Knowledge hub
-
Collection of best practices

Summary of the best practice

1. Title of the best practice (e.g. name of policy, programme, project, etc.) *

Malawi's Multi-sectoral programme to improve nutrition of adolescents

2. Country or countries where the practice is implemented *

Malawi

3. Please select the **most relevant** Action Track(s) the best practice applies to *

- [x] Action Track 1. Inclusive, equitable, safe, and healthy schools
- [ ] Action Track 2. Learning and skills for life, work, and sustainable development
- [ ] Action Track 3. Teachers, teaching and the teaching profession
- [ ] Action Track 4. Digital learning and transformation
- [ ] Action Track 5. Financing of education

4. Implementation lead/partner organization(s) *

Ministry of Health's DNHA and Department of Reproductive Health
UNICEF supported the govt.

5. Key words (5-15 words): Please add key descriptive words around aims, modalities, target groups etc. *

Multi-sectoral programme to prevent anemia among adolescent girls; empowering and engaging adolescents to make healthier food choices.

6. What makes it a best practice? *

A systems approach to prevent anemia, and mainstreaming nutrition of school and out-of-school children into national plans.

Description of the best practice

7. Introduction (350-400 words)
   This section should ideally provide the context of, and justification for, the practice and address the following issues:
   i) Which population was affected?
   ii) What was the problem that needed to be addressed?
   iii) Which approach was taken and what objectives were achieved? *

Although noticeable progress has been made in Malawi in reducing malnutrition since joining the Scaling Up Nutrition (SUN) Movement in 2011, poor nutrition in adolescents remains a public health challenge. The Malawi Demographic and Health Survey 2015/16 revealed that approximately 35% of adolescent girls (15-19 years of age) are anaemic while 13% are underweight. In addition, the prevalence of overweight among adolescent girls increased from 4% in 1992 to 7% in 2015/16. School- age children and younger adolescents also face nutritional challenges with anaemia affecting 22% and zinc deficiency affecting 60% of this age group (National Statistical Office Malawi, 2017). Dietary quality for adolescent girls remains suboptimal with only 17% of girls (10-19 years of age) meeting minimum dietary diversity for women (MDD-W) standards.

In order to guide the implementation of nutrition programmes and interventions, a National Multi- Sector Nutrition Policy (NMSNP) and a National Multi-Sector Nutrition Strategic Plan (NMSNSP) 2018-2022 were developed. To prioritize nutrition programming for adolescents and ensure that they are able to contribute to economic growth and national development, evidence-based advocacy by various stakeholders led to the development of a National Multi-Sector Adolescent Nutrition Strategy (NMSANS) 2019-2023 that aims to improve the nutritional status of both in- and out-of-school adolescents 10-19 years of age.

8. Implementation (350-450 words)
   Please describe the implementation modalities or processes, where possible in relation to:
   i) What are the main activities carried out?
   ii) When and where the activities were carried out (including the start date and whether it is ongoing)?
   iii) Who were the key implementation actors and collaborators? (civil society organizations, private sector, foundations, coalitions, networks etc.)?
   iv) What were the resources needed (budget and sources) for the implementation?
   *

In 2019, the Ministry of Health's DNHA and Department of Reproductive Health, with support from UNICEF, rolled out a pilot weekly iron folic acid (IFA) programme to adolescent girls were targeted in school and community settings with each girl expected to take 50-52 IFA tablets per year. Following the approval of the NMSANS, key messages were developed and key district and community-level service providers, community leaders and adolescents were sensitised to ensure programme acceptance prior to its implementation.
In the EU-supported NSA programme, in- and out-of-school adolescents 15-19 years of age have established nutrition demonstration plots where they learn diverse methods of food production and preservation to ensure the con- tinued availability and variety of safe, seasonal, nutrient-dense foods at the household level. They are taught food preparation techniques through cooking demonstrations using local recipes and locally available foods provided by the community. To further ensure sustainability, community leaders have also contributed farming land for nutrition demonstration plots. Adolescents have contributed to the cooking demonstrations through crops harvested from the dem- onstration gardens and from the rearing of small stock. In the WB programme, adolescent girls are also given IFA tablets.

9. Results – outputs and outcomes (250-350 words)
   To the extent possible, please reply to the questions below:
   i) How was the practice identified as transformative? (e.g., impact on policies, impact on management processes, impact on delivery arrangements or education monitoring, impact on teachers, learners and beneficiary communities etc.);
   ii) What were the concrete results achieved with regard to outputs and outcomes?
   iii) Has an assessment of the practice been carried out? If yes, what were the results? *

   The Government of Malawi developed various monitoring tools for the IFA programme to collect monthly data on coverage, compliance and dietary diversification practices at community and school levels. These tools showed that the weekly IFA supplementation programme reached 70% of adolescent girls in 1,788 schools and 192 health facilities in 2019 and 47% in 2020, due to COVID-19 related school closures. The preliminary results in 2020 revealed that over 36% of adolescent girls achieved monthly compliance (girls consuming four or five tablets a month) for the six months that they received supplements before and after school closures.
   For the NSA programme, a monitoring and evaluation framework was developed, the data from which contributes to the monitoring of national nutrition indicators. These frameworks revealed that out of a targeted 2,725 adolescent nutrition groups 2,013 were established between January 2019 and March 2021 with the establishment of groups continuing until December 2021. As of March 2021, over 55,903 adolescents were members of the adolescent nutrition groups and an estimated 378,995 adolescents have benefited from nutrition extension services including nutrition education, WASH and reproductive health. Over 617 cooking demonstrations have been conducted, providing 7,492 adolescents with knowledge and skills around food preparation, preservation and utilisation. Additionally, steady improvements in maternal dietary diversity for women have been demonstrated, increasing from 32% to 47% for adolescent girls between 2018 and 2021.

10. Lessons learnt (300 words)
    To the extent possible, please reply to the following questions:
    i) What were the key triggers for transformation?
    ii) What worked really well – what facilitated this?
    iii) What did not work – why did it not work? *

Adolescent girls were carefully and intentionally involved in the design and implementation of the IFA intervention, to ensure programme acceptance and success and to maximize benefits. Additionally, the inclusion of adolescents in nutrition programmes was facilitated by the creation of adolescent nutrition groups. Adolescent nutrition groups have been particularly useful for out-of-school adolescents who may have additional needs, such as psychosocial support, that can be addressed through greater engagement and the necessary referrals at the community level.
However, there is limited data for adolescent boys and girls 10-14 years of age, resulting in a lack of evidence for ongoing resource mobilisation to ad- dress their nutritional challenges. Coordination challenges between education and health systems occurred at service delivery level, especially for reporting. To address this issue, review meetings among service providers were regularly conducted, focusing on the roles for each sector in programme implementation. Closure of schools due to the COVID-19 pandemic affected IFA coverage and compliance for the school platform. This resulted in DNHA developing standard operating procedures for nutrition activities in the context of COVID-19 that included the implementation of the adolescent nutrition programme. Some adolescent girls were reached through the community platform during school closures. However, more efforts are required to engage out-of-school adolescents including exploring working with the Department of Youth, youth clubs and organisations.

11. Conclusions (250 words)
    Please describe why may this intervention be considered a “best practice”. What recommendations can be made for those intending to adopt the documented “best practice” or how can it help people working on the same issue(s)? *

The integrated multi-sector approach to improving the nutritional status of adolescents in Malawi has proved effective and promises to make a significant contribution to national development. On the one hand, weekly iron and folic acid supplementation was able to achieve high coverage across many schools before COVID-19. On the other hand, the nutrition-sensitive agriculture programme implemented in Malawi led to steady improvements in adolescent girls meeting minimum dietary diversity standards with the impact of COVID-19 being mitigated through creative learning solutions.

12. Further reading
    Please provide a list and URLs of key reference documents for additional information on the “best practice” for those who may be interested in knowing how the results benefited the beneficiary group/s. *

https://www.ennonline.net/fex/66/nutritionalstatusschoolagechildren?version=current