



Government of Malawi
Office of the President and Cabinet



MALAWI NUTRITION BULLETIN



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EDITORIAL

A warm welcome to you all! The Government of Malawi is pleased to formally re-introduce the Malawi Nutrition Bulletin, a great addition to the efforts of the many players working in the nutrition field and beyond.

A quick recall of where the country is coming from: as you are aware, Malawi used to produce a National Nutrition Bulletin annually in the years from 1989 to 1999; despite this being highly appreciated then, it was discontinued due to a number of factors attributed to a weakened institutional nutrition capacity. It is therefore both very exciting and encouraging that such an important tool is being re-introduced and it is indeed a reflection of how far and strong our nutrition fraternity has become.

The bulletin is a product of the Department of Nutrition, HIV and AIDS (DNHA) in the Office of the President and Cabinet with support from Food and Agriculture Organization (FAO) of the United Nations and in conjunction with its partners and stakeholders.

It is a special communiqué aimed at providing timely, quality and diversified information on nutrition to: update and inform all stakeholders and development partners on the nutrition situation in Malawi; and educate and increase awareness on nutrition among policy and programme managers, researchers and the general public. It is also hoped that the bulletin will act as an effective tool for advocacy and lobbying for greater realization of nutrition issues and best practices.

The government of Malawi has placed nutrition very high on its development agenda, clearly demonstrated by the establishment of the Department of Nutrition, HIV and AIDS in the Office of the President and Cabinet (OPC) in 2004 as a technical authority responsible for the provision of visionary policy guidance, direction, oversight and coordination of nutrition work in the country. Nutrition is also a distinct priority of the Malawi Growth and Development Strategy

(MGDS), the overarching development policy framework for the nation.

The re-introduction of the bulletin is thus a fruit of the strong political will, commitment and enabling environment that will in turn be of service to those with a quest for nutrition information from the policy to the community level, in and outside Government, within and outside Malawi.

The production of the bulletin has been made possible through the dedicated efforts of the different stakeholders and partners that constitute the National Nutrition Committee, through their input to the development process as well as contribution of articles; to everyone I say congratulations and keep up the good work.

Also worth mentioning is the work of the Writers Group whose photo appear at the back of the bulletin, a special thanks to you all, your contributions are greatly appreciated and be encouraged to do more for the subsequent editions. Last but not least, recognized and appreciated for their valuable input are the secretariat and the fellow members of the editorial team, the dedication and commitment expressed is commendable and highly appreciated.

Technical and financial support for the production of the bulletin was contributed by FAO, the support is both acknowledged and immensely appreciated.

This is the first edition of the National Nutrition Bulletin after the re-introduction. Look forward to even more informative and educative bulletins on a quarterly basis.

For comments and queries please contact the secretariat whose names and contact details are indicated at the back of the bulletin. I will greatly appreciate your feedback on the issue and the many others to follow.

*Dr Mary Shawa
Principal Secretary for Nutrition, HIV and AIDS
Office of President and Cabinet*

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PRESENT SITUATION

Nutrition situation in Malawi

The nutrition situation in Malawi has remained unchanged over many years. Nutrition disorders continue to be a silent crisis despite efforts by government and partners to improve the situation.

The 2004 Malawi Demographic Health Survey (DHS) indicates that 48% of the children under the age of five years were stunted, 22% were underweight and 5% were wasted. Malawi is also experiencing an emerging problem of non communicable nutrition related disorders. In addition the 2004 DHS reported an average overweight and obesity prevalence of 14%, with 22.8% in urban areas and 12% in rural areas. Furthermore, hy-

pertension, arthritis, gout, certain types of cancer, ulcers and diabetes are becoming common and silently contributing to the high mortality rates in the country. Micronutrient deficiencies of vitamin A, iodine and iron are also endemic, affecting over 50% of the population. HIV and AIDS affect 12% of the adult population in the country, further exacerbating the problem of malnutrition and devastating the economy. Such high levels of malnutrition have; long term adverse effect on the intellectual and physical ability of an individual and undermine the individual's academic and professional achievement and productivity. Inadequate nutrition intake in the first 2 years of life coupled with poor child care practices increase malnutrition, refer to the graph on the left.

Malnutrition is one of the major contributing factors to the high morbidity

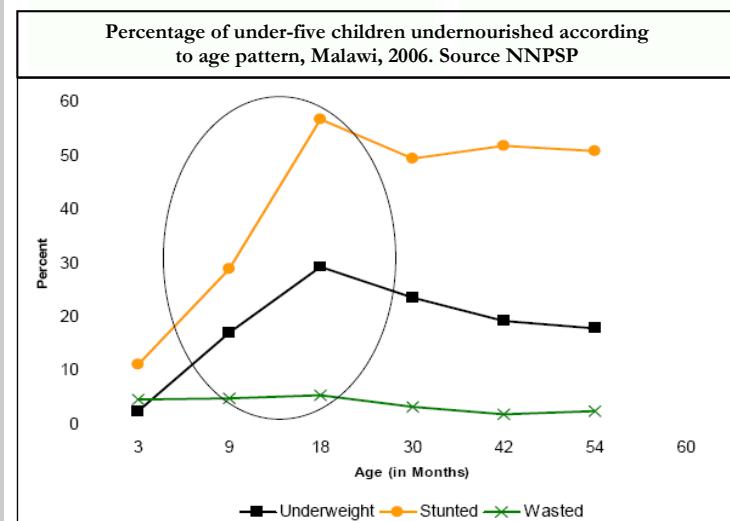
and mortality rates among various population groups in the country.

The Government of Malawi has accorded very high priority to tackling the dual problems of malnutrition and HIV and AIDS in its development agenda, largely prompted by a very high commitment by the Head of State. With this commitment, His Excellency, the President of the Republic of Malawi established the Department of Nutrition, HIV and AIDS (DNHA) in 2004 to fight malnutrition and HIV and AIDS.

The DNHA was created to play a central role in spearheading the provision of visionary nutrition guidance, direction and oversight for the implementation of the national response to nutrition disorders, HIV and AIDS and the National Nutrition Policy and Strategic Plan.

The Department works with various public and private sectors, civil society, development partners, academic and research institutions, communities and other stakeholders to develop mechanisms that enhance advocacy, effective planning, implementation, feedback for evidence based interventions, monitoring and evaluation among others.

Department of Nutrition, HIV and AIDS



National Nutrition Policy and Strategic Plan

Adequate nutrition is critical for human development. Improving the nutritional status of the people of Malawi is therefore one of the Government's top priorities in the Malawi Growth and Development Strategy (MGDS). The Government of Malawi (GoM) therefore developed a National Nutrition Policy and Strategic Plan (NNPSP) which guides the provision of nutrition services, the implementation of nutrition interventions, programmes and projects in the country. The NNPSP runs from December 2007 to June 2012.

The goal of the policy is "to have a well nourished Malawi nation with sound human resource that effectively contributes to the economic growth and prosperity of the country." It emphasises on pregnant and lactating women, children below the age of five years, people living with HIV, people in emergency situations and other vulnerable groups. It is hoped that the NNPSP will facilitate the attainment of adequate levels of nutrition for all, with a special focus on women and children 0-2 years. Improved nutritional status will contribute to improved child survival, growth and develop-

ment leading to the effective and sustainable human capital development, economic growth and prosperity. The key strategic objectives to be achieved between the years 2007 and 2012 include:

- To prevent and control the most common nutrition disorders among women, men, boys and girls in Malawi with emphasis on vulnerable groups.
- To increase access to timely and effective management of the most common nutrition disorders among women, men, boys and girls in Malawi
- To create an enabling environment for the effective implementation of nutrition services and programmes with emphasis on vulnerable groups.

The total budget for implementing the NNPSP from July 2007 to June 2012 is **MK45,7 billion** of which **MK7,9 billion** is the requirement for 2009/10 financial year. The NNPSP will be launched in a colourful event scheduled for January end 2010.

Department of Nutrition, HIV and AIDS

MAJOR EVENTS AND ANNOUNCEMENTS

Ensuring food security at all times, World Food Day 2009

On 16th October 2009, World Food Day was commemorated at Nankokota Primary School in Ntcheu District. The Head of State, who is also the Minister responsible for nutrition, HIV and AIDS and also the Minister of Agriculture and Food Security, His Excellency Ngwazi Dr Bingwa Mutharika, presided over the commemoration. World Food Day is commemorated:

*To raise public awareness on the **problem of world hunger**, encourage attention to food production and efforts to **end hunger**, promote technology transfer in the **struggle against hunger, malnutrition and poverty** and to draw attention to the achievements in food and agricultural development, encourage participation of rural people **particularly women** and least privileged categories, in decisions and activities influencing their conditions. Finally to encourage **economic and technical cooperation**.*

The theme for the 2009 World Food Day was



His Excellency Ngwazi Dr Bingwa Mutharika views one of the stands

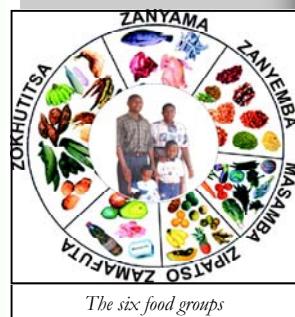
"Achieving Food Security in times of Crisis".

One might wonder if Malawi has a crisis? It is a reminder for everyone to not wait for a crisis, but to be prepared for it to ensure food security at all times, even in times of crisis.

The exhibits therefore emphasized the need to **ensure food security at all times**. Access to food security was emphasized through income generation, while food utilization was demonstrated through a local food fair which highlighted the mixing of the six food groups into dishes for various nutritional needs. The need to eat a varied diversified and nutritious diet throughout the life cycle was emphasized, with a focus on locally available high nutritive value food resources.

The World Food Day serves as a reminder on the importance of ensuring that everyone has access to a nutritionally adequate diet at all times for human well being and active life. This day should be viewed as a means to an end and not an end in itself.

To be meaningful and have an impact on the target beneficiaries, the World Food Day messages should be incorporated in the regular programmes that go out to the communities. Readers are asked to reflect on the objectives for commemorating World Food Day and be in the fore front of promoting sustainable strategies that will ensure food and nutrition security at the household level.



Ministry of Agriculture & Food Security

Official opening of Project Malawi 10th December 2009

Project Malawi is a consortium of five partners; the Government of Malawi Department of Nutrition, HIV and AIDS, Community of Saint Egidio (DREAM), Save the Children, Comitato Internazionale per lo Sviluppo dei Popoli (CISP) and Malawi Girl Guides and Scout Association of Malawi (MAGGA/SAM), each with specific roles and responsibilities. Project Malawi was launched in 2004 and is funded by Intesa Sanpaolo Bank of Italy.

The project was officially opened on 10th December, 2009. The official launch was presided over by the Vice President of the Republic of Malawi Right Honourable Joyce Banda. The ceremony took place at Kapeni Multipurpose centre. The ceremony started with the opening of Mandala microbiology laboratory DREAM centre where viral load and other tests are conducted.

The objective of Project Malawi is to complement the Government's effort in the human and economic development of the country with the purpose of improving the well being of Malawians especially the young and the rural poor. This will be achieved by providing an integrated approach



The Vice President touring the centre

to addressing malnutrition, HIV and AIDS epidemic, prevention, education and poverty eradication. To achieve this each partner has specific roles to perform as follows;

Community of Saint Egidio is responsible for fighting against the HIV and AIDS pandemic through preventing the spread of the virus and treating those infected.

Save the Children is responsible for providing child development, psycho-social support and assistance for mitigating the impact of HIV and AIDS. MAGGA/SAM is responsible for the prevention of the spreading of diseases and healthcare education.

CISP is responsible for Small and Medium Enterprises (SME) development and income generation to mitigate the impact of HIV and AIDS. The Department of Nutrition, HIV and AIDS is responsible for overall coordination of the project and nutrition education and support.

Department of Nutrition, HIV and AIDS

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World Breastfeeding Week 1st -7th August 2009

From 1 to 7 August Malawi joined the rest of the world in commemorating World Breastfeeding Week (WBW). This is an annual event and the theme for the 2009 was "**Breastfeeding A Vital Emergency Response**". The highlight of the week was the launch of WBW that took place in Nsanje district on 1st August and was aired live on Zodiac Broadcasting Station and Malawi Broadcasting Station. The launch was graced by the Principal Secretary for Nutrition, HIV and AIDS in the Office of the President and Cabinet, Dr Mary Shawa. Other dignitaries present included representatives from Districts Assemblies, Department of Nutrition, HIV and AIDS and other stakeholders. There were dances, recitals and all forms of entertainment designed to encourage mothers to breastfeed their children. Across the country districts carried out dramas and health education talks, put up Information Education and Communication (IEC) materials at the out-patient departments, conducted community sensitisations, monitored the code of marketing breast milk substitutes, and key messages were

"I wish I had an instruction manual which would help all parents who are not sure what to do, when it comes to raising their children." (quote from one of the mothers)

delivered in churches and mosques.

The year's theme highlighted the importance of advocacy and action to protect, promote and support breastfeeding during emergencies. Scientific evidence strongly supports the benefits of breastfeeding, particularly for survival and nutritional status, and these benefits are amplified during emergencies when infants and young children are most vulnerable. Widespread donations of infant formula during emergencies compromise breastfeeding and exacerbate the vulnerability situation of children. Infants and young chil-

dren are at especially high risk of illness, malnutrition and death during emergencies. The fundamental means of preventing under-nutrition and mortality among the group is to ensure their optimal feeding and care. The valuable protection from infection and its consequences that breast milk confers is all the more important in environments without safe water supply and sanitation. Breast milk is also the best nutrition an infant can receive, and it helps to mitigate the elevated risk of acute malnutrition during emergencies.

The use of powdered milks and powdered formulas can increase the risks of illness, especially diarrhea, and disrupt the protection provided by breastfeeding. Continued breastfeeding during emergencies must therefore not be undermined by inappropriate donations and use of breast milk substitutes. Experience with past emergencies has however shown that without proper assessment of the needs, an excessive quantity of milk products for feeding infants and young children is often provided.



A mother breastfeeding her child

It is reiterated that no food or liquid other than breast milk, not even water, is normally needed to meet an infant's nutritional requirements during the first six months of life. After this period, infants should begin to receive a variety of complementary foods while breastfeeding continues up to two years of age or beyond.

Ministry of Health

Irish Aid steps up support for nutrition in Malawi

Irish Aid provided MK230 million (€1.06million) support to the Government of Malawi (GoM) through UNICEF, to help improve nutrition security for the period November 2009 to November 2010.



Irish Aid announced MK230 million (€1.06million) support for nutrition through UNICEF

The funding is directed at the three priority areas of the GoM's National Nutrition Policy and Strategy Plan (NNPSP), and will be implemented through a partnership between the Department of Nutrition, HIV and AIDS and UNICEF. The areas of support are;

1. The treatment of acute malnutrition through Community Therapeutic Care (CTC) and the integration of CTC into the Ministry of Health.
2. Support to finalise the preparations for the implementation of a National Vitamin A Fortification Programme.
3. Support for the intensification of nutrition education to promote behaviour change and help people make better choices on nutrition and achieve the ensuing benefits.

Irish Aid expect that during the course of this programme of support, the lives of the most vulnerable in Malawi will be improved and that there will be a greater awareness of the importance of good nutrition in the wider population.

This support to UNICEF and the NNPSP complements Irish Aid Support to the Input Subsidy Programme which it announced in November. Irish Aid provided MK670 million to this programme which is an excellent opportunity to advance food security and will also facilitate progression in nutrition security. The expansion of this year's Input Subsidy Programme to support legume seed will allow smallholder farmers to grow and consume nutritious crops such as soya, beans and other legumes in addition to maize. Irish Aid advocated strongly for this expansion and feel it will have a major impact in improving nutrition in Malawi.

Irish Aid

Infant and Young Child Feeding (IYCF) – Report of a Special Meeting

The Ministry of Health with support from FAO, organized a special meeting for the IYCF Technical Working Group (TWG) on 27 October, 2009 at Wamkulu Palace in Lilongwe. Participants were drawn from sectoral ministries and Government departments, academic and training institutions, development partners and NGOs.

The objectives of the meeting were: to provide updates on the different IYCF programmes progress ; review the revised IYCF guidelines in the context of HIV and AIDS ; decide on key activities on IYCF in the integrated annual work plan on nutrition ; and review potential and available support.

The following recommendations and conclusions were reached at the meeting:

- Way Forward - Complementary Feeding; a longer and more intensive strategic planning workshop to develop a strategy/operational plan for complementary feeding should be organized, as this is an area getting the least attention on IYCF.
- Partners should provide support for the implementation of the revised IYCF guidelines.
- The National Nutrition Policy and Strategic Plan and the revised IYCF Guidelines should be simplified and disseminated widely.
- The Ministry of Health, partners and the general public should ensure adherence to the Code of Marketing for Infant and Young Child Foods at all levels and especially by manufacturers of infant and young child foods; and the Code should be revised to incorporate new and emerging issues from the revised IYCF Guidelines.
- Bunda College should ensure wide dissemination of the preliminary findings of the study on IYCF Practices in Malawi to inform programming; and all training institutions should be encouraged to share their

experiences on IYCF initiatives with all the stakeholders.



Complementary feeding

- The Baby Friendly Hospitals Initiative (BFHI) and Prevention of Mother To Child Transmission (PMTCT) of HIV needs to be coordinated to minimize costs for the implementation of parallel initiatives. The two components must also be combined in the integrated Annual Work Plan for the Nutrition Sub-sector.
- A special meeting should be convened to fully incorporate IYCF strategies into the PMTCT programme with the participation of District IYCF Coordinators and PMTCT Providers.
- The Ministry of Gender, Children and Community Development structures and systems should be fully utilized to advance the implementation of nutrition and IYCF programmes, with the support from the DNHA.
- Stakeholders training and educational materials on nutrition and IYCF need to be harmonized and aligned with the Government policies and guidelines. These must also be implemented at the community level.

*Ministry of Health
and
FAO*

Project Healthy Children: Accelerating food fortification efforts in Malawi

Micronutrient malnutrition is a serious problem in Malawi significantly contributing to child and maternal mortality, mental retardation, childhood blindness, birth defects and reduced economic productivity. The most recent data on prevalence of deficiencies shows that 73% of children 6-59 months were anemic, 60% of children under five years suffer from vitamin A deficiency and 34% of the population does not consume enough zinc while 50% of school children had iodine deficiency. The Government has identified improving the nutritional status of the people of Malawi as one of its top priorities through supplementation, promotion of dietary diversity, nutrition education and food fortification, yet micronutrient nutritional deficiencies persist.

Project Healthy Children (PHC) is a US-based organization that works with Governments, Non-Governmental Organizations (NGOs) and industry to design and implement comprehen-

sive food fortification strategies.

PHC is currently working in Haiti, Honduras, Liberia, Nepal and Rwanda and has been invited by the Government of Malawi to assist in the national fortification efforts starting in January 2010. PHC will work closely with the Office of the President and Cabinet (OPC) Department of Nutrition, HIV & AIDS along with other key stakeholders on the National Fortification Alliance as a technical team to support the government's initiative to develop and implement the legislation, standards, monitoring and evaluation activities, and industry compliance related to food fortification.

The goal of PHC is to support the government to ensure that staple foods consumed by the majority of the Malawian population are fortified with essential vitamins and minerals in order to improve human well being.



Project Healthy Children

PROGRAMME AND PROJECT UPDATES

Improving Food Security and Nutrition Policies and Program Outreach

The Malawi FAO office with funding from FICA, is supporting the implementation of a project on nutrition policy that will improve food security and nutrition situation in Malawi.

The project targets 29000 individuals in six Extension Planning Areas (EPA) namely Santhe, Lisasadzi, Kasungu Chipala in Kasungu and Vibangalala, Luwerezzi and Emfeni in Mzimba.

The project is implementing the following five activities in support of nutrition.

1. Supporting government on appropriate food and nutrition security policies, plans and strategies.
2. Encouraging and realizing diversified crop production by planting cassava, sorghum, pigeon peas, soya beans and in some selected schools utilize nutritious crops such as vegetables and fruits. Irrigation is also supported to enable communities to have food throughout the year.
3. Supporting re-stocking of small ruminants/small stock and dairy animals by using transfer systems commonly known as pass-on programs where the first recipients of the animals will give the first female siblings to the second group of recipients and so on.
4. Drilling thirty-seven boreholes.

5. Educating the communities through open days on different messages, conducting farmer/staff training, farmer tours to successful model villages and distributing IEC materials to beneficiaries.

The project intends to scale up these activities to other areas not currently covered by the project.



Food displays during open day

Achievements to date

- Beneficiaries are practicing irrigation, crop diversification and planting drought resistant crops which will ensure food security throughout the year.
- Dairy animals have already started contributing to community nutrition through the milk consumed by the beneficiary families and those buying from the clubs.
- Nutrition demonstrations have been able to impart a lot of knowledge to communities within a short time.
- Staff and farmers have increased their nutrition knowledge through training provided by the project.

FAO/FICA project

Positive Deviance Hearth community based rehabilitation of mild to moderate malnourished children

The I-LIFE consortium of seven NGOs (Africare, Catholic Relief Services, CARE, Emmanuel International, Save the Children, Salvation Army, World Vision) funded by USAID FY2004-2009, reached over 69,000 households using the Positive Deviance (PD) Hearth approach for rehabilitating mild and moderately malnourished children.

The I-LIFE programme covered Mchinji, Lilongwe, Dedza, Ntcheu, Thyolo, Mangochi and Phalombe

By 2008, almost 6000 children had participated in PD/Hearth sessions. An additional 14,850 participated in 2009. Over 5000 Lead Parents and 21 consortium staff had been trained in improved food processing and preparation methods.

Mothers and caregivers were encouraged to prepare an energy-dense, nutrient-enriched maize or sweet potato porridge, for example adding groundnut flour and pumpkin leaves, or milk/egg and oil, or soya flour and to give this with fruit in addition to the usual diet.

Mothers and caregivers attended daily in small groups for 12 days at a local house or meeting place where they prepared the enriched porridge. They arranged to bring seasonal ingredients with them for the porridge, with guidance from project staff, and were encouraged to prepare the same porridge at home. The aim was to provide a meal of 600-900 kcal, rich in protein and vitamin A.

I-LIFE also promoted irrigation projects and kitchen and communal gardens, with an emphasis on the cultivation, processing and preservation of high-nutritive value indigenous crops through 6000 Care Groups.



Care group mothers attending lessons

The Hearth model fitted well within the framework of Care Groups, which aim to help programmes go to scale. Care Groups use paid promoters. Households with children under-five years are identified by census and grouped in blocks of 10-15. One volunteer is selected from each block and is responsible for 10-15 households. Volunteers are grouped to form a Care Group who meet every 2-4 weeks and the promoter trains the volunteers about the messages to be communicated to the households. Thus one promoter trains and supervises 10-15 volunteers who in turn are responsible for 10-15 households.

The concept was pioneered by World Relief in Mozambique and similar programmes have been implemented by Food for the Hungry.

Wellness and Agriculture for Life Advancement (WALA)

The Universal School Meals Programme

The provision of meals in schools (the School Feeding Programme) has long been regarded as a successful strategy for increasing access to education, particularly for girls and vulnerable children.

Surveys indicate that providing a meal in schools increases enrolment, attendance and retention, particularly of girls, whilst at the same time reduces hunger enabling children to better concentrate and learn. The likuni phala porridge that is provided is also fortified with essential vitamins and minerals thus contributing to the micronutrient needs of learners.

In December 2007 His Excellency, the State President of the Republic of Malawi Ngwazi



Children having their meal at school

Dr Bingwa Mutharika issued a Cabinet Directive mandating the Ministry of Education, Science and Technology (MOEST), with support from the Department of Nutrition, HIV and AIDS (DNHA), to implement a Universal School Meals (USM) programme across the country.

Although committed to providing school meals, the Government of Malawi has relied primarily on partners such as WFP, GTZ, Mary's Meals and other NGOs to design and implement the current programme due to a lack of resources and capacity. Hence, both MOEST and OPC have re-

quested support from key partners to design a sustainable school meals programme that can be delivered to all vulnerable primary schools (approximately 2700) across Malawi.

The USM programme will be a key component of the School Health, Nutrition, HIV and AIDS Core Package of services and will be implemented in phases to reach all vulnerable schools within five years.

Ministry of Education, Science and Technology

Number of Primary Schools & Children Targeted in 2009

Organization	Districts Working in	# of schools	# of children
WFP SFP	Chikwawa, Chiradzulu, Dedza, Lilongwe, Kasungu, Mangochi, Mulanje, Nsanje, Ntcheu, Phalombe, Salima, Thyolo, Zomba (13)	679	642, 109
Mary Meals	Chikwawa, Chiradzulu, Dowa, Karonga, Kasungu, Likoma, Mangochi, Mchinji, Mulanje, Mwanza, Mzimba, Mzuzu, Neno, Thyolo, Zomba, Blantyre, Balaka (17)	208	323,183
Millennium Villages Project	Zomba (1)	5	2, 404
Land O' Lakes	Karonga & Dowa (2)	5	2,695
Totals		897	970, 391
Total # of schools and children in Malawi		5 118	3,542,019
% of schools and children assisted		17%	27%

World Vision International ENHANCE project

World Vision Malawi has been implementing the Expanding Nutrition and Health Achievements through Necessary Commodities and Education (ENHANCE) project since February 2007. The project is being funded by Canada and is targeting a population of 112,454 people.

The goal of the project is to improve the survival and growth of all children under the age of 5 years. It is aimed at increasing access to and intake of micronutrients through diverse strategies, including dietary diversification and modification, supplementation and fortification; reduce disease prevalence; and enhance the capacity of field staff to deliver nutrition and health programmes at the community level.

The project model has integrated food security with nutrition and health interventions such as distribution of mosquito nets, treatment of diarrhoea, provision of iron supplements among others. The food security and dietary diversification component promotes aquaculture, small livestock such as

By October 2009 the project report showed that; 72% of infants were exclusively breastfed up to 6 months, 89% of under-five children attended growth monitoring sessions, 65% of households preserved foods, 76% of pregnant women received iron supplements, 85% of households had small animals (poultry, rabbits, doves etc) for consumption and 80% of households with under-five children were consuming indigenous vegetables rich in Vitamin A.



In addition to the ENHANCE project, WVI also implements the following projects:

- Southern Africa Food and Nutrition Security (SAFANS) project which seeks to improve the survival and well being of under-five children and their families in HIV affected communities in Kaufulu in Dowa district, Ngodzi/ Matowe in Salima, Nayuchi in Machinga, and Mlolo in Nsanje.
- Essential Nutrition Package (ENP) in Namatubi in Chitipa district, Wovwe in Karonga and Mphompha in Rumphi district.
- Integrated Livelihood Project located in Mlonyeni, Mchinji district and Mdunga/Kasiya in Kasungu district. These projects are being supported with funding from Australia and Canada.

World Vision Malawi

guinea fowl and goats; fruit and vegetable production and preservation. It is being implemented in Midzemba in Neno district, Kunyinda in Chikwawa, Chingale in Zomba, Kaufulu in Dowa, Mlonyeni in Mchinji and Mdunga/Kasiya in Kasungu district.



Mother and child

CTC Update: January – September 2009

The Ministry of Health in collaboration with Concern Worldwide were the first to pilot Community Therapeutic Care (CTC) in 2002. Since the initial pilot, CTC has been scaled up to 24 districts (out of a total of 28 districts in the country).

CTC is funded by Concern Worldwide, USAID and Clinton foundation and has been incorporated into a number of important national policies. The Ministry of Health aims to integrate CTC services into all health facilities in the country, with management of CTC activities through the existing health system.

CTC Advisory Services (CAS) was jointly established by the Ministry of Health (MoH) and Concern Worldwide in 2006 to provide technical support and coordination of CTC implementation in Malawi.

CAS's mandate focuses on two key areas:

- Scale up of CTC to all districts in the country.
- Institutionalization of CTC to ensure the service is gradually integrated into the existing health services.

Summary Outpatient Therapeutic Programme January 2009 to September 2009										
	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Total
New Admissions	3953	3901	3024	2191	1653	1527	1401	1345	1397	20392
No. Recovered	2208	2970	3964	3142	2580	1925	1649	1596	1440	21474
No. Died	102	126	109	65	42	39	40	36	43	602
No. Defaulted	194	308	349	264	285	181	133	159	149	2022
Non Response	38	46	53	46	33	24	20	23	17	300

Summary Nutrition Rehabilitation Unit Programme January 2009 to September 2009										
	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Total
New Admissions	1964	1914	1675	1121	713	702	614	651	644	9998
No. Stabilized	987	1130	1284	837	613	409	412	424	351	6447
No. Cured	279	405	388	241	298	165	136	153	188	2253
No. Died	234	233	170	147	83	66	61	48	62	1104
No. Defaulted	65	71	60	56	36	15	16	32	24	375
Non Response	115	92	107	56	39	44	30	39	39	561

Malawi was one of the first countries to pilot Community based Therapeutic Care.

CTC complements existing health services and can potentially create new opportunities and points of contact for follow up on health and nutrition activities, such as HIV testing, family planning and nutrition education and counseling.

As of September 2009, there are 339 Outpatient Therapeutic Programme (OTP) sites and 72 Nutrition Rehabilitation Units (NRU). During the reporting period, a total of 20,392 and 9,998 children were admitted into OTP and NRU's respectively.

The number of new admissions has been going down in both OTP and NRU for the period February – August 2009. The programme has however registered an increase in OTP new admissions in September 2009.

Overall, the CTC programme is performing well according to the sphere standards. See tables below:

CTC Advisory Services

Program Outcome Indicators (Sphere standards)	OTP	NRU
Cure Rate (>75%)	88%	81%
Death Rate (<10%)	3%	10%
Default Rate (<15%)	8%	4%
Non Response Rate	1%	5%

Integrated Community Based Nutrition Rehabilitation Program

Between 2007 and 2009 Care International in Malawi has been implementing an Integrated Community Based Nutrition Rehabilitation Programme (ICON). The three year project was funded by the European Union in Ntchisi (TAs Malenga and Chilooko) and Salima (TAs Ndindi, Kambwiri and Pemba) districts.

The overall objective was to empower communities and local institutions to effect sustainable improvements in the nutritional status of the under five children. In order to improve health and nutrition practices, ICON incorporated the -Positive Deviance (P/D) hearth approach.

The three objectives of the approach are:

1. To rehabilitate malnourished children
2. Prevent future malnutrition
3. Enable families to sustain improved nutritional status of children using locally available food resources.

As is demonstrated in the table below, the P/D Hearth approach, within the ICON project was incredibly successful in terms of percent of children rehabilitated.

CARE is also a part in the I-LIFE consortium of seven NGOs (Africare, Catholic Relief Services, CARE, Emmanuel International, Save the Children, Salvation Army, World Vision).

CARE

Success of P/D Hearth Rehabilitation in ICON from Jan- to Nov 2009						
District	Assessed	Severely Underweight	Mildly and Moderately Underweight	Enrolled	Rehabilitated (gained 400-800g)	%Rehabilitation (Over enrolled)
Salima	4676	276	2606	2684	2436	91
Ntchisi	5276	485	3612	3827	3368	88
Total	9952	761	6218	6511	5804	95



Defending dignity.
Fighting poverty.

RESEARCH AND STUDY FINDINGS

Dietary problems among children under two years

The purpose of this study was to interview mothers about how they feed their children less than two years of age and to identify some of the reasons for their practices. The study also solicited information from mothers about their perceptions of child health and growth and other factors that might affect child feeding.

Bunda College of Agriculture provided technical and World Bank funded the study.

The table on the right hand side shows the preliminary findings covering feed-

ing problems identified for infants aged 0 to 8 months.

It was found that most problems begin during the first 6 months of life, implying that most children are not exclusively breast fed for the recommended 6 months. Too early introduction of water and the watery porridge puts the baby at high risk of various illnesses which in turn has a negative impact on the nutritional status.

Bunda College of Agriculture

Too early introduction of water and the watery porridge puts the baby at high risk of various illnesses which in turn have negative effects on the nutritional status.

Age group	Feeding problems
0-5 months	<ul style="list-style-type: none"> Introduction of water at 2-3 months of age Introduction of refined watery porridge at 3-4 months (mother believes she has insufficient milk when baby cries) Some mothers breastfeed for short period of time and do not empty both breasts A few mothers position the baby at the breast incorrectly
6-8 months	<ul style="list-style-type: none"> Most children fed only watery porridge or soft Nsimba with vegetable or fish water No variety in diet: children are not fed vegetables, meat, fish, eggs, fruit or foods prepared with fats Many children are fed small meals (80 ml) Many children fed non-nutritive foods or liquids (biscuits, tea, orange squash, fizzy drinks)

Rapid Short Message Service Quickens Transmission of Nutrition Information

Since January 2009, UNICEF in collaboration with Columbia University and University of Malawi - Bunda College of Agriculture, has supported the Government of Malawi to pilot the use of rapid short message service (SMS) as a communication tool in nutrition surveillance in three sentinel sites located in Dedza, Salima, and Kasungu districts.

The centres were chosen based on one of the three characteristics;

- high data reporting with low data quality
- low data reporting
- consistently sending complete reports

The purpose of the pilot was to assess the feasibility of institutionalizing the use of SMS technology by extension workers to transmit nutrition surveillance data through mobile phones.

Once sent, the SMS is received by a modem equipped with two Subscriber Identify Mod-

ule (SIM) cards provided by the two mobile phone operators in Malawi. The modem is connected to a server where data is analyzed, graphed and posted on a website. Feedback on the nutritional status of each child is generated and sent to the sender via SMS.

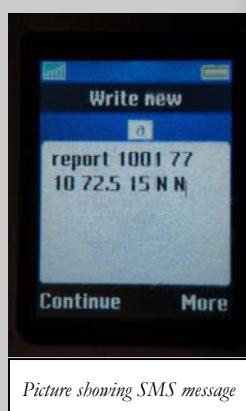
The pilot project has demonstrated that extension workers are capable of sending data via SMS. The training is short, lasting up to an hour. Follow-up is however necessary in the initial stages to ensure complete adoption and adaptation of the technology.

Interest is already building to employ Rapid SMS technology in birth registration and in monitoring the distribution of bed nets at the community level.

UNICEF

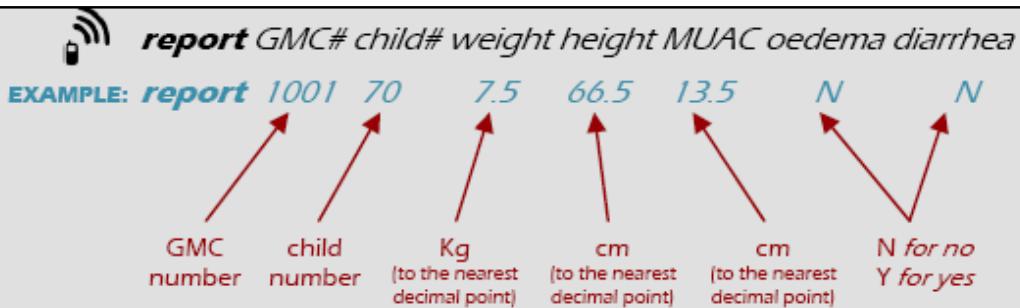


The quick collection and availability of data can help Government and other aid agencies to intervene if the statistics show a crisis is unfolding



Picture showing SMS message

Figure showing SMS message reporting for Nutrition Surveillance data



SUCCESS STORIES

Lusubilo Community Orphan Care Project saves Daniel Kalambo from Hunger

"I used to beg around the trading center and people knew me as 'Daniel the Beggar' but now I have been taught how to fish and not receive fish"

“I have been taught how to fish and not to receive fish,” says the just married Daniel Kalambo, a 21 year old graduate from Lusubilo Community Orphan Care’s Orphan Headed Household Support Program in Karonga.

Daniel, a double orphan from Mwalupondo village in Principal Group Village Headman Kalambo, TA Kyungu in Karonga district, used to struggle to survive from day to day. “I used to beg around the trading center and people knew me as ‘Daniel the Beggar’ (Daniel Wopempha),” recalls Daniel.

Recognizing his difficulties, local community leaders selected Daniel to participate in Lusubilo Community Orphan Care’s treadle pump project where a treadle pump is shared by ten members upon receiving training on how to use and maintain it.

“In the past, I only used to cultivate maize during the rainy season but the yield was low because I could not apply fertilizer since the price had skyrocketed. Later on, Lusubilo taught me irrigation farming using the treadle pump and how to make compost manure,” explains Daniel.



Daniel operates his new treadle pump.

As a result of these improved agronomic practices, Daniel’s maize yield increased significantly. Today the community sees Daniel as a well to do and happy person able to produce enough food for his family.



Daniel happily shows his maize crop.

Thanks to Lusubilo Community Orphan Care’s comprehensive programs, supported by Catholic Relief Services, young people like Daniel now have hope for a brighter future for themselves and their families.

It is hoped that improving Daniel’s food security will result in increased energy intake and improved nutrition security for him and his family

Catholic Relief Services

INTERNATIONAL UPDATES

Internationally joining forces to reduce child under-nutrition



Malnutrition is the outcome of a combination of factors related to food, health and care, which vary according to the context families live in.

Alleviating child under-nutrition (one of the targets of Millennium Development Goal [MDG1]) is through a locally-based intersectoral approach that aims to protect and promote adequate nutrition.

While the approach has been acknowledged for many years, the problem has always been to find concrete operational mechanisms to make this happen.

Several positive steps have recently been taken which will be of benefit to Malawi. The Heads of the four main UN agencies supporting nutrition – FAO, WHO, WFP and UNICEF- have signed a joint letter, the REACH partnership (Reach Ending Child Hunger and Under-nutrition www.reach-partnership.org), encouraging their representatives in country to join forces and accelerate the efforts to address child hunger and under-nutrition.

The pilot phase of the initiative, tested in Mauritania and Laos, was recently completed. It confirms the importance of having a full-time independent facilitator to ensure joint programming and assist the Government in leading a process which builds on existing initiatives and scales up successful practices.

Food security policies and projects (and related-donors) are giving increasing attention to nutrition, which provides an excellent opportunity to scale up efforts in a coordinated manner

Malawi is already well advanced in ensuring the integration of different sectors in the fight against malnutrition and mainstreaming nutrition into Government Policies and Programmes.

The REACH initiative could add value to this process and contribute to enhanced synergy and mobilization of resources for joint programming on nutrition and discussions have already been initiated.

Nutrition and Consumer Protection Division, FAO-Rome

UPCOMING EVENTS AND ASSESSMENTS IN MALAWI

World Vision International– Malawi Office

- World Vision International Malawi Office under its ENHANCE project has plans to conduct Anemia study on Sprinkles Effectiveness, in Improving Hemoglobin Levels among Anemic Children and Project evaluation survey to start before January 2010.
- The project has partnered with OPC Department of Nutrition, Zodiac Broadcasting co-operation and Bunda College of Agriculture to start Nutrition Information dissemination by radio before the end of 2009.

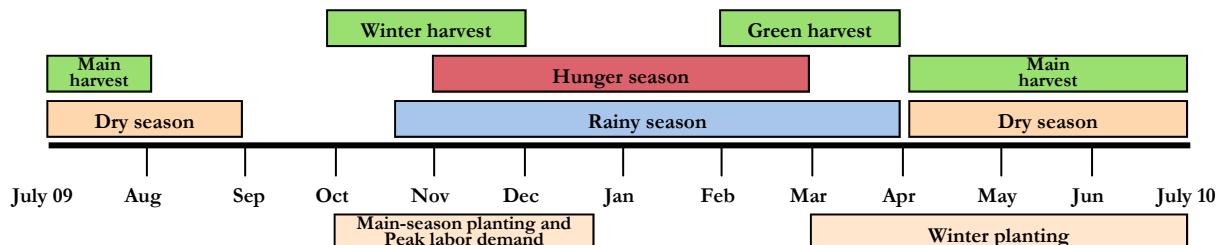
Department of Nutrition, HIV and AIDS

- National Nutrition Policy and Strategic Plan launch end of January 2010
- National Nutrition Symposium, end of February

Planning meeting for food and nutrition security in the ministry of Agriculture and Food Security

- Agriculture Sector Wide approach (ASWAp) food and nutrition security implementation preparatory meeting for Agriculture Development Divisions (ADDs) Food and Nutrition Officers and Chief Agriculture Extension Officers (CAEOs). February 2010, in Salima.

Seasonal calendar and critical events



Source: FEWS NET

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