



Nutrition Situation & Capacity in Malawi

*CAADP Nutrition Capacity Development Workshop
9-13 September, BOTSWANA.*

Government of Malawi

Malawi Presentation Outline

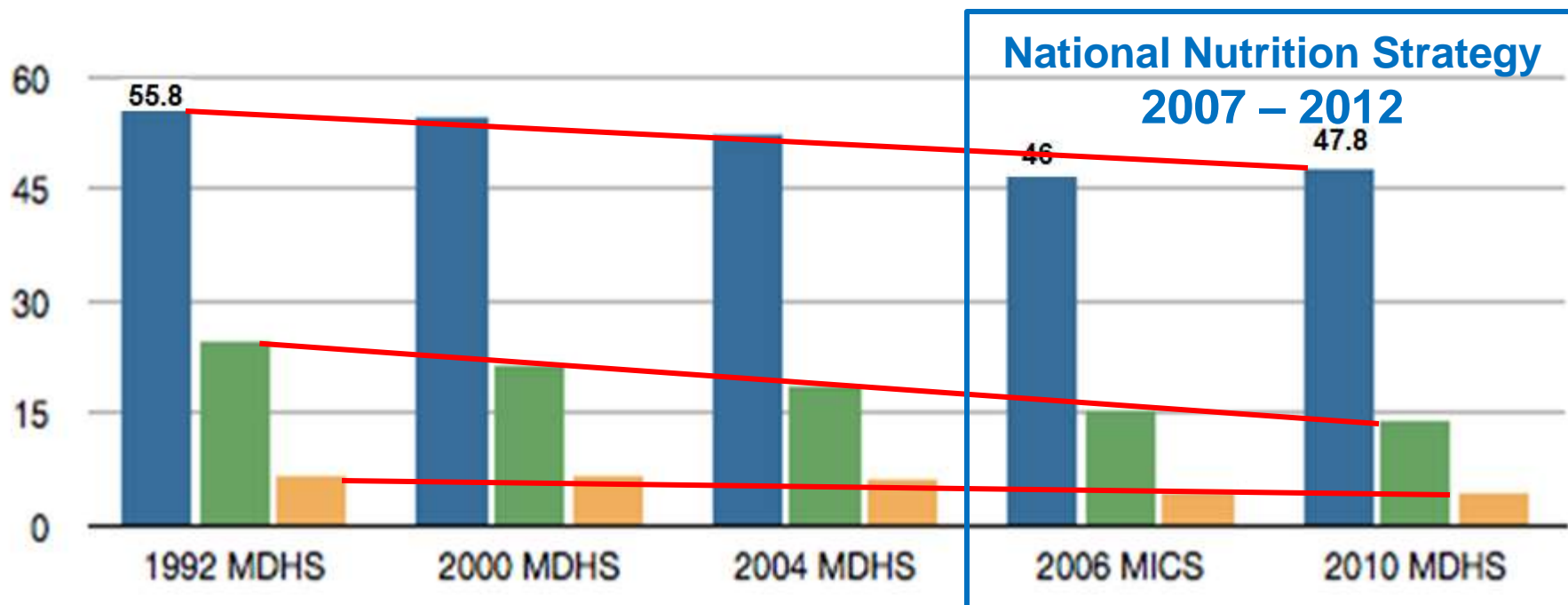


- 1. Nutrition Situation**
- 2. Key Nutrition Interventions**
- 3. Enabling Factors: Commitment, Coordination, Monitoring**
- 4. Nutrition Capacity Development in Malawi**
- 5. Challenges in addressing malnutrition**
- 6. Way forward**

Nutrition Situation in Malawi



Stunted	Underweight	Wasted
Too short for age	Too thin for age	Too thin for height
55.8 % in 1992 47.8 % in 2010	24.4% in 1992 13.8% in 2010	6.6% in 1992 4.1% in 2010

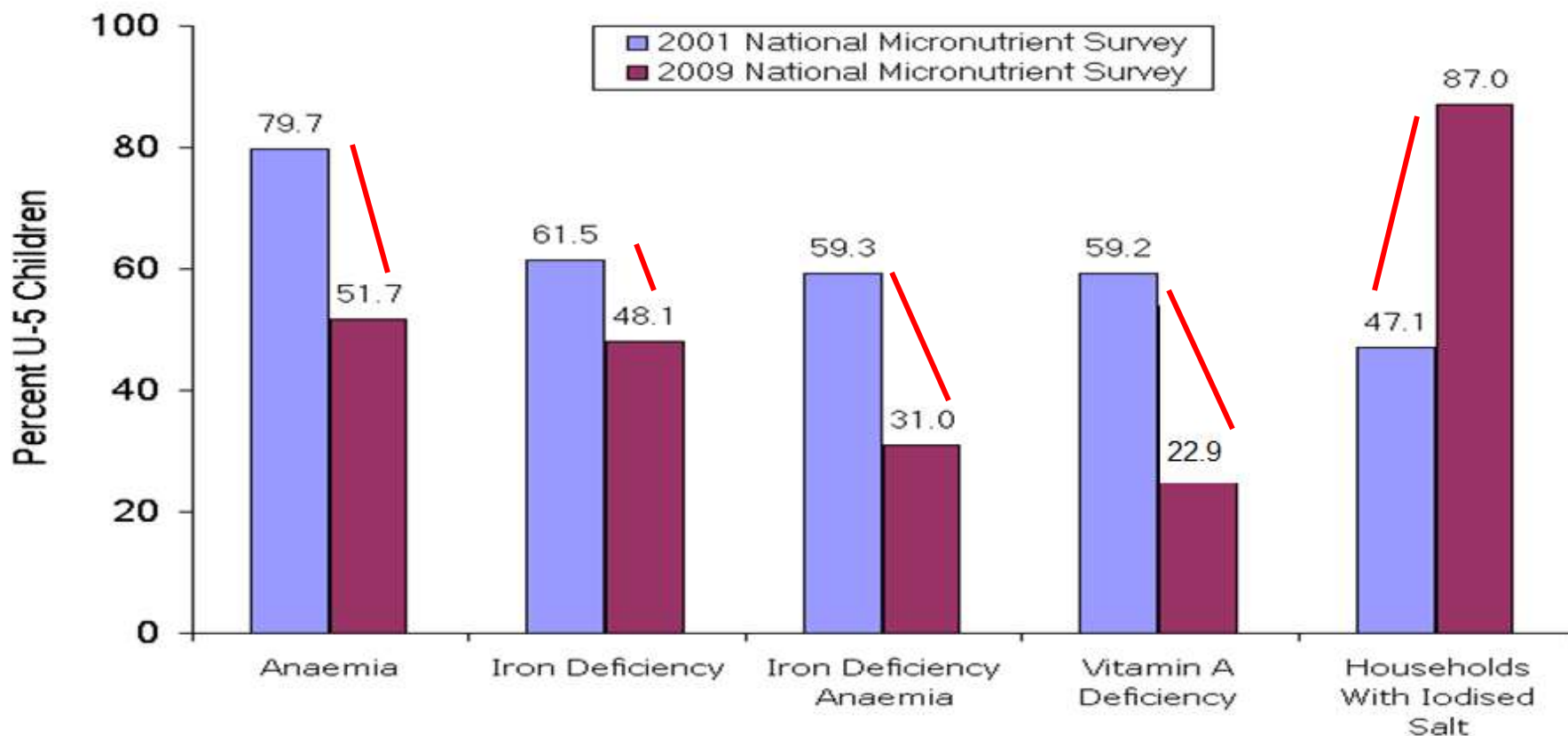


Micronutrients in Children under 5 (Micronutrient surveys 2001-2009)



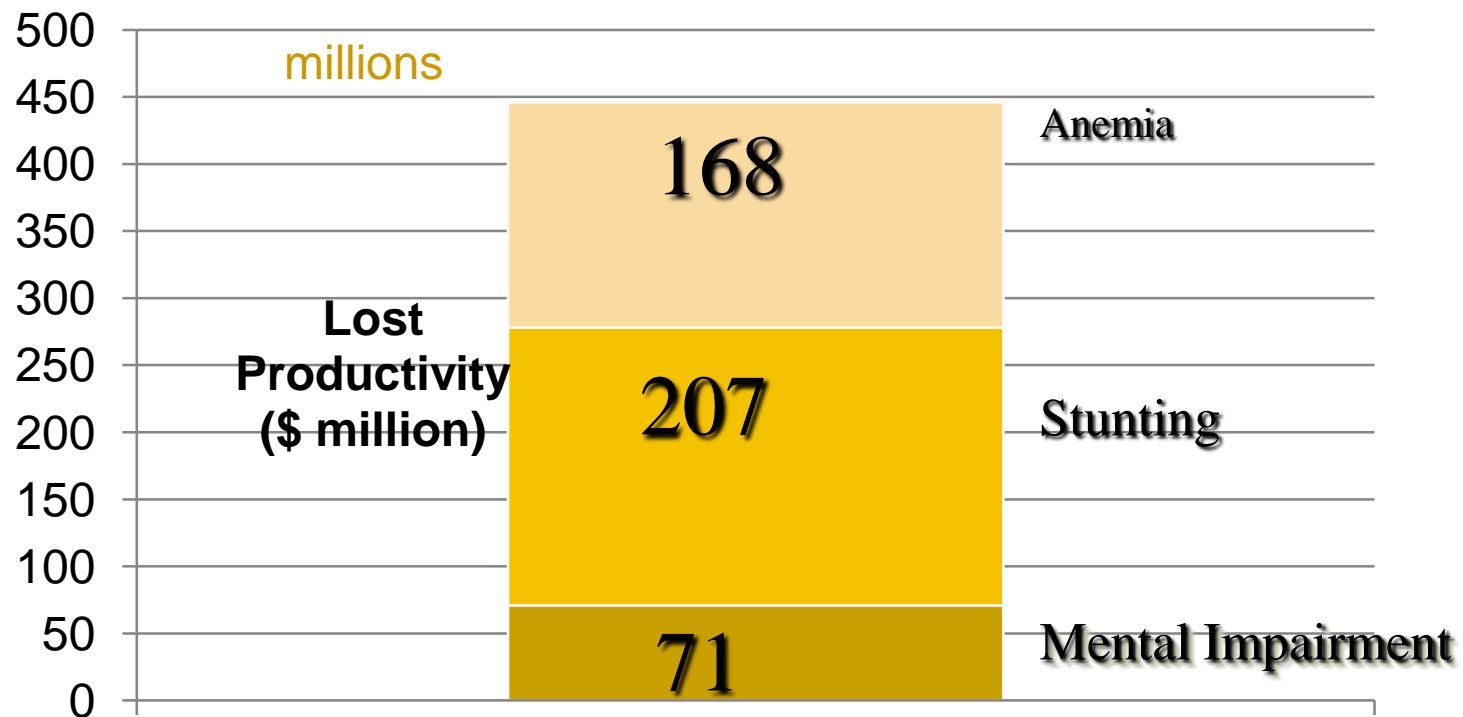
Progress seen in 3 of the 31 micronutrients measured:

Anaemia (all causes), Iron Deficiency, Vitamin A & Iodine



Estimated Losses: 2006-2015

\$ 446 million





Key interventions

Malawi is promoting



Healthy Eating & Living:

1. Healthy Diverse Diets for parents / family

- High focus on Pregnant and Lactating Women
- Eating for Health & Productivity
- Food Security: Agricultural Diversification to have all Food Groups Available, Accessible, Utilized

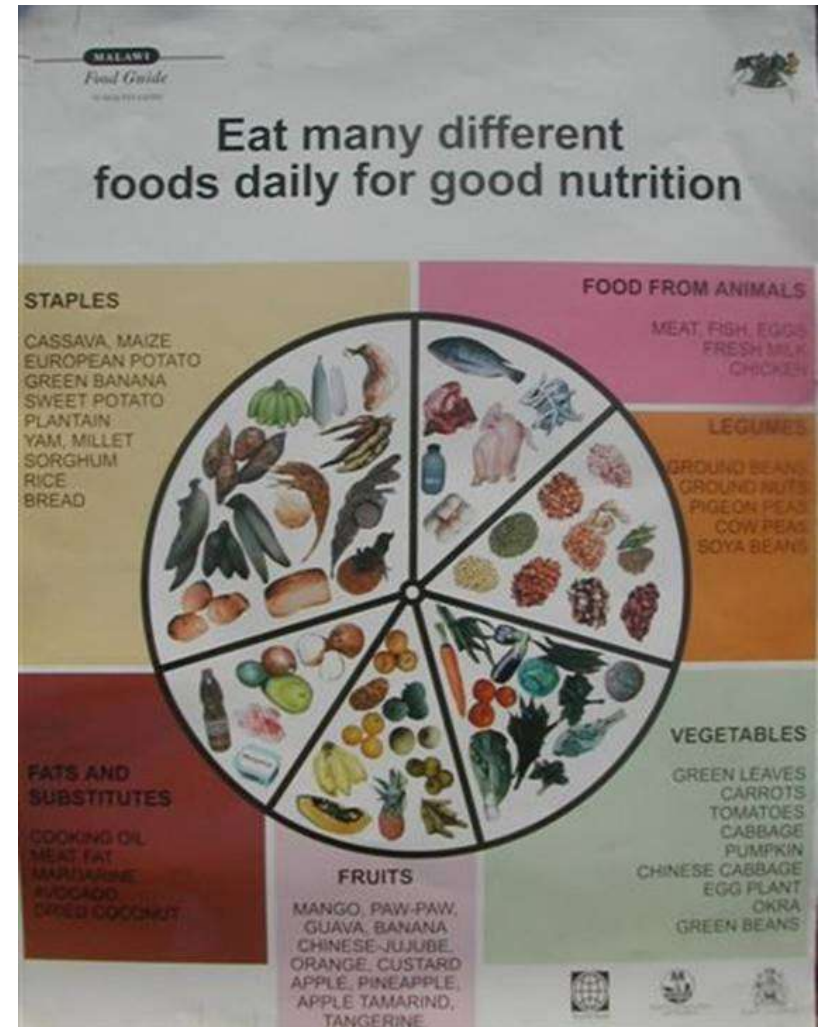
2. Improving Infant & Young Child Feeding

- Exclusive breastfeeding (0 – 6 months)
- Complementary feeding (6 – 24 months)

3. Improved Water, Hygiene & Sanitation

Treatment / Supplements:

4. Supplements: Vitamin A, Iron, Folate
5. Zinc supplementation for diarrhoea
6. Salt iodisation
7. Bio-fortification of staples
8. Deworming
9. Treating Malnutrition

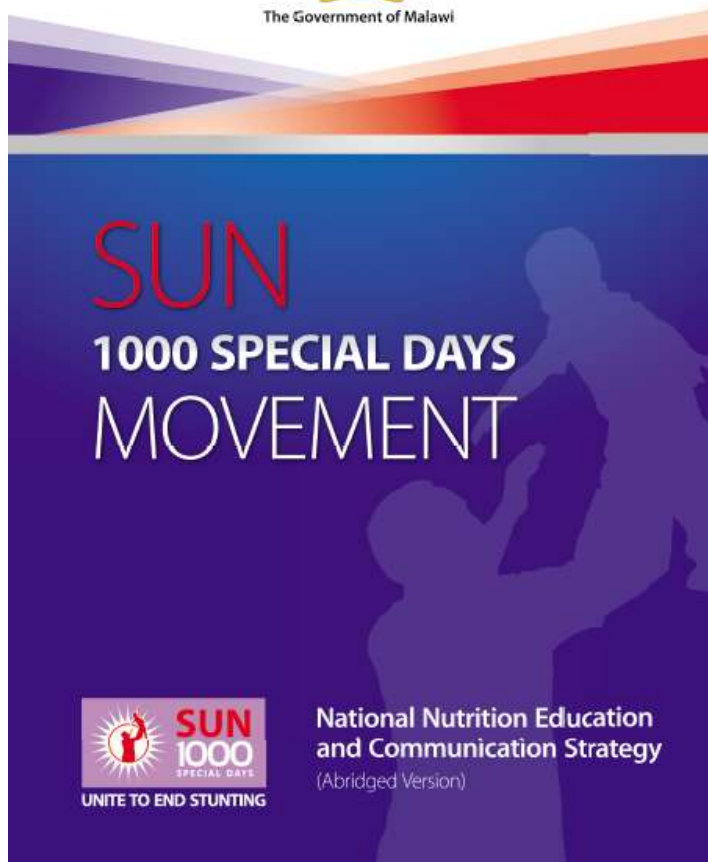


2011 SUN National Nutrition Education & Communication Strategy

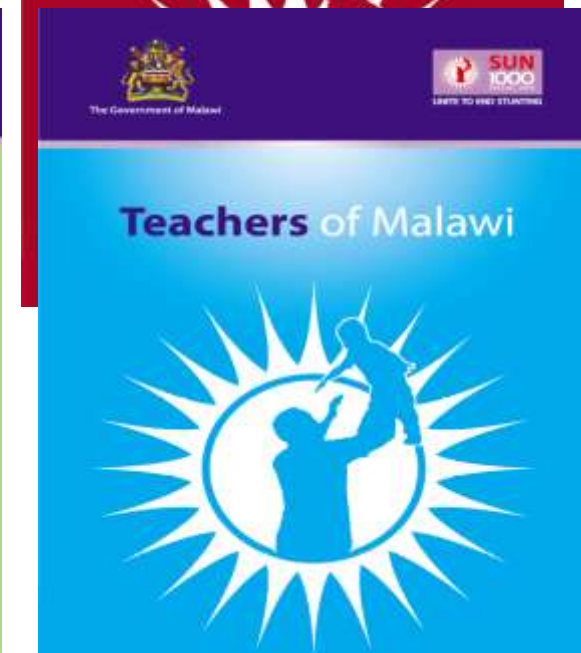
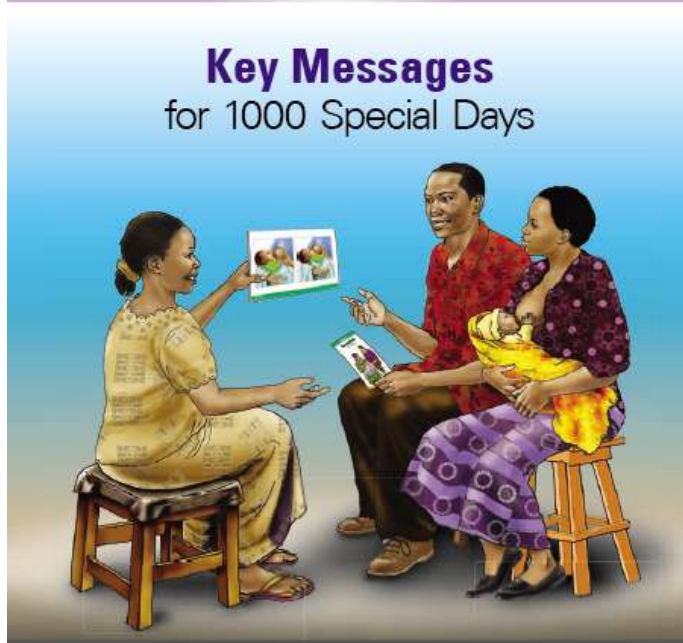


The Government of Malawi

- Common strategy for reducing stunting
- Budgeted plans for rolling out in the district.



2011 SUN harmonised IEC & advocacy materials





The Government of Malawi

Interventions to reduce stunting



1000 SPECIAL DAYS



- Eat a balanced, diversified and varied nutritious diets and meals to which Iodised Salts has been added
- Consume meals and diets from all the 6 food groups
- Eat nutritious snacks in-between meals
- Take Iron Folate supplements
- Partners ensure that your loved ones rests, eat a balanced diet and take Iron Folate supplements

- Breast feed exclusively
- Continue Breast feeding when the child is sick



- Introduce nutritious complementary diets and meals
- Nutritious Complementary meals and diets should be of the right quality and quantity made with foods from the 6 food groups
- Continue Breast feeding
- Feed the baby meals with Iodised Salt
- Provide Vitamin A supplements
- Continue Breast feeding and nutritious complementary diets and meals even when the child is sick
- Hand washing and hygiene during food preparation is essential



- Gradually Increase nutritious Complementary meals and diets made with foods from the 6 food groups
- Continue Breast feeding
- Feed the baby meals with Iodised Salt
- Provide Vitamin A supplements and deworming tablets
- Continue Breast feeding and nutritious complementary diets and meals even when the child is sick
- Hand washing and hygiene during food preparation is essential



Prevent and treat malaria, diarrhoea and pneumonia

Malawi Country Presentation to CAADP Nutrition

Enabling factors



1. **Highest level Political Will, Commitment, Leadership**
2. **2004, OPC - Nutrition**
3. **Conducive Policy & Partner Environment**
 - MDGs, MGDS, NNPSP
 - Integration within 10 government Sectors:
Agriculture, Health, Education, Gender/Social Welfare, Local Government, Water, Energy, Transport, Defense
 - Multi-stakeholder:
Government- Private – Donor – Civil Society
4. **Data improvements in progress:**
 - MICS, MDHS, MVAC, FEWSNET
 - Sectors: INFSSS



Nutrition Structure



Office of the President and Cabinet - Nutrition & HIV

National Nutrition Committee * SUN Taskforce * Development Partners

Ministry 10 sectors	Coordinating Structure	Agriculture	Health	Gender, Children & Social Welfare	Education
National	<ul style="list-style-type: none"> • Working Groups • SUN Core Team 	<ul style="list-style-type: none"> • Extension Nutrition • Nutrition & HIV 	<ul style="list-style-type: none"> • Nutrition Dept. 	<ul style="list-style-type: none"> • Nutrition & HIV 	<ul style="list-style-type: none"> • School Health Nutrition.
Districts	<ul style="list-style-type: none"> • DNCC District Nutrition Coordinating Committee 	<ul style="list-style-type: none"> • Food and Nutrition Officer 	<ul style="list-style-type: none"> • Nutrition Officer • Environmental Health Officer 	<ul style="list-style-type: none"> • Community Development • Social Welfare 	<ul style="list-style-type: none"> • SHN Coordinator
Area Supervisor	<ul style="list-style-type: none"> • Area Dev Com • CLANS Community Leaders for Action on Nutrition 	<ul style="list-style-type: none"> • Agriculture Extension Development Coor 	<ul style="list-style-type: none"> • Community Health Nurse 		<ul style="list-style-type: none"> • Primary Education Advisor
Extension	<ul style="list-style-type: none"> • Village Dev Com 	<ul style="list-style-type: none"> • Agric Extension Dev. Officer 	<ul style="list-style-type: none"> • Health Surveillance Asst 	<ul style="list-style-type: none"> • Community Development Asst. 	<ul style="list-style-type: none"> • Teachers
Village	<ul style="list-style-type: none"> • Care Groups 	<ul style="list-style-type: none"> • Lead Farmers • Nutrition Groups • Model Villages 	<ul style="list-style-type: none"> • Community Health Volunteers 	<ul style="list-style-type: none"> • Community Based Organization • Community Based Child Care 	<ul style="list-style-type: none"> • School Management Committees

Multi-sectoral Committees in Nutrition



National Nutrition Committee

CHAIR: Secretary for Nutrition, HIV & AIDS. Co-chair: UNICEF

TECHNICAL WORKING GROUPS (TWGs)

- Program progress

Targeted Nutrition Program (TNP)

Health
WFP

Micro-Nutrient

Agriculture
UNICEF

School Health & Nutrition

Education
GIZ

Infant & Young Child Feeding (IYCF)

OPC DNHA
USAID

Integrated Nutrition & Food Security Surveillance (INFSS)

OPC DNHA
WFP

Nutrition Education, Training & Research

Academia
OPC DNHA

NUTRITION DEV. PARTNERS

PS Nutrition
with

DONOR NUTRITION GROUP

Annual
Chair

SUN

Task Force
&
Core
Technical
Team

OPC DNHA

Each of the 28 districts have Multi-sectoral District Nutrition Committees Covering similar topics, led by the District Commissioner

Nutrition Capacity Assessment in Malawi (2009)



Objective:

- To establish gaps and needs for strengthening institutional capacities in nutrition

Main Findings:



- 1. Limited numbers of staff and limited training opportunities for the available staff (National, district, community)**
- 2. Limited financial resources for nutrition programmes.**
- 3. Inadequate coordination mechanisms of nutrition programmes.**
- 4. Poor coordination of and among development partners supporting nutrition interventions in the country.**
- 5. Limited capacity of training institutions to produce the required numbers and quality of nutrition professionals.**



Main Findings: cont'd

- 7. Poor and inadequate equipment, materials and infrastructure including transport and laboratories.**
- 8. Poor information management**
- 9. Limited sustainability of programmes.**

Actions to capacity assessment



- Long and short term human capacity development
- Improvements in ICT infrastructure
- Coordination structures in place (Steering committee, Nutrition Committee, Nutrition Development Partners Group, SUN structures –national, district and community levels+
- Monitoring and evaluation
 - National Nutrition M&E framework developed
- Improved funding for supporting nutrition programmes (Govt and partners)

Coordinated SUN financing



4.4 million USD
Government funds



OPC Nutrition

SUN Roll-out framework

National = USD 234,540

District = USD 1,441,540 each



- 1.5 million USD (2 years)
- Selected national level activities
- 2 District roll out and Operational research
- Provision of GMP equipment and materials



- 43.2 USD Million (5years)
- 15 Districts
- Pool funding
- District level with NGOs



- 0.59 million Euro (2 years)
- 1 district through NGOs



- 98 million USD , 27 million Nutrition (5 years)
- 11 districts
- Integrated health, nutrition and HIV programmes
- Funding released through NGOs in the district

Challenges



1. Low institutional and technical capacity

- Both quantity and quality of nutritionists & TWGs still need to be improved. A start has been made.

2. Inadequate Coordination

- Some Govt positions not yet created for nutritionist at District Assembly level for coordination

3. Keeping stakeholders & partners engaged & committed:

- Changing and competing priorities

Challenges Cont'd



4. Ever-growing populations:

- Malawi is experiencing increased population growths through new births and migration into the region.

5. Increase in Non Communicable Diseases:

- more demand for nutrition education and access to healthy diets

6. Interaction of HIV and Nutrition

- absence of HIV cure continuing reliance in optimal nutrition for the different stages of HIV.

7. Emerging new priorities:

- Climate change, rights issues, etc. starting to take centre stage, need to continually be strategic on showing links to Nutrition.

WAY FORWARD



1. Scaling up nutrition

- To all Districts and all Communities

2. Strengthen institutional & technical capacity

- Sector nutrition program managers
- Sector coordination & collaboration
- National, District, Area, Community (all levels, all sectors, all partners)

3. Continued advocacy and commitment

- to sustain & strengthen programs with increased resources
- Intensify local resources mobilization efforts to mitigate impacts of donor fatigue and changing priorities

4. Development of regulatory frame work e.g. Nutrition Act - underway

OUR DREAM FOR MALAWI

