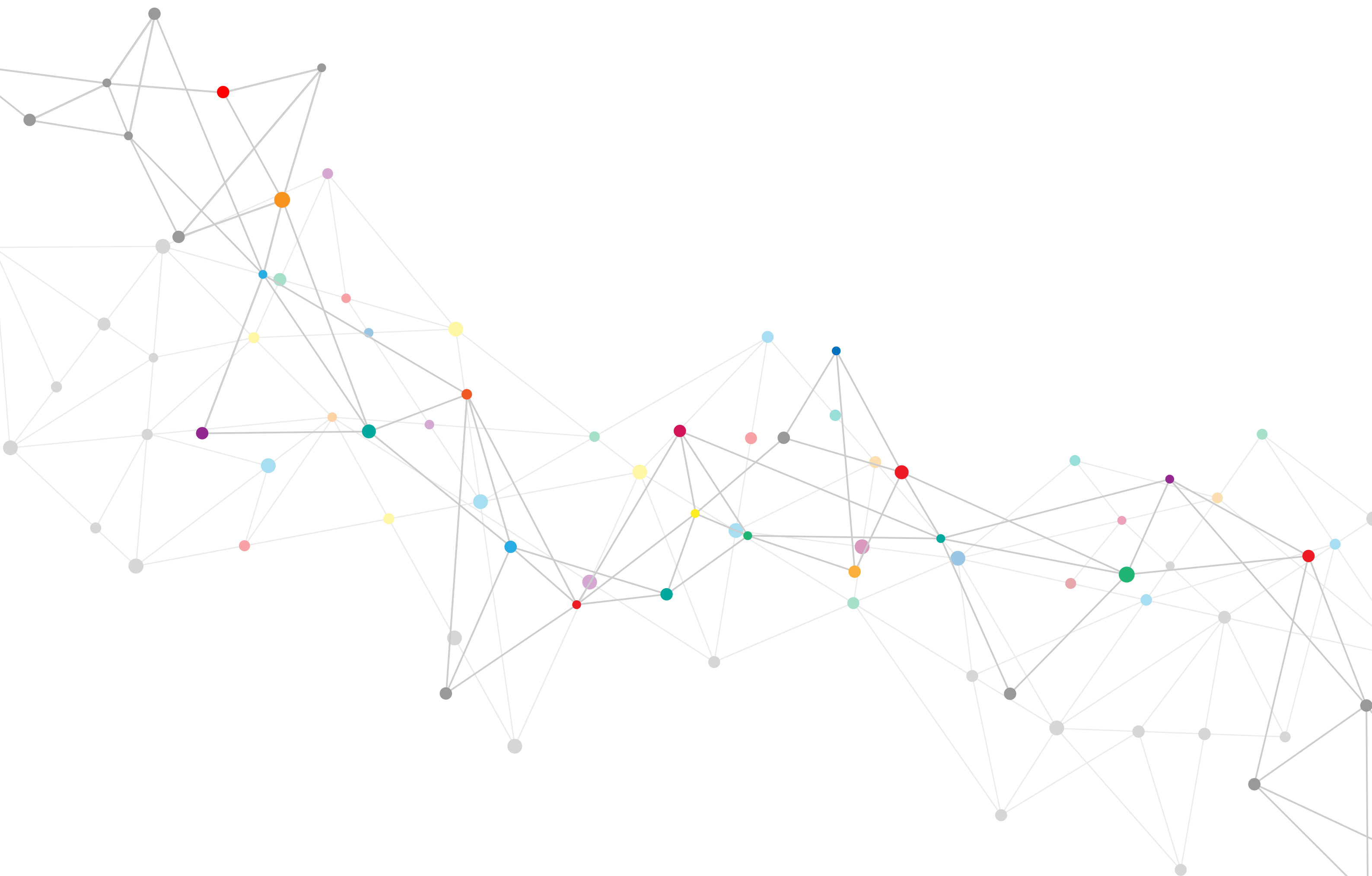
1.1.6 Education and Literacy

Liberia still has one of the world's highest levels of Out-of-School children, with an estimated 15 to 20 percent of 6 to14yearold who are not in class. In 2018, about 912,000 students were enrolled in primary and secondary schools of which 74 percent were in Primary schools but with large number of them been overage due to delays caused by Ebola virus outbreak in 2014-2016.In Liberia, the gender parity index in relation to the gross attendance ratio is 0.99 at both primary and high school levels. The literacy rate in Liberia is 47.6 percent ranking Liberia 156th in the world. There is high illiteracy amongst women, whereby 31percent of the females and 13 percent of the males has never had any formal education (UNICEF, 2018).

1.1.7 Access to Basic Health Services

One of the fundamental rights of every human being is to be able to enjoy the highest attainable standard of health. Contrary to this, the health system of Liberia continues to experience a rising expectation and demand for access to quality health care services with challenges of shortage and poor distribution of human resources; inadequate number of health infrastructures; ineffective procurement and supply chain management systems. This results into frequent stock-out of drugs and supplies; and a weak health management information system that constrains adequate planning and performance monitoring being reported to fraught the health care delivery system (WHO AFRO, 2019).

High-level meeting with the Vice President of Liberia and nutrition stakeholders to build consensus of the Nutrition Costed Plan



2

LIBERIA NUTRITION SITUATION ANALYSIS

2

2.1 Introduction

Malnutrition remains a major public health concern in Liberia that is affecting mostly children under-five, pregnant and lactating women, adolescents, and persons of specific ill-health and vulnerability. Malnutrition can compromise a child's cognitive development and physical ability and hampers their health and wellbeing. Additionally, it increases poverty, food insecurity, poor dietary uptake, low education performance and relates to poor access to basic social services (**National Health Policy**, 2008).

The major forms of malnutrition found in Liberia are under-nutrition, micronutrients deficiency, and over-nutrition. Under-nutrition includes wasting, underweight, stunting, and low birth weight. Micronutrient deficiency includes anemia, lack of essential vitamins and minerals. Over-nutrition is also a double burden with overweight and obesity among children, adolescent, women, and men increasingly.

2.1.1 Trends of malnutrition in Liberia

The trend of malnutrition in Liberia, from 2000 to 2020, shows that significant progress has been made in reducing the levels of malnutrition. With regards to underweight, 11 percent of Liberian children are underweight, with 3percent classified as severely underweight. By region, the proportion of children who are underweight is highest in northwestern at 16 percent and lowest in central at 9.3 percent. Among the counties, the prevalence of underweight is highest in River Cess at 20 percent followed by Grand Cape Mount at 17.7 percent and lowest in River Gee at 7.2 percent.

The prevalence of stunting among children under-five years has shown a downward trend of 15 percent reduction, while wasting has reduced from 7.4 percent to 3 percent, and anemia has decreased from 79 percent to 71 percent. There has been no significant progress made in reducing overweight among children under-fives. Prevalence of overweight among children in 2000 was 4.1 percent and increase to the highest overweight at 5.2 percent in 2003 and lowest was 3.2 percent in 2012 and further increase to 4.7 percent by of 2020 (https://www.ceicdata.com>liberia).

2.1.2 Trend of Stunting

Liberia has made some progress in stunting reduction from 45 percent to 30 percent between 2000 and 2020 (UNICEF, 2018). According to the 2022 Global Nutrition Report, stunting rate among children under-5 years has further reduced to 29.8 percent. This progress puts Liberia amongst 21 countries globally which are on track to meet the World Health Assembly (WHA) 2025 targets of 40 percent reduction (WHO, 2020). However, stunting continues to affect around one-third of children under five years, i.e.,265,000 children. In the worst affected counties, River Cess, stunting is at 41 percent, Bong 37.4 percent i.e., over 7 percent higher than the national average. Even in the least affected area (Greater Monrovia), stunting is still

20.7 percent. These data mean that the stunting level in Liberia is classified as “high” based on the World Health Organization (WHO) thresholds: 20 to 30 percent. The prevalence of stunting decreases during the first 5 months of life and then increases until the 12th month. This is followed by a decrease until the 19th month, after which there is a rapid increase and a peak at 46 percent in the 33rd month.

Figure 1: Trend of Stunting and Wasting in Under 5s

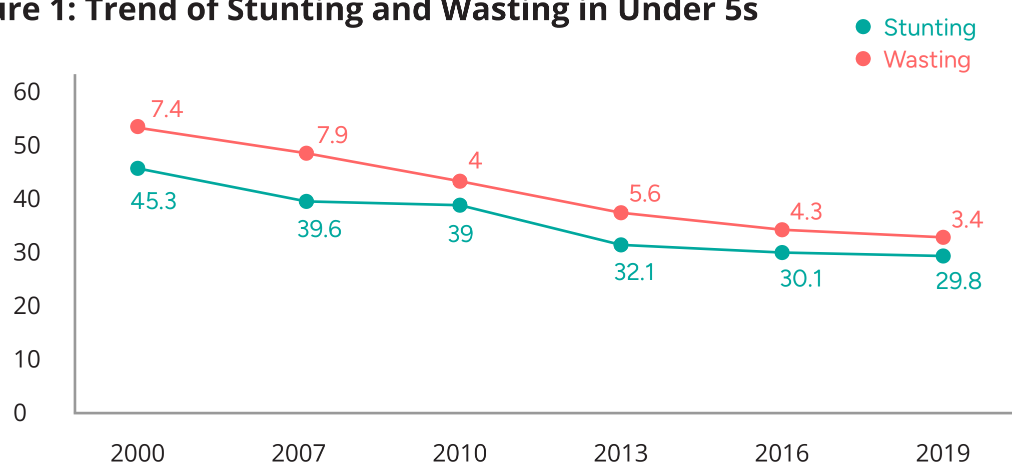


Figure 1: Shows trend of under 5s Stunting & Wasting prevalence over the last 19 years in Liberia. Data source: Global Nutrition Report, 2022.

Stunting rates are spatially distributed across the country with geographical variations. The prevalence of stunting is lower in the South-Central region at 25 percent than in the other regions at 33 to 34 percent. Among the counties, the prevalence of stunting is high in River Cess at 40.6 percent and low in Montserrado at 20.7 percent. This indicates the urban and rural disparities. Below is Figure 2, the map of Liberia indicating stunting rates in each county based on the 2019/2020, LDHS.

The map of Liberia below shows stunting rates among children under-5 using the color code of WHO to indicate the severity of stunting prevalence in country. Fourteen out of 15 counties are coded Red indicating “Very High” while only Montserrado County, which hosts the capital Monrovia, is colored Orange indicating stunting prevalence as “High”. The level of stunting prevalence demands consented efforts of all stakeholders to reverse this crucial situation to ensure a better future for Liberian children. As of 2022 more than 20,000 under-5 are targeted for treatment whilst some 190,000 i.e., 24 percent of under-five nationwide are targeted for prevention from malnutrition (MoH Forecast, 2022).

Figure 2: Under 5s Stunting rates in counties

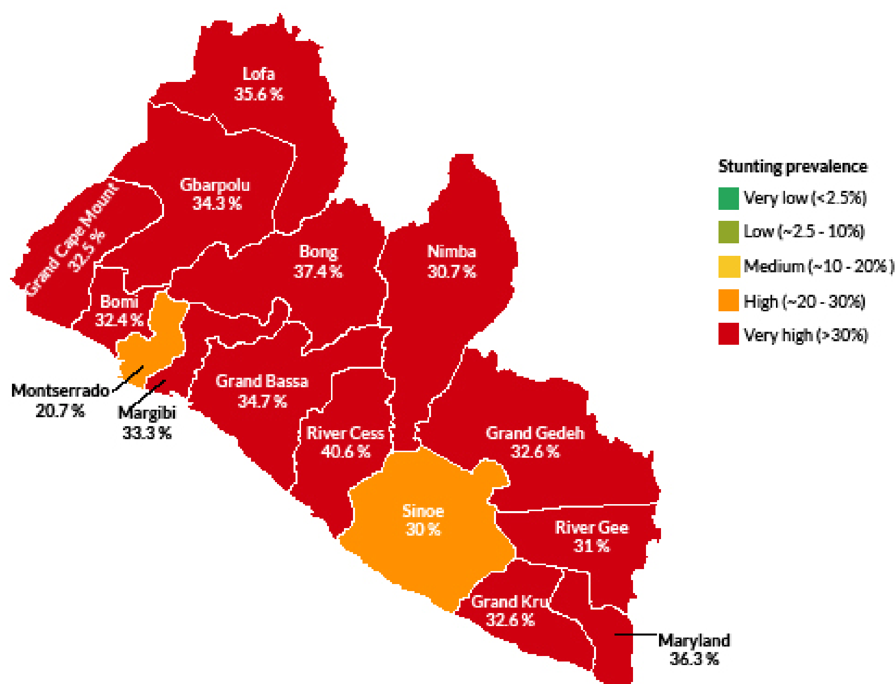


Figure 2: Stunting rates in Liberia for > 5s
Source: https://www.WHO.int>team

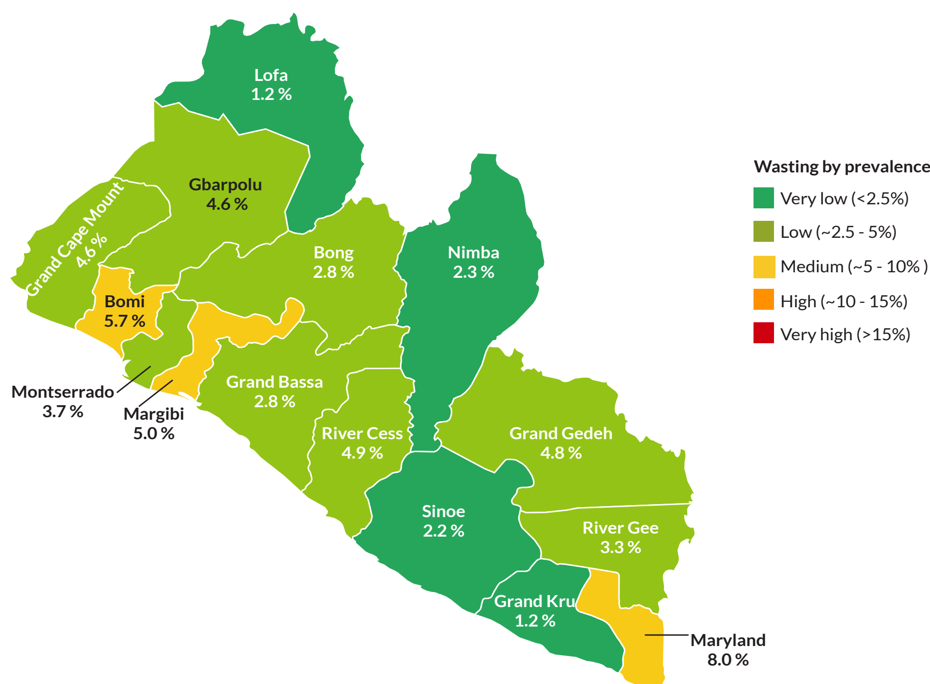
2.1.2 Trend of Wasting

Three percent of Liberian children are wasted, and one percent are severely wasted (-3 SD), figure 3 below:

There is regional variation in wasting with the highest being 5.0 percent in northwestern, followed by 4.7 percent in south-eastern, 3.8 percent in the Southeastern and South-central. These levels are above the national average of wasting which is three percent except the North-central which is 2.2 percent. Among the counties, the prevalence of wasting is high in Maryland at 8.0 percent followed by Bomi at 5.7 percent and low in Lofa and Margibi counties at 1.2 percent. Wasting is similar among boys at 4 percent and girls at 3 percent. Wasting may result from inadequate food intake or from a recent episode of illness or infection causing acute weight loss or lack of sanitary environment, including access to safe water, sanitation, and hygiene services.

Unlike with stunting, there is no clear relationship between the prevalence of wasting and mother's education. However, wasting increases with increasing wealth status before dropping among children in the highest wealth quintile (UNICEF, 2018).

Figure 3: Under 5s wasting prevalence by counties



2.1.4 Trends of Micronutrient Deficiencies

Anemia is a condition that is marked by low levels of hemoglobin in the blood. Iron is a key component of hemoglobin, and iron deficiency is predominantly responsible for half of all anemia globally. Anemia is a public health concern in Liberia. The prevalence of anemia is high among children under-five at 71 percent. Among adolescent girls within the age range of 15 to19 years, anemia is 55 percent and among women of childbearing age anemia is 45 percent, figure 4. The prevalence of anemia is 52 percent among pregnant women which may contribute to high incidence of low birth weight as well as maternal and infant mortality. Women living in rural areas at 47 percent are more likely to be anaemic than those living in urban areas at 43 percent. By region, the prevalence of anemia ranges from 37 percent in North-central to 52 percent in North-western. By county, the prevalence is high in Grand Bassa at 59 percent and low in Nimba and Lofa at 35 percent. Women are at risk of iron-deficiency anemia because of blood loss from their monthly menstruation and high blood supply demands during pregnancy. The causes of anemia include malaria, hookworm, and other helminths. Other nutritional deficiencies include inadequate dietary intake, chronic infections, and genetic conditions.

Figure 4: Prevalence of Anemia in WRA (2000-2020)

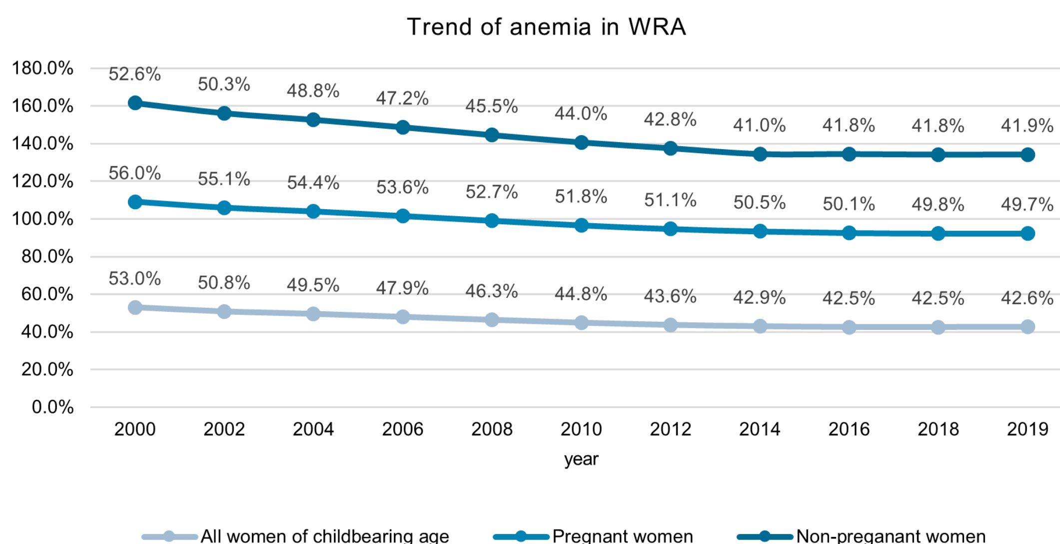


Figure 4: Prevalence of Anaemia in Women of Reproductive Age (2000 - 2020)
Data Source: Global Nutrition Report, 2022

2.1.5 Overweight & Obesity Trend

The trend of overweight prevalence among Liberian children under five is 3.4 percent according to UNICEF/WHO/World Bank joint report 2023. Overweight results from an imbalance of energy consumed and energy expended. One out of twenty children under-five is overweight. There is some regional variation, for instance, six percent of children in North-central Liberia are overweight, as compared to south-eastern with two percent. The proportion of children who are overweight is high in River Gee County at 11 percent and low in Grand Gedeh and Grand Kru counties at one percent and one in four women is overweight. Poor quality diet, economic, sedentary lifestyle, and empowerment inequalities, lifestyles are all contributing factors to overweight. Overweight places a huge strain on the fragile health care system that is also grappling with managing other diseases. Cardiovascular diseases and other Non-Communicable Diseases (NCD) as well as cancer, respiratory diseases, and diabetes are increasingly becoming significant causes of morbidity and mortality in Liberia (CEIC, 2020).

Figure 5: Trends of Thinness, overweight & Obesity in children & adolescents

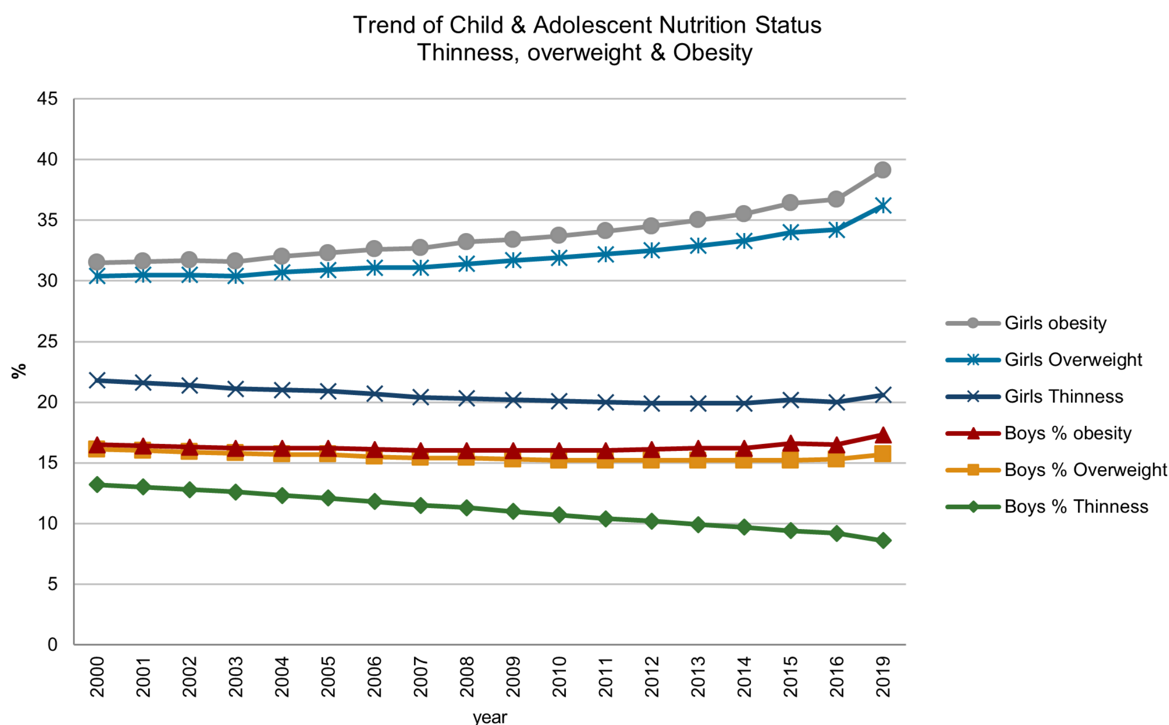


Figure 5: Trend of Thinness, Overweight and Obesity amongst children and adolescents over the last 19 years
Data Source: Global Nutrition Report, 2022

Trend in Feeding Practices among Children

In 2000, 35.4 percent of mothers exclusively breastfed children from 0-6 months but the practice sharply dropped to 29.1percent and further increased to 55 percent in 2020 and 55.2 percent in 2022. The remaining 44.8 percent of children who are not exclusively breastfed is are risk that could hamper growth and life. This puts Liberia above 44 percent in the region and 43 percent worldwide.

Figure 5 below shows that exclusive breastfeeding of children 0-6 months is practice by women in Rivercess County at 15 percent, while only 3 percent of mothers practice exclusive breastfeeding in Lofa and Greater Monrovia respectively. This means that children within Lofa and Greater Monrovia are most vulnerable to early morbidity and risks of death than children in other parts of the country.

Figure 6: Exclusive Breastfeeding practices across Liberia

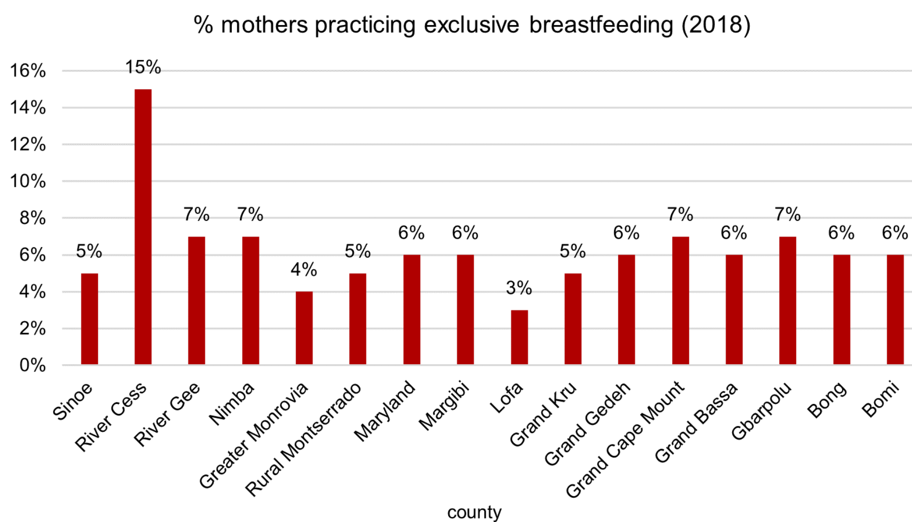


Figure 6: Exclusive Breastfeeding practices across Liberia
Source: CFSNS 2018

Figure7: Infant & Young Child Feeding practices

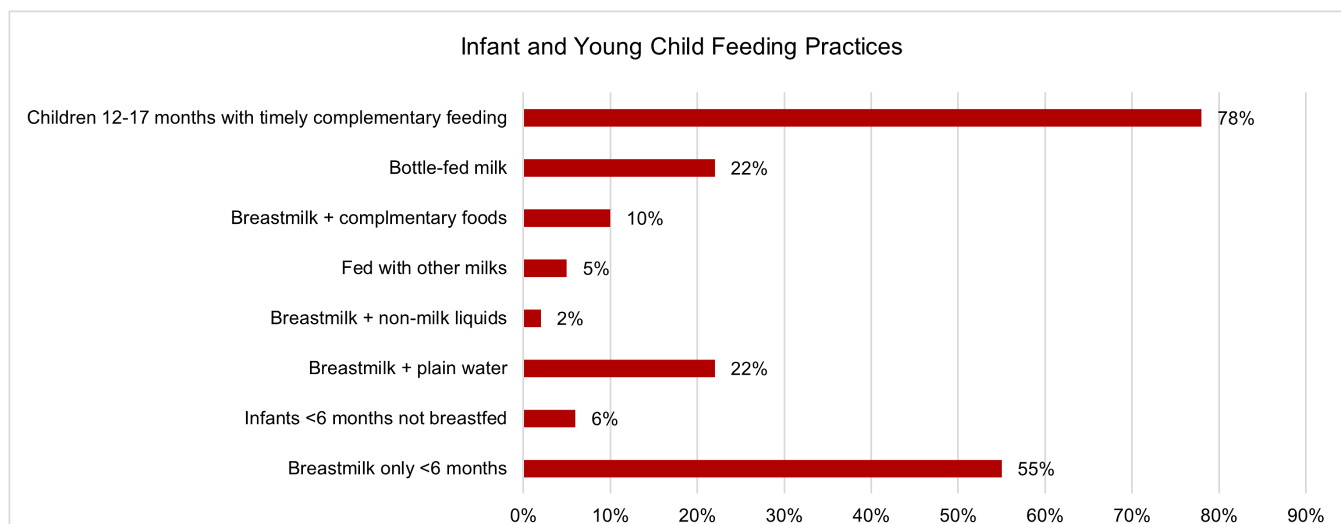


Figure7: Infant & Young Child Feeding practices
Source: UNICEF/WHO 2018, LDHS 2019/2020

2.2 Causes of Malnutrition and Interventions

Overview
According to Lancet Series vol. 382, maternal and child undernutrition and overweight in low and middle-income countries are immediate, underlying, and basic causes of malnutrition.

Immediate Causes:
The immediate causes include inadequate dietary intake, sub-optimal feeding, inadequate caregiving and prolonged diseases. Interventions include nutrition–specific actions such as adolescents' health and preconception nutrition, maternal dietary supplementation, promotion of immediate, exclusive and continue breastfeeding. Additionally, micronutrient supplementation, food fortification, maternal, infant, and young child dietary supplementation and dietary diversification are essential interventions. Others include feeding behaviors, caregiving, stimulations, prevention and treatment of severe malnutrition and disease in addition to emergency nutrition support when and where needed.

Underlying Causes:
The underlying causes include household food insecurity, economic and access to food utilization, inadequate caregiving practices, unhealthy household environment, inadequate access to healthcare services and poor access to food systems. Intervention that addresses the underlying causes are nutrition-sensitive actions such as agriculture and food security, water, sanitation and hygiene, social safety nets, early child development and classroom education, women empowerment, maternal and mental health, child protection and family planning services.

Basic Causes:
The basic causes include lack of knowledge, access to economic, employment, income generation, social opportunities, inadequate physical, financial, human, and social capitals, including poor political leadership, governance, and environmental context. Interventions include building an enabling environment that is based on enacting laws, legislations, and guidelines to safeguard nutrition. Also, vigorous monitoring, evaluations, advocacy, coordination, capacity enhancement, resource mobilization, transparency, accountability, data generation, verification, validation, and timely reporting address basic causes of malnutrition.

2.3 Determinants of Malnutrition in Liberia

2.3.1 Food Security

The Global Hunger Index score for Liberia in 2022 is 32.4 indicating Liberia's level of hunger as serious[16] with 20 percent of households consuming suboptimal diets. About 18 percent of households are food insecure, with 20 percent of households consuming diets deprived of the

16

most needed nutrients found in animal products, legumes, vegetables, and fruits. Poor diets are intrinsically linked with poverty and breed malnutrition (WFP, 2018). Pervasive poverty affects 50.9 percent of the population, contributing to Liberia's ranking175/189 on the 2022 Human Development Index[17] . Despite the adequate rainfall and fertile soil to produce needed food, yet Liberia depends heavily on importation of rice (the national staple food). Liberia imports 60 percent of rice consumed making the country vulnerable to any price fluctuation and risking malnutrition among the citizenry (LISGIS et all, 2014). Amid high food prices compounded by the harsh economic conditions in the country, high unemployment rate, citizens continue to face the challenge of food affordability. Access to farmland varies from county to county with 30 percent of rural farmers lacking access.

In addition, bad road conditions linking farms to markets, locally produced food products do not reach markets in adequate quantities, further reinforcing accessibility challenges faced by the citizens. Inadequate diet diversity, poor care and feeding practices, poor sanitation and illness are the main drivers.

Unemployment is about 80 percent with male 77 percent and female 94.1 percent. Close to 68 percent of the Liberians work in the informal sector with no formal wages. Inequality in the wealth distribution in the country is high. Liberia ranks as the 8th lowest and is among the 10 most unequal countries (UNDP, 2018). The government's Pro-poor commitment and prioritization of gender equity, as articulated in the Liberia National Gender Policy, lays the foundation measures for appropriate services to be available and utilized by all persons, regardless of gender or status. However, the impact of these policies is limited.

2.2.2 Care & Feeding Practices

Exclusive breastfeeding rate is at 55.2 percent (GRN, 2022) among children aged 0-6 months and only 11 percent of children aged 6 to 23 months are fed with minimum dietary diversity, while 3 percent of children aged 6-23 months receive adequate quantity and quality diet. Although mothers understand the importance of breastfeeding and provision of colostrum, proper feeding, and care of children during illness remains limited. The percentage of Liberian mothers who initiate breastfeeding within the first 1 hour following delivery is 67 percent, while 37 percent continued breastfeeding 20-23 months as compared to 50 percent within the region and 45 percent worldwide[18] (UNICEF, 2018).Mothers who exclusively breastfeed children from 0-6 months are 55 percent, while 2 percent of mothers breastfeed with plain non-milk liquids. Twenty-two percent of mothers give breastmilk plus plain water and similarly 22 percent still feed with bottles against Maternal, Infant, Young Child Nutrition (MIYCN) standards. However, 78 percent of children 12-17 months are fed with breastmilk and timely complementary food (UNICEF, 2018). Liberia has no law governing breastfeeding; however, the 54thNational Legislature (House of Representatives) passed into law the Code of Marketing of Breast-Milk Substitutes (CMBS)on March 22, 2022.

17 https://hdr.undp.org
18 Data.unicef.org (2022 Liberia)

Traditional practices such as “peppering” (giving children a solution of pepper) and forced feeding are especially pronounced in Southeastern Region of Liberia. Infant and maternal mortality is associated with the poor nutrition status of pregnant women which is linked to underlying cultural factors such as nutrition taboos, GBV, teenage pregnancy and early marriage.

2.2.3 Water, Sanitation and Hygiene

One of the 17 global goals that encompass the 2030 agenda for Sustainable Development is universal access to clean water and sanitation. However, Liberia still lacks the basic infrastructure to provide safe drinking water and proper sanitation for its population. As reported in the LDHS 2019/2020, at least 84 percent of households have access to improved water sources such as hand pumps, tube wells, boreholes, bottled water, sachet water or protected dug well (Ministry of Public Works, 2017). On the other hand, the percentage of households with access to improved sanitation increased from 28 percent in 2017 to 47 percent in 2019 with 95 percent in urban and 65 percent in rural areas (LDHS-2019/2020). Forty-six percent had access to improved sanitation facilities, compared to less than 10 percent who had access to safely managed drinking water and sanitation services in 2017(UNICEF, 2017). Despite the health risks of open defecation, 48 percent of Liberia’s population practice open defecation (NWASH, 2022). A national roadmap has been developed to roll out the five-year plan (2022-2026) to end open defecation nationwide. Diarrhoea and pneumonia, which are linked to unsafe drinking water and poor hygiene habits, undermine the nutrition status of children and are leading causes of child death in Liberia. This strategic plan has demonstrated how WASH interventions can adapt nutrition-specific programmes to permit delivery of WASH interventions efficiently and effectively using joint advocacy approaches.

2.2.4 Health

The Health System is challenged with providing services equally to the population in urban and rural areas of the country. There is inequality which does not reflect the size of catchment population. In rural areas, most people have to walk for more than an hour to seek medical attention at the nearest health center, thus resulting in alternative sub-standard treatment sources for the rural population.

The cost of health care in Liberia is still challenging for the population, especially for the unemployed and vulnerable groups living in the rural setting. Although the GoL has a decentralized health care system, health facilities are inadequate, limited skilled health staffs, undeveloped health services, shortage of medicines and medical supplies. Deplorable roads to health facilities make life unbearable for the sick, especially women in labor. The Ministry of Health (MoH)nutrition program is also decentralized at the county, district, and community levels.

There are still challenges at the relevant ministries for adequately trained nutrition focal persons to ensure the implementation of nutrition sensitive programs. Great efforts have been made by the SUN Secretariat in coordinating the Multi-stakeholders Platform (MSP) for nutrition in the country by ensuring collaboration amongst relevant partners, advocacy, awareness, and representation.

2.2.5 Human Resource for Nutrition

The health sector lacks adequate logistics, financial and human resources, especially nutrition staff. The WHO standard for West Africa in terms of nutrition staff required is 700 per population of 5 million but currently stands at 250 per 5 million. There is a serious gap among nutrition service providers at the MoH most especially at B.Sc. level than the M.Sc. level (https://www.who.int>volume). Specialty in the nutrition sector is in the embryonic stage among health workers in Liberia. Information from MoH indicates a total of 1 nutrition staff in each of the 11 counties at county health team level and the other3 counties; Bong, Nimba, Lofa have 2 each and Montserrado county has 3 County Nutrition Supervisors, making a total of 20 County Nutrition Supervisors.

Most of the nutrition services that are currently been provided at health centers are administered by non-nutrition specialists or health staff who have been trained in-house. The National Nutrition Policy lays out a plan for capacity strengthening through formal and in-service training to augment the capacity of Nutrition staff. The present health policy focuses on mainstreaming nutrition into the Public Healthcare System to augment the staffing gap.

2.2.6 Women's Education and Empowerment

Inequality in wealth distribution in the country is very high. Liberia ranks as the 8th lowest and is among the 10 most unequal countries (UNDP, 2018). The government's Pro-poor commitment and prioritization of gender equity, as articulated in the Liberia National Gender Policy, lays the foundation measures for appropriate services to be available and utilized by all persons, regardless of gender or status. However, the impact of this policy is limited. According to the United Nations Educational, Scientific and Cultural Organization (UNESCO, 2017)report, adult literacy rate for female in Liberia is 34 percent and unemployment 2.96 percent for these females who are qualified and seeking employment by 2022 (Global Economy Research on Liberia)[19]. Thirty-eight percent of the women and 41 percent of men in Liberia are engaged in agricultural work. This is a decrease from 55 percent women and 53 percent men in 2017. Fifty-seven percent of the women performing agricultural work are more likely not to be paid making food affordability a challenge (LDHS, 2019/2020). This situation means that women are missing out on the opportunity to participate meaningfully in the socio-economic life and political decision-making process of the country. In 2016, Zone of Influence reported that only 56 percent of women achieve their minimum dietary diversity based on educational attainment, gendered household type, household size and household hunger (USAID, June 2018).

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19 https//:www.theglobaleconomy.com

2.2.7 Gender Mainstreaming in the LMNCSP

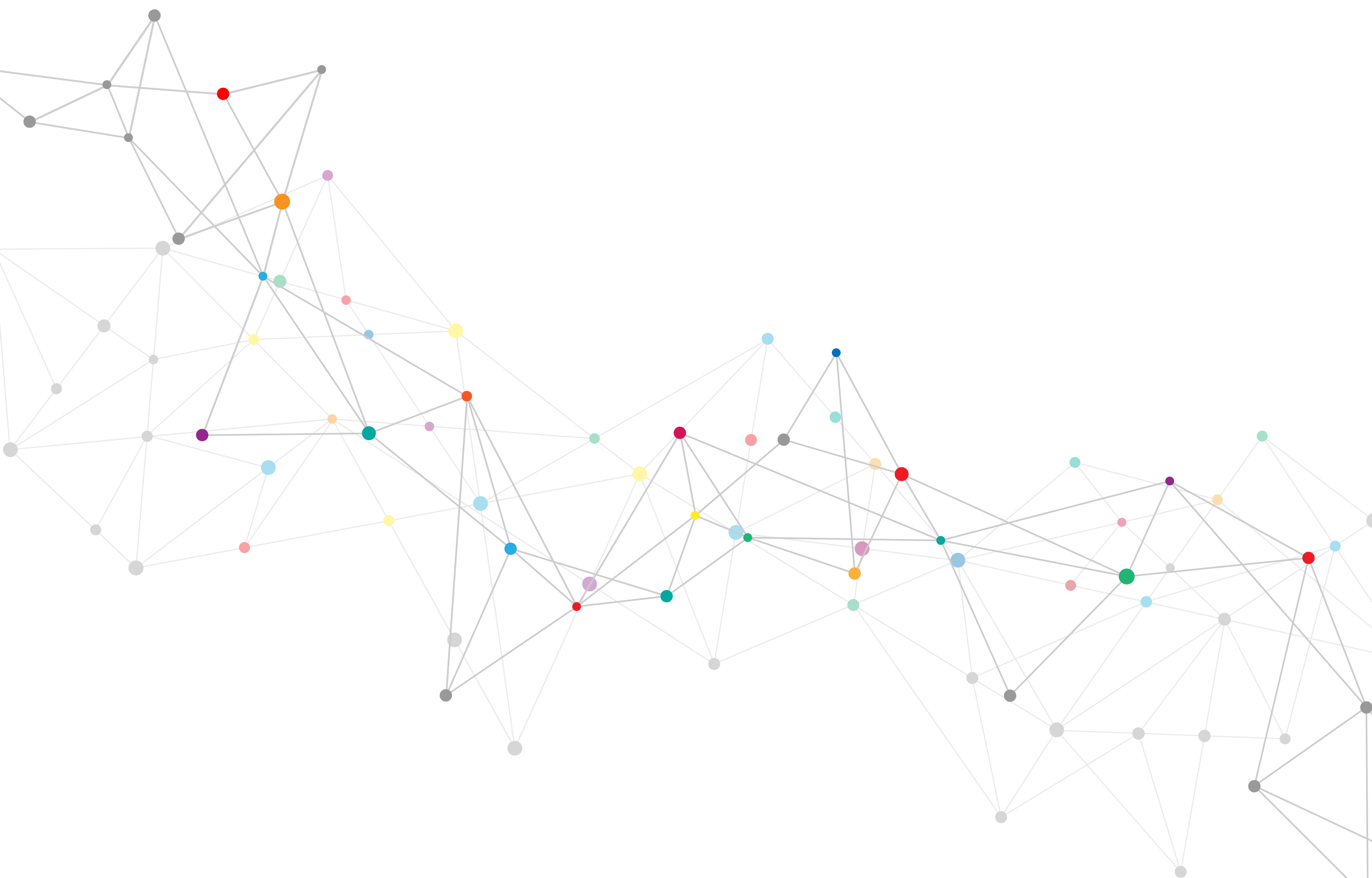
Food and Agriculture Organization (FAO) is currently running a mandate in Liberia to achieve equality between men and women through sustainable food production, thereby reducing hunger, poverty, practices of injustice. The domains of gender equality such as attitudes about or experience of gender-based violence have also been reported to have an expansive impact on nutrition and health related outcomes of women, girls and children (NI, 2018).

To achieve sustainable and improved nutrition and health outcomes, the LMNCSP aspires to contribute to the on-going efforts of tackling gender inequality through inclusion of men and women in all age cohort groups, including ethnic or religious diversities from the development stage, implementation, monitoring, and evaluation phases of this strategic plan. In addition, gender sensitive indicators in monitoring and evaluation framework have been provided to help in the collection, analysis and reporting of sex disaggregated data which in turn will inform gender transformative programming.

Social protection policies and programs have much potential to improve the nutrition situation of the vulnerable population of Liberia. The demand of social protection in Liberia remains large and multi-faceted with the current protection system facing challenges of coordination, collaboration, coverage, funding, and capacity. One of the social interventions implemented through this department is school feeding, demonstrating the relevance of adopting a multi-sectorial approach sensitive to the specific needs of children and adolescents vital in implementing nutrition and social protection programs. Some national interventions target children under five and lactating mothers to have access to finance, agriculture inputs, Agriculture Extension and Advisory Services (AEAS)[20]. The LMNCSP has ensured to integrate nutrition in social protection interventions to holistically combat malnutrition.

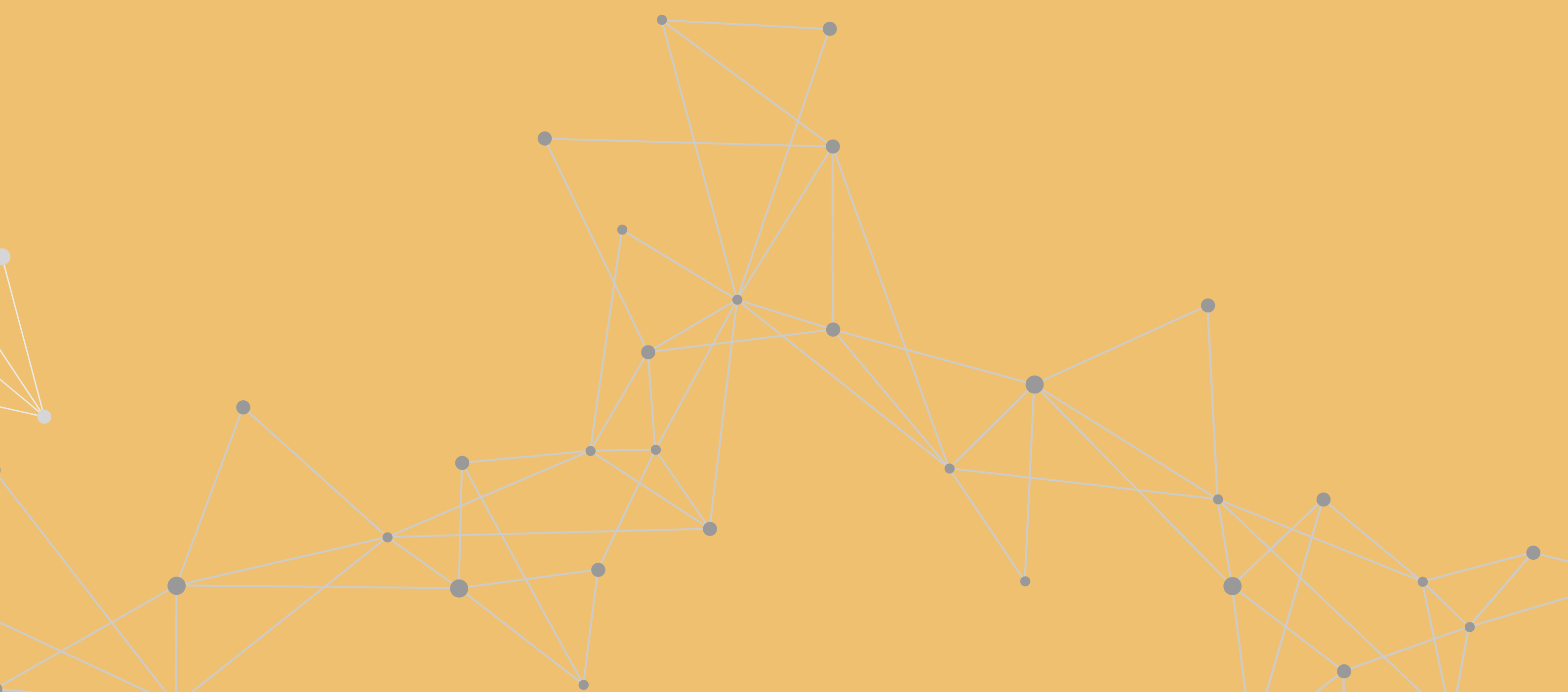
Women's empowerment programme under the Ministry of Gender, Children and Social Protection

20 https://fao.org>detail



3

MULTI-SECTORAL STRATEGY DESIGN FRAMEWORK



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3.1 Introduction:

The LMNSCP is designed to reduce malnutrition in the country by implementing actions and sub-actions which address the nutrition-specific and nutrition-sensitive challenges in country through a multisectoral approach which involved all relevant actors.

The LMNCSP is focused mainly on stunting reduction while seeking to address other forms of malnutrition. It seeks to operationalize the National Nutrition Policy revised in 2019, through the formulation of interventions which address the context, causes and consequences of all forms of malnutrition in Liberia.

3.2 Interventions in Key Sectors

The key sectors for interventions are guided by the National Nutrition Policy and Compendium of Actions for Nutrition under the following 1l Thematic Areas: (1) Crops/Horticulture, (2) Fisheries/ Livestock, (3) Food Consumption and Healthy Practices, (4) Food Fortification, Processing and Storage, (5) Prevention and Management of Acute Malnutrition, (6) Maternal Infant and Young Child Nutrition (MIYCN), (7) Multiple Micronutrient Supplementations, (8) Prevention of Nutrition Related Diseases, (9) Social Protection and Gender Empowerment, (10) WASH, and (11) Emergency and Shocks. The actions and sub-actions selected during the national consultation with relevant ministries and agencies (MIA, MICAT, MFDP, MoA, MoCI, MoE, MOGCSP, MoH, MPW, NaFAA, NPHIL, SUN, NWASHC, CSO, County Health Teams, MSPs, etc.) are those deemed relevant to obtaining the objectives of the National Nutrition Policy of Liberia.

3.3 Multi-sector Nutrition Governance

The multi-sector approach for the reduction of malnutrition with emphasis on stunting reduction requires an enabling environment for a comprehensive collaboration and coordination between key stakeholders at capital, county, district, and community levels. This will result to achieving high-impact, nutrition specific and nutrition-sensitive outcomes. The SUN Secretariat leads the multi-stakeholders' platform which ensures coordination amongst various stakeholders who contribute to the multi-sectorial interventions.

Key sectors such as agriculture, health, education, social protection and social safety net, early child development, water, hygiene and sanitation, and the private sector are essential in addressing the underlying and basic causes of malnutrition.

Some important actions that contribute to the enhancement of an enabling environment for nutrition include:

1. Increase in financial resource allocation for nutrition activities or projects at the county/district levels by the Ministry of Finance and Development Planning.
2. Strengthening the capacity of relevant frontline staff in the nutrition departments of the various line ministries for nutrition-specific and nutrition-

sensitive activities.

3 Coordination mechanisms should be active and encouraged to bring together sectors specific technical expertise through the conduct of meetings for information sharing and technical advice and nutrition governance.

4. Efforts should be made to foster collaboration between private sectors, CSO, religious groups and all relevant stakeholders to ignite their interest in nutrition programs.

5. Continued advocacy should be held for the enactment of legal instruments which protect and promote nutrition in the country.

3.4 Nutrition-Specific Interventions

The Nutrition Specific interventions expected to address the immediate causes involve 10 Direct Nutrition Interventions (DNIs) which require material, financial, human and logistics resources. The DNIs are currently being implemented in Liberia by the GoL through the MoH, UNICEF, and other multiple partners. UNICEF is supporting the government to increase the coverage of nutrition services. The DNIs include interventions such as the promotion of exclusive breastfeeding, food fortification, treatment of severe acute malnutrition, hand washing for disease prevention, de-worming, micronutrient supplementation and pre-pregnancy and adolescent nutrition. The 10 DNIS are:

1. Promotion of adolescent and pre-conception nutrition
2. Iron folic supplementation for pregnant women
3. Support for food fortification
4. Promotion of optimal breastfeeding
5. Multi micronutrient (MNP) supplementation for children aged 6-23 months
6. Vitamin A supplementation
7. Promotion of appropriate complementary feeding
8. Treatment of severe acute malnutrition
9. Promotion of hand washing for disease prevention
10. Deworming for children aged 6-12 months.

The GoL, through the MoH provides human and financial resources, non-financial assets, administrative and policy support to implement the DNIs.

3.5 Nutrition-Sensitive Interventions

In addition, there are Nutrition Sensitive interventions which involve relevant Government line ministries, agencies, United Nations agencies, development partners and other multiple partners, civil society, religious and community level actors at national and sub-national levels. Focus is placed on those interventions which are linked to existing Food Systems including Agriculture, Food security, Education, community health, Non–Communicable Diseases and Injury (NCDI), and family planning, WASH, Gender, social protection and safety nets,

food quality controls and price regulations, access road, and private sectors partnership for nutrition, food fortification and support to small enterprise for production of complementary food for children.

3.6 Nutrition Governance

The creation of enabling environment and nutrition governance to safeguard nutrition which include enacting legislations, policies, regulations, monitoring, evaluation, accountability, reporting, transparency, coordination, advocacy, and resource mobilization. Capacity strengthening is also another vital area to be considered.

3.7 National Policy and Legal Framework for the LMNCSP

The LMNCSP is well grounded on the National Nutrition Policy (NNP, 2019-2024 chapter 3,&4-pages 20-230), the National Health and Social Welfare Policy (NHSWP, 2011-2021-Chapter 2.3.5, Pg.7, chp.3 page 12-13 Policy Foundations), the National Gender Policy (NGP, 2010–2015), the National Food Security and Nutrition Strategy (NFSNS,2008, pg.7) which highlights food security and improved nutrition as national priority. Better food utilization for improved nutrition and the Comprehensive Food Security and Nutrition Survey (CFSNS, 2018) support the PAPD as indicated in Pillar 1 (PAPD, 2018-2023) and the Vision 2030. The Liberia Demographic Health Survey conducted from October 16, 2019, to February 12, 2020, has provided updated nutrition data used in this document. The NNP 2019-2024 also emphasizes the following: 1. Strong Political Will, Gender Equality, and mainstreaming, 2. Decentralization in health delivery and management, 3. School Health and School Feeding, and 4. Focus on Adolescent nutrition.

3.8 Nutrition a Universal Human Right

Health and Nutrition are the fundamental rights of children as indicated in the Universal Declaration of Human Rights, 1948, as ascribed in Article 25 setting the right to food, medical care, and basic social services as the requirements for the wellbeing and health of every individual and family. The principle is further emphasized in the Preamble of the Constitution of the World Health Organization in 1946 as a precondition for individual and societal development. Further to these are the United Nations Convention on the Rights of the Child (CRC) Article 6 “the right to life”, Article 24 “the right to health and medical care” and Article 27 on the right to good and adequate standard of living, including food. These rights are also backed up by Article 14 of the African Charter on the Rights and Welfare of the Child, 1992. Liberia has also passed into law the Children’s Law of Liberia in 2011 which Section 8.2 and Section 10 clearly state the rights to access adequate food, safe and clean water, nutrition, and health care.

Other international regional obligations include the adherence to the U.N. Sustainable Development Goals (SDG 2) and 3 that require nations to end all forms of hunger and malnutrition, especially for children, by 2030. SDG 2, Target 2.2 says “end all forms of malnutrition”, including to achieve by 2030 the internationally agreed targets on stunting and wasting in children under-5 years. Address the nutrition needs of adolescent girls, pregnant

and lactating women and older persons and "Achieving Zero Hunger." The SDG 3 indicates Achieving Good Health and Wellbeing and stresses the need for multi-sectorial, rights-based and gender-sensitivity approaches to address inequalities and to build good health for all. Other SDG goals which are closely related to Nutrition and Health include Goal 1: No Poverty, Goal 4: Quality Education, Goal 5: Gender Equality and Goal 6: Clean Water and Sanitation. In fact, nutrition seems central to all the 17 SDGs and each member state is expected to make efforts to achieve these goals.

a) Political will and awareness of the importance of nutrition at all levels

The solutions to eradicating malnutrition in Liberia go beyond the walls of the Ministry of Health. For this reason, different stakeholders across different sectors; line ministries, development partners, non-governmental organizations (NGOs), faith-based organizations (FBO), community-based organizations (CBOs), civil society organizations (CSOs), donors, research institutions, private sector, the mass media, and academic training institutions, will be engaged to steer the implementation of this strategic plan towards achieving optimal nutritional status for all Liberians. This is further expressed in the PAPD Pillar1 that emphasizes the reduction of stunting to 22 percent by 2023.

b) Adequate financial resources

The Government of Liberia seeks to commit itself in the intensive mobilization, proper utilization and accessing financial resources to help in expanding the coverage of nutrition interventions without compromising the quality. As a long-term trend in Liberia to reduce foreign assistance, the government seeks to promote domestic financing for the implementation of the interventions in the strategic plan.

c) Coordination

The Government of Liberia recognizes that every individual has an important role in improving the nutrition status of the country thus endeavors to build an environment that encourages participation, collaboration and incorporation of diverse skills and capabilities across all sectors.

d) Decentralization

This strategic plan recognizes the power of a devolved system pulling together the leadership at national, county and district levels to make nutrition and nutrition related decisions focused and targeted for the benefit of all Liberians.

e) Community participation and involvement

The Government of Liberia recognizes that a healthy community is a healthy nation because the community is the heart of the nation. For this reason, this strategic plan looks forward to partnering with community actors in mapping nutrition needs, planning and implementation of different nutrition interventions using a community-based approach towards eradicating malnutrition.

f) Prioritizing the most nutritionally vulnerable populations

In Liberia, those considered as nutritionally vulnerable include infants, children under five years, school age children, adolescents, pregnant and lactating women, People Living With HIV/AIDS (PLWHA), TB patients, victims of disasters/ emergencies and geriatrics. A holistic approach will be advocated to protect and promote the nutritional status of the named vulnerable groups as identified in this strategic plan.

g) Gender mainstreaming

This strategic plan seeks to ensure the needs and concerns of the boys, girls, men, and women are considered and given the need for the promotion of gender-sensitive policies and activities in nutrition.

h) Adequate and skilled human resources

There is a mutual relationship between health, nutrition, and human resource development. This strategic plan understands the need to strengthen human resources for nutrition through capacity building with an increased awareness of promoting gender equality.

i) Evidence-based planning

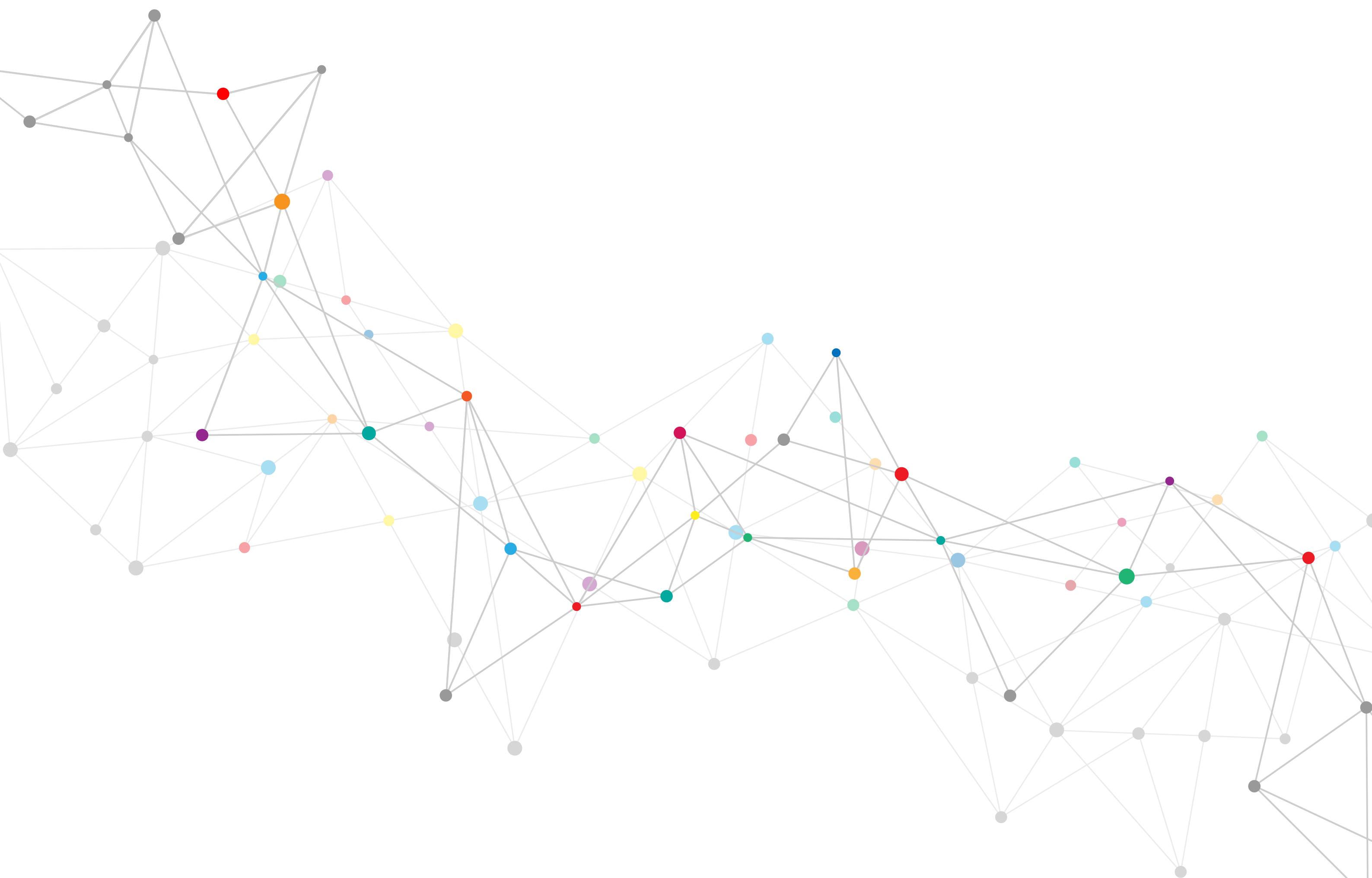
The LMNCSP will seek to address the real issues without compromise as identified by the nutrition stakeholders and as reported in the retrieved data from different sources in the country guided by:

i. Evidence-based decision making
ii. Monitoring and evaluation of the implementation of nutrition services
iii. Timely course correction
iv. Promoting accountability among duty bearers to provide nutrition service.

The LMNCSP demonstrates the need for collaboration and coordination using the multi-sectoral approach across actors in the government, private sector, research, and national development partners to manifest coherence between policies and strategies.

The main policy context for the Liberia Multi-Sector Nutrition Costed Strategic Plan is detailed in the National Nutrition Policy as follows: 1. Strong Political Will, Gender Equality, and mainstreaming, 2. Decentralization in health delivery and management, 3. School Health and School Feeding, and 4. Focus on Adolescent nutrition. The LMNCSP serves as the strategic implementation framework for the NNP. The Liberia Multi-Sector Nutrition Costed Strategic Plan is founded on the following Vision, Mission, Goal, Objectives, and Strategies which are

Anthropometric measurement for growth monitoring of children



4

VISION, MISSION, GOAL, OBJECTIVES and STRATEGIES

4.2

MISSION

To scale-up the coverage, accessibility and utilization by individuals and communities of nutrition-specific and nutrition-sensitive interventions which prevent stunting and other manifestations of malnutrition

4.1

VISION

To achieve optimal nutritional status for all Liberians through the implementation of both nutrition-specific and nutrition-sensitive interventions across sectors

4.3

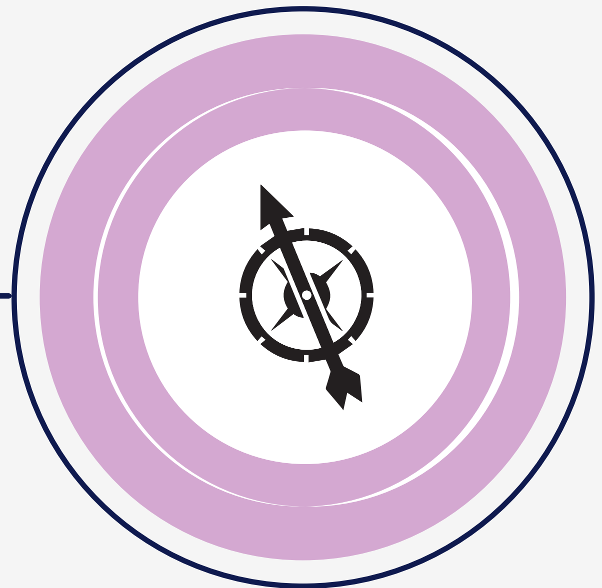
GOAL

The overall goal of the LMNCSP is to reduce stunting from 29.8 percent rate among the under-5 in 2023 to 18 percent by 2028 and any other forms of malnutrition, by accelerating interventions and activities which are nutrition-specific and nutrition-sensitive through multi-sectoral approaches.

4.4

OBJECTIVES

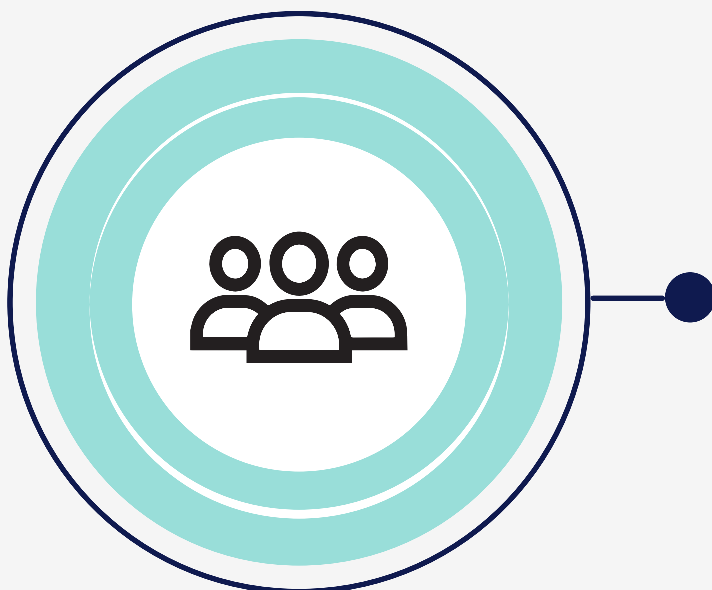
The strategic objectives of the LMNCSP as stipulated below are clearly elaborated in the NNP and provide the scope of which the National Nutrition Response should be implemented.



4.5

PURPOSE OF THE LIBERIA MULTI-SECTORAL NUTRITION COSTED STRATEGIC PLAN (LMNCSP)

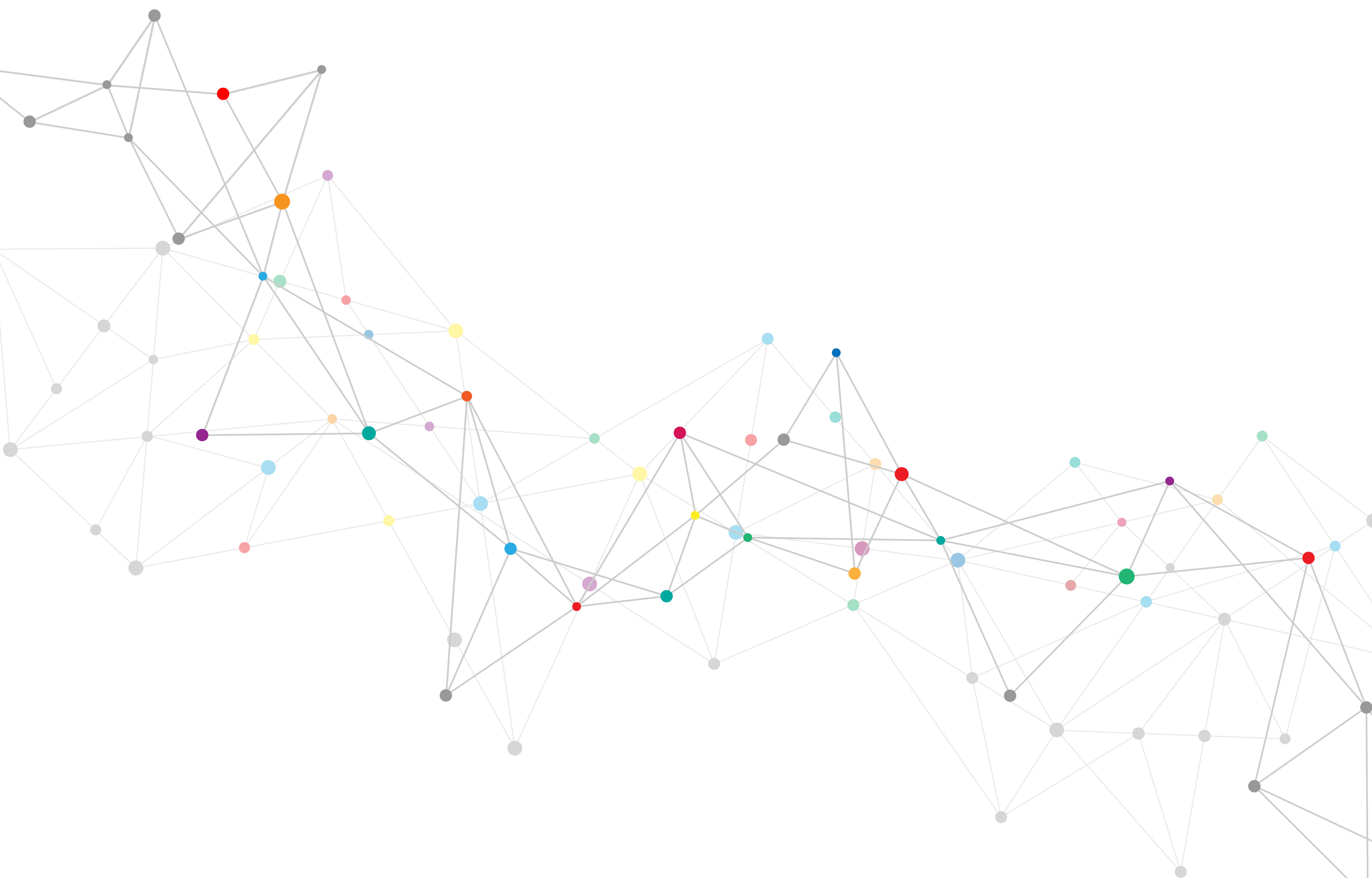
The purpose of the Liberia Multi-sectorial Nutrition Costed Strategic Plan is to outline the operationalization of the strategic implementation of the National Nutrition Policy document in Liberia through a collaborative and coordinative approach among all relevant stakeholders. This is to ensure adequate support in terms of human, material and financial resources needed to achieve the overall goals and objectives of the National Nutrition Policy.



4.6

TARGET AUDIENCE OF THE MULTI-SECTORAL NUTRITION STRATEGY

The target audience for the LMNCSP includes (1) Healthcare Planners, (2) Policy Makers, (3) Policy implementers at both national and county levels, (4) Nutrition-specific and Nutrition-sensitive sectors at all levels, (5) Nutrition staff at all levels; other actors include: (6) Development partners, (7) non-governmental organizations (NGOs), (8) Faith-based Organizations (FBO), (9) Community-based Organizations (CBOs), (10) Civil Society Organizations (CSOs), (11) Donors, (12) Research institutions, (13) Private sectors, (14) the media, and (15) Academic Training Institutions. This will enable them to understand how their active support towards the implementation of the LMNCSP will contribute to the achievement of optimal nutrition for all Liberian citizens and eradicate malnutrition in all its forms.



5

STRATEGIC OBJECTIVES, STRATEGIES, and INTERVENTIONS

5

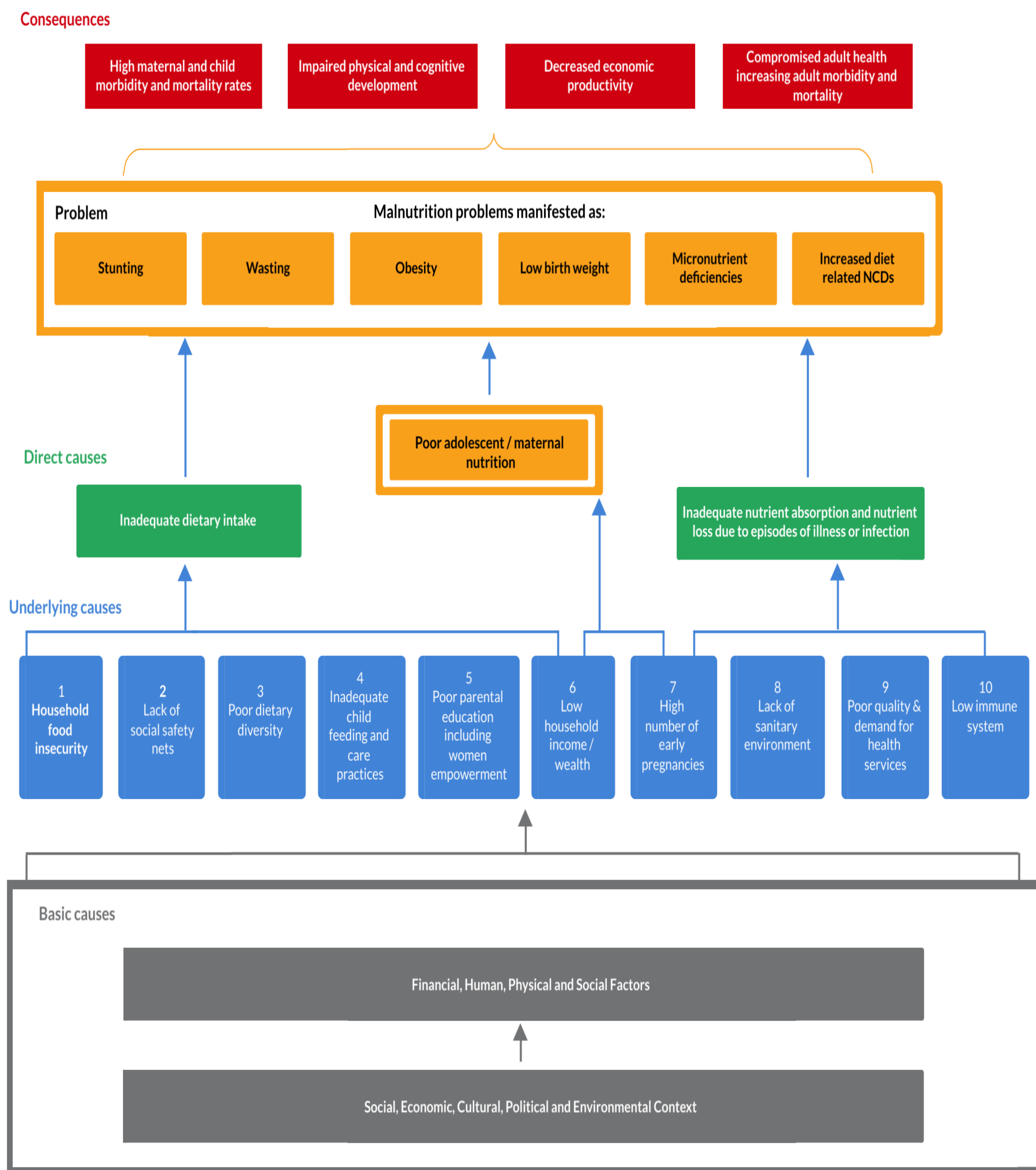
5.1 Rationale

The National Nutrition Policy has clearly set out the justification for a multi-sectoral approach to tackle the multi-faceted challenges of malnutrition among women and children in Liberia. There are multiple causes of malnutrition in Liberia ranging from direct and indirect causes such as illnesses, food insecurity, poor feeding practices, child health services and WASH, etc. that need to be addressed to achieve the vision as outlined in this strategic plan. Actions required to tackle malnutrition in the country are expected to work towards addressing these root causes to eliminate the negative impact of malnutrition in the Liberian economy. Therefore, this strategic plan uses a multi-sectoral approach to include other line ministries (Agriculture, Social Protection, Education, Gender, Water and Sanitation, etc.) other than the Ministry of Health to address the malnutrition situation in Liberia.

Figure 8 shows the Conceptual Framework adopted for the LMNCSP to address the root causes and challenges of malnutrition which reinforces the need for a multi-sectoral approach.

Local nutritional fruits in a local market in Liberia.

Figure 8: The Conceptual Framework



5.2 Theory of Change and Logical Framework

The Theory of Change (ToC) is a specific type of methodology used for planning, participating, monitoring, and evaluating the desired change in a context to improve the nutrition status of the people in Liberia.

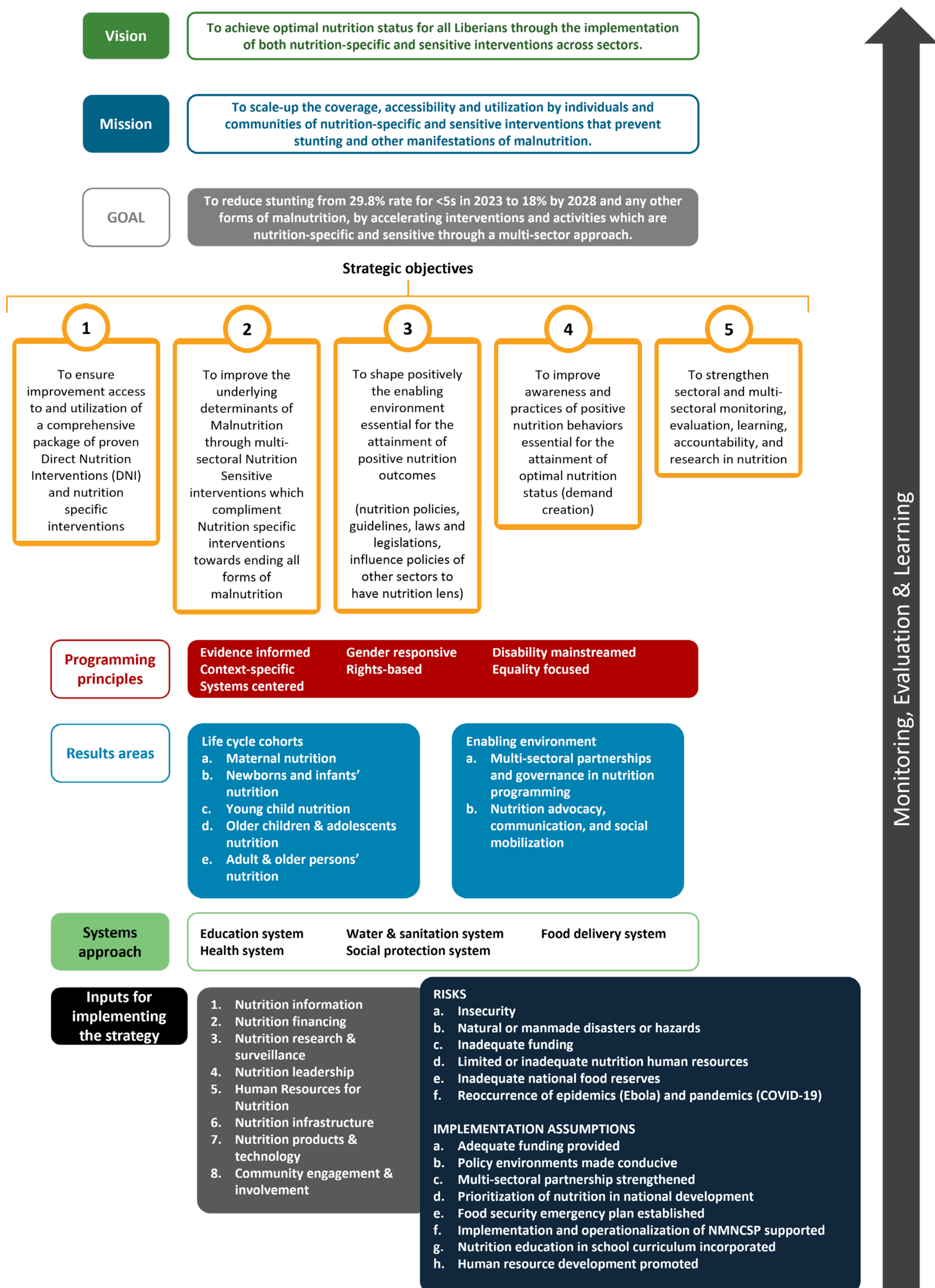


Figure 9: Theory of Change (TOC)

The Theory of Change outlined below was used to develop the set of strategic objectives for this LMNCSP. If these strategies are deployed to implement the listed interventions by using efficient and effective mechanism, multi-sectoral approach, viable partnership, community participation and involvement techniques, innovation, and dynamic leadership, then by extension it will contribute to achieving optimal nutrition status of the Liberian citizens and residents.

5.3 Key Strategic Objectives and Strategies

The LMNSCP has 5 Major Strategic Objectives that have been defined. The 5 strategic objectives have a set of strategies with corresponding expected outcomes and intervention/activities to be implemented for the achievement of the goal and objectives of NNP. The strategic objectives have further been presented within the implementation matrix.

1 **Strategic Objective 1:** To ensure improvement access to and utilization of a comprehensive package of proven Direct Nutrition Interventions (DNI) and nutrition specific interventions at all government health facilities by 2028.

2 **Strategic Objective 2:** To improve the underlying determinants of Malnutrition through multi-sectoral Nutrition Sensitive interventions which compliment Nutrition specific interventions towards ending all forms of malnutrition by 40% in 2028

3 **Strategic Objective 3:** To shape positively the enabling environment essential for the attainment of positive nutrition outcomes (nutrition policies, guidelines, laws and legislations, influence policies of other sectors to have nutrition lens)

4 **Strategic Objective 4:** To improve awareness and practices of positive nutrition behaviors essential for the attainment of optimal nutrition status (demand creation)

5 **Strategic Objective 5:** To strengthen sectoral and multi-sectoral monitoring, evaluation, learning, accountability, and research in nutrition.

Figure 10: The LMNCSP Strategic Objectives

Table 1: Summary of Strategic Objectives and Strategies

STRATEGIC OBJECTIVES	STRATEGIES
Strategic Objective 1: To ensure improved access to and utilization of a comprehensive package of proven Direct Nutrition Interventions (DNI) at all government health facilities by 2028	1. Adopt community health initiatives to roll out the Integrated Management of Acute Malnutrition at health facility and community levels. 2. Integrate cross-sectoral linkages to ensure that DNIs (see chapter 3.1 for lists of DNIs) are provided routinely within the Public Health Care System and mainstreamed in other sectors
Strategic Objective 2: To address the underlying determinants of Malnutrition through multi-sectoral nutrition sensitive interventions which complement nutrition specific interventions towards ending all forms of malnutrition by 40 percent in 2028	1. Integrate nutrition into WASH policies, strategies, plans and programs. 2. Adopt appropriate technologies for the production, processing, and handling of agricultural products to improve household food and nutrition security. 3. Develop and implement a package of nutrition interventions and operational guidelines appropriate for School going children and adolescents. 4. Develop a nutrition-sensitive package of cash transfer interventions and appropriate operational guidelines for social protection of vulnerable children and adolescents to safe guide their nutrition. 5. Integrate cash transfer programs to provide income support as a social safety net to vulnerable groups to improve health and nutrition of children in targeted households. 6. Enhance an effective and functional institutional system for Disaster Risk Management, enhance risk identification mechanisms; preparedness, emergency response (including nutrition emergency response) and recovery; improve information and knowledge management and vulnerability factors. 7. Solidify systems of relevant government Institutions to ensure emergency preparedness and response. 8. Strengthen community preparedness, response, and recovery for natural and man-made disasters/ outbreaks through national emergency response and recovery strategy. 9. Facilitate the establishment of Nutrition Focal Points in each line ministry of the Government t of the Republic of Liberia

STRATEGIC OBJECTIVES	STRATEGIES
Strategic Objective 3: To shape positively the enabling environment essential for the attainment of positive nutrition outcomes (nutrition policies, guidelines, laws and legislations, influence policies of other sectors to have nutrition lens)	1. Review, update and /or formulate legislation, guidelines, standards, and code of practice on food quality and safety. 2. Sensitize and inform the public and key decision makers on the importance of food quality and safety. 3. Strengthen Institutional capacity to ensure the monitoring and enforcement of food, sanitary and phytosanitary standards; Consumer education, protection and put in place systems for consumers to express grievances and make suggestions for improvements in food safety. 4. Integrate nutrition goals into national development plans, sectoral policies/plans, programs, and projects. 5. Advocate to improve awareness among decision makers on the %role of nutrition in national development and how sectors can work together to achieve desirable change. 6. Ensure adequate human, financial, material and logistics resources are provided for the implementation of the Linespacing the SUN focal persons at an appropriate level/office within government with convening powers. 7. Promote coordination, advocacy for resource mobilization domestically and externally. 8. Earmark regular and fixed meeting dates in advance for information dissemination. 9. Advocate for the creation of nutrition budget line in the government Fiscal Budget allocation 10. Conduct capacity building to strengthen technical capacity for nutrition program implementation, policy analysis, and development and monitoring of their implementation at all levels. 11. Promote Public-Private Partnerships in nutrition programming

STRATEGIC OBJECTIVES	STRATEGIES
Strategic Objective 4: To improve awareness and practices of positive nutrition behaviors essential for the attainment of optimal nutrition status (demand creation)	1. Create awareness on appropriate dietary practices and lifestyles essential for the prevention of NCDIs particularly targeting groups most at risk. 2. Encourage the formation of pressure groups such as anti-smoking, anti-drug, and anti-alcohol abuse groups, to enhance capacity to combat the problems. 3. Develop a social behavior change communication strategy to increase knowledge and promote positive nutrition behaviors.
Strategic Objective 5: To strengthen sectoral and multi-sectoral monitoring, evaluation, learning, accountability, and research in nutrition.	1. Strengthen existing systems and capacity to collect, analyze, report and monitor nutrition situations to ensure the utilization of data for decision-making. 2. Integrate and assimilate standard nutrition indicators into sectoral information systems with a priority for HMIS. 3. Strengthen information systems to ensure the integration, tracking of progress, analysis, and the use of the information for decision-making. 4. Develop the capacity of community and facility-based service providers on essential skills and competencies in nutrition.

5.4 Strategies and priorities for high-impact interventions

1

Strategic Objective 1: To ensure improved access to and utilization of a Comprehensive Package of Proven Direct Nutrition Interventions (DNIs) at all government health facilities by 2028.

Expected outcome: Strengthened access and utilized package of the Comprehensive Package of Proven Direct Nutrition Interventions (DNIs)

Strategy 1:
Adopt Community Health Initiatives to roll out the Integrated Management of Acute Malnutrition (IMAM) at health facilities and community levels.

Interventions

1. Procure and distribute Integrated Management of Acute Malnutrition (IMAM) supplies and equipment including outreach and at OTP.
2. Advocate for increased resource allocation, better coordination, plans and commitment for IMAM implementation including commodities, equipment, and Human Resources
3. Integrate MIYCN with IMAM, and IMNCI (Integrated Management of Neonatal and Childhood Illnesses) package and services (social services and livelihood) for prevention strategies at community and household levels.
4. Conduct mass and routine screening of under 5 children to facilitate the identification of individuals with Severe or Moderate Acute Malnutrition (MAM) and refer appropriately.
5. Support out-patient management of SAM, in-patient Management of SAM, targeted supplementary feeding to treat MAM and enhanced nutrition counseling.
6. Disseminate and enhance understanding of IMAM training package for health workers.
7. Develop a costed scaled-up plan to expand access to treatment within the country.
8. Conduct IMAM program performance reviews: cure, defaulter, death, coverage, and linkage with M&E.
9. Arrange for storage for proven dietary nutrition supplies at national and county levels.

Strategy 2:

Integrate across-sectoral linkages to ensure that DNIs are provided routinely within the Public Health Care System and mainstreamed in other sectors (Promotion of adolescent and pre-conception nutrition; Iron folic supplementation for pregnant women; MIYCN: Promotion of optimal breastfeeding, multiple micronutrient supplementation (MNP) for children aged 6-59 months).

Interventions

1) Develop and disseminate a national strategy for adolescent and preconception nutrition.
2) Conduct awareness campaigns on the importance of adolescent nutrition, HIV/AIDS, reproductive health, and WASH using various channels.
3) Provide IFA (Iron Folic Acid supplement to pregnant women at antenatal care (ANC) for 270 days.
4) Provide pregnant women with Insecticide –Treated Nets (ITNs) to prevent malaria.
5) Provide Iron supplementation to children 6-59 months.
6) Provide WIFA supplement and deworming for adolescents.
7) Provide nutrition counseling for PLW.
8) Promote attendance to antenatal and postnatal clinics by PLW.
9) Encourage, monitor, and document mothers who initiate breastfeeding of children within the first-hour of birth.
10) Promote, protect, and support exclusive breastfeeding for children 0-6 months.
11) Encourage and promote awareness on timely appropriate, adequate, and safe complementary feeding for children 6-23 months old with continued breastfeeding for 2 years and beyond.
12) Provide multiple micronutrient powder (MNP) supplementation for children aged 6-59months.
13) Conduct bi-annual de-worming of children aged 12-59 months (two doses).
14) Provide children aged 6-59 months with two doses per year with Vitamin A supplements.
15) Establish mechanisms to collaborate with print and electronic media to scale up maternal, adolescent, infant and young child nutrition practices messaging.
16) Promote celebration of World Breastfeeding Week and other MIYCN global/ national events.
17) Develop and train health workers and community assistants on maternal, adolescent, infant and young child nutrition practices packages.
18) Institutionalize the 10 steps to successful breastfeeding in all health facilities that provide maternity services via Baby-Friendly Hospital Initiative.
19) Develop a multi-sectoral Nutrition Score Card.
20) Conduct nutrition partner’s mapping.
21) Develop a national complementary feeding framework.

2

multi-sectoral Nutrition Sensitive interventions which complement Nutrition Specific Interventions towards ending all forms of malnutrition by 40 percent in 2028.

Expected Outcome: Improved multi-sectoral nutrition programming and interventions through Nutrition Sensitive activities which complement Nutrition Specific Interventions and address the underlying determinants of malnutrition in Liberia.

Strategy 1:
Integrate Nutrition into WASH Policies, Strategies, Plans and Programs

Interventions

1) Ensure that relevant sectors formulate and design programs with nutrition lens.
2) Educate, sensitize, and influence social marketing emphasizing links between poor WASH and under-nutrition.
3) Embark on hand washing, education, and promotion always through promotion of environmental hygiene in public areas and domestic facilities.
4) Provision of hand washing supplies and hand washing stations /tippy tapes all levels.
5) Promote environmental hygiene in public areas and domestic facilities.
6) Ensure villages are Open Defecation Free (ODF).
7) Support sanitation facilities design sensitive to vulnerable groups.
8) Improvement of water supply systems and services for access to safe drinking water.
9) Ensure construction and rehabilitation of boreholes and hand-dug wells fitted with hand-pumps to get clean water at community levels.
10) Promote household water treatment technologies and safe storage within households, health facilities and schools.
11) Adopt and review available regional and international WASH standards.
12) Conduct sensitization on safe and hygienic practices during food preparation and storage.
13) Advocate for protection of water sources and regular water treatment quality checks.
14) Strengthen mechanisms for collaboration and promote participation of stakeholders in WASH forums.
15) Support Baby WASH interventions to improve maternal, newborn and child health, early childhood development, and nutrition.

Strategy 2:
Adopt appropriate technologies for the production, processing, and handling of agricultural products to improve household food security.

Interventions

1) Empower and support communities to work on agriculture and educate them on which types of nutrition sensitive food to plant, the importance, and advantages of establishing kitchen gardens and rearing small animals.
2) Educate communities on nutritional quality of common foods that are locally available, culturally accepted, and low cost to enable them to make informed decision when purchasing at local markets.
3) Train community nutrition relevant stakeholders, care givers and households on homestead farming, model gardening, production of stable, irrigation techniques, water banks/reservoirs, smart irrigation, installation of rain gauge, basic mechanized farming which increase production, and reduce women workload.
4) Promote uptake of food processing technology, preservation, storage, and utilization of local diversified food to prevent losses.
5) Establishment of farmers field schools, seed banks and community seed and fruit nurseries.
6) Introduce bio-fortified food crops varieties to support healthy diets.
7) Strengthen the capacity and work with community, caregivers, and Community Health Assistants to provide nutrition sensitive services (e.g., WASH, kitchen garden, nutrition education and awareness).
8) Develop food safety regulations and enforcement mechanisms.
9) Develop social behavior change and communication (SBCC) strategy for increased consumption of nutritious foods and improved dietary diversity including fortified foods.
10) Promote and protect homestead animal rearing to produce animal source food in support of healthy diet.
11) Capacitate farmers to implement fish and insect farming to produce animal source food in support of healthy diets (e.g., fish farming, beekeeping and honey production and value chain, snail-rising, etc.
12) Advocate with ministries of agriculture /partners for the distribution of high nutritious value local seeds, animals, and fisheries to vulnerable households.
13) Advocate for strategies to maintain predictable and stable food imports including cost reduction measures and establishment of strategic food reserve mechanisms.
14) Promotion of year-round production of fruits and vegetable gardens for healthy diets.
15) Enable relevant sectors community stakeholders to provide support and guidance within schools regarding nutrition. e.g., land for school gardens.
16) Negotiate for construction and rehabilitation of farms to market roads to

improve access to local markets.

17) Train care groups and households on homestead farming, food processing, preservation, storage, and utilization of diversified foods for improved nutrition status.
18) Ensure the establishment of seed multiplication gardens and related agriculture inputs at the community level.
19) Ensure that relevant stakeholders implement food fortification to improve essential nutrients in diet.
20) Improve access through farm to market roads / feeder-roads rehabilitation / maintenance livelihood, income, etc.
21) Establish yearly crops survey of the production yield during harvest to enable estimate for lean season.
22) Establish a monthly market price monitoring to generate price bulletin of major food commodities.
23) Encourage animal farmers to monitor animal's biosafety and bio-security measures to keep diseases out of the farm.
24) Timely distribution of agriculture inputs to farmers along with viable seeds.

Strategy 3:
Develop a package of nutrition and adolescent sexual and reproductive health intervention and operational guidelines appropriate for school going children and adolescents.

Interventions

1) Develop standardized supplementary feeding guidelines based on local foods.
2) Support the development of school nutrition curriculum.
3) Monitor the teaching of nutrition education in schools (primary and secondary).
4) Conduct cooking demonstrations to promote optimal nutritious food including choice and combinations at schools.
5) Promote nutrition education for improved dietary diversity and food hygiene education to safeguard nutrition for school going children and adolescents.
6) Review school health strategy and school feeding guidelines to ensure coherence with the LMNCSP.
7) Ensure schoolgirls take home ration to safeguard nutrition.
8) Advocate for the setting up of hand washing posts on school campuses.
9) Ensure support to home-grown school feeding Program.
10) Establish school gardens for agriculture production to increase nutrition knowledge for new learners.
11) Promote school health and nutrition programs for healthy diets and good nutrition.
12) Enable relevant sectors community stakeholders to provide support and guidance within schools regarding nutrition. e.g., land for school gardens.
13) Sensitize school going children and adolescents on healthy diets and physical

activity using context-specific communication channels.

14) Integrate messaging on healthy diets and physical activity in the school health program.
15) Regulate the food environment to control marketing of unhealthy foods for school going children and adolescents and sensitize school stakeholders on marketing and promotion of sufficient, safe, and nutritious foods in school.

Strategy 5:
Integrate cash transfer programs to provide income support as social safety-net to vulnerable groups to improve health and nutrition of children in targeted households.

Interventions

1) Support the implementation of cash transfers to households with poor children and adolescents.
2) Lobby with stakeholders to provide support that are nutrition sensitive to increase the capacity of vulnerable households.
3) Encourage nutrition sensitive village saving loans (susu) in care groups activities for economic empowerment of women in vulnerable families.
4) Provide unconditional cash transfers to safeguard healthy diets, particularly to vulnerable pregnant and lactating women and young children integrated with nutrition education.
5) Support provision of specialized food transfer to women and children to safeguard maternal, infant, and young child nutrition.
6) Ensure cash transfers or other forms of social transfers to empower vulnerable communities and households' affordability of food, prioritizing pregnant women and child-headed households.
7) Advocate for the implementation of maternity cash transfers as social protection safety-net programs to reduce financial barrier to good nutrition.

Strategy 6:
Enhance an effective and functional institutional system for disaster risk management. Enhance risk identification mechanisms: preparedness, emergency response and recovery. Improve information, knowledge management and vulnerability factors.

Interventions

1) Develop contingency plan and standard operating procedures (SOP) for nutrition emergency response.
2) Train frontline staff to conduct nutrition surveillance and response in time of emergencies.
3) Strengthen the capacity of frontline staff to identify vulnerable groups in time of disaster or epidemic to reduce risks of malnutrition.
4) Procure and pre-position nutrition emergency supplies in all counties and districts.
5) Assess impact of disaster or epidemics on the nutrition status of vulnerable

groups.

6) Formulate nutrition strategies for post-emergency community recovery.
7) Map partners in disaster risk management and emergency response and recovery.
8) Establish functional disaster risk management committees.
9) Train stakeholders on disaster risk reduction.
10) Conduct, review and disseminate early warning surveys.

Strategy 7:
Solidify systems of relevant government institutions to ensure emergency preparedness and response.

Interventions

1) Conduct and document outcomes of coordination meeting and joint planning on nutrition during emergencies.
2) Mobilize resources for nutrition interventions for emergency response.
3) Conduct routine mass screening for timely detection of undernutrition in adolescents and adults and refer for appropriate actions.
4) Build capacity of systems and individuals to undertake preparedness and response functions.
5) Train stakeholders on the needs assessment during emergencies and conduct the needs assessment.
6) Develop SOPs for emergency response.

Strategy 8:
Strengthen community preparedness, response, and recovery for natural and man-made disasters/outbreaks through national emergency response and recovery strategy.

Interventions

1) Review and share the emergency preparedness and response guidelines with county- level Disaster Management Teams.
2) Conduct Nutrition Surveillance in emergency effected counties and districts.
3) Ensure timely provision of emergency response supplies (food and non-food items).
4) Support resilience building in the communities' emergency response and recovery plans to enhance early recovery.
5) Support pregnant and lactating women with social safety interventions to ensure maternity protections during emergencies.
6) Provide communities with Infection Prevention and Control (IPC) information and materials during emergencies.

3

Strategic Objective 3:
To shape positively the enabling environment essential for the attainment of positive nutrition outcomes (nutrition policies, guidelines, legislations that influence policies of other sectors to have nutrition lens).

Expected outcome:
Efficient and Effective Nutrition Legal Frameworks, Guidelines, Standards, and Code of Practice are in place.

Strategy 1:
Review, update and /or formulate legislation, guidelines, standards, and code of practice on food quality and safety.

Interventions

1) Lobby with Legislators to enact food safety and consumer rights laws.
2) Advocate for legislation in the control of marketing of unhealthy foods.
3) Conduct joint visits at the ports of entry to monitor the safety and quality of imported food commodities including infant formula.
4) Conduct quarterly joint visits with MoCI, National Standard Board and Environmental Protection Agency (EPA) at food production, processing, labeling, storage, and handling sites to inspect food commodities and advice on corrective actions to ensure adherence to standards, regulations, and safety.
5) Establish a coordination mechanism for engagement in nutrition legal and regulatory process.
6) Advocacy for development and oversight, monitoring, and enforcement of breastmilk Substitute (BMS).
7) Advocate for workplace support for breastfeeding mothers at both public and private workplaces.
8) Advocate for longer maternity leave (six months) with salary and benefits.
9) Advocate for paternity leave with salary and benefits.

Strategy 2:
Sensitize and inform the public and key decision makers on the importance of Food Quality and Safety.

Interventions

1) Conduct awareness and train relevant nutrition stakeholders to increase the knowledge of consumers on the danger, risks and diseases deriving from the consumption of unsafe foods.

Strategy 3:
Strengthen institutional capacity to ensure the monitoring and enforcement of Food, Sanitary and Phytosanitary standards. Consumer education, protection and put in place systems for consumers to express grievances and make suggestions for improvement in Food Safety.

Interventions

1) Conduct training to strengthen the capacity of institutions and frontline staff on food sanitary and phytosanitary standards.
2) Monitor and institute reporting and feedback mechanism for consumers to report dissatisfaction and recommendations relating to food safety.

Strategy 4:
Integrate nutrition goals into national development plans, sectoral policies/plans, programs, and projects.

Interventions

1) Review all nutrition sensitive key sectors annual programs (agriculture, education, WASH, social welfare, etc. to ensure they reflect sound nutrition sensitive lens.
2) Orientate and train all relevant sectors/stakeholders at all levels to enforce the food and nutrition legal instruments/standards.
3) Negotiate with national authorities to enact laws, develop nutrition policies and guidelines that promote nutrition, food security and safety of food at all levels.
4) Enhance representation of nutrition at other sectoral forums.
5) Support development and progress review of annual workplans and other multi-year plans and policies.
6) Develop and disseminate annual reports.
7) Conduct annual, midterm and end term reviews/evaluations.

Strategy 5:
Advocate to improve awareness among decision makers on the role of nutrition in national development and how sectors can work together to achieve desirable change.

Interventions

1) Engaging the Office of the President for the identification of Nutrition Champion.
2) Scaleup awareness on the importance of nutrition in national development among key political and economic decision makers through forums and presentations at sessions of the House of Representatives and Senate, and all relevant sectors at all levels.
3) Advocate for the ownership and institutionalization of the SUN Secretariat at the highest level in government.
4) Lobby with Law Makers at the highest level to prioritize nutrition in national

development plan.

5) Support annual nutrition learning forums.
6) Participate in regional and global international meetings on nutrition.

Strategic 6:
Advocate for gradual increase of financial allocations for nutrition by the Government.

Interventions

1) Advocate for the creation of a budget line for SUN Secretariat and relevant partners.
2) Engage heads of relevant ministries and agencies for the development of budget lines for nutrition.
3) Support to increase multi-sectoral financial investment for nutrition by all stakeholders through roundtables, funding strategies.
4) Regularly advocate for the timely disbursement of funds for nutrition related activities.
5) Conduct high level fund raising for the LMNCSP implementation.
6) Conduct annual donor group forums on nutrition.
7) Develop annual resource mobilization strategy.
8) Conduct nutrition resource tracking at national and county level.
9) Advocate for adequate financial resources for sustained and quality nutrition services including domestic resource mobilization.

Strategy 7:
Conduct capacity building to strengthen technical capacity for nutrition program implementation, policy analysis, development, and monitoring of their implementation at all Levels.

Interventions

1) Conduct capacity strengthening and training of relevant nutrition stakeholders on planning, implementation, and management of nutrition programs.
2) Advocate for human resource development specialty in nutrition at primary, secondary and tertiary levels.
3) Identify knowledge gaps and strengthen human capacity and understanding of nutrition interventions in line with the defined multi-sector institutional arrangement.
4) Conduct pre-service and in-service training for nutrition officers, frontline workers and other cadres of service providers involved in nutrition programming.
5) Advocate for the establishment of a National Nutrition Centre of Excellence

Strategy 8:
Promote Public-Private Partnerships in Nutrition Programming

Interventions

1) Promote healthy business network with public-private partnership for nutrition.
2) Link up with relevant ministries to ensure that the private sector live up to their corporate social responsibilities relating to nutrition to save the lives of children.
3) Engage and train private sector companies and communities on nutrition sensitive value chain.
4) Engage in partnerships with private companies involved in food processing to encourage local nutritious food production and fortification of complementary foods.
5) Conduct quality control of fortified foods through regular monitory at all levels of the food value chain.
6) Develop and disseminate framework for enhancing public–private partnership.

4

Strategic Objective 4:
To Improve Awareness and Practices of Positive Nutrition Behavior Essential for the Attainment of Optimal Nutrition Status (Demand Creation)

Expected outcome:
Improved awareness and practices of positive nutrition behavior essential for the attainment of optimal nutrition status (Demand Creation)

Strategy 1:
Create awareness on appropriate dietary practices and lifestyles essential for the prevention of Noncommunicable Disease and Injury (NCDI) particularly targeting groups most at risk.

Interventions

1) Ensure the development and dissemination of Information, Education and Communication (IEC) materials on the prevention and management of Noncommunicable Disease and Injury (NCDI) especially for groups most at risk.
2) Develop guidelines on evidence-based dietary practices essential for the prevention and control of NCDI.
3) Counseling and awareness campaigns on healthy diets, using food-based dietary guidelines, and on the importance of physical activity to prevent overweight, obesity and nutrition related NCDI.
4) Make available nutritional flow chart at all NCDI clinics for patients' education.
5) Incorporate NCDI related nutrition guidelines in teaching curriculum.
6) Encourage weight monitoring of people most at risks especially in schools and

at clinics.

7) Provision of nutrition services in NCDI clinics.
8) Develop/review existing standards and regulations on healthy diets, NCDI and physical activities.
9) Develop behavior change communication strategy on nutrition and NCDI.
10) Develop key messages, advocacy tool kits and sensitize media, journalist, and editors on NCDI.
11) Create public demand for physical activity and healthy diet at workplace, institutions, and community.
12) Advocate for national and district fiscal budgets and prioritization on financing prevention and control of NCDI.

Strategy 2:
Encourage the Formation of Pressure Groups, such as Anti-smoking, Anti-drug and Anti-alcohol Abuse Groups, to enhance capacity to combat the problems.

Interventions

1) Support the setting up of peer pressure groups (anti-smoking, anti-alcohol abuse, etc.) in targeted communities.
2) Ensure training of peer educators on NCDI and anti-substance abuse at all levels in the communities.
3) Support the dissemination of the negative effects of smoking, substance abuse, alcohol and their subsequent NCDI via social media, radios, and TV programs to the public.

Strategy 3:
Develop a Social Behaviour Change Communication Strategy (SBCC) to increase knowledge and promote positive nutrition behavior.

Interventions

1) Develop and disseminate Social Behaviour Change Communication Strategy (SBCC) strategy for nutrition.
2) Translate SBCC into various local languages and air via radio to increase knowledge and promote positive nutrition behaviors at all levels.
3) Promote the consumption of diversified local foods at school canteens, workshops, social and official functions.
4) Develop specific nutrition behavioral education and communication plan for key-stakeholders participating in multi-sectors nutrition sensitive programs.
5) Conduct operational research for nutrition.
6) Promote nutritional knowledge and sound behaviour and practices of caregivers

towards food, social and dietary customs, family/childcare and feeding practices as well as household hygiene.

7) Adopt SBCC for pre-school, Primary and secondary schools' children, adolescents in and out of school platforms.

Strategy 4:
Develop the Capacity of Community and Facility-based Service Providers on essential skills and competencies in nutrition.

Interventions

1) Train community and facility-based service providers and community nutrition champions (influential persons) and provide Behaviour Change Communication or Information, Education and Communication (BCC/IEC).
2) Promote nutritional knowledge and sound behaviours and practices of caregivers towards food, social and dietary customs, family/childcare and feeding practices as well as household hygiene.
3) Assess the capacity to identify nutrition knowledge gaps among targeted population to prepare appropriate information on positive behaviour patterns.
4) Strengthen community level structures to implement positive nutrition behaviours.
5) Train community volunteers and entertainers in promotion of nutrition education using the technique of edutainment.

Strategy 5:
Assign the SUN National Coordinator at an appropriate level/office within Government with convening power.

Interventions

1) Scale-up awareness on the importance of nutrition to national development among key political and economic decision makers through forums and presentations at national assemblies and all relevant sessions at all levels.
2) Advocate with the National Legislature, Cabinet Ministers, and especially the Ministry of Finance and Development Planning to place nutrition at the heart of national development.
3) Support the establishment of county and district level coordination mechanisms for Nutrition Specific and Nutrition sensitive intervention.
4) Hold high level sensitization fora targeting policy makers on the value and impact of prioritizing nutrition.
5) Support districts to develop county advocacy, communication, and social mobilization plans.
6) Engage nutrition champions to advocate for prioritization of nutrition at all levels.
7) Advocate for the establishment of County and District Nutrition Officers.

Strategy 6:

Earmark Regular and Fixed Meeting Dates in Advance.

Interventions

1) Conduct annual high level ministerial nutrition meeting to share national progress, updates and increase awareness.
2) Conduct bi-monthly national technical working group meetings (MIYCN), nutrition information, emergency nutrition, and advocacy meetings.
3) Conduct national, county and district level nutrition coordination meetings.
4) Establish Technical Working Group (TWG) when necessary.

5

Strategic Objective 5:
To Strengthen Sectoral and Multi-sectoral Monitoring, Evaluation, Learning, Accountability and Research in Nutrition

Expected outcome:
Formulation and implementation of effective monitoring and evaluation mechanism for policy and decision making for nutrition.

Strategy 1:
Strengthen existing systems and capacity to collect, analyze, report and monitor nutrition situations to ensure the utilization of data for decision making.

Interventions

1) Strengthen the capacity of health care providers and staff of relevant government sectors on the collection, analysis, and utilization of nutrition information.
2) Train all relevant data users on the interpretation of M&E nutrition data.
3) Train M&E officers and decision makers on data management at all levels.
4) Scaleup timely and accurate data on nutrition progress targeting vulnerable populations.
5) Reinforce existing food and nutrition surveillance system for real time monitoring at all levels.
6) Advocate for the conduct of local research on nutrition status of vulnerable groups in country.
7) Support relevant research institutions with equipment, laboratory supplies and technical support to conduct nutrition research.
8) Review and disseminate M&E tools base on new nutrition information.
9) Develop and disseminate quarterly nutrition bulletins.
10) Conduct nutrition situation analysis, generate information products, and disseminate to all levels for planning and response.
11) Support development and review of data protection sharing guidelines.

12) Develop nutrition dashboards, scorecards, electronic data collection tools, etc.
13) Systematic utilization of nutrition information to inform program quality improvement.

Strategy 2:
Integrate and Assimilate Standard Nutrition Indicators into Sectoral Information Systems with a priority for Health Management Information System (HMIS).

Interventions

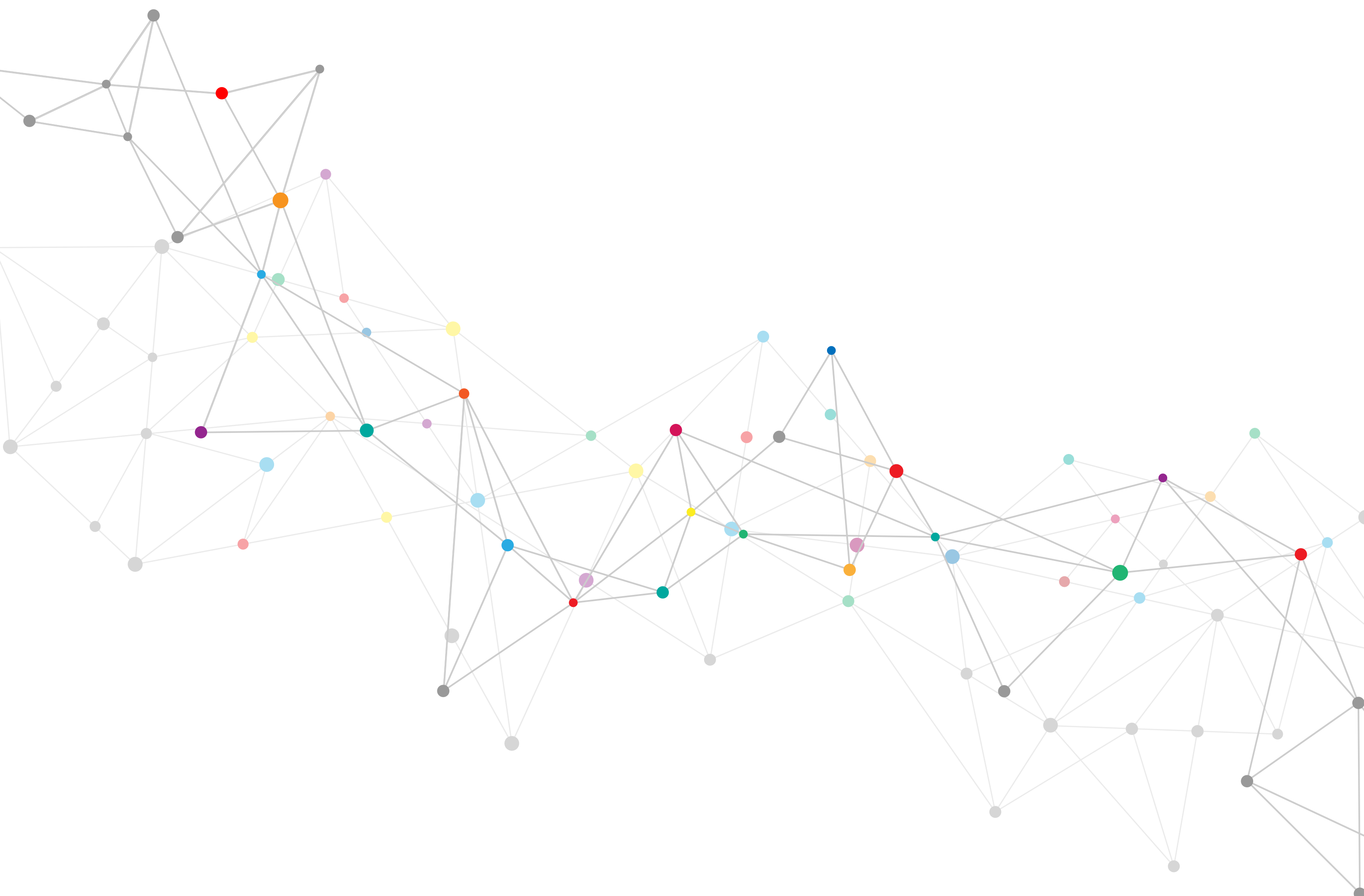
1) Define and integrate core Nutrition Indicators in the Health Management Information System (HMIS).
2) Update and maintain national nutrition website.
3) Integrate nutrition sensitive indicators including agriculture, education, WASH, and social protection performance and impact indicators.
4) Review, develop and disseminate guidelines on nutrition M&E based on field learning experience and emerging global guidance: Nutrition Coverage Guideline; Data Quality Audit (DQA) Guideline for nutrition indicators; Sentinel Sites DQA Guidelines reviewed; MIYCN Knowledge, Attitude and Practice (KAP) or Knowledge, Practice and Coverage (KPC).
5) Review, develop field assessment manual; MIYCN assessment tools and guidelines; Nutrition HMIS tools review; Standardized Monitoring and Assessment of Relief and Transition (SMART)survey questionnaire review; Knowledge, Attitude and Practice (KAP)survey questionnaire review.
6) Participate in the HMIS indicator manual review.
7) Develop, print, distribute and disseminate nutrition M&E framework, tools, manuals, and guidelines.

Strategy 3:
Strengthen information systems to ensure the integration, tracking of progress, analysis, and the use of the information for decision-making.

Interventions

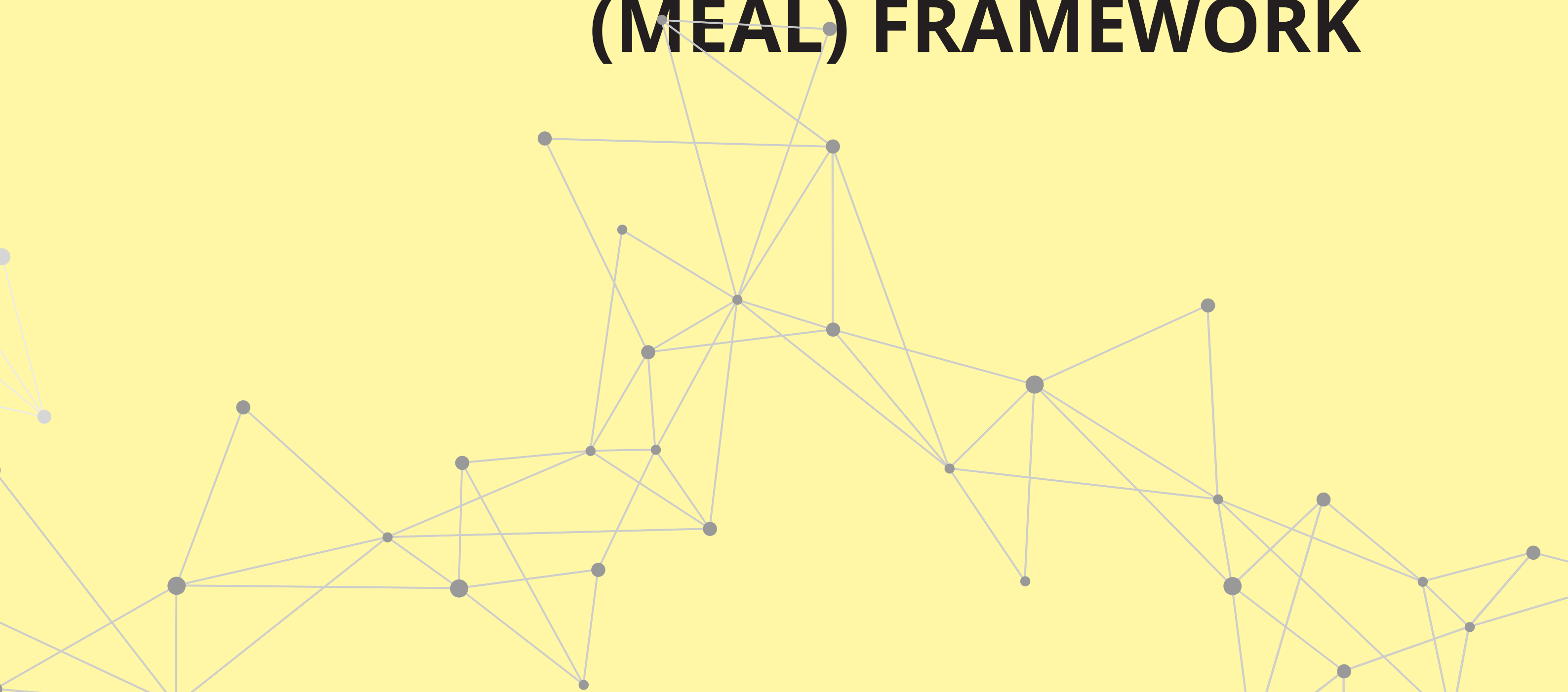
1) Develop and disseminate quarterly nutrition bulletins.
2) Hold feedback meetings among nutrition stakeholders at all levels; update and maintain national nutrition website.
3) Define and integrate core nutrition indicators in nutrition health management information system (HMIS) and relevant existing platforms.
4) Track progress and challenges of all relevant nutrition specific and nutrition sensitive activities and share on a common platform.
5) Conduct routine nutrition data quality assessments and audits with key sectors.
6) Conduct nutrition data clinics to reflect on Nutrition Information System (NIS) processes, key emerging issues, lessons learned from field implementation and tap into national, regional, and global experts to improve Nutrition Information System (NIS).
7) Conduct data quality audits for Demography Health Information System (DHIS), Logistic Management Information System (LMIS) and sentinel surveillance.

8) Review and validate methodologies, results, and quality monitoring during various nutrition surveys.
9) Conduct integrated nutrition SMART surveys, MIYCN, KAP, KPC, and coverage assessment.
10) Map ongoing nutrition research and researchers in Liberia.
11) Integrate nutrition research into the national research strategy.
12) Advocate for local researcher to generate information for nutrition programming.
13) Conduct nutrition data dissemination on a quarterly basis.
14) Conduct an annual national multi-sectoral nutrition conference every two years.
15) Establish and scale up an integrated food and nutrition surveillance system for real time monitoring at all levels.
16) Established a country, county, and district levels website to manage and share nutrition information in the form of a dashboard with key stakeholders.
17) Conduct monthly multi-sectoral nutrition coordination meetings.
18) Conduct routine nutrition data quality assessments and audits with key sectors.
19) Develop a national nutrition resource tracking tool.
20) Hold forums for dissemination of operational research findings and information sharing.
21) Strengthen systematic review of nutrition sensitive and nutrition specific research.
22) Promote knowledge sharing forums such as symposiums and conferences, workshops, meetings.
23) Establish an effective mechanism for knowledge management and learning.
24) Promote knowledge sharing through publication.



6

MONITORING, EVALUATION, ACCOUNTABILITY, AND LEARNING (MEAL) FRAMEWORK



6

6.1 Introduction

Monitoring and evaluation will systematically track the progress of suggested interventions, and assess the effectiveness, efficiency, relevance, and sustainability of these interventions. The generated information will inform the implementers, decision makers and various stakeholders as to whether the nutrition programs are on track, and when and where modifications may be needed.

It will be critical to have a transparent system of joint periodic data and performance reviews that will involve key multisectoral stakeholders who use the information generated from it. Stakeholders will be encouraged to be aligned with the reporting tools and processes and avoid operating in silos. For ownership and accountability, the nutrition program will maintain an implementation tracking plan which will keep track of review, evaluation, recommendations, and feedback. It is recommended that approximately 10 percent of the program total resource be allotted for M&E, which may include the creation of data collection systems, data analysis software, information dissemination, and M&E coordination. Key details on indicators to be used for monitoring and evaluation are presented under Sub-chapter 8.1, "roles and responsibilities" of the LMNCSP.

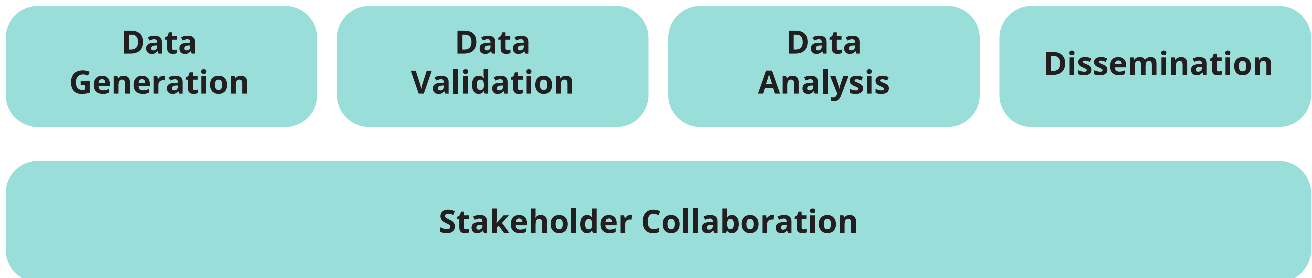
6.2 Purpose of the Monitoring, Evaluation, Accountability and Learning (MEAL) Plan

The Monitoring, Evaluation, Accountability and Learning (MEAL) plan aims to provide strategic information needed for evidence-based decisions at national and sub-national levels through the development of a Common Results and Accountability Framework (CRAF). The CRAF will form the basis of one common results framework that integrates the information from all sectors related to nutrition, and other non-state actors e.g., private sector, CSOs, NGOs: and external actors such as development partners, technical partners resulting in overall improved efficiency, transparency, and accountability.

The current nutrition situation and strategic interventions have been defined in earlier chapters, while the MEAL Plan outlines what indicators to track when, how, and by whom data will be collected. The MEAL Plan will suggest the frequency and timeline for collective program performance reviews with stakeholders. The key indicators that will be used for the evaluation are outlined in Annex A.

Figure 11: Monitoring Processes

6.3 Monitoring Processes:



6.4 Data Generation

Data will be collected from different sources to monitor the progress of implementation. This data will be collected through routine methods such as surveys, sentinel surveillance and periodic assessments, among others. Routine health facility data will be generated using the existing mechanisms monthly. Other routine data, for example, training activity reports, are stored in the nutrition program for reference and consolidation. Data flow from the primary source through the levels of aggregation to the national level will be guided by reporting guidelines and SOPs and reach the national nutrition program by agreed timelines for all levels based on periodicity indicated in Annex A and B.

6.5 Data Validation

Data validation will be done through regular data quality assessment to verify the reported progress from source to aggregated values to ensure that data is of the highest quality. Annual and quarterly data quality audits will be carried out to review the data across all the indicators. Joint data validation meetings should be held with membership from key sectors and implementing partners.

6.6 Data analysis

This step ensures transformation of data into information which can be used for decision making at all levels. It requires a team with strong analytic skills to make sense of the data. The analysis will be done during the quarterly and annual performance reviews, where achievements will be compared against set targets in the strategic plan. Trend analysis will also be conducted. The output will include quarterly nutrition bulletins and annual nutrition performance review reports.

6.7 Information Dissemination

Information products, for example, the quarterly bulletins, annual performance review reports, nutrition fact sheets that are developed will be routinely disseminated to key sector stakeholders and the public. Quarterly and annual reviews and feedback on the progress and plan will be provided.

6.8 Stakeholders Collaboration

There are numerous stakeholders mentioned in Annex A, who will play a pivotal role in the monitoring and evaluation of this strategic plan. A joint stakeholder's engagement and reporting framework will be put in place to guide effective engagement across the stakeholders, including the private sector. The information generated by all these stakeholders is collectively required for the overall assessment of the sector's performance.

6.8.1 Accountability Frameworks

The General Audit Commission (GAC) of Liberia has the mandate to ensure that all public funds are accounted for in a transparent manner, upholding integrity, and professionalism. The GAC Act 2014[1] provides a comprehensive process for the management and audit of all public funds

6.9 Evaluation of the process and criteria

To carry out a comprehensive and in-depth evaluation of the strategic plan, clear evaluation questions are to be in place. The proposed evaluation criteria are elaborated below.

Relevance:
The extent to which the objectives of the Liberia Multi-sectoral Nutrition Costed Strategic Plan (LMNCSP) correspond to population needs, including nutrition needs of the vulnerable groups. It also includes an assessment of the responsiveness considering changes and shifts caused by external factors.

Effectiveness:
The extent to which the 5strategic objectives have been achieved; and the extent to which these objectives have contributed to the achievement of the intended results. Assessing the effectiveness will require a comparison of the intended goals, outcomes, and outputs with the actual achievements in terms of results.

Efficiency:
The extent to which the LMNCSP objectives have been achieved with the appropriate number of resources.

Sustainability:
The continuation of benefits from an outlined intervention after its termination.

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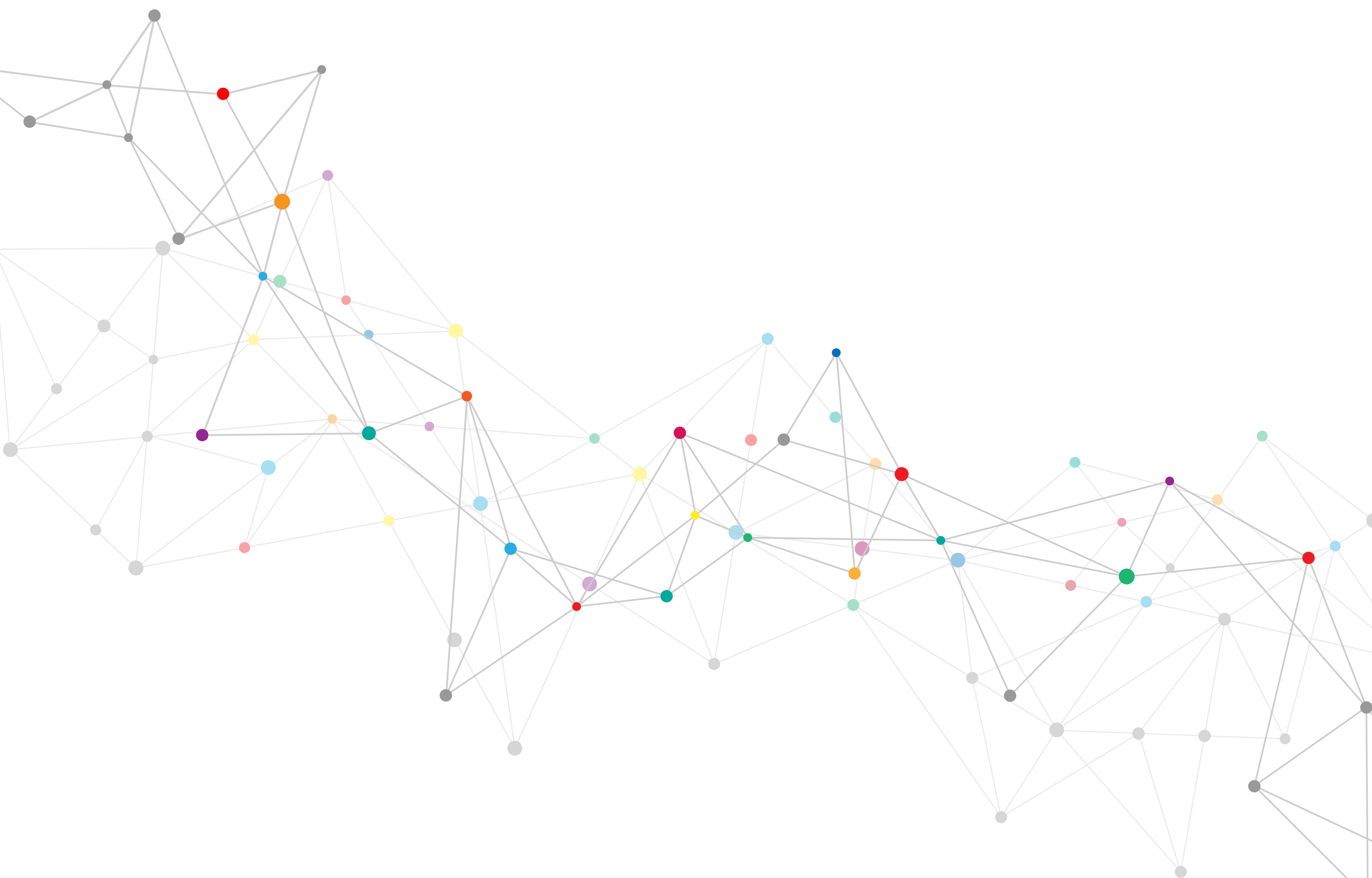


7

RESOURCE REQUIREMENTS

7

The implementation of the LMNCSP requires that all interventions and activities of the strategic objectives are costed. This section describes in detail the level of resource requirements for the strategic plan period, the available resources, and the gap between what is anticipated and what is required. The estimates will help guide and inform the annual planning and budgeting as well as guide the country in the resource mobilization initiatives for both domestic and external sources.

7.1 Resource Requirements for Liberia Multi-sectoral Nutrition Costed Strategic Plan (LMNCSP)

Financial resources needed for the LMNCSP were estimated by costing all the activities necessary to achieve each of the strategic objectives. The strategic plan is costed using the Activity-Based Costing (ABC) approach. The ABC uses a bottom-up, input-based approach, indicating the cost of all inputs required to achieve strategic plan targets. ABC is a process that allocates costs of inputs based on each activity. It attempts to identify what causes the cost to change (cost drivers). All costs of activities are traced to the product or service for which the activities are performed. The premise of the methodology under the ABC approach will be as follow: (1)The activities require inputs, such as labor, conference hall etc.; (2) The quantities of inputs required and their frequencies; (3) The unit cost of the product, the quantity, and frequency of the input that gave the total cost; (4) The sum of all the input costs will give the activity cost. These were added up to arrive at the strategic objective, intervention, and activity cost, and eventually the resources needed to implement the strategy for the next 5 years. The cost over time for all the strategic objective provides important details that will initiate debate and allow MoH and development partners to discuss priorities and decide on effective resource allocation for Nutrition.

7.2 Summary cost estimates for the Liberia Multi-sectoral Nutrition Costed Strategic Plan (LMNCSP).

Figure 13 provides summary costs estimates by year. From the costing, USD179 million is required to finance all Interventions of the strategy over the 5 years period. The resources need varies across years with year 1 requiring the highest amount at USD 40Million with year 2 requiring the least at USD34Million.

Analysis of the resources requirements shows that 40 percent of the funds will be required for strategic objective 2 to improve the underlying determinants of malnutrition. The multi-sectoral nutrition sensitive interventions which complement nutrition specific interventions towards ending all forms of malnutrition will require the largest resources need for the 5 years. Strategic Objective 1 that ensures improved access and utilization of a comprehensive package of proven Direct Nutrition Interventions (DNI) and nutrition-specific interventions will consume the second largest resource need at 39 percent. The lowest resource needed for Strategic Objective 4 to improve awareness and practices of positive nutrition behaviors, is essential for the attainment of optimal nutrition status (demand creation) accounts for 5 percent of resources need for the next 5-year interventions.

Figure 12: 5-Year Summary Cost for the 5 Strategic Objectives

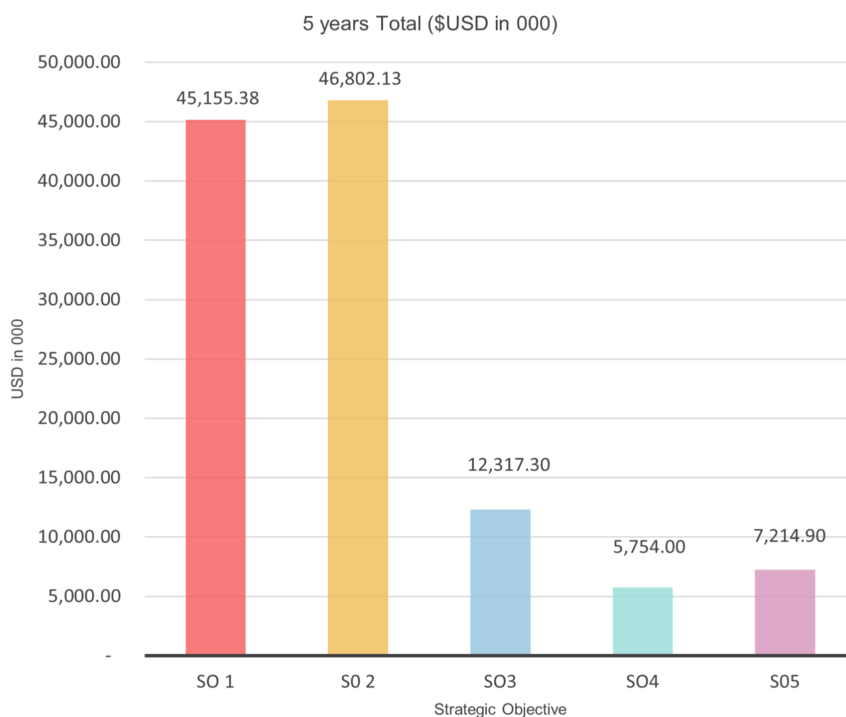


Figure 13: Percentage of Intervention cost by Strategic Objectives

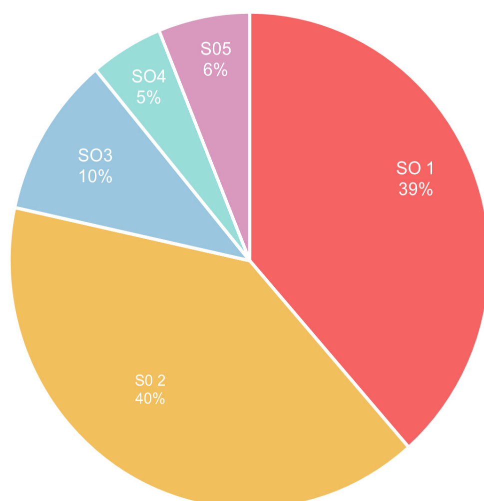


Figure 14 shows SO 2 requires 40 percent of Cost followed by SO1 39 percent with SO4 the least with 5percent.
Source: ABC Costing

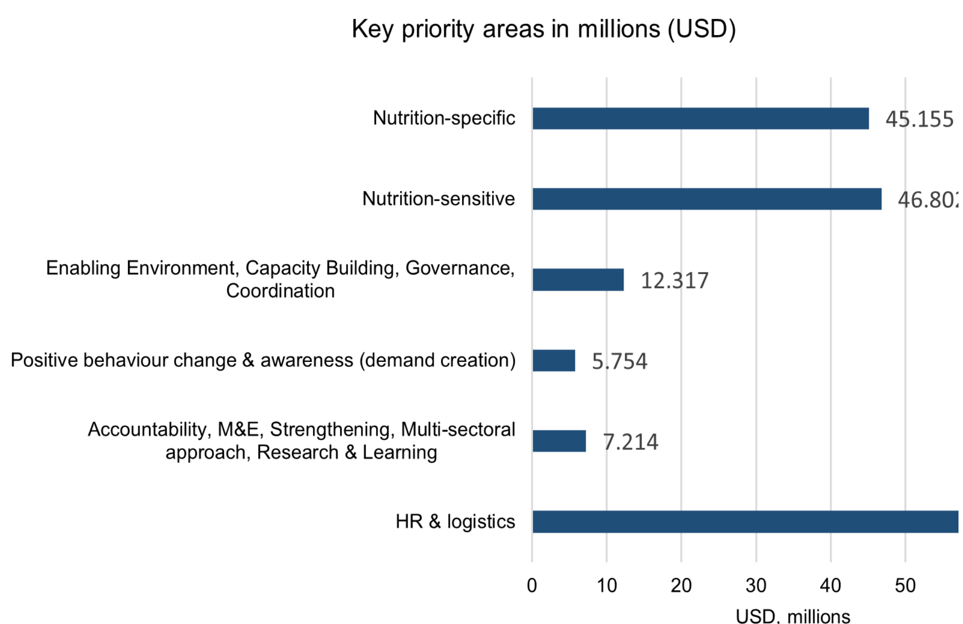
Figure 14: Annual Breakdown of Cost the Liberia Multi-sectoral Nutrition Costed Strategic Plan (LMNCSP) SOs

STRATEGIC OBJECTIVES	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	Cost 2028 (in 000, USD)	TOTAL (in 000, USD)
Strategic Objective 1: To ensure improvement access to and utilization of a comprehensive package of proven Direct Nutrition Interventions (DNI) and nutrition specific interventions	10,993.62	7,901.18	10,504.77	8,146.61	7,609.20	45,155.38
Strategic Objective 2: To Improve the Underlying Determinants of Malnutrition through multi-sectoral Nutrition Sensitive interventions which compliment Nutrition Specific Interventions towards ending all forms of malnutrition by 40% in 2028.	10,176.23	9,720.20	10,057.80	10,052.92	9,727.98	46,802.13
Strategic Objective 3: To shape positively the enabling environment essential for the attainment of positive nutrition outcomes (nutrition policies, guidelines, laws and legislations, influence policies of other sectors to have nutrition lens)	2,937.40	2,267.00	2,448.70	2,316.10	2,353.20	12,317.30

STRATEGIC OBJECTIVES	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	Cost 2028 (in 000, USD)	TOTAL (in 000, USD)
Strategic Objective 4: To improve awareness and practices of positive nutrition behaviors essential for the attainment of optimal nutrition status (demand creation)	1,772.60	1,108.50	1,140.40	1,136.80	1,995.50	5,754.00
Strategic Objective 5: To strengthen sectoral and multi-sectoral monitoring, evaluation, learning, accountability, and research in nutrition	1,614.80	1,329.40	1,412.40	1,391.40	1,466.80	7,214.90
Total for interventions	27,494.65	22,326.28	25,564.07	23,043.83	23,152.68	117,243.71

More details on the cost for each on the intervention prioritized in this multi-sectoral nutrition strategic plan is presented in Annex B

Figure 15: Cost of Key Priority Areas



Strategies to catalyze resources mobilization.

Strategies to mobilize resources.

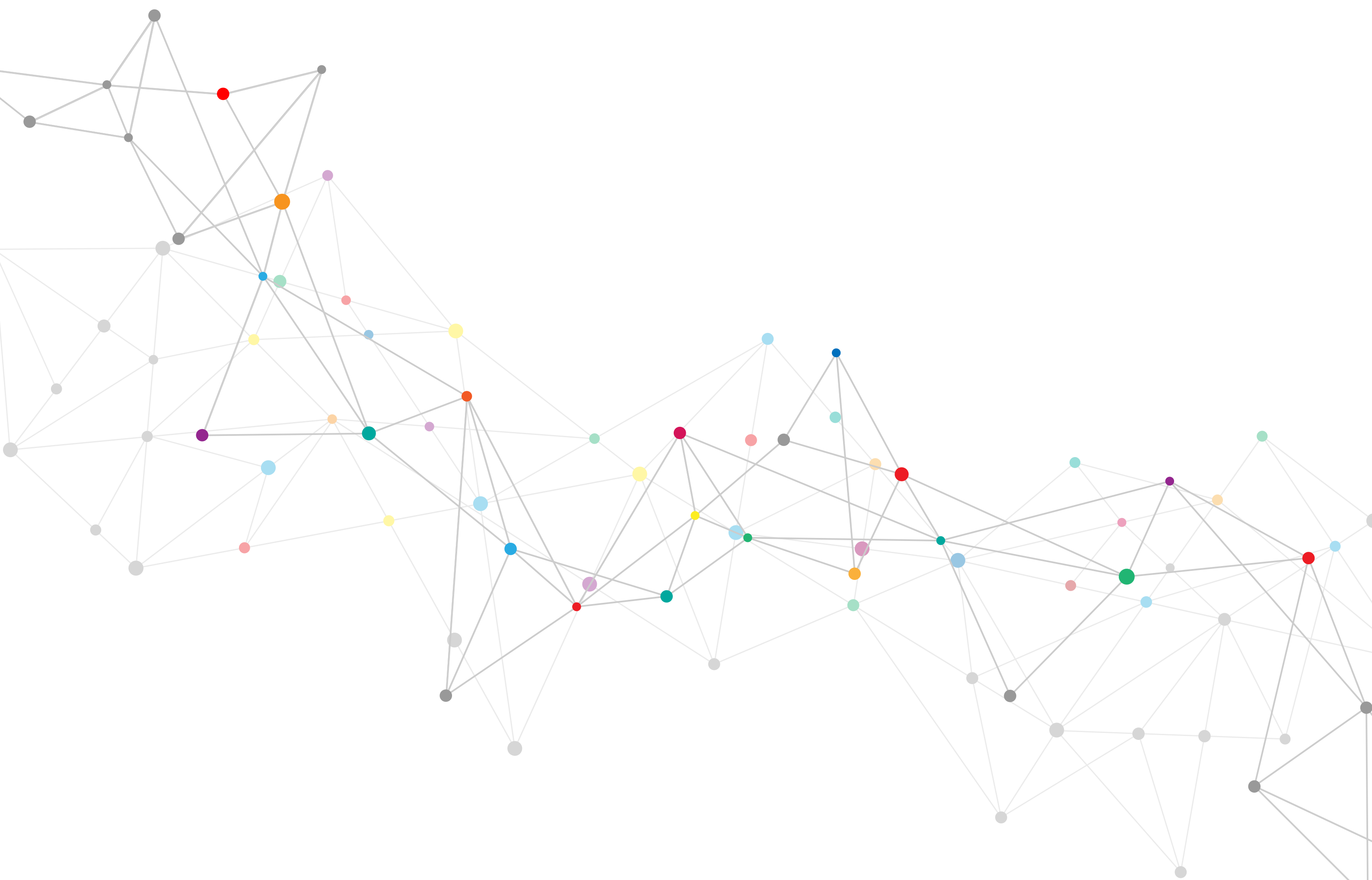
- lobbying for a legislative framework at the National Legislature for resource mobilization and allocation.
- Identification of potential donors bilateral and multi-lateral.
- Conducting stakeholders mapping.
- Call the partners to a resource mobilization meeting.
- Identification, appointment, and accreditation of eminent persons in the sub-region as resource mobilization good-will ambassadors.

Strategies to ensure efficiency in resource utilization.

- Thorough planning for utilization of the allocated resources.
- Implementation plans with timelines.
- Continuous monitoring of impact process indicators.
- Periodic evaluation of the objectives if they have been achieved as planned.
- Ensure that the steering committees are active and delivering on their mandate by supporting their efforts on nutrition financing.

Figure 16: LMNSCP Strategy Resource per Line Ministry & Agencies in USD Millions

Line Ministry	Annual Staff Cost	5 year Interventions Budget	Logistics Cost 17% of Budget cost	5 yr. Staff Cost	Total project, staff, & Log Cost
MoH (Ministry of Health)	719,875.08	45,065,880.00	8,273,093.42	3,599,375.40	56,938,348.82
NPHIL (National Public Health Institute of Liberia)	606,300.00	1,599,100.00	787,202.00	3,031,500.00	5,417,802.00
MoA (Ministry of Agriculture)	1,204,855.56	28,506,130.00	5,870,169.33	6,024,277.80	40,400,577.13
MoE (Ministry of Education)	63,387	5,021,200.00	907,482.95	316,935.00	6,245,617.95
MoCI (Ministry of Commerce and Industry)	815,200.00	2,159,000.00	1,059,950.00	4,076,000.00	7,294,950.00
MoGCSP (Ministry of Gender, Children and Social Protection)	467,594.00	2,159,000.00	764,484.90	2337970	5,261,454.90
MPW (Ministry of Public Works)	1,866,463.95	145,700.00	1,611,263.36	9,332,319.75	11,089,283.11
NaFAA(National Fisheries and Aquaculture Authority)	268,020.00	364,300.00	289,748.00	1,340,100.00	1,994,148.00
MICAT (Ministry of Information, Cultural Affairs and Tourism)	212,880.20	157,200.00	207,672.17	1,064,401.00	1,429,273.17
MFDP (Ministry of Finance and Development Planning)	831,886.00	893,000.00	858,913.10	4,159,430.00	5,911,343.10
NWASHC (National Water, Sanitation & Hygiene Commission	552,108.00	9,677,200.00	2,114,415.80	2,760,540.00	14,552,155.80
SUN Secretariat	55,200.00	18,270,300.00	55,960.00	276,000.00	18,602,260.00
SUN CSAL	75,000.00	3,580,400.00	50,000.00	375,000.00	4,005,400.00
Grand Total	**7,738,769.79**	**117,598,410.00**	**22,850,355.02**	**38,693,848.95**	**179,142,613.97**



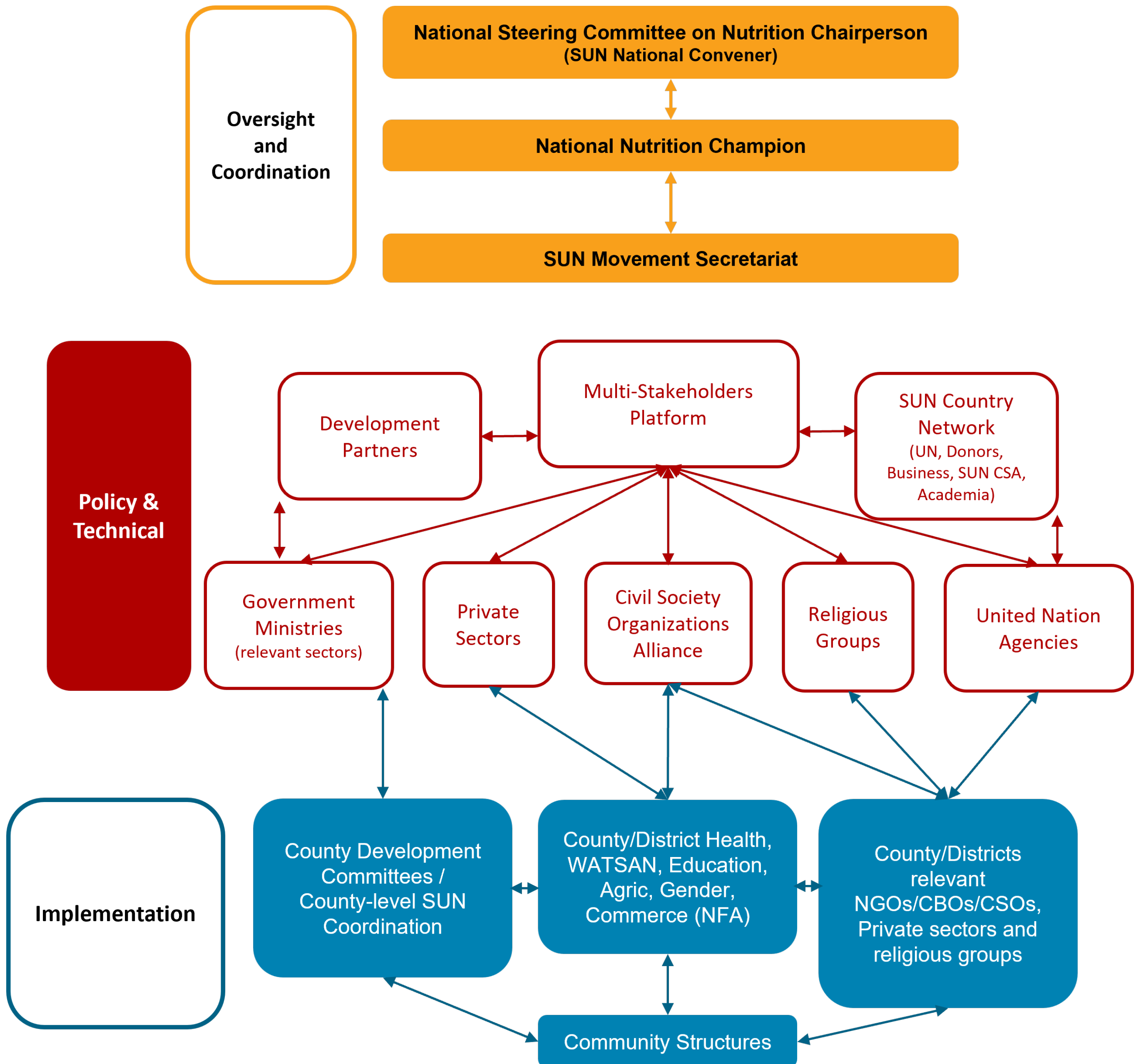
8

INSTITUTIONAL FRAMEWORK

8

The Liberia Multi-Sector Nutrition Costed Strategic Plan (LMNCSP) 2024–2028 will be implemented using multi-sectoral approach in line with the National Nutrition Policy 2019-2023. Figure 17 below presents a flowchart of the Liberia Multi-sectoral Nutrition Costed Strategic Plan Institutional Arrangement.

Figure 17: Liberia Nutrition Institutional Framework



8.1 Roles and Responsibilities of the Main Nutrition Stakeholders

The Government recognizes the importance of stakeholders and partnership in the implementation of the Liberia Multi-sectoral Nutrition Costed Strategic Plan based on the National Nutrition Policy. The stakeholders include line ministries, departments, agencies, United Nations Agencies, International NGOs, development partners, academic and research institutions, the public sector, and private sectors, CSOs, NGOs, faith-based organizations, and the communities. Their roles are indicated below in the columns "Responsible" of Annex A (Implementation Matrix).

SUN National Steering Committee Chairperson (SUN Convener)
The functions of the SUN National Nutrition Steering Committee Chairperson and National Convener are: (1). To strengthen the multi-stakeholders' efforts in developing concrete plans and ensure they are implemented to reduce to minimum prevalence rates all forms of malnutrition in country by 2030;(2). To ensure strong political commitment and accountability measures are in place for nutrition interventions; (3). To ensure sound policy decisions are taken on health and nutrition issues in country; (4). To convene all relevant stakeholders for appropriate actions and information sharing; (5). To coordinate policies and key programs development processes for nutrition; and (6). To support resource mobilization locally, nationally, and internationally for nutrition intervention.

Nutrition Champion
The roles of a Nutrition Champion are to promote good nutritional awareness and provision of a healthy diet, advocate for nutrition and mobilize communities for nutrition activities.
Identify and provide support and solutions for residents with eating and drinking difficulties, ensuring behavior change for healthy and productive lives.
Promoting person centered approaches in the provision of good nutritional awareness and uses personal influence on position nutrition as a priority at national and international level to raise awareness, behavior change and promote positive perceptions of nutrition.

The SUN Movement Secretariat
The SUN Secretariat aim is to strengthen an enabling political environment, with strong in-country leadership and coordination, and a shared space where stakeholders align their activities and take joint responsibility for scaling up nutrition in Liberia.

The Secretariat is responsible for liaising with the Global SUN Movement and relevant nutrition stakeholders within the Multi-Stakeholder Platform (MSP) to ensure harmonized efforts of all actors to reduce malnutrition in all its forms.

SUN Business Network
The SUN Business Network focuses on a concomitant enabling and promoting the engagement of small and medium enterprises, large national and multi-national companies to improve nutrition with women involvement. To ensure that the standards in the production

and marketing of high nutritious value foods are upheld; follow mandatory fortification requirements and recommended fortification levels in all the centrally processed foods; facilitate the provision and access to improved technology for nutrition promotion; meet their social corporate obligation in promoting good nutrition for their employees and the nation.

Civil Society Organizations (CSOs)
The Civil Society holds national government, businesses and donors and themselves accountable for their commitment and action in the national nutrition policy.
Enhance the capacity and governance of national and local civil society organization through technical support. Boost the advocacy capacity of the network thus bringing the grassroots, community, and national perspective together for decision making.

SUN Multi-Stakeholder Platform (SUN MSP)
The SUN Multi-Sectoral Platform is a platform established to bring together sector line Ministries & Agencies and all other stakeholders to embrace nutrition sensitive and nutrition specific interventions under one coordinated stage.
The SUN MSP will provide technical and sector specific guidance in the implementation of the activities within each sector; provide technical guidance on the implementation of the Liberia Multi-Sectoral Nutrition Costed Strategic Plan (LMNCSP).

District/County MSP
District/County MSP will work to bring people together, heads of relevant stakeholders in a Multi-Stakeholder Platform (MSP) to coordinate in a meeting and provide trainings and awareness at the district levels, provide nutrition technical guidance, monitoring, and evaluation of activities for county and district nutrition stakeholders including community and village level structures to promote nutrition in their areas.
Lead in the advocacy for county spending on nutrition in the fiscal year for sustained support to nutrition specific and sensitive programs for nutrition as an integral component in the county development agenda

Academic and Research Institutions
Academic and research institutions will be responsible for conducting rigorous nutrition research and disseminating findings to inform policy and programming. The academic institutions also play an important role in ensuring that pre-service education building the capacity of professionals from nutrition and cognate sectors (including planning, agriculture, health, economics, research, and academia) to address up-to-date nutrition policies, interventions, and standards.

Development Partners
Development partners who support nutrition activities will be members of the Multi-Sectoral Platform (MSP) and the relevant government ministries. They will align their nutrition interventions, programs, and financial support with the LMNCSP. The development partners will continue to undertake high-level advocacy for nutrition among policy and decision makers;

provide technical, financial support including policy analysis and implementation; and assist government sectors in mobilizing additional resources for nutrition.

8.1.1 Roles of Relevant Line Ministries and Agencies of Government of Liberia (GoL)

A. Ministry of Education (MoE)

The Ministry of Education (MoE is responsible for development of policies and guidelines for the implementation of the school health, school WASH and nutrition programs, including school feeding, take home rations, promotion, and establishment of schools gardening. It will also ensure that nutrition education is included in school curriculum at all levels of the education system.

Key Interventions

- Support school feeding to support nutrition and healthy learning environment.
- Promote girls school enrolment, including “Girls Take Home Ration.”
- Promote IPC practices at all schools.
- Provide nutrition education via curriculum, on consumption of micronutrient rich food.
- Educate pupils in food production through establishment of school gardening.

B. Ministry of Commerce and Industry (MoCI)

The Ministry of Commerce and Industry (MoCI) is responsible for enforcement of trade-related legislation, Acts, policies that have impact on food, nutrition, including food processing and fortification, e.g. with Vitamin A, Salt Iodization, food standards as defined and protected by the Liberian Standards Board and the Code of Marketing of Breastmilk Substitutes.

Key Interventions

- To Establish and regulate commodity and trade standards.
- Control quality of goods and commodities imported into and exported from the Country.
- Monitoring and regulating prices of essential goods.
- Support the establishment of small business enterprises, thus encouraging production of local nutrition products which can help in the fight against malnutrition.

C. The Ministry of Health (MoH)

The Ministry of Health is responsible for oversight, strategic leadership, policy direction, coordination, resource mobilization, capacity building, monitoring, and evaluation of the national nutrition response. The ministry should also be responsible for (1) high level advocacy; (2) spearheading the mainstreaming and integration of nutrition in the national development agenda, sectorial policies, programs, and outreach services; (3) ensuring the implementation of the Health Policies by relevant sectors and other stakeholders based on the defined mandates; (4) tracking sectors performance and ensuring accountability; and (5) resource mobilization and tracking.

D. Nutrition Division of MoH

The Nutrition Division is responsible for provision of leadership and technical direction in programming and delivery of the quality and cost-effective clinical and biomedical nutrition services in partnership with stakeholders.

E. Ministry of Agriculture (MoA)

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

F. National Fisheries and Aquaculture Authority (NaFAA)

The National Fisheries and Aquaculture Authority (NaFAA) is a full-fledged autonomous entity established to ensure long tong-term management, conservation, development and sustainable use of the fisheries and aquaculture resources and related ecosystems for the benefit of all population. Fish provides essential nutrients for human health and growth and other forms of livelihood to urban and rural communities. Promotion of fish consumption, fish farming and fish sales can contribute to good nutrition for children and provide means of income generation for rural and urban women.

G. Ministry of Gender, Children, and Social Protection (MGCSP)

The Ministry of Gender, Children, and Social Protection (MGCSP) is responsible for provision of leadership and technical direction in programming gender and nutrition interventions. The Ministry also promotes women's empowerment, integration of nutrition in income generation activities, social protection and welfare programs, and community mobilization in support of nutrition.

H. National Water, Sanitation and Hygiene Commission (NWASHC)

The National Water, Sanitation and Hygiene Commission (NWASHC) is responsible to develop, promote and encourage a national agenda to improve water, sanitation, and hygiene services, including the promotion of Baby WASH interventions in support of nutrition for maternal, infant, child and adolescent among others for the Liberian population.

The United Nations Sustainable Development Goal 6 stresses the importance of WASH to nutrition. The main underlying causes of under-nutrition are related to inadequate access to water, sanitation, and hygiene. In Liberia, the NWASHC key interventions include improved access to safe and clean water, increasing improved access to sanitary facilities and materials including latrines, hand washing and hygiene promotion.

G. Ministry of Internal Affairs (MIA)

The Ministry of Internal Affairs (MIA) is responsible for the implementation of nutrition interventions at the county, district, and community levels. It will ensure that the multi-sectoral approach to nutrition is implemented at the county, district, and community levels through the established County-level MSP. It is estimated after discussions with county's superintendents that about 10 percent of time is allotted to nutrition sensitive activities in the 15 Counties. These include nutrition, health, agriculture, WASH, public works, trade & commerce, gender, and social protections, etc.

H. Ministry of Finance and Development Planning (MFDP)

The Ministry of Finance and Development Planning (MFDP) will be responsible for mobilization of resources from government, development partners, and private sectors for nutrition intervention.

I. Ministry of Information, Cultural Affairs and Tourism (MICAT)

The Ministry of Information, Cultural Affairs and Tourism (MICAT) is responsible for dissemination of nutrition information and public awareness in collaboration with MoH and other relevant line ministries.

K. Ministry of Public Works (MPW)

The Ministry of Public Works (MPW) is responsible for the construction and rehabilitation of roads and bridges linking farms to market, feeder, and major roads from rural communities where food production is carried to major markets in rural cities and urban areas thus creating access and availability of food commodities and cooking fuel in safety to the population. This ministry is also responsible for rural water and sanitation.

L. SUN Civil Society Alliance of Liberia (SUNCSAL)

The SUN Civil Society Alliance of Liberia (SUNCSAL) is responsible for advocacy and continuous follow-up on government's adherence to nutrition policies, national and international agreements, and obligations.

8.2 Risks and Assumptions (National, County and District Levels)

8.2.1 Risks

a) Possibility of insecurity resulting from civil unrest of magnitude large enough to obstruct nutrition interventions.

b) Natural or man-made disasters or hazards: Liberia is prone to man-made and natural disasters, epidemics, and pandemics. These include among others, seasonal floods, mudslides, bad roads cutting off part of the country from the capital and major ports of importations of vital communities, cholera, measles, Ebola Virus, and the Corona Virus (COVID-19). These emergencies have a negative impact on the health and nutrition wellbeing of children and women mainly.

c) Inadequate funding for nutrition due to economic constraints/ hardship.

d) Possibility of reoccurrence of epidemics like Ebola or pandemics like Corona Virus (COVID-19) demanding government to declare state of emergency.

e) Limited or inadequate nutrition human resource.

f) The amount of national food reserve in case of disaster or hazards to respond to vulnerable population to help keep up their nutrition intake.

8.2.2 Assumptions

a) The Government will set nutrition as national development priority.

b) Adequate funding budgeted for nutrition by the government or supported by donors and development partners

c) The Government will support the implementation and operationalization of this Liberia Multi-sectoral Nutrition Costed Strategic Plan (LMNCSP).

d) The enactment of required policies and legislation will be fast tracked to protect and safeguard nutrition in the country.

e) The Government and partners will promote capacity building and human resource development for nutrition.

f) A multi-sector partnership will be strengthened to highlight nutrition across all relevant sectors.

g) The level of awareness will be increased among high-level and all nutrition stakeholders.

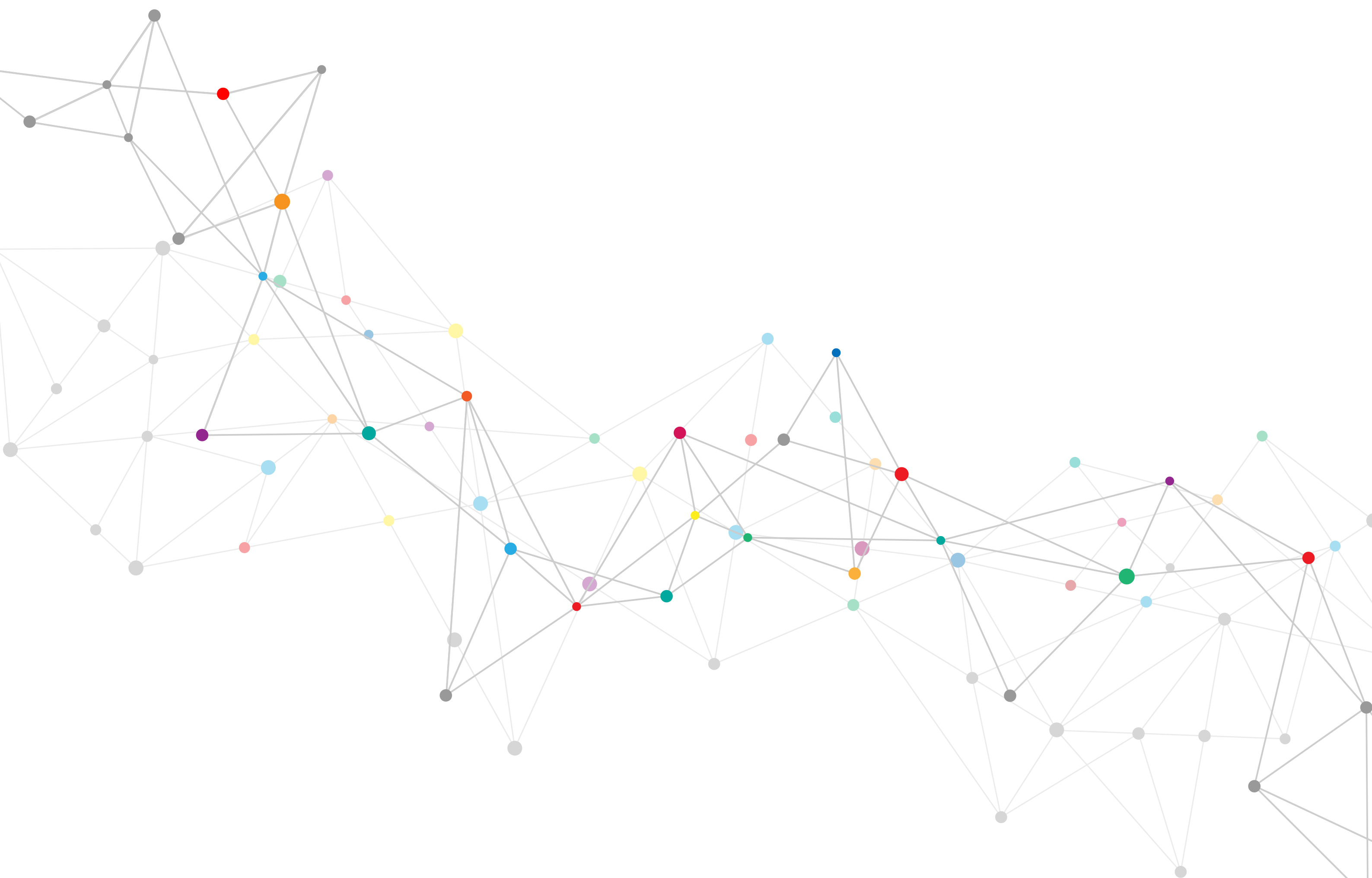
h) Nutrition will form an essential part of all development interventions at county, district, and community levels.

i) Nutrition education will be incorporated in the National Education Curriculum at all levels.

j) Nutrition focal persons will be appointed in all relevant government ministries.

k) The Government will support the establishment of a National Food Security Response Strategy or Plan to link with the Regional Response Plan.

l) The Government will ensure that there is Food Security Emergency Plan – COVID-19 preparedness and response.



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REFERENCES

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REFERENCES

AAH. (2019). Action Against Hunger - Africa - Liberia.

Black et al, R. E. (2013). Maternal and child undernutrition and overweight in low and middle income countries.

CEIC. (2020). Liberia - Economic indicators.

FAO. (2018). National Gender Profile of Agriculture and Rural Livelihoods – Liberia. Monrovia.

GHI. (2020). Liberia - Global Hunger Index.

NI. (2018). Nutrition International Programme Gender Equality Strategy.

UNDESA. (2020). UN Department of Economic and Social Affairs and the World Population Prospects. Population Division.

UNDESA. (2021). UN Department of Economic and Social Affairs and the World Population Prospects. Population Division.

UNICEF. (2010). Qualitative Study of IYCF Practices in Liberia.

UNICEF. (2017). Progress on drinking water, sanitation and hygiene.

UNICEF. (2018). Global Breastfeeding Country Profile of Liberia.

UNICEF. (2018). Liberia Demographic and Health Survey 2019-2020. Monrovia, Liberia.

UNICEF. (2018). The situation for children in Liberia.

UNICEF. (August 2020). Maternal and Newborn Coverage. New York.

UNN. (2019). Liberia - The UN Network for SUN.

USAID. (June 2018). Liberia Gender Assessment.

WFP. (2018). Comprehensive Food Security and Nutrition Survey.

WHO. (2020). Word Health Assembly Global Targets 2025.

WHO AFRO. (2019). Liberia Country Cooperation Strategy 2018 - 2021. Brazzaville.

World Bank. (2020). World Economic Outlook Database.

World Bank. (2020). World Economic Outlook Database.

ANNEX A: Monitoring and Evaluation Matrix

Impact indicators

IMPACT	Indicator	Base-line 2023	Baseline Data Source	Mid-term Target (2025)	End-Term target (2027)
Reduce the proportion of children under-five who are stunted to 22% GoL Pro-poor Agenda for Development and Prosperity for Liberia	Prevalence rate (%) of stunting in children 0 to 59 months of age (low height for age)	30%	LDHS 2019-2020	22%	18%
Reduce and maintain childhood wasting to less than 5% (WHA Target) by 2025	Percentage of wasted children under five years (low weight for height).	3%	LDHS 2019-2020	2.5%	2%
Reduce the proportion of children who are underweight	Percentage of under-weight under five years (low weight for age)	11%	LDHS 2019-2020	10%	8%
Reduce the prevalence of children with acute malnutrition	Prevalence rate (%) of global acute malnutrition in infants less than 6 months	3.8 %	LDHS 2019-2020	2%	1.5%
	Prevalence rate (%) of global acute malnutrition in children 6 to 59 months of age	4%	LDHS 2019-2020	2 %	1%
	Prevalence rate (%) of severe acute malnutrition in children less than 6 months of age	0.5%	LDHS2019-2020	0.25%	0.1%
	Prevalence rate (%) of severe acute malnutrition in children 6 to 59 months of age	1%	LDHS 2019 2020	0.5%	0.2%
	Prevalence rate (%) of moderate acute malnutrition in infants less than 6 to 59 months of age	3%	LDHS 2019-2020	2%	1.5 %

IMPACT	Indicator	Base-line 2023	Baseline Data Source	Mid-term Target (2025)	End-Term target (2027)
	Prevalence rate (%) of moderate acute malnutrition in infants less than 6 months of age	3.3%	LDHS 2019-2020	2.3%	1.5%
No increase in childhood overweight (children under 5 years of age) (WHA Target) by 2025	Percentage of overweight or obese children less than 5 years (high weight for height->2SD)	4.4%	GNR 2021	3.0%	2.0%
Improved survival of children below the age of 5 by 25%	Neonatal mortality rate	3.7%	LDHS 2019	2%	1.0%
	Infant mortality rate	6.3%	LDHS 2019	4%	2%
	Under-5 mortality rate	9.3%	LDHS 2019	7.3%	4%
Reduction of the burden of DRNCDs	DRNCDs mortality rate (18-59 years) (per 100,000)	No data	WHO NCD Progress Monitor		
	Prevalence of overweight among female adults 18-69	16.5%	GNR 2021	12%	10%
	Proportion of male adults aged 18-69 years who are overweight	6.7%	GNR 2021	4%	2%
	Proportion of female adults aged 18-69 years who are obese	20.7%	GNR 2021	17%	10%
	Proportion of male adults aged 18-69 years who are obese	9.2%	GNR 2021	7%	5%
	Prevalence of Hypertension among women (rising blood pressure)	28.1%	GNR 2021	20%	10%
Educational attainment of the female household population improved by 40%	Percentage of women who have completed at least twelve years of schooling	5%	LDHS 2019-2020	20%	30%

IMPACT	Indicator	Base-line 2023	Baseline Data Source	Mid-term Target (2025)	End-Term target (2027)
	Prevalence of iron deficiency anaemia in pregnant women (52% reduction by 2025 WHA)	52%	LDHS 2019	26%	15%
Reduce anaemia in women of reproductive age (pregnant women, children, and adolescents	% Of children under 5 years who are Anaemic	71%	LDHS 2019	40%	15%
	% Of adolescent girls aged 15-19 years who are anaemic	55%	LDHS 2019	45%	35%
Improved micronutrient consumption	Percentage of households consuming salt with any iodine	98%	LDHS 2019	100%	100%
	Vitamin A coverage among children aged between 6-59 months at population level	51%	LDHS 2019	60%	75%
	% Of children under 5 years who have vitamin A deficiency	53%	LDHS 2019-2020	30%	10%
	Prevalence of ZINC coverage among preschool children aged below 59 months	16%	LDHS 2019-2020	10%	5%
Nutritionist density (No. of nutritionists per 100,000 population)	Number of nutritionists per 100,000 population disaggregated by sex	No data			

Output indicators

Strategic Objective 1: To ensure improved access to and utilization of a comprehensive package of proven Direct Nutrition Interventions (DNI) and nutrition specific interventions							
Strategy 1: Adopt community health initiatives to roll out integrated management of acute malnutrition at health facility and community levels							
Output: Integrated management of acute malnutrition (IMAM) at health facilities and community level rolled out, using community initiatives							
Outcome indicators	**Baseline**	**Data source**	**2024**	**2025**	**2026**	**2027**	**2028**
% of SAM outpatients who fully recovered.	81%	MoH /RHIS	86%	91%	96%	100%	100%
Outcome indicators	**Baseline**	**Data source**	**2023**	**2024**	**2025**	**2026**	**2027**
# of health centers integrating IYCF with IMAM & IMNCI	890	MoH /RHIS	940	990	1040	1090	1140
# of health centers providing IMAM services	297	MoH /RHIS	337	377	417	459	500
% of under 5s screened for MAM and SAM	85%	MoH /RHIS	87%	89%	91%	93%	95%
# of CHAs trained in IMAM management	4003	MoH /RHIS	4253	4503	4753	5253	5503
% of under 5s screened for SAM and MAM	85%	MoH /RHIS	87%	89%	91%	93%	95%
# of community care givers trained in nutrition sensitive interventions per year	244,273	MoH /RHIS/UNICEF 2021	7500	7500	7500	8000	8000
# of Pregnant and Lactating women who benefit from nutrition Counseling at health centers	218000	MoH /RHIS	225000	230000	235000	240000	250000

Strategy 2: Integrate cross sectional linkages to ensure that DNIs are provided routinely within the public health care system and mainstreamed in other sectors							
Output: DNIs provided routinely within the public healthcare system through cross sectional linkages							
Outcome indicators	**Baseline**	**Data source**	**2024**	**2025**	**2026**	**2027**	**2028**
% of children 6-23 months receiving the minimum acceptable complementary food	3%	LDHS 2019-2020	10%	20%	30%	40%	50%
% of children 6-23 months consuming minimum dietary diversified foods	9%	LDHS 2019-2020	15%	20%	25%	30%	35%
Proportion of children aged 6-23 months receiving an adequate (quantity and quality) diet	3%	LDHS 2019-2020	10%	20%	30%	40%	50%
Outcome indicators	**Baseline**	**Data source**	**2023**	**2024**	**2025**	**2026**	**2027**
% of pregnant women attending ANC provided with IFA	12%	MoH /RHIS	20%	35%	50%	60%	86%
% of pregnant women seen at the ANC, provided with Insecticide-Treated Nets (ITNS)	5% during ANC (83% HH from Mass distribution)	LDHS 2019-2020	10%	12%	13%	15%	17%
% of pregnant and lactating women seen at the ANC provided with nutrition counseling	59.3%	LDHS 2019-2020	65%	75%	85%	95%	100%
Percentage of infants that were breastfed within one hour after delivery	61%	LDHS 2019-2020	70%	75%	80%	85%	95%
Percentage of children 0-6 months exclusively breastfed.	55%	LDHS 2019-2020	60%	65%	75%	80%	85%
Percentage of children (12-59 months) receiving de-worming medication every 6 months	52%	LDHS 2019-2020	60%	65%	70%	75%	80%
Proportion of school-aged children (6-14 years) dewormed	No data						

Outcome indicators	Baseline	Data source	2023	2024	2025	2026	2027
% of children (6-11 months) receiving Vitamin A Supplementation every six months	43.95%	LDHS 2019-2020	50%	55%	60%	63%	65%
% of children (12-59 months) receiving Vitamin A Supplementation every six months	48.3%	LDHS 2019-2020	55%	60%	65%	70%	75%
Proportion of children under 5 attending CWC who are underweight	No data						
% of new-born in the facilities, with low birth weight	12%	LDHS 2019-2020	10%	8%	6%	5%	4%
Proportion of children under 5 attending CWC who are stunted	30%	LDHS 2019-2020	28%	26%	22%	20%	18%
# of children 6-23 months who receive MNP	319,345	MoH/Nutrition	125,000	312,500	312,500	625,000	700,000
World breastfeeding week celebrated	1	MoH/Nutrition	1	1	1	1	1
# of Health Facilities implementing the 10 steps of BFHI	9	MoH/Nutrition	8	9	9	9	9
# of HCWs trained on maternal, adolescent, infant and young child nutrition	224,273	MoH/ UNICEF,2021	250,000	275,000	300,000	325,000	350,000

Strategic Objective 2: To address the underlying determinants of Malnutrition through multi-sectoral Nutrition Sensitive interventions towards ending all forms of malnutrition							
Strategy 1: Integrate nutrition into WASH policies, strategies, plans and programmes.							
Output: Nutrition integrated into WASH policies, strategies, and plans							
Outcome indicators	**Baseline**	**Data source**	**2024**	**2025**	**2026**	**2027**	**2028**
% of communities with safe drinking water supply systems and services.	85%	NWASHC /LISGIS	87%	89%	90%	95%	100%
# of communities sensitized on linkages between WASH and undernutrition targeting men and women across different ages, diversity, and level of influence.	2880	NWASHC /LISGIS	3500	2500	2500	2700	2450
# of communities sensitized on environmental hygiene promotion in public areas and domestic facilities per year	2880	NWASHC /LISGIS	3500	2500	2500	2700	2450
Strategy 1: Integrate nutrition into WASH policies, strategies, plans and programmes.							
Output: Nutrition integrated into WASH policies, strategies, and plans							
Outcome indicators	**Baseline**	**Data source**	**2023**	**2024**	**2025**	**2026**	**2027**
# of community nutrition relevant stakeholders trained on irrigation techniques and water banks / reservoirs.	No data						
# of communities introduced to bio-fortified crops production	No data						
# of communities trained on fish and insect farming per year	15	MoA/LISGIS	240	240	240	240	240

# of communities rearing homestead animals	15	MoA	240	250	200	240	240
# of farmers supplied with high nutritive value local seeds	15	MoA/LISGIS	1110	2220	0	4440	5550
# of sensitization sessions conducted at community levels on consumption of affordable and locally produced diversified nutritious food	11	MoA/LISGIS	30	30	30	30	30
# of households trained on homestead farming, food processing, food preservation, food storage	No data	MoA/LISGIS					
Strategy 3: Integrate nutrition into education enhanced nutrition of school-going children and adolescents							
Output: Nutrition integrated into the education sector							
Outcome indicators	**Baseline**	**Data source**	**2024**	**2025**	**2026**	**2027**	**2028**
Nutrition incorporated in the school curriculum	Nil	MoE	0	0	0	1	1
% of schools conducting cooking demonstrations to promote optimal nutritious food at least once per year	30%	MoE	30%	35%	40%	45%	50%
# of schools with school gardens for agricultural production	50	MoE	100	150	200	250	300
Strategy 4: Integrate nutrition into social welfare services to provide a social safety-net to vulnerable groups for improved health and nutrition.							
Output: Nutrition integrated into the social welfare services							
Outcome indicators	**Baseline**	**Data source**	**2024**	**2 025**	**2026**	**2027**	**2028**
% of identified vulnerable households provided with nutrition sensitive safety nets	No data	MoGCSP					

# of staff trained to identify children from vulnerable households who should benefit from social safety nets.	385	MoGCSP	100	100	150	200	200
# of stakeholders in social protection trained on good nutrition practices	385	MoGCSP	500	500	500	500	500
# of vulnerable children 6-23 months linked with social safety nets	45	MoGCSP	100	100	100	100	100
% of poor households with poor children and adolescents, receiving cash transfers	3,451	MoGCSP	7,000	10,400	13,400	16,400	20,000
% of poor households with women and children, receiving specialized food transfers	0	MoGCSP	9,000	11,000	13,000	15,000	17,000
Strategy 5: Enhance an effective and functional institutional system for disaster risk management and emergency response							
Output: Nutrition maintained during disasters/emergencies							
Outcome indicators	**Baseline**	**Data source**	**2024**	**2 025**	**2026**	**2027**	**2028**
Nutrition contingency emergency plan in place	0	MoH	1				
# of staff trained on nutrition surveillance and response in emergencies	0	MoH	75	75	75	75	100
Emergency coordination committees in place	Unknown	MoH	15				
# of coordination meetings held on emergency response	Unknown	MoH	6	6	6	6	6
# of Counties with emergency supplies prepositioned	Unknown	MoH					

Strategic objective 3: To shape the enabling environment essential for the attainment of positive nutrition outcomes.							
Strategy 1: Review, update and /or formulate legislation, guidelines, standards, and code of practice on food quality and safety, and nutrition.							
Output: Updated regulations, legislation, policies and guidelines on food quality and safety							
Outcome indicators	**Baseline**	**Data source**	**2024**	**2025**	**2026**	**2027**	**2028**
Food safety and consumer rights laws in place	1	MoCI	0	0	1	0	0
Legislation on marketing of unhealthy foods in place	1	SUN CSA	1	1	1	1	1
# of laws/ regulations enacted on CMBS	1	MoH	1				
Proportion of workplaces with lactation rooms	Unknown	MoH	10%	20%	30%	40%	50%
Proportion of foods products, processed, labelled, and stored which MoCI, National Standards Board and EPA considered safe.	Unknown	MoCI					
# of stakeholders sensitized on food labelling, and dangers of consuming unsafe foods	Unknown	MoCI	50	50	50	50	50
Strategy 5: Enhance an effective and functional institutional system for disaster risk management and emergency response							
Output: Nutrition maintained during disasters/emergencies							
Outcome indicators	**Baseline**	**Data source**	**2024**	**2 025**	**2026**	**2027**	**2028**
# of joint visits and inspections conducted at food processing and labelling businesses.	1	SUNCSA	4	4	4	4	4

# of counties with nutrition advocacy, communication, and social mobilization plans.	6	SUN CSA	3	2	2	1	1
SUN secretariat premised at the office of the Vice president	0	SUN	1	1	1	1	1
SUN Sub-National offices created	8	SUN	3	2	1	1	
Strategy 3. Strengthen institutional capacity to ensure adherence to food, sanitary and phytosanitary standards.							
Output: Food, sanitary and phytosanitary standards enhanced							
Outcome indicators	**Baseline**	**Data source**	**2024**	**2 025**	**2026**	**2027**	**2028**
# of HCWs trained on food sanitary and phytosanitary standards	0	MoH/MoCI	100	200	200	200	200
# of counties with labs for testing food to ensure nutrition values are maintained	1	MoCI	3	3	4	2	2
Strategy 4: Enhanced nutrition stakeholder coordination							
Output: Nutrition stakeholders well-coordinated							
Outcome indicators	**Baseline**	**Data source**	**2024**	**2 025**	**2026**	**2027**	**2028**
# of multisectoral coordination meetings held	Unknown	SUN	12	12	12	12	12
Annual joint performance review meeting on nutrition, conducted	0	SUN/REACH	1	1	1	1	1
Strategy 5: Increase financial allocations for nutrition by the Government.							
Output: Increased budgetary allocation for nutrition							
Outcome indicators	**Baseline**	**Data source**	**2024**	**2 025**	**2026**	**2027**	**2028**
# of ministries with nutrition line budget	0						
Budgetary allocation to nutrition on as a percentage of total health budget	0%	SUN CSAL	3%	6%	9%	12%	15%

# of partners funding nutrition interventions	8	SUN	8	10	15	20	20
Resource mobilization strategy in place	0	SUN	0	1	1	1	1
Resource tracking for nutrition done	1	SUN CSAL	1	1	1	1	1
Strategy 6: Build the capacity for nutrition at all levels							
Output: Improved technical capacity of HCWs on nutrition							
Outcome indicators	**Baseline**	**Data source**	**2024**	**2 025**	**2026**	**2027**	**2028**
# of ministries with nutrition line budget	0						
Budgetary allocation to nutrition on as a percentage of total health budget	0%	SUN CSAL	3%	6%	9%	12%	15%
# of partners funding nutrition interventions	8	SUN	8	10	15	20	20
Resource mobilization strategy in place	0	SUN	0	1	1	1	1
Resource tracking for nutrition done	1	SUN CSAL	1	1	1	1	1
Strategy 6: Build the capacity for nutrition at all levels							
Output: Improved technical capacity of HCWs on nutrition							
Outcome indicators	**Baseline**	**Data source**	**2024**	**2 025**	**2026**	**2027**	**2028**
# of nutritionists specialized various areas, e.g., oncology, diabetes, renal etc.	6	MoH	12	18	24	27	27
Nutrition center of excellence in place	0	SUN	1	2	3	2	2

Strategy 7: Promote Public-Private Partnerships in nutrition programming							
Output: Enhanced PPP in nutrition							
Outcome indicators	**Baseline**	**Data source**	**2024**	**2 025**	**2026**	**2027**	**2028**
# of private institutions supporting nutrition interventions as CSR	0	SUN	2	3	4	5	5
# of public-private partnership established on nutrition	0	SUN	5	5	5	5	5
# of private sector stakeholders trained on nutrition sensitive value chain	0	SUN	5	4	3	2	2
Strategic objective 4: To increase the demand for nutrition services through improved awareness							
Strategy 1: Increase awareness of nutrition in NCD prevention and management							
Output: Improved awareness on appropriate nutrition practices to prevent NCDs							
Outcome indicators	**Baseline**	**Data source**	**2024**	**2025**	**2026**	**2027**	**2028**
# of campaigns conducted on healthy diets and physical activities	0	MoH	20	20	40	60	60
# of journalists trained on diet related NCD management	0	MoH	0	10	15	20	25
Strategy 2: Improve the behaviour change for positive nutrition outcomes.							
Output: Improved knowledge, attitude, and practice of positive nutrition habits							
Outcome indicators	**Baseline**	**Data source**	**2024**	**2 025**	**2026**	**2027**	**2028**
SBC strategy for nutrition developed	0	MoH		1			
Strategy 3: Strengthen community nutrition interventions							
Output: Improved knowledge, attitude, and practice of positive nutrition habits							
Outcome indicators	**Baseline**	**Data source**	**2024**	**2 025**	**2026**	**2027**	**2028**
Proportion of population consuming diversified local foods	unknown	MoH	50%	60%	70%	75%	80%

Strategic Objective 5: To strengthen sectoral and multi-sectoral monitoring, evaluation, learning, accountability, and research in nutrition							
Strategy 1. To strengthen sectoral and multi-sectoral monitoring, evaluation, learning, accountability, and research in nutrition							
Output: Enhanced systems for collection, analysis, reporting/monitoring of nutrition interventions and outcomes							
Outcome indicators	**Baseline**	**Data source**	**2024**	**2025**	**2026**	**2027**	**2028**
# of nutrition staff trained on analysis and interpretation of nutrition data	1	MoH	5	10	15	20	25
# of data collection tools for nutrition reviewed	No Data						
# of Ministries with nutrition sensitive indicators integrated in the HMIS	2	MoH	4	6	10	12	20
No Data	No Data						
# of nutrition dashboards developed	0	MoH	1	1	1	1	1
Strategy 2: Strengthen systems for dissemination and use of nutrition data.							
Output: Nutrition data/information disseminated to various stakeholders							
Outcome indicators	**Baseline**	**Data source**	**2024**	**2 025**	**2026**	**2027**	**2028**
# of operational research conducted on nutrition per year	0	SUN	0	1	0	1	0
# of nutrition related publications per year	0	SUN	2	3	4	5	6
# of nutrition bulletins developed per year	0	SUN	12	12	12	12	12
# of nutrition knowledge sharing forums conducted per year	0	SUN	2	2	2	2	2

# of nutrition multistakeholder conferences conducted per year	2	SUN	1	1	1	1	1
# of nutrition information system guidelines reviewed/developed	0	SUN	2	0	2	0	2
Strategy 3: Strengthen information systems to ensure the integration, tracking of progress, analysis, and the use of the information for decision-making							
Improved quality of nutrition information for decision making							
Outcome indicators	**Baseline**	**Data source**	**2024**	**2 025**	**2026**	**2027**	**2028**
# of data quality assessments conducted on nutrition data	4	MoH	4	4	4	4	4

ANNEX B: Implementation Matrix

The implementation matrix consists of the strategic objectives, strategies, and prioritized interventions in the MSN plan. This section shows the resources need which are indicated in the expected year of intervention implementation. In addition, the responsible entity and supporting entities drawn from multisectoral stakeholders, relevant line ministries and agencies are also indicated.

LIBERIA MULTI-SECOTRAL NUNTRITION COSTED STRATEGIC PLAN TOTALINTERVENTIONS COST FOR 5 YEARS				Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	Cost 2028 (in 000, USD)	TOTAL (in 000, USD)
OVERALL TOTAL			26,982.15	22,373.78	25,611.61	23,131.33	22,432.67	117,593.70
Interventions MoH	**Responsible Entities**	**Supporting Entities**	**Cost 2024 (in 000, USD)**	**Cost 2025 (in 000, USD)**	**Cost 2026 (in 000, USD)**	**Cost 2027 (in 000, USD)**	**Cost 2028 (in 000, USD)**	**TOTAL (in 000, USD)**
Strategic Objective 1: To ensure improvement access to and utilization of a comprehensive package of proven Direct Nutrition Interventions (DNI) and nutrition specific interventions	MoH		10,972.02	7,879.08	10,482.17	8,123.41	7,609.20	45,065.88
Strategy 1: Adopt community health initiatives to roll out integrated management of acute malnutrition nutrition at health facilities and community levels			6,167.63	3,386.92	5,877.15	3,281.91	3,255.25	21,968.86
1. Procure and distribute Integrated Management of Acute Malnutrition (IMAM) supplies and equipment, including outreach and OPT	MoH	UNICEF, WHO, and other relevant stakeholders	3,110.53					

2. Integrate MIYCF with IMAM, and IMNCI (Integrated Management of Neonatal and Childhood Illnesses) package and services (Social Services and livelihood) as prevention strategies at community and household level	MoH	WHO, UNICEF, MoGCSP and other relevant stakeholders	28.8	0	0	0	0	28.8
3. Conduct mass screening and routine screening of under 5 to facilitate the identification of individuals with Severe or Moderate Acute Malnutrition (MAM) and refer appropriately	MoH	UNICEF, AAH, Concern, LMH, and other relevant INGOs	2,806.00	338.6	2,867.20	354.3	362.5	6,728.60
4. Disseminate IMAM training package for health workers	MoH	UNICEF, WHO and other relevant INGOs	171.9	0	0	0	0	171.9
5. Develop a costed scaled-up plan to expand access to MAM treatment within the country	MoH	UNICEF, WHO and other relevant INGOs	28.8	0	0	0	0	28.8

Strategy 2: Integrate cross-sectoral linkages to ensure that DNIs are provided routinely within the public health care system and mainstreamed in other sectors (Promotion of adolescent and pre-conception nutrition; Iron folic supplementation for pregnant women; IYCF: Promotion of optimal breastfeeding, Multi micronutrient (MNP) supplementation for children aged 6-23 months,)			4,804.39	4,492.16	4,605.02	4,841.51	4,353.94	23,097.02
1. Develop and disseminate a national strategy for adolescent and preconception nutrition.	MoH	UNICEF, NPHIL, LMH, AAH, Concern, WFP/REACH, WHO, Irish-Aid and other relevant stakeholders	200.7	0	0	0	0	200.7
2. Conduct awareness campaigns on the importance of adolescents' nutrition, HIV/AIDS, Reproductive Health, and WASH using various channels.	MoH	UNICEF, NPHIL, LMH, AAH, Concern, WFP/REACH, WHO, WaterAid, Irish-Aid, and other relevant stakeholders	126.9	129.8	132.8	135.9	139	664.4
3. Provide IFA (Iron Folic Acid supplement to pregnant women at Antenatal Care (ANC) for 180 days.	MoH	UNICEF, NPHIL, LMH, AAH, Concern, WFP/REACH, WHO, Irish-Aid, and other relevant stakeholders	1,717.35	1,760.28	1,789.37	1,834.11	1,849.39	8,950.50

4. Provide pregnant women with Insecticide –Treated Nets (ITNs) to prevent malaria.	MoH	UNICEF, LMH, AAH, Concern, WFP/ REACH, WHO, Irish-Aid, and other relevant stakeholders	0	0	0	0	0	0
7. Provide nutrition counseling for PLW and other care givers	MoH	UNICEF, LMH, AAH, Concern, WFP/ REACH, WHO, Irish-Aid and other relevant stakeholders	0	0	0	0	0	0
8. Promote attendance to antenatal and postnatal clinics by PLWs	MoH	UNICEF, LMH, AAH, Concern, WFP/ REACH, WHO, Irish-Aid and other relevant stakeholders	41.3	42.3	43.3	44.3	45.3	216.4
9. Encourage, monitor, and document mothers who initiate breast feeding of children within the first one hour of birth	MoH	UNICEF, LMH, AAH, Concern, WFP/ REACH, WHO, Irish-Aid, and other relevant stakeholders	15.7	16	16.4	16.8	17.2	82.1
10. Promote, protect, and support exclusive breast feeding for children 0-6 months	MoH	UNICEF, LMH, AAH, Concern, WFP/ REACH, WHO, Irish-Aid, and other relevant stakeholders	1,168.70	1,195.60	1,223.10	1,251.20	1,280.00	6,118.60

11. Establish mechanisms to collaborate with print and electronic media to scale up maternal adolescent, infant and young child nutrition practices messaging	MoH	UNICEF, MICA, REACH, and other relevant stakeholders	29.1	29.8	30.5	31.2	31.9	152.6
12. Promote celebration of World Breastfeeding Week and other MAIYCN (Maternal, Adolescent, Infant and Young Child Nutrition) global/national events	MoH	UNICEF, SUN CSO, WHO, REACH and other relevant stakeholders	39.5	40.4	41.4	42.3	43.3	207
13. Develop and train health workers and community assistants and (CHVs) Community health volunteers on maternal, adolescent, infant and young child nutrition practices packages	MoH	UNICEF, SUN CSO, REACH, and other relevant stakeholders	773.2	791	809.2	827.8	423.4	3,624.50
14. Child growth monitoring tools (MUAC, weighing scales, height boardiest for 154 health facilities)	MoH	UNICEF, SUN CSO, REACH, and other relevant stakeholders	153.204	0	0	153.204	0	306.41
15. Provide deworming for adolescents (1 x year)	MoH	UNICEF, SUN CSO, REACH,MoE and other relevant stakeholders	162.982	167.055	171.231	175.512	179.9	856.68
16. Adults weight Monitoring MAUC	MoH	UNICEF, SUN CSO, REACH, and other relevant stakeholders	1.238	0	0	1.258	0	2.50

18. Institutionalize the 10 steps to successful breastfeeding in all health facilities that provide maternity services via Baby-Friendly Hospital Initiatives. (Now in 6 counties)	MoH	UNICEF, WHO and other relevant stakeholders	0	0	19.8	0	0	19.8
19. Develop National Food Composition Table and Dietary Reference Intake	MoH	UNICEF, WHO and other relevant stakeholders	62.4	0	0	0	0	62.4

4. Establishment of farmers field schools, seed banks and community seed and fruit nurseries	MoA	FAO, WFP, WHH, Concern and other relevant stakeholders	200.35	200	140	75	75	690.35
5. Introduce bio-fortified food crops varieties to support healthy diets.	MoA	FAO, WFP, WHH, Concern and other relevant stakeholders	140	140	80	50	50	460
6. Promote and protect homestead animal rearing to produce animal source food in support of healthy diet.	MoA	FAO, WFP, WHH, ZOA, Concern, and other relevant stakeholders	115.16	115.16	115.16	115	115.16	575.8
7. Advocate with Ministries of Agriculture /partners for the distribution of high nutritive value local seeds, animals, and fisheries to vulnerable households.	MoA	FAO, WHH, Concern, ZOA and other relevant stakeholders	32.5	33.2	34	34.7	35.5	169.9
8. Educate communities on nutrition qualities of foods that are locally available, culturally acceptable, and low cost to enable them to make informed decisions when purchasing at local markets)	MoA (Lead), MoH, MoE	FAO, ZOA, Concern, AAH, WHH, and other relevant stakeholders	76.1	77.8	79.6	81.4	83.3	398.2
9. Promotion of year-round production of fruits and vegetable gardens for healthy diets.	MoA	FAO, WHH, AAH, ZOA and other relevant stakeholders	133.6	136.6	139.8	143	146.3	699.3
10. Train care groups and households on homestead farming, food processing, and preservation, storage, and utilization of diversified foods for improved nutrition status.	MoA (lead) MoH	FAO, WFP, AAH, ZOA and other relevant stakeholders	635.4	650	664.9	680.2	695.9	3,326.30

11. Ensure the establishment of seed multiplication gardens and related agriculture inputs at the community level	MoA	FAO, WFP, AAH, ZOA and other relevant stakeholders	210	214.8	219.8	224.8	230	1,099.40
12. Timely distribution of agriculture inputs to farmers along with viable seeds	MoA	FAO, WFP, AAH, ZOA and other relevant stakeholders	741.28	741.28	741.28	741.28	741.28	3,706.40
13. Encourage animal farmers to monitor animal's biosafety and bio-security measures to keep diseases out of the farm.	MoA	FAO, WFP, AAH, ZOA and other relevant stakeholders	82	82	82	82	82	410
14. Establish yearly crops survey of the production during harvest to enable estimate for lean season	MoA	FAO, WFP, AAH, ZOA and other relevant stakeholders	485.375	485.375	485.375	485.375	485.375	2,426.88
15. Establish a monthly market price monitoring to generate price bulletin of major food commodities	MoA	FAO, WFP, AAH, ZOA and other relevant stakeholders	468	468	468	468	460	2,340.00

Interventions MoE	Responsible Entities	Supporting Entities	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	Cost 2028 (in 000, USD)	TOTAL (in 000, USD)
MoE Totals			1,050.27	852.49	1,048.02	944.56	1,126.06	5,021.20
S.O. 2: Strategy 3: Develop a Package of Nutrition and Adolescent Sexual and Reproductive health Interventions and Operational Guidelines Appropriate for School-going Children and Adolescents			983.07	797.89	992.22	887.36	1,067.56	4,727.90
1. Support the development of school nutrition curriculum.	MoE	UNICEF, WFP, FAO, and other relevant stakeholders	86.4	0	0	0	0	86.4
2. Support school feeding to promote nutrition and healthy learning environment	MoE (Lead), MoH	WFP, UNICEF, and other relevant stakeholders	46.7	47.8	48.9	50	51.1	244.4
3. Enable relevant sectors community stakeholders to provide support and guidance within schools regarding nutrition. E.g., land for school gardens.	MoA, MoE(Lead)	WFP, FAO, WHH, AAH, ZOA and other relevant stakeholders	20.4	0	21.3	0	0	41.7
4. Establish school gardens and provide support for agriculture inputs to increase nutrition knowledge for new learners.	MoE (lead), MoA	FAO, WFP, and other relevant stakeholders	194.2	229.2	264.2	299.2	334.2	1,321.00
5. Monitor the teaching of nutrition education in schools (primary and secondary)	MoE	MoH, UNICEF, WFP, and other relevant stakeholders	8.23	8.42	8.62	8.81	9.02	43.10

7. Conduct cooking demonstrations to promote optimal nutritious food including choice and combination at schools	MoE	WFP and other relevant stakeholders	1.90	1.95	1.99	2.04	2.83	10.70
8. Review school health strategy to ensure coherence with LMNCSP.	MoE (lead), MoH	WFP and other relevant stakeholders	61.4	0	64.2	0	67.2	192.8
9. Ensure schoolgirls take home ration to safeguard nutrition.	MoE	WFP and other relevant stakeholders	150	150	150	150	150	750
10. Sensitize school going children and adolescents on healthy diets and physical activity using context – specific communication channels.	MoE (lead)	WFP and other relevant stakeholders	344.2	352.1	360.2	368.5	377	1,801.90
SO, 2; Strategy 1: 1. Integrate nutrition into WASH policies, strategies, plans and programs (School WASH)			34.2	34.9	35.7	36.6	37.4	178.8
11. Promote school health and nutrition programs for healthy diets and good nutrition (eg setting up of hand washing posts and garbage collection bins on school campuses)	MoE (lead), MoH, NWASHC	WFP, UNICEF, and other relevant stakeholders	34.2	34.9	35.7	36.6	37.4	178.8
SO, 4; Strategy 1: 1. Create awareness on appropriate dietary practices and lifestyles essential for the prevention of NCDIs particularly targeting groups most at risk			33	19.7	20.1	20.6	21.1	114.5
12. Incorporate NCD related nutrition guidelines in teaching curriculum	MoH, MoE (lead)	UNICEF, and other relevant stakeholders	13.8	0	0	0	0	13.8
13. Ensure support to home-grown school feeding Program	MoE, MoA (lead)	WFP, and other relevant stakeholders	19.2	19.7	20.1	20.6	21.1	100.7

Interventions: MoGCSP	Responsible Entities	Supporting Entities	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 202 (in 000, USD)	Cost 2028 (in 000, USD)	TOTAL (in 000, USD)
MoGCSP Totals			482.10	417.80	426.90	468.00	364.20	2,154.00
S.O. 2: Strategy 3: Develop a Package of Nutrition and Adolescent Sexual and Reproductive health Interventions and Operational Guidelines Appropriate for School-going Children and Adolescents			983.07	797.89	992.22	887.36	1,067.56	4,727.90
SO, 2; Strategy 4. Develop a nutrition-sensitive package of cash transfer interventions and appropriate operational guidelines for social protection of vulnerable children and adolescents to safe guide their nutrition			347.20	332.70	336.10	340.50	246.50	1,603.00
1. Develop guidelines and implement social safety assistance to poor households with children and adolescents	MoGCSP	World Bank, and other relevant stakeholders	19.6	0	0	0	0	19.60
2. Conduct training for staff to enable them identify/target vulnerable households and implement nutrition sensitive social safety nets.	MoGCSP	World Bank, and other relevant stakeholders	6	7	6	6	0	25.00
3. Sensitize the population, community leaders, husbands/ male partners on the criteria of selection and the purpose of the social safety nets to prevent any domestic or community back clash for targeted vulnerable households.	MoGCSP	World Bank, and other relevant stakeholders	5	5	5	5	5	25.00

4. Lobby with stakeholders to provide support that are nutrition sensitive to increase the capacity of vulnerable households.	MoGCSP	World Bank, UNICEF, USAID, and other relevant stakeholders	0	0	0	0	0	0.00
5. Support provision of specialized food transfer to women and children to safeguard maternal, infant, and young child nutrition.	MoGCSP	World Bank, UNICEF, USAID, and other relevant stakeholders	7.9	8.1	8.3	8.5	8.7	41.50
6. Ensure cash transfers or other forms of social transfers to empower vulnerable communities and households' affordability of food, prioritizing pregnant women and households providing foster care for orphans.	MoGCSP	World Bank, UNICEF, USAID, and other relevant stakeholders	135.00	135.00	135.00	135.00	135.00	675.00
7. Advocate for the implementation of maternity cash transfers and social protection safety net programs to reduce financial barrier to good nutrition	MoGCSP (lead) /MoH	World Bank, UNICEF, USAID, and other relevant stakeholders	2.5	2.5	2.6	2.7	2.7	13.00
8. Support the implementation of cash transfers to households with poor children and adolescents.	MoGCSP	World Bank, UNICEF, USAID, FAO, UN Women, WFO and other relevant stakeholders	2.5	2.5	2.6	2.7	2.7	13.00
9. Support pregnant and lactating women with social safety interventions to ensure maternity protections during emergencies.	MoGCSP (lead)/ MoH	UNFPA, UNICEF, WB, WFP, LMH, and other relevant stakeholders	168.7	172.6	176.6	180.6	92.4	790.90

SO, 2; Strategy 5: Integrate cash transfer programs to provide income support as social safety net to vulnerable groups to improve health and nutrition of children in targeted households.			87.5	47.5	47.5	87.5	80	350
10. Encourage nutrition sensitive village saving loans (susu) in communities activities for economic empowerment of women in vulnerable families.	MoGCSP	World Bank, UNICEF, USAID, UN Women, WFP, FAO, and other relevant stakeholders	7.5	7.5	7.5	7.5	0	30.00
11. Provide unconditional cash transfers to safeguard healthy diets, particularly to vulnerable pregnant and lactating women and young children. Working with MoA to encourage making gardens	MoGCSP (lead)/MoA	World Bank, UNICEF, USAID, and other relevant stakeholders	80	40	40	80	80	320.00
SO, 3; Strategy 1: Conduct capacity building to strengthen technical capacity for nutrition program implementation, policy analysis, and development and monitoring of their implementation at all levels			47.4	37.6	43.3	40	37.7	201
12. Train stakeholders in social protection programmes on good nutrition practices	MoGCSP (lead)/MoH	UNICEF, WHO, WFP, and other relevant stakeholders	7.5	7	7	8	0	29.50
13. Conduct stakeholder mapping of various players in social protection	MoGCSP	UNICEF, WHO, WFP, and other relevant stakeholders	10	0	5	0	5	15.00

Interventions :NPHIL	Responsible Entities	Supporting Entities	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	Cost 2028 (in 000, USD)	TOTAL (in 000, USD)
NPHIL TOTAL			482.3	231.9	393.5	242.8	248.4	1,599.10
SO, 2; Strategy 6: Enhance an effective and functional institutional system for Disaster Risk Management, enhance risk identification mechanisms; preparedness, emergency response (including nutrition emergency response) and recovery; improve information and knowledge management and vulnerability factors.			333.7	133.3	237.9	139.5	142.7	987.1
1. Develop contingency plan and Standard Operating Procedures (SOP) for nutrition emergency response.	MoH, NPHIL	WHO, UNICEF, WFP, Last Mile Health, Concern, AAH, and other relevant stakeholders s	1	0	0	0	0	1
2. Train frontline staff to conduct nutrition surveillance and response in time of emergencies.	MoH, NPHIL	UNICEF, WFP, Last Mile Health, Concern, AAH, and other relevant stakeholders	54.8	0	57.4	0	0	112.2
3. Strengthen the capacity of frontline staff to identified vulnerable groups in time of disaster or epidemics to reduce risks of malnutrition.	MoH, NPHIL	WHO, UNICEF, and other relevant stakeholders	54.8	56.1	57.4	58.7	60	287

4. Formulate nutrition strategies for post-emergency community recovery.	MoH, NPHIL	UNICEF, Irish-Aid, WAHO, and other relevant stakeholders	5.1	0	0	0	0	5.1
5. Map partners in disaster risk management and emergency response and recovery	MoH, NPHIL	UNICEF, Irish-Aid, WAHO, and other relevant stakeholders	30.2	0	0	0	0	30.2
6. Establish functional disaster risk management committee	NPHIL	UNICEF, Irish-Aid, WAHO, and other relevant stakeholders	18.1	0	0	0	0	18.1
7. Train stakeholders on disaster risk reduction	MoH/ NPHIL	UNICEF, Irish-Aid, WAHO, and other relevant stakeholders	33.1	0	34.7	0	0	67.8
8. Conduct, review and disseminate early warning surveys	MoH. NPHIL	UNICEF, Irish-Aid, WAHO, and other relevant stakeholders	23.8	0	0	0	0	23.8
9. Conduct and document outcomes of coordination meeting and joint planning on nutrition during emergencies	NPHIL	WHO, UNICEF, and other relevant INGOs	9	0	9.4	0	0	18.3
10. Build capacity of systems and individuals to undertake preparedness and response functions	NPHIL	UNICEF, WHO, WFP, Irish-Aid and other relevant stakeholders	18.1	0	0	0	0	18.1

11. Train stakeholders on needs assessment during emergencies and conduct the needs assessment	NPHIL	UNICEF, WHO, WFP, Irish-Aid and other relevant stakeholders	75.5	77.2	79	80.8	82.7	395.3
12. Review and share the emergency preparedness and response guidelines with county level disaster management teams.	MoH, NPHIL (lead)	UNICEF, WASH, LMH, WFP, and other relevant stakeholders	10.2	0	0	0	0	10.2
13. Ensure timely provision of emergency response supplies (food and non-food items).	MoH, NPHIL (lead)	WFP, UNICEF, WHO, and other relevant stakeholders	0	0	0	0	0	0
SO, 2; Strategy 7: Solidify systems of relevant government Institutions to ensure emergency preparedness and response.			92	40.7	96.3	42.7	43.7	315.4
14. Provide communities with IPC information and materials, specifically on Ebola, COVID-19 protocols	MoH, NPHIL (lead)	WHO, UNICEF, WB and other relevant stakeholders	10	10.2	10.5	10.7	11	52.4
15. Conduct awareness and train relevant nutrition stakeholders to increase the knowledge of consumers on the danger, risks and diseases deriving from the consumption of unsafe and sub-standard food.	MoCI (NSL), MoH, NPHIL (lead)	WHO and other relevant stakeholders	82	30.5	85.8	32	32.7	263

SO2; Strategy 8: Strengthen community preparedness, response, and recovery for natural and man-made disasters/outbreaks through national emergency response and recovery strategy.			56.6	57.9	59.3	60.6	62	296.6
16. Procure and pre-position nutrition emergency supplies in all counties and districts.	MoH, NPHIL	UNICEF, WHO, and other relevant stakeholders	0	0	0	0	0	0
17. Support resilience building in the communities' emergency response and recovery plans to enhance early recovery	MoH, NPHIL (lead)	UNDP, WHO, UNICEF, and other relevant stakeholders	56.6	57.9	59.3	60.6	62	296.6
Total								**1,638.70**
Ministry of Public Works								
Interventions, MPW	**Responsible Entities**	**Supporting Entities**	**Cost 2024 (in 000, USD)**	**Cost 2025 (in 000, USD)**	**Cost 2026 (in 000, USD)**	**Cost 2027 (in 000, USD)**	**Cost 2028 (in 000, USD)**	**TOTAL (in 000, USD)**
MPW TOTAL			63.7	13.9	14.1	39.4	14.6	
SO, 2; Strategy 2: Adopt appropriate technologies for the production, processing and handling of agricultural products to improve household food security			63.7	13.9	14.1	39.4	14.6	
14. Negotiate for construction and rehabilitation of farm to market roads and prioritize productive communities to improve access to local market	MPW(Lead), MoA	FAO, WFP, AAH, ZOA and other relevant stakeholders	10.2	10.4	10.6	10.9	11.1	
15. Train CBOs for feeder roads maintenance	MPW	FAO, WFP, AAH, ZOA and other relevant stakeholders	3.5	3.5	3.5	3.5	3.5	

16. Road construction equipments to be available in each county to enable road maintenance and construction for farm to markets.	MPW	UNDP, FAO, WFP, AAH, ZOA and other relevant stakeholders	50	0	0	25	0	$75.00
Interventions: NaFAA	**Responsible Entities**	**Supporting Entities**	**Cost 2024 (in 000, USD)**	**Cost 2025 (in 000, USD)**	**Cost 2026 (in 000, USD)**	**Cost 2027(in 000, USD)**	**Cost 2028 (in 000, USD)**	**TOTAL (in 000, USD)**
NaFAA Total			75	72.3	72.3	72.3	72.3	
O2, Strategy 2: Adopt appropriate technologies for the production, processing, and handling of agricultural products to improve household food security			75	72.3	72.3	72.3	72.3	364.3
8. Capacitate farmers to implement Fish and Insect farming for the production of animal source food in support of healthy diets (e.g., Fish farming, Beekeeping and Honey production and value chain, snail raising, etc.).	NaFAA (lead)	FAO, WHH, Concern, ZOA and other relevant stakeholders	75	72.3	72.3	72.3	72.3	364.3
Interventions: NaFAA	**Responsible Entities**	**Supporting Entities**	**Cost 2024 (in 000, USD)**	**Cost 2025 (in 000, USD)**	**Cost 2026 (in 000, USD)**	**Cost 2027(in 000, USD)**	**Cost 2028 (in 000, USD)**	**TOTAL (in 000, USD)**
NWASHC TOTALS			2,540.00	2,507.80	2,524.60	2,757.60	2,288.40	9,677.20
SO, 2; Strategy 1: Integrate Nutrition into WASH policies, strategies, plans and programs			2540	2507.8	2524.6	2757.6	2288.4	9,677.20
1. Educate, sensitize, and influence social marketing emphasizing links between poor WASH and under-nutrition.	NWASHC (Lead), MoH	UNICEF, WHO, NPHIL, WaterAid, Concern, and other relevant stakeholders	100	100	100	115	120	535.00

2 Support Baby WASH interventions to improve Maternal, Newborn and Child health, Early childhood development, and nutrition.	NWASHC (lead), MoH	UNICEF, WHO, NPHIL, WaterAid, Concern, and other relevant stakeholders	93	100	80	100	100	473.00
3. Embark on handwashing education and promotion at all times.	NWASHC (lead)	UNICEF, WHO, NPHIL, WaterAid, Concern and other relevant stakeholders	82.7	84.6	86.6	88.6	90.6	433.10
4. Provision of handwashing supplies and stations /tippy taps at all levels.	NWASHC	WHO, UNICEF, NPHIL, WaterAid, Concern and other relevant INGOs	600	613.8	627.9	642.4	657.1	200.00
5. Train CBOs to be empowered to supervise the use and maintenance of community WASH facilities.	NWASHC	WHO, UNICEF, NPHIL, WaterAid, Concern and other relevant INGOs	39	39.9	40.8	41.7	0	161.40
6. Promote environmental hygiene in public areas and domestic facilities.	NWASHC (lead), EPA	WHO, UNEP, NPHIL and other relevant stakeholders.	200	250	200	260	168.7	1,078.70
7. Promote Open Defecation Free (ODF) villages	NWASHC	WHO, UNICEF, WaterAid, Concern and other relevant stakeholders	522.8	534.8	547.1	559.7	572.5	2,736.90

8. Support sanitation facilities designs sensitive to vulnerable groups	NWASHC (lead), MoGCSP	UNICEF, WaterAid, and other relevant stakeholders	52.4	53.6	54.8	56.1	28.7	245.60
9. Improvement of water supply systems and services for access to safe drinking water.	NWASHC	UNICEF, PW, Water and Seward, NPHIL, WaterAid, Concern, NSL and other relevant Stakeholders.	0	0	0	0	0	0.00
10. Ensure construction and rehabilitation of boreholes and hand-dug wells fitted with hand-pumps to get clean water at community levels.	NWASHC (lead), NPHIL	UNICEF, Water AID, and other relevant stakeholders	0	0	0	0	0	0.00
11. Promote household water treatment technologies and safe storage within households, health facilities and schools.	NWASHC (lead) NPHIL	UNICEF, WHO, and other relevant stakeholders	500	450	500	600	250	2,300.00
12. Adopt and review available regional and international WASH standards	SUN, NWASHC, (lead) NPHIL	REACH, UNICEF, WHO, NSL/MoCI and other relevant stakeholders	75.3	0	0	0	0	75.30
13. Conduct sensitization on safe and hygienic practices during food preparation and storages	NWASHC (lead) NPHIL	MoH, REACH, UNICEF, WHO, NSL/MoCI and other relevant stakeholders	126.6	129.5	132.4	135.5	138.6	662.60

14. Advocate for protection of water sources and regular water treatment quality checks.	NWASHC (lead) NPHIL	MoH, REACH, UNICEF, WHO, NSL/MoCI and other relevant stakeholders	86.5	88.5	90.5	92.6	94.7	452.80
15. Strengthen mechanisms for collaboration and promote participation of stakeholders in WASH forums.	NWASHC (lead) NPHIL	MoH, REACH, UNICEF, WHO, NSL/MoCI and other relevant stakeholders	61.7	63.1	64.5	66	67.5	322.80
Interventions - SUN - Secretariat	**Responsible Entities**	**Supporting Entities**	**Cost 2024 (in 000, USD)**	**Cost 2025 (in 000, USD)**	**Cost 2026 (in 000, USD)**	**Cost 2027 (in 000, USD)**	**Cost 2028(in 000, USD)**	**TOTAL (in 000, USD)**
SUN-SEC TOTALS			4,125.70	3,393.00	3,595.20	3,516.00	3,640.20	18,270.30
SO, 3; Strategy 1: Review, update and /or formulate legislation, guidelines, standards and code of practice on food quality and safety			19.5	0	0	0	0	19.5
1. Advocate for legislations in the control of marketing of unhealthy food	MoCI, MoH, SUN (lead)	UNICEF, WFP, FAO and other relevant stakeholders	19.5	0	0	0	0	19.5
SO3; Strategy 4: Integrate Nutrition Goals into National Development Plans, Sectoral Policies/Plans, Programs and Projects			535.40	498.00	560.20	521.10	533.10	2,647.90
1. Review all nutrition-sensitive key sectors annual programs (Agriculture, Education, NWASHC, Social Welfare, etc. to ensure they reflect sound nutrition-sensitive lens.	SUN-Sec.	REACH and other relevant stakeholders	48.6	0	50.8	0	0	99.4
2. Orientate and train all relevant sectors stakeholders at all levels to enforce the Food and Nutrition legal instruments/Standards.	SUN-Sec.	REACH and other relevant stakeholders	486.8	498	509.4	521.1	533.1	2,548.50

SO 3; Strategy 5: Advocate to Improve Awareness Among Decision Makers on the Role of Nutrition in National Development and how Sectors can Work Together to Achieve Desirable Change.			143.2	85.6	87.7	89.5	91.6	497.6
3. Engaging the Office of the President for the identification of Nutrition Champion	SUN-Sec.	REACH, and other relevant stakeholders	32.5	0	0	0	0	32.5
4. Ensure that relevant sectors formulate and design programs with nutrition lens.	SUN (lead), NWASHC	UNICEF, REACH, NPHIL, Concern, WaterAid and other relevant Stakeholders	26.9	0	0	0	0	26.9
5. Scale up awareness on the importance of nutrition to national development among key political and economic decision makers through forums and presentations at Sections of the House of Representatives and Senate and all relevant sectors at all levels.	SUN-Sec.	REACH and other relevant stakeholders	32.5	33.2	34	34.7	35.5	169.9
6. Support annual nutrition learning forums	SUN, MSP	REACH and other relevant stakeholders	32.5	33.2	34	34.7	35.5	169.9
7. Participate in regional and global international meetings on nutrition	SUN, MSP	REACH and other relevant stakeholders	18.8	19.2	19.7	20.1	20.6	98.4

SO 3; Strategic 6: Advocate for Gradual Increase of Financial Allocations for Nutrition by the Government.			248.3	233.7	259.8	244.4	250	1236.2
8. Advocate for the creation of a budget line for SUN Secretariat and relevant partners.	SUN, MSP	REACH and other relevant stakeholders	19.5	0	20.4	0	0	39.9
9. Advocate for adequate financial resources for sustained and quality nutrition services including domestic resource mobilization	SUN, MSP	UNICEF, WAHO, UNDP, Irish-Aid, WB, and other relevant stakeholders	32.5	33.2	34	34.7	35.5	169.9
10. Engage heads of relevant ministries and agencies for the development of budget lines for nutrition.	SUN-Sec.	REACH and other relevant stakeholders	19.5	19.9	20.4	20.9	21.3	102
11. Support to increase multi-sectoral financial investment for nutrition by all stakeholders (through roundtables, funding strategies).	SUN-Sec.	REACH and other relevant stakeholders	32.5	33.2	34	34.7	35.5	169.9
12. Regularly advocate for the timely disbursement of funds for nutrition related activities	SUN-Sec.	REACH and other relevant stakeholders	32.5	33.2	34	34.7	35.5	169.9
13. Conduct high level fund raising for the NMNCSP implementation.	SUN, MSP	UNICEF, WAHO, UNDP, Irish-Aid, WB, and other relevant stakeholders	32.5	33.2	34	34.7	35.5	169.9

14. Conduct annual donor group forums on nutrition	SUN, MSP	UNICEF, WAHO, UNDP, Irish-Aid, WB, and other relevant stakeholders	32.5	33.2	34	34.7	35.5	169.9
15. Develop annual resource mobilization strategy	SUN, MSP	UNICEF, WAHO, UNDP, Irish-Aid, WB, and other relevant stakeholders	32.5	33.2	34	34.7	35.5	169.9
16. Conduct nutrition resource tracking at national and county level	SUN, MSP	UNICEF, WAHO, UNDP, Irish-Aid, WB, and other relevant stakeholders	14.3	14.6	15	15.3	15.7	74.9
SO, 3; Strategy 7: Conduct Capacity Building to Strengthen Technical Capacity for Nutrition Program Implementation, Policy Analysis, Development and Monitoring of their Implementation at all Levels			756.8	420.2	430	405	414.3	2426.1
1. Conduct capacity strengthening and trainings of relevant nutrition stakeholders on planning, implementation, and management of nutrition programs	SUN, MoH	REACH, MoCI and other relevant stakeholders	32.5	33.2	34	34.7	35.5	169.9
2. Advocate for Human Resource development specialty in Nutrition at Primary, Secondary and Tertiary levels.	SUN, MSP	REACH, and other relevant stakeholders	0	33.2	0	0	0	33.2

3. Identify knowledge gaps and strengthen human capacity and understanding of nutrition interventions in-line with the defined multi-sector institutional arrangement.	SUN, MSP	REACH, and other relevant stakeholders	32.5	0	34	0	0	66.4
4. Conduct pre-service and in-service training for nutrition officers, frontline workers and other cadres of service providers involved in nutrition programming.	SUN MSP	MFDP, MoH, UNICEF, and other relevant stakeholders	345.9	353.8	362	370.3	378.8	1,810.70
5. Advocate for establishment of a national nutrition Center of Excellence	SUN MSP	MFDP, MoH, UNICEF, and other relevant stakeholders	345.9	0	0	0	0	345.9
SO 5; Strategy 3: Strengthen Information Systems to Ensure the Integration, Tracking of Progress, Analysis, and the Use of the Information for Decision Making			68.9	49.5	61.1	51.9	52.9	284.7
8. Hold forums for dissemination of operational research and information sharing	MoH, SUN MSP (lead)	UNICEF, WFP, and other relevant stakeholders	10.2	0	0	0	0	10.2
9. Strengthen systematic review of nutrition-sensitive and nutrition-specific research	MoH, SUN MSP (lead)	UNICEF, WFP, and other relevant stakeholders	10.2	0	10.6	0	0	20.8
10. Promote knowledge sharing forums such as symposiums and conferences, workshops, and meetings	MoH, SUN MSP (lead)	UNICEF, WFP, and other relevant stakeholders	10.2	10.4	10.6	10.9	11.1	53.3

11. Establish an effective mechanism for knowledge management and learning	MoH, SUN MSP (lead)	UNICEF, WFP, and other relevant stakeholders	10.2	10.4	10.6	10.9	11.1	53.3
12. Promote knowledge sharing through publication	MoH, SUN MSP (lead)	UNICEF, WFP, and other relevant stakeholders	10.2	10.4	10.6	10.9	11.1	53.3
13. Scale up awareness on the importance of nutrition to national development among key political and economic decision makers through forums and presentations at national assemblies and all relevant sectors at all levels.	SUN-Sec.	REACH and other relevant stakeholders	17.9	18.3	18.7	19.2	19.6	93.8
SO, 4; Strategy 6: Earmark Regular and Fixed Meeting Dates in Advance.			775.2	792.9	811.1	829.9	848.9	4058.2
14. Support the establishment of county and district level coordination mechanism for nutrition specific and nutrition sensitive intervention.	SUN-Sec.	REACH and other relevant stakeholders	17.5	17.9	18.3	18.8	19.2	91.8
15. Hold high level sensitization fora targeting policy maker on the value and impact of prioritizing nutrition	SUN-Sec.	REACH and other relevant stakeholders	9	9.2	9.4	9.6	9.8	46.9
16. Support districts to develop county advocacy, communication and social mobilization plans.	SUN-Sec.	REACH and other relevant stakeholders	26.2	26.8	27.4	28.1	28.7	137.3
17. Engage nutrition champions to advocate for prioritization of nutrition at all levels	SUN-Sec.	REACH and other relevant stakeholders	24.8	25.4	26	26.6	27.2	130.1
18. Conduct annual High level ministerial nutrition meeting to share national progress updates increase awareness.	SUN-Sec.	REACH and other relevant stakeholders	32.5	33.2	34	34.7	35.5	169.9

19. Develop and disseminate quarterly nutrition bulletins	SUN-Sec.	REACH, and other relevant INGOs other relevant stakeholders	118.7	121.4	124.2	127.1	130	621.5
20. Conduct bi-monthly Technical Working Group meetings (MIYCN, Nutrition information, Emergency nutrition, Advocacy meeting)	SUN-Sec.	REACH and other relevant stakeholders	344.7	352.6	360.7	369	377.5	1,804.40
21. Conduct County and district level nutrition coordination meeting	SUN-Sec.	REACH and other relevant stakeholders	201.8	206.4	211.1	216	221	1,056.30
SO5; Strategy 2: Integrate and Assimilate Standard Nutrition Indicators into Sectoral Information Systems with a Priority for HMIS.			802.4	635.7	650.4	665.3	680.6	3434.3
21. Integrate nutrition sensitive indicators including Agriculture, Education, WASH and Social Protection performance and impact indicators.	SUN-Sec.	REACH and other relevant stakeholders	29.7	30.4	31.1	31.8	32.5	155.4
22. Define and Integrate core Nutrition Indicators in Nutrition Health Management Information System (HMIS) and relevant existing platforms.	SUN-Sec.	REACH, and other relevant INGOs other relevant stakeholders	29.7	0	0	0	0	29.7
23. Hold feedback meetings among nutrition stakeholders at all levels; Update and maintain national nutrition website	SUN-Sec.	REACH, and other relevant INGOs other relevant stakeholders	101.5	0	0	0	0	101.5
24. Track progress and challenges of all relevant nutrition-specific and Nutrition Sensitive and share on a common platform.	SUN-Sec.	REACH and other relevant stakeholders	185.3	189.6	194	198.4	203	970.3

25. Conduct routine nutrition data quality assessments and audits with key sectors	SUN-Sec.	REACH and other relevant stakeholders	406.4	415.7	425.3	435.1	445.1	2,127.60
26. Conduct nutrition data clinic to reflect on NIS processes, key emerging issues, lessons learnt from field implementation and tap into national, regional, and global	SUN-Sec.	REACH and other relevant stakeholders	16.1	0	0	0	0	16.1
27. Review and validate methodologies and results and quality monitoring during nutrition surveys – SMART, MIYCN KAP, KPC and coverage surveys	SUN-Sec.	REACH and other relevant stakeholders	17.6	0	0	0	0	17.6
28. Conduct Integrated Nutrition SMART Surveys MIYCN, KAP, KPC and coverage assessment.	SUN-Sec.	REACH and other relevant stakeholders	16.1	0	0	0	0	16.1
SO, 4; Strategy 4: Develop the Capacity of Community and Facility-based Service Providers on Essential Skills and Competencies in Nutrition			32.5	33.2	34	34.7	35.5	169.9
29. Conduct annual, midterm and end term reviews / evaluations	SUN-Sec.	WFP/ REACH, Irish-Aid, and other relevant stakeholders	32.5	33.2	34	34.7	35.5	169.9
SO5; Strategy 1: Strengthen Existing Systems and Capacity to Collect, Analyze, Report and Monitor Nutrition Situations to Ensure the Utilization of Data for Decision-Making.			743.5	644.2	700.9	674.2	733.3	3495.9
30. Map ongoing nutrition research and researchers in Liberia	SUN-Sec.	REACH and other relevant stakeholders	6.9	7	7.2	7.3	7.5	35.9
31. Integrate nutrition research into the national research strategy	SUN-Sec.	REACH and other relevant stakeholders	29.7	0	0	0	0	29.7

33. Conduct nutrition data dissemination on a quarterly basis	SUN-Sec.	REACH and other relevant stakeholders	87.6	89.6	91.7	93.8	95.9	458.5
34. Conduct an annual National Multi-Sectoral Nutrition conference every two years	SUN-Sec.	REACH and other relevant stakeholders	10.2	0	10.6	0	11.1	32
35. Establish and scale up an integrated food and Nutrition surveillance system for real time monitoring at all levels	SUN-Sec.	REACH and other relevant stakeholders	6.9	7	7.2	7.3	7.5	35.9
36. Established a country, county, and district levels website to manage and share nutrition information in the form of a dashboard with key stakeholders	SUN-Sec.	REACH and other relevant stakeholders	7.2	0	0	0	0	7.2
37. Conduct monthly multi-sectoral nutrition coordination meeting	SUN-Sec.	REACH and other relevant stakeholders	122.1	124.9	127.8	130.7	133.7	639.1
38. Conduct routine nutrition data quality assessments and audits with key sector	SUN-Sec.	REACH and other relevant stakeholders	406.4	415.7	425.3	435.1	445.1	2,127.60
39. Develop a national nutrition resource tracking tool	SUN-Sec.	REACH and other relevant stakeholders	36.8	0	0	0	0	36.8

Interventions - MICAT	Responsible Entities	Supporting Entities	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	Cost 2028 (in 000, USD)	TOTAL (in 000, USD)
MICAT TOTAL			66.2	22	22.5	23	23.5	157.2
SO, 4; Strategy 3: Develop a Social Behaviour Change Communication Strategy to Increase Knowledge and Promote Positive Nutrition Behavior			66.2	22	22.5	23	23.5	157.2
1. Translate SBCC into various local languages and air via radio to increase knowledge and promote positive nutrition behaviour at all levels	MICAT (lead)	MoH, UNICEF, and other relevant stakeholders	66.2	22	22.5	23	23.5	157.2
2. Support determination of the negative effects of smoking, substance abuse, alcohol and Thiers sequent NCDs via social media, radios and TV programs to the public.	MICAT (lead)	MoH, MoE, PIH and other relevant stakeholders						
Interventions - MoFDP	**Responsible Entities**	**Supporting Entities**	**Cost 2024 (in 000, USD)**	**Cost 2025 (in 000, USD)**	**Cost 2026 (in 000, USD)**	**Cost 2027 (in 000, USD)**	**Cost 2028 (in 000, USD)**	**TOTAL (in 000, USD)**
MICAT TOTAL			66.2	22	22.5	23	23.5	157.2
MFDP TOTAL			200.6	167.3	171.4	175	179	893.3
SO3; Strategic 6: Advocate for Gradual Increase of Financial Allocations for Nutrition by the Government.			200.6	167.3	171.4	175	179	893.3
1. Ensure that relevant ministries and agencies for the development of budget lines for nutrition.	MFDP	REACH and other relevant stakeholders	19.5	19.9	20.4	20.9	21.3	102
2. Support to increase multi-sectoral financial investment for nutrition by all stakeholders (through roundtables, funding strategies).	MFDP	REACH and other relevant stakeholders	32.5	33.2	34	34.7	35.5	169.9

3. Regularly monitor the timely disbursement of funds for nutrition related activities	MFDP	REACH and other relevant stakeholders	32.5	33.2	34	34.7	35.5	157.2
4. Conduct high level fund raising for the LMNCSP implementation.	MFDP	UNICEF, WAHO, UNDP, Irish-Aid, WB, and other relevant stakeholders	32.5	33.2	34	34.7	35.5	
5. Conduct nutrition resource tracking at national and county level	MFDP	UNICEF, WAHO, UNDP, Irish-Aid, WB, and other relevant stakeholders	14.3	14.6	15	15.3	15.7	102
6. Conduct capacity strengthening and trainings of relevant nutrition stakeholders on planning, implementation and management of nutrition programs	MFDP	REACH and other relevant stakeholders	32.5	33.2	34	34.7	35.5	169.9
7 . Develop a national nutrition resource tracking tool	MFDP	REACH and other relevant stakeholders	36.8	0	0	0	0	36.8

Interventions: SUN-CSAL	Responsible Entities	Supporting Entities	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	Cost 2028 (in 000, USD)	TOTAL (in 000, USD)
SN-CSAL Total			809.80	654.50	754.30	684.90	676.90	3,580.40
SO, 1; Strategy 1: Adopt Community Health Initiatives to roll out the Integrated Management of Acute Malnutrition (IMAM) at health facilities and community levels			21.6	22.1	22.6	23.2	0	89.5
1. Advocate for increased resource allocation for IMAM implementation including commodities, equipment, HR	SUN CSAL (lead)	UNICEF, WHO, REACH and other relevant stakeholders	21.6	22.1	22.6	23.2	0	89.5
SO 3; Strategy 1: Review, update and /or formulate legislation, guidelines, standards and code of practice on food quality and safety.			19.5	0	0	0	0	19.5
2. Establish a coordination mechanism for engagement in nutrition regulatory process	SUN-CSAL	UNICEF, WHO, WFP and other relevant stakeholders	19.5	0	0	0	0	19.5
SO 3;Strategy 4: Integrate Nutrition Goals into National Development Plans, Sectoral Policies/Plans, Programs and Projects.			162.2	116.1	169.6	121.4	124.2	693.4
3. Negotiate with national authorities to enact laws, develop nutrition policies and guidelines that promote nutrition, food security and safety of food at all levels.	SUN CSAL (lead), MoH	WFP/ REACH, Irish-Aid, and other relevant stakeholders	48.6	0	50.8	0	0	99.4
4. Enhance representation of nutrition at other sectoral forums	SUN -CSAL	WFP/ REACH, Irish-Aid, and other relevant stakeholders	32.5	33.2	34	34.7	35.5	169.9

5. Support development and progress review of annual workplans and other multi-year plans and policies	SUN-CSAL	WFP/ REACH, Irish-Aid, and other relevant stakeholders	48.6	49.7	50.8	52	53.2	254.2
6. Develop and disseminate annual reports	SUN-CSAL	WFP/ REACH, Irish-Aid, and other relevant stakeholders	32.5	33.2	34	34.7	35.5	169.9
SO3; Strategic 6: Advocate for Gradual Increase of Financial Allocations for Nutrition by the Government.			569.7	516.3	562.1	540.3	552.7	2741.2
7. Advocate for the ownership and institutionalization of the SUN Secretariat at the highest level in government	SUN CSAL, MSP	REACH and other relevant stakeholders	32.5	0	0	0	0	32.5
10. Advocate with Houses of Representative and Senate, Cabinet Ministers and especially Ministry of Finance to place nutrition at the heart of national development.	SUN-CSAL	REACH and other relevant stakeholders	17.9	18.3	18.7	19.2	19.6	93.8
SO4; Strategy 3: Develop a Social Behaviour Change Communication Strategy to Increase Knowledge and Promote Positive Nutrition Behavior			36.8	0	0	0	0	36.8
11. Develop specific nutrition behavioural education and communication plan for key-stakeholders participating in multi-sectors nutrition-sensitive program	SUN-CSAL	UNICEF. REACH, WFP, FAO, WHO and other relevant stakeholders	36.8	0	0	0	0	36.8

Interventions : MoCI	Responsible Entities	Supporting Entities	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	Cost 2028 (in 000, USD)	TOTAL (in 000, USD)
MoCI TOTAL			463.70	432.90	417.30	408.00	437.10	2,159.00
SO, 3; Strategy 2: Sensitize and Inform the Public and Key Decision Makers on the Importance of Food Quality and Safety.			228.90	240.70	252.70	228.60	266.50	1,217.40
2. Conduct joint visits at the ports of entry to monitor the safety and quality of imported food commodities, including breastmilk substitutes	MoH, MoCI (lead), NPHIL	UNICEF, WASH, LMH, WFP, and other relevant stakeholders	21.4	21.9	22.4	23	23.5	112.2
3. Ensure all products imported to Liberia must be labeled in English for safety of consumers	MoCI (lead), MoH, NPHIL, MICAT	WHO, UNICEF, Codex Alimentarius, and other relevant stakeholders, MOJ	40	40.9	41.9	42.8	43.8	209.4
4. Ensure protection from marketing of unhealthy food and beverages, misleading health and nutrition claims via false labeling	SUN, MoCI (lead), NPHIL, MICAT, MoH, NCC	UNICEF, WHO, and other relevant stakeholders	50.00	60.00	50.00	40.00	70.00	270
4. Enhance representation of nutrition at other sectoral forums	SUN -CSAL	WFP/ REACH, Irish-Aid, and other relevant stakeholders	32.5	33.2	34	34.7	35.5	169.9
10. Conduct quality control of fortified foods through regular monitory at all levels of the food value chain.	MoCI	National Food Fortification Alliance / MoCI/ NSL, GoL and other relevant stakeholders	9.5	9.7	10	10.2	10.4	49.8

6. Monitor and institute reporting and feedback mechanism for consumers to report dissatisfaction and recommendations relating to food safety.	MoCI	UNICEF and other relevant stakeholders	100	100	120	104	110	534
SO3; Strategy 8: Promote Public-Private Partnerships in Nutrition Programming			186.2	192.2	164.6	179.4	170.6	893
7. Promote healthy business network with Public-Private partners for nutrition.	MoCI	GoL and other relevant stakeholders	140	145	116.4	130	120	651.4
8. Linked up with relevant ministries to ensure that private sectors live up to their corporate social responsibilities relating to nutrition in order to save the lives of children.	MoCI	GoL and other relevant stakeholders	23.1	23.6	24.1	24.7	25.3	120.8
9. Engage partnerships with private companies involved in food processing to encourage local nutritious food production and fortification of complementary food.	MoCI	GoL and other relevant stakeholders	23.1	23.6	24.1	24.7	25.3	120.8
SO3; Strategy 3: Strengthen Institutional Capacity to Ensure the Monitoring and Enforcement of Food, Sanitary and Phytosanitary Standards. Consumer Education, Protection and put in place systems for consumers to Express Grievances and Make Suggestions for Improvement in Food Safety			186.2	192.2	164.6	179.4	170.6	893
5. Conduct training to strengthen the capacity of Institutions and frontline staff on food sanitary and phytosanitary standards	MoCI	UNICEF and other relevant stakeholders	48.6	0	0	0	0	48.6

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