



Government of Malawi

Department of Nutrition, HIV and AIDS



MULTI-SECTOR MATERNAL, INFANT AND YOUNG CHILD NUTRITION STRATEGY 2019-2023

CONTENTS

- FOREWORD ii**
- ACKNOWLEDGEMENTS..... iii**
- LIST OF ACRONYMS AND ABBREVIATIONS.....iv**
- 1 BACKGROUND 1**
 - 1.1 Introduction..... 1
 - 1.2 Situation Analysis of Maternal, Infant and Young Child Nutrition 2
- 2 STRATEGIC ANALYSIS..... 3**
 - 2.1 Strengths..... 4
 - 2.2 Weaknesses.....4
 - 2.3 Opportunities..... 5
 - 2.4 Threats 5
- 3 GOAL AND STRATEGIC OUTCOMES AND OBJECTIVES..... 6**
 - 3.1 Goal 6
 - 3.2 Strategic Outcomes6
 - 3.3 Strategic Objectives..... 6
- 4 STRATEGIC OBJECTIVES AND ACTIVITIES 7**
- 5 IMPLEMENTATION ARRANGEMENTS.....18**
- 6 IMPLEMENTATION PLAN 22**
- 7 MONITORING AND EVALUATION PLAN..... 23**
- Annex 1 Implementation Matrix..... 24**
- Annex II Monitoring and Evaluation Framework..... 27**

FOREWORD

The Government of Malawi has developed the Multi-Sector Maternal, Infant and Young Child Nutrition Strategy (MIYCN) to guide stakeholders on optimal feeding during the first 1,000 days of life, which is critical window of opportunity for child survival and development. The Strategy provides age-specific recommendations on feeding, care and practices for pregnant and lactating women and children under two years of age. Appropriate breastfeeding and complementary feeding practices not only play a significant role in improving the health and nutritional status of young children, they also confer significant long-term benefits during adolescence and adulthood.

The 2019-2023 Multi-sectoral Maternal, Infant and Young Child Nutrition Strategy (MIYCN) Strategy is a successor of the Infant and Young Child Nutrition Policy 2008-2013. The current Strategy guides the inclusion and realisation of maternal, infant and young child nutrition issues across key sectors as stipulated in the National Multi-Sector Nutrition Policy, and Strategic Plan 2018-2022. The MIYCN Strategy makes it explicit that improving nutrition during the first 1,000 days of life is a foundation to improving maternal and child survival, early child development, as well as school performance, economic productivity, and health later in life.

The MIYCN Strategy aims to address the existing and emerging local and global issues on maternal, infant and young child nutrition. The Strategy is linked with other existing strategies which include: Nutrition Education and Communication Strategy II; National Micronutrient Strategy; Multi-sector Adolescent Nutrition Strategy; Agriculture Sector Food and Nutrition Strategy; and Health Sector Strategic Plan II among others. The implementation of the Strategy will be coordinated by the Department of Nutrition, HIV and AIDS to ensure multi-sector and multi-stakeholder response for Maternal, Infant and Young Child Nutrition.

Successful implementation of the Strategy requires effective coordination and collective actions among the stakeholders. I therefore appeal to Government sectors, development partners, policy and decision makers at all levels, service providers, private sectors, media, communities to support the implementation of this Strategy for improved nutritional status of pregnant and lactating women and children.

Dr Dan Namarika

SECRETARY RESPONSIBLE FOR NUTRITION, HIV AND AIDS

ACKNOWLEDGEMENTS

I acknowledge various institutions including the academia, Catholic Relief Services, Development Partners, Government Departments and other stakeholders at national, district and community levels who took part in the review of the Strategy.

Special thanks go to the Policy Advisory Team for their technical expertise in the finalisation of this Strategy and the United Nations Children's Fund (UNICEF) and the World Bank for their financial support.

LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immuno-Deficiency Syndrome
ANC	Ante-Natal Care
BFHI	Baby Friendly Hospital Initiative
CHW	Community Health Workers
CMAM	Community Management of Acute Malnutrition
CSO	Civil Society Organisation
DNHA	Department of Nutrition & HIV/AIDS
DSHNA	Department of School Health, Nutrition & HIV/AIDS
EBF	Exclusive Breastfeeding
ECD	Early Childhood Development
FAO	Food & Agriculture Organisation
GDP	Gross Domestic Product
HDI	Human Development Index
HIV	Human Immuno-Deficiency Virus
HSWaP	Health Sector Wide Approach
IEC	Information, Communication and Education
IMCI	Integrated Management of Childhood Illnesses
IYCF	Infant and Young Child Feeding
IYCN	Infant and Young Child Nutrition
LBW	Low Birth Weight
MAD	Minimum Acceptable Diet
MDHS	Malawi Demographic Health Survey
M&E	Monitoring and Evaluation
MIYCF	Maternal and Infant and Young Child Feeding
MIYCN	Maternal, Infant and Young Child Nutrition
EPD	Economic Planning and Development
MGDS	Malawi Growth and Development Strategy
MNS	Malawi Micro-Nutrient Survey
MNP	Multiple Micro-Nutrient Powders
NAP	National Agriculture Policy
NCD	Non-Communicable Disease
NECS	Nutrition Education Communication Strategy

NGP	National Gender Policy
NMNP	National Multi-Sectoral Nutrition Policy
NSO	National Statistics Office
PLHIV	People Living with HIV
PNC	Post-Natal Care
SDGs	Sustainable Development Goals
SHN	School Health and Nutrition
SUN	Scaling up Nutrition
TWG	Technical Working Group
WASH	Water Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

1. BACKGROUND

1.1 INTRODUCTION

The National Multi-Sector Nutrition Policy and Strategy 2018-2022 upholds the Government's commitment to eliminate all forms of malnutrition. The Policy intends to provide a guiding framework for the successful implementation of the national nutrition response. The Policy highlights optimal maternal, infant and young child nutrition as a key under the following key priority areas; i) Prevention of undernutrition; ii) Gender equality, equity, protection, participation and empowerment for improved nutrition; v) Nutrition education, social mobilisation, and positive behaviour change; vi) Nutrition during emergency situations; vii) Creating an enabling environment for nutrition; and viii) Nutrition monitoring, evaluation, research and surveillance.

It is evident that optimal child development cannot happen if the nutrition of pregnant and lactating women, and infants and young children remain a challenge. Nutrition during the first 1,000 days of life has profound, irreversible, and life-long consequences. Mothers, who were undernourished in their childhood, are more likely to give birth to low birth babies hence perpetuating the inter-generational cycle of under-nutrition. To address these challenges, the strategy focuses on prenatal and early-life interventions to prevent growth failure and enhancing child development and survival.

The Maternal Infant and Young Child Nutrition (MIYCN) outlines the interventions and approaches to improve nutrition of pregnant and lactating women; early initiation of breastfeeding with exclusive breastfeeding for six months; promotion, protection and support of continued breastfeeding along with appropriate complementary feeding from six months up to two years or beyond; and micronutrient supplementation, targeted fortification and food supplementation, when needed.

1.2 SITUATION ANALYSIS OF MATERNAL, INFANT AND YOUNG CHILD NUTRITION

Infant and Young Child Nutrition

Malawi has made significant strides in the last decade in improving nutrition indicators among maternal, infants and young children, for instance, stunting from 47 percent to 37 percent, vitamin-A deficiency from 22 percent to 4 percent. Infant mortality rate reduced from 66 to 42 and under-five mortality rate from 112 to 63 per 1,000 live births in 2016. Despite registering significant strides, the current nutrition situation is still of public health concern, especially high levels of stunting, anaemia and other micronutrient deficiencies among children. The prevalence of low birth weight (LBW) has remained at 12 percent in the past decade; while early childhood stunting is as high as 23 percent in the first year of life and 39 percent among the young children aged 13-23 months; anaemia prevalence among 6-59 months old children is high at 28 percent (NMS 2015-16).

The main contributing factors to poor nutritional status among children are poor dietary intake and illnesses which result in poor optimal feeding and care practices. Among infants and young children less than 2 years both breastfeeding and complementary feeding practices are sub-optimal. Prevalence of early initiation of breastfeeding within the first hour of life was at 76 percent and only 61 percent of children under 6 months are exclusively breastfed. The percentage of children exclusively breastfed decreases with age from 81 percent among infants aged 0-1 month; to 69 percent of infants aged 2-3 months and further to 34 percent of infants aged 4-5 months. Inappropriate complementary feeding practices have been identified as one of the major contributing factors to child malnutrition. Only 8 percent of children aged 6-23 months meet their minimum acceptable diet according to MDHS 2015-16.

Maternal nutrition

Maternal nutrition remains an issue of public health importance and recent demographic health surveys show no significant improvements. Between 1992 and 2010, prevalence of women of reproductive age who are thin remains at 9 percent, only dropping to 7 percent by 2016 (MDHS 2015-16). Additionally, there was a reduction of prevalence of anaemia from 44 percent in 2004 to 29 percent in 2010, however the prevalence increased to 33 percent in 2016.

2. STRATEGIC ANALYSIS

Correspondingly, in 2016, prevalence of anaemia was at 21 percent. Zinc has become another micronutrient of public health concern, at a prevalence of 63 percent among women of reproductive age and hence requires attention. On the other hand, the prevalence of overweight among women of reproductive age is on the rise from 12 percent 2000 to 21 percent in 2016 (MDHS 2015-16).

Maternal morbidity

Mothers, infants and young children are exposed to high disease burden which is associated with negative impact on their nutritional status. According to the NMS 2015-16, over half of rural children aged 6 - 23 months (58 percent) and 13 percent of rural women of reproductive age were faced with a form of an inflammatory condition. Malaria was noted to contribute to high rates of morbidity and mortality with a prevalence of 25 percent among younger children aged 6 - 23 months and 19 percent among women of the reproductive age. The prevalence of diarrhoea in children aged 0-23 months was also noted to have risen from 26 percent (MDHS 2010) to as high as 30 percent with a steep rise after the age of 6 months (MDHS 2015-16). Malawi's HIV prevalence is one of the highest in the world, with 8.8 percent of the adult population (aged 15-49) living with HIV.¹ HIV prevalence is high among women of reproductive age group at 10.8 percent compared to 6.4 percent among adult men (MDHS 2015-16)

Education and malnutrition

Women's education is key for improving nutritional status of children and the general population. The MDHS 2015-16 shows that prevalence of stunting was very high (43 percent) among whose mothers had no education compared to 12 percent among those whose mothers had more than secondary education. Similarly, mothers who attained higher education (above secondary level) practice better health seeking behaviours and have improved child care and feeding practices compared to women who did not attain up to secondary level of education.

¹UNAIDS (2017) [Data Book](#).

Analysis of Strengths, Weaknesses, opportunities and threats SWOT (Strengths, Weakness, Opportunities and Threats) analysis was conducted to identify key issues that require attention as follows:

2.1 STRENGTHS

- There is a high political will and commitment by Government to advance nutrition agenda as demonstrated by including nutrition as one of the key priority areas in the national development agenda as stipulated in MGDS III.
- The existence of a central coordinating body, Department of Nutrition, HIV and AIDS within the Government structure, which provides oversight functions and coordination for national nutrition response.
- The existence of nutrition units in different ministries and local councils for instance, Agriculture, Gender, Education, Health among others, has enhanced the multi-sector response for nutrition.
- The existence of coordinating and implementation structures at district and community levels.
- The existence of coherent policies, strategies, guidelines, legislations and multi-sector monitoring and evaluation framework to guide the implementation of nutrition interventions.

2.2 WEAKNESSES

- There is limited capacity to implement and monitor maternal, infant and young child nutrition interventions at all levels.
- Weak enforcement of code of marketing of breastmilk substitutes including in emergency contexts.
- The coverage for Baby Friendly Health Initiative which promotes, protects and supports breastfeeding is still low.
- Weak integration of MIYCN in maternal and child health services in health facilities and at community level.

2.3 OPPORTUNITIES

- The existence of donors and development partners to support nutrition activities in the country.
- The existence of well-defined implementation structures at facility and community level to deliver MIYCN services.
- The existence of academic and research institutions to generate evidence on MIYCN to inform policy and programmes.

2.4 THREATS

- MIYCN is frequently affected by natural disasters such floods and droughts that lead to food and nutrition insecurity of women and children.
- MIYCN interventions and programmes are heavily dependent on donor support.
- Inadequate domestic financial resources towards MIYCN may affect the implementation of the Strategy.

3. GOAL AND STRATEGIC OUTCOMES AND OBJECTIVES

3.1 GOAL

To attain optimal nutrition for all women of reproductive age group and infants and young children in Malawi by 2023.

3.2 STRATEGIC OUTCOMES

1. Increased rate of children received breastmilk within 30 minutes of birth by 10 percent.
2. Increased rate of children exclusively breastfed in the first 6 months by 20 percent.
3. Increased rate of children 6-23 months meeting minimum acceptable diets by 20 percent.
4. Reduced rate of babies with low birth weight by 10 percent.
5. Increased rate of children 2-5 years who are developmentally on track by 20 percent.
6. Improved multi-sector MIYCN coordination and programming.

3.3 STRATEGIC OBJECTIVES

The Strategic objectives are intended to:

- 1) Promote optimal feeding and caring practices among women before, during and after pregnancy.
- 2) Promote optimal age appropriate infant and young child feeding and caring practices.
- 3) Increase access to and knowledge on early child nurturing, care and development among caregivers.
- 4) Improve optimal feeding and caring practices for mothers, infants and children with special medical conditions.
- 5) Promote women's empowerment and male involvement in MIYCN.
- 6) Promote optimal MIYCN during emergencies.
- 7) Improve hygiene and sanitation practices and other public health interventions.
- 8) Strengthen enabling environment for MIYCN.

4. STRATEGIC OBJECTIVES AND ACTIVITIES

Strategic Objective 1: To promote optimal feeding and caring practices of women before, during and after pregnancy

Adequate nutrition before, during and after pregnancy is critical for maternal and child survival and development. Well-balanced diet before pregnancy is an important determinant of early foetal development. Inadequate maternal nutrition at conception may result in anaemia in the mother and adverse birth outcomes such as impaired foetal growth, congenital birth defects including spina bifida and congenital iodine deficiency syndrome.

During pregnancy adequate nutrition is important as the body of the mother goes through numerous physical and hormonal changes. Nutritional status of the women during pregnancy affects both the mother's health and the foetal health. Therefore, it is critical for the pregnant woman to consume foods that are rich in nutrients to promote baby's growth and development.

Likewise, nutritional demands during lactation are high and can have a negative impact on both the lactating mother as well as the infant if they are not met. During the first six months after delivery, the baby should be exclusively breastfed. Therefore, eating well balanced diet during lactation is important because what the mother eats determines the energy, protein, and vitamin content of the breastmilk.

Strategy 1.1: Promote optimal feeding and care among women before and during pregnancy

Activities

- Train service providers on optimal feeding and care before and during pregnancy;
- Review, print and disseminate IEC materials on optimal feeding and care before and during pregnancy;
- Conduct community sensitization including influential leaders on optimal feeding and care before and during pregnancy
- Conduct counselling sessions for women and their partners on optimal feeding and care before and during pregnancy;

- Conduct counselling sessions for influential family members (grandmothers, aunts and in-laws) to support women on optimal feeding and care before and during pregnancy
- Conduct counselling sessions with pregnant adolescents on optimal feeding and care
- Provide nutrition counselling to mothers with special needs to support optimal nutrition and care before and during pregnancy.
- Sensitise mothers on the importance of consumption of iron-rich and vitamin A rich foods including fortified and biofortified foods

Strategy 1.2: Promote optimal feeding and care among lactating women

Activities

- Train service providers on optimal feeding and care for lactating women
- Review, print and disseminate IEC materials on optimal feeding and care during lactation
- Conduct community sensitization targeting traditional and other influential leaders on optimal feeding and care during lactation
- Conduct counselling sessions for lactating women and their partners on optimal feeding and care during lactation including in the context of HIV and AIDS;
- Conduct counselling sessions for influential family members (grandmothers, aunts and in-laws) to support women on optimal feeding and care during lactation
- Conduct counselling sessions with lactating adolescents on optimal feeding and care
- Provide nutrition counselling to mothers with special needs to support optimal nutrition care during lactation
- Sensitise mothers on the importance of consumption of iron-rich and vitamin A rich foods including fortified and biofortified foods

Strategic Objective 2: To promote optimal age-appropriate infant and young child feeding and caring practices

Optimal breastfeeding (early initiation within the first 30 minutes, exclusive breastfeeding for the first six months, continued breastfeeding up to 2 years) is key for child survival, growth and development.

MIYCN interventions will focus on promoting optimal infant and young child feeding practices, maternal nutrition and health, prevention and control of micronutrient deficiencies, promotion of production and utilisation of diversified nutritious foods. Therefore, nutrition counselling during pregnancy and lactation are crucial to promote optimal feeding care practices. Community mobilisation, sensitisation and male involvement are key for sustainable optimal feeding and caring practices.

Strategy 2.1: Promote early initiation of breastfeeding in the first 30 minutes of birth

Activities

- Train/orient service providers on importance of early initiation of breastfeeding within the first 30 minutes of birth
- Conduct counselling sessions for pregnant women on early initiation of breastfeeding using different service delivery platforms such as antenatal clinic, health centre and caregroup
- Train service providers to support all mothers on Kangaroo Mother Care
- Conduct community mobilisation and sensitisation targeting influential leaders to ensure their communities deliver at health facilities and practice early initiation of EBF.

Strategy 2.2: Promote and support exclusive breastfeeding for the first six months

Activities

- Train /orient health service providers on exclusive breastfeeding up to six months.
- Train/orient frontline workers and promoters on exclusive breast feeding
- Conduct counselling sessions for all mothers, caregivers and men on exclusive breastfeeding in the first six months including in the context of HIV.
- Counsel and support all lactating mothers on breastfeeding techniques
- Counsel mothers and caretakers to adopt recommended hygiene and sanitation practices.
- Conduct counselling sessions for all lactating mothers on continued breast feeding and caring during child illness.
- Conduct community mobilisation and sensitisation targeting influential community leaders and family members (grandmothers, aunts, men) to promote optimal EBF.

- Conduct follow up visits to households with 0-6 months infants for sustained EBF.
- Train health care workers on BFHI.
- Scale up BFHI in all facilities and communities.

Strategy 2.3: Promote optimal age appropriate complementary feeding and continued breastfeeding for infants and young children aged 6 - 23 months

Activities

- Revise, print and disseminate age appropriate complementary feeding recipe books.
- Scale up use of micronutrient powders (MNPs) for improved quality of complementary feeding practices.
- Conduct cooking demonstration on age -appropriate optimal complementary feeding using locally available foods.
- Conduct counselling sessions for all mothers using existing service delivery platforms such as growth monitoring and promotion, postnatal and ante-natal clinics and community platforms.
- Train service providers and promoters, on optimal complementary feeding practices and counselling skills.
- Conduct follow-up home visits to households with children aged 6-23 months.
- Conduct nutrition open days/fair on optimal complementary feeding.

Strategic Objective 3: To increase knowledge and capacity of caregivers on early child nurturing, care and development.

The first 1,000 days of life is a period of rapid growth and brain development and the quality of home care is a major determinant of the child's development during the period. Early stimulation, appropriate care and adequate nutrition helps the child to stay physically healthy, mentally alert, emotionally secure, socially competent and ready to learn. At 24 months of age, children grow at a slower rate, their appetite fluctuates and they eat a little, but the brain and all organs continue to develop. Therefore, adequate nutrition plays an essential role in helping them to grow and stay healthy. Caregivers need to understand the importance of early stimulation and be supported to undertake care practices that promote child development.

Strategy 3.1: Promote good parenting among caregivers

Activities:

- Conduct working sessions to integrate early stimulation and parenting in nutrition.
- Revise and disseminate nutrition training package to include early stimulation and parenting.
- Develop early stimulation module for caregroup based on revised package.
- Train services providers on the integrated nutrition and early stimulation package.
- Scale up integrated nutrition and early stimulation interventions.
- Conduct home visits to support integrated nutrition and early stimulation interventions.
- Conduct community mobilisation and sensitization on the importance of nutrition-sensitive early stimulation interventions.

Strategic objective 4: To promote optimal feeding and care for mothers, infants and young children with special medical conditions

Children and mothers with special medical conditions that compromise feeding and care practices need special strategies to support their feeding. Such condition may include but not limited to disabilities such as difficult swallowing for example in cerebral palsy or cleft palate, difficult care like in spina bifida. Similar difficulties may also arise in illnesses that require surgery and any other severe medical condition. In such cases, the likelihood of not being adequately nourished during pregnancy, as well as of breastfeeding increases, as well as risk of breastfeeding substitute and appropriate complementary feeding. Whenever possible, mothers and babies should remain together and be provided the support they need to exercise the most appropriate feeding option under the circumstances.

Strategy 4.1: Support and promote optimal feeding for mothers, infants and children with special medical conditions

Activities

- Develop, produce and disseminate key messages on optimal feeding for mothers, infants and young children with special medical conditions.
- Conduct community sensitization sessions for optimal feeding for mothers, infants and young children with special medical conditions.

- All mothers and children with medical conditions which affect feeding must be referred for medical attention.
- Develop guidelines for optimal feeding for mothers, infants and young children with special medical conditions.
- Train service providers on feeding mothers, infants and young children with different medical conditions that affect optimal feeding.
- Train frontline workers on nutrition management for mothers, infants and young children with special conditions.
- Conduct community screening and refer mothers, infants and young children with special medical conditions for appropriate support.
- Develop guidelines for establishment and management of breastmilk banks.
- Establish breastmilk banks to support infants and young children who cannot access own mother breastmilk.
- Conduct community sensitization on breastmilk banks.
- Advocate for provision of infant formula milk to infant and young.
- Children with special medical conditions as prescribed by Clinicians.
- Counsel caregivers including their partners whose infants and young children cannot breastfed or eat due to special medical condition on alternative optimal feeding options.
- Conduct nutrition care, support counselling to caregivers with infant and young children in preparation for surgical interventions.

Strategic objective 5: To promote male involvement and address gender and socio-cultural issues that affect optimal MIYCN practices

Male involvement and participation is key for improving nutrition outcomes among children and mothers. Advancing gender equality and equity is critical in achieving optimal MIYCN. Gender equality and equity are achieved when women and men enjoy the same rights and opportunities in economic empowerment, participation in socio-economic activities and decision making including at household level. It is necessary to promote male involvement at household and community levels in order to achieve optimal MIYCN. There is therefore a need to break socio - cultural barriers to attainment of optimal MIYCN.

Strategy 5.1: Promote SBCC interventions to address gender and socio-cultural issues that affect MIYCN

Activities

- Conduct awareness campaigns on optimal nutrition for maternal, infant, and young child including food taboos.
- Design, produce and disseminate education messages on MIYCN targeting women, men, boys and girls.
- Conduct community sensitization on the negative impacts of gender-based violence and socio-cultural issues on MIYCN outcomes.
- Conduct community sensitisation with influential community leaders including parliamentarian and counsellors on importance of MIYCN.

Strategy 5.2: Promote male involvement in maternal infant and young child nutrition

Activities

- Revise, produce and disseminate IEC materials on importance of male involvement in maternal, infant and young child nutrition.
- Identify male nutrition champions on maternal, infant and young child nutrition at levels.
- Conduct sensitisation on male involvement in maternal and child nutrition.
- Mobilise traditional leaders to encourage and support pregnant women and their husbands/partners to attend antenatal care during the first trimester.
- Advocate for pregnant women who bring their husbands/partners to be prioritized at the antenatal clinic.

Strategic Objective 6: To promote maternal, infant and young child nutrition in emergencies

Malawi is prone to disasters, predominantly droughts, floods and tremors, which are further exacerbated by climate change. The affected population are sometimes displaced from their homes, lose their livelihoods, and have little access to resources or services and become vulnerable to infectious diseases and malnutrition. Challenges resulting in nutrition emergencies greatly affect women and young children and their families.

In these contexts, the risks of illnesses, acute malnutrition and mortality among young children are augmented; protection and support of recommended feeding practices is a critical safeguard but often falls short in practice. During emergencies, infant and young child feeding (IYCF) interventions are comprised and put lives of mothers, infants and young children at risk of under-nutrition.

Strategy 6.1: Strengthen service provider skills on MIYCN in emergencies

Activities

- Revise, produce and disseminate guidelines, IEC and key messages on MIYCN during emergencies including on use of breastmilk substitutes in emergency.
- Develop counselling module on MIYCF-e for use in care groups.
- Train service providers and emergency-workers on Code for Marketing of Breastmilk substitute for emergency.
- Train front line workers on MIYCN during emergencies.
- Train service providers and district officers involved in disaster management on MIYCN during emergencies.

Strategy 6.2. Support community structures in management of MIYCN during emergencies

Activities

- Conduct community mobilization on MIYCN during emergencies;
- Conduct training of caregroup volunteers in IYCF-e.
- Conduct community screening to identify vulnerable infants and children and their households during emergencies for targeted nutrition support and social protection.
- Conduct community screening to identify vulnerable pregnant and lactating women during emergencies for targeted nutrition support and social protection.
- Conduct counselling and support to pregnant and lactating women and their partners to promote on optimal feeding during emergencies.
- Conduct counselling sessions to support mothers and their partners that have interrupted breastfeeding due to emergency for re-lactation.

Strategic objective 7: To Improve hygiene and sanitation practices and other public health interventions

Strategy 7.1: Promote improved WASH and public health interventions

Activities

- Review, produce and disseminate IEC materials on WASH, in line with MIYCN; Sensitise households and communities on improved WASH practices in line with IYCF, for integrated delivery of core messages on MIYCN.
- Conduct awareness campaigns using various communication channels on IYCF, for integration with MIYCN core mass campaigns.
- Conduct counselling sessions on hygiene and sanitation.
- Sensitise mothers on importance of iron folic acid supplementation before and during pregnancy.
- Sensitise mothers, spouses and caregivers on the importance of deworming in children and pregnant women.
- Sensitise mothers on the importance of post-partum vitamin A supplementation.
- Conduct community sensitisations on the prevention and community case management of common childhood illnesses such as malaria, diarrhoea, acute respiratory infections and eye infections.

Strategic Objective 8: To strengthen enabling environment for optimal maternal, infant and young child nutrition at national, district and community levels

An enabling environment is key for effective implementation of MIYCN. Creating enabling environment involves ensuring that there is effective coordination, advocacy, regulations, governance, accountability, capacity building, monitoring and resource mobilisation. Through the DNHA, several governance structures have been established at the national, district, and community levels to coordinate the multi-sector nutrition response. This strategic plan aligned with national instruments and aims at strengthening the enabling environment for effective implementation of MIYCN programme at all levels. To achieve this, the following strategies will be operationalised.

Strategy 8.1: Strengthen and institutionalize the implementation of the baby friendly hospital initiative (BFHI)

Activities

- Conduct advocacy to institutionalise of BFHI in health services.
- Develop operational plan for scale up of BFHI in all facilities.
- Train health service providers and support staff on BFHI.
- Conduct community sensitization on BFHI services.
- Conduct assessment and certify health facilities as BF hospital/health facility.
- Revise, produce and disseminate BFHI guidelines.
- Orient stakeholders on the implementation and monitoring of the code of marketing of breastmilk substitutes.
- Orient the media and civil society on the code of marketing of breastmilk substitutes.

Strategy 8.2: Enforce legal instruments to guide implementation of maternal, infant and young child nutrition services

Activities:

- Facilitate enforcement of the Code for Marketing of Breastmilk Substitutes.
- Monitor adherence of Code for Marketing of Breastmilk Substitute including during emergencies.
- Advocate for review of the maternity protection law to increase maternity leave.
- Engage SUN Business Network to support adherence to code of marketing breastmilk substitutes.
- Conduct civic education sessions at all levels including industries on the code of marketing of breastmilk substitutes.

Strategy 8.3: Strengthen multi-sector coordination for MIYCN at all levels

Activities

- Conduct quarterly MIYCN technical working group meetings.
- Facilitate inclusion of MIYCN as a priority for DNCCs, ANCCs and VNCCs.
- Identify high-level national and sub-national champions for MIYCN.
- Conduct learning forums to share lessons and best practices and lessons learned in MIYCN.

- Conduct periodic coordination meetings with other relevant sectors and departments implementing MIYCN.

Strategy 8.4: Increase capacity for maternal, infant and young child nutrition programming

Activities

- Conduct advocacy meetings for increased resources for BFHI.
- Train service providers in MIYCN activities.
- Train members of community structures such as Area Nutrition Coordinating Committee, Village Nutrition Coordination Committees, care groups in MIYCN.
- Train frontline workers in MIYCN activities.
- Identify community champions to sensitise communities on importance of maternal, infant and young child nutrition.

Strategy 8.5: Strengthen monitoring and evaluation systems, research and surveillance, for evidence-based MIYCN programming

Activities

- Integrate MIYCN indicators into routine national nutrition information systems.
- Revise sectoral specific monitoring and reporting tools for MIYCN aligned to the National Multi-sector monitoring and evaluation framework.
- Conduct supportive supervisory visits on implementation of MIYCN at all levels.
- Procure equipment for collecting MIYCN routine data.
- Revise and standardize caregroup reporting tools.
- Orient stakeholders on caregroup reporting tools.
- Conduct annual review meetings on MIYCN.
- Conduct epidemiological and operational research on MIYCN.
- Develop and maintain database for all persons trained on MIYCN.

5. IMPLEMENTATION ARRANGEMENTS

Implementation of the Maternal, Infant and Young Child Strategy 2018-2022 will be multi-sector in nature and in accordance with the National Multi-Sector Nutrition Policy and Strategy 2018-2022. The Figure 1 below presents a summary of the multi-sector institutional arrangements.

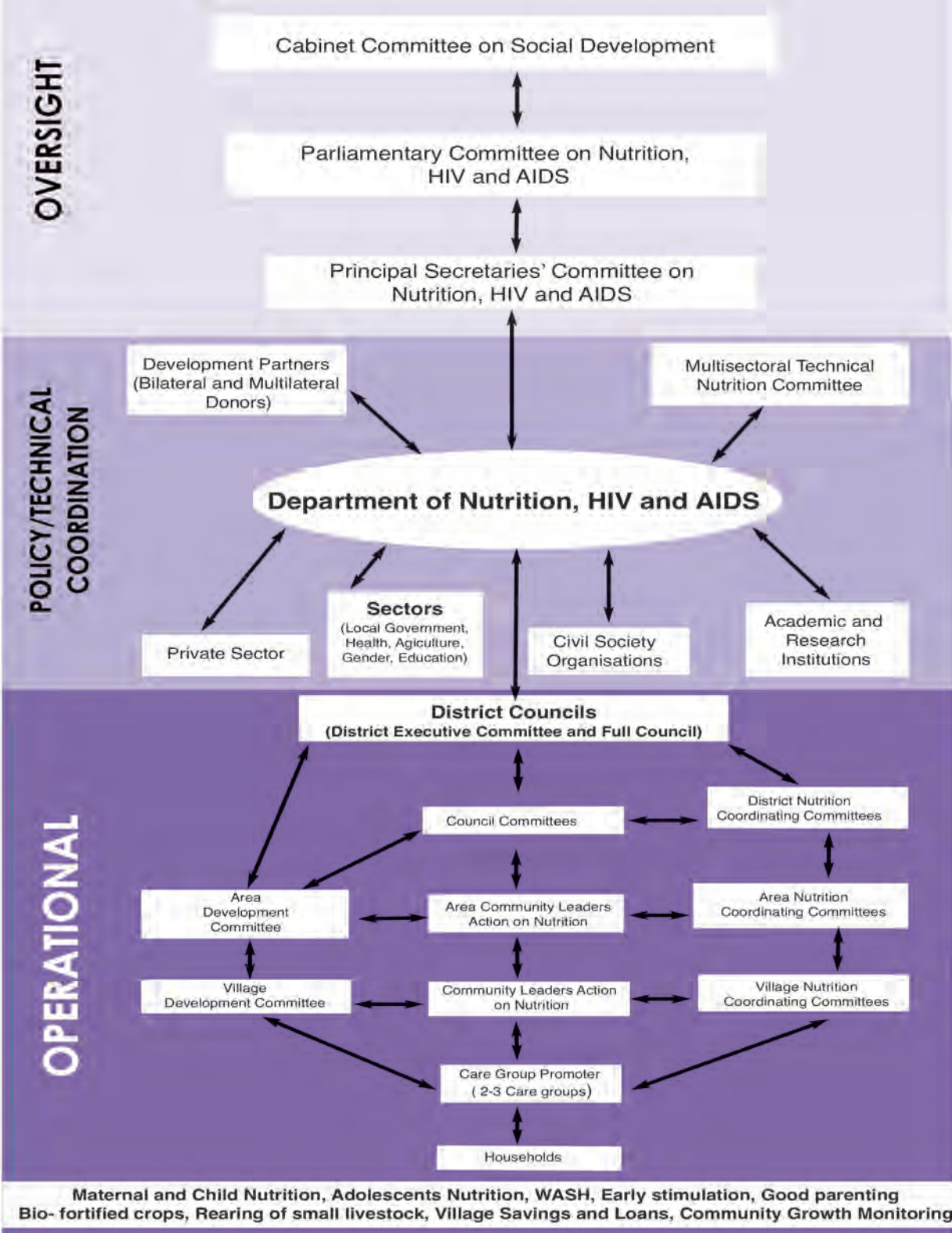


Figure 1 Institutional Arrangements

The Government recognises the importance of stakeholders and 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, which are as follows:

The 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 national nutrition response. The department will also be responsible for: (1) high level advocacy; (2) spearheading the mainstreaming and integration of MIYCN in the sectorial policies, programs, and outreach services; (3) ensuring the implementation of the Strategy by sectors and other stakeholders on the basis of the defined mandates; (4) tracking sector performance and ensuring accountability; and (5) resource mobilisation and tracking (6) research, surveillance, monitoring and evaluation

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

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

Ministry responsible for Health

The Ministry will be responsible for provision of leadership and technical direction in programming and delivery of the quality and cost-effective clinical and biomedical nutrition services in partnerships with stakeholders. The Ministry will also be responsible for scaling up baby friendly hospital initiative (BFHI) and ensuring integration of MIYCN in MCH services.

Ministry responsible for Gender, Children, Disability and Social Welfare

The Ministry will be responsible for integration and mainstreaming of MIYCN interventions in their women and child programming. The Ministry will also promote women's empowerment and male involvement in MIYCN programming.,

Ministry responsible for Local Government and Rural Development (MoLGRD)

The Ministry through District Councils will be responsible for prioritization and implementation of MIYCN interventions at the council and community levels. It will ensure the replication of the multi-sectoral approach to nutrition at the district and city council levels.

Ministry responsible for Information and Civic Education

The Ministry will be responsible for community mobilization, public awareness and dissemination of MIYCN information.

Ministry responsible for Industry and Trade

The Ministry will be responsible for enforcement of the Code of Marketing of Breastmilk Substitutes monitoring adherence of code by industry and markets.

Ministry responsible for Justice and Constitutional Affairs

The Ministry will be responsible for drafting legislations that support optimal breastfeeding and complementary feeding, maternity protection, improved nutrition - including MIYCN, and the wellbeing of Malawians.

Academic and Research Institutions

Academic and research institutions will be responsible for conducting rigorous nutrition research and disseminating findings on MIYCN to inform policy and programming. The academic institutions will also play an important role in ensuring that pre-service education addresses up-to-date MIYCN policies, strategies, plans, programme 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 MIYCN strategy. The development partners will continue to undertake high-level advocacy for MIYCN among policy and decision makers; provide financial and technical support including policy analysis and implementation.

Private Sector Agencies

Private sector agencies will continue to ensure that the standards are upheld in ethical marketing of breastmilk substitutes and in the production and marketing of high nutritive-value foods; ensure that the provisions of the Nutrition and the Right to Food and Food Safety Acts are adhered in-line to the code of marketing of breastmilk substitutes; meet their social corporate obligation in ensuring maternity protection legislation is adhered to.

Civil Society Organisations

Civil Society Organizations will collaborate with the government to advocate for and implement MIYCN interventions, ensuring mutual accountability. CSOs will play a crucial role to ensuring that the concerns of various stakeholders in MIYCN are heard.

Multi-Sector Technical Nutrition Committee

The Committee will be will provide technical direction through IYCN Technical Working Group (TWG) in the implementation of the Strategy

District Nutrition Coordination Committees

District Committees will be responsible for providing technical guidance to stakeholders, coordinating, implementing, monitoring, and evaluation of MIYCN interventions at the district and community levels.

6. IMPLEMENTATION PLAN

This Strategic Plan will guide implementation of nutrition interventions and programmes by the defined line-ministries and sectors, under the coordination of DNHA guided by the strategic focus and interventions contained in Annex I.

7. MONITORING AND EVALUATION PLAN

The monitoring and evaluation will be guided by the National Monitoring and Evaluation Framework as presented in Annex II

ANNEX 1 IMPLEMENTATION MATRIX

Objective	Strategy	Responsibility
To promote optimal age appropriate infant and young child feeding and caring practices	Promote early initiation of breastfeeding in the first 30 minutes of birth	DNHA, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
	Promote exclusive Breastfeeding for six months	DNHA, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
	Promote optimal age appropriate complementary feeding and continued breastfeeding for infants and young children aged 6 - 24 months	DNHA, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
	Promote Integrated Homestead Farming (IHF)	DNHA, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
	Promote environmentally friendly, labour-saving technologies for improved food security and nutrition	DNHA, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Objective	Strategy	Responsibility
To promote optimal feeding and caring practices of women before, during and after pregnancy	Promote optimal feeding and care among women before and during pregnancy	DNHA, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
	Promote optimal feeding and care among lactating women	DNHA, MoAIWD, MoH, MoEST, MoGCDSW, NGOs

Objective	Strategy	Responsibility
To Increase access and knowledge on early child nurturing, care and development among caregivers	Increase access and knowledge on good parenting	DNHA, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Objective	Strategy	Responsibility
To promote optimal feeding and care for mothers, infants and young children with special medical conditions	Support and promote optimal feeding for mothers, infants and children with special medical conditions	DNHA, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Objective	Strategy	Responsibility
To promote male involvement and address gender and socio - cultural issues in MIYCN - for optimal MIYCN practices	Promote SBCC interventions to address gender and socio-cultural issues that affect MIYCN	DNHA, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
	Promote male involvement in maternal infant and young child nutrition	DNHA, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
To promote maternal, infant and young child nutrition in emergencies	Strengthen service provider skills on MIYCN in emergencies	DNHA, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
	Support community structures in management of MIYCN during emergencies	DNHA, MoAIWD, MoH, MoEST, MoGCDSW, NGOs

Objective	Strategy	Responsibility
To promote improved WASH and public health interventions for better maternal infant and young child nutrition	Promote improved WASH and public health interventions	DNHA, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
To strengthen enabling environment for optimal maternal, infant and young child nutrition at national, district and community levels	Strengthen and institutionalize the implementation of the baby friendly hospital initiative (BFHI)	DNHA, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
	Enforce legal instruments to guide implementation of maternal, infant and young child nutrition services	DNHA, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
	Strengthen multi-sector coordination for MIYCN at all levels	DNHA, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
	Advocate for increased capacity for maternal, infant and young child nutrition programming	DNHA, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Strengthen monitoring and evaluation systems, research and surveillance, for evidence based MIYCN programming	DNHA, MoAIWD, MoH, MoEST, MoGCDSW, NGOs	

ANNEX II MONITORING AND EVALUATION FRAMEWORK

Maternal, Infant and Young Child Nutrition Monitoring and Evaluation Framework								
Objective: To promote optimal age appropriate infant and young child feeding and caring practice								
S.No	Performance Indicator	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Baseline	Source of Verification
1	Percentage of newborns breastfed within 30 minutes of birth	78%	80%	82%	84%	86%	76%	HMIS
2	Percentage of children 0-5 months of age who are exclusively breastfed	63%	65%	67%	69%	71%	61%	DHS
3	Percentage of children age 20-23 months who received breastmilk during the previous day	77%	79%	81%	83%	85%	75%	DHS / MICS
4	Percentage of Children 6-23 months received minimum acceptable diet	18%	22%	27%	32%	37%	8%	DHS/ MICS
5	Percentage of children 6-23 months of age who consumed iron-rich foods during the previous day	49%	51%	53%	55%	57%	45%	DHS

Objective: To promote optimal age appropriate infant and young child feeding and caring practice

S.No	Performance Indicator	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Baseline	Source of Verification
6	Percentage of children 6-23 months of age who consumed Vitamin-A rich foods during the previous day	70%	71%	72%	73%	74%	69%	DHS
7	Percentage of children age 6-23 months reached with micronutrient powders supplementation	48%	50%	53%	55%	57%	45%	NNIS
8	Percentage of children age 6-23 months who received foods from 4 or more food groups during the previous day	35%	40%	45%	50%	55%	25%	DHS/ MICS
9	Percentage of children age 6-23 months who received minimum meal frequency	39%	44%	49%	54%	59%	29%	DHS/ MICS

Objective: To promote optimal feeding and caring practices among women before, during and after pregnancy

S.No	Performance Indicator	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Baseline	Source of Verification
10	Percentage women of reproductive age 15-49 years consuming 4 or more food groups (MDD-W)	31%	33%	35%	37%	40%	27%	MICS

Objective: To promote optimal feeding and caring practices among women before, during and after pregnancy								
S.No	Performance Indicator	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Baseline	Source of Verification
11	Percentage of pregnant women received antenatal care (ANC) in first trimester	17%	22%	27%	32%	37%	12%	DHS/ HMIS
12	Percentage of pregnant women received 120+ iron folate (FeFo) tablets	28%	33%	38%	43%	48%	23%	HMIS
13	Percentage of pregnant women consuming bio-fortified foods	10%	15%	20%	25%	30%	5%	LQAS
14	Proportion of mothers of children 0-23 months received counselling on optimal breastfeeding	78%	80%	82%	85%	85%	76%	NNIS
15	Proportion of mothers of children 6-23 months received counselling on optimal complementary feeding	78%	80%	82%	85%	85%	76%	NNIS
16	Proportion of mothers of children under age two benefitting from monthly care group services	76%	78%	80%	82%	85%	74%	NNIS

Objective: To increase access and knowledge on early child nurturing, care and development among caregivers								
S.No	Performance Indicator	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Baseline	Source of Verification
17	Percentage of children 36-59 months receiving early stimulation and responsive care from their parents/ care givers	31%	34%	36%	39%	41%	29%	MICS
18	Percentage of children 36-59 months who are developmentally on track	62%	65%	67%	70%	72%	60%	MICS
Objective: To promote optimal feeding and care for mothers, infants and young children with special medical conditions								
S.No	Performance Indicator	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Baseline	Source of Verification
19	Proportion of children born to HIV positive women who are feeding in line with national guidelines on HIV and infant feeding	10%	15%	20%	25%	30%	5%	DNHA reports

Objective: To promote male involvement and address gender and socio - cultural issues in MIYCN - for optimal MIYCN practices

S.No	Performance Indicator	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Baseline	Source of Verification
20	Percent of male caregroup volunteers providing MIYCN services	12%	15%	20%	25%	30%	9%	NNIS
21	Percent of women age 15-49 years participate in household decision making for their own healthcare	70%	72%	74%	75%	75%	68%	DHS
22	Percent of women age 15-49 years participate in household decision making for major household purchases	57%	59%	61%	63%	65%	55%	DHS

Objective: To promote maternal, infant and young child nutrition in emergencies

S.No	Performance Indicator	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Baseline	Source of Verification
23	Proportion of non-breastfed infants under 6 months of age who have access to BMS supplies and support	35%	40%	45%	50%	55%	30%	DNHA reports
24	Number of code violations recorded	1	2	3	5	5	0	DNHA reports
25	Number of code violations followed up	1	2	3	5	5	0	DNHA reports

Objective: To promote improved WASH and public health interventions for better maternal infant and young child nutrition

S.No	Performance Indicator	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Baseline	Source of Verification
26	Percentage of population using improved sources of drinking water	91%	92%	94%	95%	97%	87%	DHS/ MICS
27	Percentage of population using improved sanitation facilities	57%	58%	59%	60%	62%	52%	DHS/ MICS
28	Percentage of children under five with diarrhoea	21%	20%	19%	18%	17%	22%	DHS/ MICS

Objective: To strengthen enabling environment for optimal maternal, infant and young child nutrition at national, district and community levels

S.No	Performance Indicator	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Baseline	Source of Verification
29	Number of advocacy meetings conducted to support maternity protection laws and regulations at national level	2	2	2	2	2	1	DNHA reports
30	Percent of HSAs trained on MIYCN	63%	65%	69%	72%	75%	60%	MoH reports
31	Percent of care group volunteers trained on MIYCN	15%	20%	25%	30%	35%	10%	MoH reports
32	Percent of clinical staff trained on MIYCN	50%	55%	60%	65%	70%	45%	MoH reports
33	Number of technical working group meetings conducted on MIYCN	4	4	4	4	4	4	DNHA reports

Objective: To strengthen enabling environment for optimal maternal, infant and young child nutrition at national, district and community levels

S.No	Performance Indicator	Target 2019	Target 2020	Target 2021	Target 2022	Target 2023	Baseline	Source of Verification
34	Percentage of district/ community hospitals certified as baby-friendly	17%	22%	26%	30%	35%	14%	MoH reports
35	Percent of births in baby friendly facilities	10%	15%	20%	25%	30%	6%	MoH reports
36	No. of monitoring visits conducted for Implementation of national Code of Marketing of Breast-milk Substitutes	2	2	2	2	2	0	DNHA reports
37	Number of districts produced reports on MIYCN	10	15	20	25	28	5	NNIS

Department of Nutrition, HIV and AIDS
Ministry of Health,
Private Bag B401
LILONGWE 3
Malawi
Email: secretary@dnha.gov.mw
Website: www.dnha.gov.mw