
Malawi: Nutrition Profile

Background

Malawi has benefited from decades of peace and political stability, with a government dedicated to stable governance and economic growth. However, GDP growth has been slow since 2008, with an all-time low of 1.9 percent in 2012. Growth rebounded in 2013 to 5 percent due to recovery in agriculture, manufacturing, and trade.¹ Despite improvements in the economy, Malawi remains a low-income developing country and is ranked 174 out of 186 countries surveyed in the UNDP's Human Development Index of 2014. The poverty head count has declined by less than 2 percent since 2004-2005, and just over half the population (50.7 percent) continues to live in poverty. Rural growth through agricultural transformation is critical as Malawi strives to reduce the number of its citizens who live in poverty, the majority in rural areas.² The agricultural sector employs 80 percent of Malawi's population, and 60 percent of the population relies on subsistence agriculture.³ High population density and growth, along with a single rainy season per year, pose a distinct set of challenges that make Malawi's agricultural growth precarious and make Malawians chronically susceptible to food insecurity. Malawi is unlikely to meet the Millennium Development Goals (MDGs) on eradicating extreme poverty and hunger (MDG 1), achieving universal access to primary education (MDG 2), ensuring gender equality and empowering women (MDG 3) and improving maternal health (MDG 5). However, the country has made remarkable progress in reducing child mortality (MDG 4) by 60 percent between 1990 and 2011, and this reduction has been chiefly credited to cost-effective solutions such as vaccinations, antimalaria mosquito nets and increased uptake of exclusive breastfeeding.⁴

Nutrition Situation

Droughts, floods, inflation and lack of diversified farming have exposed a large part of the population to food insecurity, while a 10.6 percent HIV prevalence rate has further hindered household food security. An estimated 1.4 million (9.5 percent of the total population) were at risk of severe food insecurity in 2013, with 21 out of 28 districts affected due to extreme dry spells in the Northern and Central regions.⁵ Undernutrition in women and children remains a persistent public health and development challenge in Malawi. Nearly half the children suffer from chronic undernutrition (stunting) and micronutrient deficiencies, including iron and vitamin A. Rural children are more likely to be stunted (48 percent) than urban children (41 percent). There is little regional variation, with stunting high in all the regions: Southern (48 percent), Central (47 percent) and Northern (45 percent). Education and wealth are both inversely related to stunting levels. Though rates of exclusive breastfeeding have increased during early infancy, only 19 percent of children 6-23 months of age receive a minimum acceptable diet, which has a major impact on their growth and development.⁶ The causes of child undernutrition include suboptimal child feeding practices, inadequate diet, frequent incidence of disease among young children, and the low socioeconomic status and poor nutritional condition of many mothers. Up to 50 percent of acute malnutrition is associated with HIV.⁷

Malawi Nutrition Data		
Population (2012)	16.3 Million	
Population under 5 years of age (0-59 months, 2012)	2.8 Million	
	2004⁸	2010⁶
Prevalence of stunting among children under 5 (0-59 months)	52.5%	47%
Prevalence of underweight among children under 5 (0-59 months)	17.3%	13%
Prevalence of wasting among children under 5 (0-59 months)	6.0%	4%
Prevalence of anemia among children aged 6-59 months	73%	63%
Prevalence of anemia among women of reproductive age (15-49 years)	44%	28%
Prevalence of thinness among women of reproductive age (15-49 years)	9%	9%
Prevalence of children exclusively breastfed (0-5 months)	53%	71%
Prevalence of breastfed children 6-23 months receiving a minimum acceptable diet	22%	19%

National Nutrition Policies

The Government of Malawi (GOM) has elevated agriculture and nutrition as key national policy priorities, as a means to reduce poverty and food insecurity. A Food and Nutrition Security Policy (2007) and a National Nutrition Policy and Strategic Plan (NNPSP) are in place (currently being revised and updated). In line with the NNPSP, programs are implemented to address five outcomes: improved maternal nutrition and care; improved infant and young child feeding practices (outlined in the Infant and Young Child Nutrition Strategy 2009-2014); improved intake of essential micronutrients; prevention and treatment of common infectious diseases; and improved management of acute malnutrition. Malawi is focusing on community-based action, with the 1,000 Special Days National Nutrition Education and Communication Strategy (NECS) being prioritized from 2012 to 2017 to reduce child stunting among children under 2 years of age. A National Nutrition Committee chaired by the Secretary for Nutrition, HIV and AIDS in the Office of the President leads coordination on nutrition among technical specialists and development partners. The committee's main function is to mobilize resources and support for the implementation of nutrition interventions in line with the country's NNPSP, to monitor progress, and to evaluate impact.

In 2011, Malawi was the first country to launch **Scaling Up Nutrition (SUN)**, a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses and researchers in a collective effort to improve nutrition. The donor conveners for SUN in Malawi are USAID and IrishAid.

The GOM has demonstrated commitment to agricultural development, signing a CAADP (Comprehensive Africa Agriculture Development Programme) Compact in 2010. CAADP is an African-led program bringing together governments and diverse stakeholders to reduce hunger and poverty and promote economic growth in African countries through agricultural development. Malawi's national Agriculture Sector Wide Approach (ASWAp) strategy is aligned to the CAADP pillars and the overarching Malawi Growth and Development Strategy (MGDs).⁹ Malawi is already investing over 13 percent of its national budget to address agriculture and food security-related issues, surpassing the CAADP's target of 10 percent.

Malawi furthered its commitment to food security and nutrition in June 2013, joining the New Alliance for Food Security and Nutrition, a partnership between African heads of state, corporate leaders and G-8 members to accelerate implementation of CAADP strategies.

USAID Programs: Accelerating Progress in Nutrition

Highlighted Bilateral Nutrition Projects in Malawi			
Project Name	Year Awarded	End Date	Objective(s)
Support to Service Delivery Integration	2011	2016	Support the implementation of an integrated service delivery package in health priority areas.
Integrating Nutrition Into Value Chains (INVC)	2012	2015	Increase competitiveness of high-potential value chains of groundnuts, soya and dairy while improving household nutrition.
Tiwalere OVC project	2010	2015	Improve the nutritional status of children in community-based child care centers, including OVC and the households that care for them.

Feed the Future Progress

Feed the Future, the U.S. Government's global hunger and food security initiative, is active in Malawi and focuses broadly on value chain development (groundnuts, soya, dairy), nutrition-related behavior change communication (BCC) and agricultural policy reform. The geographic focus is on the Central and Southern regions, which present the greater challenges in undernutrition, with limited arable land for productive agriculture. Feed the Future thus places a firm emphasis on improving both production and consumption of crops and dairy selected for value chain development. Feed the Future also supports increased female participation in decision making and control of resources. Both the dairy and the legume value chain sectors have high female participation, making investment in these value chains a significant opportunity to support women's economic empowerment.¹⁰

USAID/Malawi Feed the Future Goals for 2017

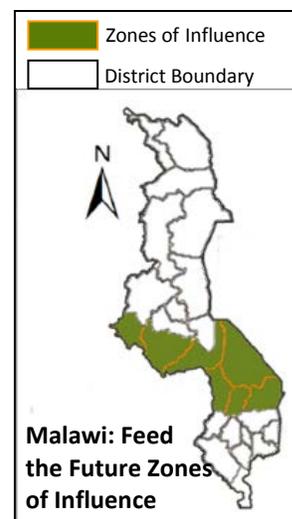
- Reduce the prevalence of poverty in Feed the Future target regions by 20 percent, from 60.6 percent (2011 baseline) to 48.5 percent
- Reduce the prevalence of stunting in children under age five in Feed the Future target regions by 20 percent, from 47.5 percent (2010 baseline) to 38 percent

USAID/Malawi's flagship Feed the Future project, **Integrating Nutrition Into Value Chains (INVC)**, began implementation in April 2012, and addresses all major components laid out in the Feed the Future strategy. INVC targets "the poor with assets," with the intention to support 275,000 smallholder farmers to increase agricultural productivity and incomes, as well as improve household nutritional status through BCC practices over the life of the project. In 2012, Feed the Future exceeded its targets in supporting smallholder farmers, new private sector investment, and application of new technologies and management practices.¹¹

Active Global Nutrition Mechanisms

The Food and Nutrition Technical Assistance III (**FANTA III**) project, funded by USAID, is currently active in Malawi. FANTA works closely with the Malawi Ministry of Health and the Office of the President's Cabinet to support the following activities:

- Integrating the **NACS** (nutrition assessment, counseling and support) program into national guidelines, training materials, monitoring and evaluation systems, and HIV and



tuberculosis care and treatment programs.

- Advocating for national policies that prioritize nutrition, particularly during the 1,000 days from conception to a child's second birthday.
- Conducting research to study the effectiveness of dietary interventions during pregnancy.

Other USAID Nutrition-Related Development Assistance

USAID supports **Wellness and Agriculture for Life Advancement (WALA)**, a Food for Peace (FFP) five-year Title II project that also falls under the Feed the Future portfolio, but does not overlap with Feed the Future's flagship project, INVC. The WALA project engages farmers in commercial marketing to improve household incomes, and ultimately, food security. The aim is to reach 214,974 chronically food-insecure "ultra-poor" households within eight districts in southern Malawi and is well-grounded in previous experience, following a prior Title II project, I-LIFE, in the same geographic region. WALA provides these households with integrated programming that focuses on maternal and child health (MCH); nutrition, agriculture and natural resources management; and disaster risk reduction and household coping strategies. The project made significant contributions to increasing the resiliency of these communities by training 111,675 farmers on short-term agricultural-sector productivity. Of the targeted households, 46 percent use at least three out of five WALA-promoted sustainable crop production technologies (quality seeds, crop rotation, intercropping, minimum tillage and mulching). A total of 97,111 individuals, exceeding the target of 72,380, benefited from financial services by WALA organizing them into Village Savings and Loan (VS&L) groups. FY2012 results show improved nutritional outcomes among the children living in these targeted households. For example, a sample survey of the direct beneficiaries in the WALA program areas showed that 70 percent of children aged 0-5 months were exclusively breastfed, and that 30 percent of breastfed children aged 6-23 months received a minimum acceptable diet, up from a baseline value of 12 percent in 2009.¹¹

USAID also provides nutrition-related development assistance through three activities under the Global Health Initiative (GHI) flagship project, **Support for Service Delivery Integration (SSDI)**. SSDI has developed performance quality standards for various service points that integrate nutrition, such as focused antenatal care, postnatal care, growth monitoring and promotion, prevention of mother-to-child transmission of HIV, and Integrated Management of Childhood Illness. USAID is also supporting the treatment of severely malnourished children at the community level through the institutionalization of Community-Based Management of Acute Malnutrition (CMAM) into existing activities of health facilities. In FY2012, 61,003 children were treated in the program, and 262 health workers were trained in CMAM. There are now 502 health facilities in Malawi with established capacity to manage acute undernutrition, representing 81 percent of all health facilities and surpassing the MOH's 80 percent target.¹¹ In the area of micronutrients, USAID supports the GOM's efforts to fortify selected centrally processed foods through funding to UNICEF. USAID traditionally supports the universal salt iodization program: 87 percent of the salt in Malawi is now adequately iodized.

USAID also supports a nutrition component under **PEPFAR**, with the goal to support people living with HIV and affected households in attaining food and nutrition security, and also provide orphans and vulnerable children with targeted supplemental nutrition.¹²

Malawi joined the *Committing to Child Survival: A Promise Renewed* campaign in 2012, and pledged to reduce under-5 mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition. To view the country action plan for ending preventable child and maternal deaths in Malawi, please see the Acting on the Call 2014 report at:

http://www.usaid.gov/sites/default/files/documents/1864/USAID_ActingOnTheCall_2014.pdf.

References

1. Malawi Economic Outlook: <http://www.afdb.org/en/countries/southern-africa/malawi/malawi-economic-outlook/>
2. World Bank Malawi Country Overview. <http://www.worldbank.org/en/country/malawi/overview>
3. Feed the Future Malawi Fact Sheet 2013. http://feedthefuture.gov/sites/default/files/resource/files/ftf_factsheet_malawi_jan2013.pdf
4. The MDG Report 2013: Assessing Progress in Africa Towards the Millennium Development Goals, 2013.
5. Malawi Vulnerability Assessment Committee (MVAC) Report, 2013.
6. Malawi Demographic and Health Survey 2010. National Statistical Office (NSO) Malawi & ORC Macro.
7. UNICEF Malawi country report.
8. Malawi Demographic and Health Survey 2004. National Statistical Office (NSO) Malawi & ORC Macro.
9. Malawi CAADP Compact, 2010.
10. Malawi Landscape Analysis Mission Report, 2013. Feed the Future, USAID & SPRING.
11. Malawi Full Performance Plan Report, 2012. USAID.
12. Malawi PEPFAR Operational Plan 2012.