Government of Malawi

NATIONAL MULTISECTOR NUTRITION POLICY

2025 – 2030

Foreword

The Malawi Government recognises nutrition as a key enabler for human growth and development that contributes significantly to the social and economic development of the country. The Malawi 2063 (MW 2063) indicates that optimal nutrition has a bearing on an individual's future development and healthy well-being with wider implications on socio-economic development. Prioritising nutrition throughout the life cycle, with a particular emphasis on under-five children, with more focus on the first 1,000 days of life (conception to two years of age) and adolescence, can halt the inter-generational cycle of malnutrition.

During the implementation period of the previous National Multisector Nutrition Policy (2018-2022) stunting slightly increased from 37.1 per cent in 2016 to 37.6 per cent in 2024 while wasting decreased from 3.4 per cent in 2016 to 2.0 per cent in 2024. Malnutrition has a devastating effect on the national economy. For instance, the 2012 Cost of Hunger report estimates that the total annual cost associated with child undernutrition is US$597 million which is equivalent to 10.3 per cent of Gross Domestic Product (GDP). In addition, 66 per cent of the adult population engaged in manual activities were stunted as children, representing an annual loss of US$67 million alone. Further, the cost of grade repeating associated with undernutrition was US$13.8 million. Furthermore, health costs to families due to frequent illnesses were estimated at US$22 million and 23 per cent of child deaths were associated with undernutrition.

The National Multisector Nutrition Policy (NMNP) (2025-2030) aims to provide a guiding framework for the implementation of high-impact, cost-effective interventions and will be operationalised by the National Multisector Nutrition Strategy (NMNS) (2025-2030). It builds on the gains made by the preceding policy while addressing challenges and other emerging issues. The goal of the NMNP is to ensure a well-nourished and healthy population that effectively contributes to a wealthy and self-reliant nation. The NMNP will operationalise the global and regional agenda, which Malawi ascribes to, as a catalyst for the attainment of the MW2063 and the 2030 Sustainable Development Goals. This policy is therefore an important stepping stone for moving the country from poverty to prosperity and ensuring human capital development.

Realising the importance of nutrition in the national economy, the Government continues placing nutrition high on the national development agenda. The efforts to address nutritional disorders in the country require a multisectoral approach, coordinated efforts, and partnerships. The President of Malawi is continuously advocating for the consumption of diversified diets from all food groups among the general population and a shift from over-reliance on maize. The promotion of dietary diversity is a game changer in Malawi to attain optimal nutrition and transform the food systems to achieve nutritional outcomes.

Honourable Khumbize Kandodo Chiponda, MP
MINISTER OF HEALTH

PREFACE

Malawi has made some progress in improving the nutritional status of the population, however, the nutritional challenges continue to be of public health concern. Currently, four out of ten children under the age of five are stunted while one in four and six in ten adults are obese and zinc deficient respectively. These are silently contributing to the high morbidity, mortality rates, and economic losses in the country. This Policy therefore aims to guide the provision of nutrition services with a focus on preventive interventions including treatment and management of acute malnutrition. The following processes were undertaken to review the NMNP:

(i) an evaluation of the previous policy to identify gaps and challenges; (ii) community consultation and dialogue to draw best practices and ensure community ownership; (iii) district-level consultations to ensure the policy is implementable within the district development plans; (iv) national consultations for alignment with government and donor policies; and (v) private sector engagement to strengthen public-private partnership.

The NMNP adopts a multisectoral approach to mobilise and build a joint response among stakeholders to address the nutritional challenges which are multi-faceted and no one sector can deal with all of them. To strengthen the implementation of the NMNP, the Government is promoting the five one's principles namely: (i) One multisector nutrition policy; (ii) One multisector nutrition strategic plan, iii) One nutrition coordination office, (iv) One nutrition monitoring and evaluation framework, and (v) One nutrition behaviour change strategy. Furthermore, it describes key priority

areas, strategies, implementation structure, institutional arrangements, key roles and responsibilities of stakeholders, and a monitoring and evaluation framework.

The NMNP has six priority areas, which were identified based on local evidence and global emerging issues to which the country is a party. These provide a range of strategic policy guidance in line with the MW2063, MIP1, the 2030 Sustainable Development Goals, Scaling-up Nutrition movement 3.0 (SUN), Food systems, climate change, and other instruments. The priorities are (i) Prevention of malnutrition; (ii) Nutrition and sustainable food systems; (iii) Social behavioural change; (iv) Treatment and management of common nutrition disorders; (v) Nutrition during emergency situations and climate change; and (vi) Creating an enabling environment for nutrition.

The Government of Malawi is indebted to all institutions and individuals who have been involved in the review of the NMNP. Special recognition goes to KFW, GIZ, USAID, UNICEF, WFP, EU and Never Ending Food Permaculture for financial and technical support.

Dr. Samson Mndolo
SECRETARY FOR HEALTH

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Acronyms and Abbreviations

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

HIV	Human Immunodeficiency Virus
IMAM	Integrated Management of Acute Malnutrition
KAP	Knowledge, Attitudes, and Practices
KUHeS	Kamuzu University of Health Sciences
LUANAR	Lilongwe University of Agriculture and Natural Resources
M and E	Monitoring and Evaluation
MAD	Minimum Acceptable Diet
MDDW	Minimum Dietary Diversity for Women
MEAL	Monitoring, Evaluation, Accountability and Learning
MF	Micro-Finance
MGDS III	Malawi Growth and Development Strategy III
MICS	Multiple Indicator Cluster Survey
MIYCN	Maternal, Infant, and Young Child Nutrition
MMS	Multiple Micronutrient Supplement
MNDs	Micronutrient Deficiencies
MoA	Ministry of Agriculture
MoBSE	Ministry of Basic and Secondary Education
MoHE	Ministry of Higher Education
MoFEA	Ministry of Finance and Economic Affairs
MoH	Ministry of Health
MoIDD	Ministry of Information and Digitalization

MoJ	Ministry of Justice
MLGUC	Ministry of Local Government, Unity and Culture
MoNRCC	Ministry of Natural Resources and Climate Change
MUBAS	Malawi University of Business Administration
MUST	Malawi University of Science and Technology
MW2063	Malawi Vision 2063
MVAC	Malawi Vulnerability Assessment Committee
MZUNI	Mzuzu University
N4G	Nutrition for Growth
NCDs	Non-Communicable Diseases
NCST	Nutrition Care, Support, and Treatment
NECS	Nutrition Education and Communication Strategy
NEPAD	New Partnership for Africa's Development
NESP	National Education Sector Policy
NGOs	Non-Governmental Organizations
NMNP	National Multisector Nutrition Policy
NMNS	National Multisector Nutrition Strategy
NNCDs	Nutrition-related Non-Communicable Diseases
NNIS	National Nutrition Information System
NRU	Nutrition Rehabilitation Unit
NSO	National Statistics Office

NSSP	Nutrition-Sensitive Social Protection
NURTS	Nutrition Resource Tracking System
OTP	Out-patient Therapeutic Programme
PNHAO	Principal Nutrition, HIV, and AIDS Officer
PPAs	Policy Priority Areas
PWP	Public Works Programme
SADC	Southern African Development Community
SBC	Social and Behavioural Change
SCTP	Social Cash Transfer Programme
SD	Standard Deviations
SDGs	Sustainable Development Goals
SFP	Supplementary Feeding Programme
SHN	School Health and Nutrition
SMP	School Meals Programme
SUN	Scaling-up Nutrition
TB	Tuberculosis
UN	United Nations
UNGNA	United Nations Global Nutrition Agenda
UNIMA	University of Malawi
VSL	Village Saving and Loans
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

Glossary

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

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

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

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

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

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

Moderate Acute Malnutrition: This is undernutrition indicated by low weight-for-height.

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

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

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

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

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

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

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

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

Overnutrition: This results from excessive intake of energy and nutrients leading to overweight and obesity.

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

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

Severe Acute Malnutrition: This is undernutrition defined as very low weight-for-height.

Stunting: This is a form of undernutrition; it reflects retarded growth defined as low height-for-age.

Undernutrition: It denotes insufficient intake of energy and nutrients to meet an individual's needs to maintain good health. There are four broad sub-forms of undernutrition namely wasting, stunting, underweight, and deficiencies in vitamins and minerals.

Underweight: This is a form of undernutrition characterised by low weight-for-age

1 Introduction

The Government of Malawi acknowledges nutrition as a key enabler for human growth and development that contributes significantly to the social and economic development of the country (Enabler 5 of the Mw2063). The Malawi 2063 (Mw2063) highlights adequate nutrition within the first 1,000 days as key for child growth and development. It therefore compels the country to prioritise the health and nutrition of all Malawians throughout the life cycle with emphasis on halting the inter-generational cycle of malnutrition. Additionally, it highlights the need for a multisectoral approach to address all forms of malnutrition.

The NMNP provides a guiding framework for the operationalisation of the Malawi Implementation Plan (MIP-1) through the implementation of proven high-impact cost-effective interventions. It also focuses on the prevention of malnutrition in all its forms and household empowerment and resilience building while addressing the existing and emerging national and global nutrition challenges. The NMNP shall be operationalised through the National Multisector Nutrition Strategy (NMNS) (2025-2030). The NMNS shall also be complemented by the implementation of programme specific strategies and guidelines.

The NMNP has six policy priority areas (PPAs), which were identified to respond to the overall nutrition needs of the country and leverage in planning, designing, and implementing nutrition interventions with other programmes. The priority areas were also identified based on the global and regional agendas to which Malawi is a signatory. The six priority areas include: (i) Prevention of malnutrition; (ii) Nutrition and sustainable food systems;

(iii) Social behavioural change; (iv) Treatment and management of common nutrition disorders; (v) Nutrition during emergency situations and climate change; and (vi) Creating an enabling environment for nutrition.

1.1 Background

The NMNP (2025-2030) is a third edition of nutrition policy which has been developed through evaluation and review of the preceding policy and extensive consultations with stakeholders, including communities. Key issues identified have been addressed in this policy. The 2018-2022 Policy had eight priority areas whose overall goal was to achieve the following outcomes:

a) Improved adolescent, maternal, and child nutrition and health;

b) Reduced prevalence of overweight and NNCDs among the general population;

c) Reduce nutrition-related mortality among children under the age of five years, and the general population; and

d) Improved enabling environment for effective coordination and implementation of nutrition–sensitive and -specific interventions.

During the period 2018-2022, significant achievements were made, for example:

i. Improved human capacity through filling of nutrition positions.

ii. Creation of a nutrition budget line at the district level.

iii. Sustained low prevalence of acute malnutrition.

iv. Improved Knowledge, Attitudes, and Practices (KAP) in nutrition

v. Reduced child mortality due to acute malnutrition.

Other notable positive achievements at district level include:

(i) the establishment of the office of the Principal Nutrition, HIV, and AIDS Officer (PNHAO); (ii) strengthened capacity of District Nutrition Coordinating Committees (DNCCs) to drive the multisectoral nutrition approach; (iii) creation of budget line for nutrition; (iv) increased access of nutrition services by up and out scaling evidence-based high-impact interventions; (v) developed and provided a framework for standardisation and improvement in nutrition service delivery through the care group approach; and (vi) positioning nutrition high on the National Development Agenda.

1.2 Rationale

Despite making these strides, the reduction of some nutrition indicators has been very slow in past decades. A few indicators increased, for example, stunting has slightly increased from 37.1 per cent in 2016 to 37.6 per cent in 2024 compared to a reduction from 47 per cent in 2010 to 37.1 per cent in 2016 when coordination was under a neutral ministry in the Office of the President and Cabinet. This demonstrates that by putting the multisector nutrition coordination office back into a neutral place, it could assist in accelerating a faster reduction in malnutrition. In Malawi, just like any other country, there has been a growing trend of overweight and obesity triggering NNCDs like certain cancers, diabetes, and cardiovascular diseases. In Malawi, 33 per cent of adult men and women have raised blood pressure, 7 per cent have

type 2 diabetes, and 9 per cent have hypercholesterolemia. These collectively are contributing up to 32 per cent of deaths among the adult population.

Malnutrition continues to rip the national economy, for instance, the Cost of Hunger Report estimated that the total annual cost/loss associated with child undernutrition was at US$ 597 million. These losses were associated with health, education, and work productivity later in life. Undernutrition at an early age predisposes children to higher morbidity and mortality risks estimated at 23 per cent of all mortality cases. This translates into high medical costs of US$22 million. While on education, 18 per cent of all school year repetitions were associated with stunting, costing the government around US$13.8 million and consequently leading to reduced work productivity during adulthood later contributing to an estimated loss of US$67 million.

Addressing the burden of malnutrition in the country has been very slow and complex due to multiple factors such as weak coordination leading to the vertical implementation of nutrition programmes by sectors, lifestyles leading to overweight triggering NNCDs, and inadequate financing for nutrition at the local authority level compromising programme delivery at community levels. These therefore call for a renewed action and commitment to guide stakeholders in nutrition service delivery across the country.

1.3 Current Nutrition Status

Malawi just like other countries is experiencing a triple burden of malnutrition namely underweight, overweight, and micronutrient deficiencies.

1.3.1 Undernutrition

Over the past two decades, Malawi has experienced a general decline in the rates of undernutrition (stunting, underweight, wasting, and micronutrient deficiencies).

The prevalence of stunting remains high and affects over 37.6 per cent of under-five children despite reduction from 47 per cent in 2010. Underweight among under-five children has decreased from 13.4 per cent in 2010 to 10 per cent in 2024, fifteen out of one hundred adolescent girls are undernourished. Undernutrition in children is exacerbated by poor feeding and caring practices as demonstrated by a minimal decrease in the proportion of infants (0-6 months old) exclusively breastfed to 60 per cent in 2024 from 61 per cent in 2016. In addition, only 8.7 per cent of children aged 6 to 23 months meet the minimum acceptable diet (MAD). Similarly, the proportion of women meeting minimum dietary diversity for women (MDDW) is equally low (25 per cent). The combination of poor access to nutritious diets and frequent illness (such as acute respiratory infections, diarrhoea, and malaria) coupled with poor access to health services, exacerbate the risk of undernutrition. The underlying causes of undernutrition include lack of knowledge and/or skills; poor hygiene practices; lack of safe water and proper sanitation; food insecurity; gender inequality; and poverty.

1.3.2 Overnutrition

In Malawi, about 21 per cent of the population aged 15 and 49 years are overweight while 5 per cent are obese. The prevalence of overweight and obesity is higher in women (24 and 6 per cent respectively) than in men (17 and 3 per cent).

Being overweight is a risk factor for NNCDs, in particular cardiovascular diseases (heart diseases and stroke), hypertension, certain cancers, and type 2 diabetes mellitus. These conditions are perpetuated by unhealthy lifestyles such as an increase in tobacco use, physical inactivity, harmful use of alcohol, and unhealthy diets. The World Health Organization (WHO) estimated that the probability of dying between ages of 30 and 70 years from the leading NNCDs like certain cancers, diabetes, and cardiovascular diseases is around 19 per cent worldwide. In Malawi, 33 per cent of adult men and women have raised blood pressure, 7 per cent have type 2 diabetes, and 9 per cent have hypercholesterolemia. NNCDs alone contribute to 32 per cent of deaths among the adult population.

1.3.3 Micronutrient Deficiencies

MNDs "also referred to as hidden hunger" are a form of undernutrition. Although MNDs are often clinically invisible, they increase the risk of disease and limit growth and development, especially in the first 1,000 days of life, leading to irreversible consequences. For example, iodine and iron deficiencies impair cognitive development. It is estimated that in developing countries, Gross Domestic Product (GDP) is lowered by up to 5 per cent due to MNDs, while in poorer countries this can go as high as 6 per cent. Deficiencies of iodine and iron alone could reduce the GDP by 2 per cent, while losses from all other MNDs could be even much higher. Through the implementation of some of these interventions, Malawi made strides in reducing MNDs for example vitamin A reduced from 22 to 3.6 per cent and iron deficiency from 62 to 22 per cent between 2009 to 2015/16.

1.4 Current Nutrition Interventions, Strategies and Approaches

The Government is committed to ensuring the well-being of the general population through improving their nutritional status. To attain this, Malawi promoted large-scale implementation of the 13 high-impact cost-effective nutrition interventions through a multisector approach and a robust social and behavioural change. These 13 direct high-impact cost-effective nutrition interventions fall into three general areas of investment which are:

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

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

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

In addition to the implementation of the high-impact nutrition interventions, Malawi promoted social and behavioural change as key to improving knowledge, attitudes,

and practices to ensure sustainable change. The President of Malawi is continuously advocating for the consumption of diversified diets from all food groups among the general population and a shift from over-reliance on maize. The promotion of dietary diversity is a game changer in Malawi to attain optimal nutrition and transform the food systems to achieve nutritional outcomes. The Malawi food systems transformation pathway is one of the ongoing flagship programmes aimed at changing food supplies and provides an opportunity for community empowerment through linkage with cooperatives and community care groups which may in turn improve livelihoods. The Government therefore shall prioritise the delivery of nutrition services through various platforms and strengthen coordination across sectors at all levels.

1.5 Linkages with other Key Policies and Legislation

1.5.1 Linkages with International Instruments

The NMNP shall be guided by the international human rights and other charters which Malawi is party to at the regional and global levels, such as:

Food Systems Transformation

Advocates on reduction of hunger and malnutrition through integrated and sustainable food production, post-harvest handling, processing, value addition, marketing, reducing food waste and diversified diets. To achieve this, it requires fundamental changes in the behaviour of consumers, investors, agri-food sector firms, farmers, researchers, and political leaders.

Global Nutrition Agenda (2016)

The United Nations Global Nutrition Agenda (UNGNA) is a broad framework for aligning the work of UN agencies in support of global and national nutrition goals in the years ahead. It describes the vision and guiding principles for UN work globally which pursue collective UN efforts over five years.

Nutrition for Growth (N4G)

N4G is a global agenda that aims to bring together country governments, donors and philanthropies, businesses, non-governmental organizations (NGOs) and beyond. The N4G year of action is an opportunity to accelerate progress on tackling malnutrition with key events focusing on mobilizing new policy and financial commitments to help position nutrition as an essential development priority.

Scaling Up Nutrition (SUN) Strategy 2021–2025 (SUN 3.0)

SUN is a movement aims to achieve a world free from malnutrition in all its forms by 2030. It promotes collective action to ensure that every child grows and develops to their full potential. It supports countries in addressing the many drivers of malnutrition in all its forms.

United Nations (UN) Nutrition Strategy

The strategy advocates for a world without malnutrition, where everyone everywhere enjoys the right to adequate food, interdependent on, and indivisible from, all human rights now and in future. The strategy coordinates and leverages the actions of United nations' (UN) member organizations to effectively address malnutrition in all

its forms, as well as its root causes, by maximizing policy coherence, programmatic alignment, and harmonized advocacy to governments and partners, leaving no one behind.

World Health Organization (WHO) Commitments

WHO announced six new commitments to advance nutrition targets which have slipped further off-track during emergencies and pandemics. These include to: Expand initiatives to prevent and manage overweight and obesity; Step up activities to create food environments that promote safe and healthy diets; Support countries in addressing acute malnutrition; Accelerate actions on anaemia reduction; Scale up quality breastfeeding promotion and support; and Strengthen nutrition data systems, data use, and capacity.

1.5.2 Linkages with African Regional Instruments The African Union (AU) Agenda

The AU agenda focuses on eradicating hunger and malnutrition and accelerating progress in the attainment of the global and continental nutrition targets. It promotes multisector or multistakeholder platforms for the coordination of all nutrition interventions; strengthened monitoring, evaluation, and accountability frameworks; and elevated commitment to act and contribute to ending all forms of malnutrition in Africa through new pledges that support resource and finance action plans dedicated to achieving set targets and results. Other AU commitments include the Comprehensive Africa Agriculture Development Programme (CAADP) 2003; the Africa 2063 Agenda (2013), the AU Heads of State Commitment (2014), and the Malabo Declaration.

1.5.3 Linkages with regional Southern African Development Community (SADC) instruments

SADC works to enhance the quality and competitiveness of goods and services produced within the region as well as ensuring that goods and services imported for use in the region meet the requirement of international standards, including nutrition. The SADC region shares common nutrition problems emanating from the triple burden of malnutrition, which requires common approaches. To address these common challenges, this policy has included and adopted regional approaches such as the SADC Strategy for NNCDs and the Adolescent Nutrition Advocacy Strategy.

1.5.4 Linkages with National Policies and Legislations

The Policy shall operate in line with other existing legal and policy frameworks at the national level as follows:

The Constitution of Malawi

The policy is aligned with the Constitution under Chapters III and IV, which provide for the Principles of National Policy, Human Rights, and the Right to Food respectively. In section 13 (b), the Constitution provides that: 'The State shall actively promote the welfare and development of the people of Malawi by progressively adopting and implementing policies and legislation aimed at achieving the following goals: (b) Nutrition – To achieve adequate nutrition for all in order to promote good health and self-sufficiency'.

The Malawi Vision 2063 (Mw2063)

The Mw2063 is an overarching long-term national development agenda that seeks for an inclusive wealthy

and self-reliant nation. The attainment of Mw2063 requires a well-nourished population and the agenda identified nutrition as one of the national priorities for human capital development, especially in the first 1,000 days of life.

Nutrition-Related Legislation

The NMNP shall operate in an environment which has other legislation and statutes that touch on nutrition-related issues such as: The Consumer Protection Act; The Pharmacy Medicines and Poisons Act; The Malawi Bureau of Standards Act; The Public Health Act; Health and Welfare Act; The Prevention of Domestic Violence Act; The Child Care Justice and Protection Act; The Persons with Disabilities Act; The Local Government Act; and other relevant Acts that may arise in the implementation period.

Early Childhood Development Policy

The Early Childhood Development Policy promotes the provision of nutritious food; safe water and sanitation facilities; immunisation growth services; and adequate play and stimulation.

Decentralization Policy

The Decentralization Policy seeks to create a democratic environment and institutions for governance and development at local council levels which facilitate the participation of the grassroots population in decision making.

National Agriculture Policy

The Agriculture Policy seeks to achieve sustainable food and nutrition security including food system transformation.

Health Policy

The Health Policy promotes the treatment and management of nutrition disorders; micronutrient supplementation; and facility-based Maternal, Infant, and Young Child Nutrition (MIYCN). In addition, it also promotes, growth monitoring and promotion, prevention and management of diseases, family planning services, and deworming to improve nutritional status and health.

National Education Sector Policy

The National Education Sector Policy (NESP) advocates for the promotion of the school meals programme; school health; water, sanitation, and hygiene (WASH); HIV and AIDS; gender; and education interventions. The NESP promotes mainstreaming nutrition within the school curriculum and school activities at all levels.

Social Protection Policy

The Social Protection Policy mainstreams nutrition in all its livelihood interventions to promote optimal nutrition for the targeted population and to increase resilience towards shocks. It seeks to enhance social behaviour change towards diversified production and dietary diversity.

Gender Policy

The Gender Policy seeks to mainstream gender in nutrition programmes to enhance the participation of women, men, girls, and boys at individual, household, and community levels for sustainable and equitable development.

National Community Development Policy

The National Community Development Policy seeks to contribute towards an inclusively wealthy and self-reliant nation by catalysing sustainable social economic development efforts through inclusive mind-set change strategic transformative initiatives and approaches.

National Climate Change Management Policy

The National Climate Change Management Policy seeks to promote climate change adaptation, mitigation, technology transfer and capacity building for sustainable livelihoods through Green Economy measures for Malawi

National Disaster Risk Management Policy

The National Disaster Risk Management Policy seeks to achieve sustainable development through disaster risk management integration in development planning by all sectors. It presents an opportunity for effective implementation and coordination of disaster risk management programmes and activities. It has set priorities and strategies that promote nutrition resilience to disasters.

The National Population Policy

The overall goal of the National Population Policy is to contribute to the improvement of the standard of living and the quality of life of the people of Malawi.

National Youth Policy

This National Youth Policy aims at empowering the youth to deal with the social, cultural, economic, and political challenges they meet in their everyday lives. This includes

youth developing and promoting an appropriate mindset on optimal nutrition in their household and communities.

HIV Policy

The HIV policy seeks to reduce vulnerability through improvement in care, support, and treatment for people living with HIV.

1.6 Purpose of the Policy

This NMNP 2025–2030 serves to guide the national nutrition response on its effort towards the attainment of the SDGs and the Mw2063 vision. It shall also guide government ministries, departments, and agencies (MDAs), Local Councils, development partners, civil society, faith-based organisations, the private sector, and other stakeholders in:

a) Aligning their support with the national priorities carried in this policy.

b) Generating evidence to support programming based on national priorities.

c) Realignment of nutrition interventions to the current global emerging issues such as: climate-smart nutrition; nutrition-sensitive social protection (NSSP); food systems transformation; the MIP-1; and alignment with the SUN 3.0; World Health Assembly targets; the SDGs; and other global declarations, which the government signs.

d) Support alignment with regional nutrition priorities as prescribed by the AU charter.

This NMNP provides the framework, guide, and context within which all Nutrition stakeholders should operate and how other strategic plans and budgets should be formulated, monitored, and coordinated.

2 Broad Policy Direction

2.1 Policy Goal

A well-nourished and healthy population that effectively contributes to a wealthy and self-reliant nation.

2.2 Policy Outcomes

The expected outcomes are:

i. Reduced prevalence of malnutrition.

ii. Reduced morbidity and mortality due to malnutrition.

iii. Improved enabling environment for multisectoral nutrition programming.

2.3 Policy Objectives

Objectives of the policy are to:

i. Prevent of malnutrition among all demographic groups.

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

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

iv. Prevent, treat, and manage nutrition-related disorders to reduce morbidity and mortality.

v. Strengthen delivery of nutrition interventions during emergencies.

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

2.4 Guiding Principles

Implementation of the Policy will be guided by the following principles:

- **Right to Food:** Every person has a right to freedom from hunger and the government should ensure that such right is protected and respected.
- **Right to optimal nutrition:** Every person has a right to access safe and nutritious food at all times, even during emergency situations.
- **Multisectoral approach:** Nutrition issues are multifaceted in nature and implemented by different sectors that need effective partnerships and coordination.
- **Public-Private Partnership:** Collaborate between public and private sectors to improve access to safe nutritious foods, address malnutrition, and promote healthier eating habits and healthy foods, leveraging their respective strengths and resources.
- **Gender Equality and Equity:** Eliminating gender and other inequalities will address some of the underlying causes of malnutrition and accelerate nutrition improvement for all.
- **Decentralization:** Effective implementation of nutrition activities through a well-governed, decentralized, and local financing system will yield greater beneficial outcomes for households and communities.
- **Community empowerment and participation:** Partnering with and empowering communities with nutritional knowledge, skills, and resource utilisation to yield better nutritional outcomes and engender community acceptance and ownership.

- **Evidence-based programming:** Evidence-based, proven strategies and best practices have the potential for greater impact on improving nutrition through the development of sound programmes.

3 Policy Priority Areas (PPAS)

The NMNP has the following PPAs that consolidate the aspirations contained in the goal and the policy objectives. The PPAs have been selected as enablers for the attainment of the medium-term MIP-1 to contribute to the attainment of long-term MW2063.

The priority areas are:

(i) Prevention of Malnutrition

(ii) Nutrition and Sustainable Food Systems

(iii) Social and Behavioural Change (SBC)

(iv) Treatment and Management of Common Nutrition Disorders

(v) Nutrition during Emergency Situations and Climate Change

(vi) Creating an Enabling Environment for Nutrition

3.1 Priority Area 1: Prevention of Malnutrition

Malnutrition remains a major public health concern in Malawi. To alleviate the problem, the government promotes various interventions and approaches such as optimal breastfeeding; complementary feeding practices; micronutrient supplementation and fortification; diversified diets; WASH; School Health and Nutrition (SHN), NSSP; prevention of overweight and obesity, among others.

Despite implementing these interventions there has been little progress in addressing malnutrition largely due to poor dietary diversity; inappropriate feeding practices; poor health-seeking behaviours; poor sanitation and hygiene

practices; poor access to safe water; low education levels among caregivers; lifestyles; household food insecurity; and insufficient household incomes.

Policy Statement 1.1: **The policy shall ensure that high-impact cost-effective multisectoral maternal, infant, and young child nutrition interventions are promoted.**

Strategies

a) Enhance optimal nutrition for women before, during, and after pregnancy.

b) Promote optimal nutrition for infants and young children.

c) Support stimulation, nurturing, and caring practices for women during and after pregnancy.

d) Promote optimal nutrition and care practices for mothers, infants, and young children with special medical conditions.

e) Integrate implementation of ten steps of the Baby Friendly Health Initiative for successful breastfeeding in maternal and new-born services.

Policy Statement 1.2: **The policy shall ensure that adequate micronutrient intake among all age groups is promoted.**

Strategies

a) Promote dietary diversification with a wide variety of foods from all food groups.

b) Ensure food fortification and bio-fortification of crops.

c) Scale up routine micronutrient supplementation.

d) Strengthen supply chain management for micronutrient supplements.

e) Promote public health measures for the prevention of micronutrient deficiencies (MNDs).

Policy Statement 1.3: **The policy shall ensure that a healthy and nutritious diet is enhanced among the general population.**

Strategy

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

b) Promote healthy diets and lifestyles among all age groups.

Policy Statement 1.4: **The policy shall ensure that nutrition and WASH interventions are integrated.**

Strategy

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

Policy Statement 1.5: **The policy will ensure adequate nutrition is promoted among school-aged children and adolescents.**

Strategies

a) Improve nutrition and well-being of school-aged children and adolescents.

b) Promote sustainable livelihood interventions to build resilience among school-aged children and adolescents.

Policy Statement 1.6: **The policy shall ensure that Nutrition-Sensitive Social Protection (NSSP) is promoted among the vulnerable population.**

Strategies

a) Mainstream nutrition objectives and indicators in social protection programmes.

b) Empower vulnerable households on nutrition to build resilience.

c) Enhance nutrition knowledge, attitudes, and practices among social protection beneficiaries through social and behavioural change.

Policy Statement 1.7: **The policy shall ensure that the SHN programme is scaled up.**

Strategies

Promote school meals, productive school environment, and health interventions to learners.

Policy Statement 1.8: **The policy will ensure that NNCDs are prevented.**

Strategies

a) Strengthen identification and management of NNCDs at all levels, among all age groups.

b) Promote healthy diets and lifestyles among all age groups.

3.2 Priority Area 2: Nutrition and Sustainable Food Systems

Sustainable food systems include all activities related to food production, marketing, processing, value addition, safety, distribution, consumption, and their effects including economic, health, nutrition, and environmental outcomes. These are essential in delivering healthy and affordable diets for all. Food supply imbalances have led to poor nutritional status, consumption of unsafe foods, and unsustainable use of natural resources. This priority area will also address issues pertaining to storage, packaging, food losses and waste, while ensuring food safety especially for perishable nutrient dense food. Ensuring sustainable and equitable food systems will contribute to improving access to healthy and nutritious diet.

Policy Statement 2.1: **The policy shall ensure that nutrition is promoted through a sustainable food systems approach.**

Strategies

a) Improve governance for nutrition in sustainable food systems.

b) Promote food safety, reduction in food waste, food budgeting, food standards, and value addition within the food system.

3.3 Priority Area 3: Social and Behavioural Change (SBC)

Social and Behavioural Change (SBC) aims to promote a shift in the policy environment and changes in knowledge, attitudes, practices, norms, beliefs, and behaviours, which are key to sustainable nutritional outcomes at policy, individual, household, and community levels. In Malawi, the 2012

Nutrition Gap Analysis identified SBC as key for improving the nutritional status of vulnerable groups and the general population. This resulted in the development of the Nutrition Education and Communication Strategies I and II (NECS I and II) as a tool to enhance knowledge, attitudes, and practices on nutrition.

A combination of multisectoral nutrition education and other SBC interventions are some of the enablers to facilitate social and measurable change to enhance the uptake of optimal nutrition. This is being achieved through working with communities, households, and other community leaders to understand and influence the cognitive, social, and structural drivers of change and community mobilisation and building strong commitments at individual, household, and community levels for change to happen.

The key barriers to nutrition education, social mobilisation, and positive behaviour change are social norms, cultural beliefs, practices, negative attitudes, limited knowledge and skills in preparing nutrient-dense foods, and limited access to nutritious foods. Changes in behaviour are often difficult and require more than just providing correct information on the prevention of undernutrition and overnutrition, but also need community support systems such as access to services and utilization of information. In under-five children and pregnant women, feeding practices and access to health services are the key drivers that promote optimal nutrition and therefore require collective efforts by ensuring the participation of household members, communities, and influential leaders.

Similarly, promoting gender transformation is key for advancing nutrition outcomes. To achieve gender equality and equity, a holistic approach which includes women, men,

boys, and girls to have equal opportunities and empowerment is required. Over the years in Malawi, there have been gender disparities in nutrition programming where women have solely been involved with minimal involvement of men. Though male involvement has been improving, this is still limited across the country, especially on matters of nutrition, including taking part in household activities that promote optimal nutrition.

Policy Statements 3.1: **The policy will ensure that Social and Behaviour Change (SBC) interventions are scaled up to enhance optimal nutrition and caring practices in the life cycle.**

Strategies

a) Promote stakeholder involvement in SBC programming at national, district and community levels.

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

Policy Statement 3.2: **The policy will ensure social mobilisation and positive behaviour change are enhanced for optimal nutrition.**

Strategies

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

b) Create demand for nutrition services to enhance adoption of optimal nutrition practices.

Policy Statement 3.3: **The Policy will ensure that male involvement in nutrition interventions is enhanced.**

Strategy

Increase male participation in nutrition interventions.

Policy Statement 3.4: **The policy will ensure that women are empowered in household decision-making for improved nutrition.**

Strategies

a) Address gender and socio-cultural disparities that affect adolescent, maternal, infant, and young child nutrition.

b) Promote socio-economic empowerment of women for optimal nutrition.

3.4 Priority Area 4: Treatment and Management of Common Nutrition Disorders

Treatment and management of common nutrition disorders including NNCDs are key in reducing morbidity and mortality among the general population. Acute malnutrition and some MNDs such as pellagra, anaemia, and zinc deficiencies remain a public health concern. Efforts have been made on the timely identification, treatment, and follow-up of acutely malnourished individuals through community and facility-based approaches leading to improved case outcomes. Hospital records show that there has been an increase in patients with illnesses such as cancer, chronic kidney disease, and surgical conditions who require specialised nutritional therapy.

Similarly, overweight and obesity are on the rise which triggers NNCDs contributing to high morbidity and mortality. The most common NNCDs in Malawi include cardiovascular diseases (high blood pressure, heart attack, and stroke), cancer, chronic kidney diseases, dyslipidaemia, diabetes, gout, and arthritis. Screening, treatment, and management of NNCDs are not regularly conducted resulting in an underestimation of the prevalence.

Therefore, there is a need for a holistic approach in the treatment and management of nutrition-related disorders.

Policy Statement 4.1: **The policy shall ensure that morbidity and mortality due to acute and hospital-acquired malnutrition are reduced.**

Strategies

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

b) Improve the quality of care and services for the management of hospital-acquired malnutrition in all age groups.

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

d) Promote stimulation of children in treatment centres and at the household level.

Policy Statement 4.2: **The policy will ensure that NNCDs are timely treated and managed.**

Strategies

Strengthen identification and management of NNCDs at all levels among all age groups.

Policy statement 4.3: **The policy will ensure morbidity and mortality due to NNCDs are reduced.**

Strategy

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

3.5 Priority Area 5: Nutrition during Emergency Situations and Climate Change

Emergencies refer to situations where there is exceptional and widespread threat to life, health, and basic subsistence which is beyond the coping capacity of individuals and the community. This could be in the form of drought, floods, storms, global price fluctuations, famine, and epidemics. In Malawi, these are exacerbated by climate change which has a negative impact on food and nutrition security through physical damage of agricultural systems and products. When disasters occur, regular community practices are disrupted, populations often become displaced, and care for children and normal food systems are disturbed. These factors make people vulnerable to infectious diseases and undernutrition. Efforts have been made to mitigate and respond to the impact of climate change which are not sustainable, hence the need for concerted effort.

Policy Statement 5.1: **The policy will ensure the strengthening of prevention and management of acute malnutrition, micronutrient deficiency disorders, and other nutrition-related conditions during emergencies.**

Strategies

a) Prevent and manage acute malnutrition during emergencies.

b) Strengthen coordination of nutrition emergency response at all levels.

Policy Statement 5.2: **The policy will ensure livelihood programmes that aim at promoting optimal nutrition during emergencies are enhanced.**

Strategy

a) Promote nutrition resilience interventions to mitigate the impact of emergencies on the nutrition status of all age groups.

b) Promote the adoption of innovative climate resilience approaches for optimal nutrition.

Policy Statement 5.3: **The policy will ensure nutrition education and counselling are enhanced in all camps and affected communities for optimal nutrition.**

Strategy

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

3.6 Priority Area 6: Creating an Enabling Environment for Nutrition

An effective enabling environment is key for the implementation of multisectoral nutrition programs at national, district, and community levels. Creating an effective enabling environment involves strengthening: coordination; legal framework; leadership; governance structures; fiduciary management; accountability; information sharing; political will; organisational culture; capacity building; lobbying; advocacy; and resource mobilisation.

In Malawi, the government has made strides in strengthening the enabling environment for nutrition response, notably: the establishment of the Department for Nutrition (DN) to provide oversight and policy direction on nutrition; integration of nutrition in key Ministries; development of the multisectoral nutrition monitoring and evaluation (M and E) framework; creation of budget lines for nutrition at national and district levels; and creation of nutritionists positions.

Despite these strides, challenges still exist which require high-level political will and commitment to improve the nutritional status and well-being of the general population.

Policy Statement 6.1: **The policy will ensure nutrition strategic documents are developed and reviewed.**

Strategy

Promote an evidence-based policy environment.

Policy Statement 6.2: **The policy will ensure that governance structures for multisector nutrition response are strengthened.**

Strategies

a) Strengthen multisector coordination for nutrition at all levels.

b) Mainstream nutrition in sectoral policies and strategies.

c) Mainstream nutrition in sectoral policies and strategies.

d) Strengthen human and capital capacity for effective delivery of nutrition services.

e) Reinforce advocacy for partnerships and accountability among stakeholders.

Policy Statement 6.3: **The policy will ensure that legal frameworks for nutrition are strengthened.**

Strategy

Enforce legal instruments to guide the implementation of nutrition services.

Policy Statement 6.4: **The policy will ensure that nutrition financing and accountability are improved.**

Strategies

a) Improve sustainable nutrition financing at all levels.

b) Strengthen accountability and transparency in nutrition financing at all levels.

Policy statement 6.5: **The policy will ensure Public-Private Partnership for nutrition is improved.**

Strategy

Strengthen Public-Private Partnerships in nutrition programming.

Policy Statement 6.6: **The policy shall ensure that nutrition monitoring, evaluation, research, surveillance, resource tracking, accountability, and learning are strengthened.**

Strategies

a) Promote research for evidence-based programming.

b) Strengthen nutrition surveillance.

c) Strengthen Monitoring, Evaluation, Accountability and Learning (MEAL) systems.

Policy Statement 6.7: **The policy shall ensure that National Nutrition Information Systems (NNIS) are strengthened at all levels.**

Strategies

a) Strengthen NNIS and NURTS.

b) Promote knowledge management in nutrition.

4 Implementation Arrangements

This chapter outlines how the NMNP will be implemented using the multisector approach while promoting the five one's principal to ensure concerted effort in addressing nutrition challenges in Malawi. The chapter is divided into three sections namely the (i) Institutional Arrangements, (ii) Implementation Plan, and (iii) Monitoring and Evaluation.

4.1 Institutional Arrangements

The Government recognises different roles and responsibilities of various stakeholders in the operationalisation of the NMNP. The key stakeholders are highlighted below, each reporting to the Department of Nutrition:

4.1.1 The Department of Nutrition

The Department of Nutrition (DN) will be responsible for the provision of oversight; strategic leadership; policy direction; coordination; resource mobilization; capacity building; M and E of the national nutrition response; ensuring functionality of all coordination and oversight structures; and integration of nutrition emerging evidence in relevant sector policies and programmes.

4.1.2 Ministry responsible for Agriculture

The Ministry shall be responsible for the implementation of all food and nutrition security-related interventions for integrating nutrition within the food systems as a priority; promoting sustainable diversified production for stable access to diversified healthy and nutritious diets, including consumption of underutilised indigenous foods.

4.1.3 Ministry responsible for Health

The Ministry shall be responsible for the provision of high-impact cost-effective nutrition interventions and other biomedical nutrition services using its structures. It shall ensure that WHO protocols related to biomedical nutrition interventions are adhered to. It shall also ensure the delivery of nutritional services in all health service delivery points.

4.1.4 Ministry responsible for Gender, Community Development, and Social Welfare

The Ministry shall be responsible for ensuring that nutrition services are integrated into their policies and programmes and implemented as a priority. It shall support other sectors to integrate early childhood development interventions in their policies and programmes to ensure synergy.

4.1.5 Ministry responsible for Education

The Ministry shall be responsible for ensuring that nutrition is included in school curriculum at all levels and integrated into its policies as a priority. It shall champion the implementation of SHN and social protection such as school meals using various approaches that have been shown to be effective.

4.1.6 Ministry responsible for Local Government, Unity, and Culture

The Ministry shall be responsible for ensuring that nutrition is prioritised in the District Development Plans. It shall collaborate with the Department of Nutrition in strengthening the functionality of the Nutrition Coordinating structures and the nutrition M and E system.

4.1.7 Ministry responsible for Finance and Economic Affairs

The Ministry shall be responsible for nutrition resource mobilisation, allocation, and investment at all levels. It shall lead in nutrition financial negotiations with bilateral and multilateral partners including the private sector.

4.1.8 Ministry responsible for Information and Digitalisation

The Ministry shall be responsible for nutrition dialogue, public awareness, and documentaries that aim at promoting optimal nutrition through various channels. It shall also publicise nutrition legislation and legal frameworks.

4.1.9 Ministry responsible for Trade and Industry

The Ministry shall be responsible for ensuring the enactment, amendment, and enforcement of trade-related pieces of legislation that impact food and nutrition security. It shall also take the lead in monitoring compliance and use of all legal frameworks, including the fortification logo.

4.1.10 Ministry Responsible for Youth Development and Sports

The Ministry shall be responsible for the provision of leadership in ensuring the participation of youth in nutrition programming at all levels. It shall coordinate the delivery of high-quality, culturally appropriate, and contextually relevant nutrition information, and services among the youth and sports persons. It shall also lead in youth development as mentors on matters of nutrition in communities.

4.1.11 Ministry Responsible for Justice

The Ministry shall be responsible for the development and enforcement of laws that protect and support the food, nutrition, and well-being of Malawians.

4.1.12 Ministry Responsible for Natural Resources and Climate Change

The Ministry shall ensure the integration of nutrition in national adaptation plans, environmental and social impact assessments, and management plans. It shall lead in the conservation of nature and climate-resilient operations while promoting optimal nutrition. It shall also support in preservation of carbon sink and climate-friendly food systems for optimal nutrition.

4.1.13 Ministry responsible for Water and Sanitation

The Ministry shall be responsible for ensuring the integration of nutrition in WASH policies and programmes. It shall also advocate for the provision of clean and safe drinking water through projects and programmes in their impact areas to promote optimal nutrition and well-being.

4.1.14 Local Authorities

Local Authorities shall be responsible for the implementation of the NMNP through various programmes and projects at district and community levels. It shall lead in district-level resource mobilisation, integration of nutrition in District Development Plans and budgets, and functionality of nutrition coordination structures at district and community levels. The Authorities shall ensure strengthened linkage of interventions for leveraging of resources and provision of

continuum care of services. The Authorities shall also ensure that all accountability mechanisms including M and E are functional.

4.1.15 Academic Institutions and Research Organizations

Academic institutions shall ensure that pre-service education provides up-to-date nutrition information. These shall support in development of the nutrition research agenda; evidence generation; information management; and dissemination of findings to inform policy and programme development.

4.1.16 Development Partners

Development partners (DPs) shall be responsible for providing nutrition technical and financial support; policy analysis; supporting the government in resource mobilisation for nutrition; and undertaking high-level advocacy for the prioritisation of nutrition in the government development agendas. Support implementation and follow up on progress made in all global commitments which Malawi is a signatory to. The DPs shall also ensure that all members of the DPs align their support with the NMNP.

4.1.17 Private Sector

The private sector shall ensure compliance of nutrition standards and relevant legislation according to the laws of Malawi. The sector shall be responsible for coming up with innovative technologies that promote value additions and nutrient retention to improve the nutritional status of the entire population, with special emphasis on children 6 – 59 months. The sector shall support nutrition activities as part

of social corporate responsibilities to contribute to the well-being of mothers and children and promote optimal nutrition healthy diets, and lifestyles.

4.1.18 Civil Society Organisations

The Civil Society Organisations (CSOs) shall play a key role in advocacy; implementation of nutrition interventions; accountability; community mobilisation; tracking progress of global nutrition commitments which Malawi signed; and aligning their programmes and projects to the NMNP and NMNS. The CSOs shall also support the government in the popularisation of the NMNP and legal instruments to the general population.

4.2 Governance Structures

4.2.1 Cabinet Committee on Social Development

The Cabinet committee on Sustainable Social Development shall be responsible for providing leadership and direction on all matters pertaining to sustainable social development and poverty eradication including nutrition.

4.2.2 Parliamentary Committee on Health, Nutrition and HIV

The Parliamentary Committee on Health, Nutrition and HIV shall advocate for increased nutrition financing; lobby for the passing of nutrition legislation in parliament; promote accountability at all levels; monitor implementation of programmes on nutrition; provide high-level political visibility on nutrition; and provide nutrition reports to the National Assembly.

4.2.3 Principal Secretaries Committee on Sustainable Social Development

The Committee shall provide technical advice on policy and social development issues including nutrition to contribute to the economic development of the country and wellbeing of Malawian citizens. It shall also ensure policy alignment to the development agenda.

4.2.4 Principal Secretaries Technical Working Group on Nutrition

The technical working group (TWG) facilitates coordination of nutrition programmes within the public sector. The TWG provides a platform for Principal Secretaries in key line nutrition ministries and departments to deliberate and share information on Nutrition and HIV policies, plans, programmes and reports.

4.2.5 Government Development Partners' Nutrition Committee

The Government Development Partners' Nutrition Committee is a high-level platform for interface between government and DPs on nutrition. It shall be responsible for tracking progress; identifying resource gaps; annual resource prioritisation; discussing emerging issues that require high-level bilateral decisions; engaging with the Minister responsible for Nutrition in strategic policy issues; identifying potential investors for nutrition; and supporting government to lobby for financing.

4.2.6 Policy Advisory Team

The Policy Advisory Team is a think tank group comprising of seasoned lecturers from academia, nutritionists, and retired nutritionists. These are nominated based on their capacity and technical expertise. The team provides high-level technical and well-researched evidence-based advice to the government for policy consideration and guidance. It synthesises all policy-related issues and their local practicality and provides relevant guidance to the government before adoption and implementation.

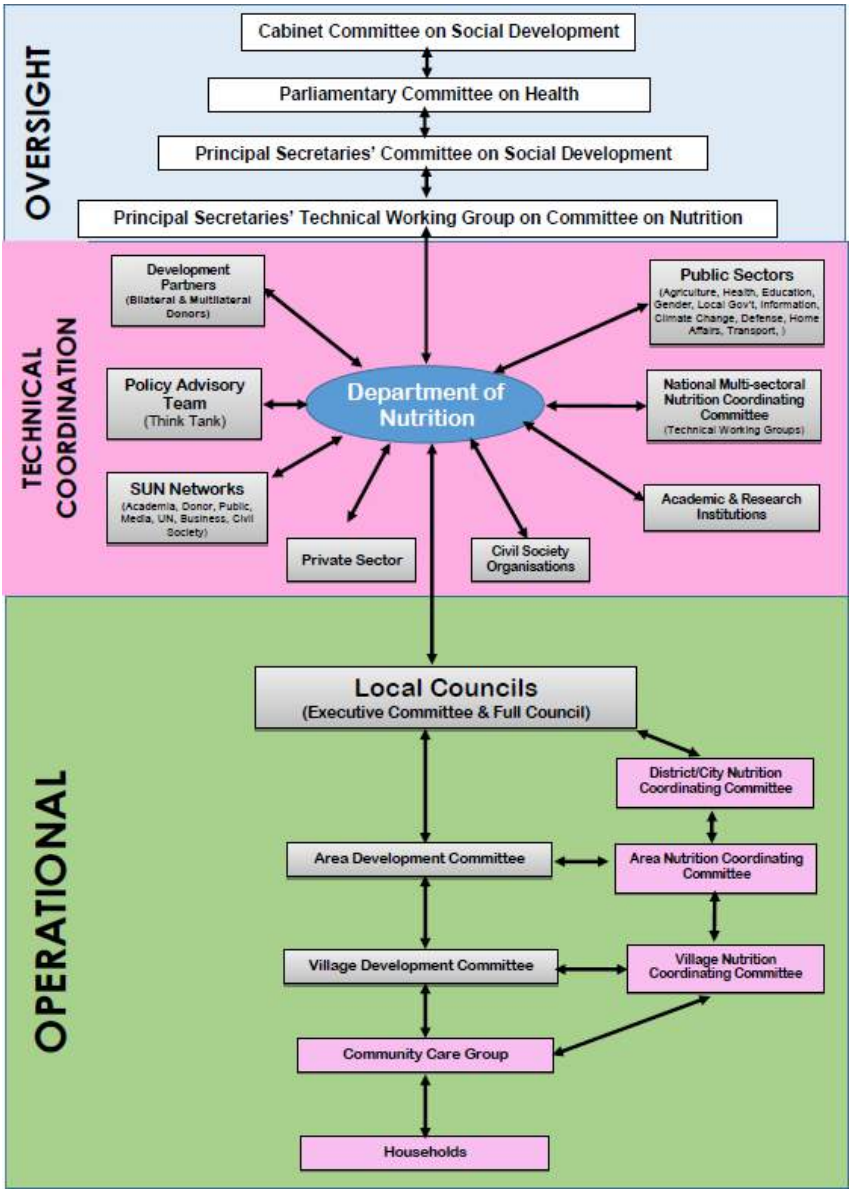
4.2.7 National Multisector Nutrition Committee

The National Multisector Nutrition Committee is a coordination platform for accountability, technical guidance, learning, and sharing of best practices. The committee tracks the implementation of the NMNP through various projects, programmes, and technical working groups. It is composed of a cross-section of stakeholders from the government, development partners, UN, CSOs, private sector, researchers, seasoned nutritionists, and academia.

4.2.8 District Nutrition Coordination Committee (DNCC)

The DNCC is a coordination platform for accountability, technical guidance, learning, and sharing of best practices. The committee tracks the implementation of the NMNP through various projects and programmes at the district level. It is composed of a cross-section of stakeholders from government, CSOs, private sector, researchers, seasoned nutritionists, and others. It supports the establishment and functionality of nutrition structures at the community level.

Figure 1: Implementation Structure



4.3 Implementation Plan

This shall guide implementation of nutrition interventions with defined activities based on sectoral and departmental mandates contained in Annexure 1.

4.4 Monitoring and Evaluation

The implementation of the NMNP shall be tracked by the M and E Framework from which the M and E plan has been drawn as presented in Annexure II. The NMNP will be evaluated mid-term and after five years to assess its impact.

4.5 Review of the NMNP

The NMNP will be reviewed after five years.

ANNEXURE I: Implementation Plan from 2025-2030

Objective 1: Prevention of malnutrition among all demographic groups.		
Policy Priority Area 1: Prevention of Malnutrition		
Policy Statement 1.1: High-impact cost-effective multisectoral maternal, infant, and young child nutrition interventions are promoted.		
Objective/ Policy	**Strategy**	**Responsibility**
a.	Enhance optimal nutrition for women before, during, and after pregnancy.	MoH, MoA
b.	Promote optimal nutrition for infants and young children.	MoH, MoGCDSW
c.	Support stimulation, nurturing, and caring practices for women during and after pregnancy.	MoH, MoA, MoGCDSW
d.	Promote optimal nutrition and care practices for mothers, infant, and young children with special medical conditions.	MoH, MoA, MoGCDSW
e.	Integrate implementation of ten steps of the Baby Friendly Health Initiative for successful breast feeding in maternal and new-born services.	MoH

Policy Statement 1.2: Adequate micronutrient intake among all age groups is promoted.		
Objective/ Policy	**Strategy**	**Responsibility**
a.	Promote dietary diversification with a wide variety of foods from all food groups.	MoA
b.	Ensure food fortification and bio-fortification of crops when appropriate.	MoA, MoTI
c.	Up and out scale routine micronutrient supplementation.	MoH, Local Authorities
d.	Strengthen supply chain management for micronutrient supplements.	MoH
e.	Promote public health measures for the prevention of MNDs.	MoH
Policy Statement 1.3: A Healthy and nutritious diet is enhanced among the general population.		
a.	Promote the consumption of diversified diets with a wide variety of foods from the six food groups.	MoH, MoA, MoBSE
b.	Promote healthy diets and lifestyles among all age groups.	MoH, MoA

Policy Statement 1.4: Nutrition and WASH interventions are integrated.		
Objective/ Policy	**Strategy**	**Responsibility**
a.	Promote access to safe WASH and other public health measures for optimal nutrition.	MoH, MoA, MoGCDSW, MoBSE
Policy Statement 1.5: Nutrition is promoted among school-aged children and adolescents.		
a.	Improve nutrition and well-being of school aged children and adolescents.	MoBSE, MoH, MoGCDSW
b.	Promote sustainable livelihood interventions to build resilience among school aged children and adolescents	MoGCDSW, MoBSE, MoFEA, MoA
Policy Statement 1.6: NSSP is promoted among vulnerable population.		
a.	Mainstream nutrition objectives and indicators in social protection programmes.	MoFEA, DN, MoH, MoGCDSW, MoBSE
b.	Empower vulnerable households on nutrition to build resilience.	MoGCDSW, MoH, DN, MoA
c.	Enhance nutrition knowledge, attitudes, and practices among social protection beneficiaries through social and behavioural change.	MoGCDSW, MoH, DN, MoA, MoE

Policy Statement 1.7: The School Health and Nutrition (SHN) programme is scaled up.		
Objective/ Policy	**Strategy**	**Responsibility**
a.	Promote school meals, productive school environment, and health interventions to learners.	MoBSE, MoA, MoH
Policy Statement 1.8: NNCDs are prevented		
a.	Strengthen identification and management of NNCDs at all levels, among all age groups.	MoH, DN
b.	Promote healthy diets and lifestyles among all age groups.	MoA, MoH
Objective 2: Advocate for healthy and nutritious diets within sustainable food systems.		
Priority Area 2: Nutrition and Sustainable Food Systems		
Policy Statement 2.1: Nutrition in promoted through a sustainable food system approach.		
Objective/ Policy	**Strategy**	**Responsibility**
a.	Improve governance for nutrition in sustainable food systems.	MoA, DN
b.	Promote food safety, reduction in food waste, food budgeting, food standards, and value addition within the food system.	MoA, MoTI, MoH

Objective 3: Enhance social and behavioural change (SBC) interventions for optimal nutrition.		
Priority Area 3: Social and Behavioural Change (SBC)		
Policy Statements 3.1: SBC interventions are scaled up to enhance optimal nutrition and caring practices in the life cycle.		
Objective/ Policy	**Strategy**	**Responsibility**
a.	Promote stakeholder involvement in SBC programming at national, district and community levels.	MoH, MoA, DN, MoBSE, MoGCDSW, MLGUC, MoID
b.	Facilitate an increase in knowledge, attitudes, and skills to promote the adoption of positive norms and practices on the consumption of nutrient-rich diversified foods in the life cycle.	MoH, MoA, DN, MoBSE, MoGCDSW, MLGUC, MoID
Policy Statement 3.2: Social mobilisation and positive behaviour change are enhanced for optimal nutrition.		
a.	Promote behaviour change for collective action and community empowerment to enhance nutrition knowledge, skills, positive attitudes, norms, beliefs, and practices.	MoH, MoA, DN, MoBSE, MoGCDSW, MLGUC, MoID

b.	Create demand for nutrition services to enhance the adoption of optimal nutrition practices.	MoH, MoA, DN, MoBSE, MoG, MLGUC, MoID
Policy Statement 3.3: Male involvement in nutrition interventions is enhanced.		
Objective/ Policy	**Strategy**	**Responsibility**
a.	Increase male participation in nutrition interventions	MoGCDSW, DN
Policy Statement 3.4: Women are empowered in household decision making for improved nutrition.		
a.	Address gender and socio-cultural disparities that affect adolescent, maternal, infant, and young child nutrition.	MoGCDSW, DN
b.	Promote socio-economic empowerment of women for optimal nutrition.	MoGCDSW, MoH, DN

Objective 4: Prevent, treat, and manage nutrition-related disorders to reduce morbidity and mortality.		
Priority Area 4: Treatment and Management of Common Nutrition Disorders		
Policy Statement 4.1: Morbidity and mortality due to acute and hospital acquired malnutrition are reduced.		
a.	Strengthen early case identification, referral, and management of acute malnutrition and micronutrient disorders among all population groups at all levels.	MoH
b.	Improve the quality of care and services for the management of hospital-acquired malnutrition in all age groups.	MoH
c.	Improve availability and access to supplies and equipment for the treatment of acute malnutrition such as therapeutic feeds, oral nutrition supplements, and enteral and parenteral nutrition	MoH
d.	Build the capacity of service providers in the management of acute and hospital-acquired malnutrition.	MoH, Academia
e.	Promote stimulation of children in treatment centres and at the household level.	MoH, MoGCDSW, MoBSE

Policy Statement 4.2: NNCDs are timely treated and managed.		
a.	Strengthen identification and management of NNCDs at all levels among all age groups.	MoH
Policy Statement 4.3: Morbidity and mortality due to nutrition related NNCDs are reduced.		
a.	Strengthen systems for the management of overweight, obesity, and NNCDs.	MoH
Objective 5: Strengthen delivery of nutrition interventions during emergencies.		
Priority Area 5: Nutrition during Emergency Situations and Climate Change		
Policy Statement 5.1: Strengthening prevention and management of acute malnutrition, micronutrient deficiency disorders, and other nutrition-related conditions during emergencies.		
Objective/ Policy	**Strategy**	**Responsibility**
a.	Prevent and manage acute malnutrition during emergencies.	MoH, MoBSE, DoDMA, MoA, MLGUC, MoID

b.	Strengthen coordination of nutrition emergency response at all levels.	MoH, MoBSE, DoDMA, MoA, MLGUC, MoID, DN
Policy statement 5.2: Livelihood programmes that aim at promoting optimal nutrition during emergencies are enhanced.		
a.	Promote nutrition resilience interventions to mitigate the impact of emergencies on the nutrition status of all age groups	MoA, MoGCDSW, MoH, MoBSE, DoDMA
b.	Promote the adoption of innovative climate resilience approaches for optimal nutrition.	MoA, MoNRCC, DoDMA
Policy Statement 5.3: Nutrition education and SBC are enhanced in all camps and affected communities for optimal nutrition.		
Objective/ Policy	**Strategy**	**Responsibility**
a.	Enhance nutrition education and counselling for affected individuals at all levels.	MoH, DN, MoBSE, MoGCDSW, MLGUC, MoA, MoID

Objective 6: Create and strengthen an enabling environment for the effective implementation of nutrition programmes.		
Priority Area 6: Creating an Enabling Environment for Nutrition		
Policy Statement 6.1: Nutrition strategic documents developed and reviewed.		
a.	Promote an evidence-based policy environment.	DN
Policy Statement 6.2: Governance structures for multisector nutrition response are strengthened.		
a.	Strengthen multisector coordination for nutrition at all levels.	DN
b.	Mainstream nutrition in sectoral policies and strategies.	DN
c.	Strengthen human and capital capacity for effective delivery of nutrition services.	DN
d.	Reinforce advocacy for partnerships and accountability among stakeholders	DN

Policy Statement 6.3: Legal frameworks for nutrition are strengthened.		
Objective/ Policy	**Strategy**	**Responsibility**
a.	Enforce legal instruments to guide the implementation of nutrition services.	MoJ, DN
Policy Statement 6.4: Nutrition financing and accountability are improved.		
a.	Improve sustainable nutrition financing at all levels.	MoFEA, DN
b.	Strengthen accountability and transparency in nutrition financing at all levels.	DN
Policy Statement 6.5: Public-private partnership for nutrition is improved.		
a.	Strengthen Public-Private Partnerships in nutrition programming.	DN
Policy Statement 6.6: Nutrition monitoring, evaluation, research, surveillance, resource tracking, and learning are strengthened.		
a.	Promote research for evidence-based programming.	DN, NSO, Academia
b.	Strengthen nutrition surveillance.	DN, MoA, MoH, Academia

Objective/ Policy	Strategy	Responsibility
c.	Strengthen Monitoring, Evaluation, Accountability and Learning (MEAL) systems.	DN
Policy Statement 6.7: Nutrition Information Systems are strengthened at all levels		
a.	Strengthen NNIS and NURTS.	DN
b.	Promote knowledge management in nutrition.	DN

ANNEXURE II: Monitoring And Evaluation Plan

Objective	Output	Performance indicator	Target	Baseline	Source of verification	Assumptions/Risks
Outcome 1: Reduced prevalence of malnutrition						
1. Prevent malnutrition among all demographic groups.	1.1. Nutrition status of children under five improved	Percentage of children 6-59 months who are stunted	33%	37.6%	DHS	Relevant sectors continue to implement planned nutrition related programme
		Percentage of children 6 – 59 months with Vitamin A deficiency	<2%	3.6%	DHS/MNS	Relevant sectors continue to implement planned nutrition related programme
		Percentage of children 6 – 59 months with iron deficiency anaemia	5.1%	9.2%	DHS/MNS	Relevant sectors continue to implement planned nutrition related programme
		Percentage of children 6 – 59 months with iron deficiency	12.7%	21.7%	DHS/MNS	Relevant sectors continue to implement planned nutrition related programme

Objective	Output	Performance indicator	Target	Baseline	Source of verification	Assumptions/Risks
		Percentage of children 0 – 6 months exclusively breastfed	78%	60%	DHS	Relevant sectors continue to implement planned nutrition related programme
		Percentage of children 6 – 23 months achieving Minimum Acceptable Diet (MAD)	24.2%	9%	DHS/MICS	Relevant sectors continue to implement planned nutrition related programme
		Percentage of children 6 - 59 months who are underweight	5.9%	9.7%	DHS	Relevant sectors continue to implement planned nutrition related programme.
		Percentage of children 6-59 months with zinc deficiency	42.9%	60.4%	DHS/MICS	Relevant sectors continue to implement planned nutrition related programme.

Objective	Output	Performance indicator	Target	Baseline	Source of verification	Assumptions/Risks
	1.2. Improved nutrition status of women of reproductive age group	Percentage women of reproductive age 15 –49 years who are thin	3.2%	7%	DHS/MICS	Relevant sectors continue to implement planned nutrition related programme.
		Percentage women of reproductive age 15 –49 with zinc deficiency	34.8%	62%	DHS/MNS	Relevant sectors continue to implement planned nutrition related programme.
		Percentage women of reproductive age 15 –49 years with iron deficiency	8.2%	15%	DHS/MICS/ MNS	Relevant sectors continue to implement planned nutrition related programme.
		Percentage women of reproductive age 15–49 years with iron deficiency anaemia	3.5%	5.7%	MNS	Relevant sectors continue to implement planned nutrition related programme.

Objective	Output	Performance indicator	Target	Baseline	Source of verification	Assumptions/Risks
	1.3. Improved nutrition status of adolescents	Percentage of girls aged 15-19 years with normal BMI	88.1%	77%	DHS/MICS MNS	Relevant sectors continue to implement planned nutrition related programme.
		Proportion of adolescent girls 11 -14 years with iron deficiency	2.5%	5.2%	DHS/MICS/ MNS	Relevant sectors continue to implement planned nutrition related programme.
		Proportion of adolescent girls 15 -19 years with iron deficiency	6.6%	14%	DHS/MICS/ MNS	Relevant sectors continue to implement planned nutrition related programme.
	1.4. Improved nutrition status of Men	Percentage of men with zinc deficiency	35%	65%	DHS/MICS/ MNS	Relevant sectors continue to implement planned nutrition related programme.
2. Advocate for healthy and nutritious diets within sustainable food systems.	2.1. Consumption of healthy and nutritious foods improved	Proportion of children 6 – 23 months achieving MDD	34%	24%	DHS/MICS	Relevant sectors continue to implement planned nutrition related programme.

Objective	Output	Performance indicator	Target	Baseline	Source of verification	Assumptions/Risks
Outcome 2: Reduced morbidity and mortality due to malnutrition.						
3. Prevent, treat, and manage nutrition-related disorders to reduce morbidity and mortality.	3.1. Reduced number of under five children who are overweight	Percentage of children 6-59 months who are overweight	3%	6%	DHS	Relevant sectors continue to implement planned nutrition related programme.
	3.2. Reduced number of adolescents who are overweight	Percentage of adolescent 10-19 years of age who are overweight	4.3%	7.1%	DHS	Relevant sectors continue to implement planned nutrition related programme.
	3.3. Reduced number of women of reproductive age who are overweight	Percentage women of reproductive age 15–49 years who are overweight	11.6%	21.0%	DHS/MICS	Relevant sectors continue to implement planned nutrition related programme.

Objective	Output	Performance indicator	Target	Baseline	Source of verification	Assumptions/Risks
	3.4. Reduced number of men who are overweight	Percentage of men who are overweight	12%	17%	DHS/MICS	Relevant sectors continue to implement planned nutrition related programme.
4. Strengthen delivery of nutrition interventions during emergencies.	4.1. Optimal nutrition during emergencies promoted.	Percentage of children 6-59 months with MAM	2%	<2%	DHS//MICS/ SMART Surveys	Relevant sectors continue to implement planned nutrition related programme
		Percentage of children 6-59 months with SAM	<1%	<1%	DHS/ SMART Survey	Relevant sectors continue to implement planned nutrition related programme
Outcome 3: Improved enabling environment for multisectoral nutrition programming						
5. Create and strengthen an enabling environment for the effective implementation of nutrition programmes.	5.1. Increased budgetary allocation for nutrition by government	Percentage of budgetary allocation for nutrition programs	5%	1.1%	MoFEA Records/ CSONA budget analysis	Relevant sectors continue to implement planned nutrition related programme

Objective	Output	Performance indicator	Target	Baseline	Source of verification	Assumptions/Risks
	5.2. Improved evidence-based programming	Proportion of districts utilising NNIS	100%	85%	NNIS	District stakeholders' commitment and willingness.
		Proportion of districts utilising NURTS	90%	0	NURTS	District stakeholders' commitment and willingness

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