Highlights

In March 2020 all the 619 Outpatient Therapeutic Program (OTP) centres, 104 Nutrition Rehabilitation Units (NRU) and 611 Supplementary Feeding Program (SFP) centres, in Community-based Management of Acute Malnutrition (CMAM) reported timeously.

* 4,462 children aged 6 to 59 months with Severe Acute Malnutrition (SAM) received lifesaving treatment in OTP centres and NRUs compared to 3,532 in March 2019 (26% increase).

* 3,412 children aged 6 to 59 months with Moderate Acute Malnutrition (MAM) were treated in the SFP centres compared to 9,173 in March 2019 (63% decrease).

* 1,265 Pregnant and Lactating Women (PLW) with MAM were admitted down from 3,614 in March 2019 (65% decrease).

* Overall 8% increase in SAM admissions from Jan – March 2020 compared to same period in 2019.

**PROGRAM PERFORMANCE OVERVIEW**

**SAM Admissions Trend Comparison 2017-2020**

- SAM admissions were 26% higher than in March 2019 and 9% higher than 2018.

**MAM Admissions Trend Comparison 2017-2020**

- In March 2020, MAM admissions were 63% lower than March 2019 and 70% lower than March 2018.

**SAM Cure Rates Trend Comparison 2017/2018/2019/2020**

- SAM Cure Rates have slightly improved to 93.1% in March 2020 from 92.8% in March 2019.

**SAM Death Rate Comparison 2017-2020**

- SAM death rate 2.3% in March 2020 from 2.9% in March 2019. This is within SPHERE standards.
On a bright Thursday morning some fifty or so women gather at Machinga District Hospital in Southern Malawi for a weekly ritual. They bring their children whose ages range from about a year to four years old. In front of the room two hospital staff are attending to the children—checking charts, doing tests and sending them off for appropriate assistance, medication or supplies.

Enelys Kaliwo, a senior Health Surveillance Assistant (HSA), is going around the room randomly checking on the women who are waiting their turn. Her job is to supervise the work of other community health workers who run the Out-Patient Therapeutic (OTP) Clinic to make sure the nutrition assessments are done properly, and children receive appropriate care.

Enelys has been a senior HSA in Machinga for three years and has already picked up on some of the major factors contributing to malnutrition in the area.

“The women here give birth early, and more frequently. They drop out of school at a young age and by 20 years old you find they already have at least two children. Back home in the village, people think that if a breastfeeding woman gets pregnant she should stop breastfeeding, not knowing that this puts the child in danger. In addition, most families do not harvest enough to eat all year so by November they struggle to find food,” explains Enelys.

Enelys attends to 34-year-old Patuma Linot who has brought her 13-month-old daughter Angela. Patuma is a mother of seven children. Her half-smile betrays the struggle to make ends meet. She was just 17 when she had her first child. With her husband long gone, the family depends on Patuma to provide food and it is not always easy. This year, she lost all her maize crop in the floods that swept through Southern Malawi in March.

Patuma explains that baby Angela was born two months premature and had to spend a lot of time in the hospital, including three days in the Nutrition Rehabilitation Unit. “She was so tiny and weak but now she is doing much better and is able to eat some foods. She enjoys porridge which I mix with vegetables and sometimes eggs to make it more nutritious,” says Patuma.

Patuma relies on the counsel of health workers like Enelys who come to her village to teach her and other mothers how to prepare more nutrition food from locally available and affordable resources. They also teach them to spot any signs of malnutrition.

Enelys is fresh out of a Community Management of Acute Malnutrition training, supported by UNICEF. She feels such trainings are important particularly when dealing with malnutrition cases complicated by HIV/AIDS. UNICEF also provides malnutrition treatment supplies to ensure that children who come to the hospital get the appropriate care.
Malawi Nutrition Cluster Covid-19 Response Plan

Since the start of the new Coronavirus (COVID-19) outbreak in December 2019, the virus has spread to over 211 countries and territories with over 3.6 million confirmed cases worldwide. The first COVID-19 cases were announced in Malawi in early April, and currently there are 43 confirmed cases, 3 deaths and 9 recoveries in the country with more than 6,268 people under health system follow up. The government of Malawi declared a state of disaster in April 2020 and, with support from development partners, developed a National COVID-19 multi-sector Response Plan highlighting an investment need of US$ 211 million.

While the COVID-19 virus cannot be transmitted through breast milk, the risk of transmission from an infected mother to her infant through direct contact and respiratory droplet and/or through contact with contaminated surfaces during feeding is high. The nutrition cluster has developed a response plan aimed at preventing the spread of the Corona Virus disease among children and women in Malawi and provision of adequate health and nutrition care and support among those infected by the virus.

A spike in Covid-19 cases and the resultant restrictions in the movement of people and transport systems will risk disruptions in domestic food supply systems impacting on household food security. The COVID 19 pandemic will worsen the food security situation of the already vulnerable groups including 1.8 million Malawians in IPC Phase 3 or above (October 2019 to March 2020). This will affect the quality of diets primarily through declining demand for vegetables, fruits, and animal-sourced foods, which are the main sources of essential micronutrients in diets. The already poor state of only 8% of children aged 6-23 months who meet the minimum dietary standards is likely to worsen.

COVID-19 may also lead to inadequate access to health and WASH services and inadequate care practices. In addition, there may be disruptions in nutrition, immunization, micronutrient supplementation, supply chains of essential services and other health services for children if facilities become over-stretched, health workers fall ill or families stay away because of fears of contacting the virus. Also, there will be reduced mechanisms to actively identify children with acute malnutrition resulting in late presentation of cases and reduced treatment program coverage. According to the 2015 Cost of Hunger in Africa (COHA) study in Malawi, 23 percent of all child mortality cases in Malawi are associated with under-nutrition. Furthermore, a child with Moderate Acute Malnutrition (MAM) is up to four times more likely to die than a well-nourished child, and a child with Severe Acute Malnutrition (SAM) is nine times more likely to die than a well-nourished child, especially below the age of two.

These factors may result in worsening the nutrition situation and high case fatality rates in Malawi a country already characterized by high levels of undernutrition of under-5 children, pregnant and lactating women as well among the elderly population. In 2020, the nutrition cluster estimated 56,684 to be at risk of severe acute malnutrition, the resultant increase in food security and disruption of services may result in over 25% increase in the Severe Acute Malnutrition (SAM) caseload to 70,854.

**COVID-19 NUTRITION RESPONSE PLAN**

2,025,344 CHILDREN UNDER FIVE
200,000 ADOLESCENT GIRLS
100,000 PREGNANT AND LACTATING WOMEN
156,000 PEOPLE LIVING WITH HIV

TOTAL REQUIREMENT US$ 28.9 Million