

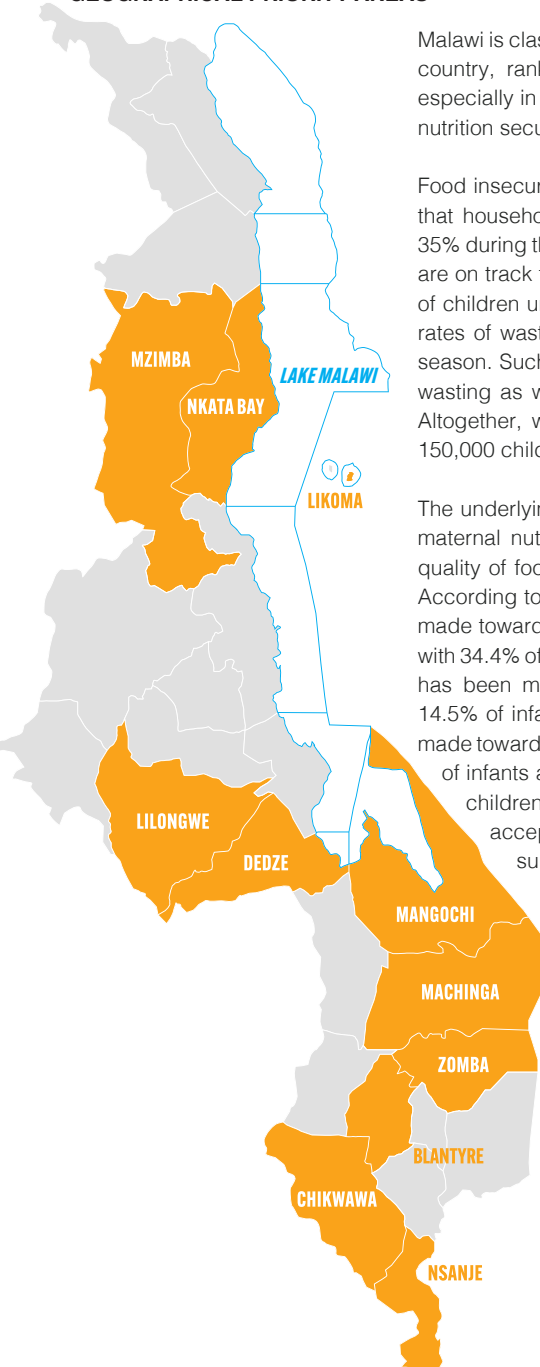
## GEOGRAPHICAL PRIORITY AREAS

Malawi is classified by the United Nations as a low human development country, ranked 174 out of 185 countries. Poverty is widespread, especially in the rural population. The country faces multiple food and nutrition security challenges.

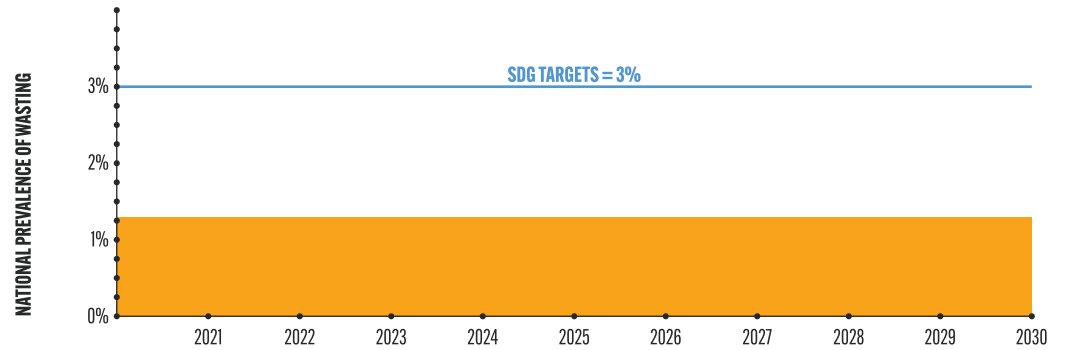
Food insecurity is prevalent during the lean season, but figures show that households consuming four or more food groups increases by 35% during the harvest. At the national level, rates of acute malnutrition are on track to meet the WHA and SDG targets for wasting, with 1.3% of children under 5 years affected. However, at the subnational level, rates of wasting are variable and subject to change during the lean season. Such changes could include an 80% increase in the rates of wasting as well as climbing admission rates in treatment programs. Altogether, wasting remains a public health issue with greater than 150,000 children under 5 years still at a high risk.

The underlying causes of wasting are multi-faceted, inclusive of poor maternal nutrition, poor feeding practices, inadequate quantity and quality of foods as well as a high prevalence of illness and disease. According to the 2020 Global Nutrition Report, no progress has been made towards reducing anaemia among women of reproductive age, with 34.4% of women aged 15 to 49 years now affected. Some progress has been made towards achieving the low-birth-weight target with 14.5% of infants having a low weight at birth. No progress has been made towards achieving the exclusive breastfeeding target, with 59.4% of infants aged 0 to 5 months exclusively breastfed. Finally, 92% of children between 6-23 months are unable to meet the minimum acceptable diet due to unstable and poorly diversified food supplies caused by the seasonality of food production.

Despite the issues mentioned above, the government has successfully reduced malnutrition in Malawi over the years. A multisectoral and resilience building approach is credited as critical for sustaining these gains. It will meet both the immediate and long-term needs linked to the survival and well-being of families as well as communities. It will also mitigate against climate related hazards like droughts and floods that impact the food and nutrition security situation in the country.

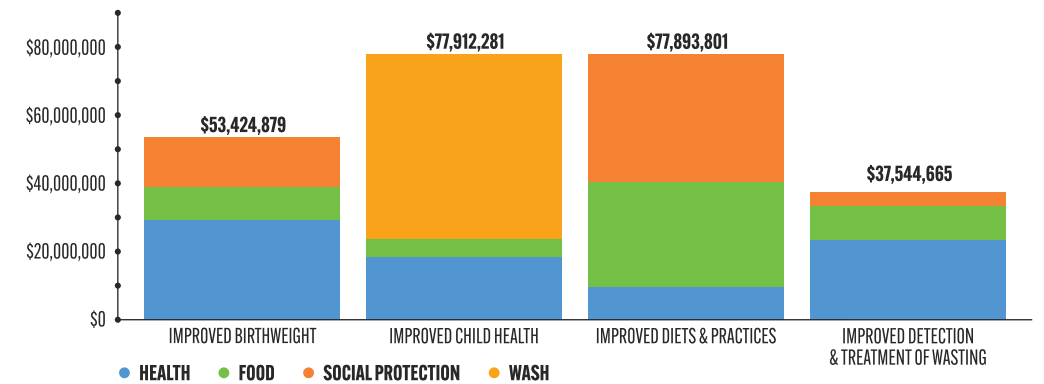


## REACHING THE SDG TARGET BY 2030



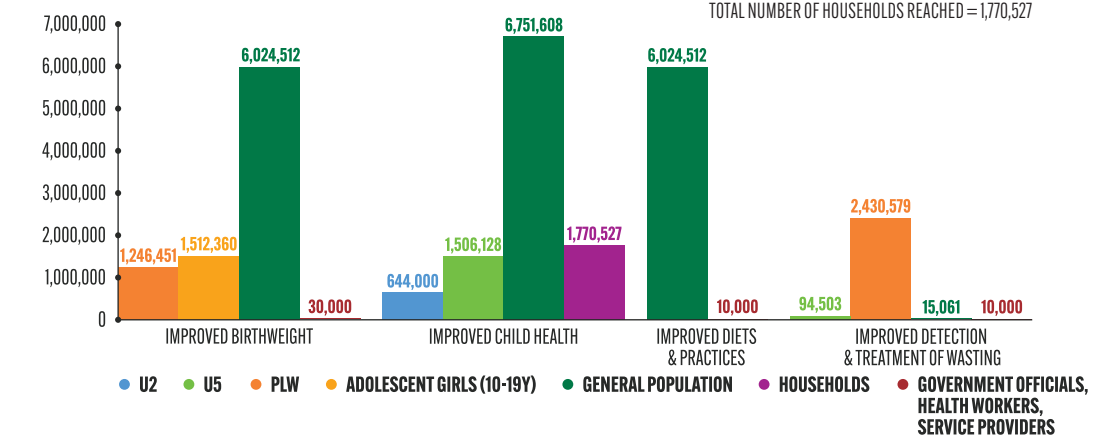
## ANNUAL COST (USD)

TOTAL ANNUAL COST = \$246,775,625.55



## TARGET POPULATION GROUPS

TOTAL NUMBER OF PEOPLE REACHED = 12,894,675  
TOTAL NUMBER OF HOUSEHOLDS REACHED = 1,770,527



- REDUCE LOW BIRTHWEIGHT TO 8%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO AT LEAST 75%
- INCREASE TREATMENT BY REACHING 75% OF CHILDREN WITH WASTING
- IMPROVE CHILD HEALTH BY ACHIEVING THE ESSENTIAL HEALTH PACKAGE COVERAGE TO 80%

## OUTCOME 1

### REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Iron folate supplementation (adolescent girls and pregnant women)
	Promote behavioral change intervention (including counselling) on nutrition targeting adolescent girls and women including refugees, migrants and internally displaced women and girls
	Support the promotion and implementation of antenatal and postnatal services
HEALTH	Prevent and control malaria among pregnant women
	Community mobilization and creation of enabling environment on importance of male involvement in reproductive health
	Facilitate access to and use of basic health care and nutrition services such as, ANC, PNC, reproductive health, malaria prevention, nutrition education, water and sanitation including shock affected households
	Review curriculum and train pre and in-service teachers on life skills education and adolescent nutrition. Monitor delivery of revised curriculum
FOOD	Awareness campaigns on the importance of consuming a diversified diet
	Strengthen food value chains that aim to increase the accessibility and affordability of sustainable healthy diets for women of reproductive age (minimum diet diversity with an emphasis on animal source foods, pulses, fruits and vegetables and fortified foods as needed)
SOCIAL PROTECTION	Advocate for policy change to expand social protection to deliberately include pregnant and breastfeeding women. Support development and implementation of nutrition sensitive social protection framework, and operation guidelines
	Scale up of school meals programme in primary and secondary schools for better retention and increased enrolment of students. Messaging around nutrition and reproductive health included and linkages to life skills development and ensure inclusion of the refugee, migrant and internally displaced population

## OUTCOME 3

### IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Scale up of BFHI in facilities and and strengthen continued breastfeeding support to communities through intergration of the 10 steps for improved quality of care for mothers and newborns
	Provision of skilled counselling to frontline workers and community volunteers
	Scale up of SBCC interventions to promote key family integrated practices including optimal breastfeeding practices and childrens diets with a focus on age appropriate complementary feeding plus WASH, Health and ECD interventions
	Support the finalisation and implementation of the code of marketing of breastmilk substitutes to protect and support optimal breastfeeding
FOOD	Promote production and utilisation of diversified high nutritive and safe, age appropriate, culturally acceptable and affordable foods along the value chains (including biofortified varieties)
	Strengthen the utilisation of the Malawi food composition tables, the costs and affordability of nutritive foods analysis
	Capacity building of multi-sectoral programme implementers and beneficiary groups on all levels on nutrition sensitive agriculture
SOCIAL PROTECTION	Support development and implementation of nutrition sensitive social protection national framework, and its operational guidelines to improve access to age-appropriate nutritious and affordable foods among children 6-24 months and pregnant women

## OUTCOME 2

### IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Improve access and utilization of vaccines to prevent vaccine preventable diseases
	Increase access and coverage of essential interventions to prevent and treat common childhood illnesses (malaria, diarrhoea, pneumonia and malnutrition)
	Conduct growth monitoring and follow up on LBW
FOOD	Strengthen nutrition screening in existing HIV and TB platforms
	Reduce contamination of crops in farms, enhance food safety in markets and improve food storage and food handling at household level (food hygiene), with a focus on complementary and supplementary foods for young children
WASH	Promotion of personal hygiene (hand washing with soap) and environmental sanitation (latrine refuse drop hole covers, solid waste management)
	Increase access to clean and safe water

## OUTCOME 4

### IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Roll out Family MUAC, integration into care group, growth monitoring
	Capacity building of health workers to streamline early detection and referral, monitoring and reporting at every contact point including growth monitoring points, OPD, emergency and all entry points
	Integrate the treatment of wasting in iCCM for hard to reach areas
	Pilot the simplified protocols, review of the current CMAM guidelines, and build capacities of health workers in treatment of child wasting
FOOD	Ensure timely & quality management of SAM cases through capacity strengthening including the supply chain management system
	Pilot procurement and distribution of locally fortified MAM treatment commodities
	Capacity strengthening in production (suitable varieties in relation to weather) and post harvest handling (proper drying, storage/moisture content) of farm produce
SOCIAL PROTECTION	Inspection of production industries for implementation of quality standards. Development of safety and quality standards. Build capacity of local producers for implementation
	Advocate and influence increased budgetary allowance for nutrition interventions (e.g. financing for procurement and supply chain strengthening of nutrition commodities).
SOCIAL PROTECTION	Advocate for and support development and implementation of nutrition sensitive social protection national framework, and its operational guideline (provide cash and nutrition education to families with at risk children and pregnant/lactating women)