Government of Malawi

Department of Nutrition, HIV and AIDS

MULTI SECTORAL ADOLESCENT NUTRITION STRATEGY

2019-2023

FOREWORD

Adolescents represent a huge opportunity that can transform the social and economic fortunes of the country. Improved nutrition of adolescents in turn will contribute to the overall development of the nation. Given their important relationships with medium- and long-term outcomes, adolescents' nutritional wellbeing assumes considerable importance.

The Government of Malawi recognizes nutrition as one of the priority areas in the Malawi Growth and Development Strategy. The National Multi-sector Nutrition Policy and Nutrition Strategy were launched in June 2018. As one way of operationalising the National Multi-sector Nutrition Policy and Nutrition Strategy, the government has developed the multi-sector adolescent nutrition Strategy for combating Adolescent nutritional problems in the country.

The goal of the Strategy is to have well nourished adolescents who can contribute to economic growth and development of the country. The Strategy promotes a multi-stakeholder and a multi-sectoral response to prevent and reduce all forms of nutrition disorders among adolescents. It is expected that the Strategy will facilitate the broader nutrition response and action by utilising the various implementation mechanisms and will build a strong commitment towards addressing nutrition disorders in adolescents.

The Strategy has seven priority areas which include: prevention and control of undernutrition; treatment and management of acute malnutrition; prevention and control of over-nutrition and NCDs; empowerment of adolescents for improved nutrition and livelihood ;enhanced social mobilisation and positive behaviour change communication for improved adolescent nutrition; other public health interventions; creation of enabling environment for effective implementation of adolescent nutrition interventions; establishing monitoring, evaluation , research and surveillance system for effective adolescent nutrition programming

The Government of Malawi therefore remains committed to fight all forms of malnutrition and strongly appeals to the development partners, NGOs, policy and decision makers at all levels, service providers, the private sector, the media, the faith community, local leaders, communities, households and caregivers to unite and support the National Multi-sector Adolescent Nutrition Strategy in order to achieve visible and significant change in nutrition related behaviours, services and indicators of adolescents.

The Government of Malawi is confident that through this commitment improved nutritional status of adolescents of Malawi is expected. The Government of Malawi is therefore calling upon the public and private sector, faith-based organisation, development partners, academia and the general public to work together to support the implementation of this Strategy to ensure optimal nutritional status of adolescents in the country.

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SECRETARY RESPONSIBLE FOR NUTRITION, HIV AND AIDS

ACKNOWLEDGEMENTS

The Department of Nutrition, HIV and AIDS in the Ministry of Health in collaboration with stakeholders facilitated the development of the Strategy through a consultative approach. This Strategy is aligned to the National Multi-sector Nutrition Policy 2018-22 and National Multi-sector Strategic Nutrition Plan 2018-22 and also incorporate global and national emerging issues. This Strategy therefore provides actions in the implementation of interventions for adolescent nutrition in the country.

On behalf of the Government of Malawi, Department of Nutrition HIV and AIDS in the Ministry of Health would like to thank all the Development partners, private sector, civil society, faith-based community, academia and other stakeholders for their contribution toward the drafting process of the Strategy.

I would like also to thank UNICEF for providing financial support towards the development process and the printing of this Strategy. Special appreciation goes to the Policy Advisory Team for their technical expertise in the finalisation of this Strategy.

CONTENT

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ADC	Area Development Committee
AEC	Area Executive Committee
ANC	Antenatal Care
ANCC	Area Nutrition Coordinating Committee
BCC	Behaviour Change Communication
BMI	Body Mass Index
CSB	Corn Soya Blend
CSO	Civil Society Organization
DHS	Demographic and Health Survey
DNCC	District Nutrition Coordination Committee
DNHA	Department of Nutrition, HIV and AIDS
FAO	Food and Agriculture Organization
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
HMIS	Health Management and Information System
HSA	Health Surveillance Assistant
IEC	Information, Education and Communication
IFA	Iron and Folic Acid
INGOs	International Non-Government Organizations
ITN	Insecticide Treated Net
MDHS	Malawi Demographic and Health Survey
MDGs	Millennium Development Goals
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MoAIWD	Ministry of Agriculture, Irrigation and Water Development
MoEST	Ministry of Education, Science and Technology
MoGCDSW	Ministry of Gender, Children, Disability and Social Welfare
MOH	Ministry of Health
MoICT	Ministry of Information, Communication and Technology
MoLGRD	Ministry of Local Government and Rural Development
MoLYSMD	Ministry of Labour, Youth, Sports and Manpower Development
NCDs	Non Communicable Diseases
NECS	Nutrition Education and Communication Strategy
NGO	Non Government Organization
NNPSP	National Nutrition Policy and Strategic Plan
PNC	Postnatal Care
RUTF	Ready-to-Use Therapeutic Food
SDGs	Sustainable Development Goal
SGA	Small for Gestational Age
SHN	School Health & Nutrition
STH	Soil Transmitted Helminths

TA	Traditional Authority
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization
WIFS	Weekly Iron and Folic Acid Supplementation

1. PREAMBLE

Adequate nutrition is a prerequisite for human growth and development, and is fundamental for socio-economic growth and development of the country. For this reason, in 2004 Government of Malawi established the Department of Nutrition, HIV and AIDS (DNHA) as a coordinating office of nutrition response in the country, and strengthened the roles and responsibilities of core sectors to ensure effective implementation of nutrition interventions. Government has also made remarkable achievements in increasing access to services by expanding coverage of evidence-based high impact interventions; providing a framework for standardization and improvement of nutrition service delivery; and positioning nutrition high on the national development agenda through the Malawi Growth and Development Strategy (MGDS). As a result, Malawi has shown remarkable achievement in improving nutritional status of the population, especially children under the age of 5 years.

Until recently, most of the efforts on nutrition have focused on most vulnerable groups of under five children and pregnant and lactating women. To sustain the gains on improvement of nutritional status of all Malawian and reach the last mile, Malawi will need to increase focus on nutrition of adolescent boys and girls. The overarching theme for MGDS III is "Building a Productive, Competitive and Resilient Nation". This aspiration requires robust nutrition programming for all population groups.

In order to guide the implementation of nutrition programmes and interventions, a National Multi-Sector Nutrition Policy (NMSNP) and a National Multi-Sector Nutrition Strategic Plan (NMSNSP) were developed. Both the Policy and Strategic Plan recognize adolescent nutrition as one of the fundamental areas that need improvement if Malawi is to effectively fight malnutrition. To accelerate efforts towards effective nutrition programming for adolescents, this Multi-Sector Adolescent Nutrition Strategy was therefore developed.

The Strategy is an outcome of two main processes: firstly, a thorough review of all the global evidence, recommendations, programmes and strategies for adolescent nutrition; and, secondly, a consultative workshop of policy makers, programme planners, and programme implementers. The process was supervised by a taskforce comprising key sectoral ministries/departments involved in nutrition, academia, development partners and civil society. The taskforce was chaired by DNHA.

The Strategy has four main sections including the preamble, which provides an overview of the Strategy. The second section describes the situation of adolescents in Malawi; the need for a national response; and, the main challenges that justify the need to invest in adolescent nutrition. The third defines the strategic objectives, priority areas and activities that will be carried out. The last section shows the institutional arrangements which include roles and responsibilities of key stakeholders, as well as highlighting implementation of the Strategy and its monitoring and evaluation plan.

2.0 INTRODUCTION

Adolescence is a time of major transition between childhood and adulthood and is a critical period when significant physical, psychological, and behavioural changes occur, which is a critical phase in life for achieving human potential. Nutrition has a profound impact on the current and future health of adolescents. A sustainable healthy lifestyle which include healthy diet, healthy eating practices and physical activity during adolescence have the potential to minimise the risk of nutritional deficits, correct childhood linear growth faltering, and control harmful behaviours that may contribute to development of non-communicable diseases in adulthood.

2.1 Investing in Adolescent Nutrition: Realising the Opportunity

Adolescence is a critical period of growth and development that bears the potential to advance improvements in nutritional well-being of society. Undernourished adolescents grow into adult men and women who have poor physical and cognitive development, rendering them socioeconomically vulnerable and less competitive. In the case of undernourished adolescent girls, they may grow into malnourished adult women with low pre-pregnancy weight and height, in addition to having missed the opportunity to attain their full physical and cognitive developmental potentials. Since the nutritional status of a mother is a determinant of a child's wellbeing, undernourished adolescents fuel the intergenerational cycle of malnutrition, whereby one generation affects the next. Therefore, addressing the nutritional needs of adolescents is an important step towards breaking the vicious intergenerational cycle of malnutrition and the multiple ills that are associated with it.

There is now global evidence and realisation that investing in adolescent nutrition pays triple dividends: (i) it improves the present nutritional status of adolescents; (ii) it improves well-being and productivity in their adult life; and, (iii) it reduces nutrition and health risks of their children. Clearly, failure to address the nutritional needs of adolescents is one sure way of robbing the present and future generations of opportunities to live meaningful lives. Because Malawi has made substantial investments in maternal and child nutrition programmes over the past few decades, insufficient investment in adolescent nutrition programming risks losing the gains that have been made. Therefore, investing in adolescent nutrition should be seen as a trajectory for accelerated maternal and child nutrition improvement for the present and the future.

Malawi committed itself to 17 global targets known as Sustainable Development Goals (SDGs). Goal 2 aims to end hunger, achieve food security and improved nutrition, and promote sustainable agriculture. Given the importance of adolescents in the attainment of national growth and development aspirations, achieving SDG 2 entails improved nutrition of adolescents.

Ultimately, a well-nourished adolescent population, which comprises 26 percent of Malawi's population would render them pivotal to attainment of all the 17 SDGs and their targets.

It is therefore obvious that Malawi's efforts to achieve global and national development targets and ambitions can be seriously hampered if adolescent issues, including nutrition, are not addressed.

2.2 Situation of Adolescents in Malawi

Adolescence is a unique intervention point in the life-cycle. However, a considerable number of adolescents face nutritional and developmental challenges due to a variety of factors, including structural poverty, social discrimination, negative social norms, inadequate education, early marriage and child-bearing, especially in the marginalized and under-served sections of the population.

Nutrient needs increase in adolescence to meet the demands of pubertal growth. After infancy, growth during adolescence is faster than in any other period of life. Both macro- and micronutrient requirements increase in adolescence. However due to less attention, lack of suitable interventions and programmes, adolescents suffer from various nutritional challenges.

2.2.1 Prevalence of undernutrition and overnutrition among adolescents

According to the 2015-16 MDHS, 12.9 percent of girls in the age group 15-19 years are underweight while 7.1 percent are overweight. Underweight in adolescence may indicate chronic energy deficiency, which increases the risk of poor obstetric outcomes for teen mothers and jeopardizes the healthy development of their future children. Children born to short and thin women are more likely themselves to be stunted, underweight and less cognitively able than normal birth-weight peers.

At the same time, overweight and obesity at this age is associated with multiple immediate and long-term morbidity risks including diabetes, high blood pressure, and adult obesity. Pre-pregnancy overweight has been linked to two of the foremost causes of maternal mortality, which are hypertensive disorders of pregnancy and gestational diabetes mellitus.

2.2.2 Micronutrient Deficiencies

Micronutrient deficiencies are responsible for a wide range of physiological impairments, leading to reduced resistance to infections, metabolic disorders and delayed or impaired physical, mental and cognitive functions. According to the 2015-16 MDHS, more than one third (35.3 percent) of adolescents aged 15-19 years are anaemic.

While prevalence of anaemia declined by 6 percentage points between 2001 and 2015-16 among Malawian women of reproductive age, adolescents (15–19 years) experienced only a modest change from 25 percent in 2001 to 22 percent in 2015-16.

The dismal change shows how stagnant progress has been among adolescents. Iron deficiency and/or anaemia may result in decreased ability to perform manual work, diminished cognitive performance, increased obstetric risk, loss of appetite, and depressed immune system functioning.

Therefore, it can be inferred that adolescents in Malawi are facing the triple-burden of nutritional disorders due to the emerging issue of overweight and obesity along with the existing undernutrition and micronutrient deficiencies.

2.2.3 Early Marriages and Early Pregnancy

By the age of 15 years, 15 percent of Malawian girls are married. In addition, the prevalence of adolescent child bearing is very high. According to MDHS 2015 – 2016, 29 percent of adolescents aged 15-19 years are already mothers or pregnant with their first child, 31 percent in rural areas and 21 percent in urban areas. Early marriage and pregnancy exposes mothers and their children to risks owing to potential competition for dietary energy and nutrients, and because of physiological immaturity of the young mother. Furthermore, the risks of pregnancy related complications are higher among undernourished or stunted young mothers because their bodies are immature. According to WHO (2012), adolescent girls are two to five times more likely to die from pregnancy-related causes than women aged 20–29 years. Ultimately, the high rates of adolescent pregnancies in Malawi are a cause for great concern as they elevate nutrition and health risks for both the mother and infant.

2.2.4 HIV Prevalence

The prevalence of HIV in the adolescent age group (15-19 years) is 2.1 percent, being higher among girls (3.3 percent) than boys (1.0 percent). HIV-infected adolescents have elevated nutritional needs due to infection and normal growth. If their nutritional and dietary counselling needs are not met, the adolescents run the risk of being undernourished. If they become pregnant, both HIV and malnutrition risks may also manifest in their children, thereby increasing the burden among services provision.

2.2.5 Educational Status

Higher education achievement is associated with acquisition of essential knowledge, attitudes and skills that positively change people's lives towards healthy lifestyles including dietary habits. As adolescents spend more years in schools, they delay marriages, delay child bearing and enjoy better nutritional status. For example, the World Bank has shown that for every year a young woman remains in school after the age of 11, the risk of unplanned pregnancy declines by 7 percent for primary school girls and 6 percent for secondary school girls. Despite efforts to keep adolescents in school, dropout rates remain very high. According to EMIS 2016, more adolescent girls than boys drop out of school and pregnancy was found to be leading factor for the school drop-out among girls. In Malawi, it is estimated that 29 percent of teenage girls 15 – 19 years old begin childbearing (MDHS 2015 – 2016). Therefore, interventions aimed at preventing early marriages and pregnancies by keeping girls in school are greatly required for achievement of optimal nutrition for adolescent girls and future children.

2.3 Adolescence: The Second Window of opportunity

Adolescence offers the second window of opportunity for growth and development in the lifecycle.

This period is a unique additional chance to address nutritional problems emanating from the first decade of life and to develop healthy and long-lasting lifestyles (including dietary habits, access to safe water, sanitation and hygiene (WASH), and physical activity).

Fortunately, evidence-informed actions exist to address malnutrition in all its forms in adolescence. The framework of interventions and determinants of adolescent nutrition (Figure 1) illustrates that adolescent programming needs government leadership, adolescent participation, adequate financing, and national accountability, which are the four overarching conditions for successful programming. Multi-sector programming based on proven interventions can bring positive outcomes in adolescent nutrition situation in the country.

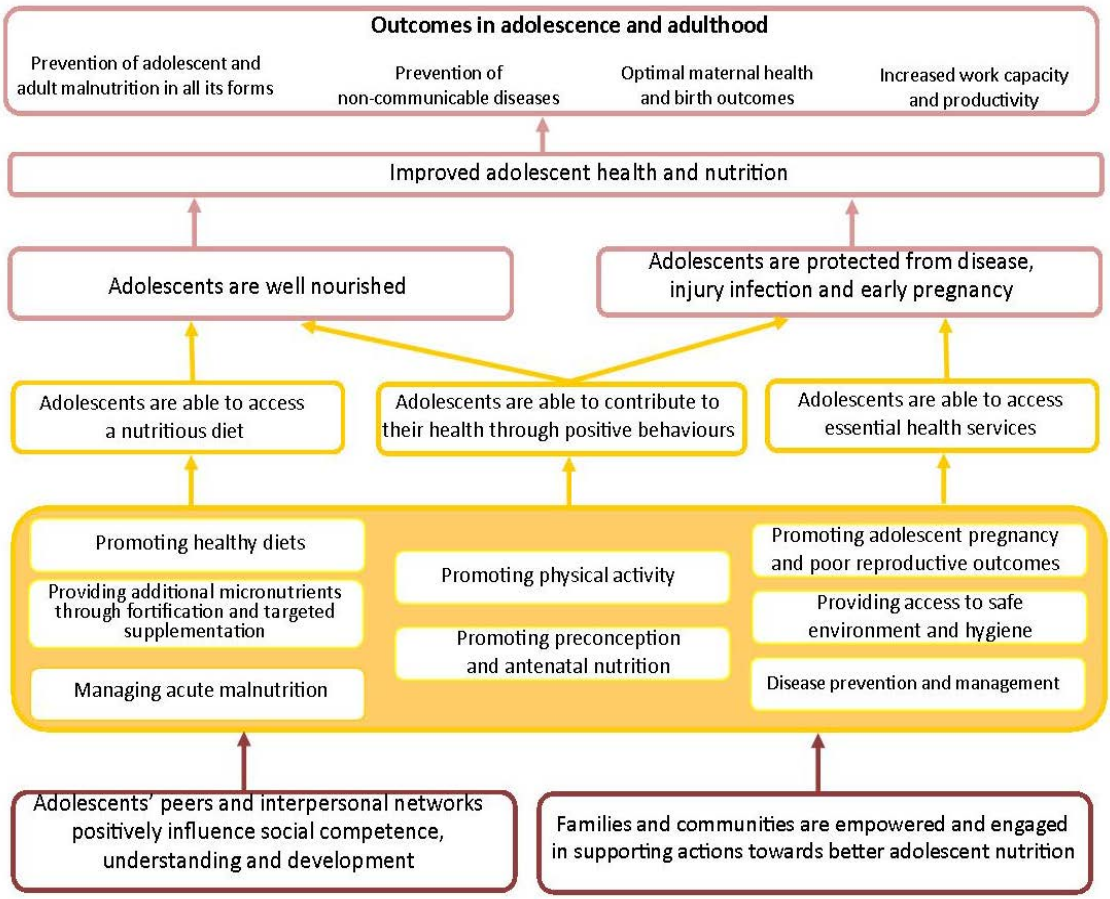

Figure 1: Framework of interventions and determinants of adolescent nutrition

- Multi-stakeholder commitment by development partners, non-governmental organisations, civil society organisations and private sector. Existence of nutrition coordination structures at national, sectoral, district and community levels (Traditional Authority, and village levels). The Department of Nutrition has posts at national, sectoral, and district levels.

Weaknesses

- There is lack of clear programmes, strategies to address adolescent nutrition issues. There are no clear linkages within the nutrition sector and other sectors for adolescent nutrition and health.
- Inadequate resource allocation for adolescent nutrition programming.
- The District Councils do not have frontline workers responsible for nutrition activities at area and community level.
- Monitoring and evaluation systems are not in place for adolescent nutrition.

Threats

- food insecurity resulting from natural disasters such as earthquakes, floods, droughts, fall armyworm and other pests that negatively affect food production in.
- Nutrition financing highly dependent on external support. Unless there is sustainable in country funding towards nutrition activities. Nutrition programmes may not be sustained

3.0 STRATEGIC GOALS, OBJECTIVES AND PRIORITY AREAS

3.1 Strategic Goal

The goal of the Strategy is to have well nourished adolescents who are able to effectively contribute to economic growth and national development.

3.2 Strategic Objectives

The strategic objectives of the Strategy are to:

- Prevent, treat and manage undernutrition including micronutrient deficiencies in adolescents ;
- Prevent, treat and manage over-nutrition and nutrition related non-communicable diseases in adolescents;
- Empower adolescent girls and boys for improved nutrition and livelihood;
- Enhance positive behaviour change for improved adolescent nutrition;
- Prevent, treat, and manage of communicable diseases among adolescents; and
- Create an enabling environment for effective implementation of adolescent nutrition interventions.
- Establish monitoring, evaluation, research and surveillance system for effective adolescent nutrition programming

3.3 Priority Areas

This Strategy has seven priority areas that consolidate aspirations contained in the strategic objectives. The priority areas are:

- Prevention, treatment and management of undernutrition;
- Prevention, treatment, and management of over-nutrition and nutrition related NCDs;
- Empowerment of adolescents for improved nutrition and livelihood;
- Enhanced positive behaviour change for improved adolescent nutrition;
- Prevention, treatment and management of communicable diseases among adolescents;
- Creation of an enabling environment for effective implementation of adolescent nutrition interventions; and
- Establish monitoring, evaluation, research and surveillance system for effective adolescent nutrition programming.

Priority Area 1: Prevention, Treatment and Management of Undernutrition

Adolescent undernutrition leads to significant losses in human and economic potential. Recent studies have shown that undernutrition and micronutrient deficiencies are still widespread amongst adolescents (MDHS 2010 and MDHS 2015- 2016). To ensure that adolescents in Malawi are adequately nourished, a multi-sectoral approach is needed.

In promotion of optimal nutritional status for adolescents, prevention, treatment and management of different forms of malnutrition are important components.

Strategy 1: Promote optimal growth and development in adolescent boys and girls

Activities:

- Conduct routine nutrition assessments for adolescents.
- Scale up school health and nutrition interventions.
- Promote dietary diversity among adolescents.
- Conduct cooking demonstrations on dietary diversity for improved adolescent nutrition both in schools and out of schools.
- Develop key messages for optimal nutrition for both in and out of school adolescents.
- Develop tools for peer to peer nutrition counselling.
- Conduct visits to households with adolescents for nutrition education and counselling.
- Link and refer adolescents to existing nutrition and health services based on their needs (pregnancy, HIV infection, reproductive health needs).

Strategy 2: Prevent and control micronutrient deficiencies

Activities:

- Promote consumption of diversified nutrient rich foods including fortified and bio fortified foods.
- Develop iron supplementation guidelines for adolescents.
- Mainstream bio-fortified crops in school health and nutrition interventions.
- Develop and disseminate IEC materials on iron supplementation.
- Develop training materials for iron supplementation.
- Conduct iron and folic acid supplementation to in and out of school adolescent girls using school and community platforms.
- Train service providers including teachers on iron and folic acid supplementation for adolescents.
- Conduct supervision of iron and folic acid supplementation programme.
- Integrate Iron and folic acid supplementation with existing community service delivery platforms targeting out of school girls.
- Provide fortified school meals.

Strategy 3: Treatment and management of severe and moderate acute malnutrition

Activities:

- Train service providers in prevention, case identification, treatment and management of acute malnutrition among adolescents.

- Conduct community and facility screening of adolescents for early case identification and referral for treatment.
- Refer acute malnourished adolescents to community-based livelihood support services.
- Conduct counselling sessions for acute malnourished adolescents to increase the consumption of nutrient dense diversified foods.
- Conduct household visits to follow up on referred adolescents for treatment adherence and for counselling.

Priority Area 2: Prevention, Treatment and Management of Overnutrition and Nutrition-related NCDs

Over-nutrition is an emerging problem among adolescents. Overnutrition is a result of poor dietary habits and inadequate physical activity. Consequently, non communicable diseases like heart disease, stroke, high blood pressure, cancer, respiratory diseases, and diabetes are increasingly becoming significant causes of morbidity and mortality in Malawi. Therefore, there is a need to increase focus on preventing, treating and managing nutrition related NCDs.

Strategy 1: Prevention and management of overweight and obesity among adolescents

Activities:

- Develop counselling materials on overweight and obesity.
- Develop key messages on overweight and obesity.
- Develop and disseminate IEC materials on prevention of overweight and obesity amongst adolescents.
- Conduct routine screenings for overweight and obesity among adolescents.
- Conduct interpersonal counselling sessions for overweight or obese adolescents.
- Sensitize adolescents and communities on importance of routine physical activities.
- Sensitize adolescents and communities on healthy eating and lifestyle.
- Train service providers, teachers, front line workers and volunteers on prevention and management of overweight and obesity.

Strategy 2: Prevention, treatment and management of nutrition related NCDs among adolescents

Activities:

- Develop and disseminate IEC material on healthy lifestyle (healthy eating and physical activity) for prevention of NCDs.
- Develop counselling materials on prevention and management of nutrition related NCDs.
- Review guidelines on management of NCDs.

- Develop dietary guidelines for prevention and management of nutrition related NCDs among adolescents.
- Conduct mass media campaign against tobacco, alcohol and substance use.
- Develop and disseminate guidelines on prevention and management of nutrition-related NCDs in adolescents.
- Develop simple recipe booklet for dietary management of different nutrition related NCD conditions.
- Train service providers (clinicians, nurses, teachers, front line workers, volunteers) on prevention and management of nutrition related NCDs
- Conduct screenings for nutrition related NCDs among adolescents.
- Conduct counselling on dietary management of nutrition related NCDs among adolescents.

Priority Area 3: Empowerment of Adolescents for improved Nutrition and Livelihood

Early marriages, teenage pregnancies, poor education attainment, HIV infection and other social ills affect the overall well-being of adolescents. Such problems have costly negative consequences on the lives of adolescents and their children, hence a need for special support and protection. The potential impact of failing to support adolescents in the context of poverty, inadequate access to services, coupled with ignorance can be devastating to adolescents and society as a whole. Therefore, support for adolescents' well-being is a key investment in human capital because it underpins all other processes for long-term national development.

The HIV and AIDS epidemic, which is one of the leading causes of death among adults, has contributed to increase in the number of adolescent headed households. Such adolescents need special support and protection. The potential impact of failing to address the need for support among adolescents heading the household in the context of poverty, lack of services, lack of access to the services and ignorance can be devastating, to both adolescents and society as a whole. Support for such adolescent's well-being is a key investment in human capital because it underpins all other processes for the long-term development.

Strategy 1: Promote education and life skills for adolescent boys and girls

Activities:

- Scale up of school meals programme in secondary schools for better retention and increased enrolment of students.
- Advocate for revision of life skills education in school curricula to include adolescent nutrition.
- Mobilise traditional leaders to encourage their communities to keep their adolescents in school.
- Sensitize and mobilize communities, families and traditional leaders to delay age at marriage and age at first pregnancy.

- Sensitise and mobilize adolescents to prevent early marriages and pregnancy.
- Conduct role modelling and career talks targeting the adolescents.
- Advocate for increased bursaries for support of needy adolescents to keep them in school.
- Link adolescents to technical, vocational and community colleges after secondary school.
- Conduct back-to-school campaigns for adolescents who got pregnant or dropped.
- Link adolescent to sexual and reproductive health services.

Strategy 2: Empowerment of adolescent headed-households

Activities:

- Advocate for inclusion of adolescent headed households in social support programmes.
- Identify and refer adolescent headed households for targeted nutrition support and social protection.
- Advocate for scale up of safety net programmes targeting adolescents in all the local authorities.
- Promote entrepreneurial activities targeting adolescent headed households e.g. raising chickens.
- Advocate with stakeholders to engage adolescents that have finished school to participate in voluntary work in their communities.
- Engage adolescents who have finished school to take up various volunteer roles on community health and nutrition interventions.

Priority Area 4: Enhanced Positive Behaviour Change for Improved Adolescent Nutrition

Nutrition education is key for increasing nutrition awareness and knowledge, and enhancing skills to attain desirable behaviours and practices. The key challenges in nutrition education and positive social and behaviour change are: cultural beliefs, practices, and taboos; and lack of appropriate knowledge and skills for preparation of nutrient dense diversified diets; all of which prevent access to and utilisation of nutritious and healthy foods. Positive behaviour changes are often difficult and require more than providing the correct information about prevention of undernutrition or over-nutrition. Therefore, well designed context specific social and positive behaviour change interventions are critical for improvement in nutrition practices.

Strategy 1: Promote positive behaviour change

Activities:

- Develop, print and distribute IEC materials (billboards, posters, flyers, leaflets and brochures) on adolescent nutrition.

- Disseminate nutrition information for adolescents using various communication channels.
- Conduct nutrition education and counselling for adolescents using different service delivery platforms.
- Conduct community sensitization on consumption of diversified diets targeting adolescents.
- Conduct awareness campaigns on animal source food for adolescent nutrition.
- Conduct food preparation (cooking) demonstrations, nutrition fairs and open days specifically targeting adolescents at various platforms to impart skills on preparation of nutrient dense diversified diets.
- Conduct awareness campaigns at all levels on nutrition-related NCDs and their risk factors such tobacco, alcohol and substance use.
- Conduct community mobilisation on consumption of micronutrient rich foods.
- Conduct community mobilisation and sensitization on importance of consumption of fortified and bio-fortified foods for adolescents.
- Conduct sensitization campaign on iron supplementation for school and out of school adolescent girls.
- Conduct peer to peer nutrition education sessions on adolescent nutrition.

Priority Area 5: Prevention, Treatment and Management of Communicable Diseases among Adolescents.

Undernutrition compromises the immune system and increases the risk of contracting diseases such as malaria and diarrhoea; and is associated with a number of common health problems. It is therefore important to ensure that all nutrition interventions integrate other public health concerns like malaria, water, hygiene and sanitation, mass de-worming, and measures to reduce parasitic infections for effective prevention of nutritional deficiencies. Currently, a lot of programmes are being implemented in Malawi as one way of preventing undernutrition including: National Malaria Control Programme, Water, Sanitation and Hygiene (WASH) and National Parasite Control Programme. HIV negatively impacts on adolescent nutrition to both infected and affected adolescent boys and girls. Therefore, it is important to mainstream HIV into nutrition programming, and similarly integrate nutrition in HIV programmes focusing on adolescents.

Strategy 1: Prevention and control of parasitic infections related to nutrition

Activities:

- Deworm adolescent girls and boys once every six months through schools, health facilities and outreach services.
- Sensitize adolescents on hygiene and sanitation to prevent infections.
- Sensitize communities to use safe water supply points and improved sanitary facilities.

- Sensitize adolescents on the use of insecticide-treated bed-nets and environmental control of mosquitoes.

Strategy 2: Prevention and management of HIV among adolescents

Activities:

- Conduct community mobilization and sensitization on HIV services targeting adolescents.
- Link adolescents to HIV services.
- Sensitize the community youth clubs on linkage between nutrition and HIV
- Conduct community youth mobilization and sensitization for utilization of youth friendly services.
- Link HIV infected and affected households with adolescents to social support services.

Priority Area 6: Creation of an Enabling Environment for Effective Implementation of Adolescent Nutrition Interventions

An enabling environment is a set of interrelated conditions such as legal, policies, organisational, fiscal, informational, political, and cultural that impact the capacity of stakeholders to engage in nutrition interventions in a sustained and effective manner. Creating an enabling environment involves ensuring that there is effective coordination, advocacy, regulations, governance, accountability, capacity building, and resource mobilisation. Systems have to be strengthened and responsive to the unique demands of adolescents to focus on quality alongside coverage of services in a way that these services are acceptable, effective, efficient, equitable, and safe for adolescents.

Strategy 1: Institutional strengthening and capacity building

Activities

- Strengthen/establish adolescent nutrition implementation structures.
- Integrate nutrition education and counselling in youth friendly health initiatives and community youth structures.
- Integrate adolescent nutrition in sectoral policies, strategies, guidelines and programmes.
- Build capacity of service providers, frontline workers and volunteers on counselling, community mobilization and delivery of adolescent nutrition specific messages and services.
- Identify and utilize champions for adolescent nutrition at all levels.
- Build the capacity of sectors on adolescent nutrition programming.
- Advocate for fast tracking of implementation of nutrition curriculum in primary schools.
- Develop guidelines and training manuals for adolescent nutrition.

- Mobilise resources for adolescent nutrition programming.
- Strengthen coordination of adolescent nutrition at all levels.

Priority Area 7: Establish Monitoring, Evaluation, Research and Surveillance System for Effective Adolescent Nutrition Programming

Nutrition monitoring, evaluation, research, and surveillance aim to measure achievements, progress and gaps and to trigger corrective actions for nutrition planning and programming. Nutrition M&E is primarily designed to provide stakeholders with relevant information on the implementation progress of nutrition services. It further helps in evidence-based decision making. Nutrition research generates new information and provides evidence on improving programming and practice. Surveillance provides routine information about the population's nutritional status, identifies at-risk groups, and enables timely interventions to address a problem.

Monitoring and Evaluation has been integrated into the adolescent nutrition Strategy to facilitate management for results. Monitoring and Evaluation of this Strategy will be integrated into the National Multi- Sector Nutrition Monitoring and Evaluation Framework.

Strategy 1: Strengthen monitoring and evaluation system to include adolescent nutrition

Activities:

- Review the national nutrition M& E framework to include adolescent nutrition indicators.
- Support review of sectoral (Agriculture, Education, Gender, Health) M&E systems to include adolescent nutrition indicators.
- Develop and disseminate M&E tools for adolescent nutrition.
- Review web-based national nutrition information system to include adolescent nutrition indicators.
- Conduct supportive supervision and mentorship visits to monitor adolescent nutrition activities.
- Train front line workers, volunteers and other service providers in adolescent nutrition data collection, reporting and use.
- Train M&E officers and sectoral data clerks on monitoring and analysis of adolescent nutrition indicators

Strategy 2: Enhance adolescent nutrition surveillance and research

Activities:

- Conduct baseline survey to determine the adolescent nutritional status
- Integrate adolescent nutrition indicators in routine surveys.
- Integrate adolescent nutrition indicators in monthly, biannual, annual data collection, reporting and analysis at all levels.

- Conduct impact evaluation studies of adolescent nutrition programmes.
- Conduct regular gap analyses on adolescent nutrition to identify emerging issues.
- Conduct formative research on cultural, social and economic barriers and facilitators to achievement of optimal adolescent nutrition.
- Conduct operational research on adolescent nutrition.
- Disseminate research findings on adolescent nutrition.

4. INSTITUTIONAL ARRANGEMENTS

Implementation of the Strategy will be in accordance with the National Multi-Sector Nutrition Policy 2018-2022. Figure 2 presents the multi-sectoral institutional arrangements.

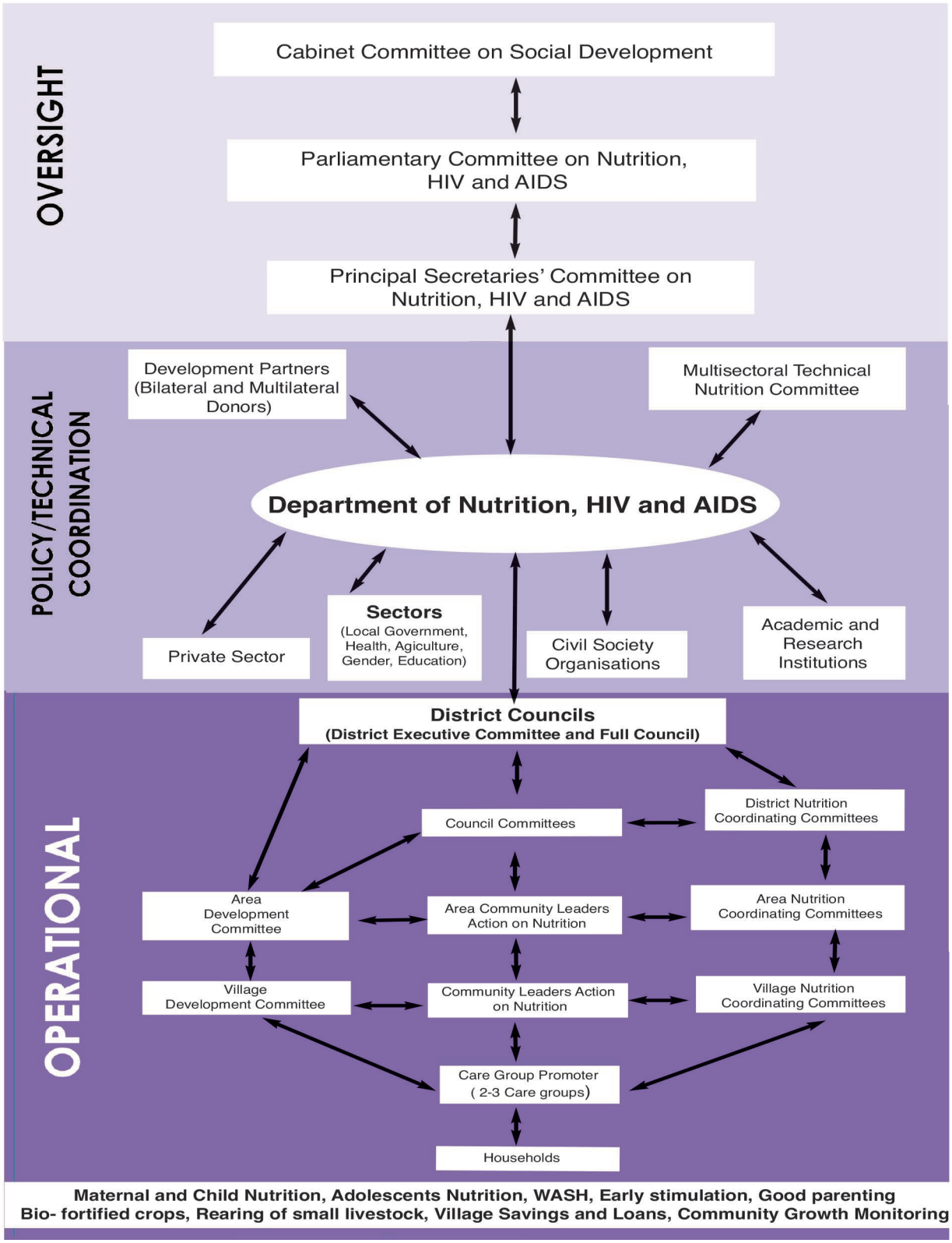

Figure 2: Institutional Arrangements of the National Adolescent Nutrition Strategy

4.1 Roles and Responsibilities of Key Stakeholders

The Government recognises the importance of stakeholder partnership in implementation of this Strategy.

The stakeholders include ministries, departments, agencies, development partners, academic and research institutions, the public sector, the private sector, CSOs, NGOs, faith-based organisations, and the communities. These include:

Department of Nutrition, HIV and AIDS (DNHA)

The Department will be responsible for oversight, strategic leadership, policy direction, coordination, resource mobilisation, capacity building, and monitoring and evaluation of the adolescent nutrition. The department will also be responsible for high level advocacy; spearheading the mainstreaming and integration of adolescent nutrition in the sectoral policies, programmes, and outreach services; ensuring the implementation of the Strategy by sectors and other stakeholders on the basis of the defined mandates; and tracking sector performance and ensuring accountability.

Ministry responsible for Agriculture, Irrigation and Water Development (MoAIWD)

The Ministry will be responsible for food and nutrition security and mainstreaming of adolescent nutrition as a core area by focusing on improving food access and promoting diversified diets targeting adolescents. The Ministry will promote consumption of diverse nutritious foods, including bio-fortified foods to promote optimal nutrition for adolescents. MoAIWD will also use its platforms to promote adolescent nutrition.

Ministry responsible for Health

The Ministry will be responsible for provision of oversight leadership and technical direction on health-related policies and programming. It will also be responsible for delivery of the quality and cost-effective clinical and biomedical services targeting adolescents including supplementation, deworming, reproductive health issues, family planning and other public health interventions.

Ministry responsible for Gender, Children, Disability and Social Welfare

The Ministry will be responsible for provision of leadership and technical direction in mainstreaming adolescent nutrition interventions in their sectoral policies, strategies and programmes. The Ministry will also promote adolescents' empowerment, social protection and welfare programmes.

Ministry responsible for Education, Science and Technology (MoEST)

The Ministry will be responsible for implementation of the school health and nutrition programmes and provide enabling environment for service delivery platforms for other public health interventions at all levels. It will also be responsible for ensuring that adolescent girls and boys remain in schools.

Ministry responsible for Local Government and Rural Development (MoLGRD)

The Ministry will be responsible for providing overall coordination of the District Councils. The Ministry will also be participating in advocacy for nutrition financing including adolescent nutrition.

Ministry responsible for Finance, Economic Planning and Development

The Ministry will be responsible for mobilisation of resources from government and development partners, and the private sector for nutrition interventions. The Ministry will also ensure inclusion of adolescents in social protection programmes for optimal nutrition.

Ministry responsible for Information and Civic Education

The Ministry will be responsible for dissemination of information and public awareness on adolescent nutrition.

Ministry responsible for Youth Development

The Ministry will be responsible for provision of leadership and coordination in the delivery of high quality, culturally appropriate, and contextually relevant nutrition information and services to the adolescents.

Ministry responsible for Justice and Constitutional Affairs

The Ministry will be responsible for drafting and interpretation of legislations that support food, nutrition, and the wellbeing of adolescents.

District Councils

The Councils will be responsible for implementation of nutrition interventions at the council and community levels. It will ensure creation of enabling environment for the delivery of adolescent nutrition interventions using different service delivery platforms. It will also be responsible for monitoring and reporting of adolescent nutrition activities.

Academic and Research Institutions

Academic and research institutions will be responsible for conducting adolescent nutrition research and disseminating findings to inform policies and programming. The academic institutions will also play an important role in ensuring that pre-service education addresses up-to-date adolescent nutrition interventions, and standards that are relevant to the Malawi context.

Development Partners

Development partners will align their nutrition interventions, programmes and financial support with the Adolescent Nutrition Strategy.

The development partners will continue to undertake high-level advocacy for adolescent nutrition among policy and decision makers; provide technical support including policy analysis and implementation; and assist government sectors in mobilising additional resources for adolescent nutrition programming.

Civil Society Organisations

The CSOs will collaborate with the government to advocate for and implement adolescent nutrition-specific and nutrition-sensitive interventions, and ensuring linkages with social protection programmes. They will also play a crucial role in ensuring that the concerns of adolescents in nutrition are heard and that government is held accountable to its commitments in addressing adolescent nutrition issues.

Multi-Sector Technical Nutrition Committee

The Multi-Sector Technical Nutrition Committee will provide technical oversight in the implementation of the adolescent nutrition within each sector; provide technical guidance on the implementation of the adolescent nutrition Strategy; and provide technical advice to various stakeholders implementing adolescent nutrition programmes.

District Nutrition Coordinating Committees

The Committees will be responsible for providing nutrition technical guidance to stakeholders, coordinating, monitoring, and evaluation of adolescent nutrition interventions at the district level.

4.2 Implementation Plan

This Strategy will guide implementation of adolescent nutrition interventions and programmes by the defined line ministries and stakeholders, under the coordination of Department of Nutrition, HIV and AIDS guided by the implementation matrix contained in Annexure I.

4.3 Monitoring and Evaluation Plan

The monitoring and evaluation will be guided by the National Adolescent Nutrition Monitoring and Evaluation Framework as presented in Annexure II.

Annexure 1: Implementation Arrangements

Priority Area 1: Prevention, Treatment and Management of Undernutrition		
Objective	**Strategy**	**Responsibility**
Prevent, treat and manage undernutrition including micronutrient deficiencies in adolescents	Promote optimal growth and development in adolescent boys and girls	DNHA, MoH, MoEST, MoGCDSW
	Prevent and control micronutrient deficiencies	DNHA, MoH, MoAIWD, MoEST, MoGCDSW, Academia, NGOs
	Treatment and management of severe and moderate acute malnutrition	DNHA, MoH, MoAIWD, MoEST, MoGCDSW, Academia, NGOs
Priority Area 2: Prevention, Treatment and Management of Overnutrition and Nutrition-related NCDs		
Prevent, treat and manage over-nutrition and nutrition related non-communicable diseases in adolescents	Prevention and management of overweight and obesity among adolescents	DNHA, MoH, MoEST, MoGCDSW
	Prevention, treatment and management of nutrition related NCDs among adolescents	DNHA, MoH, MoEST, MoGCDSW
Priority Area 3: Empowerment of Adolescents for improved Nutrition and Livelihood		
Empower adolescent girls and boys for improved nutrition and livelihood	Promote education and life skills for adolescent boys and girls	DNHA, MoH, MoAIWD, MoEST, MoGCDSW, Academia, NGOs
	Empowerment of adolescent headed-households	DNHA, MoH, MoAIWD, MoEST, MoGCDSW, Academia, NGOs
Priority Area 4: Enhanced Positive Behaviour Change for Improved Adolescent Nutrition		
Enhance positive behaviour change for improved adolescent nutrition	Promote positive behaviour change	DNHA, MoH, MoAIWD, MoEST, MoGCDSW, Academia, NGOs

Priority Area 5: Prevention, Treatment and Management of Communicable Diseases among Adolescents.		
Prevent, treat, and manage of communicable diseases among adolescents	Prevention and control of parasitic infections related to nutrition	DNHA, MoH, MoEST, MoGCDSW
	Prevention and management of HIV among adolescents	DNHA, MoH, MoEST, MoGCDSW
Priority Area 6: Creation of an Enabling Environment for Effective Implementation of Adolescent Nutrition Interventions		
Create an enabling environment for effective implementation of adolescent nutrition interventions	Institutional strengthening and capacity building	DNHA, MoH, MoAIWD, MoEST, MoGCDSW, Academia, NGOs
Priority Area 7: Establish Monitoring, Evaluation, Research and Surveillance System for Effective Adolescent Nutrition Programming		
Establish monitoring, evaluation, research and surveillance system for effective adolescent nutrition programming	Strengthen monitoring and evaluation system to include adolescent nutrition	DNHA, MoH, MoAIWD, MoEST, MoGCDSW, Academia, NGOs
	Enhance adolescent nutrition surveillance and research	DNHA, MoH, MoAIWD, MoEST, MoGCDSW, Academia, NGOs

Annexure 2: Monitoring and Evaluation Framework

Priority Area 1: Prevention, Treatment and Management of Undernutrition								
Performance Indicator	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Base line	Source of Verifi-cation	Assumptions/ Risks
Strategy 1: Promote optimal growth and development in adolescent boys and girls								
Percentage of adolescent girls having BMI less than 18.5 Kg/M^2	12%	11%	10%	9%	8%	13%	DHS	Relevant sectors implement planned adolescent nutrition related programme
Strategy 2: Prevent and control micronutrient deficiencies								
Proportion of adolescent girls consuming IFA tablets as per national recommended standards	30%	35%	40%	45%	50%	0%	DHIS2	IFA supplementation programme for adolescent girls in place
Percentage of adolescent girls having anaemia	34%	32%	31%	29%	28%	35%	DHS	Relevant sectors implement IFA supplementation programme
Percentage of adolescent boys having anaemia	19%	18%	17%	16%	15%	20%	MNS	Relevant sectors implement IFA supplementation programme
Strategy 3: Treatment and management of severe and moderate acute malnutrition								
Percentage of adolescents having severe acute malnutrition	<0.3%	<0.3%	<0.3%	<0.3%	<0.3%	0.30%	SMART Survey	Relevant sectors implement CMAM and NCST programme
Percentage of adolescents having moderate acute malnutrition	3.80%	3.70%	3.50%	3.40%	3.20%	4%	SMART Survey	Relevant sectors implement CMAM and NCST programme
Percentage of adolescents admitted and treated for acute malnutrition	18%	20%	22%	24%	26%	16%	DHIS2	Relevant sectors implement CMAM and NCST programme

Priority Area 2: Prevention, Treatment and Management of Overnutrition and Nutrition-related NCDs								
Strategy 1: Prevention and management of overweight and obesity among adolescents								
Percentage of adolescent who are overweight/ obese	6%	5.50%	5%	4.50%	4%	7%	DHS	Relevant sectors implement planned nutrition related programme
Prevention, treatment and management of nutrition related NCDs among adolescents								
Percentage of adolescents who are suffering from NCDs	2.80%	2.70%	2.50%	2.40%	2.20%	3%	MoH Reports	Relevant sectors implement planned nutrition related programme
Priority Area 3: Empowerment of Adolescents for improved Nutrition and Livelihood								
Strategy 1: Promote education and life skills for adolescent boys and girls								
Percentage of youth headed households benefitting from social cash transfers	15%	17%	20%	22%	25%	12%	Social Cash Transfers Reports	Relevant sectors implement planned activities
Percentage of adolescent girls who have completed secondary school	40%	42%	43%	45%	46%	39%	IHS	Relevant sectors continue to implement planned education related activities/ programmes
Strategy 2: Empowerment of adolescent headed-households								
Percentage of adolescents who participate in household decision making	40%	41%	43%	44%	46%	38%	DHS	Relevant sectors continue to implement planned education related activities/programmes
Priority Area 4: Enhanced Positive Behaviour Change for Improved Adolescent Nutrition								
Strategy 1: Promote positive behaviour change								
Percentage of adolescent girls consuming 4 or more food groups	27%	30%	32%	35%	37%	25%	NNIS	Relevant sectors implement planned activities
Priority Area 5: Prevention, Treatment and Management of Communicable Diseases among Adolescents.								
Strategy 1: Prevention and control of parasitic infections related to nutrition								
Percentage of adolescent receiving two doses of deworming in a year	42%	45%	47%	50%	52%	40%	DHIS2	Relevant sectors implement planned activities

Strategy 2: Prevention and management of HIV among adolescents								
Percentage of adolescent having HIV	1.80%	1.70%	1.50%	1.40%	1.20%	2%	DHS	Relevant sectors implement planned activities
Priority Area 6: Creation of an Enabling Environment for Effective Implementation of Adolescent Nutrition Interventions								
Strategy 1: Institutional strengthening and capacity building								
Number of sectors implementing adolescent nutrition interventions	4	4	4	4	4	3	DNHA Reports	Relevant sectors implement adolescent nutrition related activities/ programme
Percentage of field functionaries and service providers trained in adolescent nutrition	20%	25%	30%	35%	40%	15%	DNHA Reports	Relevant sectors implement adolescent nutrition related activities/ programme
Is the District Nutrition Coordination Committee (DNCC) functional in the district?	28	28	28	28	28	26	DNCC reports	District stakeholders' commitment and willingness
Number of Area Nutrition Coordination Committees (ANCC) functioning in the district	120	135	150	175	190	105	DNCC reports	District stakeholders' commitment and willingness
Percentage of Village Nutrition Coordination Committees (VNCC) functioning in the district	52%	54%	56%	58%	60%	50%	DNCC reports	District stakeholders' commitment and willingness

Priority Area 7: Establish Monitoring, Evaluation, Research and Surveillance System for Effective Adolescent Nutrition Programming								
Strategy 1: Strengthen monitoring and evaluation system to include adolescent nutrition								
Number of indicators included in web-based M&E on adolescent nutrition	4	6	8	10	10	2	NNIS	Relevant sectors implement adolescent nutrition related activities/ programme
Number of indicators included in DHS on adolescent nutrition	6	8	10	10	10	4	DHS	Relevant sectors implement adolescent nutrition related activities/ programme
Strategy 2: Enhance adolescent nutrition surveillance and research								
No. of monitoring visits conducted for Implementation of adolescent nutrition programmes at district level	1	1	1	1	1	0	DNCC reports	Relevant sectors implement adolescent nutrition related activities/ programme
Number of review meetings conducted on adolescent nutrition	1	1	1	1	1	0	DNCC reports	Relevant sectors implement adolescent nutrition related activities/ programme

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