REPUBLIC OF LIBERIA



LIBERIA MULTI-SECTORAL NUTRITION COSTED STRATEGIC PLAN

DRAFT 5

2023-2027

TABLE OF CONTENTS

T.	ABLE OF CONTENTS	1
L	LIST OF TABLES	i
L	LIST OF FIGURES	i
L	LIST OF ABBREVIATIONS AND ACRONYMS	ii
F	FOREWORD	v
	ACKNOWLEDGMENT	
Л		
1	CONTEXT	1
	1.1 Population & Social Economic Profile Overview	
	1.1.1 Population segmentation in Liberia	2
	1.1.2 Socio-economic Status	
	1.1.3 Education and Literacy	2
	1.1.4 Access to Basic Health Services	3
	1.1.5 Food Security	3
	1.1.6 Employment and Occupation	3
	1.1.7 Water Access and Sanitation	3
2		
	2.1 Introduction	
	2.1.1 Trends of under-nutrition	
	2.1.2 Underlying Causes Resulting to Stunting Status	
	2.1.3 Wasting Status and Underlying Causes	
	2.1.4 Trends of Micronutrient Deficiencies	
	2.1.5 Trend of Overweight, Obesity and Diet Related Non-Communicable Diseases	
	2.1.6 Trends in Feeding Practices Among Children	
	2.1.7 Trends in Access to Food, Care Practices Health Services and Socio-economic Fac	tors11
	2.2 Nutrition Integration in Agriculture, WASH and Social Services	.12
	2.3 Human Resource for Nutrition	.13
	2.4 Gender Mainstreaming in the LMNCSP	.14
3	MUTLTI-SECTORAL STRATEGY DESIGN FRAMEWORK	12
	3.1 National Policy and Legal Framework for LMNCSP	.12
	3.1.1 Vision	
	3.1.2 Mission	
	3.1.3 Goal	12
	3.1.4 Objectives	12

3.1	.5 Guiding Principles
3.2	Purpose of the Multi-sectoral Nutrition Strategy15
3.3	Target Audience of The Multi-sector Nutrition Strategy15
4 ST	TRATEGIC OBJECTIVES, STRATEGIES, AND INTERVENTIONS16
4.1	Rationale16
4.2	Theory of Change and Logical Framework58
4.3	Key Strategic Objectives and Strategies59
4.4 S	trategies and Priorities for High Impact Interventions61
5 M	ONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING (MEAL)
FRAM	TEWORK75
5.1 I	ntroduction75
5.2 P	urpose of the MEAL Plan75
5.3	Monitoring Process
5.4	Data Generation76
5.5	Data Validation
5.6	Data analysis
5.7	Information Dissemination76
5.8	Stakeholders' Collaboration
5.9	Evaluation of the Process and Criteria77
6 RI	ESOURCE REQUIREMENTS78
6.1	Resource Requirements for LMNSP78
6.2	Summary cost estimates for the LMNSP78
6.3	Strategies to catalyze resources mobilization80
7 IN	STITUTIONAL FRAMEWORK82
7.1	Stunting Reduction Framework83
7.2	Interventions in Key Sectors83
7.3	The Multi-Sector Nutrition Governance83
7.4	Roles and Responsibilities of The Main Nutrition Stakeholders84

	7.5 Risks and Assumptions (National, County and District Levels)84			
	7.5.1	Risks	84	
	7.5.2	Assumptions	85	
8	REFI	ERENCES	86	
9	STRATEGIC PLAN ANNEXES58			
	ANNEX	X A: Monitoring and Evaluation Matrix58		
	ANNEX	X B: Implementation Matrix67		

LIST OF TABLES

Table 1: Summary of Strategic Objectives and Strategies		
Table 2: Cost estimates for the LMNSP by Strategic Objective		
LIST OF FIGURES		
Figure 1: Stunting rates in Liberia for > 5s		
Figure 2: Prevalence of Under 5s stunting by Counties		
Figure 3: Prevalence of Under 5s wasting per County		
Figure 4: Prevalence of Anaemia in Women of Reproductive Age (2006 - 2020)9		
Figure 5: Exclusive Breast-Feeding practices across Liberia		
Figure 6: Infant and Young Child Feeding practices		
Figure 7: The LMNCSP Strategic Objectives13		
Figure 8: The Conceptual Framework		
Figure 9: Theory of Change (TOC)		
Figure 10: Monitoring Processes		
Figure 11: LMNSP Strategy Resource needs in USD Millions		
Figure 12: Breakdown of Cost estimates for the LMNSP Framework		
Figure 13: The National Multi-Sector Nutrition Costed Strategic Plan Institutional Arrangement		
82		
Figure 14: WHO Conceptual Framework for Stunting Reduction		

LIST OF ABBREVIATIONS AND ACRONYMS

AAH Action Against Hunger

ACSM Advocacy Communication and Social Mobilization

ALRI Acute Lower Respiratory Infection

ANC Ante – Natal Care

BCC
BFCI
BFCI
Baby Friendly Community Initiatives
BFHI
Baby Friendly Hospital Initiatives

BMI Body Mass Index

BMS Breast Milk Substitutes

CAN Compendium of Actions for Nutrition

CBO Community Based Organization

CFSNS Comprehensive Food Security and Nutrition Survey

CMBS Code of Marketing Breastmilk Substitute

CRC Convention on Rights of Child CSO Civil Society Organization CHT Community Health Team

DHT District Health Team

DNIs
DQA
Data Quality Assessment
EBF
ECE
Exclusive Breastfeeding
Early Child Education

ENAs Essential Nutrition and Actions EPA Environment Protection Agency

EVD Ebola Virus Disease

FAO Food and Agriculture Organization

FBO Faith Based Organization

FANTA Food And Nutrition Technical Assistance

GAM
GDP
Gross Domestic Product
GMF
GNR
Global Nutrition Report
GoL
Government of Liberia
Health Facility Survey

HINI High Impact Nutrition Intervention

HIV / AIDS Human Immune Virus / Acquire Immuno Deficiency Syndrome

HMIS Health Management Information System IEC Information, Education Communication

IFA Iron Folic Acid

IMAM Integrated Management of Acute Malnutrition
IMCI Integrated Management of Childhood Illnesses
INGOs International Non-Governmental Organizations
IPC Integrated Food Security Phase Classification

ITNs Insecticide-Treated Nets

IYCF Infant and Young Child Feeding

JMP Joint Monitoring Program

KAP Knowledge, Attitude and Practices
KPC Knowledge, Practices and Coverage
LDHS Liberia Demographic and Health Survey

LISGIS Liberia Institute of Statistics & Geo-Information Services

M & E Monitoring and Evaluation
MAM Moderate Acute Malnutrition

MFDP Ministry of Finance and Development Planning

MAIYCN Maternal, Adolescent, Infant and Young Child Nutrition

MNP Micro-nutrient Powder

MoGCSP Ministry of Gender Children and Social Protection
MICAT Ministry of Information, Cultural Affairs and Tourism

MoA Ministry of Agriculture

MoCI Ministry of Commerce and Industry

MoE Ministry of Education

MFDP Ministry of Finance and Development Planning

MoH Ministry of Health

MPW Ministry of Public Works

MoU Memorandum of Understanding
MSP Multi-Stakeholders Platform
MoYS Ministry of Youth and Sports

NaFAA National Fisheries and Aquaculture Authority

NCC
NCDs
NGOs
Non- Communicable Diseases
Non- Government Organizations

NHP National Health Policy

NMNCSP National Multi- Sectoral Nutrition Costed Strategic Plan

NPHIL National Public Health Institute of Liberia

NNP National Nutrition Policy

NWASHC National Water Sanitation and Hygiene Commission

ODF Open Defecation free

PAPD Pro-Poor Agenda for Prosperity and Development

PHC Primary Health Care

PIH Pregnancy Induced Hypertension

PHM
PLW
Pregnant and Lactating Women
PLWHA
PPP
PRSP
Post-Harvest Management
Pregnant and Lactating Women
People Living with HIV / AIDs
Public - Private Partnership
Poverty Reduction Strategic Paper

REACH Renewed Efforts Against Child Hunger and Undernutrition

SAM Severe Acute Malnutrition

SBCC Social and Behaviour Change Communication

SD Standard Deviation

SDG Sustainable Development Goals SHN School Health & Nutrition

SMART Standardized Monitoring and Assessment of Relief and Transition

SOP Standard Operating Procedure

SUN Scaling Up Nutrition

SWOT Strength Weakness Opportunity Threat

TB Tuberculosis

TOTs Trainer of Trainers

TWG Technical Working Group

UN United Nations

UNDP United Nations Development Program
UNEP United Nations Environmental Program

UNICEF United Nations Children's Fund

USAID United States of America International Development

USD United States Dollar

WAHO West African Health Organization
WASH Water Supply Sanitation and Hygiene

WBW World Breastfeeding Week

WFP United Nations World Food Program

WHA World Health Assembly WHO World Health Organization

WIFA Weekly Iron Folic Acid (supplementation)

WRA Women of Reproductive Age

FOREWORD

The Government of Liberia (GoL) recognizes the importance of optimal nutrition and the essential contribution it makes towards national development, specifically human capital, economic growth, and consequentially work productivity. Nutrition is fundamental to the socio-economic growth and development of Liberia thus; the Government has placed nutrition high on the national development agenda. The Government of Liberia National Agenda, The Pro-Poor Agenda for Prosperity and Development (PAPD), Pillar 1 emphasizes the reduction of stunting to 22% by 2023.

Malnutrition rates in Liberia among children under 5 years are very high with 14 out of 15 counties having stunting rate over 30%. Three percent (3 %) of children under- five are classified with acute wasting while 11 % are underweight, and an increasing double burden of overweight of 4% of Children and 16% of women at reproductive age. Anemia is also affecting 71% of children, 55 % of adolescents and 52 % of pregnant women. Liberia has made some progress in stunting reduction from 45 % to 30 % between 2000 and 2020 (UNICEF, 2018) and 55% Exclusive Breastfeeding.

The Government recognizes that nutrition is multi-faceted therefore it requires a multi-sectoral approach. In this view, the development of the 5 years Liberia Multi-sectoral Nutrition Strategic Costed Strategic Plan (LMNCSP) process commenced following the revision of the National Nutrition Policy (NNP,2019-2024) in 2019.

The LMNCSP has 5 Strategic Objectives in the revised National Nutrition Policy (NNP) 2019 – 2024 that define the scope of the LMNCSP. Additionally, the Comprehensive Food Security and Nutrition Survey (CFSNS) 2018, and Liberia Nutrition Situation Analysis 2019 have adequately presented the multiple immediate causes and underlying factors responsible for the current nutrition situation in Liberia.

The Government of Liberia encourages each sector to fulfill its mandate. I therefore call upon all line ministries and stakeholders to join hands in the successful implementation of the Five Years Multi-Sector Nutrition Costed Strategic Plan Document.

Hon. Wilhelmina S. Jallah MD. MPH, CHES, FLCP
MINISTER
Ministry of Health

ACKNOWLEDGEMENT

The Ministry of Health (MoH) appreciates all the institutions and individuals who contributed their valuable technical and financial support to the development of the Liberia Multi-Sectoral Nutrition Costed Strategic Plan Document 2023-2027. These include the West Africa Health Organization (WAHO), United Nations Information Children Education Fund (UNICEF), United Nations World Food Program (WFP), United Nations Food and Agriculture Organization (FAO) and the Government of Ireland via Irish Aid, World Health Organization (WHO), Last Mile Health, Welthungerhilfe, Water Aid, Action Against Hunger, Concern Worldwide, the Technical Working Group which comprised of representatives from relevant line ministries, development partners, Civil Society Alliance, and commissions. The Ministries at the Sub-national levels of Agriculture, Education, Health, Gender and Social Protection, Commerce and Industry, Public Works, Finance and Development Planning, National Fisheries and Aquaculture Authority, Information Cultural Affairs and Tourism, National Water, Sanitation and Hygiene Commission, National Public Health Institute of Liberia, Nutrition Unit, the Monitoring and Evaluation Department and Policy Unit of the Ministry of Health.

It acknowledges the coordination and technical support of these outstanding individuals- the SUN Focal Person Mrs. Mameni Linga- Morlai, UN REACH -Mrs. Kou Baawo, the Nutrition Director Dr. Annette Brima- Davis, UNICEF Nutrition Specialist, Dr. Jecinter Akinyi Oketch, Mr. Linus N. Sarkor, Sr, Dr. Daniel Mwai the National and international Consultants respectively.

Hon. Francis N. Kateh, MD, MHA, MPS/HSL.FLCP Chief Medical Officer, Deputy Minister-RL

1 CONTEXT

The Government of Liberia (GoL) recognizes the importance of optimal nutrition and the essential contribution it makes towards national development, specifically human capital and economic growth. This is in line with global evidence which shows that investing in nutrition is indeed cost effective and can yield human capital gains including reducing child deaths by more than one third per year, improving future earning potential by 5 to 50 per cent, improving school attainment by at least one year, reducing poverty (well-nourished children are 33 percent more likely to escape poverty as adults), and boosting gross national product by 11 per cent. Studies have also shown that every US\$ 1 invested in nutrition can yield up to US\$ 16 in return

The Government of Liberia National Agenda, The Pro-Poor Agenda for Prosperity and Development (PAPD), Pillar 1 emphasizes the reduction of stunting to 22% by 2023. Liberia has made some progress in stunting reduction from 45 % to 30 % between 2000 and 2020 (UNICEF, 2018). This progress puts Liberia amongst 50 countries globally which are on track to meet the World Health Assembly (WHA) 2025 targets (40% reduction)(WHO, 2020) for stunting reduction among children under-five years old, which is 18 % for Liberia. However, stunting continues to affect around one-third of children under five years (close to 265,000 children). In the worst affected counties, River Cess, stunting is at 41 %, Bong 37.4 % i.e., over 7 per cent higher than the national average. Even in the least affected area (Greater Monrovia), stunting is still 20.7 %. These data mean that the stunting level in Liberia is classified as "very high" based on the World Health Organization (WHO) thresholds.

According to the 2019-20 Liberia Demography and Health Survey (LDHS), 3 % of children under- five are classified with acute wasting while 11 % are underweight. The proportion of children who are underweight is highest in River Cess County at 20 % and lowest in River Gee County at 7 %. Anaemia is a major public health problem in Liberia affecting 71% of children, 55 % of adolescents and 52 % of pregnant women. Exclusive breastfeeding among children younger than age 6 months has remained stable at 55% since the 2013 LDHS. Although the focus is on undernutrition, the burden of over-nutrition is growing as the proportion of overweight children has increased since 2013, from 1% to 4%.

The LMNCSP has 5 Strategic Objectives which are aligned with the 12 Priority Areas outlined in the revised National Nutrition Policy (NNP) 2019 – 2024 that define the scope of the LMNCSP. The NNP revised in 2019, Comprehensive Food Security and Nutrition Survey (CFSNS) 2018, and Liberia Nutrition Situation Analysis 2019 have adequately presented the multiple immediate causes and underlying factors responsible for the current nutrition situation in Liberia.

The Liberia Multi-Sectoral Nutrition Costed Strategic Plan (LMNCSP) acknowledges the central role of the Food Systems – working together with health, water, hygiene and sanitation, education, and social protection systems – to provide nutritious, safe, affordable and sustainable diets for children, adolescents and women, while ensuring adequate nutrition services and positive nutrition practices across the life cycle.

The process for developing the LMNCSP entailed the broad participations of relevant multi-sectoral stakeholders (Government, counterparts, Civil Society Organization, scaling up Nutrition (SUN) UN Agencies, Donors, and development partners) and scientific evidence review including the Compendium of Actions for Nutrition (CAN) for each sector. The process for developing this plan has been led by the Nutrition Division of the Ministry of Health and coordinated by the Scaling Up Nutrition (SUN)-Liberia, with the support of other key stakeholders.

This collaborative approach will enhance information collection and dissemination; harmonize efforts and nutrition awareness amongst decision makers. It will also positively shape the enabling environment for nutrition sensitive policies, guidelines, law, legislation, and implementation. This multi-sectoral approach requires competent and adequate human, financial and infrastructure resources. The LMNCSP specifically paves the road map for the systematic and effective way to contribute to the achievement of the goals of the NNP.

1.1 Population & Social Economic Profile Overview

1.1.1 Population segmentation in Liberia

Liberia's population is estimated at 5,187,486 persons (UNDESA, 2021) with a population growth rate of 2.50% which is equivalent to 0.06% of the world's total population. Females are around 49.37%, (UNDESA, 2020) children under- five 14.63%, adolescents (10-19 years) 23.23%, and women of reproductive age (15-49 years) 24.20% of the population. The population of Liberia is young with 74.52% of the population being under age 35 and 40.37% being under age 15.

1.1.2 Socio-economic Status

Liberia's poverty levels reported in the 2020 Global Nutrition Report indicates that 45% of Liberians live on less than \$1.90 per day and about 76% live on less than \$3.20 per day(World Bank, 2020). The Gross Domestic Product (GDP) per Capital was \$1,450 in 2020, a decrease from more than \$1,600 in 2016. There is a high level of inequality income amongst the population at 65/160 according to the Gini Index which potentially affects households' economy and food consumption (World Bank, 2020). Liberia ranks 162 with the highest level of inequality in socio-economic status (UNICEF, August 2020).

1.1.3 Education and Literacy

Liberia still has one of the world's highest levels of out -of -school children, with an estimated 15 to 20 % of 6–14-year-olds who are not in class. In 2018, about 912,000 students were enrolled in primary and secondary schools of which 74% were in Primary schools but with large number of them been overage due to delays caused by Ebola virus outbreak in 2014-2016. In Liberia, the gender parity index in relation to the gross attendance ratio is 0.99 at both primary and high school levels. The literacy rate in Liberia is 47.6 % ranking

Liberia 156th in the world. There is high illiteracy amongst women, whereby 31% of the females and 13% of the males has never had any formal education (UNICEF, 2018).

Malnutrition negatively affects children capacity to grow to their full potential especially stunting which lower a child's ability to perform well in school. Stunting can negatively affect a child's brain function, organ development, and immune system, which can result in poor achievement at school, decreased productivity and earnings in adult life, greater risk of developing obesity and diabetes later in life, and ultimately, diminished chances of escaping the cycle of poverty (UNICEF, 2018).

1.1.4 Access to Basic Health Services

One of the fundamental rights of every human being is to be able to enjoy the highest attainable standard of health. Contrary to this, the health system of Liberia continues to experience a rising expectation and demand for access to quality health care services by its citizens with challenges of shortage and poor distribution of human resources; inadequate number of health infrastructures; ineffective procurement and supply chain management systems that result in frequent stock-out of drugs and supplies; and a weak health management information system that constrains adequate planning and performance monitoring being reported to fraught the health care delivery system(WHO AFRO, 2019).

1.1.5 Food Security

The Global Hunger Index score for Liberia in 2020 was 31.4indicating Liberia's level of hunger as serious (GHI, 2020). Currently, 38.4% of Liberia's population is considered as food insecure (AAH, 2019) with 20% households consuming suboptimal diets. Access to farmland varies from county to county with 30% of rural farmers lacking access. Bad roads further reinforce accessibility challenges (WFP, 2018). Sixty percent (60%) of the country's staple food (rice) is imported and the prices are very high for the ordinary household which further compounds the nutrition challenges.

1.1.6 Employment and Occupation

Thirty-eight (38%) of the women and 41% of the men in Liberia are engaged in agricultural work. This is a decrease from 55% women and 53% men in 2017. Fifty- seven (57%) of the women performing agricultural work are more likely not to be paid making food affordability a challenge (LDHS 2019/2020).

1.1.7 Water Access and Sanitation

One of the 17 global goals that encompass the 2030 Agenda for Sustainable Development is universal access to clean water and sanitation. However, Liberia still lacks the basic infrastructure to provide safe drinking water and proper sanitation for its population. As reported in the LDHS 2019/2020, 84% of residents surveyed had access to improved source of drinking water (95% in urban and 65% in rural areas) and 46% had access to improved sanitation facility, compared to less than 10 % who had access to safely managed drinking water and sanitation services(UNICEF, 2017) in 2017. Despite the health risks of open defecation, 42% of Liberia's

population practice open defecation. Diarrhoea and pneumonia, which are linked to unsafe drinking water and poor hygiene habits, undermine the nutrition status of children and are leading causes of child death in Liberia.

The above-mentioned factors are some of the underlying causes of malnutrition in country.



2 LIBERIA'S NUTRITION SITUATION ANALYSIS

2.1 Introduction

Malnutrition remains a major public health concern in Liberia that is affecting mostly children under-five, pregnant and lactating women, adolescents, and persons of specific ill-health and vulnerability.

2.1.1 Trends of under-nutrition

The trend of malnutrition in Liberia, from 2000 to 2020, shows that significant progress has been made in reducing the levels of malnutrition as shown in Figure I. The prevalence of stunting among children underfive years has shown a downward trend of 15 points reduction, while wasting has reduced from 7.4 % to 3 %, and anaemia has decreased from 79% to 71 %. There has been no significant progress made in reducing overweight among children under-five.

The 2019-20 Liberia Demographic and Health Survey (LDHS) results show that 30 % children under-five are stunted while 10 % are severely stunted. The stunting prevalence is classified as 'very high' based on the WHO threshold of \geq 30 %. Stunting rates are spatially distributed across the county with geographical variations. The prevalence of stunting is lower in the South-Central region (25 %) than in the other regions (33-34 %). Among the counties, the prevalence of stunting is highest in River Cess (41 %) and lowest in Montserrado (21 %) again indicating the urban rural disparities. Below is Figure 1 the map of Liberia indicating stunting rates in each county based in the 2019/2020 LDHS.

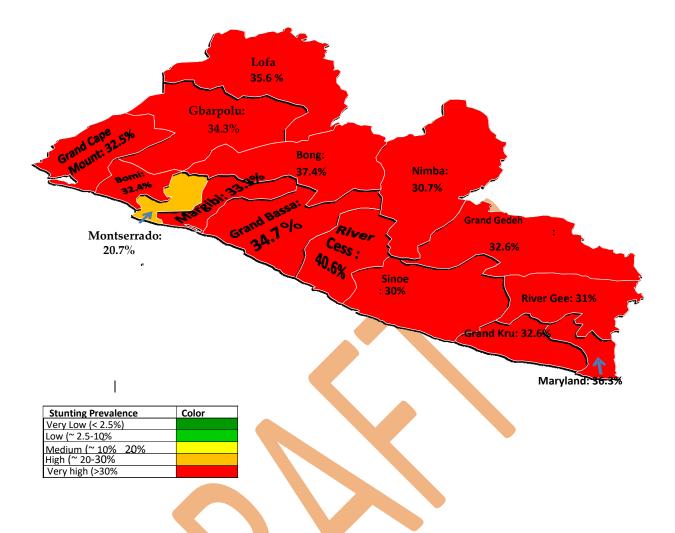
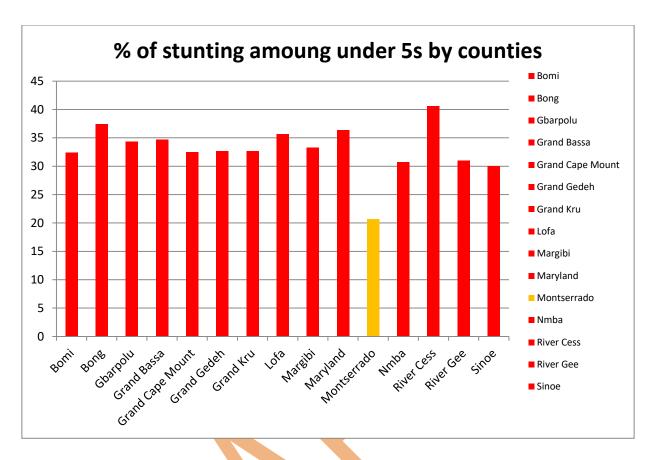


Figure 1: Stunting rates in Liberia for > 5s

Source: team">https://www.WHO.int>team

2.1.2 Underlying Causes Resulting to Stunting Status

Among all the causes of stunted growth in children, inadequate child feeding, and care practices are the most proximal and immediate determinants (Black et al, 2013). The prevalence of stunting decreases during the first 5 months of life and then increases until the 12th month. This is followed by a decrease until the 19th month, after which there is a rapid increase and a peak at 46% in the 33rd month. The prevalence of stunting decreases with increasing mothers' education and household wealth showing an inverse correlation. Children from educated mothers and those from the highest wealth quintile are less likely to suffer from stunting. Stunting has long-term consequences for children's survival and development because of the effects of stunting on brain development, learning performance and, ultimately, on adults' health and productivity, and its strong association with increased morbidity and mortality.



Stunting Prevalence	Color Code
Very Low (< 2.5%)	
Low (~ 2.5- 10%)	
Medium (~10% - 20%)	
High (20%-30%)	
Very high (>30%)	

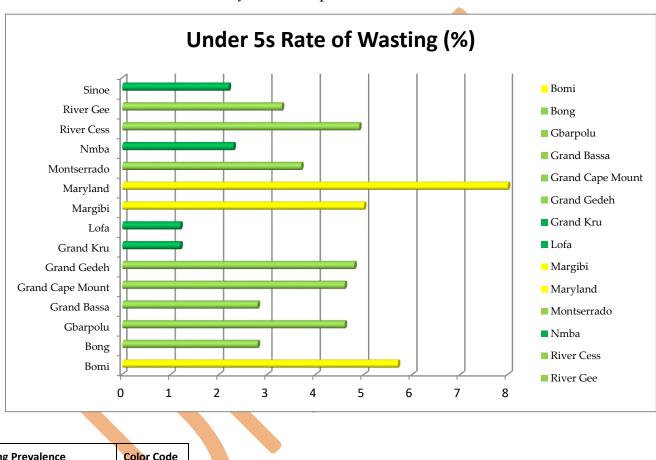
Figure 2: Prevalence of Under 5s stunting by Counties

2.1.3 Wasting Status and Underlying Causes

Three per cent of Liberian children are wasted (see Figure 2 below), and 1 per cent are severely wasted (-3 SD). There is regional variation in wasting with the highest being 5.0% in northwestern, followed by 4.7% in southeastern, 3.8% in southeastern, and south central. These levels are above the national average of wasting which is 3 %except the north central which is 2.2 %. Among the counties, the prevalence of wasting is highest in Maryland 8.0 % followed by Bomi 5.7 % and lowest in Lofa and Margibi counties at 1.2 %. Wasting is similar among boys 4 % and girls 3 %. Wasting may result from inadequate food intake or from a recent episode of illness or infection causing acute weight loss or lack of sanitary environment including access to safe water, sanitation and hygiene services.

Unlike with stunting, there is no clear relationship between the prevalence of wasting and mother's education; however, wasting increases with increasing wealth status before dropping among children in the highest wealth quintile (UNICEF, 2018).

With regards to underweight, 11% of Liberian children are underweight, with 3per cent classified as severely underweight. By region, the proportion of children who are underweight is highest in northwestern at 16 % and lowest in central at 9.3 %. Among the counties, the prevalence of underweight is highest in River Cess20 % followed by Grand Cape Mount 17.7 % and lowest in River Gee 7.2 %.



Wasting Prevalence	Color Code
Very Low (< 2.5%)	
Low (~ 2.5- 5%)	
Medium (~5% - 10%)	
High (10%-15%)	
Very high (>15%)	

Figure 3: Prevalence of Under 5s wasting per County

2.1.4 Trends of Micronutrient Deficiencies

Anemia is a condition that is marked by low levels of hemoglobin in the blood. Iron is a key component of hemoglobin, and iron deficiency is predominantly responsible for half of all anemia globally. Anemia is a public health concern in Liberia. The prevalence of anemia is highest among children under- five at 71 %. Among adolescent girls within the age range of 15-19 years, anemia is 55 % and among women of childbearing age anemia is 45% (See Figure 4: Anemia rate among Women at Reproductive Age (WRA). The prevalence of anemia is 52 % among pregnant women which may contribute to high incidence of low birth weight as well as maternal and infant mortality. Women living in rural areas (47 %) are more likely to be anemic than those living in urban areas (43%). By region, the prevalence of anemia ranges from 37% in North-central to 52 % in North-western. By county, the prevalence is highest in Grand Bassa (59 %) and lowest in Nimba and Lofa (35%). Women are at risk of iron-deficiency anemia because of blood loss from their monthly menstruation (period) and high blood supply demands during pregnancy. The causes of anemia include malaria, hookworm, and other helminths; other nutritional deficiencies; chronic infections; and genetic conditions.

2.1.5 Trend of Overweight, Obesity and Diet Related Non-Communicable Diseases

Overweight results from an imbalance of energy consumed and energy expended. One out of twenty children under-five is overweight. There is some regional variation, for instance, 6% of children in north-central are overweight, as compared to south-eastern with 2 %. The proportion of children who are overweight is highest in River Gee County (11%) and lowest in Grand Gedeh and Grand Kru counties (1%). One in four women is overweight. Poor quality diet, economic, sedentary lifestyle, and empowerment inequalities, lifestyles are all contributing factors too overweight. Overweight places a huge strain on the fragile health care system that is also grappling with handling other diseases. Cardiovascular diseases and other Non-Communicable Diseases (NCD) as well as cancer, respiratory diseases, and diabetes are increasingly becoming significant causes of morbidity and mortality in Liberia (CEIC, 2020).

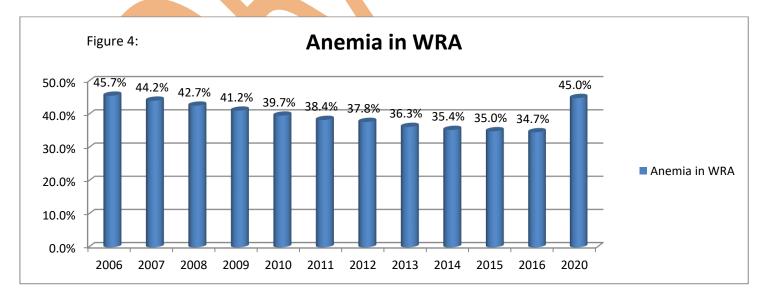


Figure 4: Prevalence of Anaemia in Women of Reproductive Age (2006 - 2020)

2.1.6 Trends in Feeding Practices Among Children

Exclusive Breastfeeding rate is at 55%(UNICEF, 2018) among children aged 0-6 months and only 11% of children aged 6 to 23 months are fed with minimum dietary diversity, while 3% of children aged 6-23 months receive an adequate (quantity and quality) diet. The remaining 45% of children who are not exclusively breast fed is at risk that could hamper growth and life. Although many mothers understand the importance of breastfeeding and provision of colostrum, proper feeding and care of children during illness remains limited. Traditional practices such as "peppering" (giving children a solution of pepper) and force feeding are especially pronounced in southeastern region of Liberia (UNICEF, 2010).

In 2000, 35.4 % of mothers exclusively breastfed children for 0-6 months but the practice sharply dropped to 29.1% and further increased to 55% by 2020. This puts Liberia above 44% in the region and 43% worldwide.

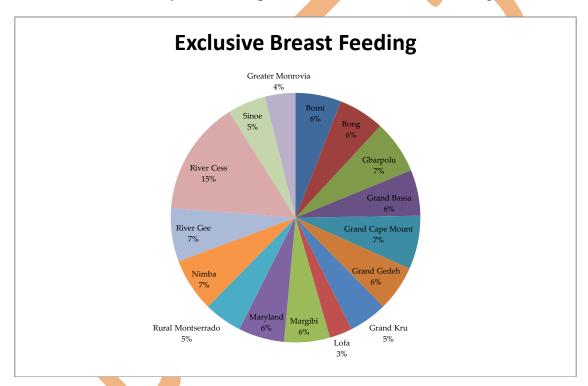


Figure 5: Exclusive Breast-Feeding practices across Liberia

Source: CFSNS 2018

The Figure 5 shows that Exclusive Breast Feeding of children 0-6 months is practice by women in Rivercess County (15%) while only 3% and 4% of mothers practice Exclusive Breast Feeding in Lofa and Greater Monrovia respectively. This means that children within Lofa and Greater Monrovia are most vulnerable to early morbidity and risks of death than children in other parts of the country.

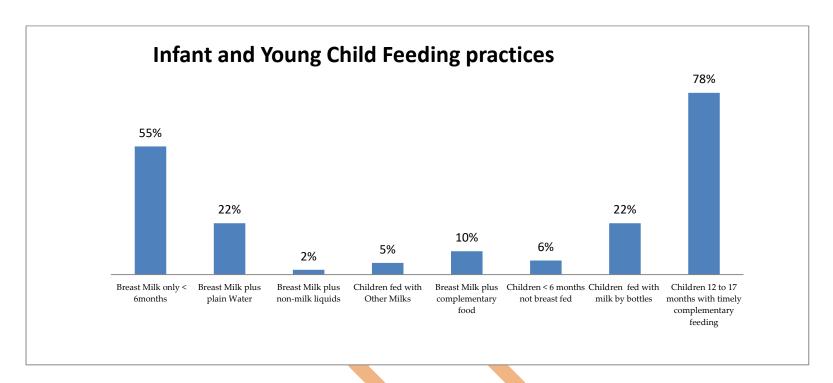


Figure 6: Infant and Young Child Feeding practices Source: UNICEF/WHO 2018, LDHS 2019/2020

The Figure 6 provides data on the 2018 IYCF practices of Liberia. The percentage of Liberian mothers who initiate breastfeeding within the first 1 hour following delivery is 61% (UNICEF, 2018) as compared to 50% within the region and 45% worldwide. Mothers who exclusively breastfeed children (only breast milk and no water or food) for children 0-5 months are 55% while 2% of mothers' breast feed with plain non-milk liquids. Twenty- Two (22%) give breast milk plus plain water and similarly 22% still feed with bottles against IYCF standards. However, 78% of children 12-17 months are fed with breast-milk and timely complementary food (UNICEF, 2018). Liberia has no law governing breastfeeding; however, the 54th Honorable House of Representatives, on March 22, 2022, passed into law the Nutrition Bill – the Code of Marketing of Breast Milk Substitute (CMBS).

2.1.7 Trends in Access to Food, Care Practices Health Services and Socio-economic Factors

The Global Hunger Index score for Liberia in 2017 was 35.3 classifying Liberia as a least-developed, low-income, and food-deficit country. About 18% of households are food insecure, with 20% households consuming diets deprived of the most needed nutrients found in animal products, legumes, vegetables and fruits. Poor diets are intrinsically linked with poverty and breed malnutrition (WFP, 2018). Pervasive poverty affects 50.9 % of the population, contributing to Liberia's ranking of 181st of 189 on the 2018 Human Development Index. Despite the adequate rainfall and fertile soil for the production of needed food, yet Liberia depends very heavily on importation of rice (the national staple food). Liberia imports 60% of rice consumed making the country vulnerable to any price fluctuation and risking malnutrition among her citizenry (LISGIS

et all, 2014). In the midst of high food prices compounded by the harsh economic conditions in the country and high unemployment rate, citizens continue to face the challenge of food affordability. Access to farmland varies from county to county with 30% of rural farmers lacking access.

In addition, bad road conditions linking farms to markets, locally produced food products do not reach markets in adequate quantities, further reinforcing accessibility challenges faced by the citizens. Inadequate diet diversity, poor care and feeding practices, poor sanitation and illness are the main drivers.

Unemployment is about 80% with male 77% and female 94.1%. Close to 68% of the Liberians work in the informal sector with no formal wages like farming. Inequality in the wealth distribution in country is very high. Liberia ranks as the 8th lowest and is among the 10 most unequal countries (UNDP, 2018). The government's Pro-poor commitment and prioritization of gender equity, as articulated in the Liberia National Gender Policy, lays the foundation measures for appropriate services to be available and utilized by all persons, regardless of gender or status; however the impact of these policies is limited.

The health system does not provide services equally to the population in urban and rural areas of the country. This is inequality which does not reflect the size of catchment population. In rural areas, most people have to walk for more than an hour to seek medical attention at the nearest health center, thus resulting to alternative sub-standard treatment sources for the rural population.

The cost of health care in Liberia is still challenging for the population, especially for the unemployed and vulnerable groups living in the rural setting. Although the GoL has a Decentralized Health Care System, health facilities are inadequate, limited skilled health staffs, undeveloped health services, shortage of medicines and medical supplies, deplorable access roads to health facilities which make life unbearable for the sick, especially women in labor.

The MoH Nutrition program is also decentralized at the county, district and community levels. There are still challenges at the relevant ministries for adequately trained nutrition focal persons to ensure Nutrition Sensitive Programs. Great efforts have been made by the SUN Office in the coordination of the MSP (Multi-stakeholders Platform) for nutrition in the country by ensuring collaboration amongst relevant partners, advocacy, awareness and representation.

2.2 Nutrition Integration in Agriculture, WASH and Social Services

The economic bedrock for Liberia is agriculture which provides food, employment, raw materials, tax revenues, export earnings, market for non-food goods and secures the livelihoods for most citizens of Liberia²⁴. The Government of Liberia thereby finds its motivation to work towards ensuring that its citizens can properly and reliably feed themselves and are well nourished by doubling its efforts to enhance food availability in order to improve access to food, and proper food utilization at household level and to improve nutritional caring practices as highlighted in the National Food Security and Nutrition Strategy (2015), the government has mainstream nutrition in agriculture which will accelerate the efforts towards ensuring progress in nutritious food systems. The aspect of gender equality and women empowerment in the Nutrition Sensitive

interventions goes a long way to stimulating a more inclusive human development and accelerating economic growth.

The implementation of WASH programs is recognized as key for improving the nutrition status of Liberian people by serving as a delivery platform for enhancing the coverage and effectiveness of nutrition activities. At least 84% of the households in Liberia have access to an improved water sources such as hand pumps, tube wells, boreholes, bottled water or a protected dug well. On the other hand, the percentage of households with access to improved sanitation increased from 28% (2017) to 47% (2019/2020). This strategic plan has demonstrated how WASH interventions can adapt Nutrition Specific Program to permit delivery of WASH interventions efficiently and effectively using joint advocacy approaches.

Social protection policies and programs have much potential to improve the nutrition situation of the vulnerable population of Liberia. The demand of social protection in Liberia remains large and multi-faceted with the current protection system facing challenges of coordination, coverage, costs, and capacity. One of the social interventions implemented through this department is school feeding, demonstrating the relevance of adopting a multi-sectoral approach sensitive to the specific needs of children and adolescents vital in implementing nutrition and social protection programs. The LMNCSP has ensured to integrate nutrition in social protection interventions so as to holistically combat malnutrition.

2.3 Human Resource for Nutrition

The health sector lacks adequate logistics, financial and human resources, especially Nutrition staff. The WHO standard for West Africa in terms of Nutrition staff required is 700 per population of 5 million but currently stands at 250 per 5 million. There is a serious gap among nutrition service providers at the MOH most especially at the B.Sc. level than the M.Sc. level (volume">https://www.who.int>volume). Specialty in the nutrition sector is in the embryonic stage among health workers in Liberia.

Information from MoH indicates a total of 1 nutrition staff in each of the 13 counties at county health team level and the remaining 2 counties, Bong and Montserrado have 2 and 3 County Nutrition Supervisors respectively making a total of 18 County Nutrition Supervisors.

At the MoH Central, there are 2 Nutritionist and 9 non-specialized staff. Most of the staff specialized in other areas such as nursing but have been trained in-house to perform nutrition functions. This means that for a population of 4.95 million, there are only 2 specialized nutritionist and 27 dedicated staff for nutrition.

Most of the nutrition services that are currently been provided at health centers are administered by non-nutrition specialists or health staff who have been trained in-house. The National Nutrition Policy lays out a plan for capacity strengthening through formal training and in-service training to augment the capacity of Nutrition staff. The present health policy focuses on mainstreaming nutrition into the Public Health Care System to augment the staffing gap.

2.4 Gender Mainstreaming in the LMNCSP

Food and Agriculture Organization (FAO) is currently running a mandate in Liberia to achieve equality between men and women through sustainable food production, thereby reducing hunger, poverty, practices of injustice.

Infant and maternal mortality is associated with the poor nutrition status of pregnant women which is linked to underlying cultural factors such as nutrition taboos. This situation means that women are missing out on the opportunity to participate meaningfully in the socio-economic life and political - decision making process of the country. In 2016, Zone of Influence reported that only 56% of women achieve their minimum dietary diversity based on educational attainment, gendered household type, household size and household hunger(USAID, June 2018). The domains of gender equality such as attitudes about or experience of gender-based violence have also been reported to have an expansive impact on nutrition and health related outcomes of women, girls and children(NI, 2018).

To achieve sustainable and improved nutrition and health outcomes, the LMNCSP aspires to contribute to the on-going efforts of tackling gender inequality through inclusion of men and women in all age cohort groups and ethnic or religious diversities from the development stage, implementation, monitoring and evaluation phases of this strategic plan. In addition, gender sensitive indicators in monitoring and evaluation framework have been provided to help in the collection, analysis and reporting of sex disaggregated data which in turn will inform gender transformative programming.

3 MUTLTI-SECTORAL STRATEGY DESIGN FRAMEWORK

3.1 National Policy and Legal Framework for LMNCSP

This Liberia Multi-Sectoral Nutrition Costed Strategic Plan (LMNCSP) is well grounded on the National Nutrition Policy (NNP 2019-2024), the National Health and Social Welfare Policy (2011-2021), the National Gender Policy(NGP 2010 – 2015), the National Food Security and Nutrition Strategy (2008), and the Comprehensive Food Security and Nutrition Survey -2018 which support the PAPD. Government's 5 years Pro-Poor Agenda for Prosperity and Development (PAPD) (2018-2023) and the Version 2030. The Liberia Demographic Health Survey conducted from October 16, 2019, to February 12, 2020, has provided updated nutrition data used in this document.

The LMNCSP demonstrates the need for collaboration and coordination using the multi-sectoral approach across actors in the government, private sector, research, and national development partners to manifest coherence between policies and strategies.

The main policy context for the Liberia Multi-Sector Nutrition Costed Strategic Plan is detailed in the National Nutrition Policy as follows: 1. Strong Political Will, Gender Equality and mainstreaming, 2. Decentralization in health delivery and management, 3. School Health and School Feeding, and 4. Focus on Adolescent nutrition. The Liberia Multi-Sector Nutrition Costed Strategic Plan is founded on the following mission, vision, goal, objectives, and strategies which are reflected in the National Nutrition Policy on pages 20- 21.

3.1.1 Vision

To achieve optimal nutritional status for all Liberians through the implementation of both Nutrition Specific and Sensitive interventions across sectors

3.1.2 Mission

To scale up the coverage, accessibility and utilization by individuals and communities of nutrition specific and sensitive interventions which prevent stunting and other manifestations of malnutrition.

3.1.3 Goal

The overall goal of the LMNCSP is to reduce stunting from 30% rate among <5s) in 2020 to 22% by 2025 and any other forms of Malnutrition, by accelerating interventions and activities which are nutrition specific and sensitive through multi-sector approach.

3.1.4 Objectives

The Strategic Objectives of the LMNCSP as stipulated below are clearly elaborated in the NNP and provide the scope at which the National Nutrition Response should be implemented:

Strategic Objective 1: To ensure improvement access to and utilization of a comprehensive package of proven Direct Nutrition Interventions (DNI) and nutrition specific interventions

Strategic Objective 2: To improve the underlying determinants of Malnutrition through multi-sectoral Nutrition Sensitive interventions which compliment Nutrition specific interventions towards ending all forms of malnutrition

Strategic Objective 3: To shape positively the enabling environment essential for the attainment of positive nutrition outcomes (nutrition policies, guidelines, laws and legislations, influence policies of other sectors to have nutrition lens)

Strategic Objective 4: To improve awareness and practices of positive nutrition behaviors essential for the attainment of optimal nutrition status (demand creation)

Strategic Objective 5: To strengthen sectoral and multi-sectoral monitoring, evaluation, learning, accountability, and research in nutrition

Figure 7: The LMNCSP Strategic Objectives

3.1.5 Guiding Principles

The Liberia Multi-Sector Nutrition Costed Strategic Plan (LMNCSP) is guided by the NNP principles found on pages 21-24.

a) Nutrition as a Universal Human Right

As stated in the Convention on the Rights of the Child (CRC), children have the right to live, and governments should ensure that children survive and develop healthy. Considering the long-term impact of nutrition in contributing to the sustainability of the economic, social, and development of its human capital (citizens), the Government of Liberia envisions harnessing and accelerating its effort in promoting nutrition and nutrition related interventions by pursuing the following measures 1. Provision of adequate resources2. Building capacity 3. Generating the political will and 4. Collaborating effectively with all nutrition stakeholders to achieve its multi-sectoral goals for nutrition and nutrition related targets.

b) Political Will and Awareness of the importance of nutrition at all levels

The solutions to eradicating malnutrition in Liberia go beyond the walls of the Ministry of Health. For this reason, different stakeholders across different sectors; line ministries, development partners, non-governmental organizations (NGOs), faith-based organizations (FBO), community-based organizations (CBOs), civil society organizations (CSOs), donors, research institutions, private sector, the mass media, and academic training institutions, will be engaged to steer the implementation of this strategic plan towards achieving optimal nutritional status for all Liberians. This is further expressed in The Government of Liberia

National Agenda, The Pro-Poor Agenda for Prosperity and Development (PAPD), Pillar 1 emphasizes the reduction of stunting to 22% by 2023.

c) Adequate Financial Resources

The Government of Liberia seeks to commit itself in the intensive mobilization, proper utilization and accessing financial resources to help in expanding the coverage of nutrition interventions without compromising the quality. As a long-term trend in Liberia to reduce foreign assistance, the government seeks to promote domestic financing for implementation of the interventions in this strategic plan.

d) Coordination

The Government of Liberia recognizes that every individual has an important role in improving the nutrition status of the country thus endeavors to build an environment that encourages participation, collaboration and incorporation of diverse skills and capabilities across all sectors.

e) Decentralization

This strategic plan recognizes the power of a devolved system pulling together the leadership at national, county and district levels to make nutrition and nutrition related decisions focused and targeted for the benefit of all Liberians.

f) Community Participation and Involvement

The Government of Liberia recognizes that a healthy community is a healthy nation because the community is the heart of the nation. For this reason, this strategic plan looks forward to partnering with community actors in mapping nutrition needs, planning and implementation of different nutrition interventions using a community-based approach towards eradicating malnutrition.

g) Prioritizing the Most nutritionally Vulnerable

In Liberia, those considered as nutritionally vulnerable include infants, children under five years, school age children, adolescents, pregnant and lactating women, PLWHA, TB patients, victims of disasters/emergencies and geriatrics. A holistic approach will be advocated to protect and promote the nutritional status of the named vulnerable groups as identified in this strategic plan.

h) Gender Mainstreaming

This strategic plan seeks to ensure the needs and concerns of the boys, girls, men and women of Liberia are considered and given the need for the promotion of gender-sensitive policies and activities in nutrition.

i) Adequate and Skilled Human Resources

There is a mutual relationship between health-nutrition and human resource development. This strategic plan understands the need of strengthening human resources for nutrition through capacity building with an increased awareness of promoting gender equality.

j) Evidence-based Planning

The LMNCSP will seek to address the real issues without compromise as identified by the nutrition stakeholders and as reported in the retrieved data from different sources in the country guided by:

- i. Evidence-based decision making
- ii. Monitoring and evaluation of the implementation of nutrition services
- iii. Timely course correction
- iv. Promoting accountability among duty bearers to provide nutrition service.

3.2 Purpose of the Multi-sectoral Nutrition Strategy

The purpose of the Multi-sectorial Nutrition Strategy is to outline the operationalization of the strategic implementation of the National Nutrition Policy document in Liberia through a collaborative and coordinative approach among all relevant stakeholders. This is to ensure adequate support in terms of human, material and financial resources needed to achieve the overall goals and objectives of the National Nutrition Policy.

3.3 Target Audience of The Multi-sector Nutrition Strategy

The target audience for the NMNCSP include1) HealthcarePlanners,2) policy makers; 3. policy implementers at both national and county levels, 4) Nutrition Sensitive and Nutrition Specific sectors actors at all levels; 5.Nutrition staff at all levels. Others include 6) Development partners, 7) non-governmental organizations (NGOs), 8. Faith-based organizations (FBO), 9) Community-based organizations (CBOs),10) Civil Society Organizations (CSOs),11) Donors, 12) Research institutions,13) Privatesector,14) the mass media, and 15. Academic Training Institutions

This will enable them to understand how their active support towards the implementation of the LMNCSP will contribute to the achievement of optimal nutrition for all Liberian citizens and eradicate malnutrition in all of its forms.

4 STRATEGIC OBJECTIVES, STRATEGIES, AND INTERVENTIONS

4.1 Rationale

The National Nutrition Policy has clearly set out the justification for multi-sectoral approach to tackle the multifaceted challenges of malnutrition among women and children in Liberia.

There are multiple causes of malnutrition in Liberia ranging from direct and indirect causes such as illnesses, food insecurity, poor feeding practices, child health services and WASH, etc. that need to be addressed to achieve the vision as outline in this Strategic plan. Actions required to tackle malnutrition in the country are expected to work towards addressing these root causes in order to eliminate the negative impact of malnutrition in the Liberia economy. Therefore, this Strategic Plan is using the multi-Sectoral approach to include other line ministries (Agriculture, Social Protection, Education, Gender, Water and Sanitation, etc.) other than the Ministry of Health to address the malnutrition situation in Liberia.

Figure 8shows conceptual framework adopted for the Strategic Plan to address the root causes and challenges of malnutrition which reinforces the need for a multi-sectoral approach.

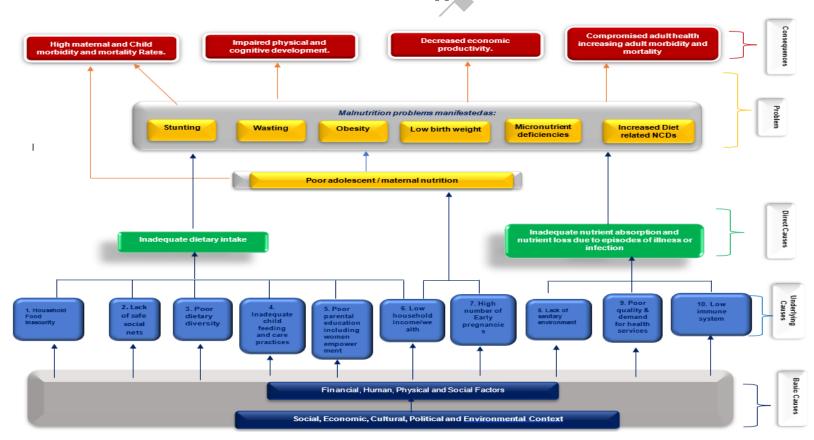


Figure 8: The Conceptual Framework

4.2 Theory of Change and Logical Framework

The Theory of Change (ToC) is a specific type of methodology used for planning, participating, monitoring and evaluating the desired change in a context to improve the nutrition status of the people in Liberia.

The Theory of Change outlined below was used to develop the set of strategic objectives for this LMNCSP. If these strategies are deployed to implement the listed interventions by using efficient and effective mechanism, multi-sectoral approach, viable partnership, community participation and involvement techniques, innovation and dynamic leadership, then by extension it will contribute to achieving optimal nutrition status of the Liberian citizens and residents.



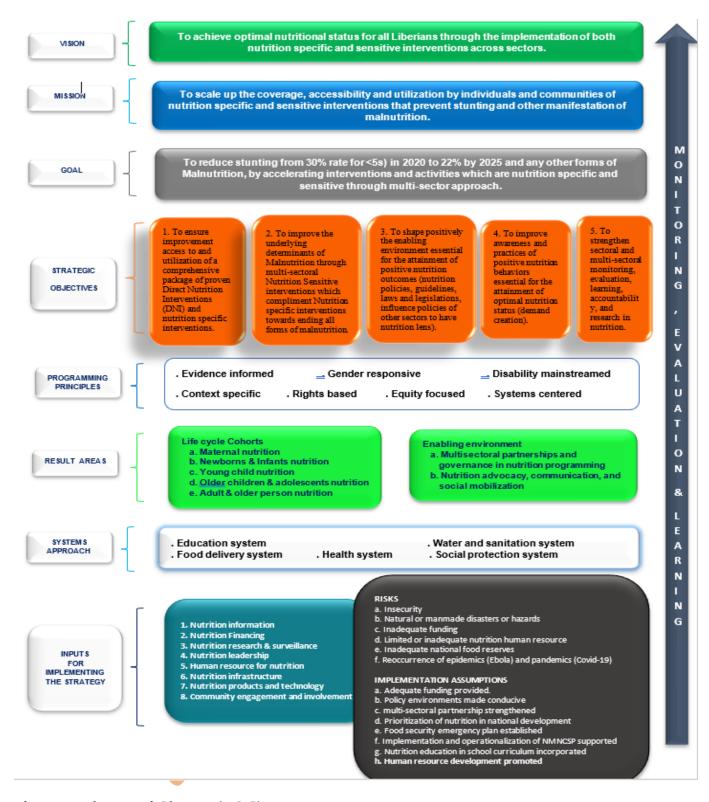


Figure 9: Theory of Change (TOC)

4.3 Key Strategic Objectives and Strategies

The LMNSCP has 5 Major Strategic Objectives that have been defined. The 5 strategic objectives have a set of strategies with corresponding expected outcomes and intervention/activities to be implemented for the achievement of the Goal and objectives of NNP. The strategic objectives have further been presented within the implementation matrix

Table 1: Summary of Strategic Objectives and Strategies

STRATEGIC	STRATEGIES
OBJECTIVES	
Strategic Objective 1: To ensure improved access to and utilization of a comprehensive package of	Adopt community health initiatives to roll out the Integrated Management of Acute Malnutrition at health facility and community levels
proven Direct Nutrition Interventions (DNI)	2. Integrate cross-sectoral linkages to ensure that DNIs are provided routinely within the Public Health Care System and mainstreamed in other sectors
Strategic Objective 2: To address the underlying determinants of Malnutrition through multi-sectoral nutrition sensitive interventions which compliment nutrition specific interventions towards ending all forms of malnutrition	 Integrate nutrition into WASH policies, strategies, plans and programs. Adopt appropriate technologies for the production, processing and handling of agricultural products to improve household food security Develop a package of nutrition interventions and operational guidelines appropriate for School going children and adolescents Develop a package of cash transfer interventions and appropriate operational guidelines for social protection of vulnerable children and adolescents to safe guide their nutrition Integrate cash transfer programs to provide income support as social safety net to vulnerable groups to improve health and nutrition of children in targeted households. Enhance an effective and functional institutional system for Disaster Risk Management, enhance risk identification mechanisms; preparedness, emergency response and recovery; improve information and knowledge management and vulnerability factors. Solidify systems of relevant government Institutions to ensure emergency preparedness and response.
	8. Strengthen community preparedness, response, and recovery for natural and man-made disasters/outbreaks through national emergency response and recovery strategy.
Strategic Objective 3: To shape positively the enabling environment essential for the attainment of positive nutrition outcomes (nutrition policies, guidelines, laws and legislations, influence policies of other sectors to have nutrition lens)	 Review, update and /or formulate legislation, guidelines, standards and code of practice on food quality and safety Sensitize and inform the public and key decision makers on the importance of food quality and safety Strengthen Institutional capacity to ensure the monitoring and enforcement of food, sanitary and phytosanitary standards; Consumer education, protection and put in place systems for consumers to express grievances and make suggestions for improvements in food safety Integrate nutrition goals into national development plans, sectoral policies/plans, programs and projects Advocate to improve awareness among decision makers on the role of nutrition in national development and how sectors can work together to achieve desirable change.
	 6. Advocate for gradual increase of financial allocations for nutrition by the government. 7. Conduct capacity building to strengthen technical capacity for nutrition program implementation, policy analysis, and development and monitoring of their implementation at all levels 8. Promote Public-Private Partnerships in nutrition programming

Strategic Objective 4: To improve awareness and practices of positive nutrition behaviors essential for the attainment of optimal nutrition status (demand creation)		Create awareness on appropriate dietary practices and lifestyles essential for the prevention of NCDs particularly targeting groups most at risk Encourage the formation of pressure groups such as anti-smoking, anti-drug, and anti-alcohol abuse groups, to enhance capacity to combat the problems Develop a social behavior change communication strategy to increase knowledge and promote positive nutrition behaviors Develop the capacity of community and facility-based service providers on essential skills and competencies in nutrition Assign the SUN focal persons at an appropriate level/office within government with convening powers
	6.	Earmark regular and fixed meeting dates in advance
Strategic Objective 5: To strengthen sectoral and multi-sectoral monitoring, evaluation, learning, accountability and research in nutrition	1. 2. 3.	Strengthen existing systems and capacity to collect, analyze, report and monitor nutrition situations to ensure the utilization of data for decision-making. Integrate and assimilate standard nutrition indicators into sectoral information systems with a priority for HMIS Strengthen information systems to ensure the integration, tracking of progress, analysis, and the use of the information for decision-making

4.4 Strategies and Priorities for High Impact Interventions

Strategic Objective 1: To ensure improved access to and utilization of a Comprehensive Package of Proven Direct Nutrition Interventions (DNIs)

Expected outcome: Strengthened access and utilized package of the Comprehensive Package of Proven Direct Nutrition Interventions (DNIs)

Strategy 1: Adopt Community Health Initiatives to roll out the Integrated Management of Acute Malnutrition (IMAM) at health facilities and community levels

Interventions

- 1. Procure and distribute Integrated Management of Acute Malnutrition (IMAM) supplies and equipment including outreach and OPT.
- 2. Advocate for increased resource allocation for IMAM implementation including commodities, equipment and Human Resources
- 3. Integrate MIYCF with IMAM, and IMNCI (Integrated Management of Neonatal and Childhood Illnesses) package and services (social services and livelihood) for prevention strategies at community and household levels
- 4. Conduct mass screening and routine screening of under 5 to facilitate the identification of individuals with Severe or Moderate Acute Malnutrition (MAM) and refer appropriately
- 5. Support out-patient management of SAM, Impatient Management of SAM, targeted supplementary feeding to treat MAM and enhanced nutrition counseling.
- 6. Disseminate IMAM training package for health workers
- 7. Develop a costed scaled-up plan to expand access to treatment within the country
- 8. Conduct IMAM program performance reviews: cure, defaulter, death, coverage and linkage with M&E

Strategy 2: Integrate Cross-sectoral linkages to ensure that DNIs are provided routinely within the Public Health Care System and mainstreamed in other sectors (Promotion of adolescent and pre-conception nutrition; Iron folic supplementation for pregnant women; MIYCF: Promotion of optimal breastfeeding, Multi-micronutrient supplementation (MNP) for children aged 6-59 months)

Interventions

- 1) Develop and disseminate a national strategy for adolescent and preconception nutrition
- 2) Conduct awareness campaigns on the importance of adolescents' nutrition, HIV/AIDS, Reproductive Health and WASH using various channels.
- 3) Provide IFA (Iron Folic Acid supplement to pregnant women at Antenatal Care (ANC) for 270 days.
- 4) Provide pregnant women with Insecticide –Treated Nets (ITNs) to prevent malaria.
- 5) Provide Iron supplementation to children 6-59 months
- 6) Provide WIFA supplement and deworming for adolescents
- 7) Provide nutrition counseling for PLW
- 8) Promote attendance to antenatal and postnatal clinics by PLWs
- 9) Encourage, monitor and document mothers who initiate breast feeding of children within first one hour of birth
- 10) Promote, protect, and support exclusive breast feeding for children 0-6 months
- 11) Encourage and promote awareness on timely appropriate, adequate and safe complementary feeding for children 6-23 months old with continued breastfeeding for 2 years and beyond.
- 12) Provide Multiple-micronutrient powders (MNPs) supplementation for children aged 6-59months
- 13) Conduct bi-annual de-worming of children aged 12-59 months (two doses).
- 14) Provide children aged 6-59 months with two doses per year with Vitamin A supplements
- 15) Establish mechanisms to collaborate with print and electronic media to scale up maternal, adolescent, infant and young child nutrition practices messaging.
- 16) Promote celebration of World Breastfeeding Week and other MAIYCN global/national events
- 17) Develop and Train health workers and community assistants on maternal, adolescent, infant and young child nutrition practices package
- 18) Institutionalize the 10 steps to successful breastfeeding in all health facilities that provide maternity services via Baby-Friendly Hospital Initiative
- 19) Develop a multisectoral Nutrition Score Card
- 20) Conduct Nutrition Partner's Mapping
- 21) Develop a national complementary feeding framework

Strategic Objective 2: To Improve the Underlying Determinants of Malnutrition through multi-sectoral Nutrition Sensitive interventions which compliment Nutrition Specific Interventions towards ending all forms of malnutrition.

Expected Outcome: Improved Multi-sectoral Nutrition Programming and Interventions through Nutrition Sensitive activities which compliment Nutrition Specific Interventions and address the underlying determinants of Malnutrition in Liberia

Strategy 1: Integrate Nutrition into WASH policies, strategies, plans and programs

Interventions

- 1) Ensure that relevant sectors formulate and design programs with nutrition lens
- 2) Educate, sensitize and influence social marketing emphasizing links between poor WASH and under-nutrition.
- 3) Embark on hand washing education and promotion at all times through promotion of environmental hygiene in public areas and domestic facilities
- 4) Provision of hand washing supplies and hand washing stations /tippy tapes all levels.
- 5) Promote environmental hygiene in public areas and domestic facilities.
- 6) Ensure villages are Open Defecation Free (ODF).
- 7) Support sanitation facilities designs sensitive to vulnerable groups
- 8) Improvement of water supply systems and services for access to safe drinking water.
- 9) Ensure construction and rehabilitation of boreholes and hand-dug wells fitted with hand-pumps to get clean water at community levels.
- 10) Promote household water treatment technologies and safe storage within households, health facilities and schools
- 11) Adopt and review available regional and international WASH standards
- 12) Conduct sensitization on safe and hygienic practices during food preparation and storage
- 13) Advocate for protection of water sources and regular water treatment quality checks
- 14) Strengthen mechanisms for collaboration and promote participation of stakeholders in WASH forums

Strategy 2: Adopt appropriate technologies for the production, processing and handling of agricultural products to improve household food security

Interventions

- 1) Empower and support communities to work on agriculture and educating them on which types of nutrition sensitive food to plant, the importance and advantages of establishing kitchen gardens and rearing small animals.
- 2) Educate communities on nutrition quality of common foods that are locally available, culturally accepted and low cost to enable them to make informed decision when purchasing at local markets.
- 3) Train community nutrition relevant stakeholders, care givers and households on homestead farming, model gardening, production of stable, Irrigation techniques, water banks/reservoirs

- 4) Promote uptake of food processing, preservation, storage, and utilization of local diversified food.
- 5) Establishment of farmers field schools, seed banks and community seed and fruit nurseries
- 6) Introduce bio-fortified food crops varieties to support healthy diets.
- 7) Strengthen the capacity and work with community, caregivers, and Community Health Assistants to provide nutrition sensitive services (e.g., WASH, kitchen garden, awareness and nutrition education and awareness
- 8) Develop food safety regulations and enforcement mechanisms
- 9) Develop Social behavior Change and Communication (SBCC) strategy for increased consumption of nutritious foods and improved dietary diversity (including fortified foods)
- 10) Promote homestead animal rearing to produce animal source food in support of healthy diet.
- 11) Capacitate farmers to implement Fish and Insect farming to produce animal source food in support of healthy diets (e.g., Fish farming, Beekeeping and Honey production and value chain, snail raising, etc.)
- 12) Advocate with Ministries of Agriculture /partners for the distribution of high nutritive value local seeds, animals, and fisheries to vulnerable households.
- 13) Advocate for strategies to maintain predictable and stable food imports including cost reduction measures and establishment of strategic food reserve mechanisms.
- 14) Educate and support communities on agriculture for the production and consumption of diversified nutritious food that are locally available, culturally accepted (e.g., wild food) that are low cost to enable them to make informed decision when purchasing at local markets.
- 15) Promotion of year-round production of fruits and vegetable gardens for healthy diets.
- 16) Enable relevant sectors community stakeholders to provide support and guidance within schools regarding nutrition. E.g., land for school gardens.
- 17) Negotiate for construction and rehabilitation farm to market roads to improve access to local market
- 18) Train care groups and households on homestead farming, food processing, preservation, storage and utilization of diversified foods for improved nutrition status
- 19) Ensure the establishment of seed multiplication gardens and related agriculture inputs at the community level
- 20) Ensue that relevant stakeholder implement food fortification to improve essential nutrients in diet
- 21) Improve access through farm to market roads / feeder-roads rehabilitation / maintenance (livelihood, income, etc.
- 22) Promote poultry/ livestock rearing.
- 23) Establish yearly crops survey of the production yield during harvest to enable estimate for lean season
- 24) Establish a monthly market price monitoring to generate price bulletin of major food commodities

Strategy 3: Develop a Package of Nutrition Interventions and Operational Guidelines Appropriate for School- going Children and Adolescents

Interventions

- 1) Develop standardized complementary feeding guidelines based on local food. (Nutrition)
- 2) Support the development of school nutrition curriculum (education)
- 3) Monitor the teaching of nutrition education in schools (primary and secondary) (Education)
- 4) Conduct cooking demonstrations to promote optimal nutritious food including choice and combinations at schools. (Education)
- 5) Enable relevant sectors community stakeholders to provide support and guidance within schools regarding nutrition. (education)
- 6) Promote nutrition education for improved dietary diversity and food hygiene education to safeguard nutrition for school-going children and adolescent
- 7) Advocate for the development and inclusion of nutrition education to form part of school curriculum.
- 8) Review school health strategy and school feeding guidelines to ensure coherence with NMNCSP.
- 9) Ensure schoolgirls take home ration to safeguard nutrition.
- 10) Conduct nutrition open days in schools with the participation of students inclusive of cooking demonstrations that promote appropriate food choices and combinations in primary and secondary schools
- 11) Advocate for the setting up of hand washing posts on school campuses.
- 12) Ensure support to home-grown school feeding Program
- 13) Establish school gardens for agriculture production to increase nutrition knowledge for new learners.
- 14) Support school feeding to promote nutrition and healthy learning environment
- 15) Promote school health and nutrition programs for healthy diets and good nutrition
- **16)** Enable relevant sectors community stakeholders to provide support and guidance within schools regarding nutrition. E.g., land for school gardens.
- 17) Sensitize school going children and adolescents on healthy diets and physical activity using context-specific communication channels
- 18) Integrate messaging on healthy diets and physical activity in the school health program
- 19) Regulate the food environment to control marketing of unhealthy foods for school going children and adolescents
- 20) Sensitize school stakeholders on marketing and promotions within the school; sufficient, safe and nutritious foods in school
- 21) Develop school feeding menu for school

Strategy 4: Develop a package of cash transfer interventions and appropriate operational guidelines for social protection of vulnerable children and adolescents to safeguard their nutrition.

- 1) Develop guidelines and implement social safety assistance to poor households with children and adolescents.
- 2) Conduct training for staff to enable them identify/target vulnerable households and implement nutrition sensitive social safety nets.
- 3) Sensitize the population, community leaders, husbands/ male partners on the criteria of selection and the purpose of the social safety nets to prevent any domestic or community back clash for targeted vulnerable households.
- 4) Linking MNP clients with social protection, livelihood, and economic strengthening interventions at community level
- 5) Train stakeholders in social protection programs on good nutrition practices
- 6) Conduct stakeholder mapping of various players in social protection
- 7) Advocate for governance and accountability for nutrition and social protection for vulnerable groups

Strategy 5: Integrate cash transfer programs to provide income support as social safetynet to vulnerable groups to improve health and nutrition of children in targeted households.

Interventions

- 1) Support the implementation of cash transfers to households with poor children and adolescents.
- 2) Lobby with stakeholders to provide support that are nutrition sensitive to increase the capacity of vulnerable households.
- 3) Encourage nutrition sensitive village saving loans (susu) in care groups activities for economic empowerment of women in vulnerable families.
- 4) Provide unconditional cash transfers to safeguard healthy diets, particularly to vulnerable pregnant and lactating women and young children integrated with nutrition education.
- 5) Support provision of specialized food transfer to women and children to safeguard maternal, infant, and young child nutrition.
- 6) Ensure cash transfers or other forms of social transfers to empower vulnerable communities and households' affordability of food, prioritizing pregnant women and child-headed households.
- 7) Advocate for the implementation of maternity cash transfers as social protection safety- net programs to reduce financial barrier to good nutrition (MOSGC).

Strategy 6: Enhance an effective and functional institutional system for disaster risk management. Enhance risk identification mechanisms: preparedness, emergency response and recovery. Improve information, knowledge management and vulnerability factors.

- 1) Develop contingency plan and Standard Operating Procedures (SOP) for nutrition emergency response.
- 2) Train frontline staff to conduct nutrition surveillance and response in time of emergencies.

- 3) Strengthen the capacity of frontline staff to identify vulnerable groups in time of disaster or epidemic to reduce risks of malnutrition.
- 4) Procure and pre-position nutrition emergency supplies in all counties and districts.
- 5) Assess impact of disaster or epidemics on the nutrition status of vulnerable groups
- 6) Formulate nutrition strategies for post-emergency community recovery
- 7) Map partners in disaster risk management and emergency response and recovery
- 8) Establish functional Disaster Risk Management Committees
- 9) Train stakeholders on disaster risk reduction
- 10) Conduct, review and disseminate early warning surveys

Strategy 7: Solidify systems of relevant government institutions to ensure emergency preparedness and response

Interventions

- 1) Conduct and document outcomes of coordination meeting and joint planning on nutrition during emergencies
- 2) Mobilize resources for nutrition interventions for emergency response
- 3) Conduct routine mass screening for timely detection of undernutrition in adolescents and adults and refer for appropriate actions.
- 4) Build capacity of systems and individuals to undertake preparedness and response functions
- 5) Train stakeholders on needs assessment during emergencies and conduct the needs assessment
- 6) Develop SOPs for emergency response

Strategy 8: Strengthen community preparedness, response, and recovery for natural and man-made disasters/outbreaks through national emergency response and recovery strategy.

Interventions

- 1) Review and share the emergency preparedness and response guidelines with county-level Disaster Management Teams.
- 2) Conduct Nutrition Surveillance in emergency effected counties and districts.
- 3) Ensure timely provision of emergency response supplies (food and non-food items).
- 4) Support resilience building in the communities' emergency response and recovery plans to enhance early recovery
- 5) Support pregnant and lactating women with social safety interventions to ensure maternity protections during emergencies
- 6) Provide communities with IPC information and materials during emergencies

Strategic Objective 3: To Shape Positively the Enabling Environment Essential for the Attainment of Positive Nutrition Outcomes (nutrition policies, guidelines, legislations that influence policies of other sectors to have nutrition lens).

Expected outcome: Efficient and Effective Nutrition Legal Frameworks, Guidelines, Standards, and Code of Practice are in place

Strategy 1: Review, update and /or formulate legislation, guidelines, standards and code of practice on food quality and safety.

Interventions

- 1) Lobby with Legislators to enact food safety and consumer rights laws
- 2) Advocate for legislations in the control of marketing of unhealthy foods
- 3) Conduct joint visits at the ports of entry to monitor the safety and quality of imported food commodities including breastmilk substitutes
- 4) Conduct quarterly joint visits with MOCI, National Standard Board and EPA at food production, processing, labeling, storage and handling sites to inspect food commodities and advice on corrective actions to ensure adherence to standards, regulations and safety.
- 5) Establish a coordination mechanism for engagement in nutrition legal and regulatory process
- 6) Advocacy for development and oversight, monitoring and enforcement of Breast Milk Substitute (BMS)
- 7) Advocate for workplace support for breastfeeding mothers at both public and private workplaces
- 8) Advocate for longer Maternity Leave (one year) with salary and benefits
- 9) Advocate for Paternity Leave with salary and benefits

Strategy 2: Sensitize and Inform the Public and Key Decision Makers on the Importance of Food Quality and Safety.

Interventions

1) Conduct awareness and train relevant nutrition stakeholders to increase the knowledge of consumers on the danger, risks and diseases deriving from the consumption of unsafe food.

Strategy 3: Strengthen Institutional Capacity to Ensure the Monitoring and Enforcement of Food, Sanitary and Phytosanitary Standards. Consumer Education, Protection and put in place systems for consumers to Express Grievances and Make Suggestions for Improvement in Food Safety

Interventions

- 1) Conduct training to strengthen the capacity of Institutions and frontline staff on food sanitary and phytosanitary standards.
- 2) Monitor and institute reporting and feedback mechanism for consumers to report dissatisfaction and recommendations relating to food safety.

Strategy 4: Integrate Nutrition Goals into National Development Plans, Sectoral Policies/Plans, Programs and Projects.

- 1) Review all nutrition-sensitive key sectors annual programs (Agriculture, Education, NWASHC, Social Welfare, etc. to ensure they reflect sound nutrition-sensitive lens.
- 2) Orientate and train all relevant sectors stakeholders at all levels to enforce the Food and Nutrition legal instruments/Standards.
- 3) Negotiate with national authorities to enact laws, develop nutrition policies and guidelines that promote nutrition, food security and safety of food at all levels.
- 4) Enhance representation of nutrition at other sectoral forums
- 5) Support development and progress review of annual workplans and other multi-year plans and policies
- 6) Develop and disseminate annual reports
- 7) Conduct annual, midterm and end term reviews/evaluations

Strategy 5: Advocate to Improve Awareness Among Decision Makers on the Role of Nutrition in National Development and how Sectors can Work Together to Achieve Desirable Change.

Interventions

- 1) Engaging the Office of the President for the identification of Nutrition Champion.
- 2) Scale- up awareness on the importance of nutrition in national development among key political and economic decision makers through forums and presentations at sessions of the House of Representatives and Senate, and all relevant sectors at all levels.
- 3) Advocate for the ownership and institutionalization of the SUN Secretariat at the highest level in government
- 4) Lobby with Law makers at the highest level to prioritize nutrition in National Development plan.
- 5) Support annual nutrition learning forums
- 6) Participate in regional and global international meetings on nutrition

Strategic 6: Advocate for Gradual Increase of Financial Allocations for Nutrition by the Government.

- 1) Advocate for the creation of a budget line for SUN Secretariat and relevant partners.
- 2) Engage heads of relevant ministries and agencies for the development of budget lines for nutrition.
- 3) Support to increase multi-sectoral financial investment for nutrition by all stakeholders through roundtables, funding strategies
- 4) Regularly advocate for the timely disbursement of funds for nutrition related activities
- 5) Conduct high level fund raising for the NMNCSP implementation.
- 6) Conduct annual donor group forums on nutrition
- 7) Develop annual resource mobilization strategy
- 8) Conduct nutrition resource tracking at national and district level
- 9) Advocate for adequate financial resources for sustained and quality nutrition services including domestic resource mobilization

Strategy 7: Conduct Capacity Building to Strengthen Technical Capacity for Nutrition Program Implementation, Policy Analysis, Development and Monitoring of their Implementation at all Levels

Interventions

- 1) Conduct capacity strengthening and trainings of relevant nutrition stakeholders on planning, implementation, and management of nutrition programs
- 2) Advocate for Human Resource Development Specialty in Nutrition at Primary, Secondary and Tertiary levels.
- 3) Identify knowledge gaps and strengthen human capacity and understanding of nutrition interventions in line with the defined multi-sector institutional arrangement.
- 4) Conduct pre-service and in-service training for nutrition officers, frontline workers and other cadres of service providers involved in nutrition programming.
- 5) Advocate for the establishment of a National Nutrition Centre of Excellence

Strategy 8: Promote Public-Private Partnerships in Nutrition Programming

Interventions

- 1) Promote healthy business network with Public-Private partnership for nutrition.
- 2) Linked up with relevant ministries to ensure that the private sectors live up to its corporate social responsibilities relating to nutrition in order to save the lives of children.
- 3) Engage and train private sector companies and communities on nutrition sensitive value chain.
- 4) Engage in partnerships with private companies involved in food processing to encourage local nutritious food production and fortification of complementary food.
- 5) Conduct quality control of fortified foods through regular monitory at all levels of the food value chain.
- 6) Develop and disseminate framework for enhancing public-private partnership

Strategic Objective 4: To Improve Awareness and Practices of Positive Nutrition Behavior Essential for the Attainment of Optimal Nutrition Status (Demand Creation)

Expected outcome: Improved Awareness and Practices of Positive Nutrition Behavior Essential for the Attainment of Optimal Nutrition Status (Demand Creation)

Strategy 1: Create Awareness on Appropriate Dietary Practices and Lifestyles Essential for the prevention of NCDs Particularly Targeting Groups most at Risk

- 1) Ensure the development and dissemination of IEC materials on the prevention and management of NCDs especially for group most at risk.
- 2) Develop guidelines on evidence-based dietary practices essential for the prevention and control of NCDs.

- 3) Counseling and awareness campaigns on healthy diets, using food-based dietary guidelines, and on the importance of physical activity to prevent overweight, obesity and nutrition-related NCDs.
- 4) Make available nutritional flow chart at all NCD clinics for patients' education
- 5) Incorporate NCD related nutrition guidelines in teaching curriculum
- 6) Encourage weight monitoring of people most at risks especially in schools and at clinics.
- 7) Provision of nutrition services in NCDs clinics
- 8) Develop/review existing standards and regulations on healthy diets, NCDs and physical activities
- 9) Develop behavior change communication strategy on nutrition and NCDs
- 10) Develop key messages, advocacy tool kits and sensitize media, journalist and editors on NCDs
- 11) Create public demand for physical activity and healthy diet at workplace, institutions and community
- 12) Advocate for national and district fiscal budgets and prioritization on financing prevention and control of NCDs.
- **Strategy 2:** Encourage the Formation of Pressure Groups, such as Anti-smoking, Anti-drug and Anti-alcohol Abuse Groups, to enhance Capacity to Combat the Problems.

Interventions

- 1) Support the setting up of peer pressure groups (anti-smoking, anti-alcohol abuse, etc.) in targeted communities.
- 2) Ensure training of peer educators on NCDs and anti-substance abuse at all levels in the communities
- 3) Support the dissemination of the negative effects of smoking, substance abuse, alcohol and their subsequent NCDs via social media, radios and TV programs to the public.
- **Strategy 3:** Develop a Social Behaviour Change Communication Strategy to Increase Knowledge and Promote Positive Nutrition Behavior

- 1) Develop and disseminate SBCC strategy for nutrition.
- 2) Translate SBCC into various local languages and air via radio to increase knowledge and promote positive nutrition behaviors at all levels.
- 3) Promote the consumption of diversified local food at school canteens, workshops, social and official functions.
- 4) Develop specific nutrition behavioral education and communication plan for keystakeholders participating in multi-sectors Nutrition-Sensitive Programs
- 5) Conduct operational research for nutrition
- 6) Promote nutritional knowledge and sound behaviour and practices of caregivers towards food, social and dietary customs, family/childcare and feeding practices as well as household hygiene.

- 7) Adopt SBCC for pre-school, Primary and secondary schools' children, adolescents in and out of school platforms
- 8) Hold forums for dissemination of operational research findings and information sharing
- 9) Strengthen systematic review of Nutrition-Sensitive and Nutrition-Specific Research
- 10) Promote knowledge sharing forums such as symposiums and conferences, workshops, meetings
- 11) Establish an effective mechanism for knowledge management and learning
- 12) Promote knowledge sharing through publication

Strategy 4: Develop the Capacity of Community and Facility-based Service Providers on Essential Skills and Competencies in Nutrition

Interventions

- 1) Train community and facility-based service providers and community nutrition champions (influential persons) and provide BCC/IEC.
- 2) Promote nutritional knowledge and sound behaviours and practices of caregivers towards food, social and dietary customs, family/childcare and feeding practices as well as household hygiene.
- 3) Assess the capacity to identify nutrition knowledge gaps among targeted population to prepare appropriate information on positive behaviour patterns.
- 4) Strengthen community level structures to implement positive nutrition behaviours.
- 5) Train community volunteers and entertainers in promotion of nutrition education using the technique of edutainment

Strategy 5: Assign the SUN Focal Persons at an Appropriate Level/Office within Government with Convening Powers

Interventions

- 1) Scale-up awareness on the importance of nutrition to national development among key political and economic decision makers through forums and presentations at national assemblies and all relevant sessions at all levels.
- 2) Advocate with the Houses of Representative and Senate, Cabinet Ministers, and especially Ministry of Finance to place nutrition at the heart of national development.
- 3) Support the establishment of county and district level coordination mechanism for Nutrition Specific and Nutrition Sensitive Intervention.
- 4) Hold high level sensitization for atargeting policy makers on the value and impact of prioritizing nutrition.
- 5) Support districts to develop county advocacy, communication and social mobilization plans.
- 6) Engage nutrition champions to advocate for prioritization of nutrition at all levels.
- 7) Advocate for the establishment of County District Nutrition Officer

Strategy 6: Earmark Regular and Fixed Meeting Dates in Advance.

- 1) Conduct annual High level Ministerial Nutrition Meeting to share national progress, updates and increase awareness.
- 2) Conduct bi-monthly National Technical Working Group meetings (MIYCN, Nutrition information, Emergency nutrition, Advocacy meeting,)
- 3) Conduct National, County and District level Nutrition Coordination Meeting
- 4) Establish other TWG not in existence-Research in nutrition TWG, Capacity TWG

Strategic Objective 5: To Strengthen Sectoral and Multi-sectoral Monitoring, Evaluation, Learning, Accountability and Research in Nutrition

Expected outcome: Formulation and Implementation of Effective Monitoring and Evaluation Mechanism for Policy and Decision Making for Nutrition

Strategy 1: Strengthen Existing Systems and Capacity to Collect, Analyze, Report and Monitor Nutrition Situations to Ensure the Utilization of Data for Decision-Making.

Interventions

- 1) Build the capacity of health care providers and staff of relevant government sectors on the collection, analysis and utilization of nutrition information
- 2) Train all relevant data users on the interpretation of M&E nutrition data
- 3) Train M&E officers and decision makers on data management at all levels.
- 4) Scale- up timely and accurate data on nutrition progress targeting vulnerable population
- 5) Reinforce existing food and nutrition surveillance system for real time monitoring at all levels
- 6) Advocate conducting local research on nutrition status of vulnerable groups in country.
- 7) Support relevant research institutions with equipment, laboratory supplies and technical support to conduct Nutrition Research.
- 8) Review and disseminate M& E tools base on new nutrition information.
- 9) Develop and disseminate quarterly nutrition bulletins.
- 10) Conduct nutrition situation analysis, generate information products, and disseminate to all levels for planning and response
- 11) Support development and review of data protection sharing guidelines
- 12) Develop nutrition dashboards, scorecards, electronic data collection tools, etc.
- 13) Systematic utilization of nutrition information to inform program quality improvement

Strategy 2: Integrate and Assimilate Standard Nutrition Indicators into Sectoral Information Systems with a Priority for HMIS.

- 1) Define and integrate core Nutrition Indicators in the HMIS
- 2) Update and maintain National Nutrition Website

- 3) Integrate Nutrition Sensitive Indicators including Agriculture, Education, WASH and Social Protection performance and impact indicators.
- 4) Review/ Develop and disseminate guidelines on nutrition M&E based on field learning experience and emerging global guidance: Nutrition Coverage Guideline; Data Quality Audit (DQA) Guideline for nutrition indicators; Sentinel Sites DQA Guidelines reviewed; MIYCN KAP/KPC
- 5) Review/develop Field Assessment Manual; MIYCF assessment tools and guidelines; Nutrition HMIS tools review; SMART Survey Questionnaire review; KAP Survey Questionnaire review.
- 6) Participate in the HMIS Indicator Manual Review
- 7) Develop, Print, distribute and disseminate Nutrition M&E framework, tools, manuals, and guidelines

Strategy 3: Strengthen Information Systems to Ensure the Integration, Tracking of Progress, Analysis, and the Use of the Information for Decision Making

- 1) Develop and disseminate quarterly nutrition bulletins.
- 2) Hold feedback meetings among nutrition stakeholders at all levels; Update and maintain National Nutrition Website
- 3) Define and Integrate core Nutrition Indicators in Nutrition Health Management Information System (HMIS) and relevant existing platforms.
- 4) Track progress and challenges of all relevant Nutrition Specific and Nutrition Sensitive activities and share on a common platform.
- 5) Conduct routine nutrition data quality assessments and audits with key sectors
- 6) Conduct nutrition data clinics to reflect on NIS processes, key emerging issues, lessons learned from field implementation and tap into national, regional and global experts to improve NIS
- 7) Conduct Data Quality Audits for DHIS, LMIS and sentinel surveillance
- 8) Review and validate methodologies and results and quality monitoring during nutrition surveys-SMART, MIYCN KAP, KPC and Coverage surveys
- 9) Conduct Integrated Nutrition SMART Surveys, MIYCN KAP, KPC and coverage assessment
- 10) Map ongoing Nutrition Research and researchers in Liberia.
- 11) Integrate Nutrition Research into the National Research Strategy.
- 12) Advocate for local researcher to generate information for nutrition programming.
- 13) Conduct Nutrition Data dissemination on a quarterly basis.
- 14) Conduct an annual National Multi-sectoral Nutrition Conference every two years.
- 15) Establish and scale -up an integrated food and Nutrition Surveillance System for real time monitoring at all levels.
- 16) Established a country, county and district levels website to manage and share nutrition information in the form of a dashboard with key stakeholders
- 17) Conduct monthly multi-sectoral nutrition coordination meeting.
- 18) Conduct routine Nutrition Data Quality Assessments and audits with key sectors.
- 19) Develop a National Nutrition Resource Tracking Tool.

5 MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING (MEAL) FRAMEWORK

5.1 Introduction

Monitoring and evaluation will systematically track the progress of suggested interventions, and assesses the effectiveness, efficiency, relevance, and sustainability of these interventions. The generated information will inform the implementers, decision makers and various stakeholders as to whether the nutrition programs are on track, and when and where modifications may be needed.

It will be critical to have a transparent system of joint periodic data and performance reviews that will involve key multi-sectoral stakeholders who use the information generated from it. Stakeholders will be encouraged to be aligned with the reporting tools and processes and avoid operating in silos. For ownership and accountability, the nutrition program will maintain an implementation tracking plan which will keep track of review, and evaluation, recommendations, and feedback. It is recommended that approximately 10% of a program's total resource should be allotted for M&E, which may include the creation of data collection systems, data analysis software, information dissemination, and M&E coordination. Key details on indicators to be used for monitoring and evaluation are presented in Annex A and B.

5.2 Purpose of the MEAL Plan

The MEAL Plan aims to provide strategic information needed for evidence-based decisions at National and Sub-national levels through the development of a Common Results and Accountability Framework (CRAF). The CRAF will form the basis of one common results framework that integrates the information from all sectors related to nutrition, and other non-state actors e.g., Private sector, CSOs, NGOs: and external actors e.g., Development partners, technical partners resulting in overall improved efficiency, transparency and accountability.

The current nutrition situation and strategic interventions have been defined in earlier chapters, while the MEAL Plan outlines what indicators to track when, how, and by whom data will be collected. The MEAL Plan will suggest the frequency and the timeline for collective program performance reviews with stakeholders. The key indicators that will be used for the evaluation are outlined in Annex A.

5.3 Monitoring Process

To achieve a robust monitoring system, effective policies, tools, processes, and systems should be in place and adequately disseminated. The collection, tracking and analysis of data will thus make implementation effective to guide decision making. The critical elements to be monitored are (1) Resources (inputs) (2) Service statistics (3) Service coverage/Outcomes (4) Client/Patient outcomes (behavior change, morbidity) (5) Investment outputs (6) Access to services and (7) impact assessment. The key monitoring processes as outlined in Figure 10 will involve.



Figure 10: Monitoring Processes

5.4 Data Generation

Data will be collected from different sources to monitor the progress of implementation. These data will be collected through routine methods: surveys, sentinel surveillance and periodic assessments, among others. Routine health facility data will be generated using the existing mechanisms monthly. Other routine data, for example, training activity reports, are stored in the nutrition program for reference and consolidation. Data flow from the primary source through the levels of aggregation to the national level will be guided by reporting guidelines and SOPs and reach the National Nutrition Program by agreed timelines for all levels based on periodicity indicated in Annex A and B.

5.5 Data Validation

Data validation will be done through regular data quality assessment to verify the reported progress from source to aggregated values to ensure that data is of the highest quality. Annual and quarterly data quality audits will be carried out to review the data across all the indicators. Joint data validation meetings should be held with membership from key sectors and implementing partners.

5.6 Data analysis

This step ensures transformation of data into information which can be used for decision making at all levels. It requires a team with strong analytic skills to make sense of the data. The analysis will be done during the quarterly and annual performance reviews, where achievements will be compared against set targets in the strategic plan. Trend analysis will also be conducted. The output will include quarterly nutrition bulletins and annual nutrition performance review reports.

5.7 Information Dissemination

Information products, for example, the quarterly bulletins, annual performance review reports, nutrition fact sheets, developed will be routinely disseminated to key sector stakeholders and the public as part of the quarterly and annual reviews and feedback on the progress and plan provided.

5.8 Stakeholders' Collaboration

There are numerous stakeholders as mentioned in outlined the Annex A, who will play a pivotal role in the monitoring and evaluation of this strategic plan. A joint stakeholders' engagement and reporting framework will be put in place to guide effective engagement across the stakeholders, including the private sector players. The information generated by all these stakeholders is collectively required for the overall assessment of the sectors performance.

5.9 Evaluation of the Process and Criteria

To carry out a comprehensive and in-depth evaluation of the Strategic plan, clear evaluation questions are to be in place. The proposed evaluation criteria are elaborated below.

- **Relevance:** The extent to which the objectives of the Multi-sectoral Strategic Plan correspond to population needs, including nutrition needs of the vulnerable groups. It also includes an assessment of the responsiveness considering changes and shifts caused by external factors.
- **Effectiveness:** The extent to which Strategic objectives have been achieved; and the extent to which these objectives have contributed to the achievement of the intended results. Assessing the effectiveness will require a comparison of the intended goals, outcomes, and outputs with the actual achievements in terms of results.
- **Efficiency:** The extent to which the Multi-sectoral Strategic plan objectives have been achieved with the appropriate amount of resources
- **Sustainability:** The continuation of benefits from an outlined intervention after its termination.



6 RESOURCE REQUIREMENTS

The implementation of the LMNCSP requires that all interventions and activity's of the strategic objectives are costed. This section describes in detail the level of resource requirements for the strategic plan period, the available resources and the gap between what is anticipated and what is required. The estimates will help guide and inform the annual planning and budgeting as well as guide the country in the resource's mobilization initiatives for both domestic and external sources.

6.1 Resource Requirements for LMNCSP

Financial resources needed for the LMNCSP were estimated by costing all the activities necessary to achieve each of the strategic objectives. The strategic plan is costed using the Activity-Based Costing (ABC) approach. The ABC uses a bottom-up, input-based approach, indicating the cost of all inputs required to achieve Strategic plan targets. ABC is a process that allocates costs of inputs based on each activity, it attempts to identify what causes the cost to change (cost drivers); All costs of activities are traced to the product or service for which the activities are performed. The premise of the methodology under the ABC approach will be as follow; (i) The activities require inputs, such as labor, conference hall etc.; (ii) These inputs are required in certain quantities, and with certain frequencies; (iii) It is the product of the unit cost, the quantity, and the frequency of the input that gave the total input cost; (iv) The sum of all the input costs gave the Activity Cost. These were added up to arrive at the strategic objective, intervention and activity Cost, and eventually the resources need to implement the strategy for the next 5 years. The cost over time for all the strategic objective provides important details that will initiate debate and allow MoH and development partners to discuss priorities and decide on effective resource allocation for Nutrition

6.2 Summary cost estimates for the LMNSP

The Figure 11 provides summary costs estimates by year. From the costing, USD278.26 million is required to finance the strategy over the plan period. The resources need varies across years with year 1 requiring the highest amount at USD59.16 Million with year 5 requiring the least at USD 52.91 Million.



Figure 11: LMNSP Strategy Resource needs in USD Millions

Source: ABC Costing

The resource requirement for the strategy has been disaggregated by Strategic Objective as shown in the table 2. This further has been disaggregated by Strategic Objective as shown in the table2 below.

Table 2: Cost estimates for the LMNSP by Strategic Objective

Strategic Objective	Year 1	Year 2	Year 3	Year 4	Year 5	Total Cost
Strategic Objective 1: To ensure improvement access to and utilization of a comprehensive package of proven Direct Nutrition Interventions (DNI) and nutrition specific	22,670,584	17,853,977	21,891,748	19,431,024	18,549,599	100,396,931
interventions						
Strategic Objective 2: To improve the underlying determinants of Malnutrition through multi-sectoral Nutrition Sensitive interventions which compliment Nutrition specific interventions towards ending all forms of malnutrition	21,523,337	20,910,925	22,020,066	21,872,994	22,162,132	108,489,454
Strategic Objective 3: To shape positively the enabling environment essential for the attainment of positive nutrition outcomes (nutrition policies, guidelines, laws and legislations, influence policies of other sectors to have nutrition lens)	7,434,500	6,819,544	7,218,187	7,102,107	7,265,456	35,839,793
Strategic Objective 4: To improve awareness and practices of positive nutrition behaviors essential for the attainment of optimal nutrition status (demand creation)	2,639,332	2,255,093	2,387,572	2,360,020	2,487,521	12,129,537
Strategic Objective 5: To strengthen sectoral and multi- sectoral monitoring, evaluation, learning, accountability, and research in nutrition	4,887,803	9,317,809	2,491,853	2,257,163	2,450,238	21,404,866
Grand Total	59,155,557	57,157,347	56,009,425	53,023,308	52,914,945	278,260,582

Source: ABC Costing

Analysis of the resources requirements shows that 36.08% of the funds will be required for strategic objective 2: to improve the underlying determinants of Malnutrition through multi-sectoral Nutrition Sensitive interventions which compliment Nutrition specific interventions towards ending all forms of malnutrition will require the largest resources need for the 5 years at 38.99%; while strategic objective 1, that ensure improvement access to and utilization of a comprehensive package of proven Direct Nutrition Interventions (DNI) and nutrition specific interventions will consume the second largest resource need at 36.08%; the lowest resources need is for strategic objective on improve

awareness and practices of positive nutrition behaviors essential for the attainment of optimal nutrition status (demand creation) accounting for 4.36% for resources need for the next 5 years.

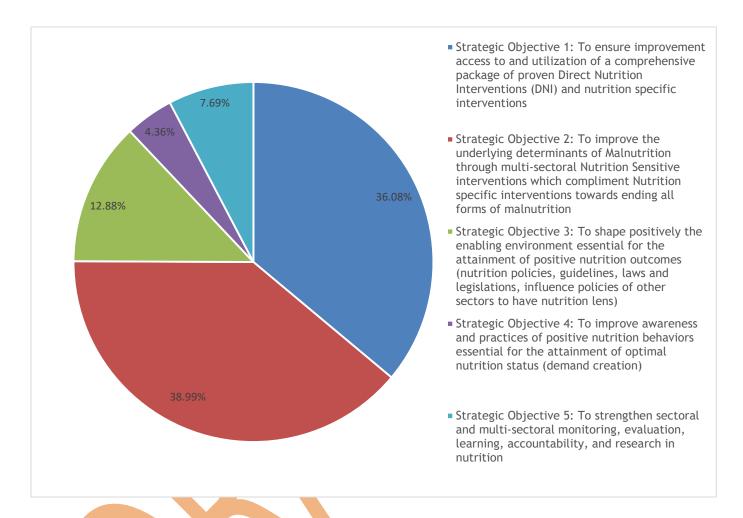


Figure 12:Breakdown of Cost estimates for the LMNSP Framework

More details on the cost for each on the intervention prioritized in this multisectoral nutrition strategic plan is presented in Annex B.

6.3 Strategies to catalyze resources mobilization

Strategies to mobilize resources

- lobbying for a legislative framework at both Houses of Representatives and Senate a for resource mobilization and allocation
- Identification of potential donors both bilateral and multi-lateral
- Conducting stakeholders mapping
- Call the partners to a resource mobilization meeting
- Identification, appointment, and accreditation of eminent persons in the Subregions as resource mobilization good will ambassadors

Strategies to ensure efficiency in resource utilization

- Thorough planning for utilization of the allocated resources
- Implementation plans with timelines
- Continuous monitoring of impact process indicators
- Periodic evaluation objectives if they have been achieved as planned.
- Ensure that the steering committees are active and delivering on their mandate by supporting their efforts on nutrition financing.



7 INSTITUTIONAL FRAMEWORK

The National Multi-Sector Nutrition Costed Strategic Plan 2020–2025 will be implemented using multi-sectoral approach in line with the National Nutrition Policy 2019-2023. Figure 8 below presents a flowchart of the National Multi-sectoral Nutrition Costed Strategic Plan Institutional Arrangement.

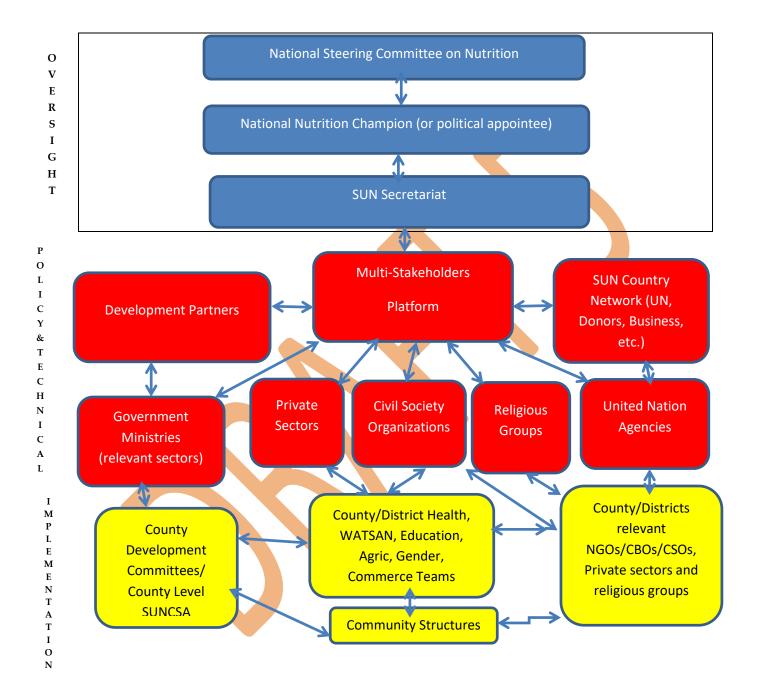


Figure 13: The National Multi-Sector Nutrition Costed Strategic Plan Institutional Arrangement

The National Multi-Sectoral Nutrition Costed Strategic Plan (NMNCSP) is focused mainly on stunting reduction while seeking to address other forms of malnutrition. The NMNCSP seeks to operationalize the National Nutrition Policy revised in 2019, through the formulation of interventions which address the context, causes and consequences of all forms of malnutrition in Liberia.

7.1 Stunting Reduction Framework

The approach to stunting reduction used in the National Multi-sectoral Nutrition Costed Strategic Plan is consistent with the World Health Organization (WHO) Conceptual Framework on multi-sector actions needed to achieve optimum nutrition. This Conceptual Framework emphasizes the need to foster an enabling environment for a comprehensive collaboration between key stakeholders in order to achieve high-impact Nutrition-Specific and Nutrition-Sensitive outcomes.

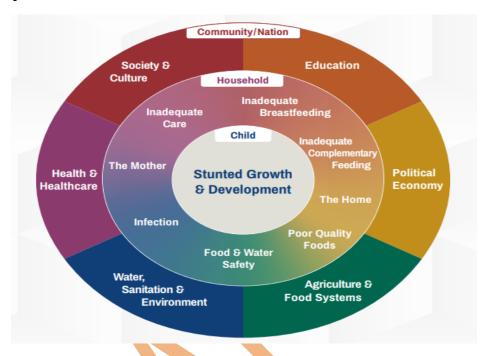


Figure 14: WHO Conceptual Framework for Stunting Reduction

The Conceptual Framework above summarizes three levels of factors associated with childhood stunting: Context, Causes and Consequences at National, Household, and Individual Levels.

7.2 Interventions in Key Sectors

The key sectors for interventions are guided by the National Nutrition Policy and Compendium of Actions for Nutrition under the following 10 Thematic Areas: 1. Crops/Horticulture, 2, Fisheries/ Livestock, 3) Food Consumption and Healthy Practices, 4) Food Fortification, Processing and Storage, 5. Prevention and Management of Acute Malnutrition, 6) Maternal Infant and Young Child Feeding (MIYCF), 7)Multiple Micronutrient Supplementation, 8) Prevention of Nutrition Related Diseases, 9) Social Protection and Gender Empowerment 10) WASH and 11) Emergency and Shock. The actions and sub-actions selected during national consultation with relevant ministries and agencies (MIA, MICAT, MFDP, MOA, MOCI, MOE, MOGCSP, MOH, MOYS, MPW, NaFFA, NPHIL, SUN, NWASHC, CSO, County Health Teams, MSP, etc.) are those deemed relevant to obtaining the objectives of the National Nutrition Policy of Liberia.

7.3 The Multi-Sector Nutrition Governance

Multi-sector approach for the reduction of malnutrition with emphasis on stunting reduction requires an enabling environment for a comprehensive collaboration and coordination between key stakeholders at capital, county, district, and community levels in order to achieve high-impact, Nutrition Specific and Nutrition Sensitive outcomes. The SUN Secretariat leads the multi-stakeholders' platform which ensures coordination amongst various stakeholders who contribute to the multi-sectorial interventions.

Key sectors such as agriculture, health, education, social protection and social safety net, early child development, water, hygiene and sanitation, and the private sector are essential in addressing the underlying causes of malnutrition.

Some important actions that contribute to the enhancement of an enabling environment for nutrition include:

- 1. Increase in financial resource allocation for nutrition activities or projects at the county/district levels from the Ministry of Finance and Development Planning.
- 2. Strengthen capacity of relevant frontline staff in the nutrition department of the various line ministries for Nutrition Specific and Nutrition Sensitive activities.
- 3. Coordination mechanism should be active and encouraged to bring together sectors specific technical expertise through the conduct of meetings for information sharing and technical advice and nutrition governance.
- 4. Efforts should be made to foster collaboration between private sectors, CSO (Civil Society Organizations), religious groups and all relevant stakeholders to ignite their interest in Nutrition programs.
- 5. Continued advocacy should be held for the enactment of legal instruments which protect and promote nutrition in country

7.4 Roles and Responsibilities of The Main Nutrition Stakeholders

The Government recognizes the importance of stakeholders and partnership in the implementation of the National Multi-sector Nutrition Costed Strategic Plan based on the National Nutrition Policy. The stakeholders include line ministries, departments, agencies, United Nations Agencies, International NGOs, development partners, academic and research institutions, the public sector, the private sector, CSOs, NGOs, faith-based organizations, and the communities. Their roles are indicated in the columns "Responsible" of Annex A: Implementation Matrix.

7.5 Risks and Assumptions (National, County and District Levels)

7.5.1 Risks

- a) Possibility of insecurity resulting from civil unrest of magnitude large enough to obstruct nutrition interventions
- b) Natural or man-made disasters or hazards: Liberia is prone to man-made and natural disasters, epidemics and pandemics. These include among others, seasonal floods, mudslides, bad roads cutting off part of the country from the capital and major ports of importations of vital communities, cholera, measles, Ebola Virus,

- and the Corona Virus (Covid-19). These emergencies have a negative impact on the health and nutrition wellbeing of children and women mainly.
- c) Inadequate funding for nutrition due to economic constraints/ hardship
- d) Possibility of reoccurrence of epidemics like Ebola or pandemics like Corona Virus (Covid-19) demanding government to declare state of emergency.
- e) Limited or inadequate nutrition human resource.
- f) The amount Number of national food reserve in case of disaster or hazards to respond to vulnerable population to help keep up their nutrition intake.

7.5.2 Assumptions

- a) Government will set nutrition as national development priority
- b) Adequate funding budgeted for nutrition by the government or—supported by Donors and Development Partners
- c) Government will support the implementation and operationalization of this National Multi-sectoral Nutrition Costed Strategic Plan
- d) The enactment of required policies and legislation will be fast tracked to protect and safeguard nutrition in the country
- e) Government and partners will promote capacity building and human resource development for nutrition
- f) A multi-sector partnership will be strengthened to highlightnutrition across all relevant sectors
- g) The level of awareness will be increased among high-level and all nutrition stakeholders.
- h) Nutrition will form an essential part of all development interventions at county, district and community levels.
- i) Nutrition education will be incorporated in the National Education Curriculum at all levels
- j) Nutrition focal persons will be appointed in all relevant government ministries.
- k) Government will support the establishment of a National Food Security Response Strategy or Plan to link with the Regional Response Plan
- l) Government will ensure that there is Food Security Emergency Plan COVID-19 Preparedness and Response.

8 REFERENCES

- AAH. (2019). *Action Against Hunger Africa Liberia*. Retrieved August 06, 2021, from https://www.actionagainsthunger.org/countries/africa/liberia#:~:text=Because%2 0of%20the%20country's%20low,insecurity%20since%20the%20civil%20war.&text =Currently%2C%2038.4%25%20of%20the%20population,access%20to%20basic% 20health%20services.
- Black et al, R. E. (2013). Maternal and child undernutrition and overweight in low and middle income countries.
- CEIC. (2020). *Liberia Economic indicators*. Retrieved from https://www.ceicdata.com>liberia
- FAO. (2018). *National Gender Profile of Agriculture and Rural Livelihoods Liberia*. Monrovia. Retrieved from http://www.fao.org/3/i8444en/I8444EN.pdf
- GHI. (2020). *Liberia Global Hunger Index*. Retrieved from https://www.globalhungerindex.org
- NI. (2018). Nutrition International Programme Gender Equality Strategy.
- UNDESA. (2020). UN Department of Economic and Social Affairs and the World Population Prospects. Population Division.
- UNDESA. (2021). *UN Department of Economic and Social Affairs and the World Population Prospects*. Population Division.
- UNICEF. (2010). Qualitative Study of IYCF Practices in Liberia.
- UNICEF. (2017). Progress on drinking water, sanitation and hygiene.
- UNICEF. (2018). Global Breastfeeding Country Profile of Liberia.
- UNICEF. (2018). Liberia Demographic and Health Survey 2019-2020. Monrovia, Liberia.
- UNICEF. (2018). *The situation for children in Liberia*. Retrieved from https://www.unicef.org/liberia/situation-children-liberia
- UNICEF. (August 2020). *Maternal and Newborn Coverage*. New York. Retrieved from http://data.unicef.org/maternal-health/delivery-care
- UNN. (2019). *Liberia The UN Network for SUN*. Retrieved from https://www.unnetworkforsun.org>
- USAID. (June 2018). *Liberia Gender Assessment*. Retrieved from https://pdf.usaid.gov/pdf_docs/PA00WB3Z.pdf

- WFP. (2018). Comprehensive Food Security and Nutrition Survey.
- WHO. (2020). *Word Health Assembly Global Targets* 2025. Retrieved from https://www.who.int>Nutrition
- WHO AFRO. (2019). *Liberia Country Cooperation Strategy* 2018 2021. Brazzaville. Retrieved from https://www.afro.who.int/sites/default/files/2019-09/CCS_Liberia_ISBN_Final_18Sep2019_0.pdf
- World Bank. (2020). *World Economic Outlook Database*. Retrieved November 30, 2020, from http://iresearch.worldbank.org/PovcalNet/home.aspx
- World Bank. (2020). *World Economic Outlook Database*. Retrieved from https://data.worldbank.org/indicator/SI.POV.GINI.



9 STRATEGIC PLAN ANNEXES

ANNEX A: Monitoring and Evaluation Matrix

Impact indicators

IMPACT	Indicator	Baseline	Baseline Data Source	Mid-	End-Term target
		2023		term	(2027)
				Target	
				(2025)	
Reduce the proportion of children under-	Prevalence rate (%) of stunting in children 0 to	30%	LDHS 2019-2020	22%	18%
five who are stunted to 22% GOL Pro-	59 months of age (low height for age)				
poor Agenda for Development and					
Prosperity for Liberia					
Reduce and maintain childhood wasting	Percentage of wasted children under five years	3%	LDHS 2019-2020	2.5%	2%
to less than 5% (WHA Target) by 2025	(low weight for height).				
Reduce the proportion of children who	Percentage of under-weight under five years	11%	LDHS 2019-2020	10%	8%
are underweight	(low weight for age)				
Reduce the prevalence of children with	Prevalence rate (%) of global acute malnutrition	3.8 %	LDHS 2019-2020	2%	1.5%
acute malnutrition	in infants less than 6 months				
	Prevalence rate (%) of global acute malnutrition	4%	LDHS 2019-2020	2 %	1%
	in children 6 to 59 months of age				
	Prevalence rate (%) of severe acute malnutrition	0.5%	LDHS2019-2020	0.25%	0.1%
	in children less than 6 months of age				
	Prevalence rate (%) of severe acute malnutrition	1%	LDHS 2019 2020	0.5%	0.2%
	in children 6 to 59 months of age				
	Prevalence rate (%) of moderate acute	3%	LDHS 2019-2020	2%	1.5 %
	malnutrition in infants less than 6 to 59 months				
	of age				
	Prevalence rate (%) of moderate acute	3.3%	LDHS 2019-2020	2.3%	1.5%
	malnutrition in infants less than 6 months of age				
No increase in childhood overweight	Percentage of overweight or obese children less	4.4%	GNR 2021	3.0%	2.0%
(children under 5 years of age) (WHA	than 5 years (high weight for height->2SD)				
Target) by 2025					
Improved survival of children below the	Neonatal mortality rate	3.7%	LDHS 2019	2%	1.0%
age of 5 by 25%	Infant mortality rate	6.3%	LDHS 2019	4%	2%

IMPACT	Indicator	Baseline 2023	Baseline Data Source	Mid- term Target (2025)	End-Term target (2027)
	Under-5 mortality rate	9.3%	LDHS 2019	7.3%	4%
Reduction of the burden of DRNCDs	DRNCDs mortality rate (18-59 years) (per 100,000)	No data	WHO NCD Progress Monitor		
	Prevalence of overweight among female adults 18-69	16.5%	GNR 2021	12%	10%
	Proportion of male adults aged 18-69 years who are overweight	6.7%	GNR 2021	4%	2%
	Proportion of female adults aged 18-69 years who are obese	20.7%	GNR 2021	17%	10%
	Proportion of male adults aged 18-69 years who are obese	9.2%	GNR 2021	7%	5%
	Prevalence of Hypertension among women(rising blood pressure)	28.1%	GNR 2021	20%	10%
Educational attainment of the female household population improved by 40%	Percentage of women who have completed at least twelve years of schooling	5%	LDHS 2019-2020	20%	30%
Reduce anaemia in women of reproductive age (pregnant women,	Prevalence of iron deficiency anaemia in pregnant women (52% reduction by 2025 WHA)	52%	LDHS 2019	26%	15%
children and adolescents	% Of children under 5 years who are Anaemic	71%	LDHS 2019	40%	15%
	% Of adolescent girls aged 15-19 years who are anaemic	55%	LDHS 2019	45%	35%
Improved micronutrient consumption	Percentage of households consuming salt with any iodine	98%	LDHS 2019	100%	100%
	Vitamin A coverage among children aged between 6-59 months at population level	51%	LDHS 2019	60%	75%
	% Of children under 5 years who have vitamin A deficiency	53%	LDHS 2019-2020	30%	10%
	Prevalence of ZINC coverage among preschool children aged below 59 months	16%	LDHS 2019-2020	10%	5%
Nutritionist density (No. of nutritionists per 100,000 population)	Number of nutritionists per 100,000 population disaggregated by sex	No data			

Output indicators

Strategic Objective 1: - To ensure improved access to and util		mprehensive package of	f proven Dii	rect Nutritio	n Interventio	ns (DNI) and	d nutrition
Strategy 1: Adopt community health initiatives to roll out integra			at health fac	ility and com	nmunity level	le le	
Output: Integrated management of acute malnutrition (IMAM) at							
Outcome indicators	Baseline	Data source	2023	2024	2025	2026	2027
% Of SAM outpatients who fully recovered.	81%	MOH /RHIS	86%	91%	96%	100%	100%
Output indicators	Baseline	Data source	2023	2024	2025	2026	2027
# Of health centers integrating IYCF with IMAM & IMNCI	890	MOH /RHIS	940	990	1040	1090	1140
# Of health centers providing IMAM services	297	MOH /RHIS	337	377	417	459	500
% Of under 5s screened for MAM and SAM	85%	MOH /RHIS	87%	89%	91%	93%	95%
# Of CHAs trained in IMAM management	4003	MOH /RHIS	4253	4503	4753	5253	5503
% Of under 5s screened for SAM and MAM	85%	MOH/RHIS	87%	89%	91%	93%	95%
# Of community care givers trained in nutrition sensitive interventions per year	244,273	MOH /RHIS/UNICEF 2021	7500	7500	7500	8000	8000
# Of Pregnant and Lactating women who benefit from nutrition Counseling at health centers	218000	MOH /RHIS	225000	230000	235000	240000	250000
Strategy 2: Integrate cross sectional linkages to ensure that DNIs	are provided ro	utinely within the publi	c health care	system and	mainstreame	ed in other se	ctors
Output: DNIs provided routinely within the public healthcare sys	stem through c	ross sectional linkages					
Outcome indicators	Baseline	Data source	2023	2024	2025	2026	2027
% Of children 6-23 months receiving the minimum acceptable complementary food	3%	LDHS 2019-2020	10%	20%	30%	40%	50%
% Of children 6-23 months consuming minimum dietary diversified foods	9%	LDHS 2019-2020	15%	20%	25%	30%	35%
Proportion of children aged 6-23 months receiving an adequate (quantity and quality) diet	3%	LDHS 2019-2020	10%	20%	30%	40%	50%
Output indicators	Baseline	Data source	2023	2024	2025	2026	2027
% Of pregnant women attending ANC provided with IFA	12%	MOH /RHIS	20%	35%	50%	60%	86%

% of pregnant women seen at the ANC, provided with Insecticide-Treated Nets (ITNS)	5% during ANC (83% HH from Mass distribution)	LDHS 2019-2020	10%	12%	13%	15%	17%
% of pregnant and lactating women seen at the ANC provided	59.3%	LDHS 2019-2020	65%	75%	85%	95%	100%
with nutrition counseling							
Percentage of infants that were breastfed within one hour after	61%	LDHS 2019-2020	70%	75%	80%	85%	95%
delivery							
Percentage of children 0-6 months exclusively breastfed.	55%	LDHS 2019-2020	60%	65%	75%	80%	85%
Percentage of children (12-59 months) receiving de-worming	52%	LDHS 2019-2020	60%	65%	70%	75%	80%
medication every 6 months			-				
Proportion of school-aged children (6-14 years) dewormed	No data						
Percentage of children (6-11 months) receiving Vitamin A	43.95%	LDHS 2019-2020	50%	55%	60%	63%	65%
Supplementation every six months							
Percentage of children (12-59 months) receiving Vitamin A	48.3%	LDHS 2019-2020	55%	60%	65%	70%	75%
Supplementation every six months							
Proportion of children under 5 attending CWC who are	No data						
underweight							
Percentage of new-borns in the facilities, with low birth weight	12%	LDHS 2019-2020	10%	8%	6%	5%	4%
Proportion of children under 5 attending CWC who are stunted	30%	LDHS 2019-2020	28%	26%	22%	20%	18%
# Of children 6-23 months who receive MNP	319,345	MoH/Nutrition	125,000	312,500	312,500	625,000	700,000
World breastfeeding week celebrated	1	MoH/Nutrition	1	1	1	1	1
# of Health Facilities implementing the 10 steps of BFHI	9	MoH/Nutrition	8	9	9	9	9
# of HCWs trained on maternal, adolescent, infant and young	224,273	MoH/ UNICEF,2021	250,000	275,000	300,000	325,000	350,000
child nutrition							
Strategic Objective 2:- To address the underlying determinants		n through multi-sectora alnutrition	l Nutrition S	Sensitive into	erventions t	owards endi	ng all forms
Strategy 1: Integrate nutrition into WASH policies, strategies, plan							
Output: Nutrition integrated into WASH policies, strategies and p		mcs.					
Output indicators	Baseline	Data source	2023	2024	2025	2026	2027
% of communities with safe drinking water supply systems and	85%	NWASHC /LISGIS	87%	89%	90%	95%	100%
of communities with safe utiliking water supply systems and	05/0	INVVASITC/LISGIS	07 /0	09/0	<i>90 /</i> 0	90 /0	100 /0

services.

# of communities sensitized on linkages between WASH and	2880	NWASHC /LISGIS	3500	2500	2500	2700	2450
undernutrition targeting men and women across different ages,							
diversity, and level of influence.							
# of communities sensitized on environmental hygiene	2880	NWASHC /LISGIS	3500	2500	2500	2700	2450
promotion in public areas and domestic facilities per year							
Strategy 2: Integrate nutrition into agriculture for improved hous	ehold food secu	rity					
Output: Improved household food security due to use of appropriate to the control of the control	riate technologie	es for the production, pr	ocessing and	handling of	agricultural p	roducts	
Output indicators	Baseline	Data source	2023	2024	2025	2026	2027
# of community nutrition relevant stakeholders trained on	No data						
irrigation techniques and water banks / reservoirs.							
# of communities introduced to bio-fortified crops production	No data						
# of communities trained on fish and insect farming per year	15	MoA/LISGIS	240	240	240	240	240
# Of communities rearing homestead animals	15	MoA	240	250	200	240	240
# of farmers supplied with high nutritive value local seeds	15	MoA/LISGIS	1110	2220	0	4440	5550
# of sensitization sessions conducted at community levels on	11	MoA/LISGIS	30	30	30	30	30
consumption of affordable and locally produced diversified							
nutritious food							
# of households trained on homestead farming, food processing,	No data	MoA/LISGIS					
food preservation, food storage							
Strategy 3: Integrate nutrition into education enhanced nutrition	of school-going	children and adolescent	s				
Output: Nutrition integrated into the education sector							
Output indicators	Baseline	Data source	2023	2024	2025	2026	2027
Nutrition incorporated in the school curriculum	Nil	МоЕ	0	0	0	1	1
%of schools conducting cooking demonstrations to promote	30%	МоЕ	30%	35%	40%	45%	50%
optimal nutritious food at least once per year							
Number of schools with school gardens for agricultural	50	MoE	100	150	200	250	200
production	30	NIOE	100	150	200	250	300
Strategy 4: Integrate nutrition into social welfare services to provi	de a social safet	ty-net to vulnerable grou	aps for impro	ved health ar	nd nutrition.		
Output: Nutrition integrated into the social welfare services							
Output indicators	Baseline	Data source	2023	2024	2025	2026	2027
Output marcators	Daseille	Data source	2020	2021	2020	2020	
% of identified vulnerable households provided with nutrition	No data	MoGCSP	2020	2021	2020	2020	

# Of staff trained to identify children from vulnerable households who should benefit from social safety nets.	385	MoGCSP	100	100	150	200	200
# of stakeholders in social protection trained on good nutrition practices	385	MoGCSP	500	500	500	500	500
# Of vulnerable children 6-23 months linked with social safety	45	MoGCSP	100	100	100	100	100
nets							
% of poor households with poor children and adolescents, receiving cash transfers	3,451	MoGCSP	7,000	10,400	13,400	16,400	20,000
% of poor households with women and children, receiving specialized food transfers	0	MoGCSP	9,000	11,000	13,000	15,000	17,000
Strategy 5: Enhance an effective and functional institutional system	m for disaster r	isk management and em	ergency resp	onse			
Output: Nutrition maintained during disasters/emergencies							
Output indicators	Baseline	Data source	2023	2024	2025	2026	2027
Nutrition contingency emergency plan in place	0	МоН	1				
# of staff trained on nutrition surveillance and response in	0	MoH	75	75	75	75	100
emergencies							
Emergency coordination committees in place	Unknown	MoH	15				
# of coordination meetings held on emergency response	Unknown	МоН	6	6	6	6	6
# ofCounties with emergency supplies prepositioned	Unknown	МоН					
Strategic objective 3: To shape the enabl	ing environme	ent essential for the attai	nment of po	sitive nutriti	on outcomes		
Strategy 1: Review, update and /or formulate legislation, guidelin	es, standards, a	and code of practice on fo	ood quality a	nd safety, an	d nutrition.		
Output: Updated regulations, legislation, policies and guidelines	on food quality	and safety	•				
Output indicators	Baseline	Data source	2023	2024	2025	2026	2027
Food safety and consumer rights laws in place	1	MoCI	0	0	1	0	0
Legislation on marketing of unhealthy foods in place	1	SUN CSA	1	1	1	1	1
# Of laws/ regulations enacted on CMBS	1	МоН	1				
Proportion of workplaces with lactation rooms	Unknown	МоН	10%	20%	30%	40%	50%
Proportion of foods products, processed, labelled and stored	Unknown	MoCI					
which MoCI, National Standards Board and EPA considered							
safe.							
# of stakeholders sensitized on food labelling, and dangers of	Unknown	MoCI	50	50	50	50	50
consuming unsafe foods							
Strategy 2: Enhanced advocacy for nutrition							

Output: Public and key decision makers aware of the importance	· · · · · ·				1	1	
Output indicators	Baseline	Data source	2023	2024	2025	2026	2027
# Of joint visits and inspections conducted at food processing and	1	SUNCSA	4	4	4	4	4
labelling businesses.							
No. of counties with nutrition advocacy, communication and	6	SUN CSA	3	2	2	1	1
social mobilization plans.							
SUN secretariat premised at the office of the Vice president	0	SUN	1	1	1	1	1
SUN Sub-National offices created	8	SUN	3	2	1	1	
Strategy 3. Strengthen institutional capacity to ensure adherence t	o food, sanitar	y and phytosanitary stan	dards.				
Output: Food, sanitary and phytosanitary standards enhanced							
Output indicators	Baseline	Data source	2023	2024	2025	2026	2027
# of HCWs trained on food sanitary and phytosanitary standards	0	MoH/MoCI	100	200	200	200	200
No. of counties with labs for testing food to ensure nutrition	1	MoCI	3	3	4	2	2
values are maintained							
Strategy 4: Enhanced nutrition stakeholder coordination							
Output: Nutrition stakeholders well coordinated							
Output indicators	Baseline	Data source	2023	2024	2025	2026	2027
No. of multisectoral coordination meetings held	Unknown	SUN	12	12	12	12	12
Annual joint performance review meeting on nutrition,	0	SUN/REACH	1	1	1	1	1
conducted							
Strategy 5: Increase financial allocations for nutrition by the Gove	rnment.						
Output: Increased budgetary allocation for nutrition							
Output indicators	Baseline	Data source	2023	2024	2025	2026	2027
Number of ministries with nutrition line budget	0						
Budgetary allocation to nutrition on as a percentage of total	0%	SUN CSAL	3%	6%	9%	12%	15%
health budget							
# of partners funding nutrition interventions	8	SUN	8	10	15	20	20
Resource mobilization strategy in place	0	SUN	0	1	1	1	1
Resource tracking for nutrition done	1	SUN CSAL	1	1	1	1	1
Strategy 6: Build the capacity for nutrition at all levels							
Output: Improved technical capacity of HCWs on nutrition							
Output indicators	Baseline	Data source	2023	2024	2025	2026	2027
# of nutritionists specialized various areas, e.g. oncology,	6	МоН	12	18	24	27	27
diabetes, renal etc							

Nutrition centre of excellence in place	l o	SUN	1	2	3	2	2				
Strategy 7: Promote Public-Private Partnerships in nutrition prog		JUN	1] 3		<u> </u>				
Output: Enhanced PPP in nutrition	ranning										
Output indicators	Baseline	Data source	2023	2024	2025	2026	2027				
# of private institutions supporting nutrition interventions as	0	SUN	2023	3	4	5	5				
CSR	U	SUN	2	3	4	3	3				
# Of public-private partnership established on nutrition	0	SUN	5	5	5	5	5				
# of private sector stakeholders trained on nutrition sensitive	0	SUN	5	4	3	2	2				
value chain											
Strategic objective 4: To increa	se the demand	for nutrition services t	hrough imp	roved awarer	ness						
Strategy 1: Increase awareness of nutrition in NCD prevention an											
Output: Improved awareness on appropriate nutrition practices t	o prevent NCD	s									
Output indicators	Baseline	Data source	2023	2024	2025	2026	2027				
# of campaigns conducted on healthy diets and physical activities	0	МоН	20	20	40	60	60				
Number of journalists trained on diet related NCD management	0	MoH	0	10	15	20	25				
Strategy 2: Improve the behaviour change for positive nutrition outcomes.											
Output: Improved knowledge, attitude and practice of positive no											
Output indicators	Baseline	Data source	2023	2024	2025	2026	2027				
SBC strategy for nutrition developed	0	МоН		1							
Strategy 3: Strengthen community nutrition interventions			-	-		1	_				
Output: Improved knowledge, attitude and practice of positive n	utrition habits										
Output indicators	Baseline	Data source	2023	2024	2025	2026	2027				
Proportion of population consuming diversified local foods	unknown	МоН	50%	60%	70%	75%	80%				
Strategic Objective 5: To strengthen sectoral and m					nd research	in nutrition					
Strategy 1. To strengthen sectoral and multi-sectoral monitoring,				nutrition							
Output: Enhanced systems for collection, analysis, reporting/mor	itoring of nutri	tion interventions and or	utcomes								
Output indicators	Baseline	Data source	2023	2024	2025	2026	2027				
# of nutrition staff trained on analysis and interpretation of	1	МоН	5	10	15	20	25				
nutrition data											
# of data collection tools for nutrition reviewed	No Data										
# of Ministries with nutrition sensitive indicators integrated in	2	МоН	4	6	10	12	20				
the HMIS											

No Data	No Data						
# of nutrition dashboards developed	0	МоН	1	1	1	1	1
Strategy 2: Strengthen systems for dissemination and use of nutrit	tion data.						
Output: Nutrition data/information disseminated to various stake	holders						
Output indicators	Baseline	Data source	2023	2024	2025	2026	2027
# of operational researches conducted on nutrition per year	0	SUN	0	1	0	1	0
# of nutrition related publications per year	0	SUN	2	3	4	5	6
# of nutrition bulletins developed per year 0 SUN 12 12 12 12 12 12							12
# of nutrition knowledge sharing forums conducted per year	0	SUN	2	2	2	2	2
# of nutrition multistakeholder conferences conducted per year	2	SUN	1	1	1	1	1
# of nutrition information system guidelines	0	SUN	2	0	2	0	2
reviewed/developed							
Strategy 3: Strengthen information systems to ensure the integrati	on, tracking of	progress, analysis, and t	the use of the	information	for decision-	making	
Improved quality of nutrition information for decision making							
Output indicators	Baseline	Data source	2023	2024	2025	2026	2027
# of data quality assessments conducted on nutrition data	4	MoH	4	4	4	4	4

ANNEX B: Implementation Matrix

The implementation matrix consists of the strategic objectives, strategies and prioritized interventions in the MSN plan. This section shows the resources need which are indicated in the expected year of intervention implementation. In addition the responsible entity and supporting entities drawn from multisectoral stakeholders, relevant line ministries and agencies are also indicated.

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
Strategic Objective 1: To ensure improvement access to and utilization of a comprehensive package of proven Direct Nutrition Interventions (DNI) and nutrition specific interventions			22,670.6	17,854.0	21,891.7	19,431.0	18,549.6	100,396.9
Strategy 1: Adopt community health initiatives to roll out integrated management of acute malnutrition nutrition at health facilities and community levels			15,439.8	12,481.9	14,621.1	12,033.7	11,631.1	66,207.6
Procure and distribute Integrated Management of Acute Malnutrition (IMAM) supplies and equipment, including outreach and OPT	MOH	UNICEF, WHO, and other relevant stakeholders	12,191.4	11,947.6	11,708.6	11,474.4	11,244.9	58,566.9
2. Advocate for increased resource allocation for IMAM implementation including commodities, equipment, HR	MOH/SUN CSO	UNICEF, WHO, REACH and other relevant stakeholders	21.6	22.1	22.6	23.2	-	89.5
3. Integrate MIYCF with IMAM, and IMNCI (Integrated Management of Neonatal and Childhood Illnesses) package and services (Social Services and livelihood) as prevention strategies at community and household levell	МОН	WHO, UNICEF, MOGCSP and other relevant stakeholders	28.8	-	-	-	-	28.8
4. Conduct mass screening and routine screening of under 5 to facilitate the identification of individuals with Severe or Moderate Acute Malnutrition (MAM) and refer appropriately	МОН	UNICEF, AAH, Concern, LMH, and other relevant INGOs	2,806.0	338.6	2,867.2	354.3	362.5	6,728.6
5. Support Outpatient management of SAM, Impatient Management of SAM, targeted supplementary feeding to treat MAM and enhanced nutrition counseling.	МОН	UNICEF, AAH, Concern, WFP and other relevant stakeholders	169.7	173.7	-	181.7	-	525.1
6. Disseminate IMAM training package for health workers	МОН	UNICEF, WHO and other relevant INGOs	171.9	-	-	-	-	171.9

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
7. Develop a costed scaled-up plan to expand access to MAM treatment within the country	МОН	UNICEF, WHO and other relevant INGOs	28.8	-	-	-	-	28.8
8. Conduct IMAM program performance reviews: cure, defaulter, death, coverage (linkage with M&E)	МОН	UNICEF, WHO and other relevant INGOs	21.6		22.6	-	23.7	67.9
Strategy 2: Integrate cross-sectoral linkages to ensure that DNIs are provided routinely within the public health care system and mainstreamed in other sectors (Promotion of adolescent and preconception nutrition; Iron folic supplementation for pregnant women; IYCF: Promotion of optimal breastfeeding, Multi micronutrient (MNP) supplementation for children aged 6-23 months,)			7,230.8	5,372.0	7,270.7	7,397.4	6,918.5	34,189.3
Develop and disseminate a national strategy for adolescent and preconception nutrition	MOH	UNICEF, NPHIL, LMH, AAH, Concern, WFP/REACH, WHO, Irish-Aid and other relevant stakeholders	200.7	-	-	-	-	200.7
2. Conduct awareness campaigns on the importance of adolescents' nutrition, HIV/AIDS, Reproductive Health and WASH using various channels.	МОН	UNICEF, NPHIL, LMH, AAH, Concern, WFP/REACH, WHO, WaterAid, Irish-Aid, and other relevant stakeholders	126.9	129.8	132.8	135.9	139.0	664.4
3. Provide IFA (Iron Folic Acid supplement to pregnant women at Antenatal Care (ANC) for 180 days.	MOH	UNICEF, NPHIL, LMH, AAH, Concern, WFP/REACH, WHO, Irish-Aid, and other relevant stakeholders	1,717.3	17.6	1,789.4	1,834.1	1,849.4	7,207.8
4. Provide pregnant women with Insecticide –Treated Nets (ITNs) to prevent malaria.	МОН	UNICEF, LMH, AAH, Concern, WFP/REACH, WHO, Irish-Aid, and other relevant stakeholders	-	-	-	-	-	-

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
5. Provide Iron supplementation to children 6-59 months	МОН	UNICEF, LMH, AAH, Concern, WFP/REACH, WHO, Irish-Aid, and other relevant stakeholders	1,073.8	1,100.7	1,128.2	1,156.4	1,185.3	5,644.3
6. Provide WIFA supplement and deworming for adolescents	МОН	UNICEF, LMH, AAH, Concern, WFP/REACH, WHO, Irish-Aid, and other relevant stakeholders	475.1	487.0	499.2	503.4	524.4	2,489.1
7. Provide nutrition counseling for PLW and other care givers	МОН	UNICEF, LMH, AAH, Concern, WFP/REACH, WHO, Irish-Aid and other relevant stakeholders		-	-	-	-	-
8. Promote attendance to antenatal and postnatal clinics by PLWs	MOH	UNICEF, LMH, AAH, Concern, WFP/REACH, WHO, Irish-Aid and other relevant stakeholders	41.3	42.3	43.3	44.3	45.3	216.4
9. Encourage, monitor, and document mothers who initiate breast feeding of children within the first one hour of birth	MOH	UNICEF, LMH, AAH, Concern, WFP/REACH, WHO, Irish-Aid, and other relevant stakeholders	15.7	16.0	16.4	16.8	17.2	82.1
10. Promote, protect, and support exclusive breast feeding for children 0-6 months	МОН	UNICEF, LMH, AAH, Concern, WFP/REACH, WHO, Irish-Aid, and other relevant stakeholders	1,168.7	1,195.6	1,223.1	1,251.2	1,280.0	6,118.6
11. Encourage and promote awareness on appropriate complementary feeding for children 6-23 months old with BM + minimum acceptable diet	МОН	UNICEF, LMH, AAH, Concern, WFP/REACH, WHO, WaterAid, Irish-Aid,	669.4	684.8	700.6	716.7	733.2	3,504.8

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
		and other relevant stakeholders						
12. Provide Multiple Micronutrient Powder (MNP) supplementation for children aged 6 months to 5 years	МОН	UNICEF, LMH, AAH, Concern, WFP/REACH, WHO, Irish-Aid, and other relevant stakeholders	457.8	448.7	439.7	430.9	422.3	2,199.4
13. Conduct de-worming of children aged 12-59 months (two doses).	МОН	UNICEF, LMH, AAH, Concern, WFP/REACH, WHO, Irish-Aid, and other relevant stakeholders	289.5	296.2	303.0	310.0	174.5	1,373.3
14. Provide children aged 6-59 months with two doses per year with Vitamin A supplements	МОН	UNICEF, LMH, AAH, Concern, WFP/REACH, WHO, Irish-Aid, and other relevant stakeholders	90.0	92.1	94.2	96.4	49.3	422.1
15. Establish mechanisms to collaborate with print and electronic media to scale up maternal adolescent, infant and young child nutrition practices messaging	МОН	UNICEF, MICA, REACH and other relevant stakeholders	29.1	29.8	30.5	31.2	31.9	152.6
16. Promote celebration of World Breastfeeding Week and other MAIYCN(Maternal, Adolescent, Infant and Young Child Nutrition) global/national events	МОН	UNICEF, SUN CSO, WHO, REACH and other relevant stakeholders	39.5	40.4	41.4	42.3	43.3	207.0
17. Develop and train health workers and community assistants and (CHVs) Community health volunteers on maternal, adolescent, infant and young child nutrition practices packages	МОН	UNICEF, SUN CSO, REACH and other relevant stakeholders	773.2	791.0	809.2	827.8	423.4	3,624.5
18. Institutionalize the 10 steps to successful breastfeeding in all health facilities that provide maternity services via Baby-Friendly Hospital Initiatives. (now in 6 counties)	МОН	UNICEF, WHO and other relevant stakeholders	-	-	19.8	-	-	19.8
19. Develop National Food Composition Table and Dietary Reference Intake	-	-	62.4	-	-	-	-	62.4

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
Strategic Objective 2: To improve the underlying determinants of Malnutrition through multi-sectoral Nutrition Sensitive interventions which compliment Nutrition specific interventions towards ending all forms of malnutrition			21,523.3	20,910.9	22,020.1	21,873.0	22,162.1	108,489.5
Strategy 1: Integrate nutrition into WASH policies, strategies, plans and programmes			2,883.6	2,845.4	2,910.8	2,977.8	2,445.7	14,063.3
1. Ensure that relevant sectors formulate and design programs with nutrition lens.	SUN (Lead), NWASHC	UNICEF, REACH, NPHIL, Concern, WaterAid and other relevant Stakeholders	26.9		-	-	-	26.9
2. Educate, sensitize, and influence social marketing emphasizing links between poor WASH and under-nutrition.	NWASHC (Lead), MOH	UNICEF, WHO, NPHIL, WaterAid, Concern, and other relevant stakeholders	243.4	248.9	254.7	260.5	266.5	1,274.0
3. Embark on handwashing education and promotion at all times.	NWASHC (Lead)	UNICEF, WHO, NPHIL, WaterAid, Concern and other relevant stakeholders	82.7	84.6	86.6	88.6	90.6	433.2
4. Provision of handwashing supplies and handwashing stations /tippy taps at all levels.	NWASHC	WHO, UNICEF, NPHIL, WaterAid, Concern and other relevant INGOs	600.0	613.8	627.9	642.4	657.1	3,141.2
5. Train CBOs to be empowered to supervise the use and maintenance of community WASH facilities.	NWASHC	WHO, UNICEF, NPHIL, WaterAid, Concern and other relevant INGOs	39.0	39.9	40.8	41.7	-	161.3
6. Promote environmental hygiene in public areas and domestic facilities.	NWASHC (Lead), EPA	WHO, UNEP, NPHIL and other relevant stakeholders.	308.0	315.1	322.3	329.7	168.7	1,443.7
7. Promote Open Defecation Free (ODF) villages	NWASHC	WHO, UNICEF, WaterAid, Concern and other relevant stakeholders	522.8	534.8	547.1	559.7	572.5	2,736.8

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
8. Support sanitation facilities designs sensitive to vulnerable groups	NWASHC (Lead), MOGCSP	UNICEF, WaterAid, and other relevant stakeholders	52.4	53.6	54.8	56.1	28.7	245.5
9. Improvement of water supply systems and services for access to safe drinking water.	NWASHC	UNICEF, PW, Water and Seward, NPHIL, WaterAid, Concern, NSL and other relevant Stakeholders.			-	-	-	-
10. Ensure construction and rehabilitation of boreholes and hand-dug wells fitted with hand-pumps to get clean water at community levels.	NWASHC (Lead), NPHIL	UNICEF, Water AID, and other relevant stakeholders	-	-	-	-	-	-
11. Promote household water treatment technologies and safe storage within households, health facilities and schools.	NWASHC(Lead) NPHIL	UNICEF, WHO, and other relevant stakeholders	658.6	673.7	689.2	705.0	360.6	3,087.1
12. Adopt and review available regional and international WASH standards	SUN, NWASHC, (Lead) NPHIL	REACH, UNICEF, WHO, NSL/MOCI and other relevant stakeholders	75.3	-	-	-	-	75.3
13. Conduct sensitization on safe and hygienic practices during food preparation and storages	NWASHC(Lead) NPHIL	MOH, REACH, UNICEF, WHO, NSL/MOCI and other relevant stakeholders	126.6	129.5	132.4	135.5	138.6	662.5
14. Advocate for protection of water sources and regular water treatment quality checks.	NWASHC(Lead) NPHIL	MOH, REACH, UNICEF, WHO, NSL/MOCI and other relevant stakeholders	86.5	88.5	90.5	92.6	94.7	452.9
15. Strengthen mechanisms for collaboration and promote participation of stakeholders in WASH forums.	NWASHC(Lead) NPHIL	MOH, REACH, UNICEF, WHO, NSL/MOCI and other relevant stakeholders	61.7	63.1	64.5	66.0	67.5	322.8
Strategy 2: Adopt appropriate technologies for the production, processing and handling of agricultural products to improve household food security.			3,610.4	3,645.9	3,749.4	3,812.1	3,898.1	18,715.9

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
1. Empower and support communities to work on agriculture and educating them on which types of nutrition sensitive food to plant, the advantages of growing kitchen gardens	MOA	FAO, WFP, WHH, Concern and other relevant stakeholders	440.5	450.6	461.0	471.6	482.4	2,306.2
2. Train community nutrition relevant stakeholders, care givers and households on homestead farming, model gardening including production of stable, irrigation techniques, water-banks/reservoirs.	MOA	FAO, WFP, WHH, Concern and other relevant stakeholders	1,440.5	1,473.6	1,507.5	1,542.2	1,577.7	7,541.5
3. Promote uptake of food processing, preservation, storage and utilization of local diversified food.	MOA	FAO, WFP, WHH, Concern and other relevant stakeholders	450.0	460.4	470.9	481.8	492.9	2,355.9
4. Establishment of farmers field schools, seed banks and community seed and fruit nurseries	MOA	FAO, WFP, WHH, Concern and other relevant stakeholders	-	-	-	-	-	-
5. Introduce bio-fortified food crops varieties to support healthy diets.	MOA	FAO, WFP, WHH, Concern and other relevant stakeholders	-	-	-	-	-	-
6. Develop Social Behavior Change Communication (SBCC) strategy for increased consumption of nutritious foods and improved dietary diversity (including fortified foods).	MOGCSP, MOH	UNICEF, WHO, and other relevant stakeholders	21.8	-	-	-	-	21.8
7. Promote and protect homestead animal rearing for the production of animal source food in support of healthy diet by establishing cattle ranges in the communities and rehabilitating existing ones	MOA	FAO, WFP, WHH, ZOA, Concern, and other relevant stakeholders	-	-	-	-	-	-
8. Capacitate farmers to implement Fish and Insect farming for the production of animal source food in support of healthy diets (e.g. Fish farming, Bee-keeping and Honey production and value chain, snail raising, etc.).	MOA, NaFAA (Lead)	FAO, WHH, Concern, ZOA and other relevant stakeholders	75.0	72.3	72.3	72.3	72.3	364.3
9. Advocate with Ministries of Agriculture /partners for the distribution of high nutritive value local seeds, animals and fisheries to vulnerable households.	MOA	FAO, WHH, Concern , ZOA and other relevant stakeholders	32.5	33.2	34.0	34.7	35.5	169.9
10. Advocate for strategies to maintain predictable and stable food imports including cost reduction measures and establishment of strategic food reserve mechanisms.	MOA, MOCI (Lead)	FAO, WHH, Concern, ZOA and other relevant stakeholders	8.0	8.2	8.4	8.6	8.8	42.0

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
11. Educate and support communities on agriculture for the production and consumption of diversified nutritious food that are locally available, culturally accepted (e.g. wild food) that are low cost to enable them make informed decision when purchasing at local markets.	MOA, MOH, MOE (Lead)	FAO, ZOA, Concern, AAH, WHH, and other relevant stakeholders	76.1	77.8	79.6	81.4	83.3	398.2
12. Promotion of year-round production of fruits and vegetable gardens for healthy diets.	MOA	FAO, WHH, AAH, ZOA and other relevant stakeholders	133.6	136.6	139.8	143.0	146.3	699.3
13. Enable relevant sectors community stakeholders to provide support and guidance within schools regarding nutrition. E.g., land for school gardens.	MOA, MOE(Lead)	WFP, FAO, WHH, AAH, ZOA and other relevant stakeholders	20.4	-	21.3	-	-	41.7
14. Negotiate for construction and rehabilitation of farm to market roads and prioritize productive communities to improve access to local market	MPW(Lead), MOA	FAO, WFP, AAH, ZOA and other relevant stakeholders	10.2	10.4	10.6	10.9	11.1	53.3
15. Train CBOs for feeder roads maintenance	MPW	FAO, WFP, AAH, ZOA and other relevant stakeholders	-	-	-	-	-	-
16. Road construction equipments to be available in each county to enable road maintenance and construction for farm to markets.	MPW	UNDP, FAO, WFP, AAH, ZOA and other relevant stakeholders	-	-	-	-	-	-
17. Train care groups and households on homestead farming, food processing, and preservation, storage and utilization of diversified foods for improved nutrition status.	MOA/MOH	FAO, WFP, AAH, ZOA and other relevant stakeholders	635.4	650.0	664.9	680.2	695.9	3,326.3
18. Ensure the establishment of seed multiplication gardens and related agriculture inputs at the community level	MOA	FAO, WFP, AAH, ZOA and other relevant stakeholders	210.0	214.8	219.8	224.8	230.0	1,099.4
19. Ensure that relevant stakeholders implement food fortification to improve essential nutrients in diet.	MOCI- Food Fortification Unit	UNICEF, WFP, FAO, ZOA and other relevant stakeholders	56.6	57.9	59.2	60.6	62.0	296.1
20. Timely distribution of agriculture inputs to farmers along with viable seeds	MOA	FAO, WFP, AAH, ZOA and other relevant stakeholders	-	-	-	-	-	-

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
21. Encourage animal farmers to monitor animal's bio-safety and bio-security measures to keep diseases out of the farm.	MOA	FAO, WFP, AAH, ZOA and other relevant stakeholders	-	-	-	-	-	-
Strategy 3: Develop a package of nutrition interventions and operational guidelines appropriate for School going children and adolescents			11,140.3	11,181.0	11,545.1	11,756.5	12,120.2	57,743.2
1. Develop standardized complementary feeding guidelines based on local food	МОН	UNICEF, WFP, FAO, and other relevant stakeholders	58.4		-	-	-	58.4
2. Support the development of school nutrition curriculum.	MOE	UNICEF, WFP, FAO, and other relevant stakeholders	86.4	-	-	-	-	86.4
3. Monitor the teaching of nutrition education in schools (primary and secondary)	MOE	MOH, UNICEF, WFP, and other relevant stakeholders	8,233.5	8,422.8	8,616.6	8,814.7	9,017.5	43,105.1
4. Conduct nutrition open days in schools with the participation of students inclusive of cooking demonstrations that promote appropriate food choices and combinations in primary and secondary schools	MOE(Lead)	WFP, and other relevant stakeholders	1,901.8	1,945.5	1,990.2	2,036.0	2,082.8	9,956.3
5. Review school health strategy and school feeding guidelines to ensure coherence with NMNCSP.	MOE(Lead), MOH	WFP, and other relevant stakeholders	61.4	-	64.2	-	67.2	192.8
6. Ensure schoolgirls take home ration to safeguard nutrition.	MOE	WFP, and other relevant stakeholders	-	-	-	-	-	-
7. Promote nutrition education for improved dietary diversity and food hygiene education to safeguard nutrition for school going children and adolescent	МОЕ	WFP, UNICEF, MOH and other relevant stakeholders	57.9	57.9	57.9	57.9	57.9	289.3
8. Sensitization of school going children and adolescents on healthy diets and physical activity using context – specific communication channels.	MOE(Lead)	WFP, and other relevant stakeholders	344.2	352.1	360.2	368.5	377.0	1,801.9
9. Advocate for the setting up of hand washing posts on school campuses.	MOE(Lead), NWASHC	UNICEF, WHO, and other relevant stakeholders	17.0	-	-	-	-	17.0

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
10. Ensure support to home-grown school feeding Program	MOE, MOA(Lead)	WFP, and other relevant stakeholders	19.2	19.7	20.1	20.6	21.1	100.7
11. Establish school gardens for agriculture production to increase nutrition knowledge for new learners.	MOE, MOA (lead)	FAO, WFP, and other relevant stakeholders	194.2	229.2	264.2	299.2	334.2	1,321.
12. Support school feeding to promote nutrition and healthy learning environment	MOE (Lead), MOH	WFP, UNICEF, and other relevant stakeholders	46.7	47.8	48.9	50.0	51.1	244.4
13. Promote school health and nutrition programs for healthy diets and good nutrition	MOE(Lead), MOH	WFP, UNICEF, and other relevant stakeholders	34.2	34.9	35.7	36.6	37.4	178.8
14. Integrate messaging on healthy diets and physical activity in school health programme	MOH -NCD unit	UNICEF, WHO, and other relevant stakeholders	30.0	28.9	28.9	28.9	28.9	145.7
15. Regulate the food environment to control marketing of unhealthy food for school going children and adolescents	MOCI	MOH, UNICEF, WHO, and other relevant stakeholders	36.3	37.1	38.0	38.9	39.8	190.0
16. Sensitization of school stakeholders on marketing and promotion of sub-optimal food at schools.	МОН	UNICEF, WHO, and other relevant stakeholders	4.9	5.1	5.2	5.3	5.4	25.9
17. Enable relevant sectors community stakeholders to provide support and guidance within schools regarding nutrition. E.g., land for school gardens.	MOE(Lead), MOA	FAO, MIA, and other relevant stakeholders	14.4	-	15.0	-	-	29.4
Strategy 4: Develop a package of cash transfer interventions and appropriate operational guidelines for social protection of vulnerable children and adolescents to safe guide their nutrition.			641.6	214.8	650.9	224.8	648.5	2,380.
Develop guidelines and implement social safety assistance to poor households with children and adolescents	MOGCSP	World Bank, and other relevant stakeholders	19.6	-	-	-	-	19.6
2. Conduct training for staff to enable them identify/target vulnerable households and implement nutrition sensitive social safety nets.	MOGCSP	World Bank, and other relevant stakeholders	382.1	-	399.9	-	418.5	1,200.

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
3. Linking MNP clients with social protection, livelihood, and economic strengthening interventions at community level	MOGCSP/MOH	UNICEF, WHO, WFP, and other relevant stakeholders	·	-	-	-	-	-
4. Train stakeholders in social protection programmes on good nutrition practices	MOGCSP/MOH	UNICEF, WHO, WFP, and other relevant stakeholders	29.9		31.3	-	-	61.2
5. Conduct stakeholder mapping of various players in social protection	MOGCSP	UNICEF, WHO, WFP, and other relevant stakeholders	19.5	19.9	20.4	20.9	21.3	102.0
6. Advocate for governance and accountability for nutrition and social protection for vulnerable groups	MOGCSP	MOH, SUN-CSO, UNICEF, WHO, WFP, and other relevant stakeholders	29.9	30.6	31.3	32.0	32.7	156.5
7. Sensitize the population, community leaders, husbands/ male partners on the criteria of selection and the purpose of the social safety nets to prevent any domestic or community back clash for targeted vulnerable households.	MOGCSP	World Bank, and other relevant stakeholders	160.6	164.3	168.1	172.0	175.9	840.9
Strategy 5: Integrate cash transfer programs to provide income support as social safety net to vulnerable groups to improve health and nutrition of children in targeted households.			1,553.4	1,558.0	1,562.8	1,567.7	1,572.7	7,814.6
2. Lobby with stakeholders to provide support that are nutrition sensitive to increase the capacity of vulnerable households.	MOGCSP	World Bank, UNICEF, USAID, and other relevant stakeholders	-	-	-	-	-	-
3. Encourage nutrition sensitive village saving loans (susu) in communities activities for economic empowerment of women in vulnerable families.	MOGCSP	World Bank, UNICEF, USAID, UN Women, WFP, FAO, and other relevant stakeholders	187.8	192.1	196.5	201.0	205.6	983.0
4. Provide unconditional cash transfers to safeguard healthy diets, particularly to vulnerable pregnant and lactating women and young children. Working with MOA to encourage making gardens	MOGCSP/MOA	World Bank, UNICEF, USAID, and other relevant stakeholders	2.5	2.5	2.6	2.7	2.7	13.0

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
5. Support provision of specialized food transfer to women and children to safeguard maternal, infant and young child nutrition.	MOGCSP	World Bank, UNICEF, USAID, and other relevant stakeholders	7.9	8.1	8.3	8.5	8.7	41.4
6. Ensure cash transfers or other forms of social transfers to empower vulnerable communities and households' affordability of food, prioritizing pregnant women and households providing foster care for orphans.	MOGCSP	World Bank, UNICEF, USAID, and other relevant stakeholders	1,350.3	1,350.3	1,350.3	1,350.3	1,350.3	6,751.3
7. Advocate for the implementation of maternity cash transfers and social protection safety net programs to reduce financial barrier to good nutrition	MOGCSP/MOH	World Bank, UNICEF, USAID, and other relevant stakeholders	2.5	2.5	2.6	2.7	2.7	13.0
1. Support the implementation of cash transfers to households with poor children and adolescents.	MOGCSP	World Bank, UNICEF, USAID, FAO, UN Women, WFO and other relevant stakeholders	2.5	2.5	2.6	2.7	2.7	13.0
Strategy 6: Enhance an effective and functional institutional system for Disaster Risk Management, enhance risk identification mechanisms; preparedness, emergency response and recovery; improve information and knowledge management and vulnerability factors.			553.4	396.2	497.3	414.6	424.1	2,285.7
1. Develop contingency plan and Standard Operating Procedures (SOP) for nutrition emergency response.	MOH, NPHIL	WHO, UNICEF, WFP, Last Mile Health, Concern, AAH, and other relevant stakeholders s	1.0	-	-	-	-	1.0
2. Train frontline staff to conduct nutrition surveillance and response in time of emergencies.	MOH, NPHIL	UNICEF, WFP, Last Mile Health, Concern, AAH, and other relevant stakeholders	54.8	-	57.4	-	-	112.2

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
3. Strengthen the capacity of frontline staff to identified vulnerable groups in time of disaster or epidemics to reduce risks of malnutrition.	MOH, NPHIL	WHO, UNICEF, and other relevant stakeholders	54.8	56.1	57.4	58.7	60.0	287.0
4. Procure and pre-position nutrition emergency supplies in all counties and districts.	MOH, NPHIL	UNICEF, WHO, and other relevant stakeholders	-		-	-	-	-
5. Assess impact of disaster or epidemics on the nutrition status of vulnerable groups	МОН	UNICEF, WFP, WAHO, Irish-Aid, and other relevant stakeholders	332.4	340.1	347.9	355.9	364.1	1,740.4
6. Formulate nutrition strategies for post-emergency community recovery.	MOH, NPHIL	UNICEF, Irish-Aid, WAHO, and other relevant stakeholders	5.1	-	-	-	-	5.1
7. Map partners in disaster risk management and emergency response and recovery	MOH, NPHIL	UNICEF, Irish-Aid, WAHO, and other relevant stakeholders	30.2	-	-	-	-	30.2
8. Establish functional disaster risk management committee	NPHIL	UNICEF, Irish-Aid, WAHO, and other relevant stakeholders	18.1	-	-	-	-	18.1
9. Train stakeholders on disaster risk reduction	MOH/ NPHIL	UNICEF, Irish-Aid, WAHO, and other relevant stakeholders	33.1	-	34.7	-	-	67.8
10. Conduct, review and disseminate early warning surveys	MOH. NPHIL	UNICEF, Irish-Aid, WAHO, and other relevant stakeholders	23.8	-	-	-	-	23.8
Strategy 7: Solidify systems of relevant government Institutions to ensure emergency preparedness and response			535.1	460.7	480.6	482.1	493.2	2,451.7
Conduct and document outcomes of coordination meeting and joint planning on nutrition during emergencies	NPHIL	WHO, UNICEF, and other relevant INGOs	9.0	-	9.4	-	-	18.3
2. Mobilize resources for nutrition interventions for emergency response	MOH	UNICEF, WHO, WFP, Irish-Aid and	18.1	-	-	-	-	18.1

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
		other relevant stakeholders						
3. Conduct routine mass screening for timely detection of undernutrition in adolescents and adults and refer for appropriate actions.	МОН	UNICEF and other relevant stakeholders	374.8	383.4	392.2	401.2	410.5	1,962.1
4. Build capacity of systems and individuals to undertake preparedness and response functions	NPHIL	UNICEF, WHO, WFP, Irish-Aid and other relevant stakeholders	18.1		-	-	-	18.1
5. Train stakeholders on needs assessment during emergencies and conduct the needs assessment	NPHIL	UNICEF, WHO, WFP, Irish-Aid and other relevant stakeholders	75.5	77.2	79.0	80.8	82.7	395.3
6. Develop SOPs for emergency responses	NPHIL	UNICEF, WHO, WFP, Irish-Aid and other relevant stakeholders	39.6	-	-	-	-	39.6
Strategy 8: Strengthen community preparedness, response, and recovery for natural and man-made disasters/outbreaks through national emergency response and recovery strategy			605.5	609.0	623.0	637.3	559.6	3,034.3
1. Review and share the emergency preparedness and response guidelines with county level disaster management teams.	MOH, NPHIL(Lead)	UNICEF, WASH, LMH, WFP, and other relevant stakeholders	10.2	-	-	-	-	10.2
2. Conduct nutrition surveillance in emergency affected counties and districts.	MOH (Lead), NPHI	UNICEF, WASH, LMH, WFP, and other relevant stakeholders	359.9	368.2	376.7	385.4	394.2	1,884.4
3. Ensure timely provision of emergency response supplies (food and non-food items).	MOH, NPHIL(Lead)	WFP, UNICEF, WHO, and other relevant stakeholders	-	-	-	-	-	-

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
4. Support resilience building in the communities' emergency response and recovery plans to enhance early recovery	MOH, NPHIL(Lead)	UNDP, WHO, UNICEF, and other relevant stakeholders	56.6	57.9	59.3	60.6	62.0	296.6
5. Support pregnant and lactating women with social safety interventions to ensure maternity protections during emergencies.	MOGCSP(Lead), MOH	UNFPA, UNICEF, WB, WFP, LMH, and other relevant stakeholders	168.7	172.6	176.6	180.6	92.4	790.8
6. Provide communities with IPC information and materials, specifically on Ebola, Covid-19 protocols	MOH, NPHIL (lead)	WHO, UNICEF, WB and other relevant stakeholders	10.0	10.2	10.5	10.7	11.0	52.4
Strategic Objective 3: To shape positively the enabling environment essential for the attainment of positive nutrition outcomes (nutrition policies, guidelines, laws and legislations, influence policies of other sectors to have nutrition lens)			7,434.5	6,819.5	7,218.2	7,102.1	7,265.5	35,839.8
Strategy 1: Review, update and /or formulate legislation, guidelines, standards and code of practice on food quality and safety.			219.2	114.0	147.8	119.3	122.0	722.3
Lobby with Legislators to enact food safety and consumer rights laws	MOH(Lead), NPHIL	UNICEF, WASH, LMH, WFP, FAO, and other relevant stakeholders	19.5	-	-	-	-	19.5
2. Advocate for legislations in the control of marketing of unhealthy food	MOCI, MOH, SUN	UNICEF, WFP, FAO and other relevant stakeholders	19.5	-	-	-	-	19.5
3. Conduct joint visits at the ports of entry to monitor the safety and quality of imported food commodities, including breastmilk substitutes	MOH, MOCI (Lead), NPHIL	UNICEF, WASH, LMH, WFP, and other relevant stakeholders	21.4	21.9	22.4	23.0	23.5	112.2
4. Conduct quarterly joint visits with MOCI, National Standard Board and EPA at food production, processing, labelling, storage and handling sites to inspect food commodities and advice on corrective actions to ensure adherence to standards, regulations and safety.	MOH (Lead), MOCI, NPHIL	WFP, UNICEF, WHO, and other relevant stakeholders	90.0	92.0	94.2	96.3	98.5	471.0

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
5. Establish a coordination mechanism for engagement in nutrition regulatory process	MOH, SUN- CSO	UNICEF, WHO, WFP and other relevant stakeholders	19.5	·	-	-	-	19.5
6. Advocate for the draft legislature on Breast Milk Substitute (BMS) to be passed into law and oversight, monitoring and enforcement.	MOH, MOCI	SUN-CSO, UNICEF, WHO, WFP and other relevant stakeholders	19.5		-	-	-	19.5
7. Advocate for workplace support for breastfeeding and mothers at both public and private workplaces	МОН	SUN-CSO, UNICEF, WHO, WFP and other relevant stakeholders	29.9		31.2	-	-	61.1
Strategy 2: Sensitize and inform the public and key decision makers on the importance of food quality and safety.			4,220.5	4,264.3	4,416.9	4,462.7	4,565.3	21,929.7
1. Conduct awareness and train relevant nutrition stakeholders to increase the knowledge of consumers on the danger, risks and diseases deriving from the consumption of unsafe and substandard food.	MOCI (NSL), MOH, NPHIL(Lead)	WHO, and other relevant stakeholders	82.0	30.5	85.8	32.0	32.7	263.0
2. Sensitize the public on food labeling and how to identify expired food.	MOCI (Lead), MOH, NPHIL, MICAT	WHO, UNICEF, Codex Alimentarius, and other relevant stakeholders	2,495.4	2,552.8	2,611.5	2,671.6	2,733.0	13,064.4
3. All products imported to Liberia must be labeled in English for safety of consumers	MOCI (Lead), MOH, NPHIL, MICAT	WHO, UNICEF, Codex Alimentarius, and other relevant stakeholders, MOJ	40.0	40.9	41.9	42.8	43.8	209.4
4. Ensure protection from marketing of unhealthy food and beverages, misleading health and nutrition claims	SUN, MOCI (Lead), NPHIL, MICAT, MOH, NCC	UNICEF, WHO, and other relevant stakeholders	1,603.1	1,640.0	1,677.7	1,716.3	1,755.8	8,392.8
5. Install standard labs in all counties for testing food to ensure nutrition values are maintained	MOCI	UNICEF, WHO, and other relevant stakeholders	-	-	-	-	-	-

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
6. Promote food hygiene at markets, storage facilities and at community levels.	MOCI (Lead), MOH, NPHIL	WHO, and other relevant INGOs, and other relevant stakeholders		-	-	-	-	-
Strategy 3: Strengthen Institutional capacity to ensure the monitoring and enforcement of food, sanitary and phytosanitary standards; Consumer education, protection and put in place systems for consumers to express grievances and make suggestions for improvements in food safety			168.0	122.2	125.0	127.9	130.8	673.8
1. Conduct training to strengthen the capacity of Institutions and frontline staff on food sanitary and phytosanitary standards	MOCI	UNICEF, and other relevant stakeholders	48.6	-	-	-	-	48.6
2. Monitor and institute reporting and feedback mechanism for consumers to report dissatisfaction and recommendations relating to food safety.	MOCI	UNICEF, and other relevant stakeholders	119.4	122.2	125.0	127.9	130.8	625.3
Strategy 4: Integrate nutrition goals into national development plans, sectoral policies/plans, programs and projects.			729.8	647.2	763.8	677.4	692.9	3,511.1
1. Review all nutrition-sensitive key sectors annual programs (Agriculture, Education, NWASHC, Social Welfare, etc. to ensure they reflect sound nutrition-sensitive lens.	SUN	REACH, and other relevant stakeholders	48.6	-	50.8	-	-	99.4
2. Orientate and train all relevant sectors stakeholders at all levels to enforce the Food and Nutrition legal instruments/Standards.	SUN	REACH, and other relevant stakeholders	486.8	498.0	509.4	521.1	533.1	2,548.5
3. Negotiate with national authorities to enact laws, develop nutrition policies and guidelines that promote nutrition, food security and safety of food at all levels.	SUN, MOH	WFP/ REACH, Irish- Aid, and other relevant stakeholders	48.6	-	50.8	-	-	99.4
4. Enhance representation of nutrition at other sectoral forums	SUN -CSO	WFP/ REACH, Irish- Aid, and other relevant stakeholders	32.5	33.2	34.0	34.7	35.5	169.9
5. Support development and progress review of annual workplans and other multi-year plans and policies	SUN-CSO	WFP/ REACH, Irish- Aid, and other relevant stakeholders	48.6	49.7	50.8	52.0	53.2	254.2

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
6. Develop and disseminate annual reports	SUN-CSO	WFP/ REACH, Irish- Aid, and other relevant stakeholders	32.5	33.2	34.0	34.7	35.5	169.9
7. Conduct annual, midterm and end term reviews / evaluations	SUN-CSO	WFP/ REACH, Irish- Aid, and other relevant stakeholders	32.5	33.2	34.0	34.7	35.5	169.9
8. Institutionalize the 10 steps to successful breastfeeding in all facilities that provide maternity services including via Baby-Friendly Hospital Initiatives (repeated)	МОН	UNICEF, WHO, and other relevant stakeholders	-		-	-	-	-
Strategy 5: Advocate to improve awareness among decision makers on the role of nutrition in national development and how sectors can work together to achieve desirable change.			181.1	85.6	121.5	89.6	91.7	569.5
1. Engaging the Office of the President for the identification of Nutrition Champion	SUN	REACH, and other relevant stakeholders	32.5	-	-	-	-	32.5
2. Scale up awareness on the importance of nutrition to national development among key political and economic decision makers through forums and presentations at Sections of the House of Representatives and Senate and all relevant sectors at all levels.	SUN	REACH, and other relevant stakeholders	32.5	33.2	34.0	34.7	35.5	169.9
3. Advocate for the ownership and institutionalization of the SUN Secretariat at the highest level in government	SUN, MSP	REACH, and other relevant stakeholders	32.5	-	-	-	-	32.5
4. Lobby with Law makers at the highest level to prioritize nutrition in National Development plan.	SUN, MSP	REACH, and other relevant stakeholders	32.5	-	34.0	-	-	66.4
5. Support annual nutrition learning forums	SUN, MSP	REACH, and other relevant stakeholders	32.5	33.2	34.0	34.7	35.5	169.9
6. Participate in regional and global international meetings on nutrition	SUN, MSP	REACH, and other relevant stakeholders	18.8	19.2	19.7	20.1	20.6	98.4
Strategy 6: Advocate for gradual increase of financial allocations for nutrition by the government.			734.8	731.7	769.0	765.8	783.4	3,784.6

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
1. Advocate for the creation of a budget line for SUN Secretariat and relevant partners.	SUN, MSP	REACH, and other relevant stakeholders	19.5	-	20.4	-	-	39.9
10. Advocate for adequate financial resources for sustained and quality nutrition services including domestic resource mobilization	SUN, MSP	UNICEF, WAHO, UNDP, Irish-Aid, WB, and other relevant stakeholders	32.5	33.2	34.0	34.7	35.5	169.9
2. Engage heads of relevant ministries and agencies for the development of budget lines for nutrition.	SUN	REACH, and other relevant stakeholders	19.5	19,9	20.4	20.9	21.3	102.0
3. Support to increase multi-sectoral financial investment for nutrition by all stakeholders (through roundtables, funding strategies).	SUN	REACH, and other relevant stakeholders	32.5	33.2	34.0	34.7	35.5	169.9
4. Regularly advocate for the timely disbursement of funds for nutrition related activities	SUN	REACH and other relevant stakeholders	32.5	33.2	34.0	34.7	35.5	169.9
5. Conduct high level fund raising for the NMNCSP implementation.	SUN, MSP	UNICEF, WAHO, UNDP, Irish-Aid, WB, and other relevant stakeholders	32.5	33.2	34.0	34.7	35.5	169.9
6. Promote local resource mobilization using decentralized approach at the county level, especially using county caucus sitting for effective awareness amongst county authorities.	SUNCSA County level	UNICEF, WAHO, UNDP, Irish-Aid, WB, and other relevant stakeholders	486.8	498.0	509.4	521.1	533.1	2,548.5
7. Conduct annual donor group forums on nutrition	SUN, MSP	UNICEF, WAHO, UNDP, Irish-Aid, WB, and other relevant stakeholders	32.5	33.2	34.0	34.7	35.5	169.9
8. Develop annual resource mobilization strategy	SUN, MSP	UNICEF, WAHO, UNDP, Irish-Aid, WB, and other relevant stakeholders	32.5	33.2	34.0	34.7	35.5	169.9
9. Conduct nutrition resource tracking at national and county level	SUN, MSP	UNICEF, WAHO, UNDP, Irish-Aid,	14.3	14.6	15.0	15.3	15.7	74.9

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
		WB, and other relevant stakeholders						
Strategy 7: Conduct capacity building to strengthen technical capacity for nutrition program implementation, policy analysis, and development and monitoring of their implementation at all levels			756.6	420.2	429.9	405.0	414.3	2,426.1
1. Conduct capacity strengthening and trainings of relevant nutrition stakeholders on planning, implementation and management of nutrition programs	SUN, MOH	REACH, MOCI and other relevant stakeholders	32.5	33.2	34.0	34.7	35.5	169.9
2. Advocate for Human Resource development specialty in Nutrition at Primary, Secondary and Tertiary levels.	SUN, MSP	REACH, and other relevant stakeholders	-	33.2	-	-	-	33.2
3. Identify knowledge gaps and strengthen human capacity and understanding of nutrition interventions in-line with the defined multi-sector institutional arrangement.	SUN, MSP	REACH, and other relevant stakeholders	32.5	-	34.0	-	-	66.4
4. Conduct pre-service and in-service training for nutrition officers, frontline workers and other cadres of service providers involved in nutrition programming.	MSP	MFDP, MOH, UNICEF, and other relevant stakeholders	345.9	353.8	362.0	370.3	378.8	1,810.7
5. Advocate for establishment of a national nutrition Center of Excellence	MSP	MFDP, MOH, UNICEF, and other relevant stakeholders	345.9	-	-	-	-	345.9
Strategy 8: Promote Public - Private Partnerships in nutrition programming			424.6	434.3	444.3	454.5	465.0	2,222.7
1. Promote healthy business network with Public-Private partners for nutrition.	MOCI	GoL, and other relevant stakeholders	345.9	353.8	362.0	370.3	378.8	1,810.7
2. Linked up with relevant ministries to ensure that private sectors live up to their corporate social responsibilities relating to nutrition in order to save the lives of children.	MOCI	GoL, and other relevant stakeholders	23.1	23.6	24.1	24.7	25.3	120.7
3. Engage and train private sector companies and communities on nutrition sensitive value chain.	MOCI	GoL, and other relevant stakeholders	23.1	23.6	24.1	24.7	25.3	120.7

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
4. Engage partnerships with private companies involved in food processing to encourage local nutritious food production and fortification of complementary food.	MOCI	GoL, and other relevant stakeholders	23.1	23.6	24.1	24.7	25.3	120.7
5. Conduct quality control of fortified foods through regular monitory at all levels of the food value chain.	MOCI	National Food Fortification Alliance /MOCI/ NSL, GOL and other relevant stakeholders	9.5	9.7	10.0	10.2	10.4	49.8
Strategic Objective 4: To improve awareness and practices of positive nutrition behaviors essential for the attainment of optimal nutrition status (demand creation)			2,639.3	2,255.1	2,387.6	2,360.0	2,487.5	12,129.5
Strategy 1: Create awareness on appropriate dietary practices and lifestyles essential for the prevention of NCDs particularly targeting groups most at risk.			255.9	88.4	121.5	92.6	127.2	685.7
1. Ensure the development and dissemination of IEC materials on the prevention and management of NCDs especially for group most at risk.	MOH, MYS	WHO, UNICEF, and other relevant stakeholders	23.1	-	-	-	-	23.1
2. Develop guide on evidence-based dietary practices essential for the prevention and control of NCDs.	МОН	PIH, and other relevant stakeholders	13.8	-	-	-	-	13.8
3. Counselling and awareness campaigns on healthy diets, using food-based dietary guidelines, and on the importance of physical activity to prevent overweight, obesity and nutrition-related NCDs.	MOH	PIH, WHO, and other relevant stakeholders	-	-	-	-	-	-
4. Make available nutritional flow chart at all NCD clinics for patients' education	мон, мое	PIH, and other relevant stakeholders	4.5	4.6	4.7	4.8	4.9	23.4
5. Incorporate NCD related nutrition guidelines in teaching curriculum	MOH, MOE	UNICEF, and other relevant stakeholders	13.8	-	-	-	-	13.8
6. Encourage weight monitoring of people most at risks especially in schools and at clinics.	МОН, МОЕ	UNICEF, and other relevant stakeholders	80.0	81.8	83.7	85.6	87.6	418.8

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
7. Provision of nutrition services in NCDs clinic	МОН	UNICEF, and other relevant stakeholders	-	-	-	-	-	-
8. Develop / review existing standards and regulation on the healthy diets, NCDs and physical activities	МОН	UNICEF, and other relevant stakeholders	29.7		-	-	-	29.7
9. Develop behaviour change communication strategy on nutrition and NCDs	МОН	UNICEF, and other relevant stakeholders	29.7		-	-	-	29.7
10. Develop key messages, advocacy tool kits and sensitize media, journalist and editors on NCDs	МОН	UNICEF, and other relevant stakeholders	31.7	2.0	2.1	2.1	2.2	40.1
11. Create public demand for physical activity and health diet at workplace, institutions and community	МОН	UNICEF, and other relevant stakeholders	-	-	-	-	-	-
12. Advocate for national and district fiscal budgets and prioritization on financing prevention and control of NCDs	MOH	UNICEF, and other relevant stakeholders	29.7	-	31.1	-	32.5	93.2
Strategy 2: Encourage the formation of pressure groups such as anti-smoking, anti-drug and anti-alcohol abuse groups, to enhance capacity to combat the problems.			289.0	285.1	291.6	298.3	305.2	1,469.2
1. Support the setting up of peer pressure groups (anti-smoking, anti-alcohol abuse, etc.) in targeted communities.	MYS, MOH, MOGCSP	PIH, and other relevant stakeholders	10.3	-	-	-	-	10.3
2. Ensure training of peer educators on NCDs and anti-substance abuse at all levels in the communities	MOH, MOE, MYS	PIH, and other relevant stakeholders	278.7	285.1	291.6	298.3	305.2	1,458.9
3. Support the dissemination of the negative effects of smoking, substance abuse, alcohol and their subsequent NCDs via social media, radios and TV programs to the public.	MOH, MOE, MYS, MOICA	PIH, and other relevant stakeholders	-	-	-	-	-	-
Strategy 3: Develop a social behaviour change communication strategy to increase knowledge and promote positive nutrition behaviours.			359.2	122.9	175.3	128.7	172.3	958.5
1. Develop and disseminate SBCC strategy for nutrition	MOH, MOGCSP	UNICEF, WHO, WB, and other relevant stakeholders	47.0	-	-	-	-	47.0

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
2. Translate SBCC into various local languages and air via radio to increase knowledge and promote positive nutrition behaviours at all levels	MOH, MOGCSP	MICAT, UNICEF, and other relevant stakeholders	66.2	22.0	22.5	23.0	23.5	157.2
3. Promote the consumption of diversified local food at school canteens, workshops, social and official functions.	MOH, MOGCSP	FAO, UNICEF, WFP, and other relevant stakeholders	37.2		38.9	-	40.7	116.8
4. Develop specific nutrition behavioural education and communication plan for key-stakeholders participating in multisectors nutrition-sensitive program	SUN-CSO	UNICEF. REACH, WFP, FAO, WHO and other relevant stakeholders	36.8		-	-	-	36.8
5. Conduct operational research.	MOH-policy unit	MOH, UNICEF. REACH, WFP, FAO, WHO and other relevant stakeholders	16.1	-	-	-	-	16.1
6. Promote nutritional knowledge and sound behaviors and practices of caregivers towards food, social and dietary customs, family/childcare and feeding practices as well as household hygiene.	MOH, MOGCSP	UNICEF, and other relevant stakeholders	68.2	69.7	71.4	73.0	74.7	356.9
7. Adopt SBCC for pre-school, Primary and secondary schools' children, adolescents in and out of school platforms	MOH, MOGCSP, MOE	UNICEF, WFP, and other relevant stakeholders	36.8	-	-	-	-	36.8
8. Hold forums for dissemination of operational research and information sharing	MOH, MSP	UNICEF, WFP, and other relevant stakeholders	10.2	-	-	-	-	10.2
9. Strengthen systematic review of nutrition-sensitive and nutrition-specific research	MOH, MSP	UNICEF, WFP, and other relevant stakeholders	10.2	-	10.6	-	-	20.8
10. Promote knowledge sharing forums such as symposiums and conferences, workshops and meetings	MOH, MSP	UNICEF, WFP, and other relevant stakeholders	10.2	10.4	10.6	10.9	11.1	53.3
11. Establish an effective mechanism for knowledge management and learning	MOH, MSP	UNICEF, WFP, and other relevant stakeholders	10.2	10.4	10.6	10.9	11.1	53.3

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
12. Promote knowledge sharing through publication	MOH, MSP	UNICEF, WFP, and other relevant stakeholders	10.2	10.4	10.6	10.9	11.1	53.3
Strategy 4: Develop the capacity of community and facility-based service providers on essential skills and competencies in nutrition			1,043.0	1,050.5	1,074.6	1,099.3	1,124.6	5,392.0
Train community and facility-based service providers and community nutrition champions (influential persons) and provide BCC/IEC	МОН	UNICEF, WFP, and other relevant stakeholders	660.0	675.2	690.8	706.6	722.9	3,455.6
2. Promote nutrition knowledge and sound behaviours and practices of caregivers towards food, social and dietary customs, family/children and feeding practices as well as household hygiene	МОН	UNICEF, WFP, and other relevant stakeholders	18.4	18.8	19.2	19.7	20.1	96.3
3. Assess the capacity to identify nutrition knowledge among targeted population to prepare appropriate information on positive behaviour patterns.	МОН	UNICEF, WFP, and other relevant stakeholders	16.1	-	-	-	-	16.1
4. Strengthen community level structures to implement positive nutrition behaviors	МОН	UNICEF, WFP, and other relevant stakeholders	18.4	18.8	19.2	19.7	20.1	96.3
5. Train community volunteers and entertainers in promotion of nutrition education using the technique of edutainment	MOH	UNICEF, WFP, and other relevant stakeholders	330.0	337.6	345.4	353.3	361.4	1,727.8
Strategy 5: Assign the SUN focal persons at an appropriate level/office within government with convening powers			113.4	116.0	118.7	121.4	124.2	593.7
1. Scale up awareness on the importance of nutrition to national development among key political and economic decision makers through forums and presentations at national assemblies and all relevant sectors at all levels.	SUN	REACH, and other relevant stakeholders	17.9	18.3	18.7	19.2	19.6	93.8
2. Advocate with Houses of Representative and Senate, Cabinet Ministers and especially Ministry of Finance to place nutrition at the heart of national development.	SUN-CSO	REACH, and other relevant stakeholders	17.9	18.3	18.7	19.2	19.6	93.8

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
3. Support the establishment of county and district level coordination mechanism for nutrition specific and nutrition sensitive intervention.	SUN	REACH, and other relevant stakeholders	17.5	17.9	18.3	18.8	19.2	91.8
4. Hold high level sensitization for atargeting policy maker on the value and impact of prioritizing nutrition	SUN	REACH, and other relevant stakeholders	9.0	9.2	9.4	9.6	9.8	46.9
5. Support districts to develop county advocacy, communication and social mobilization plans.	SUN	REACH, and other relevant stakeholders	26.2	26.8	27.4	28.1	28.7	137.3
6. Engage nutrition champions to advocate for prioritization of nutrition at all levels	SUN	REACH, and other relevant stakeholders	24.8	25.4	26.0	26.6	27.2	130.1
Strategy 6: Earmark regular and fixed meeting dates in advance.			578.9	592.2	605.8	619.7	634.0	3,030.5
1. Conduct annual High level ministerial nutrition meeting to share national progress updates increase awareness.	SUN	REACH, and other relevant stakeholders	32.5	33.2	34.0	34.7	35.5	169.9
2. Conduct bi-monthly Technical Working Group meetings (MIYCN, Nutrition information, Emergency nutrition, Advocacy meeting)	SUN	REACH, and other relevant stakeholders	344.7	352.6	360.7	369.0	377.5	1,804.4
3. Conduct county and district level nutrition coordination meeting	SUN	REACH, and other relevant stakeholders	201.8	206.4	211.1	216.0	221.0	1,056.3
Strategic Objective 5: To strengthen sectoral and multi-sectoral monitoring, evaluation, learning, accountability, and research in nutrition			4,887.8	9,317.8	2,491.9	2,257.2	2,450.2	21,404.9
Strategy 1: Strengthen existing systems and capacity to collect, analyse, report and monitor nutrition situations to ensure the utilization of data for decision- making			2,557.8	7,463.0	521.6	316.0	420.8	11,279.2
1. Capacity building of health care providers and staff of relevant government sectors on the collection, analysis and utilization of nutrition information	MOH-HMIS	UNICEF, and other relevant stakeholders	59.4	-	62.1	-	-	121.5
2. Train all relevant data users on the interpretation of M&E nutrition data	МОН	UNICEF, and other relevant stakeholders	54.8	-	57.4	-	-	112.2

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
3. Review and disseminate M& E tools base on new nutrition information.	МОН	UNICEF, and other relevant stakeholders	29.7	-	31.1	-	32.5	93.2
4. Develop and disseminate quarterly nutrition bulletins.	МОН	UNICEF, and other relevant stakeholders	118.7	121.4	124.2	127.1	130.0	621.5
5. Scale up timely and accurate data on nutrition progress targeting vulnerable population	MOH-HMIS	UNICEF, and other relevant stakeholders	57.4	58.8	60.1	61.5	62.9	300.7
6. Reinforce existing food and nutrition surveillance system for real time monitoring at all levels	MOH-HMIS	UNICEF, and other relevant stakeholders	29.7	_	31.1	-	32.5	93.2
7. Advocate conducting local research on nutrition status of vulnerable groups in country	MOH-HMIS	UNICEF, and other relevant stakeholders	29.7	-	31.1	-	32.5	93.2
8. Support relevant research institutions with equipment, laboratory supplies and technical support to conduct nutrition research.	MOH-HMIS	UNICEF, and other relevant stakeholders	2,000.0	7,161.0	-	-	-	9,161.0
9. Conduct nutrition situation analysis, and generate information products and disseminate to all levels for planning and response	MOH-HMIS	UNICEF, and other relevant stakeholders	119.0	121.8	124.6	127.4	130.4	623.2
10. Support development and review of data protection sharing guidelines	MOH-HMIS	UNICEF, and other relevant stakeholders	29.7	-	-	-	-	29.7
11. Develop nutrition dashboards, scorecards, electronic data collection tools, etc	MOH-HMIS	UNICEF, and other relevant stakeholders	29.7	-	-	-	-	29.7
12. System utilization of nutrition information to inform program quality improvement	MOH-HMIS	UNICEF, and other relevant stakeholders	-	-	-	-	-	-
Strategy 2: Integrate and assimilate standard nutrition indicators into sectoral information systems with a priority for HMIS.			288.9	68.0	100.7	71.2	72.8	601.7
1. Define and integrate core Nutrition indicators in the HMIS	МОН	UNICEF, and other relevant stakeholders	29.7	30.4	31.1	31.8	32.5	155.4

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
2. Update and maintain national nutrition website	МОН	UNICEF, and other relevant stakeholders	7.2	7.3	7.5	7.7	7.8	37.5
3. Integrate nutrition sensitive indicators including Agriculture, Education, WASH and Social Protection performance and impact indicators.	SUN	REACH, and other relevant stakeholders	29.7	30.4	31.1	31.8	32.5	155.4
4. Review / Develop and disseminate guideline on nutrition M&E based on field learning experience and emerging global guidance: Nutrition coverage Guideline; Data Quality Audit (DQA) Guideline for nutrition indicators, Sentinel Site DQA Guideline reviewed; MIYCN KPA/KPC	MOH HMIS	UNICEF, SUN, REACH and other relevant stakeholders	119.0		-	-	-	119.0
5. Review / Develop Field Assessment Manual; IYCF-e assessment tools and guidelines, Nutrition, HMIS tools review, SMART Survey Questionnaire reviewed, KAP Survey Questionnaire review	МОН	UNICEF, SUN, REACH and other relevant stakeholders	36.8	-	-	-	-	36.8
6. Participation HMIS indicator manual review	MOH HMIS	UNICEF, SUN, REACH and other relevant stakeholders	29.7	-	31.1	-	-	60.7
7. Develop, print, distribute and disseminate Nutrition M&E framework, tools, manual and guidelines	MOH HMIS	UNICEF, SUN, REACH and other relevant stakeholders	36.8	-	-	-	-	36.8
Strategy 3: Strengthen information systems to ensure the integration, tracking of progress, analysis and the use of the information for decision-making.			2,041.1	1,786.8	1,869.6	1,869.9	1,956.6	9,524.0
1. Develop and disseminate quarterly nutrition bulletins	SUN	REACH, and other relevant INGOs other relevant stakeholders	118.7	121.4	124.2	127.1	130.0	621.5
2. Hold feedback meetings among nutrition stakeholders at all levels; Update and maintain national nutrition website	SUN	REACH, and other relevant INGOs other relevant stakeholders	101.5	-	-	-	-	101.5
3. Define and Integrate core Nutrition Indicators in Nutrition Health Management Information System (HMIS) and relevant existing platforms.	SUN	REACH, and other relevant INGOs other relevant stakeholders	29.7	-	-	-	-	29.7

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
4.Track progress and challenges of all relevant nutrition-specific and Nutrition Sensitive and share on a common platform.	SUN	REACH, and other relevant stakeholders	185.3	189.6	194.0	198.4	203.0	970.3
5. Conduct routine nutrition data quality assessments and audits with key sectors	SUN	REACH, and other relevant stakeholders	406.4	415.7	425.3	435.1	445.1	2,127.6
6. Conduct nutrition data clinic to reflect on NIS processes, key emerging issues, lessons learnt from field implementation and tap into national, regional and global	SUN	REACH, and other relevant stakeholders	16.1		-	-	-	16.1
7. Conduct Data Quality Audits for DHIS, LMIS and sentinel surveillance	SUN	REACH, and other relevant stakeholders	406.4	415.7	425.3	435.1	445.1	2,127.6
8. Review and validate methodologies and results and quality monitoring during nutrition surveys – SMART, MIYCN KAP, KPC and coverage surveys	SUN	REACH, and other relevant stakeholders	17.6	-	-	-	-	17.6
9. Conduct Integrated Nutrition SMART Surveys MIYCN, KAP, KPC and coverage assessment.	SUN	REACH, and other relevant stakeholders	16.1	-	-	-	-	16.1
10. Map ongoing nutrition research and researchers in Liberia	SUN	REACH, and other relevant stakeholders	6.9	7.0	7.2	7.3	7.5	35.9
11. Integrate nutrition research into the national research strategy	SUN	REACH, and other relevant stakeholders	29.7	-	-	-	-	29.7
12. Advocate for local research to generate information for nutrition programming	SUN	REACH, and other relevant stakeholders	29.7	-	31.1	-	32.5	93.2
13. Conduct nutrition data dissemination on a quarterly basis	SUN	REACH, and other relevant stakeholders	87.6	89.6	91.7	93.8	95.9	458.5
14. Conduct an annual National Multi-Sectoral Nutrition conference every two years	SUN	REACH, and other relevant stakeholders	10.2	-	10.6	-	11.1	32.0
15. Establish and scale up an integrated food and Nutrition surveillance system for real time monitoring at all levels	SUN	REACH, and other relevant stakeholders	6.9	7.0	7.2	7.3	7.5	35.9

Interventions	Responsible Entities	Supporting Entities	Cost 2023 (in 000, USD)	Cost 2024 (in 000, USD)	Cost 2025 (in 000, USD)	Cost 2026 (in 000, USD)	Cost 2027 (in 000, USD)	TOTAL (in 000, USD)
16. Established a country, county and district levels website to manage and share nutrition information in the form of a dashboard with key stakeholders	SUN	REACH, and other relevant stakeholders	7.2	-	-	-	-	7.2
17. Conduct monthly multi-sectoral nutrition coordination meeting	SUN	REACH, and other relevant stakeholders	122.1	124.9	127.8	130.7	133.7	639.1
18. Conduct routine nutrition data quality assessments and audits with key sector	SUN	REACH, and other relevant stakeholders	406.4	415.7	425.3	435.1	445.1	2,127.6
19.Develop a national nutrition resource tracking tool	SUN	REACH, and other relevant stakeholders	36.8	-	-	-	-	36.8
Grand Total			59,155.6	57,157.3	56,009.4	53,023.3	52,914.9	278,260.6

Organizations LOGOs to be inserted in the inside and back of Back Cover page





























For a world without hunger







