UNLEASHING AGRICULTURE’S POTENTIAL FOR IMPROVED NUTRITION AND HEALTH IN MALAWI
Policy Action Note

Background

The Ministry of Agriculture, Irrigation and Water Development, in collaboration with the International Food Policy Research Institute, organized a conference on the theme “Unleashing Agriculture’s Potential for Improved Nutrition and Health in Malawi” in Lilongwe, on 26 - 27 September 2011. The conference followed from a global event on this theme that was organized by IFPRI in India earlier in the year. Following this global event, Malawi is the first country to seize the opportunity to bring together the three sectors—agriculture, nutrition, and health—in a national forum to generate new approaches for nutrition- and health-focused agriculture. The event was supported by Irish Aid and the US Agency for International Development.

More than 150 people participated from all key sectors and actors: policymakers, program implementers, farmers; and researchers from government, civil society, academia, donor agencies, farmer organizations, and the private sector. A Knowledge Fair with exhibits of innovative practices accompanied the event.

This Policy Action Note is the outcome of presentations and panel and table discussions on making linkages across sectors, building capacity, and investing in evidence-based and responsive research. The note aims to inform and motivate policymakers and planners in the agriculture, nutrition, and health sectors to coordinate and integrate their activities to help Malawi’s agriculture become more responsive and contribute to the nutritional and health status of the population.

Policy Actions

A. Strengthen Cross-Sectoral Linkages at all Levels

1. Enhance the Agriculture-Nutrition-Health (A-N-H) link at the policy level
   (a) Intensify policy dialogue among the agriculture, nutrition, and health sectors. The National Nutrition Policy and Strategic Plan (NNP&SP) and the National Nutrition Education and Communication Strategy (NECS) give room for this dialogue, and if their provisions are followed and greater mutual trust shown, the A-N-H linkages will be energized, with sectoral roles and responsibilities for nutrition and health outcomes clearly defined. Dialogue is necessary to maintain coherence at the policy level across the sectors.
   (b) Recast food and nutrition security as an urgent—not an optional—issue on the agenda in the Agriculture Sector Wide Approach (ASWAp). Maintain nutrition as a key feature in the dynamic ASWAp document throughout revisions, and ensure that nutrition is given a priority at implementation stage. For example, biofortified legumes can be part of the Farm Input Subsidy Programme (FISP). Higher visibility for nutrition can be part of the post-Comprehensive Africa Agriculture Development Programme (CAADP) roadmap.

2. Revitalize joint planning mechanisms – Appoint a driver!
   (a) Conduct joint planning on nutrition before national budgets are drawn. This will ensure that consideration of budgetary implications/needs of all sectors is fed into the national budget
process. In this way, the NNP&SP and the Health Sector Support Programme will inform/influence the ASWAp and its priorities.

(b) **Enable the Department of Nutrition, HIV and AIDS (DNHA) to take the lead in the joint planning process**, and hold it accountable to the nutrition directorates of Ministry of Agriculture, Irrigation and Water Development and the Ministry of Health for adequate consultations and needs assessments, which must involve the private sector and civil society in sufficient numbers.

(c) **Harmonize and coordinate monitoring and evaluation systems within the health and agriculture sector-wide approaches with regard to nutrition outcomes.** Clarify who has the mandate to ensure that the agriculture component of the NNP&SP is achieved. The nutrition directorate in the Ministry of Agriculture, Irrigation and Water Development should be held accountable to the DNHA and the Ministry of Health (Nutrition Directorate) for the implementation of programs that link A-N-H.

(d) **Enable the DNHA to scale up its capacity**, such as by increasing its staff base and engaging a technical driving body to boost its capacity to effectively carry out this crucial coordination role.

3. **Engage key stakeholders — politicians, institutional leaders, women, youth**
   (a) **Promote awareness among stakeholders on household food and nutrition security**, quality of care, and a healthy environment using an interdisciplinary approach, such as through analysis of household decisionmaking (including gender issues) to complement scientific research.

   (b) **Make multi-sectoral policy and strategy consultations more comprehensive and inclusive** prior to joint sectoral working group planning by using National and District Stakeholder Panels.

4. **Integrate nutrition into planning and budgets at all decentralized levels**
   (a) **Apply incentives for increased production of nutritionally important crops and livestock.** Legumes, fruits and vegetables, small livestock (poultry, goat, rabbit), and bio-fortified crops such as vitamin A rich cassava, orange fleshed sweet potato, iron- and zinc-rich beans, and vitamin A-rich tomatoes all offer dietary advantages. However, the focus on staple crops through the Farm Input Subsidy Programme (FISP) should continue because farmers will only diversify when the staple is secured.

   (b) **Earmark funds for nutrition extension work at the district and Extension Planning Area (EPA) levels** to ensure that nutrition issues are prioritized.

   (c) **Strengthen district level cross-sectoral collaboration in A-N-H** which is weaker than at national level. Learn from Non-State Actors (e.g., World Vision) who have effectively integrated nutrition into the Area Development Programmes (ADP).

   (d) **Build the capacity and influence of District Food and Nutrition Officers** for promoting food and nutrition security in all Agriculture Development Divisions (ADDs).

B. **Scale up Investments in Integrated Agriculture-Nutrition-Health Programs**

1. **Build on successful agriculture programs that focus on nutrition and health**
   (a) **Entrench improved nutrition as one of the outputs in all programs in the agricultural sector.** Good program design with nutrition integrated would encourage management accountability for nutritional outcomes. Objectives will be achieved cross-sectorally, and so indicators should reflect nutritional benefits.
(b) Build on successes based on lessons from, for example, the Micronutrient and Health (MICAH) project, and design even better projects for particular districts. Be realistic about outcomes, especially taking into account human resource constraints.
(c) Clearly define the objectives and financial and human resources necessary for nutrition- and health-focused agriculture to attract support from politicians and other decisionmakers. The Scaling Up Nutrition (SUN) initiative offers scope for this. Achievements should be measured at EPA, district, ADD, and national levels.

2. Build agricultural extension capacity at the grassroots level
(a) Increase the capacity of agricultural extension by employing more, pre-service, and in-service training on how to fit nutrition messages into agriculture extension. Alternatively, consider reinstating the Farm Home Assistants, who would be specially trained in home economics and nutrition, and encourage women to participate. Be sensitive to the fact that front-line staff may already be overwhelmed; be realistic when making demands of them.
(b) Orient the whole extension network on the importance of nutrition- and health-focused agriculture so that everyone, including the supervisors, has the requisite knowledge (e.g., on links with health) and will stress the nutritional aspects of agriculture.

3. Advocate for long-term investment in nutrition- and health-focused agriculture programs
(a) Ensure adequate time in nutrition- and health-focused agriculture programs to allow for measurable impact. The impact of new food varieties, food fortification, and other interventions on community health is hard to assess in the short term. The majority of successful integrated programs (such as the Micronutrient and Health (MICAH) project and the Ekwendeni Hospital) are long-term (at least 10 to 15 years). Five-year programs for irrigation are too short for a country with only one rainy season.
(b) Designate funding for research, taking into account the long-term nature of agricultural research.
(c) Incorporate the role of agriculture for improved nutrition and health in primary and secondary education curricula to bring awareness to children, their parents, and future generations. Bring together the young and the old in discussion groups on nutrition to benefit from the social-learning mix in community-based interventions. The Junior Farmer Field and Life Schools can be important avenues to promote nutrition through school gardens.
(d) Maintain awareness of the key determinants of nutritional status. Promote awareness of household nutritional food security, quality of care, and a healthy environment, using an interdisciplinary approach, such as through analysis of gender issues in household decisionmaking, to complement scientific research.

C. Target Research and Technology to Improve Nutrition and Health

1. Breed crops and animals for better nutrition and health
Encourage researchers to think not only in terms of quantity (higher yield), but also diversity (the six food groups), quality (nutrient rich, with protein and micronutrients), safety, and acceptability (reduced toxicity, palatability, cooking time, customary eating preferences, methods of production, processing, storage and preserving). Biofortification should be prioritized with these factors in mind.
2. **Build feedback mechanisms into research**
   (a) *Promote participatory approaches* from design through implementation, monitoring, and evaluation of agriculture-nutrition-health research and technologies, by engaging farmers as partners, not beneficiaries. Encourage already-existing approaches to building nutrition awareness into agriculture, such as Farmer Field schools, the Agriculture Research and Development Programme (ARDEP) model, Innovation Platforms, Farmer-to-Farmer Extension, and Family Nutrition Groups, using dialogue-based teaching that considers the needs of households and communities.
   (b) *Document and share information* in order to fill the knowledge gaps. This will allow for learning and building on past successes, such as mainstreaming gender, based on approaches used by other programs (such as the National Water, Sanitation and Hygiene Coalition (National WASH Coalition) and Maternal and Child Health).

3. **Encourage private sector contributions to local production and marketing development**
   (a) *Increase private sector awareness* of national and international policies, program standards, and technology advancements that guide and improve reinforcement of production, value addition, utilization and health practices.
   (b) *Offer incentives to the private sector* (e.g., tax relief, modifications to licensing, import regulations, and bureaucracy in the import process) to encourage the private sector to support the agriculture, nutrition, and health linkages in research and technology.
   (c) *Support the private sector's potential role in developing local production and marketing systems*—including developing complementary foods, creating greater food diversity, adding value in processing, and involving millers as partners in the value chain—using multiple communication channels that link farmers with retailers, processors to consumers, etc. If properly overseen, private companies can conduct effective social marketing.

4. **Improve performance in monitoring production and processing standards**
   (a) *Build capacity in accredited laboratories to promote adherence to standards in processed foods.*
   (b) *Encourage private investment in upgrading Malawi’s ability to test processed products.*
   (c) *Develop an annual report on progress achieved in these areas.*

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*Materials related to the “Unleashing Agriculture’s Potential for Improved Nutrition and Health in Malawi” conference can be found at www.malawi2011.ifpri.info*