



MALABO
MONTPELLIER
FORUM

NOURISHED

How Africa Can Build a Future Free from Hunger and Malnutrition



Credit Photo: Alamy Stock photo

MALAWI



CASE STUDY



NOURISHED - MALAWI

Despite frequent droughts, floods, and high levels of HIV prevalence, Malawi made progress in reducing levels of undernutrition between 2000 and 2016. This progress is evidenced by a reduction in the Global Hunger Index from 45 to 27 (equivalent to a 41 percent change). Although still high, child stunting fell from 55 percent to 42 percent, which means that Malawi currently is off-target to reach the Malabo commitment of reducing stunting to less than 10 percent by 2025. Nevertheless, Malawi scored high in the 2014 Hunger and Nutrition Commitment Index (HANCI) for Africa, showing strong commitment to addressing undernutrition. The government's commitment to reducing levels of undernutrition is reflected both in institutional reforms, including the creation of the Department of Nutrition, HIV and AIDS and the National Nutrition Committee, as well as programmatic interventions, which include the Integrating Nutrition in Value Chains program, vitamin A and iron supplementation, and innovative approaches to communicate and disseminate nutrition best practices

INSTITUTIONAL REFORMS

The recognition of a multisectoral approach and high-level political commitment for malnutrition reduction led to the creation of the Department of Nutrition, HIV and AIDS (DNHA) in 2004. Significant improvements in maternal and child health and in nutrition were largely attributed to the prominence of DNHA's location in the Office of the President. However, in 2014, the DNHA was moved to the Ministry of Health. DNHA is responsible for providing oversight, policy and technical guidance, and high-level advocacy on the national nutrition agenda. DNHA also acts as a platform for coordination and convergence of multisectoral and multistakeholder efforts to implement the nutrition elements of the Malawi Growth and Development Framework,¹ which assigned strong importance to nutrition. Malawi also established a National Nutrition Committee (NNC), a multistakeholder platform to mobilize resources and support the implementation of food and nutrition interventions. The committee serves as the convening body for coordinating actions with the Scaling Up Nutrition movement, which Malawi joined in 2011. The NNC is decentralized through District Nutrition Coordination Committees, represented by district nutrition focal points, village development committees, and community leaders for action on nutrition groups.

The Civil Society Organization Nutrition Alliance, which forms part of the NNC, is particularly active in engaging nongovernmental organizations and traditional authorities. It also provides support and training to the Parliamentary Committee on Nutrition to ensure that nutrition issues are central to discussions at a higher level. A number of institutional elements show the country's commitment to addressing malnutrition, including the drafting of the Right to Food and Nutrition Bill (currently under consultation), a separate budget line for nutrition through which spending and surveillance can be monitored for accountability and transparency.² Furthermore, national legislation was adopted on salt iodization, food fortification, consumer protection, maternity leave, and the International Code of Marketing of Breast-milk Substitutes.³

In parallel to measures in the health sector, agriculture has been elevated to a key national policy priority under the country's growth and development and nutrition agendas. Between 2006 and 2014 Malawi's annual average share of total public spending dedicated to agriculture was 18.9 percent, the highest average among Southern African countries and surpassed the CAADP spending target.⁴ In 2014, Malawi also invested almost 17 percent in the health sector, which exceeds the 15-percent commitment set out in the Abuja Declaration.⁵

POLICY AND PROGRAMMATIC INTERVENTIONS

Malawi has adopted a multisector programming approach to tackle malnutrition. Programs are implemented to address five outcomes in line with

Preferred citation: Malabo Montpellier Panel (2017). Country case study: Malawi. Dakar. December 2017.

¹ Department of Nutrition, HIV and AIDS (DNHA), Mission and Objectives, accessed 27 November 2017, <http://www.dnha.gov.mw/mission-and-objectives/dnha/>.

² Ibid.

³ UNDP, "Terms of reference for Malawi Civil Society Organisations Nutrition Alliance (CSONA)", <http://mptf.undp.org/document/download/12223>

⁴ UNDP, "Malawi Develops Right to Food and Nutrition Bill", accessed 27 November 2017, <http://www.mw.undp.org/content/malawi/en/home/presscenter/articles/2016/08/02/malawi-develops-right-to-food-and-nutrition-bill.html>

⁵ Hunger and Nutrition Commitment Index Africa (HANCI-Africa), "Key data for Malawi", Lilongwe, 2014 <http://africa.hancindex.org/files/2016/africa/EN/MW.pdf>

⁶ Scaling-Up Nutrition Movement, "SUN Movement Compendium 2015, Malawi" http://docs.scalingupnutrition.org/wp-content/uploads/2015/10/SUN_Report2015_EN_Malawi2.pdf

⁷ RESAKKS, Monitoring Progress, Malawi, accessed 27 November 2017, <http://www.resakks.org/node/40>

⁸ World Health Organization, Global Health Observatory data repository, Health expenditure ratios, by country, 1995-2014, Malawi, accessed 27 November 2017, <http://apps.who.int/gho/data/view-main.HEALTHEXPRATIOMWI?lang=en>

⁹ USAID, "Malawi nutrition profile 2014", <https://www.usaid.gov/sites/default/files/documents/1864/USAID-Malawi-Profile.pdf>

¹⁰ DNHA, accessed 27 November 2017 http://www.dnha.gov.mw/?option=com_content&view=article&layout=edit&id=1

¹¹ USAID, "Malawi Integrating Nutrition In Value Chains Fact Sheet", 2016. Accessed on 29 September 2017 available at: <https://www.usaid.gov/malawi/fact-sheets/malawi-integrating-nutrition-value-chains-fact-sheet>

¹² Save the Children, "Vitamin A and iron supplementation in schools Successes and lessons learned from Mangochi District, Malawi", 2008 <http://www.schoolsandhealth.org/Shared%20Documents/Downloads/Vitamin%20A%20and%20Iron%20supplementation%20in%20schools-%20Successes%20and%20Lessons%20learned%20from%20Mangochi%20District,%20Malawi,%20September%202008.pdf>

¹³ Malawi. Ministry of Agriculture, Irrigation and Water Development. 2015. Nutrition Handbook for Farmer Field Schools. Lilongwe: GPO. Print.

¹⁴ Kuchenbecker, J., Reinbott, A., Mtimuni, B., Krawinkel, M.B. and Jordan, I., 2017, "Nutrition education improves dietary diversity of children 6-23 months at community-level: Results from a cluster randomized controlled trial in Malawi", in PLoS ONE 12(4): e0175216. <https://doi.org/10.1371/journal.pone.0175216>

¹⁵ National Statistical Office, 2014, Malawi MDG Endline Survey 2014, Key Findings. Zomba, Malawi: National Statistical Office.

¹⁶ IFPRI, "Global Nutrition Report 2015: Actions and Accountability

the National Nutrition Policy and Strategic Plan, 2007-2012 (currently under review): 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 has also focused on community-based action, with the 1,000 Special Days National Nutrition Education and Communication Strategy, prioritized for the period 2012 - 2017 to reduce stunting through behavior change and awareness raising.¹⁰

Several interventions have proven to be effective in undernutrition reduction in Malawi. For instance, the Integrating Nutrition in Value Chains (INVC)¹¹ program (2012-2015) introduced climate-smart agriculture practices, including seed varieties that are drought tolerant, disease resistant, and early maturing, benefiting more than 237,000 rural households, particularly women and children. INVC also built capacity among producers' and nutrition organizations strengthening specific value chains such as soy, groundnut, legume, and orange-fleshed sweet potato. For example, the program promoted increased legume production, marketing, and consumption to improve nutrition at the household-level. It also assisted more than 94,000 smallholder farmers to plant soy, taught households how to produce soy-based foods, and connected them to growing domestic and regional markets for this high-demand, high-value commodity. In addition, INVC established 852 so-called "care groups" that used community volunteers to deliver messages—sometimes using drama performances and radio jingles—on infant and young child feeding (including exclusive breastfeeding), basic hygiene and sanitation, dietary diversity, and maternal diet and health practices to about 122,251 households twice a month.

Between 1998 and 2007, a project run in partnership by District Health and Education Offices, schools, and communities provided vitamin A and folic acid in Mangochi. Between 2004 and 2007, approximately 27,000 children—52 percent of children enrolled in primary school—received vitamin A in form of capsules. Teachers were trained to use a participatory approach to teach nutrition and promote the use of locally-available foods rich in vitamin A, iron, and other nutrients. Each school received a manual to help teachers plan these sessions. Once per week over 15 weeks, 20 schools gave children one iron tablet, containing 65 mg of iron and 0.25 mg of folic acid. Schools organized make-up days for children who were absent on distribution day. Trained teachers administered both supplements with support from parents. A study revealed that between 1998 and 2001 the prevalence of anemia fell by 35 percent in intervention schools compared to 21 percent in other schools.¹² In 2007, the Ministry of Education launched a national School Health and Nutrition program, modeled largely on this program.

There are also innovative approaches to communicate and disseminate nutrition best practices among farmers. The Ministry of Agriculture, Irrigation and Water Development¹³ uses Farmer Field Schools to communicate about nutrition. Such field schools traditionally served to reach farmers with various extension messages and are therefore an ideal learning forum to address issues of nutrition. Combining extension and nutrition education encourages better management of farms resulting in better yields and increased profits, as well as improved nutritional status among farm households. A recent study¹⁴ found that participatory community-based nutrition education for caregivers improved child dietary diversity even in a food insecure areas.

In order to meet the Malabo commitment of reducing stunting to less than 10 percent by 2025 successful nutrition interventions need to be built upon or scaled up. Furthermore, overweight and obesity levels are increasing in Malawi, with an estimated 5 percent of children under the age of five considered to be overweight, while 22 percent of adults are overweight and 5 percent obese. This challenge needs to be recognized and addressed.