NUTRITION FOR HEALTH ADVOCACY MANUAL

CSONA
CIVIL SOCIETY ORGANISATIONS
NUTRITION ALLIANCE - MALAWI

LUANAR

USAID
FROM THE AMERICAN PEOPLE

Developed by Civil Society Organization Nutrition Alliance

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Acronyms

AND	Academy of Nutrition and Dietetics
BMI	Body Mass Index
COVID-19	Coronavirus Disease-19
CSONA	Civil Society Organization Nutrition Alliance
CVD	Cardiovascular Disease
DDP	District Development Plans
DHMT	District Health Management Team
DHO	District Health Office
HPOs	The Health Promotion Officers
HSSP	The Health Sector Strategic Plan
LUANAR	Lilongwe University of Agriculture and Natural Resources
MCM	Medical Council of Malawi
MHEN	Malawi Health Equity Network
MNT	Medical Nutrition Therapy
MOH	Ministry of Health
MOH-HES	Ministry of Health-Health Education Services
NAESS	National Agriculture Extension and Advisory Services Strategy
NCD	Non-Communicable Diseases
NECS 11	Multi-Sector Nutrition Education Communication Strategy II
NMNP	National Multi-Sectoral Nutrition Policy
PLWNCD	People living with Non-Communicable Diseases
RD	Registered Dietitians
SEP	Socio Economic Profiles
SUN	Scaling up Nutrition
UNICEF	United Nations Children's Fund
WHA	World Health Assembly
WHO	World Health Organization
MIP 1	Malawi 2063 Implementation Plan

Preface

The Nutrition for Health Advocacy manual has been developed by the Civil Society Organization Nutrition Alliance (CSONA) for the purpose of capacity development of CSOs, Media and other relevant stakeholders & with the involvement and inputs from key stakeholders from the Ministry of Health (Health Education Services and Department of Nutrition and HIV/AIDS), NCD Alliance, colleagues from Mzuzu Central Hospital and representatives from the National CSONA membership platform. The manual has been developed for the use for equipping CSOs, during capacity building and the implementation of the advocacy component of the Nutrition for Health Project which is being implemented in partnership with Lilongwe University of Agriculture and Natural Resources (LUANAR).

The manual has five chapters which follow the following logical sequence: - introduction, Overview of the Nutrition for Health Project, NCDs, nutrition & dietetics, policy, institutional health care capacity & stakeholders for effective change, understanding advocacy and strategic communication.

1.0. INTRODUCTIONS

LUANAR & CSONA joint received an award from USAID Malawi to implement a 5-year project to support local capacity to strengthen Health Service Delivery, Human Resource for Health (HRH) and Nutrition for Health activity in Malawi. The project runs from May, 2021 to May, 2026. The goal of the project is to strengthen national capacity to accelerate effective responses to nutrition that affect the health of Malawians.

To achieve this goal, CSONA and LUANAR is implementing the following Work Packages:

WP 1: S*upport for human resources in nutrition and dietetics*

WP 2: *Support for setting up and equipping a dietetic association in Malawi*

WP 3: *Capacity strengthening for staff and students in nutrition*

WP 4: *Advocacy for nutrition and dietetics*

CSONA will play an oversight role of implementing WP4 at national and district level to increase the visibility on the importance of nutrition and dietetics. In addition, CSONA will raise awareness of the growing and emerging triple burden of malnutrition and NCDs in Malawi. The main advocacy initiatives for WP4 include the following:

- Advocate for implementation of the NCD component of NMNP as well as the MIP 1, od Malawi 2063.
- Advocate for Clinical dieticians to be included into the next Health Sector Strategic Plan as core clinical staff in district hospitals.
- Advocate for scale-up of nutrition services within the Basic Healthcare Package in the HSSP.
- Advocate for establishment of a dietetic association in Malawi.
- Raise awareness on the importance of improved provision of quality food to hospitalised patients through radio, TV and newspaper articles.

To ensure effective advocacy, CSONA intends to build nutrition champions among CSONA members and the media who will champion advocacy initiatives at all levels. As such, CSONA intends to conduct a series of advocacy trainings with the targeted stakeholders. This manual, therefore, has been developed to assist CSONA in conducting these trainings.

2.0. NCDs, NUTRITION & DIETETICS

2.1. Chapter introduction.

This chapter introduces the technical aspect of the Nutrition and Non-Communicable Diseases (NCDs) and its determinants and risk factors. The objective of this chapter is to enable participants to understand nutrition, NCDs and its related risk factors and determinants by outlining and enlightening participants on:

- Nutrition, Malnutrition, dietetics and NCDs.
- Malawi's nutrition landscape.
- Nutrition, Overweight and Obesity causes and determinants of nutrition, overweight and obesity.
- NCDs determinants through the socio-ecological and behavior model.
- Key nutrition awareness massages.

Nutrition

Nutrition is the process by which a living organism assimilates food and drink and uses it for growth, liberation of energy, and replacement of tissues; its successive states include digestion, absorption, assimilation, and excretion. Nutrition is also defined as the science of foods and the nutrients and other substances they contain (nutrients, water and fiber) and of their actions within the body (including ingestion, digestion, absorption, transport, metabolism, and excretion)[1]. On while a broader perspective, nutrition it definition includes the environmental, social, economic, cultural, and psychological implications of food, and eating, and drinking[2].

Nutrition is a fundamental pillar of human life, health, and development across the entire life span[3]. Good nutrition is related to improved human infant, child, and maternal health, stronger immune systems, safer pregnancy and childbirth, longevity, and lower risk of non-communicable diseases (such as diabetes, and cardiovascular disease, and certain forms of cancer) and longevity.

Optimal nutrition is achieved by eating a varied diet of the foods needed for an active and healthy life, drinking adequate safe clean water, and living an active healthy lifestyle, and treating illnesses appropriately[4].

Food

[1] Understanding Nutrition, 2011.

[2] Sustainable Nutrition Manual, 20216.

[3] NECS II, 2021.

[4] Sustainable Nutrition Manual, 2016.

Food is defined as products derived from plants or animals that can be taken into the body to yield energy and nutrients for the maintenance of life and the growth and repair of tissues[5].

Diet & Nutrients

Diet is defined as foods and beverages a person eats and drinks. Nutrients are commonly defined as chemical substances that must be obtained from food and water and are used in the body's to provide energy, structural materials, and regulating agents to support growth, maintenance, and repair of the body's tissues[6]. Nutrients may also reduce the risks of some diseases, and globally, there are six agreed classes of nutrients for the human diet, divided into macronutrients, and micronutrients, namely:

Macronutrients:

a. Carbohydrates, responsible for providing energy.

b. Lipids, also responsible for providing energy through stored fats, insulation

and other temperature control related purposes.

c. Proteins, for energy and cell manufacturing leading to body building;

Micronutrients:

a. Vitamins, for body protection by fighting-off disease and infections;
b. Minerals, for essential bodily functions such as growth, blood formation, and circulation); and
c. Water, which helps to clean the body and allows continued daily bodily functions and performance.

Malnutrition;

Malnutrition is usually caused by deficiencies and/or excesses in a person's intake of energy and/or nutrients[7]. Thus, malnutrition may be over-nutrition or undernutrition. Over-nutrition leads to obesity and risk of Non-Communicable Diseases (NCDs), under-nutrition on the other hand leads to poor growth and development. The table below summarizes the relation between nutrition and health.

Relationship between nutrition and health

Nutrition situation	Health consequences
***Optimum nutrition*:**	

[5] Understanding Nutrition, 2011.

[6] Understanding Nutrition, 2011.

[7] Understanding Nutrition, 2011.

Result from: food-secure individuals with adequate, balanced diets, clean and safe water, hygiene and sanitation, and access to health care.	Healthy living, Well-being, Optimal growth and development, High quality of life, Prevention of disease and illnesses.
Undernutrition: Resulting from: food-insecurity, poor/imbalanced dietary intake, poverty, diseases (e.g. diarrhea, malaria, etc.), politically unstable environments, disrupted societies from natural disasters or wars.	Decreased physical and mental development, compromised immune systems, increased infectious diseases, Vicious cycle of undernutrition (undernourished parents/mothers bear and raise an undernourished child who becomes an undernourished parent/mother, etc.)
Over nutrition: Resulting from: Imbalance between consumption of food and drinks (especially macronutrients and/or alcohol) and physical activity.	Obesity, Metabolic syndrome, Cardiovascular disease, Type 2 diabetes mellitus, certain cancers (e.g. stomach, heart, etc.). Over nutrition in macronutrients can also have undernutrition in micronutrients.
Nutrition transition: Individuals and communities previously food insecure → confronted with abundance of palatable foods → some undernourished, others too many macronutrients and too few micronutrients.	Double burden of infectious diseases plus NCDs, often characterized by over nutrition of macronutrients and undernutrition of micronutrients.

Forms of Undernutrition

Undernutrition in childhood is a risk factor for overweight and NCDs in later life, as well as affecting survival, growth, development, health, and educational or economic outcomes. Undernutrition at any age makes people more vulnerable to disease and death.

There are 4 broad forms of undernutrition: wasting, stunting, underweight, and micronutrient deficiencies in vitamins and minerals. Undernutrition makes people more vulnerable to disease and death.

- *Wasting - defined as Low weight-for-height* is known as wasting. It usually indicates recent and severe weight loss, because a person has not had enough food to eat and/or they have had an infectious disease, such as diarrhea, which has caused them to lose weight. A person who is moderately or severely wasted has an increased risk of death, but treatment is possible.

- *Stunting - Low height-for-age* is known as stunting. It is the result of chronic or recurrent undernutrition, usually associated with poor maternal health and nutrition, inappropriate infant and young child feeding and care in early life, poor socioeconomic conditions, and frequent illness. Stunting holds children back from reaching their physical and cognitive potential.

- *Underweight - low weight-for-age* is known as underweight. A person who is underweight may be stunted, wasted, or both.

- *Micronutrient deficiencies - commonly referred to as hidden hunger.* Inadequacies in vitamins and minerals in the body is often referred to as hidden hunger. Micronutrients enable the body to produce enzymes, hormones, and other substances that are essential for proper growth and development. Iodine, Zinc, Iron, and vitamin A are the most important in global public health terms; their deficiency represents a major threat to the health and development of populations worldwide, particularly children and pregnant women in low-income countries.

Over nutrition; Overweight and obesity

Overweight and obesity is when a person is too heavy for his or her height. Overweight and obesity results from an imbalance between energy consumed and energy expended[8]. They are a result of people consuming foods and drinks that are more energy-dense (e.g. high in sugar, alcohol, or fats), and engaging in less physical activity. Abnormal or excessive fat accumulation can impair health and basically overweight and obesity result from an imbalance between energy consumed and energy expended. They are a result of people consuming foods and drinks that are more energy-dense (high in sugars and fats), and engaging in less physical activity.

Body Mass Index (BMI) is an index of weight-for-height commonly used to classify overweight and obesity. It is defined as: a person's weight in kilograms divided by the square of his/her height in meters

$$(kg/m^2).$$

[8] Eat Well to Live Well Guide, 2021.

In adults, overweight is defined as a BMI of 25 or more, whereas obesity is a BMI of 30 or more.

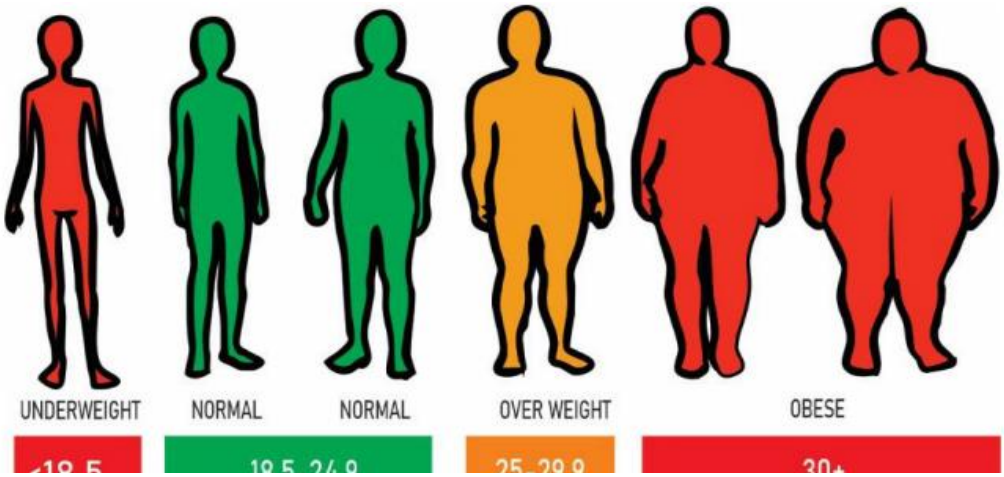

Figure 1: Body Mass Index cut off ranges for adults.
Source: Ministry of Health, DNHA, 2021, Eat Well Live Well Guide.

Today the world faces a triple burden of malnutrition, especially in low-and middle-income countries including Malawi:

- Under-nutrition (underweight, stunting, wasting, and/also perpetuated and characterized by micronutrient deficiencies) and,
- Over-nutrition (overweight & obesity).
- Micro-nutrient deficiencies (hidden hunger).

The developmental, economic, social, and medical impacts of malnutrition in every form are serious and lasting for individuals, families, communities and our country. The Malawi government is committed to eradicating all forms of malnutrition, where all people achieve good health and wellbeing. This is possible through access to effective nutrition interventions and services, and healthy diets from sustainable and resilient food systems.

2.2. Malawi's Nutrition Landscape

Current nutrition status

The Government of Malawi has been responding to the high burden of malnutrition through policies, programs and strategies aimed at tackling the immediate, underlying and basic causes of undernutrition. Evidence from the 2015/16 Malawi Demographic and Health Survey (MDHS) and National Micronutrient Survey (NMS) shows that Malawi has demonstrated capacity and capability to make notable gains in addressing the challenges in nutrition outcome. Reductions in

prevalence of stunting (53 % in 2004 to 37 % in 2015/16), vitamin A deficiency (59 % in 2001 to 4 % in 2015/16) and iron deficiency anemia (59 % in 2001 to 9 % in 2015/16) among children below the age of 5 years. These, along with other policy commitments, demonstrates Malawi's resolve and capacity to implement an effective national nutrition response.

However, the 2015/16 NMS showed elevated prevalence of zinc deficiency (60 – 66 %) in all age and sex groups, with adult men having the highest level of deficiency, while the MDHS showed increasing prevalence of overweight among women of reproductive age (12 % in 2000 to 21 % in 2015/16). Statistically, about 28% of women are overweight and 6% are obese while 17% of men are overweight and 3% are obese.

Thus, despite making gains in reducing the burden of some forms of malnutrition, Malawi is faced with a formidable challenge to address malnutrition in all its forms, such as emerging issues of overweight and obesity, in order to consolidate the gains made in reducing stunting and other nutrition indicators.

Diet-related Non-Communicable Diseases (NCDs)

NCDs are disease processes or health conditions that are not infectious or transferable between humans. from one human to another. The major four chronic NCDs are: Cardiovascular diseases (CVDs; such as high blood pressure, heart attack and stroke), diabetes, cancers, and chronic respiratory (lung) conditions. They can be a result of random genetic abnormalities, heredity, lifestyle, or environmental causes. NCDs and injuries (NCDIs) account for nearly 70% of deaths worldwide with an estimated 75% of these deaths occurring in low- and middle-income countries[9]. In low- and middle-income countries, NCDs contribute to 82% of premature deaths (before the age of 70) where 4 out of every 5 people with an NCD live in low- and medium income countries. Malawi is an example where nearly 1 in every 3 deaths, 29%, is caused by an NCD[10].

Local Context of NCD's

Cardiovascular diseases, cancers, diabetes and chronic lung diseases account for the largest portion of NCDs morbidity and mortality in Malawi, with the prevalence of CVDs becoming significant causes of morbidity and mortality[11]. Additionally, NCDs are introducing significant demands on health care resources in Malawi and if no action is taken, NCDs will continue to strain the already fragile health system which continuously faces human resource shortages, inadequate diagnostic systems, as well as low supplies of drugs and other medical supplies. Hence, government-led comprehensive and integrated action is needed urgently to curb the risk factors and reduce disease progression to inform health care institutional capacity, research and policy investment.

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[9] http://www.who.int/mediacentre/factsheets/fs355/en/

[10] Malawi NCDIs Poverty Commission report, 2018.

[11] The Malawi NCDs & Injuries Poverty Commission report, 2018.

Basically, 80% of premature heart disease, stroke and diabetes are preventable, however, treating the conditions once they have developed is difficult and costly. Furthermore, NCDs have an economic impact on the country's development due to loss in productivity as a result of illness, premature death and increased health costs to treat the conditions. Furthermore, the government has established the NCDs and Mental Health Unit in the Ministry of Health in 2011 to provide leadership and coordinate NCDs and mental Health related activities.

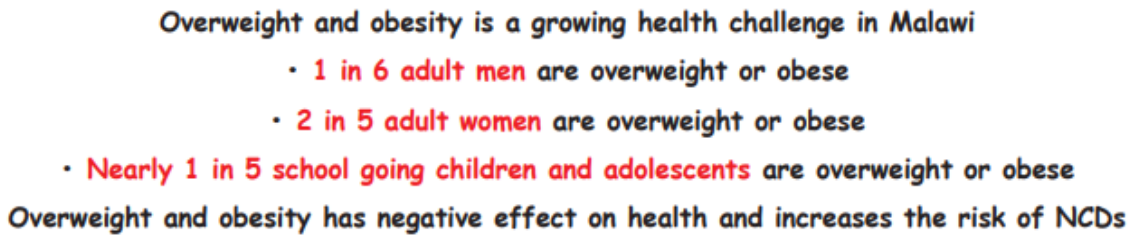

Figure 2: Brief stats on Over nutrition.
Source: Ministry of Health, DNHA, 2021, Eat Well to Live Well Guide.

2.3. Factors Influencing Non Communicable Diseases (Determinants)

The World Health Organization (WHO) classifies malnutrition as the greatest threat to public health. As the background has already stated, malnutrition is multifaceted commonly in forms of over-nutrition and under-nutrition. Hence, most nutrition related complications and deaths are the results of a long sequence of interlinked events, coined as determinants and factors by UNICEF through a conceptual framework. The conceptual framework on the "causes of malnutrition and death" famously sets out factors which shape nutrition outcomes.

The conceptual framework for malnutrition

The conceptual framework focuses on the key factors that influence nutritional status, such as, fragile socio-economic and political environment, food insecurity, unfavorable care practices and health environment and further, inadequate in-take of energy and other nutrients. Poor nutritional status or malnutrition results from a complex set of elements classified by the conceptual framework in three main level as; I). Basic causes, II). Underlying causes & III). Immediate causes.

a. Basic causes

This includes resources (human resource, physical and financial), formal and informal institutional infrastructure and systems as well as political factors. Basic causes primarily reflect the structure and function of the State, and include income/tax policies, price and subsidization policies, the legal system and the role and power of national institutions. Ideological factors cover even broader aspects of society such as religion, culture, tradition and beliefs.

b. Underlying causes

The lack of ready access to water and poor environmental sanitation are important underlying causes of malnutrition. These conditions directly affect health, food production and preparation and general hygiene. Inadequate access to water also affects nutrition indirectly by increasing the work-load of women, thus reducing the time available for child care.

c. Immediate causes

Inadequate dietary intake and disease are the most significant immediate causes of malnutrition. Disease, in particular infectious disease, affects dietary intake and nutrient utilization. In most cases, malnutrition is the combined result of inadequate dietary intake and disease.

Maternal under-nutrition affects fetal growth and development during the first 2 years of life and is a major contributor of both stunting of linear growth and subsequent obesity and non-communicable diseases later on in adulthood. This manual offers a socio-ecological and behavior structure for understanding the complex mix of factors that also make up the basic determinants of Over-weight and Obesity.

2.4. Determinants of Non Communicable Diseases (Socio-Ecological Model)

The socio-ecological model of behavior change helps us to understand that factors that determine individuals' dietary intake are highly complex, resulting from the interplay of multiple influences. According to this model, behavior is influenced by five levels of influences, namely intrapersonal factors, interpersonal processes, institutional and community factors as well as public policy. The approach recognizes community members not as beneficiaries of projects and programmes, but leaders incoming up with solutions to address malnutrition within their local context. The NECS II places emphasis on messaging that makes individuals, households and communities to be actively involved in nutrition. Below is an explanation of the different levels of the model and how it applies to the influencing factors for non-communicable diseases.

Intrapersonal factors; represent knowledge, attitudes, personality, beliefs and skills. The intrapersonal level factors are mostly situated within the control of an individual. For example, at this level, taste preferences (e.g., for fast foods) and lack of nutrition knowledge and skills, can be barriers to choosing a healthful diet. Low nutrition knowledge, and inadequate cooking skills have been reported as barriers to fruit and vegetable intake in Malawi.

The Malawi Steps survey reported that among adult Malawian aged 25- 64 years. Majority (94.9%) of the people with raised blood pressure were not on medication and or did not know that they a problem[12]. Extension programs to increase awareness, knowledge, skills, motivation, and confidence would be best suited for overcoming these barriers.

[12] Malawi STEPS survey, 2019.

***Interpersonal Level**:* Interpersonal level factors involve the primary social relationships surrounding an individual (friends, family, coworkers, etc.). Studies in Malawi show that children's food intake is related to their parents' nutrition knowledge and food intake, and it is also influenced by their peers. Education programs that increase nutrition knowledge and peer support for healthful choices may help to overcome these barriers.

***Community/Institution Level**:* This level includes institutional or organizational relationships and characteristics such as neighborhoods, work sites, and schools. Independently of individual level socioeconomic status, socioeconomic characteristics of the environment (e.g., neighborhood) influence eating behaviors. Underlying reasons could be limited food availability such as existence of fewer markets having healthier foods. Hence, Extension programs focusing on economical ways of preparing quick and healthy meals and selecting healthier foods when eating out would be beneficial for individuals. Socioeconomic characteristics of neighborhoods such as neighborhood safety, and built environment can be barriers to physical activity as well. Community partnerships and policy level interventions such as parks, zoning, and development regulations (Sallis et al., 2006) would be suitable to overcome these barriers.

Macro/Public Policy Level: The macro/public policy level factors involve local and state policies. Policies that influence food pricing also affect individuals' food intake patterns because healthful foods are reported to cost more than less nutrient-dense foods (Monsivais & Drewnowski, 2007), and price is a strong determinant of food choice. Extension educators can help limited-resource individuals learn how to select more healthful foods and stretch their dollars throughout the month. Educators can also support community partnerships and policies (e.g., farmers market vouchers) promoting easy access to healthier food options.

2.5. Understanding NCDs

NCD and Injuries (NCDIs) were first recognized in 2011 as part of the Essential Health Package (EHP), which is the minimum package of services mandated to be available at the primary care level[13]. Social behavior and lifestyle is a major driver and contributor to nearly all the common nutrition related NCDs. Four main factors related to social behaviors which individuals do include[14]:

I. Unhealthy diet: high in energy, sugar, fats and salt, and low in fruits, vegetables and whole grains.
II. Lack of physical activity.
III. Smoking.
IV. Alcohol abuse.

[13] Malawi NCDIs Poverty commission report, 2018.

[14] Eat Well to Live Well Guide, 2021.

Malnutrition in the form of overweight and obesity leads to conditions that change the way the body functions and further increases the risk of developing NCDs and can worsen complications. Additionally, risk factors may include; high blood pressure, high blood sugar (pre-diabetes and diabetes) and high blood cholesterol levels.

Overweight and obesity are on the rise and contribute to nutritional related NCDs and almost 2 out 3 NCDs deaths are linked to the above listed life styles[15]. Overweight and obesity can be a result of excessive dietary intake with less energy expenditures leading to accumulation of stored fats in the body. Sometimes random genetic abnormalities, heredity and lifestyle including environmental causes also contributes to the prevailing prevalence.

Common NCDs in Malawi

Figure 3: Health risks of overweight or Obesity.
Source: Ministry of Health, DNHA, 2021, Eat Well to Live Well Guide.

a. Cardiovascular diseases

Heart and blood vessel diseases (veins and arteries), known medically as cardiovascular diseases, are the leading NCDs worldwide. Heart diseases include; heart attacks, high blood pressure, heart failure and stroke. High blood pressure is the most common heart disease affecting one in three (32.9%) Malawians aged 25-64 years and is also a major risk for heart attacks and strokes[16]. Another form of heart disease is caused by high or abnormal blood fat and cholesterol levels that are deposited on the walls of blood vessels and lead to hardening and narrowing of blood vessels

[15] Malawi National Nutrition Policy, 2018/22

[16] Eat Well to Live Well Guide, 2021.

causing a condition medically known as atherosclerosis. In the long run, hardening and stiffening of arteries leads to blockages that can cause heart attacks and strokes. High blood cholesterol is estimated to affect 3 in 50 (6%) of Malawians[17].

b. Diabetes Mellitus

Diabetes mellitus, also known as sugar disease, is a disease or bodily condition in which blood sugar levels are above normal. Diabetes mellitus is a disorder in which the body does not produce enough or respond normally to insulin, causing blood sugar (glucose) levels to be abnormally high[18]. Diabetic people have reduced insulin response or zero or no production of insulin. Insulin is a hormone produced by the pancreas which aids absorption and regulation of glucose in the body. There are several forms of Diabetes Mellitus depending on the cause. Type 1 diabetes is an autoimmune condition that happens when the body attacks and damages its own pancreas with antibodies resulting in failure to make insulin. Type 1 diabetes is usually diagnosed in children and young adults, although it can appear at any age, and requires that one takes insulin every day for life. Although the cause of Type 1 diabetes is not directly linked to unhealthy diets, overweight/obesity and other lifestyle factors (e.g. lack of physical activity), all these factors are extremely important in managing the condition. Type 2 diabetes is the most common type and its development is directly linked to overweight/obesity, unhealthy diets and lifestyles. Gestational diabetes is diabetes diagnosed for the first time during pregnancy (gestation). There are several forms of Diabetes Mellitus and Type 2 diabetes is the most common type and its development is directly linked to overweight/obesity, unhealthy diets and lifestyles. Other types are Type 1 diabetes and gestational diabetes (the one that is diagnosed in women during pregnancy). Type 1 diabetes is usually diagnosed in children and young adults, although it can appear at any age, and requires that one takes insulin every day for life. Although the cause of Type 1 diabetes is not directly linked to unhealthy diets, overweight/obesity and other lifestyle factors (e.g. lack of physical activity), all these factors are extremely important in managing the condition.

Early and common signs and symptoms that may show that one has high blood sugar are: feeling very thirsty, urinating often, blurred vision, feeling hungry all the time (even if you have eaten), fatigue (feeling tired all the time).

c. Cancers

Cancer refers to a collection of related diseases where cells in the body begin to divide uncontrollably and spread to other parts of the body, causing damage. There are several different kinds of cancer with over 100 different types. Thirteen of these cancers have been directly linked to nutrition, overweight and obesity. The cancers that are linked to nutrition, overweight and obesity include breast cancer, endometrial cancer, gallbladder cancer, stomach cancer, esophageal cancer, prostate cancer, liver cancer, kidney cancer, rectum cancer, pancreas cancer, larynx cancer

[17] Eat Well to Live Well Guide, 2021.

[18] Eat Well to Live Well Guide, 2021

and colorectal cancers. In Malawi the most cancers directly linked to nutrition, overweight and obesity are esophageal cancer and breast cancer. Nutrition is very important for people with all types of cancers as they often lose significant weight owing to poor food intake and increased needs for nutrients by the cancer cells.

Specific NCDs Vs Specific risk factors

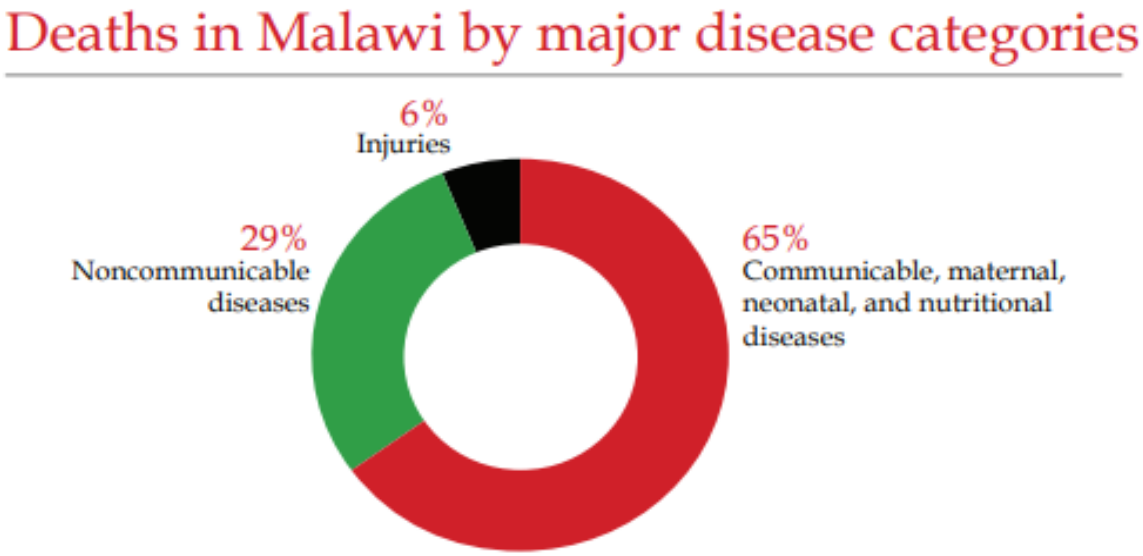

Figure 4: Disease burden and death summary stats.
Source: Malawi NCDIs poverty commission report, 2018.

NCD	Common risk factors
Cancers:	Overweight, obesity, physical inactivity, smoking, harmful alcohol use, age, HIV.
Cardiovascular Disease (CVDs)	Overweight, obesity, physical inactivity, smoking, harmful alcohol use, age, family history, high cholesterol / saturated fat
Diabetes Mellitus	Overweight, obesity, physical inactivity, family history, age, genetics.

Healthy and unhealthy diets

Healthy diet & life styles	Unhealthy diet
There are healthy eating patterns that protect people against NCDs and improve their health status.	*There are unhealthy eating patterns that put people at risk for NCDs and contribute to unhealthy outcomes.*

A healthy diet consists of • at least half plenty of vegetables and, fruits and • the other half, whole grains, starchy tubers, legumes, nuts, animal foods, healthy fats and oils. • 2-4 L of safe drinking water and, moderate amounts of fish and chicken • Low amounts of red meat, and no or very low amounts of highlight refined processed meats, added sugar, salt, refined fats and staples, and other highly processed foods.	An unhealthy diet is one that is • high in refined added sugars, salt, unhealthy fats (trans-fats, saturated fats and animal source fats), highly processed and refined starches and meats, foods and generally very high in energy and low in nutrients. • Unhealthy diets are also low in water, fruits, vegetables, legumes, nuts, oilseeds, and whole-grain staples.
A healthy lifestyle involves healthy eating habits and incorporating physical activity, stress management, getting enough sleep, maintaining a healthy body weight, minimizing avoiding alcohol intake, avoiding cigarettes and/or recreational drugs.	Unhealthy diets are associated with 1 in 5 deaths worldwide An unhealthy lifestyle involves unhealthy eating habits, low physical activity, high stress, little sleep, unhealthy body weight, heavy alcohol intake, cigarettes and/or recreational drugs.

2.6. Understanding Nutrition & Dietetics Profession

Nutrition & Dietetics

Nutrition was described in the previous section, as a recap: Optimal nutrition is achieved by eating a varied diet of the foods needed for an active and healthy life, drinking adequate safe clean water, living an active healthy lifestyle, and treating illnesses appropriately. The practice of nutrition helps people to achieve that.

Dietetics, on the other hand, is the field of science that uses advanced and evidenced-based knowledge about nutrition to help prevent and treat diseases, maintain and promote health. The practice of dietetics is applied in a variety of settings, for example:

- Healthcare/hospitals: dietetic practitioners assess the nutritional needs of patients and deliver appropriate nutrition support as part of disease treatment.
- Community: dietetic practitioners design food and nutrition programmes to prevent diseases and promote health.

- Foodservice: dietetic practitioners plan large-scale meals for health care facilities, company cafeterias, prisons, schools.

Training Institutions

In addition to the nutrition training that has already been provided in Malawi since the 1970's, the Government of Malawi identified the need for dietetics practice, as a key priority in its National Nutrition Strategy in 2010. In response to this priority, USAID partnered with the Government of Malawi, the Lilongwe University of Agriculture and Natural Resources (LUANAR), and U.S.-based Tufts University to develop and implement the first ever dietetics program in the country. In 2016, dietetics was accredited in Malawi, and by 2021, LUANAR in collaboration with College of Medicine had enrolled two cohorts of students into dietetics program. Currently, dietetics is offered by LUANAR - Bunda College at postgraduate level, and KUHES - College of Medicine Campus at undergraduate level.

Registered d Registered Dietitian

Malawi has had Nutritionists who provide a range of nutritional services related to nutrition education, food systems, public health nutrition, policy, and research, training, and community health, and business. Since 2018, the country has also produced Dietitians who have the same nutrition expertise, but, in addition, also have the expertise to provide medical nutrition therapy, individual dietary counselling, group dietary therapy, designing large scale nutrition interventions, and food service management.

Unlike the Dietitian title, the term "Nutritionist" is not protected by any regulations in Malawi, and, as such, anyone can label themselves as a nutritionist. On the other hand, Dietitians are governed and regulated by law, and have an ethical code of practice in place to ensure that their work is carried out to the highest possible standards. Anyone who uses the title "Dietitian" must be registered. with the State's approved licensing body and adhere to their standards, otherwise, they will be penalized with legal action.

In Malawi, a Dietitian, or rightly say a Registered Dietitian (RD), is a person who has completed a postgraduate clinical dietetics course work, and a supervised and assessed professional practice in public health nutrition, medical nutrition therapy and food service management, practice program and has passed an MCM licensure national examination, and maintains registration through continued professional practice. The practice of dietetics in Malawi is accredited by the Medical Council of Malawi (MCM). The accredited practitioners of dietetics are known as Registered Dietitians (referred to as RDs in this manual).

Current situation (Human Resource for Health; Clinical Dietetics)

Currently, the country has nine dietitians working in central hospitals; Kamuzu Central Hospital (KCH) 4, Queen Elizabeth Central Hospital (QUECH) 3, Mzuzu Central Hospital (MzCH) 1 and Zomba Central Hospital (ZCH) 1, with none at district hospitals. Two other Registered Dietitians trained at LUANAR have not been placed for work. Even though all the central hospitals have at least a Dietitian, the dietetics equipment and supplies are lacking. Currently, there is zero supply of essential dietetic supplies such as Oral Nutrition Supplements (ONS), enteral and parenteral products. Further, the profession also lacks a regulatory institution or association to regulate the practice and coordinate its activities.

Importance of the profession, essence of policy investment and capacity building

Nutrition is essential for health, and is particularly important to prevent, treat and manage malnutrition and related diseases. The provision of nutrition support helps to avoid the occurrence of semi-starvation in critical illness, to favorably alter the effects of drugs, and also to balance body nutrients. 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. Thus, maximizing nutrition support is key to reduce severity or complications of diseases and risk of mortality in patients.

The provision of nutrition support to patients requires individuals who are specially trained to diagnose macro- and micronutrient imbalances, develop and implement a nutrition care plan and monitor the patient's response to the nutrition care delivered. Among the healthcare professionals, it is only the Dietitians who are qualified and regulated to conduct nutrition assessment and treat diet-related problems at an individual and wider public-health level. Dietitians. The Dietitians have highly specialized skills to effectively identify patients who are malnourished or have specific nutrient imbalances and to implement appropriate nutritional treatment plans. Therefore, if Malawi needs to maximize provision of quality patient care to reduce hospital malnutrition and mortality, then capacity building of dietitians is a pressing need. Further, since the country is experiencing a triple burden of malnutrition characterized by high prevalence of diseases related to under- and over-nutrition, and hidden hunger, investing hunger, investing in clinical dietetics in hospitals is not optional.

Enabling environment, Institutional environment, regulatory, equipment and capacity building

- Too much load on Dietitians. Some hospitals like Zomba Central Hospital and Mzuzu Central Hospital have one Dietitian each. KCH and QUECH have 3 and 4 Dietitians, respectively, these figures are still inadequate compared to the number of patients that need nutritional care at the respective hospitals.
- Even though all the central hospitals have at least a Dietitian, the dietetics equipment and supplies are lacking.
- Other healthcare professionals do not know who dietitians are, and hence there is reduced patient referrals to Dietitians, and limited inclusion of dietitians in some hospital activities.

- Dietitians in other hospitals do not have office space, e.g. QUECH.

Institutional guidelines and policy guiding the dietetic profession (Are our health institutions capable of delivering quality services?)

Since the dietetics practice is new in the country, the hospitals do not have guidelines and policy guiding the profession. At Mzuzu Central Hospital, dietetics and nutrition departments are combined as the 'Department of Nutrition and Dietetics.' In other central hospitals, dietetics is under the Medical Department.

Understanding roles of key players at a specific level?

- Dietitians; prescribe nutrition support to patients by documenting in the patient's in patient's file.
- Doctors; acknowledge any nutrition support.
- Nurses; implement the Dietitian's prescription.
- Pharmacist; manages storage of nutrition support products.
- Procurement; officers who purchase the products.
- Hospital management; who approves the purchase.

2.7. Key awareness messages

Key message	Policy makers	Adolescents	General public	Caregivers	MoH, DHO	PLWNCD	CSOs	Pregnant & lactating Women
Eat a variety of locally available foods from the six food groups every day			√					
Eat vegetables and fruits with different colors because they contain different nutrients required for optimal bodily performance and growth.								
Half of your plate should be fruits and vegetables			√					
Choose whole grain starch options over refined starches where possible.			√					
Be mindful of portion sizes			√					
Use iodized salt during cooking and avoid adding salt to cooked food on the table.			√					
Be physically active by exercising regularly. Exercise helps people to lose weight and lowers the risk of developing some diseases.			√					
Avoid smoking and limit the amount of alcohol.								
Promote physical activity via urban planning and support active transport	√							

with a focus on increasing walking and cycling.								
Regulate food product labelling to facilitate consumer knowledge and encourage reformulation of processed foods.	√							
Use subsidies to incentivize healthy food and taxes to disincentive less-healthy purchases.								
Restrict marketing of food products high in fat, sugar fat sugar and salt.			√					
Promote healthy weight before , during and after pregnancy.								
Early detection saves life, let's go for regular medical check up								
Creation of support groups to share experiences and support								

Size of the plate

Eat a balanced diet with all the Malawi 6 food groups:

– 1/2 of the diet should be the Fruits and Vegetables food groups;

– 1/4 of the diet should be the Legumes & Nuts and Animal foods food groups;

– 1/4 of the diet should be the Staple food group (e.g. grains, tubers, immature fruits)

– A small amount of the Fats food group (e.g. oilseeds, avocado, coconut, butter)

– 2-4 liters of clean drinking water a day

3.0. POLICY, INSTITUTIONAL HEALTH CARE CAPACITY & STAKEHOLDERS FOR EFFECTIVE CHANGE

3.1. Chapter Introduction

This section discusses the Malawi's healthcare policies, the institutional healthcare capacity to implement nutrition, dietetics and NCD programs as well as the stakeholders involved for effective change. The section highlights the implementation environment of the policies which involves the capacity of the healthcare institutions, the resource environment and the effective advocacy approaches.

Session outline

- Brief discussion of Malawian health policies and the implementing environment
- Institutional health care capacity
- Advocacy approaches
- Stakeholders for effective change

Training Notes:

- Have the policies handy either electronically or physically and share what you can with the participants so they have references, too
- Print out the annex as a handout summarizing the documents and the related points.
- Translate points into Chichewa and other local languages to help champions communicate issues easily.
- Ask people what they know about the documents before telling them to see what

Sessions Objectives

By the end of this session, participants should be able to:

- Analyse the health-related policies, their strengths and weaknesses
- Explain the atmosphere for implementation of health policies and healthcare delivery
- Outline the key stakeholders and allies in healthcare policy implementation

3.2. Policy

Malawi has several policies and strategies that support promotion of good nutrition to prevent and treat NCDs, starting at the highest level in the Malawi Constitution, which says that:

> *'The State shall actively promote the welfare and development of the people of Malawi by progressively adopting and implementing policies and legislation aimed at achieving the following goals: (b) Nutrition – To achieve adequate nutrition for all in order to promote good health and self-sufficiency'.*

Other national governance documents including **the Malawi 2063** Vision also incorporates good nutrition for all through a multi-sectoral approach, and although it does not specifically mention NCDs, **the Malawi 2063 First 10-year Implementation Plan (MIP-1) 2021-2030** spells out several specific strategies and activities for preventing NCDs with nutrition. (See annex 1 for the details.)

The overarching policy on Nutrition is the **National Multi-Sectoral Nutrition Policy (NMNP) 2018-2022,** which is aligned to the Constitution, and includes nutrition for prevention and treatment of NCDs. The detailed activities, roles, and responsibilities of stakeholders are outlined in the National Multi-Sectoral Nutrition Strategic Plan (NMNSP) 2018-2022 and the Multi-Sector Nutrition Education Communication Strategy (NECS II), as well as a standalone NCD 2017-22 strategy listed in the Live Well Eat Well Document?).

The Health Sector Strategic Plan (HSSP) 2017-2022 includes both NCDs and Nutrition as problems to address, but the document doesn't make the link between the two; therefore, this will need to be addressed in the next HSSP. On the other hand, the 2013 Health Promotion Policy and the National Action Plan for NCDs and Mental Health (2017-2022) do make the nutrition-NCD linkages. The NCD action plan notes that problems include dietary habits and a growing fast food culture as well as inadequate dietitians and nutritionists and limited agricultural diversification.

Other sector level policies and strategies on NCDs and nutrition exist that can assist the Ministry of Health to achieve NCD reduction goals. For example, **the Adolescent Nutrition Strategy 2019-2023** aims to help young people learn about good nutrition for health and prevention of disease. Some sector policies don't use the term 'NCD' but do include nutrition for a healthy population and prevention of 'all forms of malnutrition', including: **The National Resilience Strategy 2018-2030**, **the National Agriculture Extension and Advisory Services Strategy (NAESS) 2020-2025**, **the Agriculture Sector Food and Nutrition Strategy 2020-2025**, and **the National School Health and Nutrition Policy, Strategy, and Guidelines**.

Eight districts in Malawi[19] included NCDs / obesity as issues to address in their 2017-2022 Socio Economic Profiles (SEPs) and strategies and activities in their District Development Plans (DDPs). For example, M'mbelwa District Development Plan 2017-2022 included activities on improving diets and healthy lifestyles.

Regional and Global policies and strategies support nutrition for prevention and treatment of NCDs such as the Scaling up Nutrition (SUN) Movement Strategy 3.0 2021-2025 and the Southern Africa Development Cooperation's Food and Nutrition Security Strategy, among other United Nation's health, agriculture, and education strategies and guides.

[19] Nutrition and NCDs are including in SEPs and DDPs for Balaka, Blantyre, Chikwawa, Kasungu, Lilongwe, M'mbelwa, Machinga, Mulanje

In May 2004, the 57th World Health Assembly (WHA) endorsed the World Health Organization (WHO) Global Strategy on Diet, Physical Activity and Health. The Strategy was developed through a wide-ranging series of consultations with all concerned stakeholders in response to a request from Member States at World Health Assembly 2002 (Resolution WHA55.23). The strategy addresses two of the main risk factors for NCDs, namely, diet and physical activity, while complementing the long-established and ongoing work carried out by WHO and nationally on other nutrition-related areas, including undernutrition, micronutrient deficiencies and infant- and young-child feeding.

Policy shortcomings

The existing policies and strategies provide extensive opportunities and entry points for dietitians, nutritionists and other cadres to implement, monitor, and track activities to prevent and treat NCDs through improved nutrition.

Some policy shortcomings that need to be addressed include:

- There is little awareness about these policies and strategies at all levels
- As a result, implementation is lacking. There is low funding and capacity and there are no summarized documents in local languages for community planning. In order for strategies to be implemented, the relevant stakeholders must be aware of the policies and strategies, understand and own them, and have the capacity to implement them.
- Data, report, and communication are lacking, making it difficult to ascertain progress or identify successes. Monitoring systems need to evolve to include any new policies and strategies so that stakeholders can work together to collect the right data and use it to assure shortcomings are addressed and successes are celebrated.
- Dietitians or Nutritionists are rarely mentioned in the policies and strategies.

Importance of strengthening the policy environment

There is little research available in Malawi to support the inclusion of nutrition and dietetics, yet NCDs are currently the second leading cause of deaths in Malawi and the situation can be changed significantly with good nutrition with healthy lifestyles.

> Training note: refer back to the session on NCDs and Nutrition and do some recap through a question about what they remember or something similar.

In 2016, Wang et al. found that the economic burden of chronic NCDs in rural Malawi is very high and causes catastrophic spending and aggravates poverty. Their findings point at clear gaps in

coverage in the current Malawian health system and call for further investments to ensure adequate affordable care for people suffering from chronic NCDs. In another study in 2021 by Banda et al., which is currently under review, found that NCDs are a significant health burden in Malawian healthcare services. A general lack of human, systems and material resources in the healthcare system negatively affects the extent of coverage of NCD services and implementation research activities necessary for improving care.

RDs are valuable in preventing and treating NCDs. In their 2018 position statement, the Academy of Nutrition and Dietetics (AND) state that Medical Nutrition Therapy (MNT) by a Registered Dietitians (RDs) is effective in improving medical outcomes and quality of life and healthcare. AND's evidence-based nutrition practice guidelines for the prevention and management of diabetes provides strong support for the clinical effectiveness of MNT provided by RDs. Cost-effectiveness has also been documented. AND concludes that it is essential that MNT provided by RDs be integrated into health care systems and public health programs.

In 2017 Shlisky et al. found that evidence supports the idea that all age-related disease states may benefit from careful attention to nutritional adequacy and a healthful diet. They note that an integrated health system infrastructure is crucial to ensure quality nutrition care for the aging population. They call for incorporating nutrition evaluations and services into preventative care for aging adults within standard wellness practices to avoid and minimize the effects of nutrition-related disease. Coordinated efforts between healthcare policy makers, health care providers, insurance companies, and nutrition experts are needed to develop comprehensive preventive strategies based on individualized nutritional needs for older adults.

To assure Malawi has the best prevention and treatment of NCDs, Malawi should assure:

1) All relevant policies include their role in good nutrition to assure we have a healthy population with no one left behind, including policies related to: Malawi's vision, population's well-being (children, youth, women, and men), resilience, education, agriculture, food systems, sports, labor, etc.
2) Documentation is compiled and disseminated on the value of RDs and nutritionists in Malawi working with NCD prevention and treatment.

3.3. Institutional health care capacity

Partnerships atmosphere & Capacity building, collaboration

The Ministry of Health is the institution responsible for leading NCD prevention, treatment, and rehabilitation. It is also responsible for prevention of nutrition related NCDs through various health promotion interventions. At district level, the delivery of NCD services is coordinated by the District Health Management Team.

In 2018, the ministry, through the department of Curative and Medical Rehabilitation, established dietetic positions in its 4 main referral hospitals in Mzuzu, Lilongwe, Blantyre and Zomba cities. To-date, 9 dietitians have been recruited by the ministry and placed in the 4 referral hospitals to assist in managing NCDs and other nutrition related problems and diets. In District hospitals, the management of NCDs are largely conducted by Nutrition Officers and other clinical personnel.

The following are general observations on the management of NCDs in health institutions.

- The ministry does not have enough capacity to effectively treat and cure NCDs, let alone provide diet-specific services due to shortage of trained dietitians. They are too few in number and the patient to dietitian ratio is too high. For instance, Kamuzu Central Hospital has 800 bed capacity and only has 4 dietitians. This being a new profession in Malawi and to the ministry, there are misunderstandings on the role of dietitians in hospitals such that in some instances the dietitians are sidelined by other clinical personnel.
- The HSSP, being the main guiding document in the health sector, does not fully recognize the dietetic profession in its HRH organogram. As such, the government through the MOH did not prioritize the profession in the past years.
- LUANAR and COM introduced programs in nutrition and dietetics that train students to work as clinical dietitians in the hospitals. However, the few trained cohorts of dietitians do not have enough equipment to practice their work in Malawi.
- On a positive side, the N4H project has the provision of buying equipment and products such as enteral and parenteral nutrition products, feeding pumps and support for biochemical monitoring activities.
- Some of the key nutrition-related NCD Programs being implemented in Malawi's health facilities include: Hypertension and Diabetes, Injuries/Rehabilitation/Orthopedics, Mental Health, and Palliative Care. The clinical management of these programs is guided by the Malawi Standard Treatment Guidelines and the College of Medicine, Medicine Department Clinical Book (Blue Book).
- In Malawi, most health facilities lack the NCD management guidelines which affects the client diagnosis and management as well as the assessment of the risk factors.
- Apart from the MOH, other private institutions work in collaboration with the MOH in clinical management of NCDs through Public Private Partnership. These include Christian Health Association of Malawi, Partners in Hope and Partners in Health; among others. NCD services are part of the Essential Health Care package provided by these institutions.

Resource environment

The HSSP stipulates that the healthcare system ought to map relevant stakeholders that would assist in delivering health services, including the delivery of EHP at health facilities and in communities. One key element of the resource mapping is partners' identification and developing the treasury budget in line with the HSSP to ensure a conducive delivery of health services. The

implementation of the HSSP in general is funded by the government through the ORT and development partners such as USAID, UKAID, DFID and World Bank; among others. However, 70% of the health budget goes to communicable diseases targeting, HIV/AIDS, Malaria and TB, with little focus on nutrition-related NCDs.

3.4. Factors affecting the delivery of healthcare around over-nutrition and NCDs

1. Inadequate trained personnel in over-nutrition and NCDs (Dietetics)

There are fragmented management systems at all levels of the health delivery system **in** Malawi when it comes to delivery of NCDs. NCDs and the involvement of RDs is not fully absorbed in the healthcare system despite being acknowledged in one strategy. Unconducive environment for the dietitians to practice during training and post training.

2. Inadequate resource financing

The HSSP recognizes the Resource Mapping (RM) exercise that tracks forward-looking budget data for all organizations in the Malawian health sector, including relevant government ministries, departments, and agencies (MDAs), Christian Health Association of Malawi (CHAM), bilateral and multilateral partners as well as nongovernmental organizations (NGOs). In FY 2019/2020, the District Health Office received a total of $1.5 million (approximately, (MK1.3 billion) from the government and development partners for clinical management of NCDs, which represents 0.2% of total district-level health budget ($1.6 billion which is approximately, (MK1.4 trillion).

Inadequate financing to NCDs management limits the implementation and coverage of NCD services. The funding received by health facilities is too little to ensure effective delivery of NCD prevention, and management interventions through health promotions, purchase of drugs, equipment and special nutritious food supplements for prescription of special diets; among others.

3.5. Importance of building the healthcare capacity

As was noted in Chapter 1, NCDs are the leading cause of morbidity and mortality globally, and the biggest rise in the number of cases is seen in low- and middle-income countries like Malawi. Currently, the Ministry of Health has limited capacity to adequately address clinical nutrition, with only 9 dietitians currently employed across the 4 central hospitals to attend to over 2000 patients, with some of them requiring special nutrition. The government has shown commitment by establishing and recruiting these dietitians into the central hospitals as part of building the capacity of these institutions.

Overall, building the capacity of healthcare institutions ranges from training more healthcare personnel in NCDs management, providing more funding to NCD management as well as improving healthcare infrastructures.

Training more healthcare professionals in NCD management will ensure the hospitals have enough human resources to handle the increased cases of NCDs to reduce morbidity episodes and mortality rates. Quoting the Cost of Hunger study report (2015), reduction in morbidity and mortality will

improve Malawi's productivity by approximately 10.7%. Improved productivity leads to reduced poverty, improved well-being and livelihoods as well as economic growth.

Increased funding to the management of NCDs is one way of ensuring health facilities have enough capacity to handle NCD prevention and management through purchase of drugs, equipment and other food supplements such as parenteral nutrition, intravenous fluids, electrolytes and micronutrients.

Overall, sustainable improvements in NCDs outcomes and health equity are greatly enhanced by resilient and adaptable local health systems. NCD healthcare systems strengthening ensures improved data collection and analysis, and informs effective implementation of NCD interventions. This also calls for the need to build the capacity of governments, policy makers, health professionals, and wider stakeholders to address NCDs at all levels of the society.

3.6. Stakeholders for Effective Change

A stakeholder is a party that has an interest in an initiative and can either affect or be affected by the outcome. Stakeholders range from individuals to organizations and some of the stakeholders involved in nutrition-related interventions or programs are Government, local leaders, civil society organizations, development partners, media, members of parliament, ward councilors and the academia. These stakeholders play different roles and have made various commitments in order to reduce the triple burden of malnutrition. Stakeholders are provided with relevant information on the implementation progress of nutrition services through monitoring and evaluation. The Government recognizes the importance of stakeholders and partnerships in implementation of nutrition programs and interventions. The Government encourages all stakeholders to mobilize and invest in innovative, responsive and sustainable actions to address all forms of malnutrition.

What are the key commitments currently available in our policies, institutions, and stakeholders?

Realizing that the economic losses due to malnutrition affects various sectors of the national economy including the private sector through losses in health, education and work productivity, the need for stakeholder engagement in nutrition investment is urgent. The Malawi Government and various development actors are increasingly recognizing the fundamental role of the stakeholders in ending all forms of malnutrition. Some of the commitments different stakeholders made in order to address all forms of malnutrition are:

- The Private Sector is developing and implementing workplace nutrition policies that address overweight and obesity, and nutrition related non-communicable diseases such as diabetes, hypertension, gout and some cancers among their employees.
- Academia is to continue training nutritionists, food scientists, dietitians and other relevant cadres to ensure that the country has the necessary human resource capacity to deliver

nutrition interventions that address all forms of malnutrition. The academia is to also continue conducting relevant research to inform programming.

- Media is committing to raise awareness on prevention, control and management of all forms of malnutrition in all media platforms on a regular basis.
- Government is establishing strategic documents which can be used to end the rising cases of all forms of malnutrition, recruiting qualified personnel, providing adequate resources to fight all forms of malnutrition including NCDs.

Key issues to address

- There is less budget allocation at district levels that help deal with nutrition related problems.
- There are insufficient human resources in the area of clinical nutrition and dietetics
- There is limited awareness and understanding on the role of dietitians in general
- Relevant nutrition structures are not as strong as they should be which affects nutrition service delivery.
- The media doesn't disseminate nutrition information as much as they should hence there is less coverage.
- There is limited understanding of nutrition as a tool to improving national development

Why should we invest in stakeholder coordination and collaboration?

- When policies are developed, all stakeholders should be involved in the development and implementation of various interventions within the policy for effectiveness. Various stakeholders have different roles that they play in the nutrition sector, as such the government needs to have proper coordination structures with all stakeholders so they can effectively execute their part. For instance, the Ministry of Local Government through the various district councils is expected to implement that public health services act and along with other acts, the ministry of youth, sports and child development is expected to promote sports and physical activity to reduce and prevent overweight and obesity while the ministry of agriculture is tasked to enhance food security and nutrition. In all this, CSOs are expected to support the government to implement policies and as well to uphold accountability to the masses. For all this to happen, there is need for good coordination and collaboration with all stakeholders.

Key messages about coordination and collaboration

- The collaboration between Malawi and various stakeholders in fighting malnutrition helped reduce the prevalence of undernutrition and the same force should be used to fight against over nutrition.
- Including NCDs, nutrition and dietetics on NCC platforms
- Each stakeholder should be assigned a specific role and responsibility

Who should we talk to and why?

Key stakeholders should unify their voices to advocate for inclusion of nutrition and dietetics in policies and strategies for the prevention and treatment of NCDs.

Training note:
- Before going over this list, see what participants know about the policy stakeholders and what they should be doing.
- This could be done as small groups or in plenary in a creative and interesting way.
- Then summarize in plenary clearly and provide this as a handout.

- MoH, DHMT and Department of human resources - create more dietetic positions in the district hospitals and increase the number of dietitians in central hospitals for increased coverage.
- Ministry of finance and treasury; increase resource allocation to nutrition and dietetic programs to cater for salaries for new recruits and increases awareness in the country by intensifying nutrition education.
- DNHA: to intensify coordination between nutrition and NCDs and to cement the correlation between over-nutrition and NCDs.
- The Health Promotion Officers (HPOs)
- CSOs: to support the government's effort in implementing all strategic documents related to nutrition and associated NCDs, maintain its oversight role on enhancing accountability to government.
- the media: a very powerful tool for advocacy, information dissemination and awareness creation.
- ministry of information; create awareness on the roles of dietitians, prevention of malnutrition and management of NCDs
- Curative and Medical Rehabilitation for understanding and collaboration with RDs on the health team
- MPs and District Councils to know the importance of the policies in order to include them in plans and activities
- SUN Business Network to understand the importance of health food systems policies and strategies to prevent NCDs and to partner with nutrition professionals improve the nutrition impact of their businesses

What key approaches can be developed and adopted to advance stakeholder collaboration?

Training note:
- If these delivery approaches cannot be finished before the first training, these, and other

things that the participants come up with, will become part of the action plan for the project to work on together with the champions.

- A lot of the policy level target is also our nutrition and NCDs target - overweight, older, health problems with them or their colleagues / families - gently and kindly bring it home to them from what they are experiencing. You could hold a discussion or small groups to discuss how this topic is affecting their lives.

- Stakeholder analysis- stakeholder analysis can provide valuable insight and direction by carefully analyzing resources and project details throughout the project. It helps determine how to manage expectations, direct stakeholder influence towards project goals, and provide the information and updates to relevant stakeholders.
- Prioritizing stakeholders- prioritize the stakeholders by impact, interest, and power. stakeholders could either be Key stakeholders which have a great degree of influence and power over the project or Primary stakeholders which are directly impacted by the project or Secondary stakeholders which are in a supportive role, indirectly affected, or with a more minor interest in a project. In these groups, stakeholders may all have different motives, reasons for championing a project, and plans for how they'll respond to your progress. Since every stakeholder is different, how you go about managing them should be different, too.
- Creating a communication plan to align different stakeholders and to track progress of various projects. A communication plan should be built from what you know about stakeholders and what will be the most helpful for a project. Once the plan is developed, it is important to establish trust with targeted stakeholders and make each stakeholder a priority by providing them with space to share their input.
- Policy Briefs: In order to support issues, policy makers need well-researched summaries with data and proof of concept. They need to trust the process used and the resulting data and analysis. Well-written policy briefs can fill this need, especially when combined with discussions Policy briefs
- Presentations and handouts that people can use or adapt - e.g., Dr. Kalimbira's presentations
- Case studies documented or Field / Exchange visits to innovative health programs running in the country: gyms, fitness and private practice success stories showing diet and lifestyle works testimonials or companies / organization with health & wellness programs. Collect information from past programs, such as the impact of the JICA dietitians and NCD clinics that were supported in some hospitals. Document the work of Dietitians and willing people who they work with. Share from other countries who have succeeded or have promising practices. Look at other nutrition education and support programs such as the 2% ORT staff health programs or other adult nutrition interventions.

Key messages to improve the policy environment

- NCDs are expensive and destructive when not addressed by policies, budgets, and programs.
- Save money by including RDs and nutritionists in NCD policies, budgets, and programs.
- Know Malawi's policies and strategies. Use them, monitor, and provide feedback.

4.0. UNDERSTANDING ADVOCACY

4.1. Chapter Introduction

In order to proactively advocate for NCDs, nutrition and dietetic, it is imperative for us as key stakeholders to understand the concept of advocacy. In this chapter we are going to familiarize ourselves with key concepts on advocacy linking the same to the nutrition for health project.

4.2. What is Advocacy?

Advocacy is a concept that does not have a single definition as it has been defined in different forms by various scholars and institutions. Some of the definitions are below here.

- Advocacy is the process of influencing decision makers for different purposes, such as to change the policy and practices of institutions, or the attitudes, positions of key individuals at different levels who have the power to affect the lives of a number of people using different tactics such as public campaigning or lobbying through different values and agenda[20].

- Advocacy is the targeted process of influencing holders of power to arrive at decisions or policies and laws that benefit the poor, vulnerable, and marginalized[21]

- Advocacy is practically using knowledge in order to bring about social change. It involves the framework, activities and strategies employed to enable this change[22]

Summary of key words describing advocacy:

- An action directed at change
- Putting a problem on the agenda
- Providing solutions to the problem
- Building support for the solution.
- Is an act of arguing in favor of, or against, something such as a policy or interest
- Any action that speaks in favor of, recommends, argues for a cause, supports or defends or pleads on behalf others

Formal Definition of Advocacy

A strategically managed process to effectively use information and action to bring about change in behaviors, attitudes, practices, or policies.

- Ask participants to identify which parts or phrases of the definition they believe are the most important. **Strategically managed process** is one of the most crucial as it emphasizes that you

[20] A definition of advocacy from Concern Worldwide advocacy tool kit

[21] Working definition, Kenyan Civil Society Strengthening Programme

[22] SUN civil society tool kit advocacy definition.

have to take a strategic approach to advocacy and then systematically manage the process such as one does with any development programme.

Other descriptions of Advocacy are:

- Advocacy is to speak out on behalf of individuals or groups on specific issues which affect them.
- Advocacy is working with other people and organizations to make a difference.
- Advocacy is influencing the implementation of policy and the allocation of resources to programmes aimed at assisting vulnerable groups.

4.3. What Advocacy is not? Dealing with myths associated with Advocacy

There are several myths and misconceptions that people associate with the concept of advocacy which are misplaced. It is important to unmask those misconceptions so that we do not fall into the same trap of missing what advocacy really is.

Myth 1: Advocacy is about politics:

There is a common misconception that advocacy is all about politics. Advocacy can take many forms (give an example of forms), and involve a whole range of people. Even though the overall aim of advocacy should be influencing change, and it is important to understand the political system in which you are working, the community you build around your advocacy effort is equally important. Your community can be partners, members of the public, the media or bureaucrats. So remember, political efforts may only be a minor strategy in a larger plan.

Myth 2: Advocacy is all about asking for money:

Although money can be (very) helpful, advocacy is a solutions focused approach. Those solutions should be durable enough to not rely on funding. By attaining policy change, or ensuring the ideals of what you are trying to achieve are firmly engrained in your community and partnerships, you will ensure lasting change.

Myth 3: Advocacy is hard:

Advocacy can be hard, yes, however the difficulty you face will be easily surpassed by all that you gain when you finally achieve success. People think that advocacy requires specialized training to be effective.

Myth 4: Advocacy is just about using the media:

It is a common misconception that advocacy is simply the use of the media to convince the public and politicians that policy change is needed. In reality, using the media is a useful advocacy strategy, but it needs to be used in conjunction with a number of other advocacy strategies. Using media, whether it be print or social media, can boost the reach of your message and get your issues on the agendas of people who may not have been exposed to it. However, if you just rely simply on the median media, you may not have the momentum needed to push your advocacy goal over the line – because we all know that increasing awareness in isolation is not enough to change behavior or policy.

4.4. Advocacy Strategies and tactics

Following are some advocacy tactics and strategies that can be employed by CSONA members in advocating for issues of NCDs. Dietetics and nutrition.

- **Raising awareness:** Informing people of the situation so that they are aware of the nutrition issues. This is often the first step in an advocacy process. However, raising awareness shouldn't be considered as the end results, but a means to achieving advocacy results. Public education and media strategies build public support and may influence policymakers. Strategies may include providing data, articles, and alternative policies to the media. Music, songs, videos, posters and pamphlets are also creative alternatives for delivering messages.

- **Policy analysis and development:** Advocacy requires that as the civil society we make analysis of the policies that are in place so that we can make informed recommendation based on the gaps that we have identified.

- **Mobilising / popular campaigning:** Campaign is about working collectively in an organised way towards a goal. popular campaigning is closely linked with awareness raising involving harnessing public pressure so that as many people as possible engage in the campaign and contact decision makers to call for change.

- **Model programmes:** Where it is difficult to influence the public agenda, a successful model intervention can demonstrate to government a better way to solve a problem.

- **Social accountability (citizen voice and action for nutrition):** All advocacy strategies strive to strengthen people's confidence and understanding of power. Active citizens are created through their core awareness that they are leaders with rights and responsibilities to participate in and to transform political processes and hold government and service providers to on nutrition.

- **Alliances/collaboration:** When there is compatibility and agreement between NGOs, grassroots groups, and government, civil society groups are likely to collaborate directly with government to design and/or implement legislation, or to provide the necessary services. It has been proven that advocacy efforts made through multi stakeholder networks are more effective than individual NGO efforts.

- **Protest:** A demonstration relies on numbers and creative messages to gain attention and support. Timing is important. Boycotts are another form of protest often directed at companies. Vigils and hunger strikes are other, less confrontational, expressions of protest. Non-violent protest is sometimes a last resort when conventional strategies fail to open up a policy dialogue.

- **Litigation:** A well-publicized court case can draw public attention to a problem, and sometimes leads to legal reform. While it is important to be alert to such opportunities to further their advocacy objectives, you should be aware of the limitations of court actions, which can be costly and lengthy and may not serve advocacy interests in terms of either timing or

resources. Outcomes, too, are uncertain and highly variable. Furthermore, it is difficult to involve memberships of an organisation in the detailed planning of court action.

4.6. Advocacy Skills

- Advocacy and campaign planning skills
- Mobilization skills to be able to bring people together and take action collectively
- Policy mapping skills
- Policy analysis skills
- Writing skills for instance to be able to write quality advocacy products like policy briefs, letters, press releases, reports, success stories, etc.
- Message development skills
- Negotiation and influencing skills
- Relationship building
- Coalition building skills
- Presentation skills
- Public speaking skills
- Ability to listen to others
- Qualitative and quantitative research skills
- Analytical skills

4.5. Advocacy Approaches

- Multi-sectoral approach- targeting different sectors for their support
- Multi stakeholder approach-engaging different stakeholders
- Gender based approach-consideration of gender aspect
- Participatory approach- embrace different methodologies
- Human right based approach-Community awareness using different approaches like mass media, dialogues, social media, interpersonal communication

4.7. Forms of Advocacy

Reactive Advocacy

Sometimes we do advocacy to react to the problem that is already there and we do advocacy to mitigate against the problem from escalating.

Pro-active Advocacy

At other times it is possible to plan for the future to "set the agenda" and use advocacy to prevent the problem from happening.

4.8. Advocacy Challenges

Advocacy is not without challenges. You will not always achieve your advocacy goals in the timeframe you expect. Common advocacy challenges faced are explained below:

- **Conflict of Interest**.

There are times when what we are advocating for attracts a conflict of interest. A conflict of interest can manifest in both

- **Changes in Government systems**.

Advocacy efforts are sometimes affected by changes in the government systems as political parties have different ideologies.

- **Change takes time**.

It is difficult to move people to action especially in social behavior change communication.

- **It is tough to acquire more supporters to be on your side.**

For advocacy to be successful you need supporters to buy in to your agenda. That requires time and a lot of investing in mobilization.

- **Resource constraints**

It is difficult to have enough resources for advocacy agenda. It is a process and requires continued resources to achieve required results.

In order to overcome the challenges, it is important the embrace the following as advocates:

- Not leaving room for complacency.
- Staying the course – advocates need to be vigilant and in it for the long haul.
- Waiting for the right opportunity to act.
- Waiting for and being able to measure an advocacy outcome.
- Achieving consensus among stakeholders.
- Creating and maintaining a high profile.
- Staying politically neutral and being truly bipartisan.
- Working with people and Organizations that see advocacy as a conflict of interest.
- Understanding the role of the media and your relationship with the media.
- Knowing when to stop advocating

Significance of Advocacy

- It changes of policies and implementation of strategies
- It informs policy change and, formulation of policies
- It unearths issues which are affecting people and need to be addressed
- Efficiency and effectiveness of public service delivery
- It enhances transparency and accountability
- It improves community understanding of their needs and get mobilized for a common goal.
- It helps to speak for the people who are marginalized or vulnerable who do not have the voice.

Qualities of good advocacy

For advocacy to be credible, it must be done with the following qualities:

- Evidence based- enough information to set up a basis for your case
- It has to be strategic- straight forward to what you want to achieve

- It has to be objective-setting up SMART objectives
- It has to be multi-sectoral- involve all stakeholders relevant to support your advocacy
- Tackles critical needs of the community and puts the vulnerable in the fore front
- Able to mobilize resources for implementation
- Concrete and credible argument

4.9. Policy Advocacy

What is Policy advocacy?

It is advocacy towards policy change.
Advocacy contributed towards policy change or revision of a policy.
An active support of a particular policy or class of policies. There is policy and there is a gap, you advocate to support formulation of policies. The essence of policy advocacy is to ensure effective implementation of the policy.

What are our advocacy Issues, gaps and opportunities?

Some of the issues our project is aiming to address are summed up as follows:

- Increased cases of NCDs
- Incomprehensive management of patients NCDs-
- inadequate drug, supplies and equipment for management of NCDs patients including no stocks of specialized nutrition supplements for patients in hospitals.,
- Inadequate dieticians to manage the patients in the facilities
- No establishment for dietitians
- limited data on NCDs
- Inadequate implementation of policies and strategies the strategic plan
- Inadequate nutrition supplements
- Insufficient linkages between nutrition and NCDs.
- Little awareness about dietitians among health workers.
  Most nutrition supplements like the RUTF are supplied by donors for specific projects not necessarily for the hospital such that when the project is phased out, there are no supplies.

Advocacy Gaps

- Important audience have little knowledge or capacity on the issue.
- In adequate evidence to build a case for advocacy.

Advocacy Opportunities for NCDs and Dietetic

- There is a global and national recognition and efforts to reduce NCDs
- Availability of strategic documents on NCDs
- Availability of Alliances and networks on NCDs such as the NCD Alliance
- The Government recognizes the need for the dietetic profession
- The Academia has introduced the dietetic program
- Policy documents recognize NCDs as an emerging issue

- Increased interest in the public for being healthy as a result of COVID19 risks of underlying conditions
- Increased interest in being fit and engaging in physical activities

Actions that we need to undertake

- Development of advocacy plan
- Situation analysis
- Evidence gathering
- Coalition and network building
- Development of messages and communication materials for advocacy
- Conducting of engagement meetings
- Monitoring and evaluation

Resources

Financial, human (diversity of skills) and material (Evidence) resource

Key stakeholders and allies, etc.

No	Key stakeholders	Allies	Key influencers	Partners
	Ministry of Health, (NCDs, HES, Nutrition, DHNA) Ministry of finance, HRDM National Planning Commission Directors Central Hospitals and district hospitals	NCD alliance MHEN Media Medical Council of Malawi Malawi Nutrition Association Dieticians CSOS	Parliamentarians Ministers of Health, Finance, Economic Planning and development Media Donors WHO	LUANAR

Components of an advocacy strategy

- Setting an objective: What do we want to see changed?
- Gathering evidence: What evidence do we have and need?
- Networking and coalition building: Who else is interested in this issue?
- Identifying target audience: Who can make the decision?
- Developing our message: What is the action that you want the decision maker to take?
- Delivering our message: How we will deliver the message?
- Raising resources: What kind of resources do we need?
- Monitoring impact: How will we track changes?

5.0. STRATEGIC COMMUNICATION/AWARENESS

5.1. Chapter Introduction

This chapters focus on strategic communication. It is aimed to equip participants on how they can strategically plan and execute communication messages on the nutrition for health project.

5.2. Defining strategic communication

Can be defined as communicating a concept, or a process or data that satisfies a long term strategic goal of an organization by allowing facilitation of an advanced planning.

5.3. Strategic Communication Goals

These refer to specific targets for communication information knowledge on issues we would like to achieve. Actions that will be done to raise awareness, changing attitudes and motivating people to take actions.

5.4. Strategic Communication Demands

These are the strategic communication needs of the target community. For example, others will need information on a service or a particular issue, others will need information for changing a behavior or information on a particular service.

5.6. Factors affecting communication & awareness

- Literacy levels of education affect interpretation of information shared to them.
- Cultural and religious beliefs
- Type of communication material and channels used to communicate
- Intensity and frequency of information shared
- Language or jargons used
- Information packaging across different age groups
- Status (of what?)
- Individual perceptions, attitudes and personality

5.7. Importance of strategic communication (add notes)

- Effective utilization of resources
- Ensures timely implementation
- It is easy to measure results and follow up
- Well-articulated objectives, messages for your target audience
- It is easy to plan and mobilize resources for the communication activities that need to be carried out.

Strategies & activities,

A strategy is a broad activity which encompasses a series of activities. e.g. an Open Day. For the open day to be actualize there are a number of activities that take place. You could have drama, health demonstrations, displays etc.

An Activity is a specific task that is carried out to fulfil a defined objective or strategy. For example, a drama performance or a health talk show.

5.8. Communication policies

Communication policies are guidelines that have to be adhered to when communicating to internal or external audiences for the organization. For example, if you would like to take a picture of a community to put in your story there could be a guideline on how to do that. Some organizations have policies where they guide staff on who should be the spokesperson for the organization.

5.9. Key awareness messages

(will these messages come from theme 1? seeing they're no messages here)
Is the main statement containing key points of information that a program wants to communicate to an audience to take action in order to change behavior.

A key message has to have the following elements

1. Communicate one message at a time
2. It has to be clear and easily understandable
3. It has to be complete
4. It has to communicate a benefit of doing the action
5. It has to be short and concise
6. It has to be concrete- based on facts
7. It has to be credible
8. It should be courteous. Should know audience feelings and emotions
9. It should present a positive information

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