

# National Stakeholders Workshop on Capacity Development in Nutrition

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Department of Nutrition, HIV and AIDS  
Office of the President and Cabinet  
Government of the Republic of Malawi

and

Food and Agriculture Organization of the United Nations



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Support for Nutrition Capacity Development in Malawi



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## Abbreviations

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<b>ACDO</b>	Assistant community development officer
<b>ADP</b>	Agriculture development programme
<b>AEDO</b>	Agriculture Extension and Development Officer
<b>ART</b>	Antiretroviral therapy
<b>B.A.</b>	Bachelor of Arts
<b>B.Sc.</b>	Bachelor of Science
<b>BC</b>	Bunda College
<b>CAMA</b>	Consumer Association of Malawi
<b>CBCC</b>	Community-based child care
<b>CBO</b>	Community-based organization
<b>CC</b>	Chancellor College
<b>CD</b>	Community development
<b>CDA</b>	Community development assistant
<b>CI</b>	Chronically ill persons
<b>CoM</b>	College of Medicine
<b>CSO</b>	Civil society organization
<b>CTC</b>	Community therapeutic care
<b>DCDO</b>	Director for community development
<b>DHO</b>	District health officer
<b>Dip.</b>	Diploma
<b>DNHA</b>	Department of Nutrition and HIV/AIDs
<b>ECD</b>	Early Child Development
<b>EPA</b>	Extension Planning Area
<b>EU</b>	European Union
<b>FAO</b>	Food and Agriculture Organization of the United Nations
<b>FBO</b>	Faith-based organization
<b>FGD</b>	Focus group discussion
<b>FUDD</b>	Food utilization and dietary diversification

<b>GMP</b>	Growth monitoring and promotion
<b>HAS</b>	Health surveillance assistant
<b>HIV/AIDS</b>	Human Immune Virus /Acquired Immune Deficiency Syndrome
<b>IEC</b>	Information and education communication
<b>IMCI</b>	Integrated management of childhood illnesses
<b>KCN</b>	Kamuzu College of Nursing
<b>M&amp;E</b>	Monitoring and evaluation
<b>M.A.</b>	Master of Arts
<b>M.Sc.</b>	Master of Science
<b>MCH</b>	Maternal and child health
<b>MDG</b>	Millennium Development Goals
<b>MGDS</b>	Malawi Growth and Development Strategy
<b>MoAFS</b>	Ministry of Agriculture and Food Security
<b>MoD</b>	Ministry of Defence
<b>MoED</b>	Ministry of Education
<b>MoGCCD</b>	Ministry of Gender, Children and Community Development
<b>MoH</b>	Ministry of Health
<b>Mol</b>	Ministry of Information
<b>MoT</b>	Ministry of Transport
<b>MSCE</b>	Malawi School Certificate of Education
<b>MUAC</b>	Mid-upper arm circumference
<b>NGO</b>	Non-governmental organization
<b>NNPSP</b>	National Nutrition Policy and Strategy
<b>NRC</b>	Natural Resources College
<b>NRU</b>	Nutrition rehabilitation units
<b>OPC</b>	Office of the President and Cabinet
<b>ORB</b>	Operational recurrent budget
<b>ORT</b>	Oral rehydration therapy
<b>OVC</b>	Orphans and vulnerable children
<b>Ph.D.</b>	Doctor of Philosophy

<b>PHC</b>	Primary health care
<b>PHLIV</b>	People living with HIV
<b>PLWHA</b>	People Living With HIV/AIDs
<b>Rec.</b>	Recommended
<b>RUTF</b>	Ready to eat therapeutic food
<b>SACDO</b>	Senior assistant community development officer
<b>SCDA</b>	Senior community development assistant
<b>SHNHA</b>	School Health, Nutrition and HIV and AIDs
<b>STA</b>	Senior technical assistant
<b>SWA</b>	Social welfare assistant
<b>TA</b>	Technical assistant
<b>TNP</b>	Targeted nutrition programme
<b>TO</b>	Technical officer
<b>TWG</b>	Technical working group
<b>UNICEF</b>	United Nations Children’s Fund
<b>USAID</b>	United States Agency for International Development
<b>WALA</b>	Wellness and Agriculture for Life Advancement (formerly I-LIFE)
<b>WATSAN</b>	Water and sanitation
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organization
<b>WVI</b>	World Vision International





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Special thanks also to Ms Ellen Muehlhoff, Senior Nutrition Officer and Team Leader for Nutrition Education in the Nutrition and Consumer Protection (AGNP) of the Food and Agriculture Organization of the United Nations (FAO) Rome, who provided vital professional support in the workshop's design and planning. Her participation and contributions greatly enhanced the achievement of the workshop goals and objectives.

Ms Ruth Butao Ayoade, FAO/DNHA food and nutrition security policy adviser was one of the main architects of the workshop. Her input in terms of planning and preparation was instrumental to the success of the event and to the achievement of the workshop objectives.

All the participants from government departments, non-governmental organizations (NGOs), training institutions, development partners and the private sector are greatly appreciated for their good and hard work throughout. Their contributions and recommendations provided very useful input into the overall nutrition capacity development assessment, for which the workshop facilitated the sharing of preliminary findings.

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Thanks also to all others who may not be mentioned specifically here but who gave their time, information and support and contributed to the success of the workshop.

Thank you.

Dr Mary Shawa, Principal Secretary  
Department of Nutrition, HIV and AIDS  
Office of the President and Cabinet  
Government of the Republic of Malawi



Pinit Korsieporn  
FAO Representative  
Food and Agriculture Organization of the United Nations  
Lilongwe, Malawi



February 2010



## 1. Introduction

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The Malawi Nutrition Policy and Strategic Plan (NNPSP) seeks to enhance Government's response to addressing malnutrition. It aims to facilitate the standardization, coordination and improvement of the quality of nutrition services in Malawi, with a key objective of reducing levels of malnutrition and micronutrient deficiencies. It is anticipated that the policy will mobilize support for nutrition programmes and their upscaling, bringing improved nutritional status to vulnerable population groups, and contributing to economic growth and development, in line with the Malawi Growth and Development Strategy (MGDS) and the Millennium Development Goal (MDG) priorities.

There is strong consensus in Government and among development partners that one of the biggest challenges to the implementation of the NNPSP is a scarcity of adequate capacities in all dimensions. Institutional, human and financial resources are lacking at national, community and household levels, and these problems must be addressed urgently.

In view of this, the DNHA – in close collaboration with the Food and Agriculture Organization (FAO) of the United Nations (UN) – has embarked on a nutrition capacity development initiative as a key priority towards supporting the creation of an enabling environment to operationalize the NNPSP. This activity had three distinct phases:

- Capacity assessment of institutions and human resources in nutrition.
- Implementation of a stakeholder workshop to review capacities in nutrition and prepare an outline for a capacity development plan.
- Development of a comprehensive strategy and plan of action with a budget for nutrition capacity development in the country.

To facilitate the first step, from March to May 2009, Salephera Consulting conducted a comprehensive assessment of the current institutional capacities to deliver nutrition programmes, which included an assessment of available human and financial resources. A report of the assessment is available from the Department of Nutrition, HIV and AIDS, for use by all stakeholders.

As a follow-up to the assessment, the Department of Nutrition, HIV and AIDS, Office of the President and Cabinet (DNHA) in collaboration with FAO organized a National Stakeholders Workshop, from 6–8 May, 2009. The workshop's goal was to (i) review the national capacity

to implement nutrition policies and programmes and (ii) identify strategic areas for strengthening capacities for effective nutrition action in Malawi.

## 2. Opening remarks

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Opening remarks were delivered by Mr Pinit Korsieporn, FAO Representative in Malawi and Ms Ellen Muehlhoff, Senior Nutrition Officer, Nutrition and Consumer Protection Division, FAO Headquarters, Rome. The official opening address was delivered by Dr Mary Shawa, Principal Secretary, DNHA. Dr Shawa was also the guest of honour.

Mr Korsieporn highlighted in his opening remarks (please see Annex 4) that FAO in close collaboration with partner UN agencies such as the United Nations Children's Fund (UNICEF), the World Food Programme (WFP) and the World Health Organization (WHO), supports government efforts to ensure that policies and plans will enable households and individuals to become nutritionally secure, and furthermore that these will be translated into practical and effective actions that will impact directly on nutrition. Noting that nutrition cuts across several disciplines, he underlined that a multisectoral and holistic approach was essential for tackling problems of malnutrition. He said that inadequate capacity in nutrition will hinder efforts to attain the Millennium Development Goals (MDGs) in the country. Mr Korsieporn underscored the importance of this capacity development initiative and the workshop as the means to an end and pledged FAO's full commitment to supporting national efforts towards improving food and nutrition security.

In her opening remarks (please see Annex 5), Ms Muehlhoff, Senior Nutrition Officer, FAO, Rome said that capacity development is central to ensuring that policies and programmes can be translated into effective action at community level. Many countries do not have adequate institutional capacities (including the necessary human and financial resources) to deliver food security and nutrition programmes effectively and efficiently. This affects the ability not only to address problems of malnutrition but also to prevent them from occurring in the first place. To address the current capacity crisis in nutrition, which is afflicting not only Malawi but many other countries struggling to reduce hunger and malnutrition, Ms Muehlhoff noted that FAO is ready to pool its efforts with other development partners. This, it is hoped, will help create a well-elaborated nutrition capacity development strategy and plan for Malawi that will capture short-term wins at the same time as addressing medium- and longer-term capacity gaps and needs on a sustainable basis.

The workshop was opened officially by Dr Mary Shawa, Principal Secretary, DHNA (please see Annex 6). Dr Shawa noted that the workshop had an important task in placing a focus on priority issues – such as a lack of coordination between implementers (which results in parallel programmes in nutrition); a lack of qualified personnel in nutrition at all levels to implement the NNPSP; a need for adequate capacity in different sectors for better implementation of the NNPSP; and the importance of ensuring that nutrition is part of the mission statements of governmental organizations and non-governmental organizations (NGOs). She hoped that workshop participants would call upon their many and varied experiences to develop a common vision for nutrition capacity development in Malawi, building bridges between theory and practice and outlining steps for next actions.

### 3. Workshop proceedings

#### 3.1 Introduction

Ms Butao Ayoade, FAO's Food Security and Nutrition Policy Adviser introduced the workshop objectives and expected outcomes. She also provided an operational definition of capacity development from the UNDP: "a process through which relevant stakeholders perform their core roles, abilities to solve problems, ... effectively work together to ensure that nutrition actions are implemented effectively, efficiently and sustainably", pointing out that capacity development has three dimensions: (i) an enabling environment, (ii) an institutional component and (iii) an individual dimension.

#### 3.2 Aims and objectives

The aims of the workshop were to:

1. Develop a common understanding of the nutrition situation, policy environment and implementation of nutrition interventions in Malawi.
2. Review current capacities and identify gaps – institutional, human and financial resources at national, district and community levels.
3. Obtain inputs that will help to develop an outline strategy for developing and further strengthening capacities at all levels.

#### 3.3 Expected outcomes

Expected outcomes of the workshop were to:

- Reach agreement on the findings of the situation analysis.
- Identify core actions that need to be strengthened.
- Achieve consensus on desired future situation (e.g. What will be effective implementation and service delivery in five years?).

- Outline a capacity development framework.
- Identify and prioritize human resources capacity development needs.
- Define training needs requirements and the ability of institutions to deliver training.

#### 3.4 Programme

The workshop was structured around plenary presentations alternating with group work. This format enabled the sharing of information, experience, concerns and opinions, and facilitated the building of a coherent and comprehensive picture of the current situation. It also allowed participants to reach an understanding of the concept of "capacity development", discuss a vision of the future that included future needs and priorities, and mark out a way forward.

The workshop was divided into three parts. Part I included a situation analysis, which began with presentations from government ministries, civil society organizations and development partners. These described and analysed the current situation and highlighted nutrition policies and programmes. Part II consisted of feedback on the nutrition capacity assessment, conducted earlier in the year, and which had preceded the workshop. This presentation provided examples of diverse ongoing capacity development initiatives. Part III concerned a "plan of action". Here, capacity challenges, issues and opportunities were defined, and recommended priority areas and objectives with defined outputs and outcomes for capacity development discussed. A full workshop programme is attached in Annex 2.

#### 3.5 Participants

The workshop was attended by 45 participants representing all key government ministries, Malawian academic institutions, civil society organizations (CSOs), UN agencies, donor agencies and the private sector. Plenary sessions were chaired and facilitated by selected participants. Individual sessions were facilitated by Ms Butao, Mr Hastings Banda (FAO capacity assessment consultant) and Ms Muehlhoff, FAO Rome. See Annex 3 for a full list of participants.

## 4. Setting the context: situation analysis

#### 4.1 Nutrition situation, policy and programme presentations

##### 4.1.1 Nutrition situation – figures and trends: presentation by Bunda College of Agriculture

Mr Numeri Geresomo, lecturer from Bunda College of Agriculture (BC), University of Malawi, gave an overview of the nutrition situation in Malawi and discussed trends over

the previous ten years. He noted that while there have been some improvements in food security and nutritional levels, malnutrition in children under five years remains high. Stunting has remained constant over more than a decade, with only a slight decline from 48 percent in 2004 to 46 percent in 2006. This is despite numerous interventions in the country over that time. While the prevalence of underweight has declined from 25 percent in 1992 to 21 percent in 2006, wasting has remained around 5 percent from 1992 to 2006.

While localized surveys indicate some variations, Mr Geresomo also noted that the prevalence of malnutrition in general has not changed significantly during this period. Regional variations in stunting can be detected: urban areas have lower levels than rural areas, and there are also seasonal differences in food access and incidences of illness, especially malaria and diarrhoea and subsequent effects on levels of malnutrition. Micronutrient deficiencies are also widespread. He noted that a national survey conducted in 2001 showed a high prevalence of micronutrient deficiencies, with 79 percent and 22 percent of under-fives and schoolchildren respectively having severe anaemia. Vitamin A deficiency is also very high.

Mr Geresomo also suggested that persistently high levels of malnutrition and micronutrient deficiencies could be attributed to inadequate dietary intake and a high disease burden. Low food availability, inadequate food quantities and quality, poor feeding practices and poor-quality health-care services are the major contributory factors. Regarding infant and young-child feeding, he highlighted that small children's diets are frequently inadequate in terms of the quantity and quality of foods: porridges tend to be bulky with a low energy and nutrient density, and feeding frequency is low.

Regarding mortality trends, he noted that the infant mortality rate and maternal mortality rates are going down, but the decline is small and the prevalence rates are still high, suggesting an urgent need to step up preventive actions. While the underlying cause of malnutrition is poverty, cross-cutting issues, including lack of gender equity, HIV and AIDS and environmental degradation, exacerbate the problem.

In conclusion, the presentation posed the questions:

- Why has there been so little change?
- Is poverty a cause or a consequence of malnutrition?
- Are we implementing programmes that are targeting a problem that we do not understand fully, or is it because of lack of adequate attention?

- While there is government commitment to addressing problems of malnutrition, to what extent is it tangible? Are we all sufficiently committed?
- What do we do to sensitize communities to nutrition?
- Is there a failure to integrate nutrition into social and economic development?
- There is need to develop a package of nutrition advocacy/education materials, what must be done?

#### **4.1.2 National Nutrition Policy and Strategic Plan, Department of Nutrition, HIV and AIDS**

Mr Humphrey Mdyetseni, Deputy Director for Planning, Research and Evaluation at the DNHA, presented the main elements of the National Nutrition Policy and Strategic Plan (NNPSP), highlighting that government commitment to addressing nutrition problems in Malawi is high, thus creating a positive environment for capacity development.

Mr Mdyetseni discussed the government's response to addressing malnutrition, citing the example of the inclusion of nutrition as Priority 6 in the MGDS. He indicated that the NNPSP was approved by government as a guiding document for all nutrition stakeholders for the period 2007–2011. He also noted that the NNPSP's main goal is to attain adequate nutrition for all Malawians by 2015, and this is a clear indication of an awareness that integrated nutrition services that will bring significant improvements in nutrition for all Malawians are a solid foundation for economic development.

The NNPSP has three focus areas: (i) prevention and control of nutrition disorders; (ii) promoting access and quality of nutrition-related services; and (iii) creation of an enabling environment that provides for effective and efficient delivery of services. Its main target groups are children under five years, women of reproductive age, school-aged children, people living with HIV/AIDS (PLWHA), and emergency-affected populations.

He elaborated that in addition to the NNPSP being in place, mechanisms for cross-sectoral collaboration are also currently working through intersectoral meetings. The DHNA actively lobbies and advocates for resources using donor forums, sectoral planning meetings and the media. Nutrition officers have been recruited into nine sectoral ministries, including agriculture and education, to ensure direct technical support and a well-coordinated approach to nutrition. He concluded that further work is needed to strengthen the integration of nutrition in development policies and to enhance support to accelerate action at community level.

## 4.2 Programme implementation

The Ministries of Agriculture, Health, Gender, Children and Community Development and several NGOs gave presentations on their strategies and programmes at community level. World Vision International (WVI), I-Life (a consortium of seven United States-based NGOs funded by USAID) and the Christian Health Association of Malawi (CHAM) all focus on community-level food and dietary diversification and nutrition education integrated with improvements in health care, water and sanitation. Concern International provides support to community therapeutic care (CTC) for severely malnourished children and gives advisory services to government, which has resulted in the development of a national CTC strategy and tools for training.

### 4.2.1 Ministry of Agriculture and Food Security

Ms Margret Lwanda, Deputy Director for Food and Nutrition in the Ministry of Agriculture and Food Security (MoAFS) presented the ministry's strategic thrust, programme and capacity aspects for food and nutrition. She explained that the Agriculture Development Programme (ADP), which is the medium-term operational framework for the agricultural sector, takes a holistic approach and aims to integrate all pertinent issues for achieving the MDGs and the MGDS. Ms Lwanda underlined that the MoAFS has adopted a value chain approach in order to link agricultural production to marketing and improved food utilization for achieving food and nutrition security at household level.

With regard to current capacities Ms Lwanda noted that despite the presence of the NNSPS, the MoAFS lacks both a sound institutional framework and qualified personnel in nutrition at all levels. It is anticipated that implementation of the ADP will improve the delivery of nutrition services, and that proposed capacity strengthening strategies will trigger needed support for ensuring implementation of a clearly defined structure for food and nutrition within the MoAFS.

Ms Lwanda also discussed human resource capacities: the MoAFS has established positions for nutrition personnel at the national, Agriculture Development Division (ADD) and district levels. There are currently three positions in the Department of Agriculture Extension Services (DAES) at national level, 24 positions at ADD level and 28 positions at district level. However, there are no established positions for nutritionists at the Extension Planning Area (EPA) level, which is the closest to the community and therefore essential for direct support to and interaction with households. Ms Lwanda pointed out that there is a very high vacancy rate in the available positions in food and nutrition in MoAFS at all levels, with an average vacancy rate of 75 percent (see graph in Annex 5)

She noted that there is a growing realization and consensus nationally that the presence of well-trained nutrition extension staff at the grass-root level is an imperative if the improvements in food security are to be reflected in nutritional improvements. Effective implementation of the ADP should lead to increased productivity of high-nutritive value foods, ensure consumption of diversified high-nutritive value diets by the target population with special attention on vulnerable groups, as well as the improved delivery of nutrition services through a clearly defined structure.

### 4.2.2 Ministry of Health

In her presentation, Ms Janet Guta, Principal Nutrition Officer in the Nutrition Unit of the Ministry of Health (MoH) indicated that the MoH's mission is to prevent, control and treat malnutrition through the integration of nutrition interventions in the curative and preventive health-care delivery system. The goal is to reduce morbidity and mortality from malnutrition and other nutrition-related health problems among the various categories of the population. Ms Guta outlined MoH strategies for achieving this goal:

The promotion of adequate intake of micronutrients through:

- Micronutrient supplementation – Vitamin A: from six months, every six months until five years, and for mothers soon after delivery or within eight weeks after delivery.
- Iron – routine for all pregnant mothers and may include children in specific campaigns or programmes.
- Dietary diversification and modification (in collaboration with other stakeholders, such as the MoAFS).
- Food fortification – provision of iodized salt (which is a legal requirement as per the Iodization of Salt Act 1995), Vitamin A and others.

Another MoH strategy is the prevention and treatment of moderate and severe acute malnutrition, which includes:

#### A targeted nutrition programme:

- Supplementary feeding for treatment of moderate malnutrition.
- Therapeutic feeding for treatment of severe acute malnutrition.
- Nutrition education and counseling through various health delivery points, media, Information and Education Communication (IEC).

#### Nutrition surveillance:

- Health Information Management System.
- Sentinel sites.
- Periodic surveys.

**Nutrition care and support for PLWHAs:**

- Nutrition counseling for the PLWHAs and on anti-retroviral therapy (ART).
- Nutrition management of nutrition related diseases and conditions.
- Treatment of clients with moderate and severe malnutrition.

The presenter indicated that the ministry currently has 20 vacancies in nutrition, thus only 8 posts of nutritionists are filled at district level.

**4.2.3 Ministry of Gender, Children and Community Development**

Ms Pauline Simwaka, Community Development Officer, the Ministry of Gender, Children and Community Development (MoGCCD), discussed the main activity of MoGCCD community-based child care centres, which is to feed malnourished street children under eight years (the current target is approximately 700 street children). A child receives food in the centres until she or he has been rehabilitated and can be returned to the community/family. Food support is donated by the World Food Programme (WFP). The MoGCCD also provides cash transfers to needy households in communities (approximately 10 percent of households in targeted areas); each family is targeted for up to three years.

Ms Simwaka pinpointed that there is a serious shortage of adequately trained human resources at central, district and community levels. The MoGCCD is expected to provide nutrition education but is currently unable to perform this task because of a lack of home craft workers who had carried out this task before being made redundant because of staff cuts in the 1980s. She noted that more staff is needed at all levels, and particularly at community level, to provide adequate nutrition support, including information and education. Since the elimination of both the home craft worker and the farm home assistant posts, there has been a significant vacuum at the community level that needs to be filled by front-line staff.

**4.2.4 World Vision International**

Ms Rose Namarika, Health and Nutrition Manager, World Vision International (WVI) presented WVI's "Enhance" project (Enhance Survival of all Boys and Girls by Improving Access to Basic Health and Nutrition Requirements). She noted that the project aims to (i) increase access to and intake of micronutrients through diverse strategies, including dietary diversification and modification, supplementation and fortification; (ii) reduce disease prevalence; and (iii) enhance the capacity of field staff to deliver nutrition and health programmes at community level.

The project model takes a holistic approach, and integrates food security with direct nutrition and health interventions, including the distribution of mosquito nets, treatment of diarrhoea and provision of iron supplements. The food security and dietary diversification component promotes small livestock such as guinea fowl and goats, fruit and vegetable production and preservation to improve dietary quality and consumption of micronutrient-rich foods.

Ms Namarika outlined the following key success factors identified by the WVI:

- Community ownership.
- Good collaboration and advocacy.
- A flexible and individualized approach for communities.
- Availability of resources and concomitant nutrition education.
- Delivery of an integrated approach where food security interventions are integrated with health interventions, water, sanitation, immunization and supplementation.

She also outlined the key challenges:

- Diversification of animal products is difficult.
- Processing of animal source products is limited.
- Monitoring & evaluation not conducted well, and there is a need for process indicators.
- Other villages not in the project area also want the skills transfer and the project cannot cope with the high demand.
- *Sustainability* of the intervention is at stake: WVI projects have an end date and government lacks sufficient personnel and transport to continue project activities.

**4.2.5 I-LIFE**

I-LIFE is a USAID-supported consortium of seven NGOs (CARE, Catholic Relief Services, Emmanuel International, Salvation Army, Save the Children US, World Vision International and AFRICARE). Dr Adugna Kebede, Health and Nutrition Technical Adviser, discussed the I-LIFE "Improving Livelihoods through Improved Food Security, Access, Availability and Utilization" nutrition programme, which is funded by USAID. The programme, which began in 2004 and ended in June 2009, was implemented in seven districts and covered 60,000 households.

Dr Kebede noted that the project's main goal was to enable families to adopt improved practices in nutrition. Nutrition activities were integrated with overall food security programmes and the major focus was nutrition education using the Essential Nutrition Actions (ENA) approach and Positive Deviance/Hearth. He also noted that food security



activities are integrated to complement the PD/Hearth programme, and that there is a focus on the cultivation of high-nutrient crops, including yellow sweet potato and soybean; food processing and preservation, and agriculture extension support to families.

The project emphasized behavioural change communication (BCC) for the prevention of malnutrition. Dr Kebede noted that teaching aids that go with the ENA model were developed in the project to promote food processing, preparation and preservation. He commented that this was an important turning point – when the project’s orientation moved from relief to development and the focus moved to preventing malnutrition using the care group model as an operational structure. This allowed improved targeting and the integration of maternal, child health and nutrition (MCHN) with economic development and networking.

The challenges highlighted by I-LIFE include:

- Lack of strategic guidelines.
- Lack of clear targeting mechanisms for the transition from relief to development.
- Gaps in terms of standardized operational guidelines.
- Lack of staff capacity as there are few technically competent nutrition trained staff in the field. I-Life tries as much as possible to link with government.

Although I-Life was about to phase out, Dr Kebede pointed out that it would be succeeded by a new programme entitled: “Wellness and Agriculture for Life Advancement (WALA)” (which began in June 2009). The programme, which is expected to target about 341,448 individuals and 170,000 households, will focus on community complementary feeding and learning sessions involving food processing and preparation of complementary foods, and will reinforce growth monitoring and promotion and support the nutrition rehabilitation units (NRUs). It will also strive to establish a link between facility-based and community-based services as well as to coordinate services with district health management teams and the OPC in different aspects.

#### **4.2.6 Concern Worldwide**

Project officer Alice Gandiwa made the presentation on behalf of Concern Worldwide in which she explained that Concern Worldwide provides support to CTC at district level, mainly through provision of technical support, mentoring and supervision; procurement of ready-to-use therapeutic (RUTF) food and transport, and planning and budgeting support. The project, which was EU supported, started in 2002 and ended in 2009.

Concern Worldwide also works in partnership with community-based organizations (CBOs) in the districts, supporting 4 Nutrition Rehabilitations Units (NRUs) and 23 Outpatient Therapeutic Programme (OTP) sites. The organization also provides CTC advisory services (CAS) and supports the MoH Nutrition Unit with training, documentation and coordination, advocacy and the scaling-up of CTC. The following has been achieved through CAS so far:

- Development of CTC strategy and tools (the CTC strategy is currently awaiting official approval by MoH before it can be rolled out).
- CTC scale-up, which is now implemented in 22 districts (target population: 34,000 children under 12 years).
- Completion of training of a pool of 39 trainers.
- Direct support to all districts implementing CTC, through support visits.
- Holding of CTC forum three times a year to share best practices.

The CAS structure includes one programme manager, one health and nutrition adviser, and a training and technical support team.

Ms Gandiwa outlined the following challenges:

- Difficulties accessing sufficient RUTF (one key question is whether districts will be able to cover RUTF costs).
- Quality of care is often compromised.
- Poor individual commitment: nutrition often seen as an illness but not as preventable.
- Inadequate management systems at district level to support CTC sites, with low supervision.
- Drop-out rates of community-level volunteers are high.

### **4.3 Main issues identified in plenary discussions**

Discussions in plenary generated a lively debate and highlighted the following issues and constraints:

#### **4.3.1 Programme implementation and coordination among agencies**

Substantial capacity gaps can be found, both in terms of institutional capacities and also those gaps that are related to programme implementation. There is an urgent need to identify the gaps, which hamper effective implementation and/or up-scaling of successful interventions. In addition, many districts have disjointed programmes, and there is currently no comprehensive mapping to understand who is doing what, where and at what level. To compound this, programmes are often small, and there is a high degree of fragmentation and lack of coordination between agencies at district and lower levels. Efforts to harmonize approaches



among agencies have so far been limited. Finally, problems of malnutrition should be addressed in a more holistic manner to achieve lasting improvements.

#### **4.3.2 Capturing of lessons learned and dissemination of best practices**

Monitoring & evaluation (M&E) is weak and lessons learned are not being captured accurately. For instance, there is very little knowledge about the impact of different interventions, and insufficient integration between the treatment of malnutrition and its prevention. While there are policies and strategic plans at national level, there is limited integration of lessons learned into programmes and national frameworks. As yet, there is only a partial translation of policies into programmes at community level.

#### **4.3.3 Sustainability**

Sustainability is a central issue – many programmes are phasing out and some programmes may not be sustainable. In addition, sustainability of interventions is often compromised because of donor dependence and poor integration with government programmes at district level.

#### **4.3.4 Inadequate human capacity development/training**

Human capacity is needed at all levels. High vacancy rates in government departments affect capacity hugely. For instance, there is an almost total lack of front-line nutrition workers, and this has an impact on all government and NGOs. Significant capacity gaps are found too in nutrition and health and nursing care. Because of these capacity gaps, monitoring & evaluation is very weak. More use could be made of the Natural Resources College (NRC) for in-service training, for example. Community empowerment must also be considered.

#### **4.3.5 Infrastructure/logistics/materials/transport**

Capacity should be viewed not only in terms of human capacity but also in terms of infrastructure. Current infrastructure, especially in rural areas, is not conducive for work. Attention should also be paid to the development of infrastructure – for example, more incentives should be provided to attract young aspiring staff.

## **5. Nutrition capacity development**

### **5.1 Report of the Nutrition Capacity Assessment in Malawi: March–May 2009**

Mr Hestern Banda, who had been commissioned by FAO Malawi, in collaboration with DNHA, to undertake a national nutrition capacity assessment, presented the scope,

methodology and preliminary findings of the assessment. The objectives of the assessment were to:

1. Gain a good understanding of current gaps and needs for strengthening institutional capacities in nutrition.
2. Reach consensus among government and development partners on an integrated and well-coordinated framework for nutrition capacity development in Malawi.
3. Provide a basis for enhancing nutrition actions at all levels in support of the implementation of the NNPS.

The assessment was conducted at the national, district and community levels and involved diverse categories of stakeholders, including government, NGOs, UN agencies, donor agencies, tertiary training institutions and the private sector. The preliminary findings examined human resources; training institutions; infrastructure/materials/transport; and financial resources.

#### **5.1.1 Human resources**

Although nutrition posts are now established in all relevant ministries in line with government policy, approximately 50 percent of these are currently vacant across the various sectors. At district and community level, the situation is especially critical. The numbers of nutrition staff are very limited, and staff training levels frequently do not meet job requirements. For instance, the MoH has 20 districts without a nutrition coordinator in place. While the MoAFS has budgeted for a total of 54 nutrition positions (28 located at district level), 37 posts remain unfilled (of which 17 are at district level). These posts include nutrition education, nutrition surveillance, and food and nutrition programme officers. The MoAFS plans to fill ten of the vacancies (at district level) but is facing difficulties in recruiting sufficient numbers of qualified personnel.

#### **5.1.2 Training institutions**

To help address the current shortage of trained nutritionists, Bunda College and the NRC have the potential to produce more graduates, Masters students and diploma-level holders than are currently graduating annually. However, training institutions are heavily dependent on tuition fees and financial support from government. Support from donors would help boost enrollment and increase the number of trained nutritionists. Moreover, training curricula are outdated and will need to be aligned with locally appropriate learning needs.

#### **5.1.3 Infrastructure/material/transport**

Other major limiting factors are poor infrastructure and availability of materials and equipment. These include: lack of adequate transport, office space, equipment, computers,

fuel, stationery, inconsistent supply of foodstuffs, loss of materials and theft, inadequate storage facilities, kitchen and feeding shelters and lack of adequate IEC materials, all of which compromise the quality of nutrition interventions. In the case of academic and training institutions, constraints include a lack of adequate teaching facilities, outdated laboratories and equipment for analysis, insufficient office space for staff and outdated computers and teaching materials.

#### 5.1.4 Financial resources

The assessment found that although nutrition is high on the policy agenda, there is a low priority given to allocating resources to nutrition. This is underlined by the fact that nutrition has been allocated only 3.4 percent (approx. US\$ 450 000) of the total budget of US\$ 132 billion for the MDGS (which runs from 2007–2011).

The main development partners funding nutrition work are USAID, Irish AID and the EU, which together plan to provide approximately US\$ 18 million annually for nutrition over the next five years. A sizeable proportion of these funds is channelled through NGOs.

The assessment identified the following needs for capacity building:

- Support to line ministries and other implementing partners for recruitment of officers to fill existing vacancies in nutrition.
- Training of new nutrition technicians at all levels.
- Institutional support for capacity enhancement of training colleges to increase intake and output of quality graduates.

The opportunities that emerged from the analysis are that:

- Both the NRC and Bunda College have the capacity to train more nutritionists than could be recruited at district level.
- Some donors are ready to support the training of nutritionists and training institutions.
- Progress is possible if stakeholders can agree on critical priorities.

## 5.2 Plenary discussion

The assessment's main findings confirm and reinforce existing information, indicating that there are inadequate human resources at all levels, mostly in government. The presentation stimulated an intense debate, raising many issues and concerns, *inter alia*, related to the allocation and use of funds. Dr Shawa highlighted two issues:

1. Existing funding constraints relate to the prevailing understanding of food security and nutrition. Food security is often equated with sufficient staple food production and does not take account of the need to ensure adequate access to nutritionally adequate and safe food. The majority of funds go to agriculture rather than nutrition, which continues to be viewed primarily as a health concern.
2. Because of the fragmentation of interventions, available funds are not used effectively. Malawi is attempting to address these issues through the NNPS, and the DNHA advocates in favour of the establishment of a basket fund for nutrition, to be managed by the DNHA.

Workshop participants also commented on the consultants' findings. They expressed thanks to FAO and the DNHA for having initiated the nutrition capacity assessment and acknowledged the complex nature of the task. They made a series of suggestions on how the consultants' report and analytical framework could be strengthened both in terms of filling in gaps identified during the workshop and undertaking further analysis based on available data.

### 5.3 Capacity development concept and approach by United Nations Development Programme

Mr Ernest Misomali, Assistant Resident Representative, United Nations Development Programme (UNDP) presented UNDP's concept and approach on capacity development. His presentation highlighted the following aspects:

#### 5.3.1 What are capacity assessment and capacity development?

Capacity development is not only concerned with staff training but also involves ensuring that there is a proper enabling environment to allow staff to fulfill their roles and responsibilities and to ensure a stable and supportive working environment so as to retain staff over time. The five main steps in capacity development are:

1. Engage stakeholders in capacity development.
2. Assess capacity assets and needs.
3. Formulate a capacity development response.
4. Implement a capacity development response.
5. Evaluate the capacity development response.

Capacity assessment can be quite a long process depending on how long and involved it needs to be. After the assessment has been completed, the next step is the most challenging –defining critical gaps and core issues and identifying what capacities need to be assessed.

In this context, a number of relevant questions can be asked. For instance, questions concerning policy might

be: Is the NNPS being implemented effectively, for example? Yes or no? What are the gaps? How can it be best implemented?

Questions at the institutional level might be: Are there enough staff? Is there a policy? What are the required structures in ministries, district assemblies?

Another point of entry is at the individual level, where such issues as staff training, and the knowledge and skills of staff to fulfill their roles and responsibilities, must be considered. Questions to ask include: Do we have the people? What kind of people? What are their needs?

The UNDP approach puts emphasis on four core issues:

1. Well-trained staff.
2. Conducive working environment for good performance at institution level – a legal framework or mandate must exist for the institution.
3. Leadership – government leadership and ownership is encouraged so as to address real needs as opposed to donor-driven priorities
4. Knowledge and information technology are essential to aid in the development of systems – the system can be good but a good interface between central government and district level is vital, as is accountability.

Capacity is of several dimensions, and includes management capacity, operational capacity and technical capacity. It is important to define clearly what capacities are being addressed, to answer the questions: Capacity for why? Capacity for whom? Capacity for what?

Mr Misomali recommended that the six capacity development steps for nutrition are: (i) Identify critical gaps; (ii) analyse root causes; (iii) formulate strategies to address critical gaps; (iv) develop expected outcomes, outputs and indicators; (v) develop an action plan (what, by who, when, where, how); and (vi) determine the programme budget.

According to the workshop theme and deliberations, the focus areas proposed are:

- Finalization of the NNPS and the Nutrition Act.
- Organizational structure (national task force, government, partners).
- Coordination of nutrition interventions.
- Clear definition of stakeholders' roles and responsibilities.
- Improve the capacity of training institutions.
- Develop human resources development at all levels, including the community level.

- Advocacy and resource mobilization (in other words: How can we convince politicians to invest more in nutrition?).

Mr Misomali also discussed the capacity development programme for government common services. Conducted by UNDP with the OPC, the programme focuses on improving the delivery of administrative common services, including public management and audit functions and human resource management. The assessment found very high vacancy rates across government departments (a human resources management issue), and indicates a need to develop a comprehensive human resources development and retention strategy.

#### 5.4 Examples of capacity development by United Nations Children's Fund

In his presentation, Nutrition Manager with the United Nations Children's Fund (UNICEF), Mr Stanley Chitekwe, gave an overview of the UNICEF approach. Mr Chitekwe emphasized in his introduction that capacity needs to match the nature of the problem. He also noted that intergenerational transmission of malnutrition is typical. Stunting, which is known to be highest in the first two years of life, begins in pregnancy as poorly nourished pregnant women give birth to infants with low birth weights. Stunting, after a certain age, is largely irreversible and results in stunted adolescents. An adolescent that is stunted is also likely to have poor pregnancy outcomes.

Mr Chitekwe noted that in Thailand, however, programmes have succeeded in reducing chronic malnutrition by employing a community-based approach. Community mobilizers or volunteers have been used to encourage community participation in programme implementation. Structurally, one community worker supervises ten mobilizers. The presenter emphasized the importance of having structures, systems and clear roles, staff and infrastructure, skills and tools, whereby each level facilitates, supports and supervises the next level to work towards a common goal. Even with adequately qualified staff, very little can be achieved without well-defined structures, systems, levels and roles.

In addition, Mr Chitekwe stressed the need for Malawi to adopt an "Appreciative Enquiry" philosophy. This means a paradigm shift at organizational level – from looking for problems and weaknesses (making problems appear bigger than they are) to looking at *what works* in an organization. In this approach, the key questions posed are:

- What are the high points in your organization?
- What is it that you most value about your own organization?

- What are the core factors that give life to your organization?
- What would you do to make your organization the best possible version of itself?

Further, the presentation recommended that this approach be adopted to address issues of capacity development in Malawi. The following were pointed out as among the notable successes in Malawi:

- Creation of the DHNA.
- Development of nutrition profiles (scientific advocacy tools).
- Slight reduction of stunting, wasting, underweight in 2006; to be confirmed in 2009.
- Reduction in child mortality rate.
- Secondment of nutritionists by OPC to line ministries; the CTC programme in MoH now employs five people in the position (initially one person).
- CTC scale-up by government and NGOs and supporting donors.
- Vitamin A supplementation through Child Health Days.
- Iodine deficiency disorder (IDD) monitoring (slowly tackling challenges, East and Central South Africa [ECSA]).
- Sugar fortification pilot successful (third country to do this in Africa, after Nigeria and Zambia).
- Exclusive breastfeeding increased.
- Nutrition surveillance incorporated into Malawi Vulnerability Assessment Committee (MVAC) since 2006.
- Pilot of Rapid SMS for nutrition data transfer in surveillance, a unique innovation that received an award globally from USAID in Washington.
- Extensive NGO activities and successes (care group models, PD-Hearth etc.).
- PlumpyNut local production by Valid and PPB; with potential to export to other countries in the region.
- Partnerships (capacity beyond nutrition sector, skills beyond nutrition, chemistry, epidemiology, CAMA, Ministry of Industry).
- IEC materials for IYCF – reached over 2 million caretakers.

In conclusion, Mr Chitekwe noted that the country is well organized, and there is wide understanding of the nature of the problem and the factors that need to be addressed. There is now an urgent need to harness all the successes achieved as a building block for the capacity development initiative.

## 5.5 Key issues arising from plenary discussions

Participants agreed that institutional and operational capacities, including intersectoral and interagency collaboration and coordination at district level, are weak and need to be strengthened. District assemblies do not coordinate NGO activities actively, and there is virtually no direct communication on nutrition with communities.

It was also observed that there are synergies between the UNDP/OPC capacity development programme and the nutrition capacity development initiative, which need to be harnessed more effectively. Since the DNHA also falls under OPC, UNDP agreed to take up the matter with OPC, especially regarding the most critical issue relating to human resources capacity development – filling vacant nutrition positions in government.

Participants observed that Thailand had managed to achieve a significant reduction in the levels of malnutrition within a short period of time through the use of community-based facilitators, which is similar to the “care group” approach used by I-Life in Malawi. This practice needs to be reviewed further and documented and, if found to be working well, opportunities should be sought to implement this model in Malawi.

Participants felt that a 2 percent reduction in levels of malnutrition in 20 years is not sufficient and more efforts are needed to accelerate progress. Resource mobilization is a key priority and it is important that a resource mobilization strategy is developed. Development partners were asked to provide guidance on what measures could be put in place to mobilize more resources to address the problem of malnutrition in Malawi.

Participants also highlighted the need to increase the number of extension workers, who constitute a bridge between nutrition professionals and the community. Concerted efforts are needed to address this issue. There are indications that in previous times when there was a better ratio of extension staff to the number of households, more information and skills reached the communities in comparison to now. Participants also observed that the problem of malnutrition in the country is both serious and longstanding: finding a solution demands serious lobbying for this cadre of staff across the board.

It was also noted that more resources and attention have gone to supporting the treatment of malnutrition than to its prevention, and this was evident from the successes mentioned in the UNICEF presentation. Participants recommended then that it is necessary to balance prevention and treatment of malnutrition when tackling the problem of malnutrition and its underlying causes.

The United States Agency for International Development (USAID) expressed a strong commitment to addressing malnutrition through preventive measures and it is in this light that it supports I-Life /WALA to promote appropriate complementary feeding in their programme areas and it is interested in working in close collaboration with interested partners on this.

The Ministry of Information and Civic Education also indicated that it has the capacity to play a role in passing messages on nutrition through programmes that reach rural areas, such as through cinema shows.

## 6. Group work and reports

### 6.1 Group task 1

The first group work session was held after the presentations on the situation analysis and programme implementation by various stakeholders. The participants worked in groups formed by stakeholder category and discussed the following:

1. What nutrition actions/ programmes are implemented by whom?
2. What is their coverage (geographical, target groups, no. of populations reached?)
3. What are the strengths, weaknesses, opportunities and threats regarding programme development and implementation (SWOT analysis)?
4. Using the sheet of programme interventions provided, identify five core nutrition actions/interventions that should be strengthened to reduce levels of malnutrition in Malawi. Rank them in order of priority.

#### 6.1.1 Group reports – Group Task 1

The list of programmes and actions that are currently being implemented by various organizations can be found in Annex 8. As noted above, each group conducted a SWOT analysis of their programmes and proposed priority areas. Table 6.1 consolidates the analysis and priorities by stakeholder category.

#### 6.1.2 General issues arising from plenary discussions of group reports

In general, it was observed that all the five groups independently identified closely related weaknesses and priorities as shown in Table 6.1 above. This constitutes a starting point where all stakeholders can work together to develop plans and programmes to advance the capacity development agenda.

Specifically, the plenary also highlighted the following issues relevant to capacity development:

- **Internal training:** All ministries have some form of in-service training and also a budget. This should be tailored to the roles and responsibilities of each institution as outlined in the NNPS. Each organization should also ensure that nutrition activities are included in the institution's budget.
- **Training institutions:** The issue of unauthorized colleges offering nutrition courses should be followed by government as soon as possible; it is necessary to ensure that standards are maintained.
- **Nutrition Act:** The need for a Nutrition Act was highlighted in relation to ensuring standards on micronutrients, to ensure food safety and quality control regarding fortified foods and other food products.
- **Fortification:** It was noted that the Bakhresa company fortifies flour for export but not for local consumption, this is a situation that need redress. There is need to build on the fortification activities already being undertaken and to target local consumption of the food products.
- **Collaboration between civil society, government and development partners.** Closer collaboration and complementarity are needed between partners. Development partners provide very limited funding for nutrition through government, which affects the capacity to upscale effective nutrition actions. For this reason, collaboration with the CSOs that are usually better funded can yield effective action.
- **Decentralization.** Districts do not have the required capacity to implement nutrition programmes: existing extension workers are overburdened with other responsibilities and do not reach out to the communities and households with nutrition services delivery. Urgent action is needed to address the gap in term of human resources needed at district and community level.
- **Project Peanut Butter.** A manufacturer of RUTF, PPB is currently undergoing a substantial expansion. The project has the capacity to supply RUTFs for the entire country; they are also working on a RUTF for people with HIV.
- **Food security.** It was noted that food security is frequently understood to mean "maize" security only in Malawi. However, the full definition of food security as defined by the World Food Summit is "access to nutritionally adequate food at all times for all people to enable them to live an active healthy life". The agriculture sector was therefore called upon to ensure that food supply meets both energy and nutrient adequacy.
- **Overlap and duplication among NGOs.** This was noted as an issue that is also creating competition

Table 6.1. Consolidated group reports on SWOT analysis of programmes and proposed priority areas by stakeholder category

Stakeholder category	Strengths	Weaknesses	Opportunities	Threats	Priorities
Government	<ul style="list-style-type: none"> <li>• Existence of policies</li> <li>• Allocation of 2 percent government budget to HIV and AIDS</li> <li>• Existence of structures</li> <li>• Programmes are continuous</li> </ul>	<ul style="list-style-type: none"> <li>• Inadequate human resources</li> <li>• Inadequate financial resources</li> <li>• Inadequate coordination</li> <li>• Inadequate skills</li> <li>• Inadequate knowledge of nutrition issues at all levels</li> <li>• Poor targeting of nutrition interventions</li> <li>• Lack of awareness of the role of the DNHA by other stakeholders and the government. Not everyone knows what the department is doing</li> </ul>	<ul style="list-style-type: none"> <li>• Political will</li> <li>• National and international donor commitment</li> <li>• Favourable environment</li> <li>• Vibrant media and industry</li> </ul>	<ul style="list-style-type: none"> <li>• Prevailing global crisis</li> <li>• Lack of clear procedures and guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Nutrition information and education</li> <li>• Infant and young child feeding</li> <li>• Human resources capacity development</li> <li>• Food security</li> <li>• Nutrition, HIV and AIDS</li> </ul>
NGOs	<ul style="list-style-type: none"> <li>• Reach communities</li> <li>• Focused in geographical areas</li> <li>• Integrated approach</li> <li>• Innovative</li> <li>• Complement government efforts</li> <li>• Good in M&amp;E and documentation</li> <li>• Available resources</li> <li>• Promote community involvement</li> </ul>	<ul style="list-style-type: none"> <li>• Issue of sustainability</li> <li>• Short duration of projects</li> <li>• Lack of coordination, networking and competition among NGOs</li> <li>• High volunteer drop-out</li> </ul>	<ul style="list-style-type: none"> <li>• Nutrition and food security policies</li> <li>• Donors willing to assist</li> <li>• A coordination office exists (DNHA)</li> </ul>	<ul style="list-style-type: none"> <li>• Donor-driven programmes</li> <li>• Inconsistent incentives by NGOs</li> <li>• Competition</li> <li>• Global economic crisis</li> <li>• National disasters, drought, flood</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthening human resource capacity (nutrition education) formal and non-formal</li> <li>• Prevention interventions for sustainable development (micronutrient supplementation)</li> <li>• Coordination among nutrition-related programmes</li> <li>• Management of acute malnutrition</li> <li>• Integration of nutrition with other sectors</li> </ul>
Tertiary training institutions	<ul style="list-style-type: none"> <li>• Outreach and community placements</li> <li>• Institutions with infrastructure</li> <li>• Production and nutrition integrated (nutrition and food science)</li> <li>• Service, education and training</li> <li>• International collaboration</li> </ul>	<ul style="list-style-type: none"> <li>• Limited teaching space</li> <li>• Old and obsolete laboratory equipment</li> <li>• Need for scholarship opportunities for further studies and staff at higher level</li> <li>• Inadequate funding, overdependence on tuition fees</li> </ul>	<ul style="list-style-type: none"> <li>• High demand for nutrition education and training in country at all levels</li> <li>• Good policy environment</li> <li>• Development partners</li> <li>• Absorb graduates and utilize facilities</li> <li>• Opportunities for outreach</li> </ul>	<ul style="list-style-type: none"> <li>• Mushrooming of illegitimate institutions</li> <li>• Loss of graduates (migration, HIV and AIDS)</li> <li>• Staff turnover</li> </ul>	<ul style="list-style-type: none"> <li>• Human resource capacity development – education and training, theoretical and practical</li> <li>• Research for sound evidence-based initiatives on:                             <ul style="list-style-type: none"> <li>• HIV</li> <li>• child nutrition management</li> <li>• agriculture</li> <li>• micronutrients</li> <li>• food security &amp; impact assessment</li> </ul> </li> <li>• Advocacy:                             <ul style="list-style-type: none"> <li>• for good policy</li> <li>• for national standards and guidelines</li> </ul> </li> <li>• Service</li> </ul>



<p><b>Private sector</b></p>	<ul style="list-style-type: none"> <li>• Political will</li> <li>• Expertise – industry has muscle to expand</li> <li>• Available infrastructure</li> <li>• Distribution network is well established</li> <li>• Ready market for most of these products</li> </ul>	<ul style="list-style-type: none"> <li>• Malawi Bureau of Standards has low capacity in terms of human resources and infrastructure to enforce standards</li> <li>• Coordination with NGOs and development partners</li> <li>• Failure to network as private sector (ultimate goal to make money)</li> <li>• Limited consumer awareness on fortification</li> <li>• Lack of national standards on micronutrient requirements and levels</li> </ul>	<ul style="list-style-type: none"> <li>• High demand for fortified food products</li> <li>• Production and packaging capacity is available</li> <li>• Potential to expand product range and increase volume and brands</li> <li>• Creation of employment opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Poor quality control, legislation and standards</li> <li>• Lack of knowledge (many foods contain allergens, little knowledge in Malawi about allergenicity of foods)</li> <li>• Empowering of community production units as opposed to usage of products from established companies</li> <li>• Global economic crisis</li> <li>• HIV and AIDS</li> </ul>	<ul style="list-style-type: none"> <li>• Setting of national standards for micronutrient requirements</li> <li>• Collaboration between private sector and CSOs on nutrition programmes</li> <li>• Consumer awareness on fortification</li> <li>• Capacity building of monitoring services (Malawi Bureau of Standards)</li> </ul>
<p><b>Development partners</b></p>	<ul style="list-style-type: none"> <li>• High political will and advocacy</li> <li>• Ability to identify weaknesses and suggest solutions</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of capacity to undertake research</li> <li>• M&amp;E framework at national and district level not functional</li> <li>• Lack of a champion or government leadership for coordinating the planning of nutritional programmes at lower level</li> <li>• Limited nutrition capacity to deliver the programmes at district and national level</li> <li>• Limited coordination between partners and government</li> <li>• Limited understanding of the roles of the DNHA versus other sectors</li> <li>• Inadequate development partners consultation when starting a programme</li> <li>• Lack of coordination among development partners</li> <li>• Rivalry among donors/lack of team work</li> <li>• No executive/ bureaucratic capacity for nutrition in the country</li> <li>• Agencies too obsessed with visibility</li> <li>• Follow-up of agreed actions (paralysis by analysis) inertia</li> </ul>	<ul style="list-style-type: none"> <li>• Decentralization – the question is how can we best work as a team at decentralized structures? We have extension workers from agriculture, health that are actively engaged. How can we capture synergies and maximize achievements?</li> </ul>		<ul style="list-style-type: none"> <li>• Coordination</li> <li>• Joint planning</li> <li>• Malawi government – executive and bureaucratic capacity for nutrition</li> <li>• Need to focus on developing district and community level capacities – how best can we support districts.</li> </ul>

among NGOs for communities to work with and for volunteers. Dedza district was singled out as one place where NGOs are clustering in certain areas. It was recommended that there is a need to prepare a national master plan or mapping for nutrition interventions, highlighting hotspots to thereby assist in ensuring proper distribution of interventions in line with identified needs.

## 6.2 Group Task 2

The next level of group work followed the presentations on capacity development. The participants worked in mixed groups and addressed the following questions:

1. Based on the situation analysis and the information provided in other presentations and the plenary discussion, define the critical capacity gaps and needs at the different levels and within different institutions (government, CSOs, development partners, training institutions and private sector).
2. Analyse the root causes of the gaps.
3. Propose three immediate (high-impact) and three medium- to long-term interventions to address these critical gaps.

Table 6.2 is a consolidation of the reports from all the groups on the Task 2 group work. It covers capacity gaps and needs identification; root causes; recommended short-, medium- and long-term actions for capacity development in Malawi.

## 6.3 Group Task 3

In the third and last group sessions, the participants worked in mixed groups and tackled the following task:

1. Define future desired situation for nutrition capacity in the country, indicating:
  - Priority programme areas.
  - Objectives.
  - Expected outputs.
  - Expected outcomes.
  - Time frame.

Table 6.3 below provides consolidated results from Group Task 3 (these are not presented in any order of priority). It should be noted that a lack of time towards the end of the workshop compromised the results from other groups and this explains the incomplete information on some of the identified priority programme areas.

## 7. Summary of issues highlighted in plenary and group discussions and way forward

The group work highlighted issues that are very pertinent for consideration in developing a capacity development strategy for the country. The critical issues that emerged and recommendations that can be pursued as part of the capacity development strategy but would also warrant immediate action are discussed below.

### 7.1 Interagency collaboration and coordination

All agencies, government and NGOs operating at field level identified limited numbers of front-line staff as a major obstacle not only to sustaining programme results but also to upscaling successful interventions. There are substantial capacity gaps – both in terms of human capacities (i.e. staff availability and level of training skills) and programming. Different agencies frequently operate in the same district without adequate communication and coordination. Many districts have disjointed programmes and there is currently no comprehensive mapping to understand who is doing what, where and at what level.

Efforts to coordinate and harmonize approaches among agencies are limited. Malnutrition is still seen as an illness and not as a condition that is preventable. Consequently, the focus is on treatment. The need for stronger links between treatment and prevention was highlighted. It was also recommended that problems of malnutrition be addressed in a more holistic manner to achieve lasting improvements.

### 7.2 Gathering lessons learned and making use of best practices

Monitoring & evaluation is weak and good practices and lessons are not captured adequately. There is limited knowledge about the impact of different interventions. There is also weak integration of lessons and good practices into national frameworks. Moreover, translation of policies into programmes at community level is slow.

### 7.3 Sustainability of interventions

Poor programme sustainability was flagged as another critical issue. Sustainability of NGO-supported interventions is compromised because of donor dependence and poor integration with government programmes at district level. Government capacity to assume responsibility for NGO programmes is weak owing to limited numbers of staff, lack of support and operational funds. Capacities at district level to coordinate, capture lessons learned, ensure complementarity and enhance synergies



Table 6.2. Consolidated group work reports on capacity gaps and needs, root causes and recommended short, medium and long-term actions for capacity development in Malawi

Capacity gaps and needs identification	Root causes	Recommended actions (short term)	Recommended actions (medium to long term)
<p><b>Human resources</b></p> <p>Inadequate human resources at all levels but mostly in government (Most staff in positions in DNHA, MoH, MoAFS etc. lack the required training, skills and experience; a serious capacity gap at the community level owing to lack of front-line workers)</p>	<ul style="list-style-type: none"> <li>Change of government policy because of donor influence (<i>restructuring and abolition of FHAs and HCWs</i>)</li> <li>HSAs in MoH are overloaded and are not a viable option for delivery of nutrition programmes at community level</li> <li>High staff turnover</li> <li>Deaths</li> <li>Inadequate financial resources to recruit</li> <li>Length of recruitment process</li> <li>Poor or no work place incentives</li> <li>Limited career development and promotion opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Fill existing vacancies</li> <li>Improve incentives for community workers</li> <li>Fast-track recruitment process for vacant positions</li> <li>Redefine roles/responsibilities of front-line workers (HSAs and extension workers)</li> <li>Provide short courses on nutrition to all front-line workers</li> <li>Empower communities to implement programmes</li> <li>Promote active community participation using proven community mobilization strategies, <i>such as the care group approach</i></li> <li>Integrate nutrition into existing structures to facilitate the work of front-line workers (e.g. extension workers)</li> <li>Introduce short training courses at Bunda College and Chancellor College to update existing personnel</li> <li>Review and update nutrition curricula at training institutions</li> <li>Develop distance and e- learning courses</li> <li>Government to develop a mechanism to absorb all those graduating from the university with a nutrition qualification</li> <li>Integrate nutrition in other existing structures at grassroots e.g. CBOs</li> <li>Government should foster partnerships and also explore use of UN, Peace Corps and VSO volunteers to bridge the capacity gaps</li> <li>Develop strategy for sustainable capacity development in the country</li> </ul>	<ul style="list-style-type: none"> <li>Coordinate with human resources and training institutions on a capacity development strategy for nutrition</li> <li>Training institutions to recruit highly qualified staff</li> <li>Retain existing staff by creating incentives and a working environment that is conducive to undertaking quality work</li> <li>Create new positions</li> <li>Align university curricula with the needs, including industrial needs (curricula analysis)</li> <li>Upgrade existing workers through training, B.Sc</li> <li>Send people for gradual long-term training in nutrition</li> <li>Improve conditions of services in government</li> <li>Recruit more nutrition education workers to fill the gap at community level</li> </ul>

<b>Financial resources</b>	<ul style="list-style-type: none"> <li>Inadequate funding allocated to nutrition</li> <li>Misallocation and diversion of funds</li> </ul>	<ul style="list-style-type: none"> <li>Increase advocacy for nutrition; launch and disseminate NNPS</li> <li>Mobilize resources for nutrition</li> <li>Lobby government to increase funding to nutrition</li> <li>Obtain clear guidelines from development partners on allocation of resources to nutrition and a positive response to support nutrition programmes across all sectors and through DNHA directly</li> <li>Improve financial management systems</li> </ul>	<ul style="list-style-type: none"> <li>Develop a fundraising strategy</li> <li>Basket fund arrangement for nutrition activities</li> </ul>
<b>Material/Infrastructure</b>	<ul style="list-style-type: none"> <li>Inadequate funding</li> <li>Lack of maintenance</li> <li>Poor access to some specialized equipment</li> </ul>	<ul style="list-style-type: none"> <li>Repair and renovate existing equipment in institutions</li> <li>Inventory current laboratories and consolidate to have a few good ones</li> </ul>	<ul style="list-style-type: none"> <li>Construct new facilities</li> <li>Improve existing training facilities and labs</li> </ul>
<b>Sustainability of programmes</b>	<ul style="list-style-type: none"> <li>Top-down management</li> <li>Lack of ownership of programmes by both government and community</li> <li>Lack of evidence-based community sustainability systems</li> <li>Donor-driven agenda for the civil society organizations</li> </ul>	<ul style="list-style-type: none"> <li>Community and stakeholder involvement</li> <li>Districts to incorporate nutrition into district implementation plans and allocate resources</li> <li>Document best practices and develop a national scale-up plan</li> </ul>	<ul style="list-style-type: none"> <li>Develop good and evidence-based sustainability mechanisms from the onset of the project or programme</li> <li>Good planning is important – capacity to be built at district level to incorporate nutrition in the DIP through the sectors and not top down from the DNHA</li> </ul>
<b>Inadequate coordination mechanisms</b>	<ul style="list-style-type: none"> <li>Existing management structure and leadership at all levels do not provide necessary guidance and support to strengthen nutrition work at national, district and community level</li> <li>Unclear roles for national coordination body</li> <li>Competition among players</li> <li>Fear of the unknown</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen or establish national/ community/ district sectoral coordination mechanisms</li> <li>Leadership and programme management training for those in key positions</li> <li>Continue multisectoral nutrition meetings like this one</li> <li>Improve coordination and sharing of information using e-mails and print media</li> </ul>	<ul style="list-style-type: none"> <li>Joint planning using SWAp approach</li> <li>Start the Food and Nutrition Security Society of Malawi</li> </ul>

Table 6.3. Consolidated group work results on a desired future situation for nutrition capacity in Malawi

Priority programme areas	Objectives	Expected outputs	Expected outcomes	Time frame
<b>Community level development programmes</b>	<ul style="list-style-type: none"> <li>Develop/adapt evidence-based community-nutrition development implementation model</li> <li>Train community workers depending on the adapted model</li> <li>Provide necessary support services to community development workers and/or members</li> </ul>	<ul style="list-style-type: none"> <li>Community nutrition implementation model developed/adapted</li> <li>Support in terms of transport, equipment and infrastructure</li> <li>Community-based organizations involved in implementation of nutrition programmes and policies</li> <li>Active community participation; integrated development work; adequate number and appropriate training of extension level workers</li> <li>Career development structure in place for extension workers</li> <li>MDGs 1&amp;4 achieved (child mortality and hunger)</li> </ul>	<ul style="list-style-type: none"> <li>An efficient community nutrition development system</li> <li>Active community participation</li> <li>Integration of development agencies</li> <li>Extension level training completed 2011</li> <li>Career development structure determined</li> <li>MDGs 1 &amp; 4 achieved (child mortality and hunger)</li> </ul>	First year
				Immediately
				By 2010
				By 2011
				By 2011
				By 2014
<b>Research</b>	<ul style="list-style-type: none"> <li>Develop relevant nutrition research agenda for Malawi</li> <li>Improve human capacity for research in nutrition and relevant fields</li> <li>Develop relevant research infrastructure in the country</li> <li>Lobby for research funding in nutrition</li> <li>Conducting nutrition research for evidence-based programming</li> </ul>	<ul style="list-style-type: none"> <li>National nutrition research agenda developed</li> <li>100 researchers trained or their capacities strengthened (basic skills, tools, apprenticeship, partnerships)</li> <li>Dissemination of research findings</li> <li>Nutrition laboratory established</li> <li>Existing laboratories upgraded, constructed and equipped</li> <li>Research sponsors identified</li> <li>Research conducted based on demand and need</li> </ul>	<ul style="list-style-type: none"> <li>Improved research capacity and infrastructure</li> <li>Better products</li> <li>Better policies</li> <li>Nutrition laboratory established</li> </ul>	First year
				Ongoing
				Five years
				Ongoing
				Ongoing

<p><b>Food quality control</b></p>	<ul style="list-style-type: none"> <li>• Improve working environment at all laboratory testing centres to retain qualified staff and credible staff</li> <li>• Improve laboratory institutions' credibility to carry out tests, without compromising standards</li> <li>• Establish laboratories with state-of-the-art testing equipment at borders</li> <li>• Upgrade laboratory equipment so that they are up to date and efficient</li> <li>• Enable the consumers to have access to adequate information for informed decision</li> <li>• Review Malawi Bureau of Standards (MBS) Act 1972 and other related Acts</li> <li>• Establish state-of-the-art independent testing laboratory.</li> </ul>		<ul style="list-style-type: none"> <li>• Improved services</li> <li>• Qualified and credible staff retained</li> <li>• High standards maintained and credible results</li> <li>• State-of-the art testing equipment</li> <li>• Influx of substandard products eliminated</li> <li>• Information on food quality made available to consumers</li> <li>• Act revised</li> <li>• State-of-the-art testing equipment established</li> </ul>	<p>Continuous and MoT</p>
<p><b>Market monitoring</b></p>	<ul style="list-style-type: none"> <li>• Publicize product status to public</li> <li>• Strengthen capacity of city assemblies, MBS, MoH, Ministry of Trade and consumers to monitor the standards of food product</li> <li>• Establish independent monitoring body</li> <li>• Establish food law</li> </ul>		<ul style="list-style-type: none"> <li>• People able to make informed choices</li> <li>• Standards well monitored</li> <li>• Independent body able to monitor the food products</li> <li>• Food law produced, implemented and monitored</li> </ul>	

<b>Improved coordination mechanism</b>	<ul style="list-style-type: none"> <li>Identify stakeholders in nutrition</li> <li>Develop clear roles and responsibilities for each stakeholder</li> <li>Establish forum for sharing of best practices, lessons learned, achievement and challenges</li> <li>Establish a nutrition professional body</li> </ul>		<ul style="list-style-type: none"> <li>Enhanced stakeholder involvement and participation in nutrition</li> <li>Inventory and mapping of stakeholders in nutrition</li> <li>Holistic approach to implementation of nutrition programmes</li> <li>Enhanced mobilization and leveraging of resources</li> <li>Enhanced knowledge of other organizations' efforts</li> <li>Nutrition professional body established and safeguarding of professional ethics</li> </ul>	Six months
<b>Information, education and communication (advocacy, consumer awareness)</b>	<ul style="list-style-type: none"> <li>Disseminate nutrition messages using multimedia channels</li> <li>Improve production and proper targeting of IEC materials</li> <li>Develop resource centres</li> </ul>		<ul style="list-style-type: none"> <li>Improved nutrition knowledge by the public</li> <li>Integrated, standardized and well-targeted nutrition messages produced and disseminated</li> <li>Availability of quality IEC materials and equipment</li> <li>Improved reading culture by the general public</li> <li>Improved access to information on nutrition</li> </ul>	Immediately
<b>Training institutions</b>	<ul style="list-style-type: none"> <li>Better human capital (recruit, train, retain)</li> <li>Enabling environment (create an enabling environment for nutrition programmes, policies and strategies – friendly and flexible atmosphere for improvement)</li> <li>Improve management &amp; coordination</li> </ul>		<ul style="list-style-type: none"> <li>Adequate infrastructure built, maintained, and equipped</li> <li>Skills and competencies of existing workers strengthened</li> <li>Nutrition curriculum aligned with nationwide needs and goals</li> <li>Production of adequate graduates</li> </ul>	Institutions and labs equipped by 2013  In-service training completed by 2011  Nutrition curriculum review started 2009, completed 2010  Adequate graduates by 2015

<p><b>Government institutions</b></p>			<ul style="list-style-type: none"> <li>• Extension workers supported by staff with higher level training</li> <li>• Skills and competencies of existing workers strengthened</li> <li>• Positions filled at all levels</li> <li>• Coordinated system cross-cutting all staff involved in nutrition planning and implementation</li> </ul>	<p>Extension workers support staff in place by 2011</p> <p>In-service training for district level by 2010</p> <p>Positions filled through job fairs by 2009–2012</p> <p>Coordinated system developed by end of 2009</p>
<p><b>Policy and strategy</b></p>	<ul style="list-style-type: none"> <li>• Include all stakeholders in policy development and advocacy for policy</li> <li>• Legislation: create a nutrition Act</li> <li>• Disseminate the policy and Act through established systems</li> <li>• Develop implementation plans for practical and effective action</li> </ul>		<ul style="list-style-type: none"> <li>• Good policy and effective advocacy</li> <li>• Standardized strategies and guidelines</li> <li>• Sectoral policies aligned to national policy and strategic plan</li> <li>• Effective system of executing strategies in place</li> </ul>	<p>All sectoral policies collated and reviewed by 2009</p> <p>Standardized strategy created by end of 2010</p> <p>Sectoral policy alignment within 2 months of strategy creation</p> <p>Policy implementation by end of 2009</p>

between different interventions and agencies need to be strengthened.

**7.4 Infrastructure, logistics, materials and transport**

Participants noted that when discussing capacity, the focus should not only embody human capacity but also infrastructural capacity. The infrastructure, especially in rural areas, is not conducive for work and many graduates do not feel attracted by working conditions that are offered. Upgrading housing and office facilities and improving transport and electricity by installing solar panels could provide incentives to young aspiring staff.

**7.5 Human resources development and training**

It was generally agreed that there are inadequate numbers of trained personnel in nutrition throughout government and in NGOs. In government this situation is exacerbated by a very high vacancy rate in the key implementing sectors. Where positions are filled, most incumbents do not have the prerequisite training and experience for the job.

The question was raised as to whether current nutrition curricula prepare diploma holders and front-line staff for community nutrition work adequately. It was noted that,

in previous years, considerable emphasis was placed on practical work but this has changed. Graduates can now complete their courses without having spent any time in rural areas.

To increase human resources in nutrition at community level, the European Union (EU) and other donors favour increased numbers of community facilitators, a strengthening of the volunteer system and the provision of a comprehensive in-service training packages to existing line ministry and NGO personnel working at community level. The EU and Irish Aid also strongly support the development of a robust nutrition-surveillance system so that priority actions in nutrition can be determined appropriately, while USAID is in favour of training more nutrition graduates at institutions such as the NRC and Bunda College. In addition, nutrition curricula require updating and a curriculum analysis may be needed. These and other issues could not be resolved in plenary, and further consultation with a smaller group of stakeholders is needed.

Following group presentations in plenary, a discussion arose over the suggestion by DNHA to establish a new cadre of staff at community level. While some participants felt that recruiting more community workers was the solution

to increasing capacity at community level, the development partners were somewhat sceptical about the feasibility of this strategy, pointing out such unresolved issues as to which line ministry would be responsible for an additional 8,000 staff and who would cover staff costs.

## 8. Recommendations and next steps

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This was the first interdisciplinary workshop of its kind that brought together a broad group of actors from different sectors and institutions, all of whom play key roles in nutrition in Malawi.

The workshop provided an excellent platform for sharing information and experiences among key government sectors, development partners, academic institutions and the private sector and resulted in substantive debates and tangible outputs and recommendations for follow-up. The workshop reached most but not all of its goals and further consultation with key stakeholders will be essential to advance the nutrition capacity development agenda in Malawi. However, the participants agreed on the following recommendations and next steps. These will be fundamental to the development of a nutrition capacity development strategy and programme in the country:

1. Participants agreed that harmonization of approaches and achieving synergies among different agencies was crucial for comprehensive programming to reduce levels of malnutrition. There is currently a serious gap and complementarities are not captured at community level. This needs to be addressed through effective coordination at all levels, especially at district and community level where capacities need to be increased.
2. Each organization needs to advocate for nutrition in line with its mandate. Universities and training institutions have an important role to play in preparing adequately qualified nutritionists, focusing on both theoretical and practical learning in nutrition. Group work reports highlighted the need for curriculum analysis to strengthen practical application of nutrition in the field. It was suggested that proper definition of required competencies should be conducted and an appropriate curriculum designed for on-the-job training as well so that professionals can discharge their duties more effectively.
3. Regarding fortification of food products with iron, iodine and vitamin A, work is needed to set national standards for micronutrient requirements, raise consumer awareness on fortification and establish appropriate monitoring and control mechanisms to ensure the quality of fortified food products.
4. Participants expressed their appreciation for the workshop and concluded that it had been a valuable first step in a comprehensive capacity assessment and development process. A common understanding of the nutrition situation as well as existing gaps and constraints had been reached. However, capacity assessment results were still somewhat preliminary and further work was required to fill in missing information. It was recommended that the capacity assessment be extended to cover additional elements, such as nutrition-related policies and legislation. Additional analysis was also required to enable a more in-depth understanding of human resources needs at community level and how they could be addressed most effectively through existing structures.
5. FAO committed itself to finalizing the capacity assessment report in line with recommendations and to preparing a workshop report for circulation to all participants. The final capacity assessment and workshop reports will also be shared with the heads of donor agencies for discussion at a donor/development partners round-table meeting to be convened by DNHA/OPC and FAO as soon as possible.
6. In order to advance the capacity development agenda further and guide the process, the workshop proposed that FAO and DNHA/OPC establish a capacity development task force to be composed of key agencies from the different sectors and development partners (i.e. USAID, UNDP, German Development Agency, CHAM, WVI, MoAFS, BC, NRC, KNCV). The task force would be responsible for reviewing the final capacity assessment report, for prioritizing capacity development actions, and for drawing up a draft action plan and budget. It was suggested that FAO and DNHA/OPC convene a second workshop at which the action plan would be reviewed and a final programme implementation document prepared.





# ANNEX 1

## WORKSHOP EVALUATION

The participants expressed favourable comments about the workshop as a whole, and found it a very valuable learning and networking experience. As presented in Table A.1 below, the results of this summary evaluation showed an overall favourable rating by the workshop participants.

1. Twenty-eight participants responded to the workshop evaluation, which rated workshop category areas on a "1" to "5" numerical basis, with "1" as lowest quality, and "5" the highest.
2. In the area of "Workshop administration and logistics", 57 percent of participants rated the evaluation at 4 or 5; 25 percent of the participants at 3; and 18 percent of participants at 2. In the category "Venue and facilities", 82 percent of participants rated at 4 or 5, 18 percent at 3 or 2.
3. In the category of "Accommodations and food", 75 percent of participants rated at 4 or 5; 25 percent of participants did not respond to this topic. "Workshop purpose and objectives" were rated by 75 percent of the participants at 4 or 5, 25 percent at 3 or 2. "Facilitation" was rated by 57 percent of participants at 5 or 4, 36 percent at 3 or 2, 13 at 4; 7 percent of the participants did not reply to this category.
4. For "Value of workshop to your work and organization", 79 percent of participants rated this at 4 or 5, 14 percent at 3 or 2, and 7 percent (one participant) at 1.

5. In the area of "Your overall satisfaction with workshop outcomes", 75 percent of participants rated at 5 or 4, 25 percent at 3, 2, or 1.

Responses to specific questions on the evaluation survey included the following:

What did you value most?

6. Answers focused on the areas of strong participation and group discussion amongst the participants, the sharing of ideas and suggestions, and the content of the presentations.

What could have been done better?

7. Answers ranged from more time for discussions, distribution of materials prior to the workshop, site visits to project locations, to overall better time management.

What are your recommendations for future workshops?

8. Answers included comments such as include more fun and interactive activities, distribute workshop material in advance, better overall logistics and planning, and general overall better time management.

**Table A.1. Workshop evaluation**

Description	Rating				
	1	2	3	4	5
Workshop administration and logistics		5	7	10	6
Venue and facilities		5	4	12	11
Accommodation and food				12	9
Workshop purpose and objectives		1	6	16	5
Facilitation		1	9	13	3
Value of workshop to your work and organization	1	1	3	11	11
Your overall satisfaction with workshop outcomes	1	1	3	17	4



## ANNEX 2 WORKSHOP AGENDA

<b>Government of Malawi/FAO National Nutrition Capacity Development Stakeholder Workshop, Club Makokola, Mangochi, Malawi, 6-8 May 2009</b>				
<b>Date</b>	<b>Objective</b>	<b>Time</b>	<b>Activity</b>	<b>Method</b>
<b>5 May 2009 Tuesday</b>	Arrival	17.00 -19.00	Registration and hand out workshop package	
<b>6 May 2009 Wednesday</b>	To develop a common understanding of the nutrition situation, policy environment and nutrition interventions	8.30	Workshop opening activities <ul style="list-style-type: none"> <li>• Introductions</li> <li>• Official opening</li> <li>• Logistic</li> </ul>	Remarks by FAOR, FAO Rome Opening by PS DNHA
		9.00	Presentation of workshop theme, objectives, expected outcomes and agenda	FAO Policy Adviser, DNHA
		9.30	<ul style="list-style-type: none"> <li>• Nutrition situation, background, facts and figures</li> <li>• Nutrition Policy</li> <li>• Implementation</li> </ul>	Bunda College DHNA/OPC Panel presentations <ul style="list-style-type: none"> <li>• MoAFS, MoH, WCD</li> <li>• WWI</li> <li>• I-LIFE</li> <li>• Concern WW</li> </ul>
		10.30	Break	
		11.00	Presentations cont'd	
		11.30	Group work	Groups by stakeholder" <ul style="list-style-type: none"> <li>• Government</li> <li>• NGOs</li> <li>• Training Inst.</li> <li>• Private sector</li> <li>• Development partners</li> </ul>
		13.00	Lunch	
		14.00	Group work cont'd	
		15.30	Break	
		16.00	Group presentatins and dicussion	Plenary
		17.30	Close	
<b>7 May 2009 Thursday</b>	Comprehensive review of nutrition capacity – institutional, human & financial resources at national, district & community level	8.30	Recap of previous day	
		9.00	Nutrition Capacity Assessment Findings	FAO
		9.30	Discussion	Plenary
		10.30	Break	
		11.00	Capacity Development Approach & Methodology	UNDP
		11.30	Discussion	
		12.00	Examples of capacity development initiatives	UNICEF

Date	Objective	Time	Activity	Method
<b>7 May (cont'd)</b>		12.30	Discussion	
		13.30	Lunch	
		14.30	Small group work	Group discussion
		16.00	Presentations	Plenary
		16.00	Discussion	Plenary
		17.30	Close	
<b>8 May 2009 Friday</b>	Inputs for a coordinated strategy for capacity development	8.30	Recap of previous day	
		9.00	Introduction to group work and consensus	Plenary
		10.00	Development of objectives and outcomes for priority programmes	Group discussions
		11.30	Presentations	Plenary
		12.00	Discussion and next steps	
		13.00	End of workshop	
		13.30	Lunch	
		14.30	Departure	

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See Acronyms list above for full titles of all abbreviations here

## ANNEX 4

# SPEECH BY FAO REPRESENTATIVE, MR PINIT KORSIEPORN

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The Principal Secretary, Dept of Nutrition, HIV and AIDS in the Office of the President

Distinguished delegates from the government, the Civil Society Organizations, the Private Sector and Development Partner agencies

Ladies and Gentlemen

I am pleased to be here and make these remarks to you today and also very happy to see such a broad spectrum of representation at this workshop.

Good nutrition is fundamental to achieving improved human welfare and economic growth. Under nutrition is a major challenge in Malawi, with stunting or chronic malnutrition levels of close to 50 percent, Malawi is second only to Ethiopia in rank as the country with the highest level of malnutrition in Sub Saharan Africa. This is a fact that needs to be taken very seriously in our development efforts. What is also striking is that Malawi is currently hailed as being among the fastest growing nations, in economic terms, in Africa. There is therefore a huge task on our hands to ensure that the positive trend in economic growth is matched with improvements in nutrition.

Reducing hunger and undernutrition have been raised high on the global policy agenda with the adoption of the Millennium Development Goals, including notably here in Malawi. Prevention and management of malnutrition is one of the six priority areas of the Malawi Growth and Development Strategy (MGDS). Under the leadership of the Department of Nutrition, HIV and AIDS (DNHA), the country has developed a National Nutrition Policy (NNP) and Strategic Plan (SP) and is ensuring the integration of concrete nutrition strategies and actions into sectoral policies, programmes and plans. This includes the successful incorporation of nutrition in the recently approved Agricultural Development Programme (ADP). In this respect, the efforts of the DNHA and all the key players are truly commendable.

As you all know, FAO is a specialized agency of the United Nations with a mandate to raise levels of nutrition, improve agricultural productivity, better the lives of rural populations and contribute to economic growth and prosperity of nations. Achieving food security is at the heart of FAO efforts – to ensure that all people at all times have access to enough high-quality and safe food to lead active, healthy lives. The outcome of FAO's work is therefore best

illustrated by improved nutrition levels in the countries that we serve.

FAO fully subscribes to the nutrition security agenda and is committed to supporting national efforts, in close collaboration with partner UN agencies, especially UNICEF, WFP and WHO, that ensure that policies and plans are enabling households and individuals to become nutritionally secure. As part of the UN family in Malawi, FAO is a convener of Cluster 1 of the UNDAF which is on 'Sustainable Development and Food Security'; of which outcome 1 addresses 'strengthening government capacity to coordinate and implement food and nutrition security policies and plans'. Furthermore, FAO is also fully committed to and engaged in ensuring that the policies and plans are translated into practical and effective actions that will impact directly on nutrition.

In this regard, FAO provides direct assistance to field programmes in food security, nutrition, livelihoods, fisheries and livestock development. In Malawi, through the Flemish International Cooperation Agency (FICA) funded project "Improving Food Security and Nutrition Policies and Programme Outreach", launched in 2008, FAO provides nutrition policy support and facilitates programme outreach covering Kasungu and Mzimba districts, targeting 29,000 households. A food and nutrition security policy adviser recruited under the policy component is currently working with the government through the Department of Nutrition, HIV and AIDS (DNHA), in the Office of the President and Cabinet (OPC), who is also responsible for leading efforts in nutrition capacity development.

FAO is proud to be associated with this important initiative on capacity development in nutrition as indeed inadequate capacity has been identified as a priority area that needs attention if nutrition is to be improved in the country on a sustainable basis. The ultimate outcome of this initiative will be a well articulated strategy to guide this country to develop and strengthen Malawi's capacities in nutrition in a comprehensive manner.

Identifying and prioritizing capacity needs – which will be the tasks of this workshop - are essential steps in the process to strengthen the national capacities of food security and nutrition plans and programmes. These steps are necessary to ensure that activities to strengthen nutrition interventions

are demand driven and tailored to specific local conditions, strengths and weaknesses.

This workshop was preceded by a comprehensive situation analysis, which has been undertaken jointly by the Department of Nutrition, HIV and AIDS and FAO. We hope that this initiative, with all your contributions, will culminate in the development of a tangible and implementable capacity development strategy in nutrition that will be supported by all the key stakeholders and partners.

Important to note is that needs assessment and capacity development is a means to an end. The overall goal is to improve the food security and nutritional status of all Malawians.

I am convinced that with our combined efforts, with strong leadership and effective coordination being assured - that is

illustrated by all of us coming together in this workshop - we are on the right track to achieving tangible results. I trust that this capacity development initiative in nutrition will add value to currently ongoing nutrition actions in Malawi. I believe that by putting all our efforts together, we can make an important contribution to achieving the MDG goal of halving the number of undernourished people in Malawi by 2015 – MDG1.

Ladies and gentlemen, I wish you much success in your workshop deliberations and look forward to the outcomes that will hopefully provide a solid basis for future work, and that will also attract attention and engage key stakeholders and partners in a fully fledged nutrition capacity development programme in Malawi.



## ANNEX 5

# INTRODUCTORY REMARKS – ELLEN MUEHLHOFF, SENIOR OFFICER, NUTRITION AND CONSUMER PROTECTION DIVISION, FAO, ROME

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Let me say how pleased I am to be back in Malawi on the occasion of this important national stakeholder workshop on capacity development in nutrition. The workshop is very timely indeed.

I am probably not exaggerating by saying that we are currently facing a major capacity crisis in nutrition, not only in Malawi, but in the African region as a whole. A meeting held under the auspices of NEPAD in Capetown in 2008 identified gaps in institutional and human resource capacities in nutrition as a major impediment to making progress in reducing the number of malnourished people.

Many countries simply do not have adequate institutional capacities, including the necessary human and financial resources, to deliver food security and nutrition programmes effectively and efficiently. This is affecting our ability not only to address problems of malnutrition but also to prevent them from occurring in the first place. In fact, it is becoming increasingly certain that we shall not reach the Millennium Development Goal of reducing the number of hungry and undernourished people by half by 2015, as measured by child wasting, and Africa is lagging badly behind other regions.

With this in mind, I would like to express FAO's full commitment to supporting Malawi in efforts to become

food secure and free from hunger and malnutrition. FAO acknowledges that capacity development is central to ensuring that policies and programmes can be translated into effective action at community level.

To address the current capacity crisis in nutrition and accelerate progress in reducing levels of undernutrition, FAO in discussions with Government in October 2008, launched the idea of holding a national stakeholder consultative meeting. Working with the Department of Nutrition, HIV and AIDS, we are pooling efforts and resources with the goal of achieving a well articulated nutrition capacity development strategy for Malawi. This should attempt to capture short-term wins at the same time as addressing medium and longer term capacity gaps and needs on a sustainable basis.

We have a challenging task before us and I hope that this workshop can make a substantive contribution towards advancing the nutrition capacity development agenda not only in Malawi but also for other countries in Africa. Malawi is the first to embark on this process and can lead the way.

I look forward to working with all of you now and in the future towards our goal of building a world free from hunger and malnutrition.



## ANNEX 6

# OFFICIAL OPENING, DR MARY SHAWA, PRINCIPAL SECRETARY, DNHA

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The FAO Representative in Malawi, Pinit Koerspien  
The Representatives from the Government, Non-Governmental Organizations, Private Sector and our development partners  
All Invited Guests, Ladies and Gentlemen

It gives me great pleasure and honour to officially open the National Stakeholders workshop here in Mangochi. The Department of Nutrition, HIV and AIDS (OPC) in collaboration with Food and Agriculture Organization organized this workshop. The goal of the workshop is to jointly review the national capacity to implement nutrition policies and programmes and articulate strategic areas for strengthening the capacity to ensure effective action in Malawi. With regards to the subject matter of the workshop I want to emphasize the need to look at issues of concern, which include lack of coordination among implementers, which results in having parallel programmes in nutrition; lack of qualified personnel in nutrition at all levels to implement the NNPS; the need to have adequate capacity in different sectors for better implementation of the National Nutrition Policy; and ensuring that nutrition is part of the mission statements of government and non-governmental organizations.

Ladies and Gentlemen, Let me further underline that Nutrition is a cross cutting and that there is therefore need to adopt a multisectoral and holistic approach in tackling it, and also inadequate capacity in nutrition may hinder efforts to attain the Millennium Development Goals in the country. In view of this, the Government of Malawi, under the leadership of the Department of Nutrition, HIV and AIDS in the Office of the President and Cabinet, has developed a National Nutrition Policy and Strategic Plan (NNPSP) which seeks to enhance Government's response in addressing malnutrition. It is intended to facilitate the standardization, coordination and improvement of the attainment of im-

proved nutritional status among vulnerable population groups for their effective contribution to economic growth and development, in line with the development priorities articulated in the Malawi Growth and Development Strategy (MGDS) and the Millennium Development Goals (MDGs).

Ladies and Gentlemen, There is a strong consensus in government and among development partners that one of the biggest challenges to the implementation of the National Nutrition Policy and Strategic Plan is inadequate capacity in all its dimensions, institutional, human and financial resource; and at the national, community and household levels, which must urgently be addressed. In view of the foregoing, the Department of HIV and AIDS in close collaboration with the Food and Agriculture Organization (FAO) of the United Nation embarked on a nutrition capacity development initiative as a key priority that would ensure an enabling environment for operationalization of the NNPS. This activity has three distinct phases that include: Capacity assessment of Institutions and human resources, Stakeholders workshop for capacity review and capacity development planning, Development of comprehensive strategy and plan of action with a budget for nutrition capacity development in the country.

I therefore believe that the National Stakeholders Workshop today will lay down a solid foundation for the mechanisms that will enable the flow of both information and issues smoothly. I also believe that the areas that needed attention will be addressed. I am looking forward to the resolutions and recommendations that will come out of the meeting.

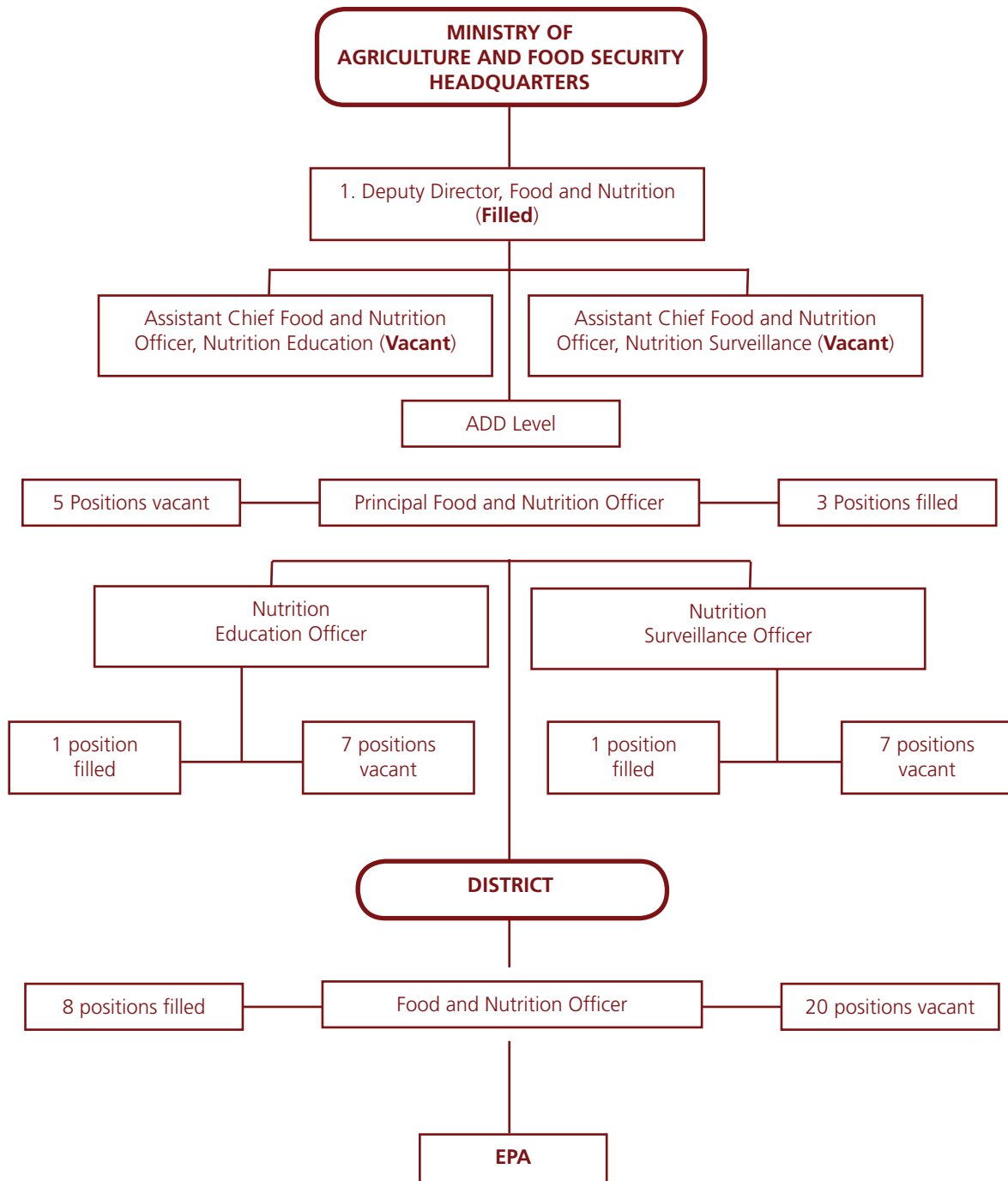
It is now my singular honour and privilege to officially open the stakeholders' workshop.

Wishing you fruitful deliberations. God Bless us all!



# ANNEX 7

## MINISTRY OF AGRICULTURE AND FOOD SECURITY





## ANNEX 8

# LIST OF PROGRAMMES RUN BY KEY STAKEHOLDERS

### Training institutions group (including: Bunda College, College of Medicine, KCN, Natural Resources College and Chancellor College)

#### Nutrition Programmes

- Training
- Research
- Outreach
- Treatment /care
- Consultancy services

#### Training

- Bunda: BSC and MSC Nutrition courses
- COM: MBBS with a Nutrition component, Medical degrees, premedical training, Certificates
- Chancellor: BEd with nutrition
- KCN: Diploma, BSC nursing include a nutrition course
- NRC: Diploma in food. nutrition and livelihoods security

### Private sector group (include: Rab Processors, MBS, and Unilever)

#### Programme: Fortification

##### Vitamin A Fortification

- Bread Flour – Bakhresa
- Maize Flour – Rab Processors
- Cooking oil – Unilever, CORI
- Sugar fortification - Illovo – (in pilot stages)

##### Iron Fortification

- Maize Flour – Rab Processors

### Development Partners Group

#### Programmes

##### Implement programmes through partners

- MoAFS technical secretariat singled out for their key role on maintaining a food security and nutrition M&E indicators database that shows who is doing what where. But the group noted that there is need for:
  - Awareness rising of the existence of the database
  - Training to promote utilization of the database
  - Database to be maintained by a permanent office (TechSec is temporary)

### NGOs Group, programmes by organization:

#### Concern Worldwide

Major Programme:Therapeutic Nutrition

Activities: CTC and Livelihoods

Location: Dowa, Nkhotakota, Nsanje, Lilongwe

Targets: <12 year old, total of 10108 children

#### Save the Children

Major Programme:Food Security

Activities: MCHN, PD/Health, GMP, food aid for CI, Neonatal care

Location: Dedza, Zomba

Targets: <5 children, PLHIV, <18 children, CCBC; total 44,763 hhs

#### CHAM

Major Programme:Community nutrition/Therapeutic care

Activities: Community Feeding program for <5 children, Pregnant, CI and Orphans, Health & Nutrition, Education Learning Institutions, NRUs

Location: Karonga, Nkhotakota, Rumphi, Salima, Mangochi

Targets: 6400HHs, PLHIV, Pregnant women HIV+, OVCs, and moderately malnourished <5 children

#### Action Aid

Major Programme:Food and Nutrition Security

Activities: RUTF for PLHIV, nutrition and treatment, literacy (up coming program)

Location: Nsanje, Phalombe, Machinga, Salima, Lilongwe, Ntchisi, Chiradzulu, Mzimba, Rumphi, Chitipa Nkhatabay

Targets: PLHIV

#### World Vision International

Major Programme:Health and Nutrition (Preventive)

Activities: PHC, immunization, Supplementation of Micronutrients, Fortification, WATSAN, Dietary diversification, IYCF

Location: All Districts except Likoma and Mwanza

Targets: <5 and <2 children, PLW, PLHIV, OVC, Deaf,

**I-LIFE/ WALA**

Major Programme: Food Security programme  
 Activities: Nutrition and Health Education, Complementary feeding and learning, food processing & Preservation, C-IMCI, GMP, Supporting CTC and NRUs  
 Location: Nsanje, Chikwawa, Mulanje, Zomba, Machinga, Chiradzulu, Balaka, Thyolo  
 Targets: <2 and <5 children, PLHIV; total of 342,000 hhs

**Consumers Association of Malawi**

Major Programme:  
 Activities: Fortification: Advocacy on mandatory fortification law for salt and Likuni Phala,  
 Location: National Programme  
 Targets: Consumers





*“There is strong consensus in Government and among development partners in Malawi that one of the biggest challenges to the implementation of the National Nutrition Policy and Strategic Plan (NNPSP) is scarcity of adequate capacities in all dimensions: institutional, human and financial resources are lacking at national, district and community levels, and these problems must be addressed urgently.”*

*“Capacity development is central to ensuring that policies and programmes can be translated into effective action at the community level. Many countries do not have adequate institutional capacities including the necessary human and financial resources to deliver food security and nutrition programmes effectively and efficiently. This affects the ability to not only address problems of malnutrition but to also prevent them from occurring in the first place. FAO is ready to pool its efforts with other development partners to address the current capacity crisis in nutrition which is affecting not only Malawi but many other countries struggling to reduce hunger and malnutrition.”*