



Stories of Change in Nutrition

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Overview



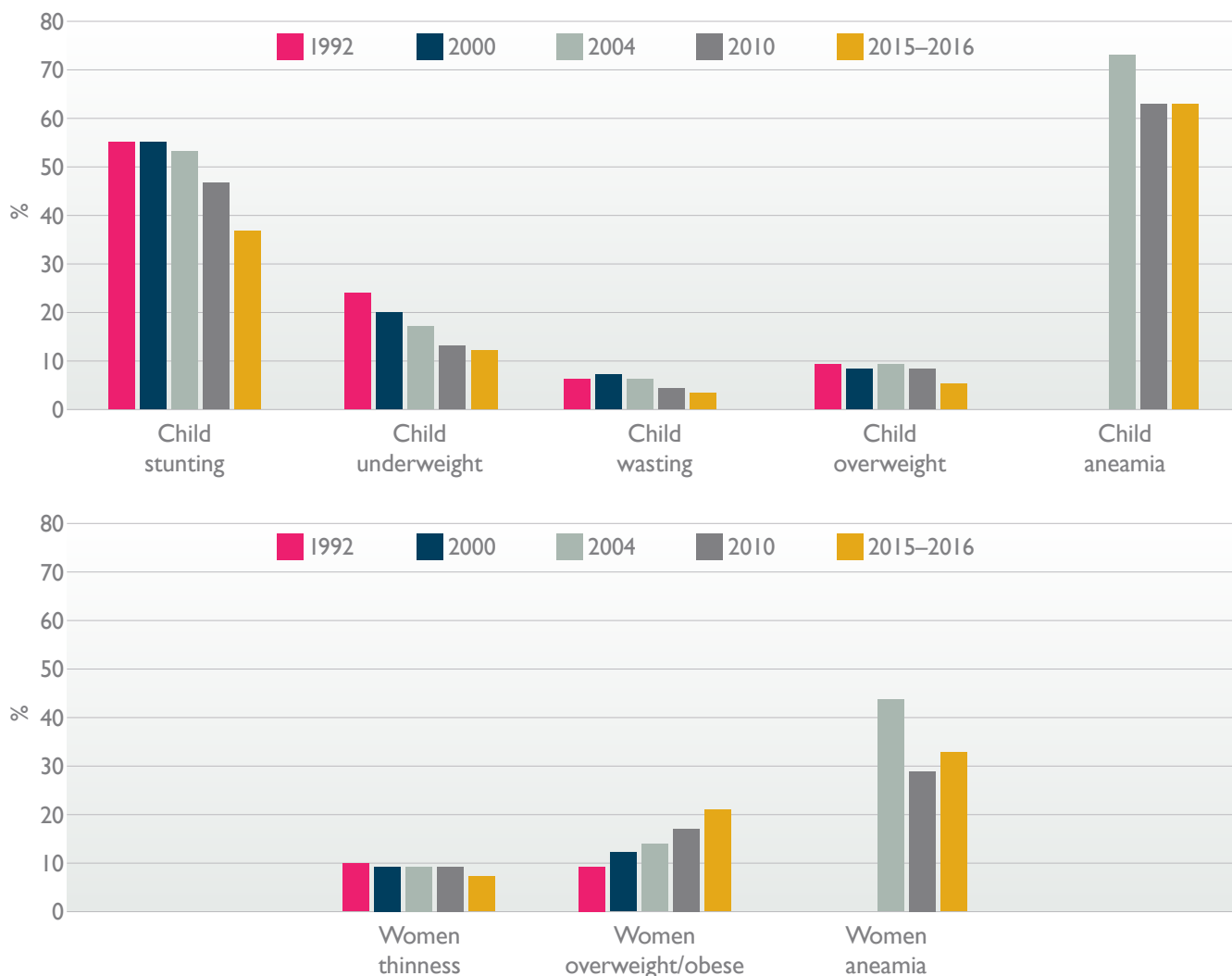
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Malawi has made significant progress in improving nutrition outcomes in the past decades. Despite this, the rates of stunting and anaemia remain high and overweight and obesity amongst women is rising. Malawi remains one of the most committed countries to nutrition, ranking 3rd out of 45 African countries on the Hunger and Nutrition Commitment Index, but effective implementation of policies is still challenging. Progress is being inhibited by a lack of dedicated budget lines for nutrition at district level, over reliance on external donors, poor coordination and competing priorities for limited resources within sectoral budgets. The pandemic, climate change and the Ukraine war have disrupted food systems, increased prices of fuel, fertilizer, and food, and caused loss of harvest and livelihoods, threatening to reverse decades of progress. Positive and coordinated action is needed to increase financial commitment to food and nutrition security, ensure nutrition is prioritised in the nation's economic and development agenda, and continue Malawi's progress to reducing malnutrition.

Malawi has made substantial progress in improving nutrition outcomes in the past decades. While chronic malnutrition (stunting), is still a major problem among young children in Malawi, the rate fell by 10% between 2010 and 2015, and underweight (reflecting both stunting and wasting) has been gradually falling since 1992. The prevalence of malnutrition however

remains high in poorer and less educated populations, in rural areas and in the south and west of the country, as does micronutrient malnutrition (anaemia), resulting from poor diets, hygiene and high levels of food insecurity and disease burden. At the same time, overweight and non-communicable disease (NCDs) are rising in parts of the population (fig. 1)

Figure I: Change in nutrition outcomes in Malawi, 1992–2015



Source: DHS 2015–16

Factors likely to be driving changes in malnutrition include improvements in water, sanitation, and hygiene; changes in behaviours, particularly exclusive breastfeeding which increased from 4% in 1992 to 72% in 2010 (although has fallen since to 61%); and improvements in the place of women in society reflected by increased literacy and falling birth rates. Factors likely to be limiting further positive change include poverty, which remains widespread, and high inequality (despite sustained economic growth); food insecurity and poor diet quality, particularly in Southern regions; early pregnancy and marriage; and poor access to, and quality of health and nutrition services (DHS 2015–16).

Note: *The Malawi Stories of Change in Nutrition – Evidence review* provides a more detailed overview of the trends, determinants of malnutrition and effectiveness of interventions in Malawi.

Change In Malawi’s nutrition policy

Nationally, Malawi’s first nutrition policy was ratified in 1990 to bring coherence to a series of previously uncoordinated interventions. While the first nutrition policy was limited in its scope and missing key elements, the written policy environment has since been shaped into one of the strongest

on the continent. A new Food and Nutrition Policy was approved by the Cabinet in 2005 covering food security and nutrition separately; a second National Nutrition Policy iteration was launched in 2009, formulated to improve coordination of nutrition service delivery and create a national standard and strategy for interventions. Since the mid-2000s nutrition recognition, objectives and targets have also existed in written sectoral policy and in over-arching national development plans, with nutrition gradually being differentiated from broader food security issues. This, though, has left nutrition somewhat fragmented from food and agriculture policies.

Malawi has also been a signatory to the major global goals with relevance to nutrition. In 2000, Malawi signed up to the Millennium Development Goals, achieving targets on reduced child mortality and communicable diseases, but missing its poverty targets and narrowly missing its target on child underweight. In 2011, Malawi was one of the first countries to join the Scaling Up Nutrition (SUN) movement, and in 2015 the government signed the Sustainable Development Goals, with each movement providing new targets on processes and outcomes towards reducing malnutrition. Table I summarises the key moments for nutrition policy in Malawi.

Table I: Key moments for nutrition policy in Malawi

1990s	1990	National Food Security and Nutrition Policy Statement and Action Plan. First policy publication on nutrition; an action plan was drafted. However, the nutrition component was not given adequate attention, did not have well defined implementation structures in place, had no budgetary allocation and did not provide any capacity for community implementation
	1998–2022	Vision 2020. Chapter on Food Security and Nutrition. But most focus on agriculture and increasing food production, rather than the quality of food. No specific focus on overnutrition.
2000s	2000–2015	The United Nations Millennium Development Goals
	2003	Infant and Young Child Nutrition Policy. Developed to guide provision of infant and young child nutrition services. Attempted to provide coordination and standardise provisions.
	2004	Department of Nutrition, HIV & AIDS (DNHA) established in the Office of the President and the Cabinet (OPC). Developed to provide policy direction, guidance and coordination of implementation of the National Nutrition Policy.
	2006	Food Security Policy. Recognised the lack of coordination and complementarity of previous policies/agencies, also recognised need for a multi-sectoral approach. Larger focus on nutrition, but mostly around food security and setting up the Strategic Grain Reserve.
	2006–2011	Malawi Growth and Development Strategy I (MGDS I). Recognition of nutrition as a key policy theme and focus for development and poverty reduction. Mention of NCDs.
	2007–2012	Malawi National Nutrition Policy and Strategic Plan (NNPSP). Recognition that nutrition is a cross-cutting issue. Focus is on prevention rather than cure. Recognised issue of over and undernutrition issues
	2009–2018	School Health and Nutrition (SHN) Strategy. Department of SHN & HIV developed 2009–12. Strategy launched in 2010. Integrated strategy to set out a clear strategic direction in the implementation of SHN.
	2011	SUN movement. Government takes lead to unite multi-sectoral stakeholders to engage in a collective effort to improve nutrition. Aiming at a coherent policy and legal framework, aligning programmes around a Common Results Framework, and financial tracking and resource mobilization
	2011–2015	Agriculture Sector Wide approach (ASWAp). Nutrition included under the Food Security and Risk Management component, with a nutrition section added by DNHA.
	2011–2016	Nutrition Education and Communication Strategy (NECS). Implemented in a phased approach over five years. Multi-sectoral, multi-stakeholder and multi-channelled branded campaign with a theme ‘Unite to end stunting in the 1000 Special Days’
	2012–2030	The Zero Hunger Challenge
	2014	DNHA moved to Ministry of Health. The move out of OPM has created issues related to mandate and compliance of sectoral ministries and challenges in making them accountable.
	2014–2025	Second International Conference on Nutrition (ICN2) Framework for Action
	2016–2030	The United Nations Sustainable Development Goals
	2016–2025	UN Decade of Action on Nutrition
	2016–2021	National Agriculture policy. Aims at addressing imbalance between agricultural production and nutritional outcomes through multipronged approach. Acknowledgement that Malawi has “over-concentrated” on maize and tobacco production.
	2016	National School Health and Nutrition Policy (NSHNP). To ensure good nutrition during the education life cycle.
	2017–2022	Health Sector Strategic Plan II (HSSP II). Nutrition included in Essential Health Package and interventions.
	2017–2022	National Agricultural Investment Plan (NAIP). Provides a framework for guiding investments in the agriculture sector, including food and nutrition security.
	2018–2022	Malawi Growth and Development Strategy III (MGDS III). Fourth medium-term national development strategy formulated to contribute to achievement of Vision 2020. Includes direct nutrition targets and indirect targets through improved agricultural productivity, food and nutrition security and education with school feeding.
2018	National Multi-Sector Nutrition Policy (NMNP). Implemented through multisector approach with DNHA providing oversight. Is a revision of the National Nutrition Policy and Strategic Plan 2007–2012.	
2020	2018–2022	National Multi-Sector Nutrition Strategic Plan (NMNSP). Intended to provide guiding framework for the successful implementation of the national nutrition response, address the existing and emerging national and global issues and uphold government’s commitment towards eliminating all forms of malnutrition.

Actors driving change

The Department of Nutrition and HIV/AIDS (DNHA), established in the Office of the President and Cabinet (OPC) in 2004, is a key institution for nutrition response in Malawi, and is tasked with coordinating nutrition activities in the country. Malawi, in recent years, has been noted as one of the more committed countries to improving nutrition, ranking 3rd out of 45 African countries on the Hunger and Nutrition Commitment Index (HANCI, 2019). By several metrics, however, national government prioritisation for nutrition is declining. Funding allocations for nutrition has dropped in the past three years (from 3.7% to 1.8% of national budget) and the DNHA has been moved out of the powerful Office of the President and into the Ministry of Health. This is making coordination with other Ministries more challenging. Further, the National Development Plan (MGDS III, 2018-2022) gave less priority to nutrition than previous iterations in consolidating the previous nine nutrition priorities to five, and funding only 11 out of 31 interventions in the national budget. The new Malawi ten-year implementation plan for Vision 2063 (MIP-2022-2030) includes nutrition as one of the elements under the human capital enabler.

Despite the generally strong written policy environment, there is limited scope of implementation by government, with challenges identified particularly in the areas of recruitment of nutrition professionals, and funding. In response, Malawi has put concerted effort into training a large nutrition workforce, including at graduate and postgraduate levels, with

The international community brings money, expertise, and ideas – but could be contributing to lower government commitment through financial dependency for implementation.

training largely supported by international donors. In terms of nutrition financing, while nutrition funding has generally risen since 2013, it is still well below the target of 5% of national budget recommended in the MGDS III and insufficient to cover implementation of development plans and nutrition policies. National and district-level budget analyses show large gaps between resources needed and what is available from national government, which focuses on paying staff rather than funding implementation of interventions. At district level, the lack of a dedicated budget line for nutrition means funding for nutrition activities (that have to come out of public sectoral budgets) are deprioritised. Malawi has therefore relied on international donor funds for most nutrition work, with implementation driven largely by externally funded pilot-scale projects, without national reach or coordinated roll out.

The country's participation in the Scaling Up Nutrition (SUN) movement is seen as an antidote to the falling prioritisation, with the movement bringing renewed international focus and catalysing global funding since 2011. SUN has focused largely on multi-sectoral coordination at a national level, and more recently on creating the structures to bring this coordination to lower levels through District and Ward Nutrition Coordination Committees. However the over-reliance on international funding could be stifling national government commitment by perpetuating financial dependency.

Note: [Malawi Stories of Change in Nutrition – Funding for Nutrition](#) provides a summary of national and district level budget allocations for nutrition.



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Narratives driving change

A key driver of early policy focus on nutrition in Malawi was the HIV epidemic, with actors in Malawi stressing early-on that HIV and nutrition are inextricably linked and creating the DNHA to coordinate policy and implementation. The HIV epidemic in the region brought attention and funding, and HIV was a development priority for a decade, with nutrition able to also receive focus as it addressed the social, food and health issues associated with the epidemic. Much of Malawi's governance structure for nutrition – from the DNHA to the Parliamentary Committee on Nutrition HIV and AIDS, and the Principal Secretaries' Committee on Nutrition HIV and AIDS – reflects this early link, even if policy has moved on. While nutrition has only received a fraction of the funding compared to HIV, the Parliamentary Committee, DNHA and partners have continued to play a key role in advocating for increased finances for nutrition over the years.

The focus on HIV, and later ideas of 'nutrition-sensitive' action, led to a shift in the way that nutrition was seen, from curative approaches in the health sector to the promise of preventive approaches in multiple sectors (from nutrition-sensitive agriculture to the care-group model). The multi-sector nutrition narrative has been taken up and disseminated by global actors and national government in the past decade, particularly SUN. Contrary to this narrative of interconnected action, and a key barrier to consistent work on the food-based drivers of malnutrition in Malawi, has been a national focus on food security as maize security. Much of the country's agricultural and economic policy focus remains on food security and income through promotion of maize-based agriculture. This has limited impact on diverse diets, a key challenge for nutrition in Malawi.

Policy windows for future change

The country has a strong set of written policy (with coherence in policy between sectors slowly improving) but is struggling to maintain broader commitment in terms of funding and attention that would allow policy to be implemented. Malawi is finding it difficult to define a clear agenda and encourage active prioritisation of nutrition and its determinants over the many other issues the country faces. While both programming and advocacy for nutrition has been ongoing in Malawi, there is a need to identify policy windows to create step-changes for nutrition:

I The much-anticipated Food and Nutrition Bill has been languishing – but if passed, it will bring legal teeth to existing policies that can be leveraged, including through calls for a 'right to nutrition' as underpinned by Malawi's constitution. Though it provides an avenue for legal redress, the Bill will require action by government to live up to their role as duty-bearers; and international and national civil society to educate people about their rights and bring legal test-cases where accountability fails, as has been done in other countries including neighbouring Zambia.



2 The Covid-19 pandemic, climate change, the Ukraine crisis, and a currency devaluation, are affecting livelihoods, prices

of food and agricultural inputs. This is threatening to reverse the decades of progress on nutrition. However, these crises could also provide a policy window for action just as the HIV epidemic did. There is growing interest at national level to strengthen food and nutrition security, self-reliance and build sustainable, more resilient and healthy

food systems to prevent all forms of malnutrition. There are also opportunities to work more closely with the private sector to produce more affordable nutritious and fortified foods and influence consumer behaviours for better food choices, through the SUN Business Network.

3 There is increasing focus on nutrition sensitive social protection, prioritised in the Malawi 2063 first 10-year implementation plan (MIP) under the human capital enabler and the government instituting the nutrition sensitive social protection task force under the leadership of DNHA. An assessment of gaps and opportunities for integrating nutrition into the Malawi National Social Support Programme (MNSSP II) recommended including food security and nutrition objectives, indicators and targets; social behaviour change and nutrition education; and targeting more nutritionally vulnerable and food insecure people, while focusing on the lifecycle approach (German Cooperation, 2022). This opens another opportunity to improve nutrition outcomes through social protection schemes, targeting pregnant women and mothers of children under two.

Working on these immediate policy windows does not negate the need to keep focus on longer-term policy objectives such as the training of nutritionists who can implement good programmes or think strategically about nutrition policy; and the gradual shift towards diversified food systems that make healthy foods more accessible. Regular data, aiming to understand change in Malawi's nutrition landscape and who is being left behind as Malawi develops, will be key to advocacy in the long term.

Each of these options will require positive and coordinated action from broad coalitions of pro-nutrition actors, bringing clear and consistent messages and actions. The role of the

Policy windows will have to be actively identified and grasped – these might include linking to nutrition issues to other priorities (climate change, food security, social protection) and harnessing the Food and Nutrition Bill to raise legal commitments and action.

international community, as ever, is in piloting and showing what works, including through supporting national civil society to advocate to government and support communities. The role of DNHA is to coordinate these multiple interventions and actors, around clearly defined priorities, and the identification of political windows of opportunity to enhance national commitment to and funding for nutrition. Moving DNHA back into the Office of the President would facilitate this effort. Defining these advocacy coalitions and their roles is an important first step towards positive future change for nutrition in Malawi.

Note: [The Malawi Stories of Change in Nutrition – Lessons for Advocacy](#) provides insights into advocacy approaches

This work is based on national and district-level stakeholder interviews, budget analyses, a review of evidence and a lessons learned exercise conducted under the advocacy component of the European Union funded [Afikepo](#) project, implemented by Save the Children, in partnership with the Civil Society Agriculture Network (CISANET) and the Institute of Development Studies (IDS). It is part of a Stories of Change in Nutrition series for Malawi to unpack the factors contributing to changes in nutrition in the country. It builds on a wider Stories of Change project, which has captured narratives of change in nutrition outcomes and policy processes in over 20 countries so far, to improve our understanding of what drives undernutrition reductions, and how enabling environments and pro-nutrition policy and implementation processes can be cultivated and sustained.

See more at <https://www.ifpri.org/project/stories-change-nutrition>

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