



This action is funded by the European Union

ANNEX 2

of the Commission Decision on the Annual Action Programme 2016 in favour of the Republic of Malawi to be financed from the 11th European Development Fund

Action Document for 'AFIKEPO' Nutrition programme in Malawi

INFORMATION FOR POTENTIAL GRANT APPLICANTS **WORK PROGRAMME FOR GRANTS**

This document constitutes the work programme for grants in the sense of Article 128(1) of the Financial Regulation (Regulation (EU, Euratom) No 966/2012), applicable to the EDF in accordance with Article 37 of the Regulation (EU) 2015/323 in the following sections concerning calls for proposals: 5.4.1 “Grants – call for proposals” (direct management).

1. Title/basic act/ CRIS number	'AFIKEPO' Nutrition programme in Malawi CRIS number: MW/2016/038-583 financed under European Development Fund	
2. Zone benefiting from the action/location	Southern African, Malawi. The action shall be carried out at the location: Chitipa, Karonga, Mzimba, Nkhata-Bay, Kasungu, Nkhotakota, Salima, Chiradzulu, Mulanje, Thyolo; and Lilongwe city (central activities).	
3. Programming document	11 th European Development Fund (EDF), Malawi, European Union, National Indicative Programme 2014-2020	
4. Sector of concentration	Sustainable Agriculture, Focal Sector 2	DEV. Aid: YES ¹
5. Amounts concerned	Total estimated cost: EUR 74 550 000 Total amount of EDF contribution: EUR 70 000 000 This action is co-financed in joint co-financing by: - FAO for an amount of EUR 2 000 000 - German Cooperation for an amount of EUR 2 500 000 This action is co-financed by potential grant beneficiaries for an indicative amount of EUR 50 000	
6. Aid modality and implementation modalities	Project Modality - Direct Management - grants – call for proposals - Indirect management with the Food and Agriculture Organization of the United Nations (FAO) - Indirect management with GIZ - Indirect management with the Government of Malawi	
7 a) DAC code(s)	12240 (basic nutrition) - 93%; 11420 (Higher education) – 4% ; 15160 (Human rights) - 1%; 11230 (Basic life skills for youth and adults) - 2%	
b) Main Delivery Channel	FAO – 41301; GIZ – 13000; International and/or developing country based NGOs – 21000 and/or 23000; Recipient Government - 12000	

¹ Official Development Aid is administered with the promotion of the economic development and welfare of developing countries as its main objective.

8. Markers (from CRIS DAC form)	General policy objective	Not targeted	Significant objective	Main objective
	Participation development/good governance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Aid to environment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Gender equality (including Women In Development)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Trade Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reproductive, Maternal, New born and child health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	RIO Convention markers	Not targeted	Significant objective	Main objective
	Biological diversity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climate change adaptation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Global Public Goods and Challenges (GPGC) thematic flagships	Priority 1 “Research and Extension” of the GPGC Programme Key area “generating and exchanging knowledge and fostering innovation”			
10. Sustainable Development Goals (SDGs)	Main SDG Goal(s) on the basis of section 4.1: SDG 2			

SUMMARY

'AFIKEPO' means in Malawi's main local language Chichewa: "**Let them [the children] develop to their full potential**". The proposed action addresses Malawi's problems of undernutrition, particularly in the under-5 children, and their negative consequences on the cognitive, social and economic development in line with priorities and policy commitments of the Government of Malawi, the European Union (EU) and other associated development partners (DPs).

Prevalence of stunting in under-5 children in Malawi is at 42.4% and 12.9% of babies are born with low birth weights. Micronutrient deficiencies are also wide spread. 58% of primary school children suffer from vitamin A deficiency, 25% from anaemia. Under-nutrition has characterised the nutrition situation in Malawi for decades, and is a prominent factor leading to an annual loss in productivity and economic growth estimated at 10.3% annually.

In order to improve coherence and complementarity of support to the nutrition sector for greater sustainable impact, a holistic '**Four Pillars Approach**' was adopted by the **National nutrition committee in July 2015 namely:** 1) Agriculture for Nutrition Security and Improved Maternal, Infant and Young Child Feeding and Care practices; 2) Primary health care, therapeutic care, support and treatment; 3) Integration of behavioural change and communication for optimal maternal and young child feeding and care (knowledge, attitudes and practices) among communities, learners, professional and frontline workers through Nutrition Education and 4) Governance, Human Capacity Building, Research, Monitoring & Evaluation and fortification. The concept of the AFIKEPO Nutrition Programme in Malawi is based on these four pillars approach.

In line with the EU global Action Plan on Nutrition launched in 2014, AFIKEPO is a joint effort with other DPs to address nutrition issues through a multi-sector integrated approach that scales up successful previous and existing initiatives. EU resources will focus on **pillars 1, 3 and 4** activities. This entails AFIKEPO being implemented in joint and parallel approach in close complementarity to specific interventions from the other DPs on **pillar 2** that will target the same **10 AFIKEPO districts**.

1 CONTEXT

1.1 Sector/Country/Regional context/Thematic area

The nutritional status of children under the age of 5 is widely used as an indicator of the socio-economic conditions in a country. Malawi's total population is approximately 17.5 million with some 4% being under 2 years old and 16% under-5. The population is growing rapidly, with Malawi having one of the highest rates in Africa (2.87%). **The nutrition situation in Malawi has been characterized by high levels of undernutrition of the under-5 children for decades, resulting from micronutrient deficiencies and inadequate food energy and protein leading to stunting (height for age) 42.4%, wasting (weight for height) 3.8%, underweight (weight for age) 16.7% and 12.9% children born at a low birth weight (less than 2500g); micronutrient disorders, especially Vitamin A and Iron (58% of primary school children suffer from vitamin A deficiency, 25% from anaemia), are of public health concern. Stunting was associated with up to 23% of all deaths of under-5 and 10.3% annual loss in GDP between 2008 and 2012 and also high school drop outs and class repetition in Malawi.**

The prevalence of stunting among children decreased from **47.1%** in 2010 to **42.4%** in 2014. However, the number of children affected by stunting was 1 337 000 in 2012 and based on past trends without additional efforts the number will increase to 1 468 000 (+9.7%) by 2025.

The ND-Gain² evidences the vulnerability of the country in terms of cereal production and water availability together with poor medical staffing, all elements strongly affecting food security, especially in under 5-year children. Over the past two decades, drought and flood events have increased in frequency, intensity, and magnitude with negative consequences for food and water security, water quality, energy, and the sustainable livelihoods of rural communities. During the last two years, Malawi population has been strongly affected by El Niño (floods, dry spells and droughts): 2.8 million people were declared food insecure in 2015/16 and in 2016/17 an official figure of 6.5 million people will not meet their daily food requirement.

The most **immediate causes** of undernutrition and micronutrient deficiencies are inadequate dietary intake and infectious diseases leading to weakness of the immune system and increase in susceptibility to diseases. These deficiencies have lingered due to widespread poverty; over-dependence on subsistence rain-fed maize production and consumption coupled with consecutive poor harvests, high population density and growth and climate change. **Basic causes** across all sectors include poor livelihood assets and choices, socio-economic issues (including gender and HIV/AIDS) and governance issues. Structural and economic factors contribute to widespread food insecurity among the population, and price volatility increases the risk of under-nutrition. Gender inequality has impacts on the intra-house food allocations; access to resources and education. Additional structural issues that have impacted nutrition in Malawi include; i) environmental pressures linked to climatic change, particularly those related to scarcity of water and fuel; and ii) the limited delivery of basic services to the population amongst others.

Poor water and sanitation and extreme climatic events further increase the risk of outbreaks of communicable diseases, thus leading to further preventable undernutrition. Half of the population has inadequate sanitation facilities, and 15% lack access to safe water. Poor child spacing practices increase the risk of malnutrition and morbidity with high adolescent birth (age-specific fertility rate for women of 15-19 years estimated at 143‰ in 2014).

The main **underlying causes** of undernutrition in Malawi are household food insecurity, inadequate maternal, infant and young child feeding and care practices and poor health services. 74.5% of mothers initiate breastfeeding within 1 hour of birth and 70.2% exclusively breastfeed children up to 6 months, yet only 15% of breastfed children (aged 6-24 months) meet the recommended minimum diet diversity and meal frequency, and up to 30% eat only two food groups throughout the year. This is due to lack of a sufficient variety of food products to introduce into children's complementary diets coupled with low

²The ND-GAIN Country Index, a project of the University of Notre Dame Global Adaptation Index (ND-GAIN), summarizes a country's vulnerability to climate change and other global challenges in combination with its readiness to improve resilience. It aims to help businesses and the public sector better prioritize investments for a more efficient response to the immediate global challenges ahead.

levels of education and nutrition knowledge, limited skills and application of food technologies.

In Malawi the health system is inadequately resourced and there is a precarious cycle of undernutrition and disease burden (malaria, diarrheal diseases and acute respiratory infections among others). The HIV/AIDS epidemic, infectious diseases and undernutrition are among the major factors contributing to high infant and under-5 mortality rates (85% of live births) while the maternal mortality rate at 5.74% also remains unacceptably high. Access to essential health care services among parents and young children remains limited and the lack of material and human resources further constrains the quality of services.

1.1.1 Public Policy Assessment and EU Policy Framework

Adequate nutrition is recognised as a human rights issue and is enshrined in Malawi's constitution.

Malawi joined in 2011 the *Scaling up Nutrition (SUN) – 1000 Days Initiative* with an initial focus on community-based action, and prepared the *National Nutrition Education and Communication Strategy 2011-16* (currently under review), aiming at reducing stunting through behavioural change and awareness raising and also underlines involvement of frontline workers and communities to enhance ownership.

Under the *New Alliance for Food Security and Nutrition* joined by Malawi in 2013, the Government of Malawi, Development Partners (**DPs**) and the private sector committed to scale up nutrition-based efforts to reduce the prevalence of stunting among children under-5 to less than 20% by 2020.

The *National Nutrition Policy and Strategic Plan* was reviewed and awaits approval for dissemination. It is the main policy document for nutrition resource mobilisation, as well as for standardisation, coordination and improvement in quality of nutrition service delivery. Nutrition is also integrated into the *National Agriculture Policy (2016-20)*, the *Programme of Work for a Health Sector Wide Approach and Essential Health Package* and the *School Health and Nutrition Strategic plan (2009–18)*.

The Malawi National Nutrition Monitoring and Evaluation Common Result framework is being developed and will align with the revised National Nutrition Policy (yet to be approved and adopted) and the National Nutrition Education and Communication Strategy 2011-16 (currently under review) but also to include indicators for nutrition sensitive policies, programmes and strategies.

The Intended Nationally Determined Contribution (INDC) underlines how food security is strictly linked to the impacts of climate change and the importance of promoting actions, most notably in relation to gender (support capacity building programmes for vulnerable groups, but also promote gender mainstreaming in policies, programmes and projects).

At international level, the action is aligned in particular to the Heads of African States 2014 Malabo Declaration '*to improve nutritional status, and in particular, the elimination of child under-nutrition in Africa with a view to bringing down stunting to 10% and underweight to 5% by 2025*'. The new Africa Regional Strategy for Nutrition 2015-25 reiterates six global targets to improve maternal, infant and young child nutrition including a reduction in the number of children affected by stunting by 40% by 2025 identified by the World Health Assembly in 2012.

AFIKEPO is also aligned to the *European Commission's Action Plan on Nutrition (APN)* launched in 2014. This document outlines the EU plans to reach its commitment of reducing stunting in children under-5 by at least 10% (7 million children) of the World Health Assembly goal by 2025 with a focus on nutrition-sensitive interventions. The APN's strategic priorities include enhancing mobilisation and political commitment for nutrition, scaling up actions at country level and knowledge for nutrition.

At last, 'Enhance Food and Nutrition Security in Malawi' is the first specific objective of *EU/Malawi National Indicative Programme (NIP) 2014-20*, for the focal sector 2: Sustainable Agriculture.

1.1.2 Stakeholder analysis

The main institutional stakeholder is the Department of Nutrition, HIV and AIDS (**DNHA**), established in 2004, under the Office of the President and Cabinet with the mandate to coordinate all nutrition activities in the country, including overall policy direction, oversight, planning and supervision and nutrition staffing issues at central levels. Although DNHA was moved to Ministry of Health (**MoH**) in 2014, the institution still maintains the full mandate for which it was established.

Implementation of nutrition interventions are undertaken by 'Frontline staff from ministries of Health, Agriculture, irrigation and Water Development, and Gender, Children, Disability and Social Welfare

providing extension training services to the community leaders and households, while at district level, these including Non State Actors (NSAs) are members of both the Nutrition Coordination Committee and the District Executive Committee, the Development arm of the District Assemblies. While DNHA coordinates nutrition at central levels, Line Ministries are responsible for sectoral policies, strategies and programmes' at sub-national level with the District Commissioner - under Ministry of Local Government and Rural Development in charge of coordination of all development activities at the district following the decentralisation structure. The National Statistics office is the main government department responsible for the collection and dissemination of official statistics. Coordination is achieved through various nutrition technical advisory committees operating at national level. However, in practice, sector coordination of the basic and underlying causes of under-nutrition, has been largely disconnected from that of the treatment of dietary deficiencies and care practices that have an immediate bearing on nutrition. Line ministries often operate in relative isolation, with different institutional arrangements at central and district levels. In practice sector interests for control of financial and human resources are often prioritised above the inter-sector linkages resulting in overlap and competition. This is a missed opportunity to build synergies between the multiple policies, strategies and programmes across sectors.

Academic institutions such as the Lilongwe University of Agriculture and Natural Resources, the Natural Resources College, the Chancellor College, the College of Medicine and the Kamuzu College of Nursing provide technician diplomas, bachelor's degrees and post-graduate level trainings in a variety of nutrition-related courses and some are also doing nutrition operational research.

A network of international and local non-governmental organisations (NGOs) is also actively involved in implementing nutrition interventions. The Civil Society Nutrition Alliance (CSONA) coordinates all Civil Society Organisations involved in nutrition, and represents them in Government of Malawi and DPs structures and also assumes an advocacy role. A business platform was also established through the Malawi Confederation of Chambers of Commerce and Industry to coordinate private sector activities in nutrition. Both the private sector platform and CSONA have only been recently established and their effectiveness is yet to be assessed.

The target groups and beneficiaries of the action are the poor and ultra-poor communities with a special focus on optimal nutrition and health particularly for women in child bearing age and under-5 children including adolescent girls and vulnerable. The 10 targeted districts were chosen based on: **Stunting levels** - increase in number of stunted children between 2010 and 2014, comparable low rates of reduction in stunting levels between Multiple Indicator Cluster Surveys (MICS) 2014 and DHS 2010 because both surveys used the same WHO growth standards reference; **Magnitude of the problem** - high numbers of stunted under-five children based on absolute figures; **Low birth weight (LBW)** - districts with high number of children born with LBW according MICS 2014 and showing increasing trends between 2010 and 2014 in addition to the above criteria were considered a priority for programme's tangible impact on reducing stunting levels and achieve the SDGs; and **presence of Development Partners (DPs) with complementary pillars 2'** considering the need to enhance complementary actions in addressing nutrition problems in Malawi and the **Four Pillars Approach'** with Afikepo addressing 3 (1, 3 and 4) of these 4 pillars while DPs (USAID, DFID and WB) complement with pillar 2 where Afikepo will be implemented. Districts with other DPs supporting Pillars 1 and 3 were left out to avoid duplications.

1.1.3 Priority areas for support/problem analysis

The last 6 years, development programmes targeting nutrition have been effective in gradually reducing the rate of stunting, but in the face of rapid population growth, they have not succeeded in reducing the absolute number of stunted children.

Whilst Malawi has well-formulated policies and strategies to accelerate progress in the realization of the right to good nutrition, it lacks a solid framework to bring together and build synergies between the multiple policies, strategies and programmes; align DPs support to the defined national sector priorities; and provide proper coordination to avoid projects being implemented in a **piecemeal and parallel manner**. There is also a lack of advocacy to mobilize interventions for nutrition and ensure that agriculture, social protection, water and sanitation systems and programmes are designed to support nutrition goals, considering also that these sectors are vulnerable to climate change impacts. The coordination capacity of the Department of Nutrition, HIV and AIDS (DNHA) and implementation

capacities of line ministries are limited in terms of human and financial resources (very limited financial allocation for targeted nutrition actions) to effectively to carry out all expected functions of Scaling Up Nutrition (SUN) interventions. Extension systems are broadly under-resourced in Malawi. There are actually no frontline/extension workers for nutrition and often nutrition relies on other extension workers who do not have formal training in nutrition. There is also inadequate capacity to implement a systematic and comprehensive nutrition Monitoring & Evaluation (M&E) system that feeds into decision making processes, and weak coordination and programme cohesion due to a lack of joint analysis and planning. **Long term and consolidated interventions are needed to radically reduce the high levels of stunting.**

The EU financed in 2014-15 a joint mapping study on behalf of the Government and the Development Partners (DPs) active on nutrition. The study helped designing a four pillar approach, which was adopted by DNHA and incorporated into the National Nutrition Programme at the Malawi National Nutrition Committee in 2015. DPs in the sector have started aligning their proposed interventions to one or more of these pillars:

Pillar 1: Nutrition Sensitive Agriculture for Food and Nutrition Security (Improved Maternal, Infant and Young Child Feeding and Care).

Pillar 2: Primary Health Care, Management of Moderate and Severe Malnutrition (Therapeutic care, support and treatment) and Water and Sanitation (WATSAN).

Pillar 3: Integration of behavioural change and communication for optimal maternal and young child feeding and care practices among learners, professional and frontline workers through Nutrition Education.

Pillar 4: Governance, Human Capacity Development, Research, M&E and Fortification.

2 RISKS AND ASSUMPTIONS

Risks	Risk level (H/M/L)	Mitigating measures
Key policy measures and reforms required not implemented by the Government of Malawi.	M	The Government has to report regularly at international level on commitments made to improve nutrition under Scaling Up Nutrition (SUN) 1000 days and the New Alliance for Food Security and Nutrition. Through its position as chair of Donor Nutrition Security Group and co-chair of the New Alliance in Malawi, EU will closely engage Government to mitigate this risk. EDF11 KULIMA will also support the Parliament in appraising agriculture related nutrition policies and bills.
Weak inter- and intra- Ministerial coordination to ensure effectiveness and efficiency of all nutrition related activities.	H	Sound and regular sector dialogue between Government, DPs, Private Sector and Non-State Actors (NSAs) to ensure close level coordination of nutrition sector assistance.
The Government does not allocate human and financial resources for nutrition in a balanced and coherent manner to the different relevant public institutions.	M	Sound and regular sector dialogue between Government, Development Partners (DPs), Private Sectors and Non-State Actors (NSAs) to ensure a transparent and participative budgeting exercise. EDF11 KULIMA will also support the Parliament in appraising agriculture and nutrition national budget and tracking expenditures.
Nutrition Programmes financed by other DPs in coordination with 'AFIKEPO' are not achieving their outcome.	L	Regular monitoring from the Government, NSAs and DPs involved ensuring performance of different stakeholders (implementers) and regular meeting involving both Ministries and DPs.
Increasing impacts of climate	H	Sound and regular sector dialogue between

change and fast-growing population, may undermine the planned nutrition interventions.		Government, DPs and NSAs towards a joint effort to move from an annual humanitarian response to a multi annual national resilience building programme, in which nutrition will need to be a key issue to be addressed.
Assumptions		
<ul style="list-style-type: none"> - Government of Malawi committed to reduce stunting, undernourishment prevalence and to promote Dietary diversification. - Political commitment to include nutrition in all relevant learning institutions - Department of Nutrition, HIV and AIDS (DNHA) maintains full coordination mandate it had while under the Office of the President and Cabinet despite the move to Ministry of Health. 		

3 LESSONS LEARNT, COMPLEMENTARITY AND CROSS-CUTTING ISSUES

3.1 Lessons learnt

As part of the identification for AFIKEPO Nutrition Programme, the EU financed a joint mapping study to the benefit of the Government and Development Partners (DPs) active in the sector. The mapping has demonstrated that community-based supported initiatives built on a strong sense of local ownership enhance sustainability of project activities. Thus involvement of stakeholders from all nutrition relevant sector ministries at all levels and of the communities has been ensured in order to guarantee ownership.

While scientific evidence based on operational research on effective under nutrition interventions is taking some time, early signs indicate that **integrated approaches that involve all relevant sectors** can constructively reduce inequality, deprivation and undernutrition. A 2011 Court of Auditors technical audit of the previous EU interventions in Malawi found that neither standalone short term interventions; nor the integration of nutrition into existing programmes as a cross cutting measure achieved tangible and quantifiable results in reducing undernutrition. While nutrition specific interventions (e.g. provision of therapeutic foods and supplements) can reduce acute malnutrition in the short term, **there is need for long term interventions (above 5 years) with a combination of specific and sensitive interventions with strong multi-sector collaboration at all levels** to radically reduce the level of stunting.

AFIKEPO draws following lessons from the 2015 End of term Review of the "*Support to Improved Nutrition of the vulnerable group in Malawi programme*" (SINSM-financed by EU Food security Thematic Budget Line): (i) a combined programme affecting cross-sectional ministries shall not be carried out by a coordinating institution that is part of only one ministry. Activities of such programme including capacity building component for the district and community structures can be carried out by the line ministries jointly with the Department of Nutrition, HIV and AIDS (DNHA) and support from DPs or NSAs; (ii) the Integrated Nutrition and Food Security surveillance systems must be implemented by a semi-public institution controlled by the government, and should receive sufficient funding and highly qualified and competent staff; (iii) effective cooperation between the relevant Ministries and district structures, and the implementing partners ensure success and sustainability of school meals programme.

Past innovative projects undertaken in Malawi at a small scale have demonstrated that it is possible to reduce under-nutrition and levels of micronutrient deficiency through an integrated approach called **the community Care Group Extension Model**. The Home-Grown School Meals Initiative is also gaining support in Malawi due to its advantages in terms of sustainability, very high local ownership, creation of markets in communities within school catchment areas and knowledge through learning by doing. It is also a powerful conduit for community empowerment and nutritional improvement. The evaluation of the 1st phase of the GIZ "Nutrition Access to Primary Education" project (07/2012–02/2016) and recent EU funded SINSM programme, recognised the role and importance of community-based approaches in school nutrition for the learning performance of children and need for initial starter pack support for school meals supplies as a motivating factor.

Implementation of large and complex programmes of multi-sectoral nature using only the programme estimate modality has proved very difficult due to lack of Government capacities and very heavy procedural requirements.

Complementarity, synergy and donor coordination

In order to ensure better impact and sustainability of combined funds to address malnutrition, the proposed action is a joint approach with FAO on pillar 1 (nutrition sensitive interventions), on pillar 2 with DFID, USAID and WB (nutrition-specific interventions including in particular quality nutrition counselling and support Community Management of Acute Malnutrition; and also improving household water treatment, hygiene and sanitation practices; and District Health System Strengthening and Quality Improvement for Service Delivery), and GIZ on pillar 3 (Nutrition Access to Primary Education - School meals programme). USAID will also implement in parallel from 2016 the '*Malawi Strengthening Agricultural and Nutrition Extension Services*' project aiming to support implementation of the District Agricultural Extension Services System (**DAESS**) in other 10 districts than AFIKEPO.

EDF11 AFIKEPO (to start at the same time as KULIMA): KULIMA component 1 and AFIKEPO will be implemented in the same districts following a community outreach approach, in line with best practices in local climate change adaptation. A comprehensive practical skills development will be adopted for both programmes to deal with the various issues to be addressed at the community level. Service provision will be assured by **community based facilitators** selected from lead farmers for KULIMA and from care group leaders for AFIKEPO. The participatory learning process will result into simple and realistic good practices for agricultural production and for nutrition. Farmers progressively skilled in production through participation in Farmer Field Schools (FFS) groups organized by FFS facilitators under KULIMA will positively impact AFIKEPO beneficiaries through increased and diversified food availability. Extension front line workers from Ministries of Agriculture, Gender, Children, Disability and Social Welfare and Health will be in contact with Communities through organised Care Groups. The frontline extension workers will train Community Nutrition Facilitators who in turn will train and supervise care group leaders.

Complementarity with EDF10 Farm Income Diversification Programme phase II (FIDP II) (to end in 2018) will be strengthened by establishing links between the FIDP II beneficiaries and the AFIKEPO care groups to promote nutritional education and nutrition coordination and district and area levels. In particular, FIDP II Grantees will build capacities of the District nutrition coordination structures from district to village levels on SUN initiatives, and AFIKEPO will build on these initiatives as well as expanding both geographic and intervention coverage and provide the missing links in the same districts (Chitipa, Karonga, Nkhata Bay, Mzimba, Nkhatakota, Salima, Chiradzulu and Thyolo).

Synergies will be built with the Improving Secondary Education in Malawi, and Skills and Technical Education EDF11 Programmes, both started in 2016, in particular to mainstream nutrition in any future reviews of the curriculum of teachers and learners.

AFIKEPO will also ensure linkages with EDF10 Social Cash Transfer projects co-funded by Germany and Irish Aid by advocating for mainstreaming of nutrition. Complementarity will also be ensured with Fortification activities under pillar 4 to be financed in parallel through a specific call for proposal from the EU Global Public Goods and Challenges food fortification programme.

DPs are coordinated through a donor nutrition security coordination group (**DoNutS**). The current DoNuTs chair is EU and GiZ the co-chair. The donors SUN Convenors are Irish Aid and USAID and UNICEF the UN SUN one. DoNuts and Scaling Up Nutrition (SUN) convenors engage on a regular basis with the Government, Non-State Actors (NSAs) and private sector. Other DPs active in nutrition are: UK DFID, the World Food Programme, Food and Agriculture Organisation (FAO), KfW and the World Bank (WB).

3.2 Cross-cutting issues

Good Governance: the action will support sector governance issues at all levels through Pillar 4.

Environment and climate change: Due to high population density, the pressure on Malawi's natural resources is extreme. Land degradation is the most worrying sign of Malawi's ecological crisis. Deforestation rate is the second worst in Africa. Malawi is also prone to climate-induced disasters that have direct impact on food production, health, etc. and thus exacerbate the poor nutrition status especially of the vulnerable groups. Synergies will be assured with agriculture and climate resilience programmes by supporting improvement of labour and energy saving productivity enhancing technologies.

HIV/AIDS: Awareness programs are already in place in schools and communities but through this action, these activities will be enhanced. Nutrition support, care and treatment of the vulnerable including the

HIV/AIDS affected and infected will be integrated into all actions of AFIKEPO and also through other DPs complementary actions through support to Community Management of Acute Malnutrition actions.

Gender: AFIKEPO has a strong gender dimension. Women in Malawi shoulder an unequal share of household responsibilities for both production and childcare (in Malawi, female farmers produce 80% of food for household consumption and over 70% of the farmers are women). Women are consistently more likely than men to invest in their children's health, nutrition, and education. At the same time, the nutritional knowledge and educational status of women and girls exert considerable influence on the ingredients and quality of meals prepared in households hence the importance of focussing on the skills of women farmers. **AFIKEPO will integrate a gender perspective into all pillars so that constraints faced by women, adolescent girls and children are addressed.**

Human Rights: AFIKEPO will support the government in fulfilling human-rights principles such as right to food, right to education and equal participation and equal opportunities in line with the country international relevant commitments. This will be achieved through improved inter-sectoral cooperation (education, health, agriculture) among those service providers involved in improving nutrition. The programme will also specifically support girls to overcome disadvantages in their access to education and will improve their nutritional status and learning abilities.

4 DESCRIPTION OF THE ACTION

4.1 Objectives/results

This programme is relevant for the 2030 Agenda for Sustainable Development. It contributes primarily to the progressive achievement of Sustainable Development Goal (SDG) target 2, '*End hunger, achieve food security and improved nutrition and promote sustainable agriculture*'. This does not imply a commitment by the country benefiting from this programme.

The overall objective of the action is to enhance nutrition security in Malawi.

Specific objective 1: to increase and diversify dietary intake of safe and nutritious foods to achieve optimal nutrition for women of child bearing age, adolescent girls, infants and young children in the targeted districts.

Result 1.1: Availability and accessibility to affordable, adequate, diversified and nutritious foods for all seasons improved for the target groups.

Result 1.2: Increased utilisation of adequate, diversified, safe and nutritious foods of the Malawi six food groups for the target groups taking account of seasonality, cultural acceptability and preferences.

Specific Objective 2: to increase the use of enhanced nutrition knowledge and awareness and hygiene practices by the target communities, learners and Programme Development Agents (PDAs) in their daily routines.

Programme Development Agents are frontline and professional staff from all AFIKEPO relevant line ministries (Education, Health, Agriculture, Community Development and Social Welfare, Local Government etc.).

Result 2.1: Improved nutritional knowledge, awareness and intake and improved hygiene practices of learners, community members and PDAs.

Result 2.2: Improved harmonisation and integration of nutrition into the curricula of schools and training institutions and increased number of PDAs in nutrition (certificate, diploma and degree levels), to improve their knowledge and communication skills.

Specific Objective 3: to strengthen multi-sectoral governance of nutrition contributing both to national and district development planning and monitoring as well as informing national level policies.

Result 3.1: An effective food and nutrition security information system established at national and district levels, which complements other existing information systems and contributes to development planning and monitoring mechanisms.

Result 3.2: Malawi National Nutrition Committee (MNNC) and District Nutrition Coordinating Committees (DNCC) capacitated to fulfil their roles and responsibilities to advocate for nutrition related interventions for achieving better nutrition.

Result 3.3: National policies informed by evidence based information on nutrition-sensitive interventions generated/disseminated through improved advocacy.

4.2 Main activities

Activities linked to result 1.1:

- 1.1.1 Provision of hands-on training and mentoring for Community Based Facilitators (TCBF) and Cluster leaders on nutrition sensitive, climate-resilient agricultural production and good utilisation practices/technologies by establishing demonstration facilities respective clusters.
- 1.1.2 Support the training and mentoring of Community Based Facilitators and care groups on appropriate, time saving food value addition and preservation technologies, business development and entrepreneurship and setting up an innovation fund to support these local initiatives and low cost food drying equipment.
- 1.1.3 Support development of Village Savings and Loan Schemes to improve access to loans at household level in order to improve women and girls economic empowerment.
- 1.1.4 Promote appropriate environmental and natural resources management practices including smart agricultural production of diversified indigenous foods.
- 1.1.5 Provision of supplies, equipment, inputs, Community Based Facilitators demonstration kits, incentives fund to clusters to establish and operationalize demonstration facilities in respective clusters such as bio-intensive backyard gardening including indigenous crops and livestock production for integrated climate-resilient home food production, pest management and appropriate environmental and natural resources management.

Activities linked to result 1.2:

- 1.2.1 Promote consumption of diversified and nutrient dense foods based on Malawi six food groups, promoting food safety and hygiene, and culturally acceptable sound nutrition practices.
- 1.2.2 Promote optimal age specific feeding practices (including sick child, HIV exposed, children failing to gain weight and malnourished).
- 1.2.3 Support community based food value addition, processing and preservation technologies and meal preparation (using energy and labour saving technologies) ensuring continued availability and variety of energy and nutrient dense foods (legumes, livestock, fruit and vegetables etc.) and helping in improving food safety face to climate change at household level and setting up an innovation fund to support low cost food drying equipment.
- 1.2.4 Promote consumption of bio-fortified foods.

Activities linked to result 2.1:

- 2.1.1 Support the development and dissemination of nutrition, health, water, sanitation (WATSAN) and hygiene messages for schools.
- 2.1.2 Support provision of School Meals in Early Childhood Development Centres (ECDs) and primary schools through home grown school meals and slow food concept school gardens and orchards following a productive school environment.
- 2.1.3 Promote the six key school nutrition messages.
- 2.1.4 Support the formation of School Health, Nutrition and Hygiene Clubs and facilitate the promotion of School Health and Nutrition related services action (deworming, Vitamin A, supplementation to ECD, schools etc.).

Activities linked to result 2.2:

- 2.2.1 Support the assessments of training curricula for certificate, diploma and degree levels for PDAs to determine the need to integrate basic nutrition education.
- 2.2.2 Support curriculum reviews to integrate basic nutrition education in primary, secondary and tertiary training institutions.

- 2.2.3 Support the roll out of revised nutrition training curricula for certificate, diploma and degree levels for PDAs.
- 2.2.4 Support provision of nutrition education to secondary and tertiary learners.
- 2.2.5 Support training of PDAs in nutrition education at different levels (certificate, diploma, and degree in nutrition) in accordance with priority needs.
- 2.2.6 Support provision of short/refresher courses for PDAs.

Activities linked to result 3.1:

- 3.1.1 Undertake appraisals of data gaps in food and nutrition security information system at national level (for common result framework) and in each of the selected Programme districts, based on the revised national M&E framework.
- 3.1.2 Support operational research actions (including opportunities for nutrition undergraduates and graduates to engage in operational research) to assess the impact of nutrition sensitive interventions on the target population, in order to identify proven high impact nutrition sensitive interventions on maternal and child nutrition.
- 3.1.3 Provision of supplies and equipment to establish and operationalize nutrition databanks at all levels (national and districts).
- 3.1.4 Develop a community based tracking and monitoring system for availability and consumption of nutrient dense foods for the target groups.
- 3.1.5 Develop an appropriate district level common result framework for an integrated food and nutrition security information system, contributing to the revised national nutrition monitoring and evaluation framework.
- 3.1.6 Provide training and capacity building to support the establishment and operationalization of the revised food and nutrition security information system and nutrition databank at all levels (national and districts).

Activities linked to result 3.2:

- 3.2.1 Assess the capacity of District Nutrition Coordinating Committees (DNCCs) to plan, co-ordinate and monitor all nutrition and nutrition related interventions in their districts, and provide any support required in terms of technical training, materials, equipment and human resources.
- 3.2.2 Support Malawi National Nutrition Committee (MNNC) and DNCCs to adequately implement their roles to coordinate, advocate, integrate and monitor nutrition and nutrition related policies and programmes.
- 3.2.3 Support technical capacity building for the DNCCs to ensure Nutrition and other cross cutting issues are mainstreamed in the district development plans, budgets and that nutrition resources are tracked.

Activities linked to result 3.3:

- 3.3.1 Support advocacy for dissemination and scaling up of proven nutrition practices/interventions and better integration of nutrition into national and district development policies, programmes and priorities.
- 3.3.2 Facilitate support to monitoring and enforcement of appropriate nutrition regulatory frameworks fortification (reinforcement of food fortification and biotechnology initiatives).
- 3.3.3 Support Non-State Actors (NSAs') to build capacity of stakeholders for nutrition resource tracking, advocacy to policy makers and key stakeholders to demand better integration of nutrition into national and district development, policies, and priorities and the mobilization of additional resources to nutrition interventions and tracking of these resources.

4.3 Intervention logic

The programme builds on a comprehensive nutrition joint sector mapping and identification that was carried out in 2014/15. Mapping Exercise covered: Nutrition situational/cause analysis of nutrition situation in Malawi, Nutrition sector mapping (identifying actions and key actors) and possible options for EDF11 interventions. The mapping revealed that interventions in the nutrition sector are done in piece meal and uncoordinated manner with very limited sustainable impact on reducing stunting levels. In order to improve coherence and complementarity of support to the nutrition sector in a holistic manner for

greater sustainable impact, a **'Four Pillars Approach'** was adopted by the **National nutrition committee in 2015**.

In line with the four pillar approach, the programme seeks to improve coherence and complementarity of support to the nutrition sector to address the problems of (i) *inadequate food energy and protein and micronutrient deficiencies*; (ii) *inadequate access to improved water, sanitation and hygiene in particular for maternal, infant and young children*; (iii) *poor maternal and infant young child support services including adolescent girls due to limited nutrition education*; and (iv) *weak Governance and monitoring and evaluation (M&E) systems, lack of operational research and dissemination of research findings*. These follow the sector analysis in section 1.1.

The concept and objectives of the AFIKEPO Nutrition Programme in Malawi is based on these four pillars approach and is part of a joint effort with other DPs to address nutrition issues through a multi-sector integrated approach that scales up successful previous and existing initiatives. **EU resources will focus on pillars 1, 3 and 4 activities**. This entails AFIKEPO being implemented in joint and parallel approach in close complementarity to interventions from the USAID, WB and DFID on pillar 2 that will target the same AFIKEPO districts.

Core to AFIKEPO is the provision for capacity building of Programme Development Agents (**PDAs**) frontline workers and their capacity to roll out the integrated Care Group extension model.

The programme will thereby invest in beneficiary capacity development and awareness building to bring about social behavioural changes and communication (**SBCC**) which will positively contribute to increasing knowledge and skills in production of nutrient dense foods, improved food processing and preparation, hygiene and sanitation. These are key prerequisites to improving nutrition outcomes especially in women of child bearing age, infant and young children and adolescent girls and infant and young children. These interventions, in the long term, will directly reduce under-five children's deaths, improve human capital and productivity, sustain economic growth and reduce irreversible damage that could occur during the first 1 000 days of human development owing to stunting.

The programme will build capacities of schools and communities to better understand the role of home grown school meals and slow food concept and their roles in providing high-quality school meals and appropriate hygiene practices.

The programme will also improve food and nutrition security coordination, information systems starting at the decentralised level so that nutrition is better integrated into district planning and monitoring mechanisms and better coordinated across sectors with technical support from the Department of Nutrition, HIV and AIDS (DNHA) and sector line ministries at the central level. An effective food and nutrition security information system will be established at district level, which will strengthen district planning and monitoring mechanisms. District Nutrition Coordination Committees (DNCCs) will be capacitated. Operational research will be supported to ensure that nutrition sensitive positive impacts are documented and shared.

5 IMPLEMENTATION

5.1 Financing agreement

In order to implement this action, it is foreseen to conclude a financing agreement with the partner country, referred to in Article 17 of Annex IV to the ACP-EU Partnership Agreement.

5.2 Indicative implementation period

The indicative operational implementation period of this action, during which the activities described in section 4.2 will be carried out and the corresponding contracts and agreements implemented, is 72 months from the date of entry into force of the financing agreement.

Extensions of the implementation period may be agreed by the Commission's authorising officer responsible by amending this decision and the relevant contracts and agreements; such amendments to this decision constitute non-substantial amendment in the sense of Article 9(4) of the Annex to Regulation (EU) 2015/322.

5.3 Implementation of the budget support component

N.A.

5.4. Implementation modalities

5.4.1 Grants: call for proposals "Advocacy for food and nutrition security policies, programmes and interventions" (direct management).

a) Objectives of the grants, field of intervention, priorities of the year and expected results

The objective of the grants is to contract NSAs who will: i) support awareness creation in nutrition and its implications; ii) build capacity of the local communities on the importance of funding for nutrition and call on them to demand funding from their local leaders; iii) educate the community on the importance of the role they play and encourage them to take responsibility for nutrition in their own communities; iv) Advocate for the mobilization of additional resources (human and financial) across nutrition sectors by calling on each sector who should be funding nutrition in their budgets to fulfil their role and be accountable to the public; v) advocate to policy makers and key stakeholders to demand better integration of nutrition into national and district development, policies, and priorities and accountability for better nutrition outcomes. The implementing entity is required to develop coherent training and advocacy guidelines and materials and conduct advocacy and training activities that will contribute to the achievement of activity 3.3.3. These actions will result into increased demand for nutrition interventions and financing, integration of nutrition in area, district and national policies, programmes and plans and increased resource allocation to nutrition and accountability and put nutrition on the priority map.

b) Eligibility conditions

Participation in the award of grant contracts is open on equal terms to all natural and legal persons and, after prior approval of the European Commission, to entities which do not have legal personality under the applicable national law, provided that their representatives have the capacity to take on legal obligations on their behalf and that they offer financial and operational guarantees equivalent to those provided by legal persons. Applicants must furthermore be established in an eligible country in accordance with the applicable Practical Guide at the time of launch of call for proposals.

Subject to information to be published in the call for proposals, the indicative amount of the EU contribution per grant is EUR 950 000 and the grant may be awarded to sole beneficiaries and to consortia of beneficiaries (coordinator and co-beneficiaries). The indicative duration of the grant (its implementation period) is 60 months.

c) Essential selection and award criteria

The essential selection criteria are financial and operational capacity of the applicant.

The essential award criteria are relevance of the proposed action to the objectives of the call; design, effectiveness, feasibility, sustainability and cost-effectiveness of the action.

d) Maximum rate of co-financing

The maximum possible rate of co-financing for grants under this call is 95% of the eligible costs of the action. In accordance with Article 192 of Regulation (EU, Euratom) No 966/2012, if full funding is essential for the action to be carried out, the maximum possible rate of co-financing may be increased up to 100%. The essentiality of full funding will be justified by the Commission's authorising officer responsible in the award decision, in respect of the principles of equal treatment and sound financial management.

e) Indicative timing to launch the call: first trimester of 2017.

5.4.2. Indirect management with an international organisation (Food and Agricultural Organization of the United Nations - FAO)

A part of this action may be implemented in indirect management with FAO in accordance with Article 58(1)(c) of Regulation (EU, Euratom) No 966/2012 applicable in accordance with Article 17 of

Regulation (EU) 2015/323. This implementation entails all activities related to results 1.1 and 1.2 and activities 3.1.4, 3.1.5 and 3.1.6. FAO may use the expertise of UNICEF to implement some activities. This implementation is justified because these United Nations' organisations, led by FAO are already working on the ground within the context of the UN Development Assistance Framework, and this would allow the up-scaling of these UN activities.

The entrusted entity would carry out the following budget implementation tasks: contracting (services mainly to NSA's and providing technical assistance) and paying tasks. Sub-delegation to UNICEF will be considered in line with Article 4.7 paragraph 3 of the Common Implementation Rules, as a due diligence was carried out by FAO. In case there would be other sub-delegations, the appropriate provisions will be included in the delegation agreement.

If negotiations with the above-mentioned entrusted entity fail, that part of this action may be implemented in direct management in accordance with the implementation modalities identified in section 5.4.5.

5.4.3 Indirect management with a Member State agency (Deutsche Gesellschaft für Internationale Zusammenarbeit - GIZ GmbH)

A part of this action may be implemented in indirect management with GIZ in accordance with Article 58(1)(c) of Regulation (EU, Euratom) No 966/2012 applicable by virtue of Article 17 of Regulation (EU) 2015/323. This implementation entails all activities related to result 2.1. This implementation is justified because GIZ has been implementing the Nutrition and Access to Primary Education Project through Home Grown School Meal and Food Security Programmes since 2012, and will initiate a follow-up programme from 2016 with extended scope and coverage.

The entrusted entity would carry out the following budget implementation tasks: contracting (mainly to NSA's, supplies, works and technical assistance) in support of various activities linked to result 2.1.

If negotiations with the above-mentioned entrusted entity fail, that part of this action may be implemented in direct management in accordance with the implementation modalities identified in section 5.4.5.

The Commission authorises that the costs incurred by the entrusted entity may be recognised as eligible as of 1st August 2016 because the relevant activities GIZ programme for AFIKEPO would have already started by this date but the delegation agreement will not be signed yet (as the present financing decision will be adopted only in November 2016 the earliest). Due to the mix of different implementation modalities ensuring an holistic sector approach, negotiation of the action has taken more time than initially envisaged. The part to be implemented by GIZ is a component which makes sense only if considered in the overall architecture of the wider programme. However, it would still be important to exceptionally finance the GIZ component from the beginning of the action. The fact that the EU funding will allow scaling up the existing GIZ programmes provides an additional justification to the need to ensure that activities are financed from the beginning.

5.4.4 Indirect management with the partner country

A part of this action, with the objective to achieve all activities related to results 2.2, and 3.2, and activities 3.1.1, 3.1.2, 3.1.3, 3.3.1, and 3.3.2, may be implemented in indirect management with the Government of the Republic of Malawi in accordance with Article 58(1)(c) of the Regulation (EU, Euratom) No 966/2012 applicable in accordance with Article 17 of the Regulation (EU) 2015/323 according to the following modalities:

The Government of the Republic of Malawi will act as the contracting authority for the procurement and grant procedures. The Commission will control ex ante all the procurement procedures except in cases where programme estimates are applied, under which the Commission applies ex ante control for procurement contracts above EUR 100 000 (or lower, based on a risk assessment) and may apply ex post control for procurement contracts up to that threshold. The Commission will control ex ante the grant procedures for all grant contracts.

Payments are executed by the Commission except in cases where programmes estimates are applied, under which payments are executed by the Government of the Republic of Malawi for direct labour and contracts below EUR 300 000 for procurement and up to EUR 100 000 for grants.

The financial contribution covers for an indicative amount of EUR 1 500 000 the ordinary operating costs incurred under the programme estimates.

In accordance with Article 190(2)(b) of Regulation (EU, Euratom) No 966/2012 and Article 262(3) of Delegated Regulation (EU) No 1268/2012 applicable in accordance with Article 36 of the Regulation (EU) 2015/323 and Article 19c(1) of Annex IV to the ACP-EU Partnership Agreement, the Government of the Republic of Malawi shall apply procurement rules of Chapter 3 of Title IV of Part Two of Regulation (EU, Euratom) No 966/2012. These rules, as well as rules on grant procedures in accordance with Article 193 of Regulation (EU, Euratom) No 966/2012 applicable by virtue of Article 17 of the Regulation (EU) 2015/323, will be laid down in the financing agreement concluded with the Government of the Republic of Malawi.

5.4.5 Changes from indirect to direct management mode due to exceptional circumstances

In case of impossibility to conclude a contract under indirect management with FAO due to circumstances outside of the Commission's control, the corresponding activities will be implemented under a call for proposal in direct management. The call for proposals will be in 3 lots according to the three geographical regions of Malawi.

Grants: call for proposals ": to increase and diversify dietary intake of safe and nutritious foods to achieve optimal nutrition for women of child bearing age, adolescent girls, infants and young children in the targeted districts." (direct management).

a) Objectives of the grants, field of intervention, priorities of the year and expected results

The objective of the grant will be to increase and diversify dietary intake of safe and nutritious foods to achieve optimal nutrition for women of child bearing age, adolescent girls, infants and young children in the targeted districts. The activities will contribute to achieve all activities of results 1.1 and 1.2, and activities 3.1.4, 3.1.5 and 3.1.6 among targeted groups in the targeted districts of this action. The grantee(s) will work in close coordination with the Government of Malawi, and relevant nutrition research and training institutions in Malawi.

b) Eligibility conditions

Participation in the award of grant contracts will be open on equal terms to all natural and legal persons, international organisations, Non Governmental Organizations (NGOs) and, after prior approval of the European Commission, to entities which do not have legal personality under the applicable national law, provided that their representatives have the capacity to take on legal obligations on their behalf and that they offer financial and operational guarantees equivalent to those provided by legal persons. Potential applicants should have strong knowledge and experience in nutrition sensitive agriculture related activities and establishment of Common Result framework for an integrated food and nutrition security information system. Applicants must furthermore be established in an eligible country in accordance with Annex IV of the ACP-EU Partnership Agreement and the applicable Practical Guide at the time of launch of call for proposals.

Subject to information to be published in the call for proposals, the details on indicative amount of the EU contribution per grant will become clear in case this alternative option will be faced.

c) Essential selection and award criteria

The essential selection criteria are financial and operational capacity of the applicant. The essential award criteria are relevance of the proposed action to the objectives of the call; design, effectiveness, feasibility, sustainability and cost-effectiveness of the action. The actual indicative contribution from the grantee and the indicative duration of the grant (its implementation period) will become clear in case this alternative option will be faced.

d) Maximum rate of co-financing

The maximum possible rate of co-financing for grants will be 90% of the eligible costs of the action.

In accordance with Article 192 of Regulation (EU, Euratom) No 966/2012, if full funding is essential for the action to be carried out, the maximum possible rate of co-financing will become clear in case this alternative option will be faced. The essentiality of full funding will be justified by the Commission's authorising officer responsible in the award decision, in respect of the principles of equal treatment and sound financial management.

e) Indicative timing to launch the potential call for proposal will become clear in case this alternative option will be faced.

In case of impossibility to conclude a contract under indirect management with GIZ due to circumstances outside of the Commission's control, the corresponding activities will be implemented under a call for proposal in direct management. The call for proposals will be in 3 lots according to the three geographical regions of Malawi.

a) Objectives of the grants, field of intervention, priorities of the year and expected results

The objective of the grants is to improve nutritional knowledge, awareness and intake and improved hygiene practices of learners, community members and PDAs for optimal nutrition for women of child bearing age, adolescent girls, infants and young children in the targeted districts. The activities will contribute to achieve all activities of results 2.1 among targeted groups in the targeted districts of this action. The actions will result into Six key school nutrition, health, water, sanitation (WATSAN) and hygiene messages for schools developed, disseminated and promoted; School Meals in Early Childhood Development Centres (ECDs) and primary schools through home grown school meals and slow food concept school gardens and orchards following a productive school environment provided; School Health, Nutrition and Hygiene Clubs formed and School Health and Nutrition related services action (deworming, Vitamin A, supplementation to ECD, schools etc.) facilitated. The grantee(s) will work in close coordination with the Government of Malawi, and training institutions in Malawi.

b) Eligibility conditions

Participation in the award of grant contracts is open on equal terms to all natural and legal persons, international organisations, NGOs and, after prior approval of the European Commission, to entities which do not have legal personality under the applicable national law, provided that their representatives have the capacity to take on legal obligations on their behalf and that they offer financial and operational guarantees equivalent to those provided by legal persons. Potential applicants should have strong knowledge and experience in the provision of School Meals in Early Childhood Development Centres (ECDs) and primary schools through home grown school meals and nutrition education, development and dissemination of nutrition, health and water, sanitation and hygiene (WASH) messages for schools. Any organisation eligible under Annex IV of the ACP-EU Partnership Agreement is considered eligible. The following types of potential applicants are eligible: legal persons, natural persons, international organisations, NGOs.

Applicants must furthermore be established in an eligible country in accordance with Annex IV of the ACP-EU Partnership Agreement and the applicable Practical Guide at the time of launch of call for proposals.

Subject to information to be published in the call for proposals, the details on indicative amount of the EU contribution per grant will become clear in case this alternative option will be faced.

c) Essential selection and award criteria

The essential selection criteria are financial and operational capacity of the applicant. The essential award criteria are relevance of the proposed action to the objectives of the call; design, effectiveness, feasibility, sustainability and cost-effectiveness of the action. The actual indicative contribution from the grantee and the indicative duration of the grant (its implementation period) will become clear in case this alternative option will be faced.

d) Maximum rate of co-financing

The maximum possible rate of co-financing for grants will be 90% of the eligible costs of the action under this call.

In accordance with Article 192 of Regulation (EU, Euratom) No 966/2012, if full funding is essential for the action to be carried out, the maximum possible rate of co-financing will become clear in case this

alternative option will be faced. The essentiality of full funding will be justified by the Commission's authorising officer responsible in the award decision, in respect of the principles of equal treatment and sound financial management.

e) Indicative timing to launch the potential call for proposal will become clear in case this alternative option will be faced.

5.5 Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply.

The Commission's authorising officer responsible may extend the geographical eligibility in accordance with Article 22(1)(b) of Annex IV to the ACP-EU Partnership Agreement on the basis of urgency or of unavailability of products and services in the markets of the countries concerned, or in other duly substantiated cases where the eligibility rules would make the realisation of this action impossible or exceedingly difficult.

5.6 Indicative budget

Activities	EU contribution (in EUR)	Indicative third party contribution (EUR)
Component 1: to increase and diversify dietary intake of safe and nutritious foods to achieve optimal nutrition for women of child bearing age, adolescent, infants and young children in the targeted districts	33 000 000	1 000 000
<i>5.4.2 Indirect management with FAO</i>	<i>33 000 000</i>	<i>1 000 000</i>
Component 2: to enhance nutrition knowledge and awareness and hygiene practices of the target communities and principal development agents to inform better care and feeding practices for improved nutrition	24 000 000	2 500 000
<i>5.4.3 Indirect management with GIZ</i>	<i>19 000 000</i>	<i>2 500 000</i>
<i>5.4.5 Indirect management with the Government of Malawi (PE, Supplies, TA Services)</i>	<i>5 000 000</i>	-
Component 3: to strengthen multi-sectoral governance of nutrition contributing both to national and district development planning and monitoring as well as informing setting of national level policy priorities.	10 500 000	1 050 000
<i>5.4.1 Direct management – grants</i>	<i>950 000</i>	<i>50 000</i>
<i>5.4.2 Indirect management with FAO</i>	<i>5 000 000</i>	<i>1 000 000</i>
<i>5.4.4 Indirect management with the Government of Malawi (PE, Supplies, TA Services)</i>	<i>4 550 000</i>	-
5.9 – Evaluation, 5.10 - Audit	500 000	N.A.
5.11 Communication and visibility (will be covered by KULIMA project)	NA	N.A.
Contingencies	2 000 000	-
TOTAL	70 000 000	4 550 000

5.7 Organisational set-up and responsibilities

The Programme steering and oversight will have two main structures namely (i) Steering Committee (PSC) and (ii) Technical Committee (PTC).

The PSC will be composed of the main stakeholders and counterparts of the programme and meet at least bi-annually or more often if needed. The PSC will oversee and give general direction to programme implementation and ensure appropriate performance monitoring with the Department of Nutrition, HIV

and AIDS (DNHA) functioning as Secretariat. The exact composition of the PSC will be determined at the start of programme implementation in close cooperation with the Government.

The **PTC** will provide technical guidance and for Programme implementation and make recommendations to the PSC for policy direction where necessary. The PTC will be chaired by the National Authorising office (NAO) Support Unit and will comprise in particular representatives of DNHA, FAO, GIZ, grantee(s) of the AFIKEPO call for proposals and EU (as observers). PTC meetings will be held regularly.

The DNHA will coordinate overall programme implementation with support from the NAO office when needed. DNHA will also be supported through a technical cooperation contract.

At district level, the programme will be led by the District Commissioner (**DC**) who will delegate the day-to-day management to a team composed of the responsible district technical staff from Ministries responsible for Local Governance, Health, Agriculture, Gender, Women and Child Welfare, and Education that will be supported by a programme implementation team. Two District Programme Coordinators will be recruited by FAO and GIZ to support the district staff and will be based in the office of the DC. The District Nutrition Coordination Committees (DNCC), the Area Nutrition Coordination Committee, and the Village Nutrition Coordination Committee will all be involved in monitoring all programme activities in the districts.

5.8 Performance monitoring and reporting

Key indicators will be monitored at village, group village, Traditional Authorities and district levels, by the district M&E officers. The district level data will be consolidated at national level by the Department of Nutrition, HIV and AIDS (DNHA) so as to ensure consolidation of nutrition information into overall National M&E Framework and line Ministries for integration of nutrition priorities into development policies and strategies. Each implementing partner (FAO, GIZ) will undertake baseline surveys at inception phase in 2017 (in close coordination to avoid duplications) to generate data for the respective actions. The Government of the Republic of Malawi through DNHA will consolidate this data to generate high level data that links to the national level M&E framework. Implementing partners in collaboration with DNHA will conduct end-line survey to establish programme performance and impact.

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process and part of the implementing partner's responsibilities. To this aim, the implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports (not less than annual) and final reports. Every report shall provide an accurate account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement of its results (outputs and direct outcomes) as measured by corresponding indicators, using as reference the logframe matrix. The report shall be laid out in such a way as to allow monitoring of the means envisaged and employed and of the budget details for the action. The final report, narrative and financial, will cover the entire period of the action implementation.

The Commission may undertake additional project monitoring visits both through its own staff and independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

5.9 Evaluation

Having regard to the importance of the action, a mid-term and final evaluation will be carried out for this action or its components via independent consultants contracted by the Commission.

The mid-term evaluation will be carried out to assess programme progress and, in case of lack of such progress, evaluation of its causes following the overall logic, cost effectiveness and extent of gender-mainstreaming with a view to making design and implementation corrections. The evaluation outcomes could lead to adjustments in programme strategy and implementation, depending on lessons learnt and recommendations generated from the evaluation.

The final evaluation will be carried out for accountability and learning purposes at various levels (including for policy revision), taking into account in particular the fact that determining impact on the target group's nutritional status is the focus of the proposed action.

The Commission shall inform the implementing partner at least three months in advance of the dates foreseen for the evaluation missions. The implementing partner shall collaborate efficiently and

effectively with the evaluation experts, and inter alia provide them with all necessary information and documentation, as well as access to the project premises and activities.

The evaluation reports shall be shared with the partner country and other key stakeholders. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, in agreement with the partner country, jointly decide on the follow-up actions to be taken and any adjustments necessary, including, if indicated, the reorientation of the project.

Indicatively, two contracts for evaluation services shall be concluded under framework contracts in the 4th quarter of 2019 and the middle 2022. If deemed relevant, one single mid-term evaluation and/or one single final evaluation contract(s) could be done for both KULIMA (CRIS number FED/2016/38578) and AFIKEPO programmes.

5.10 Audit

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, contract independent audits or expenditure verification assignments for one or several contracts or agreements.

Indicatively, three contacts for audit services shall be concluded under a framework contract in the 2nd quarter of 2017, 2019 and 2021.

5.11 Communication and visibility

Communication and visibility of the EU is a legal obligation for all external actions funded by the EU.

This action shall contain communication and visibility measures which shall be based on a specific communication and visibility plan of the action, to be elaborated at the start of implementation and supported with the budget indicated in section 5.6 above.

In terms of legal obligations on communication and visibility, the measures shall be implemented by the Commission, the partner country, contractors, grant beneficiaries and/or entrusted entities. Appropriate contractual obligations shall be included in, respectively, the financing agreement, procurement and grant contracts, and delegation agreements.

The communication and visibility manual for European Union External Action shall be used to establish the communication and visibility plan of the action and the appropriate contractual obligations.

In view of the concrete synergy between both AFIKEPO and KULIMA programmes, communication and visibility activities will be implemented by the same service contract(s) financed by KULIMA budget. It is envisaged to conclude one service contract under direct management, for an estimated total of EUR 500 000, tentatively scheduled to be launched in the 1st trimester of 2017.

APPENDIX - INDICATIVE LOGFRAME MATRIX (FOR PROJECT MODALITY)³: AFIKEPO NUTRITION PROGRAMME IN MALAWI - FA

The activities, the expected outputs and all the indicators, targets and baselines included in the logframe matrix are indicative and may be updated during the implementation of the action, no amendment being required to the financing decision. When it is not possible to determine the outputs of an action at formulation stage, intermediary outcomes should be presented and the outputs defined during inception of the overall programme and its components. The indicative logframe matrix will evolve during the lifetime of the action: new lines will be added for including the activities as well as new columns for intermediary targets (milestones) for the output and outcome indicators whenever it is relevant for monitoring and reporting purposes. Note also that indicators should be disaggregated by sex whenever relevant.

	Results chain	Indicators	Baselines (incl. reference year)	Targets (incl. reference year) 2022 in 10 AFIKEPO districts	Sources and means of verification	Assumptions
Overall objective: Impact	00 To Enhance nutrition security in Malawi	<p>1. Prevalence of stunting among children less than 5 years of age disaggregated by sex in AFIKEPO districts^{‘*’} /^{‘**’} (EU Results framework #9 level 1).</p> <p>2. Prevalence of undernourishment and micro nutrient deficiencies among women of childbearing age and children under 5 (disaggregated by sex), ECDs and primary school learners and adolescent girls benefiting from nutrition AFIKEPO^{‘**’})⁴ (EU Results framework #10 level 1).</p>	<p>1. 42.4% (2014) Male (45.7%) Female (39.1%)</p> <p>2. 2014 figures for undernourishment and Micronutrient deficiencies</p>	<p>1. 2.0% decrease per year</p> <p>2. 2.0% decrease per year</p>	<p>1. Integrated Household Survey, Malawi Demographic and Health Survey, MICS Project reports</p> <p>2. MDHS, MICS and Project reports</p>	

³ Mark indicators aligned with the relevant programming document mark with '*' and indicators aligned to the EU Results Framework with '**'.

⁴ Undernourishment and Micronutrient deficiencies indicators to include underweight and wasting in under-fives and low Body Mass Index in women of childbearing age, babies born with low birth weight (less than 2500 grams), Vitamin A Deficiency and Iron Deficiency Anaemia amongst all the target group.

Specific objective(1) Outcome(s)	SO 1: to increase and diversify dietary intake of safe and nutritious foods to achieve optimal nutrition for women of child bearing age, adolescent girls, infants and young children in the targeted districts.	1.1. Average individual minimum dietary diversity scores ⁵ among women of childbearing age (15 – 49 years), infant and young children 6 – 23 months disaggregated by sex) and adolescent girls in targeted districts ^{6*} . 1.2. % Breastfed children breast fed children (6–23 months) with Minimum acceptable diet ⁶ (disaggregated by sex) in AFIKEPO districts.	1.1. Baseline 2014 1.1b. Minimum dietary diversity ⁷ 26.6% 1.2. Minimum acceptable diet –15% (2014) Male (14.5%) Female (14.1%)	1.1. At least 4 of 6 Malawi food groups per target group 1.1b. 2.0% increase per year 1.2. 2.0% increase per year	1.1, &1.2 MICS, DHS, HIS, Baseline, mid and end term reviews (MTR & ETR) and various project reports	Government of Malawi committed to reduce stunting, undernourishment prevalence and to promote Dietary diversification
	SO 2: to increase the use of enhanced nutrition knowledge and awareness and hygiene practices by the target communities, learners and Programme Development Agents (PDAs) in their daily routines.	2.1. Number of schools and ECDs offering meals and number of school meals beneficiaries 2.2. Primary school learners (including girls of reproductive age), communities and PDAs trained in Nutrition (and nutrition related topics e.g. primary health, sanitation and hygiene) at different levels in AFIKEPO districts adopting improved nutrition, sanitation and hygiene knowledge and practices.	2.1. 0 2.2. 0	2.1. 150 schools and 50 ECDs and 75,000 pupils and 25,000 pre-schoolers 2.2. 20% increase from the baseline	2.1 to 2.2. Baseline, MTR and ETR and various project, reports	Political commitment to include nutrition in all relevant learning institutions

⁵ Dietary diversity scores are defined as the number of food groups consumed by an individual over a reference period (as a measure of household access to food, as measured by per capita expenditures and caloric availability at the household level based on Malawi 6 food groups).

⁶ Percentage of breastfed children age 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day (b) Percentage of non-breastfed children age 6–23 months who received at least 2 milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day).

⁷(a) Percentage of children age 6–23 months who received foods from 4 or more food groups (based on 6 Malawi food groups) during the previous day).

Specific objective(3): Outcome(s)	<p>SO 3: to strengthen multi-sectoral governance of nutrition contributing both to national and district development planning and monitoring as well as informing national level policies.</p>	<p>3.1. Availability of Common Results Monitoring framework (CRMF) for Nutrition at National and district levels with user friendly nutrition data to inform decisions on policies programmes, and resource distribution.</p> <p>3.2. Number of development policies (e.g. Central policy – Malawi Growth and Development Strategy 3 and relevant sectorial policies and programmes of Agriculture, Health, Education, Social Protection etc.) integrating and tracking nutrition priorities, financial and human resources for nutrition outcomes at national and district levels.</p>	<p>3.1. CRMF under preparation at national level but not yet in existence at district level</p> <p>3.2. 0</p>	<p>3.1. 1 national CRMF, 10 district CRMFs in place and operational</p> <p>3.2. 1 central policy and 3 sector line ministries with Nutrition priorities, and dedicated human and financial resources for outcomes at all levels</p>	<p>3.1. Baseline, MTR and ETR reports</p> <p>3.2 National and DNCC meeting minutes, Policy, programmes, budget and M&E documents</p>	<p>DNHA maintains full coordination mandate it had while under the Office of the President and Cabinet despite the move to Ministry of Health.</p>
Outputs	<p>1.1. Improved availability and accessibility of affordable, adequate, diversified and nutritious foods for all seasons for the target groups.</p>	<p>1.1.1 Number of PDAs, Community Based facilitators, Cluster leaders, Care group leaders and households graduated in production of various diversified foods, business development and natural resources management.</p> <p>1.1.2. Number of households, under-fives (by sex), women of child bearing ages, adolescent girls benefiting from nutrition extension services supported by Afikepo^{***} (EU Results framework #7 level 2).</p> <p>1.1.3 Number VSL’s developed.</p>	<p>1.1.1. 0</p> <p>1.1.2. 0</p> <p>1.1.3: 0</p>	<p>1.1.1. 500 PDAs 760 CBFs, 25 000 cluster leaders, 75 000 cell group leaders and 750 000 households</p> <p>1.1.2. 750 000 households and for other groups to be established</p> <p>1.1.3. 760 VSLs</p>	<p>Idem as above for the corresponding verification documents</p>	
	<p>1.2. Increased utilisation of adequate, diversified, safe and nutritious foods of the Malawi six food groups for the target groups taking account of seasonality, cultural acceptability and preferences.</p>	<p>1.2.1. Number of PDAs, CBFs, Community Leaders, Community Group Leaders and households trained in different appropriate technologies on diversified food utilisation, processing and preparation, safety and hygiene based on the Malawi six food groups in the target groups taking account of seasonality, sound acceptable nutrition practices and preferences.</p> <p>1.2.2. Number of different nutrition, sanitation and hygiene</p>	<p>1.2.1. 0</p> <p>1.2.2. 0</p>	<p>1.2.1. 500 PDAs 760 CBFs, 25 000 CLs and 75 000 CGLs and 750 000 households</p> <p>1.2.2. At least 6 different messages</p>	<p>1.2.1 to 1.2.3. Project reports</p>	

		infant feeding messages developed and disseminated (including local recipes of diversified and nutritive meals, optimal age and physiological condition specific). 1.2.3. % of adoption rate of integrated nutrition, sanitation and hygiene technologies and practices amongst Afikepo targeted households	1.2.3. 0	on Afikepo relevant topics developed and disseminated 1.2.3. At least 50% of the trained population adopting new technologies developed and disseminated by the project		
	2.1. Improved nutritional knowledge, awareness and intake and improved hygiene practices of learners, community members and PDAs.	2.1.1. Number of schools and ECDs promoting home grown school meals and slow food concepts, school nutrition, and hygiene, school gardens, orchards, and woodlots. 2.1.2. Number of schools facilitating School Health and Nutrition related services action (deworming, Vitamin A, supplementation to ECD, schools due to Afikepo in targeted districts. 2.1. 3. Number of districts supporting School Health and Nutrition Week in schools per year in targeted districts. 2.1.4. Number of learners (ECDs and primary schools) benefiting from Schools Meals Programme with AFIKEPO support ‘**’ (EU Results framework #15 level 2).	2.1.1. 0 2.1.2. 0 2.1.3. 0 2.1.4. 0	2.1.1. At least 150 schools 2.1.2. 150 school schools 2.1.3. 7 districts 2.1.4.50,000 learners	2.1.1. to 2.2.4 Various Project reports, media coverages, MTR and ETR	
	2.2. Improved harmonisation and integration of nutrition into the curricula of schools and training institutions and increased number of PDAs in nutrition (certificate, diploma and degree levels), to improve their knowledge and communication skills	2.2.1. Number training institutions (primary, secondary and relevant tertiary) offering Nutrition education using basic Nutrition integrated and harmonized curriculum. 2.2.2. Number of PDAs at national, and district/area levels under gone at least one short/refresher courses for PDAs in various Afikepo related subjects in a year. 2.2.3. Number of graduates with certificate, diploma, degrees supported by Afikepo etc.	2.2.1. 0 2.2.2. 0 2.2.3. 0	2.2.1. 40% primary/ secondary schools in Afikepo districts and 4 tertiary institutions 2.2.2. 500 PDAs 2.2.3. 100 graduates		

	<p>3.1. An effective food and nutrition security information system established at national and district levels, which complements other existing information systems and contributes to development planning and monitoring mechanisms.</p>	<p>3.1.1. Number of districts with district level Common Result framework integrating food and nutrition security information systems that contribute to the revised national nutrition monitoring and evaluation framework at least quarterly.</p> <p>3.1.2. Number of districts with established nutrition databanks on community based availability and consumption of nutrient dense foods for the target groups in all AFIKEPO district.</p> <p>3.1.3. Number of Operational research topics on Nutrition Sensitive interventions supported by Afikepo.</p>	<p>3.1.1. 0</p> <p>3.1.2. 0</p> <p>3.1.3. 0</p>	<p>3.1. 10 districts and 120 officers trained</p> <p>3.1.2. 10 districts</p> <p>3.1.3. minimum 3 research topics developed and disseminated</p>	<p>3.1.1. & 3.1.2. Assessment Training, M&E and project reports</p> <p>3.1.3. Research dissemination reports and publications</p>	<p>DNHA maintains full coordination mandate it had while under the Office of the President and Cabinet despite the move to Ministry of Health.</p>
	<p>3.2. Malawi National Nutrition Committee (MNNC) and District Nutrition Coordinating Committees (DNCC) capacitated to fulfil their roles and responsibilities to advocate for nutrition related interventions for achieving better nutrition.</p>	<p>3.2.1. Number of MNNC working groups and District Nutrition Coordinating Committees (DNCCs) established with Afikepo resources.</p> <p>3.2.2. Number of officers at National levels and District trained in nutrition governance, nutrition related interventions and cross cutting issues for the integration of nutrition issues in national and district level sector plans and tracking nutrition resource.</p> <p>3.2.3. Number of district local assemblies (DLAs) and District Executive Committees (DEC) sensitised on Nutrition governance issues and Afikepo programme.</p>	<p>3.2.1. 0</p> <p>3.2.2. 0</p> <p>3.2.3. 0</p>	<p>3.2.1. at least 5 NNC working groups and 10 DNCCs established and operational</p> <p>3.2.2. 120 officers trained</p> <p>3.2.3. 10 DLAs and DECs sensitised</p>	<p>3.2.1. Capacity assessment, Training and project reports, minutes</p> <p>3.2.2. Training reports</p> <p>3.2.3. Sensitisation workshops' reports</p>	
	<p>3.3. National policies informed by evidence based information on nutrition-sensitive interventions generated/disseminated through improved advocacy.</p>	<p>3.3.1. status of regulatory framework</p> <p>3.3.2. At least 1 NSA contracted to carry out advocacy role and capacity building of stakeholders on various nutrition relevant topics to policy makers and key stakeholders</p> <p>3.3.3. Number NSAs advocacy activities promoting optimal nutrition as a Human and child rights conducted per year (right to food and health and women's right).</p>	<p>3.3.1. old framework needs updating</p> <p>3.3.2. 0</p> <p>3.3.3. 0</p>	<p>3.3.1. New frameworks developed;</p> <p>3.3.2. 1 NSA contract</p> <p>3.3.3. 14 advocacy meetings per year</p>	<p>3.3.1. Regulatory frameworks</p> <p>3.3.2 & 3.3.3. 3 NSAs, Advocacy and project reports</p>	

