



NUTRITION FACT SHEET



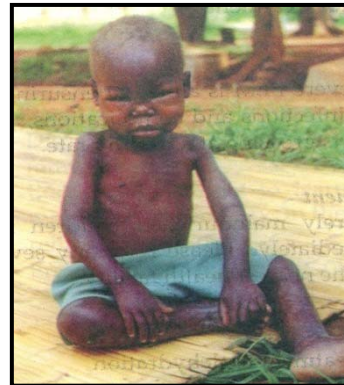
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NUTRITION FACT SHEET



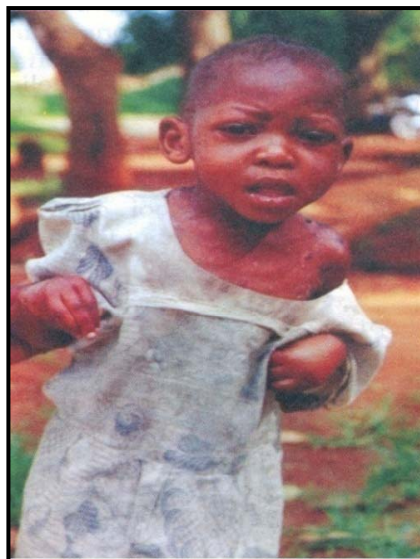
MALNUTRITION IN CHILDREN UNDER FIVE YEARS OF AGE (MICS 2006)

- 46% of under five children were stunted (too short for their height)
- 3.1% of under five children were wasted (low weight for height)
- 19.4% of under five children were underweight (low weight for age)



Kwashiorkor

- 80% of the under five children were anaemic
- 68% of the under five children had Vitamin A deficiency
- 1-3% cretinism



Cretinism

MALNUTRITION IN SCHOOL AGED CHILDREN (5 – 10 YEARS) – SHN 2006

- 30% of school aged children 5-10 years were stunted, a sign of long exposure to poor nutrition
- 3% were wasted (low weight for height) reflecting poor nutrition at the time of the survey

- 18% were underweight reflecting combine effect of long-term and current poor nutrition at the time of the survey
- 38% had Vitamin A deficiency
- Anaemia showed declining trend from 58 % in 2001 to 54 % in 2006
- 50% had iodine deficiency



School aged children in class

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MALNUTRITION IN WOMEN

- 9% of women were underweight with Body Mass Index (BMI) less than 18.5
- 44% of non-pregnant women were anaemic
- 47% of Pregnant women were anaemic
- 57% of women had Vitamin A Deficiency
- 3% had goitre
- 8% of women had BP
- 14% of women were obese



Woman with goitre

NUTRITION IN MEN

- 25% adults including men were malnourished with BMI <18.5
- 14% men were obese
- 8% of men had BP
- 38% men had vitamin A deficiency
- 17% had anaemia

Malnutrition is real!!!

Children like these are common in different parts of the country



Kwashiorkor



Oedema



Wasting

Children like these are common in different parts of the country

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Malnutrition consequences on:

Health

- Reduces the body's immunity and ability to fight infections
- Increases the risk of diseases and death
- Slow down recovery when one is sick
- Single major cause of death in children and adults
- Poor pregnancy outcomes such as low birth weight babies, still births and miscarriages
- Increases the risk of death among pregnant and lactating women



Malnutrition compromises the entire education process

Education

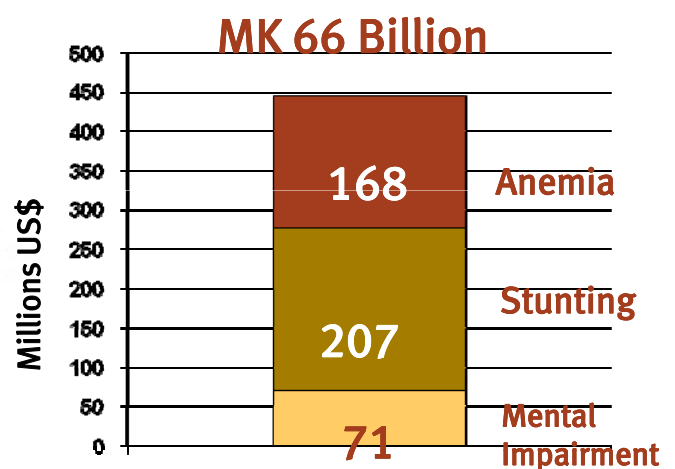
Reduced mental and physical development of a child leading to:

- Delayed enrolment
- poor school performance
- Increased absenteeism
- Increased dropouts
- Low academic and professional achievements

Economic Growth

Malnutrition negatively affect Work Productivity and potential economic gains. For example

- Lost Future Wages due to iodine deficiency (2006-2015) is US\$ 71 million
- 1% decrease in height due to stunting= 1.38% decrease in productivity = US\$207 lost income
- 1% reduction in productivity = 1% drop in iron status = US\$168 lost income



Total Losses: 2006 - 2015

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WHY INVEST IN NUTRITION

- Improving nutrition will improve human productivity which is a prerequisite for Malawi's economic growth and development.
- Reduction of Iodine Deficiency Disorders, Stunting and Anaemia by 30% each for example results in = MK 12 Billion in economic gains next 10 years.



WHAT TO DO TO IMPROVE NUTRITION WELL BEING AMONG THE VARIOUS POPULATION GROUPS

Children less than 6 Months Old



Woman breastfeeding her baby

- Initiate breastfeeding within 30 minutes after delivery unless advised otherwise by medical personnel.
- Breastfeed babies exclusively until they are 6 months old (180 days). This means that the babies should not get any other milks, foods or liquids, not even sips of water until they are six months old (180 days).
- Breastfeed on demand at least 8-12 times day and night whilst observing correct positioning and attachment
- Wake and breast feed the child if he/she sleeps for more than one hour
- Express breast milk and feed the child using a cup if the mother is going away for more than one hour

Children 6-24 months old

- Continue to breastfeed until the baby is at least 2 years.
- Gradually start feeding a variety of foods after 6 months because breast milk alone is not enough for the child to continue growing well.
- Give the child a diversified and nutritious diet made with foods from the six food groups and fluids at least four times a day.
- Increase amount as the child grows.
- Increase the variety and thickness of the diets as the child grows.
- Sit with the child and encourage him/her to it.
- Let the child eat from own plate
- Take the child for Vitamin A supplementation twice a year
- Always use Iodised salt when preparing meals



Complementary feeding

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Children 24-59 months old

- Feed the child a diversified diet made from the six food groups.
- Give the child nutritious snacks and fluids from the six food groups at least five times a day.
- Increase the amount as the child grows.
- Increase the variety and thickness of the foods as the child grows.
- Sit with the child and encourage him/her to it.
- Let the child eat from own plate
- Take child for Vitamin A supplementation twice a year
- Always use Iodised salt when preparing meals



Use iodised salt always

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School aged children (5 – 10 years)

- Feed the child adequately before going to school
- Give the child a variety of foods from the six food groups every day
- Give the child 3 main meals with two nutritious snacks (such as fruits, thobwa, yellow sweet potatoes, pumpkins) in between meals.



Children in class



PD Health in session

- Use Iodised salt when preparing their meals
- Support the Government initiative in the promotion of access to at least one nutritious meal and related health and nutrition services for the school-going children through the school feeding and the school health and nutrition programmes.
- Take children to a health facility for de-worming twice a year

During Pregnancy

- Eat a diversified diet prepared with food from the six food groups
- Eat nutritious snacks between main meals every day during the pregnancy period from the six food groups everyday.
- Eat vitamin C rich food such as raw tomatoes, orange, masuku, malambe with a meal to help the body to use iron from plants
- Take iron/folic tables every day to have adequate blood in your body throughout pregnancy



Pregnant woman

During Breast Feeding



Women breastfeeding her baby

- Eat a diversified and nutritious diet made with foods from the six food groups
- Eat two nutritious snacks in between meals every day during the breast feeding period. making five meals containing a variety of foods from the six food groups everyday.
- Receive Vitamin A supplementation soon after the birth of the baby or before discharge from the hospital or within eight weeks after the birth of the child.
- Sleep under insecticide treated net (INT), to prevent mosquito bites that transmit getting malaria parasites.

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GOVERNMENT COMMITMENT

- Prevention and management of nutrition disorders is one of the Government's priorities areas number 6 in the Malawi Growth and Development Strategy (MGDS).
- It is under the personal jurisdiction and commitment of His Excellency the State President Ngwazi Dr. Bingu wa Mutharika and the Vice President the Right Honourable Joyce Banda.
- The Government has developed the National Nutrition Policy and Strategic Plan to operationalise the MGDS and guide the implementation and provision of nutrition programmes and services in the country by the various stakeholder.



VISION OF THE POLICY

Adequate nutrition for all Malawians by 2015.

MISSION OF THE POLICY

To facilitate the provision of integrated nutrition services that will significantly improve the nutritional status of all Malawians.

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Established the Department of Nutrition, HIV and AIDS in the Office of President and Cabinet as a technical authority with the mandate to provide oversight, policy direction, technical guidance, resource mobilization and monitoring and evaluation of nutrition programmes and services in the country.



Dr. Mary Shawa, Principal Secretary for Nutrition, HIV and AIDS

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WHAT HAS GOVERNMENT DONE SO FAR

- Intensified Exclusive Breast Feeding which is currently at 57% from 3% in 1992
- Introduced Baby Friendly Hospitals initiative covering 26 out of 564 Health facilities providing maternity services
- Provides Vitamin A supplementation to children (6 – 59 months) and with 95% coverage and 103% increase in de-worming for 12 – 59 months age group.
- 92% of the households are using iodised salt an increase from 57% in 2004
- 55% of the households are adequately using iodised salt at 15ppm from 40% in 2004
- 28.3% of public schools which is 1,172 out of 4,128 provide school meals.
- 38.2% of pupils in 1,104,629 public schools of 2,890,706 pupils receive school meals with support from WFP, GTZ, CITIHOPE, Mary Meals and ELCM.
- 73,706 pupils in 125 public schools have benefited from school gardens programme supported by WFP, GTZ, FAO and FIRD.
- 93,015 pupils in 101 schools have benefited from the hygiene and sanitation programme supported by Save the Children and UNICEF
- 3,200,000 pupils from 5,300 public schools have received micronutrients supplementation supported by WFP, World Bank, WHO and Save the Children
- 80,000 pupils in 99 schools have benefited from safe drinking water project supported by Save the Children and UNICEF.
- 2.5 Malawians comprising 680,000 orphans, 800,000 underfive children in CBCC and 200,000 PLHIV and other vulnerable groups have benefited from nutrition support using various programmes.



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WHAT HAS GOVERNMENT DONE SO FAR

- 108 Support Groups at 4 groups per district in 27 districts received 400 bags of UREA fertiliser to promote food security for PLHIV.
- 21 districts are implementing Community based Therapeutic (CTC) Care from 2 in 2004.
- 258 sites are providing CTC from 2 in 2004
- 19,299 children less than 12 years with acute malnutrition have been reached with CTC.
- 157 ART sites provide nutrition treatment for PLHIV, TB and chronically ill patients.
- 6 million Malawians were reached with nutrition education messages using various medium with emphasis on dietary diversity using foods from the six food groups.

