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.
**OUTCOME 1**

**REDUCE LBW BY IMPROVING MATERNAL NUTRITION**

<table>
<thead>
<tr>
<th>SYSTEM</th>
<th>PRIORITY ACTION/SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH</td>
<td>Iron folate supplementation (adolescent girls and pregnant women)</td>
</tr>
<tr>
<td></td>
<td>Promote behavioural change intervention (counseling) on nutrition targeting adolescent girls and women including refugees, migrants and internally displaced women and girls</td>
</tr>
<tr>
<td></td>
<td>Support the promotion and implementation of antenatal and postnatal services</td>
</tr>
<tr>
<td></td>
<td>Prevent and control malaria among pregnant women</td>
</tr>
<tr>
<td></td>
<td>Community mobilisation and creation enabling environment on importance of male involvement in reproductive health</td>
</tr>
<tr>
<td></td>
<td>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 households affected households</td>
</tr>
<tr>
<td>FOOD</td>
<td>Awareness campaigns on the importance of consuming a diversified diet</td>
</tr>
<tr>
<td></td>
<td>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 emphasis on animal sources, pulses, fruits and vegetables and fortified foods as needed)</td>
</tr>
<tr>
<td>SOCIAL PROTECTION</td>
<td>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 operational guidelines</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
</tbody>
</table>

**OUTCOME 2**

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

<table>
<thead>
<tr>
<th>SYSTEM</th>
<th>PRIORITY ACTION/SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH</td>
<td>Improve access and utilisation of services to prevent vaccine preventable diseases</td>
</tr>
<tr>
<td></td>
<td>Increase access and coverage of essential interventions to prevent and treat common childhood illnesses (malaria, diarrhoea, pneumonia and malnutrition)</td>
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<tr>
<td></td>
<td>Conduct growth monitoring and follow up on LBW</td>
</tr>
<tr>
<td></td>
<td>Strengthen nutrition screening in modeling HIV and TB platforms</td>
</tr>
<tr>
<td>FOOD</td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>Promotion of personal hygiene (hand washing with soap) and environmental sanitation (drainage refuse drop hole covers, solid waste management)</td>
</tr>
<tr>
<td>WASH</td>
<td>Increase access to clean and safe water</td>
</tr>
</tbody>
</table>

**OUTCOME 3**

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

<table>
<thead>
<tr>
<th>SYSTEM</th>
<th>PRIORITY ACTION/SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH</td>
<td>Scale up of BFHI in facilities and and strengthen continued breastfeeding support to communities through integration of the 10 steps for improved quality of care for mothers and newborns</td>
</tr>
<tr>
<td></td>
<td>Provision of skilled counselling to frontline workers and community volunteers</td>
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<tr>
<td></td>
<td>Scale up of SBC activities to promote key family integrated practices including optimal breastfeeding practices and children diets with focus on age appropriate complementary feeding plus WASH, Health and ECD interventions</td>
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<tr>
<td></td>
<td>Support the finalisation and implementation of the code of marketing of breastmilk substitutes to protect and support optimal breastfeeding</td>
</tr>
<tr>
<td>FOOD</td>
<td>Awareness campaigns on the importance of consuming a diversified diet</td>
</tr>
<tr>
<td>SOCIAL PROTECTION</td>
<td>Advocates 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 operational guidelines</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
</tbody>
</table>

**OUTCOME 4**

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

<table>
<thead>
<tr>
<th>SYSTEM</th>
<th>PRIORITY ACTION/SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH</td>
<td>Roll out Family ANC, integration into care group, growth monitoring</td>
</tr>
<tr>
<td></td>
<td>Capacity building of health workers to streamlining early detection and referral, monitoring and reporting at every contact point including growth monitoring points, DFS, emergency and all entry points</td>
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<td></td>
<td>Integrate the treatment of wasting in DCM for hard to reach areas</td>
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<td></td>
<td>Pilot the simplified protocol, review of the current CMM guidelines, and build capacities of health workers in treatment of child wasting</td>
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<td></td>
<td>Ensure timely &amp; quality management of SAM cases through capacity strengthening including the supply chain management system</td>
</tr>
<tr>
<td>FOOD</td>
<td>Pilot procurement and distribution of locally fortified MAM treatment commodities</td>
</tr>
<tr>
<td></td>
<td>Capacity strengthening in production (suitable varieties in relation to weather) and food harvest handling (proper drying, storage/moisture content) of farm produce</td>
</tr>
<tr>
<td></td>
<td>Inspection of production industries for implementation of quality standards. Development of safety and quality standards. Build capacity of local producers for implementation</td>
</tr>
<tr>
<td>SOCIAL PROTECTION</td>
<td>Advocates for and support development and implementation of nutrition sensitive social protection national framework, and its operational guidelines (provide cash and nutrition education to families with at risk children and pregnant/breastfeeding women)</td>
</tr>
</tbody>
</table>

**By 2025**

- **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%**