

SAVING
LIVES
CHANGING
LIVES



Nutrition

WFP Malawi

Background

While some progress has been made, nutrition security in Malawi remains precarious, and the country continues to have one of the high prevalence of stunting rates in the region, as well as widespread micronutrient deficiencies.

Nutrition is at the centre of WFP Malawi's activities with four main focus areas:

Lean season/emergency nutrition response: During emergencies, WFP provides food insecure households with pregnant/breastfeeding women and children aged 6-24 months, with specialised food products to help prevent acute malnutrition and micronutrient deficiencies.

Prevention of stunting pilot programme: WFP supports a districtwide stunting prevention project in Ntchisi district that reaches women and children during the first 1,000

days of life. Funding by the Children's Investment Fund Foundation (CIFF), the project aims to reach up to 66,000 women and children and reduce stunting by 5-10 percent over the project timeframe.

The **Treatment of Acute Malnutrition** component supports two programmes, the Supplementary Feeding Programme (SFP) which focuses on treatment of moderate acute malnutrition by providing Super Cereal Plus, a fortified corn-soya blend, to malnourished children and pregnant and breastfeeding women in 28 districts. The **Nutrition Care Support and Treatment (NCST)** targets both severely/moderately acute malnourished adolescents and adults on Antiretroviral Therapy (ART)/Tuberculosis (TB) treatment in 21 districts.

In numbers

327,000

people benefitted from Specialized Nutritious Foods for the treatment of acute malnutrition

126,000

adolescents and adults on ART/TB treatment received nutrition support

618

health facilities supported in 21 districts



April 2018

According to the 2015 Cost of Hunger in Africa study, the annual costs of child undernutrition—which is associated with 23 percent of child mortality cases in Malawi—are estimated at USD 597 million, equivalent to 10,3 percent of Malawi's GDP.

ADDRESSING NUTRITION DIFFERENTLY

Nutrition is mainstreamed in all WFP programmes in Malawi, especially in social protection and resilience-building initiatives where there is a focus on nutrition sensitive asset creation like backyard gardens.

WFP aims to **tackle undernutrition** with strategies that increase financing to nutrition, business apt responses, build on research and knowledge, and foster strong partnerships.

WFP created a nutrition culture of linkages for all projects by developing nutrition roadmaps in both Social Protection and Resilience as part of enshrining nutrition sensitive programming.

Social Behaviour Change Communication focused on nutrition is integrated across all WFP programmes as a sustainable approach to improve family, maternal and child nutrition practices.

Design and implementation: WFP activities are deliberately designed to broker partnerships for delivery of nutrition services at district government levels to create a common vision for nutrition, community stewardship and realize sustained commitment to end hunger and malnutrition.

WFP is building evidence with Johns Hopkins University and Chancellor College of Medicine on stunting prevention, with IFPRI on nutrition-sensitive value chains, and with Lilongwe University of Agriculture and Natural Resources on promoting and sharing the Cost of Hunger in Africa (COHA) study.

The stunting prevention pilot project is a unique example of operationalizing a package at scale (lipid-based nutrient supplement provision, WASH, BCC) using a peer-to-peer platform known as the 'care group model'.



LINKAGES WITH OTHER INITIATIVES

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Food Assistance for Assets (FFA)

FFA programme rolled out a nutrition sensitive approach in six district which will focus directly on Moderately Acute Malnutrition beneficiaries, children aged six months to 12 years, pregnant and lactating women, and ART/TB patients with treatment services and linking them to produce FFA, livelihoods support, and care groups and indirectly also women and children within the 1,000 days for prevention of stunting through SBCC. The five-year pilot will target 5,000 households annually.

Refugee Assistance

WFP food assistance provides nearly 90 percent of daily food intake consumed by refugees. The full monthly food package consists of maize (13.5kg), pulses (1.5kg), and fortified vegetable oil (0.75kg) per person. **To safeguard the nutrition status of the assisted population**, especially among children under the age of two, PLW, and people living with HIV, an individual ration of Super Cereal (1.5kg), fortified blended food rich in vitamins and minerals, was included in the general food ration. Currently, 32,500 refugees and asylum seekers are receiving food assistance from WFP.



THE WORLD BANK



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Prevention of Stunting WFP Malawi

Background

Stunting, caused by chronic undernutrition, is a growth failure in a child over time, resulting in a child who is short for their age. But stunting is not only about height.

The less visible impacts of stunting are much more devastating. Stunting also affects brain development, school performance, immunity and health.

Stunting is a direct result of chronic inadequate nutrient intake and excess nutrient loss due to repeated bouts of disease, such as diarrhoea or malaria.

Inadequate breastfeeding, limited access to nutrients and poor complementary feeding and care practices undermine the growth and development of a child.

Stunting most often occurs among children during times of

rapid growth and development when needs are high, and children are vulnerable to deficiencies.

It cannot be cured but rather prevented by providing high impact nutrition interventions during the critical window of opportunity, which is from conception until a child's second birthday—often referred to as the first 1,000 days.

Stunting is largely neglected in many communities but affects 165 million children worldwide, 90 percent of whom live in Africa and Asia.

This makes it a problem of greater magnitude than being underweight or wasted. The prevalence of stunting reflects broader social and economic factors, including food insecurity, poverty, and lack of access to education.

In numbers:

1,000,000
children under the age of five are stunted in Malawi, representing over one third of the country's children in this age category

23 percent
of child mortality cases in the country are associated with child undernutrition

PREVENTION OF STUNTING PROJECT: NTCHISI

Well-nourished children are foundation for future food and nutrition security. WFP began a multi-year prevention of stunting pilot in Ntchisi District in 2014, which developed a holistic approach to **tackling chronic undernutrition by scaling-up high impact nutrition specific and sensitive activities.**

In 2017, the pilot entered its fourth year of implementation and has continued to deliver promising results towards the **reduction of stunting.** In support of the government-led **Scaling Up Nutrition (SUN) movement** in Malawi, WFP and partners are implementing where evidence shows the potential to make the greatest difference—during the crucial first 1,000 days. The project, which is funded by the Children's Investment Fund Foundation (CIFF), uses the following approach to stunting prevention, focusing on children under the age of two and their mothers:

WFP uses a comprehensive approach to work with the Government of Malawi, other NGOs and SUN partners to scale-up **13 core nutrition interventions** such as promoting breastfeeding, water/sanitation, and growth monitoring, as well as supporting micronutrient supplementation and treatment of acute malnutrition. The programme also promotes diet diversity, nutrition-sensitive activities, such as planting vegetable gardens and constructing small livestock farms to address the underlying causes of malnutrition in the district.

Since its inception in 2014, the project has registered more than **45,000 children** aged between 6 and 23 months, and continually registers children as they reach this age group. Enrolled children and their families benefit from comprehensive programming, including social and behaviour change communication (SBCC), to promote breastfeeding, hand washing and sanitation improvement, enhanced supplementary feeding, and proper consumption of a specialised Lipid-based Nutrient Supplement (LNS), which is being provided to all registered children for daily consumption.

WFP supported the Government of Malawi in implementing the Nutrition Education Communication Strategy (NECS) in Ntchisi. **This strategy supports a broader SBCC approach,** using both interpersonal care groups (local volunteers that visit households providing health education) and community, multi-media outreach approaches (theatre groups, radio programmes, nutrition fairs and billboards) to provide an integrated, sustainable approach to health and nutrition information and training.

Funding for this programme has come from the Children's Investment Fund Foundation (CIFF)



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RESULTS

92 percent of mothers with children aged 6-23 months reported having received LNS during the monthly distribution.

36 percent of children aged 6-23 months had a minimum acceptable diet (MAD), based on WGO/UNICEF criteria

47 percent of children aged 6-23 months had Minimum Dietary Diversity (MDD).

50 percent decrease in children with diarrhea episodes compared to January 2017, thanks to increased WASH messaging efforts.



SOUTH-SOUTH LEARNING

In support of Sustainable Development Goals (SDG) 2 and 17, which prioritize zero hunger efforts and building partnerships respectively, WFP has continued to invest in South-South Cooperation and learning since 2016.

WFP's Prevention of Stunting pilot project is creating a blueprint for national and global efforts to tackle stunting. In line with the Scaling Up Nutrition (SUN) movement, WFP hosted a **multi-country learning visit in July 2016 with members of five national governments from Southern Africa** (Swaziland, Zimbabwe, Tanzania, the Democratic Republic of Congo and the Republic of Congo), as well as regional WFP nutritionists to share lessons on reducing chronic undernutrition. Specific focus was given to the pilot's pioneering community-based strategy that embraces multi-sectoral, mutually-reinforcing projects and tailored SBCC to improve nutrition.

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