



2022

ANNUAL

REPORT

All information in this report was collected, reviewed and collated by CSONA in 2022.

Table of Contents

FOREWORD.....	i
THANK YOU OUR PARTNERS AND DONORS.....	ii
ACRONYMS.....	iii
WHO WE ARE.....	1
WE ARE CSONA.....	2
CSONA MEMBERSHIP.....	3
THEORY OF CHANGE.....	4
BOARD AND ADVISORY COUNCIL.....	5
ADVOCACY SPOTLIGHT.	6
PART 1: COLLECTIVE ACTION ON INFLUENCING POLICY RECOGNITION TO NUTRITION	
CSONA'S KEY POLICY ADVOCACY ACTIVITY IN 2022.....	10
PART 2: CIVIL SOCIETY ACTION ON FOOD SYSTEMS TRANSFORMATION..... 15-19	
PART3: CIVIL SOCIETY ACTION IN ENHANCING CITIZEN PARTICIPATION AND	
OWNERSHIP OF NUTRITION AND EARLY STIMULATION	
INTERVENTIONS'.....	19-21
PART 4: ENHANCING AWARENESS, ACTION AND ACCOUNTABILITY IN THE FIGHT	
AGAINST MALNUTRITION AND NCDs.....	22-30
CSONA'S KEY PROJECTS AND ACTIVITIES IMPLEMENTED IN 2022..... 31	
CHALLENGES.....	32

FOREWORD

Malawi is one of the developing countries experiencing the triple burden of malnutrition in form of undernutrition, micronutrient deficiencies and overnutrition (in form of overweight and obesity). Poor diets and inactive lifestyle habits are unacceptably high and are the leading contributing factors to malnutrition. Undernutrition in form of stunting is relatively high, at 37%, according to the Malawi Demographic and Health Survey (2015-16). In recent years, Malawi has also experienced increased cases of nutrition-related Non-Communicable Diseases (NCDs) like hypertension and diabetes which are sometimes caused by the risk factors of overnutrition: overweight and obesity. NCDs are the second leading cause of death in adults, accounting for approximately 12% of the Total Disability Adjusted Life Years (DALYs).

Malawi has shown limited progress toward achieving the diet-related NCD targets. The country has shown no progress towards achieving the target for obesity, with an estimated 11.0% of adult (aged 18 years and over) women and 2.7% of adult men living with obesity. Malawi's obesity prevalence is lower than the regional average of 20.7% for women and 9.2% for men. At the same time, diabetes is estimated to affect 6.9% of adult women and 7.9% of adult men.

Tackling poor diets and malnutrition, and the underlying inequities, policies and systems that drive them, is therefore a critical part of recovering from the impacts of the pandemic and ensuring populations are resilient to such shocks in future.

The stories in this report, therefore, provide a snapshot of our advocacy work towards assisting the government in ending all forms of malnutrition. CSONA is dedicated to working alongside our partners to build a path towards a safe legal environment in which all people are empowered to account for, and have a responsibility to ensure the right to food and good nutrition is met to improve their lives and communities.

This report also analyses key events and trends in form of policy research and advocacy programs that aim at solving the existing major nutrition challenges of the day.

THANK YOU

CSONA's work would not be possible without the dedication and commitment of our staff, partners, Board, Advisory Council, and donors. The impact described in this report is the result of your dedication, skill, and support. Thank you!

OUR PARTNERS AND DONORS



USAID
FROM THE AMERICAN PEOPLE



World Vision



Acronyms

ANCC	Area Nutrition Coordinating Committee
AU	African Union
CAADP	Comprehensive Africa Agriculture Development Program
CBCCs	Community Based Child Care Centres
CE	Citizen Engagement
CISANET	Civil Society Agriculture Network
CISER	Community Initiative for Self Reliance
CSC	Community Scorecard
CSN	Civil Society Network
CSONA	Civil Society Organization Nutrition Alliance
CSOs	Civil Society Organizations
CSOs	Civil Society Organizations
DDP	District Development Plan
DNCC	District Nutrition Coordinating Committee
DNHA	Department of Nutrition and HIV/AIDS
DPD	Director of Planning and Development
ECDC	Early Childhood Development
FANRPAN	Food, Agriculture, and Natural Resources Policy Analysis Network
GDA	Global Day of Action for Nutrition
GHI	Global Hunger Index
IEYP	Investing in Early Years Project
LUANAR	Lilongwe University of Agriculture and Natural Resources
MDGS III	Malawi Growth and Development Strategy III
MoGCDSW	Ministry of Gender, Children, Disability and Social Welfare
MoH	Ministry of Health
N4H	Nutrition for Health
NCDs	Non-Communicable Diseases
SBN	SUN Business Network
SDGs	Sustainable Development Goals
SEP	Socio-Economic Profile
SUN	Scaling Up Nutrition
T/A	Traditional Authority
USAID	United States Agency for International Development
VNCC	Village Nutrition Coordinating Committee
WB	World Bank



The right to food and good nutrition begins with the choice of diets and lifestyle to prevent malnutrition in its forms. It is everyone's responsibility to ensure the right to food and good nutrition is met to end undernutrition, micronutrient deficiencies and nutrition-related NCDs.

WHO WE ARE

The Civil Society Organization Nutrition Alliance is a membership alliance of over 160 local and international non-governmental and civil society organizations working to end malnutrition in Malawi.

Vision Statement

A Malawi that recognizes, prioritizes and promotes sustainable nutrition efforts for improved health and increased productivity.

Mission Statement

To coordinate efforts of civil society organizations in scaling up nutrition through advocacy and knowledge exchange for a healthy and productive Malawi.

Core Values

In pursuit of its mission, CSONA is guided by the following values

1. Collaboration: We value the importance of teamwork, partnership and collaboration with our stakeholders to pursue our strategic goals
2. Transparency and Accountability: We uphold full openness to all our members, partners and the general public concerning our systems, processes, operations, actions and outcome
3. Evidence-based: We pursue our work and communicate results with evidence
4. Equality: We believe that everyone in Malawi has equal rights to good nutrition



We are CSONA



We believe everyone has equal right to good nutrition

Nutrition, in all its forms, is a human right and should be recognized by the government, development actors, and Malawians as one of the major drivers for the countries socio-economic development.



We advocate for the right to good food and nutrition at all levels

We advocate at global, regional, national, district and community level



Budget and policy advocacy is our major scope of work

We educate stakeholders on the effects of malnutrition, train members in budget and policy analysis, and amplify the voice of civil society on national nutrition issues in Malawi.



Nationally, we are in 17 out of 28 districts in Malawi

We advocate at the global, regional, national and district level. Nationally, we are in Chitipa, Karonga, Rumphi, Mzimba, Likoma, Nkhotakota, Salima, Ntchisi, Dowa, Mchinji, Ntcheu, Zomba, Blantyre, Nsanje, Balaka, Dedza and Chikwawa districts.



We pursue our work with evidence

We believe evidence is key to strengthen dialogue and advocacy to support policy change and decision making and to promote best nutrition practices for the poor communities of Malawi.

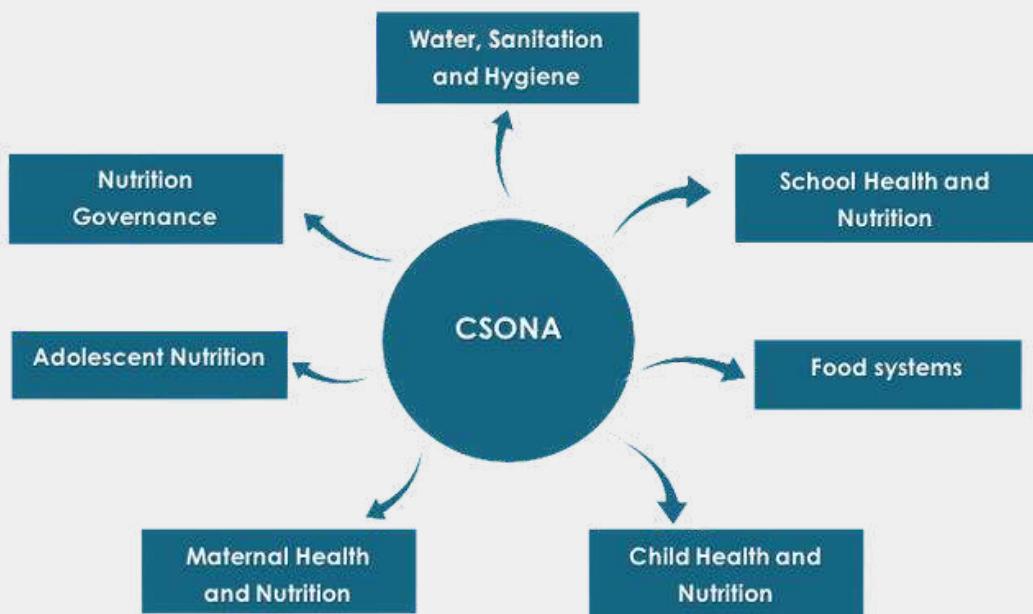


We value the importance of partnership and collaboration to pursue our work

CSONA members coordinate with the government and other like-minded partners to learn from each other and enhance the effectiveness of influencing nutrition prioritization.

CSONA MEMBERSHIP

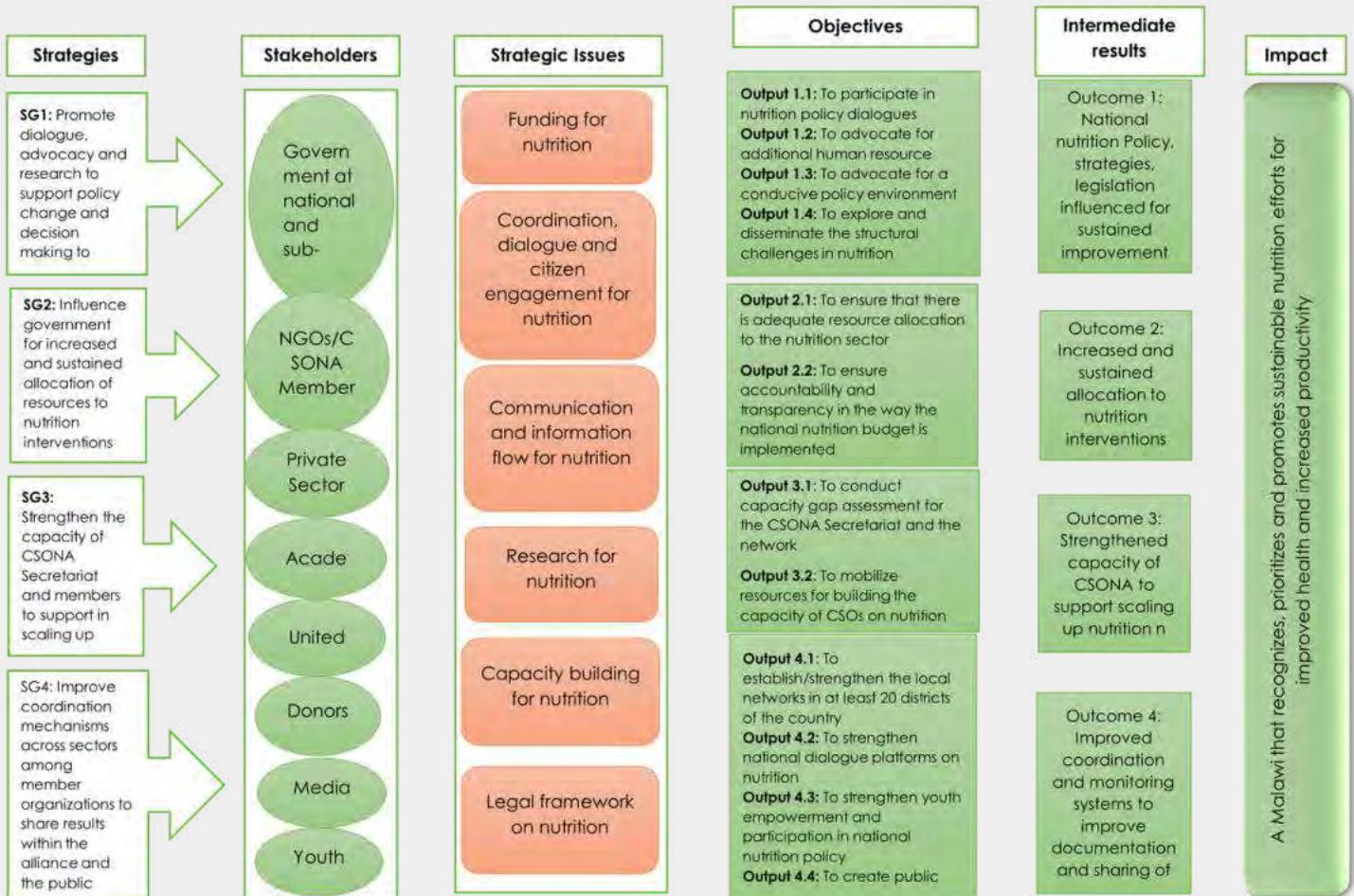
CSONA is dedicated to strengthening the member organizations in advocating for the right to food and good nutrition at all levels. Members implement one or more of the nutrition areas listed in the diagram below:



The total membership grew by 40% from 2019 to 2022.



CSONA THEORY OF CHANGE



"Many people are suffering from malnutrition yet they have adequate resources available to eat a balanced diet. They have kraals of goats, chickens and other livestock in their homes. They grow a number of crops. But they choose to sell all their produce while they survive on one type of food every day.

"Good nutrition is not about being rich, but knowing how to efficiently utilize the available food resources."

– Felicia Kamoto, Village District Council member
Makwangwala village, T/A Makwangwala, Ntcheu

BOARD AND ADVISORY COUNCIL

2022-2024 Board of Trustees

CSONA is governed by a board of trustees who provide strategic direction on the operation of the network. The board comprises CSONA members who are elected at the annual general meeting. According to CSONA's policy, the board serve for two years and go to re-election or reappointments. At times, the board may exist perpetually while its members serve different schedules of tenure to respond to the pressing needs or gaps of the network. As such, CSONA uses a board election or board service policy to guide its members in ensuring the credibility of electing people that will contribute valuable services to the Board and the network.

The current CSONA board of trustees was elected during the 2022 Annual General Meeting following the end of the tenure of the previous board. The table below shows CSONA's board members.

Table 1: CSONA's Board members

No	Name	Organization	Position	Role in the board of trustees
1	John Chipeta	Save the Children	Communications and Advocacy Manager	Chairperson
2	Mbumba Jana	WHH	Programmes Manager	Member
3	Tendayi Mayani	Mothers2Mothers	Programmes Manager	Vice Chairperson
4	George Kaunda	MAICC	Programmes Manager	Member
5	Virginia Kzwizombe	Self-Help Africa	Nutrition Technical Advisor	Member
6	Masauko Thawe	Nutrition Diet Society	Executive Director	Member
7	Hazel Kantayeni	CARE	Programmes Manager	Member

ADVOCACY SPOTLIGHT

We partner with the government, civil society organizations, the private sector and media to create an enabling environment for people to come together, reflect on the progress towards ending all forms of malnutrition and identify strategies of improving the nutrition and health of Malawians. We do this by developing long-term relationships with our partners to advance reforms that keep civic space healthy. Here is a snapshot of our work in 2022.

KEY ACHIEVEMENTS

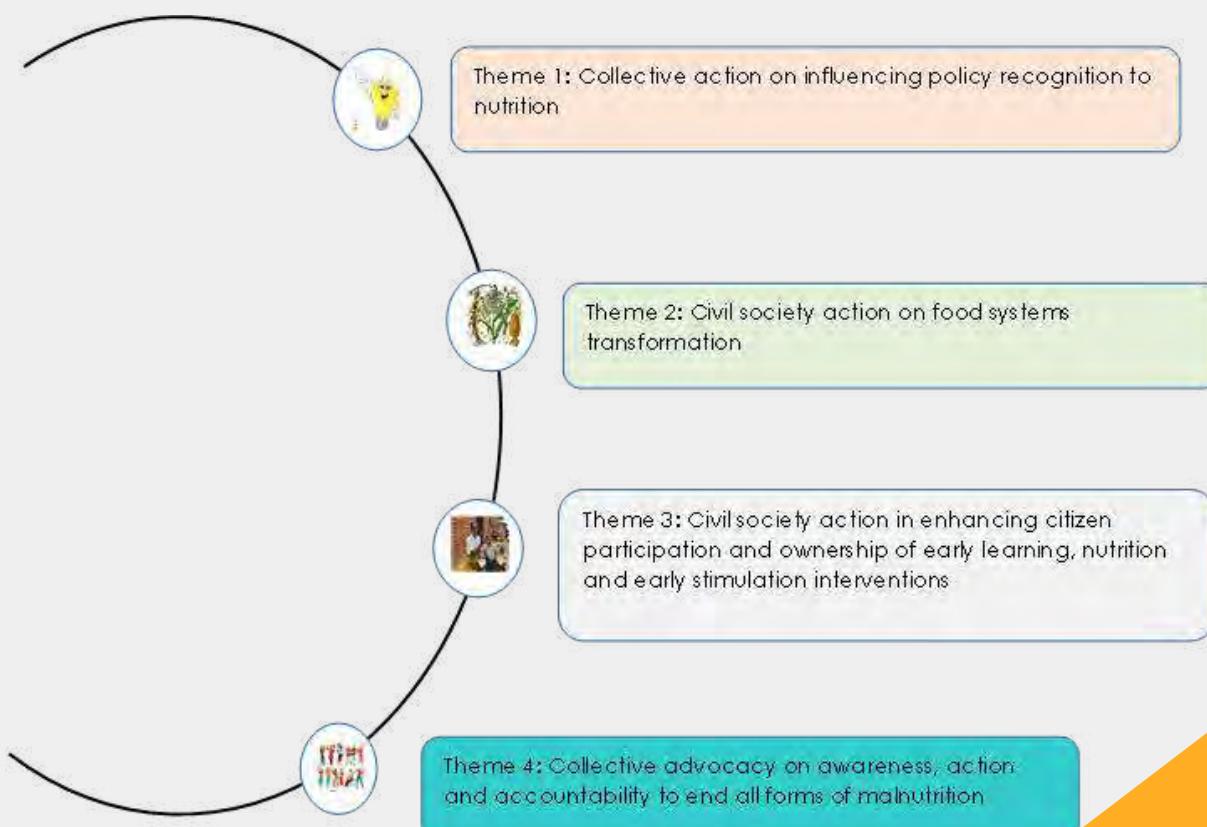
- Under the USAID-funded Nutrition For Healthy Activity (project), CSONA lobbied for the inclusion of nutrition in district policy frameworks. 3 regional advocacy conferences targeting 28 district councils were held with key decision makers such as DC, DPD, DHSS and PNHAO.
- Three policy analyses and dialogues were carried out with 3 districts councils (Mzimba, Zomba and Salima). The Analyses focused on unveiling the gaps within the District Development Plans (DDP) frameworks and Social Economic Profile (SEP).
- 1 lobby and advocacy engagement for prioritization of nutrition chapter was conducted in Chikwawa district resulting into the development of a nutrition chapter for the Social economic profile.
- A seventh successive annual budget analysis was carried out on the 2022-2023 national budget which shows the allocation to nutrition at 1.8%. CSONA has been doing annual budget analysis since 2016. The 2022 analysis was done in collaboration with Oxfam, CISANET and Save the Children.
- In an effort to build the capacity of CSOs in nutrition advocacy, CSONA trained 26 CSOs from Zomba, Salima and Mzimba. These CSOs were drilled to champion nutrition and dietetics at the district level and raise awareness on the importance of the growing burden of NCDs.
- 1 district CSONA chapter/platform was established in Chikwawa district and more than 20 members grinded in advocacy orientation and planning skills.
- Lobby engagement to follow on the status of the food and nutrition bill were conducted with parliamentary committee on nutrition, Ministry of Justice, DNHA and the Ministry of Health. Aside the lobby meetings, CSONA, in collaboration with Oxfam, produced special reports and radio programs of the bill on Zodiak radio MIJ FM, respectively, while interacting with the general public.
- Conducted a Global Day of Action for nutrition which had more than 100 participants. The event focused on promoting awareness, accountability and action on nutrition and NCDs.

- Popularized messages on NCDs and dietetics to the general public through the radios and TVs. CSONA reached an estimated 300,000 population with messages promoting awareness of NCDs. CSONA worked with the community radios in Zomba, Salima and Mzimba. At the national level, the messages were broadcasted through Zodiak TV, Timveni Radio and TV and Times TV.
- Using a Community Scorecard tool (CSC), CSONA supported 13 districts to strengthen citizen participation and accountability towards contributing to the overall goal of the Investing in Early Years Project which is to improve the physical and mental growth of under-five children.

The district networks carried out successful interface meetings with their district councils which led to a subsequent report on the CSC, informing gaps and areas needing improvements in the delivery of early learning, early stimulation and nutrition in Chikwawa, Thyolo, Chiradzul, Zomba, Machinga, Mangochi, Mwanza, Nen Ntcheu, Mchinji, Dowa, Likoma and Rumphi. (More about the CSC is explained at page 18).

- CSONA successfully carried out the 3rd elective AGM since 2018. At the AGM members new board members were elected who will serve CSONA Board until end of 2024 .

To achieve the above mention success CSONA's advocacy work was grouped into 4 themes





THEME 1: Collective action on influencing policy recognition to Nutrition





USAID
FROM THE AMERICAN PEOPLE



CSONA
CIVIL SOCIETY ORGANISATION
NUTRITION ALLIANCE - Malawi

A CALL TO ACTION FOR DISTRICT COUNCILS TO PRIORITISE NUTRITION AND DIETETICS IN DISTRICT POLICY FRAMEWORKS (SOCIAL ECONOMIC PROFILE, DISTRICT DEVELOPMENT FRAMEWORK)

INTRODUCTION

Committed to its mandate of ensuring that there are sustained efforts in nutrition in Malawi, the Civil Society Organizations Nutrition Alliance (CSONA) is calling upon district councils to ensure that nutrition is prioritized within the District Social Economic Profiles (SEPs) and the District Development Plans (DDPs). This recognition will contribute to ensuring that proper investments are made towards nutrition as efforts to eradicate malnutrition in all its forms are ongoing. Malawi is facing the triple burden of malnutrition with the rise of Non-Communicable Diseases (NCDs) aggravated by over nutrition.

Following the successful lobby meetings with district councils which took place in 3 regions on 13th, 19th and 21st October at Livingstonia Beach, Chitala Lodge and Amaryllis Hotel respectively, CSONA would like to urge district councils to profile nutrition in their SEPs and DDPs as well as include their dietetic profession as a core clinical staff within secondary and tertiary hospitals in Malawi.

The meetings were organized in partnership with LUANAR and the ministry of Health Curative and Rehabilitation Department with financing from the American People (USAID). The meetings were done in an effort to enhance awareness on the growing triple burden of malnutrition and the important role dietitians play in the fight against NCDs in the hospital setting.

The main purpose was to advocate for the inclusion of nutrition and NCDs within the district development frameworks such as the SEPs and DDPs and other planning frameworks. Secondly, it was to lobby for the establishment of a dietitian post with the district hospital personnel cadre.

- Cognizant of the fact that Malawi has a vision (MW2063) which is a benchmark upon which all district councils are to align their district policy frameworks. All district frameworks will run up to 2030 concurrently with the Malawi Implementation Plan (MIP), hence the window of opportunity to ensure that nutrition and dietetics is prioritized is now.
- It is an undeniable fact that nutrition is at the center of achieving our goals, not only domestic policies but also global and regional policies.
- Malnutrition in all its forms negatively affects our economic progress by slowing down individual and household productivity and output.

- NCDs are disrupting the health systems strengthening and economic growth in general. Having 32% of deaths being caused by NCDs implies incurring more healthcare cost to deal with the diseases.
- Data shows that hospital malnutrition has a likelihood of absorbing 70% of the healthcare budget if no mechanisms are put in place at an early stage.

CALL TO ACTION

CSONA would like to make the following specific call for district councils for their consideration in the process of updating and formulating the district policy frameworks.

We call upon the leadership of the district councils to take the following steps:

- Ensure that a full chapter or sub chapter on nutrition specifically detailing the challenges posed by malnutrition are well articulated with smart strategies for dealing with them, within the SEP and DDPs. This can be done by the office of the PNHAO for technical backstopping.
- In collaboration with the department of human resource, the district councils must include a dietitian as one of the core staff of the district hospital. This should be discussed and approved at full council within the functional review currently underway. This can be done by the Director of Health and Social Services.

We believe that the two actions will contribute immensely to the nutrition national response as dietitians are essential to helping patients affected with NCDs which is a global threat, as well as other complicated illnesses. The window to make our country better is there and it starts now; **"do not withhold good from those to whom it is due when it is in your power to act".**

For more information, contact
The National Coordinator
CSONA
P.O. Box 1697,
LILONGWE,
0999613770
Info@csona.org

ADEQUATE FOOD, GOOD NUTRITION MY RIGHT!

CSONA's Key Policy Advocacy activity in 2022

COLLECTIVE ACTION ON INFLUENCING POLICY RECOGNITION TO NUTRITION

Nutrition is at the heart of sustainable development in Malawi. Good nutrition results into improved health and productivity, which translates into improved education, livelihoods and economic growth. Hence, prioritizing nutrition translates to enhanced socio-economic development of Malawi.

The first step to prioritizing nutrition is to ensure relevant policies include nutrition as an enabling human capital development or as a development priority to unlock financial investment. It is against this background that CSONA conducted a number of collective advocacy to assist the districts in prioritizing nutrition at the district level including the Socio-Economic Profile (SEP) and the District Development Plan (DDP).

All district-level policies are expiring in 2022 and all district councils are in the process of formulating new policies. This provided room for policy advocacy with a focus on

1

Regional Advocacy lobby meetings with key district policy holders to influence nutrition prioritization in the district-level policies

2

Policy analyses targeting district-level policies like the Socio-Economic Profile (SEP) and the District Development Plan (DDP).

3

Lobby meetings with the District Nutrition Coordinating Committees on nutrition prioritization in policies

4

Facilitating an enabling environment for the District Councils to develop a nutrition sub-chapters and indicators to be included in the district-level policies

Regional Advocacy lobby meetings

CSONA organized 3 regional advocacy lobby meetings (1 in the north, 1 in the central and 1 in the south) with key district policy holders to influence the prioritization of nutrition in the district policies: SEP and DDP. The meetings brought together the following district-level policy holders: The District Commissioner, Director of Planning and Development, the Director of Health and Social Services and the Principal Nutrition and HIV/AIDS to leverage on the extent to which nutrition should be prioritized in the policies. These meetings were financially supported by the USAID-funded Nutrition for Health Activity.

The northern region advocacy meeting targeted all northern region districts and it took place on the 19th of October, 2022 at Chatonda Lodge in Mzuzu. The central region advocacy meeting took place on the 13th of October, 2022 at Sunbird Livingstonia Hotel in Salima whereas the southern region advocacy meeting targeted in all southern region districts and it took place at Amaryllis Hotel, Blantyre, on the 21st of October, 2022. These meetings aimed at assisting the district councils to consider nutrition as a development priority and put forward interventions for ending all forms of malnutrition in line with the Scaling Up Nutrition 3.0.

The notion that chronic diseases are solely a problem of the West is fallacious. Unless deliberate policy and programme responses are formulated and implemented with generous political commitments, Africa has the potential to become the epicenter of chronic diseases that are already 'silently' eroding the continent of its limited human resources."

Associate Professor Alexander Kalimbira, the Head of Human Nutrition and Health Department and Lecturer at LUANAR.

CSONA believes that prioritizing nutrition in policies unlocks resource investment to improve the implementation of interventions that reduces all forms of malnutrition. As such, the policy advocacy focused on enlightening the districts on the developmental benefits if nutrition is considered a development issue in the SEP and DDP. This was emphasized by Associate Professor Kalimbira, the Head of Human Nutrition and Health Department and a Lecturer at LUANAR who was the keynote speaker in all the 3 meetings. In his presentation, he explained that 70% of healthcare costs are associated with malnutrition, with district hospitals facing increased cases of hospital malnutrition and nutrition-related NCDs. He urged all stakeholders to invest in prioritizing nutrition in the upcoming policies and establish a position of a Dietitian to help manage NCDs and hospital malnutrition cases. To cement with the need for Dietitians at the district level, Humphreys Chatenga, a Registered Dietitian and a Lecturer at LUANAR, explained on the roles of a Dietitian and their importance at a hospital setting. (More about who a Dietitian is explained on page 23)



Policy analyses (SEP & DDP)

The process of influencing the prioritization of nutrition in the district-level policies also involved analyzing the SEP and DDP (2017-2022) with a focus on nutrition to identify policy gaps and lobby for policy improvements. CSONA facilitated this exercise in 3 districts where the USAID-Funded Nutrition for Health Activity is being implemented: Salima, Zomba and Mzimba. 2 policy analyses meetings were organized: 1 for Zomba and 1 combining Salima and Mzimba. The process started with building the capacity of 35 key district stakeholders (3 journalists, 11 DNCC members and 21 CSOs) on policy research/analysis with a focus on nutrition. This was followed by the actual process of analyzing the expiring policy documents (SEP & DDP) to identify evidence for advocating for nutrition interventions to be included in the upcoming SEP and DDP (2023-2030).

Considering that the upcoming district-level policies are for 8 years, CSONA regarded this exercise as crucial in ensuring nutrition is prioritized and mainstreamed in the social services offered at the district level to enhance well-being and socio-economic development.

In the SEP, the research focused on analyzing the extent to which the key social services, that have a mandate of providing nutrition-related services, have prioritized the key nutrition services and identifying the policy gaps. Following the analyses, 2 policy briefs were developed for disseminating results with the district council.





Lobby meetings with the District Nutrition Coordinating Committees on nutrition prioritization in policies

Another key aspect of district-level nutrition advocacy in 2022 was working with the DNCC to sensitize the communities on nutrition prioritization in development agenda. In line with this, CSONA strengthened its coordination approaches with the DNCC in Chikwawa, Zomba, Salima and Mzimba to sensitize communities on the need to prioritize nutrition at all development agenda. The process started with various review meetings to reflect on the extent to which nutrition is prioritized in development plans like the Village Action Plans at Village level and Area Action Plans at the Traditional Authority Level. Following the review meetings, CSONA assisted the DNCCs to orient the nutrition coordinating structures like the Area Nutrition Coordinating Committees (ANCCs) and the Village Nutrition Coordinating Committees (VNCCs) on how they can articulate Nutrition as a development issue in their plans, to ensure it is prioritized even at the district and national level. This is in line with the District Councils' Policy guideline that recommend that key district development issues to be included

in district-level policies should be solicited from the Village Action Plans and Area Action Plans.

CSONA believes the community nutrition coordinating structures are crucial in ensuring nutrition is prioritized in the plans and mainstreamed in development projects to improve health and livelihoods. Hence, CSONA, in collaboration with the Chikwawa DNCC, facilitated a 2-days orientation meeting with the Area Development Committees, Area Nutrition Coordinating Committees and the Village Nutrition Coordinating Committees from T/A Katunga, T/A Lundu, T/A Ngowe and T/A Ngabu in Chikwawa on key food and nutrition security projects that should be prioritized to improve human health and Socio-Economic Development.



Facilitating the development of a nutrition sub-chapter and indicators for the district-level policies

Since August 2022, CSONA has been working in Salima, Chikwawa, Zomba and Mzimba to fast-track the process of developing a brief narrative of the nutrition services to be included in the upcoming SEP and DDP (2023-2030). CSONA played a major role of creating an enabling environment for the districts to ably develop a nutrition indicators and sub-chapters to be included in the district-level policies. In Zomba, CSONA supported the DNCC to conduct orientation meetings of the SUN 3.0 strategy to all relevant departments and sectors that have a mandate to mainstream nutrition activities like the Agriculture, Health and Education; among others. The orientations ensured all these key sectors are knowledgeable of the objectives and interventions that target reducing all forms of malnutrition as highlighted in the SUN 3.0 strategy and are able to link these objectives to the nutrition sub-chapters being developed in each sector. The one-day orientation meeting took place on the 24th of November 2022.

In Salima, Mzimba and Chikwawa, CSONA worked with the task team responsible for developing the nutrition indicators and sub-chapters for the SEP. In Mzimba, the task team comprised of eight representatives from all the sectors and departments that have a mandate of implementing nutrition activities. Overall, CSONA worked with the above-mentioned districts to identify interventions linked to the SUN 3.0 strategy and develop specific nutrition sub-chapters. The exercise also involved soliciting local data that acted as evidence for the inclusion of the nutrition sub-chapters. The draft write-up of nutrition indicators and sub-chapters were submitted to the office of the DPD for consolidation.

In Salima, Zomba and Mzimba, the exercise was financially supported by the USAID-funded Nutrition 4 Health Activity while the exercise in Chikwawa was financially supported by Concern Worldwide.



THEME 2: CIVIL SOCIETY ACTION ON FOOD SYSTEMS TRANSFORMATION

Source: IFPRI Malawi



Launch of the Global Hunger Index Malawi

In partnership with Welthungerhilfe and Concern Worldwide, CSONA participated in the Global hunger launch in Malawi on the 29th of November at the Woodlands Hotel in Lilongwe. The national launch was preceded by a Global launch which took place in October 2022. The Global Hunger Index is a tool for comprehensively measuring and tracking hunger at a global, regional, and national level over recent years and decades. The scores are calculated based on a formula combining four indicators that together capture the multidimensional nature of hunger. The indicators for calculating the score for the GHI are namely undernourishment, child stunting, child wasting, and child mortality. All these are mainly focused on children under the age of five. The scale indicates the global score for hunger as 18.2 which is considered moderate. Taking a deeper look into the individual countries shows the grimness of the hunger situation in Malawi. The score for Malawi is shown to be serious on the scale at 20.7.

The launch of the report focused mainly on Food systems transformation and local Governance in the efforts to improve the hunger situation in the world. The reports revealed that local governments often have fewer resources and staff than their central government counterparts. It is therefore important to ensure that governance efforts are well matched to conditions and capacities on the ground. Among others, CISANET and CISER were part of the Global Hunger Index launch which featured a panel discussion as the main event. The panelists zoned in on the reasons increased agriculture investments don't translate to improved food security. The report further recommends the need to respond to current emergencies while transforming food systems so that they are more equitable, inclusive, sustainable and resilient.

3.8

million people representing 20% of the country population were experiencing high acute food insecurity

21 out of 28

Districts in Malawi were classified to be in food crisis between October to December 2022.

Maize production

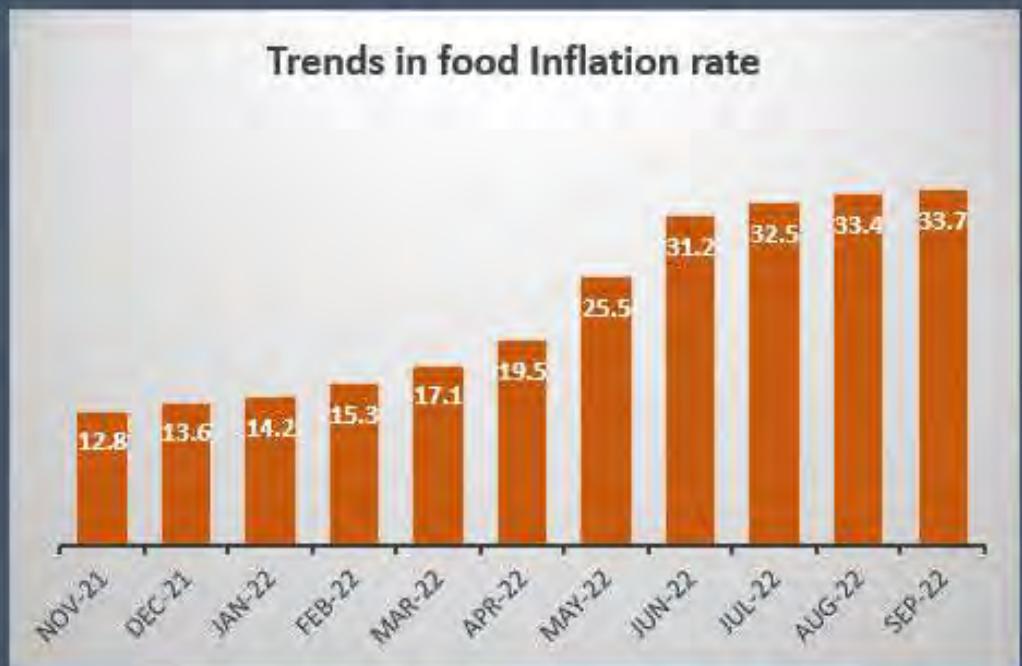
estimated to be **30**

to 50 percent below the five-year average (4.6 million metric tons)

70%

of the population of about 19.1 million people is living below the international poverty line of \$1.90/day

Food inflation in Malawi was estimated at **32%** as of June 2022

Trends in food Inflation rate**30%**

of under-five children become severely acute malnourished every year in the lean period (Nov-Mar)

38%

of children below 5 years (urban: 31%, rural: 41%) are stunted (low height for age).

Data Sources

<https://tradingeconomics.com/malawi/food-inflation>

<https://www.ipcinfo.org/ipc-country-analysis/details-map/fr/c/1155612/?iso3=MWI>

Advocacy towards strengthening agriculture and food systems in Malawi through the implementation of policy commitments in the Malabo Declaration



In June 2014, AU held a summit in Malabo, Equatorial Guinea, and adopted the 2014 Malabo Declaration on Accelerated Agricultural Growth and Transformation for Shared Prosperity and Improved Livelihoods. The declaration restored the Comprehensive Africa Agriculture Development Program (CAADP) as a key framework to guide both the development of the agriculture sector and the pursuit of economic growth in general for most African countries. Other key outcomes transpiring from the declaration included the expanded commitments from the initial two (2) to seven (7). With funding from the Graca Machel Trust (GMT), CSONA in collaboration with CISANET implemented a small

grant project that aimed at strengthening agriculture and food systems in Malawi through the implementation of policy commitments and nutrition-sensitive agriculture, within the Malabo declaration. The main activity of the project was a panel discussion that allowed stakeholders to reflect on the 3rd Biennial review Report that the government presented. Each country is expected to report progress on the commitments at the AU Summit every 2 years through Biennial reviews (BRs) and this was the basis for CSONA with its partners' implementation of the project in order to remind the government of their role of translating policy commitments into action. The inaugural

Advocacy towards strengthening agriculture and food systems in Malawi through the implementation of policy commitments in the Malabo Declaration

BR was conducted in January 2018 covering the period from 2016 to 2017 and the other 2 were held in 2019 & 2021.

The review of the Malawi 3rd BR Report was commissioned by the Food, Agriculture, and Natural Resources Policy Analysis Network (FANRPAN) with CISANET and CSONA with financial support from CARE International & GMT. The aim was to generate evidence that will sensitize policymakers and other stakeholders on the national BR results and their implications on agriculture and food systems. The review was also meant at motivating the country's dialogues and facilitating action toward some of the Malabo commitments including providing insights into challenges and key lessons to enhance the country's institutional capacities toward achieving the commitments.

On the 30th of June, 2022 CSONA organized a CSO workshop with the aim of sharing the Malabo 3rd BR report with CSOs for their reflection and internal engagement. This workshop followed a national-level conference that was done at the capital hotel where the national review report was shared by the government detailing Malawi's progress and status. A panel discuss followed where CSOs shared their position regarding the progress to government's achievement of the Malabo declaration.



Source: Unknown

A close-up photograph of a young child with dark skin and curly hair, smiling warmly at the camera. The child is wearing a light-colored, patterned cloth. Their right hand is raised, holding a small, round, metallic object, possibly a coin or a piece of food. The background is slightly blurred, showing some greenery and a path.

THEME 3: CIVIL SOCIETY ACTION IN ENHANCING CITIZEN PARTICIPATION AND OWNERSHIP OF NUTRITION AND EARLY LEARNING AND EARLY STIMULATION INTERVENTIONS



Citizen Engagement of the IEYP

One key aspect of CSONA's advocacy is the use of human rights advocacy approach to empower citizens to account for the right to food and good nutrition to promote optimal health, productivity and socio-economic development. In 2022, CSONA used this approach to promote citizens' engagement in the delivery of nutrition and early stimulation and early learning interventions/services to promote physical growth and optimal health of under-five children.

Through the Ministry of Gender, Children, Disability and Social Welfare, Department of Nutrition, HIV and AIDS (DNHA) of the Ministry of Health and Population and the Ministry of Local Government and Rural Development, the government is providing the above-mentioned services to under-five children in selected CBCCs in 13 districts under the Investing in Early Years Project (IEYP). The project aims at improving coverage and utilization of early childhood development services, with a focus on nutrition and early learning and early learning, from conception to 59 months in 13 districts of Malawi.

CSONA, in collaboration with the Early Childhood Development Coalition (ECDC) used the CSC tool to engage the beneficiaries of these interventions, which are caregivers and mothers whose children attend the CBCCs, to rate the process of delivering the services and the quality of the services being delivered.

The CSC is an accountability tool that allows maximum engagement between service providers and beneficiaries while allowing beneficiaries to rate the services being provided and mapping a way forward for improving the services.

The inclusion of citizen engagement under the IEYP aimed at guaranteeing citizens' participation and empowerment in nutrition and early child development service delivery. Citizen engagement is about working with the people, hearing what they have to say, involving them in decision making about issues that concern their livelihoods. Citizen engagement seeks to empower citizens to speak up and get the necessary feedback on government programs that are aimed at improving their welfare.

Main Objective

The main objective of the CE is to promote active participation and ownership of the IEYP among beneficiaries by enhancing transparency and accountability among citizens and duty bearers by 2024.

Specific objectives

CSONA and the ECD Coalition will actively engage citizens through the following specific objectives

1. Assist

Assist in strengthening transparency and accountability in the delivery of nutrition and ECD services;

2. Empower

Empower local people to demand accountability through active engagement in the monitoring of service delivery. Assist in determining benchmarks for nutrition and ECD service delivery,

3. Facilitate

Facilitate public awareness of results to stimulate citizen interest in keeping track of progress and changes in addressing nutrition and ECD issues.

4. Improve

Improve the performance of nutrition and ECD services and IEYP management through feedback from beneficiaries;

5. Enhance

Enhance community-level learning, management capacity and skills for monitoring nutrition and ECD issues; and

6. Build

Build partnerships and a sense of local ownership over nutrition and ECD services and the management of the IEYP.

E-Interface meeting in IEYP			
Indicator	Focus Group Beneficiaries	Score	Remarks
Transparency & Accountability of Growth Services	Women	2.8	Some information was not given to them during training. Services are available, open and accessible.
Effectiveness and Effectiveness of Campaigns	Caregivers	2.6	Extension workers do have relevant messages but due to late morning, messages are not regularly available.
Information, Frequency, Communication and Support		2.0	Those that are referred to not get much needed support. The services are there adequately.
Content or referrals		3.0	Most resources were taught by them themselves using locally available resources and they once participated in one of the activities.

Citizen Engagement approach

The process of conducting CE started with Training of Trainers (TOTs) where 26 CSOs (2 from the 13 districts where the IEYP is being implemented) were trained on the process of administering the CSC tool. These trainings were followed by 13 trainings targeting the 130 enumerators (10 in each district). The TOTs are overall Leads for district-level CSC administration whereas the enumerators are responsible for data collection, analysis and consolidation using the CSC tool. 24 Community awareness meetings were conducted in all the 13 districts following the trainings, to sensitize the communities on the the need to conduct the CE and the process of CSC.

With support from the district councils, CSONA, in collaboration with the ECDC facilitated 26 Focus Group Discussions (FGDs) in all the 13 districts to assess the nutrition and early learning and early stimulation services being offered in the CBCCs. The FGDs were divided into two: firstly with CBCC caregivers and secondly with the mothers whose children are learners of the CBCCs. The CSC assessed the satisfaction rate with construction of CBCCs, availability of learning materials at the CBCCs, Water, Hygiene and Sanitation practices and feeding practices at the CBCCs, intensity of support from the parents and CBCC committees, local leaders and other development committees.

Further to assessing the satisfaction of the service delivery, CSONA and ECDC collaborated to compile the CSC findings in form of a matrix for use in facilitating interface meetings. 26 interface meetings were later organized (2 in each district), where the IEYP district Project implementation team were brought together with the caregivers and the mothers whose children are learners at the CBCCs, to reflect on the scores for each indicator of the CSC tool and identify solutions to improve service delivery. 26 Action plans were developed through these interface meetings for use both by the District IEYP team and the caregivers.

Overall, using the CSC tool, CSONA and ECDC reached to over 1,000 IEYP beneficiaries (caregivers and mothers whose children attend the CBCCs) to rate the services being provided in the project and to develop an action plan for improving the services.



THEME 4: ENHANCING AWARENESS, ACTION AND ACCOUNTABILITY IN THE FIGHT AGAINST MALNUTRITION AND NCDs



Awareness on nutrition-related NCDs

What are NCDs?

Non-communicable diseases (NCDs) are disease processes or health conditions that are not infectious or transferable from one human to another. They can be as a result of random genetic behaviors, heredity, lifestyle, or environmental causes. There are 4 main kinds of NCDs; a). Cardiovascular diseases; these are diseases of the heart and blood vessels, b). Diabetes Mellitus; this is also known as sugar disease, which is mainly a disorder in which the body does not produce enough or respond normally to insulin, causing blood glucose levels to be abnormally high and with 3 different kinds, c), cancers; which is a collection of related diseases where cells in the body begin to divide uncontrollably and spread to other parts of the body, causing damage with over 100 different types and over 10 of these cancers have been directly linked to nutrition, overweight and obesity, and d). Chronic respiratory conditions.

Are NCDs related to Malnutrition?

Malnutrition such as being overweight, and obese, are some of the major leading factors of NCDs such as cardiovascular disease and stroke, type 2 diabetes, and some cancers. Unhealthy diets contribute to unhealthy weight gain and further diet-related poor health conditions. These unhealthy diets consist of food and drinks with high levels of energy (calories), salt, sugar, and fats, notably industrial trans fats.

Should we worry about NCDs?

NCDs are introducing and exerting significant demands on health care resource. The higher costs of managing NCDs, including treatment which is often lengthy and expensive, combined with loss of household income, do force most Malawians into poverty annually and heavily retards development such that in low-resource settings, healthcare costs for NCDs quickly drain household resources.



Awareness on nutrition-related NCDs

People at risk of NCDs: Are NCDs specific to age groups or social status?

These conditions are often associated with older age groups; children, adults and the elderly are all vulnerable to the risk factors contributing to NCDs, whether from unhealthy diets, physical inactivity, exposure to tobacco smoke or the harmful use of alcohol.

What are the most common NCDs affecting Malawians?

In Malawi, the most common NCDs are; 1). Cardiovascular diseases (CVDS), high Blood pressure being the most common, affecting 1 in 3 Malawians aged 25-64 years', 2). Diabetes, and 3). Cancers. These big 3 conditions including chronic respiratory conditions contribute to 39% of the burden of NCDs in Malawi.

Is it possible to avoid NCDs? And what are the ways of avoiding them? Or controlling NCDs

According to WHO, 80% of heart diseases, stroke, and type 2 diabetes can be prevented by the use of proven cost-effective methods that include lifestyle and behavior change through the reduction of most risk factors, mainly: unhealthy diets, physical inactivity, excessive alcohol consumption, and tobacco smoking; that's, practicing health eating habits; such as eating low energy foods, less fatty food consumption, doing regular physical exercises; avoiding sedentary life styles, monitoring your weight would likely minimise the risk.



ROLES OF A DIETITIAN IN ENDING ALL FORMS OF MALNUTRITION

1. Tell us about yourself

My name is Felistace Mtande Mandala, from Waliranji, T/A Mavwere, Mchinji. Married, and I have 2 children. I am the second born in the family of 5 children. I did my primary school in Mchinji, Nkhwazi, Guellime girs and Waliranji primary schools. I got a scholarship to pursue Clinical Dietetics, a postgraduate Diploma program offered by LUANAR in association with College of Medicine and University of Cape Town. Currently, I am a Registered Dietitian working at Kamuzu Central hospital in Lilongwe while pursuing masters in clinical dietetics, at LUANAR and am currently towards the end of my studies.

2. What does your job involve?

Clinically, a Dietitian is person who provides bedside-individualized medical nutrition therapy to a patient depending on their disease condition. Following nutritional assessment, a Dietitian, in the presence of the medical team (doctors, physiotherapists and clinicians) is the one who decides whether the patient's diet be modified (e.g. for diabetic patients) or the patient be fed through tube (enteral nutrition) or vein (parenteral nutrition). Furthermore, a Dietitian is a person who uses scientific evidence to provide advice on the prevention, control and management of NCDs such as diabetes, hypertension cancer and digestive tract problems. Of recent, Dietitians have become the most trusted persons on issues of weight management because they use evidence-based advices and counselling techniques.



3. How rewarding is your career?

As a Clinical Dietitian that view his work as a sense of calling, the first reward I receive in this career is the satisfaction that I can provide bedside care to the patient. Besides, since the career is new in Malawi, there are very few Dietitians that are practicing in the country. Thus, health organizations and academic institutions scramble for their services.

4. Any challenges associated with this job?

One of the challenges that we have currently is lack of human resources. Since 2014, LUANAR & COM has just trained 11 Dietitians, of which four completed in 2017 and are now Registered Dietitians. The second major challenge has been lack of material resources specifically for dietetics practice (specialized feeds). However, this has been a temporary problem because with the recognition of the importance of dietetics service on the patient in the country's referral hospitals, the government has made commitment to procure the required materials as soon as possible.

5. What are the key Role of a Dietitian?

Among the healthcare professionals, it is only Dietitians who are qualified and regulated to conduct nutrition assessment and treat diet-related problems at an individual and wider public-health level. The dietitians have specialized skills to effectively identify patients who are at risk of malnutrition, malnourished or have specific nutrient imbalances. Dietitians are equipped to implement appropriate nutritional treatment plans. Without adequate or appropriate nutrition, malnutrition may easily develop in patients with, for example, nausea, vomiting, diarrhea or altered metabolism as a result of acute or chronic diseases. Hence, maximizing nutrition support is key to reduce severity or complications of diseases and risk of mortality in patients.



Global Day of Action (GDA) for Nutrition 2022

Every year CSONA holds a Nutrition Global Day of Action (GDA) as a part of its advocacy campaign to promote the importance of nutrition to the development of Malawi, and to call upon the government, media, development agencies, donors and other duty bearers to prioritize nutrition. The theme for the 2022 GDA was 'Enhancing Awareness, Action, and Accountability in the fight against Malnutrition and nutrition related NCDs'. This year's GDA featured a panel discussion on 'Awareness, Action, and Accountability for nutrition and nutrition-related NCDs'.

The event took place on Thursday, the 8th December 2022 at Crossroads Hotel in Lilongwe from 8 AM-13:00 PM. The event was presided by the Deputy Minister of Health, Hon. Enock Phale, MP. It came at an opportune time when Government is reviewing development, health and nutrition sector policies that

will guide the national plans towards the MW2063. The primary purpose of the event was to increase awareness towards ending the prevailing nutrition-related Non-Communicable Disease (NCDs). On the other hand, action towards the incidences of NCDs was also another key indicator for this event. Additionally, accountability in this instance is not only for the Government, on the prior commitments made towards ending all forms of malnutrition, but also to individuals and communities alike so that they are more aware of what they consume and how it affects their health.

The key note presentation was delivered by a seasoned academician Alexander Kalimbira, Associate Professor of Human Nutrition and Head of Department of Human Nutrition and Health. The event was spiced by the panel discussion which brought together key representatives

from the Government- Dr Jonathan Ngoma, the academia- Humphrey Chatenga, CSOs- Samuel Kumwanje and the private sector- Mtisunge Banda from the food industry to leverage on the efforts towards reducing malnutrition in all its forms. The discussion centred on the following;

- The importance of nutrition in terms of health, wellbeing and socio-economic development
- The current nutrition situation in Malawi
- Innovations in the food industry that tackles the growing burden of overnutrition and nutrition-related NCDs.

- The clinical experience in the management of NCDs, hospital malnutrition and clinical dietitians as part of health systems strengthening.
- Nutrition policy recognition and prioritization at all levels; translating into tangible human, finance and infrastructural investments.
- At the GDA several Organisations displayed various innovations in nutrition through pavilions. Specifically the following organisations displayed their work (World Vision, Catholic Relief Services, Illovo, LUANAR, Perisha agro-limited, Rab processors, Emmanuel international, Association of Dietitians in Malawi, Mzuzu Dairy, TATEK Universal supplies .





Orientation of members of Parliament on Nutrition and Dietetics

As part of building champions for nutrition and dietetics among parliamentarians, CSONA proceeded to engage the Parliamentary committee on nutrition HIV and the parliamentary committee on Health on the subject of nutrition and dietetics. The event took place on 14th December 2022 at the Bingi International Convention Centre from 6:30pm. CSONA presented the objectives of the Nutrition for Health Activity which is being implemented in collaboration with LUANAR.

A key note address was made by Alexander Kalimbira, Associate Professor of Human nutrition and Health from LUANAR. He emphasized the importance of prioritizing dietetics in Malawi's district hospitals. He narrowed down his presentation to a call on the parliamentarians to use their power to ensure that dietetics is prioritized in their respective constituencies and district councils.

In plenary, it was noted that most of the members of parliament were not conversant with the dietetics issue and the asked questions to appreciate how as the country we are doing to recruit more dietitians. In response Dr Kalimbira explained the process on how one is trained as dietitian and Mrs. Doris Nanga who represented ADM explained on the current status of dietitians and the number of students LUANAR would graduate to add to the current number of 12 registered dietitians. Some were asking to what extent was CSONA doing budget advocacy for increased resources from domestic purse to which the national coordinator responded that the advocacy for more resources is something CSONA will keep doing.

In the call to action, CSONA called on the members of parliament to become champions that would push for inclusion of dietetics as core staff that are crucial for addressing NCDs in the Country.



AWARENESS-RAISING OF THE TRIPLE BURDEN OF MALNUTRITION IN THE MEDIA

In the year 2022, CSONA worked with 24 journalists from various national and local media station to raise awareness on the triple burden of malnutrition, particularly on overnutrition and nutrition-related Non-Communicable Diseases (NCDs). CSONA targeted all media platforms including print, audio and televised media as a way of targeting both urban and rural masses. The awareness-raising initiatives were conducted with financial support from the USAID-Nutrition for Health Activity and in collaboration with the government, LUANAR, the civil Society and the Association of Dietitians in Malawi. The initiatives centred on educating the general public on what NCDs are, prevention and management of NCDs, linkages between NCDs, healthy lifestyle and diets as well as nutrition-related practices that lead to malnutrition in general (undernutrition, micronutrient deficiency and overnutrition).

To ensure effective use of the media to raise the awareness, CSONA trained 13 journalists in January 2022 and empowered 11 other journalists in April, 2022 to be nutrition champions. In return, these journalists have used their existing media platforms to reach to over 300,000 Malawians with messages on nutrition and NCDs. Furthermore, CSONA also facilitated the process of developing awareness-raising messages to ensure they are aligned to the SUN 3.0 Strategy and ably educate the general public on the need to give attention to approaches to reducing the triple burden of malnutrition. Overall, CSONA has worked with media stations like Zodiak, National Publications Limited, Times TV, Timveni TV, Love Community Radio, Chisomo FM, Yoneco FM and Mzimba Community Radio; among others.



NUTRITION CHAMPION OF THE YEAR 2022

Holyce Kholowa is a journalist working with the Nation Publications Limited and he is based in the Zomba District. Holyce is one of the media personnel trained with CSONA on nutrition, NCDs, and Dietetics in January 2022. From April to December 2022, Holyce has written over 9 articles which have been featured both in the Nation and the Weekend Nation Newspaper, educating the public about malnutrition and nutrition-related NCDs.

CSONA'S KEY PROJECTS AND ACTIVITIES IMPLEMENTED IN 2022

Project/Activity Name	Funding	Duration	Key aspects	Implementing partners	Key stakeholders
Nutrition for health Activity Donor-USAID	MK224,224,573	May 2021-April 2026	Research, capacity building of Dietitians and Nutritionists and Advocacy to end all forms of malnutrition, particularly nutrition-related NCDs	LUANAR	MoH, CSOs, NCD Alliance, National Assembly and District Councils, Media, KUHeS
Citizen Engagement of the Investing in Early Years Project- Donor World Bank	MK144,822,468	January, 2021 - December, 2024	Use of Community Scorecard tool to empower citizens to account for the delivery of early learning, nutrition and early stimulation services being offered under the IEYP.	ECDC	District Councils, CSOs
Multi-stakeholder collaboration for strengthened nutrition policy prioritization Activity Donor-Concern Worldwide	Mk10,000,000	September – December 2022	Working with the district council to influence the prioritization of nutrition as a development agenda in the district-level policies (SEP and DDP).	-	District Councils, CSOs
Strengthening agriculture and food systems in Malawi through the implementation of policy commitments in the Malabo Declaration Activity Donor- Gracal Machel Trust	MK, 8,888,000	March-June 2022	Policy dialogues to enhance multi-stakeholder collaboration in scaling efforts towards achieving nutrition policy commitments in the Malabo Declaration	CISANET	District Councils, CSOs
Stakeholder mapping on school feeding in Malawi Donor- Gracal Machel Trust	Mk4,571,689	June-August 2022	Consultancy to map out key stakeholders working on School Health and Nutrition in Malawi		District councils, SHN Officers

"Food insecurity in Malawi is more of a result of access than availability, if the agricultural production estimates are anything to go by. Access is often characterized by income status, functionality of markets, road networks, post-harvest management and others. In our fight against malnutrition, we put behavior change as one key element to curb the problem. However, as a country, we need to intensify mechanisms that improve access to safe and nutritious food to end malnutrition in all its forms".

**Bessie Ndovi,
National Coordinator, CSONA**

CHALLENGES

Despite the successes in promoting advocacy work towards ending all forms of malnutrition, CSONA encountered the following challenges which also limited advocacy:

1. Membership coordination Challenges

CSONA district platforms have been inactive without the secretariat support. Most member coordination meetings at the district level are vibrant when there is a CSONA project. In the past years, CSONA depended on the SUN pooled-fund Grants, through the United Nations Office for Project Services (UNOPS), to sustain these platforms Members. With the phasing of UNOPS grant, CSONA has been struggling to sustain district networks.

2. Member expectations are divergent and uncommon

Most members do not understand their role to CSONA network and do not differentiate what members ought to be doing and the secretariat. As such, most members do not pay membership fees. And those who pay usually pay for the purpose of participating in the AGM. Moreover, most district members do not have skills for nutrition advocacy. Above all, there are competing priorities between secretariat and members on the implementation of activities.

3. Resource limitations

Minimal resources for creating momentum to sensitize the general public on the food and nutrition bill. For Instance, CSONA did not adequately carry out budget analysis to lobby for increased nutrition funding due to absence of a project to support this objective in 2022. Moreover, CSONA did not address all of the strategic goals in the strategic plan due to limited projects from partners.

Contact Us

 +265 (0) 999613770

 www.csona.org

 info@csona.org

 [@csonamalawi](https://www.instagram.com/csonamalawi)

 [@csonamalawi](https://twitter.com/csonamalawi)

 Civil Society Organization Nutrition
Alliance-CSONAmalawi

 khongoni Street, Plot No. 392A
Area 47/5
Civil Society Organization
Nutrition Alliance (CSONA)
P.O. Box 1697
Lilongwe, Malaw



“As much as government takes the leading role, it is everyone’s responsibility to ensure the right to food and good nutrition is achieved. It is possible to reduce stunting from 37% to 20% if we work together.”

Civil Society Organization Nutrition Alliance (CSONA), 2022.

All the information in this report was collected, reviewed and collated by CSONA in 2022. Bessie Ndovi, the National Coordinator provided invaluable input and analysis. CSONA was financially supported by the United States Agency for International Development (USAID), The World Bank (WB) through the Ministry of Gender, Disability and Social Welfare (MoGDSW), The Graca Machel Trust (GMT), and Concern Worldwide (CWW).

For citation: Civil Society Organization Nutrition Alliance, Annual report 2022,
Available at: <https://www.csona.org/>

Design, layout and production By Neytech Solutions
Printed in Lilongwe, Malawi.