In September 2019 the reporting rates was 100 percent. 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 as follows:

* 2436 children aged 6 to 59 months with Severe Acute Malnutrition (SAM) received lifesaving treatment in OTP centres and NRUs. This shows a 25% decrease in SAM admissions in September 2019 compared to September of 2018, where a total of 2,436 children were admitted and treated.

* 5613 children aged 6 to 59 months with Moderate Acute Malnutrition (MAM) were treated in the SFP centres. There is drop by 4% in MAM admissions in September 2019 when compared with the admissions in 2018, where 5,821 were admitted.

* 3,293 Pregnant and Lactating Women (PLW) with MAM received supplementary food at the SFP centres in September 2019, compared to 2,204 in September 2018 (a 49% increase)

* The SAM death rate in September 2019 was 1.5%, a 0.1% increase when compared to September 2018. This is within SPHERE standards.

---

### PROGRAM PERFORMANCE OVERVIEW

**SAM Admissions Trend Comparison 2016/2017/2018/2019**

- In September 2019, SAM admissions decreased by 25% (from 3,234 in September 2018 down to 2,436 in September 2019).


- In September 2019, MAM admissions decreased by 4% (from 5,821 in September 2018 down to 5,613 in September 2019).

**SAM Cure Rate Trends Comparison 2016/2017/2018/2019**

- SAM Cure Rate has decreased by 1.3% in September 2019 (from 95.2% in September 2018 compared to 93.9% in September 2019). MAM Cure Rate has remained constant at 90.5% in September 2019 as in September 2018.

**SAM Death Rate 2016/2017/2018/2019**

- The death rates, observed in September 2019, when compared to September of 2018 increased by 0.1%, from to 1.4% to 1.5% (death rates remain within SPHERE standards).
Nutrition Contingency and Response Planning updates

Both the lean season food insecurity response and contingency plans have been completed and submitted to the Department of Disaster Management Affairs (DoDMA) for consolidation and dissemination, to all cluster partners.

The 2019/2020 food security response plan estimates over 1 million Malawian will become food insecure between November 2019 to March 2020 (classified as IPC phase 3, according to the 2019 MVAC report). These individuals will therefore need urgent humanitarian assistance. For the nutrition cluster, the overall objective of both plans is to ensure that there is improved and equitable access to and use of life saving nutrition services for vulnerable children (boys and girls) and pregnant, lactating women (PLW) as well as People Living with HIV and AIDS (PLHIV) at the community and facility level, thereby reducing mortality and morbidity among the target groups during this period. In line with the total number of people that needs humanitarian support, the nutrition cluster calculated that 344,711 people (mainly women and children) will be in need of nutrition treatment will be in need. The total budget for the response plan is $ 6,090,179.37 USD.

The 2019/2020 Contingency Plan for the Nutrition cluster was developed using the medium case scenario of a possible dry spells, occurring in 2019/2020. Based on a risks analysis by the Department of Climate and Meteorological Services for Malawi, 12 districts (out of 28) are likely to be hit in the event of a dry spells, affecting over 250,000 households. Based on these assumptions, the Nutrition Cluster generated the people in needs and total budget requirement. Target population in need of nutrition is 180,799 individuals (mainly under 5s, PLWs and people living with HIV and AIDS).

The total budget for the nutrition Cluster Contingency plan for 2019/2020 is $ 7,584,272.24 USD.

2019/2020 Nutrition Contingency Plan Budget
Target population 180,799 individuals (mainly women and children)
Total Budget : $ 7,584,272.24

Nutrition Cluster Lean Season Response Plan 2019/2020
People Targeted : 344,711 (mainly under 5s & PLWs)
Total Budget : $ 6,090,179.37
Severely Acute Malnourished Gladys is back on her feet.

In the outskirts of the city of Lilongwe, lie rural areas where families struggle to meet basic needs. This is where 2-year-old Gladys Manuel lives, in Chikuse village TA Malili. She is the second born in the family of two. Her mother, Rita Luwe (23 years old) got divorced when Gladys was only 9 months old. Life has not been easy for a young single mother to take care of the two children.

Rita does piece works for a living and the money she makes is not enough to ensure her children have a healthy diet, let alone 3 meals a day. “I do maganyu (piece works in Chichewa) on people farms in our area. Sometimes I make about 2000 kwacha in a week or a month, depending on when the farm owner decides to make the payments,” Rita says with a distressed face.

To make things worse, she didn't manage to harvest enough maize during the last harvesting season as her family felt the effects of climate change with no enough rains among other challenges. This contributed to Gladys falling sick. “I noticed my child had a high temperature, her feet got swollen and her appetite was erratic. I felt so sad because I didn't know what was wrong,” says Rita. Rita decided to take her daughter for treatment. She endured a 3 hour walk to Likuni Mission Hospital.

Gladys was admitted to the outpatient-therapeutic programme (OTP) as she was being treated for severe acute malnutrition and was given plumpy nut (ready-to-use-therapeutic food).

Despite receiving assistance, Gladys’s condition kept deteriorating. Rita noticed that her daughter's hair texture was becoming pale, and she developed sores on her body. She couldn't even play outside with her friends. The care group cluster leaders in the community advised Rita to take Gladys back to the hospital for treatment.

Upon arrival at the under-five department, health workers welcomed them. When Gladys was assessed, she was diagnosed with severe acute malnutrition with complications and needed to be admitted to the Nutrition Rehabilitation Unit (NRU). She was admitted on 25 May 2019. “When my child was admitted, I was anxious, but I had hope, that she’ll get the right assistance and recover soon,” Rita describes.

Healthy again!

After undergoing treatment Gladys was well again and was discharged on 10th June 2019 after being in hospital for 3 weeks. Rita was overjoyed that her daughter had recovered.

To make things better, Rita has the support of her mom, Mrs. Luwe. Mrs. Luwe lives 5 minutes away and is a cluster leader in their community care group that is supported by KFW.
"Being a cluster leader, I teach my child about the six food groups, it’s just that poverty makes life hard. Now I’ve encouraged my daughter to have a backyard garden, so she doesn’t have to worry about buying food for her children and family,” says a bubbly Mrs. Luwe. “I also advise her on hygiene practices, to make sure her household practices handwashing after using the toilet and before eating.”

Now that Gladys is back on her feet, Rita is adamant to keep her healthy by making sure she eats well. “I have learnt a lot about the six food groups and how to take care of my child. These days when I prepare porridge for my baby, I mix it with other foods such as crushed nuts and vegetables. I am also confident that the backyard garden I’ve put together will help my family. After selling some of the vegetables I will be able to use the money to buy other foods,” Rita explains joyfully.

**Support from KFW and UNICEF**

With support from KFW, a German Government development bank, UNICEF is helping pregnant and lactating women, mothers and under 5 children with good nutrition. The overall aim of the project is to reduce stunting in children by improving their nutritional status. It also integrates water and sanitation to achieve better results. The support from KFW enables care-group members to reach out to the communities with nutrition advice and products.

“It is important that children are provided with good nutrition from the time the mother conceives up until the child is five years old. It is also important to ensure that the mothers have a nutritious diet, especially when they’re breastfeeding,” says UNICEF Chief of Nutrition Sangita Jacob Duggal. There is also a close relationship between stunting and poor water, sanitation and hygiene facilities. “A well-nourished child may become stunted if exposed to contamination from poor hygiene in the home,” she adds.

Follow this link to see pictures of Gladys’s journey: