



## Comprehensive Africa Agriculture Development Programme (CAADP)

### *CAADP Nutrition Capacity Development Workshop for the Southern Africa Region*

#### **Nutrition Country Paper – MALAWI**

**DRAFT – English Version**

**September 2013**

*This synthesis has been elaborated in preparation for the CAADP workshop on the integration of nutrition in National Agricultural and Food Security Investment Plan, to be held in Gaborone, Botswana, from the 9<sup>th</sup> to the 13<sup>th</sup> September 2013.*

*The purpose of this Nutrition Country Paper is to provide a framework for synthesizing all key data and information required to improve nutrition in participating countries and scale up nutrition in agricultural strategies and programs. It presents key elements on the current nutritional situation as well as the role of nutrition within the country context of food security and agriculture, including strategy, policies and main programs. The NCPs should help country teams to have a shared and up-to-date vision of the current in-country nutritional situation, the main achievements and challenges faced both at operational and policy levels.*

## General sources used to produce this document

The tableau below suggests a list of sources to consult when completing the NCP. This list needs to be completed with all country-specific documents (e.g. national policies, strategic plans) that are available in your country.

Sources	Information	Lien internet
<b>CAADP</b>	Signed Compact / Investment plans / Stocktaking documents / Technical Review reports if available	<a href="http://www.nepad-caadp.net/library-country-status-updates.php">http://www.nepad-caadp.net/library-country-status-updates.php</a>
<b>DHS</b>	DHS Indicators	<a href="http://www.measuredhs.com/Where-We-Work/Country-List.cfm">http://www.measuredhs.com/Where-We-Work/Country-List.cfm</a>
<b>FANTA</b>	Food and Nutrition technical assistance / select focus countries	<a href="http://www.fantaproject.org/">http://www.fantaproject.org/</a>
<b>FAO</b>	Nutrition Country Profiles	<a href="http://www.fao.org/ag/agn/nutrition/profiles_by_country_en.stm">http://www.fao.org/ag/agn/nutrition/profiles_by_country_en.stm</a>
	FAO Country profiles	<a href="http://www.fao.org/countries/">http://www.fao.org/countries/</a>
	FAO STAT country profiles	<a href="http://faostat.fao.org/site/666/default.aspx">http://faostat.fao.org/site/666/default.aspx</a>
	FAPDA – Food and Agriculture Policy Decision Analysis Tool	<a href="http://www.fao.org/tc/fapda-tool/Main.html">http://www.fao.org/tc/fapda-tool/Main.html</a>
	MAFAP – Monitoring African Food and Agricultural Policies	<a href="http://www.fao.org/mafap/mafap-partner-countries/en/">http://www.fao.org/mafap/mafap-partner-countries/en/</a>
<b>OMS</b>	Nutrition Landscape information system (NILS)	<a href="http://apps.who.int/nutrition/landscape/report.aspx">http://apps.who.int/nutrition/landscape/report.aspx</a>
<b>REACH</b>	REACH multi-sectoral review of existing data on the nutrition situation, programmes and policies	<i>When available</i>
<b>ReSAKKS</b>	Regional Strategic Analysis and Knowledge Support System	<a href="http://www.resakss.org/">http://www.resakss.org/</a>
<b>SUN</b>	Progress Report from countries and their partners in the Movement to Scale Up Nutrition (SUN)	<a href="http://scalingupnutrition.org/resources-archive/progress-in-the-sun-movement">http://scalingupnutrition.org/resources-archive/progress-in-the-sun-movement</a>
<b>UNICEF</b>	Nutrition Country Profiles	<a href="http://www.childinfo.org/profiles_974.htm">http://www.childinfo.org/profiles_974.htm</a>
	MICS: Multiple Indicators Cluster Surveys	<a href="http://www.childinfo.org/mics_available.html">http://www.childinfo.org/mics_available.html</a>
<b>WFP</b>	Food security reports	<a href="http://www.wfp.org/food-security/reports/search">http://www.wfp.org/food-security/reports/search</a>
<b>World Bank</b>	Economic reports	<a href="http://data.worldbank.org/indicator">http://data.worldbank.org/indicator</a>
<b>UNDP</b>	Development report	<a href="http://hdr.undp.org/en/data/profiles/">http://hdr.undp.org/en/data/profiles/</a>
<b>Other Sources</b>		
<b>National Sources</b>	Key national policies / documents to be added	

## I. Context –Food and nutrition situation

General Indicators		Sources/Year
Population below international poverty line of US\$1.25 per day	74%	UNICEF 2005-09
Under-five mortality rate (per 1,000 live births)	↓111	DHS 2010
Infant mortality rate (per 1,000 live births)	↓66	DHS 2010
Under-five deaths due to HIV/AIDS	13%	UNICEF, WHO 2010
Maternal mortality rate /100 000 lively births	510	UNICEF 2005-09
Primary school net enrolment or attendance ratio	97%	UNESCO 2009
Primary school net enrolment -ratio of females/males	104%	UNESCO 2011
HIV/AIDs prevalence between adults 15-49 years	10%	UNAIDS, WHO 2011
Percentage of population living in rural areas	80.2	World Bank 2010
Access to improved drinking water in rural areas	73%	UNICEF 2005-09
Access to improved sanitation in rural areas	25%	UNICEF 2005-09
Agro-nutrition indicators		Sources/Year
Land area (1000 ha)	9428	FAOSTAT 2011
Agricultural area (1000 ha)	5580	FAOSTAT 2011
Food Availability and consumption		
Average dietary energy requirement (ADER)	2110	FAO (2006-08)
Dietary energy supply (DES)	2150	FAO (2006-08)
Total protein share in DES	10%	FAO (2006-08)
Fat share in DES	13%	FAO (2006-08)
Average daily fruit consumption (excluding wine) (g)	N/A	
Average daily vegetable consumption (g)	N/A	

### Geography, population & human development

Malawi is situated in the southeastern part of Africa. It is one of African's most densely populated countries. The country is divided into 3 regions and close to 20% of the country is covered by Lake Malawi. About 80% of the 15.3 million people living in Malawi live in rural areas. Malawi is ranked 170 out of 187 on the 2012 Human Development Index (low human development country). The Malawi MDG Report shows that **poverty is on the decline from 54% in 1990 to 39% in 2009**. Access to safe drinking water has increased from around 40% in 1990 to 90% in 2008. Primary education is compulsory and up to 91% of children are enrolled in primary school. **Agricultural production is the mainstay of Malawi's economy** and smallholder farmers dominate the sector. Landholdings are small particularly in the densely populated south. The incidence of HIV/AIDS is estimated at 10 percent of adults 15-49 years (UNAIDS, 2011).

### Economic Development

Economic growth is highly dependent on the agricultural sector and agriculture accounts for 39% share of GDP, 95% of the labor force and generates about 83% of foreign exchange earnings. Major export crops are tobacco, tea and sugar. **Smallholder rain-fed maize production is largely predominant** and the livestock sub-sector remains underdeveloped. The agriculture sector recorded a growth rate of 13.9% in 2009, however growth slowed down to 1.5% in 2010 as a result of dry spells at the onset of the 2009/10 crop season. Nevertheless, during the last two years the country has experienced bumper crops for maize due to favorable climatic conditions and an input subsidy scheme that has reached a very large number of small farmers. Future growth in the agricultural sector is subject to good weather and further expansion expected in the sugar sub-sector. Mining and quarrying are gradually taking a greater share of Malawi's economy. **The mining sector is expected to grow by 83%** in 2010 compared to about 9% in 2009. Manufacturing accounted for about 10% of GDP in 2009. The main activities are in agro-processing. Other sectors which continue to add to economic growth are the telecommunications, electronic finance sub-sectors and manufacturing.

### Agriculture (cultivable area, main cash and food crops, livestock production ....)

With an agricultural land estimated to 5580000 ha out of 11848000 ha, the agriculture sector in Malawi is not performing. Maize is the main staple food crop in Malawi, followed by cassava, sweet potatoes, and sorghum. Malawi doesn't have access to sea and its fisheries sector is not well-developed. Fishing is almost artisanal for local consumption.

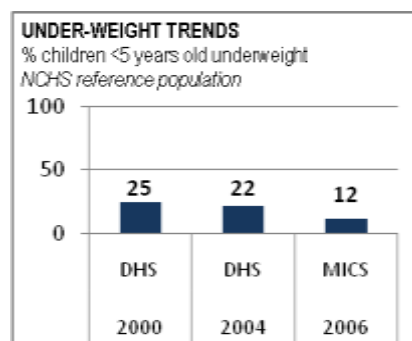
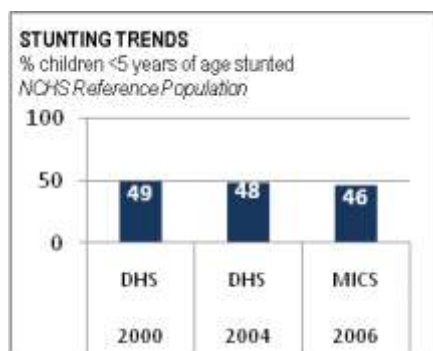
### Food Security (food availability, access, utilization, diet and food habits, and coping mechanisms)

The Malawian diet is mainly composed of cereals, primarily maize, starchy roots (cassava and potatoes) and starchy fruit (plantain). Fruits and vegetables complement the diet. Despite the fact that maize production has been declining over the past two decades, **Malawi has gone from a recipient of food aid into a net exporter of maize in 2003 thanks to an agriculture input subsidy program**. The Integrated Household Survey 2004-2005 found 22% of households were not able to meet their food needs and 68% of the poorest households currently do not meet the minimum dietary energy requirement (MDER). Many factors, including adverse climatic conditions, low agricultural productivity and poverty, population growth, price volatility, and other structural and economic factors contribute to widespread food insecurity among the population. Consequently, **Malawi's food security is variable year to year**. Overall, **dietary energy supply is barely sufficient to meet population energy requirements**. Moreover, the diet lacks diversity and is poor in micronutrient-rich foods. Humanitarian food assistance is provided by the government to households who are food insecure.

**Main causes of malnutrition in your country related to economic vulnerability and food security**

- Persistent high rates of poverty
- Agricultural productivity below potential
- Limited access to health services
- Diet lacks diversity and poor in micronutrient-rich foods
- Young population (approximately 50% <15 years old) and high levels of population growth
- 75% of smallholder land allocated to maize production, no diversification

Agro-Nutrition Indicators (continued)		Sources/Year
<b>Nutritional Anthropometry (WHO Child Growth Standards)</b>		
Prevalence of stunting in children < 5 years of age	↓47%	DHS 2010
Prevalence of wasting in children < 5 years of age	4%	DHS 2010
Prevalence of underweight children < 5 years of age	↓13%	DHS 2010
% of underweight Women (15-49 years) (BMI < 18.5 kg/m <sup>2</sup> )	9%	DHS 2010
% of overweight Women (15-49 years) (BMI ≥ 25. kg/m <sup>2</sup> )	13.1%	DHS 2010
Prevalence of obesity - Children under 5 years old - Women of reproductive age (BMI > 30 kg/m <sup>2</sup> )	N/A 4%	



Indicator (WHO Standards) Source: MICS 2006	Gender			Residence			Wealth quintile					
	Male	Female	Ratio m/f	Urban	Rural	Ratio u/r	1 +Poor	2	3	4	5 +Rich	Ratio r/p
Stunting prevalence	55	51	1.1	45	54	0.8	57	56	54	52	44	0.8
Underweight prevalence	17	14	1.2	14	15	0.9	18	15	16	15	12	0.7

## Nutritional Situation<sup>i</sup>

The recent DHS survey (2010) found that **47% of Malawian children are stunted and 20% of those are severely stunted**. Stunting peaks for children 18-23 months (61%) and male children (51%) are more likely to be stunted than female children (43%). Wasting rates for all children are 4%. Wasting decreases with an increase in the level of education and wealth quintile. **Rates for underweight are 13%**, with children ages 12-17 months the most likely to be affected (16%). As with stunting and wasting, male children are also more likely to suffer from underweight (14%) compared to female children (12%). It is encouraging to note that the trends in nutritional status of children are showing a decline in malnutrition rates for each of the three indicators discussed above. DHS results from 2004 and 2010 show that stunting rates decreased from 53%-47%, wasting rates decreased from 6%-4%, and underweight rates decreased from 17% - 13%. Maternal nutrition is also a concern in the country with more than 9% suffering from undernutrition whereas 13.1% and 4% respectively are overweight and obese, highlighting the phenomenon of nutrition transition in Malawi.

Agro-nutrition indicators (continued)		Sources/Year
<b>Infant feeding by age</b>		
Children (0-6 months) who are exclusively breastfed	41%	DHS 2010
Children (6-9 months) who are breastfed with complementary food	86%	DHS 2010
Children (9-11 months) who are using a bottle with a nipple	3%	DHS 2010
Children (20-23 months) who are still breastfeeding	72%	DHS 2010
<b>Prevalence of micronutrient deficiencies</b>		
Prevalence of vitamin A deficiency among pre-school children (serum retinol < 0.70 µmol/l)	59.2	WHO 2001
Prevalence of vitamin A deficiency among pregnant women (serum retinol < 0.70 µmol/l)	13.7	WHO *
Prevalence of anemia among pre-school children (Hb<110 g/l)	63%	DHS 2010
Prevalence of anemia among pregnant women (Hb<120 g/l)	28%	DHS 2010
Prevalence of iodine deficiency among school-aged children (urinary iodine < 100 µg/L)	N/A	
<b>Coverage rates for micronutrient-rich foods and supplements intake</b>		
% Households consuming adequately iodized salt (≥ 15ppm)	↗97%	DHS 2010
Vitamin A supplementation coverage rate (6-59 months)	86%	DHS 2010
Vitamin A supplementation coverage rate (≤2 months postpartum)	57%	DHS 2010
Iron supplementation coverage among pregnant women		

\* No year of survey found. The data is from "WHO. 2009. Global Prevalence of Vitamin A Deficiency in Populations at Risk 1995–2005."

### **Infant feeding**

Breastfeeding is universal and prolonged in Malawi. **Most mothers initiate Breastfeeding within 1 hour of birth (95%)**. Exclusive breastfeeding up to six months of age is not widespread (41%). Only 19% of youngest children ages 6-23 month living with their mother are fed in accordance with IYCF practices. One of the main problems is a lack of a sufficient variety of food products being introduced into children's diets.

### **Micronutrients**

Micronutrient deficiencies are widespread. Universal salt iodization is implemented in the country, but coverage is insufficient and needs to be re-evaluated. A national survey conducted in 2001 showed subclinical signs of vitamin A deficiency to be highly prevalent among young children. Routine supplementation with vitamin A is implemented but **programs for ensuring a more adequate intake of vitamin A rich foods for vulnerable groups are needed**. Anemia affects almost three-quarters of children under five years and more than two women out of five. A high proportion of pregnant women receive iron supplementation but few take supplements consistently during pregnancy. Food-based strategies are lacking to improve the micronutrient status of the population in a sustainable way. The current favorable agricultural context is a unique opportunity for introducing agricultural diversification for improving the nutritional quality of diets.

### **Care practices and sociocultural issues (incl. gender issues; cultural habits/norms)**

### **National food security and nutrition information system**

### **Main linkages between malnutrition and disease (incl. HIV/AIDS)**

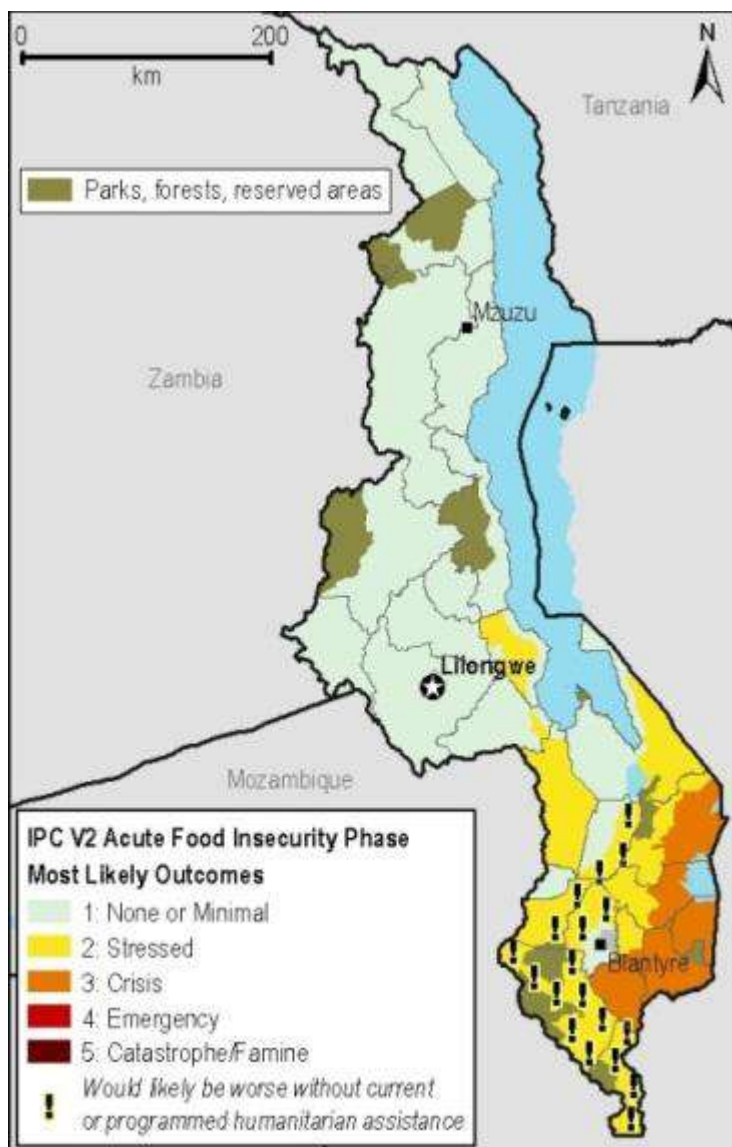
-High level of HIV worsens nutritional status of people (included children)

### **Main causes of malnutrition related to care and infant feeding practices, sociocultural barriers (incl. gender issues)**

-Few infant are exclusively breastfed

-lack of nutritious complementary foods

Malnutrition and Food insecurity levels by region



Current estimated food security outcomes, August 2012  
(Source: FEWS NET)

## II. Current strategy and policy framework for improving food security and nutrition

### *Specific strategies, policies and programs currently in place to improve nutrition*

<i>Strategy / Policy</i>	<i>Reference Period</i>	<i>Objectives and main components</i>	<i>Budget / Donor</i>	<i>Stakeholders</i>	<i>Key points</i>	<i>Integration of Nutrition</i>
<b>STRATEGIC FRAMEWORK</b>						
Vision 2020	2003-2020	<p>By the year 2020, Malawi as a God-fearing nation will be secure, democratically mature, environmentally sustainable, self reliant with equal opportunities for and active participation by all, having social services, vibrant cultural and religious values and being a technologically driven middle-income economy.</p> <p>Malawians aspire for all members of all households to have access to adequate and safe food at all times of the year to meet their nutritional requirements.</p> <p>To achieve this aspiration, the following strategic issues will have to be addressed: increasing food production; developing irrigation; developing the livestock sub-sector; improving efficiency of markets; reducing post harvest losses; improving disaster management; improving land utilization and management; economically empowering vulnerable groups; promoting non-farm income generating activities; and improving nutrition status of the people.</p> <p>The strategic options to improve nutritional status are:</p> <ol style="list-style-type: none"> <li>i. changing the existing knowledge, attitudes and dietary practices of households in all socio- economic groups of both urban and rural areas;</li> <li>ii. developing diversified dietary guidelines;</li> <li>iii. employing innovative nutrition education strategies;</li> <li>iv. developing and employing social marketing techniques;</li> </ol>		Government Ministries Development Partners Private Sector		



<i>Strategy / Policy</i>	<i>Reference Period</i>	<i>Objectives and main components</i>	<i>Budget / Donor</i>	<i>Stakeholders</i>	<i>Key points</i>	<i>Integration of Nutrition</i>
		<ul style="list-style-type: none"> <li>v. developing innovative communication strategies aimed at improving the current dietary patterns and lifestyles; and</li> <li>vi. identifying different ways of preserving and storing food.</li> </ul>				
Malawi Growth and Development Strategy	2006-2011	<p>The MDGS prioritizes six key areas that are the basis for Malawi's economic growth, namely:</p> <ul style="list-style-type: none"> <li>- agriculture and food security;</li> <li>-irrigation and water development;</li> <li>-transport infrastructure development;</li> <li>-energy generation and supply;</li> <li>- integrated rural development; and</li> <li>-prevention and management of nutrition disorders and HIV/AIDS.</li> </ul> <p>Hence, the MGDS recognize the need to invest in social development through education, health, good governance and the need to protect the most vulnerable.</p>			The overriding philosophy of the <b>MGDS</b> is poverty reduction through sustainable economic growth and infrastructure development. The MGDS differs from its predecessor, the first Malawi Poverty Reduction Strategy Paper ( <b>MPRSP</b> ) in some respects, mainly government ownership and other stakeholder input.	
<b>AGRICULTURE</b>						
The Green Belt Initiative		<p>The Initiative will:</p> <ul style="list-style-type: none"> <li>- incorporate both smallholder and estate irrigation along Lake Malawi and major rivers;</li> <li>-rehabilitate existing irrigation systems;</li> <li>-undertake civil and construction works of 42 000 hectares of the Shire Valley Irrigation project.</li> </ul>			This Initiative aims to develop a system to use available water resources to decrease reliance on weather patterns through a series of innovative irrigation schemes	

<i>Strategy / Policy</i>	<i>Reference Period</i>	<i>Objectives and main components</i>	<i>Budget / Donor</i>	<i>Stakeholders</i>	<i>Key points</i>	<i>Integration of Nutrition</i>
Agriculture Sector Wide Approach (ASWAp)	2010-14	ASWAp focus areas are: - food security and risk management, -commercial agriculture, agri-business and market development -sustainable agricultural land and water management.  To achieve this the government has identified two necessary supporting program pillars: (i) technology generation and dissemination and (ii) institutional strengthening and capacity building.			ASWAp is Malawi's National agricultural development and food security strategy and is aligned to the CAADP pillars and the overarching national development framework, the Malawi Growth and Development Strategy (MDGS).	
Malawi Comprehensive African Agriculture Development Programme (CAADP)		CAADP's goal is to eliminate hunger and reduce poverty through agriculture. African governments have committed to increase national agricultural growth rates to 6 percent per year through a commitment to allocate at least 10 percent of their national budgets to agriculture.	10% of national budget	GoM, Ministry of Agriculture Development Partners.	Through CAADP, Malawi is trying to sustain achievements in food security created by interventions such as input subsidy, while in the area of managing risk, the country is seeking adaptation measures in the wake of climate change.	
<b>FOOD SECURITY</b>						
Agriculture Development Program	2008-2012	The Agriculture Development Programme Support Project (ADP-SP) aims to improve the effectiveness of investments aimed at food security and sustainable agricultural growth. The global environmental objective is to strengthen the natural resource base in agricultural lands through doubling the area under sustainable land management as a basis for securing ecosystem services and sustainable agricultural productivity.	32 million World Bank			
National Action Plan for Food Security and Nutrition in Malawi						
Improving Food Security and Nutrition Policies and Programme Outreach (Phase I and Phase II)	2007-2015		US11 million FAO			
Presidential Initiatives on Legumes, Small Stock and One Cow per Family						

<i>Strategy / Policy</i>	<i>Reference Period</i>	<i>Objectives and main components</i>	<i>Budget / Donor</i>	<i>Stakeholders</i>	<i>Key points</i>	<i>Integration of Nutrition</i>
<b>NUTRITION</b>						
SUN and 1000 Days Initiative	2010	<p>The seven Essential Nutrition Actions ENA:</p> <ul style="list-style-type: none"> <li>-Maternal Nutrition for Pregnant and Lactating Mothers,</li> <li>-Exclusive Breastfeeding for the First 6 Months of the Infant's Life,</li> <li>-Timely Introduction to Complementary Feeding Coupled with Continuation of Breastfeeding up to Two Years,</li> <li>-Feeding of the Sick Child,</li> <li>-Control of vitamin A Deficiency,</li> <li>-Control Iron Deficiency;</li> <li>-Control of Iodine Deficiency.</li> </ul> <p>Other cross-cutting issues in Essential Nutrition Actions for Infant and Young Child Nutrition include hygiene, family planning, prevention and control of Malaria and prevention of mother to child transmission of HIV.</p>				
National School Health and Nutrition Strategy (2008 – 2018) and  National School Health and Nutrition Guidelines (2008-2018)						
National Nutrition Policy	2009-?	<p>The NNP is formulated to improve coordination of nutrition service delivery and to create a national standard and strategy for interventions.</p> <p>There are eleven priority Areas for Nutrition:</p> <ul style="list-style-type: none"> <li>Increased Cross-Sectoral Coordination</li> <li>Capacity Building</li> <li>Research and Development</li> </ul>				

<i>Strategy / Policy</i>	<i>Reference Period</i>	<i>Objectives and main components</i>	<i>Budget / Donor</i>	<i>Stakeholders</i>	<i>Key points</i>	<i>Integration of Nutrition</i>
		Nutrition Guidelines Education Prevention and Treatment of Nutrition-Related Disorders Dietary Diversification and Food Utilization Food Safety and Quality Nutrition, HIV and AIDS Nutritional Needs of Vulnerable Groups Nutrition-Related Advocacy				
National Nutrition Strategic Plan						
National Nutrition Programme						
National Nutrition Business Plan						
National Nutrition Research Strategy						
National Nutrition Communication Strategy	2011					
Infant and Young Child Feeding						
<b>HEALTH &amp; SOCIAL PROTECTION</b>						
National Health Policy						
Health Sector Wide Approach						
Accelerated Child Survival and Development Plan	(2007-2011)					

### III. Country nutritional programs & initiatives currently implemented and/or planned

#### *Main programmes and interventions being implemented to improve nutrition in the different sectors (health, agriculture, food security...)*

These can be categorized into three: Behavior change, Micronutrient and deworming and Treatment:

##### **Behavior Change Programmes** include:

- Promotion of exclusive breastfeeding for children 0 to 6 months and appropriate complementary feeding and appropriate optimal feeding of a sick child
- Promotion of diversified crop production and small stock rearing; with emphasis on the promotion of alternative staple food sources such as rice, sorghum, millet potatoes, cassava, plantains and other varieties from all the six food groups for Malawi which include: staples, legumes, meat and meat products, vegetables, fruits and fats and oils.
- Promotion of improved water, hygiene and sanitation
- Enhancing of Nutrition Education using multimedia approach and social marketing
- Enforcement of the national code of marketing

##### **Micronutrient Programmes**

- Promotion of Bio-fortified foods such as orange fleshed yellow potato, maize and cassava which are rich in Vitamin A, high potassium beans, high iron tomatoes among others.
- Food fortification of centrally processed foods such as salt, cooking oil, maize and wheat flour. The country is yet to start fortifying sugar with vitamin A.
- Supplementation with vitamin A and iron folate targeting under-five children, school-aged children, pregnant and post-natal women as appropriate
- Promotion of Salt iodisation
- Zinc supplementation for diarrhea management
- Deworming

##### **Therapeutic and complementary feeding Programmes**

- Promotion of the production of ready to use therapeutic and supplementary foods
- Nutrition support in form of Likuni Phala (fortified corn soya blend) Ready to Eat Therapeutic and Supplementary foods for vulnerable malnourished groups such as children and pregnant and lactating women, people living with HIV, TB/HIV co-infection clients among others

##### **Other Programmes**

- Capacity building and institutional strengthening for the effective implementation of Nutrition Programmes with posting of 30 nutrition specialist at decision making level in the 10 key ministries while other officers are pursuing long and short term courses.
- Enforcement of land rights for ownership purposes for those who are relocated by the government for crop production in all the 28 districts
- Fertiliser subsidy programme for less privileged households. The packageS includes legumes such as soya beans, pigeon peas, cow peas and ground nuts as part of the targeted subsidized input package which increases foods variety
- Environmental issues like afforestation, Gender, HIV and AIDS issues, Income generating activities, irrigation farming and fish farming are also included.

#### *Consideration of nutritional goals into programs / activities related to agriculture and food*

#### *Main population groups targeted & localisation*

#### *Funding opportunities*

#### *Monitoring & Evaluation mechanisms*

Ministry of Planning and Economic Development's MVAC, Malawi's Vulnerability Assessment Committee, is a survey which is conducted multiple times per year and uses the Household Economy Approach (HEA) to identify areas in the country that might be vulnerable to food insecurity. MVAC data provide the primary reference for national-level targeting decisions. MVAC uses nutrition and dietary diversity data collected by UNICEF on a twice-annual basis to corroborate its HEA results.

Malawi's Integrated Nutrition and Food Security Sentinel Site Surveillance

## IV. Stakeholders, coordination mechanisms and national capacities for implementing food and nutrition security framework

### *Main national entities in charge of designing and implementing the food and nutrition policy framework*

- Department of Nutrition, HIV and AIDS (DNHA)- Office of the President
- Some of the line ministries mentioned earlier on which are members of the national nutrition architecture key in addressing malnutrition include:
  1. The Ministry of Agriculture and Food Security. It promotes the high nutritive value food production including bio-fortification agriculture subsidy, and nutrition education.
  2. Ministry of Health. Provides clinical nutrition services and promotes optimal maternal, infant and young child nutrition practices guided by the SUN intervention package and the Essential Nutrition Actions through the baby friendly initiative.
  3. Ministry of Education, Science and Technology (MoEST). It coordinates the implementation of the School Health and Nutrition Programmes and projects. School meals and other micronutrient supplements and drugs such as albendazole are provided to school going children. They also promote home grown school feeding for sustainability purposes.
  4. Ministry of Gender and Child Development. The ministry emphasizes on food utilisation and nutrition education. It also facilitates programmes that have effects on the nutritional status such as the direct cash transfers; School feeding targeting the community based child care centres (CBCC) which have also been scaled up to improve the nutritional status of children below the age of 6 years. The ministry also works on early childhood development activities such as community integrated management of childhood illnesses (IMCI), and mobilises communities to participate in Growth Monitoring Promotion. The Gender, Child, Community and Youth Development SWAp has also been reviewed to incorporate nutrition.
  5. The private sector also plays a very import role in fortifying centrally processed foods. These include: Rab Processors, Illovo Sugar, Unilever, Bakhressa, Valid International, and Tambala Food Products among others.
  6. The non-governmental organizations such as World Vision International, CARE, WALA, Concern Worldwide, Concern Universal, Feed the Children, Clinton Health Initiative, Save the Children, CRS, and the PHC among others are the key implementing partners of nutrition programme activities. They are also members of the National Nutrition Committee and various technical working groups.

### *Main management and technical capacities at the institutional level*

#### *Disaster prevention/management structures*

#### *Monitoring and Evaluation capacities*

### **Main technical and financial partners**

Common Market for Eastern and Southern Africa (COMESA) and Southern Africa Development Community (SADC)

### **Multilateral development partners**

EU  
IFAD,  
AFDB,  
WORLD BANK  
FAO,  
UNDP,  
UNICEF,  
WHO,  
WFP

The UN Development Assistance is a coordinated joint UN agency response to the articulated national priorities. The agencies and the Government are meant to engage in joint programming in the areas of health, food security, and youth and gender issues.

### **Bilateral development partners**

The United States Agency for International Development (USAID). Denmark  
Sweden  
Norway  
The Netherlands, Ireland, Spain, France, Italy, The People's Democratic Republic of China

### **Local & International NGOs**

Common Market for Eastern and Southern Africa (COMESA) and Southern Africa Development Community (SADC)

The partners who are technically and financially contributing to food security and nutrition are:

- Global Fund (equipment and staff),
- FAO: Provides technical assistance.
- UNICEF (supplies Combined Mineral Vitamin Mix, technical and equipment)
- WHO (Technical and financial support),
- CDC (procurement of food storage and transport),
- FANTA-2 (technical and financial),
- USAID (technical and financial).
- WFP and
- other private and civil society organizations

### **Main coordination mechanisms (Task force, core group, cluster...)**

Since 2006, Malawi's Department of Nutrition has fallen directly under the aegis of the Office of the President and Cabinet (OPC) facilitating (1) cross-sectoral collaboration and (2) pursuit of a national nutrition mandate as part of a broader development strategy.

### **Adherence to global / regional initiatives linked to nutrition (e.g. SUN, REACH, CAADP...)**

- The Comprehensive Africa Agriculture Development Programme (CAADP)
- Millennium Development Goals (MDGs)
- Baby Friendly Hospital Initiative BFHI
- Infant and Young Child Feeding Initiative
- Global Strategy for Women's and Children's Health
- Global Code of Practice on the International Recruitment of Health Personnel
- International Code of Marketing of Breast-milk Substitutes
- Millennium Development Goals
- GAVI Global Alliance for Vaccines initiative
- Roll Back Malaria Initiative (RBM)
- Global Strategy for Women's and Children's Health
- GAIN

### **Main issues at stake to improve the mainstreaming and scaling-up of nutrition at the country level and regional / international level, taking into account sustainability**

The following are the major challenges being faced:

- Increasing population
- Increase in dietary related non-communicable diseases
- HIV and AIDS still poses a challenge to nutrition well being as these two interact and where there is no intervention, nutrition status is compromised
- Emerging new priorities such as climate change and human rights among others are taking centre stage
- Increase in global food prices which might negatively affect access to adequate nutritious foods
- Low institutional, human and technical capacities at all levels to adequately address malnutrition

## Definitions

Acute hunger	Acute hunger is when the lack of food is short term, and is often caused when shocks such as drought or war affect vulnerable populations.	Multi-stakeholder approaches	Working together, stakeholders can draw upon their comparative advantages, catalyze effective country-led actions and harmonize collective support for national efforts to reduce hunger and under-nutrition. Stakeholders come from national authorities, donor agencies, the UN system including the World Bank, civil society and NGOs, the private sector, and research institutions.
Chronic hunger	Chronic hunger is a constant or recurrent lack of food and results in underweight and stunted children, and high infant mortality. “Hidden hunger” is a lack of essential micronutrients in diets.	Nutritional Security	Achieved when secure access to an appropriately nutritious diet is coupled with a sanitary environment, adequate health services and care, to ensure a healthy and active life for all household members.
Direct nutrition interventions and nutrition-sensitive strategies	Pursuing multi-sectoral strategies that combine direct nutrition interventions and nutrition-sensitive strategies. Direct interventions include those which empower households (especially women) for nutritional security, improve year-round access to nutritious diets, and contribute to improved nutritional status of those most at risk (women, young children, disabled people, and those who are chronically ill).	Severe Acute Malnutrition (SAM)	A weight-for-height measurement of 70% or less below the median, or three standard deviations (3 SD) or more below the mean international reference values, the presence of bilateral pitting edema, or a mid-upper arm circumference of less than 115 mm in children 6-60 months old.
Food Diversification	Maximize the number of foods or food groups consumed by an individual, especially above and beyond starchy grains and cereals, considered to be staple foods typically found in the diet. The more diverse the diet, the greater the likelihood of consuming both macro and micronutrients in the diet. <i>Source : FAO</i>	Stunting (Chronic malnutrition)	Reflects shortness-for-age; an indicator of chronic malnutrition and it is calculated by comparing the height-for-age of a child with a reference population of well-nourished and healthy children.
Food security	When all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.	Underweight	Measured by comparing the weight-for-age of a child with a reference population of well-nourished and healthy children.
Hunger	Hunger is often used to refer in general terms to MDG1 and food insecurity. Hunger is the body’s way of signaling that it is running short of food and needs to eat something. Hunger can lead to malnutrition.	Wasting	Reflects a recent and severe process that has led to substantial weight loss, usually associated with starvation and/or disease. Wasting is calculated by comparing weight-for-height of a child with a reference population of well-nourished and healthy children. Often used to assess the severity of emergencies because it is strongly related to mortality. <i>Source : SUN Progress report 2011</i>
Iron deficiency anemia	A condition in which the blood lacks adequate healthy red blood cells that carry oxygen to the body’s tissues. Without iron, the body can’t produce enough hemoglobin, found in red blood cells, to carry oxygen. It has negative effects on work capacity and motor and mental development. In newborns and pregnant women it might cause low birth weight and preterm deliveries.		
Malnutrition	An abnormal physiological condition caused by inadequate, excessive, or imbalanced absorption of macronutrients (carbohydrates, protein, fats) water, and micronutrients.		
Millennium Development Goal 1 (MDG 1)	Eradicate extreme poverty and hunger, which has two associated indicators: 1) Prevalence of underweight among children under five years of age, which measures under-nutrition at an individual level; and, 2-Proportion of the population below a minimum level of dietary energy consumption, that measures hunger and food security, and it is measured only at a national level (not an individual level). <i>Source : SUN Progress report 2011</i>		



## Acronyms

<b>AUC</b>	African Union Commission
<b>BMI</b>	Body Mass Index
<b>CAADP</b>	Comprehensive Africa Agriculture Development Program
<b>CIP</b>	Country Investment Plan
<b>CFSAM</b>	Crop and Food Security Assessment Mission
<b>CFSVA</b>	Comprehensive Food Security and Vulnerability Analysis
<b>COMESA</b>	Common Market for Eastern and Southern Africa
<b>DHS</b>	Demographic and Health Survey
<b>ECCAS</b>	Economic Community of Central African States
<b>EFSA</b>	Emergency Food Security Assessment
<b>FAFS</b>	Framework for African Food Security
<b>FAO</b>	Food and Agriculture Organization
<b>FNS</b>	Food and Nutrition Security
<b>FSMS</b>	Food Security Monitoring System
<b>GAM</b>	Global Acute Malnutrition
<b>IFAD</b>	International Fund for Agricultural Development
<b>IFPRI</b>	International Food Policy Research Institute
<b>MDG</b>	Millennium Development Goal
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>NAFSIP</b>	National Agriculture and Food Security Investment Planning
<b>NCHS</b>	National Center for Health Statistics, Centers for Disease Control & Prevention
<b>NEPAD</b>	New Partnership for Africa's Development
<b>NPCA</b>	National Planning and Coordinating Agency
<b>PRS</b>	Poverty Reduction Strategy
<b>REACH</b>	Renewed Efforts Against Child Hunger
<b>REC</b>	Regional Economic Community
<b>SADC</b>	Southern African Development Community
<b>SAM</b>	Severe Acute Malnutrition
<b>SUN</b>	Scaling-Up Nutrition

<b>UNDP</b>	United Nations Development Program
<b>UNICEF</b>	United Nations International Children's Emergency Fund
<b>USAID</b>	United States Agency for International Development
<b>WFP</b>	World Food Program
<b>WHO</b>	World Health Organization

<sup>1</sup>In 2006, reference norms for anthropometric measures have been modified: from NCHS references to WHO references. To compare data measured before and after 2006, we usually use NCHS references.