Government of Malawi

Ministry of Health

Multi-Sector Nutrition Education and Communication Strategy (NECS) II 2021-2025

CONTENTS

FOREWORD

The Government of Malawi recognises that adequate nutrition is a prerequisite for human growth and development, as it plays an important role in one's physical and intellectual development, and work productivity later in life. Additionally, nutrition is also fundamental for socio-economic growth and development of this country. In view of this the Government placed nutrition high on its national development agenda.

Realising that behavioural change is key for improving nutrition knowledge and awareness to the public and promoting desirable behaviours and practices, the Government reviewed the Nutrition Education and Communication Strategy. This strategy provides combination of education strategies that enhance multi-sectoral response by mobilising and building strong movement and commitment.

The major challenges the country is facing in nutrition education, social mobilisation, and positive behaviour change are cultural beliefs, practices, and taboos that prevent access and utilisation to nutritious foods. Behaviour change is often difficult and requires more than just providing correct information about prevention of undernutrition or overnutrition. Therefore, a well-designed social and positive behaviour change interventions are critical for improvement in nutrition practices.

The Government of Malawi remains committed to fight stunting and all other forms of malnutrition. The Government is therefore appealing to the d evelopment partners, NGOs, policy and decision makers, service providers, private sector, media, faith community, local leaders, communities, households, families and caregivers to support the implementation of this strategy in order to achieve visible and more significant change in nutrition related behaviours. To ensure multi-sectoral engagement, implementation of this strategy will be coordinated by the Department of Nutrition, HIV and AIDS in the Ministry of Health which is mandated to provide oversight and policy guidance in implementation of programmes and nutrition legislations.

Let us unite to give Malawian children, on whom the country's future depends, a golden start in life.

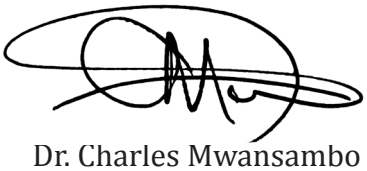
Honourable Khumbize Kandodo Chiponda, MP.
MINISTER OF HEALTH

PREFACE

The Government of Malawi has developed the Nutrition Education Communication Strategy (NECS) II to guide stakeholders on effective social behaviour change communication approaches in the delivery of high impact nutrition practices at the facility, community and household levels. The Strategy provides standardised nutrition key messages by adopting a life-cycle approach: adolescence, pregnancy, birth, 0-5 months, 6-23 Months and 24-59 Months to break the intergenerational cycle of undernutrition. It is designed to effectively reach and educate all targeted groups on optimal nutrition practices for better nutrition outcomes.

The process of developing the NECS II was highly consultative which was intentionally done to broaden ownership, participation and commitment towards Nutrition among stakeholders. The Strategy is built on the principle that adequate nutrition and healthcare human rights issues that should be upheld and promoted in line with the requirements of the human rights approach to programming. The Strategy will implement the nutrition activities outlined in the National Multi-Sector Nutrition Policy (2018-22) Priority Area 5 which is Nutrition Education, Social Mobilisation and Positive Behaviour Change. 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 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 sector, media, an communities to support the implementation of this Strategy for improved nutrition status of the population.



Dr. Charles Mwansambo
SECRETARY FOR HEALTH

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ABBREVIATIONS AND ACRONYMS

ADC	Area Development Committee
AEC	Area Executive Committee
ANCC	Area Nutrition Coordination Committees
BFHI	Baby Friendly Hospital Initiative
CHD	Child Health Day
CBO	Community Based Organisations
CSO	Civil Society Organisations
DAES	District Agriculture Extension Services
DC	District Commissioner
DMECC	District Monitoring and Evaluation Coordination Committees
DNCC	District Nutrition Coordination Committees
DNHA	Department of Nutrition, HIV, and AIDS
DHS	Demographic and Health Survey
HSA	Health Surveillance Assistant
IYCF	Infant and Young Child Feeding
MGDS	Malawi Growth and Development Strategy
MICS	Multi Indicator Cluster Survey
MoAIWD	Ministry of Agriculture, Irrigation and Water Development
MoEST	Ministry of Education Science and Technology
MoFEPD	Ministry of Finance Economic Planning and Development
MoH	Ministry of Health
MoIT	Ministry of Industry and Trade
MoJCA	Ministry of Justice and Constitutional Affairs
MoLGRD	Ministry of Local Government and Rural Development
ORS	Oral Rehydration Salts
SUN	Scaling Up Nutrition
VNCC	Village Nutrition Coordination Committees
WASH	Water, Sanitation, and Hygiene

1. INTRODUCTION

1.1 Burden and epidemiology of undernutrition

Decades of sustained high prevalence of undernutrition, including stunting and micronutrient deficiencies have stalled Malawi's growth and development efforts. The 2012 Cost of Hunger in Malawi study showed that upto10.3 percent of the national gross domestic product (GDP) was lost in that one year alone due to undernutrition-related losses in education, health and productivity, suggesting that undernutrition has been holding back national growth in a long time. Because 60 percent of the working adult was stunted as children, the loss in productivity in the adult population alone accounted for 90 percent of the total loss in GDP.

The Government of Malawi has been responding to the high burden of undernutrition through policies, programmes and strategies aimed at tackling the immediate, underlying and basic causes of undernutrition (Figure 1). The Food and Nutrition Security Policy (1990); National Plan of Action for Nutrition (2000); National Micronutrient Plan of Action (2004); and, National Nutrition Policy and Strategic Plan (2007) are examples of sustained Government efforts to provide a policy environment to guide stakeholders into a coordinated response to nutrition problems that arise due to multiple systemic failures at the immediate, underlying and basic levels (Figure1).

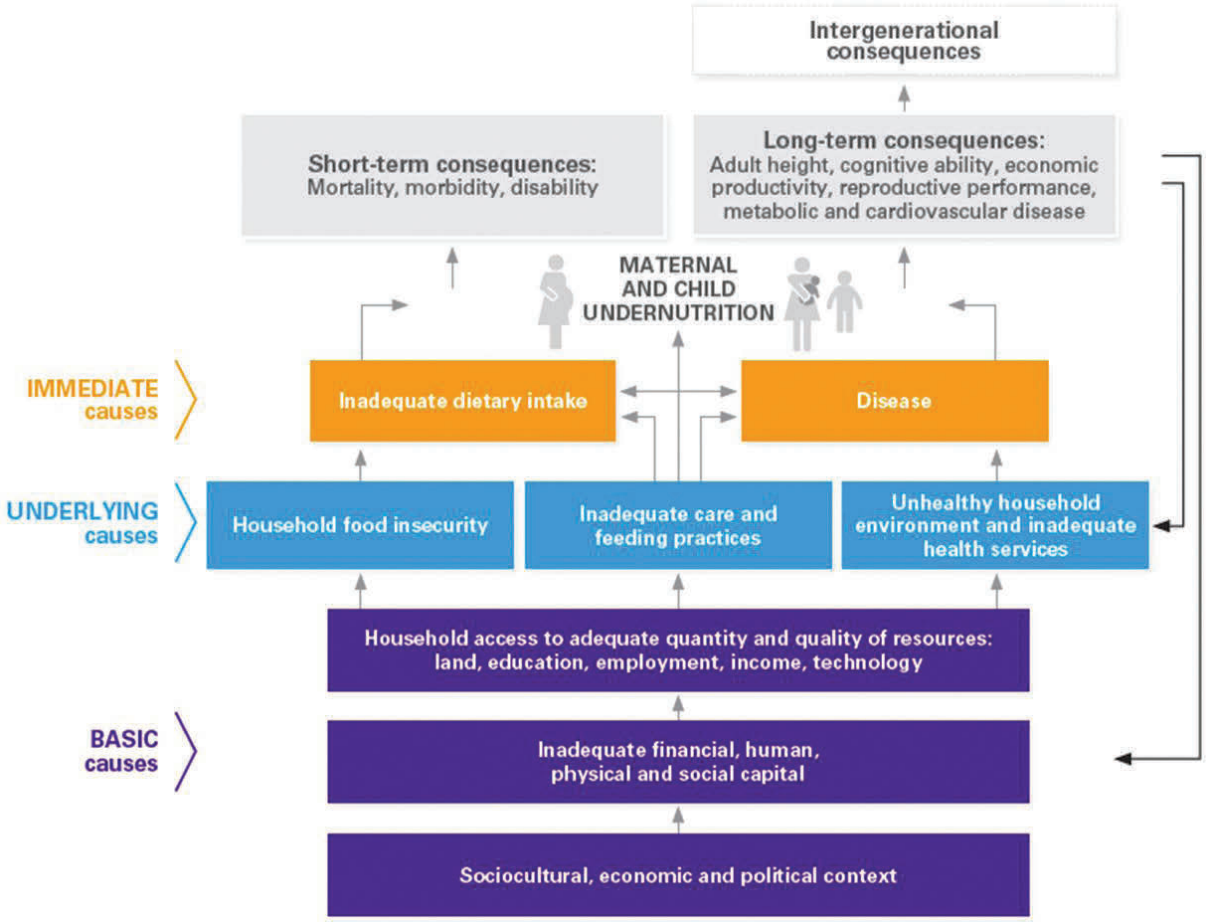

Figure 1: Conceptual framework of the determinants and consequences of child and maternal undernutrition

Source: UNICEF (2013). Improving Child Nutrition: The achievable imperative for global progress. United Nations Children's Fund.

By 2011, Malawi had organized herself to take a new approach to address nutritional problems through the global Scaling-Up Nutrition (SUN) Movement, becoming the first country to launch the Movement. Under the banner "Unite to End Stunting", SUN became Malawi's flagship initiative to reduce undernutrition through a highly coordinated delivery of nutrition services from national to community levels. The SUN roll-out plan was stipulated in the first Nutrition Education and Communication Strategy (NECS I), which spelt out a national plant to establish nutrition response structures that were linked at national, district and community levels, including households.

Evidence from the 2015/16 Malawi Demographic and Health Survey (MDHS) and National Micronutrient Survey (NMS) show that Malawi has demonstrable capacity and capability to make notable gains in addressing the challenges in nutrition outcomes.

Reductions in prevalence of stunting (53 percent in 2004 to 37 percent in 2015/16;vitamin A deficiency (59 percent in 2001 to 4 percent in 2015/16); and, iron deficiency anaemia (59 percent in 2001 to 9 percent in 2015/16) among children below the age of 5years are examples of Malawi's resolve and capacity to implement an effective national nutrition response. However, the 2015/16 NMS showed elevated prevalence of zinc deficiency (60–66 percent) in various age groups, while the MDHS showed increasing prevalence of overweight among women of reproductive age (12 percent in 2000 to 21 percent in 2015/16). Furthermore, inter-survey indicators of optimal child feeding practices have regressed, evident by the rise in the proportion of children aged 6 – 23 months who do not meet their minimum acceptable diet (92 percent in 2015/16, down from 81 percent in 2010), while exclusive breastfeeding declined from 71 percent in 2010 to 61 percent in 2015/16).

Thus, despite making gains in reducing the burden of some forms of malnutrition, Malawi is faced with a formidable challenge to improve infant and young child feeding practices and accelerate the gains in reducing stunting and other nutrition indicators. As a result, the Government of Malawi is committed to accelerate scaling-up nutrition responses. To facilitate this, Government has reviewed NECS I, which aims to re-programme implementation of social and behavioural change activities that may lead to nutrition-related behaviour change, hence a reduction in prevalence of different forms of malnutrition.

There are well-known socio-cultural behaviours at household level which are barriers to optimal infant and young child feeding, which include inadequate frequency and quantities of complementary feeding; beliefs that visits to traditional healers or prayer will heal an undernourished child, leading some caregivers to defaulting health facility visits; caregivers' low-risk perception and low prioritisation of undernutrition; poor hygiene and sanitation in households and communities which increases the risks of illnesses for children; poor health-seeking behaviours; and, insufficient feeding of children during and after an illness.

1.2 Rationale for developing NECS II

Through the SUN Movement, Malawi focused its efforts on social and behaviour change communication (SBCC) interventions in the first 1,000 days of a child's life (pregnancy through the second birthday), driven by the urge to "unite to end stunting". As an operational strategy, NECS I helped to mobilize partners and build a strong commitment towards nutrition improvement by guiding nutrition implementers and service providers to effectively integrate nutrition education and communication activities in promoting desired behaviour change at programme, facility, community, and household levels. Evaluation of the NECS showed mixed results. While there were favourable implementation outputs and outcomes in terms of capacity building, advocacy, resource mobilization, knowledge of stunting, multi-sectoral collaboration and creation of implementation structures at national and district levels, it was noted that at community level, there was wide variance in the level of satisfaction especially with respect to performance of frontline workers, who were deemed unavailable and ineffective in engaging households.

It has also emerged that the focus of NECS I on the first 1,000 days of a child's life excluded adolescent girls (10–19years) whose nutrition indicators ,as well as that of their children are poor. Among women of reproductive age in Malawi, the most likely to be thin, with a body mass index (BMI) below 18.5 are those aged 15–19 years at 13 percent. Further, adolescent girls contribute to the high prevalence of maternal undernutrition, poor pregnancy outcomes, and low birth weight, ultimately leading to poor nutrition among young children. Adolescent mothers also struggle to provide optimum care for their infants relative to their older peers. As such, NECS II has the additional focus on adolescents, aiming to accelerate reductions in the prevalence of stunting and other nutrition outcomes.

1.3 Context of NECS II

NECS II has been developed building on the results and outcomes of implementing the predecessor Strategy (NECS I), and taking into account the changes in the nutrition situation in the country. Therefore, NECS II has been aligned to new policy frame works that did not exist when NECS I was developed. For example, NECS II has been aligned to the Sustainable Development Goals (SDGs), Malawi Growth and Development Strategy (MGDS) III, and the National Multi-sector Nutrition Policy. Based on recommendations from evaluation of NECS I, NECS II will continue to address stunting by adopting life-cycle approach to SBCC with an emphasis on adolescent, maternal and infant and young child nutrition through community engagement and empowerment, institutional capacity building and strengthening M&E at all levels. Unlike the previous NECS, the new Strategy recognises that improving adolescent and maternal nutrition is key to addressing undernutrition, and will additionally focus on the pre-pregnancy period, including adolescence.

The Strategy support implementation of the National Multi-sector Nutrition Policy and its implementation Strategy (the National Multi-sector Nutrition Strategy), which interpret the national aspiration of improving the nutritional well-being of the population as set in the MGDS III. The Implementation, Monitoring and Evaluation Framework of NECS II will guide and track progress in implementing the Strategy in line with the following priority thematic areas which were identified as critical to improving nutrition outcomes:

- Improving women nutrition, health and wellbeing;
- Promoting exclusive breastfeeding practices among children of 0-6 months;
- Improving complimentary feeding practices for children 6-24 months; and
- Improving adolescent nutrition and preventing early marriage and pregnancy until the age of 19 years.

1.4 SBCC Conceptual Framework

Social and behaviour change communication is requisite to interventions that aim to improve nutritional status of the population. This requires a comprehensive strategy that aims to improve nutrition-related knowledge, attitudes, beliefs and behaviours at household and community levels. Household members need to adjust their dietary habits and optimize their nutrition-related practices. Such changes occur within well-known frameworks of behaviour change, including the socio-ecological model.

As a result, NECS II has aligned its SBCC approach to the socio-ecological model in order to maximize the potential effect of changing behaviours among caregivers, households and communities.

The Socio-Ecological Model

This socio-ecological model of behaviour change (Figure 2), supports the theory that a person's behaviour is a product of multiple overlapping individual, social, and environmental determinants that influence the social context in which an individual operates. It allows practitioners to examine and address overall levels of influence to find effective opportunities for change which exist at the individual, household, community and national levels. The approach recognizes community members not as beneficiaries of projects and programmes, but leaders incoming up with solutions to address malnutrition within their local context. As a result, NECS II places emphasis on messaging that makes individuals, households and communities to be actively involved in nutrition.

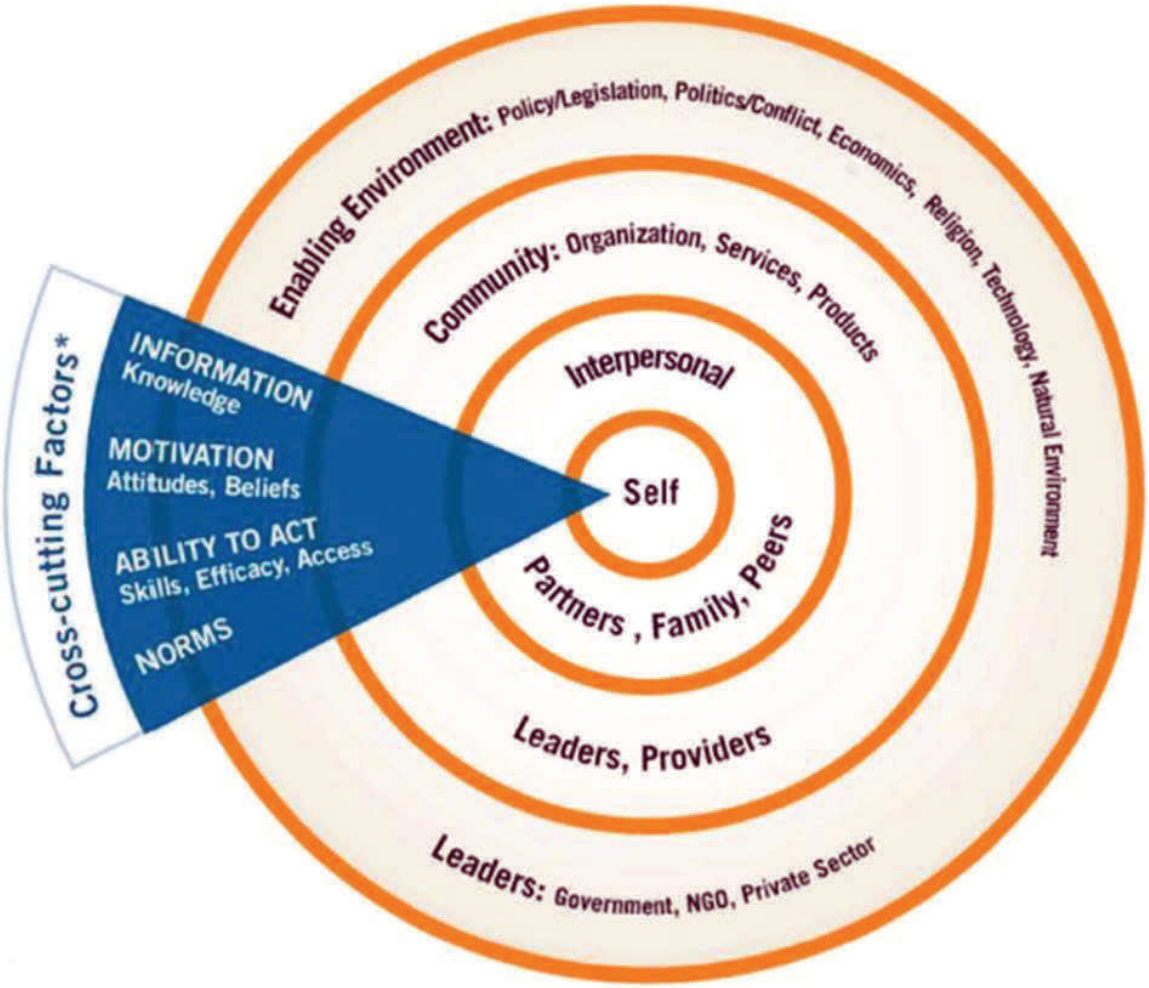

Figure 2: Socio-ecological model

Source: Packard M.(no date).Social and behaviour change communication. FANTAIII, FHI360.

The Social Behaviour Change Communication Approach

Carefully designed social and behaviour change communication(SBCC)interventions can ignite change for improved nutrition practices at the community, household, and individual levels, as well as build support for an enabling environment for nutrition. SBCC operates through three key elements, namely advocacy, social mobilisation, and behaviour change communication (Figure 3).

Figure 3: The social behaviour change communication (SBCC) approach

Source: Packard M. (no date). Social and behaviour change communication. FANTA III, FHI 360. Washington, D.C.

Advocacy: Advocacy is used as a tool for social change, and political and resource mobilization. It brings together various stakeholders to enact policies and regulations and support the reinforcement and funding of various strategies to promote social and policy change around nutrition.

Social mobilisation: Social mobilisation is an approach that brings together various partners in order to promote, and deliver quality nutrition services; and, promote collective action, ownership, and community mobilization for positive nutrition outcomes. Through social mobilization, the Strategy will bring together local and national leaders, community-based structures, NGOs, faith-based organisation and CSOs for collective programming, integration and bargaining for positive behaviour change practices.

Behaviour change communication: This is a theory- and research-based interactive process that' stimulates community dialogue to develop tailored messages and approaches, using a variety of population appropriate communication channels such as interpersonal communication and community engagement activities. The BCC approach aims to motivate sustained changes in individual-and community-level knowledge, attitudes, and behaviours to achieve desirable behaviours, for example exclusive breastfeeding for six months.

Therefore, formative research is used to understand current levels of knowledge, attitudes and behaviours among individuals in a specified population in order to develop communication interventions that move those individuals along a continuum of change (or through stages of change) toward the desired positive behaviour(s).

1.5 Targeted Participants

In this Strategy, participants have been segmented according to communication requirements at different levels of nutrition interventions, which are household, community, district and national levels. On the basis of these levels, there are three categories of target participants: primary, secondary and tertiary.

Primary Participants

These are target groups that are directly affected by nutrition problems of interest and those that directly influence them at the household level and within social networks. Primary participants include pre-pregnant women, pregnant and lactating women, mothers of children, pregnant adolescent girls, adolescent mothers, husbands, other household members and caregivers, pre-adolescent girls, and parents of adolescent.

Secondary Participants

These are people who directly influence the primary participants at the community level. The secondary participants include local and religious leaders, frontline workers, caregroup leaders, and community media.

Tertiary Participants

Also called Advocacy Participants, this level of participants refers to people who indirectly influence the primary participants. These include policy makers and legislators, government ministries, district executive committees and district councils, traditional authorities, and the media.

1.6 Structure of NECS II

The NECS II has been structured into 5 broad areas as follows:

1. Goal, strategic objectives, actions;
2. Key behavioural messages;
3. Implementation framework
4. Implementation arrangement; and
5. Monitoring and evaluation (M&E) framework.

2. GOAL, STRATEGIC OBJECTIVES AND ACTIVITIES

2.1. Goal

To contribute to efforts in reducing the prevalence of stunting among under five children from 37 % to 23 % by 2025 through integrated social and behaviour change communication interventions.

2.2. Strategic Outcomes

I. Reduced rate of children born with low birth weight by 30 percent
II. Increased rate of children 0-6 months receiving exclusive breastfeeding by 20 percent
III. Increased rate of children 6-23 months meeting minimum acceptable diets from 8 percent to 30 percent
IV. Reduced rate of adolescents with acute malnutrition by 5 percent
V. Increased rate of women of reproductive age group (15-49) consumed four or more food groups by 40 percent
VI. Reduced rate of pregnant women with anaemia by 15 percent

2.3. Strategic Objectives

I. To enhance optimal feeding and caring practices among women before, during and after pregnancy
II. To enhance optimal feeding and caring practices among children 0-5 months
III. To enhance optimal feeding and caring practices among children 6-23 months.
IV. To enhance nutrition behaviours among adolescents
V. To improve nutrition education on consumption of nutrient rich diversified foods.
VI. To improve health seeking behaviour and adoption of positive norms and practices at individual, household and community level for improved nutrition
VII. To create and/or strengthen an enabling environment for effective implementation of nutrition education and communication.
VIII. To strengthen knowledge management of SBCC at all levels.

2.4. Strategies and Activities

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

Strategy 1: Promote knowledge, positive norms and practices on optimal feeding and care among women before pregnancy using different platforms.

Activities

1. Conduct education sessions on the importance of adequate nutrition before pregnancy in different platforms such as religious gatherings, community meetings, political meetings.
2. Conduct awareness and social marketing campaigns on the importance of adequate nutrition for all pre-pregnant women including planning for a pregnancy
3. Disseminate key messages on importance of adequate nutrition before pregnancy using different communication channels such as radios, newspapers, brochures, posters, Television, drama.
4. Conduct interactive theatre for development performances promoting adequate nutrition for women before pregnancy.

Strategy 2: Promote knowledge, positive norms and practices on optimal feeding and care among women during pregnancy.

Activities

1. Conduct one on one counselling sessions on adequate nutrition during pregnancy at health facility, households (home visits).
2. Conduct peer education and counselling on adequate nutrition during pregnancy in the workplace.
3. Conduct education sessions on the importance of adequate nutrition during pregnancy in different platforms such as religious gatherings, community meetings, political meetings.
4. Conduct awareness and social marketing campaigns on the importance of adequate nutrition for all pregnant women
5. Disseminate key messages on importance of adequate nutrition during pregnancy using different communication channels such as radios, newspapers, brochures, posters, Television, drama.
6. Conduct interactive theatre for development performances promoting adequate nutrition for women during pregnancy.
7. Conduct group education sessions through care groups in communities
8. Disseminate key messages on water, sanitation and hygiene (WASH) including food safety.
9. Conduct Household visits by care group members (peer-to-peer interaction)
10. Conduct mentoring sessions with care group volunteers on household visits and one-on-one counselling.

Strategy 3: Promote knowledge, positive norms and practices on optimal feeding and care among lactating women.

Activities

1. Conduct one on one counselling sessions on adequate nutrition during lactation at health facility, households (home visits).

2. Conduct peer education and counselling on adequate nutrition during lactation in the workplace.
3. Conduct education sessions on the importance of adequate nutrition during lactation in different platforms such as religious gatherings, community meetings, political meetings.
4. Conduct awareness and social marketing campaigns on the importance of adequate nutrition for all lactating women.
5. Disseminate key messages on importance of adequate nutrition during lactation using different communication channels such as radios, newspapers, brochures, posters, Television, drama.
6. Conduct interactive theatre for development performances promoting adequate nutrition for women during lactation
7. Conduct group education sessions through care groups in communities
8. Disseminate key messages on water, sanitation and hygiene (WASH) including food safety.
9. Conduct Household visits by care group members (peer-to-peer interaction).
10. Conduct mentoring sessions with care group volunteers on household visits and one-on-one counselling.

Strategic Objective 2: To enhance optimal feeding and caring practices among children 0-5 months

Strategy 1: Promote knowledge, positive norms and practices on early initiation of breastfeeding and exclusive breastfeeding.

Activities:

1. Conduct one on one counselling sessions on early initiation and exclusive breastfeeding at health facility and households (home visits).
2. Conduct group education sessions in health facilities and through care groups/ IYCF support groups in communities on early initiation and exclusive breastfeeding.
3. Conduct workplace education and counselling sessions targeting pregnant and lactating women on the importance of early initiation of breastfeeding and exclusive breastfeeding.
4. Conduct awareness and social marketing campaigns on the importance of exclusive breastfeeding at different places including the workplace
5. Disseminate key messages on early initiation and exclusive breastfeeding using different communication channels such as radios, newspapers, brochures, posters, Television, drama.
6. Conduct interactive theatre for development performances promoting early initiation and exclusive breastfeeding.
7. Conduct group education sessions through care groups in communities
8. Disseminate key messages on water, sanitation and hygiene (WASH).
9. Conduct Household visits by care group members (peer-to-peer interaction).
10. Conduct mentoring sessions with care group volunteers on household visits and one-on-one counselling.
11. Conduct one-to-one demonstrations on appropriate and optimal breastfeeding.

Strategic Objective 3: To enhance optimal feeding and caring practices among children 6-23months

Strategy: Promoting knowledge, positive norms and practices on optimal complementary feeding including continued breastfeeding.

Activities:

1. Conduct counselling sessions at health facility, household and community on optimal complementary feeding.
2. Conduct community dialogue on optimal complementary feeding.
3. Disseminate key messages on optimal complementary feeding using different communication channels such as radios, newspapers, brochures, posters, Television, drama, open days. Conduct Household visits by care group members (peer-to-peer interaction).
4. Conduct demonstration sessions on complementary food preparation, processing, preservation and storage focusing on locally available foods including underutilized nutrient-rich diversified foods.
5. Conduct cooking demonstration sessions on nutrient-rich recipes for appropriate complementary feeding including underutilized foods.
6. Conduct interactive theatre for development performances promoting optimal complementary feeding including continued breastfeeding.
7. Disseminate key messages on water, sanitation and hygiene (WASH) including food safety.

Strategic Objectives 4: To enhance nutrition behaviours among adolescents

Strategy: Promote positive nutrition behavioural change for improved nutritional status of the adolescents.

Activities

1. Disseminate key messages on the importance of safe, adequate and diversified nutrient-rich foods for adolescents using different communication channels such as billboards, radio, television, flyers, leaflets, posters, brochures, drama, community meetings.
2. Conduct demonstration sessions on food preparation, processing and storage of nutrient-dense diversified foods.
3. Conduct awareness campaigns at all levels on nutrition-related non-communicable diseases (NCDs) and their risk factors such as tobacco, alcohol and substance use.
4. Conduct community sensitization and mobilization on importance of consumption of fortified and biofortified foods for adolescents.
5. Conduct sensitization campaign on iron and folic acid supplementation for in-school and out-of-school adolescent girls.
6. Conduct peer to peer nutrition education and counselling sessions on adolescent nutrition.

Strategic Objectives 5: To improve nutrition education on consumption of nutrient rich diversified foods.

Strategy: Increase knowledge and promote adoption of positive norms and practices on consumption of nutrient-rich diversified foods.

Activities:

1. Conduct education sessions on consumption of nutrient-rich diversified diets using different platforms such as religious gatherings, community meetings, political meetings, home visits.
2. Conduct awareness and social marketing campaigns on consumption of nutrient-rich diversified diets.
3. Disseminate key messages on consumption of nutrient-rich diversified diets using different communication channels such as radios, newspapers, brochures, posters, television, drama, nutrition open days.
4. Conduct interactive theatre for development performances promoting consumption of nutrient-rich diversified diets.
5. Conduct demonstration sessions on food preparation, processing, preservation and storage focusing on locally available foods including underutilised nutrient-rich diversified foods.
6. Conduct cooking demonstration sessions on recipes for nutrient-rich diversified foods.
7. Conduct awareness campaigns on taboos, customs and harmful practices that hinder consumption of certain nutritious foods.
8. Conduct demonstration sessions on water, sanitation and hygiene practices including food safety.

Strategic Objective 6: To improve health seeking behaviour and adoption of positive norms and practices at individual, household and community level for improved nutrition

Strategy: Create demand for nutrition and health services.

Activities:

1. Conduct community sensitisation and mobilization on the importance of timely health seeking.
2. Conduct community sensitisation and mobilisation on available services that can contribute to optimal nutrition using various platforms and communication channels such as health care providers, community care groups, traditional leaders, community leaders, FLWs, radios, newspapers, brochures, posters, television, drama, nutrition open days.
3. Conduct social accountability sessions for community empowerment to demand quality nutrition services.

Strategic Objective 7: To create and/or strengthen an enabling environment for effective implementation of nutrition education and communication.

Strategy: Strengthen human and institutional capacity for delivery of nutrition education and communication at all levels.

Activities:

1 Develop, produce and disseminate nutrition IEC materials at all levels

2 Conduct community sensitisation and mobilisation to develop by-laws for improved nutrition.
3 Conduct capacity assessment to identify gaps in the delivery of nutrition education and communication at all levels.
4 Build capacity of service providers on nutrition education and communication at all levels.
5 Orient teachers and other service providers on nutrition for adolescents.
6 Develop targeted nutrition advocacy materials.
7 Conduct advocacy with relevant institutions and authorities in both public and private sectors for inclusion of nutrition (NCDs, lifestyles, breastfeeding, work productivity, sports) in the workplace.
8 Conduct advocacy for increased allocation of nutrition resources (human, financial, material).
9 Advocate for establishment of breastfeeding corners at all relevant areas including health facilities, workplace.
10 Create mobile and digital platforms for dissemination of nutrition information and quality service delivery.
11 Conduct initiatives for continuous professional development of governance, coordination and implementation structures such as Cabinet, Parliamentary and Principal Sectaries Committees on Nutrition; DNCC; ANCC; VNCC, ACLANs and CLANs).

Strategic Objective 8: To strengthen knowledge management of SBCC at all levels

Strategy: Strengthen evidence generation for informed decision making and actions at all levels.

Activities:

1. Conduct formative research on nutrition norms, behaviors and practices.
2. Conduct rapid assessments on nutrition behaviours such as Lot Quality Assurance Sampling Surveys (LQAS).
3. Conduct operational research on nutrition norms, behaviors and practices.
4. Conduct periodic evaluation on nutrition norms, behaviors and practices.
5. Disseminate and share research findings at all levels for informed decision making.
6. Create knowledge platforms and interactive communication tools for share data and information at all levels such as nutrition website

3. KEY MESSAGES

Adolescents

Adolescence offers a second window of opportunity for growth and development. During this period, they are highly susceptible to malnutrition due to increased energy and nutrient needs to support rapid growth. It is during this period when lifelong habits are established. Adolescent girls are more likely to be malnourished, particularly with iron deficiency and/or anaemia, than other members of the family. In order to break the intergenerational cycle of malnutrition we need to target adolescent nutrition.

Key Messages

1. Adolescent girls aged 10-19 years should take weekly iron and folic acid supplements as recommended.
2. Adolescent girls should avoid getting pregnant as this will increase healthy risks for the mother and her baby.
3. Adolescents should eat safe, adequate and diversified nutrient-rich foods every day from all the six food groups Adolescents should lead active and healthy lifestyles which include exercising, limiting consumption of junk foods, and avoiding alcohol, drug and substance abuse.

Pre – Pregnancy (Women of child bearing age)

Adequate nutrition before pregnancy is critical for the mother and growth and development of the child to be conceived. Births too close or too many may compromise nutritional status of the woman, feeding practices of the child and childcare. Births in adolescent girls and women over 35 years endanger the lives of the adolescents, women, and their babies.

Key Messages

1. Women of child bearing age should eat adequate and diversified nutritious foods everyday from all the six food groups including foods rich in vitamin A, Iron and other nutrients to increase chances of conceiving and giving birth to a healthy and well-developed baby.
2. Women of child bearing age should take weekly iron and folate supplements as recommended.
3. Women of child bearing age and their partners should consume food prepared with iodised salt
4. Women of child bearing age and their partners should consume fortified and biofortified foods every day to prevent micronutrient deficiencies.
5. Women of child bearing age and men should lead an active and healthy lifestyle which include exercising and avoid consumption of junk foods, alcohol and drug abuse.

6. Women and their partners should wait until their last child is at least two years old before becoming pregnant again for the health of both mothers and children.
7. Women of child bearing age and their partners should utilise available health and nutrition services to promote early health seeking behaviour which include family planning.

Pregnancy

Pregnant women need nutritious meals in right amount and quality from six food groups, iron-folic acid supplements, fortified food, and iodised salt to ensure good health of the mothers and proper growth and development of their unborn babies.

Key Messages

1. Pregnant women including pregnant adolescent girls should visit antenatal clinic with their spouses/partners within the first three months of pregnancy.
2. Pregnant women should eat safe, adequate and diverse nutritious foods from all the six food groups, including Vitamin A and iron-rich foods, to give birth to a healthy and well-developed baby.
3. Pregnant women should consume food prepared with iodised salt to ensure adequate iodine intake for brain development of the baby.
4. In addition to three regular meals, pregnant women should eat one extra nutritious meal each day for additional energy and nutrients for themselves and the growing baby.
5. Pregnant women should take daily iron and folic acid supplements as recommended by health service providers for improved pregnancy outcomes.
6. Pregnant women who feel nausea should eat small and frequent meals, 5 or 6 times a day. If it persists, they should seek medical attention.
7. Pregnant women and their spouses should visit the antenatal clinic at least eight times during pregnancy to benefit from health services such as check-up, vaccinations, malaria prophylaxis, HIV testing, prevention of mother to child transmission of HIV (PMTCT) and to receive iron and folic acid and de-worming tablets.
8. Pregnant women should get tested together with their partners to know their HIV status and access support services.
9. All pregnant women must deliver at a health facility for safe delivery underskilled attendants.
10. Husbands, partners and family members should take the pregnant woman to the health facility at least 2 weeks before the expected due date to await safe delivery.
11. Husbands, partners and family members should support a pregnant woman with household chores and childcare to give the pregnant woman enough time to rest.
12. Pregnant women should have enough rest to reduce stress upon the mother and unborn baby, increase nutrients and oxygen flow to the baby and improve wellbeing of the mother and a baby.
13. Pregnant women should actively stimulate and communicate with unborn child to improve the bonding and facilitate the development.
14. Pregnant women should be encouraged to sleep under protected long lasting insecticide treated net (LLITN) to prevent malaria

From Birth to 6 Months

Health care service providers should ensure safe birth, provision of essential postnatal and new born care and attention in the first two hours of birth, support mother on initiation and exclusive breastfeeding. A child who is well nourished, nurtured and stimulated properly will achieve full potential in growth and development.

Key Messages

1. Health care providers should give the new born baby to the mother immediately after delivery for skin-to-skin contact.
2. Health care providers should support the mother to initiate breast-feeding within the first 30 minutes of birth to ensure that the baby get the first yellowish milk (colostrum) and support early establishment of lactation.
3. Health workers should encourage mothers to exclusively breastfeed their babies for the first six months of life regardless of their HIV status.
4. Health care providers should ensure that mothers with unknown HIV status are tested at birth and treated accordingly.
5. Health care providers should refer mother with newborn baby to care groups or community-based support groups for the continuation of nutrition support.
6. Care groups and community-based support groups should empower mothers and care givers with knowledge and skills on sensitive and responsive care.
7. Mothers should receive vitamin-A supplementation within 8 weeks of delivery.
8. Husbands and family members should encourage and support mothers to exclusively breastfeed their babies for the first six months of life.
9. Mothers, husbands and family members should take their babies for immunisation, growth monitoring and promotion sessions as per schedule.
10. Lactating women should eat two extra nutritious meals each day for addition energy and nutrients for themselves to produce adequate milk for the baby. (Husband should take active role).
11. Lactating women should consume food prepared with iodised salt and ensure intake of other fortified foods.
12. Lactating mother who experience difficulties in breastfeeding including inadequate milk production should seek help from skilled health service providers.
13. Lactating mother should express and store breast milk before leaving home so that care giver can feed the baby.
14. Give baby expressed milk from a cup and a spoon and avoid using bottles which are unsafe because they are likely to be contaminated and are difficult to clean.
15. Mothers and caregivers should immediately take a sick child to a health facility or village clinic for timely treatment and advice.
16. Breastfeed more frequently during illness, including diarrhoea, to help the baby fight sickness, prevent weight loss and recover more quickly.
17. Mothers, husbands, partners and caregivers should actively interact and stimulate the baby to support the brain development and early learning skills.
    Mother and child should be encouraged to sleep under long lasting insecticide treated nets (LLITN) to prevent malaria

Children 6 to 23 Months

At 6 months of child's age, breast milk alone is not enough to sustain the nutritional needs of the growing and active child. This necessitates introduction of complementary foods and fluids alongside continued breastfeeding up to 24 months of age or beyond. Complementary foods should be prepared with a variety of foods from the six food groups.

Key Messages

1. Mothers and care givers should introduce nutritious and diversified complementary foods at six months of age.
2. Fathers, mothers and caregivers should give the child animal-source foods such eggs, chicken, fish including small fish like bonya, matemba and kapenta, liver, eggs, and milk and milk products.
3. Fathers, mothers and caregivers should give the child safe, adequate, and diverse nutrient-rich foods prepared with iodised salt.
4. Fathers, mothers and caregivers should give their children fortified and biofortified foods, including food prepared with micronutrient powders, to prevent micronutrient deficiencies.
5. Mothers and caregivers should give a child nutritious foods that are thick enough to stay on the spoon to provide adequate energy.
6. Mothers and caregivers should give a child fluids including water and homemade fruit juices and avoid giving drinks with low nutrient values such tea, coffee and sugary beverages.
7. Caregivers should give nutritious snacks to the child in between meals including fruits.
8. Fathers, mothers and care givers should avoid giving their children junk (pre-prepared and packaged low nutritious) foods such as puffs, biscuits, crisps, oily fast foods.
9. Fathers, mothers, caregivers should give children safe and treated drinking water.
10. Fathers, mothers and care givers should wash hands with soap during the five critical periods such as before preparing food, before and after feeding the child, after using the toilet and after changing the baby's napkin.
11. Caregivers should gradually increase food quantity, frequency, density and variety to ensure adequate energy and nutrient intake for the growing child
12. Fathers, mothers and caregivers should be sensitive and responsive to child cues for hunger and encourage the child to eat and avoid force-feeding.
13. Mothers and caregivers should immediately take a sick child to a health facility or village clinic for timely treatment and advice.
    Caregivers should feed a sick child small amounts of safe and diversified nutrient-rich foods frequently along with adequate fluids.
14. Caregivers should avoid giving fluids to their children using bottles, teats or spouted cups, as it will be difficult to clean and can cause baby to become sick.
15. Fathers, mothers and caregivers should take the child regularly for immunisation, micronutrient supplementation and growth monitoring and promotion sessions.
16. Fathers and mothers should actively support the child to learn, play and explore things for them to develop socially, physically, emotionally and intellectually.
17. Caregivers should give the child food in a separate plate to monitor how much the child is eating and ensure the child is eating adequate amount of food.

18. Fathers, mothers and care givers should encourage the child to have food along with other family members to increase the long term physical and mental health benefits.
19. Fathers, mothers and caregivers should ensure the child sleeps under long lasting insecticide treated nets (LLITN) to prevent Malaria.

Children 24 – 59 months of age

At 24 months of age, children grow at a slower rate, their appetite fluctuate, and they eat a little, but the brain and all organs continue to develop. Adequate nutrition plays an important role in helping them to grow and stay healthy.

It is well recognized that a period of rapid brain development occurs in the first 3-4 years of life 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.

Key Messages

1. Fathers, partners, mothers and caregivers should continue to give safe, adequate and diversified nutrient-rich complementary foods
2. Caregivers should feed the child with micronutrient rich foods such as green, yellow and orange vegetables and fruits to prevent micronutrient deficiencies.
3. Fathers, mothers and care givers should give the child animal-source foods such eggs, chicken, fish including small fish like bonya, matemba and kapenta, liver, eggs, and milk and milk products.
4. Fathers, mothers and caregivers should give the child food prepared with iodised salt to ensure optimal growth and brain development of the child.
5. Fathers, mothers and caregivers should give their children fortified and biofortified foods, including food prepared with micronutrient powders, to prevent micronutrient deficiencies.
6. Mothers and caregivers should give a child fluids including water and homemade fruit juices and avoid giving drinks with low nutrient values such tea, coffee and sugary beverages.
7. Fathers, mothers and caregivers should give nutritious snacks to the child in between meals including foods packed for the children to eat at school Fathers, mothers and caregivers should avoid giving their children junk (pre-prepared and packaged low nutritious) foods such as puffs, biscuits, crisps, oily fast foods etc.,
8. Fathers, mothers and caregivers should give children portable drinking water to prevent water-borne diseases.
9. Fathers, mothers and caregivers should wash hands with soap during the five critical periods such as before preparing food, before and after feeding the child, after using the toilet and after changing the baby's napkin.
10. Mothers and care givers should increase food quantity, frequency, density and variety to ensure adequate energy and nutrient intake for the growing child
11. Fathers, mothers and caregivers should be sensitive and responsive to child cues for hunger and encourage the child to eat and avoid force-feeding.

12. Mothers and caregivers should immediately take a sick child to a health facility or village clinic for timely treatment and advice.
13. Mothers and caregivers should feed a sick child small amounts of safe and diversified nutrient-rich foods frequently along with adequate fluids.
14. Fathers, mothers and caregivers should take the child regularly for growth monitoring and promotion services to ensure child growth is monitored and child receives immunisation, micronutrient supplementation and deworming drugs timely. Fathers, mothers and caregivers should actively support the child to learn, play and explore things for them to develop socially, physically, emotionally and intellectually.
15. Caregivers should give the child food in a separate plate to monitor how much the child is eating and ensure the child is eating adequate amount of food.
16. Fathers, mothers and caregivers should encourage the child to have food along with other family members to increase the long term physical and mental health benefits.
17. Fathers, mothers and caregivers should ensure the child sleeps under long lasting insecticide treated nets (LLITN) to prevent Malaria

4. IMPLEMENTATION ARRANGEMENTS

4.1. Roles and Responsibilities of Key Stakeholders

The Government recognises the importance of stakeholders and partnership in implementation of this policy. The stakeholders include ministries, departments, agencies, development partners, academic and research institutions, the public sector, the private sector, civil society organisations (CSOs), non-governmental organisations, faith-based organisations, and the communities which are as follows:

The Department of Nutrition, HIV and AIDS (DNHA)

The Department will be responsible for provision of oversight, strategic leadership, policy direction, coordination, resource mobilisation, capacity building, quality control and monitoring and evaluation of the nutrition education communication strategy. The department will also be responsible for 1) high level advocacy; 2) spearheading the mainstreaming and integration of nutrition education and communication 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; and 4) 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 nutrition as a core priority area by focusing on improving food access and promoting diversified diets using nutrition education communication strategy. The Ministry will promote consumption and utilization of diverse diet from the six food groups including bio-fortified foods, and strengthen value chains to improve production, availability, distribution, and access to high-quality and safe nutritious foods using existing communication platforms. Ministry will also promote Water, Sanitation and Hygiene (WASH)interventions.

Ministry responsible for Nutrition, HIV and AIDS

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

Ministry responsible for Gender, Children, Disability and Social Welfare

The Ministry will be responsible for provision of leadership and technical direction in programming gender and mainstreaming nutrition education communication activities in their sectoral policies, strategies and programmes.

The Ministry will promote women's and adolescent's empowerment, welfare programmes, and community mobilisation in support of nutrition.

Ministry responsible for Education, Science and Technology (MoEST)

The Ministry will be responsible for implementation of the school health and nutrition programmes, including school feeding. It will also be responsible for inclusion of nutrition education in school curricula at all levels of the education system.

Ministry responsible for Local Government and Rural Development (MoLGRD)

The Ministry will be responsible for implementation of nutrition interventions at the council and community levels. It will also establish district and community-level nutrition committees and promote nutrition education. It will ensure the creation of enabling environment for the delivery of communication strategies using different service delivery platforms. It will also be responsible for monitoring and reporting of nutrition education and communication activities.

Ministry responsible for Finance, Economic Planning and Development

The Ministry will be responsible for mobilisation of resources from government and development partners, and private sectors for nutrition interventions. Ministry will also ensure inclusion of nutrition education in social protection program for optimal nutrition.

Ministry responsible for Information and Civic Education

The Ministry will be responsible for dissemination of nutrition information and public awareness using different communication channels defined in this strategy.

Ministry responsible for Industry and Trade

The Ministry will be responsible for enforcement of trade-related sections of legislation that have impact on food, nutrition, counterfeit law, Salt Iodisation Act, food standards as defined and protected by the Malawi Bureau of Standards, and the National Code of Marketing of Breast Milk Substitutes. It will also promote nutrition education among stakeholders using existing communication platforms.

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 youth using nutrition key messages in the NECS.

Ministry responsible for Justice and Constitutional Affairs

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

Academic and Research Institutions

Academic and research institutions will be responsible for conducting nutrition education research and disseminating findings to inform policy and programming. The academic institutions will also play an important role in ensuring that pre-service education addresses up-to-date nutrition policy, 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 Policy and nutrition strategy. The development partners will continue to undertake high-level advocacy using communication tools; and provide technical support including policy analysis and implementation;

Civil Society Organisations

At the national level, the Civil Society Organizations (CSOs) will collaborate with the government to advocate for and implement nutrition education communication activities, ensuring mutual accountability. CSOs in Malawi, will play a crucial role to ensuring that the concerns of various stakeholders in nutrition are heard and that government is held accountable to its commitments to the citizens of Malawi on matters of nutrition security.

Multi-Sectoral Technical Nutrition Committee

The Multi-Sectoral Technical Nutrition Committee will provide technical oversight in the implementation of the nutrition education communication strategy within each sector, provide technical advice to various stakeholders using communication tools.

District Nutrition Coordination Committees

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

4.2. Implementation Plan

This Strategic Plan will guide implementation of nutrition education and communication activities by the defined line-ministries and stake holders, 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 Nutrition Education and Communication Monitoring and Evaluation Framework as presented in Annexure II.

Annexure I: Implementation Plan

Strategic Objective 1: To enhance optimal feeding and caring practices among women before, during and after pregnancy	
Strategy: Promoting knowledge, positive norms and practices on early initiation and exclusive breastfeeding	
Activities	**Responsibility**
Conduct one on one counselling sessions on early initiation and exclusive breastfeeding at health facility, household (home visits) and work place settings	DNHA, MoLGRD, MoH, MoEST, MoGCDSW, NGOs
Conduct group education sessions through care groups/ IYCF support groups in communities and facilities	DNHA, MoLGRD, MoH, MoEST, MoGCDSW, NGOs
Conduct awareness and knowledge promotion campaigns on optimal breastfeeding care practices	DNHA, MoLGRD, MoH, MoEST, MoGCDSW, NGOs
Conduct awareness and knowledge promotion campaigns on optimal breastfeeding care practices	DNHA, MoLGRD, MoH, MoEST, MoGCDSW, NGOs
Design, develop, and facilitate broadcasting programmes in print and electronic media	DNHA, MoLGRD, MoH, MoEST, MoGCDSW, NGOs
Conduct demonstration sessions on optimal hygiene and sanitation including food safety	DNHA, MoLGRD, MoH, MoEST, MoGCDSW, NGOs
Conduct Household visits by care group members (peer-to-peer interaction)	DNHA, MoLGRD, MoH, MoEST, MoGCDSW, NGOs
Conduct appropriate and optimal breastfeeding feeding demonstrations	DNHA, MoLGRD, MoH, MoEST, MoGCDSW, NGOs
Conduct Interactive Theatre performance (dramas) for promotion of exclusive breastfeeding	DNHA, MoLGRD, MoH, MoEST, MoGCDSW, NGOs
Conduct demonstration sessions on optimal hygiene and sanitation including food safety	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Develop actions plans with district councils, area development committees, village development committees, traditional authorities and villages, and religious	DNHA, MoLGRD, MoH, MoEST, MoGCDSW, NGOs
Conduct one-on-one follow-up meetings with district councils, area development committees, village development committees, traditional authorities and villages, and religious leaders on implementation of action plans	DNHA, MoLGRD, MoH, MoEST, MoGCDSW, NGOs
Identify nutrition champions to promote early initiation and EBF	DNHA, MoLGRD, MoH, MoEST, MoGCDSW, NGOs
Conduct sensitization campaigns on early initiation and EBF	DNHA, MoLGRD, MoH, MoEST, MoGCDSW, NGOs
Conduct world breastfeeding week commemoration	DNHA, MoLGRD, MoH, MoEST, MoGCDSW, NGOs

Activities	Responsibility
Train FLWs on Interpersonal communication skills	DNHA, MoLGRD, MoH, MoEST, MoGCDSW, NGOs
Conduct mentoring sessions to care groups by FLWs	DNHA, MoLGRD, MoH, MoEST, MoGCDSW, NGOs
Conduct FLW learning exchange visits	DNHA, MoLGRD, MoH, MoEST, MoGCDSW, NGOs
Disseminate key message booklet on early initiation and exclusive breast feeding	DNHA, MoLGRD, MoH, MoEST, MoGCDSW, NGOs
Train care group volunteers on counselling, cooking demonstration, feeding and hygiene practices and food Safety	DNHA, MoLGRD, MoH, MoEST, MoGCDSW, NGOs
Conduct mentoring sessions with care group volunteers on household visits and one-on-one counselling	DNHA, MoLGRD, MoH, MoEST, MoGCDSW, NGOs
Conduct participatory action media sessions for development of culturally sensitive messages on early initiation and exclusive breastfeeding practices	DNHA, MoLGRD, MoH, MoEST, MoGCDSW, NGOs
Strategic Objective 2: To enhance optimal feeding and caring practices among children 0-5 months	
Strategy: Promoting knowledge, positive norms and practices on optimal complementary feeding among care givers	
Activities	**Responsibility**
Conduct counselling sessions at health facility, household and community on optimal complementary feeding	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct community dialogue on optimal complementary feeding	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Design, develop, and facilitate broadcasting programmes on optimal complementary feeding in print and electronic media	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct Nutrition Open Days/Fair on optimal complementary feeding	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct Interactive Theatre Performance (Dramas)	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct Household visits by care group members (peer-to-peer interaction)	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct cooking demonstrations on optimal complementary feeding.	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs

Activities	Responsibility
Conduct interactive theatre performance (dramas) for promotion of optimal complementary feeding	D DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct demonstration sessions on optimal hygiene and sanitation including food safety	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct community mapping to identify nutrition champions and most influential leaders at the community level	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Develop actions plans for the nutrition champions to be engaged with district councils, area development committees, village development committees, traditional authorities and villages, and religious	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct follow-up meetings with district councils, area development committees, village development committees, traditional authorities and villages, and religious leaders on implementation of action plans	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Train FLWs on Interpersonal communication skills	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct mentoring sessions to care groups by FLWs	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Disseminate key message booklet on optimal complementary feeding	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Train care group volunteers on counselling, cooking demonstration, feeding, hygiene practices and food safety	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct mentoring sessions with care group volunteers on household visits and one-on-one counselling.	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Strategic Objectives 3: To enhance optimal feeding and caring practices among children 6-23 months	
Strategy: Promoting knowledge, positive norms and practices on optimal complementary feeding including continued breastfeeding	
Activities	**Responsibility**
Conduct counselling sessions at health facility, household and community on optimal complementary feeding	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct community dialogue on optimal complementary feeding.	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs

Activities	Responsibility
Disseminate key messages on optimal complementary feeding using different communication channels	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct demonstration sessions on complementary food preparation, processing, preservation and storage focusing on locally available foods including underutilised nutrient-rich diversified foods	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct cooking demonstration sessions on nutrient-rich recipes for appropriate complementary feeding including underutilised foods	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct interactive theatre for development performances promoting optimal complementary feeding including continued breastfeeding	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Disseminate key messages on water, sanitation and hygiene (WASH) including food safety	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Strategic Objectives 4: To enhance nutrition behaviours among adolescents	
Strategy: Promote positive nutrition behavioural change for improved nutritional status of the adolescents	
Activities	**Responsibility**
Disseminate key messages on the importance of safe, adequate and diversified nutrient-rich foods for adolescents using different communication channels	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct demonstration sessions on food preparation, processing and storage of nutrient-dense diversified foods	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct awareness campaigns at all levels on nutrition-related non-communicable diseases (NCDs) and their risk factors such as tobacco, alcohol and substance use	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct community sensitization and mobilisation on importance of consumption of fortified and biofortified foods for adolescents.	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct sensitization campaign on iron and folic acid supplementation for in-school and out-of-school adolescent girls	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct peer to peer nutrition education and counselling sessions on adolescent nutrition.	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs

Strategic Objectives 5: To improve nutrition education on consumption of nutrient rich diversified foods	
Strategy: Increase knowledge and promote adoption of positive norms and practices on consumption of nutrient-rich diversified foods	
Activities	**Responsibility**
Conduct education sessions on consumption of nutrient-rich diversified diets using different platforms such as religious gatherings, community meetings, political meetings, home visits	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct awareness and social marketing campaigns on consumption of nutrient-rich diversified diets	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Disseminate key messages on consumption of nutrient-rich diversified diets using different communication channels	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct interactive theatre for development performances promoting consumption of nutrient-rich diversified diets	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct demonstration sessions on food preparation, processing, preservation and storage focusing on locally available foods including underutilised nutrient-rich diversified foods	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct cooking demonstration sessions on recipes for nutrient-rich diversified foods	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct awareness campaigns on taboos, customs and harmful practices that hinder consumption of certain nutritious foods	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct demonstration sessions on water, sanitation and hygiene practices including food safety	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Strategic Objective 6: To improve evidence generation and knowledge management for informed decision making at community, district and national levels	
Strategy: Create demand for nutrition and health services	
Activities	**Responsibility**
Conduct community sensitisation and mobilization on the importance of timely health seeking	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct community sensitisation and mobilisation on available services that can contribute to optimal nutrition using various platforms and communication channels	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct social accountability sessions for community empowerment to demand quality nutrition services	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs

Strategic Objective 7: To create and/or strengthen an enabling environment for effective implementation of nutrition education and communication	
Strategy: Strengthen human and institutional capacity for delivery of nutrition education and communication at all levels	
Activities	**Responsibility**
Develop, produce and disseminate nutrition IEC materials at all levels	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct community sensitisation and mobilisation to develop by-laws for improved nutrition	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct capacity assessment to identify gaps in the delivery of nutrition education and communication at all levels	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Build capacity of service providers on nutrition education and communication at all levels	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct advocacy with relevant institutions and authorities in both public and private sectors for inclusion of nutrition (NCDs, lifestyles, breastfeeding, work productivity, sports) in the workplace	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct advocacy for increased allocation of nutrition resources (human, financial, material)	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Advocate for establishment of breastfeeding corners at all relevant areas including health facilities, workplace	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct initiatives for continuous professional development of governance, coordination and implementation structures such as Cabinet, Parliamentary and Principal Sectaries Committees on Nutrition; DNCC; ANCC; VNCC, ACLANs and CLANs)	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Strategic Objective 6: To strengthen knowledge management of SBCC at all levels	
Strategy: Strengthen evidence generation for informed decision making and actions at all levels	
Activities	**Responsibility**
Conduct formative research on nutrition norms, behaviors and practices	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct operational research on nutrition norms, behaviors and practices	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs

Activities	Responsibility
Conduct rapid assessments on nutrition behaviours such as Lot Quality Assurance Sampling Surveys (LQAS)	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Conduct periodic evaluation on nutrition norms, behaviors and practices	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Disseminate and share research findings at all levels for informed decision making	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs
Create knowledge platforms and interactive communication tools for share data and information at all levels such as nutrition website	DNHA, MoLGRD, MoAIWD, MoH, MoEST, MoGCDSW, NGOs

Annexure II: Monitoring and Evaluation Framework

Strategic Objective 1: To enhance optimal feeding and caring practices among women before, during and after pregnancy								
Performance Indicator	**Target** 2021	**Target** 2022	**Target** 2023	**Target** 2024	**Target** 2025	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Percentage of pregnant women with anemia	32%	31%	30%	29%	28%	33%	DHS	Pregnant women have access to micronutrient supplementation
Percentage of babies with low birth weight	12%	11.5%	11%	10%	9%	13%	DHS	Pregnant women have access to diversified foods
Percentage of pregnant women received antenatal care (ANC) in first trimester	17%	22%	27%	32%	37%	12%	HMIS	Promotion of use of ANC by sectors and partners
Percentage of women of reproductive age group (15-49) who received foods from 4 or more food groups (MDD-W)	29%	32%	34%	37%	38%	27%	DHS	Increased crop and dietary diversity
Percentage of women of reproductive age group (15-49) who have knowledge on six food groups	50%	55%	60%	65%	70%	45%	NNIS	Promotion of dietary diversity scaled up by sectors and partners
Strategic Objective 2: To enhance optimal feeding and caring practices among children 0-5 months								
Percentage of newborns breastfed within 30 minutes of birth	78%	80%	82%	84%	86%	76%	NNIS	Promotion of breastfeeding by sectors and partners
Percentage of children 0–5 months of age who are exclusively breastfed	63%	66%	68%	71%	73%	61%	DHS	Promotion of breastfeeding by sectors and partners
Percentage of children 0–5 months of age who received any additional foods (other than breastmilk)	30%	28%	26%	24%	22%	32%	DHS	Promotion of breastfeeding by sectors and partners

Strategic Objective 3: To enhance optimal feeding and caring practices among children 6-23 months								
Performance Indicator	**Target** 2021	**Target** 2022	**Target** 2023	**Target** 2024	**Target** 2025	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Percentage of children age 20–23 months who received breast milk	77%	79%	81%	83%	85%	75%	DHS	Promotion of breastfeeding by sectors and partners
Percentage of lactating mothers of children 0-2 years received counselling on breastfeeding	76%	78%	80%	82%	84%	74%	NNIS	Promotion of breastfeeding by sectors and partners
Percentage of lactating mothers of children 0-2 years having knowledge on appropriate breastfeeding practices	35%	45%	50%	55%	60%	30%	NNIS	Promotion of breastfeeding by sectors and partners
Percentage of children age 6–23 months who received foods from 4 or more food groups	30%	35%	40%	45%	50%	25%	DHS	Increased crop and dietary diversity
Percentage of children age 6-23months who received minimum meal frequency	34%	39%	44%	49%	54%	29%	DHS	Increased crop and dietary diversity
Percentage of children 6–23 months of age who consumed iron-rich foods	47%	49%	51%	53%	55%	45%	DHS	Increased crop and dietary diversity
Percentage of children 6–23 months of age who received a minimum acceptable diet	12%	17%	21%	26%	30%	8%	DHS	Increased crop and dietary diversity
Percentage of lactating mothers of children 0-2 years received counselling on complementary feeding	76%	78%	80%	82%	84%	74%	NNIS	Promotion of MIYCN by sectors and partners
Percentage of lactating mothers of children 0-2 years having knowledge on appropriate complementary feeding practices	25%	30%	35%	40%	45%	20%	NNIS	Promotion of MIYCN by sectors and partners

Strategic Objective 3: To enhance optimal feeding and caring practices among children 6-23 months								
Performance Indicator	**Target** 2021	**Target** 2022	**Target** 2023	**Target** 2024	**Target** 2025	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Percentage of children age 20–23 months who received breast milk	77%	79%	81%	83%	85%	75%	DHS	Promotion of breastfeeding by sectors and partners
Percentage of lactating mothers of children 0-2 years received counselling on breastfeeding	76%	78%	80%	82%	84%	74%	NNIS	Promotion of breastfeeding by sectors and partners
Percentage of lactating mothers of children 0-2 years having knowledge on appropriate breastfeeding practices	35%	45%	50%	55%	60%	30%	NNIS	Promotion of breastfeeding by sectors and partners
Percentage of children age 6–23 months who received foods from 4 or more food groups	30%	35%	40%	45%	50%	25%	DHS	Increased crop and dietary diversity
Percentage of children age 6-23months who received minimum meal frequency	34%	39%	44%	49%	54%	29%	DHS	Increased crop and dietary diversity
Percentage of children 6–23 months of age who consumed iron-rich foods	47%	49%	51%	53%	55%	45%	DHS	Increased crop and dietary diversity
Percentage of children 6–23 months of age who received a minimum acceptable diet	12%	17%	21%	26%	30%	8%	DHS	Increased crop and dietary diversity
Percentage of lactating mothers of children 0-2 years received counselling on complementary feeding	76%	78%	80%	82%	84%	74%	NNIS	Promotion of MIYCN by sectors and partners
Percentage of lactating mothers of children 0-2 years having knowledge on appropriate complementary feeding practices	25%	30%	35%	40%	45%	20%	NNIS	Promotion of MIYCN by sectors and partners

Strategic Objective 4: To enhance nutrition behaviours among adolescents								
Performance Indicator	**Target** 2021	**Target** 2022	**Target** 2023	**Target** 2024	**Target** 2025	**Baseline**	**Source of Verification**	**Assumptions/ Risks**
Percentage of adolescent girls received IFA supplementation	57%	58%	60%	61%	63%	55%	NNIS	Adolescent girls have access to micronutrient supplementation
Percentage of adolescents with acute Malnutrition	4%	3.9%	3.9%	3.8%	3.8%	4%	SMART Survey	Promotion of health seeking behavior by sectors and partners
Strategic Objective 5: To improve nutrition education on consumption of nutrient rich diversified foods								
Percentage of households practicing integrated homestead farming	41%	43%	45%	47%	49%	39%	NNIS	Increased crop and dietary diversity
Percentage of population with very low food security	56%	51%	46%	41%	36%	61%	IHS	Households are food secure and resilient
Percentage of households where adults consuming 3 meals a day	48%	53%	58%	63%	68%	43%	IHS	Households are food secure and resilient
Percentage of households where children 6-59 months consuming 3 meals a day	54%	59%	64%	69%	74%	49%	IHS	Households are food secure and resilient
Strategic Objective 6: To improve health seeking behaviour and adoption of positive norms and practices at individual, household and community level for improved nutrition								
Percentage of children under 5 with acute malnutrition enrolled in SAM management	74%	76%	78%	80%	82%	72%	CMAM reports	Promotion of health seeking behavior by sectors and partners
Percentage of children under 5 with diarrhea who sought advice or treatment	68%	70%	72%	74%	76%	66%	DHS	Promotion of health seeking behavior by sectors
Percentage of children under 5 with diarrhea who received ORT and continued feeding	54%	59%	64%	69%	74%	49%	DHS	and partners Promotion of ORT by sectors and partners

Performance Indicator	Target 2021	Target 2022	Target 2023	Target 2024	Target 2025	Baseline	Source of Verification	Assumptions/ Risks
Percentage of children under 5 with fever who sought advice or treatment	69%	71%	73%	75%	77%	67%	DHS	Promotion of health seeking behavior by sectors and partners
Percentage of children under 5 participating in growth monitoring and promotion sessions	76%	78%	80%	82%	84%	74%	Care group reports	Promotion of growth monitoring by sectors and partners
Percentage of children under 5 from households with ITN, who slept under an ITN last night	71%	73%	75%	77%	79%	69%	DHS	Promotion of use of ITN by sectors and partners
Percentage of population using improved sources of drinking water	89%	91%	93%	95%	97%	87%	DHS	Promotion of WASH by sectors and partners
Percentage of population using improved sanitation facilities	54%	56%	58%	60%	62%	52%	DHS	Promotion of WASH by sectors and partners
Percentage of households consuming adequately iodised salt	>90%	>90%	>90%	>90%	>90%	90%	DHS/ MICS	Promotion of use of iodised salt by sectors and partners
Strategic Objective7: To create and/or strengthen an enabling environment for effective implementation of nutrition education and communication								
Percentage of care groups established and functional	69%	71%	73%	75%	77%	67%	Care group reports	Promotion of Care group model by sectors and partners
Percentage of care groups trained and utilize the knowledge and skills on nutrition education and communication	82%	84%	86%	88%	90%	80%	Care group reports	Promotion of Care group model by sectors and partners
Percentage of HSAs trained and utilize the knowledge and skills on nutrition	57%	59%	61%	63%	65%	55%	HMIS	Capacity building of HSAs done by MoH
Percentage of CBOs and FBOs trained and utilize the knowledge and skills on nutrition on nutrition education and communication	32%	35%	37%	40%	42%	30%	Social welfare reports	Capacity building of CBOs done by MoGCDSW

Performance Indicator	Target 2021	Target 2022	Target 2023	Target 2024	Target 2025	Baseline	Source of Verification	Assumptions/ Risks
Percentage of extension workers trained and utilize the knowledge and skills on nutrition on nutrition education and communication	47%	49%	51%	53%	55%	45%	DAES reports	Capacity building of extension workers done by MoAIWD
Percentage of teachers trained on nutrition and utilize their knowledge and skills to educate children and young people in schools	66%	68%	70%	72%	74%	64%	SHN reports	Capacity building of teachers done by MoEST
Percentage of district nutritionists trained on nutrition and utilize their knowledge and skills to promote nutrition	78%	80%	82%	84%	86%	76%	District reports	Capacity building of district officials done by MoLGRD
Communication Objective 8: To strengthen knowledge management of SBCC at all levels								
Number of analysis reports published on nutrition education and communication	1	1	1	1	1	0	DNHA reports	Routine monitoring of nutrition education and communication activities
Number of research conducted on nutrition norms, behaviours and practices	1	1	1	1	1	0	DNHA reports	Research on nutrition education are conducted
Number of SBCC dissemination workshops and scientific practical conferences conducted	1	1	1	1	1	0	DNHA reports	SBCC workshops are conducted
Number of districts producing community nutrition reports	18	20	22	24	26	16	NNIS	Harmonized community nutrition reporting tools in place
Number of districts using dashboard to monitor nutrition education and communication activities and results	10	15	20	25	28	0	DNHA reports	Dashboards are developed and disseminated

Annexure III: Nutrition Education and Communication Matrices

Strategic objective 1: To increase knowledge and practices of early initiation, exclusive and continued breastfeeding among pregnant and lactating women

Primary participant 1: Pregnant and lactating women					
Specific objective: Pregnant and lactating women will have understanding of the benefits of early initiation, EBF and continued breastfeeding, leading to desired behaviour change and practices					
Desired changes	**Barriers**	**Perceived benefits**	**Key Information**	**Interventions/ Activities**	**Materials**
• Mothers initiate breastfeeding within 30 minutes of birth • Mothers exclusively breastfeed children (on demand) up to six months • Mothers continue breastfeeding children up to two years or beyond	• Lack of knowledge on how to stimulate breast milk within the first 30minutes • Lack of confidence to demand from service provider to initiate breastfeeding • Mothers believe that first yellowish milk (colostrum) is harmful for the child • Fear of MTCT from breastfeeding (if the mother is HIV positive)	• Early and exclusively breastfed child will be healthier and happier with better physical, mental and cognitive development • Breast milk is the only food and Drink for children under 6 months and contains essential nutrients including water. Breast milk doesn't cost anything as	• Benefits of early initiation, EBF for 6 months, and continued breastfeeding on demand up to 2 years of age or beyond and accompanied by age appropriate complementary food • The first yellowish milk (colostrum) acts as the first vaccination and protects the baby from infections but does not replace immunization. • Appropriate breastfeeding	**Interpersonal Communication** • One on one counselling sessions in health facilities, households (home visits), workplace and other settings • Peer to peer support • Group education sessions through care groups/ IYCF support groups in communities and facilities. **Community mobilization** • Awareness and	• Drama guide/ scripts • Radio scripts • Posters • Billboards • Brochures • Flyers • Instruction videos • Food calendars • Counselling cards • Training manuals • Key message booklet • Exhibition materials

Desired changes	Barriers	Perceived benefits	Key Information	Interventions/ Activities	Materials
	• Mothers do not believe they have enough breast milk for initiation and sustain exclusive breastfeeding • Lack of knowledge on the management of breastfeeding difficulties • Belief that formula is superior to breastmilk • Belief that watery porridge is the best food for young children (0-6 months) • Mothers believe that they should stop breastfeeding when they become pregnant • Lack of skills of mothers to express breast milk when needed • Belief that when	opposed to baby formula. • As breast milk protects the child from getting sick, the medical expenses will be saved • Improved delivery and future pregnancy outcomes • It makes the uterus contract and helps the woman's womb to return to normal and stop bleeding after delivery • EBF during the first 6 months delays the return of fertility hence it is a method of family planning as long as menstruation has not returned and the child is less than 6months	techniques • Breastfeeding support systems including HIV exposed baby and LBW • Common barriers to EBF and how to overcome them • EBF during the first 6 months delays the return of fertility hence it is a method of family planning as long as menstruation has not returned and the child is less than 6 months and is exclusively breastfed • Breastfeeding on demand • Good WASH practices • Common barriers to EBF and how to overcome them	knowledge promotion campaigns • Special days (world breastfeeding week commemoration) • Events - (nutrition fairs, cultural festivals) • Community action theatre **Media** • Electronic media (digital, radio, TV, internet) • Print media (posters, flyers, calendars, reminder stickers)	

Desired changes	Barriers	Perceived benefits	Key Information	Interventions/ Activities	Materials
	a mother travels and child is not breastfed for a day the breast milk goes bad	and is exclusively breastfed • Improved mother- child bonding			
Primary Participant 2: Fathers/partners and other care givers of children					
Specific objective: Fathers and other care givers will have understanding of the benefits of early initiation, EBF and continued breastfeeding and understand their role and responsibilities in supporting pregnant and lactating women					
• Support mothers to breastfeed within30 minutes of birth, • Support mothers to exclusively breastfeed up to 6 months • Support mothers continue breastfeeding on demand until 2 years of age or beyond	• Lack of knowledge on the benefits of EBF for the first 6 months • Fathers and other care givers believe that first yellowish milk (colostrum) is harmful for the child • Belief that formula is superior to breastmilk • Belief that breast milks not sufficient for sustain the child growth	• Breastfed child will be healthier and happier with better physical, mental and cognitive development • Breast milk is the only food for children under 6 months and doesn't cost anything. • As breast milk protects the child from getting diseases like diarrhoea and pneumonia,	• Benefits of breastfeeding within 30 minutes of birth • Benefits of exclusive breastfeeding for six months and breastfeeding techniques • Benefits of continued breastfeeding on demand up to 2 years of age or beyond • Myths/ misconceptions about exclusive breastfeeding • How to support mothers on breast feeding practices	**Interpersonal Communication** • Household visits by care group members (peer-to-peer interaction) **Community Mobilisation** • Feeding demonstrations • Interactive Theatre performance (dramas) • Male championship program **Mass Media** • Electronic media	• Drama guide/ scripts • Radio scripts • Posters • Billboards • Brochures • Flyers • Instruction videos • Food calendars • Counselling cards • Training manuals • Key message booklet • Exhibition materials

Desired changes	Barriers	Perceived benefits	Key Information	Interventions/ Activities	Materials
	• Belief that the child needs water in addition to the breastmilk • Belief that watery porridge is the best food for young children (0-6 months) • Fathers and other care givers believe that the mothers should stop breastfeeding when they become pregnant • Lack of household chores support by fathers and care givers for pregnant and lactating women • Lack of knowledge to create a conducive environment to support the stimulation of milk production	household medical expenses will be saved.	• Benefits of practicing optimal hygiene and food safety in caring for mothers and children • Benefits of optimal child spacing	(digital, radio, TV, internet) • Print media (posters, flyers, calendars, reminder stickers)	

Secondary participant 1: Influential Leaders (including local leaders and religious leaders)					
Specific objective 1: To increase the number of community leaders who understand and demonstrate/ support publicly on the importance of early initiation, EBF and continued breastfeeding from 6 months to 2 years and beyond and take action to encourage community members to support mothers in optimal breastfeeding care and practices.					
• Dispel myths and misconception on first yellow milk to encourage breastfeeding within the first 30 minutes of birth • Encourage women to demand breastfeeding their child within 30 minutes of birth • Encourage women to demand quality care during and after pregnancy including ANC -Iron supplementation, Malaria prophylaxis, PMTCT, Family planning and breastfeeding within the first 30 minutes of birth • Promote male involvement in Supporting their	• Lack of knowledge on the benefits of early initiation of breastfeeding • Lack of knowledge on the benefits of EBF • Perception that breast feeding is the responsibility of women only • Lack of understanding of the role leaders can play in promotion of breastfeeding • Lack of motivation on the leaders to encourage their communities due to low perceived communal benefits • Lack of skills to	• Leaders will be seen that they value and care for their community members • Pride in being a role model and healthy community • Pride in being a champion community • Healthier children in the community • Healthier and more productive community members • Quality nutrition services being offered in their community	• Benefits of early initiation of breast feeding • Benefits of exclusive breastfeeding • Benefits of limiting family size and child spacing • Role of leaders in promoting breastfeeding • Motivation on building the leaders skills for collective action • Accountability on provision of quality services on the part of health care providers	**Community Mobilisation:** • Lead sensitization and motivation campaigns (open days, cultural festivals • Demonstration days for male championship • Group meetings at all levels and follow-up with other leaders in the community • Lead in identification of nutrition champions • Role model utilization (champion communities/ leaders)	• Briefs for leaders on EBF, optimal hygiene and food safety in caring for children under 6 months, • Briefs on leadership skills • Key message booklet for community leaders to use with community members • Low literary leaflets to distribute to community members • Guidance notes on selection

Desired changes	Barriers	Perceived benefits	Key Information	Interventions/ Activities	Materials
wives during pregnancy and breastfeeding. • Encourage community members to practice effective family planning methods to limit family size and space children at least 2 years apart • Encourage women to practice good nutrition practices during pregnancy and after pregnancy, initiate breastfeeding during the first 30 minutes of life, exclusively Breastfeed their infants up to 6 months and continue breastfeeding up to two years and beyond coupled with complimentary feeding after 6 months	develop their skills for collective community mobilization			**Mass media:** • Electronic media (digital, radio, TV, internet) • Print media (posters, flyers, calendars, reminder stickers)	of nutrition champions

Secondary participant 2: Frontline Workers (including extension workers from health, agriculture, education, and gender sectors and NGOs)					
Specific objective 1: To increase the number of FLWs who have skills and understanding to promote early initiation, EBF and continued breastfeeding among pregnant and lactating mother and community members					
• Frontline workers using recommended IPC skills supporting pregnant and lactating mothers • Frontline workers who disseminate correct information through home visits, small groups, health education and village clinic sessions	• Inadequate knowledge and skills to deliver effective breastfeeding education • Inadequate resources (e.g. for mobility) • Lack of on the job training • Inadequate support from supervisors and district personnel	• Increased job satisfaction/ professional pride among FLWs when they have skills • Reduced number of malnourished children in the community • Healthier children in the community • Healthier and more productive community members • FLWs will be perceived by the community to value and care for their community members • Harmonised and integrated approach for service delivery	• Best practices on breastfeeding and how to engage the community members • Best practices on family planning, child spacing and how to engage the community members	• Training of FLWs • FLWs' Learning Forum (established learning forums that meet quarterly) on breastfeeding • FLWs Learning Exchange Visits • Periodic supervisory visits to FLWs by district teams • Training care group leaders on counselling and feeding demonstration	• Revised SUN community manual • Counselling cards/flip charts • Key message booklets for FLWs • Quality improvement checklist • HH visit and follow-up forms

Secondary participant 3: Care group promoters, Community mobilizers and other care group members					
Specific objective: To increase the number of caregroup promoters who understand and demonstrate the importance of early initiation, EBF and continued breastfeeding and take actions to encourage caregroup members to support mothers in optimal breastfeeding care and practices.					
• Care group promoters promote and counsel mothers on early initiation; EBF and continued breastfeeding; • Care group promoters promote and counsel fathers and other caregivers to support mothers on early initiation; EBF and continued breastfeeding	• Limited time during counselling sessions • Competing demands of care group leaders • Distance to households • Lack of knowledge about the benefits of early initiation; EBF and continued breastfeeding • Low literacy levels	• Healthier families and communities • Recognition/ social status in the community • Sense of satisfaction • Reduced number of malnourished children in the community • Care group leaders will be perceived as they value and care for their community members	• Benefits of early initiation, EBF, • Benefits of peer-to-peer counselling • Importance of male involvement • Best practices on breastfeeding and how to engage the community members • Best practices on family planning, child spacing and how to engage the community members	**Interpersonal Communication** • Household visits (peer-to-peer interaction) • Mentoring care group leader son household visits and one-on-one counselling **Community Mobilisation** • Feeding demonstrations • Interactive Theatre performance (dramas) • Male championship program **Mass Media** • Electronic media (digital, radio)	• Revised SUN community manual • Counselling cards/flip charts • Key message booklets for care group leaders • Quality improvement checklist • HH visit and follow-up forms

Desired changes	Barriers	Perceived benefits	Key Information	Interventions/ Activities	Materials
				• Print media (posters, flyers, calendars, reminder stickers) • Promotional materials	

Strategic Objective 2: To increase knowledge, behaviour and practices of optimal complementary feeding among caregivers

Primary participant 1: Fathers, mothers and other care givers of children 6-24 months					
Specific objective 1: To increase the number of fathers, mothers and other care givers of children aged 6-24 months having understanding of the benefits of providing diversified nutritious age appropriate complementary foods to children, along with MNP and improved WASH practices					
Desired changes	**Barriers**	**Perceived benefits**	**Key Information**	**Interventions/ Activities**	**Materials**
• Mothers of children aged 6-24 months provide age appropriate complementary meals prepared from six food groups daily and continued breastfeeding up to 2 years of age and beyond • Fathers and care givers of children aged 6-24 months provide age appropriate complementary meals prepared from six food groups daily • Fathers, mothers	• Lean season limits availability of complementary food • Infants share from the same plate as older siblings in many households and often are not getting sufficient food • Fathers failure to provide adequate and nutritious food for the household • Beliefs and norms that prevent consumption of certain nutritious foods	• Children who consume diversified nutritious foods from six food groups have better physical, mental growth and cognitive development and eventually do better in school • Children who receives appropriate care, stimulation and responsive/active feeding have early learning skills.	• Food diversification from six food groups and MNP • Food preparation from six food groups and appropriate feeding practices • Responsive /active feeding, stimulation and care practices • Food safety, body hygiene, hand washing with soap and improved sanitation and hygiene practices • Food processing, preservation and storage techniques • Promotion of integrated homestead	**Interpersonal Communication** • Household counselling (via Care Groups) • Facility-based health talks and counselling **Community Mobilisation** • Cooking and feeding demonstrations • Nutrition Open Days/Fair • Interactive Theatre Performance (Dramas) • Community dialogue	• Drama scripts • Counselling cards • Radio scripts • Instructional Video • Posters • Billboards • Brochures • Flyers • Local recipe books • Food calendars • Key message booklet

Desired changes	Barriers	Perceived benefits	Key Information	Interventions/ Activities	Materials
and care givers adding multiple micronutrient powders (MNP) to diversified nutritious complementary foods for children 6-24 months • Fathers, mothers and care givers Practice optimal water, hygiene and sanitation including food safety in caring for children under2 • Fathers, mothers and care givers practice early stimulation, responsive/active feeding and care practices	• Limited knowledge and skills on preparation of quality diversified nutritious foods in the right frequency, amount, density and variety • Limited access to clean and safe water and sanitation facilities to promote hygiene • Limited knowledge and skills of fathers, mothers and caregivers on responsive/ active feeding, stimulation and care practices • Negative attitude among fathers to combine child feeding and play	farming (crops, vegetables, fruits, small livestock and fish farming) • Use of locally available foods and seasonal availability • Relationship between gender norms and nutrition • Relationship between active feeding, play time and father/child bonding	**Mass Media** • Electronic media (digital, radio, TV) • Print media (posters, flyers, calendars, reminder stickers) • Promotional materials	• Print media (posters, flyers, calendars, reminder stickers) • Promotional materials	

Secondary participant 1: Influential leaders (including local and religious leaders)					
Specific objective1:To increase the number of community leaders who understand and demonstrate/support publicly on the importance of age-appropriate diversified nutritious complementary foods along with MNPs and appropriate WASH practices and take actions to encourage community members to practice early stimulation and responsive feeding.					
• Influential leaders support and encourage community members to provide age appropriate complementary meals prepared from six food groups daily and continued breastfeeding up to 2 years of age and beyond • Influential leaders empowering/ supporting various groups at community level with knowledge and skills to get engaged in nutrition activities • Influential leaders encourage community members to add multiple	• Limited knowledge on the benefits of optimal complementary feeding • Perception that complementary feeding is the responsibility of women only • Limited knowledge on the interrelationship between nutrition and optimal hygiene and food safety • Lack of understanding and motivation to play in improving complementary feeding practices. • Lack of mobilization skills	• Leaders will be seen to value and care for their community members • Healthier children in the community • Healthier and more productive community members • Reduced number of malnourished children • Pride among chiefs who are seen to mobilize their communities on nutrition	• Benefits of consuming diversified nutritious complementary foods • Benefits of including MNPs along with complementary foods. • Benefits of optimal hygiene and food safety in caring for children under2 • Role of leaders in improving complementary feeding • Benefits of early stimulation, responsive feeding and care practices • Benefits of male involvement in complementary feeding	**Community Mobilisation:** • Lead sensitization/ motivation campaigns • Group meetings at all levels and follow-up with other leaders in the community • Lead in identification of nutrition champions/role models • Mobilization of religious community (Christian, Moslem and other religions) **Mass media:** • Electronic media (digital, radio, TV, internet)	• Briefs for leaders on age-appropriate diversified nutritious foods and food safety in caring for children under 6-24 months • Brief on leadership and community mobilization skills for leaders • Key message booklet for community leaders to use with community members • Low literary leaflets to

Desired changes	Barriers	Perceived benefits	Key Information	Interventions/ Activities	Materials
micronutrient powders (MNP) to diversified nutritious complementary foods for children 6-24 months • Influential leaders encourage community members to Practice optimal water, hygiene and sanitation including food safety in caring for children under2 • Influential leaders encourage community members to practice early stimulation, responsive/active feeding and care practices • Influential leaders encouraging male involvement in complementary feeding	among community leaders			• Print media (posters, flyers, calendars, reminder stickers)	distribute to community members • Guidance notes on selection of nutrition champions/ role models

Secondary participant 2: Frontline workers (including extension workers from health, agriculture, education sectors and staff from NGOs)					
Specific objective 1: To increase the number of FLWs who understand and promote the benefits of age-appropriate diversified nutritious complementary foods, early stimulation, responsive feeding and care practices for children 6-24 months among community members and leaders to encourage community members to practice early stimulation and responsive feeding.					
• Well trained frontline workers with correct information on optimal complimentary feeding supporting fathers, mothers and caregivers of children 6-24 months through home visits, health education and village clinic sessions • Front line workers with recommend IPC skills who disseminate correct information on complementary feeding.	• Inadequate knowledge and skills to deliver effective young child stimulation, responsive feeding and care practices • Inadequate resources (e.g. for mobility) • Inadequate support from supervisors and district personnel	• Increased job satisfaction among FLWs • Reduced number of malnourished children in the community • FLWs will be perceived as they value and care for their community members • Healthier children in the community • Healthier and more productive community members • Harmonised and integrated approach for service delivery	• Best practices on age-appropriate, diversified, nutritious complementary foods along with MNPs • Best practices on young child stimulation, responsive feeding and care practices and how to engage the community members • Best practices on family planning, child spacing and how to engage the community members	• Training of FLWs • FLWs' Learning Forum (established learning forums that meet quarterly) on Complementary feeding • FLWs Learning Exchange Visits • Periodic supervisory visits to FLWs by district teams • Training care group leaders on counselling, cooking and feeding demonstration	• Revised SUN community manual • Counselling cards/flip charts • Key message booklets for FLWs • Quality improvement checklist • HH visit and follow-up forms • Local recipe book

Secondary participant 3: Care group promoters and other care group members					
Specific objective 1: To increase the number of care group promoters who understand and demonstrate the importance of age-appropriate diversified nutritious complementary foods, early stimulation, responsive feeding and care practices for children 6-24 months and take actions to encourage care group members to support fathers, mothers and care givers.					
• Care group promoters promote and counsel fathers, mothers and care givers on age-appropriate diversified nutritious complementary feeding along with MNPs • Care group promoters promote and counsel fathers, mothers and care givers on optimal hygiene and food safety in caring for children under2.	• Limited time during counselling sessions • Competing demands of care group leaders • Distance to households • Limited knowledge about the benefits of age-appropriate diversified nutritious complementary foods, early stimulation, responsive feeding and care practices • Low literacy levels • Limited knowledge about the benefits of using MNPs along with complementary foods for children age 6-24 months	• Healthier families and communities • Recognition/ social status in the community • Sense of satisfaction • Reduced number of malnourished children in the community • Care group leaders will be perceived as they value and care for their community members	• Benefits of age-appropriate diversified nutritious complementary foods, early stimulation, responsive feeding and care practices • Benefits of micro nutrient powder supplementation • Benefits of peer-to-peer counselling • Importance of male involvement • Best practices on complementary feeding and how to engage the community members • Best practices of optimal hygiene and food safety practices in caring for children under2	**Interpersonal Communication** • Household visits (peer-to-peer interaction) • Mentoring care group members on one-on-one counselling **Community Mobilisation** • Cooking and Feeding demonstrations • Interactive Theatre performance (dramas) • Male championship program **Mass Media** • Electronic media (digital, radio) • Print media (posters, flyers, calendars, reminder stickers) • Promotional materials	• Care group modules • Revised SUN community manual • Counselling cards/flip charts • Key message booklets for care group members • Quality improvement checklist • Food calendar • Recipe book in local languages • Checklists for home visits • Brief highlighting care group leader best practices

Strategic Objective 3: To improve behaviour and practices on consumption of diversified foods at individual and household level with emphasis on children, adolescents, pregnant and lactating women

Primary participant 1: Adolescents age group 10-19 years					
Specific objective 1: To increase the number of adolescents (10-19 years) consuming diversified nutritious foods from all six food groups and taking iron supplementation as recommended.					
Desired changes	**Barriers**	**Perceived benefits**	**Key Information**	**Interventions/ Activities**	**Materials**
• Adolescent girls consume diversified nutritious foods from all the six food groups • Adolescent girls take iron folic acid supplementation regularly as recommended • Adolescent girls practices optimal hand washing, hygiene and sanitation at all critical times	• Limited knowledge on the importance and benefits of consuming diversified nutritious meals from all six food groups • Increased household work as caretaker which limits adolescent girls access to food intake • Intake of inadequate iron rich foods • Limited knowledge and skills in preparing	• Healthier adolescents and productive community • Reduced number of malnourished adolescents • Better skills in preparation of diversified nutritious meals from six food groups • Better education outcomes • Adolescents are well nourished • Adolescents are protected from infections and diseases with	• Benefits of consuming diversified nutritious meals from all six food groups • Benefits of taking iron and other micronutrient supplementation and de-worming regularly • Knowledge and information on preparation of nutritious meals from all six food groups • Benefits of optimal hygiene practices • Benefits of optimal WASH practices • Information on harmful effects of unhealthy lifestyle	**Interpersonal communication** • One on one counselling • Peer to peer education sessions **Community mobilisation** • Engagement with youth groups, school structures, parent-teachers group meetings • Dialogue sessions • Events, campaigns, special days • Social marketing **Social mobilisation** • Engaging private	• Drama scripts • Counselling cards • Radio scripts • Posters • Billboards • Brochures • Flyers • Local recipe books • Food calendars • Key message booklet

Desired changes	Barriers	Perceived benefits	Key Information	Interventions/ Activities	Materials
	and access to nutritious meals from the six food groups • Non-availability of adolescent specific forums for nutrition • Limited access to adequate variety of foods (livestock) in the household. • Limited knowledge on benefits of micronutrient supplementation and de-worming • Lack of peer support on WASH practices • Early pregnancy • Media influences on food choices and body image	appropriate WASH practices • Adolescents practicing healthy lifestyle activities	behaviours such as smoking, alcohol consumption, sugary beverages, junk foods • Information on negative consequences of physical inactivity	sectors, CSOs, CBOs and NGOs **Mass media** • Electronic media (digital, radio, TV, Social Media) • Print media (posters, flyers, reminder stickers) • Promotional materials	

Primary participant 2: Pregnant and lactating women					
Specific objective 1: To increase the number of pregnant and lactating women consuming diversified nutritious foods from all six food groups and taking iron supplementation as recommended.					
• Pregnant and lactating women consuming diversified nutritious foods from all the six food groups • Pregnant and lactating women eating an extra meal daily as recommended • Pregnant and lactating women consume iron rich foods • Pregnant and lactating women using iodised salt in their meals • Pregnant and lactating women taking fortified foods • Pregnant and lactating women practicing optimal hand washing,	• Limited knowledge on the importance and benefits of consuming diversified nutritious meals from all six food groups • Myths, beliefs, norms, misconceptions and taboos on consumption of certain nutritious foods • Limited knowledge about ANC services • Limited knowledge on availability of fortified foods • Limited knowledge on nutrition	• Healthier mothers and babies • Productive community • Healthy Babies with normal birth weight (more than 2500gms) • Better skills in preparation of diversified nutritious meals from six food groups • Better pregnancy outcomes • Pregnant and lactating women are well nourished • Pregnant and lactating women are protected from infections and diseases with appropriate WASH practices	• Benefits of consuming diversified nutritious meals from all six food groups • Benefits of eating extra meal and taking adequate rest daily • Benefits of taking iron and other micronutrient supplementation and de-worming regularly • Knowledge and information on preparation of nutritious meals from all six food groups • Benefits of optimal WASH practices • Information on harmful effects of unhealthy lifestyle behaviours such as smoking, alcohol consumption, sugary beverages, junk foods	**Interpersonal communication** • One on one counselling • Peer to peer education sessions • Group education sessions **Community mobilisation** • Engagement with caregroups, • Dialogue sessions • Events, campaigns, special days • Cooking demonstrations • Interactive theatre performance (drama) • Community sensitization (awareness campaigns) • Social marketing	• Drama scripts • Counselling cards • Radio scripts • Posters • Billboards • Brochures • Flyers • Local recipe books • Food calendars • Key message booklet

Desired changes	Barriers	Perceived benefits	Key Information	Interventions/ Activities	Materials
hygiene and sanitation at all critical times • Pregnant women attending ANC within first trimester and at least 4 times during the pregnancy • Pregnant women taking 120 iron folic acid tablets during their pregnancy regularly as recommended	requirements during pregnancy • Limits access to food intake and poor eating habits • Intake of inadequate iron rich foods • Limited knowledge and skills in preparing nutritious meals from the six food groups • Limited access to adequate variety of foods (livestock) in the household. • Limited knowledge on benefits of micronutrient supplementation and de-worming • Limited knowledge on storage of iodised salt	• Pregnant and lactating women practising healthy lifestyle activities	• Benefits of physical activity	**Social mobilisation** • Engaging chiefs, private sectors, CSOs, FBOs, CBOs and NGOs on ANC services **Mass media** • Electronic media (digital, radio, TV, Social Media) • Print media (posters, flyers, reminder stickers) • Promotional materials	

Primary participant 3: Fathers, mothers and care givers of children age 2-5 years					
Specific objective1: To increase the number of fathers, mothers and caregivers of children aged 2-5 years providing diversified nutritious foods from all six food groups to their children along with early stimulation, responsive parenting and care practices.					
• Fathers, mothers and care givers of children aged 2-5 years providing age appropriate diversified nutritious foods from all six food groups • Fathers, mothers and care givers of children aged 2-5 years practising optimal hand washing, water handling, hygiene and sanitation • Children aged 2-5 years practicing appropriate hygiene and sanitation and hand washing with soap • Fathers, mothers and care givers of children aged 2-5 years providing early stimulation,	• Limited knowledge on the importance and benefits of consuming diversified nutritious meals from all six food groups • Myths, beliefs, norms, misconceptions and taboos on consumption of certain nutritious foods • Limited knowledge on availability of fortified foods • Limited access to adequate variety of foods (livestock) in the household. • Limited knowledge on	• Healthier children • Productive community • Fathers, mothers and care givers of children aged 2-5 years with knowledge and understanding on diversified nutritious foods from all six food groups	• Benefits of consuming diversified nutritious meals from all six food groups • Benefits of taking micronutrient supplementation and de-worming regularly • Knowledge and information on preparation of nutritious meals from all six food groups • Benefits of optimal WASH practices • Information on harmful effects of unhealthy lifestyle behaviours such as sugary beverages, junk foods, oily foods • Benefits of health life style activities such as playing, eating fruits, drinking adequate safe water	**Interpersonal communication** • One on one counselling • Peer to peer education sessions • Group education sessions **Community mobilisation** • Growth monitoring and promotion sessions • Engagement with care groups ,C DAs • Engagement with CBCCs • Events, campaigns, special days • Cooking demonstrations • Interactive theatre performance (drama) • Community sensitization	• Drama scripts • Counselling cards • Radio scripts • Posters • Billboards • Brochures • Flyers • Local recipe books • Food calendars • Key message booklet

Desired changes	Barriers	Perceived benefits	Key Information	Interventions/ Activities	Materials
responsive parenting and care practices.	early stimulation, responsive parenting and care practices • Limited knowledge on signs of malnutrition		• Benefits of physical activity • Benefits of healthy snacks and lunch for preschool going children • Benefits of early stimulation, responsive parenting and care practices	(awareness campaigns) **Social mobilisation** • Engaging chiefs, private sectors, CSOs, FBOs, CBOs and NGOs on ECD **Mass media** • Electronic media (digital, radio, TV, Social Media) • Print media (posters, flyers, reminder stickers) • Promotional materials	

Secondary participant 1: Influential leaders (including local and religious leaders)					
Specific objective 1: To increase the number of community leaders who understand and demonstrate/ support publicly the importance of providing diversified nutritious foods from all six food groups to children aged 2 – 5 year along with early stimulation, responsive parenting and care practices and take actions to encourage community members to support this. **Specific Objective 2: To increase the number of community leaders who understand and demonstrate/ support publicly the importance of providing diversified nutritious foods from all six food groups and encourage adolescent girls and pregnant women to take iron folate supplements as recommended among and take actions to encourage community members to support this**					
• Influential leaders support and encourage community members to provide diversified nutritious meals prepared from six food groups • Influential leaders encourage community members to Practice optimal water, hygiene and sanitation including food safety • Children aged 2-5 years, adolescent	• Limited knowledge on the preparation of diversified nutritious foods • Perception that feeding of children is the responsibility of only women • Limited knowledge on the benefits of optimal hygiene and food safety • Lack of understanding of the role leaders can play	• Leaders will be seen to value and care for their community members • Healthier children in the community • Healthier and more productive community members • Reduced number of malnourished children • Increased participation in nutrition activities at community level	• Benefits of consuming diversified nutritious foods • Benefits of optimal hygiene and food safety • Role of leaders in improving nutrition • Benefits of early stimulation, responsive feeding and care practices • Benefits of taking micronutrient supplementation and de-worming regularly • Information on harmful effects of unhealthy lifestyle	**Community Mobilisation:** • Lead sensitization campaigns • Group meetings at all levels and follow-up with other leaders in the community • Lead in identification of nutrition champions **Mass media:** • Electronic media (digital, radio, TV, internet) • Print media (posters, flyers,	• Briefs for leaders • Key message booklet • Low literary leaflets • Flyers • Guidance notes on selection of nutrition champions

Desired changes	Barriers	Perceived benefits	Key Information	Interventions/ Activities	Materials
girls, pregnant and lactating mothers practicing appropriate hygiene and sanitation and hand washing with soap • Influential leaders encourage community members to practice early stimulation, responsive feeding and care practices • Influential leaders encourage pregnant women attend ANC within first trimester and at least 4 times during the pregnancy	in improving nutrition		behaviours such as sugary beverages, junk foods, oily foods, alcohol and drugs • Benefits of health life style activities such as physical exercise, eating fruits, drinking adequate safe water • Benefits of healthy snacks and lunch for preschool going children	calendars, reminder stickers)	

Secondary participant2: Frontline workers (including extension workers from health, agriculture, education, and sectors and NGOs)					
Specific objective 1: To increase the number of FLWs who understand and promote the benefits of providing diversified nutritious foods from all six food groups to children aged 2 – 5 year along with early stimulation, responsive parenting and care practices among community members and leaders. **Specific Objective 2: To increase the number of FLWs who understand and promote the benefits of providing diversified nutritious foods from all six food groups and taking iron folate supplements as recommended**					
• Well trained frontline workers supporting children(2-5years), adolescent girls, pregnant and lactating women, and community leaders • Front line workers with relevant IPC skills and information engaging with community members	• Inadequate knowledge and skills to deliver effective young child stimulation, responsive feeding and care practices • Inadequate knowledge on adolescent nutrition • Inadequate resources (e.g. for mobility) • Inadequate support from supervisors and district personnel • Lack of knowledge on integrate	• Increased job satisfaction among FLWs • Reduced number of malnourished children in the community • FLWs will be perceived as they value and care for their community members • Healthier children in the community • Healthier and more productive community members • Harmonised and integrated	• Best practices on age-appropriate, diversified, nutritious foods from the six food • Food preparation, processing, preservation and storage • Best practices on young child stimulation, responsive feeding and care practices and how to engage the community members • Best practices on family planning, child spacing and how to engage the	• Training of FLWs • FLWs' Learning Forum (established learning forums that meet quarterly) • FLWs Learning Exchange Visits • Periodic supervisory visits to FLWs by district teams • On-farm demonstrations • Training care group leaders on counselling, cooking and feeding demonstrations	• Revised SUN community manual • Counselling cards/flip charts • Key message booklets for FLWs • Quality improvement checklist • HH visit and follow-up forms • Local recipe book

Desired changes	Barriers	Perceived benefits	Key Information	Interventions/ Activities	Materials
	Household Farming	approach for service delivery • Increased availability of a variety of foods at household level	community members • Information on harmful effects of unhealthy lifestyle behaviours such as sugary beverages, junk foods, oily foods, alcohol and drugs • Promotion of Integrated Household Farming		
Secondary participant 3: Care group promoters and other care group members					
Specific objective 1: To increase the number of care group promoters and other care group members who understand and demonstrate the importance of providing diversified nutritious foods from all six food groups to children aged 2 – 5 year along with early stimulation, responsive parenting and care practices and take actions to encourage care group members to support fathers, mothers and care givers. **Specific Objective 2: To increase the number of care group promoters and other care group members who understand and promote the benefits of providing diversified nutritious foods from all six food groups and taking iron folate supplements as recommended for adolescent girls, pregnant and lactating women among community members and leaders**					
• Care group promoters promote and counsel fathers, mothers and caregivers	• Limited time during counselling sessions • Competing demands of care	• Healthier families and communities • Recognition/ social status in the community	• Benefits of consuming diversified nutritious foods, early stimulation, responsive feeding	**Interpersonal Communication** • Household visits (peer-to-peer interaction)	• Care group modules • Revised SUN community manual

Desired changes	Barriers	Perceived benefits	Key Information	Interventions/ Activities	Materials
on consumption of diversified nutritious food • Care group promoters promote and counsel fathers, mothers and care givers on optimal hygiene and food safety • Care group promoters promote and counsel pregnant women to attend ANC within first trimester and at least 4 times during the pregnancy • Care group promoters promote and counsel adolescent girls and pregnant women to take iron folic acid tablets as recommended	group leaders • Distance to households • Limited knowledge about the benefits of consuming diversified and nutritious foods, early stimulation, responsive feeding and care practices • Low literacy levels • Limited knowledge on Integrated Household Farming	• Sense of satisfaction • Reduced number of malnourished children in the community • Care group leaders will be perceived as they value and care for their community members • Increased availability of a variety of foods at household level	and care practices • Benefits of peer-to-peer counselling • Importance of male involvement • Best practice show to engage with community members • Best practices of optimal hygiene and food safety practices • Promotion of Integrated Household Farming	• Mentoring care group members on one-on-one counselling **Community Mobilisation** • Cooking and Feeding demonstrations • On-farm demonstration • Interactive Theatre performance (dramas) • Male championship program **Mass Media** • Electronic media (digital, radio) • Print media (posters, flyers, calendars, reminder stickers) • Promotional materials	• Counselling cards/flip charts • Key message booklets for care group members • Quality improvement checklist • Food calendar • Recipe book in local languages • Checklists for home visits • Brief highlighting care group leader best practices

Strategic Objective 4: To improve health seeking behaviours and adoption of positive norms and practices for nutrition services at individual, household and community level

Primary participant 1: Adolescent boys and girls					
Specific objective 1: To increase the number of adolescent girls and boys who understand and adopt positive norms and practices for nutrition services					
Desired changes	**Barriers**	**Perceived benefits**	**Key Information**	**Interventions/ Activities**	**Materials**
• Delay marriage to after the age of19 • Delay first pregnancy until after the age of19 • Complete secondary education • Eat nutritious and diverse foods for improved nutritional status • Take iron folate supplement regularly • Adolescent girls and boys consume diversified nutritious food • Adolescent girls and boys adopt optimal WASH practices	• Cultural norms (e.g. parents may want daughters to marry before the age of19 and begin having children soon after marriage) • Peer pressure from friends who are getting married before the age of 19 • General access to food especially during the lean period which can lead to transactional sex (resulting in unwanted pregnancies)	• Delayed pregnancy among adolescent girls • Better pregnancy outcomes and limited pregnancy complications • Healthier adolescents and their future children • Higher wages and opportunities due to better education	• Information on life skills to deal with peer pressure to avert early pregnancy, early marriage and dropping out of school • Information on life skills to negotiate use of modern contraceptive methods to avoid early pregnancy • Information on why and how to access nutritious and diverse foods • Benefits of taking iron folate supplement regularly for improved nutritional status	**Interpersonal Communication** • Training of adolescent girls on life skills including nutrition through youth-friendly services and programs • Group and one-on-one meetings with adolescents in schools, households, youth groups and in villages **Community Mobilisation** • Peer meetings with youth groups	• Counselling cards/flip charts • Key message booklets for adolescents • Quality improvement checklist • Food calendar • Recipe book in local languages • Scripts for radio and TV • Flyers/ brochures • Scripts with discussion topics for social media

Desired changes	Barriers	Perceived benefits	Key Information	Interventions/ Activities	Materials
• Adolescent girls and boys use iodised salt in food preparation and consumption • Adolescent girls and boys sleep under ITN every night and report early signs of fever to a facility promptly and adhere treatment regimes • Adolescents have and use essential life skills including analytical decision making, good communication, assertiveness and effective negotiation and are able to negotiate safer sex • Sexually active adolescents use contraceptives to prevent teenage pregnancies	• Economic challenges (e.g. lack of school fees leads to girls dropping out of school and increases the chance of early marriage) • Limited knowledge and access to information on importance of diversified diets • Limited knowledge of benefits of and access to iron-folate supplement • Limited knowledge of and access to modern contraceptive methods		• Best practices of optimal hygiene and food safety practices • Benefits of using ITN every night	**Mass Media** • Life skills radio program (to reach rural adolescents) and TV Series (to reach urban adolescents) **Social media discussion forum**	

Primary participant 2: Pregnant women					
Specific objective 1: To increase the number of pregnant women who understand and adopt positive norms and practices for nutrition services					
Desired changes	**Barriers**	**Perceived benefits**	**Key Information**	**Interventions/ Activities**	**Materials**
• Eat nutritious and diverse foods for improved nutritional status • Take iron folate supplement regularly • Pregnant women adopt optimal WASH practices • Pregnant women use iodised salt in food preparation and consumption • Pregnant women sleep under ITN every night and report early signs of fever to a facility promptly and adhere treatment regimes • Pregnant women attend ANC within	• Beliefs that pregnancy is normal and needs no special attention • Cultural beliefs that encourage women to hide pregnancy • Poor knowledge of danger signs during pregnancy and their severity • Limited knowledge of benefits of and access to iron-folate supplement • Limited knowledge of and access to modern contraceptive methods	• Better pregnancy outcomes and limited pregnancy complications • Healthier babies • Better health seeking behaviour • Improved nutrition status • Reduced expenses on medical treatments	• Information on why and how to access nutritious and diverse foods • Benefits of taking iron folate supplement regularly for improved nutritional status • Best practices of optimal hygiene and food safety practices • Benefits of using iodised salt in foods • Benefits of adherence to treatment regimes • Benefits of ANC • Benefits of safe delivery at health facilities • Benefits of using ITN every night	**Interpersonal Communication** • Training of pregnant women on optimal WASH practices • Group and one-on-one meetings with pregnant and lactating women during ANC visits **Community Mobilisation** • Sensitisation for ANC • Awareness campaigns on infectious diseases **Mass Media** • Life skills radio program and TV Series	• Counselling cards • Flip charts on IMNCI • Key message booklets • Food calendar • Recipe book in local languages • Scripts for radio and TV • Flyers/ brochures • Scripts with discussion topics for social media

Desired changes	Barriers	Perceived benefits	Key Information	Interventions/ Activities	Materials
the first trimester and complete at least 4 visits to health facilities • High risk pregnant women should visit health facilities regularly and adhere to treatment regimes • Pregnant women understand danger signs of pregnancy and report to health facilities promptly • Pregnant women accessing information on family planning	• Insufficient knowledge of the link between hand washing and disease prevention			• Social media discussion forum	
Secondary participant 1: Fathers, Mothers and care givers of Children under 5					
Specific objective 1: To increase the number of fathers, mothers and care givers who understand and adopt positive norms and practices for nutrition services					
• Fathers, mothers and caregivers adopt optimal WASH practices	• Low knowledge of the link between hand washing and disease prevention	• Optimal WASH practices at household level • Healthier babies	• Best practices of optimal WASH practices • Benefits of using	**Interpersonal Communication** • Training of fathers, mothers and care	• Counselling cards • Flip charts on IMNCI

Desired changes	Barriers	Perceived benefits	Key Information	Interventions/ Activities	Materials
children, fathers, mothers and caregivers of under 5 children who freely discuss HIV/ Aids issues and take relevant action					

Strategic Objective 5: To improve institutional capacity and professional capability of service providers of core sectors to provide quality nutrition services.

Primary participant 1: Frontline workers (including extension workers from health, agriculture, education, and sectors					
Specific objective 1: To increase the number of FLWs who have adequate knowledge and skills to deliver quality nutrition services at both facility and community levels					
Desired changes	**Barriers**	**Perceived benefits**	**Key Information**	**Interventions/ Activities**	**Materials**
• Increased number of FLWs understands and provide appropriate nutrition counselling to beneficiaries • Increased number of FLWs understands and adhere to CMAM treatment protocols • Increased number of FLWs understands and assess nutrition status of beneficiaries using appropriate and recommended technique	• Inadequate knowledge and skills on nutrition counselling • Increased workload on reporting • Competing work responsibilities • Limited access to appropriate information • Staff turnovers • Inadequate training and support from supervisors to learn, understand and practice	• Increased quality of nutrition services • Increased job satisfaction among FLWs • Reduced number of malnourished children in the community • FLWs will be perceived as they value and care for their community members • Healthier children in the community • Healthier and more productive community members	• Benefits of quality nutrition service delivery • Best practices in providing quality CMAM, MIYCF and other nutrition services • Recommended treatment protocols and standards • Appropriate nutrition assessment techniques	• Training of FLWs • FLWs' Learning Forum (established learning forums that meet quarterly) • FLWs Learning Exchange Visits • Periodic supervisory visits to FLWs by district teams	• Revised SUN community manual • Counselling cards/flip charts • Key message booklets for FLWs • Quality improvement checklist • HH visit and follow-up forms • Local recipe book • Standard operating procedures • WHO growth charts

Desired changes	Barriers	Perceived benefits	Key Information	Interventions/ Activities	Materials
		• Harmonised and integrated approach for service delivery			• Guidelines and manuals on CMAM • Sphere standards chart
Secondary participant 2: Staffs of core sectors (Health, Agriculture, Education and Gender) at National and district levels					
Specific objective 1: To increase the number of national and district staff who have adequate knowledge and skills to provide training to FLWs to deliver quality nutrition services					
• Increased number of staff understands and provide appropriate training to FLWs • Increased number of staffs understands and monitors the adherence to CMAM treatment protocols • Increased number of staffs understands and monitor GMP sessions	• Inadequate knowledge and skills on appropriate nutrition services • Limited access to appropriate information • Staff turnovers • Inadequate training and support from supervisors	• Increased quality of nutrition services • Increased job satisfaction • Reduced number of malnourished children in the district/ country • Healthier children in the district/ country • Healthier and more productive community members • Harmonised and integrated approach for service delivery	• Benefits of quality of essential nutrition services • Best practices in providing quality CMAM, MIYCF and other nutrition services • Recommended treatment protocols and standards • Appropriate nutrition assessment techniques	• Training of staffs at district and national levels • Learning Forum • Districts Learning Exchange Visits • Periodic supervisory visits to districts by national staffs	• Revised SUN community manual • Counselling cards/flip charts • Key message booklets for FLWs • Quality improvement checklist • HH visit and follow-up forms • Local recipe book • Standard operating procedures

Desired changes	Barriers	Perceived benefits	Key Information	Interventions/ Activities	Materials
					• WHO growth charts • Guidelines and manuals on CMAM • Sphere standards chart

Strategic Objective 6: To improve evidence generation and knowledge management for informed decision making at community, district and national levels

Secondary participant 1: Frontline workers (including extension workers from health, agriculture, education, and sectors), Care group promoters and other care group members					
Specific objective 1: To increase the number of FLWs and Care group promoters who are generating and using evidences for corrective actions					
Desired changes	**Barriers**	**Perceived benefits**	**Key Information**	**Interventions/ Activities**	**Materials**
• Increased number of FLWs and Care group promoters providing feedback and corrective actions to beneficiaries based on evidences	• Limited time to look at the data reported • Inadequate knowledge and skills on use of data • Inadequate training and support from supervisors • Limited analytical skills in data interpretation	• Improved use of information for actions • Improved feedback for corrective actions • Improved self-assessment • Improved knowledge on progress, gaps, and achievements • Improved local evidence generation • Advocacy using evidences	• Benefits of use of information • Best practices in use of information • Learning, sharing and dissemination of nutrition information • Tracking and monitoring of nutrition indicators	• Training of FLWs • FLWs' Learning Forum (established learning forums that meet quarterly) • FLWs Learning Exchange Visits • Review meetings • Monitoring visits • Periodic supervisory visits to FLWs by district teams	• Registers • Reporting tools • Key indicators for Nutrition • M&E framework • Indicators definition sheet • Monitoring checklist • Feedback templates

Secondary participant 2: District and national staffs of core sectors (Health, Agriculture, Education, Gender)					
Specific objective 1: To increase the number of district and national staffs are equipped with knowledge management skills and using information for decision making					
Desired changes	**Barriers**	**Perceived benefits**	**Key Information**	**Interventions/ Activities**	**Materials**
• Increased number of national and district staffs providing feedback and corrective actions based on evidences	• Limited time to look at the data reported • Inadequate knowledge and skills on use of data • Inadequate training and support from supervisors • Limited analytical skills in data interpretation	• Improved use of information for actions • Improved feedback for corrective actions • Improved joint assessment • Improved knowledge on progress, gaps, and achievements • Improved evidence generation at district and national levels • Advocacy using evidences	• Benefits of use of information • Best practices in use of information • Learning, sharing and dissemination of nutrition information • Tracking and monitoring of key nutrition indicators	• Training of staffs at district and national levels • Learning Forums • Joint monitoring visits • Joint review meetings • Districts Learning Exchange Visits • Periodic supervisory visits to districts by national staffs	• Reporting tools • Key indicators for Nutrition • M&E framework • Indicators definition sheet • Monitoring checklist • Feedback templates

Tertiary participant 1: Policymakers (Cabinet Ministers, Principal Secretaries, Directors, and legislators)					
Specific objective 1: To increase the number of policymakers who understand the impact of malnutrition on national development and be able to allocate more financial resources to nutrition- activities					
Desired changes	**Barriers**	**Perceived benefits**	**Key Information**	**Interventions/ Activities**	**Materials**
• Placement of the multi-sectoral nutrition coordinating body at a higher level (outside of a line ministry) • Increased budget allocation for nutrition activities from 0.001% to at least 0.1% of the national budget • Making nutrition one of the priority and thematic areas within the next National Development Strategy	• Competing agendas • Lack of understanding of impact of malnutrition on national development • Inadequate resource allocation for nutrition	Nutrition contributing to economic growth and development	• Impact of malnutrition on national development • Resources needed for nutrition-related activities • Benefits of moving the multi-sectoral nutrition coordinating body to a higher-level • Policymakers' role in improving nutrition	• Conduct Meetings with cabinet clerks on impact of malnutrition on development outcomes • Conduct initial meetings with policymakers to discuss impact of malnutrition on development outcomes • Engage with Parliamentary Committees to identify nutrition champions in Parliament • Conduct Workshop for nutrition champions MPs on nutrition to develop action plans	• Factsheets • Policy briefs • Research briefs • Presentations • Workshop modules on nutrition and advocacy • Sample nutrition action plans • Talking points for champion policymakers • Success stories highlighting successful nutrition interventions

Desired changes	Barriers	Perceived benefits	Key Information	Interventions/ Activities	Materials
				• Work with nutrition champions MPs to implement action plans and provide support • Conduct field visits for MPs, PSs, and cabinet ministers to sites where malnutrition rates are high and where interventions are succeeding • Conduct Bi-annual meetings with policymakers to discuss impact of malnutrition on development outcomes and progress being made • Conduct national nutrition conference	

Tertiary participant 2: Core sectors officials (Health, Agriculture, Education and Gender)					
Specific objective 1: To increase the number of core sectors officials who understand the impact of malnutrition on national development and be able to mainstream nutrition in their sector planning, implementation, monitoring and evaluation					
Desired changes	**Barriers**	**Perceived benefits**	**Key Information**	**Interventions/ Activities**	**Materials**
• Core sectors mainstreaming (adopt and implement Nutrition policies, strategies and relevant interventions) nutrition throughout the program cycle • Increased budget allocation for nutrition activities • Making nutrition one of the priority and thematic areas within the sectoral plans • Implement nutrition activities in a harmonized way	• Competing agendas • Lack of understanding of impact of malnutrition on national development • Inadequate resource allocation for nutrition • Poor harmonization and linkages of programs	Nutrition contributing to economic growth and development	• Impact of malnutrition on national development • Resources needed for nutrition-related activities • Benefits of moving the multi-sectoral nutrition coordinating body to a higher-level • Sectors' role in improving nutrition	• Conduct Meetings with sectors on impact of malnutrition on development outcomes • Conduct Bi-annual meetings with sectoral heads to discuss impact of malnutrition on development outcomes and progress being made • Conduct national nutrition conference	• Factsheets • Research briefs • Presentations • Workshop modules on nutrition and advocacy • Sample nutrition action plans • Talking points for champion policymakers • Success stories highlighting successful nutrition interventions

Tertiary participant 3: Development Partners (DP) including Donors					
Specific objective 1: To increase the number of development partners who appreciate the importance of prioritizing nutrition and increasing funding allocation to support long-term interventions innutrition. **Specific objective 2: To increase the number of development partners who appreciate the benefits of consulting with the government to have a common approach to implementation of nutrition interventions in line with the government's priorities and mandates.**					
Desired changes	**Barriers**	**Perceived benefits**	**Key Information**	**Interventions/ Activities**	**Materials**
• Development partners who prioritise and increased allocation of resources for long-term sustainable nutrition interventions • Development partners promoting coordination, collaboration, and integration of nutrition- activities with government and other stakeholders	• Inadequate prioritization of nutrition activities • Competing priorities for funding	• Reduced prevalence of stunting among children • Nutrition contributing to economic growth and development	• Importance of prioritizing nutrition and increasing funding allocation to support long-term interventions in nutrition • Benefits of consulting with the government to have a common approach to implementation of nutrition interventions in line with the government's priorities and mandates • DPs' role to improve nutrition	• Update existing mapping of nutrition activities • Conduct one-on-one resource mobilisation and planning meetings with development partners • Conduct periodic desk reviews of empirical evidence of nutrition situation and related funding needs to generate imperial evidence • Conduct dissemination workshops	• Nutrition activity mapping tool • Position papers • Results of the nutrition activity mapping exercise • Nutrition advocacy package including factsheets, presentations, and talking points • Inventory of relevant evidence-based literature

Desired changes	Barriers	Perceived benefits	Key Information	Interventions/ Activities	Materials
				• Conduct DP/ Government roundtable discussions on nutrition priorities to increase coordination	• Summary of desk review of empirical evidence
Tertiary participant 4: District Executive Committees (DECs) and District Council (Including District Councillors)					
Specific objective 1: To increase the number of DECs and district councillors with increased awareness of the impact of malnutrition on development and increased awareness of the benefits of improved resource mobilisation, allocation, and utilization for nutrition					
• DECs recognize and prioritize nutrition as a foundation for development, resulting in improved resource mobilisation, allocation, and utilization for nutrition	• Focus on short-term benefits • Lack of awareness on the benefits of improved nutrition on health, education, and productivity • Limited resources • Prioritization of curative services over preventive services	• Reduced prevalence of stunting among children • Nutrition contributing to economic growth and development	• Impact of malnutrition on development outcomes • Benefits of improved resource mobilisation, allocation, and utilization for nutrition • DECs' and DCs' role to improve nutrition	• Baseline assessment of nutrition situation and funding gaps by district, using the resource tracking tool • Setting of targets for increased funding levels based on baseline assessment • Conduct meetings with DECs to discuss impact of malnutrition on development	• Factsheets • Presentations • Workshop modules on nutrition and advocacy • Samples of nutrition action plans. • Talking points for DEC members • Success stories highlighting effective

Desired changes	Barriers	Perceived benefits	Key Information	Interventions/ Activities	Materials
				outcomes • Work with DNCC and DECs to identify district nutrition champions • Conduct orientation Workshops for district nutrition champions to develop action plans • Work with nutrition champions to implement action plans and provide support • Conduct field visits for DECs to sites where malnutrition rates are high and where interventions are succeeding • Conduct Follow-up meetings with DNCC and DECs to discuss impact of malnutrition on development outcomes	nutrition intervention

Tertiary participant 5: Traditional Authorities (TAs)					
Specific objective 1: To increase the number of TAs with an increased understanding of the importance of addressing malnutrition and mobilising communities to implement and own nutrition interventions					
Desired changes	**Barriers**	**Perceived benefits**	**Key Information**	**Interventions/ Activities**	**Materials**
• Traditional leaders with correct information promoting good nutrition practices among fathers, mothers, caregivers, Care group promoters and communities • Traditional leaders collaborating with front line workers promoting good nutrition practices • Traditional leaders promoting healthy seeking behaviour and early treatment for malnutrition among community members • Traditional leaders taking	• Inadequate knowledge and skills to deliver effective nutrition messages • Lack of confidence to mobilise community in fight against malnutrition • Cultural barriers that relegate nutrition issue to women	• Reduced number of malnourished children in the community • Healthier children and healthier communities • Traditional leaders perceived to value and care for their communities • Healthy communities implementing nutrition programmes • Healthier children in the community • Healthier and more productive community members • Harmonised and integrated	• Role of traditional leaders in ending malnutrition • Impact of malnutrition on development of the community • Best practices of optimal hygiene and food safety practices • Promotion of Integrated Household Farming	**Interpersonal Communication** • Orientation of traditional leaders on nutrition • Leaders Forums • One-on-one and group meetings with TAs • Lead in identification of nutrition male champions **Community Mobilisation** • Awareness campaigns on nutrition • Healthy Village competitions **Social mobilisation** Intra leaders' forums	• Briefs for leaders • Key message booklet • Low literary leaflets • Flyers • Guidance notes on selection of nutrition champions

Desired changes	Barriers	Perceived benefits	Key Information	Interventions/ Activities	Materials
action on ending malnutrition in their communities		approach for service delivery • Availability of variety of foods at household level		**Mass Media** • Radio program and TV Series	
Tertiary participant 6: Media (including journalists, media gatekeepers such as editors and producers, and owners of media houses)					
Specific objective 1: To increase the number of media within creased understanding of the importance of reporting on nutrition and improved investigative reporting skills.					
• Increased coverage and quality of reporting on nutrition issues • Improved capacity to investigate and disseminate information on nutrition	• Media house/ editorial policies that do not prioritize nutrition • Lack of investigative research capacity • Lack of financial and technical resources • Lack of knowledge of and interest in nutrition issues • Lack of participation during planning	• Reduced prevalence of stunting among children • Nutrition contributing to economic growth and development	• Benefits of optimal IYCF • Benefits of optimal hygiene and food safety practices • Benefits of family planning for child spacing and delaying pregnancies past the age of19 • Benefits of adolescent girls delaying marriage • Benefits of adolescent girls eating nutritious and diverse foods and taking daily iron	• Content analysis of nutrition coverage • Conduct Roundtable discussions with journalists, media gatekeepers, and owners of media houses • Conduct orientation Workshops for media on nutrition and strengthening investigative journalism skills • Establish a media nutrition group network	• Media analysis tool • Results of media analysis • Factsheets • Presentation • Orientation material for media • Handbook on reporting on nutrition • Success stories highlighting effective nutrition interventions

Desired changes	Barriers	Perceived benefits	Key Information	Interventions/ Activities	Materials
	meetings of nutrition		folate for improved nutritional status • Benefits of girls and boys completing secondary education • Media's role to improve nutrition	• Introduce incentive programme for quality reporting on nutrition including fellowships and media nutrition awards	

Annexure 111: Summary of Costing of Strategies

Strategic Objective 1: To enhance optimal feeding and caring practices among women before, during and after pregnancy						
Strategies	**Amount (MK)** 2021	**Amount (MK)** 2022	**Amount (MK)** 2023	**Amount (MK)** 2024	**Amount (MK)** 2025	**Totals**
Strategy 1: Promote knowledge, positive norms and practices on optimal feeding and care among women before pregnancy using different platforms.	24,757,086.7	25,499,799.3	117,890,836	116,769,266	29,605,856.3	314,522,844.7
Strategy 2: Promote knowledge, positive norms and practices on optimal feeding and care among women during pregnancy.	24,757,086.7	25,499,799.3	117,890,836	116,769,266	29,605,856.3	314,522,844.7
Strategy 3: Promote knowledge, positive norms and practices on optimal feeding and care among lactating women.	24,757,086.7	25,499,799.3	117,890,836	116,769,266	29,605,856.3	314,522,844.7
Strategic Objective 2: To enhance optimal feeding and caring practices among children 0-5 months						
Strategies	**Amount (MK)** 2021	**Amount (MK)** 2022	**Amount (MK)** 2023	**Amount (MK)** 2024	**Amount (MK)** 2025	**Totals**
Strategy 1: Promote knowledge, positive norms and practices on early initiation of breastfeeding and exclusive breastfeeding.	47,781,438	70,960,242	41,250,379	42,487,890	53,778,430	256,258,379

Strategic Objective 3: To enhance optimal feeding and caring practices among children 6-23 months						
Strategies	**Amount (MK)** 2021	**Amount (MK)** 2022	**Amount (MK)** 2023	**Amount (MK)** 2024	**Amount (MK)** 2025	**Totals**
Strategy: Promoting knowledge, positive norms and practices on optimal complementary feeding including continued breastfeeding.	57,600,000	66,400,000	102,000,000	140,000,000	92,000,000	458,000,000
Strategic Objectives 4: To enhance nutrition behaviours among adolescents						
Strategies	**Amount (MK)** 2021	**Amount (MK)** 2022	**Amount (MK)** 2023	**Amount (MK)** 2024	**Amount (MK)** 2025	**Totals**
Strategy: Promote positive nutrition behavioural change for improved nutritional status of the adolescents	72,000,000	91,000,000	155,000,000	178,000	141,000,000	637,000,000
Strategic Objectives 5: To improve nutrition education on consumption of nutrient rich diversified foods.						
Strategies	**Amount (MK)** 2021	**Amount (MK)** 2022	**Amount (MK)** 2023	**Amount (MK)** 2024	**Amount (MK)** 2025	**Totals**
Strategy: Increase knowledge and promote adoption of positive norms and practices On consumption of nutrient-rich diversified foods.	88,000,000	99,000,000	132,000,000	178,000,000	152,000,000	649,000,000

Strategic Objective 6: To improve health seeking behaviour and adoption of positive norms and practices at individual, household and community level for improved nutrition						
Strategies	**Amount (MK)** 2021	**Amount (MK)** 2022	**Amount (MK)** 2023	**Amount (MK)** 2024	**Amount (MK)** 2025	**Totals**
Strategy: Create demand for nutrition and health services.	69,000,000	78,000,000	121,000,000	167,000,000,	171,000,000	606,000,000
Strategic Objective 7: To create and/or strengthen an enabling environment for effective implementation of nutrition education and communication.						
Strategies	**Amount (MK)** 2021	**Amount (MK)** 2022	**Amount (MK)** 2023	**Amount (MK)** 2024	**Amount (MK)** 2025	**Totals**
Strategy: Strengthen human and institutional capacity for delivery of nutrition education and communication at all levels.	52,993,000	54,582,790	44,236,347	45,563,438	59,644,088	257,019,663
Strategic Objective 8: To strengthen knowledge management of SBCC at all levels						
Strategies	**Amount (MK)** 2021	**Amount (MK)** 2022	**Amount (MK)** 2023	**Amount (MK)** 2024	**Amount (MK)** 2025	**Totals**
Strategy: Strengthen evidence generation for informed decision making and actions at all levels.	55,419,000	57,081,570	18,090,467	28,046,000	14,394,132	173,031,169
GRAND TOTAL						**3,979,877,745.10**

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