

INTEGRATED NATIONAL NUTRITION STRATEGIC PLAN 2013-2017



Health Protection Agency
Ministry of Health
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INTEGRATED NATIONAL NUTRITION STRATEGIC PLAN 2013-2017



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1. INTRODUCTION

Even though, Maldives has made significant progress in improving the nutrition status of the country, malnutrition still persists in the Maldives at an unacceptably high level. According to MDHS 2009, wasting is observed among 10.6% of children under the age of five, 17.3% are underweight and 18.9% are chronically malnourished or stunted. The MDHS also found that 6% of under five children of Maldives are too heavy for their age. The Micronutrient survey conducted in 2007 showed that more than half the children 6 months to 5 years are vitamin A deficient (5.1% severely and 50.1% moderately deficient). Anaemia prevalence among children 6 months to 5 years is 26%, with more than half the children (57%) iron deficient. Zinc and iodine deficiency are also at significant levels with 16% of children zinc deficient and 19% iodine deficient.

Since 1992, Maldives has developed and implemented four nutrition plan of action. Through these plans, several interventions have been under taken to address malnutrition with a special focus on improving the nutrition status of the children under five years. These interventions resulted in the improvements of the nutrition status of the children.

The fifth plan, Integrated National Nutrition Strategic Plan (INNSP) is a multi-sectoral plan which addresses the main challenges in the area of nutrition, food safety and food security.

The key sectors responsible for implementing this plan are Trade, Fisheries, Agriculture, Health, Education, Social protection, National Planning and private sector engaged in food production, processing, supply and trade.

1.1 Previous National Nutrition Plans of Action

The first national plan of action for nutrition, the National Nutrition Strategy (NNS 1992-1996) was developed in 1992, in response to the International Conference on Nutrition (ICN). This plan mainly focused on food security and primary health care. It also recognised the importance of nutrition assessment and during this period the Multiple Cluster Indicator Survey (MICS-I) was carried out which included the nutrition indicators.

MICS I identified malnutrition as a serious public health problem in the country. This was the basis for a second **National Nutrition Plan (NNP 1997 - 2000)**, developed with technical assistance from WHO, which focused on:

1. Food Security in terms of quantity and quality
2. Prevention and control of Micronutrient Deficiencies
3. Breastfeeding and Complementary feeding practices
4. Nutrition education
5. Continuous monitoring of growth and nutritional status of young children, pregnant and lactating women
6. Provision of nutritional supplements to mothers and young children of very low social–economic groups
7. Advocacy on nutritional issues
8. Capacity building
9. Monitoring, Surveillance and Evaluation

MICS II conducted in 2001 showed improvements in most nutritional indicators. The GoM sought multi-sectoral inputs to review the NNP and to develop the National Nutrition Strategic Plan (NNSP 2002-2006). The NNSP included several interventions involving sectors outside health such as fisheries and agriculture, environment etc targeting the nutritional needs of school-age children, adolescents, women of childbearing age and older adults in addition to the children under five.

The National Nutrition Strategic Plan (NNSP 2008-2010) also included the interventions targeting different age groups; however nutrition activities continued to focus mainly on under five children. During this period there was a continuation of the activities started during NNSP 2002-2006 which includes establishing Baby Friendly Hospital, Positive Deviance Programme and Online Nutrition Child Health Surveillance System.

1.2 Nutrition Situation

According to MICS in 1996 the percentage of children under 5 years who are underweight was 43%. This figure when measured in MDHS using the revised WHO standard had declined to 17.3% in 2009. Similarly, stunting declined from 30% in 1996 to 18.9 % in 2009; and wasting declined from 17% in 1996 to 10.6 % in 2009. MDHS data indicate that higher proportion of boys (20%) are stunted compared to girls (17%). However, there is no statistically significant difference in the overall under nutrition status between girls and boys under 5 years. The data also shows that 6% of children under 5 years are overweight.

Micronutrient survey conducted in 2007 showed that anaemia prevalence among children 6 months to 5 years is 26%, with more than half the children (57%) iron deficient. Similarly more than half the children 6 months to 5 years are vitamin A deficient (5.1% severely and 50.1% moderately deficient). Zinc and iodine deficiency though less severe is severe at levels of public health concern with 16% of children zinc deficient and 19% iodine deficient. The findings from the survey didn't show a significant difference in micronutrient deficiencies between boys and girls.

The dietary practices among adolescent are suboptimal. The results of Global School Health Survey (GSHS) indicate that only 22.7% of students usually ate a fruit two or more times per day and only 10.1% of students ate a vegetable three or more times per day. Male students (26.4%) consume more fruits and vegetables (12.6%) than female students (19.3%- fruits) and (7.7% vegetables). The consumption of fruit and vegetables in Male' is much lower compared to Atoll with fruit intakes 24.7% and vegetables intake 11.2% in Atoll and in Male' fruit intake is 5.2% and vegetables intake 7.5%. There is no statistical information to compare availability to this difference. However, stakeholder interview and focus group discussion indicate in Male' availability of fruits and vegetables is not an issue. It is worth noting that 15% of the students indicated they eat from a restaurant three or more times a day. Among students only 24% of children engaged in physical activities for at least 60 minutes for 5 days in a typical week while 42% spend more than 3 hours per day engaged in sitting activities. Less students (39.6%) from Atolls engage in sedentary behavior than students (46.2%) from Male'. While this is so, about one third of the students are trying to lose weight by eating less (MoE, 2010).

Malnutrition among reproductive aged women also continues to be of concern. MDHS showed that 46% of women 15-49 years are overweight or obese and only 8% are too thin with BMI less than 18.5. While overweight and obesity prevalence is high, micronutrient deficiencies are also high in this age group. According to the micronutrient survey, 15.4% women of reproductive age were found to be anaemic to some degree with 15.1% of them moderately anaemic in 2007; Micronutrient deficiencies follow the same pattern as in children with 38% of reproductive aged women were iron deficient and 44% vitamin A deficient. Zinc deficiency and iodine deficiency among reproductive aged women remained at 27% for both minerals.

STEPS survey conducted in Male' indicate that 46% of men are overweight and 17% obese. Health inequality analysis of this study showed that males and females in the poorest SES quintiles are more likely to be overweight and less likely if they are living in the 4th or richest, suggesting there is an inequality in the distribution of overweight between the poorest and richest SES quintiles. Within the Male' population, the average weekly servings of fruit and vegetable is higher for males (7.0 and 6.4 per person respectively) than it is for females (5.8 and 5.4 per person respectively) and is more common amongst the richest SES quintiles (WHO, 2010).

Education emerges as having a significant impact on consumption of fruit and vegetables, with those with secondary education and tertiary education being 2.4 and 3.3 times more likely than those with no education. This suggests that a health dietary intake is related more to levels of education than income, and may reflect the ability of better-educated people to absorb health education messages better (WHO, 2010).

Based on the finding of the MDHS, MNS and GSHS it is evident that there is considerable regional variation in the nutrition status of the population. It is observed that overall nutrition status is better in the North region of the country. Both stunting in children under 5 years and obesity among women is lower in this region compared to other regions. However, micronutrient deficiencies are more severe in North and South central regions of the country. Obesity among reproductive aged women is more common in Male' and the regions closer to Male'.

Male' region has higher prevalence of poor infant and young child feeding practices such as delay in initiation of breast feeding and early initiation of complementary feeding. Similarly the practice of eating fruits and vegetables among adolescents is less common in Male' compared to atolls. It can be concluded that although there is general awareness of healthy food, low functional knowledge of food and food items is one of the main underlying causes affecting care practices.

2. INTEGRATED NATIONAL NUTRITION STRATEGIC PLAN (2013-2017)

Prior to the development of the INNSP (2013-2017), a situation assessment was conducted to identify the causes of nutritional outcomes in the country. It was evident from the findings that nutrition situation in the country ranges from under nutrition among children, overweight and obesity among adults and micronutrient deficiency in all age groups. It is likely that obesity among children is also at levels of public concern. The situation assessment identified linkages of both food safety and food security issues, which must be addressed to sustain nutritional outcomes. Based on the findings of this assessment, an integrated food and nutrition framework was developed which is the basis for INNSP 2013-2017.

2.1 Goals and Objectives of INNSP (2013-2017)

Although the goals of previous nutrition plans have not been fully met, considerable progress has been made in the reduction of Malnutrition in Maldives. Table II outlines the goals and targets of INNSP 2013-2017.

Table II: Goal and targets of the Integrated National Nutrition Strategic Plan (2013-2017)

RELEVANT POLICIES OF SAP	GOALS	TARGETS
<p>Policy 1: Strengthen commercial agriculture to reduce reliance on imported food and attain food Security.</p> <p>Policy 2: Facilitate the availability of agricultural inputs and accessibility to appropriate and environment friendly technology in all regions to promote sustainable agriculture farming systems</p> <p>Policy 3: Develop systems, networks and physical infrastructure for strengthening marketing and trade of agriculture produce and to encourage commercial agriculture</p> <p>Policy 5: Strengthen the institutional capacity to support the growth of agricultural sector (Agriculture sector)</p> <p>Policy 1: Expand the scope of the fisheries sector in the economy and diversify fish and marine products in a sustainable manner.</p> <p>Policy 3: Facilitate business development, trade and export Promotion in fisheries. (Fisheries sector)</p> <p>Policy 1: Restructure the revenue system towards direct taxation and rationalise the tariff regime to reduce burden on the poor</p>	<p>Ensure food security (availability and access to safe and nutritious food) throughout the country at household levels</p>	<ul style="list-style-type: none"> • Prevalence of hunger reduced to <5%; • 80% of inhabited islands have all items of food basket available throughout the year; • 10% of local and imported agricultural products are tested for chemical contamination; • All items of food basket are tested for nutrient content; • Prevalence of food borne diseases reduced to <5% ; • Price controlled in 50% of items of food basket; • 80% of eligible families provided with food subsidy;

<p>Policy 3: Reduce barriers to a competitive market environment including costs of intermediation and barriers to entry for all sizes of business enterprises</p> <p>Policy 5: Make available affordable basic health insurance for all as well as control costs of medicine and food items. (Affordable living costs)</p> <p>Policy 1: Strengthen health promotion, protection and advocacy for healthy public policies. (Health sector)</p> <p>Policy 1: Establish a social protection system that is preventive, promotive, and transformative. (Social protection)</p>		
<p>Policy 1: Strengthen health promotion, protection and advocacy for healthy public policies. (Health Sector)</p> <p>Policy 1: Establish a social protection system that is preventive, promotive, and transformative. (Social protection)</p> <p>Policy 1: Restructure the revenue system towards direct taxation and rationalise the tariff regime to reduce burden on the poor (Affordable living costs)</p>	<p>Ensure care givers practice appropriate IYCF and dietary practices</p>	<ul style="list-style-type: none"> • <10% of children under 5 years are undernourished and <15% stunted, <8% wasted, <5% of children are obese • >95% coverage of monthly growth monitoring in children under 2 years • 60% of children exclusively breastfed for 6 months • <10% of infants under 6 months fed with BMS • 75% of infants fed with the 3 IYCF practices • <25% of infants fed with commercial baby food • 60% of infants over 6 months to 2 years fed with fruits and vegetables daily;

		<ul style="list-style-type: none"> • All hospitals confirm to the 10 steps of a Baby Friendly Hospital • All marketed BMS and packaged infant food conform to labelling and marketing regulations • All food advertisements giving appropriate warnings
<p>Policy 1: Strengthen health promotion, protection and advocacy for healthy public policies (Health sector)</p>	Reduce micronutrient deficiencies among children and women	<ul style="list-style-type: none"> • Prevalence of Vitamin A deficiency in children under 5 years reduced to 35% • Prevalence of iron deficiency in children under 5 years reduced to 30% • >95% of household use salt is adequately fortified with iodine • >80% of children under 5 years provided with vitamin A supplementation • Prevalence of anaemia in pregnant women decreases to 10%
<p>Policy 1: Strengthen health promotion, protection and advocacy for healthy public policies. (Health sector)</p>	Reduce obesity among adults	<ul style="list-style-type: none"> • 30% of young people and adults consume >400grams of fruit and or vegetables per day; • 30% of adults' daily energy intake from saturated fats is <10% ; • 30% of adults' daily energy intake from free sugars is <10% among adults; • 60% of adults consume <5grams of salt per day • 50% adults engaged in at least 20 minutes of continuously physical activity for 5 days a week

<p>Policy 1: Align the Civil Service structure to the governing system of the country as required by the Constitution (2008) and ensure that political transitional arrangements are institutionalised. (Public Sector Reform)</p> <p>Policy 5: Strengthen the institutional capacity to support the growth of agricultural sector (Agriculture Sector)</p> <p>Policy 3: Build a competent, professional health service workforce (Health sector)</p>	<p>Strengthen national coordination and capacity for food and nutrition security</p>	<ul style="list-style-type: none"> • Food and nutrition council meet regularly and review progress annually; • National food basket established; • National food based dietary guidelines developed; • Sector work plans of agriculture, fisheries, trade, health, social protection and education have outputs linked to the integrated food and nutrition framework; • Referral and coordination procedure developed between local health service providers and public health institutions at atoll and national level; • Atleast 2 staff trained upto postgraduate level in each of the 3 areas(food security, food safety and nutrition) working in respective national programmes at national level; • Atleast 1 staff trained in nutrition and food safety (certificate 3/4) working in nutrition area at atoll level; • Atleast 1 staff trained in fisheries, agriculture and food production (certificate 3/4)working in nutrition programme at national level;
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<p>Policy 7: Strengthen agricultural statistics for results-based planning (Agriculture Sector)</p>	<p>Ensure appropriate data and information is available for decision making</p>	<ul style="list-style-type: none"> • National food availability data published in statistical year book • Food quality control data maintained and analyzed • Local food consumption baseline data collected and analyzed • Food borne disease surveillance system established and data analyzed annually • Growth monitoring data analyzed annually • Studies on food production and dietary practices conducted including a Total Dietary Study
<p>Policy 5: Promote research in fisheries and introduce fish breeding and productivity (Fisheries Sector)</p>		
<p>Policy 4: Build a culture of evidence based decision making within the health system (Health sector)</p>		

2.2 Operationalizing the Integrated National Nutrition Strategic Plan 2013-2017

To ensure the effective implementation of the INNSP 2013-2017, the National Food and Nutrition Council (FNC) has been established. The main aim of this council is to ensure the food and nutrition policies and programmes are prepared and implemented with the involvement of the relevant sectors in order to achieve the national goals. There are two task groups under the council to provide the technical inputs.

- 1. Planning and monitoring task group:** Develop budget action plans for food and nutrition programmes, monitor the progress of the programmes being implemented and collect food and nutrition statistics. The Secretariat for this group is Health Protection Agency (HPA). Other organization involve in this task group are Department of National Planning, Ministry of Health, Ministry of Fisheries and Agriculture and Ministry of Economic Development.
- 2. Enforcement and standards task group:** Create awareness among the general population and service providers regarding food safety standards. It is also the task of this group to monitor how food standards and laws are being enforced and to address the challenges during the enforcement. This task group includes Ministry of Economic Development, Maldives Food and Drug Authority, Health Protection Agency, Ministry of Fisheries and Agriculture and Maldives Customs Services. The secretariat for this group is Maldives Food and Drug Authority.

2.3 Key action areas of INNSP

The following are the key action areas outlined in the nutrition plan to address the nutritional deficiencies and to promote nutritional practices in Maldives. Details, including activities, expected outputs, lead and supporting implementing agencies are found in Annex I: INNSP 2013-2017

ACTION AREAS

1. Supporting early start and early years

The most critical step is to bring back focus of the nutrition programme to IYCF as recommended in the global strategy on IYCF, starting with foetal nutrition. This should specifically include reviving the support for BFHI and Code of BMS from the health system players, especially from paediatricians and obstetricians as well as professional associations of doctors, nurses and public health workers. This could include advocacy; providing training and BCC materials and tools on nutrition education during pregnancy, counseling and supporting mothers for exclusive breastfeeding and complementary feeding. Similarly support for micronutrient supplementation, Vitamin A and therapeutic zinc supplementation should be generated among health care providers while initiating interventions for educating mothers/caregivers. In addition to global strategy on IYCF, behaviour change communication interventions and micronutrient supplementation are identified as most cost effective interventions and recommended in the framework for scaling up nutrition by World Bank and partners.

At the same time, priority needs to be given to revive school based nutrition and food safety programme, building on local experience, lessons learnt from other countries, including preschool nutrition programmes. Revival of the programme will require refresher training and establishing close relationship between school health programme and nutrition programme.

2. Facilitating easy access to nutritious and safe food

At the outset priority needs to be given to develop a national food basket that meets the nutrition needs of the population, supported by food based dietary guidelines. Interventions in agriculture, fisheries and trade sectors should then be developed to ensure sustained availability, easy access and utilization of healthy and safe food commodities of the basket. Supporting community based producer organizations for production of foods specified in the food basket, price control measures for the items of the food basket and ensuring food subsidies provided through social protection mechanism covers items of the food basket are interventions that needs to be considered.

The huge gaps in the food quality control system needs to be bridged with clear mechanism for post market surveillance linked to laboratory analysis and prevention and control of food borne diseases. This should address procedures for quality control of imported food including analysis for nutrients as well as microbial and chemical risk assessment, communication and management mechanism with public health, fisheries, agriculture and trade sectors. As the enactment of the draft food safety

bill will empower the relevant institutions for enforcement of the relevant standards and procedures for quality control, plans to be made for developing enforcement capacity. Another critical component to be addressed is the establishing a coordinated food borne disease surveillance system linking disease and food components.

3. Provide information and communication for behaviour change

Appropriate advocacy and lobbying interventions supported by relevant information for prioritizing nutrition as an integral part of national development is needed as an imperative measure. This should be coupled with mass media engagement to gain popular support for nutrition promotion. IEC and BCC interventions such as media campaigns and positive deviance interventions for specific target groups such as caregivers and consumers on appropriate feeding/eating, food safety and hygiene practices need to be developed to empower consumers on food choices that are rich in micronutrients, low in trans-fats, saturated fats sugar and salt.

Similar communication measures should be implemented to build knowledge of traders, agricultural workers and fishermen on chemical contamination of agricultural produces and compliance with labelling and marketing regulations.

4. Facilitating national coordination

It is essential to develop a national food and nutrition coordination mechanism with clear mandate to harmonize policies, monitor progress and develop synergy between programmes of different agencies and charter an operational model to ensure functionality. As such a national food and nutrition council need to be established with task groups to support specific functions such as workgroups for awareness and consumer protection, planning and research, quality control etc.

The structure of public health system needs to be defined in the context of local governance and health system reform. The implementation of the system should be facilitated with accepted working protocols with health service corporations for management and delivery of nutrition interventions in health facilities using PHC approach, reporting and supervision to public health officials in the island and atoll councils.

5. Supporting policy with information and research:

It is important to prioritize areas for research, including qualitative and systems research for improving operational efficiency of programmes. Some areas for research and analysis include food consumption and dietary studies; prevalence of food borne and food based diseases; extent of chemical contamination food and compliance to nutria requirements of the items of the food basket; underlying causes and determinants of feeding and eating behaviour; functional analysis of community based public health workers and health institution based nutrition staff.

A mechanism for data collection, reporting, analysis and dissemination of information on four key areas of food security (availability, access, utilization and sustainability), food safety including compliance of food products to the nutritional standards required of the product and nutrition status of the population, especially children, across key sectors is essential for joint programme planning and monitoring. This includes sharing of existing data in different sectors, access to data sets, cross analysis and secondary analysis to monitor the situation and estimate impact.

6. Addressing determinants of nutrition:

Advocacy and communication interventions should also be targeted to address the determinants of nutrition, specifically promotion of physical activity in all age groups. Specific school based interventions for physical activity promotion among secondary schools and women's groups should be prioritized.

Another area is improving hygiene practices especially in schools, educational establishments and public places. Advocacy for such services in land use planning and development and enforcement of sanitary standards are essential in this regard.

Establishment of the national transport network will contribute to better distribution and availability of food. Aspects of transport of food should be considered in developing the transport network including transport of heat sensible and perishable food items.

Finally education of girls should be facilitated to ensure better care practices of self and newborns and young children. Recent studies in the country shows that mothers educated beyond secondary have healthier care practices than mothers with primary education.

ANNEX I: INN SP 2013-2017

STRATEGIES	ACTIONS	OUTPUTS					LEAD IMPLEMENTING AGENCY	PARTNER/SUPPORTING AGENCIES	MEANS OF VERIFICATION	ASSUMPTIONS
		2013	2014	2015	2016	2017				
ACTION AREA 1: SUPPORTING EARLY YEARS OF LIFE										
1.1 Promote, Protect and Support Exclusive breast feeding	Review status of BFHI hospitals, provide feedback to management of those facilities and the public and encourage to revive the initiative in hospitals	status reviewed in 3 hospitals & feedback provided	status reviewed in 6 other hospitals & feedback provided (cumulative 9 reviews)	BFHI established in 2 new hospitals	BFHI established in 2 new hospitals	Status reviewed in 6 hospitals	HPA	Health facilities	review reports; feedback meeting minutes	technical staff and resources available; hospital management supportive
	Lobby support of health professional associations (Maldivian Medical Association, Maldives Nurses Association; Maldives Health Workers Union) for exclusive breast feeding	Advocacy and sensitization meeting held with each health professional's association - MMA, MNA and HWU	Declaration for support obtained from MMA, MNA and HWU	meeting held with MMA, MNA and HWU to discuss issues that needs to be addressed to increase support for EBF	meeting held with MMA, MNA and HWU to discuss issues that needs to be addressed to increase support for EBF	meeting held with MMA, MNA and HWU to discuss issues that needs to be addressed to increase support for EBF	HPA	Maldivian Medical Association (MMA), Maldives Nurses Association (MNA), Health workers Union(HWU)	meeting minutes with the associations/ union	participation and support of key persons makers form the profession

	Create a advocacy/ lobby group among doctors, nurses and within the community who would act as mentors and advisors to promote recommended IYCF practices at health facilities	At least 5 lobby group members identified	lobby groups members actively advocate EBF in health facilities and community	additional 5 lobby group members identified	lobby groups members actively advocate EBF in health facilities and community	lobby groups members actively advocate EBF in health facilities and community	HPA	MMA, MNA, HWU, NGOs	list of lobby group members and their meeting minutes	health professionals interested and supportive
	Provide refresher TOT to concerned management and technical staff of all hospitals on the 10steps of BFHI	-	TOT provided to identified focal points from all registered hospitals	-	-	-	HPA	Health facilities	training records	staff available for training
	Organize ANC/ PNC clinics or consultation sessions to allow provision of information and education on exclusive breast feeding and recommended IYCF practices	ANC/PNC clients receive IYCF information in hospitals	ANC/PNC clients receive IYCF information in hospitals	ANC/PNC clients receive IYCF information in hospitals	ANC/PNC clients receive IYCF information in hospitals	ANC/PNC clients receive IYCF information in hospitals	Health Facilities	Health facilities, HPA	materials provided & info given at ANC visits at health facilities	health service providers supportive; technical staff available
	Provide refresher training to nurses and doctors working in obstetrics paediatrics on supporting exclusive breast feeding and IYCF counselling	Refresher training provided in 3 hospitals	Refresher training provided in 6 other hospitals (cumulative 9 hospitals)	Refresher training provided in 6 other hospitals (cumulative 15 hospitals)	Refresher training provided in 6 other hospitals (cumulative 21 hospitals)	-	HPA	Health facilities, HPA	training records of health facilities	health service providers supportive;

	Provide IYCF and exclusive breast feeding counselling training to nurses and primary health care workers and conduct skill assessment in this area during nursing and PHC pre service courses conducted in the country	-	Skill assessment on IYCF counselling conducted as part of PHC training at FHS	Skill assessment on IYCF counselling conducted as part of nurses training at FHS	-	-	Nurses and PHC Training institutions	Maldives National University (MNU), HPA	skill assessment records	technical expertise available; support from course director/dean
	Develop national IYCF guidelines including breast feeding and infant feeding by HIV positive mothers and in emergency/ disaster situations	IYCF guidelines drafted	IYCF guidelines enforces and disseminated to health care providers	-	-	-	HPA	Health facilities	guideline document	technical expertise available
	Advocate for extension of maternity leave to at least 6months to enable exclusive breast feeding and care of newborns in the first 6moths of life	-	advocacy meetings held with PO, HRC, CSC and parliamentarians	advocacy meetings held with PO, HRC, CSC and parliamentarians	-	-	MoH	civil service association, HPA, human rights commission	meeting minutes	policy makers, law makers participation and support

	Obtain support of CBOs and community leaders for promotion of exclusive breast feeding	CBOs/ community leaders identified in 10 additional islands to promote EBF	CBOs/ community leaders identified in 15 additional islands to promote EBF (cumulative 25 islands)	-	CBOs/ community leaders identified in 15 additional islands to promote EBF (cumulative 40 islands)	CBOs/ community leaders identified in 15 additional islands to promote EBF (cumulative 55 islands)	HPA	CBO,NGO, council offices	record of CBOs supporting EBF	technical expertise available; CBOs interest; resources available;
1.2 Enforce national regulations on marketing of BMS and infant foods	Conduct awareness/ sensitization sessions targeting health care professionals on the international code of BMS and the national regulation with regard to roles and responsibilities of health care providers and facility managers	One seminar held at central level	Two seminars held targeting health services corporations	-	Two seminars held targeting health services corporations	-	HPA	Health facilities, nurse association, MFDA,NGO	report of seminars	technical expertise available; resources available; health care providers supportive
	Lobby support of policy makers, paediatricians and child rights activists to enforce the national regulation on BMS	Meeting held with policy makers at MOH and MoED	Meeting held with policy makers at MOH and MoED		-	-	MFDA	HPA, MMA, MNA, HWU	meeting minutes	participation and support of policy makers, law makers and lobby group members

	Establish procedures for enforcement-product registration, inspection and post market surveillance of BMS and infant foods	SOP for product registration established	SOP for inspection and PMS established	-	-	-	MFDA	MED, CUSTOMS, council offices	SOP documents	stakeholder support and good coordination
	Sensitize importers, wholesale and retailers on the national regulation on BMS	sensitization seminar held for importers and traders	sensitization seminar held for importers and traders	-	sensitization seminar held for importers and traders	-	MFDA	MFDA, MED	meeting minutes/ report	participation of importers and traders; limited inference form BMS manufacturing industry
	Conduct awareness/ training sessions targeting enforcement officers of MFDA, customs, trade and public health on the national regulation on BMS and enforcement procedures	-	Training session conducted for enforcement officers in Male and other international ports	-	Refresher training session conducted for enforcement officers	-	MFDA	HPA/MED customs/ police	training records	staff available for training; city/atoll/ island councils supportive
	Create public awareness on the objectives and requirements of the national regulation on BMS	Information provided through radio programmes	Leaflet produced on the regulating BMS	Information provided through radio and TV programmes	Information provided through radio and TV programmes	Information provided through radio and TV programmes	MFDA	HPA/ customs/ chamber/ central and atoll councils	broadcast records	resources available; media supportive

1.3 Improve nutrition status of young women and pregnant mothers	Conduct nutrition camps targeting adolescent girls and young women secondary schools and higher education institutions monitor their nutrition status, including anaemia status and provide them nutrition advice and information	-	Nutrition camp conducted in 6 schools/ institutions	Nutrition camp conducted in 10 schools/ institutions	Nutrition camp conducted in 15 schools/ institutions	Nutrition camp conducted in 20 schools/ institutions	MoE	HPA, schools, MNU	event report	MoE,HPA and health service providers supportive
	Conduct nutrition assessment as part of ANC and provide dietary advice from early pregnancy through ANC clinics and visits	Nutrition advice given to mothers at ANC visits in 3 hospitals/ clinics	Nutrition advice given to mothers at ANC visits in 6 additional hospitals/ clinics (cumulative 9 facilities)	Nutrition advice given to mothers at ANC visits in 6 additional hospitals/ clinics (cumulative 15 facilities)	Nutrition advice given to mothers at ANC visits in 6 additional hospitals/ clinics (cumulative 21 facilities)	Nutrition advice given to mothers at ANC visits in 6 additional hospitals/ clinics (cumulative 27 facilities)	HPA	Health facilities, HPA, council offices	ANC records	health service providers supportive; trained staff in place
	Obtain support of CBOs and community leaders for nutrition promotion and support of pregnant women	CBOs/ community leaders identified in 10 islands to promote nutrition of pregnant women	CBOs/ community leaders identified in 15 additional islands to promote nutrition of pregnant women (cumulative 25 islands)	-	CBOs/ community leaders identified in 15 additional islands to promote nutrition of pregnant women (cumulative 40 islands)	CBOs/ community leaders identified in 15 additional islands to promote nutrition of pregnant women (cumulative 55 islands)	HPA	council offices, CBO,NGO	record of CBOs supporting pregnant women's nutrition	interest of CBOs, women's groups; technical guidance provided

1.4 Empower mothers and caregivers, including childcare workers in state care facilities for children, to practice recommended IYCF practices	Conduct nutrition awareness activities targeting mothers, care givers on recommended IYCF practices, appropriate food preparation and storage methods	Community based BCC session designed	BCC facilitators trained to deliver the sessions and piloted in 5 islands	BCC facilitators trained to deliver the sessions and piloted in 10 additional islands (cumulative 15 islands)	BCC facilitators trained to deliver the sessions and piloted in 10 additional islands (cumulative 25 islands)	BCC facilitators trained to deliver the sessions and piloted in 10 additional islands (cumulative 35 islands)	HPA	NGOs, MFDA, women's committees	island council record of sessions conducted	interest of CBOs, women's groups; technical guidance provided
	Provide health education materials and conduct mass media campaigns to disseminate information and increase practice of recommended IYCF practices	IYCF awareness info pack designed	IYCF info pack Pretested and printed	IYCF info pack provided to all health facilities an private clinics	IYCF info pack available in health facilities	IYCF info pack available in health facilities	HPA	media, Health facilities	IYCF info pack available in health facilities	resources available;
	Create a advocacy/lobby group of public health workers/ midwives and community leaders who would act as mentors and advisors to promote recommended IYCF practices in the community and household level	advocacy members identified in 10 islands to promote nutrition of pregnant women	advocacy members identified in 15 additional islands to promote nutrition of pregnant women (cumulative 25 islands)	-	advocacy members identified in 15 additional islands to promote nutrition of pregnant women (cumulative 40 islands)	advocacy members identified in 15 additional islands to promote nutrition of pregnant women (cumulative 55 islands)	HPA	HWU,MNA, MMA, NGOs health facilities	record of lobby group members	interest of women's groups, CBOs, community leaders, councillors

	Provide training to supervisors at child care facilities on recommended IYCF practices, use of BMS and growth & developmental milestones	-	Training conducted for care workers	-	Refresher training conducted for care workers	-	Ministry of Gender, Family and Humanrights	HPA	training records	technical expertise available
1.5 Strengthen growth and developmental monitoring of children and referral	Conduct growth and developmental monitoring monthly for all children up to at least 24 months of age in the health facilities at island level.	growth and developmental monitoring done for all babies registered at the facility for 2yrs	growth and developmental monitoring done for all babies registered at the facility for 2yrs	growth and developmental monitoring done for all babies registered at the facility for 2yrs	growth and developmental monitoring done for all babies registered at the facility for 2yrs	growth and developmental monitoring done for all babies registered at the facility for 2yrs	Health facilities	Health facilities, H-PA, council offices	growth monitoring records	support of health service providers, mothers and care givers
	Ensure complete information of child's growth and development is recorded in the Child health record, both, the facility record and family record.	Child health record up to date for all children registered at the health facility	Child health record up to date for all children registered at the health facility	Child health record up to date for all children registered at the health facility	Child health record up to date for all children registered at the health facility	Child health record up to date for all children registered at the health facility	Health facilities	health facilities/ HPA	growth monitoring records	support of health service providers,
	Develop procedure for exchange of growth monitoring information from health facilities to community based public health workers	SOP adopted	SOP reviewed	-	-	-	HPA	health facilities, private hospitals, council offices	SOP documents	support of health service providers,

	Produce and provide child health records to health service providers	-	-	Child health records for 3 years printed	Child health records available in health facilities	-	HPA	health facilities, private hospitals, council offices	child health records in health facilities	resources available
	Establish procedure to identify and refer children whose growth continues to falter/are becoming malnourished to provide IYCF counselling and support to their caregivers	SOP adopted	SOP reviewed	-	-	-	HPA	HPA,health facilities,council offices	SOP documents	support of health service providers,
	Provide refresher trainings to nurses and health care workers at health facilities on appropriate growth and developmental monitoring	Refresher training provided in 3 hospitals	Refresher training provided in 6 other hospitals (cumulative 9 hospitals)	Refresher training provided in 6 other hospitals (cumulative 15 hospitals)	Refresher training provided in 6 other hospitals (cumulative 21 hospitals)		HPA	health facilities,HPA	training records of health corporations, facilities	support of management of health facilities; technical expertise available

1.6 Provide micronutrient supplementation	Provide Vitamin A supplementation through EPI and growth monitoring sessions up to 2 years through health facilities	Vitamin A provided to children in all health facilities providing vaccination and growth monitoring services	Vitamin A provided to children in all health facilities providing vaccination and growth monitoring services	Vitamin A provided to children in all health facilities providing vaccination and growth monitoring services	Vitamin A provided to children in all health facilities providing vaccination and growth monitoring services	Vitamin A provided to children in all health facilities providing vaccination and growth monitoring services	HPA	health facilities/ HPA	child health records	support of health service providers, care givers
	Provide Vitamin A supplementation through preschools up to 5 years	Vitamin A provided twice a year to all children in preschools	Vitamin A provided twice a year to all children in preschools	Vitamin A provided twice a year to all children in preschools	Vitamin A provided twice a year to all children in preschools	Vitamin A provided twice a year to all children in preschools	Ministry of Education	MoE, HPA	school event records	support of school management, caregivers
	Revise diarrhoea treatment guidelines to include therapeutic zinc supplementation	Protocol revised	Protocol disseminated to all health care providers	-	-	-	HPA	MMA	revised protocol document	support of health professionals
	Procure annual stock of micronutrient and provide to health facilities and preschools	Micro-nutrients procured and sent to health facilities	Micro-nutrients procured and sent to health facilities	Micro-nutrients procured and sent to health facilities	Micro-nutrients procured and sent to health facilities	Micro-nutrients procured and sent to health facilities	HPA	health facilities, schools, MoE, councils	micronutrients available at health facilities	resources available
	Sensitize paediatricians and GPs on the situation of micronutrient deficiencies and revised guidelines on Vitamin A and zinc supplementation		Information provided to paediatricians and GPs		Information provided to paediatricians and GPs		HPA	health facilities, HPA, MMA	meeting minutes / report	participation and support of health professionals

	Create awareness of mothers on use of adequately iodized salt and appropriate storage methods	group awareness session conducted in 10 islands	group awareness session conducted in 15 additional islands (cumulative 25 islands)	-	group awareness session conducted in 15 additional islands (cumulative 40 islands)	group awareness session conducted in 15 additional islands (cumulative 55 islands)	HPA	MoE,NGOs, councils, health facilities, MFDA	island council record of sessions conducted, monitoring reports	support of CBOs, women's groups and island councils
	Conduct community/ school based activities to monitor adequacy of iodine in household salt, using rapid methods		iodine content monitoring conducted in 10 islands	iodine content monitoring conducted in 15 additional islands (cumulative 25 islands)	iodine content monitoring conducted in 15 additional islands (cumulative 40 islands)	iodine content monitoring conducted in 15 additional islands (cumulative 55 islands)	HPA	schools, MFDA, council offices	event report, monitoring reports	test kits available; CBOs , schools supportive
	Conduct regular home visits and monitor growth monitoring and Vitamin A supplementation coverage		home visits conducted in all islands	home visits conducted in all islands	home visits conducted in all islands	home visits conducted in all islands	HPA	Health facilities, CBOs, NGOs	Health facilities record of sessions conducted, monitoring reports	support of families and island councils; trained staff available
	Conduct community based awareness session to increase mother's and caregiver's functional knowledge about foods rich in vitamin and minerals	group awareness session conducted in 10 islands	group awareness session conducted in 15 additional islands (cumulative 25 islands)	-	group awareness session conducted in 15 additional islands (cumulative 40 islands)	group awareness session conducted in 15 additional islands (cumulative 55 islands)	HPA	health facilities/ MoFA	Health Facilities record of sessions conducted, monitoring reports	support of CBOs, women groups and island councils; trained staff available

1.7 Develop nutrition programme in preschools	Conduct age appropriate activities empowering children to choose healthy food	BCC sessions conducted in 5 schools	BCC sessions conducted in 10 additional schools (cumulative 15)	BCC sessions conducted in 10 additional schools (cumulative 25)	BCC sessions conducted in 10 additional schools (cumulative 35)	BCC sessions conducted in 10 additional schools (cumulative 45)	MoE	MoE/HPA/health facilities/MoFA	school event records	trained staff/SHA available; technical support available
	Conduct growth monitoring of preschool children every 6 months and provide feedback to parents on the child's nutrition status	Feedback of growth monitoring provided to parents in 5 schools	Feedback of growth monitoring provided to parents in 10 additional schools (cumulative 15)	Feedback of growth monitoring provided to parents in 10 additional schools (cumulative 25)	Feedback of growth monitoring provided to parents in 10 additional schools (cumulative 35)	Feedback of growth monitoring provided to parents in 10 additional schools (cumulative 45)	MoE	MoE/HPA/health facilities	school information system; health records of students	trained staff/SHA available; technical support available
	Provide Vitamin A supplementation and deworming to all children in preschools every 6 months	Vitamin A & deworming provided twice a year to all children in preschools	Vitamin A & deworming provided twice a year to all children in preschools	Vitamin A & deworming provided twice a year to all children in preschools	Vitamin A & deworming provided twice a year to all children in preschools	Vitamin A & deworming provided twice a year to all children in preschools	MoE	MoE/HPA/health facilities	school event records	trained staff/SHA available; technical support available
	Conduct annual analysis of nutrition of performance of the children in the preschool	students nutrition status analysed in 5 schools	students nutrition status analysed in 10 additional schools (cumulative 15)	students nutrition status analysed in 10 additional schools (cumulative 25)	students nutrition status analysed in 10 additional schools (cumulative 35)	students nutrition status analysed in 10 additional schools (cumulative 45)	MoE	MoE/HPA/health facilities	analysis report	trained staff/SHA available; technical support available
	Implement policy of healthy food and drinks in school for the whole school community	healthy food policy implemented in 5 schools	healthy food policy implemented in 10 additional schools (cumulative 15)	healthy food policy implemented in 10 additional schools (cumulative 25)	healthy food policy implemented in 10 additional schools (cumulative 35)	healthy food policy implemented in 10 additional schools (cumulative 45)	MoE	MoE/HPA/health facilities	school's healthy food policy document	Parents and teachers supportive; canteen operators sensitized

ACTION AREA 2: FACILITATING EASY ACCESS TO SAFE NUTRITIOUS FOOD

2.1 Develop national minimum requirements of food basket and national guidelines on diet	Define the national food basket as the cornerstone for developing policies and strategies for national food security	Draft developed	Food basket defined and adopted by NFNC	-	-	-	MoED	MoFT, MoFA, MoH, NCC	food basket document, minutes of council meeting approving the food basket	technical expertise available; policy makers supportive
	Develop operational plan for ensuring food security of national food basket	-	plan developed	-	-	-	MoFA	MFDA/HPA/DNP	plan document	technical expertise available; policy makers supportive
	Develop minimum nutrient content requirement for items of food basket	-	minimum requirements defined	-	-	-	HPA	MCoC/MFDA	minimum requirements document	technical expertise available;
	Develop national food based dietary guidelines for children and adults and sensitize food suppliers and food service providers	Draft developed	dietary guidelines adopted	IEC materials developed to promote the guideline	-	-	HPA	MED/MFDA	guideline document	technical expertise available;

	Conduct sensitization and awareness among food importers, suppliers, retailers and food service providers on national food basket and dietary guidelines	-	-	Sensitization meeting conducted	-	-	MoED	chamber/ MOFA/ customs/ MFDA/ HPA	meeting report	participation of food importers, traders and service providers
2.2 Improve accessibility nutritious food	Define maximum retail price of items of national food basket and maintain price control	-	-	MRP adopted for items of food basket	-	-	MED	chamber/ DNP/ MFDA/ MoFA	regulation notice published in gazette	policy makers supportive
	Provide food subsidy on items of national food basket for 'poor families' under the national social protection scheme	-	criteria and procedure for food subsidy adopted	Food subsidy provision initiated	-	-	NSPA	MOFA/MED/ chamber/ HPA/ ministry of gender, family and human rights	subsidy criteria an notice published in gazette	policy makers supportive; targeting mechanism in place
	Promote healthy food/ fish markets supported with relevant standards and guidelines	Standard on healthy fish market adopted & disseminated	-	Standard on healthy food market adopted & disseminated	-	-	MFDA	MoFA/MFDA	standards document	technical expertise; city/ atoll councillors support

	Promote healthy canteens in schools, higher educational establishments and hospitals supported with relevant standards and guidelines	Canteen guideline for schools drafted	Canteen guideline adopted and disseminated to schools/ educational institutions	-	-	-	HPA	education/ health facilities/ MFDA/NGOs	canteen guideline document	technical expertise; MoE policy makers & school management support
	Promote and support cultivation of home vegetable gardens for family consumption	home gardening support provided to 10 islands	home gardening support provided to additional 10 islands (cumulative 20)	home gardening support provided to additional 10 islands (cumulative 30)	home gardening support provided to additional 10 islands (cumulative 40)	home gardening support provided to additional 10 islands (cumulative 50)	MoFA	MFDA/HPA/ MED	MoFA monitoring records; programme records	community support; island councillors support; resources available
	Support community based producer organizations to cultivate products of national food basket	Awareness and technical support provided to CBPOs	Awareness and technical support provided to CBPOs	Awareness and technical support provided to CBPOs	Awareness and technical support provided to CBPOs	Awareness and technical support provided to CBPOs	MoFA	MED/ chamber/ HPA/MFDA/ CBO	MoFA monitoring records; programme records	community support; island councillors support; resources available
	Develop SOP for providing food in emergencies, including food for infants and elderly	-	SOP drafted	SOP adopted and disseminated to all stakeholders	-	-	NDMC	MED/HPA/ MFDA/ food suppliers	SOP document	technical expertise available; stakeholder participation

2.3 Strengthen food quality control system	Lobby support for enactment of the draft food safety law	Meetings held with PO, Ag office	meetings held with parliament	-	-	-	MFDA	parliament/ PO/ MED	meting minutes	policy makers, law makers supportive
	Conduct awareness and sensitization sessions for stakeholders and consumers on aspects of food safety law	-	-	Sensitization seminar held for national agencies	sensitization meeting held for atoll/ councils	-	MFDA	MED, chambers, MoFA	meeting minutes/ reports	participation of stakeholders; resources
	Develop and enforce regulations on food import, labelling, marketing and advertising of food including BMS, food production, processing, transport and storage of food products	food import regulations developed	labelling and marketing regulations developed	food processing, transport and storage regulations developed			MFDA	MED, MoFA, chamber, NGOs (consumer)	standards documents	technical expertise available
	Identify and train enforcement officers up to atoll level	enforcement officers provided with training on new regulations	enforcement officers in Male' region provided with training on new regulations	enforcement officers at atoll level provided with training on new regulations	enforcement officers in Male' region provided with refresher training	enforcement officers at atoll level provided with refresher training	MFDA	MFDA,HPA, university, Councils	training records	staff available; city/atoll/island councillor supportive

	Conduct post market surveillance of items of food basket linked to laboratory analysis for assessing safety and compliance with nutrient content requirements (e.g.: salt content, transfat content...)	procedure for PMS developed with linkages to lab analysis	PMS conducted in Male'	PMS conducted for items of food basket in 4 atolls	PMS conducted for items of food basket in 4 other atolls (cumulative 8)	PMS conducted for items of food basket in 4 other atolls (cumulative 12)	MFDA	MED/HPA	PMS records	technical staff available; resources for laboratory functioning available
	Maintain ISO accreditation status of microbiology and chemistry lab of National Health Laboratory	consumables procurement plan and equipment maintenance plan developed	renew accreditation status of microbiology lab	calibration audit conducted	renew accreditation status of chemistry lab	calibration audit conducted	MFDA	MoH,MoFA, MoED	audit and assessment reports	technical expertise available; resources available
	Develop laboratory capacity to undertake nutrient content, pesticides and heavy metals analysis of food products,	-	capacity for micronutrient analysis developed	capacity for heavy metal analysis developed	capacity for pesticide analysis developed	-	MFDA	HPA	analysis reports and lab data	resources available; trained staff in place

2.4 Develop an integrated food borne disease surveillance system	Develop case definition and reporting protocols for food borne and food based diseases	case definitions and protocol developed	SIDAS modified to integrate FBD surveillance	-	-	-	HPA	MFDA/ health facilities	case definition documents	technical expertise available; health facilities
	Conduct TOT for health care providers on diseases and reporting mechanism for food borne disease surveillance		TOT conducted for focal points of health service corporations	-	-	-	HPA	MFDA / disaster management / health facilities	training records	staff available for training
	Provide training to doctors on diseases and reporting mechanism for food borne disease surveillance	-	Training conducted in for facilities in 4 health service corporations	Training conducted in for facilities in 4 other health service corporations	-	-	HPA	health facilities	training records	staff available for training
	Identify roles and responsibilities of health care providers, public health officers and food safety enforcement officers and key agencies in food borne surveillance and outbreak control	SOP for case investigation and outbreak control for FBD developed	stakeholder agencies oriented to the SOP	-	refresher training provided to stakeholders on SOP	-	HPA	MFDA/ MoFA/ health facilities	SOP document; roles and responsibilities known to institutions/ staff	good coordination between stakeholders

	Develop SOPs for risk assessment, risk communication and management related to food borne diseases and food based health hazards	SOP for risk assessment, communication and mgmt developed	stakeholder agencies oriented to the SOP	-	refresher training provided to stakeholders on SOP	-	MFDA	HPA/MoFA/ health facilities	SOP document; roles and responsibilities known to institutions/ staff	good coordination between stakeholders
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ACTION AREA 3: PROVIDE INFORMATION AND COMMUNICATION FOR BEHAVIOUR CHANGE

3.1 According priority to nutrition in development	Conduct analysis of estimated economic impact of current nutrition status and cost/benefit of implementing the proposed nutrition interventions in this plan	cost benefit analysis done	-	-	-	-	Maldives National University	MoH/ HPA	analysis report	technical expertise available
	Conduct forum for policy makers to disseminate findings of the economic analysis	-	Dissemination meeting held	-	-	-	MoH	MNU	report of meeting	interest and participation of policy makers
	Prepare projects to obtain external support to improve nutrition status of population in regions that lag behind national average	-	2 projects developed	-	2 projects developed	-	HPA	MFDA/ MoFA/ UNICEF/ WHO/ FAO	project documents	technical expertise available

3.2 Provide nutrition information and education through audiovisual and print media	Develop mass media campaigns to improve situation of IYCF practices, micronutrient deficiencies and obesity	-	campaign on IYCF conducted	campaign on MN deficiencies conducted	Campaign on obesity conducted	-	HPA	MFDA/ MoFA/all councils/ Health facilities	media materials; broadcast times	resources available; media partnership under CSR
	Produce IEC materials to support dissemination of nutrition information through health care facilities and schools to specific target groups	-	IEC material on IYCF developed	IEC material on MN developed	IEC material on obesity developed	-	HPA	MoE/ schools/ health facilities	IEC materials in schools and health facilities	resources available; health service providers and school management supportive
	Utilize popular local websites and internet social networking tools to disseminate healthy food selection and dietary practices to adolescents and young people	-	messages uploaded on popular local websites	messages uploaded on popular local websites	messages uploaded on popular local websites	messages uploaded on popular local websites	HPA	internet service providers; popular websites	nutrition messages displayed on websites	website owners support

3.3 Strengthen behaviour change interventions	Conduct positive deviance programmes in island/atolls with poor nutrition status of children	PD implemented in 10 islands	PD implemented in 10 additional islands (cumulative 20)	PD implemented in 10 additional islands (cumulative 30)	PD implemented in 10 additional islands (cumulative 40)	PD implemented in 10 additional islands (cumulative 50)	HPA	UNICEF	monitoring reports; island council records	technical staff in place; councillors support; women's groups support
	Develop target group specific BCC interventions targeting overweight and obese adults	20 group education sessions conducted	30 additional group education sessions conducted (cumulative 50)	20 additional group education sessions conducted (cumulative 70)	30 additional group education sessions conducted (cumulative 100)	30 additional group education sessions conducted (cumulative 130)	HPA	MFDA, MoE. Youth and Sports, All councils, fitness clubs, ngos	monitoring reports; island council records	technical staff in place; councillors support; women's groups & CBOs support
	Develop skill based education programmes targeting women in food selection and healthy food preparation	10 group education sessions conducted	10 additional group education sessions conducted (cumulative 20)	10 additional group education sessions conducted (cumulative 30)	10 additional group education sessions conducted (cumulative 40)	10 additional group education sessions conducted (cumulative 50)	HPA	MFDA, health facilities, women's committees, ngos	monitoring reports; island council records	technical staff in place; councillors support; women's groups & CBOs support
3.4 Develop healthy dietary practices in students and young people	Develop skill based nutrition education modules targeting key stages of learning aligned to national curriculum	-	nutrition education modules developed and piloted	-	-	-	MOE	HPA/ MNU	curriculum and modules	technical expertise available
	Train peer educators in schools and conduct peer education interventions at school level	-	15 peer educators trained in Male'	15 peer educators trained in 5 atolls each	15 peer educators trained in 7 atolls each	15 peer educators trained in 7 atolls each	MOE	HPA/ MNU	training records of school health programme, MOE	technical expertise and resources available

	Train school health assistants to conduct school based nutrition education interventions targeting whole school community	-	Training given to SHA in Male' schools	Training given to SHA in 5 atoll schools	Training given to SHA in 7 atoll schools	Training given to SHA in 7 atoll schools	MOE	MNU(FHS), CCE	training records of school health programme, MOE	technical expertise and resources available
	Provide training to primary and secondary teachers to deliver skill based nutrition education through curriculum through teacher training courses at Faculty of education	-	modules for teacher training developed	-	nutrition education included in primary teacher training course at FE	nutrition education included in secondary teacher training course at FE	MOE	MNU(FoE), HPA	curriculum and modules	eligible candidates and lecturers available
	Engage parents and students in provision of healthy meals and snack in school functions and fairs	information session conducted for patents in 5 schools	information session conducted for patents in 10addiitonal schools (cumulative 15 schools)	information session conducted for patents in 10addiitonal schools (cumulative 25 schools)	information session conducted for patents in 10addiitonal schools (cumulative 35 schools)	information session conducted for patents in 10addiitonal schools (cumulative 45 schools)	Schools	MoE/private food service providers	school records of events	parents and teachers aware and supportive
3.5 Inform food producers, traders and service providers on the food and nutrition requirement of the population	Conduct awareness session for food importers and traders on the need to make available healthier food products	one information session conducted for importers and traders	one information session conducted for importers and traders	one information session conducted for importers and traders	one information session conducted for importers and traders	one information session conducted for importers and traders	MFDA	MED, Customs, Maldives chamber of commerce, MPL, HPA	meeting records	participation of traders, importers

	Provide simple guidelines and reminders on appropriate storage, transport and handling of food and food products	guidelines on handling storage and transport of health sensible food developed	guidelines on handling storage and transport of perishable items developed	-	IEC material on the guidelines developed and disseminated to traders	-	MFDA	MED, Customs, Maldives chamber of commerce/ MPL/ transport authority	standard and guideline documents	technical expertise available
	Educate agricultural land owners/workers and community based producer organization on appropriate use of fertilizers and pesticides	Training provided to CBPOs and agri workers in 5 islands	Training provided to CBPOs and agri workers in 10 islands (cumulative 15)	Training provided to CBPOs and agri workers in 10 islands (cumulative 25)	Training provided to CBPOs and agri workers in 10 islands (cumulative 35)	Training provided to CBPOs and agri workers in 10 islands (cumulative 45)	MoFA	MFDA, HPA	training records and monitoring reports	technical staff available

ACTION AREA 4: FACILITATING NATIONAL COORDINATION

4.1 Supporting national food and nutrition council	Develop relevant policy briefs for evidence based decision making in the council	policy brief on food basket developed	policy brief on BMS code developed	policy brief on role of nutrition in national development developed	policy brief on price control of food basket developed	-	MoH	Economic Development, Customs, President Office, MoFA	policy brief documents	technical expertise available
	Ensure regular participation of key sectors in the council and its task group meetings	all stakeholders participate in meetings of council and task groups	all stakeholders participate in meetings of council and task groups	all stakeholders participate in meetings of council and task groups	all stakeholders participate in meetings of council and task groups	all stakeholders participate in meetings of council and task groups	PO	stakeholders agencies of the council	meeting minutes	interest at policy making level

	Develop procedure to disseminate decisions of the council across sectors and within sectoral institutions	rules of procedure for the council and task groups adopted	-	-	-	-	PO/Council secretariat	stakeholders agencies of the council	ROP document	support from council members for clear and transparent mechanism
4.2 Strengthen coordination of nutrition services within the health system	Define the nutrition services to be delivered at health facilities, together with requirements of records keeping, reporting	services and requirements defined	defined services and requirements reviewed and improved	-	-	-	MoH	All health facilities	official document defining services from MoH and Health Facilities	policy support for clear and transparent mechanisms
	Define the nutrition services to be delivered by community based public health workers with requirements of record keeping and reporting	services and requirements defined	defined services and requirements reviewed and improved	-	-	-	MoH/HPA	Health units at island level	official document defining services from MoH and Facilities	policy support for clear and transparent mechanisms
	Develop reporting and referral protocol between health service providers and community based public health workers	protocol developed and disseminated	protocol reviewed and improved	-	-	-	MoH	Health facilities	protocol document	policy support for clear and transparent mechanisms

	Develop procedures for communication and coordination between national nutrition programme and atoll/city councils' health personnel and health service providers in the health facilities	SOP developed	SOP reviewed and improved	-	-	-	MoH/HPA	MoH/Councils	SOP document	policy support for clear and transparent mechanisms
	Develop procedure for communication and support to school health nutrition services from national public health institutions	SOP developed	SOP reviewed and improved	-	-	-	MoE	HPA	SOP document	policy support for clear and transparent mechanisms
	Develop procedure for supply of essential nutrition commodities such as vitamin supplements, to be delivered, stored and stock maintained at health facilities in collaboration with the health service providers	SOP developed	SOP reviewed and improved	-	-	-	MoH/HPA	All health facilities	SOP document	policy support for clear and transparent mechanisms

	Develop guideline on nutrition interventions and advice that must be provided at ANC and PNC clinics or OP consultations and conduct TOT	-	guideline developed and TOT conducted in Male'	TOT conducted for 4 health corporations	TOT conducted for 4 health corporations	-	HPA	health professional's associations, Health Facilities	guideline document and training records at HPA	technical expertise and resources available
	Provide training to nurses on delivering these information and interventions	-	nurses in health facilities in Male' region trained	nurses in health facilities in 4 corporations trained	nurses in health facilities in 4 corporations trained	-	Health Facilities	HPA, Maldives nurses association	training records at Health facilities	priority given by management of health facilities
	Develop nutrition guidelines on enteral and parenteral feeding for bedridden patients and train nurses on the guideline	-	guideline developed and TOT conducted for focal points from all health corporations	-	-	-	HPA	Health Facilities, health professionals' associations	guideline document and training records at HPA	technical expertise and resources available
	Conduct forum of health service providers, atoll/city councils and national nutrition programme to discuss situation, issues of implementation and coordination	-	forum held	-	forum held	-	MoH/HPA	Health Facilities and All Councils	training records at health facilities	priority given by management of health facilities

	Conduct home visits by community based public health workers to monitor nutrition status of children under 5 and pregnant mothers as well as coverage of growth monitoring, vitamin supplementation	home visits conducted in all islands	home visits conducted in all islands	home visits conducted in all islands	home visits conducted in all islands	home visits conducted in all islands	MoH/HPA	Health facilities at island level	records of home visits at island councils	priority given by island councils
	Provide support to community based organizations and women's group to implement nutrition related peer education programmes and positive deviance programmes	-	CBOs supported in 10 islands	CBOs supported in 10 additional islands (cumulative 20)	CBOs supported in 10 additional islands (cumulative 30)	CBOs supported in 10 additional islands (cumulative 40)	MoH/HPA	All health facilities at island level	reports of activities supported by HPA/MoH	CBOs interest in nutrition promotion
	Develop procedure for monitoring of nutrition programmes and services at health facilities	monitoring tools and procedure developed and adopted	monitoring conducted in 5 atolls	monitoring conducted in 3 atolls & in Male region	monitoring conducted in 6 atolls	monitoring conducted in 6 atolls	MoH/HPA	Health facilities/ Councils	monitoring reports	technical staff and resources available

4.3 Facilitate atoll/city level planning of nutrition of nutrition programmes	Provide guidance and support to atoll/city councils to develop nutrition projects and interventions as part of their development projects and plans	support provided	support provided	support provided	support provided	support provided	MoH/HPA	HPA/MFDA/MoFA/island Councils	reports of activities supported by HPA/MoH	Councillors interest in nutrition promotion
	Support implementation of selective nutrition interventions based on local nutrition situation	support provided	support provided	support provided	support provided	support provided	MoH/HPA	HPA/MFDA/MoFA/island Councils	reports of activities supported by HPA/MoH	Councillors interest in nutrition promotion
	Conduct city/atoll level nutrition problem solving workshops involving community groups and decision makers	-	workshop held in 6atolls	workshop held in 4 other atolls	workshop held in 6 other atolls	workshop held in 4 other atolls	City/Atoll Councils	HPA/MFDA/MoFA/island Councils	workshop reports	Councillors interest in nutrition promotion; technical expertise available
	Support use of city/atoll level information for project planning purposes	information analysed at city/ atoll level	information analysed at city/ atoll level	information analysed at city/ atoll level	information analysed at city/ atoll level	information analysed at city/ atoll level	City/Atoll Councils	Councils	city/atoll level analysis reports/ statistics	technical staff available at city/atoll level

4.4 Develop technical capacity for nutrition services	Identify local candidates that could be trained in nutrition who would work at island level with support of island councils	-	candidates identified	candidates identified	candidates who are financed by the councils bonded to serve the atoll	-	Island Council	Atoll Council, Health facilities, HPA, MFDA, MoFA	city/atoll/ island council records of list of bonded candidates under training	eligible candidate available; priority accorded to training in food and nutrition by the city/ atoll councils
	Develop projects for fund mobilization to support training of candidates who are willing to work at atoll and island levels	-	project developed	-	-	-	Atoll/Local Councils	Atoll Council/ HPA/MFDA/ MoFA	project document	nutrition prioritised for development
	Conduct short course on nutrition through FHS	short course on nutrition announced	10 candidates trained	20 candidates trained (cumulative 30)	20 candidates trained (cumulative 50)	20 candidates trained (cumulative 70)	MNU/FHS	HPA, MFDA, Councils	course announcement; list of trained candidates	eligible candidate available; lecturers available
	Provide training to community based public health workers on nutrition and food safety enforcement functions	training session conducted in Male' region	training session conducted in 6 atolls	training session conducted in 4 other atolls	training session conducted in 6 other atolls	training session conducted in 4 other atolls	HPA/MFDA	MoED, MOFA, local councils	training records at HPA/ MFDA and city/atoll councils	technical expertise and resources available; staff in place
	Provide training to community based public health workers on health/ nutrition promotion and BCC	training session conducted in Male' region	training session conducted in 6 atolls	training session conducted in 4 atolls	training session conducted in 6 atolls	training session conducted in 4 atolls	HPA	MFDA, Health Facilities, island councils	training records at HPA/ MFDA and city/atoll councils	technical expertise and resources available; staff in place

	Explore opportunity to increase number of staff trained in food and nutrition up to postgraduate level at central and atoll/city levels	-	scholarship opportunity provided for 1 candidate	scholarship opportunity provided for 1 candidate	scholarship opportunity provided for 1 candidate	scholarship opportunity provided for 1 candidate	MoH	stakeholders of the food and nutrition council, Dept of higher education, MNU	training records of dept of higher education/ MoH/ MOFA	eligible candidates available; resources available; food and nutrition accorded priority for higher education
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ACTION AREA 5: SUPPORTING POLICY WITH INFORMATION AND RESEARCH

5.1 Conduct primary and secondary research in priority areas of food and nutrition	Conduct a population based food consumption study	-	food consumption study conducted	-	-	-	MNU	HPA, MFDA, MoFA, UN technical agencies	study protocol, study report	technical expertise and resources available
	Conduct a total dietary study	-	-	TDS conducted	-	-	MNU	MFDA, HPA, MoFA, UN technical agencies	study protocol, study report	technical expertise and resources available
	Undertake analysis of existing data sets to determine disparity in nutrition due to socioeconomic status	-	disparity analysis conducted	-	-	-	DNP	MoH, HPA	analysis report	technical expertise available

	Undertake analysis of students' height and weight data to determine prevalence of undernutrition and obesity among students in primary and secondary schools	students ht/wt data analysed	-	-	-	-	MoE	Schools, HPA	analysis report	data readily available
	Conduct assessment of growth monitoring coverage	-	coverage assessed	-	-	-	HPA	Health facilities	report of assessment	technical expertise and resources available
	Conduct functional analysis of health care workers engaged in nutrition services in health facilities	-	-	-	functional analysis conducted	-	MNU	Health facilities, HPA, MFDA	analysis report	technical capacity and resources available
	Conduct hospital based research to estimate the prevalence of food borne/ based diseases	-	FBD prevalence study conducted	-	-	-	MNU	HPA, Health facilities, local Councils, MFDA	study report	medical records available; technical expertise available
	Conduct study on effectiveness of the community based BCC interventions	-	-	-	BCC interventions assessed	-	MNU	HPA/ Health Facilities NGOs	report of assessment	technical expertise and resources available

5.2 Strengthen food and nutrition data collection, analysis and dissemination	Develop the child health and nutrition surveillance system, with SOPs for data flow and feedback	System launched	system reviewed	-	-	-	MoH/HPA	UNICEF, WHO	reports generated from the system	technical expertise and resources available
	Produce annual report of growth monitoring coverage and child nutrition status disaggregated by gender and atolls/cities and provide data for publication in statistical year book	annual data on nutrition status produced and provided to DNP	nutrition data published in statistical year book	nutrition data published in statistical year book	nutrition data published in statistical year book	nutrition data published in statistical year book	HPA	DNP, Health facilities, island councils	published data in statistical year book	routine data maintained
	Produce information dataset on import and post market surveillance information annually, covering compliance with food safety and nutrition requirements and provide data for publication in statistical year book	annual data on food safety produced and provided to DNP	food safety data published in statistical year book	food safety data published in statistical year book	food safety data published in statistical year book	food safety data published in statistical year book	MFDA	MoED, Customs Services, DNP	published data in statistical year book	routine data maintained

	Integrate food borne disease surveillance with SIDAS	-	-	FBD integrated into SIDAS	-	-	HPA	MFDA, Health facilities	reports generated from SIDAS	technical expertise available
	Establish linkages with food availability data collection mechanism and nutrition information	linkages identified	nutrition status analyzed in the context of food security	-	nutrition status analyzed in the context of food security	-	DNP	HPA, MOFA, MoED, councils	cross linked data	good coordination exist between agencies
	Publish food availability information in statistical year book	annual data on food availability in all atolls produced and provided to DNP	food availability data covering all atolls published in statistical year book	food availability data covering all atolls published in statistical year book	food availability data covering all atolls published in statistical year book	food availability data covering all atolls published in statistical year book	DNP	MoFA, MFDA, Maldives Customs Service, city/atoll councils	published data in statistical year book	routine data maintained
5.3 Establish monitoring and evaluation mechanism	Develop methodology and tools for monitoring of nutrition services and interventions at health facilities and in community	methodology for monitoring defined and adopted	methodology reviewed and improved	-	-	-	MoH/HPA	Local Councils, Health Facilities	monitoring methodology document	technical expertise available
	Develop procedure to undertake regular monitoring of nutrition services and interventions at health facilities and in community, with clear roles and responsibilities of institutions involved	procedure developed and adopted	procedure reviewed and improved	-	-	-	MoH/HPA	Local Councils, Health Facilities	SOP document	technical expertise available

	Conduct annual monitoring visits from national nutrition and food safety programme to selected locations	-	monitoring conducted in 5 atolls	monitoring conducted in 3 atolls & in Male region	monitoring conducted in 6 atolls	monitoring conducted in 6 atolls	HPA/MFDA	MoFA, Local Councils, Health Facilities	monitoring reports	resources available
	Provide feedback to health service providers and island councils on finding of monitoring	-	feedback meeting held with councillors and health service providers	feedback meeting held with councillors and health service providers	feedback meeting held with councillors and health service providers	feedback meeting held with councillors and health service providers	HPA/MFDA	MoFA, Local Councils, Health Facilities	feedback meetings minutes	interest at decision making levels
	Develop Monitoring and evaluation plan for this action plan	M&E plan developed	-	-	-	-	HPA	Stakeholders of Food and nutrition council	M&E plan document	technical expertise available
	Conduct review and evaluation of national food and nutrition framework 3 years of implementation	-	-	-	review conducted and feedback provided to food and nutrition council	-	MoH	Atoll/City/ Island councils, Health Facilities, Stakeholders of Food and nutrition council	review report	technical expertise and resources available
	Disseminate widely the findings of evaluation and programme review	-	-	-	Dissemination meeting held in Male' region and 2 other regions	Dissemination meeting held in 5 other regions	MoH	Health Facilities, Stakeholders of Food and nutrition, council Atoll/ City/Island councils,	report of dissemination meetings	technical expertise and resources available; interest at policy making level

ACTION AREA 6: ADDRESSING DETERMINANTS OF NUTRITION

6.1 Promote physical activity through life course	Develop teaching modules on physical activity for key learning stages aligned to the national curriculum	-	teaching modules developed and piloted	-	-	-	EDC	FE (MNU) MoHRYS, MoH	modules; EDC administrative records	new curriculum endorsed; technical capacity available,
	Provide opportunity for physical activity and sports through regular school sessions for secondary school students	physical activity classes held during school session in 2 secondary schools	physical activity classes held during school session in 3 other secondary schools (cumulative 5)	physical activity classes held during school session in 5 other secondary schools (cumulative 10)	physical activity classes held during school session in 5 other secondary schools (cumulative 15)	physical activity classes held during school session in 5 other secondary schools (cumulative 20)	MoE	MoE, MoHRYS, island councils	School time tables	single school sessions policy implemented; parents support
	Train primary and secondary teachers on delivering the modules on physical education with support of Faculty of Education	-	curriculum and modules for teacher training developed	-	physical education included in primary teacher training course at FE	physical education teacher training course conducted at FE	MoE	Maldives National University and MoHRYS	curriculum; modules; FE administrative records	new curriculum endorsed; technical capacity available,
	Support women's groups in islands to conduct physical activity programmes for women of reproductive age	women's groups supported	women's groups supported	women's groups supported	women's groups supported	women's groups supported	Atoll/City Council	HPA/ MoHRYS/ Local Council	Council office administrative records	women's groups active

	Encourage weekly sports events at island level for young people and adults	weekly sports events in 10 islands	weekly sports events in 10 other islands (cumulative 20)	weekly sports events in 10 other islands (cumulative 30)	weekly sports events in 10 other islands (cumulative 40)	weekly sports events in 10 other islands (cumulative 50)	Atoll/City Council	NGOs	Council office administrative records	CBOs active; councillors support
	Encourage wider use of sports grounds, beach and sea for physical activity	sports grounds used for physical activity other than sports in 10 islands	sports grounds used for physical activity other than sports in 10 other islands (cumulative 20)	sports grounds used for physical activity other than sports in 10 other islands (cumulative 30)	sports grounds used for physical activity other than sports in 10 other islands (cumulative 40)	sports grounds used for physical activity other than sports in 10 other islands (cumulative 50)	Atoll/City Council	MoHRYS, NGOs	Council office administrative records	CBOs active; councillors support
6.2 Improve hygiene behaviour among children and young people	Encourage children and caregivers to wash hands with soap and water before eating, feeding and food preparation	hand washing messages provided during home visits	hand washing messages provided during home visits	hand washing messages provided during home visits	hand washing messages provided during home visits	hand washing messages provided during home visits	island councils	HPA/ MoE/ MFDA	Council office records of home visits	Health care providers support
	Provide soap and water or antiseptic hand wash in toilets of schools, child care facilities, health facilities and public places	all schools and health facilities have soap in toilets	all schools and health facilities have soap in toilets	all schools and health facilities have soap in toilets	all schools and health facilities have soap in toilets	all schools and health facilities have soap in toilets	Schools, health facilities, public services	MoE, Health facilities, local councils,	school administrative records, stock records	school management support; manageable resources

	Disseminate hygiene and hand washing messages through mass media and IEC materials	hand washing messages disseminated through mass media	hand washing messages disseminated through mass media	hand washing messages disseminated through mass media	hand washing messages disseminated through mass media	hand washing messages disseminated through mass media	HPA	MEDIA	broadcast records	support of mass media institutions
6.3 Support girls education beyond primary education	Provide opportunities for secondary education through distance learning	-	Distance learning opportunity made available	-	-	-	CCE	MoE, MoHRYS, MNU	CCE administrative records	technical and technological capacity available; community support
	Provide hostel facilities for girls in islands with secondary and higher education	hostels for secondary students established at atoll level in 2 atolls	hostels for secondary students established at atoll level in 2 other atolls (cumulative 4)	hostels for secondary students established at atoll level in 2 other atolls (cumulative 6)	hostels for secondary students established at atoll level in 2 other atolls (cumulative 8)	hostels for secondary students established at atoll level in 2 other atolls (cumulative 10)	MoE	Atoll/city council	project records	recognized as a priority by councillors, government; adequate resources available
	Provide free/ subsidized transport services for girls to attend secondary schools in other nearby islands	criteria for transport subsidy provision adopted	transport subsidy provided for girls	transport subsidy provided for girls	transport subsidy provided for girls	transport subsidy provided for girls	MoE	MoTC, Local Councils, transport providers	NSPA criteria for subsidy; administrative records	recognized as a priority by government;

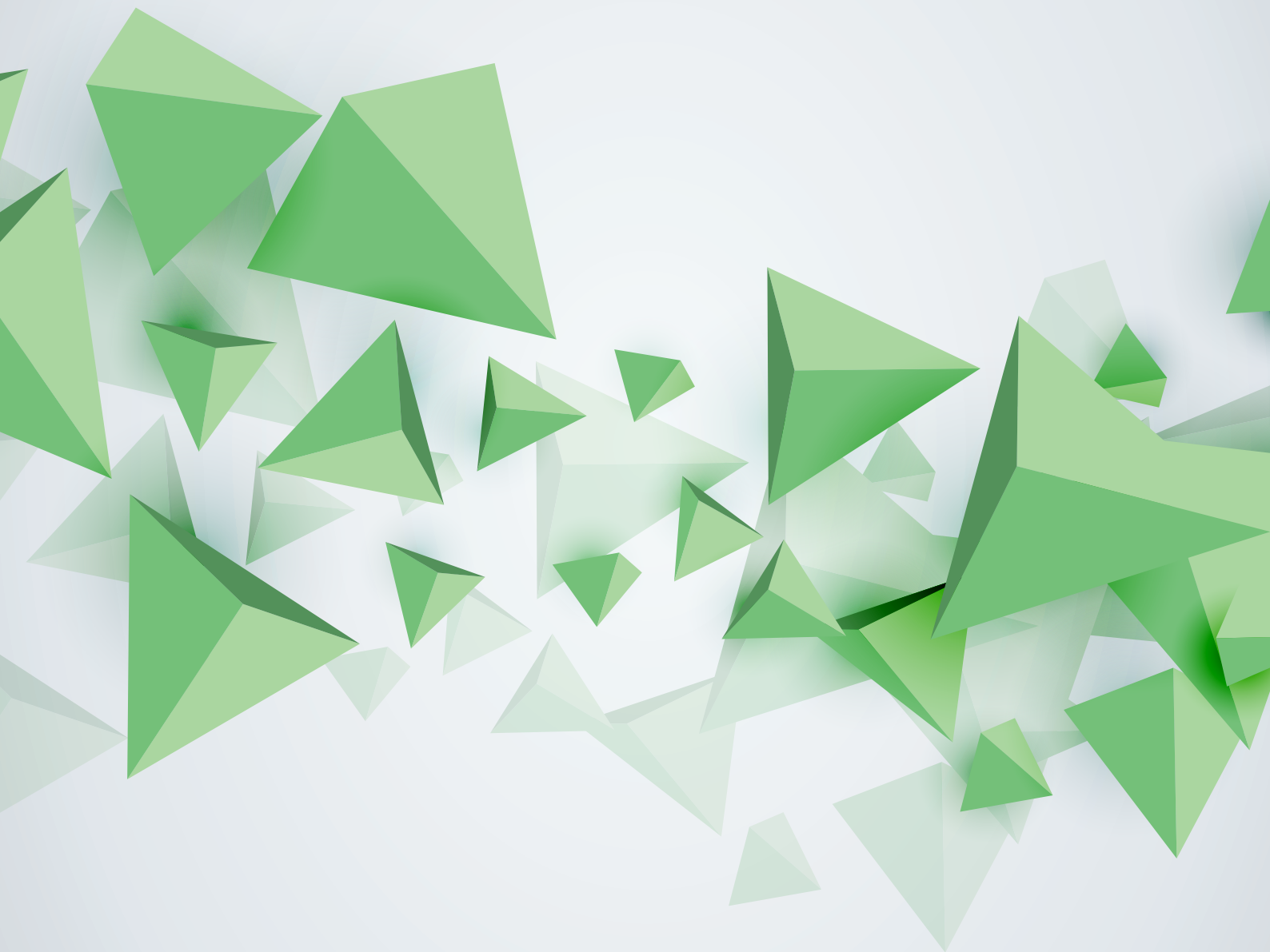
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ANNEX III: LIST OF ACRONYMS

ANC	Antenatal Care
BCC	Behaviour Change Communication
BFHI	Baby Friendly Hospital Initiative
BMS	Breast Milk Substitute
BMI	Body Mass Index
CBO	Community Based Organization
CSC	Civil Service Commission
DNP	Department of National Registration
EBF	Exclusive Breastfeeding
FAO	Food and Agriculture Organization
FHS	Faculty of Health sciences
FNC	Food and Nutrition Council
FoE	Faculty of Education
GSHS	Global School Health Survey
HPA	Health Protection Agency
HWU	Health workers Union
HRC	Human Rights Commission
IEC	Information, Education and Communication
ICN	International Conference on Nutrition
INNSP	Integrated National Nutrition Strategic Plan
IYCF	Infant and Young Child Feeding
MDHS	Maldives Demographic and Health Survey
MICS	Multiple Cluster Indicator Survey
MNS	Micronutrient Survey
MoE	Ministry of Education
MoHRYS	Ministry of Human Resource Youth and Sports
MFDA	Maldives Food and Drug Authority
MoFA	Ministry of Fisheries and Agriculture
MoH	Ministry of Health

MNU	Maldives National University
MNA	Maldives Nurses Association
MMA	Maldives Medical association
NNS	National Nutrition Strategy
NNP	National Nutrition plan
NNSP	National Nutrition Strategic Plan
NGO	Non-governmental Organization
PO	President Office
PHC	Primary Health Care
PNC	Postnatal Care
SES	Socio Economic Status
SOP	Standard Operating Procedure
SIDAS	SEARO Integrated Data Analysis System
ROP	Rules of Procedure
TDS	Total dietary Survey
TOT	Training of Trainers
WHO	World Health Organization
UN	United Nation



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