Malawi: Nutrition Profile

Malnutrition in childhood and pregnancy has many adverse consequences for child survival and long-term well-being. It also has far-reaching consequences for human capital, economic productivity, and national development overall. The consequences of malnutrition should be a significant concern for policymakers in Malawi, where 1.07 million children (37 percent) under 5 years are suffering from chronic malnutrition (stunting or low height-for-age), according to the most recent Demographic and Health Survey (DHS) (NSO and ICF 2017).

Background

Malawi has a primarily rural population, with only 16 percent of the population residing in urban areas. It also has a relatively youthful population; 44 percent of the population is under 15 years (Population Reference Bureau 2017). Fertility rates are declining, down from 5.7 children per woman in 2010 to 4.4 in 2015–2016 (NSO and ICF Macro 2011; NSO and ICF 2017).

Malawi has benefited from decades of peace and political stability but is susceptible to climate shocks. The 2015–2016 growing season was negatively affected by El Niño, which caused late rains and prolonged dry spells (MVAC 2016). Malawi's economy is highly dependent on agriculture; 80 percent of the population are smallholder famers, and the agriculture sector contributes 30 percent of the country's GDP. Malawi's GDP growth rate is expected to improve if weather patterns continue to improve and remain favorable for agricultural production (USAID 2017; World Bank 2017). However, despite projected economic improvement, 66 percent of the population continues to live on less than US$1.90 a day (Sachs et al. 2017).

Currently, Malawi ranks 147th out of 157 countries in progress toward meeting the Sustainable Development Goals (SDGs) (Sachs et al. 2017). According to the most recent DHS (2015–2016), 16 percent of female deaths are related to pregnancy or childbearing, and 1 in 16 children will die before the age of 5, with two-thirds of these deaths occurring during infancy (NSO and ICF 2017).

Nutrition and Food Security Situation

The 2017 Malawi Vulnerability Assessment Committee found that, as of July 2017, the number of people in need of humanitarian assistance was around 1 million, a significant improvement from the 2015–2016 low of 6.7 million food insecure people as a result of El Niño. Agricultural conditions in 2017 were promising and although Fall Armyworm infestations of maize crops were reported in all regions, the impact on production was not significant, and the household and market supply of food is likely to remain stable. According to the Famine Early Warning System Network (FEWS NET), the majority of the country will face minimal levels of food insecurity, with the exception of vulnerable households in the Nsanje, Chikwawa, Mwanza, and Balaka districts of Southern Malawi, where crisis levels are expected through March 2018, as the 2017/2018 lean season progresses (USAID 2017, FEWS NET 2017).

Undernutrition in women and children remains a persistent public health and development challenge in Malawi. In addition to high stunting levels, 63 percent of children under 5 are anemic, as are 33 percent of women. While 61 percent of children 0–5 months are exclusively breastfed, this figure drops to 34 percent among children 4–5 months. Feeding practices continue to deteriorate as children get older; only 9 percent of children 6–23 months receive a minimum acceptable diet (NSO and ICF 2017). Differences in stunting levels can be seen according to maternal education and wealth levels; stunting ranges from 30 percent among children whose mothers have a secondary education or higher to 43 percent among those whose mothers have no education. Similarly, 24 percent of children in the highest wealth quintile are stunted, while 46 percent of children in the lowest wealth quintile are stunted. Stunting

prevalence is greatest between 18–47 months of age, ranging from 43–45 percent. Stunting levels are highest in rural areas at 39 percent, compared to 25 percent in urban areas, and are fairly equal across regions (Northern—35 percent, Central—38 percent, Southern—37 percent). Similar patterns can be seen for other nutrition indicators, such as minimum acceptable diet. Among children 6–23 months born to mothers with no education, only 5 percent receive a minimum acceptable diet; this number increases to 13 percent among mothers with secondary education. Minimum acceptable diet is 4 percent among children 6–23 months in the lowest income quintile and 17 percent among the highest income quintile (NSO and ICF 2017).

Several additional factors contribute to poor nutrition outcomes in Malawi. First, childbearing begins early in Malawi. By age 19, 59.2 percent of adolescent girls had begun childbearing in 2015-2016, which is a slight decrease from 63.5 percent in 2010 (NSO and ICF Macro 2011; NSO and ICF 2017). This has serious consequences because, relative to older mothers, adolescent girls are more likely to be malnourished and have a low birth weight baby who is more likely to become malnourished, and be at increased risk of illness and death than those born to older mothers (NSO and ICF 2011 and 2017). The risk of stunting is 33 percent higher among first-born children of girls under 18 years in Sub-Saharan Africa, and as such, early motherhood is a key driver of malnutrition (Fink et al. 2014).

Malawi also has high HIV prevalence of 6.4 percent among men and 10.8 percent among women (NSO and ICF 2017). HIV and TB co-infection is also a problem in Malawi; 52 percent of those with TB are also infected with HIV (USAID 2016). Infections such as HIV and TB can reduce appetite, decrease the body's absorption of nutrients, and make the body use nutrients faster than usual to repair the immune system. HIV can cause or aggravate malnutrition through reduced food intake, increased energy needs, and poor nutrient absorption. In turn, malnutrition can hasten the progression of HIV and worsen its impact by weakening the immune system and impairing an individual's ability to fight and recover from illness. HIV affects nutritional status early in the infection, even before other symptoms appear. High rates of infection among women further exacerbate their already poor nutritional status, especially during pregnancy.

Malawi is among the developing countries experiencing the double burden of malnutrition, with high prevalence of both undernutrition and overweight/obesity. Overweight/obesity is of particular concern for women in the highest income quintile (36 percent), with the highest education levels (41 percent), and in urban areas (36 percent) (NSO and ICF 2017). This rise in overweight/obesity can lead to increases in non-communicable diseases (NCDs) such as diabetes, hypertension, and cardiovascular conditions. NCDs are estimated to account for 28 percent of total deaths in Malawi, with 12 percent attributed to cardiovascular conditions, 5 percent to cancers, 2 percent to chronic respiratory diseases, 1 percent to diabetes, and 8 percent to other NCDs (WHO 2014).

Malawi Nutrition Data (DHS 2010 and 2015–2016)		
Population 2016 (UNICEF 2017)	18.1 million	
Population under 5 years (0–59 months) 2016 (UNICEF 2017)	2.9 million	
	2010	2015–2016
Prevalence of stunting among children under 5 years (0–59 months)	47%	37%
Prevalence of underweight among children under 5 years (0–59 months)	13%	12%
Prevalence of wasting among children under 5 years (0–59 months)	4%	3%
Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known)	12%	12%
Prevalence of anemia among children 6–59 months[1]	63%	63%

[1] Results from the *2015–2016 Malawi Micronutrient Survey Key Indicators Report* show that levels of anemia among pre-school-age children and school-age children were 28.2 percent and 20.8 percent, respectively.

Prevalence of anemia among women of reproductive age (15–49 years)[2]	28% non-pregnant women 38% pregnant women	33% pregnant and non-pregnant women
Prevalence of thinness among women of reproductive age (15–49 years)	9%	7%
Prevalence of thinness among adolescent girls (15–19 years)	16%	13%
Prevalence of children 0–5 months exclusively breastfed	71%	61%
Prevalence of children 4–5 months exclusively breastfed	41%	34%
Prevalence of early initiation of breastfeeding (i.e., put to the breast within 1 hour of birth)	95%	76%
Prevalence of children who receive a pre-lacteal feed	3%	3%
Prevalence of breastfed children 6–23 months receiving minimum acceptable diet	20%	9%
Prevalence of overweight/obesity among children under 5 years (0–59 months)	8%	5%
Prevalence of overweight/obesity among women of reproductive age (15–49 years)	17%	21%
Coverage of iron for pregnant women (for at least 90 days)	32%	33%
Coverage of vitamin A supplements for children (6–59 months, in the last 6 months)	86%	64%
Percentage of children 6–59 months living in households with iodized salt	97%	89%

Global and Regional Commitment to Nutrition and Agriculture

Malawi has made the following global and regional commitments to nutrition and agriculture:

Year of Commitment	Name	Description
2013	New Alliance for Food Security and Nutrition	In June 2013, Malawi joined the New Alliance for Food Security and Nutrition, a partnership among African heads of state, corporate leaders, and G-8 members to accelerate implementation of CAADP strategies.
2012	Ending Preventable Child and Maternal Deaths: A Promise Renewed	Malawi pledged to reduce under-5 mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition (A Promise Renewed 2017).
2011	Scaling Up Nutrition (SUN) Movement	SUN is a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses, and researchers in a collective effort to improve nutrition. (SUN 2017).

[2] Results from the *2015–2016 Malawi Micronutrient Survey Key Indicators Report* show that the level of anemia among non-pregnant women of reproductive age was 20.9 percent.

		The Civil Society Alliance in Malawi (CSONA) is also active in Malawi.
2010	Comprehensive Africa Agriculture Development Programme (CAADP) Compact	CAADP is an Africa-led program bringing together governments and diverse stakeholders to reduce hunger and poverty and promote economic growth in African countries through agricultural development. Malawi's national Agriculture Sector Wide Approach is aligned with the CAADP pillars and the country's overarching Malawi Growth and Development Strategy.

National Nutrition Policies/Legislation, Strategies, and Initiatives

Malawi's commitment to improving nutrition is outlined in the following documents, which are aligned with the Malawi Growth and Development Strategy III (2017–2020) and the Vision 2020:

- Health Sector Strategic Plan (2017–2022)
- National Multi-Sector Nutrition Policy (2017–2021)
- National Multi-Sector Nutrition Strategic Plan (2017–2021)
- National HIV and AIDS Strategic Plan (2015–2020)
- National Agriculture Policy (NAP) (2016)
- National Education Policy (2013)
- National Gender Policy (2015)

A National Multi-Sector Nutrition Committee leads coordination on nutrition across sectors and development partners. The committee's main function is to mobilize resources and support for the implementation of nutrition interventions in line with the National Multi-Sector Nutrition Policy, as well as to monitor progress and evaluate impact. Additionally, the Department of Nutrition, HIV, and AIDS (DNHA) coordinates implementation of nutrition interventions across government ministries and sectors. At the district level, governance structures including District Coordination Committees (DNCCs) have been established to facilitate implementation of nutrition activities at the district and community levels.

USAID Programs: Accelerating Progress in Nutrition

As of January 2018, the following USAID programs with a focus on nutrition were active in Malawi:

Selected Projects and Programs Incorporating Nutrition in Malawi		
Name	**Dates**	**Description**
Organized Network of Services for Everyone's Health Activity (ONSE)	2016–2021	ONSE is USAID/Malawi's flagship health project, which aims to reduce maternal, newborn, and child morbidity and mortality. The project operates in 16 districts with a primary focus at the district, facility, and community levels. Activities focus on health systems strengthening and the following four health areas: family planning and reproductive health; maternal, newborn, and child health; malaria; and water, sanitation, and hygiene.
Tiwalere II	2016–2021	Tiwalere II focuses on improving nutrition and water, sanitation, and hygiene (WASH), as well as on community mobilization activities. This

		project is a partnership between USAID, Feed the Children, and two for-profit companies: Nu Skin and Proctor and Gamble.
Health Communication for Life (HC4L)	2016–2021	HC4L supports efforts by the Government of Malawi to increase public demand for quality, sustainable priority health services and products. Specifically, the project focuses on expanding the demand for the following priority services: maternal, neonatal and child health; HIV; family planning and reproductive health; malaria; nutrition; and water, sanitation, and hygiene.
Feed the Future Strengthening Agricultural and Nutrition Extension in Malawi (SANE)	2015–2020	SANE strengthens the capacity of the Government of Malawi's Department of Agricultural Extension Services (DAES) to mobilize and work with service providers to deliver agricultural and nutrition extension and advisory services more effectively and in a coordinated manner in the Feed the Future Zone of Influence.
Food for Peace United in Building and Advancing Life Expectations (UBALE) Program	2014–2019	UBALE is a Food for Peace Development Food Assistance Program (DFAP) implemented by Catholic Relief Services. It supports improved food security and livelihoods for vulnerable populations in three districts in Malawi's Southern Region: Chikwawa, Nsanje, and Blantyre Rural. The project seeks to reduce chronic malnutrition and food insecurity, build resilience, and help smallholder farmers improve their productivity and income.
Food for Peace Njira Program	2014–2019	Njira is a Food for Peace DFAP that is implemented by Project Concern International. Njira works in two districts in Malawi's Southern Region: Balaka and Machinga. Njira focuses on supporting market-oriented agricultural production, improving the health and nutrition of children under 5 years and pregnant and lactating women, strengthening community disaster preparedness, and increasing the resilience of vulnerable households.
Feed the Future Malawi Improved Seed Systems and Technologies (MISST) Project	2014–2018	MISST seeks to: increase the supply of all classes of seeds (breeder, foundation, and certified) for improved groundnut, soy, pigeon pea, drought-tolerant maize, sorghum, millet, and orange-fleshed sweet potato varieties; increase access to and availability and adoption of improved seed and associated production technologies; and increase consumption of the targeted nutritious crops, especially among pregnant and lactating women and children under 5 years. MISST works in seven Districts in Central and Southern Malawi; Balaka, Dedza, Lilongwe rural, Machinga, Mchinji, Mangochi, and Ntcheu.
Feed the Future Nutrition Innovation Lab	2012–2018	The aim of the Nutrition Innovation Lab in Malawi is to build pre-service capacity in nutrition. The Nutrition Innovation Lab partners with Bunda College of LUANAR University, the College of Medicine, and several Ministries of the Government of Malawi.

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